

Bea Staley wrote this article for Communication Therapy International in August 2009 about the prospects for development of the Speech and Language Therapy profession in Kenya. To contact Bea please email ctimembership@yahoo.com and we will forward your details to her.

Speech Therapy in Kenya

East Africa is synonymous with wildlife not speech therapists so it shouldn't come as a surprise that in Kenya there are an estimated 6500 giraffes per clinician. But for the eight Kenyan based therapists the potential emergence of a Speech Language Therapy (SLT) training program and the formalization of a Kenyan Association of Speech Language Therapists (KASLT) could potentially increase the capacity of service provision nationwide as well as ensure professional standards and support both in-country and regionally.

Reportedly there has been a speech therapy presence in Kenya since the late 60's and early 70's through Voluntary Services Overseas (VSO). Of our current practitioners, Elisabeth Kruger- Scheltema has been working as an SLT in Kenya for over twenty years establishing a practice in Westlands and co-founding Special Education Professionals (www.sepkenya.com) which amongst its activities provides free multi-disciplinary assessments to children with special needs one Saturday per month at Gertrude's Children's Hospital. Emma Shah and Nuala Alibi have also been here for more than a decade and between them, these core members of the Kenyan profession have been working hard to treat children and adults as well as educate others about our discipline. Outside of SEP's clinic and the VSO sponsored speech therapy positions (VSO has had 5 speech therapists each taking 2 year positions in the last 9 years) speech therapy has only been available to those who have been able to afford it.

Uganda's speech therapy services were also propped up by VSO's support of internationally trained SLT's which prompted the creation of a university program to train Ugandan students in the profession. Partnering with Makerere University, this program's first cohort, who started classes in February 2008 are more than half way through their three year degree.

Whilst it was thought that having more than one speech therapy training program in the region would potentially strain resources, now the Uganda program is up and running, we are eager to adapt the curriculum and program framework to train Kenyan therapists. As the development industry looks toward sustainable programming it is clear this is one way to better serve the ongoing needs of our clients.

Our initial challenge however is to find a suitable 'home' or partnering institution. Whilst working within the Kenyan Institute of Special Education (KISE) would allow a widespread training within the special needs sector many argue that teachers are already overloaded with work and not able to provide the special attention to individual students. However, a possible benefit of teachers trained in communication therapy techniques includes language rich classrooms that actively support and engage children's communication skills within the curriculum.

Nairobi University has shown interest in taking on a curriculum which would provide the program with support from their faculty members as well as the possibility of training clinicians both in the medical and educational aspects of the field. Unfortunately it has been difficult to get interested parties to the table to discuss specific plans and a timeline for program roll out.

As our group of therapists engages with other stakeholders in the field, the myriad of factors that must be considered begins to highlight the difficulties inherent in the process of establishing a speech therapy program. Yet, we know from the work of Mary Wickenden in Sri Lanka, the budding programs in Bangladesh and Uganda, and the graduation of founding classes of speech therapists in Togo that it can be done. Whilst program models must be adapted to local needs we hope to gain understanding of the steps by communicating with those that have already been through the process.

Disability and rehabilitation has been on Kenya's political agenda since the early 60's and in 2009 what we have is a fairly comprehensive educational network that trains teachers to work in special education and gives parents of children with disabilities access to school via education assessment resource centres. While the quality of the teaching and services delivered through these centres varies widely from district to district there would be a structure in place for speech therapists to work within the Ministry of Education structures to target large caseloads of children with a specific region. In addition, Kenya has a system of provincial hospitals where pediatric occupational therapists already work to treat children from birth to five as needed.

Many countries including Kenya still use 10% as the statistic for disability prevalence. This is based on World Health Organization data that may or may not reflect realities on the ground. Kenyan government has recognized that need to survey disability and is in the process of evaluating the framework to ascertain prevalence, desegregating gender, different disabilities and geographic prevalence. This data should be available in 2010 and will hopefully provide additional support for the emergence of our field. Looking at the assessment centre data recorded between 1999 and early 2007 in Kisumu district, 3439 children with disabilities were assessed for a variety of reasons. Less than 5% of the children were diagnosed as presenting with speech or language difficulties

(as a primary or concomitant diagnosis). Given that 21% of the children were identified as having some kind of learning or cognitive difficulties and 27% of the children presented with some kind of hearing related issues we can make the assumption that this is a huge under representation of presenting speech and language problems. It may be that what we find is our greatest need is actually generating awareness about the field and how we as professionals can improve the lives of those with speech and language difficulties. However any marketing of the profession must go alongside the development of programs that meet family's needs as we can't simply generate awareness and apologize that the services are unavailable.

To help consolidate our professional base, the Kenyan speech therapy community have been in the process of formalizing a Kenyan Association of Speech Language Therapists which will hopefully have an online presence later this year. The objectives and the mission of KASLT are still a work in progress but we hope that the organization can serve to bring together speech language professionals and others that work alongside them. We have seen an increasing number of entrepreneurial people billing themselves as speech therapists to fill the identified gap, we have also seen a number of non-governmental organizations (NGOs) that have visiting volunteer therapists for a short duration, but no follow up is possible as they are unaware of the SLT community in Kenya. KASLT's primary activity has been the organization of an East African Speech Therapy Conference which gives practicing clinicians an opportunity for continuing education provided by guest lecturers.

While the task of organizing both a professional body and a training program can seem daunting, especially as individuals members also have work and family commitments to honour, there is no doubt that we will get there albeit 'pole pole' (slowly slowly) as they say in ki-Swahili.

Lynne Lenten, Jenny Cox, Laura Dykes, Emma Shah, Elisabeth Kruger, Rachael Tuckley, Poonam Shah and Nuala Alibhai are the current SLP service providers in Kenya. Members of KASLT hope to present on the emergence of the SLT field in Kenya at both the American Speech and Hearing Association annual conference in 2009, and the 28th International Congress of the International Association of Logopedists and Phoniatrics.

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