

COUNTY GOVERNMENT OF BUNGOMA



DEPARTMENT OF GENDER, CULTURE, YOUTH AND SPORTS

DISABILITY MAINSTREAMING POLICY 2022

CHAPTER ONE: INTRODUCTION.....	1
1.1. Background Information	1
1.2. Policy Goal and Objectives	2
1.3. Specific strategic objectives.....	2
CHAPTER TWO: LEGAL FRAMEWORK FOR THE POLICY.....	4
2.1. Overview of the Constitution of Kenya.....	4
2.2. Overview of the Kenya Vision 2030	5
2.3. PWDs Issues in the Context of the Medium Term Plan.....	5
2.4. The United Nations Convention on the Rights of PWDs	6
2.5. The Persons With Disability Act, 2003	7
2.6. The National Disability Policy 2006	7
2.7. Key Challenges Faced by PWDs	8
CHAPTER THREE: POLICY FRAMEWORK	9
3.1. Policy Issues.....	9
I. Prevention, Early Detection, Intervention and Rehabilitation	9
II. Inclusive education	9
III. Training and employment.....	9
IV. Access to build environments and public transport.....	9
V. Access to information, communications, and assistive technologies	9
VI. Support the development of self-help groups and organizations for disabled people and related family and parental associations	9
VII. Women and Youth with disabilities.....	9
3.2. Prevention, Early Detection, Intervention and Rehabilitation	9
Policy statement	11
Strategies.....	12
3.3. Inclusive education.....	13
Policy statement	13
Strategies.....	14

3.4 Training and Employment.....	15
Policy Statement.....	15
Strategies.....	15
3.5. Access to build environments and public transport.....	16
Policy Statement.....	18
The County Government of Bungoma shall ensure Access to build environments and public transport for people abled differently in the County.	18
Strategies.....	18
3.6. Access to information, communications, and assistive technologies.....	18
Policy Statement.....	19
The County Government of Bungoma shall ensure Access to information, communications, and assistive technologies for people abled differently in the County.	19
Strategies.....	19
3.7. Support the development of self-help groups and organizations for disabled people and related family and parental associations.....	20
Policy Statements.....	21
Strategies.....	21
3.8. Women and Youth with disabilities.....	22
Policy Statement.....	23
Strategies.....	23
CHAPTER FOUR: INSTITUTIONAL FRAMEWORK FOR DISABILITY MAINSTREAMING.....	24
4.1. Mobilization and Coordination Mechanism.....	24
4.1.1 County Steering Committee for Disability Mainstreaming (CSCDM).....	25
4.1.2 Sub County Committee for Disability Mainstreaming (SCCDM).....	26
4.1.4 Ward Committee for Disability mainstreaming (WCDM).....	26
4.2 The Role of Stakeholders in Disability mainstreaming.....	27
4.2.1 State Actors (National and County).....	27
4.2.2 Non-State Actors.....	27
4.2.3 Communities.....	28

4.3. Implementation Mechanism	28
CHAPTER FIVE: MONITORING, EVALUATION, REPORTING AND POLICY REVIEW.....	29
5.1. Monitoring, Evaluation and Reporting.....	29
5.2. Policy Review.....	30

CHAPTER ONE: INTRODUCTION

1.1. Background Information

According to Kenya's Constitution 2010 article 260 "disability includes any physical, sensory, mental, psychological or other impairment, condition or illness that has, or is perceived by significant sectors of the community to have, a substantial or long term effect on an individual's ability to carry out ordinary day-today activities".

As reported in the World Report on Disability, Persons with Disabilities, in countries around the world experience higher rates of poverty and inequality than people without disabilities. This is attributed to low access to development opportunities and resources. Males at all ages have higher levels of disability, and the prevalence increases dramatically across the world in people older than 60. Persons with Disabilities constitute 15 per cent of the world's population. This is an approximate one (1) billion people, according to the World Health Organization Report of June 2011. The Report says that 80 per cent of the Persons with Disabilities are living in developing countries. As of October 2014, the population of Kenya was estimated to be forty- four million people (44 million) out of whom, six million Six hundred thousand (6.6 million) are persons with disabilities. Kenya's National Census 2009 revealed that approximately 1.33 million were persons with disabilities or a 3.5 per cent prevalence rate of the total population. It is important to note that this figure from the census was perceived to be a conservative figure.

Persons living with disabilities in Bungoma are not as complacent as commonly portrayed by some developmental agencies and media. They are a people who try to better their standards in the ways they know best. The desire or passion to develop is there, what is lacking is capacity to tap into the resources at their disposal. For instance, to gain in economies of scale or bolster bargaining power, based on their meagre resources, some people have coalesced into either self-help groups or community based organizations. Understanding their efforts and appreciating them is a crucial preliminary step towards changing the rural society.

There have been some interventions from development agencies. However, from our observations, most of these agencies, operating in Western Kenya, tend to focus more

on empowering urban communities while giving nominal attention to the rural community. If problems of the rural community were fixed, the problems of the urban centers (resulting from massive rural- urban migration to beg) would be substantially reduced. This policy endeavors to inculcate disability issues in development planning in the county.

1.2. Policy Goal and Objectives

The overall goal of the County Disability Mainstreaming Policy on Accessibility and Disability Rights is to spark action across the county and carry out the county's international, regional and national obligations on accessibility and enhance the quality of lives of Persons with Disabilities, (PWDs) in the County.

The policies' overall goals are to:

1. Raise awareness about accessibility concerns of PWDs in Kenya.
2. Highlight rights of PWDs by uniting stakeholders around thirteen common set of goals and strategies.
3. Mobilize resources on a county, coordinated effort to address accessibility rights.

1.3. Specific strategic objectives

The policy identifies thirteen (13) strategic objectives to increase access for PWDs.

They are to:

- I. Promote equality and eliminate discrimination of PWDs on ground of disability
- II. Ensure that PWDs effectively fully participate in political and public life on an equal basis with others.
- III. Reduce obstacles and barriers to built environment
- IV. Ensure that public transport is accessible to different categories of PWDs
- V. Ensure reservation of at least 5% employment opportunities in both public and private sectors are reserved for PWDs.
- VI. Promote and ensure access to justice by PWDs on equal basis with others
- VII. Provide continuous reliable data on PWDs for policy formulation, planning and service delivery

- VIII. Improve participation and inclusion of PWDs
- IX. Increase PWDs access to education at all levels of education
- X. Foster and improve equal access to basic health care services and related facilities for PWDs
- XI. Increase access and use of information, communication and technology by PWDs
- XII. Advocate for the best interest of children with disabilities on an equal basis with others
- XIII. Promote decent living conditions and improve access to social protection by PWDs

The objectives listed are long-term priority actions that must be implemented collaboratively among all partners consistent with applicable legal framework at the national and county levels.

CHAPTER TWO: LEGAL FRAMEWORK FOR THE POLICY

2.1. Overview of the Constitution of Kenya

The Constitution contains a substantially improved and modern Bill of Rights, which assigns State obligations to provide and facilitate the enjoyment of socio-economic and civil rights for rights holders. It represents a real change in the protection of the right to equality and non-discrimination in Kenya and stands out as the supreme legal framework that spells out equality for all persons. This set a firm foundation for policy and legislation on disability in accordance with the universal standards for the promotion and protection of fundamental human rights and freedom for Persons with Disabilities (PWDs).

The Constitution secured the rights and entitlements of PWDs in a number of ways. Key amongst these is entrenchment of disabilities rights under Article 54 of the Bill of Rights and Devolution. The latter is a significant development since a majority of PWDs are found in local communities within the 47 Counties. By virtue of Article 2 of the Constitution, the United Nations Convention on the Rights of Persons With Disabilities (UN-CRPD) is applicable as law in Kenya. The purpose of the Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity. The Constitution recognizes the Kenya Sign Language, Braille and other communication accessible to persons with disabilities (Art. 7) as part of the official languages.

Article 27(4) of the Constitution provides for non- discrimination. It prohibits direct or on indirect discrimination against any person on any ground including disability, religion, conscience, belief, culture, dress, language or birth. Additionally, Article 28 promotes respect and protection for human dignity of every person. These provisions are milestones in the fight for the rights of vulnerable and marginalized persons in Kenya. They seek to facilitate participation in public life, particularly for women, Persons With Disabilities and minority groups.

2.2. Overview of the Kenya Vision 2030

The Vision 2030 is Kenya's long term development agenda. It aims to make Kenya a globally competitive and prosperous country by transforming it into an industrialized middle income nation, providing high quality of life for all its clients in a clean and secure environment. The Vision is anchored on three pillars: the Economic pillar which aims at by attaining an annual growth rate of 10 per cent per annum and sustaining it through the Vision period; the Social pillar which seeks to build a just and cohesive society with social equity in a clean and secure environment; and a Political pillar which aims to realise an issue based, people centred, result oriented and accountable democratic system. These Pillars are based on key Foundations for Socio-Economic Transformation.

The Vision 2030 recognizes that Kenya's disability mainstreaming is dependent upon improving the lives of vulnerable groups. This will be carried out by ensuring that all persons have equal opportunities to participate in the country's social, economic and political development. The Vision recognizes that vulnerable groups face multiple challenges in their daily lives and such as high levels of poverty and various forms of deprivation. The specific strategy on PWDs in Vision 2030 to enable this is by up-scaling trainings for persons with disabilities and special needs, and full implementation of the Disability Fund.

2.3. PWDs Issues in the Context of the Medium Term Plan

The Medium Term Plan (MTP) 2020-2022 is the second of five-year development plans for the implementation of the Kenya Vision 2030. The theme of the Plan is "Transforming Kenya: Pathway to Devolution, Socio-Economic Development, Equity and National Unity." It is set on the backdrop of the implementation of the Constitution and the formation of a new government in 2013. The Second MTP emphasizes the need for sustainable programmes for PWDs by focusing on improving their livelihoods. It takes stock of key achievements during the period of the First MTP such as the establishment of the National Fund for Persons With Disabilities, provision

of assistive devices, bursaries and training to PWDs and introduction of disability mainstreaming in the public sector.

Despite these milestones, the MTP notes that the increase in the numbers of vulnerable groups in need of social protection remains a big challenge. Key programmes outlined in the Plan to address the various challenges faced by PWDs include: support to Persons with Albinism (PWA); scaling up of the National Development Fund for PWDs; implementation of the 30 per cent procurement preference for PWDs; and disability mainstreaming (with focus on inclusion and accessibility). Key policy and legal reforms proposed in the Second MTP are: finalization and implementation of the Disability Act Amendment Bill, 2012; finalization and implementation of the Affirmative Action Policy on PWDs; development and implementation of the National Disability Mainstreaming Strategy; and implementation of the Accessibility Action Plan.

2.4. The United Nations Convention on the Rights of PWDs

The United Nations Convention on the Rights of PWDs (UN-CRPD) is a legally binding international human rights instrument which aims to promote, protect and ensure the full realization and equal enjoyment of human rights and fundamental freedoms by Persons with Disabilities, and to promote respect for their inherent dignity. Kenya ratified and acceded to the UN-CRPD on 30th March, 2007 and 19th May, 2008 respectively. The country is therefore bound to implement the Convention. The UN-CRPD is a human rights instrument with an explicit, disability mainstreaming dimension. It provides a paradigm shift from the medical and charity model of disability to social model where disability is viewed as socially constructed issue and recognizes that the existence of barriers constitutes a central component of disability.

The Preamble to the CRPD acknowledges that disability is “an evolving concept”, but also stresses that “disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others”. To that extent, the

CRPD proposes a new framework for understanding of disability and human rights based on the six key principles of: respect for inherent dignity, individual autonomy and independence; non-discrimination; full and effective participation and inclusion in society; respect for difference and acceptance of persons with disabilities as part of human diversity and humanity; equality of opportunity; and accessibility.

2.5. The Persons With Disability Act, 2003

The PWDs Act No.14 of 2003 was enacted in December, 2003 and came into effect by legal notice number 64 of 16th June; 2004. The Act was a ground-breaking civil liberty law tailored to fit the Kenyan context and recognized the multi-faceted nature of disability. It provides for education, employment, health, accessibility, transport, sports and recreation, adjustment orders and social security for Persons With Disabilities. The Act also reinforced the understanding of disability as a human rights and development priority and provides a legislative framework for access to services and inclusion of Persons with disabilities in all facets of life. It provides for the achievement of equalization of opportunities by prohibiting discrimination in employment, education, buildings, transportation, sports and health among others.

A key provision of the PWDs Act, 2003 was the establishment of the National Network for Persons with Disabilities as a State Corporation to champion for the rights and equalization of opportunities for Persons with Disabilities nationally, regionally and internationally, as well as the interface between the three. To this end, the Network committed to work more closely with inter-governmental departments, national, regional and International organizations so as to increase efficiency and synergies in carrying out its mandate.

2.6. The National Disability Policy 2006

This National Disability Policy of 2006 aims to improve and promote participation, equality and empowerment of persons with disabilities in Kenya in the all spheres of social, economic and political life. It aims at achieving overall integration of persons with disabilities into the national development process without any discrimination. The Policy also envisages the dissemination of a simplified version of the Persons with

Disabilities Act and the development of a strategy to monitor it; the dissemination of the draft National Plan of Action at national and county levels. The Policy is under review to align it with the Constitution and the UN-CRPD.

2.7. Key Challenges Faced by PWDs

Persons With Disabilities face a number of challenges which hinder their full participation in social, political and economic development at the national, regional and international levels .key amongst these challenges are: stigmatization of Persons with Disabilities in society; poor access to education which causes high levels of illiteracy; poor policy address by leadership; negative attitude and portrayal of Persons With Disabilities in the society; high levels of poverty amongst PWDs; a culture of abuse towards PWDs including discrimination at home, in education, employment, health, leadership, politics, decision making process, and public transport system; inadequate data on PWDs; and high costs associated with disabilities which is aggravated by exorbitant service providers. There is also low organizational and management capacity by disabled persons' organizations, inadequate funding for Persons with Disabilities programmes as well as low level of awareness on disability which results in low attitudinal change.

CHAPTER THREE: POLICY FRAMEWORK

3.1. Policy Issues

This County Disability Mainstreaming Policy include eight priority areas for policy action as follows:

- I. Prevention, Early Detection, Intervention and Rehabilitation
- II. Inclusive education
- III. Training and employment
- IV. Access to build environments and public transport
- V. Access to information, communications, and assistive technologies
- VI. Support the development of self-help groups and organizations for disabled people and related family and parental associations
- VII. Women and Youth with disabilities

This Policy has developed policy statements as well as strategies both of which are necessary for the development of specific mechanisms for effective implementation of each policy area.

3.2. Prevention, Early Detection, Intervention and Rehabilitation

Young children with disabilities require access to early intervention services, including early detection and identification (within the first 5 years after birth). This process may be supplemented by support and training to parents and families to facilitate the maximum development of the full potential of their disabled children. Failure to provide early detection, identification and intervention to babies and young children with disabilities and support to their parents results in secondary disabling conditions limiting for the rest of life the children's capacity to enjoy educational opportunities. Subsequently it will increase health and welfare costs to the State in the long term. The provision of early intervention should be a combined effort of Education, Health, particularly the primary care workers, and the department of GCYSS

Many of the causes of impairments and injuries are preventable through increasing level and quality of antenatal care, increasing women health education, developing safe living/work place environments, improving safety measures in the community, including road safety, which can decrease disabilities associated with traffic accidents. Similarly, improving immunization and eliminating malnutrition and iodine deficiencies and good awareness of balanced diet and other daily practices to improve health can also decrease the incidence of certain types of disabilities. For example, vaccination should be made compulsory. In brief, much focus should be placed on prevention, rather than cure using multidisciplinary approach with local leaders employed and other communication tools such as video cassette especially for intellectually impaired people.

Greater awareness needs to be created, particularly in remote communities of the country about how disabilities can be prevented through community health practices. One effective approach in rural areas is Community Based rehabilitation (CBR). CBR models developed in other low income countries such as Indonesia are closely linked to early intervention measures. CBR workers and primary health workers are trained in the early identification and referral of infants with disabilities in both rural and urban areas. In the context of this policy, rehabilitation is defined in accordance with the Standard Rules. It concerns not only those with physical impairment but extends to people with visual impairments, those with hearing impairments and people with intellectual disability. There is need therefore, for specific provisions for each category of disability.

Provisions for people with physical disability for example, should include orthopedic rehabilitation centers; physiotherapy services; and orthopedic, assistive and mobility devices. These services should be close to a regional or provincial hospital with orthopedic surgical services so that the local population has easy access. They could be located ideally, in cities with medical teaching faculties such as in Kabul, Mazar, Heart, Kandahar and Jalalabad. Future services should provide for an expansion in orthotics as this is underserved.

All patients have the right to receive devices. Devices should be well-made, well-fitting, of local materials whenever possible and repairable locally. Appropriate technology should be standardized throughout the country. A mechanism for national standardized should be created with relevant experts in collaboration with DOH.

People with visual impairment on the other hand, require services including visual assessment, rehabilitation (orientation and mobility daily living skills, manual dexterity skills, communications skills, social skills and recreation), family and community integration, counseling and mobility devices including canes and guide dogs.

People with hearing impairments require services include hearing assessment provision and fitting of hearing aids, maintenance and repair of hearing aids and rehabilitation (communication skills, social skills and integration). Regional/provincial/district resources centers for hearing impaired could include research, training, and development of educational and other materials, special education for special cases.

Finally, people with intellectual impairments require services including assessment of the capacity of learning ability and level of development, daily living skills, social skills, manual dexterity skills, and social integration. Mental illness should be referred, if needed, including cases of epilepsy. Community-based approach to mental health is advantageous (i.e. education of the community on mental health issues, and how to support people with mental health problems and when to refer them).

Policy statement

1. The county government of Bungoma shall endeavor to create awareness in society about persons with disabilities, their rights, their needs, their potential and their contribution to their community, by collecting and distributing information on the rights of disabled people and on available programmes and services, to persons with disabilities and their families.

2. Specifically this will target medical professional, including community health workers, traditional birth attendants and community volunteers about the importance of prevention of disability and secondary disability through medical schools.

Strategies

- I. Department of Health (DoH) to develop policy and strategy on early intervention priorities in collaboration with the Department of Gender, Culture, Youth, Sports and Social Services(GCYSS). This includes those with physical, visual, hearing and intellectual impairments;
- II. Department of Health (DOH) increases the quality level and coverage of antenatal care services including the development of health education sessions on women health and pregnancy.
- III. DOH to hold workshops on early intervention in the local communities for Health, Welfare and Education personnel;
- IV. "Front line" health and education personnel keep accurate records on children with disability and other "at risk" children, from birth;
- V. Awareness programmes targeting community and employer should be developed. The Education of medical staff including disability awareness should be part of all medical and paramedical education;
- VI. Resources committed to develop information packs for employers on work place safety;
- VII. GCYSS and DOH agree on information requirements and how it is collected;
- VIII. DOH to collect data on needs for rehabilitation and assistive services throughout the country;
- IX. DOH to conduct policy and strategy review on integrating rehabilitation and assistive devices needs throughout the country;
- X. DOH in collaboration with GCYSS to conduct awareness training for local administrations and health personnel on rehabilitation and assistive devices needs;

- XI. DOH to consult NDC, GCYSS and other resource people on rehabilitation policy and provisions.

3.3. Inclusive education

Education is a basic socio-economic human right and all children, including children with disabilities, have a right to education. The lack of proper education remains the key reasons for poverty and exclusion of all children from wider community affairs, both those with disabilities and the non-disabled. Lack of education and marketable vocational training for children and youth with disabilities results in an absolute lack of opportunities for further personal development. It diminishes their access to employment, other income generating activities and business development.

A human rights development approach to disability has significant implications for the way in which education is provided for disabled people. Educationists tend to classify people with impairments according to kind of impairment. Disabled learners are then either placed in special schools or classes, or totally excluded from the educational opportunities.

Policy objectives for the education of disabled children and adults include education for all - to facilitate equal access of disabled people to education including community activities and equity in education provisions at all levels; to develop a single educational system for all, that will provide for the needs of all learners within an inclusive environment; to facilitate capacity building of all stakeholders, both institutional and human resources; and to provide educational provision including materials within an accessible environment.

Policy statement

All people living in Bungoma Kenya shall have equal access to education opportunities, regardless of their disability/ies. Every learner has her/his own interests, abilities and learning needs. Respect for diversity shall be emphasized and promoted.

Strategies

- I. Policy for special needs education should be endorsed and supported by Cabinet;
- II. Equity for learners with disabilities implies that additional support mechanisms such as appropriate technology, interpreters, Sign Language instruction for deaf learners are available within the inclusive learning environment.
- III. Early childhood intervention and learning provides children with disabilities with access to early intervention and socialization opportunities from an early age.
- IV. Education will equip disabled people with the skills necessary to access the labor market.
- V. Department of Education (DOE) integrates special needs education needs into county budget;
- VI. Public awareness/education in regard to disability can be increased by use of media, radio, TV and TV sign language, magazine and newspaper articles etc.
- VII. There is a need for close cooperation between the Departments of Education and Health for better services for the disabled population with disabled themselves being part of this process.
 - Planning for special education, integrated/inclusive education for disabled children young people and adults should be included as an integral part of the whole education planning/policy process for Bungoma Kenya at this time.
 - A department of “Special Needs” should exist and function actively within the Department of Education in collaboration with the department of GCYSS.
 - DOE should employ a number of disabled teachers in schools as well as in department of special education.

3.4 Training and Employment

Disabled people have a right to decent work. Decent work is productive work in conditions of freedom, equity, security and human dignity. Disabled people have unique differences and abilities and they should have the right to choose what they want to do based on their abilities, not on their disabilities. They require the same educational, vocational training, employment and business development opportunities available to all. Some may require specialized support services, assistive devices or job modifications, but these are small investments compared to lifetimes of productivity and contribution

Vocational training and employment issues must be considered within the context of the full participation of disabled people in community life and within the macro context. Disabled people must also be regularly and actively involved in initiatives related to employment and training, not just as consumers but also as advocates, designers and providers of services. Services for employment support, including vocational training opportunities, must be accessible to all people without discrimination on the basis of gender, age, disability, religion, or political affiliation. All employment support initiatives for persons with disabilities must respond to a genuine market need

Policy Statement

The County Government of Bungoma shall secure training and employment opportunities for people abled differently in the County

Strategies

- I. Special Needs Education and Vocational Training should be integrated into development assistance programming by the DOE in cooperation with other Departments;
- II. Vocational training policy for youths and adults with disabilities should be developed by the DOE and Department of Vocational Educations;
- III. Department of human resources development should consult widely, on adult life skills and vocational training policy and planning for disabled people.

- IV. The Government, should “ensure entry into productive employment, promote and develop creativity, dynamism and initiative, protect persons against unemployment, protect persons against occupational hazards, assist persons in their quest for satisfaction at work, for individual achievement and self-expression, and to achieve social, cultural and economic advancement.”
- V. The Government should seek to introduce legislation that ensures the access of persons with disabilities to mainstream training and employment support opportunities, remove all legal barriers to participation of disabled people in the open labour market, and protect the rights of disabled people in employment.
- VI. Close coordination between Government departments and other agencies is the key to the effectiveness of employment policy. The vocational rehabilitation and employment policy should “be based on the principle of equal opportunity between disabled workers and workers generally special positive measures aimed at effective equality of opportunity and treatment between disabled workers and other workers shall not be regarded as discriminating against other workers”.
- VII. Concerned Departments must liaise closely with NGOs and Private Sector agencies to increase access of disabled people to mainstream training and employment opportunities.
- VIII. To ensure the sustainability of this policy, effective mechanisms, that include disabled people as key participants, must be in place to monitor the implementation of disability employment support policy.

3.5. Access to build environments and public transport

The inclusion of disabled people into society necessitates free barriers environment that accommodates the diversity of needs, and enables the entire population to move around freely and unhindered and this includes accessible information system. For this reason, a clear and comprehensive policy on accessibility must be developed and be based on universal design ideals (Rapley, 2003).

Accessibility standards in Bungoma Kenya are still neglected and the whole issue of barrier free society is still under discussion. There are a number of barriers, which prevent disabled people from enjoying equal opportunities with non-disabled people. For example: structural barriers in the built environment; inaccessible service points; inaccessible entrances; poor town planning; and poor interior design. It must be emphasized that barriers also include communication barriers i.e. oral language is a barrier for sign language users.

Inaccessibility to the built environment is still a major barrier, which prevents disabled people from actively participating in social and economic activities. A building code having requirements for access for disabled people is urgently needed. Universal design approaches that provide for greater accessibility for all people have proven to benefit not only disabled people but also many other sectors within the society including older people, pregnant women and parents with young children. Physical barriers prevent full participation and reduce the economic and social contribution and productivity of disabled people. Investments in the removal and prevention of architectural and design barriers are increasingly being justified on economic grounds in many developed economies, particularly in areas most critical to social and economic participation (e.g. transport, housing, education, employment, health care, government, religious activities, commerce, leisure and recreation). It is important to note that not only facilities but also services should be accessible in their entirety. In this connection listening to opinions of disabled people should be an important part of a staff training curriculum and the various services.

Disabled people have rights to identify and take part in removing the disabling barriers against their inclusion. This can best be done through their NGOs. For policy planning purposes, it is important to know what provisions already exist and made accessible for disabled people and what improvement can be made on existing ones. Equally important is to know what new provisions which should be made available.

Provisions for free barriers society include policies such as existing legislation on accessibility, local regulation, international statements etc as well as accessible services such as mentioned earlier. Services include those relating to public use such as education, transport, employment, etc and those pertinent to private use such as home adaptation, car adaptation etc.

Policy Statement

The County Government of Bungoma shall ensure Access to build environments and public transport for people abled differently in the County.

Strategies

- I. The Department of Public Works (DOPW) to develop technical specifications on access engineering and design requirements in consultation with GCYSS and other agencies;
- II. GCYSS to conduct an awareness-training workshop on disability access issues. Technical documents can be translated and disseminated widely.

3.6. Access to information, communications, and assistive technologies

Effort needs to be directed to the development and dissemination of Sign Language, Braille, finger Braille and other forms of communication. Without access to such forms of communication, people with visual and/or hearing impairments may be deprived of the basic human right to language and communication in their everyday lives. Afghan sign language should be further developed and the sign language dictionary should be extended. Communication tools also include the provision of training on best coping skills for families with disabled members, especially those cases with severe disability or intellectual impairments.

Assistive devices are essential for improving the mobility of people, the overall quality of life and in ensuring greater independence. For example mobility support

for the blind can greatly enhance their independence. The greatest challenge lies in the rural areas where mobility issues are most difficult to address and assistive devices are most difficult to deliver because of the lack of services and follow-up to train people in their uses. The CBR approach however, works best in such areas reaching out for disabled people and their families.

Research should be the basis for the design and provision of communication and assistive technology support for disabled people. Individual needs should be carefully considered. Technical devices should be supported by disability sector with law to make them affordable to everybody.

Policy Statement

The County Government of Bungoma shall ensure Access to information, communications, and assistive technologies for people abled differently in the County.

Strategies

- I. DOH in coordination with GCYSS to collect data on demand for assistive services;
- II. DOH to review skills and human resources necessary to develop appropriate assistive devices;
- III. Assistive devices to be integrated into the County rehabilitation policy and included as “line item” in DOH budget.
- IV. GCYSS together with concerned parties facilitate the election process for disabled people and provide information necessary for disabled people to nominate disabled candidates and to take part in various County, Sub County and Ward elections.

3.7. Support the development of self-help groups and organizations for disabled people and related family and parental associations

Disabled people are the most qualified to advocate for themselves and other disabled people. The quality of life of disabled people improves when they actively voice their concerns and participate in decision-making. Self-help organizations of disabled people are the best informed and most motivated to speak out on their own behalf concerning the formulation and implementation of appropriate disability policy, legislation and strategies, which in return will ensure their full participation in civil, political and socio-economic and cultural life and enable them to contribute to the development of their own communities. Self-help organizations provide an effective means through which collective capacity-building and empowerment of disabled people can be achieved, through strengthening their lobbying power to advocate with governmental and other civil society and their active participation in decision-making processes.

Disabled people have a right to participate in family and community decision making and community affairs at all levels including within the village, district administrations and national Government. Disabled people also have a right to participate in the private sector and all kind of civil society; including religious entities and other non-governmental organizations and members of these organizations must address how they can include disabled people.

Integrating disabled people in development strategies has economic and social benefits at all levels. Disabled people tend to be excluded from the process of planning and decision making. In order to achieve equal participation, disabled people must play a vital role in the formulation of national policy on all kind of sectoral issues (e.g. health, education, transport, housing, etc.) that affect their lives directly. The family is at the center of Afghan community life, and family members including parents, particularly mothers, wives and grandparents are usually the most sustainable and only source of support and care for disabled people. They often need financial support in order to improve the living conditions and livelihood opportunities of the family. The important role that caregivers play in the community

should be recognized. Care givers need support from the wider community for the important role they play. This may include the training and provision of information and equipment.

In brief, discussion by various stakeholders including disabled Bungoma residents has pointed out the need for different kind of self help groups representing the interest of disabled people and their allies. Regional and local representation including representation on the Constitutional Commission was also recognized as important in the development of grass roots action for future disability movement in Bungoma Kenya.

Policy Statements

The County Government of Bungoma shall Support the development of self-help groups and organizations for disabled people and related family and parental associations

Strategies

- I. Strengthen the Bungoma County Disability Empowerment Fund through funding.
- II. Issue grants to disability groups to support their activities
- III. Awareness raising programmes to be developed by GCYSS targeting local administrations and aiming at raising the profile of disability issues highlighting the abilities of disabled people and the potential benefits of their self help groups to wider development process;
- IV. Departments, other government agencies and local governments to include disability in their policies, programmes and activities;
- V. The GCYSS takes leading role in supporting various self-help groups including regional initiatives;
- VI. The GCYSS disseminates information to members of self-help groups;

- VII. The GCYSS ensures the representation of disabled people, their families, government officials from various sectors, and other service providers on the National Disability Commission;
- VIII. The GCYSS develop awareness raising programmes for local/village communities on disability rights issues;
- IX. Department of Health (DOH) and GCYSS in consultation with other key stakeholders to develop information packs for care givers;
- X. The DOH and the GCYSS agree on how to gather data on who is providing care for disabled people;
- XI. Community health workers to be trained on how to monitor and record needs and share information with GCYSS.

3.8. Women and Youth with disabilities

Women and youth with disabilities are often exposed to poverty more than men with disabilities and face discrimination within the family. Women and youth need to have equal access to health care, education, vocational training, employment and income generation opportunities, and to be included in social and community activities.

Women and youth with disabilities encounter all kinds of discrimination as they are exposed to greater risk of physical and sexual abuse and often are not given adequate sexual health and reproductive rights advice. These issues need to be addressed not only through this policy, but also through the broader context of gender mainstreaming and women in development policies. They should actively involve and include women and youth with disabilities and empower women and youth, at the grassroots level. Such policies must, in particular, assist families to gain an adequate income so they can meet the needs of their disabled children.

Introducing and enforcing legislation is of utmost importance to protect the most vulnerable, including disabled women and youth. Legislation must focus on all forms of discrimination against disabled women and youth including sexual, physical and mental abuse, and the need to provide gender equal opportunities in education, health and employment.

One important strategy is to mainstream gender and disability into all government programmes, especially in the GCYSS and other line Departments. Further, support for the self-employment of disabled women and youth, including in the farming community is needed together with all kind of capacity building support including communication support where applicable. Supporting self-help among disabled women and youth is a priority.

Policy Statement

The County Government of Bungoma shall ensure protection of rights and support for women and youth in the County.

Strategies

- I. The GCYSS to conduct community workshops on human rights and vulnerability of girls and women with disabilities;
- II. The GCYSS conduct training workshops for health, welfare and police on 'rights' of most vulnerable groups in remote communities against violence and possible abuse;

CHAPTER FOUR: INSTITUTIONAL FRAMEWORK FOR DISABILITY MAINSTREAMING

4.1. Mobilization and Coordination Mechanism

The Department responsible for disability mainstreaming shall spearhead the mobilization, coordination and implementation of the policy in collaboration with other stakeholders. The policy proposes the creation of committees at various levels for oversight and coordination of disability mainstreaming programmes.

4.1.1 County Steering Committee for Disability Mainstreaming (CSCDM)

At County Level, a County Steering Committee for Disability mainstreaming (CSCDM) will be established.

The major role of this committee will be to provide overall coordination, oversight and advisory to disability mainstreaming programmes in the county. The composition of the CSCDM will include the CECM/chief officer, Director for Disability mainstreaming (DDM), representatives of relevant County Government line departments and agencies, Civil Society Organizations (CSOs), Persons with Disability/Youth/Older Persons and Voluntary Involving Organizations (VIOs) and County Disability mainstreaming Partners (CDMPs).

Other responsibilities for this Committee will include;

- a) Spearheading the formulation, interpretation, dissemination and review of disability mainstreaming -related policies;
- b) Oversee the implementation of the National Action Plans developed to implement the policy; ensure quality control and professionalism in disability mainstreaming work;
- c) Creation of linkages, coordination and collaboration with other Government and related agencies in the implementation of disability mainstreaming programmes;
- d) Monitor and evaluate disability mainstreaming programmes at the County and lower levels of governance and ensuring that Social Impact Assessment (SIA) is incorporated in all the disability mainstreaming projects planned for implementation.
- e) It will also be responsible for resource mobilization and capacity building of lower level committees, community groups and organizations through the funds raised from the registration of community projects and groups.

This committee shall be chaired by the CECM in charge of Disability mainstreaming while the Director for Disability mainstreaming shall serve as the Secretariat to the committee.

4.1.2 Sub County Committee for Disability Mainstreaming (SCCDM)

At the sub County level, sub County Committees for Disability mainstreaming (SCCDM) will comprise of the Sub County Coordinator of Disability mainstreaming (CCDM); a representative of the County Commissioner; County relevant heads of departments from national and County Government s; representatives of sub-County disability mainstreaming committees; CSOs and disability mainstreaming partners. Representation should ensure inclusion of Persons with disability, older persons and youth.

The role of this Committee will be mainly supervisory of the lower level committees and resource mobilization.

Other roles and responsibilities for this Committee will include;

- a) Dissemination of policies and programmes on disability mainstreaming ; coordinate mobilization and create awareness on development programmes and emerging issues in disability mainstreaming ;
- b) Monitor community projects funded by the County Government funds such as County Government grants and other devolved funds and coordinate collaboration with other relevant Government agencies, development partners, NGOs, CSOs, FBOs and disability mainstreaming partners.

The Department for Disability mainstreaming shall provide the Secretariat to the committee while the Chair will be elected from the members of this committee.

4.1.4 Ward Committee for Disability mainstreaming (WCDM)

At the Ward level the Committee will comprise of the Ward Disability mainstreaming Officer, a representative of Assistant County Commissioner, and relevant heads of departments from the National and County Government s, Disability mainstreaming

Partners (DMPs) and community members. Other members will be drawn from CBOs, FBOs, and VIOs and should ensure inclusion of Persons with disability, older persons and youth.

The role of this Committee will be mainly resource mobilization.

The Department for Disability mainstreaming shall provide the Secretariat to the committee while the Chair will be elected from the members of this committee.

4.2 The Role of Stakeholders in Disability mainstreaming

The Department responsible for disability mainstreaming recognizes the role played by other partners in promoting disability mainstreaming. These partners include both state and non-state actors.

4.2.1 State Actors (National and County)

The role of these actors in the implementation of the policy will be to;

- I. Provide leadership, oversight and policy direction
- II. Ensure existence of adequate policy, legal and institutional frameworks
- III. Enforce implementation of the policy and programmes in a coordinated and integrated way
- IV. Provide funding for disability mainstreaming programmes
- V. Set, maintain and ensure standards and professionalism in SD practice
- VI. Facilitate effective collaboration in the implementation of SD programmes
- VII. It must ensure that people are aware of their rights and entitlements in SD
- VIII. Ensure availability of necessary community support and infrastructure
- IX. Facilitate capacity building for effective planning, implementation, monitoring and management of SD programmes

4.2.2 Non-State Actors

These include; CSOs, FBOs, VIOs, development partners, private sector and other disability mainstreaming partners. Their role in the implementation of the policy will be to;

- I. Provide additional financial and technical support to Government

- II. Provide checks and balances to the Government to ensure implementation of the policy
- III. Ensure inclusion of all categories of communities and vulnerable groups
- IV. Lobbying and advocacy for the policy
- V. Compliment Government interventions

4.2.3 Communities

The role of the communities is to;

- I. Participate in the design and implementation of SD programmes for ownership and sustainability
- II. Provide home grown solutions to address community needs and challenges in SD
- III. Contribute material, labour and financial support for implementation of SD programmes
- IV. Lobby for the implementation of the policy
- V. Participate in monitoring and evaluation of SD programmes and projects
- VI. Be custodians of community assets and resources

4.3. Implementation Mechanism

To guide the implementation of this policy, the County Government in collaboration with non-state actors shall develop a County Plan of Action. The County plan of action shall be aligned to the Sustainable Development Goals (SDGs), the Kenya Vision 2030 and Departments, Departments, Counties and Agencies (MDCAs) development plans.

The County Plan of Action shall detail the strategies; activities; target communities; timeframe; estimated costs and the responsible agencies. Implementation will require the participation and support from the two (2) levels of Government, communities

and other non-state actors promoting disability mainstreaming. Respective implementing agencies shall develop work plans detailing their interventions and programmes as outlined in this policy.

CHAPTER FIVE: MONITORING, EVALUATION, REPORTING AND POLICY REVIEW

5.1. Monitoring, Evaluation and Reporting

Monitoring, Evaluation and Reporting (MER) will form an integral component for the successful implementation of this policy. This will be an inbuilt component in the proposed community programmes, interventions and initiatives.

MER will help the implementers to examine the link between the proposed interventions, initiatives, corresponding budget allocation and resultant output and

outcomes. Monitoring will involve routine tracking of key elements of policy implementation and the expected outcomes. Evaluation will help in determining the value of the specific milestones of policy implementation and achievements. Reporting will bring out the lessons learnt for feedback, action and sharing with other stakeholders for improved programming, efficient and effective implementation.

Coordination of MER will be provided by the Department responsible for disability mainstreaming through periodic reporting. Participatory monitoring will be done at and by all levels, namely the County, Sub County and Ward committees respectively and at the community.

5.2. Policy Review

The Policy will be reviewed after five (5) years alongside the Vision 2030 MTPs and MDCAs development plans or as when need arises. The aim of the review will be to take stock of the progress made in implementation and accommodate new and emerging issues in disability mainstreaming. This process will be undertaken in a participatory manner and in collaboration with other stakeholders.