

**DISABILITY INCLUSION RESEARCH ON DETERMINING THE DRIVERS AND LEVEL OF MARGINALIZATION AMONG  
PERSONS WITH DISABILITIES IN FOUR COUNTIES OF KENYA  
(EMBU, TAITA TAVETA, SIAYA AND MAKUENI)**

**KENYA LEAVE NO ONE BEHND INITIATIVE**

**SUBMITTED BY: MABEL ISOLIO**

**FEBRUARY – MARCH, 2021**

TABLE OF CONTENT .....	<b>Error! Bookmark not defined.</b>
LIST OF ACRONYMS AND ABBREVIATIONS.....	3
EXECUTIVE SUMMARY .....	4
1.0 INTRODUCTION AND BACKGROUND INFORMATION TO DISABILITY INCLUSION RESEARCH.....	7
1.1 INTERNATIONAL AND NATIONAL POLICY AND LEGAL FRAMEWORKS ON DISABILITY. ....	8
1.2 PURPOSE, OBJECTIVES AND SCOPE OF THE RESEARCH .....	8
1.3 KENYA’S DISABILITY PROFILE .....	9
1.4 PROFILES OF THE DISABILITY INCLUSION RESEARCH COUNTIES .....	10
1.5 METHODOLOGY OF THE DISABILITY INCLUSION RESEARCH: .....	13
1.5.1 Desk Review:.....	13
1.5.2 Development of Study Tools.....	14
1.5.3 Study Population and Sample Size.....	14
1.5.4 Data Collection .....	14
1.5.5 Data Presentation, Analysis and Report Compilation.....	14
1.5.6 Ethical Considerations .....	15
1.5.7 Limitations of the Study.....	15
2.0 HIGHLIGHTS OF THE MAIN RESEARCH FINDINGS .....	16
2.1 SOCIO-DEMOGRAPHIC INFORMATION .....	16
2.2 Mapping out organizations .....	20
2.3 Existing programmes, systems and policies.....	21
2.4 VNR Participation and Reporting mechanisms .....	21
2.5 Existing inequalities that lead to exclusion .....	22
2.6 Qualitative data/ research to close out drivers of marginalization .....	23
2.7 National and county planned policies, strategies .....	24
2.7.1 Cross-cutting gaps to address drivers of marginalization of PWDs .....	25
2.7.2 Recommendations linked to the identified cross cutting gaps:.....	26
3.0 ANNEXES: COUNTY SPECIFIC RESEARCH FINDINGS .....	28
3.1 ANNEX 1: EMBU COUNTY.....	28
3.2 ANNEX 2: TAITA TAVETA COUNTY.....	34
3.3 ANNEX 3: MAKUENI COUNTY .....	39
3.4 ANNEX 4: SIAYA COUNTY .....	43
ANNEX 5:REFERENCES.....	48

## **LIST OF ACRONYMS AND ABBREVIATIONS**

APDK	Association for the Physically Disabled of Kenya
CBO	Community-based Organization
CEDAW	Convention on the Elimination of All forms of Discrimination Against Women
CIDP	County Integrated Development Plan
CIPK	Council of Imams and Preachers of Kenya
COVID-19	Corona Virus Disease 2019
DPO	Disabled Peoples Organizations
ICSC	International Civil Society Centre
KNBS	Kenya National Bureau of Statistics
KPHC	Kenya Population and Housing Census
LNOB	Leave No One Behind
NCPWD	National Council for Persons with Disabilities
NGO	Non-Governmental Organization
PWD	Persons with Disability
SDG	Sustainable Development Goals
UDPK	United Disabled Persons in Kenya
UHC	Universal Health Care
VNR	Voluntary National Reviews
VSO	Voluntary Service Overseas

## EXECUTIVE SUMMARY

This report presents the findings of a Disability Inclusion Research whose precursor was a Desktop Review conducted in February 2021. The research was commissioned by the Kenya 'Leave No One Behind' Consortia Partners and conducted in four counties of Kenya (Siaya, Taita Taveta, Makueni and Embu) in February/March 2021. The review is a systematic critique that sought to gain a deeper understanding of the current situation regarding the drivers and level of marginalization among persons with disability, women and youth at legal and policy level, programmes and in county processes. The specific objectives of the research were to:

- Map out organizations that are planning to conduct surveys to include questions on inclusiveness and meaningful participation
- Establish existing programmes and projects, systems and policies that allow or hinder meaningful participation of the different social groups in the implementation of SDGs
- Examine existing participation mechanisms for Persons with Disabilities in Voluntary National Review (VNR) reporting and county budget formulation.
- Determine existing inequalities that lead to exclusion and considering intersectional disadvantages through systemic literature review.
- Gather qualitative data/commission a research to close out knowledge gaps on drivers and level of marginalization among marginalized groups
- Review national and county planned policies, strategies and programmes that the project can influence at the drafting stage.

In terms of methodology, the assignment was done in two phases: the first phase was the desk review, followed by the Disability Inclusion Research. Both phases of the assignment involved quantitative and qualitative methods of inquiry to collect data on drivers and levels of marginalization of PWDs. The desk review was mainly qualitative, with some quantitative information derived from statistics cited on the subject of study, from credible sources such as Government of Kenya, the UN and World Bank and World Health Organization. A total of 281 respondents were reached through households, while 466 respondents were interviewed as Key Informants and in FGDs from the four study counties. The research counties were selected on the basis of Kenya LNOB consortia partners implementing either directly or through their partners in the targeted counties: CBM partner APDK was responsible for mobilization in Embu and Makueni counties; VSO Kenya supported Siaya and Taita Taveta counties. In addition to the implementing partners on the ground, the research team also noted that the Kenya LNOB Consortia Partners had started on a point of strength in terms of influencing policy as each of the study counties has a Member of the County Assembly (MCA) in charge of Disability.

The findings analyzed by objective, if addressed by stakeholders, will contribute to improved participation of marginalized groups and responsiveness of duty bearers in the implementation of SDGs in the study counties:

### **a) GAPS IDENTIFIED BY THE RESEARCH**

#### **Objective 1: Mapping of organizations and questions of inclusiveness and meaningful participation**

- Only four (4) organizations were identified to have planned to conduct a survey within the research project period. These included one (1) Kenya LNOB Consortia Partner (Plan International Kenya); CARE International in Kenya; Kenya Tourism Promotions Board and Nairobi Centre for International Arbitration. The commissioning of the Disability Inclusion Research itself set the pace for 'inclusiveness' and 'meaningful participation' of PWDs.
- There is a limited understanding of the concept of 'inclusiveness and meaningful participation' of PWDs among most key informants and respondents in FGDs. This leads to an inappropriate assumption that a person with (severe) disability can enjoy 'inclusiveness and 'meaningful participation' without the support of a care giver.

#### **Objective 2: Existing programmes and projects, systems and policies that allow or hinder meaningful participation**

- Despite the Constitution of Kenya, Disability Act 2003, County Disability Acts allowing for meaningful participation, there is inefficient and ineffective service delivery of social protection programmes to PWDs.

- Lack of data that is adequately disaggregated by sex, age and disability hinders analysis of how budget allocations contribute to disability inclusion and meaningful participation in all sectors.
- Inefficient and ineffective utilization of Disability Mainstreaming tools such as the Kenya Population and Housing Census data in budgets for planning and implementation of programmes from National to Ward level.
- Failure by some organizations funded by government to publicly share accessible and comprehensive information in friendly formats on how the funds are used and their outcomes to support of disability inclusion.
- Impunity and inefficiencies in the delivery of basic services, registration of PWDs, updated information in accessible formats by PWDs on government services such as tax relief, AGPO, relief food; COVID-19 response.
- Inadequate funding for key programmes such as special needs education at primary and secondary level- affects efforts towards inclusive education.
- Lack of involvement of PWDs in budget formulation process for the implementation of SDGs.
- Inadequate access to support services e.g. assessment, identification, categorization of PWDs, registration cards due to distance, poor mobility, access to assistive services hinders meaningful participation of PWDs.
- Lack of access to current and updated information in accessible formats to PWDs; and inequalities in access to basic services such as schools, transport and extra classroom support with Disability trained teachers and other support that would enable students with disabilities to benefit from education.

**Objective 3: Existing participation mechanisms for PWDs in VNR reporting and county budget formulation.**

- Stakeholders in disability have inadequate awareness of Voluntary National Reviews (VNR). It is new and with limited publicity around it, participation, reporting and county budget formulation mechanisms involved. Most PWDs do not know that cash transfers, Universal Healthcare Care (UHC- NHIF) and Food Security, as part of the Big 4 Agenda items for Kenya, are some of the country's participation and reporting mechanisms in the VNRs.
- The PWDs participate in the VNRs through access to cash transfers, food security (as part of the Big 4 Agenda); and report on it through representation of UDPK, which sits in the committee that prepares Kenya's VNR report.

**Objective 4: Existing inequalities that lead to exclusion and considering intersectional disadvantages**

- There is unequal access by persons with disabilities to basic rights and services in schools, transport, curriculum, extra classroom support such as trained teachers to enable students with disabilities to benefit from education.
- Inequalities due to inadequate access to current and updated information in acceptable formats by persons with disabilities, the built environment; illiteracy and poverty of disability. These inequalities contribute to and perpetuate increased marginalization of persons with disabilities.

**Objective 5: Gather qualitative data/commission a research to close out knowledge gaps on drivers and level of marginalization among marginalized groups**

- Inadequate financial resources to facilitate assessment, identification and categorization of disabilities at county, sub-county and community level;
- Inadequate sex , age and disability disaggregated data for planning and budgeting for service delivery to PWDs;
- Inadequate enjoyment of human rights and access to justice by PWDs.

**Objective 6: Review national and county planned policies, strategies and programmes that the project can influence at the drafting stage.**

- Each of the study counties has a Member of the County Assembly (MCA) in charge of Disability in place. They can influence policy on issues of justice and human rights for persons with disability
- Lack of recognition and investment in care giving to PWDs, as the care giver is a strategic partner in the physical support, rehabilitation and psychosocial support of PWDs.
- Lack of a County Disability Policy model to guide implementation of disability- responsive interventions.

## **b) THE RESEARCH RECOMMENDATIONS**

These were linked to the research objectives and identified gaps thereto:

### **(i) Recommendations from Stakeholders**

#### **Objective 1: Mapping of organizations and questions of inclusiveness and meaningful participation**

- Kenya LNOB to ensure integration of questions on 'inclusiveness' and 'meaningful participation' of persons with disabilities in the surveys conducted by Plan International, CARE International in Kenya; Kenya Tourism Promotions Board and Nairobi Centre for International Arbitration.

- Create awareness on the concepts of 'inclusiveness and 'meaningful participation for PWDs'.

#### **Objective 2: Existing programmes and projects, systems and policies that allow or hinder meaningful participation**

- The government to channel any social protection cash transfers to persons with disability from the County Commissioner's office directly through disability organizations and groups such as NCPWD and UDPK to cut down on corruption, nepotism, favouritism and other vices. This includes the COVID-19 response.
- Government to enact a time-bound law to facilitate adaptation of the built environment to disability; access to government information in timely and accessible formats to enable meaningful contributions to the Kenya LNOB and the SDGs agenda with particular emphasis on participation of PWDs in county and community processes.
- Enhance collection of sex and disability disaggregated data at county level: KNBS, NCPWD, disability actors and stakeholders to provide technical facilitation for dissemination, targeting, planning and budget allocation.
- Ensure availability of data that is adequately disaggregated by sex, age and disability to allow for analysis of how budget allocations contribute to disability inclusion and meaningful participation in all sectors.
- Lobby for increased and sustained budget allocation for PWDs to ensure coverage of services trickles down to Ward and local institutions that offer services to PWDs. The State Department for Social Protection (SDSP) earmarked KES 9 billion for programmes that promote inclusion and empowerment of PWDs between FY2016/17 and FY2020/21 for the Social Assistance to Vulnerable Groups sub programme, i.e. Cash Transfer for Persons with Severe Disabilities (PWSD-CT). This budget for disability inclusion was reduced from 7.5% in FY2016/17 to 4.6% in FY2019/20 but increased slightly to KES 6 billion in FY2020/21.
- There is need for a review of government sponsored programmes targeting PWDs such as cash transfers, UHC, AGPO and COVID-19 Response to establish the gains and challenges faced by PWDs in their implementation.

#### **Objective 3: Existing participation mechanisms for PWDs in VNR reporting and county budget formulation.**

- Strengthen the capacity of PWDs to participate and proactively engage in the VNR, to increase knowledge and awareness, access to safety and security protection, justice and rights to ensure they are 'not left behind' .
- Strengthen partnerships with the media to monitor and publicize progress on the implementation of the SDGs, with a specific focus on relevant targets and indicators to the LNOB agenda for persons with disabilities.
- Strengthen the capacity of the marginalized groups on LNOB agenda and meaningful participation, through involvement in online workshops, selected one-one events to motivate them to fast-track SDG implementation.

#### **Objective 4: Existing inequalities that lead to exclusion and considering intersectional disadvantages**

- The NCPWD and County Governments to bring registration of PWDs closer – at Sub-County and Ward level, focusing on accessibility to registration points due to mobility and proximity of the PWD groups.
- Government to disseminate and enforce adherence and compliance to Disability Mainstreaming and Sensitivity Approaches; strengthening capacity of support personnel to have awareness, knowledge and skills to respond to needs of PWDs in health, water, public and private facilities beyond sign language, ramps, assistive devices .

### **(ii) Recommendations from the research team**

- Provide better access to digital inclusion by persons with disabilities.
- There is need to develop a policy on care giving to persons with disabilities.

## 1.0 INTRODUCTION AND BACKGROUND INFORMATION TO THE DISABILITY INCLUSION RESEARCH

The United Nations<sup>1</sup> estimates that over a billion people live with some form of disability and they are disproportionately represented among the World's poorest and at greater risk of suffering from violence, disaster, catastrophic health expenses and many other hardships. This information finds credence in earlier reports by World Health Organization and World Bank (2011)<sup>2</sup> indicating that the prevalence of people with severe and moderate disabilities is higher in Africa than in many regions of the world, especially among the 50 years and below, with most of the disabilities caused by infectious diseases and injuries from a variety of sources. This situation is worse for women, older people and those in low-income settings as they are disproportionately affected by disability due to increased health risks and limited access to basic services.

The prevalence of disability among all populations is a key factor in the campaign for disability inclusion. According to the Kenya Household and Population Survey (2019)<sup>3</sup>, Kenya's population was projected to be 47.5 million of which 2.2% (0.9million) are persons with disabilities (visual, hearing, mobility, cognition, self-care and communication impairments). This population of PWDs comprises 2.6% in the rural areas while 1.4% is based in the urban areas. The same Census recorded an estimated population of 0.97% of persons with albinism<sup>4</sup>. This is the first census in which persons with albinism and intersex were counted in the country. Previously, Kenya conducted seven (7) censuses in 1948, 1962, 1969, 1979, 1989, 1999 and 2009.

Overall, persons with disabilities constitute 15 percent of the world's population- an over representation among the poorest citizens of the world. Disability is referenced 11 times in the Sustainable Development Goals (SDGs); "Vulnerable populations" is referenced another six times in the SDGs. In the words of Ban Ki-moon, UN Secretary General (2012 - 31 Dec 2016), "to be truly transformative, the Post 2015 development agenda must prioritize gender equality and women's empowerment. The world will never realize 100 percent of its goals if 50 percent of its people cannot realize their full potential." The SDGs cannot be met without proactive disability inclusion<sup>5</sup>.

In April 2020, the Office of the United Nations High Commissioner for Human Rights (OHCHR)<sup>6</sup> noted that 'While the COVID-19 pandemic threatens all members of society, persons with disabilities are disproportionately impacted due to attitudinal, environmental and institutional barriers that are reproduced in the COVID-19 response.' From the time the pandemic hit Kenya, response measures such as lockdowns have created significant disruption and additional risks to the autonomy, health and lives of people with disabilities. It has contributed to their higher exclusion from COVID-19 responses, as support and political commitment are required to ensure PWDs can access essential services, including health and social protection and medical facilities through the crisis.

In September 2015, the World adopted Agenda 2030 (Sustainable Development Goals) and embarked on a 15-year journey to eradicate poverty, reduce inequalities and ensure equal opportunities and dignity. The SDGs are committed to "leave no one behind" and prioritize the "furthest behind first". The Leave No One Behind (LNOB) Initiative in Kenya is linked to the International Civil Society Centre's (ICSC) Making Voices Heard and Count Project that will help to build the capacities of national and local level partner organisations to conduct local level researches in more than 100 research locations across 8 countries. In Kenya, organisations under the LNOB Coalition co-steered by VSO Kenya are jointly implementing a project that amplifies the voices of marginalized groups including women, persons with disabilities (PWDs), youth and grassroots CSOs in the implementation of SDGs. The main objective of the project is to improve participation of marginalized groups and responsiveness of duty bearers in the implementation of SDGs in Embu, Makueni, Taita Taveta and Siaya County.

---

<sup>1</sup> Human Development Report 2020 at <http://hdr.undp.org/en/content/2020-hdr-media-package>

<sup>2</sup> World Report on Disability, Retrieved from [http://www.who.int/disabilities/world\\_report/2011/report/en/](http://www.who.int/disabilities/world_report/2011/report/en/)

<sup>3</sup> <https://www.knbs.or.ke/?wpdmpo=2019-kenya-population-and-housing-census-volume-iv-distribution-of-population-by-socio-economic-characteristics>

<sup>4</sup> Albinism refers to a group of inherited conditions that causes little or no pigmentation in the eyes, skin or hair. It is a genetic mutation, which is found in all races, that causes a lack or deficiency in melanin in the body, the photo-protective pigment that protects a person from the sun's harmful ultraviolet rays, resulting in physical characteristics like white or light blond hair, violet to blue eyes, very pale skin that is particularly sensitive to the sun..

<sup>5</sup> United Nations (2015) Sustainable Development Goals and Disability: <http://www.un.org/disabilities/default.asp?id=1618>

<sup>6</sup> Leonard Cheshire 'Innovation to Inclusion (i2i) programme on Impact of COVID-19 on the lives of PWDs

## 1.1 INTERNATIONAL AND NATIONAL POLICY AND LEGAL FRAMEWORKS ON DISABILITY INCLUSION

The Convention on the Rights of Persons with Disabilities (UNCRPD) identifies “Persons with disabilities to include those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers (e.g. attitudinal and environmental), may hinder their full and effective participation in society on an equal basis with others.” However, Schulze<sup>7</sup>, M. 2010 and WHO & World Bank (2011) found this explanation to be inconclusive and assert that disability is not an attribute of the person, because ‘an impairment on its own would not lead to disability should there be a completely inclusive and comprehensively accessible environment’. To ensure that none of the PWDs are left behind, this research engaged with other legal and policy frameworks such as the Convention on Elimination of Discrimination of All forms of Discrimination Against Women (CEDAW)<sup>8</sup> which are more inclusive to disability. CEDAW recognizes disability based on any of the five “grounds”: race, colour<sup>9</sup>, and descent, national and ethnic origin. This research focuses on 6 disability domains: visual, hearing, mobility, cognition, self care and communication.

The Constitution of Kenya (2010) states in Article 54(1) (a) that “A person with any disability is entitled to be treated with dignity and respect and to be addressed and referred to in a manner that is not demeaning. The country has been consistent with recognition and support to disability discourse, based on its precedence of ratifying the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) on May 5, 2008, which mandates the rights of individuals with disabilities in virtually all aspects of life. Ratifying countries should ensure that men, women and children with disabilities are not discriminated against and can be facilitated to equitably access same services as their peers. In October 2015, Kenya working closely with Disabled Peoples Organizations (DPOs), instituted a working committee appointed by the Principal Secretary responsible for disability matters to consider recommendations to develop a national Plan of Action to implement CRPD. This plan was launched in November 2016, gave direction to hold institutions and duty bearers to account for implementing the CRPD in the country in a structured way.

Kenya’s Disability Act No. 14 of 2003 was enacted to codify provisions applicable to all forms of disability and it exists alongside prior-existing pieces of legislation. It was assented to on the 31<sup>st</sup> December, 2003 and came into force on 16<sup>th</sup> June 2004. The main objectives of the Act are to provide for the rights and rehabilitation of PWDs, to achieve equalization of opportunities for PWDs and to establish the National Council for Persons with Disabilities (NCPWD). In a thesis<sup>10</sup> that reviewed the Disability Act (2003) and its compliance with the Constitution of Kenya, the author limited himself to conventional forms of disability under the UNCRPD and did not explore other types of disability not covered by the Act, for example, dwarfism, epilepsy, bisexuality (hermaphrodites), cleft lip palates and albinism.

## 1.2 PURPOSE, OBJECTIVES AND SCOPE OF THE RESEARCH

The purpose of the research project is to improve participation of marginalized groups and responsiveness of duty bearers in implementation of SDGs in Embu, Makueni, Taita Taveta and Siaya County. The specific objectives are to:

- Map out organizations that are planning to conduct surveys to include questions on inclusiveness and meaningful participation
- Establish existing programmes and projects, systems and policies that allow or hinder meaningful participation of the different social groups in the implementation of SDGs
- Examine existing participation mechanisms for Persons with Disabilities in Voluntary National Review (VNR) reporting and county budget formulation.
- Determine existing inequalities that lead to exclusion and considering intersectional disadvantages through systemic literature review.
- Gather qualitative data/commission a research to close out knowledge gaps on drivers and level of marginalization among marginalized groups.
- Review national and county planned policies, strategies and programmes that the project can influence at the drafting stage.

---

<sup>7</sup> Understanding the UN Convention on Rights of Persons with Disabilities (Handicap International):

<sup>8</sup> Often referred to as the ‘women’s bill of rights’, CEDAW is significant in the international human rights framework because it is exclusively devoted to gender equality. It affirms the reproductive rights of women and targets culture and tradition as influential forces shaping gender roles and family relations (includes PWDs)

<sup>9</sup> To refer to persons with albinism –disability on account of skin pigmentation.

<sup>10</sup> Joshua M. Ngulu (2012): Kenya’s Persons with Disabilities Act, No. 14 Of 2003: A Case for Compliance of the Act with The Constitution of Kenya, 2010.



The research was conducted in four counties: Embu, Siaya, Taita Taveta and Makueni. The focus was on types of disabilities found in the counties of study and profiles of actors by disability clusters; types of gaps by level -legislative and policy, institutions of governance and inclusion processes; participation mechanisms in Voluntary National Review reporting on progress of implementation of SDGs, inequalities and marginalization/ exclusion of PWDs; drivers of marginalization and policy influencing on inclusiveness a meaningful participation of PWDs. The primary respondents were men, women with disabilities and key stakeholders dealing with disability issues; however, care givers also featured prominently in the research, given their role of care giving to PWDs.

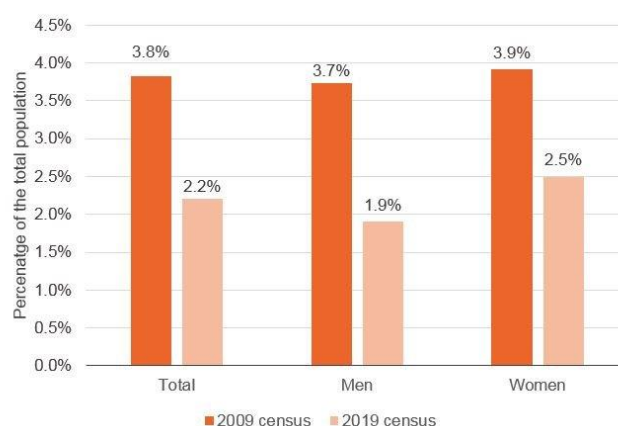
### 1.3 KENYA'S DISABILITY PROFILE

Kenya's population was 47.5 million people, with an average household size of 3.9 (2019 Census). This population is distributed as 23,548,056 males, 24,014,716 females while 1,524 are intersex. The Kenya Population and Housing Census (KPHC) identified 918,270 people (394,330 males, 523,883 females) to be persons with disabilities. Out of this disability population, 738,778 PWDs (316,071 males, 422,678 females) live in the rural areas while 179,492 PWDs (78,259 males, 101, 205 females) are in the urban areas. The disability status of 7,652 people (3,821 males, 3,827 females) is unknown. It is also to be noted that there are discrepancies in cumulative data at national and county level – this might be due to the fact that counting was done from age five years or there are estimates used.

**Map of Counties of Kenya**



Source: Wikipedia 2018



The indicative drop in the Census data reflects only individuals from age 5 and above. KNBS 2019 data on disabilities indicates that more women than men are affected by disabilities, thus 2.5% women compared to 1.9% of<sup>11</sup>.

Type of disability	Male	Female	Total
Visual	135,965	197,542	333,520
Hearing	67,626	85,728	153,361
Mobility	146,966	238,432	385,417
Cognition	89,814	122,959	212,798
Selfcare	65,950	73,966	139,929
Communication	60,701	50,641	111,356
Intersex	-	-	1,524
Persons with Albinism	4,467	5,261	9,729
<b>Grand total</b>	<b>571,489</b>	<b>774,620</b>	<b>1,347,634</b>

Source: 2019 Kenya Population and Housing Census: Volume IV

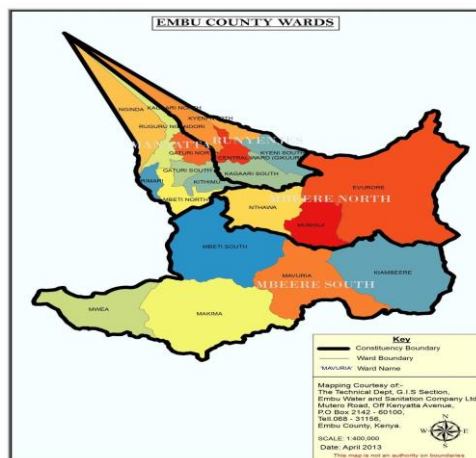
The above table shows common types of disability as mobility (385,417) followed by visual (333,520). The disabilities that were not referenced in the KPHC include dwarfism and cleft lip palates. A total of 9,729 persons have albinism.

<sup>11</sup>KNBS (May 2020); Status of Disability in Kenya.

## 1.4 PROFILES OF THE DISABILITY INCLUSION RESEARCH COUNTIES

### 1.4.1 EMBU COUNTY

Embu County is part of the former Eastern Province of Kenya. The county borders Kirinyaga to the west, Kitui to the East, Tharaka Nithi to the north and Machakos to the south. It occupies an area of 2,821 km<sup>2</sup>. The county is largely metropolitan with a population of 608,599 persons distributed as 304,208 males, 304,367 females and 24 intersex (2019 Census). Embu has 23,816 PWDs (9,681 males, 14,133 females). The population per Sub-County is as follows: Embu East: 129,564 people; Embu North: 79,556 people; Embu West: 127,100; Mbeere South: 163,476; and Mbeere North: 108,881 people; with Mt. Kenya Forest having 22 people. Embu County has three main ethnicities: the Embu, Kamba and the Mbeere. The Embu are found in Manyatta and Runyenjes constituencies while the Kamba and the Mbeere are in Mbeere North and Mbeere South constituencies with the former mainly found in Mbeere South.

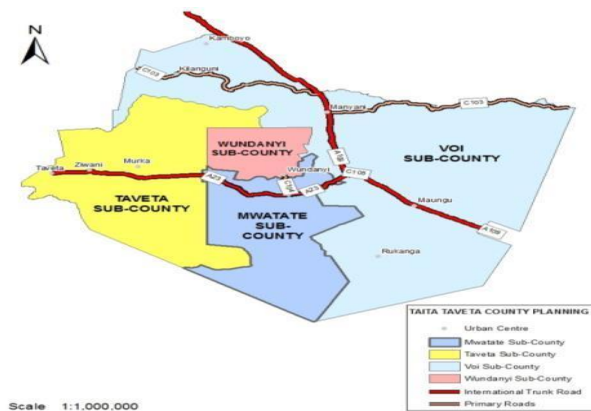


Source: Embu County CIDP, 2018-2022

### 1.4.2 TAITA TAVETA COUNTY

Taita-Taveta County is part of the six Coast Counties in Kenya and is situated bordering Tanzania in the South Kwale in the South East, Kajiado in the northwest, Makueni in the North, Kilifi in the northeast, and Mombasa in the East. Its total land area covers 17,152 km<sup>2</sup>, and it has an estimated population of 297,186 (150,452 males, 146,728 females) (Census 2019) of whom 8,305 have disabilities (3,636 males, 4,666 females). Its main features include the Tsavo East and Tsavo West wildlife parts, Mt. Kilimanjaro and the central Taita hills. The Mombasa Nairobi highway and the SGR traverse this county through Voi Sub-County. A link road from Voi links Kenya to Tanzania through the Taveta-Moshi highway.

The County has four Sub-Counties thus: Voi in the East, Wundanyi in the Central and Mwatate stretching from the centre bordering Wundanyi in its north, Voi on its East and Taveta on its West. Taveta is on the West and south west of the County. This study sampled Taveta Sub-County and Voi Sub-County.



Source: Taita Taveta CIDP 2017-2022

### 1.4.3 MAKUENI COUNTY

Makueni County has a land area of 8,034.7 km<sup>2</sup>. Its population is estimated to be 1,544,111 people (KNBS 2019). The population comprises 51.3% females and 48.7% males, which comprise 229,637 households. There are 36,369 persons with disability (14,896 males, 21,472 females) in Makueni County (2019 Census). The child population (0–14-year-olds) constitutes 44% of the population<sup>12</sup> and a birth rate of slightly over the national 5 children per woman.

The county borders Kitui in the North East, East, and Southeast; Taita-Taveta County on the South, Kajiado on the West and Machakos on the north and northwest. The County has six Sub-Counties, Makueni, Kaiti, Kilome, Mbooni, and Kibwezi East and Kibwezi West. This study research sampled Kibwezi West, Sub-County.

Some of its key features include the Athi River on its easterly border, the Mbooni, Kilungu, Kalama, and Kyulu mountain ranges, the Nzaui hill, and parts of East and West Tsavo. The SGR and the Mombasa-Nairobi highway run along its westerly border from near Salama all the way to Tsavo centre.

The research team contacted County Departments that deal with disability for key informants. These comprised the Department of Gender, Culture, Children, and Social Services, Culture and Children, NCPWD, Department of Agriculture, Ward Administration, Local Public Administration (Chiefs), Department of Health, Department of Education, Officials of Groups of Persons with Disability, Persons with disability for personal testimonials, Physiotherapist at KPDO, technical personnel fabricating appliances and assistive devices for PWDs in Kibwezi, and Kibwezi Disabled Persons Organization. The research team conducted 7 FGDs, in three Wards of Kibwezi West Sub-county, which brought together care givers, persons living with disability 3 groups of youth without disabilities.

**Sketch Map of Administrative Units in Makueni County**



<sup>12</sup>IDS, (2020). *Disability Inclusive Development Kenya Situational Analysis*

#### 1.4.4 SIAYA COUNTY

Siaya County is situated in the former Nyanza Province of Western part of Kenya. The County is bordered by Busia County to the north, Kakamega and Vihiga Counties to the northeast and Kisumu County to the southeast and shares the shores of Lake Victoria together with other neighbouring counties. Siaya County has an area of 2530.4 sq. Km with a population of 993,183 people comprising 471,669 men, 521,496 women and 18 intersex (2019 Census). This population comprises 35,580 PWDs (10,072 males, 21,508 females). The County is made up of six constituencies/sub counties: Ugenya, Ugunja, Alego Usonga, Gem, Bondo and Rarieda with a total of 29 wards. The capital is Siaya, even though the largest town and the County's economic hub is Bondo. It is inhabited by nine communities: Yimbo, Alego, Uyoma, Gem, Ugenya, Sakwa, Usonga, Asembo and Uholo. Kenya Demographic and Housing Survey (KDHS, 2017) indicated high poverty levels (47.56%) and food insecurity, which are known contributors to various forms of disability.

Map of Siaya County



## **1.5 METHODOLOGY OF THE DISABILITY INCLUSION RESEARCH:**

This study was both quantitative and qualitative and was guided by the objectives of the research. Various data collection tools were used including KIIs, Focus Group Discussions (FGDs), a Household Survey questionnaire and a Partner Mapping Analysis Matrix to get details of organizational objectives, achievements and strategies used in dealing with disability work. Secondary data was obtained from the desktop review, which was the first part of this research as guided by the terms of reference for the assignment.

### **1.5.1 Desk Review:**

The Disability Inclusion Research started with an initial desktop review of Kenya Leave No One Behind Consortia Partners project. The review was a systematic critique that contributed to increased understanding of the drivers and level of marginalization among persons with disability, women and youth at legal and policy level, programmes and county processes. The review used internet search engines and databases including Google Scholar<sup>13</sup>, the Leonard Cheshire Disability Databases, PubMed and Web of Science to source documents and articles on published and unpublished literature on the subject of study, guided by the objectives which were similar for the two phases (review and research) of the assignment. These sources were supplemented with literature (in English) from search engines and websites which host grey<sup>14</sup> literature such as governments, research institutes, donor organizations and international NGOs working in the disability sector and LNOB Consortia partner websites. The review was conducted by objective, with the summarized findings and identified gaps guiding the development of data collection tools for the County focused research. The gaps include, but are not limited to:

#### **Objective 1: Mapping of organizations conducting surveys to include questions on ‘inclusiveness’ and ‘meaningful participation’ of PWDs:**

- Inadequate understanding of the concepts of ‘inclusiveness’ and ‘meaningful participation’ of PWDs on issues that affect them.
- Only 4 organizations, including one Kenya LNOB Consortia Partner (Plan International), planned to conduct surveys during research project period.

#### **Objective 2: Existing programmes and projects, systems and policies that allow or hinder meaningful participation of the different social groups in the implementation of SDGs**

- Lack of sex and disability disaggregated data to determine the PWDs accessing government sponsored programmes such as cash transfers and COVID-19 Response; Universal Health Care (UHC) focusing on NHIF.
- Lack of incomes and skills to navigate the market place.
- Low budgets for disability programmes and services
- Lack of access to current and updated information in accessible formats to PWDs; and inequalities in access to basic services such as schools, transport and extra classroom support with Disability trained teachers and other support that would enable students with disabilities to benefit from education.
- Despite the Constitution of Kenya, Disability Act 2003, County Disability Acts promoting the meaningful participation, there is inefficient and ineffective service delivery of social protection programmes to PWDs.
- Lack of recognition for care giving to PWDs, as the care giver is a strategic partner in the physical support, rehabilitation and psychosocial support of PWDs.

#### **Objective 3: Examine existing participation mechanisms for Persons with Disabilities in Voluntary National Review (VNR) reporting and county budget formulation.**

- Inadequate understanding of the concept of ‘Voluntary National Review (VNR) by PWDs and other marginalized social groups, and the participation and reporting mechanisms therein. Most PWDs do not know that social protection programmes such as cash transfers for the elderly and PWDs and UHC are part of Kenya’s Big 4 Agenda which contributes to the LNOB in the implementation of the SDGs.

---

<sup>13</sup> Google Scholar (GS) is a commonly used web-based search engine of both academic and unpublished literature (articles not formally published by commercial academic publishers).

<sup>14</sup> Grey literature is research published outside of academia ( research institutions, programme reports, facilitation guides and training manuals).

- Inadequate understanding of the concept ‘leaving no one behind’, exacerbated by the lack of commitment by the government to reach ‘the furthest behind first’. According to the VNR report (2017), Kenya did not include the following categories of people as part of those ‘not to be left behind’ – ethnicity/religious, Indigenous, Widows, HIV, the Unemployed, LBGT and those with Mental health conditions.

**Objective 4: Inequalities that lead to exclusion and considering intersectional disadvantages of PWDs**

- Inequalities due to inadequate access to current and updated information in acceptable formats by persons with disabilities, the built environment, severe and multiple types of disability, illiteracy and poverty of disability. These inequalities contributed and perpetuated increased marginalization of persons with disabilities.
- Inadequate facilitation to empower PWDs to live independent lives – skills building prior to financial support
- Relegation of PWDs to low paying skills such as cobblers and sweepers

**Objective 5: Knowledge gaps on drivers and level of marginalization among marginalized groups**

- Lack of skills and sources of income perpetuate marginalization among PWDs
- Cultural practices and stigma cause and perpetuate marginalization of PWDs.

**Objective 6: National and county planned policies, strategies and programmes to be influenced at drafting stage.**

- Inadequate good will to develop disability-responsive policies on which care giving can be anchored as cross cutting issue.

**1.5.2 Development of Study Tools**

Both quantitative and qualitative data gathering tools were developed for the study, and approved by the Kenya Leave No One Behind consortia partners before commencement of the field data collection. These include:

- Key informant Interview Guides
- Focus Group Discussion Guide
- Household Survey Questionnaire
- Partner Mapping Analysis Matrix

**1.5.3 Study Population and Sample Size**

The study targeted primary stakeholders in disability who are women and men with disabilities as well as key informants who are people with expert knowledge on disability. The research targeted 188 respondents from each of the 4 study Counties or 752 in total. The study reached 745 respondents (281 households and 464 in KIIs and FGDs). The household survey reached 50.9% and 49.1% females and males respectively.

**1.5.4 Data Collection**

Key Informant Interviews and FGD were conducted after verbal consent was received either from the PWD interviewee or a caregiver (in the case of a respondent below 18 years). The respondents for the study were mobilized with the support of LNOB partners through county-based implementing partners. In Embu and Makueni counties, APDK provided the logistical support, while Siaya and Taita Taveta counties were supported by VSO Kenya volunteers. Household interviews were conducted with PWDs as well as those without disabilities. Key Informant Interviews were conducted with relevant County Government departments dealing with disability: Health, Gender and Social Services, Children’s department, labour and social protection; CSO representatives and the County Assembly; while Focus Group Discussions (FGDs) were conducted with women and men with disabilities (disaggregated by sex) and youth (male and female) without disabilities as a control variable. Also interviewed were care givers in FGDs in study counties and 2 and 6 as KIIs in Mbeere South and Taveta respectively.

**1.5.5 Data Presentation, Analysis and Report Compilation**

The questionnaires were pre-coded; however, allowance was provided for recording any additional information and comments from the respondents. Once administered and analyzed, the questionnaire- based survey allowed for descriptive statistics that are representative of the study population and the data generated used to establish association between variables. The study team used SPSS package for analyzing quantitative data. All the tools were implemented using principles of participation, non-discrimination, transparency and accountability.

For qualitative findings, responses from selected Key Informant questions were analysed using a sociometrical<sup>15</sup> participatory statistical approach to obtain quantitative data, which are presented as frequencies and percentages, for example, types of disabilities, root causes to inequalities, drivers of marginalization and actors in disability. The recommendations were directly linked to identified gaps and in line with the objectives of the assignment.

#### **1.5.6 Ethical Considerations**

As the lead partner in the Kenya LNOB consortia, VSO Kenya wrote introductory letters to the study Counties informing them of the research and its objectives. Two teams were engaged to collect data concurrently: each of the 2 study counties had a Consultant and a Field Assistant (FA) who was involved in the qualitative data collection process and training of Research Assistants (RAs) for the household data collection. Translators were not required as both teams had RAs from the study counties as part of local content and community empowerment and skills sustainability. All the RAs understood the common language of the study areas or conducted the interviews in Swahili or English. The use of mixed methods in data collection allowed for triangulation of findings, thus contributing to credibility and reliability of the results.

The Consultancy team ensured the following before and during data collection:

- All the research assistants were drawn from the target communities in order to eliminate misunderstanding or misinterpretation that may arise from the interviews.
- Given the sensitivity of the study, all the PWDs were asked to give verbal informed consent to participate in the research if 18 years and above; or by a guardian or parent if they were less than 18 years of age;
- COVID -19 protocols were observed including social distancing, wearing of masks during the research.
- Guaranteed ownership of study report by ensuring stakeholders comment and input on findings, conclusions, recommendations and lessons learned.

#### **1.5.7 Limitations of the Study**

The research was conducted at a time when COVID-19 health restrictions are in place and some of the Key Informants working remotely. This posed a challenge as some of them did not pick telephone calls or agreed to appointments that did not materialize. Although this did not affect the targets of respondents and quality of the research, it made the research team work for longer hours than anticipated. Further, the number of days allocated for the research was very prohibitive, given the scope and magnitude of the assignment.

---

<sup>15</sup> **Sociometry** is a quantitative method for measuring social relationships.

## 2.0 HIGHLIGHTS OF THE MAIN RESEARCH FINDINGS

The Kenya National Bureau of Statistics has been forward looking to provide accurate and updated data on persons with disability. This follows disability advocates championing for accountability in national and county budgets and programming for people with disabilities. For the first time since independence, the 2019 Census covered data disaggregated by sex and disability up to the Sub-County level and went a step further to include intersex<sup>16</sup> and persons with albinism as special categories of disability. Current data on disability also covers the disability domains, age, severity and locality of the person with the disability. While the 2019 Census indicates that there are 7 intersex persons in Taita Taveta, 20 in Makueni, 24 in Embu and 18 in Siaya counties, none of the respondents indicated they knew of a person who is intersex. The following findings were analysed and are presented by the research objectives.

### 2.1 SOCIO-DEMOGRAPHIC INFORMATION

This section combines and aggregates findings from the four study counties:

#### 2.1.1 Distribution of the study respondents

The following Households were reached by the research as depicted in the table below:

*Table 1: Total number of household survey questionnaires filled*

COUNTY	FREQUENCY	PWDs	NON PWDs	MALE	FEMALE
Taita Taveta	57	35	22	27	30
Embu	40	20	20	22	18
Makueni	80	37	43	39	41
Siaya	104	30	74	50	54
<b>Sub Total</b>		122	159	<b>138</b>	<b>143</b>
<b>Grand Total</b>					<b>281</b>

The Household Survey reached nearly the same number of females as males (50.9% and 49.1% respectively). The number of respondents in Siaya and Makueni was slightly higher due to an addition of research assistants. Makueni could have had a higher number had the distances from household to household been closer and the team of research assistants not interfered with by administrative factors.

#### 2.1.2 Distribution of respondents by age

*Table 2: Age of respondents in households*

HOUSEHOLD DATA RESPONDENTS AGE IN YEARS									
County	Unspecified Age	Below 15	15-17	18-24	25-34	35-49	Above 50	Totals	
Taita Taveta	M=2 F= 0	M=0 F=1	M=0 F=0	M=1 F=2	M=11 F=9	M=10 F=16	M=3 F=2	M=27 F=30	<b>57</b>
Embu	M=1 F=0	M=0 F=0	M=3 F=2	M=1 F=7	M=6 F=3	M=6 F=2	M=5 F=4	M=22 F=18	<b>40</b>
Makueni	M=0 F=4	M=3 F=2	M=0 F=0	M=3 F=4	M=5 F=6	M=14 F=10	M=14 F=15	M=39 F=41	<b>80</b>
Siaya	M=0 F=1	M=0 F=2	M=6 F=2	M=6 F=17	M=20 F=20	M=11 F=7	M=7 F=5	M=50 F=54	<b>104</b>
<b>Total</b>	<b>M=3 F=5</b>	<b>M=3 F=5</b>	<b>M=9 F=4</b>	<b>M=11 F=30</b>	<b>M=42 F=38</b>	<b>M=41 F=35</b>	<b>M=29 F=26</b>	M=138 F=143	<b>281</b>

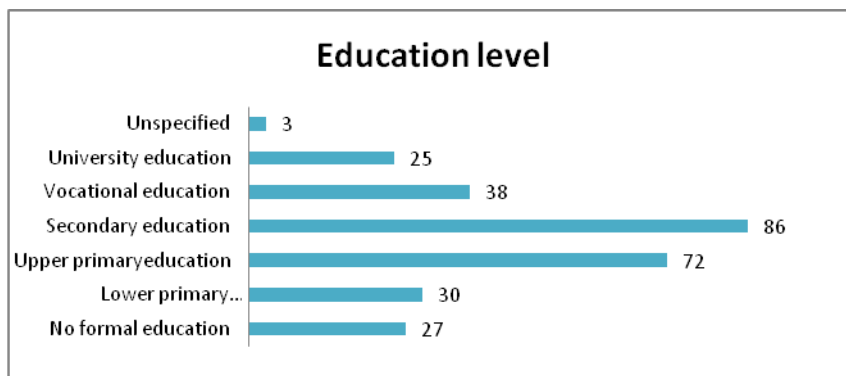
**Source:** Disability Research, March 2021

Majority of respondents were aged 25-59. Among them 55 or 19.5% were above 50 while 27% were aged 35-49, 28.4% were aged 25-34, 14.5% were aged 18-24, 4% were aged 15-17 and 2.8 % were below 15 and another 2.8 % did not specify their age.

<sup>16</sup> Intersex attracts a lot of stigma, suspicion and discrimination.

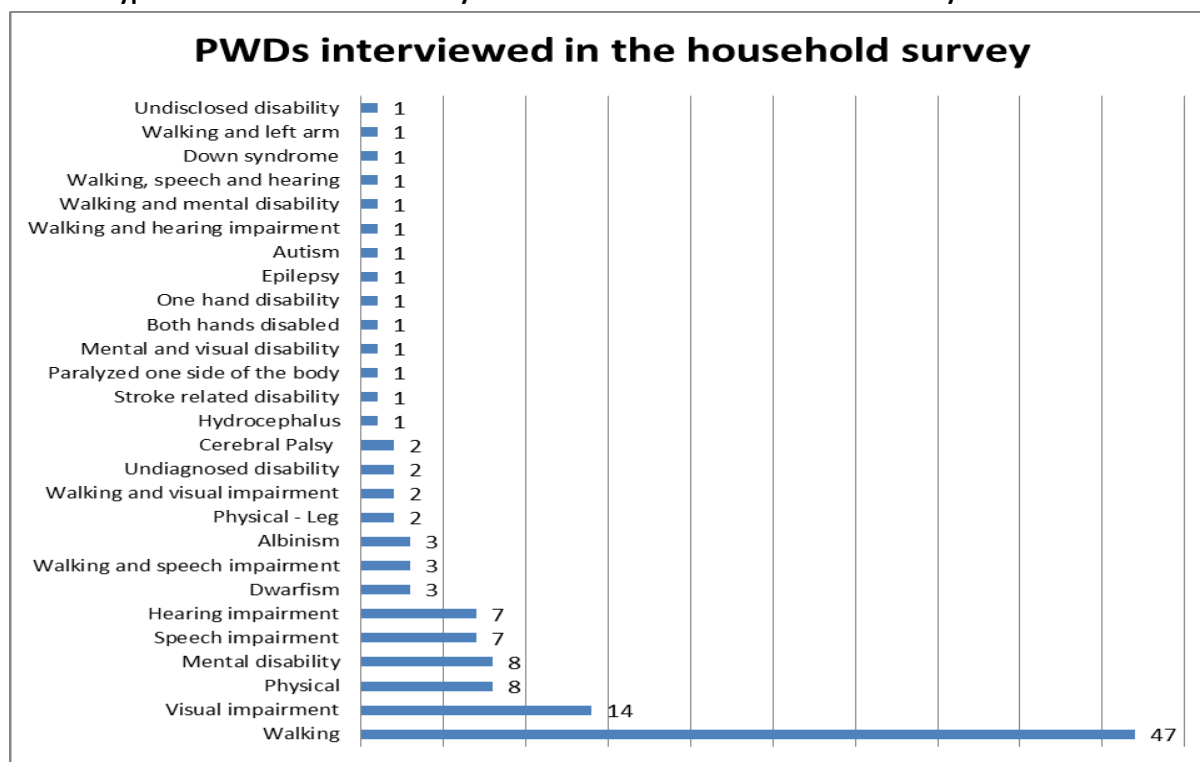


### 2.1.3 Level of education among respondents at the household level



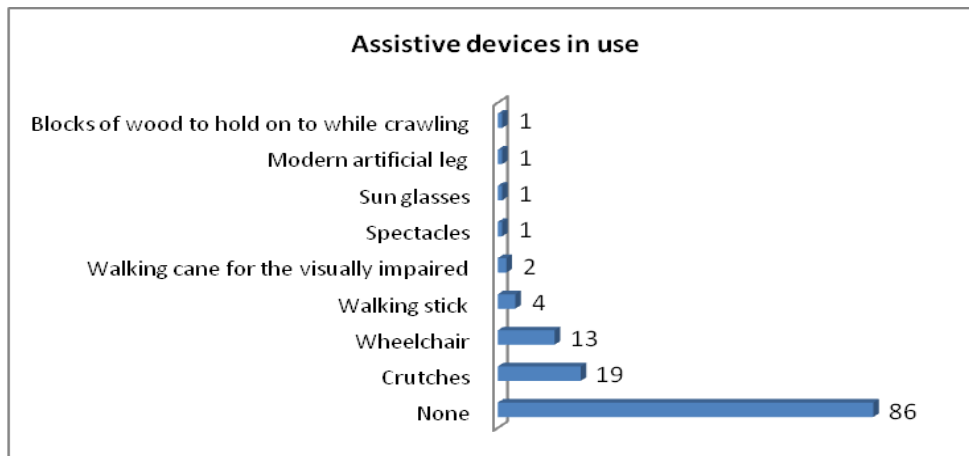
Reported levels of education indicate that at household level, 86 or 30.6% persons with disability and care givers had attained secondary education; 72 or 25.6% had mainly attained Upper primary (Class 5 to 8); 38 or 13.5% of respondents interviewed had some undisclosed type of vocational training; 30 or 10.6% had attained lower primary (up to class 4); 27 or 9.6% had no formal education; 25 or 8.8% had attained some University education; while 3 or 1% had not specified their level of education.

### 2.1.4 Types of Disabilities identified by PWDs interviewed in the Household Survey



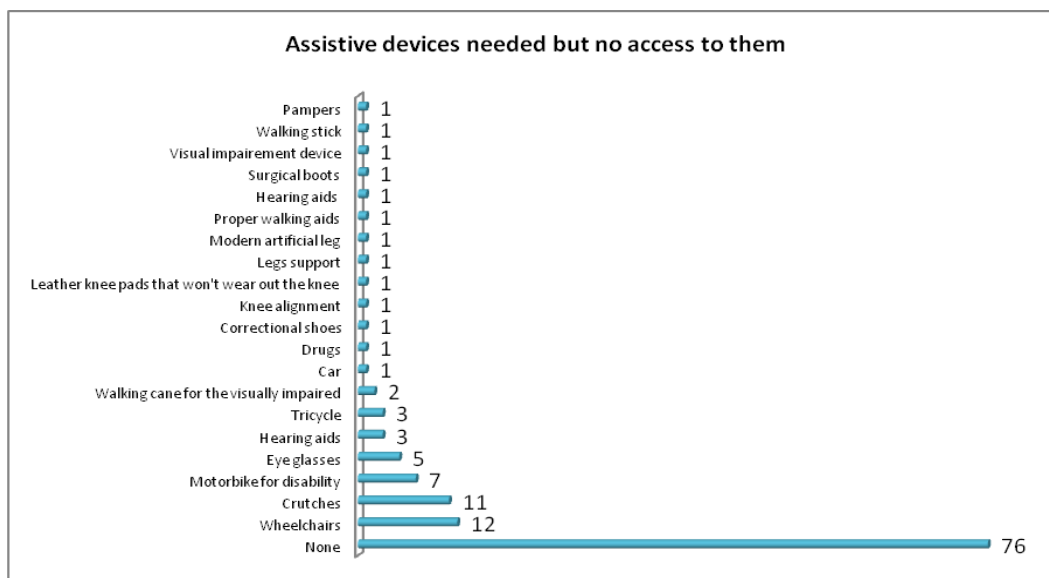
Overall 47 or 39.49% of respondents had walking disabilities; 14 or 11.76% had visual disabilities; 8 or 6.72% had physical disabilities, and another 8 or 6.72% had mental disabilities. 7 or 5.8% had speech and hearing disabilities respectively. 3 or 2.52% had Dwarfism, Albinism, and walking and speech disabilities each. 2 or 1.6% had undiagnosed disability, and 2 others had cerebral palsy, another 2 had disability on one leg and 2 more had both walking and visual disabilities. Other varied disabilities affected less than 1% each of the persons with disabilities contacted.

### 2.1.5 Assistive Devices and Appliances for use by persons with disabilities



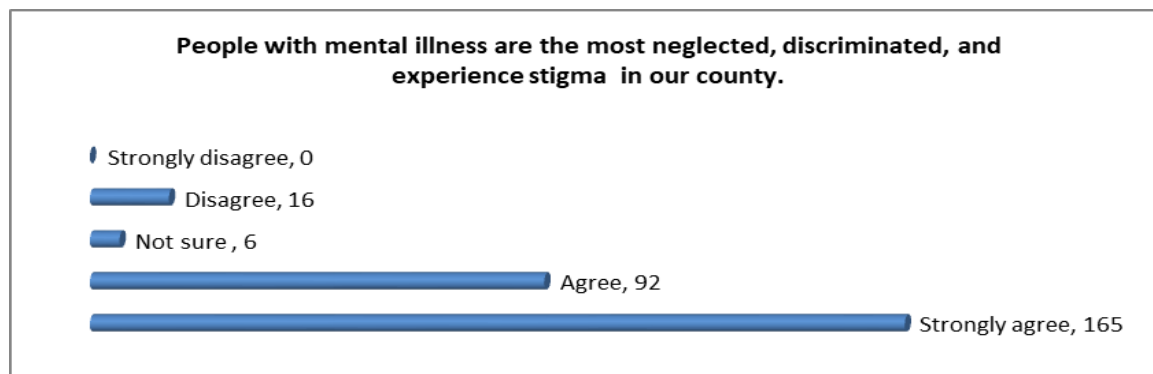
Of the total 128 respondents, 86 or 68.25% had no assistive devices or appliances, 19 or 15% had crutches, 13 or 10.3% had wheel chairs, 4 or 3.1% had walking sticks, 2 or 1.5% had walking cane. Other devices include spectacles, sun glasses, artificial leg, and wooden blocks for mobility.

### 2.1.6 Assistive devices needed but were not available and accessible to respondents

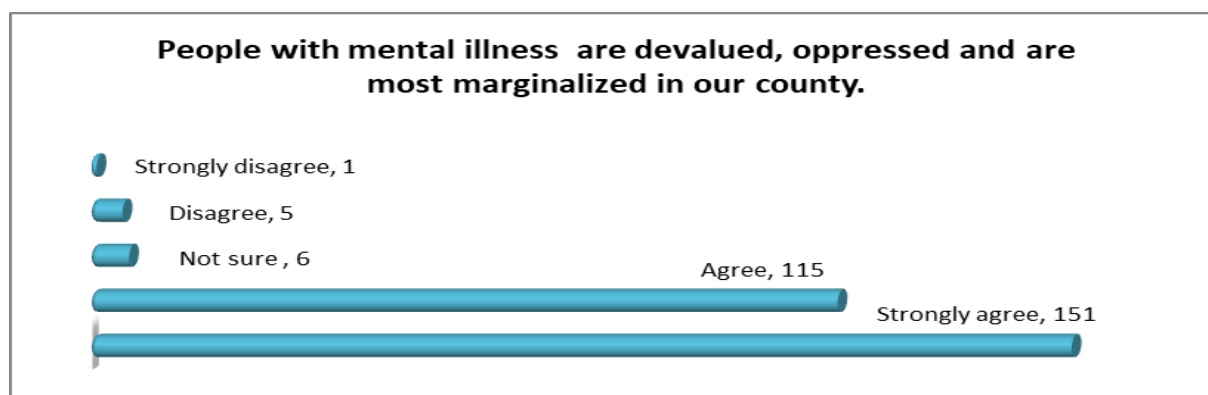


The range of assistive devices and appliances is wide. However, with improved technical assessments on nature and types of disabilities the range would be even wider. This gives credence to a key aspect identified at the Kibwezi Disabled Persons' Organization where the organization anticipated to set up a centre to fabricate and make disability-centred assistive devices locally. The organization has technical expertise and some equipment for doing this, but lacks material inputs, a systematic market analysis on value channels, value chains, and value addition, by which its products could be designed targeting defined standards of quality and marketed to operationalize the initiative.

### 2.1.7 Perceptions, attitudes and practices towards mental illness



165 or 97.5% of respondents strongly agreed with the indicted aspects of relating association and treatment given to persons with mental illness, another 92 or 32.9% agree that persons with mental illnesses face neglect, discrimination and stigmatization while 16 or 5.7% disagree and 6 or 2.1% were not sure.



Of the total responses, 151 or 54.1% strongly agree, 115 or 41.2% agree with 6 or 2.1% not sure and 5 or 1.79% disagree, while 1 or 0.35% strongly disagrees that persons with mental illness are devalued, oppressed and are most marginalized in the county.

### 2.1.8 Care givers interviewed at household level

*(Breakdown by Age was not possible as data captured on age included age of the PWD or the caregiver).*

Number of Caregivers by County			
County	Male	Female	Total number
Taita Taveta	3	7	10
Embu	2	2	4
Makueni	5	11	16
Siaya	4	12	16
Total	14	32	46

Care-givers comprised 16.3% of the total number of respondents. Of these 30% were male and the rest were female. Overall, in disability literature reviewed, the functions and roles of care-givers have only been mentioned, but there was no documentation giving adequately systematic representation and descriptive analogy of the care givers.

## 2.2 Mapping out organizations that are planning to conduct surveys to include questions on ‘inclusiveness’ and ‘meaningful participation’

Interviews conducted with the Kenya LNOB county-based partners in Embu and Makueni counties (APDK); and Taita Taveta and Siaya Counties (VSO Kenya representatives) and Key Informants in all the study counties indicate that only four (4) organizations, including **Plan International**<sup>17</sup>, planned to conduct surveys within the Kenya LNOB research project period. The other organizations which planned to conduct surveys are:

S/N	Name of Organization	Title of Assignment	Timeframe
1	CARE International in Kenya	Echo Knowledge Attitude and Practice Survey (Dadaab Refugee Camps)	11 <sup>th</sup> March -5 <sup>th</sup> March, 2021
2.	Kenya Tourism Promotions Board	Customer Satisfaction Survey	January 4 <sup>th</sup> - March 10 <sup>th</sup> , 2021
3	Nairobi Centre for International Arbitration	Customer Satisfaction Survey	February / March 2021
4	<b>Plan International</b>	Plan Certificate in Management Programme (PCIM) Moderator	Feb 26, 2021 onwards for 3 years

**Source:** Desk Review on Drivers of Marginalization of PWDs in Taita Taveta, Embu, Makueni and Siaya Counties (February 2021).

The research team concluded that despite Plan International being the only Kenya LNOB Consortia partner that planned to conduct a survey under this research objective, alongside others identified above, the Consortia partners were forward looking to set the pace for ‘inclusiveness and ‘meaningful participation’ of PWDs, across the study counties, by commissioning the Disability Inclusion research in the four study counties.

The research team mapped /consulted 45 organizations (Taita Taveta 14, Embu 11, Makueni 9 and Siaya 11) to determine extent to which they referenced the words ‘inclusiveness’ and ‘meaningful participation of PWDs’ in their work or interventions. The following organizations were mapped: Taita Taveta County- World Vision, Muslims for Human Rights (MUHURI), Rotary Clubs of Kenya, Council of Imams and Preachers of Kenya (CIPK), Kwale Eye Centre and County Government departments; Embu County – MSF, Kenya Society for the Blind, Red Cross (Jomo Kenyatta Home for Children with Disabilities) Smiles Train and county government departments); Makueni County - and Siaya County - Office of Women's Rep, NCPWD, Department of Gender, Culture, Children, and Social Services, Ugunja Community Resource Centre (UCRC), St. Monica Sigomre and County government departments. The organizations listed and their representatives interviewed were selected for their experience in implementing disability initiatives, while others were found through referral. A list of the County government departments and organizations focusing on disability at county and sub-county level and services are detailed in County specific findings.

During the Key Informants Interviews, the respondents in Taita Taveta (23.3%), Embu (36.7%) Siaya (25.6%) and Makueni (15.88%) believe that the care givers influence ‘inclusiveness’ and ‘meaningful participation’ of persons with disabilities. In Taita Taveta and Embu counties, for instance, the respondents stated that care givers have the power of seclusion of PWDs, particularly over the severely disabled and the sick during important events such as Census and can also affect PWDs access to basic services (SDG indicator 1.4.1) and social protection programmes such as cash transfers. The respondents identified the lack of recognition for caregivers as posing the biggest threat to the overall well-being of persons with disability in the four counties, rating the threats at 56.7% (Embu), 55.3% (Makueni), 50% Taita Taveta and 50% (Siaya).

**Disability Gap:** Inadequate and narrow conceptualization of ‘inclusiveness and meaningful participation’ of PWDs, as those with multiple and severe disabilities need support of care givers.

---

<sup>17</sup> Plan International is a member of the Kenya LNOB Consortia Partners.

### **2.3 Establish existing programmes and projects, systems and policies that allow or hinder meaningful participation of the different social groups in the implementation of SDGs**

This objective was discussed within the context of SDG indicator 1.4.1 which seeks to determine the extent to which PWDs living in households have access to basic services. The research team noted that Kenya's Constitution guarantees people with disabilities the same rights and opportunities as their peers who do not have disabilities, for example, the nomination of PWDs to the National Assembly, Senate and the County Assembly. In the words of some of the Key Informants in Taita Taveta (27%), Embu 25%, Makueni 23.7% and Siaya 26.3%), the Constitution does not guarantee equal access to basic services such as schools, transport, modified curriculum, extra classroom support with trained teachers and other support that would enable students with disabilities to benefit from education. The women and men with disabilities in FGDs questioned the sincerity of the implementers of the Constitution who overlooked the interests of PWDs especially in ensuring their access to the basic services; while hindering their meaningful participation in development interventions and county budgets. Some of the respondents in FGDs in Siaya (26.3%) said that the Constitution gave women the power to seek justice from the courts if a person violates them physically or otherwise. In Makueni, Taita Taveta and Embu counties, some women with disabilities have formed support groups where they invite some experts to train them on various issues such as Para-legalism, entrepreneurship, human rights as part of 'not being left behind' on the road to achievement of SDGs.

*"In Siaya County, a man spent a whole day at the hospital without being served. At about 6 pm, he was asked to leave and come the following day. Being a person with visual impairment, he spent the entire day seated on some chair without knowing the queue had been moving". The man was dropped at the hospital by his care giver (wife) but she left to visit a sick child in school. In Embu, a woman abandoned her severely disabled daughter after she let her uterus be removed for fear that she would get pregnant. The girl, who suffered from cerebral palsy, was picked by another care giver who had her own child that has autism."*

Another challenge encountered by PWDs (responses from key informants and FGDs for women and men) involves conditionalities put in the implementation of the Inua Jamii Senior Citizens' which provides a universal pension to everybody aged 70 years and above. Given the high prevalence rates of disability among people above the age of 70 years – of about 25 per cent (and most likely much higher in reality) – the new scheme represents a significant improvement in access to social protection for PWDs in Kenya. However, they faulted the inefficiency with which this cash transfer is done as sometimes it can take several months to be disbursed and when it does, it is not all the arrears. Across all the study counties, the respondents indicated that there were glaring irregularities in access to COVID-19 response benefits as the food stuffs and hygiene kits were being given to people and households which did not qualify. This information was echoed by the youth without disabilities some of whom said had relatives with disability and are needy but had not benefited from the government COVID-19 response package. The government set conditionalities for delivery of the social protection programmes e.g. the condition pegged on the Persons with Severe Disability Cash Transfer (PwSD-CT) undermines the objectives of the programme and results in wider inequalities that affect PWDs throughout their lives, the situation is worse for women with disabilities due to unpaid care work and care giving to PWDs, hence the need to harness rather than to reproduce pre-existing inequalities.

**Disability gaps:** Lack of sex, age and disability disaggregated data on PWDs and their access to social protection programmes; and existence of conditionalities in access to cash transfers by PWDs.

### **2.4 Examine existing participation mechanisms for Persons with Disabilities in Voluntary National Review (VNR) reporting and county budget formulation.**

Voluntary National Review (VNR) is a process through which countries assess and present progress made in achieving the sustainable development goals and the pledge to 'leave no one behind'. The pledge was made by world leaders during the introduction of the 2030 agenda for sustainable development goals which stated that:

*"As we embark on this great collective journey, we pledge that no one will be left behind. Recognizing that the dignity of the human person is fundamental, we wish to see the Goals and targets met for all nations and peoples and for all segments of society. And we will endeavour to reach "the furthest behind first."*

During interviews with key informants across the study counties, which were corroborated by the responses from the FGDs and findings of the desktop review, there is inadequate knowledge and awareness about the VNRs. The

respondents know of the Sustainable Development Goals and have heard of the phrase ‘leave no one behind’ but the connection is lacking. However, when contextualized with disability, they respondents began to link ‘discrimination and marginalization of PWDs’ and overall exclusion from community operations. From this discussion, the research team established that persons with disabilities are participating in the VNRs at County level through access to designated social protection programmes such as cash transfers, UHC and empowerment trainings, however without knowledge they are being involved in VNR. Moreover, despite SDGs not having integrated indicators for global pandemics, the COVID-19 Response programme The research team established that, at the County level, most PWDs are familiar with concepts of MDGs, SDGs but not ‘LNOB’ or VNRs.

Kenya is implementing the SDGs through the Third Kenya Medium Term Plan (MTPIII) which includes the government’s Big 4 Agenda whose main focus is Food Security, Manufacturing, Universal Healthcare and Affordable Housing was launched in 2018. Kenya’s Big 4 Agenda is covered in the SDGs: Food and Nutrition Security discussed under Goal 2, Universal Health Care discussed under Goal 3, and Manufacturing discussed under Goal 9 (Target 9.2), while ‘Affordable housing’ is addressed under Goal 11 (Targets 11.1 and 11.3) on inclusive and sustainable urbanization. The implementation of the Big 4 Agenda has implications for accessibility to affordable housing and healthcare by PWDs, as most of them cannot afford the minimum requirements to access the services. Key informants from Taita Taveta (23.3%), Embu (36.7%) Siaya (25.6%) and Makueni (15.88%) believe that the government should set aside some units of the ‘Affordable Housing’ programme to benefit persons with disabilities, disaggregated by sex. According to them, information which was triangulated by respondents in the FGDs across the four counties, this would be a key milestone in the achievement of President Uhuru Kenyatta’s legacy. In all the four study Counties (Taita Taveta 20%, Siaya 29.4%, Embu 28.9% and Makueni 24%), the respondents raised concerns that COVID-19 response benefits such as the food stuffs and hygiene kits are given to people and households which do not qualify based on the set government criteria for such support. This information was echoed by the youth without disabilities, triangulated by desk review findings (February 2021, indicating that PWDs are disproportionately impacted due to attitudinal, environmental and institutional barriers that are reproduced in the COVID-19 response.’

## **2.5 Determine existing inequalities that lead to exclusion and considering intersectional disadvantages through systemic literature review.**

This objective was researched against SDG Target 10.3: ‘Ensure equal opportunities and end discrimination with focus on the proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months based on grounds of discrimination prohibited under international human rights law.’ The research team identified four types of inequalities experienced by PWDs, women and youth and which result in their social exclusion. The inequalities are cultural which assign lesser status to the marginalized compared to others; spatial inequalities due to where they live as there might be challenges in reaching them; economic inequalities due to unfair distribution of assets and opportunities; and political inequalities resulting from deprivation of voice and influence on the critical issues that affect them and their communities. These inequalities are a source of injustice, reinforce and sustain their social exclusion. Some of the Key informants and FGD respondents felt excluded by the Constitution as ‘it gave them some benefits with the right hand and took them away using the left hand’. For instance, these legislations that do not guarantee equitable access to basic rights and services such as health, education (schools, curriculum in acceptable formats to disability) perpetuate inequalities in education.



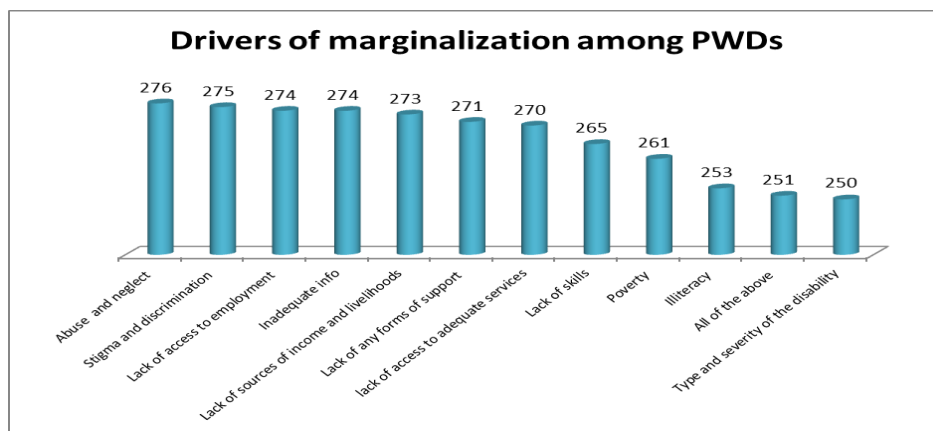
Figure 1: FGD Kiritiru Location, Mukuria Ward, Mbeere South, Embu March.2021

*Feminization of poverty and disability* – the link between women, poverty and disability is perhaps one of the most contentious sources of inequality that leads to the exclusion of women with disabilities in mainstream processes in the County. Key Informants and respondent in FGDs with both men and women with disabilities affirmed the nexus between poverty and disability to have a feminine face and that females with disabilities are twice as likely to be discriminated against and excluded by society, considering some aspects, compared to their male peers. In Kithimbi Ward (Manyatta Sub-County, Embu County), a single mother facilitated the removal of her daughter’s uterus at the age of 13 for fear that she would get pregnant. The FGD of women with disabilities felt insulted because boys with multiple disabilities ‘are not castrated to deter them from siring children’. The women belong to a Disability support group and have an Agribusiness initiative – though small, to contribute to the realization of ‘Food Security’ under the Big 4 Agenda which is one of the flagship programmes in the implementation of the SDGs. The women noted that the agribusiness had led the community to start changing their attitude towards them for ‘becoming somebody now’.

## 2.6 Gather qualitative data/commission a research to close out knowledge gaps on drivers and level of marginalization among marginalized groups

Poverty and illiteracy were found to be the key drivers of marginalization of persons with disabilities in all the four study counties – 36.7% for Taita Taveta, 41.3% for Embu and Siaya counties respectively and 41.7 % for Makueni County. In Mbeere South Sub-County of Embu County, poverty is linked to illiteracy and lack of ownership of property e.g. land (30%) particularly among women and PWDs, while in Taita Taveta, it is mainly occasioned by the lack of employment and incomes (17.6%); and access to title deeds in Siaya (10.5%). This stigmatizes women and men with disabilities and forces them to withdraw from claiming their rightful place in society. The respondents in all the four study counties listed other factors that create and exacerbate social exclusion and marginalisation of people with disabilities to include child labour, natural disasters, HIV&AIDS, sex and gender roles and ethnicity. Findings from care givers in Taita Taveta, Embu and Siaya counties indicate that most Persons with severe disabilities (PWDs) do not have access to specialized care such as a helper to take them to the washroom and Braille for visually impaired students to support accessibility to information and news.

*The poverty of COVID-19 pandemic* is perhaps one of the worst to be witnessed in the history of humanity. *World Wars* came and went, *HIV&AIDS* also came and its impacts are still around; but no such impacts from COVID-19 were ever experienced where businesses closed and humanity was exposed to hunger, loss of incomes and poverty. While retrenchment affected people across board, the PWDs were hit the most as most of their engagements are menial jobs or in the lower cadres of employment which were the first targets for retrenchment. Those who begged and supported their families no longer engage because of reduced human traffic on the urban streets, the WHO regulations on COVID-19 notwithstanding. Moreover, support from development partners to organized PWD groups has scaled down due to COVID-19 making life even more uncomfortable and perpetuating marginalization of PWDs.



Key informants, corroborated with findings of the desk review, indicate that impacts of the pandemic exposed PWDs to higher exclusion from COVID-19 response, as support and political commitment are required to ensure they access essential services, including health and social protection and medical facilities through the crisis. Other drivers of marginalization originate from the illiteracy and lack of education and skills (the engine of economic growth,



employment and wealth creation) that are prevalent among of persons with disabilities. According to respondents in FGDs (men, women), information that was corroborated by key informants across the study counties, some PWDs may also be marginalized because of how they look like or when they have very little knowledge about their rights. The chart below summarizes the level of awareness on human rights among persons with disability in the study counties and therefore, due to this limited awareness of their human rights, the likelihood of them being violated is high, as depicted in the chart below:



Of the 281 respondents reached through household interviews, 155 or 55.1% indicated that they were not aware of human rights. 66 or 23.48% were aware that human rights are provided for by the Constitution, 19 or 6.7% know human rights are for all to enjoy equally, 13 or 4.6% understand or have limited awareness of what human rights are respectively. Only 9 or 3.2% could explain what human rights are, while 6 or 2.1% did not give a response.

## 2.7 Review national and county planned policies, strategies and programmes that the project can influence at the drafting stage.

During the first phase of this assignment, the desk review did not find any national or county planned policies (in the study counties) that the Kenya LNOB Consortia Partners Initiative could influence at the drafting stage. This was due to the method of inquiry which focused on the use of internet and web-based search engines and which found only Siaya County Disability Policy and Disability Act operational online. Evidence of what would need influencing at the drafting stage became available after the gathering and analysis of the field data collection from the remaining study counties. Interviews with key informants in all four study counties were confident the process of developing the Disability Policy or having a Bill before County Assembly might take some time, but it would come to pass.

According to an MCA in Makueni, the County is in the final stages of validating the draft Disability Policy that was developed anticipatorily and is in the final stages of launching. The draft policy covers a significant amount of information that was already targeted by the Kenya LNOB research project. There is also an opportunity for Kenya LNOB to influence the draft Embu County Disability Policy, which has been pending for tabling in the County Assembly since 2015, to ensure the spirit of the Kenya LNOB is ingrained into the policy, a factor attributed to inadequate good will among some of the members of the County Assembly and stakeholders in the disability sector. In Taita Taveta, advocacy for the development of a Disability Policy is on-going. This is a great opportunity for the Kenya LNOB Consortia partners to influence the drafting of Taita Taveta Disability Policy. With Siaya County Disability Policy (2016) in place, the Kenya LNOB Consortia has an opportunity to give inputs once it is due for review.

An emerging and cross cutting strategy that the research project identified and could targeted for influencing during its implementation is the development of a policy on care giving to persons with disabilities. During Key Informant interviews and FGDs with caregivers in the study counties, the respondents noted the cost of care giving to PWDs in terms of personal health and safety, time and livelihoods support. Most care giver time is split between looking after the PWD and securing medical support and food for the family. This exposed the PWD to risks of being abandoned and secluded. The Key Informants and respondents in the FGDs (women and men with disabilities) noted that while care giving is a calling, it involves a lot of risks that are not protected under the law. Therefore any injury inflicted by a mentally unstable person is defendable or compensatable under the law. The key informants noted that structures of governance established by government (NCPWD and KNCHR) have not been forward looking to lobby for such law.



### Case study:

*Sophia (not her real name) was born with a mental condition, but it was known until she was six years old. She used to receive medical treatment from a specialized health facility until she completed her primary school education but refused to proceed with further education. On a rainy Saturday afternoon, her mother shared some sweets which she bought from a nearby shop. Sophia chewed her sweet and asked her mother for some more. When her mother told her that she did not have extra, she grabbed the knife the mother was using to cut some vegetables and slit her throat to retrieve a sweet she had eaten and when her father tried to intervene, Sophia picked a huge stone nearby and hit her father with it on the head killing him instantly.*

### 2.7.1 Cross-cutting gaps to respond to and address drivers of marginalization of PWDs in the study counties

The following gaps were identified across the four counties, to be addressed at County level while others need collaboration at national level.

Objective	Gaps identified
Map out organizations planning to conduct surveys to include questions on 'inclusiveness' and 'meaningful participation' of PWDs	<ul style="list-style-type: none"> <li>- Inadequate awareness of organizations planning to conduct surveys as some might do it internally -without advertising;</li> <li>- Limited understanding of 'inclusiveness and meaningful participation' of PWDs.</li> </ul>
Establish existing programs and projects, systems and policies that allow or hinder meaningful participation in implementation of SDGs	<ul style="list-style-type: none"> <li>- Inefficient and ineffective implementation of the law impacting PWDs (Article 54 of CoK, 2010), Persons with Disability Act, 2003; County Disability Acts;</li> <li>- Inefficient and ineffective utilization of Disability Mainstreaming tools such as the Kenya Population and Housing Census data in budgets for planning and implementation of programmes from National to County, Sub-county-Ward level.</li> <li>- Failure by some organizations funded by government to publicly share accessible and comprehensive information on how the funds are used and their outcomes.</li> <li>- Lack of data that is adequately disaggregated by sex, age and disability hinders analysis of how budget allocations contribute to disability inclusion in all sectors.</li> <li>- Inefficient and ineffective administration of government-sponsored social protection programmes to PWDs - such as cash transfers to the PWDs.</li> <li>- Inadequate monitoring of government-sponsored programs such as AGPO to ensure its delivery reaches the targeted beneficiaries (PWDs);</li> <li>- Impunity and inefficiencies in the delivery of basic services, access to registration of PWDs, access to updated information in accessible formats on government services such as tax relief, AGPO, relief food; hygiene kits (COVID-19 response).</li> <li>- Inadequate funding for key programmes such as special needs education at primary and secondary level- affects efforts towards inclusive education.</li> <li>- Inadequate access to support services among PWDs e.g. assessment, identification, categorization of PWDs, access to registration cards due to distance, poor mobility, bureaucratic processes and access to assistive services.</li> <li>- Lack of recognition of care givers as a strategic and essential element to the wellbeing of PWDs as it involves a range of physical, psychosocial, livelihoods support and associated risks of insurance cover;</li> </ul>

Examine existing participation mechanisms for PWDs in VNR reporting and county budget formulation.	<ul style="list-style-type: none"> <li>- Inadequate awareness of PWDs on what Voluntary National Review (VNR) entails; and the requisite participation, monitoring and reporting mechanisms.</li> <li>- Limited to lack of involvement of PWDs in county budget formulation processes – often used as rubber stamps without knowing what they endorse.</li> </ul>
Determine existing inequalities that lead to exclusion and considering intersectional disadvantages through systemic literature review.	<ul style="list-style-type: none"> <li>- Inadequate dissemination of Disability mainstreaming approaches in access to and service delivery at different levels of governance.</li> <li>- Inadequate financial resources to facilitate assessment, identification and categorization of disabilities at county, sub-county and community level;</li> <li>- Inadequate sex disability disaggregated data for planning and budgeting for service delivery to location;</li> </ul>
Gather qualitative data/ commission a research to close out knowledge gaps on drivers and level of marginalization among marginalized groups	<ul style="list-style-type: none"> <li>- Inadequate sex, age and disability segregated data by locality at county level</li> <li>- Inadequate assessment, identification and categorization of the nature, type, and severity of disability to support effective prioritizing, targeting, planning and budgeting at county level;</li> <li>- Inadequate enjoyment of human rights and access to justice by PWDs.</li> <li>- Lack of skilled and sufficient personnel to attend to needs of PWDs beyond sign language, assistive devices and appliances etc;</li> <li>- Poverty and disadvantage</li> <li>- Illiteracy exposes PWDs to perpetual dependency and a vicious cycle of poverty due to lack of education and skills.</li> <li>- Poverty, lack of employment, underemployment and other sources of income among PWDs.</li> </ul>
Review national and county planned policies, strategies and programmes that the project can influence at the drafting stage.	<ul style="list-style-type: none"> <li>- Inadequate good will to develop Disability policies in some of the study counties.</li> <li>- Lack of a model disability policy or standardized format for developing a County Disability policy.</li> </ul>

### 2.7.2 Recommendations linked to the identified cross cutting gaps:

- Kenya LNOB to ensure integration of questions on ‘inclusiveness’ and ‘meaningful participation’ of persons with disabilities in surveys conducted by Plan International, CARE International in Kenya; Kenya Tourism Promotions Board and Nairobi Centre for International Arbitration.
- The government to channel any social protection cash transfers, including COVID-19 response, to persons with disability from the County Commissioner’s office directly through disability organizations and groups such as NCPWD and UDPK to cut down on corruption, nepotism, favoritism and other vices.
- Government to enact a time-bound law to facilitate adaptation of the built environment to disability; access to government information in accessible formats and that such access is guaranteed in a timely manner to enable persons with disabilities to give meaningful contributions to the LNOB and SDGs agenda with particular emphasis on involvement of PWDs in county and community processes.

- Lobby for increased and sustained budget allocation for PWDs to ensure coverage of services trickles down to Ward and local institutions that offer services to PWDs. The State Department for Social Protection (SDSP) earmarked KES 9 billion for programmes that promote inclusion and empowerment of PWDs between FY2016/17 and FY2020/21 for the Social Assistance to Vulnerable Groups subprogramme, i.e. Cash Transfer for Persons with Severe Disabilities (PWSD-CT). This budget for disability inclusion was reduced from 7.5% in FY2016/17 to 4.6% in FY2019/20 but increased slightly to KES 6 billion in FY2020/21.
- Strengthen the capacity of PWDs to participate and proactively engage in the Voluntary National Review, to address aspects of lacking knowledge and awareness, access to safety security protection, justice and rights to ensure they are 'not left behind' at group level.
- Strengthen partnerships with the media to monitor and publicize progress of the SDGs, with a special focus on the relevant targets and indicators to the LNOB agenda for persons with disabilities.
- The government should ensure access to justice by PWDs. This includes access to programmes such as AGPO and basic services in a timely and friendly manner to their disability (Braille, sign language, assistive devices) as enshrined in the Bill of Rights (Articles 54, 43) of the Constitution of Kenya.
- The NCPWD and County Governments to bring registration of PWDs closer - at Sub-County and Ward level, focusing on access to registration points due to mobility and proximity of the PWD groups.
- Enhance the collection of sex and disability disaggregation data at county level: The KNBS, NCPWD, disability players, actors and stakeholders to provide technical facilitation for the comprehensive disaggregation of disability data documentation and dissemination for use in targeting, planning, and budget allocation in all sectors for improving the Disability sector.
- Enhanced Disability Mainstreaming and Sensitivity Approaches: Government at County and national level to disseminate and enforce adherence and compliance to Disability Mainstreaming and Sensitivity Approaches in all public and private facilities; strengthening the capacity of support personnel to have awareness, knowledge and skills to respond to needs of PWDs in public spaces such as health, water, public and private facilities beyond sign language, ramps, assistive devices and appliances.
- Strengthen the capacity of the marginalized groups (PWDs, women and youth) on LNOB -encourage their meaningful participation, involve them in online workshops or selected one-one events to motivate them to fast-track implementation of the SDGs.
- Support Civil Society and PWD organizations to undertake lobby and advocacy for enhanced assessment, identification and categorization of PWDs, monitoring & tracking quality of care in disabilities at community level to ensure access improved national coverage of PWDs with registration cards, and quality service and care, access to protection and justice and availability of professional personnel at service delivery centres.
- Provide better access to digital inclusion by persons with disabilities.
- Kenya LNOB to partner with Taita Taveta, Makueni and Embu counties to influence the Disability policies at the drafting and formalization stages.
  - Develop model Disability Policy to guide development of outstanding policies in various counties.
  - Enactment of a law on care giving and care givers.

### 3.0 ANNEXES: COUNTY SPECIFIC RESEARCH FINDINGS

The County –based findings are analyzed and presented according to the research objectives. Therefore, the reference to the legal provisions (Constitution of Kenya, Disability Act 2003) and status of disability (the category on Albinism was computed separately by County)<sup>18</sup> are all foundational across the four (4) research counties.

#### 3.1 ANNEX 1: EMBU COUNTY

##### 3.1.1 Status of Disability in Embu County

The KNBS statistics indicate that 4.4% of Embu County are persons with disabilities, as distributed in the table below:

**Table 1: Summary of Disability Data in Embu County**

	VISUAL		HEARING		MOBILITY		COGNITION		SELF-CARE		COMMUNICATION		INTERSE X	
Sub-County	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	-	Total
Embu East	777	1,383	364	538	963	1,789	790	1,195	450	465	361	275	4	9134
Embu North	378	763	159	224	448	862	368	504	213	246	173	156	2	4496
Embu West	515	980	217	289	553	1,043	444	567	243	292	213	191	9	5313
Mbeere South	964	1,552	488	674	894	1,653	774	1,049	505	408	408	245	6	9620
Mbeere North	687	1,131	359	552	656	1,168	508	843	264	343	264	343	4	7122
<b>Total</b>	<b>3321</b>	<b>5809</b>	<b>1588</b>	<b>2277</b>	<b>3514</b>	<b>6515</b>	<b>2884</b>	<b>4158</b>	<b>1675</b>	<b>1754</b>	<b>1387</b>	<b>1,135</b>	<b>24</b>	<b>35,904</b>

Source: KNBS data (May 2020)

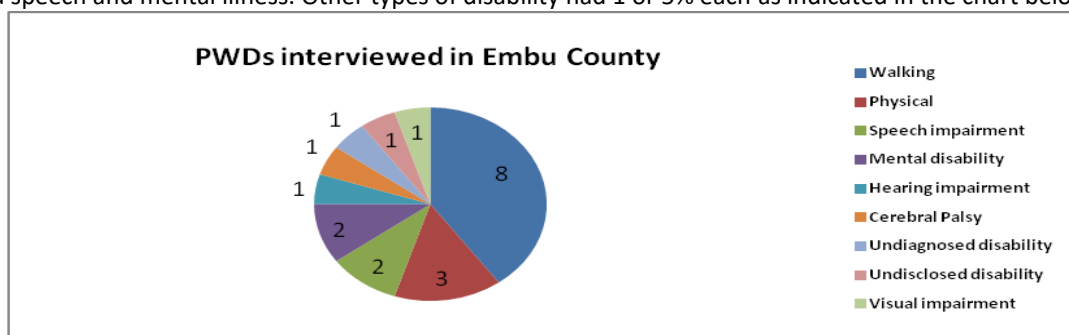
Embu County has a total of 215 persons with albinism (PWAs) - 118 females and 97 males. The data on PWAs is distributed at Sub-County level, indicating Mbeere South to have the highest number of PWAs, followed by Embu East, Embu West, Embu North and Mbeere North:

**Table 2: Summary of PWAs data in Embu County**

Sub-County	Total	Male	Female
Embu East	49	22	27
Embu North	25	9	16
Embu West	30	18	12
Mbeere South	87	35	52
Mbeere North	24	13	11
<b>Total</b>	<b>215</b>	<b>97</b>	<b>118</b>

Source: KNBS data (May 2020)

Information generated from interviews with 40 households indicated that out of the 20 PWDs interviewed, 8 or 40 % had mobility related disabilities (walking), 3 or 15% had physical disabilities (amputation or other physical), 2 or 10 % had speech and mental illness. Other types of disability had 1 or 5% each as indicated in the chart below:

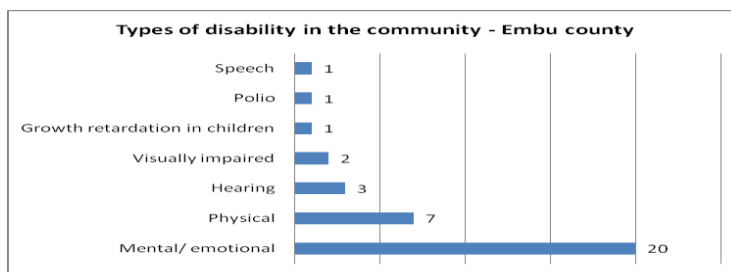


Source: Embu Household Survey (March 2021)

<sup>18</sup> Kenya Population and Housing Census (2019) Volume IV

### Types of disabilities in Communities of Embu County

The frequencies below are generated out of 40 respondents from household questionnaires done in Embu County. Twenty out of 40 respondents cited *Mental/emotional as a common type of disability* in their community. Research Assistants observed some respondents to have multiple disability conditions.



#### 3.1.2 Mapping of organizations planning to conduct surveys to include ‘inclusiveness’ and ‘meaningful participation’ of persons with disabilities

When asked about organizations that planned to conduct surveys and include questions on ‘inclusiveness’ and ‘meaningful participation’ of PWDs in Embu County, none of the Key Informants (county government departments’ representatives, CSOs, County Assembly and County Executive) was aware of any. However, the following county departments were mapped to have considered ‘disability inclusiveness’ and ‘meaningful participation’ in their interventions: Education Department through inclusive education, Children’s Services for the assessment, identification and categorization of children with disabilities and Department of Gender and Social services for registration of self-help groups, community-based organizations and social protection programmes (cash transfers) for disability groups. Other actors, mainly Government institutions and CSOs, undertaking disability processes and considering ‘inclusiveness and meaningful participation’ of PWDs in Embu County include agencies tabulated below:

**Table 3: Institutions working on disabilities in Embu County**

Agency	Location	Focus
Office of the Member of County Assembly on Disability	County, Sub-County and Ward levels	Legal and Policy Advocacy, for PWDs
NCPWD	County Level -Embu town	Disabilities, Registration of PWDs, Disability awareness and services, data and coordination
Department of Children’s	County, Sub-County and Ward levels	Assessment, categorization and rehabilitation
Department of Education	County, Sub-County and Ward levels	Assessment, rehabilitation and inclusive education
Department of Labour and Social Protection	County Level -Embu	Protection and employment
Department of Health	County, Sub-County and Ward level	Health services, physiotherapy and assessment services, etc.
Red Cross (Jomo Kenyatta Home for Children with physical disabilities)	County level	Assessment, rehabilitation and education
ADPK	County Level -Embu	Situated at the Level 5 Hospital – rehabilitation services; appliances and assistive devices
Doctors without Borders (MSF)	Embu County Headquarters	Development Education and rehabilitation support
Smiles Train	County Level -Embu	Reconstruction of cleft lip palates.
Kenya Society for the Blind	County Level	Rehabilitation of persons with visual impairments

**Disability Gaps:** Lack of standardized messages for lobby and policy advocacy as well as strategies for engagement to mainstream disability inclusiveness and meaningful participation across organization.

### **3.1.3 Establish existing programmes and projects, systems and policies that allow or hinder meaningful participation of the different social groups in the implementation of SDGs**

Responding to questions on access to basic services (SDG indicator 1.4.1); inclusion process in the budget formulation process; promotive initiatives and programmes directly affecting PWDs in the County, the respondents identified gaps from two perspectives: inefficiency and ineffectiveness of service providers; and gaps emerging from types of disabilities. They observed that the government, as national and county level duty bearers, provides services and programmes for PWDs, but does not mitigate inefficiencies and ineffectiveness in service delivery.

The government of Kenya decision to restrict national cash transfer schemes within the tax-financed Inua Jamii Programme (IJP) to benefit only households categorized as extremely poor and vulnerable and must have at least one member with a severe disability, requiring 24-hour care is discriminatory to other households that are very poor and having people with multiple disabilities (Disability Inclusion desktop review report, March 2021). Moreover, the involvement of institutions that might have little empathy with the plight of the PWDs, leads to irregularities and sometimes total inaccessibility to basic services by PWDs. Care givers in Mukuria Ward raised concerns about the high levels of mental illnesses, especially among the youth who have escaped into drug abuse due to frustration of unemployment, abandonment by parents who cannot feed them and drunkenness. Responses from the Youth FGDs in Kithimu, Women's and men's FGDs in Ndatu and Mukuria Wards, Mbeere South (March 5, 2021), confirmed the involvement of the Commissioners' offices in the administration of government sponsored relief food, hygiene appliances and disbursement of the weekly support of Kenya shillings 1,000/= to registered PWDs in households (COVID-19 Response in 2020) caused mental agony to them, as majority of PWDs did not receive the supplies. Key informants from various CSOs and county government departments working in disability revealed that some PWDs had approached them to intervene in the matter. In Mukuria Ward (Mbeere South), registration forms to access government benefits were being sold at Ksh.200.00 after being interrogated on how they knew about them and regardless of whether or not the PWD would 'qualify for the benefits.'

Responses from Key Informant interviews and FGDs (both women and men), indicate that persons with disabilities need to be involved in development of county level policies and laws; however, they are mostly not invited for consultation when these processes are on. This has implications for tracking the implementation of SDGs at county level since the legal and policy provisions are linked to programmes. Other gaps linked to the types of disabilities relate to inaccessibility to public spaces where some of the services are housed, lack of education and skills to navigate the market place and poverty that characterizes most PWDs contribute to and inhibit access to and service delivery. For instance, in most of the areas where the interviews were conducted in the two sub-counties, there were health and water facilities close to households but these could not be accessed by the PWDs due to mobility challenges, inaccessibility of infrastructure that is yet to be adapted and cost of the service, particularly in the health sector. During separate FGDs of women and men with disabilities in Ndatu sub-location (Manyatta Sub-county), a child with multiple disabilities was abandoned at a bus-stage because the care giver had not received anything substantial from the day's begging to feed or transport him back home.

**Disability Gap:** inefficient and ineffective and fast tracking of programmes that benefit PWDs.

### **3.1. 4. Examine existing participation mechanisms for Persons with Disabilities in Voluntary National Review (VNR) reporting and county budget formulation.**

Like most County Governments in Kenya, Embu County implements its disability functions through the Departments of Gender, Sports, Culture and Social Service; Education and Health. Working in partnership with the NCWPD, the department of Gender undertakes registration of self-help groups, facilitates the implementation of the Inua Jamii cash transfer programme which also benefits PWDs as well as creates awareness and facilitates linkages to opportunities on access to government procurement tenders (AGPO). Responses from FGDs with PWDs point to the limited involvement of PWDs in Voluntary National Reviews because of limited awareness and knowledge about what VNR entails, participation and reporting mechanisms. A further probe on how PWDs spend their time in the community revealed that before the outbreak of the COVID-19, the respondents would attend events such as workshops where they would be trained on agri-businesses (linked to food security as one of the Big 4 Agenda items) anchored in the Sustainable Development Goal 2 on Food and Nutrition Security and Goal 3 on Universal Health

Care, which is currently benefiting persons with disability. Upon the outbreak of COVID-19 pandemic, PWDs have not been attending face -face training due to health regulations and curfew imposed by the government of Kenya.

In Embu 28.9% of the total female respondents interviewed said they were consulted on county budgeting process while 56 % said they did not know about it nor who was involved from the disability groups. According to the male respondents, the area Member of the County Assembly called them long after the budget was concluded and informed them of what development he would do for them. PWDs also participate in VNRs through access to National hospital Insurance Fund (NHIF), which is paid for by the government. However, none of them was able to link this support to the SDGs, NVRs or 'Not Being Left Behind agenda.'

**Disability Gap:** Inadequate awareness about NVRs participation, monitoring and reporting mechanisms by PWDs.

### **3.1.5 Determine existing inequalities that lead to exclusion and considering intersectional disadvantages through systemic literature review.**

Social exclusion is a situation where individuals are not able to participate fully in economic, social, political and cultural life, as well as the process leading to and sustaining such a state. Cultural stereotyping and devaluation of disability is a key mechanism through which social exclusion has been perpetuated over time. The Constitution of Kenya outlawed discrimination of persons with disabilities (Article 54. (1) (a) "A person with any disability is entitled to be treated with dignity and respect and to be addressed and referred to in a manner that is not demeaning." However, responses from interviews with Key Informants (53%) and FGDs highlighted some of the sources of inequalities that drive the exclusion of PWDs in Embu County, including the gender socialization which attaches a higher worth to a male compared to the female PWD. The discrimination violates the objectives of SDG Target 10.3: 'Ensure equal opportunities and end discrimination with focus on the proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months based on grounds of discrimination prohibited under international human rights law.' Ultimately, this undermines the Agenda of 'Leave No One Behind' as a key principle of the SDGs.

### **3.1.6 Gather qualitative data/commission a research to close out knowledge gaps on drivers and level of marginalization among marginalized groups**

According to youth without disabilities (female and male), digital marginalization has undermined efforts to reach the 'farthest behind first' as emphasized in target 10.2 of the 2030 Agenda (SDGs) which references 'inclusiveness' of all "irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status". They believe that the world will never be the same again due to digital technologies becoming an essential part of modern society, the unique barriers of accessing information and services online notwithstanding. The youth (County Talent Academy, Embu) indicated that digitalization had marginalized PWDs as majority cannot afford the 'Compliant Smartphones' commonly used in online workshops and conferences. The visually and hearing impaired find themselves in the worst situation due to challenges of navigating the digital divide, not only during the online meetings, but all other information in accessible formats on these phones. This has translated to increased levels of poverty among PWDs.

The outbreak of COVID-19 pandemic is perhaps one of the worst to be witnessed in the history of humanity. *World Wars* came and went, *HIV&AIDS* also came and its impact are still around; but no such impacts were experienced where businesses closed and humanity was locked down as to perpetuate other evils such as increased sexual and gender-based violence at family and community level. The youth singled out the COVID-19 impacts as having contributed to increased unpaid and overburdened gender roles of women and girls in households. Most of PWDs were retrenched upon closure of businesses while those who begged on the streets and supported their families no longer engage because of reduced human traffic on the streets to make offers, the WHO regulations notwithstanding. Moreover, PWDs benefited more from organized groups supported by development partners but this been scaled down due to COVID-19 making their life even more uncomfortable.

**Disability Gap:** Lack of a plan of action to build on the strengths and remove barriers to inclusion of PWDs in the digital divide to promote their inclusiveness and meaningful participation.

### **3.1.7 Review national and county planned policies, strategies and programmes that the project can influence at the drafting stage.**

Embu County has a raw draft Policy in place which the Kenya 'Live No One Behind' Initiative could influence at this drafting stage. The draft Disability Policy was developed in 2015 and is yet to be tabled in the County Assembly due to inadequate political will and competing interests of stakeholders in the disability sector.

The County Policy Brief developed by this research project will be referenced by Kenya Leave No One Behind Consortia Partners Initiative to contribute to an enhanced Embu County Disability Policy as it moves towards its completion phase. When finalized, the Embu County Disability Policy will integrate gaps and policy recommendations including disability rights, access to justice and basic services by PWDs.

#### **3.1.8.1 Gaps identified by stakeholders during the research – by objective+**

The following gaps, if not addressed, will continue to undermine the 'Living No One Behind' agenda in Embu County:

- Lack of time-bound strategic and standardized messages on 'inclusiveness' and 'meaningful participation' of persons with disability' integrated in surveys, programmes and activities at all levels and sectors of society.
- Ineffective and inefficient administration of government sponsored social protection programmes such as cash transfers, relief food and hygiene kits in the context of COVID-19 to the PWDs and other marginalized groups.
- Limited awareness of the Voluntary National Review mechanisms and inadequate participation of PWDs therein. PWD know of their participation in the National Census based on the results of the exercise – which form the basis of indicators to be achieved over the 2030 Agenda period. However, most of them do not know that Universal Healthcare Care (UHC) and Food Security, as part of the Big 4 Agenda items for Kenya, are some of the country's participation and reporting mechanisms in the VNRs.
- Inequalities due to inadequate access to current and updated information in acceptable formats by persons with disabilities, the built environment, severe and multiple types of disability, illiteracy and poverty of disability. These inequalities contributed and perpetuated increased marginalization of persons with disabilities.
- Lack of a County Disability Policy to guide implementation of responsive disability interventions at local level.
- Lack of recognition and investment in caregivers to PWDs as strategic supporters in the rehabilitation of PWDs

#### **3.1.8.2 Recommendations**

Based on the gaps identified by the study, the following recommendations are made:

- To ensure that PWDs are 'not left behind,' there is need for government to collect sex and disability disaggregated data to support planning, budgeting and programme interventions towards the well-being, 'inclusiveness' and 'meaningful participation' of PWDs in legislation and county processes such as budget formulation; access to basic services and development interventions across sectors and levels of society.
- There is need for government to directly engage national disability organizations such as NCPWD and UDPK in the implementation of social protection programmes it sponsors. This will reduce on inefficiencies, irregularities, impunity and perceived corruption that have characterized the administration of cash transfers, relief food and hygiene kits in the context of COVID-19 to the PWDs and other marginalized groups.
- There is need for increased capacity strengthening and publicity on the Voluntary National Review mechanisms focusing on PWDs. This will enable them to know when and to engage and report on the issues impacting them- they must be made aware of social protection programmes such as cash transfers, UHC and food security.



- To address the issue of inequalities, there is need for government to ensure access to current and updated information in acceptable formats by PWDs, unconditional access to government sponsored programmes such as those currently pre-qualifying only very poor households having persons with severe disabilities and the built environment. This translates into discrimination and perpetuates the increased marginalization of PWDs.
- There is need for the Kenya LNOB Initiative to partner with the relevant departments /agencies with the objective of influencing the content of the Embu County Disability Policy. This will allow for mainstreaming the implementation of recommendations of the gaps identified during the Disability Inclusion Research.
- There is need to enact a legislation and policy on care giving for persons with disability aimed at strengthened and empowerment of care givers. This will focus on skills building in care and rehabilitation of persons with various types of disabilities, psychosocial support/counselling and enterprise development.

### 3.2 ANNEX 2: TAITA TAVETA COUNTY

#### 3.2.1 Status of Disability in Taita Taveta

**Table 1:** Summary of Disability Data (Source: KNBS (2019))

	VISUAL		HEARING		MOBILITY		COGNITION		SELF-CARE		COMMUNICATION		INTER SEX	
Sub-County	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male		Total
Mwatate	613	378	194	294	747	443	478	301	259	212	173	188	2	4282
Taita	272	186	141	92	423	234	272	183	169	150	109	127	-	2358
Taveta	267	237	129	122	330	307	227	176	149	170	97	149	=	2360
Voi	482	374	208	152	625	392	359	292	235	212	158	184	5	3678
<b>Total</b>	<b>1634</b>	<b>1175</b>	<b>672</b>	<b>660</b>	<b>2125</b>	<b>1376</b>	<b>1336</b>	<b>952</b>	<b>812</b>	<b>744</b>	<b>537</b>	<b>648</b>	<b>7</b>	<b>12,678</b>

Recorded data depicts highest number of disabilities in Mwatate, followed by Voi, Taveta, and Taita in that order.

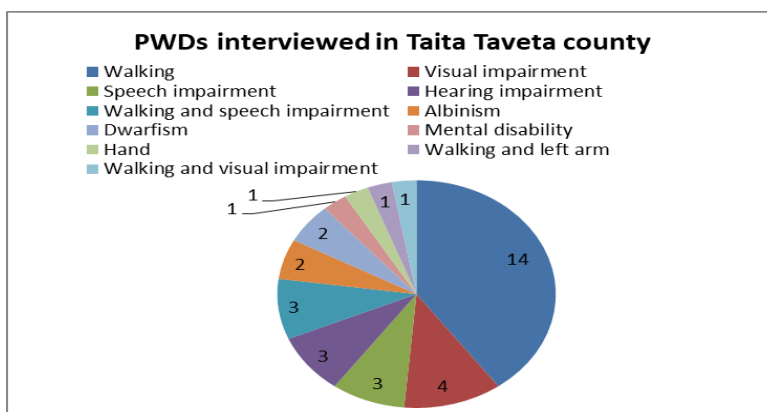
The research team contacted key informants in key County Departments and units dealing with disability. These comprised the NCPWD, Department of Labour and Protection, Department of Health, Department of Social Services, Department of Education, and the County Kenya National Bureau of Statistics... Other key informants were drawn from operating agencies among them, CIPK, Hope Network, World Vision, and Citizen Network for Rural Development, Coast Institute of Technology-SDG Hub, Association of Elders of Kenya, Ebenezer Village CBO, and Taveta Cooperatives. The research team conducted 8 FGDs - 2 in Voi and 6 in Taita Taveta. Visits were made to Taita-Taveta Special Primary School and Taita-Taveta Physiotherapy Unit for observation and key informant interviews.

**Table 2:** Summary of PWAs data in Taita Taveta County

Sub-County	Total	Male	Female
Taveta	23	9	14
Voi	23	9	14
Taita	5	2	3
	28	16	12
<b>Total</b>	<b>79</b>	<b>36</b>	<b>43</b>

#### PWDs interviewed in Taita Taveta County

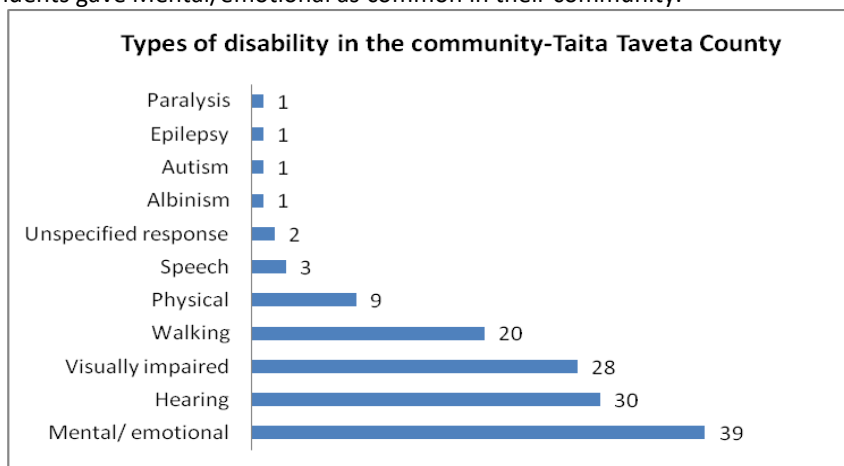
Of the 34 PWDs interviewed in Taita Taveta County, 14 or 41.1% of PWD had mobility related disabilities (walking), 4 or 11.7 % had visual disabilities, speech and hearing had 3 each or 8.8% respective and another 3 or 8.8% had multiple speech and mobility related disabilities. Other types of disability are as denoted on the above graphic.



Source: KNBS data (May 2020)

### Types of disability in the community-Taita Taveta County

Below is a chart of the types of disability in the community from the Taita Taveta county data. The frequencies are generated out of 57 which was the total number of household questionnaires done in Taita Taveta County. Therefore 39 out of 57 respondents gave Mental/emotional as common in their community.



Source: Household Survey, Taita Taveta – March 2021

### 3.2.2 Mapping of organizations planning to conduct surveys to include ‘inclusiveness’ and ‘meaningful participation’ of persons with disabilities

Key Informants comprising County government representatives from various departments, the County Assembly and County Executive as well as Civil Society Organizations (CSOs) were interviewed to determine their knowledge of any organizations that planned to conduct surveys and if they included questions on ‘inclusiveness’ and ‘meaningful participation’ of persons with disabilities. All the responses were in the negative. However, the research team found the same organizations /agencies to have integrated ‘disability inclusiveness’ and ‘meaningful participation’ in their programmes and activities: Department of Health through assessments, categorization and orthopedics for PWDs; Education Department through inclusive education; Children’s Services for the assessment, identification and categorization of children with disabilities; and Department of Gender and Social services for registration of self-help groups, community-based organizations and social protection programmes (cash transfers) for disability groups. The following agencies were identified to be promoting some level of ‘inclusiveness’ and ‘meaningful participation’ of PWDs in Taita Taveta:

**Table2: Entities addressing aspects on disabilities in Taita Taveta County**

Agency	Location	Focus
Office of the Senator	County Level -Voi	Provision of appliances and assistive devices
Office of the First Lady	County Level -Voi	Health services focusing women, support to self-help groups
Office of Women's Rep	County & Sub-County levels	Health support services, focusing women self-help groups
NCPWD	County Level -Voi	Disabilities, Registration Services, Data and coordination
Department of Social Services	County & Sub-County levels	Registration of self-help groups of PWD, Government social services e.g. social cash transfer
Department of Labour	County Level -Voi	Protection
Department of Health and health facilities	County, Sub-County and ward level	Health services, physiotherapy, and assessment services, etc.
ADPK	County Level -Voi	Through vests only once in a while

VSO	County Level -Voi	Development and disabilities
World Vision	Mwatate and Taveta	Development Education and disabilities among school Children, facilitate assessment of children with disabilities
MUHURI	Taveta Sub-County	Support to formation of self-help groups, advocacy on rights
Council of Imams and Preachers of Kenya	Taveta Sub-County	Support to registered self-help groups, advocacy on rights school bursaries to children, facilitate assessment of children with disabilities, support Primary schools
Kwale Eye Centre	County Level -Voi	Eye health clinics
Rotary Clubs of Kenya	County Level -Voi	Support in appliances and assistive devices

### 3.2.3 Establish existing programmes and projects, systems and policies that allow or hinder meaningful participation of the different social groups in the implementation of SDGs

The discussion on this objective focused on the extent to which PWDs living in households have access to basic services (SDG indicator 1.4.1: types of gaps by level, institutions housing policies and implementation of disability interventions); and inclusion processes such as participation in county budget formulation. The research findings drawn from persons with disabilities, county-based institutions of learning, health and other departments in the county indicate that even though basic services are available for all, they are not specifically targeted to reach PWDs except when there are special programs for such targeting. For example, even though there is an increase in the number of health facilities closer to communities and water provided water closer to households, barriers exist in terms availability of medicines and accessibility to most of the water points by persons with disabilities respectively.

Key informants, respondents in FGDs (male, female) identified the following gaps which contribute to inadequate accessibility to services by PWDs in Taita Taveta County:

- Impunity and inefficiencies by duty bearers in the administration of services targeting PWDs.
- Inadequate enforcement and monitoring of government sponsored programmes in support disability focused empowerment, for example, Access to Government Procurement Opportunities (AGPO).
- Invisibility of persons with disability due to inadequate sex, age and disability disaggregated data to guide planning and budgeting for services targeting PWDs;
- Inadequate systematic budgeting for PWDs programming and support services at national, county and local levels. These include support to assistive devices, cost of assessments of PWDs among others;
- Limited to lack of timely and current information in accessible formats on services, issues of interest to PWDs.
- Weak accountability mechanisms on disability programme outcomes to guide analysis of contribution to disability inclusion of donor funding and community participation.
- Lack of support and recognition for care-givers of persons with disabilities to provide and improve skills and livelihoods support.

**Disability Gap:** Inefficient and ineffective implementation, monitoring and reporting on disability programming at national and county level.

### 3.2. 4. Examine existing participation mechanisms for Persons with Disabilities in Voluntary National Review (VNR) reporting and county budget formulation.

The research team interviewed key informants across county departments, County Assembly and civil society organizations in Taita Taveta regarding the participation of persons with disabilities in Voluntary National Reviews. Most of the responses indicated that PWDs participate in VNR at the county level through representation of the Member of the County Assembly in charge of Disability, National Population and Housing Census which comes every 10 years (last participated in 2019), social protection programmes such as cash transfers, county budget formulation process and lately the COVID-19 Response. However, the concept of VNR appeared to be new to them, despite their participation in programmes that constitute monitoring progress of the implementation of the SDGs (VNR reporting).

### **3.2.5 Determine existing inequalities that lead to exclusion and considering intersectional disadvantages through systemic literature review.**

Under this objective, the research team sought responses focusing on SDG Target 10.3: 'Ensure equal opportunities and end discrimination with focus on the proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months based on grounds of discrimination prohibited under international human rights law.' It was established in Taita Taveta County, persons with disabilities continue to experience exclusion in economic, social, political and cultural life despite the Constitution of Kenya outlawing such discrimination (Article 54. (1) (a) which states that "A person with any disability is entitled to be treated with dignity and respect and to be addressed and referred to in a manner that is not demeaning.' Interviews with (55%) of Key Informants and respondents in FGDs identified some of the sources of inequalities that lead to exclusion of PWDs to include discrimination of PWDs in budgets allocation (very low budgets for disability programming disability at county, sub-county and ward level; service delivery that is insensitive to needs of persons disabilities due to lack of orientation of personnel on disability mainstreaming approaches (NCPWD 2015). These inequalities ultimately undermine the Agenda of 'Leave No One Behind' as a key principle of the SDGs.

### **3.2.6 Gather qualitative data/commission a research to close out knowledge gaps on drivers and level of marginalization among marginalized groups**

The research team interviewed key informants representing County Assembly and government departments, CSO representatives and respondents in FGDs (women and men with disabilities), care givers to PWDs and established the following to be driving marginalization of PWDs at legal and policy level, programmes and community level:

- There are inadequate structured systems and mechanisms to address the needs of PWDs.
- There is inadequate budget allocation to Service centres at County, Sub-county, Ward and local level institutions that offer services to persons with disabilities;
- There is inadequate trained personnel with technical and professional knowledge, skills and competences for assessment and rehabilitation of persons with disabilities; and
- There is lack of information and documentation in accessible formats for use by PWDs (sign language), assistive devices for mobility, hearing, seeing and speaking among other needs.
- At the community level, respondent in FGDs identified the drivers of marginalization of PWDs to include neglect, abuse, abandonment and seclusion of PWDs, as well as limited awareness about their human rights.

*The inter-connectedness and inseparability of illiteracy, poverty and disability is one of the root causes to the drivers of marginalization ever experienced by persons with disability. In their FGDs (male, female), the respondents observed that being 'illiterate, poor and disabled' constitute some of the worst experiences of marginalization of persons with disabilities in Taita Taveta County. The research team traced the root cause of marginalization of PWDs to inadequate assessment, categorization, education and skilling of PWDs which are prerequisites for their empowerment across sectors: economic, political, cultural and social, with quest for leadership at different levels.*

**Disability Gap:** Lack of a plan of action to build on strengths and remove barriers to address marginalization of PWDs.

### **3.2.7 Review national and county planned policies, strategies and programmes that the project can influence at the drafting stage.**

The research team used internet search engines (Google Scholar, Leonard Chesire etc) to establish if there is any national and county disability policies and found none (Desk Review, February 2021) that could be influenced at the national level. At the County level, however, Taita Taveta County does not have any disability policy, in draft or finalized copy. Currently, there is on-going advocacy for the development of the policy. Therefore, this is a great opportunity for the Kenya 'Live No One Behind' Initiative to influence it at this drafting stage. For this influencing to be meaningful, the Kenya Leave No One behind Consortia Partners Initiative will build on the County Policy Brief developed by this research project to address gaps identified and recommendations made to respond to the needs of PWDs towards the enhanced the Taita Taveta Disability County Policy. Among issues to be addressed by the policy are: disability rights, justice and basic services comparable to other members of society.

### 3.2.8.1 Gaps identified by stakeholders during the research

The following gaps, if not addressed, will continue to undermine the 'Living No One Behind' agenda:

- *Mapping organizations* – there is inadequate understanding of 'inclusiveness' and 'meaningful participation' of PWDs' and resultantly, how to integrate issues into surveys or programmes done by other organizations.
- *Systems, policies and programmes* - Ineffective and inefficient administration of government sponsored social protection programmes such as cash transfers, relief food and hygiene kits in the context of COVID-19 Response to PWDs and marginalized groups;
- *Voluntary National Review participation and reporting mechanisms* – inadequate awareness about the link of VNRs and social protection programmes, UHC among other interventions.
- *Inequalities and exclusion of PWDs* - Outcomes reports on government sponsored programmes that benefit PWDs or hinder participation of PWDs at different levels, across sectors not available for analysis; budget cuts on disability programmes, services and interventions.
- *Drivers of marginalization* –inadequate access to updated information in acceptable formats to PWDs; illiteracy and poverty contribute and perpetuate marginalization of PWDs at county and local levels.
- *National and County policies for influencing* – lack of a model County Disability policy to guide implementation of disability responsive interventions at local level, including development of a policy on care givers to PWDs.

### 3.2.8.2 Recommendations

- *Mapping of organizations planning to conduct surveys* - national and county governments to collect sex and disability disaggregated data to support planning, budgeting and programme interventions towards the well-being, 'inclusiveness' and 'meaningful participation' of PWDs in budget formulation; access to basic services.
- *Programmes, policies, systems and structures*- There is need for government to directly engage national disability organizations such as NCPWD and UDPK in the implementation of social protection programmes. This will reduce on inefficiencies, irregularities, impunity and perceived corruption that have characterized the administration of cash transfers, relief food and hygiene kits in the context of COVID-19 Response.
- *Voluntary National Reviews participation and reporting mechanisms*- Need to create awareness on the link between VNRs and government sponsored programmes targeting PWDs such as cash transfers, food security and UHC and COVID-19 Response to enable them to understand that they are at the centre of the VNRs.
- *Inequalities and exclusion of PWDs* – need for national and county governments to ensure access to current and updated information in acceptable formats by PWDs and unconditional access to government sponsored programmes by pre-qualifying only households having persons with severe and multiple types of disability.
- *National and county policy influencing* - There is need for Kenya LNOB Initiative to partner with county government departments to influence the content of the Taita Taveta County Disability Policy.

### 3.3 ANNEX 3: MAKUENI COUNTY

#### 3.3.1 Status of Disability in Makueni County

The most recent published data on disabilities in Makueni County indicates that the County has more females than male persons with disabilities (KNBS 2020)<sup>19</sup>. Of the total number 1.5% have visual difficulties, 0.7% have hearing difficulties, 1.9% have mobility difficulties, 1.0% have cognition difficulties, 0.6% have self care difficulties, while 0.5% have communication difficulties. Assessment reports available to the research team estimated that up to 25% of outpatients and up to 40% of in-patients in health facilities of the county suffer from mental conditions. Makueni County has 4.1% of the population as people with disability, making it the third after Embu and Kisumu with the highest incidence of disabilities in the country<sup>20</sup>. Under the Department of Gender, Culture, Children and Social Services, Makueni County has set up a tool for collecting data to fill the disability data gaps.

**Table 1: Summary of Disability Data (Source: KNBS (2019))**

Sub-County	VISUAL		HEARING		MOBILITY		COGNITION		SELF-CARE		COMMUNICATION		INTERSEX	Total
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male		
Kathonzweni	645	500	281	238	876	535	453	325	252	227	158	215	3	4,705
Kibwezi	1961	1196	920	633	2064	1136	1349	834	557	479	381	483	6	11,993
Kilungu	338	222	172	100	642	327	332	190	184	141	110	126	1	2,884
Malinda	791	515	363	217	857	447	451	279	256	194	173	345		4,888
Makueni	1095	665	448	303	1511	838	744	477	431	321	261	301	2	7,395
Mbooni East	944	601	397	296	1230	677	561	423	349	276	205	273	3	6,232
Mbooni West	754	450	371	228	1082	642	436	331	285	241	176	233		5,229
Mukaa	771	557	389	279	1237	697	550	390	322	238	190	217	1	5,837
Nzau	850	544	434	291	1206	628	668	451	319	305	233	277	4	6,206
<b>Total</b>	<b>8,149</b>	<b>5,250</b>	<b>3,775</b>	<b>2,585</b>	<b>10,705</b>	<b>5,927</b>	<b>5,544</b>	<b>3,700</b>	<b>2,955</b>	<b>2,422</b>	<b>1,887</b>	<b>2,470</b>	<b>20</b>	<b>55,369</b>

The distribution of Persons with Albinism PWAs in Makueni County is presented here below:

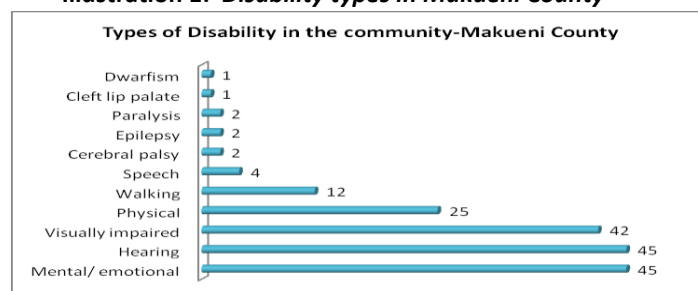
Sub-County	Total	Male	Female
Kathonzweni	50	23	27
Kibwezi	67	28	39
Kilungu	15	7	8
Makindu	25	11	14
Makueni	28	12	16
Mbooni East	17	7	10
Mbooni West	25	16	9
Nzau	30	11	19
<b>Total</b>	<b>257</b>	<b>115</b>	<b>142</b>

Source: <sup>1</sup>KNBS, (2019). Kenya Population and Housing Census Volume IV:

#### Types of disability in the community -Makueni County

The frequencies are generated out of 80 household questionnaires done in Makueni County.

**Illustration 1: Disability types in Makueni County**



<sup>19</sup>KNBS, (2019). Kenya Population and Housing Census Volume IV:

<sup>20</sup>KNBS (May 2020); Status of Disability in Kenya.

### 3.3.2 Mapping of organizations planning to conduct surveys to include ‘inclusiveness’ and ‘meaningful participation’ of persons with disabilities

The research team interviewed Key Informants and respondents in FGDs to find out if they were aware of any organizations that planned to conduct surveys and if the surveys included questions on ‘inclusiveness’ and ‘meaningful participation’ of persons with disabilities. None of them responded in the affirmative. However, the research team further established from the respondents that the organizations they represent had integrated ‘disability inclusiveness’ and ‘meaningful participation’ of persons with disabilities in their projects and activities. These include, but are not limited to, the departments of Health for disability assessments, categorization, orthopedics as well as provision of NHIF, a devolved initiative on access to health for all; Education for inclusive education; Children’s department for assessment, identification and categorization of children with disabilities; and Gender and Social services for registration of self-help groups, community-based organizations and social protection programmes (cash transfers) for disability groups. In Makueni County, the following agencies promote ‘inclusiveness’ and ‘meaningful participation’ of PWDs in their interventions and activities:

**Table 2: Entities addressing issues of disabilities in Makueni County**

Agency	Location	Focus
Office of the Governor	County Level	Provision of NHIF and direction setting
Constituency Representatives (MPs)	County Level	Support to women, disability self-help groups; Assistive devices
Office of Women's Rep	County & Sub-County levels	Focus on women self-help groups
NCPWD	County Level	Registration Services, Data and County level coordination
Department of Gender, Culture, Children, and Social Services	County & Sub-County levels	Formation of self-help groups of PWD, Social protection services e.g. cash transfers to the most vulnerable(PWDs, the elderly)
Department of Health and health facilities	County, Sub-County and ward level	Health services - physiotherapy, and assessment services etc.
ADPK	County Level	Visits through local CBO and PWD groups
VSO	County Level	Development and empowerment of youth
Kibwezi Disabled Persons' Organization	Kibwezi East and Kibwezi West Sub-counties	Work through PWD groups in liaison with Ward Sub-County, National Police Service, Public Administration and ADPK.

*This profile is not exhaustive as the research team could not access some key informants working remotely but could not be reached on phone*

### 3.3.3 Establish existing programmes and projects, systems and policies that allow or hinder meaningful participation of the different social groups in the implementation of SDGs in Makueni County

This objective focused on SDG indicator 1.4.1 which sought to establish the types of gaps by level, institutions housing policies and implementation of disability interventions); and inclusion processes such as participation of PWDs in county budget formulation process. Overall, it sought to determine the extent to which PWDs living in households have access to basic services. The research findings indicate that access to the available basic services by persons with disabilities is hindered by, among others, inadequate sex, age and disability disaggregated data to guide planning, budgeting and administration of government sponsored programmes such as cash transfer, planning and budgeting for services targeting PWDs; very low budgets for PWDs programming and support services at national, county and local levels; and inefficient and ineffective enforcement and monitoring of social protection programmes targeting persons with disability. This information was provided by all the key informants interviewed in Makueni County, women and men with disabilities (FGDs) and corroborated by the desk review findings (February 2021).

Other gaps identified which hinder meaningful participation of persons with disabilities and other marginalized social groups include: lack of timely and current information in accessible formats on services to be accessed by PWDs; impunity and inefficiencies of duty bearers in the administration of services targeting PWDs; weak accountability mechanisms on disability programme outcomes to guide analysis of contribution to disability inclusion; lack of



support and recognition for care-givers to PWDs; and lack of monitoring and fast tracking the implementation of the Access to Government Procurement Opportunities (AGPO) whose targets is PWDs, youth and women.

**Disability Gap:** Inefficient and ineffective monitoring and reporting on disability programming at county level.

### **3.3. 4. Examine existing participation mechanisms for Persons with Disabilities in Voluntary National Review (VNR) reporting and county budget formulation.**

The research team established some of Informants (45%) across County Government departments knew about Voluntary National Reviews (VNR) participation and reporting mechanism. Most of the departments and CSO representatives who knew about the VNR participate in it, while the ones who did not have information are either not involved or due to inadequate dissemination of the VNR in the County. Most of the responses from PWDs indicate that they participate directly in the VNR through access to social protection programmes such as cash transfers and National Hospital Insurance Fund (NHIF) which is part of the Universal Health Care (UHC) implemented at the county level. They also participate in the VNR through representation by UDPK, leadership of the Member of the County Assembly in charge of Disability, National Population and Housing Census which gives data that forms part of the indicators for benchmarking the progress of implementation of SDGs; and county budget formulation process. Another 35% of the Key Informants found the concept of VNR to be new to them, despite their participation in programmes that constitute monitoring progress of the implementation of the SDGs (VNR reporting).

### **3.3.5 Determine existing inequalities that lead to exclusion and considering intersectional disadvantages through systemic literature review.**

The discussion on this objective sought responses of Key Informants and FGD respondents on their knowledge of and experiences with inequalities and exclusion of persons with disabilities within the context of SDG Target 10.3: 'Ensure equal opportunities and end discrimination with focus on the proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months based on grounds of discrimination prohibited under international human rights law.' Most of the key informants (65%) and all the FGD respondents indicated some of inequalities experienced by PWDs are perpetuated by government, such as low budgets for disability programmes; conditional access to social protection programmes such as cash transfers to only poor households having a person with severe disabilities that needs care 24 hours a day; inefficient and biased access to COVID-19 Response programme benefits. The inequalities perpetuate discriminatory practices towards persons with disabilities and lead to their exclusion, therefore undermining the 'Leave No One Behind' as a key principle of the SDGs.

### **3.3.6 Gather qualitative data/commission a research to close out knowledge gaps on drivers and level of marginalization among marginalized groups**

According to the key informants representing various County Assembly Committees and County Executive departments, CSOs and respondents in FGDs (women and men with disabilities, care givers to PWDs), the drivers of marginalization of PWDs are at different levels: policy, programmes and community level.

- *Existing Policies, Systems Programmes* - inadequate commitment of duty bearers to address the needs of PWDs such as allocation of adequate budgets for disability programmes and services; Prevalence of illiteracy and poverty among persons with disabilities; and lack of information and documentation in accessible formats for use by PWDs (sign language), assistive devices for mobility, hearing, seeing and speaking among other needs.
- *At the community level*, respondent in FGDs identified the drivers of marginalization of PWDs to include neglect, abuse, abandonment and seclusion of PWDs, limited awareness about their human rights and inadequate sex, age and disability disaggregated data on PWDs resulting from lack of consistent assessment, categorization, education and skilling of PWDs underlie their empowerment in economic, political, cultural and social spheres.

**Disability Gap:** Lack of a plan of action to build on strengths and remove barriers to address marginalization of PWDs.

### **3.3.7 Review national and county planned policies, strategies and programmes that the project can influence at the drafting stage.**

The research team referred to the findings of the desk (phase 1 of the assignment) which did not locate any planned national and county policies (Desk Review, February 2021) that the study could influence at the drafting stage. However, during the field data collection, Makueni County was found to have a draft Disability Policy which is due for public participation hearing comments. This was found to be a good opportunity during which the Kenya LNOB Consortia Partners could make suggestions to enhance LNOB agenda in the implementation of SDGs.

Guided by the County Policy Brief developed by this research project, the Kenya LNOB Consortia Partners will reference the disability gaps identified and recommendations made to respond to the needs of PWDs in Makueni County. The policy issues to be addressed will include, but not limited to: unconditional access to basic services, justice and enjoyment of human rights of persons with disabilities.

#### **3.3.8.1 Gaps identified by stakeholders during the research**

The following gaps, if not addressed, will continue to undermine the 'Living No One Behind' agenda:

- *Mapping organizations conducting surveys*— there is inadequate understanding of 'inclusiveness' and 'meaningful participation' of PWDs'; and lack of strategies to track organizations planning to conduct surveys.
- *Systems, policies and programmes* - Ineffective and inefficient administration of government sponsored social protection programmes such as cash transfers, relief food and hygiene kits in the context of COVID-19 Response;
- *Voluntary National Review* - Inadequate awareness of the participation and reporting mechanisms.
- *Inequalities leading to exclusion of PWDs* - Low and budgets cuts for PWDs programmes and services;
- *Drivers of marginalization of PWDs* - inadequate access to updated information in acceptable formats to PWDs; illiteracy and poverty prevalence among persons with disabilities.
- *Planned national and county policies for influencing* —existence of a draft Makueni County Disability Policy. This will build on gaps identified such as lack of recognition and investment in care givers to PWDs

#### **3.3.8.2 Recommendations**

- *Mapping of organizations* – Kenya to LNOB Consortia Partners Initiative to use Plan International as the entry point for engaging other organizations on 'inclusiveness and meaningful participation' of PWDs in their interventions – an opportunity to sensitize the public on what these concepts stand for in disability discourse.
- *Systems, policies and programmes* – gather sex and disability disaggregated data to guide planning and budgeting for disability interventions; access to basic services; participation in budget formulation process ;
- *Voluntary National Review* – create awareness on VNR participation and reporting mechanisms for PWDs.
- *Inequalities leading to exclusion of PWDs* – Lobby for increased budgets for PWDs programmes and services;
- *Drivers of marginalization of PWDs* – facilitate the provision of updated information in acceptable formats to PWDs; ensure functional literacy skills among persons with disabilities.
- *Planned national and county policies for influencing* –partner with Makueni County to influence the content in the County Disability Policy to address gaps such as access to justice, human rights, livelihood opportunities including property ownership and access to basic services.

### 3.4 ANNEX 4: SIAYA COUNTY

#### 3.4.1 Status of Disability in Siaya County

Siaya has 35,580 people with disabilities of whom 14,072 are males and 21,508 females (KNBS 2020)<sup>21</sup>. Of these, 14,005 have visual difficulties while 6,861 have hearing difficulties, 14,749 have mobility challenges, 7,945 have cognitive challenges, 4,025 have selfcare difficulties and 3,336 have communication difficulties. These disabilities constitute 4.1% of the County's population, making it one of those with the highest number of disabilities<sup>22</sup>.

**Table 1: Summary of Disability Data (Source: KNBS (2019))**

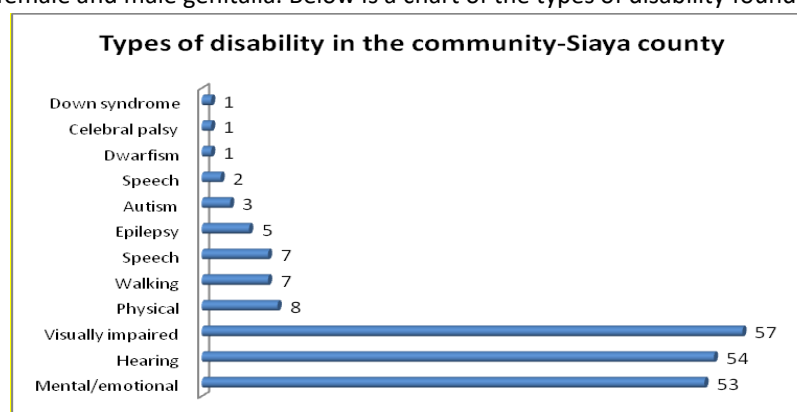
	VISUAL		HEARING		MOBILITY		COGNITION		SELF-CARE		COMMUNICATION		INTERSEX	
Sub-County	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male		Total
Siaya	2026	1199	927	607	2480	1123	1173	697	537	386	436	398	4	11,993
Gem	1646	966	832	557	1935	978	1073	612	525	336	325	300	4	9,989
Ugenya	1022	658	553	357	1453	727	653	434	345	284	272	215	4	6,977
Ugunja	639	381	322	205	836	422	282	237	190	160	157	142	-	4,073
Bondo	1884	1211	815	570	1674	938	899	527	414	289	299	249	4	9,773
Rarieda	1507	866	678	438	1468	715	815	443	392	267	286	247	2	8,134
<b>Total</b>	<b>8724</b>	<b>5281</b>	<b>4127</b>	<b>2734</b>	<b>9846</b>	<b>4903</b>	<b>4995</b>	<b>2950</b>	<b>2303</b>	<b>1722</b>	<b>1775</b>	<b>1561</b>	<b>18</b>	<b>50,939</b>

#### Summary of data on persons with Albinism in Siaya County

Sub-County	Total	Male	Female
Siaya	71	27	44
Gem	72	26	46
Ugunja	27	12	15
Ugenya	47	20	27
Bondo	91	40	51
Rarieda	34	12	22
<b>Total</b>	<b>342</b>	<b>137</b>	<b>305</b>

#### Types of disabilities in Communities of Siaya County

The frequencies are generated out of 104 household questionnaires conducted in Siaya County. Locally in this county, the word 'polio' is applied to disability. In the data collecting process the team observed that some respondents had multiple disability conditions. There were also revelations of undisclosed types of disability, which they said were known mostly to close relatives of the PWD, such as children born with parts of their private parts missing or had both female and male genitalia. Below is a chart of the types of disability found in Siaya County.



Other data that may not have been captured due to inadequacies in the assessment and categorization of disabilities include dwarfism and stammering.

<sup>21</sup>KNBS, (2019). Kenya Population and Housing Census Volume IV:

<sup>22</sup>KNBS (May 2020); Status of Disability in Kenya.

### 3.4.2 Mapping of organizations planning to conduct surveys to include ‘inclusiveness’ and ‘meaningful participation’ of persons with disabilities in Siaya County

In Siaya County, the research team interviewed Key Informants comprising County government representatives from various departments, the County Assembly, County Executive and Civil Society Organizations (CSOs) to determine their awareness of any organizations that planned to conduct surveys to enable inclusion of questions on ‘inclusiveness’ and ‘meaningful participation’ of persons with disabilities. They all responded in the negative. Upon further consultation, the research team established that their departments / organizations had considered ‘disability inclusiveness’ and ‘meaningful participation’ in their projects and activities: the Education Department for inclusive education; Children’s services for the assessment, identification and categorization of children with disabilities; the Department of Health for assessments, categorization and orthopedics for PWDs; and the Department of Gender and Social services for registration of self-help groups, community-based organizations and social protection programmes (cash transfers) for disability groups and the elderly. The research team identified the following agencies to be promoting some level of ‘inclusiveness’ and ‘meaningful participation’ of PWDs in Siaya County:

**Table 2: Agencies addressing issues of disability in Siaya County**

Agency	Location	Focus
Constituency Representatives (MPs)	Sub-County Level	Support to women, disability self-help groups; provision of Assistive devices.
Office of Women's Representative	County & Sub-County levels	Facilitation of sensitization of Women and self-help groups, disability groups
NCPWD	County Level	Registration services of PWDs, collection of data and County level coordination
Department of Gender, Culture, Children, and Social Services	County & Sub-County levels	Registration of self-help and PWD groups, department of social services e.g. cash transfer to vulnerable groups.
Department of Health and health facilities	County, Sub-County and Ward level	Health services, physiotherapy and assessment services for PWDs;
APDK	County Level	Production of assistive devices
VSO	County Level	Empowerment of youth
St. Monica, Sigomre	Sub-county and County level	Rehabilitation and education of children with disabilities
Ugunja Community Resource Centre (UCRC)	County and sub-county	Awareness creation, advocacy and economic empowerment of women and youth with disabilities; livelihoods support
Community Based Organizations (CBOs) disability support groups	Sub-county and Ward level	Self reliance initiatives ; savings and merry go round and group therapy and support

*\*\*This profile is not exhaustive as the team could not access some key informants who worked remotely but did not respond to telephone calls.*

### 3.4.3 Establish existing programmes and projects, systems and policies that allow or hinder meaningful participation of the different social groups in the implementation of SDGs in Siaya County

Under the SDG indicator 1.4.1, the research team sought to establish the extent to which PWDs living in households in the two (2) sub-counties of Bondo and Ugunja have access to basic services. The consultations focused on the types of gaps by level, institutions housing policies and implementation of disability interventions; and the inclusion processes such as participation of PWDs in county budget formulation process. According to the research findings, access to the available basic services by PWDs is hindered by, among others, inadequate sex, age and disability disaggregated data that would guide planning, budgeting and administration of social protection programmes such as cash transfers; duty bearer inefficiency and ineffectiveness in administration and monitoring of social protection programmes targeting persons with disability; budget cuts targeting PWDs programmes and support services at county and local levels. The key informants, women and men with disabilities (FGDs) confirmed this finding, information which was corroborated by the desk review results (February 2021).

The respondents identified other gaps which hinder meaningful participation of PWDs to include: impunity and inefficiencies of duty bearers in the administration of services targeting PWDs; lack of timely and current information in accessible formats on services to be accessed by PWDs; weak accountability mechanisms on disability programme outcomes to guide analysis of contribution to disability inclusion; lack of recognition for care-givers to PWDs; and lack of monitoring and fast tracking the implementation of the 'Access to Government Procurement Opportunities' (AGPO) whose targets are PWDs and other vulnerable groups.

**Disability Gap:** Weak accountability mechanisms on basic services, social protection programmes impacting PWDs.

#### **3.4. 4. Examine existing participation mechanisms for Persons with Disabilities in Voluntary National Review (VNR) reporting and county budget formulation.**

Like in other study counties, the research team established some Key Informants (40%) across the County Government departments and CSOs are aware or have heard of the Voluntary National Reviews (VNR) participation and reporting mechanisms. However, a similar number from the same departments and CSO representatives confirmed their participation in social protection programmes such as cash transfers, National Hospital Insurance Fund (NHIF) as part of the greater global universal health care programmes and the leadership of the County Assembly though the Member of the County Assembly in charge disability.

Kenya is participating in the VNRs through its Big 4 Agenda- the flagship projects which include cash transfers to the most vulnerable and UHC. At the County level, PWDs and other marginalized social groups in Siaya are participating in the VNRs through access to cash transfers and UHC but without understanding the link between what the PWDs are involved in and the VNRs. The PWDs also participate in the VNR through leadership representation by UPDK, which sits in the High Level Political Forum preparing the implementation progress report of SDGs. Most of the Key Informants (35 %) and the FGD respondents found the concepts of VNR and LNOB to be new to them, despite their participation in programmes that constitute monitoring progress of the implementation of the SDGs (VNR reporting).

#### **3.4.5 Determine existing inequalities that lead to exclusion and considering intersectional disadvantages through systemic literature review.**

SDG Target 10.3: 'Ensure equal opportunities and end discrimination with focus on the proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months based on grounds of discrimination prohibited under international human rights law.' This was the reference point for the consultations on inequalities and how they lead to exclusion of persons with disabilities in Siaya County. The discussion on this objective sought responses of Key Informants and FGD respondents on their knowledge of and experiences with inequalities and how they contribute to exclusion of persons with disabilities. Most of the key informants (55%) and all the FGD respondents indicated some of the inequalities experienced by PWDs are perpetuated by government, such as low budgets or targeted budget cuts on programmes for PWDs in case austerity measures come in place; conditional access to social protection programmes such as cash transfers only to poor households having a person with severe disabilities that needs care giving 24 hours daily, seven days a week; and inefficient and biased access to COVID-19 Response program benefits. The research team established that inequalities perpetuate discrimination and exclusion of PWDs and undermine the 'Leave No One Behind' agenda as a key principle of the SDGs.



**Figure 2: FGD of Care Givers at St. Monica, Sigomre, Ugunja sub-County -Siaya March 9,2021**

### **3.4.6 Gather qualitative data/commission a research to close out knowledge gaps on drivers and level of marginalization among marginalized groups**

According to the key informants representing various County Assembly Committees and County Executive departments, CSOs and respondents in FGDs (women and men with disabilities, care givers to PWDs), the drivers of marginalization of PWDs are at different levels: policy, programmes and community level.

- *At the legal and policy level*
  - Inadequate commitment of duty bearers to address the needs of PWDs. It is an open secret that whenever austerity measures have to be taken by government, the budgets for PWDs become the first targets for cutting of scaling down.
  - Inefficiency and ineffectiveness in the administration of social protection programmes (cash transfers, UHC), conditionalities for such access by PWDs and other marginalized groups, notwithstanding.
  - Prevalence of illiteracy and poverty among persons with disabilities; and
  - Lack of information and documentation in accessible formats for use by PWDs (sign language), assistive devices for mobility, hearing, seeing and speaking among other needs.
- *At the community level:*
  - Respondent in FGDs identified the drivers of marginalization of PWDs to include neglect, abuse, abandonment and seclusion of PWDs, limited awareness about their human rights and inadequate sex, age and disability disaggregated data on PWDs resulting from lack of consistent assessment, categorization, education and skilling of PWDs underlie their empowerment in economic, political, cultural and social spheres.

**Disability Gap:** Lack of a plan of action to build on strengths and remove barriers to address marginalization of PWDs.

### **3.4.7 Review national and county planned policies, strategies and programmes that the project can influence at the drafting stage.**

The findings of the desk review (phase 1 of the assignment) established that Siaya County has an existing Disability Policy and Disability Act developed out of it (Desk Review, February 2021). The research team did not find any other planned policy in the County that it could influence at the drafting stage. However, since most policies are reviewed every 5 years, there is a potential opening for the Kenya LNOB Initiative to influence the review phase of the Siaya County Disability Policy.

During the review phase, the Kenya LNOB Consortia Partners will likely take advantage of the County Policy Brief developed by this research project, to respond to and enhance the Siaya County Disability Policy (revised). The policy issues to be integrated will include, but not limited to: unconditional access to basic services, cash transfers, access to justice and enjoyment of human rights of and by persons with disabilities.

#### **3.4.8.1 Gaps identified by stakeholders during the research**

The following gaps, if not addressed, will continue to undermine the 'Living No One Behind' agenda:

- *Mapping organizations conducting surveys*— there is inadequate understanding of concepts of 'inclusiveness' and 'meaningful participation' of PWDs'; and lack of strategies to track organizations planning to conduct surveys.
- *Systems, policies and programmes* - Ineffective and inefficient administration of government sponsored social protection programmes such as cash transfers, relief food and hygiene kits for PWDs.
- *Voluntary National Review* - Inadequate awareness of the participation and reporting mechanisms among PWDs
- *Inequalities leading to exclusion of PWDs* - Low and budgets cuts for PWDs programmes and services;
- *Drivers of marginalization of PWDs* - inadequate access to updated information in acceptable formats by PWDs; and the illiteracy and poverty prevalence among persons with disabilities.
- *Planned national and county policies for influencing* —existence of a draft Makueni County Disability Policy. This will build on gaps identified such as lack of recognition and investment in care givers to PWDs

### 3.4.8.2 Recommendations

- *Mapping of organizations* – Kenya to LNOB Consortia Partners Initiative to undertake a reality check to integrate the concepts of ‘inclusiveness’ and ‘meaningful participation’ of persons with disabilities in policies of their respective organizations. Involve Plan International as the entry point for engaging other organizations on ‘inclusiveness and meaningful participation’ of PWDs in their interventions – an opportunity to sensitize the public on what these concepts stand for in disability discourse.
- *Systems, policies and programmes* – gather sex and disability disaggregated data to guide planning and budgeting for disability interventions; access to basic services; participation in budget formulation process ;
- *Voluntary National Review* – create awareness on VNR participation and reporting mechanisms for PWDs.
- *Inequalities leading to exclusion of PWDs* – Lobby for increased budgets for PWDs programmes and services;
- *Drivers of marginalization of PWDs* – facilitate the provision of updated information in acceptable formats to PWDs; ensure functional literacy skills among persons with disabilities.
- *Planned national and county policies for influencing* –partner with Makueni County to influence the content in the County Disability Policy to address gaps such as access to justice, human rights, livelihood opportunities including property ownership and access to basic services.

## ANNEX 5: REFERENCES

1. CBM (January 2017): Disability Inclusive Development Toolkit
2. Center for Evidence-Based Management [internet]. Critical appraisal of a survey. [updated 2014 June 5]. 2017 [cited 2017 Jun 21]. Available from: <http://www.cebma.org/wp-content/uploads/Critical-Appraisal-Questions-for-a-Survey.pdf> [Google Scholar]
3. Disability inclusion - Topic guide November, 2015
4. Emma Samman & José Manuel Roche (2014): Group inequality and intersectionality
5. GoK (2010): Constitution of Kenya
6. GoK (2016): National Plan of Action on implementation of recommendations made by the
7. GoK (2012): Analytical Report on Disability
8. Disability Act of Kenya (2003);
9. NCPWD, (2015) Disabilities Mainstreaming Policy
10. GSDRC, Applied Knowledge Services: Disability Inclusion Topic Guide (2015).
11. LNOB Consortia Partner Project Proposal
12. Naila Kabeer: The challenges of intersecting inequality (2016)
13. NGEK, 2014: Flares-of-marginalization-in-Kenya;
14. Kenya LNOB Initiative Project documents, 2020
15. Kenya Population and Housing Census (KPHC), 2019
16. KPHC, 2012: Analytical Report on Disability Volume XIII
17. On-the-Road-to-Disability-Inclusion-FINAL-6-13-2016
18. SDG Official-List-of-Proposed-SDG-Indicators
19. UN Expert Group Meeting on a disability inclusive development agenda towards 2015 and beyond, UNDESA and UNU (Kuala Lumpur, Malaysia, 2 to 4 May 2013)
20. UN Convention on the Elimination of all forms of Discrimination Against Women (CEDAW)
21. United Nations Convention on Rights of People with Disabilities (UNCRPD)
22. Universal Declaration on Human Rights (UDHR, 1948)
23. CDP (July 2017): Voluntary National Review Reports (VNR) – what do they report?
24. World Health Organization [WHO, 2011: World Report on Disability. Geneva, WHO and the World Bank.