



## A SURVEY

**Mapping out glaring gaps in the draft PWD Policy  
and, documenting strategic recommendations to  
guide the policy review process**



**Survey Commissioned By:**  
DAYO

**Survey Undertaken By:**  
BIESSHOP Consulting

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## Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
APDK	Association for Persons with Disabilities Kenya
CDC	Center for Disease Control
CIDP	County Integrated Development Plan
CRPD	Convention on the Rights of Persons with Disabilities
CSOs	Civil Society Organizations
DAYO	Dream Achievers Youth Organization
HIV/AIDS	Human Immune Virus
ICT	Information Communication and Technology
KISE	Kenya Institute of Special Education
KNSPWD	Kenya National Survey for Persons with Disabilities
PWDs	People with Disability
RHRN	Right Here, Right Now
TWG	Technical Working Group
WHO	World Health Organization
YWCA	Young Women Christian Association

## Terminologies Used

Hearing Impaired	The state of being unable to hear sounds
Visually Impaired	The state of being unable to visualize images
Physically Handicapped	The state of being physically unable to undertake certain tasks
Mentally Handicapped	The state of not being able to function at maximum mental level
Profiling	This is perception – right or wrong about someone or something
Stakeholder	Someone who has a stake or interest in a process or something

## Introductory Background

According to the World Report on Disability by World Health Organization (WHO) and the World Bank (WB), many people with disabilities do not have equal access to health care, education, and employment opportunities, do not receive the disability-related services that they require, and experience exclusion from everyday life activities. Following the entry into force of the United Nations *Convention on the Rights of Persons with Disabilities* (CRPD), disability is increasingly understood as a human rights issue. Disability is also an important development issue with an increasing body of evidence showing that persons with disabilities experience worse socioeconomic outcomes and poverty than persons without disabilities.

In Kenya, the National People with Disability Policy (NPWD) forms a firm basis and foundation for provision of services and protection to and for Persons with Disabilities (PWDs) while according them an inclusive environment that is wholesomely exclusive and conducive for the enjoyment of, access to and practice of the PWDs' right to life, freedoms, liberties and pursuit of happiness devoid of their physical and psychological status and well being.

Despite the magnitude of the issue, both awareness of and scientific information on disability issues are lacking and there is no agreement on definitions and little internationally comparable information on the incidence, distribution and trends of disability. There are few documents providing a compilation and analysis of the ways countries have developed policies and responses to address the needs of PWDs.

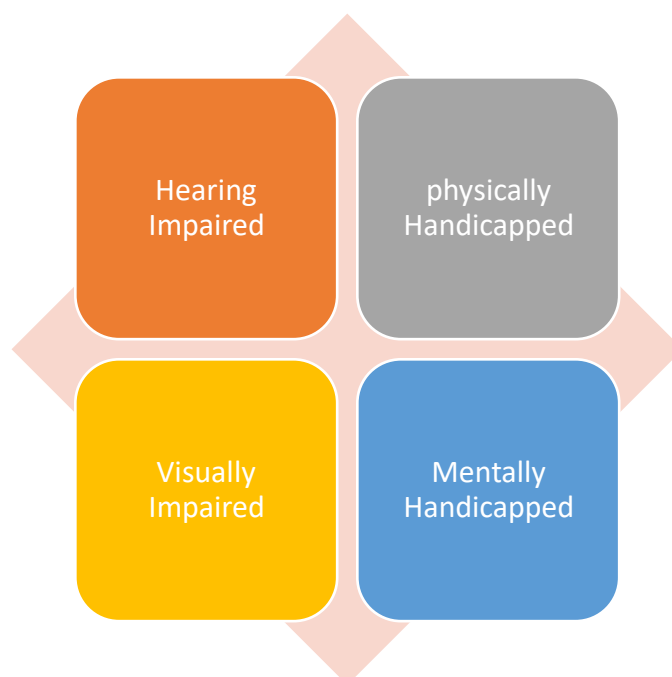
*Generally, Disability is defined as; Any condition that makes it more difficult for a person to do certain activities or effectively interact with the world around them. These conditions, or impairments, may be cognitive, developmental, intellectual, mental, physical, sensory, or a combination of multiple factors. Impairments causing disability may be present from birth or can be acquired during a person's lifetime.*

## The Case of Disability: The Social, Health and Knowledge Dynamic

On face value, Disability is complex as it relates both to the medical and social aspects as indicators of disability. However, contrary to societal perspectives, disability should be viewed neither as purely medical nor as purely social therein, a balanced approach is needed in appropriate engaging the different aspects and types of disability.

### Types of Disability

There are four main classes of disability.



From a social perspective, a person's environment has a huge co-relation on the experience and extent of disability. Inaccessible environments create disability by creating barriers to participation and inclusion. Case in point; a Deaf individual without a sign language interpreter, a wheelchair user in a building without an accessible bathroom or elevator or a blind person using a computer without screen-reading software.

From a Health perspective, the negative impact of environmental dynamics are also pronounced. Such are; safe water and sanitation, nutrition, poverty, working conditions or climate this is primary anchored on the popular argument that inequality is a major cause poverty and therein, limited access to public social services. A functional environment can provide improved health conditions there preventing triggers to impairments, and improving outcomes for persons with disabilities.

Such changes can be brought about by legislation, policy changes and capacity building, leading to; accessible design of the built environment and public transport, signage to benefit people with sensory impairments, more accessible health, rehabilitation, education, and support services and more opportunities for work and employment for persons with disabilities.

On the knowledge and attitude fronts, these are important environmental factors, affecting all areas of service provision and social life. Raising awareness and challenging negative attitudes are often first steps towards creating more accessible environments for persons with disabilities. Negative imagery and language, stereotypes, and stigma – with deep historic roots – persist for people with disabilities this is because, disability is generally equated with incapacity. Notably, the general public lacks an understanding of the abilities of people with intellectual impairments where mental health conditions are particularly stigmatized. Negative attitudes towards disability can result in negative treatment of people with disabilities. Case in point, children bullying other children with disabilities in schools, bus drivers failing to support access needs of passengers with disabilities, employers discriminating against people with disabilities and strangers mocking people with disabilities.

Against this backdrop, it is imperative to note that Kenya has a robust Policy and legislative framework on disability. Some Ministries, Departments and Agencies and also various non-state organizations have developed their individual policies and programs on disability. Indeed, Kenya has made tremendous strides on this front. Whereas this is acknowledged, it should be appreciated that Disability is a versatile and dynamic field which cuts across cultures and national & international boundaries. Hence Kenya is not safe till the Counties are safe from deliberate and passive violence against PWDs. Given the unique challenges facing PWDs in Kenya, it is in the interest of County Governments that Kenya ratifies the formulation of PWDs policy at County level.

As such, the ratification should broadly ensure that; there is evidence of respect of PWDs, and protection of the inherent dignity of PWDs, privacy of the individual, nondiscrimination and upholding of the virtue of non-discrimination, wholistic application of respect for the difference and acceptance of PWDs as part of human diversity, deepened equality and opportunities, enhance and sustained levels of accessibility, deliberate and reasonable accommodation, and gender equality, Respect for the evolving capacities of children with Disabilities and respect for the right of children with disabilities to preserve their identities as prerequisites to child issue engagement.

## About DAYO

Dream Achievers Youth Organization (DAYO) was founded in 2005 as a theatre performing outfit by young people who saw the need of using art to raise awareness on the issues affecting adolescents and young people in Mtopanga area of Mombasa. Due to the increased need to expand its area of intervention, it was later registered as a community-based organization founded in 2009.

Our vision is a community where the youth are free from poverty and diseases and our mission is to build capacity and response by preventing and reducing the risks of economic situations among the youth in the region. To realize this vision, our interventions are anchored on four main thematic pillars. These are; education, health, livelihood and social justice. Our core values include; Integrity and professionalism; Transparency and accountability; Equality and equity; Compassion and Team work. We are governed by an advisory board of five members drawn from the community of Mtopanga.

## Survey Objectives and Focus Areas

### Broad Objective

To map out glaring gaps in the draft PWD Policy and, document strategic recommendations to guide the policy review process

### Specific Objectives

The survey specifically sought to assess the Draft PWD policy in its entirety to establish the following key issues;

- (a) Refer to research findings: *Make reference to the baseline in relation to how the baseline informed the spirit, structure and focus of the draft PWD policy*
- (b) Assess the level of Engagement: *The voice, agency and perception of a cross-section of stakeholders*
- (c) Evaluate the data design: *The methodology used in formulating the draft PWD policy*
- (d) Assess the level of participation and involvement: *Evidence of a cross-section of key stakeholders in data collection and actual formulation process*

## Survey Methodological Approach

The survey process was deliberately multi-layered, this included; desk reviews, data tools development, administration of data tools, SWOT analysis and reporting. This approach was deliberate to ensure that different issues are assessed differently as well as in a related manner. The survey also reached out to a cross-section of stakeholder, these being; key informants in government and civil society fraternity, community members and also, PWDs.

The survey also conducted a Strength Weakness Opportunity and Threat (SWOT) analysis on the draft PWD policy. This SWOT was as a measure to triangulate approaches used, scope, stakeholder reach, issue mapping, social perceptions and the actual realities in an effort to flag out glaring issues that initially stalled the adoption process by the county government as well as key lessons to guide subsequent development engagements.

A total of 29 respondents were reached. Out of these, 14 were reached through FGD sessions while 15 were reached through the KII engagements. 17 of the respondents were females, while 11 were males. The FGDs were held at Tononoka Social Hall and VOK social Hall while the KIIs were convened both virtually and physically in diverse locations where the respective informants were located.



### Quick Facts

- One billion people around the world live with some form of disability, making up around 15% of the global population.
- The vast majority of people with disabilities live in developing countries.
- United Nations Convention on the Rights of Persons with Disabilities (CRPD) specifies that persons with disabilities enjoy legal capacity on an equal basis with others (Article 12), have the right to marry and found a family and retain their fertility (Article 23), and have access to sexual and reproductive health care (Article 25).
- The prejudice that people with disabilities are asexual or else that they should have their sexuality and fertility controlled is widespread (77). There is evidence that people with disabilities are sexually active (212), so access to sex education is important to promote sexual health and positive experiences of sex and relationships for all people with disabilities.
- The World Health Organization (WHO) describes barriers as being more than just physical obstacles. Here is the WHO definition of barriers. Factors in a person's environment that, through their absence or presence, limit functioning and create disability. These include aspects such as a physical environment that is not accessible, lack of relevant assistive technology (assistive, adaptive, and rehabilitative devices), negative attitudes of people towards disability, services, systems and policies that are either non-existent or that hinder the involvement of all people with a health condition in all areas of life.
- Disability is complex and the interventions required to overcome disability disadvantage are multiple, systemic, and will vary depending on context.

## The National Situational Analysis on PWDs

The 2007 Kenya National Survey for Persons with Disabilities (KNSPWD)<sup>1</sup> was premised on the need to get up-to-date information on persons with disability for purposes for the core purpose of planning, monitoring and evaluation of programmes and strategic interventions focused on PWDs. The survey specifically estimated the number of PWDs, their distribution in the country, the nature, types and causes of their disabilities, the problems they face, and the coping mechanisms they use.

Further, the survey exercise was focused on interviewing PWDs of all ages in sampled areas and to populate the estimates in alignment with their knowledge of available services and their perceptions of community members' attitudes towards PWDs as well as the attitudes of community members themselves, the report established the following at a national level.

- a) The most common forms of disabilities in Kenya are associated with chronic respiratory diseases, cancer, diabetes, malnutrition, HIV/AIDS, other infectious diseases, and injuries such as those from road accidents, falls, land mines and violence.
- b) The overall disability rate in Kenya is at 4.6%. Overall, nine in ten PWDs find disability without assistive devices a big problem.
- c) 4.6% of Kenyans experience some form of disability while more disabled persons reside in rural than in urban areas.
- d) The survey showed that about 15% of PWDs are likely to be affected by environmental factors on a daily basis and 3% on a weekly basis. Three out of five (65%) PWDs mentioned the environment as major problem in their daily lives.
- e) 65% of PWDs regard the environment as major problem in their daily lives as appertains to commuting and communicating.
- f) A quarter of PWDs work in family businesses, but a third do not work at all, about 16% worked for pay and one out of ten indicated that they were homemakers.
- g) 16% women with disability aged 12–49 years use some form of family planning.
- h) The accessibility of the immediate surroundings plays an important role in PWDs' participation in various activities – including social and political processes.

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<sup>1</sup> [D:\MYDOCU~1\NCAPD\PWDSUR~1\KNSP \(afri-can.org\)](D:\MYDOCU~1\NCAPD\PWDSUR~1\KNSP (afri-can.org))

- i) The survey found that a third of PWDs use an assistive device or support service. Out of this proportion, one in five use an information device while 12% use a personal mobility device.
- j) Overall, nine in ten PWDs are aware of the health care services available, but more PWDs in urban areas (95%) were likely to be aware of health services than their rural counterparts (86%). However, PWDs residing in the urban areas are less likely to have needed health services (72%), compared with their rural counterparts (79%). Use of family planning was found to be 16% for female PWDs aged 12 to 49 years.

### **Historical Case of PWDs in Mombasa County**

PWDs have been historically marginalized in the County of Mombasa primarily as a result of culture and social norms. Even after the Devolved system of governance, limited data on the population of PWDs has enhanced the perception that disability is predominantly a function of the nation government. This can be seen in the case of planning and investment at the county level which shows that, disability is a second or third tier priority.

However, this is not to mean that PWDs are not part of the society, this is mainly as a result of limited or no data on PWDs. During the survey exercise, it was established that most households prefer to hide their kins who have disability due to share and ridicule from the society and on instances, the public perception that disability is as a direct result of a curse. Such have registered a net effect at individual level where PWDs are denied accesses to public social services and basic human rights.

The other challenge from the PWD communities themselves is that they fail to recognize themselves in their diversity. This means that, without an effective and vibrant PWD voice and agency, some will be left out or their issues will not be factored in within spaces of public engagement and decision making. Whilst much has been done since devolution, there are still challenges on how best PWDs can be supported. For instance, issues to do with access to public spaces require that spaces like hospitals and schools have to be established in full consideration of the different types of disability and this can only be achieved if there is relevant data of the different forms of disability and recognition and investment of disability by County government and CSOs.

Over the last one year, PWDs have had quite a challenge as a direct result of COVID-19 whereby majority of PWDs in the county rely on small business. The net effect of COVID-19 meant that their lives were disrupted and had to move upcountry. Further, failure to pass the disability bill is

yet to be passed and as a result, support to PWDs within the gender department has been predominantly referential to other departments for assistance.

### **Key Milestones on Disability in the County**

- **Service Provision:** Services are provided on the cross-section of disability. For instance, on inclusivity, education focus was premised on the physically challenged but now, the mentally challenged have been incorporated. This has over the last three years evidenced an increase in mentally challenged persons accessing education through the National Training Authority.
- **Capacity Building:** All-inclusive (for PWDs and non- PWDs) trainings by REDCROSS, DAYO, CREAM, YWCA with a focus on enabling participants tackle challenge at places of work and at home. Further, the CSOs have recently initiated trainings and mentorships on entrepreneurship, advocacy and public engagement processes.
- **Modelling:** With the improved education system for PWDs by the County, neighboring counties are seeking to access education for their children.
- **Meaningful Engagement:** The County Government is pushing for Meaningful engagement of PWDs. This is through; ensuring that persons attend forums convened by the county government, provide waiver for PWDs running small businesses within the county, the county also facilitates the process of PWDs acquiring business licenses and a ringfenced number of employment opportunities for PWDs within the county.
- **PWD Support Office:** The Government of Mombasa has established a working structure in the part of a department that deals with issues on disability. This is through the National Government whereby in the County, it works through the National Council for PWDs. As a County, the Department of Youth, Gender and Sport and specifically the Directorate of Gender. Within this Directorate, there is a section of Disability Mainstreaming and is in charge of Capacity building, networking with Stakeholders, providing counselling and spear-heading implementation of initiatives related to PWDs.
- **Coordinated Action:** The role of and coordination with the local administration has enhanced the case of mapping of the location of persons with disability and this has enhanced the response measures. Case in point; Religious Communities in Kisauni and Nyalı are supporting special needs individuals by linking them with learning institutions for persons with Disability.
- **Strategic Partnerships:** Partnership with between Government and other organizations has improved cases of awareness and skills enhancement. Case in point; KISE has been

strategic to empowering teachers with critical skills and competencies to disseminate knowledge and engage with special needs students.

- **Financial Support:** The County Government has provided financial support aimed at enhancing skills building to PWDs learning at Mombasa School for the Physically Disabled in the part of computers, wheelchairs, walkers and toilet seaters, partial school fees support and infrastructural support.

**Other milestones are;**

- Recognition and employment of persons with disability at the County Government of Mombasa.
- Public services offered at the County are much more coordinated and responsive to a cross-section of persons with disability, case in point; the Department of Gender, Sports and Culture.
- From the County level, the Kenya Pipeline has supported many of the persons with disability by paying for their school fees based on individuals' historical background and level of need.
- Improved awareness by the parents/caregivers which means that, they are recognizing their stakeholder status and playing their social and economic roles.
- Reduced case of parents hiding or denying their children their human rights.

## Overview of the Draft PWD Policy

The survey exercise covered a wide range of areas which were mapped as core anchor-points of the PWDs social, economic and development concerns and priorities. This exercise also called for in-depth assessment of the entire policy development process in an effort to flag out oversights and inform recommendations subsequent to the broader review process for the draft PWD policy. It is anticipated that, with a progressive, all-inclusive and meaningful PWD policy, the County will be well informed and guided on matters investment and planning for PWDs, while PWD-centric CSOs' engagements will be more strategic, coordinated and progressive.

Some of the core areas of focus included but are not limited to; planning and investment matters for PWDs, knowledge and awareness on disability issues at community level – with a priority on social cultural and economic drivers and bottlenecks, coordination among stakeholders, meaningful engagement, accessibility to public social services and spaces for engagement, work and employment, health, access to justice and a number of other areas.

While a host of national issues as appertains to PWDs were cited as representative or replicated at the County context, the findings of the survey established that some unique aspects were not deliberately or exhaustively captured and this meant that, the draft PWD policy would not address, chiefly the secondary and primary PWD needs and priority matters, therein missing out on the initial core objective and spirit of the policy.

## Key Findings of the Review Survey of the Draft PWD Policy

These findings are drawn from the survey of the draft PWD policy for Mombasa County. The survey involved identification of relevant issues after which, each issue was rated by carrying out content and context analysis in relation to PWDs, their needs and priorities to determine the strategic placement of the draft policy.

Further, the survey sought to understand if specific issues as mentioned e.g., access to services, investment, planning are deliberately mentioned. The survey findings are segmented into the following key areas; Health, Social, Economic, Coordination & Partnership Factors, Legal and Education Factors

### A. Health Factors

## Poor access to healthcare

PWDs require health services for general health care needs like the rest of the population. General health needs include health promotion, preventive care (immunization, general health screening), treatment of acute and chronic illness, and appropriate referral for more specialized needs where required. These needs should all be met through primary health care in addition to secondary and tertiary as relevant.

Access to primary health care is particularly important for those who experience a thinner or narrower margin of health to achieve their highest attainable standard of health and functioning. Respondents shared different experiences while seeking healthcare. A caregiver to a child with autism thought that more often, autistic children are misdiagnosed. They are usually given pain killers to calm them down which results to drooling.

*“The payment counter at the coast general hospital is so high. I am always embarrassed each time I have to go pay for a service. I am always below the counter and have to shout to attract the cashier attention”* - **Short stature young person respondent**

People with disabilities may have a greater need for specialist health care than the general population. Specialist health care needs may be associated with primary, secondary, and co-morbid health conditions. Some people with disabilities may have multiple health conditions, and some health conditions may involve multiple body functions and structures.

Respondents indicated that the disability assessment which is usually done and repeated after five years is very unnecessary as the disability status does not change and the cost is not friendly. PWDs are at greater risk of violence than those without disabilities. CSOs, case in point HAKI Africa reported that they have offered legal advice and support to many PWD who experienced intimate partner violence. There is an effort by the county government to make services available for PWD. Such efforts have also been supported by CSOs like Dream Achievers Youth Organization (DAYO) that has trained health care workers in the provision of healthcare services that are progressive and friendly to PWD.

There is no targeted Sexual Reproductive Health (SRH) education for PWD adolescents and young people. They are assumed to be asexual [Sexual and reproductive health services include family

planning, maternal health care, preventing and managing gender-based violence, and preventing and treating sexually transmitted infections including HIV/AIDS]. This unmet need is significantly high. To improve the current situation the following should be addressed:

- reforming policy and legislation
- addressing barriers to financing and affordability
- addressing barriers to service delivery
- addressing human resource barriers at health facilities
- filling gaps in data and research for PWD Health

The commission for Rights for people with disability has outlined the following indicators for action by countries:

- a) **Accessibility** – stop discrimination against people with disabilities when accessing health care, health services, food or fluid, health insurance, and life insurance. This includes making the environment accessible.
- b) **Affordability** – ensure that people with disabilities get the same variety, quality, and standard of free and affordable health care as other people.
- c) **Availability** – put early intervention and treatment services as close as possible to where people live in their communities.
- d) **Quality** – ensure that health workers give the same quality care to people with disabilities as to others.

## **B. Social Factors**

### **Use of public transport**

Due to their condition, PWDs have a tough time when it comes to moving around using public transport – be it; boda-bodas, matatus or tuk-tuks. This is because, to be accorded or to access this service, there is a lot that has to be done predominantly by the tout or the boda riders and as a result, they often are left stranded. Further to this, while there is considerable effort in seeking to enhance PWDs’ access to public spaces, the same cannot be said for public transport.

**Case in point**, in the collection and drop off points for matatus, there are no designated or strategic PWD-sensitive infrastructure and as such, they have to engage like other abled bodied persons. While disability is not inability, this situation makes them feel like they are lesser humans, whose abilities are grossly undermined. With such mind sets, many tend to underperform not



because they can't but because of low self- drive. They also fear to speak out since they know they will not be heard.

### **No provisions for sign language in public service spaces**

Disability in its diversity means that different members of the PWD fraternity need specific support in relation to their disability. In line with this, findings established there is no strategy of engaging this class of the society and with no deliberate effort to ensure that the public spaces are considerate of their disability, then their voice and agency as PWDs will not be heard or considered especially on person's needs and priorities as well as matters County development.

### **Limited awareness and access to information on public social services**

Many persons with disabilities need assistance and support to achieve a good quality of life and to participate in on an equal basis with others. Many PWD do not easily access information because some of this information is shared on social media spaces that are not readily accessible by the community.

To effectively achieve coordinated action, support PWDs to build voice and agency, advocacy for improved and sustainable investment by stakeholders and enhance access to public social services, it is imperative that there are deliberate and vibrant interventions around matters of; awareness creation and sensitization, provide support to PWDs in an effort to access, practice and enjoy their rights and lastly, development of a data system that provides evidence to guide investment and planning by stakeholders.

To achieve all these and more in a structured and responsive manner, it is imperative that the draft policy be reviewed to be more specific and data informed as well as to provide policy measures that are practical to the current case and situation of disability in Mombasa County.

*Often, disabled people are "unnecessarily isolated, profiled and excluded from full participation in society." As a result of impairments, people with disabilities can experience disablement from birth, or may be labelled as disabled during their lifetime"*  
**asserted Enos – Program Coordinator, DAYO**

## Disability handled as a charity issue and not a human rights issue

People with disabilities historically experience inequalities like being denied equal access to health care, employment, education, or political participation because of their disability. People with disabilities are vulnerable/subject to violations of dignity eg when being subjected to violence, abuse, prejudice, or disrespect because of their disability. Some people with disability are denied autonomy – for example, when they are subjected to involuntary sterilization, or when they are confined in institutions against their will, or when they are regarded as legally incompetent because of their disability.

People with disabilities may require a range of services – from relatively minor and inexpensive interventions to complex and costly ones. Data on the needs – both met and unmet – are important for policy and programmes. Unmet needs for support may relate to everyday activities such as personal care, access to aids and equipment, participation in education, employment, and social activities, and modifications to the home or workplace.

*“One major problem we have with interventions and investments for PWD is that a bigger percentage of the interventions are done on humanitarian basis, there is no law that makes it an obligation. When I was in the county assembly, I tried to push for law but it stalled”*

## Discrimination and profiling

Center for Disease and Control (CDC) has attributed this factor to attitudes and communication. The society might stereotype people with disability with an assumption that their quality of life is poor or they are unhealthy because of their disability. On the other hand, stigma and discrimination attitudes may come from society’s ideas and perceptions on disability.

People may envision disability as a personal tragedy, as something that needs to be cured or prevented, as a punishment for wrongdoing, or as an indication of the lack of ability to behave as expected in society on the basis of culture.

*“One day I was driving and a traffic officer stopped me, I showed him my PWD card but he was shocked that I was driving. Another time I was traveling but while at the SGR terminus, a security officer wondered why I was smart and clean yet I am a PWD”- A deaf and dumb respondent*

## **C. Economic Factors**

### **Limited resources to provide public social services effectively and sustainably**

The economic and social costs of disability are significant, but difficult to quantify. They include direct and indirect costs, some borne by people with disabilities and their families and friends and employers, and some by society. Many of these costs arise because of inaccessible environments and could be reduced in a more inclusive setting. Knowing the cost of disability is important not only for making a case for investment, but also for the design of public programmes.

Comprehensive estimates of the cost of disability are scarce and fragmented, even in developed countries. There is limited data on the cost components of disability. For instance, reliable estimates of lost productivity require data on labour market participation and productivity of persons with disabilities across gender, age, and education levels. There are no commonly agreed methods for cost estimation.

### **High poverty level**

Respondents shared the deplorable state under which PWD communities live. The levels of poverty among people with disability can be attributed to the following factors:

- Poor and unhealthy living conditions, such as inadequate housing, water and sanitation, and unsafe transportation and work conditions. A Visually impaired respondent shared how he nearly fell into an open sewer beside the roads
- The absence or inaccessibility/affordable medical care or rehabilitation. People with disabilities are confronted with extra costs related to disability such as personal assistance, healthcare or assistive devices. These additional costs increase their risk of being poorer than others. Caregivers shared the plight of limited rehabilitation centres in Likoni and across the county
- Limited access to education and employment. People with disabilities are more likely to be unemployed and are generally paid less when they are employed.

*“The law provides for employees that seek to employ people with disability to employ their assistants too. However, most employers find this arrangement costly and competent PWDs are left out of employment opportunities further fueling the poverty status. When it comes to businesses opportunities, the county was giving a waiver for PWDs however that was stopped because some people were taking advantage of it and using PWDs to benefit from the waiver”-* **Esther Ingolo, Directorate of Gender, Mombasa County**

Social exclusion: People with disabilities often do not have access to public spaces because of physical barriers, and often cannot participate in political decision-making, meaning that their voices are not heard and their needs are overlooked.

#### **D. Coordination & Partnership Factors**

##### **Little coordination on PWD interventions by stakeholders**

The CSO fraternity has a network under which there is a Disability working group. Despite the fact that the network working group is doing a great job, there is still a gap in terms of priority setting therefore there lacks a vision and clear objectives to drive agendas. The information/deliberation at the network does not also trickle down to the rights holders

##### **Negative perception and trust of PWDs in spaces of influence or leadership**

Sometimes, PWD community members are suspecting and this can be attributed to the fact that there exist organizations/institutions that do exploit PWD community. Another factor is that the PWD community might have serious gaps in terms of coordination: there is no outfit that is recognized fully as the PWD voice.

**Case in point**, donor funds were refunded twice because the funds were meant to support information materials development for PWDs but this did not happen as the community would agree to it and reject the next minute.

##### **Limited advocacy action and coordination by CSOs**

The survey established that there as documented efforts carried out by CSOs on programmatic as well as advocacy work. However, there being little evidence of coordination means that, Organizations like APDK, DAYO, Kituo Cha Sheria, YWCA, Vision for The Blind, HAKI Africa and Council of PWDs miss out on sustainably addressing the age-old PWDs issues as well as how to effectively and sustainably engage the County. Coordinated action in this case would enhance opportunities for progressive engagements with the County government action would be more

focused and accountability would mean that, government efforts are evaluated based on relevance and direct positive impacts to PWDs

### **E. Legal Factors**

#### **Lack of a structured framework for PWDs coordination and engagement**

The County of Mombasa has no existing legal framework guiding PWD work – as such, this means that the PWD issues are not raised or discussed in strategic spaces as core issues in the county planning and investment.

### **F. Education Factors**

#### **Limited awareness on the different types of disability within the society**

As it is, PWDs have limited access to public services such as education and this is a direct result of limited awareness by the general public on the types of disability and what support each disability requires. From the PWDs themselves, limited awareness of the opportunities that they can harness effectively means that, they are not in a strategic position to push for them and, from the broader society perspective, limited awareness means that, there is high recognition of physical disability as a the most predominant disability.

Subsequently, this means that there is little to no consideration or appreciation of the general challenges that people with other forms of disability face. Enhance awareness through continuous awareness programmes would mean that, more PWDs would come out to raise and participate in programmes and processes that advocate for their rights and they would get relevant support from the general society whilst engaging in public spaces and processes.

#### **There has been a challenge in acquiring the N.C.P.W.D ID**

Recognition and subsequent access to services by PWD communities has been registered as a challenge. This challenge is pronounced for students whereby, lack of an ID means that, the students are unable to access and enjoy some rights or opportunities.

**Case in point**, lack of an ID raising challenges in access to bursaries especially for students from humble backgrounds – a situation that is aggravated by lack of awareness or illiteracy on the part of parents making it hard to hard to follow up on the procedures involved in accessing them. When it comes to ease of learning, lack of ID means that the learners face difficulty in writing down their classwork notes as some have disability affecting motor skills and/ or have visual impairment as most need supportive devices to help them learn such as braille.

## General Recommendations

Based on the survey findings above, the consultants cite the follow core matters to inform the review process;

- a) Hold a round table with core stakeholders in the County to disseminate the findings of the survey. This will guarantee that there is a common view on the issues of PWDs and a probable common action to addressing the said issues. Effectively, there will be enhanced coordination and collaboration leading to significant outcomes.
- b) Prior to undertaking the actual review write up process, there is need to conduct a desk study and field research on PWDs in the County. This will provide a strategic basis for which the policy will be anchored specifically on matters; core issues, types of disability, population (men, women, girls, boys, youth), perceptions and realities, access to public spaces and services. The existing document can also be used to provide some context/situation analysis
- c) Prior to formulating a new PWD policy product, there is need to introduce or prescribe in Kenya or any of the 47 Counties a formally integrated approach into the existing national guidelines which would entail but not limited to; treat all individuals with confirmed disability as equal; differentiated care packages for PWDs who present advanced need for support; and differentiated care packages for children, men, women and youth.
- d) The draft policy should be more deliberate on Education and Health sectors. For instance, resources for education to persons with disability should be ring-fenced and projected to the highest attainable education levels.
- e) Guidelines also should incorporate a special update relating disability with respect to support and monitoring the guidelines to maintain and inform choice for response to and identifying support spaces and investment by governments and development partners.
- f) While the document is currently termed as a policy, its layout is not that of a policy, rather more of a finding report. It is as such imperative that, the review process adopts a policy structure and be very explicit in nature as opposed to its current vague nature.
- g) There are some components that are critical and must be part of the policy like Climate change as it influences a number of factors for PWDs quality of life

## Specific Recommendations

### To Government

Broadly, The County Government of Mombasa should be deliberate and focus on developing, implementing, and monitoring policies and standards for rehabilitation services, as well as promoting equal access to those services.

#### Specifically, the County Government Should;

- a) Address the medical needs of the students and consider secondment of; Nurse, a Physio-Therapist and Occupational Therapist. The respondents shared the sad state of affairs in education sector for PWDs. According to caregivers, most of the schools are not government supervised hence affecting the quality of education.
- b) Fast-track and follow up on the process of having National Council For Person's With Disability (NCPWD) issue out the NCPWD identity cards which grants them waivers for certain services and host of other added advantages.
- c) Consider formulating a public transport policy which will cater to the needs of PWDs who more often than not use the public transport. This policy should effectively capture and mainstream PWD priorities in the service providers and construction of bus-terminus (interms of collection and drop off points)
- d) Support disability schools with all types of learning aides as a measure to ensure that PWDs also access, practice and enjoy their education rights as enshrined under SDG4 of the UN Goals.
- e) Provide technical, financial and infrastructural support to the schools as a strategic measure towards enhancing sustainable access to safe water.
- f) Consider enhancing and ring-fencing the allocation level of the County Education Scholarship to student with disability.
- g) Ensure that County Government departments are effectively tooled and capacitated are central and key to the implementation of the PWD policy upon being enacted..
- h) Seek to establish deeper collaborations and support by CSOs as a measure to drive meaningful engagement aimed at attaining strategic community-centric awareness drives resulting to children with disabilities accessing education and other vital services including health. This will lead to other forms of training/sensitization in the society so that the society is more informed and empowered to live, work and socialize with PWDs.

- i) Establish a legal framework that provides for the set up to and practice of bare minimum standard operating procedures to be followed in establishing places or establishments that should be accessible by persons with disability.

### **To CSOs**

Broadly, CSOs should; increase awareness awareness spaces/platforms aimed at scaling up the meaningful participation by communities (PWDs and none-PWDs) and other strategic stakeholders in key process of policy development, review, monitor implementation, outcome assessment and impact evaluation of PWD Interventions, in their diversity.

### **Specifically, the CSO fraternity should;**

- a) Design and convene awareness drives on disabilities to the general society in an effort to reduce cases of profiling, stigma, mental health challenges and negative perceptions.
- b) Advocate for prioritization of economic opportunities and volunteer programs for PWDs in an effort to flag out skills, talents and competencies and reap the associated career, social health benefits.
- c) Conceptualize mentorship and coaching programs that will facilitate skills growth, confidence and personality development.
- d) Conceptualize other forms of training and awareness sessions for persons who are not disabled in the society so that they empowered to live, work with and engage PWDs in their diversity, in their contexts.
- e) Strengthen community consciousness on rights of PWDs and debunking myths that hamper access to SRHR needs and services. This action will result to mapping out of facilities that are youth friendly and accessible to PWDs therein developing strategic Interventions aimed at improving access and care to SRH services.
- f) Facilitation - *through evidential basis*, public and private school learners linkages to institutions that run economic empowerment programing e.g. Bombolulu Cultural Centre, APDK, Youth Department among others. This action will be key to harnessing economic skills and capabilities by the PWDs.



## Lessons Learnt

- a) As a result of the CHAM project being implemented by DAYO, findings show that, there is an overall positive effect to enhancing learner outcomes through the social approach mentoring relationship for youth in learning institutions who are classified as vulnerable, marginalized or "at risk".
- b) While the PWD situation is perceived as more of an individual matter – *especially for the said individual with disability, and in line with SDG 10 of the United Nations Global Goal* - the net effect means that failure to plan and invest on PWD Interventions by the County Government subsequently means that the larger community is directly or indirectly affected on the social, economic and political basis. These are key areas where their voice and agency is imperative and, their needs and priorities are considered as key.
- c) Meaningful engagement in development of the policy means that, the respondents or stakeholders can provide some very critical information or approaches that traverse the county.
- d) There is need to have a broader stakeholder composition and in-depth engagements to ascertain that all issues are well represented and articulated in the policy formulation phase.
- e) The process of formulating the PWD policy should delve beyond the PWD-Centric organizations and deliberately engage CSOs that address or work on other development and social matters. This action will significantly enrich the entire process.

## Limitations of the Survey

The survey was majorly a success as its objectives were effectively met within the scheduled timeframe and scope. However, there were some challenges that the team faced which were handled with the support of the County Government [Directorate of Gender] and DAYO Team. Key to the challenges was the issues of securing interviews where competing demands meant that some interviews had to be postponed a couple of times.

Notably, there was a respondent who was not very conversant with the process of the draft document – this meant that the engagement was not quite informative. However, the cross-stakeholder recommendations from the said individual were very progressive to inform the review process. On the focus discussions, the gender dynamic was very evident as the male composition was more dominant in the discussions as compared to the females. This brings to the fore, the place of gender in development spaces and process in relation to; culture, social responsibilities, voice and agency of women.

## Annexure

### Annex 1: List of Informants (Key Informants)

No.	Name	Gender	Organization
1.	Enos Opiyo	Male	DAYO
2.	Esther Ingolo	Female	County Government Of Mombasa
3.	Joseph Waweru	Male	HAKI Africa
4.	Pauline Mbodze Chengo	Female	YWCA
5.	Jemima Kutata	Female	APDK
6.	Badi Mwalimu	Male	Outstanding Abilities Kenya
7.	Hudson Karum	Male	Vision for the Blind
8.	Florence Weka	Female	Vision for the Blind
9.	Debora Nzisa	Female	SpinabifidaHydrocephalus Association
10.	Sarah Mueni	Female	MCDLF
11.	Stephen Mweu	Male	Mombasa School for the Physically Handicapped
12.	Munira Hamisi	Female	County Government of Mombasa – Youth Dept
13.	Rhoda Kisunza	Female	Ministry of ICT, Innovation and Youth Affairs
14.	Elvis Mwinyi	Male	Right Here, Right Now

### Annex 2: List of Group Discussants (FGD participants)

No.	Name	Gender	Organization
1.	Maureen Kerubo	Female	City Star Deaf Youth Group
2.	Leakey Nyabaro	Male	City Star Deaf Youth Group
3.	Babelyn Mskila	Female	City Star Deaf Youth Group
4.	Nicholas Otieno	Female	Kenya Sign Language Interpreters Association
5.	Rose Ndonga	Female	Kenya Sign Language Interpreters Association
6.	Mohammed lingo	Male	Likoni Ability Network
7.	Sharifa Nyangai Athman	Male	Likoni Ability Network
8.	Abdul Hassan	Male	Al-Muqtadir
9.	Alice Njeri Mwangi	Female	Likoni Ability Network
10.	Shee Ali Nzori	Male	Likoni Ability Network
11.	Jescar Mwangiri	Female	Cerebral Palsy Foundation
12.	Florence Ndaa	Female	Jiinue Disable Organization
13.	Ruth Akinyi	Female	Mombasa County Deaf Women - CBO
14.	Mary Omboca	Female	Unleashing Potential in Autism Organization
15.	Monicah Kiema	Female	Imarisha PWDs Group

Annex 2: Pictorials (KIIs and FGDs)



Images showing key informant interviews and focus group discussions in progress.