The KENYA INSTITUTE for PUBLIC POLICY RESEARCH and ANALYSIS

Enhancing Inclusivity by Empowering Persons with Disabilities

Eldah Onsomu
Victor Mose
Peter Munene

Special Paper No. 32/2022

KENYA INSTITUTE FOR PUBLIC POLICY
RESEARCH AND ANALYSIS
(KIPPRA)

The KENYA INSTITUTE for PUBLIC POLICY RESEARCH and ANALYSIS

Thinking Policy Together

Enhancing Inclusivity by Empowering Persons with Disabilities (PWDs)

Kenya Institute for Public Policy Research and Analysis

Eldah Onsomu
Victor Mose
Peter Munene

Special Paper No. 32

2022

KIPPRA in Brief

The Kenya Institute for Public Policy Research and Analysis (KIPPRA) is an autonomous institute whose primary mission is to conduct public policy research leading to policy advice. KIPPRA's mission is to produce consistently high-quality analysis of key issues of public policy and to contribute to the achievement of national long-term development objectives by positively influencing the decision-making process. These goals are met through effective dissemination of recommendations resulting from analysis and by training policy analysts in the public sector. KIPPRA therefore produces a body of well-researched and documented information on public policy, and in the process assists in formulating long-term strategic perspectives. KIPPRA serves as a centralized source from which the Government and the private sector may obtain information and advice on public policy issues.

Published 2022

Bishops Garden Towers, Bishops Road
PO Box 56445-00200 Nairobi, Kenya
tel: +254 20 2719933/4; fax: +254 20 2719951
email: admin@kippra.or.ke
website: http://www.kippra.org

ISBN 978 9966 817 82 2

The KIPPRA Special Reports Series deals with specific issues that are of policy concern. The reports provide in-depth survey results and/or analysis of policy issues. They are meant to help policy analysts in their research work and assist policy makers in evaluating various policy options. Deliberate effort is made to simplify the presentation in the reports so that issues discussed can be easily grasped by a wide audience. KIPPRA appreciates any comments and suggestions arising from this report.

ACKNOWLEDGEMENTS

The Authors would like to thank KIPPRA Executive Director, Dr Rose Ngugi for guiding the process of preparing the report. We would also like to thank the Research Assistants team comprising Haron Ngeno, Violet Nyabaro, Elton Khaemba; and Samantha Luseno, Dennis Njue and Jacob Nato for their support in collating data and information that enabled the success of preparing the report.

EXECUTIVE SUMMARY

Kenya has made milestones in legal and policy environment which aim at supporting the persons with disabilities (PWDs). This is demonstrated through the inclusion of disability issues in the Kenya Constitution (2010) and enactment of the disability Act (2003) as well as development of the disability policy. As a result, various sectors have developed sector specific policies to inform decisions on how to empower and enhance the welfare of PWDs. However, PWDs still face various forms of exclusion in various socio economic dimensions.

In the **health subsector**, about 80 per cent of PWDs do not access quality medical services compared to 50 per cent of the general population that lack capacity to access health services. Among other actionable recommendations, there is need for targeted budgeting and planning which will also include subsidizing membership to national hospital insurance scheme; universal registration of PWDs to the national medical insurance and preferential insurance premiums in private insurance schemes.

On **food and nutrition** the findings show that persons with disabilities have higher incidence of missing food. One in every two households with PWDs reported to have missed food compared to households without PWDs. Going forward there is need for public education and supply of food supplements to PWDs for nutrition enhancement, enhance agricultural support for households with PWDs through targeted on-farm training, subsidize farm equipment and materials as well as provide special insurance premiums for livestock and crops for households with PWDs.

People living with disabilities have limited access to **water**, sanitation and clean energy services which in turn affects their access to affordable housing. Some of the recommendations include: Need to ensure that the spaces are adaptable to the needs of PWDs in terms of access and usability; targeted policy interventions for PWDs in terms of access to housing and; ensuring that households with PWDs receive basic social amenities for free to achieve distributive justice and equity.

Under **manufacturing**, the diversity in forms and severity of disability requires that the manufacturing sector responds by developing assistive devices which are usable by PWDs. There is need to establish manufacturing zones or centers for assistive devices, enhance research and innovation, provide tax incentives, provide resource incentives which include finance and non-finance resources, promote establishment of effective and efficient market structures and linkages with equitably distributed acquisition promotional centers.

In **education**, the Country has put in place various interventions to enhance special needs education key among them the development of the Education and

Training Sector Policy (2019) that includes education needs for learners and trainees with disabilities; ensuring learning institutions have walking ramps; integration of signs language in curriculum and provision of enhanced capitation grants for learners with special needs, among others. Despite the interventions, educational outcomes for children and adults with disabilities remain low across all levels of education. There is need for enforcement of enhanced capitation grants with adjustments depending of the different need of children with special needs; provision for home based and health support intervention programmes; establishment and or strengthening of Educational Assessment and Resource Centers (EARCs) in all Counties and sub-counties and continued curriculum implementation review to accommodate emerging needs among PWDs.

On **labour participation**, PWDs are largely unemployed or experience low earning as a result of employer perceptions, discrimination and academic qualifications. Affirmative action will need to be enhanced by allowing for central placement and immediate placement recruitment upon graduation. There is need to provide work-related devices or equipment that allow employees with disabilities to participate fully in the workplace. The private sector to be encouraged to promote diversity and inclusion in working environments.

PWDs are at greater risk of **poverty** than persons without disabilities hence need to empower them in business and entrepreneurship. The Constitution of Kenya under article 227.2 (a) recognizes the categories that require preferences in the allocation of contracts whereas in (b) it offers protection or advancement of persons, categories of persons or groups previously disadvantaged by unfair competition or discrimination. There is also need to support PWDs in creating job opportunities through micro-enterprises.

Concerning **governance and leadership**, promotion of PWDs to positions of leadership as well as their participation in electoral processes is still low. The study found out that most PWDs despite possessing a national ID card are not registered as voters and therefore not able to participate in elections. There is need for creating a PWDs mentorship programme and continued sensitization and trainings and use of affirmative action can enhance representation.

Further PWDs continue to face difficulties in **mobility and communications** in terms of access to ICT, mobility using public transport and access to public building and residential areas. There is need to review transport and communication policies to ensure that needs of PWDs are incorporated with respect to inclusive transport and communication infrastructure and services. Review of policy on redesigning and renovation of buildings to ensure accessibility and usability by PWDs and revamping of walkways will also improve accessibility for those who use wheelchairs.

On **social protection,** we find that social assistance in Kenya takes the form of Cash Transfers to Persons with Severe Disability (PWSD-CT). The coverage is still low and the delivery of payments to beneficiaries is hampered by inaccessibility of some areas and technology challenges in beneficiary identification. Findings also point towards inadequate data in terms of PWDs receiving social security through pension. There is need for resource mobilization strategy to upscale coverage of

Cash Transfer and social security to all PWD; and expansion of PWSD-CT to a universal disability benefit for all persons with severe disabilities who are not in receipt of the *Inua Jamii* senior Citizens Scheme.

The participation of PWDs in **sports, music, arts and film** was found to be unclear due to data unavailability. However, the findings also show an overall increase in budgetary allocation towards the sub sector over the years and a majority of PWDs do take part in Paralympics. Going forward, there is need for research and statistics to determine the economic impact of sports, arts, music and culture in the context of PWDs to the economy; raise awareness on the importance of sports, games, music and art for PWDs and investment in disability sports to construct disability-friendly sports structures and equipment.

ABBREVIATIONS AND ACRONYMS

ADAK	Anti-Doping Agency of Kenya
AGPO	Access to Government Procurement Opportunities
APDK	Association of the Physically Disabled of Kenya
ASAL	Arid and semi-arid lands
BRT	Bus Rapid Transit
CoK	Constitution of Kenya
CPSAK	Cerebral Palsy Sports Association of Kenya
CRPD	United Nations Convention on the Rights of Persons with Disabilities
CWDs	Children with disabilities
DALYs	Disability-Adjusted Life Years
DPOs	Disabled Persons Organizations
EAC	East African Community
EARCs	Educational Assessment and Resource Centers
ECDE	Early Childhood Development and Education
EPR	Employment to population ratio
FKE	Kenya Employers
FKE	Federation of Kenya Employers
GBV	Gender Based Violence
GDP	Gross Domestic Product
HVTP	High-Volume Transport Programme
I2I	Innovation to Include
ICT	Information Communication Technology
IDs	Identification Cards
IEBC	Independent Electoral and Boundaries Commission
IHL	Institution of Higher Learning
ILO	International Labour Organization
IRIN	Integrated Regional Information Networks
KAS	Kenya Academy of Sports
KBDN	Kenya Business and Disability Network

KCB	Kenya Commercial Bank
KDPO	Kibwezi Disabled Persons' Organization
KES	Kenya Shillings
KESAVI	Kenya Sports Association for the Visually Impaired
KFCB	Kenya Film Classification Board
KICD	Kenya Institute for Curriculum Development
KIHBS	Kenya Integrated Household Budget Survey
KIPPRA	Kenya Institute for Public Policy Research and Analysis
KISE	Kenya Institute of Special Education
KNBS	Kenya National Bureau of statistics
KNPC	Kenya National Paralympics Committee
KSMH	Kenya Sports Association for the Mentally Handicapped
KSPSR	Kenya Social Protection Single Database Registry
KSSSA	Kenya Secondary Schools Sports Association
MDAs	Ministries, Departments and Agencies
MMUST	Masinde Muliro University of Science and Technology

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

1. INTRODUCTION

Disability is a global phenomenon that has both medical and social definitional and operational dimensions. The medical model defines disability as a medical issue with a "focus on an individual's physical deprivation or impairment" and regards limitations as resulting solely from their impairments. Further disability can be caused by various factors including health risks and aging (Box 1). This largely helps in the classification of forms of disability to inform targeted interventions from socio-economic perspective and informs the environmental and social interventions. In contrast, the social model acknowledges the impairment and further emphasizes the "restrictions placed by the society for the disabled to fully participate socially and economically". The social model therefore focuses on the exclusion of PWDs from major domains of social life (Oliver & Barnes, 2010; Wasserman, Asch, Blustein, & Putnam, 2016). The United Nations Convention on the Rights of Persons with Disabilities (CRPD) adopts the social model based on 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".

Box 1.1. Causes or risk factors for disabilities

Causes and or risks associated with disabilities include:

i) Communicable diseases (Infectious diseases) such as lymphatic filariasis, tuberculosis, HIV/AIDS, and other sexually transmitted diseases; neurological consequences of some diseases such as encephalitis, meningitis, and childhood cluster diseases (such as measles, polio, mumps, and poliomyelitis) contribute to disability.

ii) Non-communicable diseases (NCDs) – Chronic diseases such as diabetes, cardiovascular disease, arthritis and cancer cause the majority of long-term disabilities. The increase in NCDs have a profound effect on disability. Air pollution, occupational disease, poor water supply, sanitation, and personal and domestic hygiene, malnutrition also contribute for disability.

iii) Engaging in health risk behaviours. Evidence indicates that people who engage in health risk behavior such as smoking, poor diet and physical inactivity are at higher risk of getting disabilities (Wasserman, Asch, Blustein, & Putnam, 2016). Lifestyle choices and personal behavior such as obesity, physical inactivity, tobacco use, alcohol consumption, illicit drugs that lead to non-communicable diseases are also becoming major contributing factors.

iv) Injuries due to road traffic accidents, occupational injury, violence, conflicts, falls and landmines have long been recognized as contributors to disability.

v) Mental health problems– mental health retardation and mental illness are the causes of mental disability. In more than 50 per cent cases, mental retardation has been reported to be caused by serious illness or head injury in childhood and birth defects. Mental retardation was observed mostly at birth or at very early ages of life while the problem of mental illness is more of an old age problem.

vi) Age-related conditions. There is higher risk of disability at older ages.

Source: WHO, 2011

Despite efforts by the government in setting up policy frameworks to support implementation of different projects to support PWDs, the country still lags behind with implementation of Convention on the Rights of Persons with Disabilities (CRPD). Persons with psychosocial disabilities (mental health problems) are still stigmatized, exposed to torture and ill treatment in some parts of the country (Medical Disability Advocacy Centre, 2014). Further, there is a significant disconnect and gaps between the PWDs and persons without disabilities on matters relating to access to infrastructure, health services, education, work and employment, and political participation. Therefore, the overall objective of the study is to deepen the understanding of the status of PWDs in Kenya and their role in achieving inclusive development through pathways and initiatives of disability mainstreaming. In doing so, the study focuses on:

i) Assessment of the status of Persons with Disabilities (PWDs) in the Country;

ii) Challenges and gaps constraining inclusivity and empowerment of PWDs in the country;

iii) Interventions towards supporting disability mainstreaming across sectors and forms of disability.

The report is organized into 15 chapters where chapter 2 focuses on the approach used in analyzing inclusion of PWDs; followed by the status of PWDs in Kenya in chapter 3. The chapters 4.7 focus on the Big 4 agenda in Kenya including food security and nutrition; universal health coverage; affordable housing and manufacturing. The chapters 8-14 assess the levels of inclusivity of PWDs in other socio-economic sectors including education; labour market; business and entrepreneurship; governance and leadership; mobility, accessibility and communication; and social protection, assistance and financing, and finally sports, music and art. Chapter 15 provides overall conclusion and recommendations. Each chapter is structured to provide background information in form of brief introduction, before providing policy and legal framework, which govern the subject matter, then the progress and gap analysis before making conclusion and recommendations within that thematic area.

2. METHODOLOGICAL APPROACHES IN ANALYZING DISABILITY INCLUSION

The concept of inclusion or inclusivity has overtime been implemented based on three main parameters which are gender, disability, and age as conceptualized in figure 2.1. This has been actualized through programmes like gender mainstreaming, disability mainstreaming and age-based mainstreaming including children, youth, and elderly. The terms disability inclusion, mainstreaming and empowerment have been used sometime interchangeably. However, it is important to clarify that these terms carry different meaning and weights. Whereas disability inclusion implies involvement and participation of PWDS, disability mainstreaming means integrating issues, needs and rights of PWDs into the various day-to-day culture, actions and programs.

On the other hand, disability empowerment, defines capacity development of PWDs to build and inspire confidence and determination to undertake tasks and challenges in full exploitation of the innate potential. For full realization of the integrated system of disability inclusion, mainstreaming and empowerment intervention would seek to be sustainable by strengthening innate ability and removing barriers to facilitate PWDs to exploit their full potential. Such a framework is important in identification and prioritization of intervention as well as in the analysis of the progress being made.

Therefore, in understanding disability inclusion and mainstreaming, various features are considered. In our approach, four key components ought to be understood including the innate ability, barriers to access, opportunities for welfare enhancement and interventions for addressing rights, needs and ambitions for PWDs.

i) Innate ability: This seeks to underscore a fundamental principle that all human beings have inherent potential regardless of the variance in degree of the potentials, thus the clarion phrase of “abled differently”. This is a critical principle for it presupposes that for effectiveness and efficiency to be achieved in responding to the needs of Persons with Disabilities a competence-based approach is fundamental.

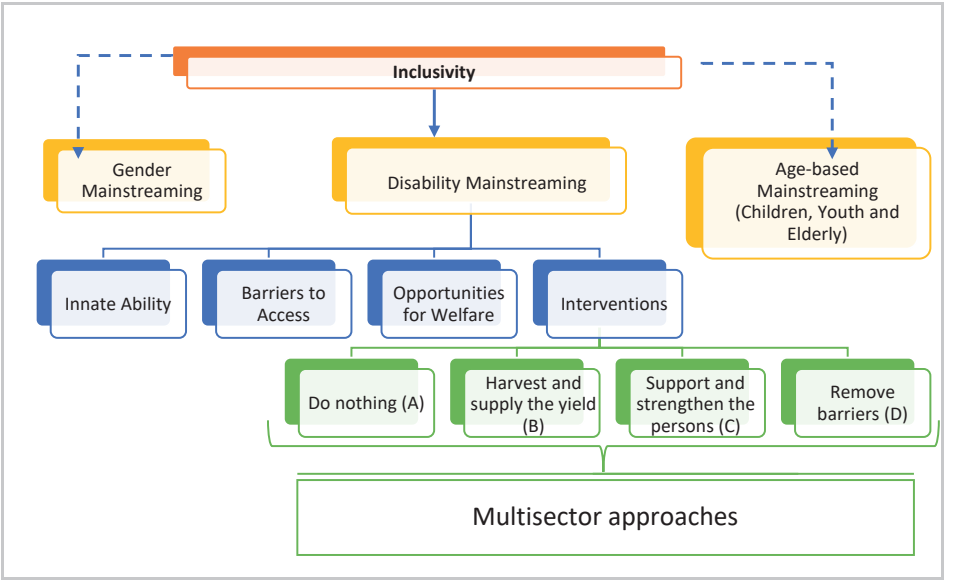
ii) Barriers to access and usability: This component underscores that the conditions and environment are critical barriers, which limit or restrict PWDs from accessing and using various opportunities to enhance their welfare. Therefore, any threats and weaknesses in the environment need to be removed to level the ground for PWDs to enjoy right of life.

iii) Opportunities for welfare: This presupposes that PWDs have needs and ambitions, which can be satisfied by exploiting the available opportunities and strengths.

iv) Interventions: These are approaches that have been used in addressing the needs and ambitions of PWDs. The concept classifies these efforts into four broad categories which are; Do nothing (A), harvest the opportunities and supply or distribute the yield among PWDs (B), support and strengthen the PWDs (C) and remove barriers (D) (see Figure 2.1).

v) Multi-sectoral approach: The rights and needs of PWDs vary as sectors vary. Thus, an integrated approach is key in interventions that aim at enhancing the socioeconomic and political welfare of PWDs. This requires that all sectors mainstream disability in delivery of various services.

Figure 2.1: Inclusivity Framework for PWDs



Source: Author's elaboration

The study adopted mixed methods in assessing the status, challenges and gaps associated with inclusion of PWDs in various sectors. The review of relevant sector policy and legislative frameworks was conducted to provide policy background and analysis of their effectiveness. Comparative study design was adopted in the analysis of the progress, with a view of comparing and contrasting the status of PWD with respect to areas like gender, incomes, rural/urban. Such design helps to demonstrate similarities and differences among some group categories. This was a strategic methodology since in assessing inclusion it is important to show any variation or similarities in living standards and access to services as well as.

Gap analysis was based on the requirements stipulated in the Constitution and other legal frameworks and policies that support the PWD mainstreaming. The analysis covered a wide range of areas relating to access to health services,

education, work and employment, infrastructure, and political participation among the PWDs. To establish the gaps, the study provided a description of the status and milestones of key interventions across different sectors relating to the disability mainstreaming, against the requirements stipulated in various Acts and Legal Frameworks developed in the country. Some of the existing laws and legal frameworks reviewed across selected sectors include the requirements stipulated in the Persons with Disabilities Act (2003); the Employment Act, 2007 which recognizes disability and outlaws discrimination on grounds of disability in employment, both in public and private sectors; Public Officers' Ethics Act, (2003) which creates an environment that nurtures respect for diversity, including disability, among other available policy and regulatory frameworks. Further, the analysis expounded on the needs of the PWDs relative to the rights of people without disabilities, to undertake comparative analysis to establish the disconnect and emerging gaps that are yet to be addressed in the selected sectors.

In Tilly (1984), there are four types of comparative analysis: individualizing, universalizing, variation finding and encompassing. Individualizing targets entails specific targeted to detect any unique characterization. Universalization tends to analyze a phenomenon with respect to norms, rules or standards. Variation analysis seeks to establish the differences in groups, while encompassing looks at analysis of differences in systems using holistic approach.

Box 2.1. Types of comparative analysis

a. Individualizing comparison contrasts a small number of cases in order to grasp the peculiarities of each case (1984, p. 82)

b. Universalizing comparison 'aims to establish that every instance of a phenomenon follows essentially the same rule' (1984, p. 82)

c. Variation-finding comparison seeks to 'establish a principle of variation in the character or intensity of a phenomenon by examining systematic differences between instances' (1984, p. 82)

d. Encompassing comparison 'places different instances at various locations within the same system, on the way to explaining their characteristics as a function of their varying relationships to the system as a whole' (1984, p. 83), e.g. as in Wallerstein's world system analysis.

Tilly, C. (1984) Big Structures, Large Processes, Huge Comparisons, Russell Sage Foundation, New York.

The study used various sources of data with respect to specific indicators of interest. The sources included Kenya Housing and Population Census 2019 and KIHBS 2015/16 datasets, Census 2019, housing survey, sector reports, Statistical abstracts and economic survey. Descriptive analysis and trend analysis were used in order to describe the status of PWDs. The indicators used were specific to the thematic areas, which were also analyzed against common categories like form of disability, location (rural/urban) and gender.

Table 2.1: Description of indicators

Thematic area	Indicator
Overall status of PWDs	Incidence of disability Poverty Legal and policy frameworks on disability
Food and security	Food poverty, Incidence of missing food, malnutrition, wasting, stunting, weight, cash transfers spent on food, and food affordability.
Health	Population of children born at home, place of delivery, incidence of sickness, consultation of health worker, diagnosis of illness, health insurance coverage, cash transfers spent on health.
Housing	Ownership of dwelling, condition of dwelling, rent paid, room sharing density, water services, sanitation services, energy sources.
Manufacturing	Demand for assistive devices by type of impairment, demand for assistive devices by location, local manufacturing versus importation of assistive devices.
Education	Children with disabilities, enrolment by level, enrolment by gender, school attendance, reason for non-school attendance, literacy levels, education aid/loan.
Labor	Employment status of PWDs, employment to population ratio, employ perceptions, difficulty in engaging in economic activity, discontinuation from working for PWDs.
Business and entrepreneurship	Challenges to engage in business; proportion of PWDs who worked on own family business by gender, and by type of disability; participation in AGPO; Training on Business and Entrepreneurship.
Governance and leadership	Identity (ID) card registration, voter registration, voting turnout, representation in senate, national and county assemblies; barriers to political leadership.
Mobility, Accessibility and Communication	Design of the built environment and transport system; cost of assistive devices; Training on KSL and Braille languages.
Social protection	Cash transfers, No. of beneficiaries, No. of HH receiving social assistance, No. persons receiving pension; Social Assistance by Special Interest Groups

3. STATUS OF PWDS IN KENYA

3.1 Globally and Domestic Overall Status of Disability Incidence

It is estimated that one billion people live with one form of disability or another across the world, which accounts for 15.3 per cent of the world population (World Health Organization and World Bank, 2011). While disability correlates with disadvantage, not all people with disabilities are equally disadvantaged. The world report on disability (World Health Organization and World Bank, 2011) estimates that 110 million people (2.9 per cent of the global population) have very severe functional difficulties (Table 3.1).

Table 3.1: Estimated prevalence of moderate and severe disability, by region and sex,

	Africa (%)	World (%)
Severe disability		
0-14 years	1.2	0.7
15-59 years	3.3	2.7
60 and Above	16.9	10.2
All Ages	3.1	2.9
Moderate disability		
0-14 years	6.4	5.1
15-59 years	19.1	14.9
60 and Above	53.3	46.1
All Ages	15.3	15.3

Source: World Health Organization and World Bank, 2011

In Africa, it is estimated that 15.3 per cent of the population had moderate and 3.1 per cent of the population had severe disability in 2011 (Table 3.1). Among these aged 0-14 years were 6.4 per cent, 15-59 years were 19.1 per cent while the majority were the people aged 60 and above accounting 53.3 per cent. The same trend is reflected in the world statistics with people aged 60 and above accounting the largest share of PWDs, 46.1 per cent having moderate disability and 10.2 per cent had severe disabilities.

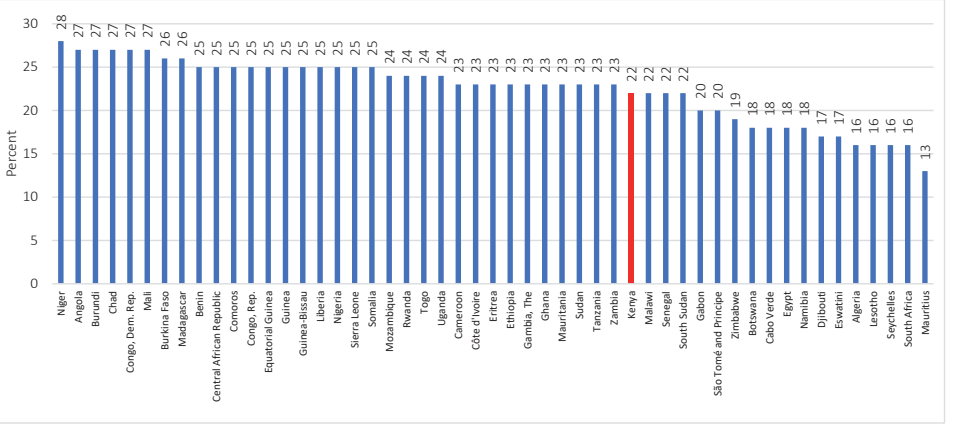
Further besides the nature or since-birth forms of disabilities, WHO also considers assessing the disability condition of a country by tracking the Disability-Adjusted Life Years (DALYs)[1]. This is the sum of years of lived with a disability due to prevalent cases of the disease or health condition in a population that could be

1 https://www.who.int/data/gho/indicator.metadata.registry/imr.details/4657

avoided by modifying the environment (WHO). WHO attributed about 92 out of the 133 major diseases and injuries to environmental challenges.

In sub-Saharan Africa, however, many communicable, maternal, neonatal, and nutritional disorders remain the dominant causes of disease burden. The rising burden from mental and behavioural disorders, musculoskeletal disorders, and diabetes will impose new challenges on health systems (Murray, Vos, Lozano, Naghavi, Flaxman, Michaud, & Haring, 2012). Regional heterogeneity highlights the importance of understanding local burden of disease and setting goals and targets for the post 2015 agenda considering such patterns. The status of DALYs in African countries is presented in figure 3.1 below.

Figure 3.1: Disability-adjusted life years (DALYs) attributable to the environment (%)



Source: Global Health Organization 2012[2]

About 22 per cent of the population in Kenya had DALYs in 2012, while Niger recorded the highest rate of 28 per cent across Africa (Figure 3.1). DALYs incorporates uncertainty in levels of all-cause mortality, cause-specific mortality, prevalence, and disability weights among others. DALYs indicator is useful in guiding the allocation of health resources as they provide a common numerator, allowing for the expression of utility in terms of dollar/DALY[3]. For example, in Gambia, provision of the pneumococcal conjugate vaccine costs USD$670 per DALY saved[4]. This number can then be compared to other treatments for other diseases, to determine whether investing resources in preventing or treating a different disease would be more efficient in terms of overall health.

Despite PWDs accounting for a significant proportion of the population and growing global and continental commitment to implement the UNCRPD, there

2 https://www.who.int/data/gho/data/indicators/indicator.details/GHO/disability.adjusted.life.years.(dalys).attributable.to.the.environment.(.)

3 Stevenson, D; Fryback, DG (2002). "HALYS and QALYS and DALYS, oh my: similarities and differences in summary measures of population health". Annual Review of Public Health. 23: 115–34. doi:10.1146/annurev.publhealth.23.100901.140513

4 Kim, SY; Lee, G; Goldie, SJ (Sep 3, 2010). "Economic evaluation of pneumococcal conjugate vaccination in The Gambia". BMC Infectious Diseases. 10: 260

continue to be social, economic and political barriers to their development. This has been attributed, in part, to the fact that most national disability laws being implemented in most countries including Kenya are non-compliant to some of the commitments; there is limited information by way of documentation and robust evidence on programmes that address challenges facing PWDs.

3.2 Disability prevalence in Kenya

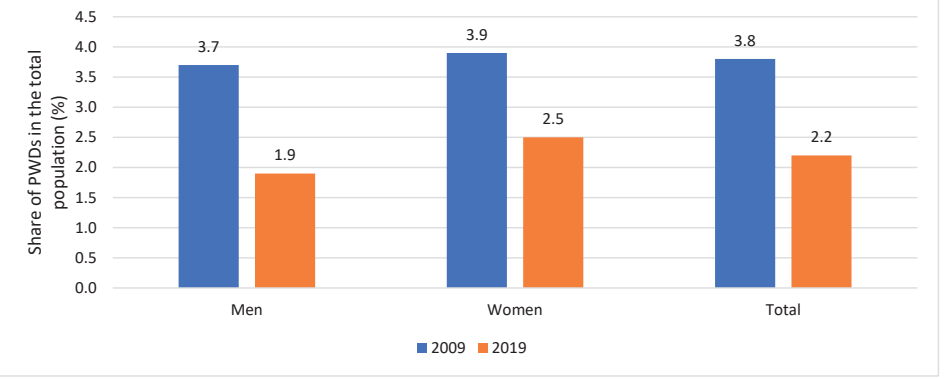
3.2.1 Overall prevalence

In Kenya, the number of people living with some form of disability as of 2019 was 1,336,381 persons, which was 2.2 per cent of the population. This included adults and children above five years of age. Direct comparison of disability prevalence in 2009 and 2019 is challenge due to differences in data collection methodologies, ages covered and size of administrative units. The 2019 census appears to show a sharp drop in disability prevalence; the 2009 census states 3.5 per cent, but when looking at the same age threshold (i.e. adults and children above five years of age) the 2009 disability prevalence rate was 3.8 per cent (KNBS, 2009).

3.2.2 Disability by Gender

More women have disability than men according to the Kenya National Housing and Population Census 2009 and 2019 (Figure 3.2). The 2019 census indicates that 1.9 per cent of men have a disability compared with 2.5 per cent of women. For comparison, the 2009 census reported 3.4 per cent of men and 3.5 per cent of women had a disability; again, when considering the same age threshold (i.e. adults and children above five years of age), 3.7 per cent of men and 3.9 per cent of women had a disability (Figure 3.2)

Figure 3.2: Comparison of disability prevalence rates by gender (%)

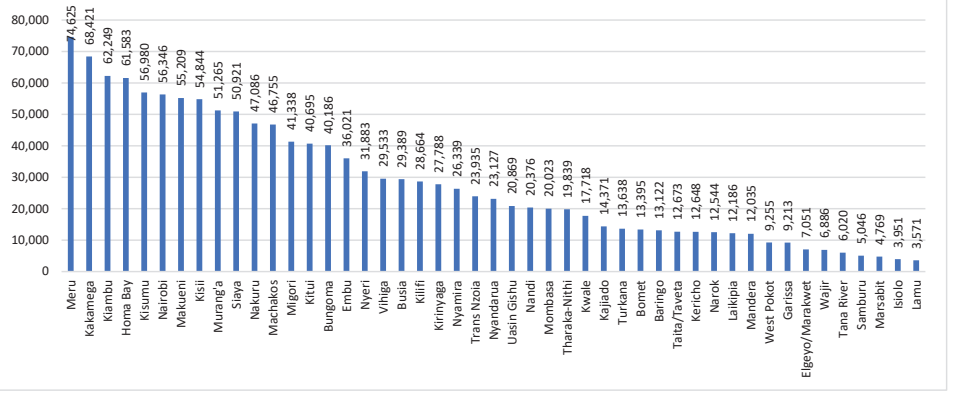


Source of data: Kenya National Housing and Population Census 2009 and 2019.

3.2.3 Disability prevalence status at the County Level

At the subnational level, Meru county recorded the highest number of Persons living with disabilities of 74,625 persons (Figure 3.3). Other counties with the highest number of PWDs include Kakamega (68,421), Kiambu (62,249), Homa Bay (61,583), Kisumu (56,980) and Nairobi (56,346). While counties like Lamu, Isiolo and Marsabit recorded the smallest number of PWDs (Figure 3.3).

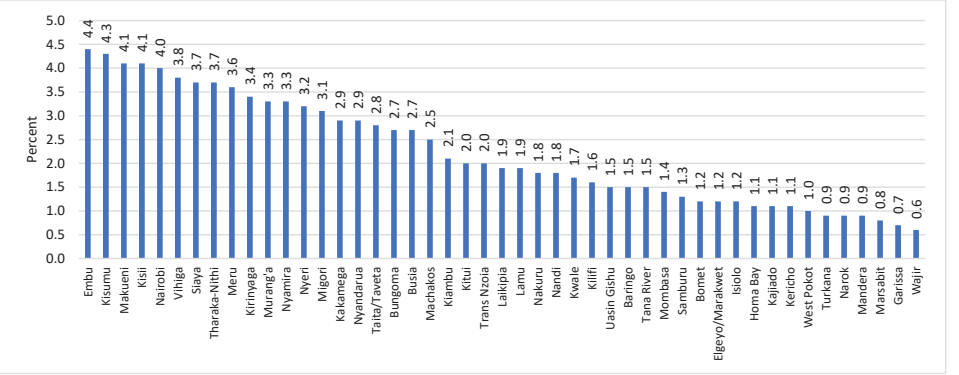
Figure 3.3: The number of PWDs by County, 2019 (Number)



Source of data: Kenya National Housing and Population Census 2019.

In terms of the share of total population, PWDs accounted for 2.2 per cent of the country's population aged 5 years and above by 2019 (Figure 3.4) with approximately 57.1 per cent of them being female. Embu County registered the highest number of PWDs at 4.4 per cent followed by Kisumu and Homa Bay counties at 4.3 per cent and 4.1 per cent (Figure 3.4). The highest prevalence rates of disability were recorded in central, eastern and western parts of Kenya, while Counties with the lowest disability prevalence rates are found in the north eastern part of Kenya. The least shares were in Wajir, Garissa and Marsabit counties at 0.6, 0.7 and 0.8 per cent relatively (Figure 3.4). Spatial incidence of disability informs overall resource allocation, for resource targeting disability empowerment and inclusion.

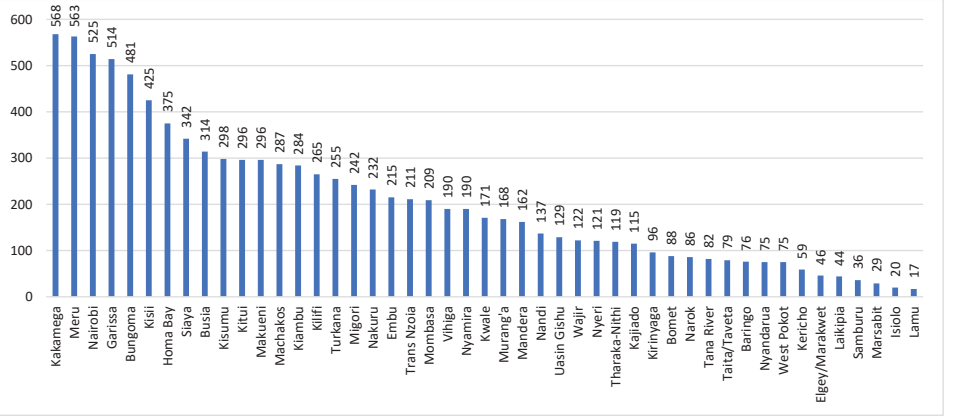
Figure 3.4: Share of PWDs in the Population by County, 2019 (%)



Source of data: Kenya National Housing and Population Census 2019

Albinism is a condition in which a person is born without the usual skin colour pigmentation due to failure of their bodies to produce a normal amount of melanin, a chemical that is responsible for skin, eyes and hair color (WHO, 2016). In 2019, 9,729 Kenyans had albinism, which represents 0.024 per cent of the Kenyan population. Kakamega County had the highest number of people with albinism of 568 persons, followed by Meru County with 563 persons while Lamu and Isiolo Counties had the lowest number of 17 and 20 persons with albinism (Figure 3.5).

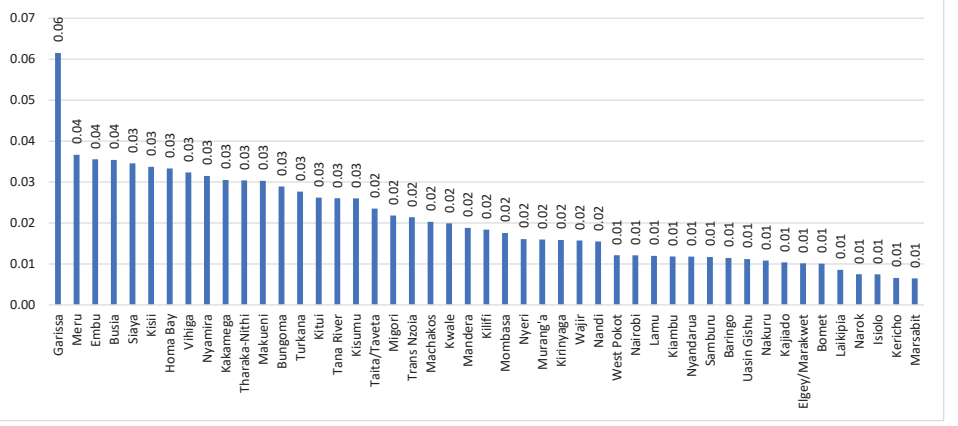
Figure 3.5: The number of persons with albinism by County, 2019



Source of data: Kenya National Housing and Population Census 2019

In terms of the share of total population, persons living with albinism accounted for 0.02 per cent of the country's population by 2019 (Figure 3.6) with approximately 54 per cent of them being female. Garissa County registered the highest number of persons with albinism at 0.06 per cent followed by Meru, Embu and Busia counties all at 0.04 per cent (Figure 3.6). The least shares were in Marsabit, Kericho and Isiolo counties at 0.006, 0.006 and 0.007 per cent relatively (Figure 3.6).

Figure 3.6: Share of Persons with albinism in Population by County, 2019



Source of data: Kenya National Housing and Population Census 2019

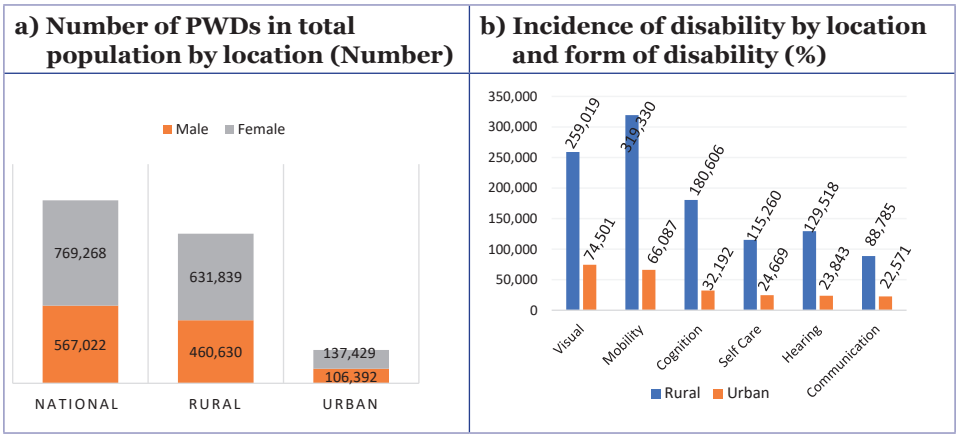
Generally, female population accounts for the largest number of people with different forms of disability (figure 3.7). According to 2019 census, there 769,268 persons with disabilities were female, representing 57.6 per cent of the total PWDs in Kenya, while male PWDs were 567,022.

3.2.4 Disability prevalence distribution in rural and urban regions

Disability disproportionately affects different regions and demographics. In terms of location, the majority of PWDs reside in the rural population compared to urban population. In the rural areas, 1,092,469 people are PWDs (460,630 being male and 631839 being female), accounting 82.4 per cent of the total PWDs in Kenya, while in the urban areas, there are about 243,821 PWDs (106,392 being male and 137,429 being female) (figure 3.7).

Mobility is the most prevalent form of disability in rural areas and accounts for 319,330 (24 per cent of the total number of PWDs) incidences of disability followed by persons with visual disability at 259,019 people (19.5 per cent of the total number of PWDs). The most common in urban areas is visual disability, which accounts for 74,501 incidences. The lowest forms were in communication (88,785) representing 6.7 per cent of the total number of PWDs with different forms of disabilities, and self-care (115,260) (8.7 per cent of the total number of PWDs).

Figure 3.7: Incidence of disability by location (2019)

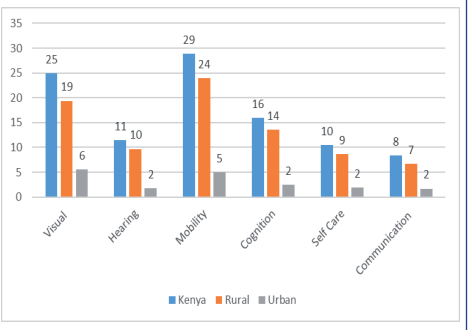


Source of Data: Kenya National Housing and Population Census 2019

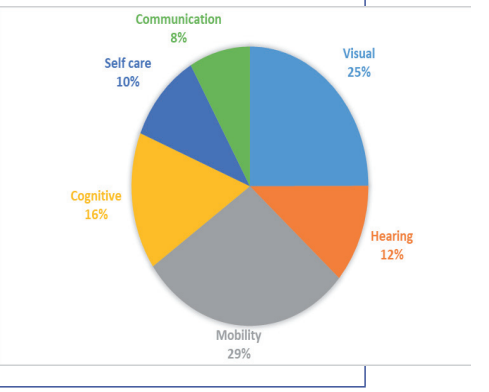
The most prevalent form of disability was mobility which accounted for 385,417 (29 per cent of PWDs) followed by visually impaired that accounted for 333,520 (25 per cent of PWDs). The least prevalent forms of disability were communication and self-care impairments at 111,356 individuals (8 per cent of PWDs) and 139,929 (10 per cent of PWDs), respectively. The incidence of disability is higher for women across all categories (Figure 3.8). In terms of residence, the rural areas have higher prevalence rates compared with urban areas. There is a greater (19 per cent) discrepancy between the share of mobility impairment in total population in the rural and urban areas, recording 24 per cent in the rural relative to 5 per cent in the urban, becoming the most prevalent disability among the population in the country (Figure 3.8).

Figure 3.8: Share of Population with disabilities, 2019

a) Share of PWDs in total population by Type (%)



b) Incidence of disability by type (%)



Source: Kenya National Housing and Population Census 2019

The least incidence of disability in terms of type was communication at 8 per cent and self-care at 10 per cent (figure 3.8b). The most common type of disability in terms of type in Kenya as of 2019 was the mobility disability at 29 per cent, followed by visual disability at 25 per cent. The same trend is also recorded in the rural parts of the country.

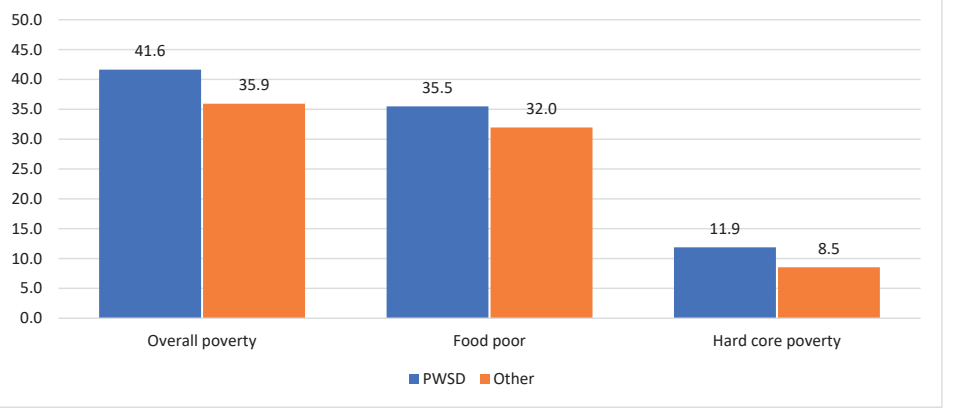
4.2.1 Disability prevalence and Poverty levels

Poverty was higher among PWDs compared to non PWDs. The overall poverty rates were respectively 41.6 per cent for PWSDs relative to 35.9 per cent for non PWSDs. PWSDs were also more likely to be in food poverty and extreme poverty. In addition, they were also more likely to be in hard-core poverty (Figure 3.9).

About half of the counties in Kenya (24 counties) had their overall poverty rates of PWSDs above the national severe poverty rate of 41.6 per cent. The county poverty rates for PWSDs ranged from a high of 90.6 per cent to a low of 17.4 per cent, with a median value of 41.9 per cent at Kisii county. The highest prevalence rates of overall poverty of PWSD was in Turkana, Isiolo and Samburu counties respectively; while the lowest rates were in Lamu, Kirinyaga and Mombasa counties (Figure 3.10). There is however caution with interpretation due to the

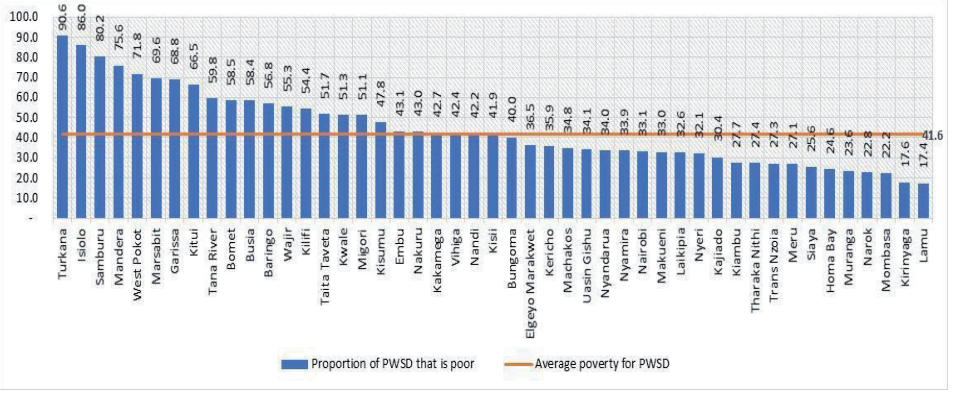
small sample problem.

Figure 3.9: Overall poverty, food poverty and hardcore poverty of PWSD and non-PWSD



Data source: Kenya Integrated Household Budget Survey 2015/16

Figure 3.10: Overall poverty of PWSD by County



Data source: Kenya Integrated Household Budget Survey 2015/16

The status of disability shows that it varies across the country and in terms of location whether rural or urban. The twin analysis of disability and poverty shows that average poverty among PWDs is higher than for persons without disability.

4.1 Legislative and policy frameworks on PWDs

The agenda to include and integrate PWDs can be traced back to the start of the decade in 2000s when active advocacy for inclusion and integration attracted global attention and culminated in the development and passing of UN Convention on the Rights on Persons with Disabilities (UNCRDP) in 2006. Since then there

have been deliberate efforts towards inclusion of PWDs in the socioeconomic and political development. Kenya has signed and ratified UNCRDP in line with the Constitution of Kenya (CoK) Article 2 (6) as it becomes part of the Kenyan law. The agenda has been incorporated into the global development agenda for the period 2015-2030, also dubbed 'the leave no one behind' campaign, through its inclusion in key targets and indicators under Agenda 2030's Sustainable Development Goals (SDGs). Consistent with SDG 10 on reducing inequalities and commitments under UNCRDP, governments, policy makers, the private sector and other non-state actors will need to not only include but also integrate PWDs in everyday activities without prejudice or discrimination. This can be done through, in part, providing innovative ways to engage and empower PWDs to access all opportunities equally.

Kenya ascribes to various international conventions, declarations and treaties on matters affecting PWDs. One of these is the UNCRPD, which was signed in 2007 and later ratified in 2008. The purpose of the disability convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all PWDs, and to promote respect for their inherent dignity. For this to be realized, governments are expected to adopt appropriate legislative, administrative and other measures for the implementation of the rights recognized in the convention, and to take all appropriate measures to eliminate discrimination based on disability by any person, organization or private enterprise. Some of the human rights include education, employment, and cultural life; to the right to own and inherit property; to not be discriminated against in marriage amongst others; and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.

In article 31, the convention obligates state parties to undertake to collect appropriate information, including statistical and research data, to enable them to formulate and implement policies to give effect to the convention. In order to promote equality and eliminate discrimination, the State is expected to take all appropriate steps to ensure that reasonable accommodation is provided for all PWDs, and to take other specific measures to accelerate or achieve de facto equality of PWDs. The convention guarantees the rights of PWDs with respect to education, employment, social protection, and in participation in political and public life.

The UN Agenda 2030 on Sustainable Development Goals (SDGs) espouses a universal call of not to leave no one behind. This is an inclusive approach to socioeconomic and political development. If the SDGs are to be fully implemented then PWDs will not lag in issues related with Poverty, hunger, good health and wellbeing, quality education, gender equality, clean water and sanitation, affordable and clean energy, decent work, inclusivity of industry, innovation, infrastructure, sustainable cities and communities, effects of climate change, and peace and justice among other issues championed by the SDGs.

Regionally, the Africa Union's Agenda 2063, The Africa Union Protocol on PWDs (2018) and EAC Disability Policy (2012) have the policy and legal frameworks, which point to the need to attain a high standard of living, quality

of life and wellbeing for PWDs. For instance the Agenda seeks to promote various interventions like increasing real incomes, jobs and decent work, reducing poverty inequality and hunger, providing social security and protection for vulnerable groups including PWDs, and ensuring modern and livable habitations as well as basic quality services including heath care and education. The Africa Union Protocol on PWDs (2018) provides for nondiscrimination of PWDs, right to equality of PWDs in law, right to life, right to liberty and security, freedom from inhuman treatment, right of accessibility, right to education, right to health, right to work, adequate standards of living, participation in political processes, self-representation, access to information, participation in sports, recreation and culture. Further, the EAC Disability Policy (2012) has also set out various priority areas such as capacity building through training, special education and equipping of PWDs, economic empowerment, accessibility to physical facilities and services, social protection, participation and representation of PWDs, care and support, research and information, sensitizations, affirmative action.

At national level, Kenya has enacted the Persons with Disabilities Act No. 14 of 2003, which is the basic law on disability in the country. The Disability Act establishes a council to coordinate and promote the rights and needs of PWDs by also providing for legal and policy framework for interventions that are responsive and sensitive to needs of PWDs. It was enacted to provide for the rights and rehabilitation of persons with disabilities and to achieve equalization of opportunities for persons with disabilities.

The Persons with Disabilities Act has a number of provisions regarding the rights and privileges of PWDs. Section 15 of the Act prohibits discrimination against PWDs by both the public and private employers in all areas. No employer shall discriminate against a PWD in relation to the advertisement of employment, recruitment, and determination or allocation of wages, salaries, pensions, accommodation, leave or other such benefits. Additionally, discrimination is not allowed over the choice of persons for posts, training, advancement, apprenticeships, transfer, promotion or retrenchment, and in relation to the provision of facilities related to or connected with employment. No person can be denied opportunities for suitable employment because of their disability.[5]

A qualified employee with a disability will need to be subject to the same terms and conditions of employment and the same compensation, privileges, benefits, fringe benefits, incentives or allowances as qualified able-bodied employees, despite being exempt from tax on all employment incomes. The Act tasks the National Council for Persons with Disabilities with securing the reservation of five per cent of all casual, emergency and contractual positions in employment in the public and private sectors for persons with disabilities. Special workplace facilities or modifications, whether physical, administrative or otherwise, will need to be in place to accommodate persons with disabilities. The Act sets the minimum retirement age for persons with disabilities at 74 years.

The Persons with Disabilities Act also prohibits discrimination in admission to learning institutions, and in access to services and amenities. It prohibits all

5 Section 12 of the Persons with Disabilities Act.

persons and learning institutions from denying admission to any course of study to any person based on their disability if that person has the ability to acquire substantial learning in that course. Learning institutions are also expected to take into account the special needs of PWDs with respect to, inter alia, entry requirements, curricula, and the use of facilities. However, the law allows for the establishment of special schools and institutions, especially for the deaf, blind and mentally retarded. The Act also sets out a range of measures intended to promote equal participation in elections. Sections 29 and 30, respectively, provide that PWDs are entitled to assistance from any person they choose in order to enable them to vote, and that polling stations would need be made accessible for PWDs, including through the provision of assistive devices.

The Constitution of Kenya (2010) describes various provisions, which seek to enhance the right and needs of PWDs. For instance, it defines disability as a 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-to-day activities.

Article 54 Section 1 outlines the following entitlements to PWDs: to be treated with dignity and respect and to be addressed and referred to in a manner that is not demeaning; to access educational institutions and facilities for persons with disabilities that are integrated into society to the extent compatible with the interests of the person; to reasonable access to all places, public transport and information; to use sign language, braille or other appropriate means of communication; and to access materials and devices to overcome constraints arising from the person's disability. It is further stated that the State shall ensure the progressive implementation of the principle that at least five per cent of the members of the public in elective and appointive bodies are persons with disabilities. Other complementary provisions in the Constitution are Article 21 on the implementation of rights and fundamental freedoms and Article 43 on Economic and Social Rights. Many PWDs in Kenya, as is the case in most developing countries in the world, live in poverty, have limited opportunities for accessing education, health, suitable housing and employment opportunities (Korpinen, 2009). This is against the human rights provisions for PWDs.

Further, Kenya's Constitution guarantees the right to health as outlined in Art. 43(1a) which states that 'every person has the right to the highest attainable standard of health, which includes the right to healthcare services, including reproductive healthcare'. The Kenya Health Policy (2014.2030) for instance does not explicitly define PWDs but references this in terms of disability-adjusted life-years and the causes of disability. The Mental Health Bill on its part addresses mental health issues, guaranteeing access to health services and medical insurance an aspect that is important in ensuring non-discrimination. The health policy acknowledges the need for multi-stakeholder involvement in implementation, which would include Disabled Persons' Organizations (DPOs), but the level of engagement of PWDs and DPOs in health policy development is unclear.

The Constitution provides the principles of the electoral system, which include

the freedom of citizens to exercise their political rights given under Article 38. In order to ensure the participation of women, the youth, PWDs, the minorities and the marginalized groups, the Constitution provides that not more than two-thirds of the members of elective public bodies shall be of the same gender, and that there is need for a fair representation of PWDs. However, in order to give effect to this provision, Parliament is expected to enact legislation to promote the representation therein of women, PWDs, youth, ethnic and other minorities, and marginalized communities.

There are other several Articles addressing gender equality and inclusion in public offices, Article 177(b) on membership of the county assembly, provides that, the number of special seat members necessary to ensure that no more than two-thirds of the membership of the county assemblies are of the same gender. The Act requires inclusion of the minority groups, which consist of the number of special seat members necessary to ensure the gender balance, and to secure minimum representation for marginalized groups, including PWDs and the youth. As of 2019, the public institutions, including the National Assembly, had not attained the gender balance and inclusion of the minority groups in the representation seats (Makau, 2019).

Kenya has also developed and is implementing the Plan of Action (POA) established for the African Decade of Persons with Disabilities, which was extended to December 2019. The plan addresses issues of discrimination of PWDS, women with disability, children with disability, awareness raising, accessibility, right to life, equal recognition before the law and access to justice, freedom from inhuman treatment, freedom from exploitation, protection of integrity of PWDs, liberty for movement, freedom of expression, access to education and health services, right to work, participation in political of public life, among other provisions. While the goals of the plan of action (POA) are noble, evidence raises concerns about the actions so far taken by the Kenyan Government to ensure the implementation of the programme for the benefit of citizens with disabilities. Obstacles to implementing the provisions of the POA document and the implications for strategies that could facilitate the achievement of the goals of the plan of action are yet to be documented.

In addition, there are various sector level legal and policy framework, which seek to promote equality and equity, thus promoting the rights and needs of PWDs within the sector and in the realization of inclusivity in the achievement of the sector goals and objectives.

The national social protection policy (2017) advocates for comprehensive and universal coverage to all vulnerable persons including persons with severe disabilities. The policy is three pronged: firstly, social security is delivered through such schemes as NSSF, the civil service pension scheme and various retirement benefit schemes provided under the Retirements Benefits Act (RBA) of 1997; secondly, health insurance is delivered through NHIF; and thirdly, social assistance is delivered through cash transfer programs. As of 2016, only 11.6 per cent of PWD had access to some form of health insurance relative to 15.5 per cent for the rest of the population (KIHBS, 2015/16). This shows that at least 9 of 10

PWDs still lack health insurance in the country.

The Children Act (2001) states that no child shall be subjected to discrimination on the grounds of origin, sex, religion, creed, custom, language, opinion, conscience, colour, birth, social, political, economic or other status, race, disability, tribe, residence or local connection. The act defines a disabled child as a child suffering from a physical or mental handicap which necessitates special care for the child. It provides that a disabled child shall have the right to be treated with dignity, and to be accorded appropriate medical treatment, special care, education and training free of charge or at a reduced charge whenever possible.

One of the objectives in the Basic Education Act No. 14 of 2013 is non-discrimination, encouragement and protection of the marginalized, persons with disabilities, and those with special needs. This principle on non-discrimination is further emphasized in Section 34(2) of the Act, which requires a school, or a person responsible for admission, not to discriminate against any child seeking admission on any ground, including ethnicity, gender, sex, religion, race, colour or social origin, age, disability, language or culture. However, gender discrimination is permitted where a school is registered for a particular gender. It is the government's responsibility to ensure that the marginalized, vulnerable or disadvantaged groups are not discriminated against, and are not prevented from pursuing and completing basic education. The government also has the responsibility of providing special education and training facilities for talented and gifted pupils, and those with disabilities, and this includes having special schools, and ultimately to ensure compulsory admission, attendance and completion of basic education by every pupil.

Despite devolution of pre-primary education, the preprimary education in the country still faces various challenges of lack of assistive devices and support services such as equipment and appliances used by PWDs to complement diminished or absence of certain physical functions. For instance, Nairobi county had low use of assistive devices among PWDs with nursery or kindergarten level of education. Other counties still lack sufficient support devices and services. These include those related to information (hearing aids, magnifying glasses, Braille) and communication (sign language interpreter, portable writer), as well as to personal mobility (wheelchairs, crutches, walking sticks/frames guide). Others are household items (flashing light on doorbell, amplified telephone); personal care and protection (special fasteners, bath and shower seats, toilet seat raiser); handling goods & products (gripping tongs, aids for opening containers); and computer assisted technology (keyboard for the blind) among other challenges (Kenya National Survey for Persons with Disabilities, 2017).

The Political Parties Act (2011) has various provisions that aim at ensuring that party membership reflects Kenya's diversity. A party can only be registered if its membership and the composition of its governing body reflect regional and ethnic diversity, gender balance, and representation of minorities and marginalized groups.

The Social Assistance Act (2013) provides for conditions for the provision of social assistance to persons in need and defines persons in need to include orphans

and vulnerable children, poor elderly persons, unemployed persons, PWDs, and widows and widowers. It further provides interpretations of children, elderly persons, unemployed, and PWDs who qualify for social assistance. Specifically, a PWD is eligible for social assistance if the person suffers from severe mental or physical disability, and the disability makes them incapable of catering for their needs.

However, besides such policy framework, overtime PWDs have continued to face inequalities which hinder their personal, social, economic and political growth. Some of the disparities are recorded in schooling, access to jobs, access to business activities, leadership positions, marriage and membership to integrated social groups. This has been manifested in the statistics, which show PWDs lagging in some of these spheres. This current study assesses levels of inclusion of PWDs in Big 4 Agenda, education, employment, entrepreneurship, social protection and sports.

4.2 Summary, Conclusion and Recommendations

While disability correlates with disadvantage, not all people with disabilities are equally disadvantaged. In Africa and across the global, the estimated prevalence of moderate and severe disability is high among people aged 60 years and above. This implies that as an individual grows older, they are vulnerable to a number of disabilities that are associated with old age. Communicable, maternal, neonatal, and nutritional disorders remain the dominant causes of disease burden in Kenya and across Sub-Saharan Africa. These disorders increases the number of Disability-Adjusted Life Years (DALYs). For instance in Kenya, at least 1 in every 10 people had DALYs in 2012. Therefore, DALYs indicator is useful in guiding the allocation of health resources as they provide a common numerator, allowing for the expression of utility in terms of dollar/DALY.

The data relating to PWDs prevalence in Kenya is scarce. To date, direct comparison of disability prevalence in 2009 and 2019 is challenge due to differences in data collection methodologies, ages covered and size of administrative units. However, the 2019 census appears to show a sharp drop in disability prevalence by 0.3 per cent. In terms of gender, disability prevalence among women is slightly higher relative to the men disability prevalence. Across the regions and counties in Kenya, some counties like Meru, Embu, Kakamega, and Kiambu have higher prevalence PWD rate. This indicates the specific counties which require special disability mainstreaming programmes. Further, the twin analysis of disability and poverty shows that average poverty among PWDs is higher that persons without disability.

Despite Kenya ascribing to various international conventions, declarations and treaties on matters affecting PWDs, and formulating several laws and legislations, overtime PWDs have continued to face inequalities which hinder their personal, social, economic and political growth. Some of the disparities are recorded in schooling, access to jobs, and access to business activities, leadership positions, marriage and membership to integrated social groups. This has been manifested in the statistics, which show PWDs lagging in some of these spheres.

5. INCLUSION OF PWDS IN FOOD SECURITY AND NUTRITION

5.1 Introduction

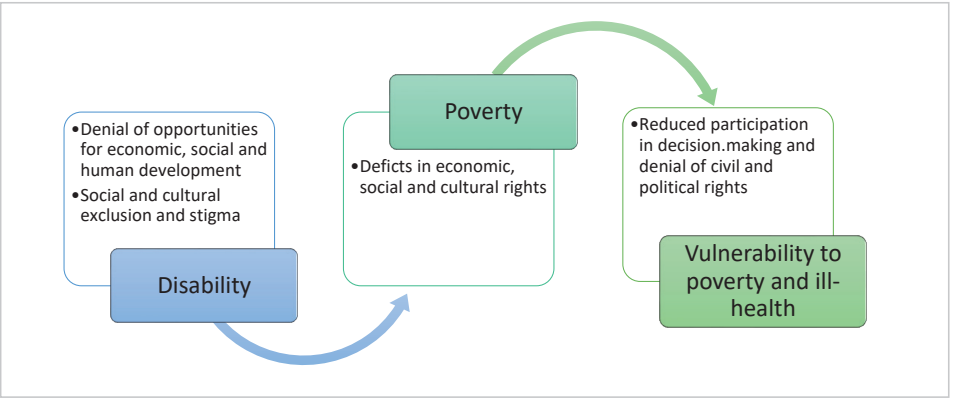
Security in food and nutrition is one of Kenya's top developmental agenda since agriculture is the backbone of the economy accounting for over 34 per cent of GDP and employing more than 75 per cent of the workforce. In addition, there is a close nexus between food and nutrition security with disability. Food insecurity can lead to disability through poor living conditions and malnutrition while on the other had disability can lead to food and nutrition insecurity due to exclusion from economic activities. Disability remains an under-represented topic in food security policy and practice. The consequences of malnutrition are a major significant concern for policymakers as it leads to stunting, wasting and underweight, which may lead to disability.

Studies have shown that PWDs are twice disadvantaged than non PWDS when faced with risks like climatic change, which affects food production and causes food insecurity in a country6. Further, PWDs account for 28 per cent of people receiving relief food, especially at the age of 60 and above since, they cannot engage adequately in food production. A research noted that people living with disabilities are neglected in many parts of Kenya, especially in empowerment opportunities, denying them a chance to participate fully in boosting food production[7]. Further, disability affects accessibility and participation in economic and social activities. Disabled persons are more likely to be unemployed and earn less when employed, employment and income worsen with severity of disability (Chege, Gachuiri, Ndungu, 2019). Inaccessibility to economic and social rights affects the disability in accessing food and engaging in food production.

6 Chege PM, Gachuiri GW, Ndungu ZW (2019) Food Security and Nutrition among Adults Living with Disability in Nakuru County, Kenya. Nutr Food Technol Open Access 5(1): dx.doi.org/10.16966/2470.6086.157

7 Ong'anya, D. O., Omuya, J. M., Ombaba, K. M. B., & Arogo, P. A. (2012). The role of agricultural growth on millennium development goals in Kenya: A strategy of poverty reduction. Journal of Emerging Trends in Economics and Management Sciences, 3(4), 324.331.

Figure 4.1: Linkages between disability and food poverty.



Source: Banks and Polack (2014)[8].

Within the Big-Four-Agenda, the plan seeks to reduce by 50 per cent the households' expenditure on food, reduce by 50 per cent in food insecure households, reduce malnutrition by 27 per cent, and 34 per cent increase in daily income to farmers. In addition, the agenda seeks to establish 600,000 jobs and 1000 SMEs in agri-business9.

Such initiatives will benefit PWDs since they are the most vulnerable groups when food is not available, accessible, affordable and the food supply systems are not reliable. Such situation exposes the population to malnutrition, which is likely to increase incidence of disability especially when expectant mothers are not accessing balanced diet. The framework of the Big-4 Agenda captures the four pillars of food and nutrition security, which include availability, access, utilization and Stability of supply. Under availability, it seeks to increase production and contribution to GDP, which together with establishment of market systems will also enhance access. Irrigation schemes are expected to enhance stability in supply, while education and awareness creation will enhance utilization of technology, good food consumption practices and promote nutrition.

5.2 Legal and policy frameworks

The rights of PWDs on adequate standards of living and social protection for themselves and their families is recognized by the States Parties under Article 28 of the Convention on the Rights of Persons with Disabilities. This is further emphasized by the Africa Union Protocol on PWD (2018), under Article 20 on Right to adequate standard of living. The same spirit is echoed by the EAC policy on disability (2012), which indicates that The State Parties shall ensure that families and caregivers for PWDs are provided with basic needs such as food. The EAC policy further, identifies access to proper food nutrition and food security as integral in the affirmative action among the members States.

8 Banks, L.M. and Polack, S. (2014).The Economic Costs of Exclusion and Gains of Inclusion of People with Disabilities – Evidence from Low- and Middle-Income Countries. CBM and London School of Hygiene and Tropical Medicine. London.

9 GOK (2017). Big 4 Agenda.

Kenya has demonstrated commitment to improving agriculture and nutritional status for the population and especially vulnerable groups through food supplies, nutrition sensitive and nutrition specific interventions. This has been demonstrated by the various legal and policy framework in place, with inclusion of food and nutrition security in the big four agenda, Vision 2030, the country's development blueprint, and is aligned to the government's broader Medium-Term Development Plans such as the National Nutrition Action Plan 2018.2022 among others.

In the Global Front, Kenya joined the Scaling Up Nutrition (SUN) in 2012, a global movement that unites national leaders, civil society, bilateral and multilateral organizations, donors, businesses and researchers in a collective effort to improve nutrition however there is no SUN donor convener identified.

Further, the government has demonstrated commitment to agricultural development, signing the Comprehensive Africa Agriculture Development Programme (CAADP) in 2010. CAADP is an African-led program bringing together governments and diverse stakeholders to reduce hunger and poverty and promote economic growth in African countries through agricultural development. In the same year, the government launched a new Agricultural Sector Development Strategy, which is aligned with the CAADP. The Government had also made strides in the food security endeavor within the legal and policy frameworks.

5.3 Progress and Gap Analysis in Food and Nutrition

5.3.1 Food Poverty and PWDs

Kenya has been affected by climate changes with seasons of drought and flooding in some regions, affecting missions of people (UNICEF, 2018). In 2018, the country experienced above average long rains which resulted in massive flooding across 40 out of the 47 counties, affecting approximately 800,000 people and displacing 311,000 people, PWDs being among them (UNICEF, 2018). Further, in 2020 the country in terms of food security experienced a triple crisis ranging from the adverse effects of COVID-19 pandemic on production and transportation of agricultural produce to the market, locust infestation and floods (Owino, 2020). According to the reports, the locust infestation was the worst ever to be witnessed in the country in the last 70 years, and its adverse effect has caused significant crop and pasture losses affecting about 2.5 people who have then sought for emergency relief assistance (FAO, 2020).

Despite the easing of COVID.19 control measures, households' livelihoods, particularly urban poor households, remain affected by the restrictions reducing market operations and by the slowdowns in the supply chain that keep prices high. Below-average activity in key sectors of the economy, such as agriculture, tourism, transport, and manufacturing, has driven employment losses and significantly reduced income-earning opportunities, particularly for urban poor households[10]. An assessment of informal urban settlements in Nairobi, Mombasa, and Kisumu by

10 Food Security Outlook Paper. October, 2020

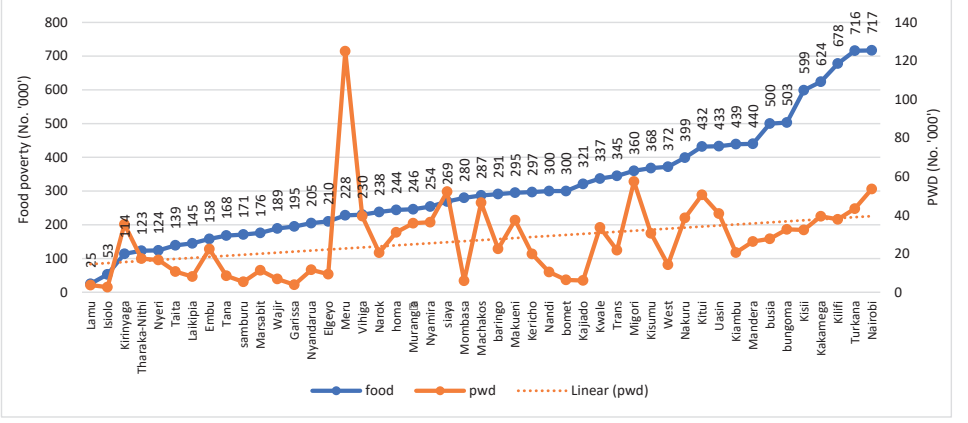
WFP and the IPC TWG, reported that 63 per cent of respondents indicated that the loss of income due to COVID.19 was impacting food access and driving household food insecurity[11].

In Kenya, out of a total of 4.8 million children under the age of 5 months to 59 months surveyed in KIHBS 2015/16 (KNBS, 2015/16), 29.9 per cent of the children were moderately stunted, 13 per cent were wasted and 6.7 per cent underweight. Furthermore, the children who were under severe conditions on stunting, wasting and underweight were estimated at 11.4 per cent, 2.5 per cent and 2.6 per cent respectively. When children are under chronic malnutrition, they exhibit severe conditions under stunting, wasting and underweight, which affects their health and exposes them to risks that can cause disability.

The recent analysis from KIHBS (2015/16) showed that 67 per cent of people with disabilities live in a poor household relative to 52 per cent without disabilities. The status of food poverty and malnutrition varies across counties thus offering opportunity to explore the relationship between the incidences of food poverty and malnutrition with incidences of disability. This is because food insecurity and malnutrition are identified among the risk factors of disability.

The overall trend of the number of cases of disability across counties increases with increase in cases of food poverty (figures 4.2). Lamu County with the lowest population in the country had the number of people experiencing food poverty in 2016 were about 25,000 people (17.6 per cent of county's population) while the number of PWDs then was 3,712 (1.9 per cent of the county's population) in the county (KIHBS, 2015/16). While Nairobi county, which recorded over 717,000 people (16.5 per cent of county's population) with food poverty, had 53,556 PWDs (4.0 per cent of county's population) in the county then, according to 2015/16 Kenya Integrated Household Budget Survey (KIHBS). However, there are few counties, which had higher number of PWDs than the number of people living in food poverty, for instance Kirinyaga, Meru and Siaya (See Figure 4.2).

Figure 4.2: Food poverty cases versus disability cases across counties



Source of Data: KIHBS 2015/16

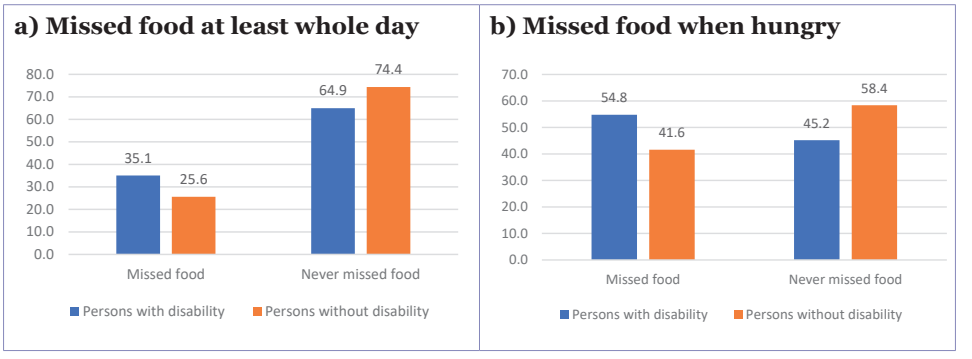
11 IPC Acute Food Insecurity Analysis Urban August – December 2020.

5.3.2 Sourcing of food among PWDs

Crop and livestock production is the main activity engaged by the people to address the food security in Kenya. Considering Kenya is heavily reliant on rainfall in farming and food production activities, the fluctuation in extreme climate conditions in the country has affected the normal pattern of farming. The long rains and floods in some counties in 2020 affected planting, harvesting and drying activities causing an estimated loss of 12 per cent in production output[12]. Further, the outbreak of COVID-19 restrictions affected the production of food, impacted negatively marketing of the produce and more so the pricing of the food products increased in some areas due to changes in supply patterns. Poor and vulnerable households such as PWDs across urban areas experienced income deficits during COVID-19 pandemic era, and this constrained access to food due to decreased labor demand and income opportunities coupled with higher than normal food prices of some key staples, such as beans. These challenges have significantly eroded poor urban households' purchasing power and constrained their food access. (FAO, 2020).

PWDs among other vulnerable groups have been experiencing challenges even before the outbreak of COVID-19. According to Kenya Integrated Household Budget Survey 2015/16, households with persons with disability had higher incidence of missing food a whole day and in time of hunger than those without persons with disability (Figure 4.3). At least one in every two households (54.8 per cent) with PWDs reported to have missed food when hungry, with at least one in three households missing food at least the whole day (Figure 4.3). Sleeping without food for 1 day in the last 7 days is an indicator of extreme hunger and poverty.

Figure 4.3: Incidence of households missing food



Source of Data: KIHBS 2015/16.

This is a strong pointer to the need to enhance food and security across the country in order to control their likely contribution to rise in cases of disability and reduce the vulnerability among the households with persons with disabilities. Nutrition is a critical component in children growth and development since naturally the body develops from what it consumes. It is on this basis that governments are promoting nutrition supplements to children and capacity development especially among expectant mothers.

12 Famine Early Warning Systems Network: Kenya Food Security Outlook Paper, 2020.

Almost all the Special Interest Group (SIG) members have fallen victim of hunger and food insecurity, with the greatest incidence being among the marginalized (32 per cent) and PWDs (22 per cent) according to the Kenya Integrated Household Budget Survey conducted in 2015/16 (Table 4.1). From the survey, the incidence of hunger among the other SIGs is not much lower, for instance, at least one in four (20 per cent) for older persons, 19 per cent for children, and 16 per cent for women and the youth (Table 4.1).

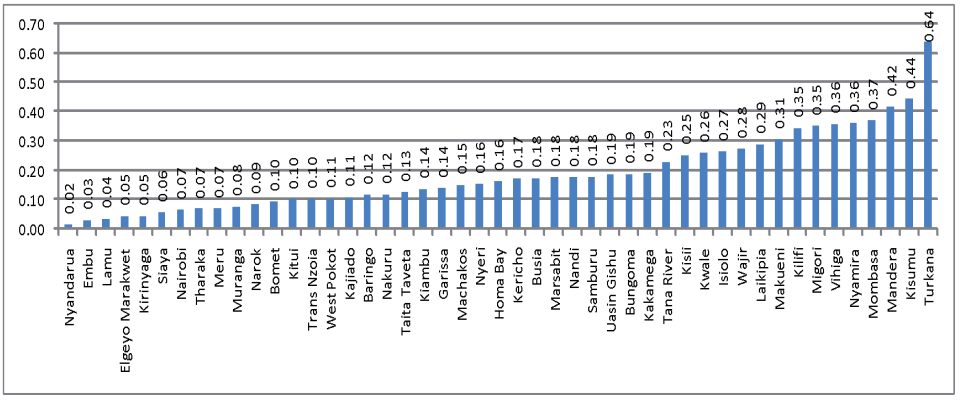
Table 4.1: Share of Special Interest Group (SIG) members who slept hungry for at least 1 day

Special Interest Groups	Proportion (%)
Children	18.6
Youth	15.7
Women	16.4
PWDs	21.6
Older Persons	19.8
Minority/Marginalized	31.8

Source: Kenya Integrated Household Budget Survey (2015/16)

The regional distribution of hunger victims at the county level is diverse (Figure 4.4). Some counties were more affected than others. For instance, about 64 per cent of Turkana respondents were victims of such hunger, closely followed by Kisumu (44 per cent) and Mandera (42 per cent). Nevertheless, 11 counties recorded less than 10 per cent of their population having slept hungry for at least 1 day in the last 7 days. These included Nyandarua (2 per cent), Embu (3 per cent), Lamu (3 per cent), Elgeyo Marakwet (5 per cent) and Kirinyaga (5 per cent), among others. Notably, only 5 of the top 10 counties suffering such hunger were from the ASAL parts of the country, including Turkana, Mandera, Kilifi, Makueni and Laikipia. Further, cosmopolitan Mombasa and Kisumu were among the 5 counties which recorded highest number of people who are hungry. However, there were also ASAL counties among the 10 lowest hunger counties, including Lamu, Elgeyo Marakwet, and Tharaka Nithi. These counter-intuitive realities suggest that some households have effective strategies for mitigating hunger despite their agro-ecological disadvantage, while some agro-ecologically favourable counties' households have no such strategies.

Figure 4.4: Share of individuals who slept hungry for at least 1 day in 7 days by County



Source: Kenya Integrated Household Budget Survey (2015/16)

Marginalized communities were among the special interest groups with majority of members who do not have ability to afford regular meals, accounting 1.6 per cent of the population (Table 4.2). While 38 per cent of them can afford 3 meals a day, 32 per cent can only afford 2 meals a day, and 29 per cent can only afford a single meal a day. A higher proportion of women, children and the youth . about 60 per cent each, can afford three meals in a day, while less than 1 per cent of each of the groups cannot afford a single meal a day. Just over half the PWDs and older persons have 3 meals a day, with about 1 per cent totally not able to afford a meal at all times (Table 4.2).

Table 4.2: Proportion of individuals who can afford to eat by PWDs and number of meals

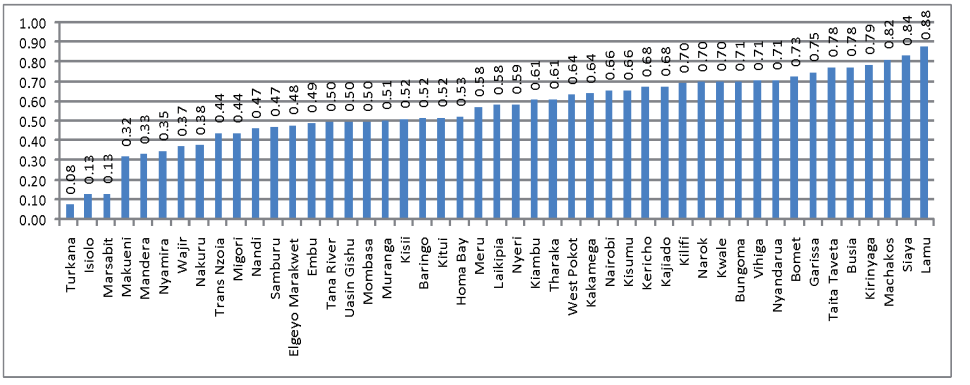
Special Interest Groups	None	Once a day	Twice a day	Three times a day
Children	0.005	0.078	0.317	0.599
Youth	0.004	0.077	0.342	0.578
Women	0.005	0.078	0.326	0.591
PWDs	**0.009**	**0.091**	**0.354**	**0.546**
Older Persons	0.004	0.089	0.367	0.539
Marginalized	0.016	0.286	0.320	0.378

Source: Kenya Integrated Household Budget Survey (2015/16)

Similar trend was recorded across counties. County analysis showed wide variations in the ability to access a single meal a day across counties, with less than 15 per cent of households doing so in Turkana, Isiolo and Marsabit, compared to over 80 per cent of the households of Lamu, Siaya and Machakos (Figure 4.5). Six ASAL counties were among the 10 with the least capacity to afford a single meal, yet ASAL county Lamu has the highest rate of affordability countrywide. For 14 of Kenya's 47 counties, at least 50 per cent of the households cannot afford to eat 1

meal a day. The remarkable reality is that 9 of these counties are not beneficiaries of either the HSNP scheme, or the WFP-CT scheme.

Figure 4.5: Proportion of individuals who can afford a meal a day by county (%)



Source: Kenya Integrated Household Budget Survey (2015/16)

5.3.3 Malnutrition among PWDs.

Malnutrition has been identified as one of the major causes of immunodeficiency worldwide, affecting mostly infants, children, adolescents, PWDs and the elderly, increasing their vulnerability to infections[13]. Some counties in country are experiencing high burden of malnutrition or childhood undernutrition characterized by growth failure and/or micronutrient deficiencies) and over nutrition (overweight/obesity), affecting all levels of the population. Undernourished persons have weaker immune systems, exposing them to greater risks of severe illness including the current COVID.19 pandemic[14].

The relationship between disability and malnutrition is multifaceted, that is, malnutrition may be both a cause and effect of a disability, and the relationship may possibly operate in either way as the child grow[15]. Children with disabilities may have difficulties in feeding, poorer absorption of nutrition or neglect, which can increase their vulnerability to malnutrition[16]. Studies have shown that malnutrition at a young age can lead to the development of disability, through insufficiency in micro/macronutrients, a high concentration of anti-nutrients or

13 Katona, P., & Katona.Apte, J. (2008). The interaction between nutrition and infection. Clinical Infectious Diseases, 46(10), 1582.1588.

14 Mertens, E., & Peñalvo, J. L. (2021). The burden of malnutrition and fatal COVID.19: a global burden of disease analysis. Frontiers in nutrition, 7, 351.

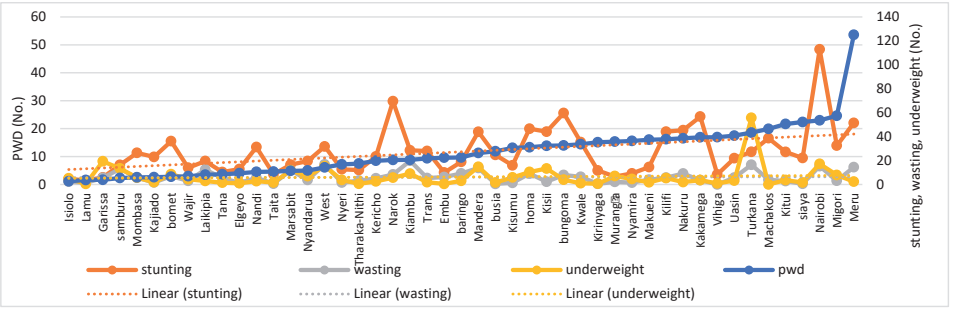
15 Groce, N., Challenger, E., Berman.Bieler, R., Farkas, A., Yilmaz, N., Schultink, W., ... & Kerac, M. (2014). Malnutrition and disability: unexplored opportunities for collaboration. Paediatrics and international child health, 34(4), 308.314.

16 Yousafzai AK, Pagedar S, Wirz S, Filteau S (2003) Beliefs about feeding practices and nutrition for children with disabilities among families in Dharavi, Mumbai. Int J Rehabil Res 26: 33–41

by increasing vulnerability to developmental delay[17]. The existing relationship between malnutrition and disability implies than PWDs are then more vulnerable during the periods of humanitarian crisis.

The most common indicator for measuring malnutrition globally includes the percentage of children who are stunted, wasted children and underweight children. From the 2015/16 KIHBS survey, the overall trend of the number of cases of disability across counties increases with increase in cases of malnutrition (Figure 4.6). For instance, Meru county had higher number of children who were stunted and wasted similar to the higher number of persons living with disabilities. Further, counties in the Northern Region of the country like Turkana, Marsabit and Mandera, despite having a slightly lower number of persons living with disabilities, the counties recorded higher number of children who were underweight, stunted and wasted. (Figure 4.6).

Figure 4.6: Malnutrition cases versus disability cases across counties



Source of Data: KIHBS 2015/16.

5.3.4 Social Protection for enhanced food security among PWDs.

The Government has invested in provision of basic services to the needy in society, including social safety nets for the elderly, the very poor and orphaned, free primary education, cash transfer programs and access to health services. For instance, the multiple intervention programs in the "'lnua Jamii' – a cash transfer program for the vulnerable in society was developed to enhance efficiency and effective coordination across all constituencies. This gave the PWDs some leverage in mainstreaming in order to alleviate poverty and as well as prevent food and nutrition insecurity among them. This was expected to lead to poverty reduction, economic empowerment and uptake of income generating activities, improved living standards and promoted dignity amongst the vulnerable in society including PWDs. The national safety net programme was initiated in 2011 with four main cash transfer channels including Persons with Severe Disabilities Cash Transfer (PWSD.CT), Older Persons Cash Transfer Programme (OPCT), Hunger

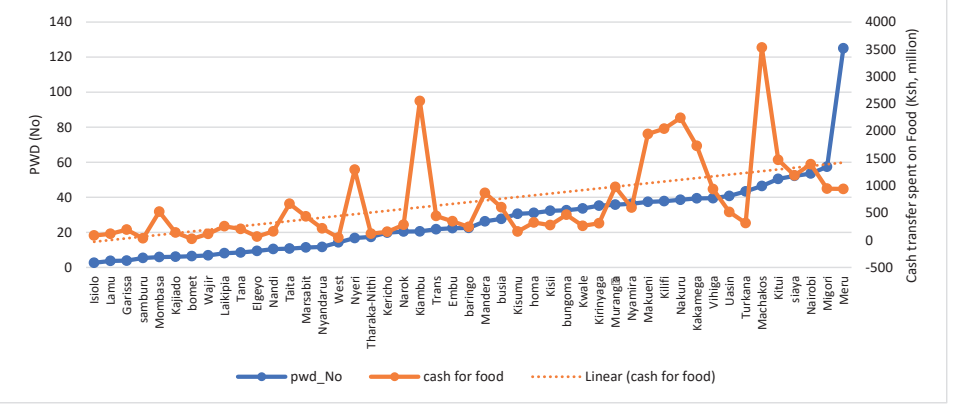
17 Kerac, M., Postels, D. G., Mallewa, M., Jalloh, A. A., Voskuijl, W. P., Groce, N. & Molyneux, E. (2014, March). The interaction of malnutrition and neurologic disability in Africa. In Seminars in pediatric neurology (Vol. 21, No. 1, pp. 42.49). WB Saunders.

Safety Net Programme (HSNP), and Cash Transfer for Orphans and Vulnerable Children (CT-OVC).

In 2014, the households in Kenya received about Ksh 97,768 million under cash transfers, of which 33.5 per cent was used for food compared to 44.6 per cent, 6.9 per cent and 4.5 per cent spent for education, health and investment/business respectively while the remaining 10.6 per cent were used for other purposes. This amount of cash transfer spent on food varied across counties, which shows that the trend of the amount of cash transfer spent on food increased with the number of cases of PWD (figure 4.7).

The government has pledged 100 per cent commitment to Food and Nutrition security, with more focus on Maize, Rice and Potatoes availability. Efforts to make food cheap and available to all Kenyans are bearing fruit with various initiatives aimed at supporting crop and livestock farming as well as fish production. More farmers are accessing subsidized inputs to lower their cost of production and boost earnings.

Figure 4.7: Number of PWDs and cash transfer spent on food



Source of data: KIHBS 2015/16

5.4 Summary, Conclusion and Recommendations

Persons with disability are more vulnerable to food poverty than the rest of the population and have relatedly higher incidence of malnutrition. In response to this, the national and county governments have continued to support PWDs with cash transfers and food supplies in kind, where the amount of cash transfers spent on food seems to grow with the level of food poverty across counties. The incidence of disability seems to increase with food poverty across counties. The proportion of PWDs who missed food at least for a day even when hungry was higher than persons without disability, this was attributed to lack of money or any means. There is positive trend between incidence of disability and amount of cash transfer spent on food.

There is a gap among PWDs in accessing food and proper nutrition due to extreme hunger and poverty, with at least one in every two households with PWDs reported to have missed food when hungry, with at least one in three households missing food at least the whole. Further, poor and vulnerable households such as PWDs across urban areas experienced income deficits during pandemic, and this constrained access to food due to decreased labor demand and income opportunities coupled with higher than normal food prices of some key staples. These challenges have significantly eroded poor urban households' purchasing power, especially the PWDs and constrained their food access. This is a strong pointer to the need to enhance food and security across the country in order to control their likely contribution to rise in cases of disability and reduce the vulnerability among the households with persons with disabilities. In order to strengthen the country's sensitivity to inclusivity of PWDs on food security there is need to:

i) Enhance programs for nutrition among all the population through public education and supply of food supplements. The national government needs to join hands with the county governments to ensure all the pupils in pre-primary education and in particular, pupils with disabilities are receiving school feeding program to boost their nutrition and health status. Further, the programmes which seek to improve food production and security in Kenya ought to be enhanced towards PWDs like providing free farm inputs or services, free fertilizer instead of subsidized fertilizer, as well as special insurance premiums for livestock and crops for households with PWDs.

ii) Enhance access rights to land ownership by PWDs to enable PWDs improve on their economic status through participating in farming and other economic support programmes in the community. In addition, there is need to create market linkages and prevalence for uptake of farm produce from PWDs farms.

iii) Increase the cash transfers for improved beneficiaries' purchasing power. Adopt a national plan to ensure the protection of persons with disabilities in situations of risk and humanitarian emergencies and to ensure universal accessibility and inclusion for persons with disabilities at all stages and levels of all disaster risk reduction policies and their implementation.

iv) Provide information in modes, means and formats of communication accessible to all persons with disabilities, in all of the official languages and indigenous languages about early warning mechanisms in case of risk and humanitarian emergency.

v) Adopt measures to monitor the situation of persons with disabilities in rural and slum areas and ensure that they are entitled to access all services available, including accessible shelters, food and nutrition.

6. INCLUSION OF PWDS IN THE UNIVERSAL HEALTH COVERAGE

6.1 Introduction

Access to quality health is a universal human need and right. Some categories of disabilities are health conditions on their own, like autism. The government of Kenya seeks to achieve universal health coverage (UHC) which implies all persons having health services that are of high quality, affordable, accessible and acceptable. The agenda aims to attain; 100 per cent access to essential package for health by 2022, 100 per cent access to essential medicines by 2022, reduction of out-of-pocket expenditure from the current 32 to 20 per cent of household expenditure by 2022, increase current ratio of health care workers by 10000 populations from 10 to13, increase in coverage of community units from 55 to 100 per cent by 2022 and increase population access to within 5km radius to a health facility from 91 per cent to 100 per cent by 2022. The plans also to 100 per cent cost subsidy on essential health packages, 18 per cent increase in number of health facilities, 56 per cent increase in number of health workers, and have at least one CT scan for each county.

Persons with Disability stand to benefit from this plan especially if the coverage ensures all PWDs are enrolled to the national insurance scheme and that the cost of health is reduced to be accessible and affordable to the low oncome earners, which will in-turn reduce out-of-pocket expenditures on health.

6.2 Policy and Legal Environment

Health issues for PWDs are addressed under Article 25 of the CRPD. It provides that States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination based on disability. Key considerations in access to health services by PWD are gender-sensitive, health-related rehabilitation, free or affordable health care, sexual and reproductive health, population-based public health programmes, early identification and intervention of disabilities, prohibit discrimination against PWD in the provision of health insurance among others.

Similarly, the Africa Union protocol on the rights of PWD, article 7 is dedicated to issues of health for PWD. It underlines that every PWD has a right to the highest attainable standard of health. State agencies are expected to ensure that PWD access health services including sexual and reproductive health. The agencies will need to ensure that the health services are affordable, medicine for PWD are available, non-discrimination by health service providers including insurance, meet specific needs of PWD and preventing severing of disability. The EAC policy

on PWD also seeks to promote the provision of health services needed by PWDs specifically because of their disability, and as close as possible to their community. The EAC states are therefore expected to ensure that families and caregivers for PWDs are provided with quality health care including sexual and reproductive health.

The constitution of Kenya provides that all persons are entitled to the highest attainable standard of health, which includes the right to health care services, including reproductive health care, in article 46(1c) and that every child has the right to basic nutrition, shelter and health care, in article 53(1c). This has been entrenched in the Kenya health policy 2014-2030, Kenya health sector strategic plan 2019 – 2023, Health Act 2017, PWD Act 2012 and County Health policies and Bills.

6.3 Progress and gap analysis in health

6.3.1 Incidence of sickness and common types of diseases

According to WHO, disability is extremely diverse. While some health conditions associated with disability result in poor health and extensive healthcare needs, others do not. Nonetheless, all people with disabilities have the same general healthcare needs as everyone else, and therefore need access to mainstream healthcare services. In Kenya, just like in the rest of the world, PWDs continue to encounter some barriers while accessing healthcare, this include: prohibitive costs such as cost to access health service and transportation; lack of appropriate services for people with disability; physical barriers such as uneven access to buildings (hospitals, health centers), inaccessible medical equipment, poor signage, narrow doorways and inadequate parking areas in the health centers; and inadequate skills and knowledge of health workers (WHO).

Health outcomes in Kenya continues to improve over time. The burden of communicable diseases has decreased since 2006, however it still predominated the total disease burden in 2016[18]. While non-communicable disease burden has been on a rise[19]. In Kenya, the growing prevalence of these diseases is a major public health concern and a hindrance to long-term economic growth. This is because these conditions reduce human capital and divert societal resources. The high cost of managing the growing caseload of non-communicable diseases (NCDs) also afflicts Kenyan families, businesses, and the government, and increasingly leads to impoverishment.

According to the Kenya Health Policy (2014-2030), the top leading causes of death in Kenya are HIV-related ailments (29%), perinatal conditions (9%), lower respiratory tract infections (8%), tuberculosis (6%), diarrheal diseases (6%),

18 Achoki, T., Miller.Petrie, M. K., Glenn, S. D., Kalra, N., Lesego, A., Gathecha, G. K. & Naghavi, M. (2019). Health disparities across the counties of Kenya and implications for policy makers, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. The Lancet Global Health, 7(1), e81.e95.

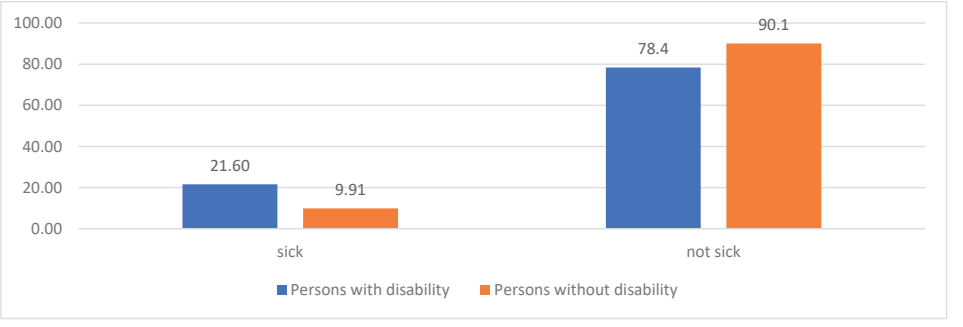
19 Mensah, J., Korir, J., Nugent, R., & Hutchinson, B. (2020). Combating Noncommunicable Diseases in Kenya.

malaria (5%), cerebrovascular diseases (3%), ischaemic heart disease (3%), road traffic accidents (2%) and violence (2%). The country has made remarkable progress in improving key health indicators, this included a 15 per cent reduction of under-five mortality rate from 52 to 44 per 1,000 live births in 2014 and 2017, respectively, infant mortality rate from 39 to 32.6 per 1000 live births, a 16 per cent reduction in the same period according to the Institute for Health Metrics and Evaluation (IHME). Neonatal mortality rate has stagnated with minimal reduction, contributing to almost 56 per cent of the under-five mortality. Maternal mortality declined from 362 (2014) to an estimated 257 per 100,000 live births in 2017, a 29 per cent decline.

The Non-Communicable Diseases (NCDs) constituted 55 per cent of hospital deaths and contribute to over half of all inpatients according to the stepwise survey 2015.The main types of NCDs are cardiovascular diseases such as heart attacks and strokes, cancers, chronic respiratory diseases such as COPD and asthma, diabetes and mental health. These NCDs are estimated to account for 27 per cent of all deaths. Cancers are the leading cause of death among NCDs accounting for 10 per cent followed by cardiovascular diseases at 8 per cent, then other NCDs. The prevalence of diabetes among adults is 2 per cent but only 41 per cent have been diagnosed while effective treatment coverage is 7 per cent. Almost one quarter of adult population (23%) suffer from high blood pressure, with 20 per cent having been diagnosed (80% not diagnosed). Effective treatment coverage for hypertension is only 4 per cent. Cancer is a significant cause of morbidity and mortality in Kenya, accounting for 4 per cent of overall national mortality.

The disease and sickness burden varies between persons with disabilities and those without. Incidence in sickness is slightly higher among PWDs than persons without disabilities being about 10.percentage points higher (Figure 5.1).

Figure 5.1: Incidence of sickness



Data source: Kenya Integrated Household Budget Survey 2015/16

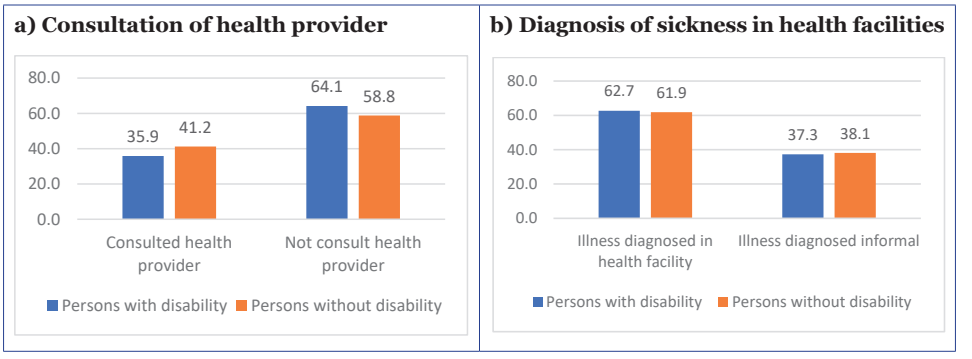
These evidence call for a paradigm shift in how systems, structures and organization of care processes and service delivery are aligned in order to keep pace with the rapidly changing health environment. To improve the organization of healthcare processes and service delivery, deliberate investment and partnership with other stakeholders in preventive, promotive, curative, rehabilitative and palliative capacities of the health infrastructure and workforce must be undertaken.

6.3.2 Access to healthcare facilities and services

Kenya as of 2020 had 9,630 registered and functional health facilities, out of which 6,010 were public health facilities[20]. However, according to the Health Sector Working Group Report 2016, most of the public health facilities in Kenya had inadequate and dilapidated equipment and do not meet the required norms and standards. The recommended distance between the resident and health facility is a radius of 5km according to WHO this helps to increase access to health services. The average population in Kenya meeting this norm is about 62 per cent (Health Sector Report, 2020).

PWDs are among the most disadvantaged persons seeking for healthcare services. About 80 per cent of PWDs do not access quality medical services because of their level of affordability globally, while in Kenya about 50 per cent lack capacity to access health service (The World Health Organization, 2011). Further, the proportion of the sick among the PWDs who consults a health provider (64.1%) is higher among persons without disabilities (58.8%), by 5 percentage points (Figure 5.2a). In terms of attending to health facilities for diagnosis, there is no significant difference among the PWDs and those without disabilities, which recorded 62.7 per cent and 61.9 per cent respectively (Figure 5.2b).

Figure 5.2: Incidence in sickness and Diagnosis of sickness in health facilities



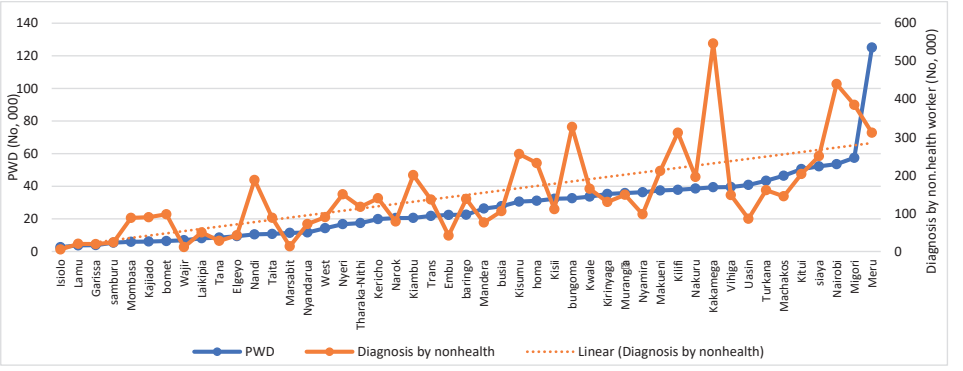
Data source: Kenya Integrated Household Budget Survey 2015/16

Despite devolution of health sector in Kenya, disparities in access to health services are still witnessed in the counties (Achoki, Miller Petrie, Glenn, Kalra, Lesego, Gathecha & Naghavi, 2019). Inadequate access to quality health care has potential to increase incidence of disability and severity of disability. For instance, across counties in Kenya, in the year 2015/16 the number of cases of disability increased with the overall trend of the number of people whose sickness was diagnosed by non-health workers (figure 5.3). However, it can be observed that in Northern regions of Kenya such as Isiolo, Garissa, Samburu and Mandera recorded lower numbers of people diagnosed in a non-health facility besides having the lowest number of persons with disabilities, this could be attributed to lower population rates in the counties Figure 5.3). Further, it can be associated

20 Kenya Master Health Facility List 2020

to the fact that large Muslim populations are associated with lower levels of HIV prevalence in African countries the countries[21]. Health interventions alone do not dictate health outcomes: diverse geography, socioeconomic status, and other social determinants of health all contribute to the heterogeneity in outcomes at the subnational and local levels.

Figure 5.3: Population with disability versus health diagnosis by non-health worker



Source of Data: KIHBS 2015/16

6.3.3 Access to maternal Healthcare

Some of the key indicators of access to quality health care include the proportion of children born in a health facility, access to health facilities, and diagnosis of illness in terms of population whose sickness is diagnosed by a health worker in a health facility. These are critical indicators to monitor since access to quality health care has potential for reversing or suppressing the level of disability.

Across counties in Kenya, in the year 2015/16 there was a shared trend in the number of cases of disability and the overall trend of the number of children born at home (Figure 5.4). Besides children born in the hospital being safely delivered and reducing risk factors that can cause disability, they have opportunity for early assessment medical assessment for any form of disability as well as early infant vaccinations like polio vaccination. Limited access to quality health facilities or diagnosis by health experts exposes sick population to risk factors that may cause disability including misdiagnosis and wrong prescription.

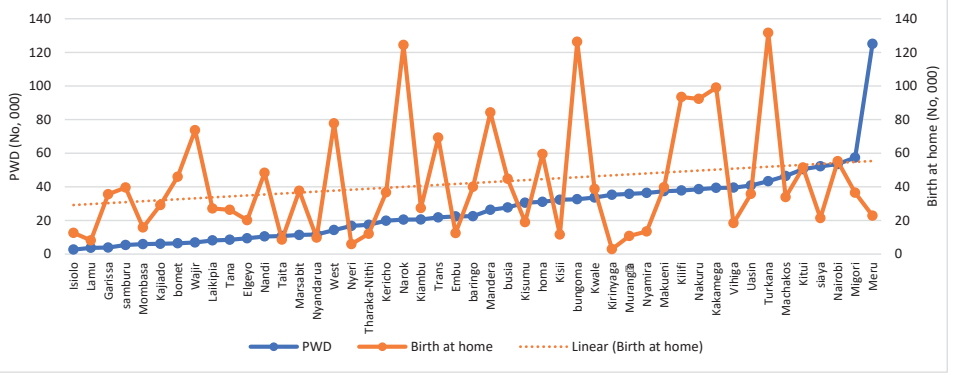
Studies suggest that maternal and reproductive health care interventions are least targeted at women with disabilities[22]. Women or girls living with disabilities, knowledge on SRH and rights is very poor, coupled with limited access to sexuality information. Further, in developing countries, reports on PWDs have reported a

21 Gray, P. B. (2004). HIV and Islam: is HIV prevalence lower among Muslims?. Social science & medicine, 58(9), 1751.1756.

22 Ganle, J. K., Otupiri, E., Obeng, B., Edusie, A. K., Ankomah, A., & Adanu, R. (2016). Challenges women with disability face in accessing and using maternal healthcare services in Ghana: A qualitative study. PloS one, 11(6), e0158361.

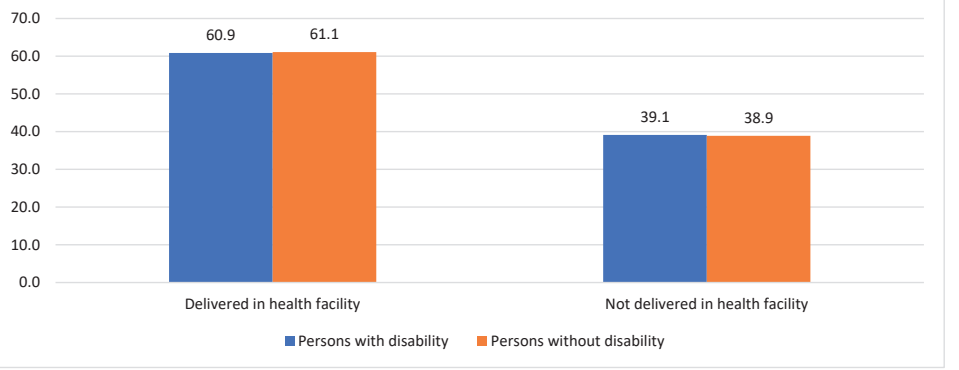
number of challenges experienced while accessing health services, this included the healthcare providers' lack of knowledge of basic sign language, creating a significant communication gap. Pregnant women with disabilities have also reported challenges with doctors and nurses' inability to understand explanations about their maternal health history, which has often times resulted in wrong prescriptions and medical treatment[23]. In Kenya, a recent study showed that there was no significant difference between the persons with and those without disability in terms of the place they were delivered (Figure 5.5). This is a pointer that in society, expectant mothers receive the same level of maternal education and access to delivery services. For both cases, the proportion of persons delivered at health facilities is higher than those who were delivered in non-health facilities.

Figure 5.4: Population with disability versus children born at home



Source of Data: KIHBS 2015/16

Figure 5.5: Comparing place of delivery between persons with and without disability.



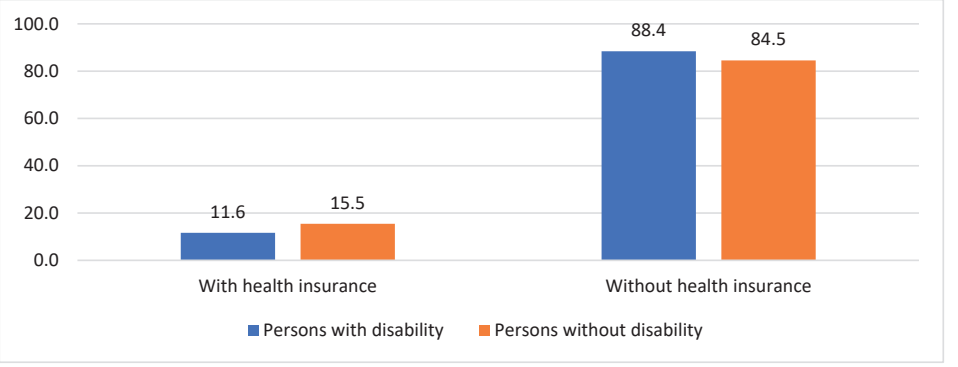
Source of Data: Kenya Integrated Household Budget Survey 2015/16

23 Baart, J., & Taaka, F. (2017). Barriers to healthcare services for people with disabilities in developing countries: A literature review. Disability, CBR & Inclusive Development, 28(4), 26.40.

6.3.4 Financing for health care

The overall access to health insurance is low in the country, though PWD also seem to have lower access to health insurance (Figure 5.6). Only 11.6 per cent of PWD had access to some form of health insurance relative to 15.5 per cent for the rest of the population. Those who reported receiving free medical care were not different for the two groups, PWD and the rest of the population.

Figure 5.6: Comparison on proportion of persons covered by any health insurance

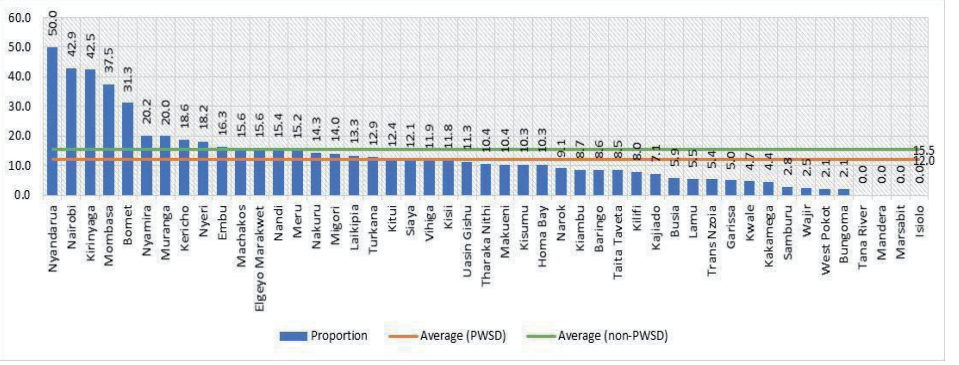


Source of Data: Kenya Integrated Household Budget Survey 2015/16

There were large variations of PWDs who have access to medical insurance across the counties as indicated in figure 5.7. While 50 per cent of PWD reported having some medical insurance in Nyandarua County as hardly any reported in Tana River, Mandera, Marsabit and Isiolo. A lower proportion of PWDs (11.9%) had received some form of free medical care compared to persons without disabilities (12.9%); and a lower proportion of PWDs (11.9%) were covered by health insurance compared to 15.5 per cent of persons without disabilities. About 91.6 per cent of the PWDs with health cover were insured by National Health Insurance Fund (NHIF) with 4.2 per cent by private insurers and the remaining through non-contributory health insurance.

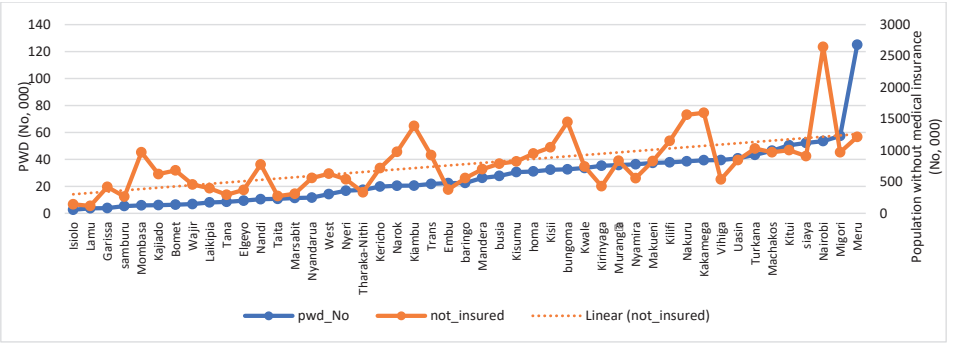
The number of PWDs increases with increase in population without medical insurance cover including both National Hospital Insurance Fund and private insurance schemes. This shows that vulnerability of PWDs in accessing health care, which will require that they incur out-of-pocket expenditures. Therefore, cash transfers need to be sensitive to the level of vulnerability to meeting cost of medical services across counties. Health insurance coverage in Kenya is estimated at 19 per cent of the population, being 8.6 million of 45 million population. The coverage varies across the counties, which can be assessed on its likely relationship with cases of disability (Figure 5.8).

Figure 5.7: Access to medical insurance across counties



Source of Data: Kenya Integrated Household Budget Survey 2015/16

Figure 5.8: Disability count and population without medical insurance across counties

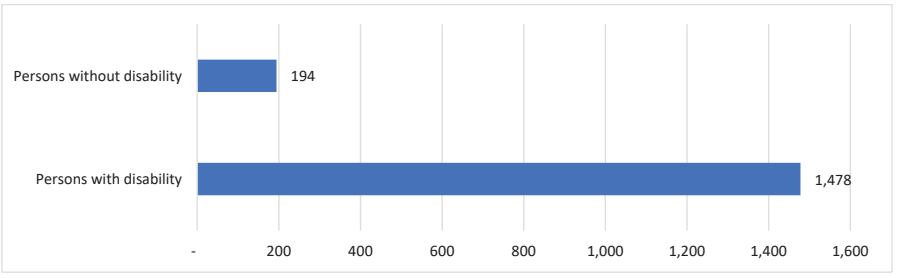


Source of Data: Kenya Integrated Household Budget Survey 2015/16

High cost of health services especially high medical bills hinders the population from accessing quality health care and services. One way to enhance health financing is through public and private medical insurance, thus population with medical insurance is a measure of policy interest. Low coverage of health insurance exposes the population to high out-of-pocket expenditure on health, which may be expensive, giving rise to seeking alternative health services from mainstream health facilities thus compromising the quality of health services. Poor health services can lead to disability.

The average expenditure by PWDs on medical services was higher than persons without disabilities, where the average expenditure is almost 10 times more (Figure 5.9). This demonstrates how vulnerable PWDs are in terms of socioeconomic development, thus the need to provide special medical insurance services.

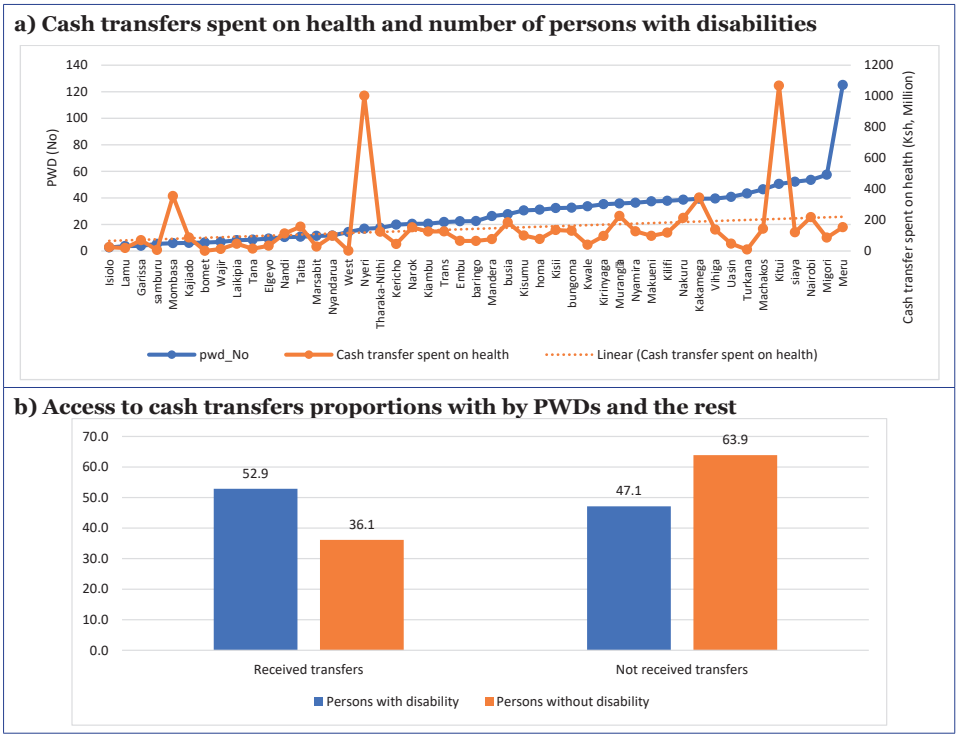
Figure 5.9: Average expenditure for medical services



Source of Data: Kenya Integrated Household Budget Survey 2015/16

The proportion of PWD accessing cash transfers is relatively higher than the persons without disabilities by 15 per cent (Figure 5.10b). In 2014, the households in Kenya received about Ksh 97,768 million under cash transfers, of which 6.9 per cent was used for health compared to 44.6 per cent, 33.5 per cent and 4.5 per cent spent for education, food and investment/business respectively while the remaining 10.6 per cent were used for other purposes. This amount of cash transfer spent on health varied across counties. There is a positive trend of the amount of cash transfer spent on health and the number of cases of PWD (figure 5.10).

Figure 5.10: Cash transfers on health and incidence of disability



Source of Data: Kenya Integrated Household Budget Survey 2015/16

6.4 Summary, Conclusion and Recommendations

Despite the government's effort of ensuring access to universal healthcare for all, PWDs are still among the most affected people in the country. Incidence in sickness is slightly higher among PWDs than persons without disabilities being about 10 percentage points higher. Further, PWDs are among the most disadvantaged persons seeking for healthcare services. In Kenya about 50 per cent lack capacity to access health service. In addition, the proportion of the sick among the PWDs who consults a health provider is higher among persons without disabilities by 5 per cent. However, in terms of attending to health facilities for diagnosis, there is no significant difference among the PWDs and those without disabilities.

The overall access to health insurance is low in the country, though PWD also seem to have lower access to health insurance. This is coupled by the high variation of access to health insurance schemes by PWDs across the counties in Kenya. Only 11.6 per cent of PWD had access to some form of health insurance relative to 15.5 per cent for the rest of the population. Evidence has shown that PWDs are lagging on access to health care, besides being more vulnerable and having higher incidence of sickness. Whereas there was no significant difference among PWD and the rest of the population with respect to delivery in health facility, diagnosis of illness being in health facilities, it emerges that PWDs have low access to health insurance, low access to professional health services (health workers). On the positive note, the access level of PWDs on cash transfers is better than those without, since the proportionate access is higher.

Therefore, there is need to;

i) Ensure increased access to health insurance by PWDs. This can be done by universal registration of PWDs to the national medical insurance and preferential insurance premiums in private insurance schemes. This can waiver the premiums by creating preferences under affirmative action.

ii) Enhancing education on nutrition and maternal care among PWDs by supporting them in times of calamities and pandemics with special programmes such as food donation. Further, there need to enhance knowledge and capacity among the health professionals on how to handle PWDs patients including providing them with additional training for sign language or having a translator on board. Besides having a health insurance scheme for PWDs, the government can consider supplementing the scheme with a Ring-fence cash transfers on medical care. This will boost the community health support mechanisms for PWDs.

iii) The evidence calls for a paradigm shift in how systems, structures and organization of care processes and service delivery are aligned in order to keep pace with the rapidly changing health environment. To improve the organization of healthcare processes and service delivery, deliberate investment and partnership with other stakeholders in preventive, promotive, curative, rehabilitative and palliative capacities of the health infrastructure and workforce must be undertaken.

7. INCLUSION OF PWDS IN AFFORDABLE HOUSING

7.1 Introduction

Housing deficit in Kenya remains acute and is compounded by the growing urban population. While the country has over the years experienced growth in the real estate industry, the housing production largely caters for the high- and middle-income households resulting in acute housing scarcity. The house deficiency has resulted in the proliferation of slums and informal settlements characterized by inadequate basic services.

PWDs live in diverse housing arrangements including; streets or shelters, congregate housing, independently or with families. The UN-Habitat reports indicate that PWDs account for the largest share of homeless people implying they importunately suffer from consequences of inadequate housing (UN-Habitat, 2015). Given that women have less security of tenure than men do, disabled women are more likely to be homeless. People with disabilities are more likely to suffer from housing cost overburden with the burden being relatively higher among women with disabilities. PWDs are more likely to be unemployed or underemployed, incur a higher cost of living, which ultimately inhibits their ability to afford adequate housing.

Low-income residential areas are often reported as risky construction with poor quality amenities. This is evident in the collapse of dwellings due to weak structures that have claimed lives. Low-income dwellings are characterized by inadequate infrastructure or services such as water, shared toilets, poor hygiene, and illegal connection of electricity making them inhabitable for PWDs and imposing care burdens. In residents where there is inadequate water, residents carry water up several floors. PWDs may face discrimination from the landlords as they may be considered as unreliable in paying rent. Housing infrastructure in most residential areas is generally unadaptable to PWDs, especially those who are physically and visually impaired.

The development trajectory envisioned by the Vision 2030 will result in Kenya being predominantly an urban country by 2030 with more than 31.8 per cent (2017) and 50 per cent (2030) of the nation's population residing in urban areas. Kenya 2009 and 2019 Population and Housing Census projected a rapid population increase of one million annually, reaching 50.8 million people by 2022 a trend that would put pressure on housing facilities and associated amenities.

Within the Big-4 Agenda, the sector is expected to construct 500,000 housing units, make mortgages accessible and affordable, reduce the cost of construction by 30 per cent, reduce the interest rate by 50 per cent and double its contribution to GDP. Further, the Agenda aims at creating 350,000 jobs and reduce the low-

income housing gaps by 60 per cent among other strategies. PWDs are likely to benefit from this plan especially under the social housing component, which targets low income earning population.

The annual output of houses of 132,000 units does not meet the market demand of 240,000 housing units yielding a deficit of estimated 100,000 units. The government estimates the housing demand to increase to 300,000 units annually by 2030. The shortage is acute in urban areas where the majority of the people live in low-quality shelter.

The World Health Organization (2011) identifies that PWDs and their families are more likely to experience socio-economic disadvantages through multiple channels including access to education, health, employment and expenditure. The inaccessibility of health, education, courts among other facilities limit the PWDs access to the services offered by the institutions.

7.2 Policy and legal environment

Housing is considered a fundamental human right by various International and local policies including; the UN Human Rights Declaration of 1948, the International Covenant on Economic, Social and Cultural Rights of 1966, the Istanbul Declaration and Habitat Agenda of 1996, and the Constitution of Kenya 2010 among others.

At global level, the UNCRPD recognizes the significance of the PWDs physical accessibility to health, economic, social protection, educational and cultural buildings to enable the PWDs enjoy all fundamental freedoms and rights. It is therefore imperative that designs on buildings are highly compatible to the needs of the disabled people. The designs of infrastructures and services can either enable or impede access, participation, and inclusion of PWDs. A 2019 report by the UN identifies lower economic status, discrimination in legislation and policies, limited access to information on housing lack of physical accessibility; and inadequate monitoring mechanisms as the main barriers that inhibit adequate housing by PWDs (United Nations, 2019).

At regional level, article 8 of the Africa Union protocol on PWD, provides that State parties shall take effective and appropriate measures to ensure that PWDs have access to basic services, facilities, and devices to enable them to live with dignity and realize their right of life. This is a strong foundation for policies addressing access gaps in adequate housing, water services, sanitation services and clean energy.

At national level, the constitution of Kenya (2010), under article 43, provides that every person has a right to accessible and adequate housing, reasonable standards

of sanitation, clean and safe water in adequate quantities. The disability Act (2003) provides that PWDs are entitled to a barrier-free and disability-friendly environment to enable them to have access to buildings, roads and other social amenities, and assistive devices and other equipment to promote their mobility. The 2030 vision for housing and urbanization recognizes that better development of affordable and adequate housing is critical in the realization of the sector vision of "an adequately and decently-housed nation in a sustainable environment."

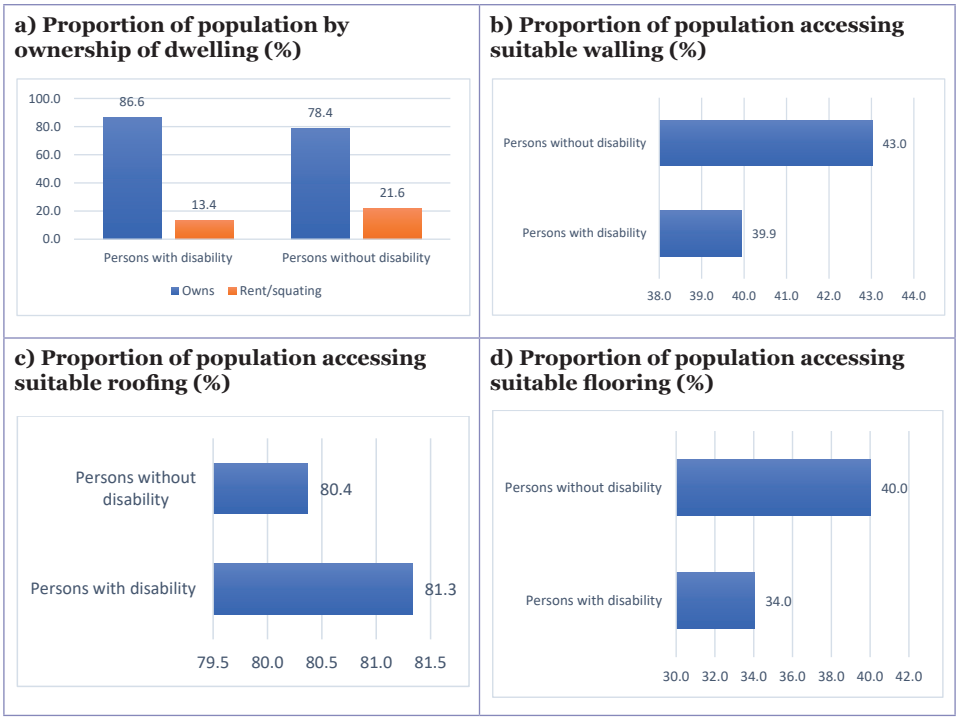
The National Housing Policy outlines several objectives aimed at improving the housing situation of identified vulnerable/ disadvantaged groups, which includes Persons with disabilities. It provides that the state must facilitate greater access to housing, housing finance to vulnerable groups and provide economic assistance to vulnerable groups in housing improvement or construction. It specifically mandates the state to facilitate the development of credit institutions that can provide shelter financing to persons with disabilities among others. The policy also urges the state to upgrade slums and informal settlements and to develop dwellings that are friendly to persons with disabilities (most persons with disabilities in urban settings live in informal settlements).

7.3 Progress and gaps analysis in affordable housing

7.3.1 Type of dwellings

Many disabled people in Kenya, as in most developing countries in the world, live in poverty, have limited opportunities for accessing suitable housing and employment opportunities. Further, coupled with societal discriminations and challenges, majority do not own properties such as land, while the National Household Budget survey showed that majority owned houses relative to people without disabilities. The findings of the survey showed that there are mixed results on the assessment of the condition of houses or dwelling, based on status of ownership, type of walls, roofs, and floors, as well as rent paid (figure 6.1). Higher relative proportion of PWDs (87 per cent) live dwellings they own as opposed to the persons without disability (78 per cent). However, the persons with disability have less suitable walls and floors, but there was no significant difference in roofing (Figure 6.1). This implies that in terms of the type of dwellings, PWDs and persons without the disabilities have the same experience of lack of suitable walling and flooring which may pose a potential tripping hazard for walkers with poor mobility or impaired vision. A good flooring provides a surface that wheelchairs can easily roll on, something that will not be likely to cause slips, trips, or falls, and a surface that is easy to clean.

Figure 6.1: Condition of houses or dwellings



Source of Data: Kenya Integrated Household Budget Survey 2015/16

7.3.2 Ownership

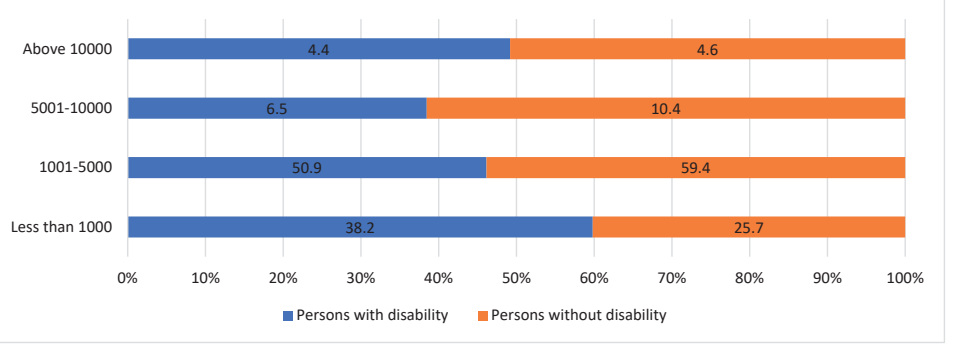
Through the National Disability Policy reviewed 2016, the Government recognizes that ownership of land, housing and property as a fundamental human right for persons with disabilities and as a means of realizing their security, self-reliance and livelihood on an equal basis with others. The policy notes that access to and ownership of land remains a challenge to many Kenyans due to the high costs associated with land acquisition. In the case of persons with disabilities, the situation is compounded further by societal prejudices regarding their ownership and inheritance of land. Decent and affordable housing remains a dream for many Kenyans and especially persons with disabilities who are disadvantaged due to society's negative attitudes regarding property ownership and inheritance by them.

The government have instituted some interventions as enshrined in the policy such as elimination of barriers, which hinder persons with disabilities from acquiring and owning land, housing and property, and ensuring that there is reservation of at least five per cent of accessible houses to persons with disabilities in all-housing schemes. In addition, the policy requires that Architectural Design in all housing schemes be in conformity with the provisions of the Persons with Disabilities Act. The government have also established schemes to promote inclusive financial and

credit services targeting persons with disabilities to enable them acquire property, increasing the awareness on rights of persons with disability to acquire, own and dispose of land, housing and property.

In terms of rent paid, the share of population among the PWDs paying above KES 5000 rent fees per month were 10.9 per cent relative to 15 per cent share of persons without disabilities. While the population paying less than KES.1000 per month was 38.2 per cent and 25.7 per cent for PWDS and Persons without disabilities respectively (Figure 6.2). Majority of Kenyans both PWDs and persons without disability are paying rent between KES 1000 and KES 5000, representing 50.9 per cent and 59.4 per cent respectively (Figure 6.2). These similar partners of proportion of population paying rent among PWDs and persons without disabilities, implies that the society does not provide preferential treatment in households having persons with disabilities.

Figure 6.2: Proportion of population by rent paid (rent bracket, KES)



Source of Data: Kenya Integrated Household Budget Survey 2015/16

7.3.3 Locality

Integrated Regional Information Networks (IRIN) humanitarian news agency covering sub-Saharan Africa, 2013 indicates that 60 per cent of urban population in Africa resides in slums and informal settlement. This, therefore, going by the four Million population of Nairobi as estimated today means that 2.4 Million persons live in the informal settlement and slum areas. Of these 360,000 are persons with disabilities going with the WHO and World Bank World Disability statistical report, 2011.

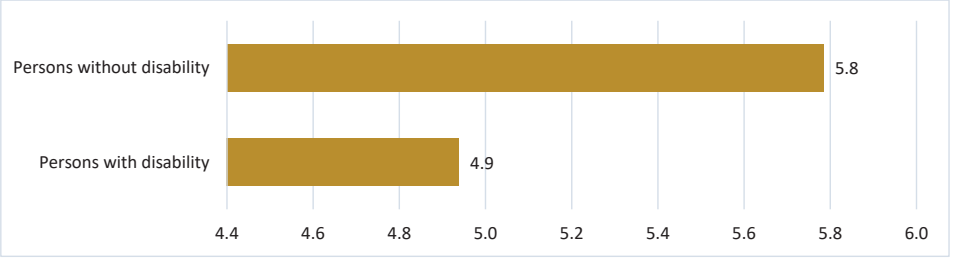
Persons with disabilities living in the informal settlements and slum areas in Nairobi are hardest hit by accessibility challenges. The informal and slum areas terrain is difficult to access while narrow spaces, poor drainage system and hygiene of shared facilities like toilets mark their environment. Housing in the informal settlement and slams where majority of them live is very poor in terms of sanitation and hygiene. Access to these informal settlements which are not serviced by the government is a nightmare to people with disability even though that is where the majority can afford to live.

Living in over-crowded premises is a health risk as well as a social barrier to some households. The spread of epidemic diseases, respiratory infections, meningitis, typhus, cholera and scabies is easy in such places because of the closeness. In some households with a single room shared by all household members, it erodes respect and secrecy among parents and children.

Poor quality of housing in terms of unsuitable walls, roofs and floors are precarious to heavy rains and strong winds. This exposes PWDs to safety and security risks, which threaten both lives and properties that can either be destroyed or stolen. In a society where rent is not structured to care for PWDs, the cost burden is heavier on PWDs since their sources of income are limited, yet the society treats everyone equally. This disregards issues of equity in social justice.

Assessment of adequate housing is not complete without considering density of occupants. According to 2019 census, the average household size in Kenya was 3.9 members. Nairobi City was the county with the smallest households, formed by an average of 2.9 people. By contrast, Mandera registered the largest household size with 6.9 members. The 2015/16 household budget survey however showed that in terms of sharing of dwellings, the persons with disabilities are relatively less dense in terms of sharing of average number of members per room relative to persons without disabilities (4.8 and 5.8 members per room respectively) (Figure 6.3).

Figure 6.3: Average house density (Persons/room)

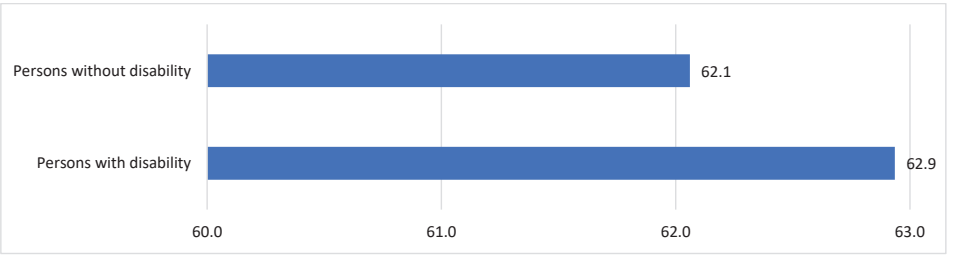


Source of Data: Kenya Integrated Household Budget Survey 2015/16

7.3.4 Access to improved Water and Sanitation

Further, it is crucial to access conditions of PWDs in in terms of access to basic amenities such as water, energy and sanitation services. The findings from the 2015/16 survey showed persons with disabilities had better access to improved water than persons with out, represented by 62.9 per cent and 62.1 per cent respectively (Figure 6.4). Access to clean water is essential not only to remain safe from disease but also to maintain good health.

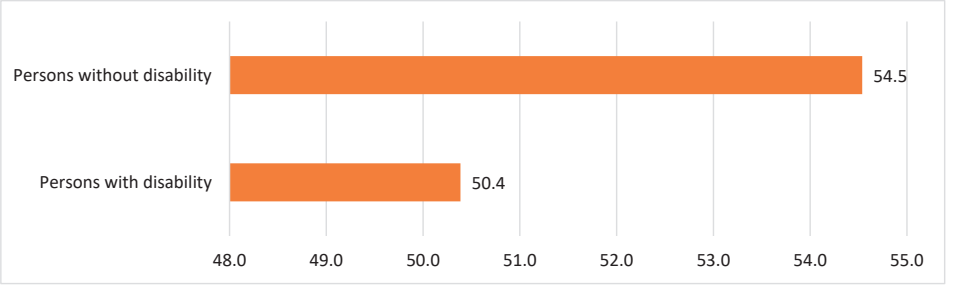
Figure 6.4: Proportion accessing improved water source (%)



Source of Data: Kenya Integrated Household Budget Survey 2015/16

Though there is no significant difference between persons with and without disabilities with respect to access to improved water sources, PWDs have worse access to sanitation, where they are lagging by 4 percentage points compared to persons without disabilities (Figure 6.5). Access to improved water supply and sanitation can reduce the frequency of diarrhea.

Figure 6.5: Proportion accessing improved sanitation (%)



Source of Data: Kenya Integrated Household Budget Survey 2015/16

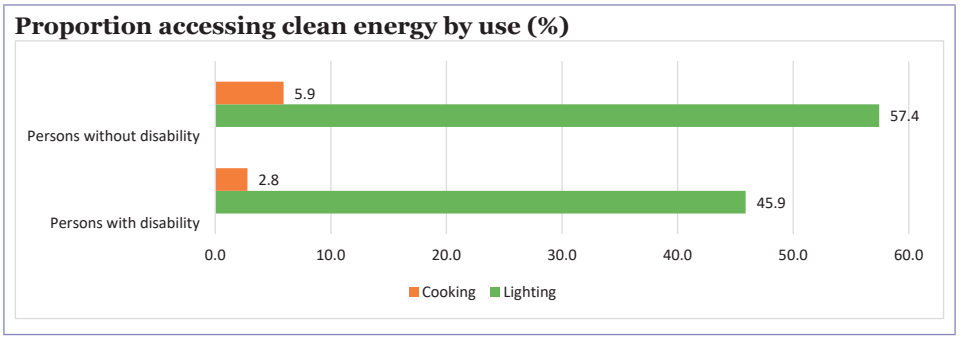
Limited access to improved water sources has adverse effects on PWDS. This is linked with health, hygiene, gender and schooling. For instance, better hygiene requires observing general cleanliness standards and water is crucial in this. Improved availability of water helps women and girls since they are often expected to fetch water, which denies them time for leisure and for participation in other socioeconomic activities. This is an additional barrier to PWDs since accessing water from far distances becomes a burden. The health effect of low access to improved water source and basic hygiene are water-borne diseases like diarrhea, cholera and typhoid.

Low sanitation services increase open defecation, and this exposes population to water-borne diseases as human waste pollutes the environment including water sources. Some of the PWDs like physical disability do not have assistive devices, so they must crawl on dirty surfaces, some of which have been polluted by human waste. This is prevalent in slums, and it increases contracting diarrhea, diarrhea, cholera and typhoid.

7.3.5 Energy use

The usage of clean energy for cooking is minimal with less than 10 per cent of the population reporting to be using electricity, LPG and biogas, the rest use firewood, kerosene, charcoal, animal dung and crop residuals. The incidence of usage of clean energy was 57 per cent and 46 per cent for PWDs and persons without disabilities respectively, and this comprised of electricity, generator, solar, gas lamp, battery lamp and biogas.

Figure 6.6: Access to quality basic housing amenities



Source of Data: Kenya Integrated Household Budget Survey 2015/16

Low access to clean energy is associated with respiratory diseases, some of which can lead into respiratory disability. Exposure to biomass fuels causes various respiratory infections like lung cancer, pulmonary tuberculosis, and asthma. When this happens, it compounds the difficulty in the lives of PWDs who would spend more to get health care besides their low earning or lack of it.

7.4 Summary, Conclusion and Recommendations

Majority of PWDs in Kenya, as in most developing countries in the world, live in poverty, have limited opportunities for accessing suitable housing and employment opportunities. Coupled with societal discriminations and challenges, majority do not own properties such as land and houses. This comes at the time the government has reviewed the National Disability Policy (2016), in a bid to recognize ownership of land, housing and property as a fundamental human right for persons with disabilities and as a means of realizing their security, self-reliance and livelihood on an equal basis with others. Further, in terms of servicing house rent, the society does not provide preferential treatment in households having persons with disabilities.

Further, the poor quality of housing in terms of unsuitable walls, roofs and floors are precarious to heavy rains and strong winds exposing the PWDs to risks and insecurities, which threaten both lives and properties. In a society where rent is not structured to care for PWDs, the cost burden is heavier on PWDs since their sources of income are limited, yet the society treats everyone equally. This

disregards issues of equity in social justice. In addition, the crucial access to basic amenities such as water, energy and sanitation services does not favor the PWDs. Therefore, there need for adequate housing for PWDs requires a holistic approach of both the type of dwelling and the social amenities. The vulnerability of PWDs in issues of overcrowded rooms, limited access to water, sanitation and clean energy services is high among PWDs. There is a need to ensure that the spaces are adaptable to the needs of PWD in terms of access and usability.

Towards this end it is recommended that;

i) Public and private stakeholders to provide for preferential policies for PWDs in terms of access to social housing and pricing. Further, there is need to ensure that households with PWDs are receiving social amenities for free to achieve distributive justice and equity.

ii) The regulatory bodies will need to enforce the building code requirements on accessibility and usability of buildings. This can be done through strict measures on approval of building plans and introduction of incentives for adjustment of existing buildings.

iii) To address these challenges and advance sustainable and equitable urban development, the Government, would support enforcement of the existing legislations and mainstream disability accessibility in all development programmes. Proper mechanisms for enforcement by taking up required measures and follow-up of implementation of these legislations. The follow. up mechanisms can be in form of inspection to ensure that public facilities including public transport are accessible and to the required standards as per the needs of persons with disabilities.

iv) Further, the Government in collaboration with Disabled Peoples Organizations and development partners to raise awareness to the relevant government agencies and institutions/bodies involved in development initiatives like contractors as well as the community about the accessibility rights and needs of people with disabilities. Government projects and programmes like construction of roads and houses in urban places will need to be designed and implemented with consideration of accessibility needs for persons with disabilities.

v) For sustainable and equitable urban development to be realized, there is need for the Governments to have extensive consultations with PWDs in design and planning, implementation and monitoring of urban development to ensure their needs are observed. Further, persons with disabilities account for a significant percentage of the population in urban places especially in informal settlements and slum areas and it is crucial that their accessibility needs be catered for in urban development. The government with support from non-state actors would supplement the largely privately run public transport in order to take care of the access needs of persons with different forms of disabilities to facilitate movement in the urban areas.

8. INCLUSION OF PWDS IN MANUFACTURING

8.1 Introduction

Manufacturing sector contributes about 7.5 per cent of the country's gross domestic product and employs over 353 thousand persons accounted for 12.1 per cent of the total formal employment in the country. Larger proportion of the formal employment in the manufacturing sector of Kenya is in the private sector, which accounts for 329 thousand workers compared to the public sector with 24 thousand, thus representing 93 per cent and 7 per cent respectively.

Within the Big 4 Agenda, the sector is expected to increase its contribution to GDP from 8.4 per cent to 15 per cent, create special economic zones, establishes industrial parks, create one million jobs. The agenda also seeks to increase the flow of foreign direct investment into the sector by 5.folds, attain top ranking in ease of doing business and promote exportation of locally manufactured products.

Manufacturing is one sector which has been restrained, and the country has least exploited the potentials in assistive devices by PWDs. Persons with disability require various assistive devices depending on the form of impairment (table 7.1).

Table 7.1: Examples of assistive devices by form of impairment

Impairment	Assistive device
Mobility	crutches, prostheses, orthoses, wheelchairs, and tricycles
Hearing	hearing aids and cochlear implants
Visual	white canes, magnifiers, ocular devices, talking books, and software for screen magnification and reading
Speech impairments	communication boards and speech synthesizers
Cognitive	day calendars with symbol pictures

8.2 Policy and legal environment on assistive devices

Access to assistive technology is a human right as recognized by the global policy Article 32 of the Convention on the Rights of Persons with Disabilities, which relates to International Cooperation on Assistive Technology. It stipulates that the State parties shall provide, technical and economic assistance to PWD, including by facilitating access to and sharing of accessible and assistive technologies, and through the transfer of technologies as well as encourage entities that produce mobility aids, devices and assistive technologies to take into account all aspects of mobility for PWDs.

At regional level, chapter 15 of the African charter on persons with disability, section 2d, provides that State parties shall take reasonable and progressive steps to facilitate quality and affordable mobility aids, assistive devices and technologies. This is similar to the obligations under the UNCRPWD.

At national level, the constitution of Kenya (2010), under article 54(e), recognizes that PWDs are entitled to accessing materials and devices to overcome constraints arising from the person's disability. The Disability Act (2003) established a fund for persons with disability. This fund is a special kitty from which the PWDs can be supported. Some of the things supported by the kitty are assistive devices. The disability Act (2003) provides that the "Minister responsible for finance or other appropriate authority shall endeavor to provide, subject to the provisions of any other relevant law, incentives to local manufacturers of technical aids and appliances used by persons with disabilities including, but not limited to, the following: (a) additional deductions for labour expenses; (b) tax and duty exemptions on imported capital equipment; (c) tax credits on domestic capital equipment; (d) simplified customs procedures; (e) unrestricted use of consigned equipment; (f) employment of foreign nationals; (g) exemptions from taxes and duties on raw materials; and (h) access to bonded manufacturing systems."

Box 7.1. NCPWD policy on assistive devices and services

The National Development Fund for Persons with Disabilities (NDFPWD) supports the provision of Assistive Devices and Services to Persons with Disabilities (PWDs) in Kenya to enable these individuals to function in society. The Fund gives priority to those individuals requiring assistance to function in a learning, training or work environment. Assistive devices and services are any product or service designed to enable greater independence for PWDs. Common examples of such devices are wheelchairs, crutches, hearing aids, calipers, surgical boots and prosthetic arms or legs. A common example of an Assistive Service is Sign Language translation. There are some limitations in the devices that can be applied for. Expensive items, such as motorcars and business equipment like sewing machines or laptops are not included. Many assistive devices, particularly computer software such as JAWS, can be expensive and it is very unlikely the Fund will support such items for individual use. In such cases, we would request that the individual asks their work-place or education institution to contact the Fund Programme Office directly and make a larger application for equipment that can then be shared and accessed by multiple students or staff members with disabilities now and in the future. For assistive services, the funding given is normally to train individuals working in an institution like a school or hospital in sign language, so that this can be used to assist clients.

Source: NCPWD.

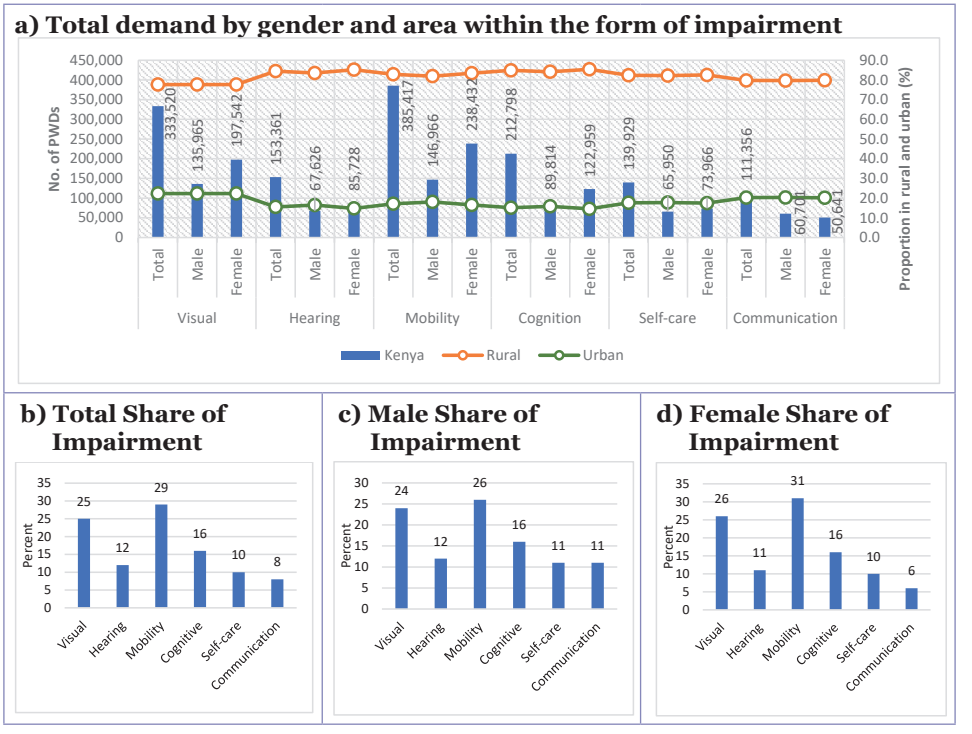
8.3 Progress and gaps analysis in manufacturing of assistive devices

The demand for assistive devices in the country depends on the number of PWDs by category of the disability. However, there are PWDs with multiple disabilities thus may need more than one assistive device. However, at the bare minimum for the population above the age of 5 years by 2019, the market demand for assistive

devices comprised of 1,333,381 PWD of which 567,022 were male and 769,268 females, with PWDs living in the rural Kenya being 1,092,518 (42.2% male, 57.8% female) and those in the urban being 243, 863 (43.6% male, 56.4% female). The market demand is disaggregated by form of impairment, gender and area of residence as indicated in figure 7.1a.

The difference in share of impairment in the total tally of PWD or among either gender (male or female) is marginal. The largest share of form of impairment is mobility representing 29 per cent (26% being male and 31% being female) followed by visual at 25 per cent (24% being male and 26% being female), cognition (16%), self-care, hearing and communication respectively (Figures 7.1b . 7.1d).

Figure 7.1: Actual Market Demand for Assistive devices by gender, area and form of disability (2019)



Source of Data: Kenya Integrated Household Budget Survey 2015/16

There are various ways of ensuring that assistive devices are available and meet the demand. This can be done by ensuring that the devices are in the market either by promoting local manufacturers or by facilitating for importation. Most of the devices in Kenya are imported, but the local manufacturing is at nascent stages of capacity development and skills development through training artisans, community health volunteers and caregivers on disability as led by the Association of Persons with Disability of Kenya (APDK). The products include the production and sale of Mobility and Assistive devices. The industry would exploit capacity for export

through supporting incentives in financial and non-financial resourcing, skills development, tax holidays, research and innovation, data and information, and supporting market access among others.

Importation of assistive devices depends on the ability of the local industry to serve the demand as well as its competitiveness in terms of customer preferences and pricing. Some countries have elaborate manufacturing plan for assistive devices, which has made the production enjoy economies of scale. With economies of scale, the final products are expected to be of high quality and optimally priced. Quality of assistive devices in such an environment is cultivated by technological expertise, skills development and experience, while optimal pricing is derived from value for money and reduced cost of production due to mass production.

The devices can be acquired by self-purchase or by donations through government, civil society organization or employer. Self-acquisition works for PWDs who are already empowered, so that they have ability to pay through the earnings from the economy. Donations rely on or social activities by well-wishers a well as government and employers' policies on disability mainstreaming.

In Kenya, there are a number of emerging local organizations supported by the international organizations who are manufacturing industries for PWDs in Kenya. For instance, the Advantage Africa Organization supported Kibwezi Disabled Persons' Organization (KDPO) being facilitating access and production of surgical assistances services and equipment. The organizations supported the local manufacturing of prosthetic limbs.[24]

Further, most of the existing Kenyan prosthetic workshops are not actively fitting quality, modern limbs that local people can afford to buy. The few centers that do produces prostheses, such as PCEA in Nairobi offer ICRC (Red Cross) limbs at $500 US per Above Knee limb (AK), and $350 US for Below Knee limb (BK). In addition, Kenyatta Hospital Orthopedic Hospital fits modern limbs using German parts but charge up to $2000 US. Many government limb workshops do little fitting because of lack of materials though they have the staff, good workshop tools and amputees in need.[25]

8.4 Summary, Conclusion and Recommendations

Production of assistive devices in the country is still below the demand from the PWDs by category of the disability. Further, there are PWDs with multiple disabilities thus may need more than one assistive device. Therefore, there is need to ensure that assistive devices are available and meet the demand always. . Most of the devices in Kenya are imported, but the local manufacturing is at nascent stages of capacity development and skills development through training artisans, community health volunteers and caregivers on disability as led by the Association of Persons with Disability of Kenya (APDK). The products include the production and sale of Mobility and Assistive devices.

24 https://www.advantageafrica.org/prosthetics.and.surgery

25 http://mend.org.nz/n/affordable.limbs.for.all.alfa.kenya/

This is an industry which has capacity for export thus the industry players will need to be supported through incentives in financial and non-financial resourcing, skills development, tax, research and innovation, data and information, and market structure among others. The diversity in forms and severity of disability dictates that the manufacturing sector responds by developing assistive devices which are usable by PWDs. Census of PWDs is necessary, while covering the diversity and uniqueness of the required assistive devices and technologies. The country will gain more if local manufacturing is nurtured and developed for mass production of quality devices for PWDs and at affordable prices.

Towards forming a reliable local manufacturing, the country needs to observe interventions and plans of action including;

i) Establish manufacturing zones or centers for assistive devices by supporting local PWDs manufacturing industries. The government would also provide tax incentives for raw materials used by industries producing surgical assistances services and equipment. In addition, the Ministry of Industrialization, Trade and Enterprise can set up funds and other resource incentives (finance and non-finance resources) to support small-scale industries operated by PWDs.

ii) Further, there is need enhance research and innovation by encouraging PWDs to join technical institutions and training centers. This will enhance skill development and technical progress among the PWDs. Further, the government needs to promote establishment of effective and efficient market structures and linkages which must have equitably distributed acquisition promotional centers.

iii) Additionally, there is need to support PWDs to have access to information flow about a market. Information asymmetry is costly in any sector because it increases search costs. Centers of information can be established, and public awareness campaigns be initiated to bridge this gap.

iv) Further, to address the data market, regular market surveys need to be done; Data and information are powerful tools in development of any industry or sector. Market surveys conduct needs assessment and feasibility studies which help research on the kind and standards of assistive devices required as well as market capacities and competencies from both demand and supply side.

9. INCLUSION OF PWDS IN EDUCATION AND TRAINING

9.1 Introduction

Kenya envisions to provide a globally competitive quality education, training and research to her citizens for sustainable development by 2030. This is in line with SDG 4 that focuses on ensuring inclusive and equitable quality education and promoting lifelong learning opportunities for all. This implies that the sector does not exclude PWDs in its functioning. The sector comprises of: Basic Education; Vocational and Technical Training; Post Training and Skills Development; University Education sub-sectors and their respective agencies as well as the Teachers Service Commission (TSC). Moreover, the sector is expected to play a pivotal role in achieving the "Big Four" development initiatives by providing the requisite skilled human resource and promoting research and development. Besides, the sector is expected to transform the Kenyan economy into a knowledge-based economy through inclusive education and training. Education has been rightly recognized as an equalizer towards getting opportunities for all, including PWDs (KARC, 2020).

9.2 Policy and Legal Environment on education

A person with any disability has a right to access educational institutions and facilities to enable them to be integrated into society to the extent compatible with the need of the person (Constitution of Kenya, 2010). If all Kenyans are entitled to the essential needs of human rights and equality, then it follows that all children and youth with disabilities would be supported to access free and compulsory education alongside their peers without disabilities. According to the Constitution, the State has put in place affirmative action programmes to ensure that the children and youth with disabilities access relevant education and training (Article 55) and that minorities and marginalized groups are provided with special opportunities in education (Article 56) and skills development.

The National Special Needs Education Policy Framework 2009 addresses some of the critical issues that determine the delivery of quality and relevant education to learners with special needs, in keeping with the provisions of the UN Convention on the Rights of Persons with Disabilities. It also addresses issues of equity, facilities, stigma, taboos and improvement of learning environments in all Special Needs schools. This ensures that inclusive education is a reality, and consequently improves the participation and involvement of people with special needs in national development in general. To improve the availability of opportunities for education, the government has supported the construction and rehabilitation of existing facilities, and the provision of boarding and mobile schools in arid and semi-arid

lands (ASAL) areas. Kenya's National Special Needs Education Policy Framework (2009) outlines twenty-two categories of disabilities and special needs (Table 8.1).

Table 8.1: Categories of Disabilities and Special Needs in Kenya.

• Dearing impairments, • Visual impairments, • Physical impairments, • Cerebral palsy, • Epilepsy, • Mental handicaps, • Down syndrome, • Deaf-blind, • Orphaned,	• Abused, • Autism, • Emotional and behavioral disorders, • Learning disability, • Speech and language disorders, • Multiple handicaps, • Albinism, • Other health impairments, • Gifted and talented.

Source: GOK (2009)

When it comes to the group that is better catered for on matters to do with education support, those with physical impairments have better access followed with those with hearing impairments while those with epilepsy and albinism are least catered for. A report by the National Development Fund for Persons with Disabilities (NDFPWD 2019/20) indicated that of those who received education assistance, 1642 had physical impairment, 948 were deaf, 698 had visual impairment, 368 had mental handicaps, 186 had mixed impairments, 68 had speech disorders, 65 had epilepsy and 51 had albinism.

Under the third medium term plan, the sector prioritizes to: actualize the right to free and compulsory basic education; improve post basic education by ensuring 100 per cent transition from primary to secondary education; enhance the quality and relevance of education; integrate ICT into teaching and learning; enhancement of financing in education and training; and improvement of governance (The National Treasury and Planning , 2018).

Various interventions by government have led to increase in access to schooling and training among PWDs. In 2016, the number of special needs learners at primary level was 251,542 of which 97 per cent were enrolled in public primary schools and 3 per cent in private schools. At secondary education level, there were 14,098 learners with special needs of which 90 per cent and 10 per cent were enrolled in public and private schools respectively. Enrollments at both levels indicate that majority of the special needs learners are in public schools.

The Competence Based Curriculum framework has made significant improvements on provision for learners with special educational needs. The curriculum has provisions for fifteen categories of learners namely: the visually impaired, hearing impaired, physically handicapped, mild cerebral palsy, learning disabilities and mild/moderate autism as well as learners with emotional and behavioral difficulties, communication disorders, gifted and talented, mental handicap, deaf-blind, severe autism, moderate and severe cerebral palsy, multiple handicaps and profound disabilities. The government also provides for home based and hospital intervention programmes to cater for children with serious disabilities who find it difficult to attend school.

Apart from curriculum reforms, the government has demonstrated its commitment to providing education to children with special educational needs through a number of initiatives. Key milestones in this regard include the introduction of Educational Assessment and Resource Centers (EARCs) in 1984 and the establishment of Kenya Institute of Special Education (KISE) in 1986. Special needs education begins with functional assessment at EARCs to determine placement of a learner and the suitable intervention measure. Currently there are 73 EARCs countrywide.

After a learner has been assessed at an EARC, the government provides for the following options: a learner may follow the regular curriculum with adaptation and or intervention programmes, a specialized curriculum, or a home and hospital-based programme. Learners who may follow the regular curriculum with adaptation and or intervention programmes include the visually impaired, hearing impaired, physically handicapped and those with mild cerebral palsy, mild/moderate autism, communication disorders, emotional and behavior disorders, learning disabilities and those with moderate and severe cerebral palsy. Gifted and talented will follow the regular curriculum but with enrichment.

The Persons with Disabilities Act was enacted in 2013 following the recommendations of the Commission of Enquiry into Education Systems (Koech Report of 1999). During the same year, the government formulated a Task Force on Special Needs Education dubbed 'The Kochung Report of 2003' which recommended for training and in-servicing of teachers of special education, strengthening of EARCs, making all schools accessible to learners with special educational needs and a survey of persons with disabilities, which was conducted in 2008.

The Special Needs Education Policy was formulated in 2009 to harmonize education service provision for learners with special needs and disabilities. Prior to this, SNE was mainly provided on the basis of circulars and general education policy and statements hence, there was lack of consistency and coordination in its implementation. Some of the provisions of the policy include sensitization of those working with learners with special needs and inclusive education. A major gap that was identified within this policy framework is that it does not have an implementation guideline that would ensure the actualization of the strategies given hence necessitating the SNE policy review that was under review in 2020.

Other government initiatives include training of SNE teachers through KISE. For instance, between 2013/14 and 2015/16 financial years, the number of SNE Diploma trained teachers by KISE increased from 497 to 685. There has also been environmental modification for learners with special needs through construction of disability-friendly buildings and establishment of the directorate of special needs this year (2017) to ensure efficient service delivery to learners with special needs.

The government has also put in place affirmative action through budgetary allocation to SNE and provision of capitation grants with adjustments for children with special needs. At primary and secondary school levels, children with special needs receive a top up capitation of Ksh 2, 000 and Ksh 8, 600 respectively. At secondary education, learners with special needs receive a capitation grant of Ksh 32,000 compared to other students who receive Ksh 22,400.

Various non-governmental organizations have also played a key role in the provision of SNE in Kenya. Some of the key NGOs working in the area of SNE in Kenya include, Leonard Cheshire Disability which provides inclusive education for disabled girls by addressing physical and social barriers to education; Handicap International that focuses on improving the living conditions of people with disabilities and advance their rights with a special focus on refugee-related issues and VSO Kenya which has an inclusive education programme whose aim is to increase access to quality inclusive education and life skills training for children, youth with disabilities, vulnerable girls in transition between the ages 10.21 and women. The next section of this report focuses on progress associated with the various initiatives in enhancing inclusivity among learners with special needs at various levels.

9.3 Progress and gap analysis on education

9.3.1 Demand for education by children with disability

The Government has put in place various measures to improve inclusivity in education provision with special focus on children with disabilities. Inclusive education looks at both the rights of learner and how education systems can be transformed to respond to the diverse groups of learners. Children with disabilities in the KIHBS (2015/16) data collection process, was defined in accordance to the Individuals with Disabilities Education Improvement Act of 2004. It defined it as children having mental retardation, hearing impairments including deafness, speech or language impairments, visual impairments including blindness, serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, specific learning disabilities, deaf-blindness, or multiple disabilities, and who because of those impairments need special education and related services.[26] Table 8.2 displays the distribution of household members in school going age, which is between 3.21 years, by sex and residence in terms of children with disabilities and children without disabilities, as a percentage of children with disabilities.

Table 8.2: Distribution of household members aged 3.21 years by sex and residence (%)

	Residence			Gender		
	Rural	Urban	Total	Male	Female	Total
Children with Disability	1.8%	1.5%	1.7%	1.9%	1.6%	1.7%
Children without Disability	98.2%	98.5%	98.3%	98.1%	98.4%	98.3%

Source of data: KIHBS (2015/2016)

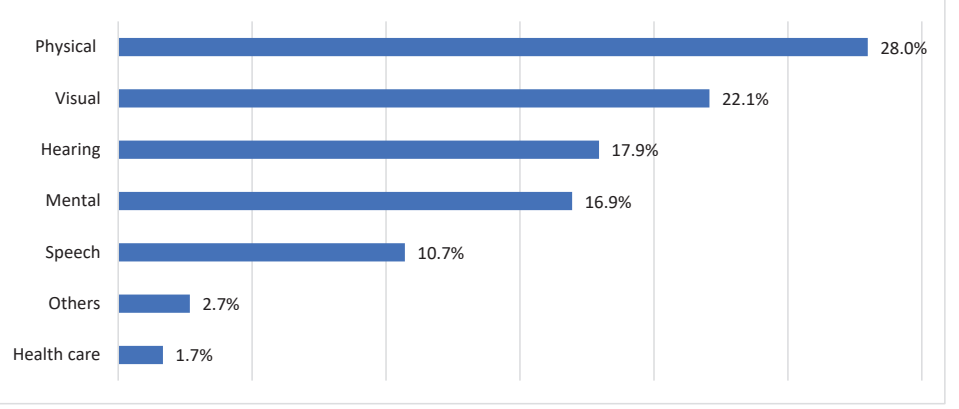
About 11.4 per cent (865,000) children with disabilities (CWDs) were represented in the 2015/16 Kenya Integrated Household Budget Survey, which comprised a

26 Individuals with Disabilities Education Improvement Act of 2004

population of 7.6 million household members. There was slight parity in terms of children with disabilities between male and females at 11.4 per cent and 11.3 per cent respectively. Similarly, in terms of residence, the percentage of children with disabilities were slightly more in the urban (11.5%) relative to children with disabilities in the rural parts of the country (11.3%). Further, the composition of the percentage of the population aged 3.21 years with various forms of disability is presented in figure 8.1 as shown.

Physical and visual impairment disability were the most prevalent forms of disability for the population aged 3.21 years in 2016 survey, represented by a population share of children with disabilities of 28 per cent and 22.1 per cent respectively. The disability form of hearing, mental, and speech, had a population share of children with disabilities between 10 and 20 per cent, while the rest were below 5 per cent representation in the survey. The resulted reflected the fact that these forms of disability were also common in the general population. The results imply that strategies aimed at offering support to CWDs in the education system would take into consideration of categories of disability since they vary in terms of need thus this will inform resource allocation.

Figure 8.1: Share of population aged 3.21 years with disabilities, 2016



Source of data: KIHBS 2015/16

Further, the causes of these disabilities vary across the composition and different strategies need to be adopted to curb the occurrences. The analysis that follows categorizes the distribution of CWDs in terms of those in school and those out of school as depicted in table 8.3.

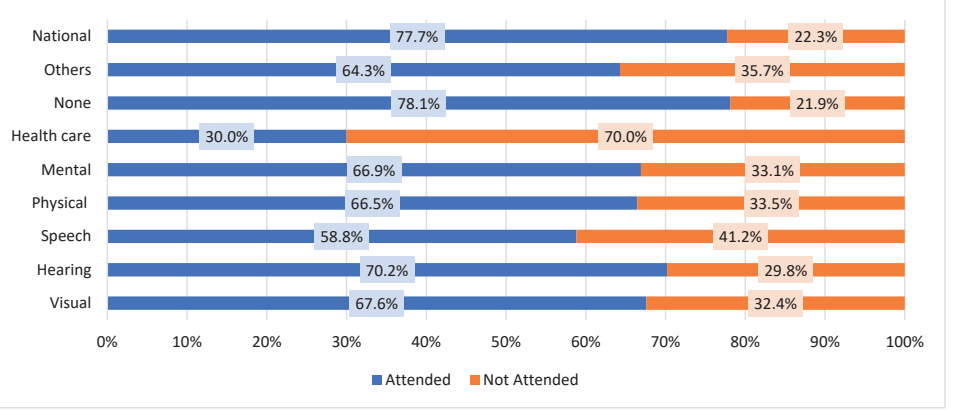
Table 8.3: Distribution of children with disabilities in and out of school (%)

	Attended	Never Attended
Children with disability	81.7%	18.3%
Children without disability	88.4%	11.6%

Source of data: KIHBS 2015/16

The proportion of children with disabilities who are currently in school is higher than the proportion of those out of school (Table 8.3). Figure 8.2 shows that, among CWDs who attended school, the most prevalent forms of disability for CWDs were visual impairment (67.6 per cent), physical impairment (66.5 per cent), mental disability (66.9 per cent) and hearing impairment (70.2 per cent). Only the health care disability was below half (30 per cent) among the CWD who had ever attended school in 2016. For the case of CWDs out of school, 70 per cent of CWDs who never attended school had health care disability while at least one in three CWD out of school have different forms of disabilities including mental, physical, hearing and visual impairment (Figure 8.2).

Figure 8.2: Proportion of population CWDs who ever attended school



Source of data: KIHBS 2015/16

The next part shows the enrolment of students with various forms of disabilities at the university level, both in the private and public institutions as shown in table 8.4.

Table 8.4: University Enrolment by PWDs gender and level, 2017

	Public universities	Private universities	Total	Public universities	Private universities
Sensory Impairment	3	0	3	100%	0%
Mental Impairment	6	1	7	86%	14%
Visual Impairment	210	14	224	94%	6%
Hearing Impairment	46	10	56	82%	18%
Learning Impairment	1	1	2	50%	50%
Physical Impairment	257	74	331	78%	22%
Others	17	5	22	77%	23%
Grand Total	**540**	**105**	**645**	**84%**	**16%**

Source of data: MoEST (2017)

At the university level, 645 students enrolled in 2017 were PWDs (Table 8.4). Given that public universities absorb more students in relation to the private universities, it is expected that they would consequently enroll more PWD students, which was 540 in public universities vis.à.vis 105 in private universities. In terms of the different forms of disabilities, the most prevalent form of disability for students enrolled in universities were physical disability 331 students (78 per cent in the public universities and 22 per cent in the private university), and visual impairment with 224 students (94 per cent in the public university). The least forms were learning and sensory impairments (Table 8.5). The findings imply that if universities were to develop strategies towards supporting PWDs and mainstreaming disability, they would perhaps target physical and visual impairment and later expand towards the other forms of impairment.

Table 8.5: Share of enrolment for learners with disabilities by level of education

	Male	Female	Total	Gender Parity Index	Proportion (%)
Primary	122,617	100,110	222,727	0.82	94.4
Secondary	6,263	5,163	11,426	0.82	4.8
Technical	674	537	1,211	0.80	0.5
University	405	240	645	0.59	0.3
Total	**129,959**	**106,050**	**236,009**		**100.0**

Source: MoEST (2017)

As indicated in Table 8.5, it is evident that majority of children with disabilities do not go beyond secondary school education. Learners in primary school accounts the highest share of students with disabilities at 94 per cent, while universities account for the least share at 0.3 per cent, according to the Ministry of Education, Science and Technology (MOEST) (2017). These results, however, were expected owing to the fact that primary schools carry the largest proportions of learners while universities take the least. The share for secondary schools was 4.8 per cent while that of TVETs was 0.5 per cent. Across all the learning levels, more male learners (129,959) than female learners (106,050) had various forms of disability (Table 8.5). In terms of the level of education, across the disability compositions, the 2015/16 KIHBS survey captured it as follows, as presented in table 8.6.

Table 8.6: Highest education attained (%)

	Primary	Secondary	College and University
Visual	71	21	8
Hearing	85	12	2
Speech	91	6	3
Physical	79	16	5
Mental	83	12	5

Health care	88	8	4
None	71	21	7
Others	74	20	6
Total	**71**	**21**	**7**

Source of data: KIHBS 2015/16

Generally, across PWDs with the different forms of disabilities, less than 10% of the population had their education levels above secondary. Majority of the PWDs have primary education levels (Table 8.6). PWDs with hearing impairment constitute the least percentage ratio of students with university and college qualifications, at 2 per cent, while visual constitutes the highest, at 8 per cent relative to other forms of disabilities, at the university and college level.

Most school going children (aged 21 years and below) with special needs and disabilities in Kenya suffer from multiple disabilities. This is based on data from the Kenya National Special Needs Survey Report, a joint report by Ministry of Education, Science and Technology and VSO Jitolee. The survey covered 21 counties, 44,726 respondents out of which 25,609 were school going aged 21 years and below. Of the 25,609, 13.5 per cent (3,454 respondents) were classified as having special needs and disability. As table 8.6 shows, most of them suffer from various disabilities (other than deaf. blind). Other common disabilities among school going children (aged 21 years and below) with special needs and disabilities were hearing impairment, visual impairment, physical impairment, learning disabilities and language disabilities. The least common were deaf-blind, dwarfism and albinism, all at less than 1 per cent. The results showed that children in rural areas had much higher disability rates (60%) than children in urban areas (40%).

Table 8.6: Disability among Children of 21 Years and Below

	Total		Rural		Urban	
	Number	Per cent	Number	Per cent	Number	Per cent
Hearing Impairment	359	10.4	226	10.9	133	9.6
Visual Impairment	674	19.5	309	14.9	365	26.4
Physical Impairment	315	9.1	186	9.0	129	9.3
Cerebral Palsy	47	1.4	23	1.1	24	1.7
Epilepsy	132	3.8	80	3.9	52	3.8
Down Syndrome	58	1.7	38	1.8	20	1.4
Autistic Spectrum Disorder	57	1.7	27	1.3	30	2.2
Intellectual & Cognitive Handicaps	125	3.6	89	4.3	36	2.6
Emotional and Behavioral Disorders	128	3.7	85	4.1	43	3.1
Learning Disabilities	236	6.8	151	7.3	85	6.1

Speech Language Disorders	184	5.3	122	5.9	62	4.5
Multiple Disabilities other than deaf blind	1,069	30.9	8	0.4	10	0.7
Deaf blind	23	0.7	12	0.6	17	1.2
Dwarfism	18	0.5	6	0.3	17	1.2
Albinism	29	0.8	707	34.2	362	26.1
Total	**3,454**	**100.0**	**2,069**	**100.0**	**1,385**	**100.0**

Source: MoEST and VSO Jitolee (2016)

Special needs education programs in Kenya include interventions in all sub-sectors of education. Existing programs are mainstreamed at basic and pos-.basic education levels and include interventions in infrastructure and assessments, among others. The programs are categorized into hearing impaired, intellectually impaired, physically impaired, visually impaired and multiple disabilities. Activities implemented within the programs include promotion of partnerships and linkages for inclusive education, SNE grants and capitation, co-curricular activities and talent Art, building the capacity of personnel and learner assessment and placement. Education for learners with disabilities and special needs education has been provided in various schools. These include special schools, integrated schools and in special units attached to regular schools and Special Needs Technical Training Institutions. More recently, provision has been extended to include such children in regular schools to enhance inclusive education.

In the recent years there has been a lot of advocacy on recognition of their rights and inclusion of persons with disability in the society by civil society organizations (CSOs). The NGOs/INGOs involved in inclusive education projects in Kenya include Leonard Cheshire Disability, Sight Savers International, Girl Child Network, Peace Corps, Save the Children, Voluntary Services Overseas and Sense International. The interventions of these organizations in education for children with disability in Kenya are summarized in Table 8.7.

Table 8.7: Selected CSOs Involved in the Education of Children with Disabilities and Special Needs in Kenya.

Organization	Intervention
Leonard Cheshire Disability	LCD is working in the area of inclusive education. project activities included: teacher training on inclusive education, physical accessibility, assessment and rehabilitation, child to child groups, establishing parents support groups.
Sight Savers International	Works with the Ministry of Education and the Kenya Society for the Blind to break down the many barriers that stop blind and visually impaired children from attending school and give them the opportunities they need.
Voluntary Services Overseas	Implementing Strengthening Citizens' Participation in Governance of Education project. Key activities include training community institutions, PTAs and SMCs in accountability, governance and advocacy; training DPOs and local level partners; and lobbing the MoE to increase the SNE resources, etc.

Sense International	SI works predominantly with deaf-blind persons around community-based rehabilitation, parent support groups and vocational education activities. SI is planning to implement 'Community-Based Education' for deaf-blind children where education is taken into the home environment.
Girl Child Network	GCN main goal is to promote access to education for all children especially children with disability. Some GCN projects include: Education project, School sanitation project, Stop violence in girls, Meru project, School Health and nutrition, and Somali project. Their main donor is Save the children Finland.

There is deficiency in number of special education institutions across the country. According to the school distribution data set, there are 3,464 special needs institutions (38.2 per cent ECDE, 3.4 per cent NFE, 54.1 per cent primary and 4.3 per cent secondary) in the country with 2,713 integrated institutions and 751 special schools. Eastern region recorded the greatest number of SNE units with 734, whilst North Eastern had the fewest with 56. Among these, there are 10 public secondary schools for learners with hearing impairments, 3 for learners with physical handicaps, and 4 for learners with visual impairments, making a total of 17 secondary schools for learners with disabilities throughout Kenya (Policy framework for education, 2019). The learning environment is constrained by various factors including;

i) Social Cultural perspective e.g. Stigmatization.

ii) Most infrastructures not disability friendly

iii) PWDs assistive devices are very expensive.

iv) Lack of proper teacher sensitization on PWDs

The Kenya National Special Needs Education Survey Report (2016) indicated that there were only 22,000 learners with special needs and disabilities enrolled in special schools, units and integrated programs. In 2003, when FPE was introduced, the number had risen by 22 per cent to 26,885 and subsequently increased by 67 per cent to reach 45,000 in 2008. Another report by UNESCO (2010) indicates that in 2003 there were 86,424 children with disabilities in school: 13,303 enrolled in special schools and 73,121 in special units and integrated programs while in 2008, the numbers were 37,202 in special schools and 171,079 in special units giving a total of 208, 281. Table 8.8 shows total number of learners with special needs in primary and secondary levels based on the most recent data, as at 2017. There was a total of 234,153 learners with special needs and disabilities in schools, of which 222,727 were enrolled in primary schools and the remaining 11,426 enrolled in secondary schools.

Table 8.8: Enrolment of Learners with Special Needs .2017

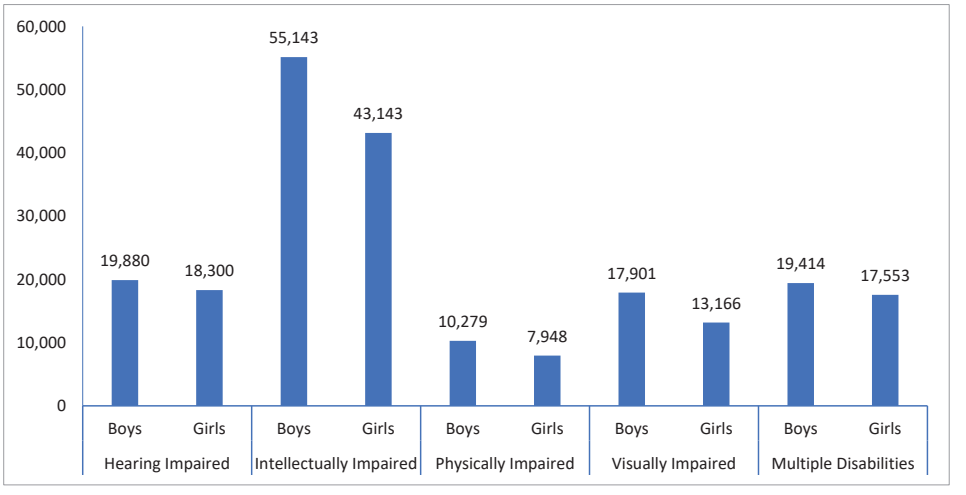
	Gender	Primary	Secondary	Total
Hearing Impaired	Boys	19,880	1,522	21,402
	Girls	18,300	1,243	19,543

Intellectually Impaired	Boys	55,143	711	55,854
	Girls	43,143	718	43,861
Physically Impaired	Boys	10,279	216	10,495
	Girls	7,948	176	8,124
Visually Impaired	Boys	17,901	1,918	19,819
	Girls	13,166	1,329	14,495
Multiple Disabilities	Boys	19,414	1,896	21,310
	Girls	17,553	1,697	19,250
Grand Total		**222,727**	**11,426**	**234,153**

Source: MoEST and VSO Jitolee (2016)

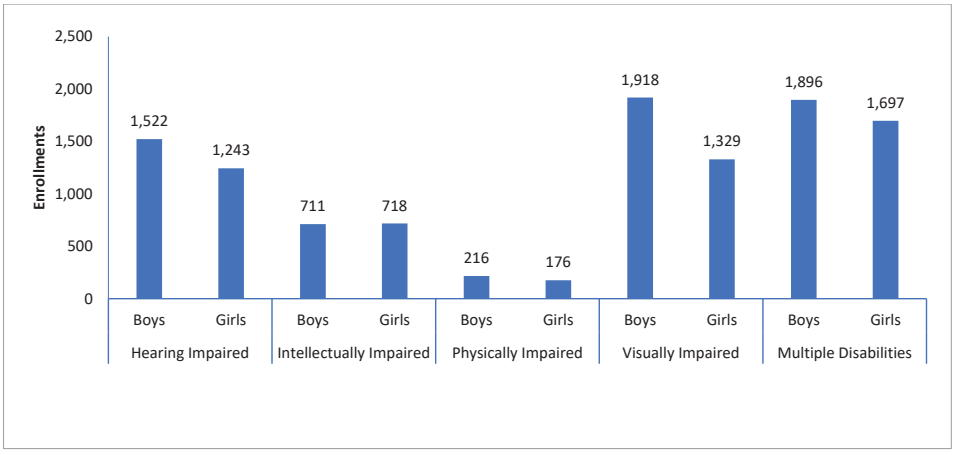
Intellectually impaired children account for a majority of learners with special needs and disability enrolled in primary schools. Of all learners with special needs enrolled in primary schools, 44.1 per cent (55,143 boys and 43, 143 girls) have intellectual impairments; 17.1 per cent (19,880 boys and 18,300 girls) have hearing impairments, 16.6 per cent (19,414 boys and 17,553 girls) have multiple disabilities; 13.9 per cent (17,901 boys and 13,166 girls) have visual impairments while the rest, 8.2 per cent have physical impairments. In secondary schools (see Figure 7.3), majority of the learners have multiple disabilities (31.4%), followed by visual impairments (28.4%), hearing impairments (24.2%), intellectual impairments (12.5%) and then physical impairments (3.4%). Figures 8.3 and 8.4 provide an analysis of this data for primary and secondary schools respectively.

Figure 8.3: Enrolment of Learners with Special Needs in Primary Schools .2016



Source: MoEST (2017)

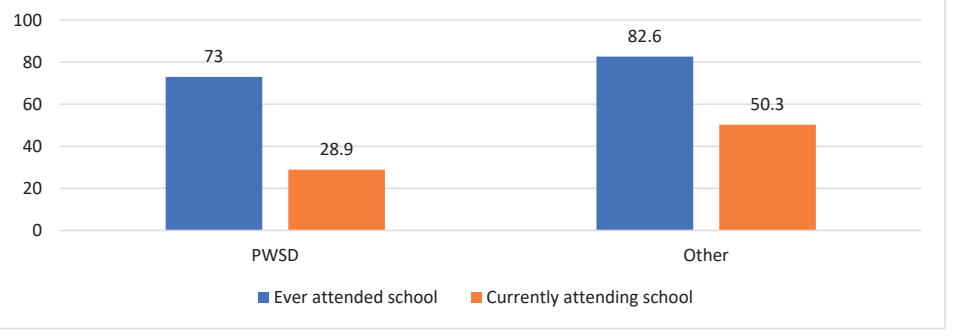
Figure 8.4: Enrolment of Learners with Special Needs in Secondary Schools .2016



Source: MoEST (2017)

A lower proportion of PWDs aged 6 to 18 years have ever attended school relative to a similar age group for the rest of the population. The respective proportions are 73 per cent and 83 per cent for persons with severe disabilities (PWSD) and rest of the population respectively. About 50 per cent of the non-PWSD aged 6 to 18 years were "currently attending" school relative to 30 per cent for PWSD (Figure 8.5).

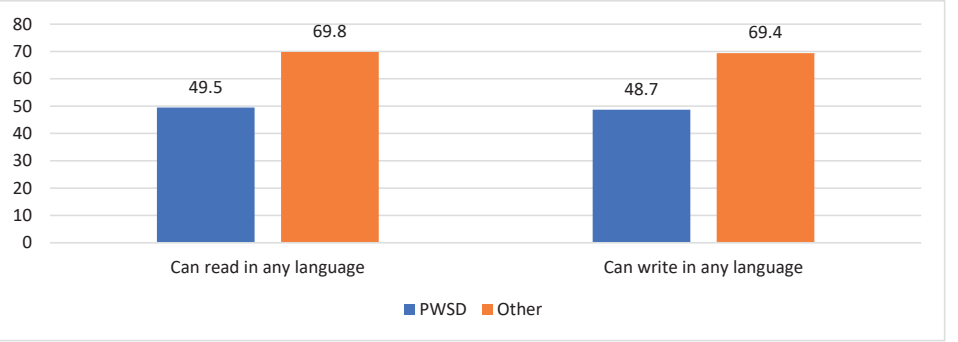
Figure 8.5: Proportion of persons who have ever attended school and who are currently in school (aged 6 to 18 years) with severe disability versus others (%)



Data source: Kenya Integrated Household Budget Survey 2015/16

Besides having poorer school attendance, the PWSD have inferior education outcomes relative to the rest of the population. The education outcomes were assessed in terms of the students who can read and write. The findings, displayed in Figure 8.6, showed that only about half of the PWSD aged 6 to 18 can read or write in any language relative to nearly 70 per cent for the rest of the population. While it is not clear whether disability could lead to lower educational outcomes, these findings imply that teachers need to give some more attention to PSWDs to help them improve on their educational outcomes.

Figure 8.6: Proportion of persons with severe disability versus "others" who can read and write in any language



Data source: Kenya Integrated Household Budget Survey 2015/16

Table 8.9: Can Read and Write any language

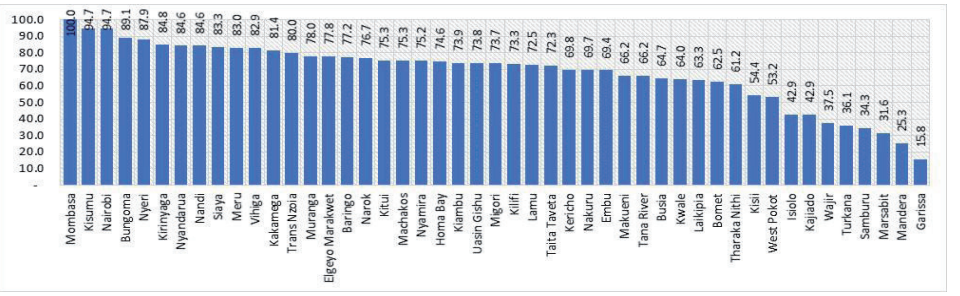
	Read-Yes	Read-No	Write-Yes (%)	Write-No (%)
Visual	44.9	55.1	44.6	55.4
Hearing	50	50	48.4	51.6
Speech	36.1	63.9	34.2	65.8
Physical	47.5	52.5	46.3	53.7
Mental	28	72	27.4	72.6
Health care	18.4	81.6	17.1	82.9
None	64.9	35.1	64.2	35.8
Others	47.7	52.3	47.7	52.3
Total	**64.1**	**35.9**	**63.4**	**36.6**

Data source: Kenya Integrated Household Budget Survey 2015/16

Over 60 per cent of the PWDs can read and write in any language, however, at least one in three PWDs cannot write or read any language (Table 8.9). There is a high disparity among the PWDs with different forms of disabilities in terms of their ability to write or read any language, at least one in two PWDs with hearing impairment could not write or read according to the survey in 2016. Majority of PWDs with mental disability could not read or write any language according to the survey (Table 8.9).

There are also disparities by county in terms of the proportion of PWDs who have ever attended school. These disparities are displayed in figure 8.7. Generally, the data is indicative of less access to education for PWSD in the ASAL counties and higher access in largely urban counties. The caution with these findings is that there were relatively small sample sizes across the counties.

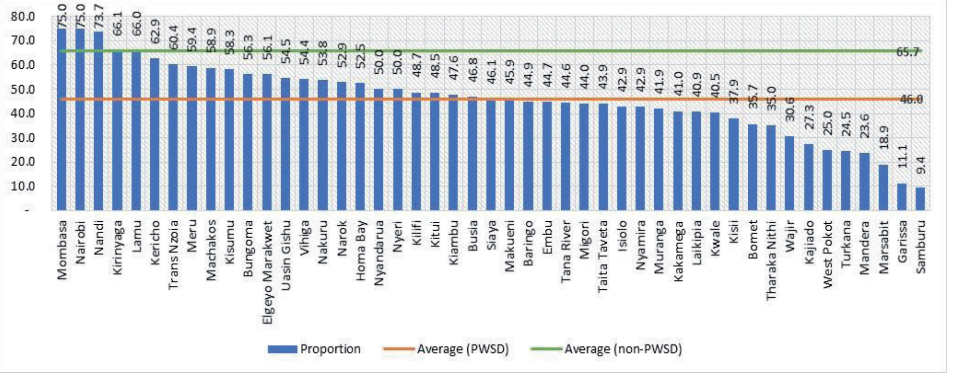
Figure 8.7: Proportion of PWDs who have ever attended school by county



Data source: Kenya Integrated Household Budget Survey 2015/16

The proportion of PWSD who can read and write in any language closely mirrors the proportions that have access to education (Figure 8.8). The average proportion who can read and write for non-PWSD is higher (65.7%) relative to 46 per cent for PWSDs.

Figure 8.8: Proportion of PWSD who can read and write in any language by County (and averages for PWSD and non-PWSD)



Data source: Kenya Integrated Household Budget Survey 2015/16

School costs were the main reason for stopping or never attending school for both PWSD and non-PWSD. For PWSD, two policy relevant reasons for stopping or never attending were "parents' refusal" (not being let to attend school) and "own disability" (Table 8.9). This may call for continuation of community education, role modelling, and enforcement of constitutional rights to have more PWSD in school.

Table 8.9: Main reasons for stopping or never attending school PWSD and non-PWSD

Main 3 reasons for PWSD	PWD	Main 3 reasons for non-PWSD	OTHER
School Costs	23.6	School costs	23.7
Parents did not let me	12.2	Completed school	10.4
Own disability	7.6	Still too young	5.5

Data source: Kenya Integrated Household Budget Survey 2015/16

Households with PWSD were more likely to receive some form of external support (16.7%) than those without PWSD (13.1%). The difference was statistically significant. This is a result that would be expected putting in mind that majority of PWSD come from poor backgrounds, and without support, would otherwise not attend school.

Table 8.10: Did any persons/ organization outside your household aid/loan for education expenses in the last 12 months

	Household with PWSD	Household without PWSD
Yes	16.7	13.1
No	83.3	86.9

Data source: Kenya Integrated Household Budget Survey 2015/16

Challenges

The school infrastructure is inaccessible to learners and trainees with disabilities because the necessary structural designs do not adhere to policy guidelines on construction of institutions of learning as guided by the Disaster management and safety manual (RoK, 2018). Therefore, to address these challenges among others, there is need for new investments which consider design issues for mobility of PWDs from the start for instance, infrastructures. Further, disability mainstreaming can be actualized by making infrastructure accessible, such as rumps to lecture halls, voice in lifts and sign language interpreters for students or people with hearing impairment

Since most PWDs live in abject poverty, majority of them cannot access assistive devices and virtual learning devices. Therefore, there is need for the government to enhance local production and manufacturing of assistive devices; including training of PWDs on how to use them. The media has a key role of advocating and highlight plight affecting PWDs including the need for assistive devices.

PWDs have untapped and unnurtured talents, which need to be recognized, nurtured and exploited for their benefit. By utilizing their talents, PWDs can change other people's attitudes towards them, and would encourage other PWDs to use their talents. Their talents can equally empower them. For instance, some teachers in special schools for hearing impairment lacked competency in Kenya Sign Language. Most instructional materials and assistive devices are not readily available and are subject to taxation.

Various gaps have been identified which hinder access to education by PWDS, Some the issues include the following. Inadequate educational facilities: Most of the schools lack infrastructure that is friendly to children with special needs and disabilities thus the environment is not conducive for learning to the different groups.

In addition, PWDs still faces the challenge of inadequate staffing and skills development. Most of the teachers do not have adequate training on handling both the learners with and without disabilities in one class. This affects the understanding of some of the learners of which is reflected in their performance. Inadequacy of staff with requisite skills to support education and training for learners and trainees with disabilities is a major challenge. At the same time, deployment of staff has not always matched the individual's skills and competences. For instance, the most recent national survey (KISE, 2018) established that 13 per cent of the head teachers of special primary schools and 77 per cent of the head teachers of integrated primary schools did not have specialized training in special needs education. These proportions are even lower for secondary schools. Worse still, the survey established that there were some teachers in special schools for hearing impairment who lacked competency in Kenya Sign Language, while others in specialized schools for visual impairments lacked competency in braille. Despite the long history of teacher training at the various levels, there is evidence to suggest that most of the TVET trainers may be lacking knowledge on training in disability (Githaga, 2014). The above scenario is expected to worsen during the implementation of the Competency Based Curriculum, which requires and will require sufficient specialized personnel.

Weak policy framework implementation strategies: Although the country has robust initiative towards inclusive education, the frameworks are not fully implemented to ensure learners with special needs access education and training. In addition, inadequate awareness programmes about issues surrounding learners and trainees with disabilities by service providers, policy makers and the community at large is a common problem. There is low level of advocacy and lobbying for the rights of persons with disabilities by parents, communities and disability organizations. Issues relating to disability are not prominent in public meetings and the media. In some cases, local communities are not aware of education programmes for learners and trainees with disabilities and related services within their localities. There is also lack of awareness creation and sensitization among the public.

Lack of accurate data related to learners and trainees with disabilities hampers proper national planning and provision of effective services to persons with

disabilities. Some agencies and institutions have made effort to create awareness, sensitize communities, lobby and advocate for policy development and review. However, they face challenges in terms of coordinating their services. Thus, most learners and trainees with disabilities have limited access to education and training, their general learning outcomes remain low and transitions from education and training to work constrained.

In Kenya, the participation of learners and trainees with disabilities is constrained mainly by social, language and physical barriers. Although the constitution entrenches Kenya Sign Language and Braille as among the key languages, the number of users of braille and signs languages are limited creating gaps in effective participation.

The situation is worse for female learners and trainees with disabilities, who face a double disadvantage – gender and disability. The boy child with a disability is often exposed to child labour and other cultural practices that infringe on their right to education. Regional disparities further contribute to the marginalization of children with disabilities

Dropout rate is higher for learners and trainees with disabilities, given the findings of the SNE Policy Review Data Collection Report (2016) which reveals high dropout rate of learners and trainees with disabilities. This is attributed to a number of factors, which include incontinence for some learners and trainees with cerebral palsy and poor management of menstrual health. Sanitary materials are unaffordable for most of the learners and trainees with special needs. The learners and trainees may find it difficult to cope in a classroom setting and may drop out of school. Lastly, learners and trainees with disabilities are not adequately provided with sexual health education opportunities.

More emphasis has been made on the traditional categories of disabilities such as visual impairment, hearing impairment, intellectual disability, and physical disability, excluding other disabilities such as autism, deaf blindness and specific learning disabilities, gifted and talented amongst others. It is apparent that a differentiated curriculum that meets the diverse needs of all learners and trainees with disabilities needs to be developed and implemented.

Assessment and evaluation in education remains may require differentiated modes of assessment. While national assessments focus only on the cognitive domain of learning examinations continue to pose substantial barriers to learners and trainees with disabilities due to administration and grading processes that do not account for disability (UNESCO, 2014). This yields low performance among learners and trainees with disabilities and constrains their transition from one level of education and training to another, and to the world of work. This often leads to prolonged stay in school, high dropout rates and high unemployment.

The TVET curricula are weakly adapted to trainees across all forms of disabilities, yet technical and vocational training is acknowledged as one quick win in facilitating young persons with disabilities to access employment and decent livelihood (Baart and Maarse, 2017).

With regard to disaster management, a significant number of vulnerable learners

and trainees face challenges in accessing quality education and training due to both natural and manmade disasters. The school infrastructure is inaccessible to some learners and trainees with disabilities because the necessary structural designs do not adhere to policy guidelines on construction of institutions of learning.

General observations indicate that few mentorship programmes that exist either target or meet the specific needs of learners with disabilities. While most of the needs are similar to those of their peers without disabilities, specific modifications are required for mentorship programmes to be considered inclusive. Inclusive mentorship programmes aim at helping learners with disabilities, their families and life assistants to deal with the negative psychosocial effects of disability such as discrimination, negative self-image, low self-esteem, stigma, marginalization, abuse and concealment.

Assessment and early intervention in Kenya and the misconceptions about causes of disability indicate that most parents lack the skills of early identification of disabilities for their children; poorly resourced EARCs, lack of an integrated data management system for early identification, assessment and placement and the school admission policies not requiring assessment thus lack of support for this process. This has led to a situation where around a half of the learners in integrated units and nearly a fifth of those in special schools in the country were not assessed prior to admission (KISE, 2018). The absence of disability friendly infrastructure in the ECDE Centers was highlighted as one of the key challenges affecting access to education for children with disabilities (NGEC, 2016).

Technology, assistive devices & instructional materials, ICT and Energy: For persons with disabilities, ICTs can represent a powerful opportunity to improve quality of life, enhance inclusion and social engagement and make independent living possible. Despite the existence of this policy and subsequent provision of essential services such as assessment and early intervention, awareness, advocacy, curriculum, specialized learning resources, assistive devices and technology, learners and trainees with disabilities have not benefitted a lot from them (RoK, 2018). Some of the instructional materials and assistive devices are not readily and locally available; when sourced externally they are subject to taxation. There is still inadequate relevant teaching and learning resources and technology for learners and trainees with disabilities. Capacities for technology adoption in our schools and training institutions are low. To reduce the cost of adopting technologies and increase affordability of assistive devices, article 35 of the Persons with Disabilities Act provides tax, demurrage, port charges, value added tax, and any other government levy exemptions for materials, articles and equipment to be used by individuals with disabilities, institutions and organizations of and for persons with disabilities to keep their costs at reasonable minimum. MoE could provide and maintain quality specialized learning resources and assistive devices and adopt new technologies to improve learning and training in the targeted disability categories. TVET institutions providing training to youth with disabilities have established laboratories, which support integration of ICT in training courses (RoK, 2018). Lack of electricity in many schools across the country also compromises the use of assistive technology for education (Disability, U.N., 2019).

Lack of clear guidelines to support inclusive education implementation and lack of disaggregated data on learners and trainees with disabilities in and out of school pose a major challenge to pursuing access to quality and relevant education. In addition, inappropriate infrastructure, inadequate facilities and lack of equipment for learners and trainees with disabilities enrolled in regular institutions or in home-based education programmes remain a challenge.

Most of the learning materials in the market are not adapted, becoming a challenge in accessing appropriate and specialized teaching and learning materials for learners and trainees with disabilities. The high cost of specialized technology for learners and trainees with disabilities remains a hindrance to the government's goal to provide education for all. At the same time, capacities for technology adoption in our schools and training institutions are low.

Talent management among PWDs: Gifted and talented is one of the forms/areas of disability trained at the Kenya Institute for Special Education. Through talent management PWDs are able to develop their personality, talents and creativity, as well as their mental and physical abilities to their fullest potential (The United Nations, 2006, art.24) and implementing diversity and inclusion policies, from recruitment to development, will bring wider opportunities for talent attraction and retention (Tromel, Menze and Fremlin, 2019)

9.4 Summary, Conclusion and Recommendations

The strategies aimed at supporting access and provision of education to PWDs will need to take into consideration the categories of disabilities since they vary in terms of need. For instance, the physical and visual impairment disability were the most prevalent forms of disability for the population aged 3.21 years in 2016 survey. The resulted reflected the fact that these forms of disability were also common in the general population. Further, the causes of these disabilities vary across the composition and different strategies need to be adopted to curb the occurrences. The proportion of children with disabilities who are currently in school is higher than the proportion of those out of school.

At the university level, the most prevalent form of disability for students enrolled in universities were physical disability and visual impairment. This imply that if universities were to develop strategies towards supporting PWDs and mainstreaming disability, they would perhaps target physical and visual impairment and later expand towards the other forms of impairment. Further, school costs were the main reason for stopping or never attending school for both PWSD and non-PWSD.

To the National Government

There is need to maintain data on children with disabilities up to the lowest administrative unit (village) to inform policy and planning. Further, more and adequate budgetary allocation to schools with children with disabilities is needed,

with clear guidelines on the use of funds and ensure effective regular audit of the same.

The government would also continue supporting boarding schools for children with disabilities especially for pastoralist communities to help keep them in school. In addition, the use affirmative action to improve transition rates to secondary schools for children with disabilities. Not forgetting the crucial roles played by teachers, there is need for relevant stakeholders to improve the teacher-pupil ratio for schools with children with disabilities. Beside human resource provision, the government needs to extend the provision of adapted textbooks for use by children with disabilities to counter the perceived discrimination when textbooks are availed to regular pupils not only to public institutions but also to private institutions with PWDs. Further, schools would need to be facilitated to hire enough teacher assistants for efficient inclusive education practices.

Additional vocational centers with more technical teachers to offer vocational skills are required across all the counties, to support development of technical skills among persons with disabilities who cannot transit to higher levels of education. In addition, the local chiefs (mobilizing grassroots leadership) can be tasked with a responsibility of ensuring free compulsory education is a reality for all children through ensuring presentation and enrolment of all children regardless of disability.

To County Governments:

The constitution assigns responsibility for ECDE to county governments. Counties could therefore: Increase the number of EARCs and allocate adequate funds to facilitate them provide services; Hire more ECDE teachers; Develop policies to guide transition from ECDE to primary school; Put in place structures for ECDE to ensure the effective implementation of education services at this crucial level; Devise strategies for monitoring to account for all children with disabilities in their counties and consequently ensure their enrolment into neighborhood schools; Sensitize communities on disability and the need for inclusive education.

To parents and communities:

Parents have a duty to present all children for admission to school. In addition, they are expected to collaborate with schools in the education of their children by providing play materials made from locally available resources. Parents ought to play a more active role in the education of their children with disabilities and ensure they maximize their potential for education just like the non-PWDs children.

School infrastructure and universal designs

There is need to involve all relevant stakeholders and increase funding to support universal design and low-cost ICTs for persons with disabilities. There is need to promote local production and reduce duty and import tax for assistive technology. There is need to ensure that assistive devices are adaptable for an even wider range of capabilities.

10. INCLUSION OF PWDS IN LABOUR MARKET

10.1 Introduction

Disability inclusion in the labor market is a key requirement to the achievement of diversity in the labor force. It involves integration of PWDs in the design, implementation or adjustment in work schedules, sequence of work and breaking down work tasks to suit the needs of PWDs. Disability impacts many people affecting a wide range of outcomes which influence the labor market. PWDs play a key role in the economy and the employment sector. This is because people with disability contribute to a certain percentage of work the force in the market. Across many nations there is a growing recognition that one of the opportunities for increased disabled labor force participation is self-employment and entrepreneurship (Gouskova, 2012)

Disability inclusion goes further to ensuring that the work environment is well suited to the needs of PWDs working at the institution as well as to visitors. It also requires that firms carry out sensitization to its employees on disability etiquette and training its staff on some skills such as Kenya sign language.

The labor market requirement for PWDs encompasses accessibility and mobility at places of work, remuneration and taxation frameworks, as well as care giving at workplaces. This therefore calls for disability mainstreaming at places of work to ensure that PWDs access friendly work environment hence ensure efficiency in execution of tasks hence increase productivity.

Education and skill development need to be enhanced among PWDs in order to match them to the job market requirements. One of the reasons for high unemployment rates among people enabled differently is attributed to low levels of education. A vast majority of PWDs have inadequate skills required for some specific jobs and training opportunities are limited. This has therefore alienated them from actively participating in the labor market.

10.2 Policy and Legal Environment related to labour

Article 54 of the Constitution of Kenya, 2010 provides for the rights of persons with disabilities, it specifies that PWDs are to be treated with dignity and respect, given unlimited access to productive engagement and employment. The persons with Disabilities Act, No. 14 of 2003 specifies the labor market framework for PWDs and specifies that employers both in public and private sector reserve five per cent of jobs to PWDs. These legislation requirements are meant to enhance inclusivity in the labor market space and ensure integration of PWDs into the society.

The Public Service Commission guidelines require that despite the Disabilities Act providing for allocation of five per cent of jobs in the public and private sector, labor participation among PWDs is still very low as compared to people without disability. PWDs also have a higher incidence of unemployment and underemployment. In 2014, PWDs constituted one per cent of the workforce under the Public service commission. This therefore shows that additional interventions are require to increase the labor participation rate of PWDs to meet the constitutional threshold of five per cent. The government has made some provisions to increase labor force participation in the public and private sectors by offering income tax exemptions.

PWDs are exempted from monthly and annual income tax by the Kenya revenue authority (KRA), the first Ksh 150,000 of monthly income and Ksh 1.8 million of annual income is tax exempt, this is meant to enhance inclusivity and promote PWDs welfare. Employers have a responsibility to sensitize members of staff who are enabled differently to register with KRA and NCPWD for them to benefit from tax exemptions offered to PWDs. Sensitization is key in ensuring the success of the tax exemptions to PWDs, the regional administration through the Ministry of Interior and Coordination of Government can support the interventions through Chiefs and Village Elders; sensitization of all members of the society on the employment and tax provisions for PWDs. This will enhance inclusivity and hence equality in the society.

10.3 Progress and gap analysis

10.3.1 Employment of PWDs

PWSD in the working age group (15 to 64 years) are less likely to be engaged in an economic activity (59.7 per cent) relative to other members of society (69.9 per cent). The economic activities include working for at least one hour in the last 7 days: as an employee, as own account worker in a business or farm, contributing family worker, intern or volunteer.

Relative to the employed PWDs, a larger proportion of the employed PWDs are likely to be in informal employment or agriculture. By implication, a lower proportion of PWDs are employed within the formal sector – indicating their relative disadvantage in accessing good quality jobs (Table 9.1). This outcome is usually associated with the PWDs difficulty or discrimination (owing to cultural issues) in accessing education, amongst other obstacles. The analysis indicated that many households still fail to expose their PWDs to the opportunities available, for example, for accessing education and employment. It also emerged that many learning institutions and work environment and stations are still not adaptable for PWDs.

Table 9.1: Percentage distribution of the employed persons, PWDs and persons without disabilities, 2015

Institutions	Disabled	Not disabled	Total
Private Sector	9.8	14.7	14.6
Local Authorities	0.5	0.6	0.6
Central Government	1.1	1.7	1.7
TSC	1.3	1.7	1.7
State-owned Enterprise	0.8	1.1	1.1
International NGO	0.3	0.3	0.3
Local NGO	0.3	0.4	0.4
Faith-Based Organization	0.6	0.6	0.6
Self-Modern	1.6	1.9	1.9
Informal Sector (‘*Jua Kali*’)	10.8	9.6	9.7
Self Employed – Informal	33.4	31.0	31.1
Small Scale Agriculture	3.6	3.6	3.6
Self-Small-Scale Agriculture	29.1	25.1	25.2
Pastoralist Employed	0.2	0.2	0.2
Self-Pastoralist	3.8	3.9	3.9
Private Household	2.7	3.3	3.3
Other	0.1	0.1	0.1
Total	**476,860**	**13,759,890**	**14,236,750**

Source: GoK 2015/16

Within the public sector, the PSC review (2017) indicated that out of the 243 MDAs they evaluated, only 3 per cent met the constitutional threshold of 5 per cent of employment for PWDs. About 13 per cent of MDAs do not have any PWDs in their workforce. This implies that the public sector needs to make significant improvements with respect to representation of PWDs in employment. Indeed, Table 9.2 shows the private sector with a 10 per cent share of PWDs in its employment to do considerably better than the public sector.

With respect to PWDs status, the employment to population ratio (EPR) for PWDs was about 35 per cent, which is relatively lower than that of the overall population (57 per cent), as shown in Table 9.2. PWDs are therefore disadvantaged relative to the rest of the population with respect to accessing employment opportunities.

Vulnerable employment and PWDs shows that PWDs tend to be more engaged in vulnerable employment than otherwise. Table 9.3 shows that the vulnerable employment rate for PWDs for the working age group was about 87 per cent, which is clearly much higher than that of the overall population (about 61 per cent). The other age categories also show that PWDs are at a disadvantage in accessing decent jobs, and the situation is worse for female PWDs compared to male PWDs.

Table 9.2: Persons with disability aged 15.64 years, employment to population ratio (EPR), 2019

	EPR (PWD)	EPR (working age group)
Male	32.7	60.9
Female	36.8	52.9
Total	34.5	56.8

Source: Authors' computations from the Kenya Population and Housing Census data (2019)

Table 9.3: Employment in public service, 2017/18-2018/19

	Number of staff		PWDs		Share of PWD	
	2017/18	2018/19	2017/18	2018/19	2017/18	2018/19
Constitutional Commissions and Independent Offices	1,452	5,304	16	54	1.1	1.0
Ministries and State Department	86,145	89,778	680	880	0.8	1.0
Public Universities	29,501	27,162	349	320	1.2	1.2
State Corporations and SAGAs	79,521	93,154	1,094	1,297	1.4	1.4
Statutory Commissions and Authorities	1,500	1,560	16	16	1.1	1.0
Total	**198,119**	**216,958**	**2,155**	**2,567**	**1.1**	**1.2**

Source: GOK, Various

The employment participation of persons with disability (PWDs) is lower than that of the overall population, 35 per cent and 57 per cent, respectively. Compared to other groups and the overall population, a lower proportion of PWDs are employed within the formal sector, indicating their relative disadvantage in accessing good quality jobs. This outcome can be associated with the difficulty of PWDs in accessing education, among other factors.

Table 9.4 summarizes perception on workplace discrimination for the PWDs. The key finding is that most individuals perceive that public and private sector establishments do not discriminate workers by disability. For the informal sector, about 40 per cent of the respondents perceived discrimination by disability. Meanwhile, only 44 per cent of public sector employees perceived their establishment to have a diverse workforce with respect to disability, with private sector and informal sector perceptions being much lower.

Table 9.4: Employee perceptions on diversity and discrimination

	Informal	Public	Private
Your establishment usually has a diverse workforce with respect to disability	18.3	44.0	36.3
Your establishment does not discriminate workers by disability	59.7	92.0	75.5

Source: Computed from 2015/16

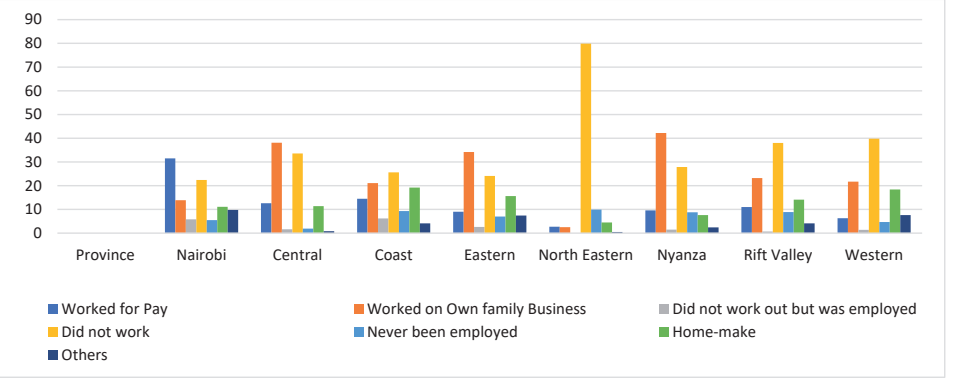
With respect to inclusion, Article 54(2) of the Constitution requires that at least 5 per cent of public appointments must be reserved for PWDs. However, the PSC evaluation of 2014/15 found that only 3 per cent of the 243 evaluated MDAs met this threshold. Even though the administrative action on procurement seeks to expand opportunities for the PWDs, less than half of public sector establishments had a supplier diversity programme. More interventions are necessary to improve access of PWDs to these opportunities.

Across MDAs, it is difficult to collate data on relevant issues on employment among PWDs. MDAs rarely keep data in a format that is at individual level. This has potential of affecting effective monitoring and evaluation of progress towards achieving inclusion of the PWDs in employment. Analysis of available data indicates that a high proportion of Kenyans and a high proportion of PWDs are in vulnerable employment. These are mainly own account and contributing family workers. These jobs are characterized by informal working arrangements, lack of adequate social protection, and in most cases low productivity and hence low earnings or pay.

In terms of work and employment, only 16 per cent of the persons with disabilities worked for pay while 33 per cent were self-employed and 24 did not work at all. PWDs residing around Nairobi had a more advantage in accessing employment opportunities at 26 per cent compared to the rural ones at 9 per cent. Nairobi had the highest number of PWDs who worked for pay with Coast and Central provinces coming second and third having 32, 15 and 13 per cent respectively. Western and North Eastern had the lowest percentages of 6 and 3 respectively.

Many PWDs are not employed across the counties (figure 9.1). In Nairobi for example, only 31.5 percentage of the PWDs were working for pay. The rest either did not work or worked on own family businesses. It was worth noting that the Nairobi province had the highest rate of employment for PWDs. This leaves PWDs vulnerable to little resources, death employment opportunities and low literacy level. North eastern region had the lowest employment followed by Western region. This trend could be explained by the increased unemployment rate in the country which stood at 9.1 per cent in 2019 as per the World Bank. This therefore makes it difficult for people with disabilities to compete with the other people for the same scarce job opportunities.it is against this fact that PWDs need to be trained and financed to start their own business therefore exploiting their entrepreneurial skills.

Figure 9.1: Employment of PWDs by Percentage (%)

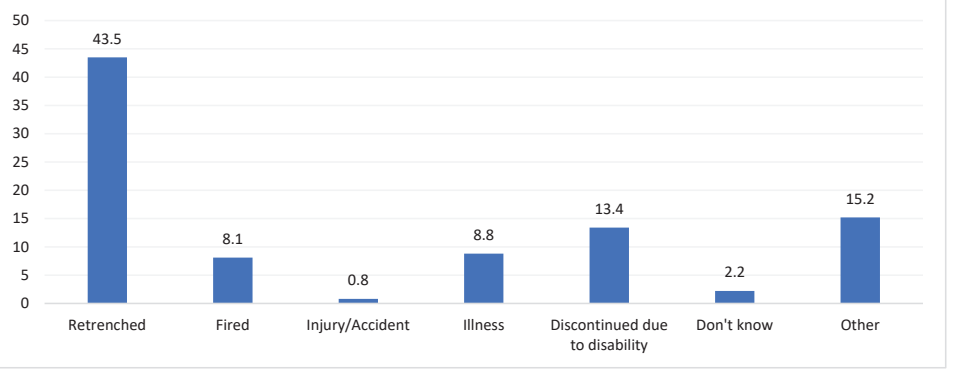


Source of Data: KNSPWD, 2017

From the above evidence, limited support exists for PWDs in terms of old age pension, which was 15 per cent, 6 per cent disability grant, 4 per cent private insurance/pension and 2 per cent social security. The rest of 73 per cent financial support came from other grants. In the work force, 13 per cent of PWDs were forced to stop working due to disabilities and 9 per cent due to illness. Dismissal and retrenchment took both 8 per cent.

People with disabilities have in most cases been engaged in personal businesses due to the many factors such as being discriminated from workplace. They therefore tend to be entrepreneurs so that they can support their lives and cater for other cases. In most cases PWDs come out as very successful businesspersons. Therefore, entrepreneurship is the right occupation, which can accommodate PWDs who cannot secure jobs in formal employment sector.

Figure 9.2: Reasons why PWDs discontinued working (%)



Source of Data: KNSPWD, 2017.

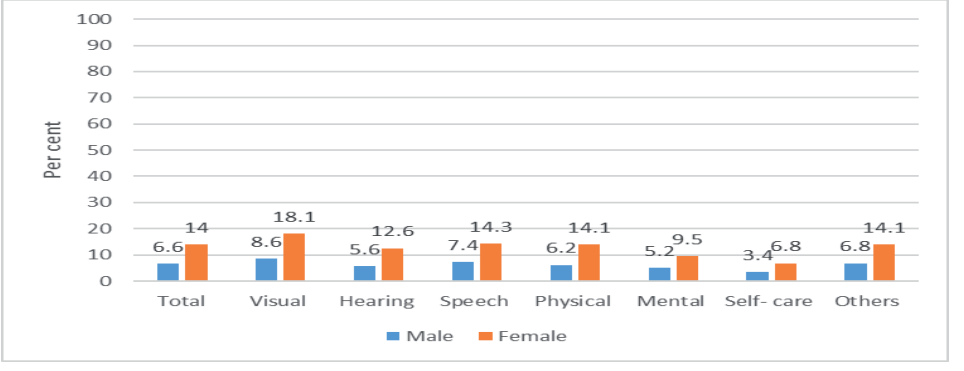
Apart from reducing unemployment in the economy, PWDs who run successful businesses pay revenues and taxes to the government hence supporting government activities. According to the Australian Bureau of Statistics (2013),

people with a disability are more likely to be running their own business than those without a disability, with a comparison of 11.6 to 8.2 per cent, respectively.

The proportion of PWDs who worked for pay in the last seven days preceding the census varied by gender and by type of disability as shown in table 9.3. In overall, more females than males were engaged in work in the last 7 days preceding the census, with females being 14.0 per cent while male were 6.6 per cent (figure 9.3). In terms of type of disability, both males and females with visual and speech impairment recorded the highest proportions of being engaged at work at 8.6 per cent and 7.4 per cent respectively for males; and 18.1 and 14.3 per cent respectively for females. Males and females who were under self-care and mental impairment had the lowest proportions; at 3.4 per cent and 5.2 per cent for males and 6.8 per cent and 9.5 per cent for females. The findings imply that employers prefer PWDs who can at least care for themselves and do not have mental challenges.

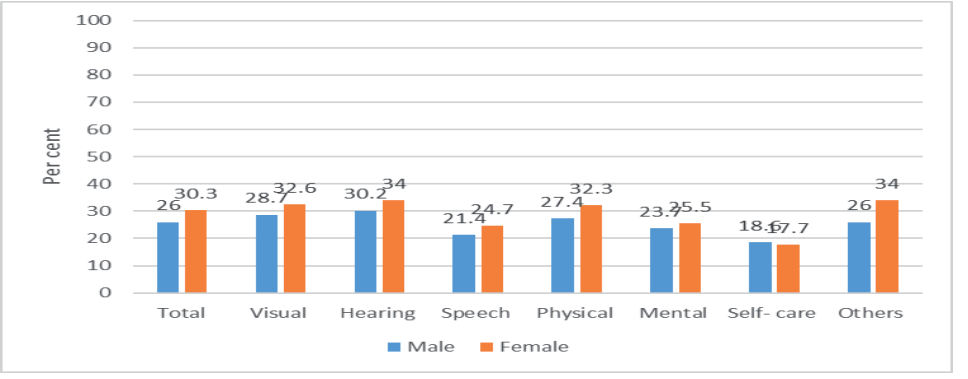
The next form of economic activity was those who worked on own family agriculture holding. The gender difference on this activity was small as 26.0 per cent were composed of males while 30.3 per cent were females (figure 9.4). By type of disability, males who had hearing and visual impairment had the largest proportions of working on own family agriculture holding at 30.2 and 28.7 per cent respectively; while for the case of females, the proportions were 34.0 per cent for both hearing and others impairment. Males and females who were under self-care or who had speech impairment had the lowest proportions; at 18.6 per cent and 21.4 per cent for males and 17.7 per cent and 24.7 per cent for females. The findings imply that for a PWD to work on agriculture holding, they could at least be able to care for themselves and not have speech challenges.

Figure 9.3: Proportion of PWDs who worked for Pay in the last 7 Days preceding Census



Source of Data: KIHBS 2015/16

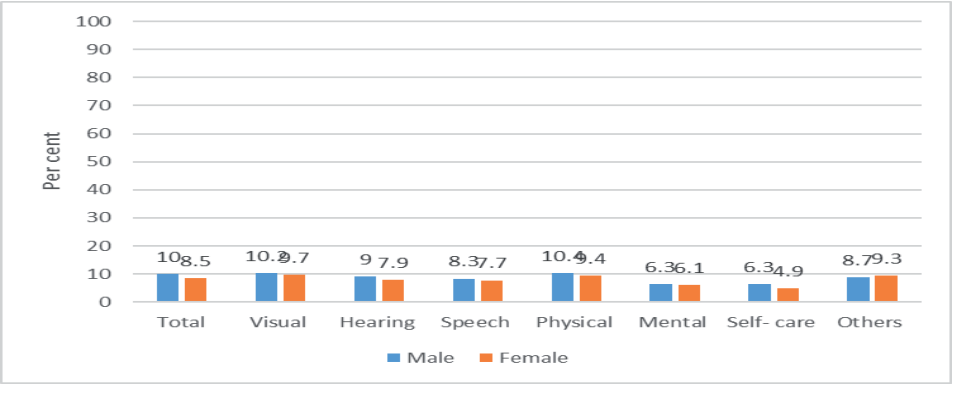
Figure 9.4: Proportion of PWDs who worked on Own Family Agriculture Holding (%)



Source of Data: KIHBS 2015/16

The proportion of PWDs who worked on own family business also had some little disparity between males and females (figure 9.5). Male PWDs who worked on own family business had the largest representation being physical (10.4 per cent) and hearing impairment (10.2 per cent). For the case of females, the largest proportions were those who had visual (9.7 per cent) and physical (9.4 per cent) impairment. As was the case for PWDs who worked on own family agricultural holding, males and females who were under self-care and mental impairment had the lowest proportions of working on own family business such that males were 6.3 per cent respectively, while for females, it was 4.9 and 6.1 per cent respectively. The findings imply that PWDs with self-care and mental challenges were least likely to work on own family business.

Figure 9.5: Proportion of PWDs who worked on Own Family Business (%)

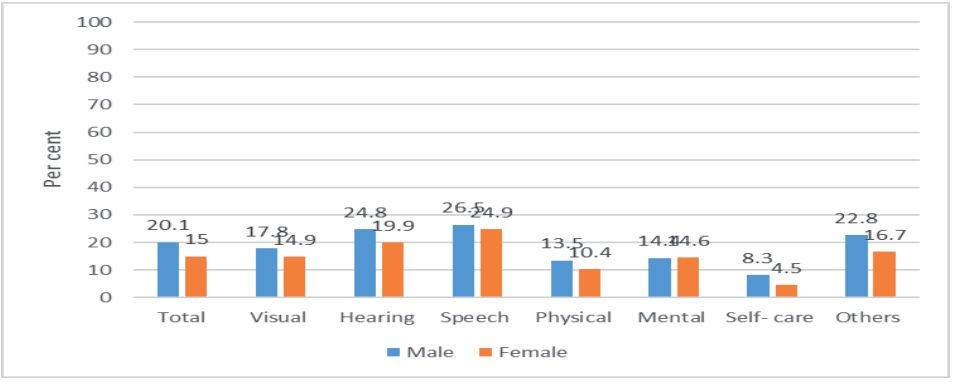


Source of Data: KIHBS 2015/16

Full time studentship was the only form of economic activity which registered a higher proportion of males than females PWDs, with males at 20.1 per cent and females as 15 per cent (figure 9.6). Following the differences by disability type,

hearing and speech impairment were the top forms of disability among both males (24.8 and 26.5 per cent respectively) and females (19.9 and 24.9 per cent respectively). It was also noted that others came in after hearing and speech impairment at 22.8 per cent for males and 16.7 per cent for females. Males and females who were under self-care or who had physical impairment had the lowest proportions; at 8.3 and 13.5 per cent respectively for males and 4.5 and 10.4 per cent respectively for females. The findings imply that PWDs who either had self-care issues or had physical disability were least likely to report being fulltime students.

Figure 9.6: Proportion of PWDs who reported to be Full Time Students (%)

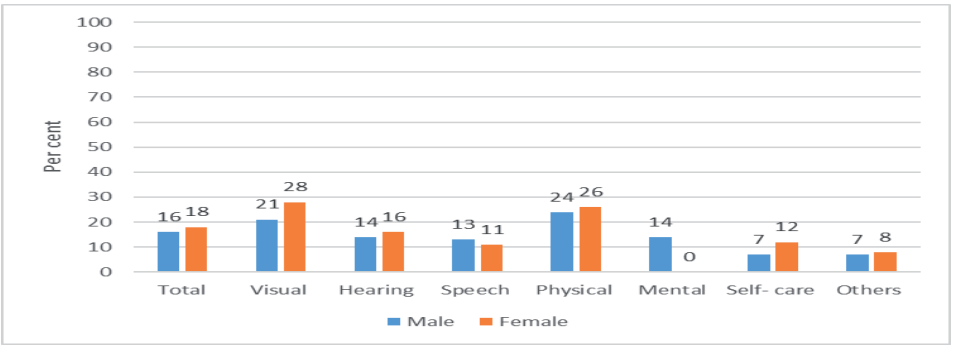


Source of Data: KIHBS 2015/16

The last category involved PWDs that had not been engaged in economic activities due to disability. The proportion of males was 16 per cent while the proportion for females was 18 per cent (figure 9.7). In both the males and females, PWDs who had either physical disability or visual impairment had the largest proportions who were not engaged in economic activity. The proportion of physical disability not in economic activity due to disability was 24 per cent for males and 26 per cent for females. This was followed by visual impairment with 21 per cent being males and 28 per cent being females. In terms of least proportions of PWDs not engaged in economic activity due to disability, others accounted for 7 per cent in males and 8 per cent in females; while self-care accounted for 7 per cent in males; and 0 per cent of females not engaged in economic activity due to disability had mental challenges. Thus, PWDs who had self-care and mental challenges, and other forms of disability were least involved in economic activities due to their disabilities.

According to KIHBS (2015/2016) slightly over a half (54.7 per cent) of persons with disability reported to have had difficulties in engaging in economic activity with a higher proportion reported in rural areas compared to urban areas. Vihiga County had the highest proportion of persons with disability that reported difficulty in engaging in economic activity followed by Migori, Nyamira and Isiolo Counties respectively. Generally, people with disability experience several challenges in engaging in economic activities and more so entrepreneurship.

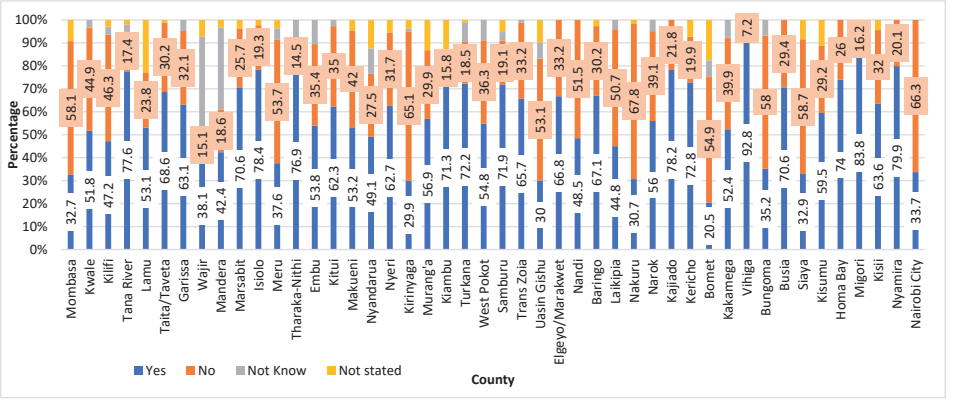
Figure 9.7: Proportion of PWDs not engaged in Economic Activity due to Disability (%)



Source of Data: KIHBS 2015/16

Majority of the PWDs are not employed, with only 21 per cent employed in 2016, working for outside household and for a working employer (Table 9.5). However, considering those working both inside and outside household, only about 42 per cent were employed.

Figure 9.8: Percentage Distribution of Persons with Disability that had Difficulty in Engaging in Economic Activity by Residence and County



Source of Data: KIHBS 2015/2016

This employment status varies across the PWDs with different forms of disability, with those with mental disability majority of them being unemployed (11.1 per cent) when considering only those employed outside household chores, however, this category of PWDs account among the most employed PWDs inside households (44.4 per cent) (Table 9.5). The summary of employment status of PWDs across the different forms of disabilities is as presented in table 9.5.

Table 9.5: Primary Activity undertaken by PWDs and their employment status by different forms of disabilities

Level 1			Level 2		
	Employed	Not Employed		Employed	Not employed
Visual	15.6	84.4	Visual	36.9	63.1
Hearing	12.2	87.8	Hearing	37.1	62.9
Speech	14.0	86.0	Speech	48.0	52.0
Physical	16.0	84.0	Physical	36.3	63.7
Mental	11.1	88.9	Mental	44.4	55.6
Health care	16.7	83.3	Health care	50.0	50.0
None	21.2	78.8	None	42.1	57.9
Others	15.8	84.2	Others	31.6	68.4
Total	21.0	79.0	Total	41.9	58.1
Employed entails working for Outside HH, and working employer			*Employed entails working for Outside and inside HH, and working employer*		
Unemployed entails: Own-account, Cooperative member, Contributing to Family, Apprentice and Volunteer					

Source of Data: KIHBS 2015/2016

In general, the institutions influence, the income earned by an individual and the job security for an employee. For instance, someone employed in a public institution tend to have job security relative to someone employed in a private company (Caponi, 2017). Further, there are several other benefits associated with public employment such as staff training, insurance and social benefits among others[27]. Similarly, in reviewing the employment for PWDs, it is important to consider the type of their employments. Table 9.6 provides a summary of where PWDs are employment in terms of public, private and self-employment, according to the KIHBS survey 2016.

The results showed that, majority (93.1 per cent) of the PWDs are employed in the private sector (47.5 per cent) and self-employed (45.6 per cent) (Table 9.6). The government employs only 6.7 per cent of the PWDs, with 3.5 per cent at the national government and 3.4 per cent at the county government. In terms of categorization of PWDs by the different forms of disabilities, majority (70.4 per cent) mentally disable persons are employed in the private sector while both levels of government employ only 1 per cent (Table 9.6). This presents the need for advocating for equal employment of PWDs in the public sector.

In the world of work, persons with disabilities experience common patterns of discrimination such as high unemployment rates, prejudice about their productivity, physical abilities, and education levels.[28] In the 2016 KIHBS survey, the PWDs respondents were asked to indicate the reasons hindering from securing jobs in the market, the summary of the findings are presented in figure 9.9.

27 Caponi, V. (2017). The effects of public sector employment on the economy. IZA World of Labor.

28 https://www.cnbc.com/2020/03/02/unemployment.rate.among.people.with.disabilities.is.still.high.html

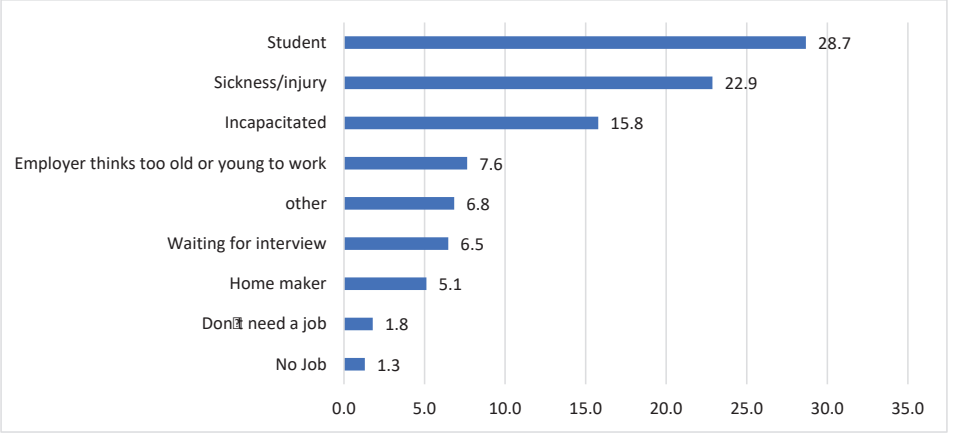
Table 9.6 Type of Employment (in terms of public, private and self) (%)

	National Government	County Government	Private Sector	Self
Visual	4.8	3.0	38.3	53.8
Hearing	1.5	2.5	45.8	50.2
Speech	0.0	4.0	66.0	30.0
Physical	4.1	3.6	39.0	53.3
Mental	0.0	1.0	70.4	28.6
Health care	0.0	0.0	58.3	41.7
None	3.5	3.4	47.6	45.4
Others	5.3	0.0	42.1	52.6
Total	**3.5**	**3.4**	**47.5**	**45.6**

Notes: National government entails: Civil service, Judiciary, Parliament, Commissions, State owned institutions, TSC, County government. Private sector entails employment by private businesses, International NGOs, Local NGOs, FBOs, Informal businesses, small scale agriculture and pastoralists. Self- employment includes self-formal business, self-informal, small scale agriculture, Pastoralist. Self-individuals.

Source of Data: KIHBS 2015/2016

Figure 9.9: Reasons constraining PWDs from securing jobs (KIHBS survey 2015/16)



Source of Data: KIHBS 2015/2016

The results indicated that majority of the PWDs in the survey were still learning and therefore were not able to secure jobs (Figure 9.9). Sickness, injuries and incapacitation were among the reasons cited as hindrances facing PWDs in their verge of securing jobs in the market, representing 22.9 per cent and 15.8 per cent of the sampled PWDs population. Other reasons cited included stigmatization on their age, while others were comfortable without jobs.

Challenges at the workplace and labour market

In the same breadth, persons with disabilities in Kenya face many barriers in accessing both employment and social services. More than half of persons with disabilities reported in the 2015/16 KIHBS that they have difficulties engaging in economic activities (Kabare, 2018). For those employed, according to the survey only 8.9 per cent of them had their employers paying the National Social Security Fund (NSSF) for them (Table 9.7). In terms of categorization of PWDs by the different forms, persons with visual impairment and health care disabilities had the larger share relative to other categories as presented in table 9.7.

Table 9.7: NSSF subscription among the PWDS

	Employer pays NSSF - Yes	Employer pays NSSF - No
Visual	7.4	92.6
Hearing	2.8	97.2
Speech	0.0	100.0
Physical	5.4	94.6
Mental	0.0	100.0
Health care	11.1	88.9
None	9.0	91.0
Others	6.7	93.3
Total	**8.9**	**91.1**

Source of Data: KIHBS 2015/2016

In terms of health insurance, only 11.9 per cent of PWDs employed had their NHIF subscription paid by their employers (Table 9.8). Similar trend as the one recorded for NSSF is recorded in terms of PWDs across different forms of disabilities with NHIF. According to NHIF, People living with disabilities are covered under different schemes including NHIF Supa Cover. The government of Kenya and World Bank funded the program. The Ministry of Labour and Social Protection usually update the beneficiaries' list. The NHIF cover encompasses the disabled in the following ways; Inpatient, Outpatient, Surgical package among others.

As advocated for the labour market, subscription to union membership is importance for every employer for various reasons, including: Unions are associated with higher productivity, lower employee turnover, improved workplace communication, and a better-trained workforce. There is a substantial amount of academic literature on the following benefits of unions and unionization to employers and the economy[29]. According to the KIHBS survey, only 4.9 per cent of the PWDs had subscribe to a union membership by 2016, with majority of them being the PWDs with visual impairment, physical disabilities and hearing disabilities (Table 9.9).

29 https://www.fairwork.gov.au/employee.entitlements/industrial.action.and.union.membership/the.role.of.unions

Table 9.8: NHIF subscription among the PWDS

	Employer pays NHIF - Yes	Employer pays NHIF - No
Visual	10.7	89.3
Hearing	5.6	94.4
Speech	0.0	100.0
Physical	10.1	89.9
Mental	0.0	100.0
Health care	11.1	88.9
None	12.0	88.0
Others	6.7	93.3
Total	**11.9**	**88.1**

Source of Data: KIHBS 2015/2016

Table 9.9: Union Membership subscription among the PWDS

	Member of Union-Yes	Member of Union-No
Visual	6.8	93.2
Hearing	2.2	97.8
Speech	0.0	100.0
Physical	5.1	94.9
Mental	0.0	100.0
Health care	0.0	100.0
None	4.9	95.1
Others	6.3	93.8
Total	**4.9**	**95.1**

Source of Data: KIHBS 2015/2016

Disability is a risk we all face, which can affect us at any stage across the lifecycle. It is also a key cause of poverty, as disability and poverty are closely interlinked and often reinforce one other. Although the Government of Kenya has made progress in delivering cash transfers to poor and vulnerable households with severely disabled members and to older people with disabilities, there is much to be done to ensure that Kenyans with disabilities receive adequate income support across their lifetime.

10.4 Summary, Conclusions and Recommendations

There is a relative disadvantage in accessing good quality jobs among the PWDs. Majority of the employed PWDs are in the informal sector, with only a smaller percentage employed in the formal sector. This has been associated with the PWDs difficulty or discrimination (owing to cultural issues) in accessing education, amongst other obstacles. There is a gap in the access to education among many households, hence not able to compete for the opportunities available. It also emerged that many learning institutions and work environment and stations are still not adaptable for PWDs.

In the formal sector, the constitutional requirement of 5 per cent threshold of employment for PWDs has not been met, with only 3 per cent of 243 MDAs having fulfilled the requirement. Some MDAs are yet to employ at least one of the PWDs. This implies that the public sector needs to make significant improvements with respect to representation of PWDs in employment. Further, with respect to PWDs status, the employment to population ratio (EPR) for PWDs is relatively lower than that of the overall population. PWDs are therefore disadvantaged relative to the rest of the population with respect to accessing employment opportunities. Therefore, establishments, especially public sector, need sensitization on the need to:

i) Uphold the constitutional and other regulatory provisions on equality and inclusion.

ii) Achieve requirement for PWDs that encompasses accessibility and mobility at places of work, and care giving at workplaces. There in therefore need for disability mainstreaming at places of work to ensure that PWDs access friendly work environment hence ensure efficiency in execution of tasks hence increase productivity.

iii) Enhance education and skill development among PWDs in order to match them to the job market requirements and curb their high unemployment rates.

iv) Engage more PWDs in more economic activities so that they can make an income as an employee, as own account worker in a business or farm, as a contributing family worker, intern or volunteer.

v) Enhance PWDs advantage in accessing decent jobs, and more especially the female PWDs. There is also need to enhance PWDs participation in employment and more particular the formal sector. This is one way of helping them access good quality jobs.

vi) Address issues to do with discrimination of workers by disability both in public and private sector establishments.

vii) Increase PWDs inclusiveness in public appointments as stipulated by the Kenyan constitution. More interventions need to be put in place to see the achievement of administrative actions that target PWDs inclusiveness in government procurement activities.

viii) Create employment opportunities for PWDs especially in rural areas. Mostly those in rural areas were found either not to be working or they were working on own family businesses. PWDs living in urban areas like Nairobi for instance have high chances of being employed. It is also difficult for people with disabilities to compete with other members of the society for the same job opportunities which are already scarce.

ix) Carry out more training and financial support of PWDs for them start their own business as a way of exploiting their entrepreneurial skills.

x) Based on the share of PWDs in the total population, the five per cent quota for persons with disabilities to elective and appointive posts is in all likelihood adequate. However, this modest quota has not been met, with the PSC estimating that only 3 per cent of MDAs met the constitutional threshold of 5 per cent of employment of PWDs. Other findings indicate that a lower proportion of PWDs are employed within the formal sector – indicating their relative disadvantage in accessing good quality jobs. This outcome is usually associated with the PWDs difficulty (or discrimination) in access to education, among other factors.

xi) Support PWDs education to enhance their labour market competitiveness. This can be achieved through more sensitization and ensuring mainstreaming with formal educational institutions to remove access barriers.

xii) Expand the number of special schools (or specialized units within schools) and enhance their quality.

xiii) Train more specialized teachers – especially at secondary and tertiary levels of education.

xiv) Ensure compliance with the constitutional requirement on reserved percentage employment for PWDs.

xv) Improve data capture and management within MDAs, e.g. by requiring MDAs to keep and submit data relevant for analyzing and monitoring indicators that relate to equality and inclusion using an online-based system.

xvi) Enhancing Inclusion of PWDs in private sectoral national and County levels while forming stronger partnerships with the private sector umbrella bodies to push for adoption of best practices in equality and inclusion of PWDs in employment. This includes initiatives to compute and self-report on inclusion indices across establishments.

11. INCLUSION OF PWDS IN BUSINESS AND ENTREPRENEURSHIP

11.1 Introduction

Throughout the theoretical history of entrepreneurship, scholars from various disciplines have struggled with numerous interpretations and definitions to conceptualize entrepreneurship (Abdullahi, 2012). Gana (2001) Defines entrepreneurship as the willingness and ability of an individual to seek out investment opportunities in an environment and be able to establish and run an enterprise successfully based on those identified opportunities. Doyel (2002) argues that entrepreneurship is a 'true' option for handicapped persons and that it is crucial for vocational rehabilitation counselors to learn the realities of small business training, development and ownership in order to support this important employment option for the disabled population.

The constitution of Kenya, Article 227.1 on procurement of public goods and services states 'when a state organ or any other public entity contract for goods or services, it shall do so in accordance with a system that is fair, equitable, transparent, competitive and cost effective' (GoK 2010). The same constitution under article 227.2 (a) recognizes the categories that requires preferences in the allocation of contracts whereas in (b) it offers protection or advancement of persons, categories of persons or groups previously disadvantaged by unfair competition or discrimination. Persons living with disabilities fall in this category of disadvantaged.

The World's more than 1 billion persons with disabilities, comprising approximately 15 per cent of the global population, constitute a significant group that can contribute to development and society, and yet their potential has not always been realized because of existing barriers (UN convention, 2013). According to the report many of those of working age — at least 780 million people face physical, social, economic and cultural barriers that hinder their access to education, skills development, employment, health services and, more broadly, society on an equal basis with others.

Further, persons with disabilities are at greater risk of poverty than persons without disabilities in both developed and developing countries. Many face significant constraints to owning assets, such as land, or to obtaining access to credit. They are also very often denied a voice and power in the political process, and there is a lack of attention to their rights.

The disability related initiatives in Kenya are guided by Persons with disability Act, 2003. The Act mainly stipulates rights and the privileges of persons with disabilities in respect to realization of rights of persons with disabilities, employment opportunities including reservation of employment, prohibition of discrimination by employers and records for job placement. The Act also explore on the education

status of persons with disability, including special and non-formal education. It also looks at health matters concerning persons with disability, accessibility and mobility among others.

The disability related initiatives are also guided by Public Procurement and Asset Disposal Act, 2015 Part XII on preferences and reservation in procurement where 30 per cent of procuring entity's total procurement budget is reserved for youth, women and persons with disability. It also states that persons with disability need to have a reservation of not less than 2 per cent of the reservation.

Self-directed employment is one option for providing a job and providing an income for disabled persons. The concept of utilizing micro-enterprises as a strategy for empowering oppressed people has largely originated in developing countries where governments have not had the capacity to develop affirmative action programs to promote the employment opportunities in regular labor markets. Owing to this development disabled people have resulted to develop their own job opportunities. These opportunities have proven to be a powerful strategy for empowering disabled persons. Whether one uses the term 'income generation' or 'micro-enterprise,' models of self-directed employment can be found all over the world. However, limited evidence exist about these models. Where information does exist it usually provides a limited or skewed perspective on self-directed employment as a strategy for empowering oppressed populations.

Many employers, especially small employers and those who have never employed a disabled person, lack knowledge about disability, and about the Act. There is a narrow interpretation of what is meant by 'disability', with a focus on physical and visual impairments. This points to the need for government to counter the myths and misconceptions about disability and the requirements of the Act, and the potential for a more general education and awareness campaign about the breadth of disability.

11.2 Policy and legal framework on business and entrepreneurship

The Kenya Vision 2030 aims at providing financial support to the person with disability. With the provision of funds, people with disability will be able to start businesses and therefore promoting their entrepreneurial skills. Lack of finances is among the key obstacles that hinder people with disability from engaging in businesses.

The Kenya government also established the legal requirement for women, youth and persons with disabilities to access 30 per cent of Government Procurement opportunities is being implemented within the context of the Access to Government Procurement Opportunities (AGPO) program. AGPO program is founded on the Constitution of Kenya, 2010 Article 227 on the fair equitable, transparent and cost-effective public procurement of goods and services, the Constitution of Kenya, 2010 Article 55 on affirmative action and the Public Procurement and Asset Disposal Act, 2015. The program also seeks to empower the marginalized group who includes with disabilities to be able to participate in Government opportunities by giving them more opportunities to do business with Government (AGPO, 2019).

The national government and the county governments are required to adhere to provisions of the 2010 Kenya Constitution and the Persons with Disabilities Act, 2003, which outlines rights of the Persons with Disabilities, and equal opportunities for people with disabilities.

Kenya government is committed to formulation of policies for people with disability. A lot of milestones have been achieved but more still need to be done. The Government has established National Development Fund for Persons with Disabilities and National Fund for Persons with Disability, which provide startup capital for women, youth and persons with disabilities.

The Public Officers' Ethics Act of 2003 creates an environment that nurtures respect for diversity including disability. The Act demands of public officers to treat fellow public officers, including PWDs, with respect while discharging their mandate. Public Service (Values and Principles) Act, The Public Service (Values and Principles) Act, of 2015, gives effect to Article 232 of the Constitution. The Act allows public institutions for purposes of ensuring representation of PWDs and other marginalized groups, not to unduly rely on merit in making appointments, which more times than not may disadvantage PWDs. The employment Act 2007 recognizes disability and outlaw's discrimination on grounds of disability in employment both in public and private sectors. The Public Procurement and Disposal Act 2015 and Regulations 2006 reserves thirty per cent of public procurement for women, youth and PWDs as a means of empowering them. The PSC code of practice for mainstreaming disability in the Public Service, 2010, obligates public entities to reasonably accommodate the needs of PWDs in public service by retaining, retraining and deploying public servants who acquire disabilities in the course of duty. The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) promotes the full integration of persons with disabilities in societies. The UNCRPD specifically references the importance of international development in addressing the rights of PWDs. Article 2 introduces the concept of reasonable accommodation to ensure PWDs the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms.

There are several other commitments made by different organizations and countries with respect to people with disability and entrepreneurship. According to the United Nations Convention on the Rights of Persons with Disabilities article 27 (f) member countries are supposed to Promote opportunities for self-employment, entrepreneurship, the development of cooperatives and starting one's own business.

East African Community (EAC) policy on persons with disabilities emphasis on member countries ensuring Vocational Training and entrepreneurship skills are undertaken to empower people of various categories of disabilities, to engage in productive life and access micro credit.

The Government through UNDP undertakes capacity building on entrepreneurship for persons with disabilities who are street vendors. ILO is also working with women with disabilities on building entrepreneurship skills. Further, the Government is currently developing a Draft Small & Medium-Size Enterprises (SMEs) Bill which recognizes disabilities. The Kazi Kwa Vijana (Jobs for Youth) Programme also has a component for persons with disabilities (KNHRC, 2016)

The Kenyan government has also been advocating for the awarding of procurement tenders to people with disability. This will enable them to get capital which is necessary to start and run their own businesses. The Access to Government Procurement Opportunities (AGPO) program is founded on the Constitution of Kenya, 2010 Article 227 on the fair equitable, transparent and cost-effective public procurement of goods and services, the Constitution of Kenya, 2010 Article 55 on affirmative action and the Public Procurement and Asset Disposal Act, 2015. The aim of the AGPO program is to facilitate the enterprises owned by women, youth and persons with disabilities to be able to participate in Government opportunities. This can be made possible through the implementation of the legal requirement that 30 per cent of Government procurement opportunities be set aside specifically for enterprises owned by these groups. As a result, the program is aimed at empowering them by giving them more opportunities to do business with Government. Public Procurement Regulatory Authority (PPRA) constantly monitors procuring entities to ensure that this is actualized. A 2019 report by the National Treasury reveals the women category won the highest number of contracts at 34,335 followed by youth at 29,170 and 4,066 for people with disability. This show that people with disability are still the least beneficiary of this policy which aims at involving them in businesses.

11.3 Progress and gap analysis on business and entrepreneurship

The Government has put in place various measures to improve inclusivity of children, youth, women, the aged and entrepreneurs living with disability. This has been done over the years through strategies, initiatives, projects and programs. These include, inter alia, programs that support with assistive devices; inclusive education through Educational Assessment and Resource Centers (EARCs); economic empowerment programmes such as Access to Government Procurement Opportunities (AGPO); Infrastructure and equipment and provision of sunscreen lotions for persons with Albinism. There is also the Cash Transfer Programme for persons with severe disabilities (PWDs-CT) that was introduced in 2011 which aims to enhance the capacities of the caregivers through cash transfers thereby improving the livelihoods of persons with severe disabilities and mitigating the effect of the disability to the household.

Other initiatives are implemented largely by donor partners, international and local non-governmental organizations as well as a few by the private sector. However, PWDs have been facing several challenges to start and run businesses across the 47 counties in the country. This has greatly hampered their spirit in engaging in an economic activity to support their livelihood. There are three broad categories of challenges faced by people with disabilities namely Financial, societal and personal.

i) Financial Barriers include access to capital and low savings due to unemployment. This is due to low level of education and discrimination from financial institutions, which shy away from lending out loans to start business to people with disabilities.

ii) Society also plays a role in constraining persons with disability from engaging in entrepreneurship though discrimination and exclusion. This occurs due to incidents of discrimination, where due to low levels of awareness; some individuals may not be keen in conducting economic activities, including business; with PWDs. This leads to decline in sales and subsequent collapse of businesses. Lack of training and support in the society is another contributing factor. There were inadequate assistive devices such as hearing aid, brails for the visually impaired and wheelchairs to facilitate movement.

iii) Personal challenges such as lack of confidence is another reason for people with disability not to engage in entrepreneurship. This aspect does not only apply to people with disability but majority of people who fear that they will fail if they engage in business. This fear is even more when it comes to people with disability since some have low self-esteem. People suffering from mental health disability are also not able to start and run the business. There are requirements to be fulfilled before one is licensed to start a business and mental healthiness is one of them. This therefore inhibits those suffering this disability hence isolating them from other entrepreneurs.

The above challenges notwithstanding, several studies have found that people with disability are good entrepreneurs. For example, in the UK, a study by Jones and Latreille (2011) utilized Labor Force Survey data and found that participation rates for self-employment were again higher among those with a disability than those without. Men with a work limiting disability were found to have a self-employment participation rate of 21 per cent compared with a participation rate of 17 per cent for those without a work-limiting disability. For women a 9 per cent self-employment participation rate for those with a disability compared with 6 per cent for those without. Reasons as to why this may be included both employer and consumer discrimination, however the study identified that voluntary selection was the largest driver for those with a disability due to lifestyle accommodation.

Another study examining self-employment of disabled workers by Lim et al. (2011) found that of the 915,217 economically active disabled people in South Korea, 388,241 were identified as self-employed. However, this figure overstates the level of self-employment by including the 9.4 per cent in unpaid family work. Of the remaining disabled population, 26.4 per cent are self-employed without employees and 6.8 per cent are self-employed in businesses with employees. The percentage of self-employed with employees is of particular note, as it provides evidence that the disabled are able to go beyond simple self-employment and engage in entrepreneurial activities leading to larger economic benefits for the nation.

The Australian government has long recognized the need for increased engagement of the disabled in the labor force and the economy on the whole. The commitment to people with disabilities got strengthened with the development of the National Disability Strategy 2012–2020 and the implementation of the National Disability Insurance Scheme (NDIS). The creation of a Disability Employment Taskforce to

develop a disability employment framework is an important step to address labor force participation (Australian Department of Social Services, 2015).

In Australia, the above highlighted policies have been working so well and have contributed to the improvement of lives for people with disability. Therefore, this is an aspect that Kenya government can borrow.

11.4 Summary, Conclusion and Recommendations

The Kenyan constitution 2010 recognizes the contribution of PWDs to the economy and the employment sector. The constitution empowers the state to put in place affirmative action programmes designed to ensure that PWDs are provided and are able to access employment opportunities and other opportunities in economic fields. To ensure that PWDs access employment opportunities and gain self-sufficiency in generating income a number of policies and regulatory frameworks have been put in place. They include the Persons with Disabilities Act (2003), which provides for reservation of employment opportunities for people with disabilities; the Public Procurement and Disposal Act 2015 and Regulations 2006 reserves thirty per cent of public procurement for women, youth and PWDs. There is also PSC code of practice for mainstreaming disability in the Public Service, 2010, which obligates public entities to reasonably accommodate the needs of PWDs in public service by retaining, retraining and deploying public servants who acquire disabilities in the course of duty.

Further, despite profound policies and regulatory frameworks, there are still gaps in inclusion of PWDs in employment, business and entrepreneurship opportunities. Statistics have shown that only a very small percentage of PWDs are employed or working for pay. And for the few who are employed, they face challenges of discrimination and are a times retrenched, fired or their employment discontinued due to their disability. Most of them end up engaging in personal businesses or working in family businesses. Even for those who are able to engage in personal businesses, they still face challenges which included financial barriers like access to capital; discrimination by the society and personal challenges such as lack of confidence, hence they are not able to engage in entrepreneurship successfully. This is despite having National Development Fund for Persons with Disabilities and National Fund for Persons with Disability, which is designed to provide startup capital for persons with disabilities. In addition, very little support is given to PWDs in their old age in terms of pension.

The study concludes that Kenya has put sound policy and legislation that provide a foundation for the promotion and protection of PWDs rights for inclusion of PWDs in business and entrepreneurship opportunities. However, most of these policies are not implemented to the letter. PWDs continue to face challenges such as discrimination and a lot needs to be done to remove the hurdles that inhibit PWDs from accessing employment, business and entrepreneurship opportunities.

Entities adhere to existing legal frameworks such as the Persons with Disabilities Act (2003); the Employment Act, 2007 which recognizes disability and outlaws discrimination on grounds of disability in employment, both in public and private sectors; Public Officers' Ethics Act, (2003) which creates an environment that nurtures respect for diversity, including disability, among other available policy and regulatory frameworks.

It was established that most PWDs were discontinued from working due to their disability. In this regard, there is need to help all employees and employers understand the challenges that persons with disabilities face and contribute to solutions. This could go a long way toward creating a work environment which is accommodative of PWDs and where every employee can contribute his or her best. Companies could also consider required training for all employees with and without disabilities. The primary goals of this training are to help people better understand and empathize with the challenges their colleagues may face and reduce the stigma of being disabled. There was need to enforce anti-discrimination legislation that protects the right of workers with disabilities. In order to build skills and enhance PWDs chances of accessing employment opportunities; entities be encouraged to provide internship opportunities to applicants with disabilities so as to acquire skills, knowledge and work attitude required for jobs in the workplace. In addition, there is need to provide work related devices or equipment that allow employees with disabilities to participate fully in the workplace and include items such as magnification software and hardware, voice recognition software and augmentative communication devices. This would help them to carry out their jobs efficiently.

There is need to develop and implement employer incentives and affirmative action programs to employ people with disabilities and to recognize that Government, as a major employer, could be a model employer with regard to the hiring, retention and advancement of workers with disabilities.

i) There is need to increase access to business capital for persons with disability. Lending institutions could consider approached that do not discriminate PWDs when issuing loans.

ii) More awareness is needed in the society about constraining persons with disability from engaging in entrepreneurship on how not to discriminate and exclude PWDs in business while ensuring a conducive environment in doing business.

iii) More training and support need to be given in the society by offering more assistive devices such as hearing aid, brails for the visually impaired and wheelchairs to facilitate movement of PWDs while doing business.

iv) There is need to build self-esteem of PWDs so that they can have confidence to engage in entrepreneurship. PWDs need to know that their disability is not inability and they can also do business freely.

12. INCLUSION OF PWDS IN GOVERNANCE AND LEADERSHIP

12.1 Introduction

Inclusion of PWDs in governance and leadership encompasses participation or representation in organs of decision making on matters of social, economic and political progress. Inclusion in leadership will require removal of obstacles that hinder competitiveness in appointments, election and nominations to various levels of governance or setting aside positions specifically for PWDs. For instance, political inclusion entails the freedom to exercise the right to participate in elections as a voter or a candidate. Implementation of the not more than two-thirds gender rule in elective and appointive public offices would ensure that women, who presently have less political representation, have a greater chance of being included in politics.

PWDs have for a long time faced systemic exclusion in political parties. Some of the barriers include stigma, stereotypes and various social assumptions. Participation of PWDs in politics is not only a basic human right but it also provides a platform for wholesome inclusion. Through inclusion, PWDS are able to fully participate in policy implementation and their voices are heard through policies.

It is imperative to assess the level of inclusion of PWDs in both national and county governments as well as the private sector. This is evaluated on the extent to which various legislative and policy frameworks have integrated and mainstreamed in various principles of inclusion and equality, and proposed strategies for improved political representation for PWDs in decision making processes at national, county and institutional levels, and in the private and informal sectors.

12.2 Policy and legal environment

PWDs just like all other Kenyan citizens are supposed to enjoy all rights and freedoms in equal measure and in so doing, Kenya is a signatory to various international conventions and treaties relating to disability, including the 2006 Convention on the Rights of Persons with Disabilities. The preamble of the Constitution recognizes the aspirations of all Kenyans for a government based on the essential values of human rights, equality, freedom, democracy, social justice and the rule of law. The Constitution of Kenya seeks to mitigate the historical political marginalization and discrimination against the special interest groups, including women, persons with disability, special interest groups and the minority and marginalized communities. The progress made on equality and inclusion since the Constitution was promulgated in 2010 has require to be enhanced. However, the situation has improved since 2013 due to the various governance and leadership reforms. The National Assembly will need to enforce the legislate

inclusion provisions in the Constitution targeting women and other marginalized groups in political representation.

PWDs are often stigmatized, and in some communities, they are hidden from the public due to their disability leading to stigmatization. Moreover, PWDs have not been properly profiled in some counties. Many PWDs have not been registered across all the counties. In some counties, there is no data on the number of PWDs with identity cards. In some counties, had PWDs with IDs, but they were not registered as Voters, and therefore not likely to participate in national elections.

12.3 Progress and gap analysis

Poor inclusion of PWDs in public affairs is a significant governance challenge facing special interest groups. This is attributed to various cultural and structural barriers. While PWDs account for 3.5 per cent of the country's population, their political representation and contribution in governance had hitherto received inadequate attention. However, Article 81 of the Constitution requires the electoral system to comply with, among other principles, the fair representation of PWDs. Further Article 82(2) requires the National Assembly to enact legislation that ensures that voting is simplified, transparent and factors in the needs of PWDs and all other PWDs. Article 54(2) makes it a mandatory requirement that 5 per cent of members of the public in elective and appointing bodies be set aside for PWDs. However, political representation of PWDs has not been fully institutionalized.

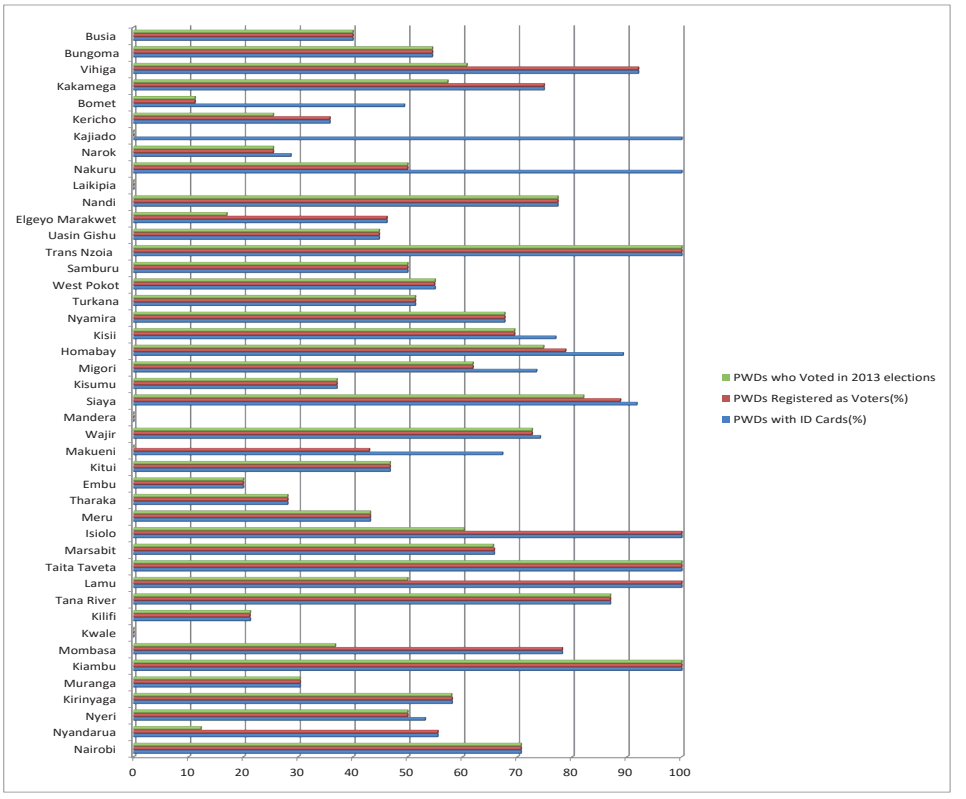
As with all citizens, PWDs need a national ID card to register and participate as voters, and also run as candidates at various levels of governance. As can be seen in Figure 10.1, the percentage of PWDs with the national ID card varies across the counties, including some counties having no single case of a PWD with a national ID card. In another 13 counties, less than 50 per cent of the PWDs had ID cards. Conversely, for Trans Nzoia, Kiambu, Nakuru, Kajiado, Isiolo, Lamu and TaitaTaveta counties, all PWDs had national IDs.

Figure 11.1 also shows the share of PWDs with IDs who registered as voters across all the counties to enable effective participation as voters and also run as candidates. In this respect, Kajiado presented an emerging case in that while all its PWDs had IDs, none of them registered as voters.

Of the other counties where all PWDs had IDs, all PWDs registered as voters, except Nakuru where only 50 per cent registered as voters. Another 14 counties had less than 50 per cent of the PWDs with IDs registering as voters.

On actual voting, the performances of Kiambu, Taita Taveta and Trans Nzoia were remarkable: all PWDs had ID, registered as voters, and actually voted. For Isiolo and Lamu, which had 100 per cent IDs and registration, their respective voter rates were 60 per cent and 50 per cent. For Kajiado, Laikipia, Mandera and Kwale, there were limited cases of PWDs voters since no PWDs had registered to vote. Bomet County had the lowest turnout of PWDs voting with a share of 11.2 per cent

Figure 11.1: Percentage PWDs with ID cards, registered as voters, and actual voters in the 2013 elections (%)



Data Source: NGEC (2015)

During the policy engagements, participants indicated that good policies exist regarding PWDs, but the latter's low access to information impedes their participation in economic opportunities. Further, special interest groups, especially PWDs, do not understand their rights. The PWDs lack champions who can advocate for their rights and needs.

Enshrined in the Constitution of Kenya, public participation is one of the core principals of the National Values. Public participation by PWDs is an important aspect of the governance process although a difficult one. Although there is little data and evidence on public participation by PWDs, historical practices point towards marginalization as evidenced by inadequate sign language interpreters, Braille facilities, and similar aids that are critical for their participation.

A synopsis of the political representation of PWDs in the three legislative institutions in Kenya – Senate; National Assembly; and County Assemblies – shows this to be at best modest, as evident in Figure 11.1. Across all the legislative bodies, only a single woman PWD was elected to the National Assembly in the

2013 elections. On the other hand, a male PWD was elected to the Senate, five to the National Assembly, and 10 to County Assemblies. Subsequently, nominations remedied the situation somewhat, with a male and female in the Senate, 2 females and a male to the National Assembly, and 30 females and 31 males to County Assemblies. Thus, the Senate had 3 PWDs of its 67 members, and Parliament had 9 PWDs of its 349 members, while for County Assemblies, it is 71 of 2,222 members. These figures represent PWD rates, respectively, of 4.5 per cent, 2.6 per cent, and 3.2 per cent, meaning that only the Senate meets the constitutional benchmark of prioritizing PWDs.

Table 11.1: Representation of PWDs in select positions at County and National Assemblies, 2017

	Senate		National Assembly		County Assembly	
	Female	**Male**	**Female**	**Male**	**Female**	**Male**
Elected Representatives	0	1	1	5	0	10
Nominated Representatives	1	1	2	1	30	31

Appointment of members of the public to MDAs is guided by Article 54(2) of the Constitution of Kenya. The CoK spells that about 5 per cent of public appointment need to be allocated to persons living disabilities. Over the years, several individuals with disabilities have been appointed to various senior positions. During the constitutional review process, two persons with disabilities were appointed as Commissioners in the Constitution of Kenya Review Commission. Implementation of the CoK has not been without challenges. The Government, however, acknowledges that this is a far cry from the required 5 per cent representation.

The Federation of Kenya Employers (FKE) in recognition of disability mainstreaming has in place a Kenya Business and Disability Network (KBDN), an initiative to promote inclusion of people living with disabilities in the country. However, despite such initiatives, the representation of PWDs in the private sector is unclear. This is despite the Persons with Disabilities Act, 2003 requiring that public and private sector employers reserve 5 per cent of jobs for disabled persons. This point to a challenge between the law and its implementation.

PWDs seeking political leadership in Kenya have faced many barriers, key among them being:

i) There is weak formulation of policies as the mentally impaired are not covered in the election process. Braille voter cards were made available in the 2013 general elections, but due to poor political representation, the presiding officers were not able to read the votes in Braille.

ii) Indifferent societies and communities that are yet to acknowledge the contribution of PWDS in leadership.

iii) Negative stereotypes skewed against women and other PWDs, which undermine their participation in leadership.

iv) Inadequate and/or lack of funding for mobilization and campaigns by candidates from PWDs given their long historical marginalization.

v) Negative cultural attitudes: Some cultural traditions still emphasize women's primary roles as mothers and housewives. Also, some cultural norms constrain women from speaking in public and campaigning in public places.

vi) Poverty: Many members from the PWDs lack access to means of production due to cultural beliefs and historical marginalization. They do not have funds to launch successful campaigns in an election, and this has a direct negative impact on their representation.

12.4 Summary, Conclusion and Policy Recommendations

Despite having enacted the Persons with Disabilities Act 2003 which prohibits any disempowering discrimination, PWDs are still not adequately included in governance and leadership. Limited inclusion of PWDs in public affairs is a significant governance challenge facing Kenya. Findings from the analysis show that in some counties, PWDs have no National IDs which is a prerequisite for voter registration processes. PWDs are constrained from fully participating in the country's electoral processes.

Secondly, the representation of PWDs in political parties is constrained by prohibitive registration fees, information asymmetry and overall lack of implementation of the law by political parties. First, the political parties have not put appropriate actions and measures to support PWDs to participate in party nominations.

Other barriers exist in publication participation, appointments to public service ministries, agencies and departments (MDAS), nominations to various levels of governance and leadership in the private sector. They include lack of appropriate fees required for nomination; inadequate and/or lack of funding for mobilization and campaigns by candidates from PWDs; failure to implement electoral rules in party nominations. In addition, cultural barriers, constrain PWDs from effective participation in the various social aspects in the society.

For increased and meaningful inclusion of PWDs in governance and leadership both at the national and county levels, the following measures need to be taken:

i) On political goodwill, political parties will need to ensure that PWDS participate in the electoral process, including in the national executive councils of political parties, as required by the law, on inclusion Special Interest Groups (SIGs) who includes PWDS. The political parties can waive nomination fees, which are prohibitive for PWDs, and institute affirmative action and deliberate efforts to ensure representation of all PWDS in the party nominations.

ii) The National Assembly will need to continue enacting the necessary legislation that will provide a road map for increasing the representation of PWDS in the political arms of government. Since nomination fees for candidates are prohibitive especially for all PWDS, political parties could lower their nomination fees to increase the numbers of candidates from PWDs.

iii) Civic education targeting PWDs: The Independent Electoral and Boundaries Commission (IEBC) together with community-based organizations and faith-based organizations will need to provide adequate civic education preferably in local language and or languages that PWDs understand to encourage them to register as voters and participate in the electoral process.

iv) On electoral process, IEBC could also ensure that PWDs are registered as voters, and make sure that polling stations are friendly to them. In addition, there is need to train IEBC staff on the use of Braille and sign language to enable them assist PWDs so that they can effectively participate in the electoral process/ governance.

v) Faith-based institutions are critical in fighting stereotypes against PWDs. Given the great influence religion has in many Kenyan communities, it is important to engage religious institutions in creating change and eliminating discrimination against PWDs in participating in governance and leadership.

vi) Mentorship and capacity building: Non-governmental organizations can also provide mentorship and capacity building programmes for PWDs to enhance their engagement in the political life and increase the chances for their increased representation.

13. INCLUSION OF PWDS THROUGH MOBILITY, ACCESSIBILITY AND COMMUNICATION

13.1 Introduction

The realization of basic human rights requires comprehensive society in which every person is treated with dignity, are able to move from one place to another, have no environment barriers limiting access to places, have access to information and equal rights, and participate in social, economic, and political facets of the society. Without good transport network that is inclusive, PWDs will face various barriers and may not enjoy the environment. Travel chain entails seamless movement of persons that allows ease of access to markets, education centres, health centres, and recreational facilities among others. These must consider of pedestrians walk, transfer points, stairways and vehicular means. PWDs experiences overwhelming challenges when travelling including narrow and infrastructure, lack of dropping ramps and poor signage. This is attributable to lack of a policy framework on accessible transport infrastructure to PWDs.

The design of built environment can enable or impede PWDs when they are carrying out their daily activities. For instance, when government buildings, shopping malls, private structures, and recreational centers lack necessary measures to accommodate PWDs, this hampers their daily operation. It will be important to ensure that roads, housing and other components of build environment are universally designed and developed to accommodate and meet the needs of PWDs as enshrined in CRDP conventions.

Information Communication and Technology (ICTs) is multifaceted and fastest growing industry. ICT plays a critical role in social, economic to political arena. Assistive technologies enable the PWDs to engage in productive activities particularly in urban environment. Globally people are embracing internet use and computerized services to send and receive information on health, transport, education, government e-services and other personal accomplishments. This has become increasingly important during the COVID.19 period.

13.2 Policy and legal framework

Persons with disability may find a profound challenge in undertaking life activities in social, economic, and political realms. Mobility while seeking health services, education, transport services, and other public utilities may pose challenges and increase the risk of social disadvantage particularly in developing countries. At the global level, Article 9 of the United Nations Conventions on Rights of Persons with Disability (NCRPD), PWDs are supposed to be empowered to live freely and participate in everyday life activities. This is line with the African Charter

on right of PWDs, Article 15(1,2) which succinctly requires the member parties to ensure progressive measures to safeguard barrier free access for all persons to infrastructure and services open or provided by the government. East African Community (EAC) policy of disabled persons buttressed AU policy requiring the establishment of disability user-friendly facilities from health, education, transport including air and use of sign language and Braille in conferences and workshops. Moreover, the policy stipulates the need for tax-free regime on all equipment that facilitate mobility and usability of PWDs. Fundamental rights of disabled person are explicitly enshrined in Constitution of Kenya (CoK) 2010 that aim to promote the development of PWDs and ensure ease of access to all facilities enjoyed by other abled persons.

The world population is growing and increasingly urbanizing; and it is estimated that by 2030 60 per cent will be living in urban centers and cities (United Nations, 2015) hence need for adaptable transport and public infrastructure design are critical. Urbanization can be an impetus to rapid change and preserve imbalance societal development yielding unsustainable pattern of development. Amartya Sen's capabilities approach offers insights into understanding value of human rights and moves beyond the conventional economic measures like GDP and give weight to 'development as freedom' and stresses that PWDs experience social disempowerment and exclusion not just material resources (Kuklys, 2005). Sen' approach aids us in understanding the key role the states, non-state players and private sectors play to enhance individuals' capabilities to reach their potential as human beings.

Engagement of women, men and children with disabilities in societal work and job opportunities require improved access to job market requirements to fit their knowledge, skills and capabilities. Mobility and usability of public services and products are major predicament to disability-inclusive development as they aggravate the isolation and exclusion of PWDs and push them further into the poverty trap. Such situations are usually caused by lack of adequate planning, unresponsive plans, unregulated infrastructural improvement, and poor policies to control the private sector-led developments. These and many more contribute to challenges of PWDs to effectively participate as agents and recipients of urban development. The accessibility and mobility measures in this chapter are threefold; travel chain, urban built environment, and assistive devices that largely entail the Information Communication Technology.

13.3 Progress and gaps analysis

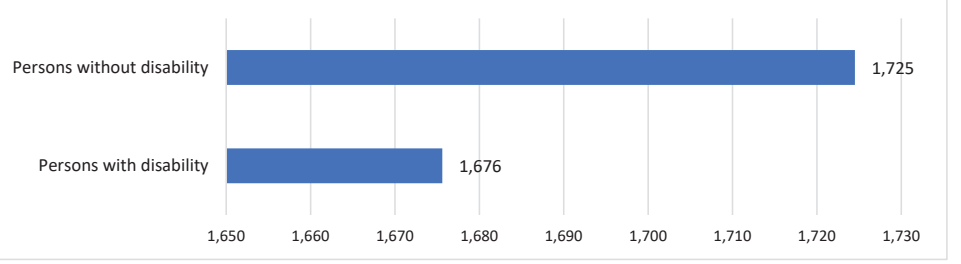
13.3.1 Transport and public infrastructure design

Transport systems are not fully accessible to persons with disabilities. Inaccessible public transport and poorly paved roads create obstacles for persons with sensory, mobility and cognitive impairment (Disability, U.N., 2018). The architectural design of transport can represent a significant barrier. Further, transport costs

rank high as a barrier to health care access in low-income and high-income countries, and across gender and age groups implying need to set up "special transport services" for people with disabilities. Large scale changes to improve accessibility in the transport system or to public infrastructure will reduce barriers to activities and participation for many persons with disabilities.

Accessing public transport by PWDs in Kenya is difficult since they vehicles are not inclusive and often need support to use, yet safe mobility entails the ability of PWDs to independently use a mode of transport. The transport system needs to integrate universal access by equipping with mechanical lifts or wheelchair ramps to enable independent use by persons with physical, sensory, and/or cognitive disabilities. Other interventions for more accessible transport include creating basic sidewalk and crossing design, hazard markings as well as having visual contrast, color coding and clear signs. The PWDs spend an average of 1,600 on transport which is slightly below the average expenditure on transport by persons without disabilities (figure 12.1). However, the social costs of using transport services may be higher due to the constraints that PWDs face due to poor infrastructure and customer service.

Figure 12.1: Average expenditure on transport



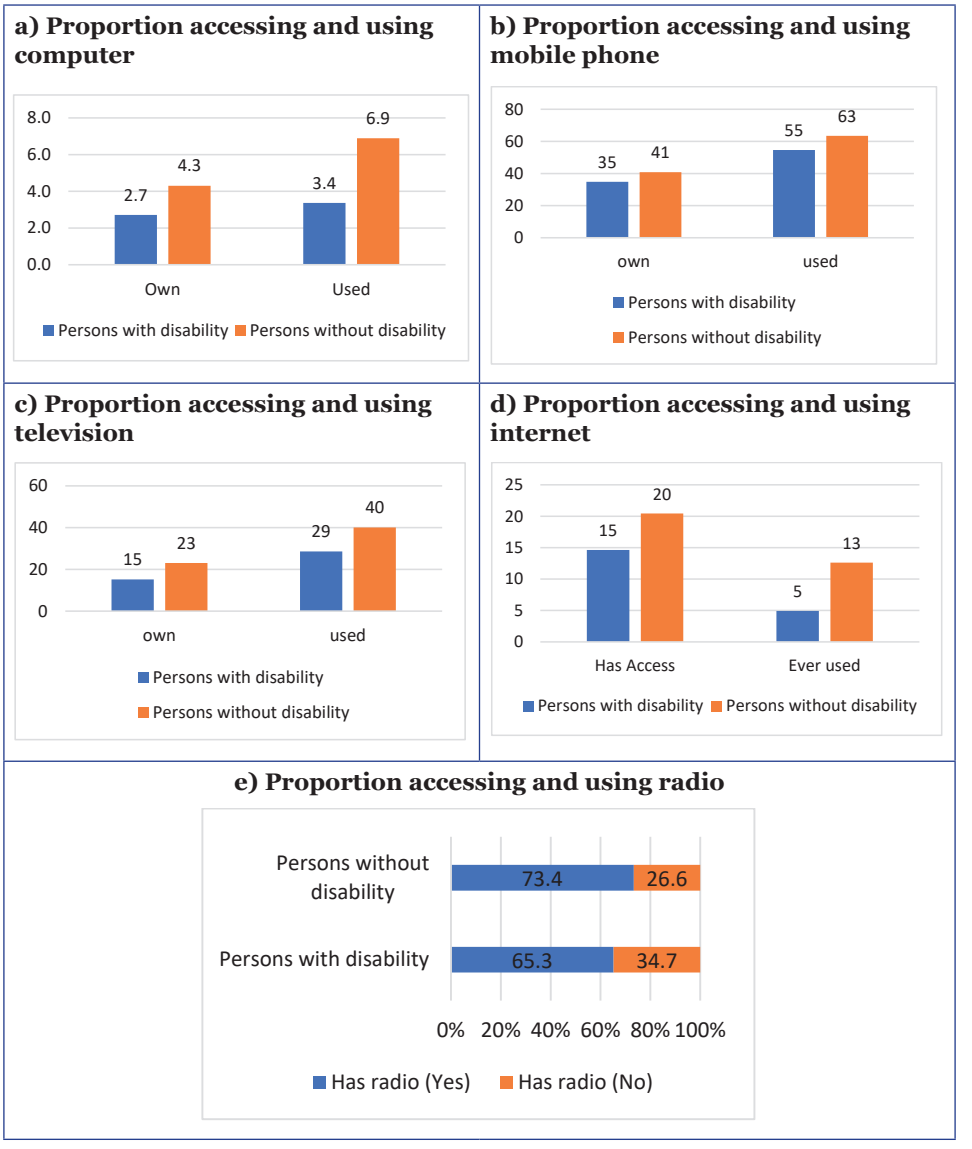
Source of data: KIHBS 2015/16

13.3.2 Access to Information and Communication

In Kenya, persons with disabilities continue to face numerous obstacles in gaining access to information despite the existence of laws and policies that promote and protect their rights. Access to information is low among PWDs compared to Persons without disabilities, which defines the digital divide in terms of access and usability of computers, mobile phones, television, internet and radio services. For instance, whereas only 2.7 per cent of the PWD own a computer, 4.3 per cent of persons without disabilities have a computer, in addition only 3.4 per cent of the PWD use a computer while 6.9 per cent of persons without disabilities have ever used a computer (Figure 12.2a).

Approximately 35 per cent of the PWD own a mobile phone compared to 41 per cent of persons without disabilities, but in terms of using mobile phone 55 per cent of PWD have used a mobile phone compared to 63 per cent among persons without disabilities (Figure 12.2b). Although access to technology and the development

Figure 12.2: Access and usability of information and communication technologies



Source: Various government reports

of ICT skills offer the blind and a chance to improve their quality of the cost of such infrastructure such as braille enabled phones and computers is inhibitive. A survey by the Rockefeller Foundation found that the cost to access PWD friendly computers and phones is almost twice the cost of the ordinary computer which most PWDs are unable to afford.

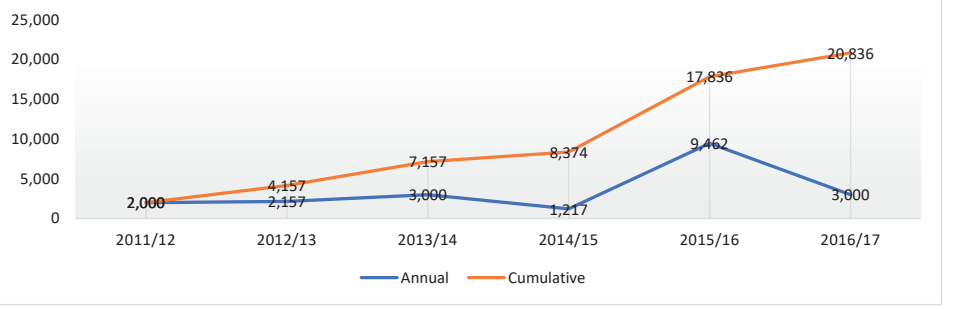
Access to television is also skewed against PWD, where only 15 per cent of the PWD own a television compared to 23 per cent among persons without disabilities.

However, in terms of using or accessing television, 29 per cent of PWD had compared to 40 per cent among persons without disabilities (Figure 12.2c).

The digital divide is also witnessed in accessing and using internet, where 15 per cent of PWD had access to internet but only 5 per cent used internet, this is compared to 15 per cent of PWD had access to internet, however, only 5 per cent of PWD used internet compared to 13 per cent among the persons without disabilities (Figure 12.2d). Such digital divide lags PWD in terms of access to information besides making them incur higher cost of communication.

Information Communication technologies enables and promotes the inclusion, participation, and engagement of persons with disabilities. However, access to and affordability of these technologies has proven to be an obstacle. Majority of the devices in the market for PWDs especially the visually impaired are not user-friendly, expensive, not locally available (one has to import them) and if affordable, they have complex functionalities. Additionally, government initiatives in provision of such devices has not been prioritized owing to their high costs.

Figure 12.3: Number of PWDs provided with assistive & supportive devices



Source: Various Government reports

At the core of mobility is the access to buildings by PWDs. Universal architectural designs, policy and regulatory frameworks in the country stipulate that buildings be accessible to PWDs by incorporating components such as ramps and lifts. Such enabled access equips one with the ability to socialize, live independently, and engage in various recreational activities without which their productivity is affected. Various studies across the country show that there is no compliance by public, including government offices and residential architectural designs provision of ramps and lifts thus making them largely inaccessible to PWDS[30].

13.4 Summary, Conclusion and Recommendations

The PWDs continue to face difficult in mobility and communications besides efforts by government and non-government players. In terms of access to ICT, visually impaired PWDs are unable to access information due to the expensive nature of user-friendly technologies.

30 https://www.ijern.com/journal/2016/September.2016/17.pdf

Secondly, we find that the transport sector is heavily biased towards mobility of PWDs. The public transport system does not provide ramps, rails or user-friendly zebra crossing designs to ease their movement both in the urban and rural areas. Additionally, touts and bus operators are discriminatory in providing g services for PWDs and in instances where services are provided, PWDs are charged more than the average cost. With the incoming Bus Rapid Transit (BRT) system, there is need for conscious provision of PWD facilities including ramps and railing for ease of movement.

Access to building was also found to be a challenge. Majority of building both public and residential do not follow universal designs which are PWD friendly. Some of the constraints are limited funding, non-compliance to universal designs on infrastructure and nonresponsive customer services. This has resulted in high cost of transport and communication as well as limited information flow to PWDs. Based on these gaps established by the study, the following recommendations are important:

i) The government to increase budget allocation for PWDs for purchase and supply of assistive devices;

ii) Review of transport and communication policies to ensure that needs of PWDs are incorporated with respect to inclusive transport and communication infrastructure and services; and

iii) Buildings need to be redesigned and renovated to ensure accessibility and usability by PWDs.

iv) There is need for provision of low-floor vehicles, high-floor buses with raised boarding platforms, wheelchair space, accessible bell pushes, wide aisles, entrance handrails and stanchions, clear destinations, signage and information in public transport system for ease of access by PWDs.

v) Revamping of walkways will also improve accessibility for those who use wheelchairs.

14. INCLUSION OF PWDS IN SOCIAL PROTECTION, ASSISTANCE AND FINANCING

14.1 Introduction

Social protection has been used as one of the tools for poverty alleviation in various economies across the globe. In the developing worlds, cash transfers and in-kind contribution have led to improved nutritional statuses, increased enrollment in schools and has led to overall improvement in health outcomes. With little to no forms of social protection schemes, PWDs have little access to health, education, labour market participation and overall poor livelihoods. Poverty levels are higher in people living with disabilities due to low unemployment and low access to income generating activities.

Characteristic of PWDs, the cost of medication and rehabilitative schemes is higher and required on a regular basis. This not only increase the socio-economic burden but prevents them from participating in critical decision-making activities which are imperative in their inclusion on all levels. Social protection offers economic empowerment thus promoting self-.reliance, independence and overall improved livelihoods. There are a number of programmes that have been and are currently being implemented for the welfare of PWDs in the country. These include: the use of assistive devices; education assistance; economic empowerment programmes such as Access to Government Procurement Opportunities (AGPO); Infrastructure and equipment; and Provision of sunscreen lotions for persons with albinism.

The broad objective of this chapter was to assess the inclusion of PWDs in Kenya in the areas of social protection, assistance and financing. As we have seen, economic empowerment is one of the key pillars in poverty alleviation, promoting independence and reducing dependency burdens and increasing self-reliance among PWDs. To assess the extent of social protection, assistance and financing, we analyze the policy and legal framework put in place to promote the same. We further take a look at social protection programs, budget allocation, examine the achievements attained and challenges faced, and suggest policy recommendations from the findings.

14.2 Policy and legal framework

PWDs are prone to have long term physical, mental and intellectual impairments which proves to be a disadvantage in getting gainful employment. At a global level, the United Nations Convention on the Rights of Persons with Disabilities seeks to ensure protection and enjoyment of human rights by PWDs by ensuring access to employment, health and education among others. In Kenya, The Kenya National Social Protection Policy defines 'social protection' as: "Policies and actions,

including legislative measures, that enhance the capacity of and opportunities for the poor and vulnerable to improve and sustain their lives, livelihoods, and welfare that enable income-earners and their dependents to maintain a reasonable level of income through decent work, and that ensure access to affordable healthcare, social security, and social assistance."

In comparison with the rest of the population, PWDs suffer from poorer health which is as a result of poor access to health facilities. Access to social protection is a fundamental component is achievement of social inclusion among PWDs. The State Department for Social Protection (SDP) has the mandate to implement various social protection programs in the country. These programs include cash transfers, vocational rehabilitation and grants for socioeconomic empowerment. Additionally, social protection is at the center of Kenya's Vision 2030 which aims to ensure that every Kenyan citizen enjoy a quality life. The Vision 2030 comprises three pillars: social, economic and political. Under the social pillar, the framework seeks to build a "just and cohesive society with social equity in a clean and secure environment" which includes special provisions for persons with various disabilities.

14.3 Progress and gap analysis

14.3.1 Persons with Severe Disabilities Cash Transfers (PWSD-CT)

The government introduced Cash Transfer Programme for persons with severe disabilities (PwsD-CT) in 2010. Benefits for the programme are in the form of regular and reliable cash transfers. It has been found to play an increasingly important role in the fight against extreme poverty in Kenya by supplementing incomes in poor households, enabling them to increase their consumption of food and other basic items. It also promotes other benefits, including increased use of education and health services as well as increased economic resilience of households. Eligibility criteria for the PWSD.CT programme include: (i) an extremely poor household with a severely disabled person for PWSD.CT; (ii) a household not enrolled in any other CT programme; (iii) a household with no member receiving a pension; (iv) a household that has resided in a particular location for more than a year; and (v) the beneficiary is a Kenyan citizen.

The main objective of the programme is to enhance the capacities of the caregivers through cash transfers thereby improving the livelihoods of persons with severe disabilities and mitigating the effect of the disability to the household. The programme targets Persons with Severe Disability, defined as those who need permanent care including feeding, toiletry, and protection from danger from themselves, other persons or from the environment. They also need intensive support on a daily basis, which keeps their parents, guardians or caregivers at home or close to them throughout.

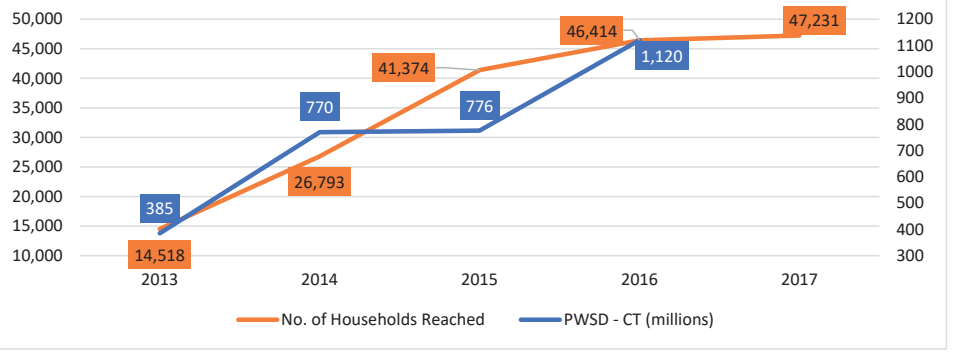
14.3.2 Social Protection Programmes at the National Level

The programme was launched in the 2010/11 Financial Year in all the 210 constituencies with 2,100 beneficiaries. It was scaled up to cover 14,700 beneficiaries in the 2011/12 Financial Year. During the 2013/14 Financial Year, the programme enrolled an additional 12,500 new beneficiaries bringing the total number in the programme to 27,200 Households. In 2015/16 the programme enrolled an additional 20,000 beneficiaries. The total allocation for the programme in FY 2017/18 was Ksh 1.2 billion which was expected to grow by 9.3 per cent in 2018/19. The programme covered 47,000 beneficiaries in 2019/20. Direct cash disbursements to PWDs are expected to grow by 26 per cent in 2019/20. Overall, a total of Ksh 7.1 billion was advanced to households with PWDs between 2010 and 2019.

In 2017, about 47 thousand households with PWSD were in receipt of a regular and predictable cash transfer, an increase from 14 thousand in 2013. The PWSD. CT programme aims to provide immediate relief from extreme poverty to people with severe disabilities, while enhancing their basic rights through the provision of regular cash transfers. The programme targets people with severe disabilities who are unable to look after themselves and require a caregiver. This has in effect seen the government increase its funding from Ksh 385 million to about Ksh 1.2 billion in 2017 (Figure 13.1).

However, the coverage of PWSD-CT is still low given that PWD are estimated at about 1.3 million. This will require more investment and the support of various development partners. In addition, the amount of cash transfer to the PWD and the caretaker is about Ksh 2000 per month, which is not sufficient for the PWD to have an adequate living standard.

Figure 13.1: Persons with severe disability – Cash Transfer (PWSD.CT)



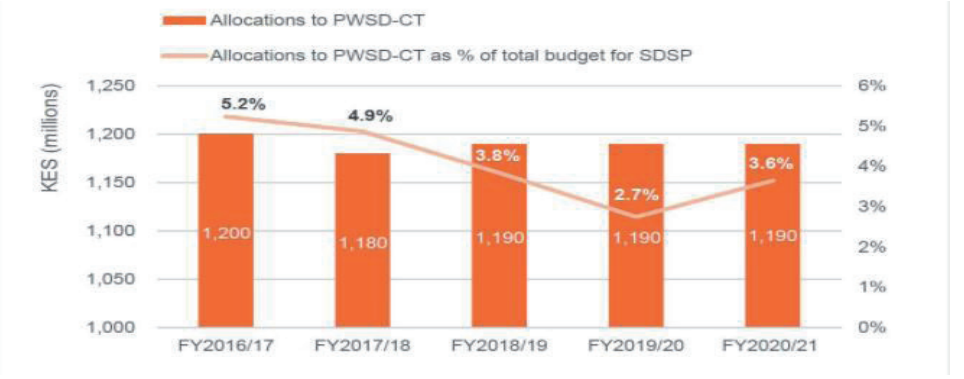
Source of data: Social Protection annual report (2017)

Funding for the cash transfer programmes has been largely by the Government of Kenya in partnership with development partners. However, since the beginning of the 2018, the Government has been fully funding the direct transfers to beneficiaries with partners providing some additional funding mainly for capacity building and development of systems for implementation. Since 2013 the number of beneficiaries has steadily increased to the current 1,233,329 with annual

budgetary allocation of Ksh 25 billion while cumulative investments into the programmes by 2018/19 was at Ksh 125 billion (5.6 per cent being for PWDs).

Data obtained from the Kenya Social Protection Single Database Registry (KSPSR) shows that direct disbursements to beneficiary households have progressively increased from Ksh 1 billion in 2009/10 to Ksh 20 billion in 2014/15, as presented in Figure 12.1. The increase is associated with the upward adjustment of per capita payments from Ksh 500 to Ksh 2,000, and the increase in the numbers of beneficiary households from 142,000 to 661,000. In terms of specific programmes, cash transfer for people with severe disability (PWSD-CT) has been declining over the years. Figure 13 below shows that allocation towards PWSD-CT as total budget for social protection decreased from 5.2 per cent in FY2016/17 to a lowest of 2.7 per cent in 2019/20 and later increased to 3.6 per cent in 2020/21.

Figure 13.2: Disbursements to households by programme (Ksh billion)



Source: Various government budget documents.

The number of beneficiary households increased from 37,000 in 2007/8 to 661,000 in 2014/15, as shown in Figure 13.2. As of 2018, the PwSD-CT supports 51,890 beneficiary households with a regular transfer of KES 2,000 per month, delivered on a bi-monthly basis. This is done through the Kenya Commercial Bank (KCB) and Equity Bank (EB). It is estimated that approximately 188,000 people are living within households that are enrolled in the scheme[31].

Further, the KSPSR has been set up to improve transparency, accountability and reduce costs, with 10 counties already being linked to the registry by beginning of 2016. Social Assistance Committees have been established in all the 290 constituencies, comprising local leaders, Members of Parliament and Faith-Based Organizations' to ensure a more inclusive targeting of beneficiaries. Over the medium term, the Government targets empowering PWDs for self-reliance through training, developing the Community Development Integrated Management Information System, and sensitizing the public on matrimonial property and succession laws and policies. As per the Constitution of Kenya, the provision of social security is a national-level function, but most County Governments are also providing resources, which may result in double payments.

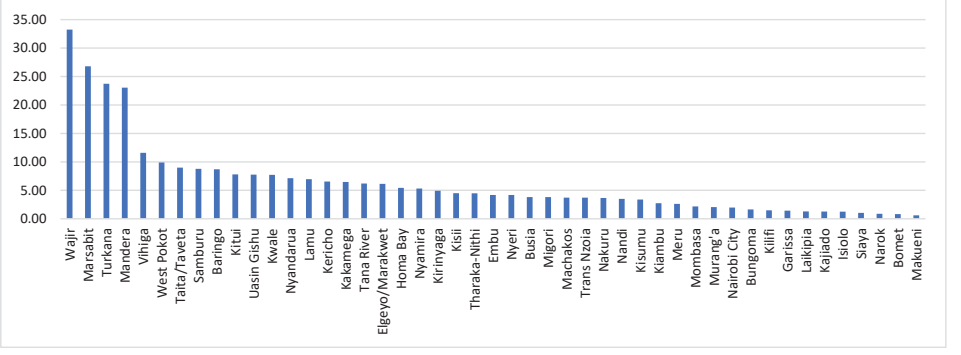
31 https://www.developmentpathways.co.uk/wp.content/uploads/2018/10/Disability.Report.Kenya.pdf

14.3.3 Social assistance at the County Level

'Social assistance' refers to cash benefits received by selected beneficiaries. According to current statistics and given the budget constraints, cash benefits are given to only a few cases, despite the very many needy cases requiring government assistance. The Government launched social protection (SP) as a pilot programme with the intention of expanding progressively to eventually reach beneficiaries in all the counties. However, devolution transferred some government functions from the National Government to County Governments, also necessitating the transfer of funds with which to deliver the devolved functions. This provided the opportunity for County Governments to launch SP programmes alongside those of the National Government.

Figure 13.3 shows the distribution of SP beneficiary households across Kenya's 47 counties. There is a low distribution of households receiving social assistance across all counties. Given a national PWD prevalence of between 4 per cent and 5 per cent, the low PWSD outreach is understandable. According to KIHBS data of 2015/16, Wajir county has the highest proportion of PWDs receiving PWDS-CT at 33 per cent. This is closely followed by Marsabit (27%) Turkana (24%) and Mandera (23%). On the other hand, Siaya, Narok, Bomet and Makueni has the lowest proportion of PWDs receiving cash transfers. This despite the highest prevalence rates of disability being recorded in Embu county (4.4%), Homa Bay (4.3%), Makueni (4.1%), Siaya (4.1%) and Kisumu counties (4%).

Figure 13.3: Number of households receiving PWSD-CT, by county (2015/2016)



Source: KIHBS 2015/16

On average, a high proportion of the population suffers from some form of disability, yet SP programmes only target people with severe disabilities (PWSD). Coverage of PWSDs is more intense than that of the other two CT programmes. All PWSDs are covered in Tharaka Nithi, and coverage stands above 30 per cent in nine (9) counties. The FGDs identified several challenges facing PWDs, including some cases being locked away in houses or homes, which means they cannot access education and/or employment opportunities. Where PWDs access social opportunities, there are often no facilities to meet their specific needs.

According to the FGDs for this report, the CTs only target select individuals and groups, with some communities reporting to have only heard of the programmes, without ever seeing anyone receive the cash. Table 13.2 shows that less than 10 per cent have ever received social assistance from the government. In particular, social assistance has apparently only reached about 9 per cent of PWDs against the national average of 10 per cent. This implies that majority of the vulnerable people receiving social assistance are PWDs. This could be attributed to the high medical and nutrition cost that is incurred by caregivers of PWDs.

Table 13.2: Percentage shares ever received social assistance by PWDs

Special Interest Groups	Per cent share
Children	2.1
Youth	1.9
Women	1.4
PWDs	8.7
Older Persons	4.8
Marginalized	2.9

Source: Survey (2015)

In order for the programme benefits to reach a larger group, it is important for the government to continually increase its budget allocations to CT programmes to fulfill constitutional obligations and international commitments. Currently, the government is paying out Ksh 2,000 per household irrespective of the number of needy cases in a household.

14.3.4 Social security through pension

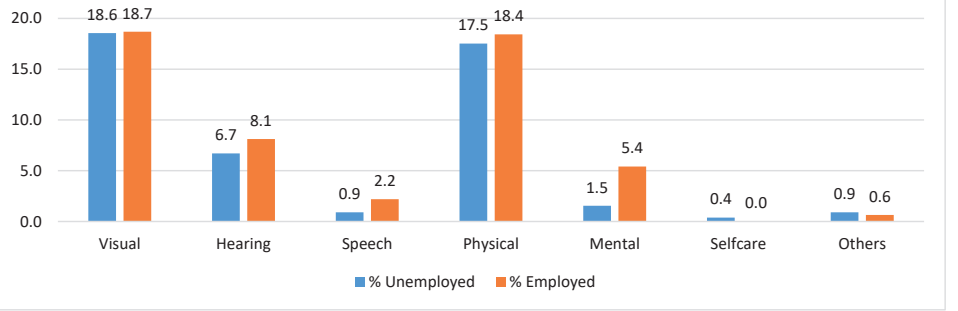
Pension is a form of payment advanced to individuals upon retirement at the predetermined age. The pension scheme with the highest membership is that of the civil service, which is currently financed entirely from the national budget. Plans to reform the scheme have recently been concluded. The contributions into the pension fund are to be shared between the government and its employees.

One of the major milestones is the introduction of the Inua Jamii senior citizens scheme which provides pension to everybody aged 70 years and above. This implies that majority of the PWSDs will be covered in the schemes given that findings show that about 25 per cent of people with disabilities are above 70 years. This will result in improved access to social security for PWDs. Additionally, there are government plans to introduce a disability benefit scheme for adults who are not covered in the Inua Jamii scheme in 2020/21. Introduction of this disability scheme will increase the coverage of PWDs receiving social protection. While pensions are critical for PWDs in general, a number of PWDs are excluded from the benefit, partly due to pension schemes lacking a wide presence in the private sector. Majority of the beneficiaries are likely to have been employees of the government.

An analysis of the KIHBS 2015/2016 survey shows that majority of the PWDs in employment have visual and physical impairment. Overall, PWDs are in some form of employment which to a certain extent gives them access to social security in form pensions. Employment of PWDs provides an opportunity for pension with the National Social Security Fund (NSSF) without having worked for a long period of time in form of the Invalidity Benefit Pension Scheme. The Invalidity Benefit is a social security fund for PWDs who have made contributions for a period of 36 months before being declared invalid.

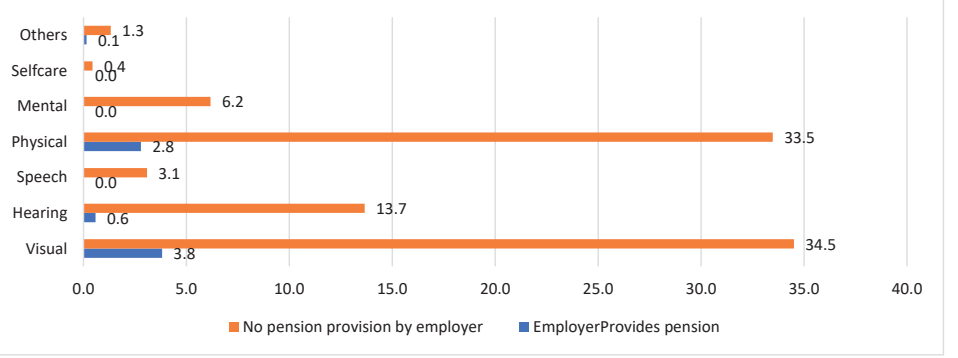
Further analysis shows that of those in employment, only a small fraction of them have access to pension benefits. About 7 per cent of PWSDs in employment are in any form of pension scheme where the employer contributes towards. The largest proportion of PWSDs who receive pension are those with visual impairment, followed closely by the physically impaired. Evidently, there is a high prevalence of PWSDs in older people and as such provision of social security for employed individuals and other social assistance for older people will gradually increase the proportion of PWSDs receiving some form of social protection.

Figure 13.4: Proportion of PWDs in employment Source: KIHBS, 2015/2016



Source: KIHBS 2015/16

Figure 13.5: Proportion of PWDs in employment with a pension scheme, 2015/16



Source: KIHBS 2015/16

14.4 Summary, Conclusion and Recommendations

In Social Assistance, in Kenya takes the form of Cash Transfers to Persons with Severe Disability (PWSD-CT). Benefits for the programme are in the form of regular and reliable cash transfers. The programme has been found to play an increasingly important role in the fight against extreme poverty by supplementing incomes in poor households, enabling them to increase their consumption of food and other basic items. It also promotes other benefits, including increased use of education and health services as well as increased economic resilience of households.

However, the main challenge relates to the fact that the social assistance programmes for PWDs are still targeted leading to lower coverage as opposed to universal and leaving the vast majority of PWDs in need of support. Other key challenges affecting implementation of the Cash Transfer programmes for PWDs include: there are challenges in delivery of payments to beneficiaries in the far-flung areas; inability of beneficiaries with defaced finger prints to access payments since the Ministry in charge of social protection only uses a two-factor authentication process which involving the use of national identification (ID) card and biometrics (fingerprints); inadequate awareness amongst beneficiaries and the public on the operations of the Cash Transfer programmes; and inadequate funding levels to adequately cover all deserving poor and vulnerable cases and to manage the programme. Going forward, some of the recommendations include:

i) To address these challenges, there is need to come up with a resource mobilization strategy to upscale coverage of Cash Transfer and social security to all PWDs.

ii) Tax financing can provide support for the population in need of social protection including PWDs, while social insurance for both employed and unemployed PWDs could allow for consumption smoothing.

iii) The PWDs cash transfer programme to be expanded into a universal disability benefit for all persons with severe disabilities who are not in receipt of the Inua Jamii senior Citizens scheme.

iv) Further, the National Social Security Fund will need to be reformed to provide predictable and regular disability and old age pension payments to its members.

15. INCLUSION OF PWDS IN SPORTS, MUSIC, AND ARTS

15.1 Introduction

Sports, music and arts play an integral role in the socio-economic and cultural development of a country. In Kenya, sports activities are based under the Ministry of Sports, Culture and Heritage (MoSC&H). Together with the Ministry of Education, MoSC&H have a few bodies that work towards promoting sports for PWDs in Kenya. These include Kenya Academy of Sports (KAS), Sports Kenya (SK), Anti-Doping Agency of Kenya (ADAK), the Kenya Secondary Schools Sports Association (KSSSA); the Cerebral Palsy Sports Association of Kenya (CPSAK), the Kenya Sports Association for the Visually Impaired (KESAVI), the Kenya Sports Association for the Mentally Handicapped (KSMH), the Kenya National Paralympics Committee (KNPC), and the Wheelchair and Amputee Sports Association of Kenya (WASAK).

Persons with disabilities are integral in the rich heritage of Kenya's ethnic diversity which provides a wide array of music genres in terms of songs, instruments and dances. These are practiced in learning institutions in the entire education system, which culminates in national music festivals where the rich culture of Kenya is manifested. Training institutions offer music and creative arts courses, with most emphasis being on the recording and broadcasting industries. Music has played a vital role in creating employment opportunities and livelihoods for some Kenyans who either sing, dance, perform spoken word, do comedy, draw and paint among others.

Kenya has several sports activities, with the main sporting activities being football (soccer), athletics (track, field and cross-country), volleyball, basketball, netball, swimming, rugby and motor sports. Other sports activities done at a smaller level include cricket, hockey, badminton, wrestling, golf, chess, table tennis, among others. The most common sport however is athletics owing to the prowess of Kenya at the international levels.

Sports has significant benefits also to people with disabilities. Participation in sports by PWDs contributes to nation building and national identity. The government of Kenya (2020) in the 2020/21 Budget statement indicates that the sports industry is an important source of employment, wealth creation and foreign exchange. Kenya is recognized globally due to its good performance in sports at regional and international sporting competitions, and this enhances its diplomacy space. For instance, Kenyan athletes have been appointed as peace ambassadors.

For instance, disability sports also known as Paralympics were introduced after the second world war in 1948. Paralympics offer a low-cost and effective means to foster positive health and well-being of PWDs, their social inclusion and community building. Sports change the way PWDs perceive themselves; besides improving their academic performance. It also reduces the risk of lifestyle, respiratory and

heart diseases. Disability sports can also help to promote the human rights of PWDs. Sports confers physical, emotional, social and mental benefits to PWDs.

Disability sports have not received much attention in Kenya as compared to the sports for those without disability as witnessed in less participation and sponsorship. In 2019/20 financial year, Kenya funded 15 disability teams, from a target of 10 teams in 2018/19 (GoK, 2019). Disability sports in Kenya include the Kenya National Amputee football team, Black Albinism Football Club, Kenya Para Volleyball team, Kenya Sitting Volleyball, and Wheelchair Rugby. These teams are supported by the Kenya National Paralympics Committee (KNPC), and the Wheelchair and Amputee Sports Association of Kenya (WASAK).

These games however do not receive much attention as those for non-PWDs. In addition, PWDs in music also benefit through singing, dancing, recording, playing instruments, and other activities. However, PWDs have not been actively involved in the music and creative arts industry in Kenya. According to the KNPC Secretariat (2012), there were 95 athletes registered in Kenya (Thangu, 2015).

The broad objective of this chapter was to assess the inclusion of PWDs in Kenya in the areas of sports, music and the creative arts. This is based on the realization that although sports and the creative arts are important to PWDs, available evidence suggests that they do not participate fully in those activities. To analyze this objective, the chapter identifies the key issues PWD face in the sector, analyses the policy framework and gaps, examines the achievements attained and challenges faced, and suggests policy recommendations.

15.2 Policy and Legal framework

Various policies and legislation have been formulated at the global, regional and national levels to encourage the participation of PWDs in sports. This is in recognition that persons with disability have the right to participate on an equal basis with others in cultural life, recreation, leisure and sporting activities. This has prompted a number of organizations to come up to pursue and promote disability sports. These include Handicap International, Special Olympics, Right to Play, SCORE, among others. For example, Handicap International has sports and leisure projects that aim to strengthen people with physical and intellectual disabilities (International Platform on Sport and Development, 2009).

To promote, protect and ensure the full and equal enjoyment of human and people's rights by all persons with disabilities and to ensure success for their inherent dignity African Union Protocol spells out inclusion of PWDs. Article 25 specifically mentions the right to participate in sports, recreation and culture. At the East African level is the EAC Policy on Persons with Disabilities. This policy seeks to ensure and improve access to rehabilitation, education, training, and community sports.

People with disabilities have the right to use any government-owned sports facility for free which in line with the Kenyan Constitution of 2010. At the same time, article 40 provides that persons with disabilities have the right to participate in

national sporting events like anyone else. In addition, the Persons with Disabilities Act (2003) which is currently under review, provides for specific issues of PWDs including physical accessibility and employment, as well as the participation of PWDs in sports. This is consistent with the Sports Act, 2013 which provides on the management of sport activities in the country. It was however observed that the Act does not explicitly mention or provide for PWDs. A few county governments have followed suit to develop their various Sports Acts, such as the Nairobi City County Sports Management Act, 2017.

The participation of PWDs on an equal basis with others in cultural life, recreation, leisure, and sport forms part of the basic human rights. This has been succinctly highlighted by Article 30 of the UNCRPD. The convention further urges state parties to take appropriate measures to enable persons with disabilities to have the opportunity to develop and utilize their creative, artistic and intellectual potential, not only for their own benefit, but also for the enrichment of society. This is equally reinforced in the national policies such as the National Music Policy (2015), which commits to undertake strategies towards the right to equal treatment for women and men, persons with disabilities, the elderly and other special interest groups.

County governments and other institutions in Kenya have developed their own policies for disability mainstreaming, together with having disability committees. This is a move in the right direction to ensure their inclusiveness in all areas of life.

15.3 Progress and gap analysis

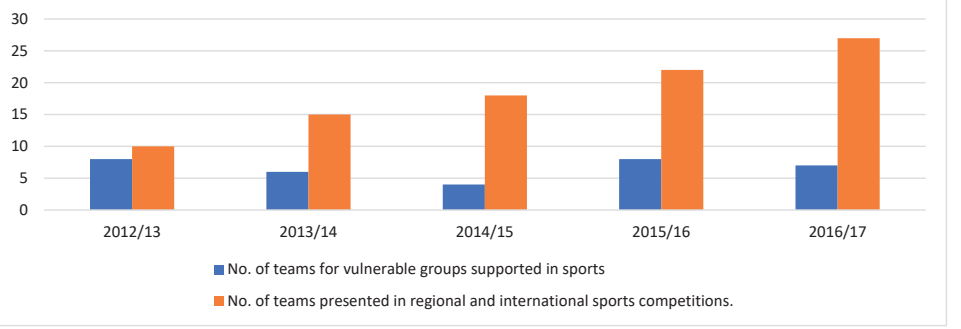
There are various sports and games for PWDs which are undertaken in the country but there is no report that shows the progress of such events apart from media reports which only provides news of the events. This is a challenge to the NCPWD, which plays a critical role in setting up standards and guidelines for such activities and require that reports are submitted to the council.

National government and county budgetary allocation towards disability sports is one of the critical components in ensuring PWDs inclusion through sports, music and recreational activities. In terms of budget, allocation increased from Ksh 27.7 billion in 2013/14 financial year to Ksh 36.5 billion in 2014/15 and 42.4 billion in 2015/16 financial year. This translates to 32 per cent between 2013/14 and 2014/15 and 16 per cent increase between 2014/15 and 2015/16. The absorption rate of the sector was 76 per cent in 2013/14, 81 per cent in 2014/15 and 89 per cent in 2015/16 financial year. Specifically, sports music and arts have over the years experienced an increase in allocation and actual expenditure. In 2014/15, the subsector received 2.6 billion, which later increased to 4.6 billion in the following financial year. This later increased to about 7.2 billion 2017/17. As of 2020/21, government allocation towards sports, arts and social development fund had reached Ksh 14 billion (RoK, 2020).

In seeking to increase awareness on sports and support for sports for the vulnerable groups, government supports about 6 to 8 teams of PWDs every year to participate

in regional and international sports and games figure 14.1. This is against the steady rise in number of teams the government supports to participate in regional and international sports competitions with the highest number being reported in 2016/17 (figure 14.1), and these are mainly in African games, Olympic games, Paralympics, World championships, deaf sports. The Kenya Academy of Sports has been supporting satellite academies across the country in training of the youth. Though the number of youths trained has been below 200 per year, the Academy supported 1,307 youth in 2016/17.

Figure 14.1: Government support for vulnerable groups in sports and games



Source of data: GoK, Social Protection Culture and Recreation Sector Report (Various).

15.3.1 Music, Art and Film

The government organizes 9 Music and Cultural festivals organized every year. It also coordinates local and international cultural exchange programmes which range between 30 and 60 annually (table 14.1). One of the key performing stage for musical groups is State functions, and the government identified a number of musical groups which presented during State functions and National days under Music and dance heritage of Kenya developed, promoted, documented and preserved, these ranged between 70 and 350 teams annually (table 14.1). The number of Film regulatory licenses issued increased from 2,838 in 2012/13 to 7,043 in 2016/17, which shows that the sector has potential to be film development hub in Africa (table 14.1). However, due to data limitations, it is not possible to isolate government support programmes in music, Arts and film for PWDs only.

Table 14.1: Government support programmes in Music, Art and Film.

	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
No. of Kenya Music and Cultural festivals organized	9	9	9	9	9	9
No. of local/international cultural exchange coordinated	42	57	40	32	38	38
No of musical groups identified and presented in State functions and National days	156	183	262	78	170	334
No. of youth musicians trained under Music and dance talents in Kenya	100	120	230	181	53	174
No. of musicians with international music certification	.	.	.	12	20	13
No. of Film regulatory licenses issued	2,838	3,172	4,630	5,627	6,680	7,043
No. of filmmakers trained.	200	350	535	205	250	200

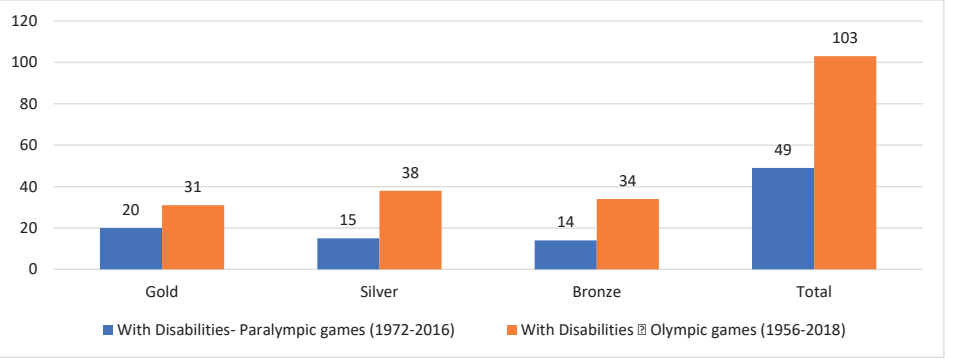
Source of data: GoK, Social Protection Culture and Recreation Sector Report (Various).

In an effort to curve a niche in the music and arts sphere, the PWDs through the Deaf Arts and Culture Association of Kenya have in the past created awareness through their music and the Deaf Awareness Program. The Deaf Arts and Culture Association of Kenya has also previously partnered with the Kenya Film Classification Board (KFCB) in various areas of collaboration aimed at promoting their music and art.

15.3.2 Sports

Over the period 1972.2016, PWDs have won 49 medals in summer Paralympic games, of which 20 are gold, 15 silver and 14 bronze which the country has participated since 1972 (Figure 14.2). This ranks the country position 50 out of 124 countries which have participated in the events. The country ranks position 34 in Olympic games which the country has participated since 1956, with a total of 103 medals including 31 gold, 38 silver and 34 bronze. Paralympic games are organized parallel to the Olympic games.

Figure 14.2: Kenya Medal Standings in Paralympic and Olympic games



Source of Data: International Olympic Committee

Kenya hosted the inaugural Africa Deaf Athletics Championships on 6th-22nd September 2019 in Nairobi, with 12 countries participating. The country emerged top after sweeping medals which tallied a total of 54 medals including 20 gold, 16 silver and 18 bronze (Table 14.2). This is a demonstration of the immense ability and potential among the Deaf, which needs to be nurtured and developed.

Table 14.2: Final Medal Standing: 1st Africa Deaf Athletics Championships, 2019 Held in Kenya

		Gold	Silver	Bronze	Total
1.	Kenya	20	16	18	54
2.	Nigeria	2	5	1	8
3.	Ethiopia	2	3	2	7
4.	Mauritius	1	2	1	4
5.	Algeria	1	1	2	4
6.	Uganda	1	1	1	3
7.	Libya	1	1	1	3
8.	Cameroon	1	0	2	3
9.	Botswana	0	1	1	2
10.	Zanzibar	0	0	0	0
11.	Mozambique	0	0	0	0
12.	Ghana	0	0	0	0

Source: Various Government reports

Only a small proportion of PWDs in Kenya participate in sports. Even fewer are in music and the creative arts. PWDs face several challenges in their quest to participate in sports. The main challenge is discrimination, since the idea of PWDs participating in sports is still not a common idea among many. Female PWDs face higher discrimination, a factor that makes them to shy away. In addition,

PWDs face physical, social, and environmental barriers in sports participation. Specifically, PWDs face inaccessible or expensive transport, lack of suitable sports facilities, injuries, lack of coaches and teachers for disability sports. The availability of data and statistics on PWDs is another critical challenge. Only little data exists, and where it exists, it is not in the form and detail relevant for policy formulation.

The Sports Act, 2013 does not explicitly provide for people with disability, nor does it address the critical matter of the participation of PWDs in various sports facilities. In order to enhance the inclusion of PWDs in sports in Kenya, it would be necessary for the government, through the State Department for Sports, to develop a national policy on sports or a disability sports strategy. The Kenya Youth Development Policy, 2018 recommended for private sector participation in the promotion of arts and sports sector for the youth as a way of youth empowerment.

15.4 Summary, Conclusion and Recommendations

An analysis of the participation of PWDs, in sports, arts and film shows that there is insufficient data and information for full analysis on the participation of PWD in sports, games, art and music. For instance, household surveys rarely focus on sports, games, music and art, with only a question or two asked on disability. If planning for PWDs is to take place, detailed statistics in the form necessary to undertake policy analysis and evaluation needs to be put in place.

Despite the hurdle, findings show that in Kenya participation of PWDs in sports in majorly covered in the Paralympics which receives government and donor support. This has seen an increase in the number of vulnerable sports teams participating in international competition over the years. Although it is difficult to isolate budget allocation towards PWDs in sports, art and film, we find that there has been an overall increase in budgetary allocation towards the sub sector over the years. The participation of PWDs in sports, games, music and art is crucial for them and even for the country at large. Hence, the study proposes the following recommendations:

i) There is need to support research and statistics to determine the economic impact of sports, arts, music and culture to the economy.

ii) The State Department for Sports will need to formulate a stand-alone policy on sports, games, music and art for PWDs in Kenya

iii) Review the Sports Act, 2013 to include disability mainstreaming to ensure participation of PWDs in sports, games, music and art for PWDs.

iv) The government and other stakeholders will need to raise awareness on the importance of sports, games, music and art for PWDs.

v) The Ministry of Education to ensure the full implementation of the CBC in the areas of sports, games, music and art for PWDs and help PWD learners to develop their talents.

vi) In addition to government efforts, the private sector can be encouraged and incentivized to invest in the sports, games, music and art for PWDs; and ensure the participation of PWDs in the industry.

vii) National and county governments will need to ensure full implementation of the various policies and commitments on sports, games, music and art for PWDs to enable them have access to more economic opportunities.

viii) More investment in disability sports to construct disability-friendly sports structures and equipment.

ix) Prioritize the training of teachers and coaches specialized to train various disability sports.

16. OVERALL CONCLUSION AND RECOMMENDATIONS

Disability is a risk we all face, which can affect us at any stage across the lifecycle. It is also a key cause of poverty, as disability and poverty are closely interlinked and often reinforce one other. Further, the significant disconnect and gaps between the PWDs and persons without disabilities on matters relating to access to infrastructure, health services, education, work and employment, and political participation as discussed in this paper requires government and relevant stakeholders attention. Although the Government of Kenya has made progress in some of these areas including education, infrastructure, health service and social protection such delivering cash transfers to poor and vulnerable households with severely disabled members and to older people with and or without disabilities, there is much to be done to ensure that Kenyans with disabilities receive adequate income support across their lifetime.

In the health subsector, about 80 per cent of PWDs do not access quality medical services compared to 50 per cent of the general population that lack capacity to access health service. Only 11.6 per cent of PWDs had access to some form of health insurance relative to 15.5 per cent for the rest of the population. Among other actionable recommendations, there is need for targeted budgeting and planning which will also include subsidizing membership to national hospital insurance scheme; universal registration of PWDs to the national medical insurance and preferential insurance premiums in private insurance schemes.

The overall trend of the number of cases of disability across counties increases with increase in cases of food poverty. The findings on food and nutrition showed that persons with disabilities have higher incidence of missing food. One in every two households with PWDs reported to have missed food compared to households without PWDs. Going forward there is need for public education and supply of food supplements to PWDs for nutrition enhancement, enhance agricultural support for households with PWDs through targeted on-farm training, subsidize farm equipment and materials as well as provide special insurance premiums for livestock and crops for households with PWDs.

People living with disabilities have limited access to water, sanitation and clean energy services which in turn affects their access to affordable housing. Some of the recommendations include: A need to ensure that the spaces are adaptable to the needs of PWDs in terms of access and usability; targeted policy interventions for PWDs in terms of access to housing and; ensuring that households with PWDs receive basic social amenities for free to achieve distributive justice and equity.

Under manufacturing, the diversity in forms and severity of disability requires that the manufacturing sector responds by developing assistive devices which are usable by PWDs. There is need to establish manufacturing zones or centers for assistive devices, enhance research and innovation, provide tax incentives, provide resource incentives which include finance and non-finance resources,

promote establishment of effective and efficient market structures and linkages with equitably distributed acquisition promotional centers. In addition, there is need for data collection on the potential of domestic manufacturing market as well as the inventory of imported assistive devices.

In education, the Country has put in place various interventions to enhance special needs education key among them the development of the Education and Training Sector Policy (2019) that includes education needs for learners and trainees with disabilities. Despite the interventions, educational outcomes for children and adults with disabilities remain low across all levels of education. There is need for improved provision on capitation grants with adjustments for children with special needs; provisions for home based and hospital intervention programmes; establishment and or strengthening of Educational Assessment and Resource Centers (EARCs) in all Counties and sub-counties and continued curriculum implementation review to accommodate merging needs for PWDs.

On labour participation, PWDs are largely unemployed or earn low earning because of employer perceptions, discrimination and academic qualifications. Affirmative action needs to be enhanced by allowing for central placement and immediate placement recruitment upon graduation. There is need to provide work-related devices or equipment that allow employees with disabilities to participate fully in the workplace. The private sector can be encouraged to promote diversity and inclusion in working environments.

PWDs are at greater risk of poverty than persons without disabilities hence need to empower them in business and entrepreneurship. The Constitution of Kenya under article 227.2 (a) recognizes the categories that requires preferences in the allocation of contracts whereas in (b) it offers protection or advancement of persons, categories of persons or groups previously disadvantaged by unfair competition or discrimination. There is also need to support PWDs in developing their own job opportunities through micro-enterprises.

Concerning governance and leadership, promotion of PWDs to positions of leadership as well as their participation in electoral processes is still low. The study found out that most PWDs despite possessing a national ID card are not registered as voters and therefore not able to participate in elections. There is need for creating a PWDs mentorship programme and continued sensitization and trainings and use of affirmative action can enhance representation.

Further PWDs continue to face difficulties in mobility and communications in terms of access to ICT, mobility using public transport and access to public building and residential areas. There is need to review transport and communication policies to ensure that needs of PWDs are incorporated with respect to inclusive transport and communication infrastructure and services. Review of policy on redesign and renovation of buildings to ensure accessibility and usability by PWDs and revamping of walkways will also improve accessibility for those who use wheelchairs.

On social protection, we find that social assistance in Kenya takes the form of Cash Transfers to Persons with Severe Disability (PWSD.CT). The coverage is still

low and the delivery of payments to beneficiaries is hampered by inaccessibility of some areas and technology challenges in beneficiary identification. Findings also point towards inadequate data in terms of PWDs receiving social security through pension. There is need for resource mobilization strategy to upscale coverage of Cash Transfer and social security to all PWD; expansion of PWSD.CT to a universal disability benefit for all persons with severe disabilities who are not in receipt of the Inua Jamii senior citizens scheme.

The participation of PWDs in sports, music, arts and film was found to be unclear due to data unavailability. However, findings also show an overall increase in budgetary allocation towards the sub sector over the years and a majority of PWDs take part in Paralympics. Going forward, there is need for research and statistics to determine the economic impact of sports, arts, music and culture to the economy; raise awareness on the importance of sports, games, music and art for PWDs and investment in disability sports to construct disability-friendly sports structures and equipment.

REFERENCES

Agarwal, A., & Steele, A. (2016). Disability considerations for infrastructure programmes. Evidence on Demand. doi:[DOI: 10.12774/eod_hd.march2016.agarwaletal]

Berghs M, Atkin K, Graham H, et al. 2016 "Implications for public health research of models and theories of disability: a scoping study and evidence synthesis. Southampton (UK): NIHR Journals Library; Jul. (Public Health Research, No. 4.8.) Chapter 3, Scoping models and theories of disability"

Disability, U. N. (2018). Development Report Realizing the Sustainable Development Goals by, for and with Persons with Disabilities. UN: New York, NY, USA.

Gannon B, Brian N (2003) Disability and labour market participation. Papers HRBWP04, Economic and Social Research Institute (ESRI)

Gilson, S., & DePoy, E. (2002). Theoretical Approaches to Disability Content in social work education. Journal of Social Work Education, 38(1), 153.165.

Kabare, K. (2018). Social protection and disability in Kenya. Development Pathways.

Kuklys, W. (2005). Amartya Sen's capability approach: Theoretical insights and empirical applications: Springer Science & Business Media.

Michael P Kidd, Peter J Sloane, Ivan Ferko, Disability and the labour market: an analysis of British males, Journal of Health Economics, Volume 19, Issue 6, 2000, Pages 961.981.

Mike Oliver and Colin Barnes (2010) Disability studies, disabled people and the struggle for inclusion, British Journal of Sociology of Education, Vol. 31, No. 5, pp. 547.560.

Ogana, W (Undated), Sustainable Development Goals (SDGs): Case of Kenya, presentation by Wandera Ogana, School of Mathematics, University of Nairobi.

Pfeiffer, D. (2001), "The conceptualization of disability", Barnartt, S. and Altman, B. (Ed.) Exploring Theories and Expanding Methodologies: Where we are and where we need to go (Research in Social Science and Disability, Vol. 2), Emerald Group Publishing Limited, Bingley, pp. 29.52.

RoK (2018), Sector Policy for Learners and Trainees with Disabilities. Ministry of Education

Scheer, J., Kroll, T., Neri, M. T., & Beatty, P. (2003). Access barriers for persons with disabilities: the consumer's perspective. Journal of Disability Policy Studies, 13(4), 221.230.

Scotch. Richard (2002), "Paradigms of American Social Research on Disability: What's New? Disability Studies Quarterly 2002, Volume 22, No. 2 pages 23.34.

The United Nations (2006), Convention on the Rights of Persons with Disabilities. Treaty Series, 2515,3

Tromel, S., Menze, J., & Fremlin, P. T. (2019). Making the future of work inclusive of people with disabilities.

United Nations. (2015). Forum on Disability Inclusion and Accessible Urban Development. Retrieved from https://www.un.org/disabilities/documents/2015/report.desaforum. disability.inclusion.Nairobi.

Waddell, C. (2008), Meeting information and communications technology access and service needs for persons with disabilities: major issues for development and implementation of successful policies and strategies. Geneva, International Telecommunication Union, 2008.

World Health Organization. (2011). World report on disability 2011. World Health Organization.

Zongjie, Y., Hong, D., Zhongxin, X., & Hui, X. (2007). A research study into the requirements of disabled residents for rehabilitation services in Beijing. Disability and Rehabilitation, 29(10), 825.833.

Kenya Institute for Public Policy Research and Analysis
Bishops Garden Towers, Bishops Road
P.O. Box 56445-00200, Nairobi, Kenya
Tel: +254 20 4936000; +254 20 2719933/4
Fax: +254 20 2719951
Email: admin@kippra.or.ke
Website: http://www.kippra.org

ISBN 978 9966 058 82 2