

Disability Inclusive Development Kenya Situational Analysis June 2020 update

The Institute of Development Studies (IDS) has prepared Situational Analyses (SITANs) which synthesise the most recent existing literature and evidence on factors that impact on the lives of people with disabilities in each of the six UK Aid funded Disability Inclusive Development (DID) countries to better inform the DID programme implementation in each country. The countries include Bangladesh, Jordan, Kenya, Nepal, Nigeria, and Tanzania. The programme focuses on access to education, jobs, healthcare, and reduced stigma and discrimination for persons with disabilities.

This situational analysis addresses the question of: “what is the current situation for persons with disabilities in Kenya?”.

These SITANs can be used throughout the programme, by all those involved in it, in order to better understand the current context and available evidence, as well as by others working in this area. This will help lead to better informed projects within the four different thematic areas and help with situating these different projects within the wider country context. Where the Committee on the Rights of Persons with Disabilities has recommendations from the concluding observations on the country, these have been integrated in relevant places to ensure that the UNCRPD is at the heart of the SITANs. Where possible, the SITANs also flag up gaps in evidence which the DID programme may be interested in addressing. As living documents they can be adapted to include newly published evidence and to reflect any adaptations in areas of interest in the programme. This SITAN has been briefly updated from the April 2019 SITAN. For more information about how the situational analyses were conducted see page 35.

This paper has been funded with UK aid from the UK government. The opinions expressed are those of the authors and do not necessarily reflect the views or policies of the UK government or members of the Disability Inclusive Development consortium.

Contents page

1. SUMMARY OF KEY INFORMATION	4
Country facts and figures	4
National policies	4
The situation for people with disabilities	4
2. COUNTRY OVERVIEW	6
COVID-19 impact	7
3. NATIONAL POLICIES	8
National Development Plan	8
UNCRPD and national disability policies and legislation	8
Constitution	8
UN Convention on the Rights of Persons with Disabilities (UNCRPD)	9
National Disability policy and legislation	9
Responsible bodies	10
Employment and livelihood policies	11
Social Protection policies	12
Education policies	12
Health policies	13
4. THE SITUATION FOR PEOPLE WITH DISABILITIES	13
Disability prevalence	13
Disability and poverty	14
COVID-19's impact on persons with disabilities	14
DID Thematic area: Disability stigma	15
Children with disabilities	17
Women with disabilities	17
Tackling disability stigma	18
DID Thematic area: Disability and livelihoods/work	19
Self-employment: small businesses	20
Formal sector	21
Barriers to employment	22
Persons with disabilities experiences in work	23
Reasons employers were more inclusive of persons with disabilities	24

Disability and social protection	25
DID Thematic area: Disability and education and training	26
Assessment and school placement	27
Government provision	28
Barriers to education	29
Further and higher education	30
DID Thematic area: Disability and health	31
Sexual and reproductive health	32
Access to assistive devices	33
Disability and humanitarian situations	34
Climate change and disaster risk reduction	34
Disaster management	34
Refugees with disabilities	34
5. HOW THE SITANS WERE CONDUCTED	35
6. REFERENCES	36
Suggested citation	40

1. Summary of key information

Country facts and figures

Poverty rates: USD 1.90 PPP poverty rate: 36.1% (2015/16); multidimensional poverty rate: 36% (2014). Poverty is concentrated in northeastern parts of Kenya.

Disability prevalence: Estimates range – 2.2% (2019 census); 3.8% (2009 census); 10.3% (2002-2004 world health survey).

National policies

Kenya ratified the *UNCRPD* in 2008. Disability rights are provided under Kenya's 2010 constitution and the *2003 Persons with Disabilities Act*, amongst others. Some individual counties have their own disability legislation. The *Ministry of Gender, Children and Social Development* has the mandate to promote and protect the rights of persons with disabilities. The National Council for Persons with Disabilities is charged with follow up and enforcement of the law.

The *Employment Act 2007* outlaw's discrimination on grounds of disability in employment in both the public and private sectors. Other relevant legislation includes the 2016 National Employment Authority Act, the 2003 Public Officers' Ethics Act, the 2015 Public Procurement and Disposal Act, and different County Youth Women and Persons with Disabilities Enterprise Development Fund Bills, as well as quotas under the Persons with Disabilities Act and the constitution.

The *2013 Basic Education Act* outlines needs in relation to the provision of education for disabled children, whose right to education is guaranteed under the constitution. The new *Sector Policy for Learners and Trainees with Disabilities* supports the principles of inclusive education.

The *2014-2030 Kenya Health Policy* acknowledges the rights of people with disabilities to health and pledges to make health services to all. Women and youth with disabilities rights to sexual and reproductive health services is acknowledged in the *2007 National Reproductive Health Policy* and the *2015 National Adolescent Sexual And Reproductive Health Policy*.

The situation for people with disabilities

Disability and poverty: People with disabilities are more likely to be living in poverty than people without disabilities.

Disability and COVID-19: Persons with disabilities have been negatively affected by COVID-19 and the responses to it, many of which have not been disability inclusive.

Stigma: People with disabilities experience stigma and discrimination which excludes them from economic and social activities and full participation in life. People with intellectual disabilities, psychosocial disabilities, as well as women and girls, older persons, children and youth with disabilities, are particularly affected and vulnerable to violence.

Disability and livelihoods/work: Available evidence suggests that people with disabilities struggle to find work, especially paid work. Men with disabilities, and people with disabilities in urban areas, are more likely to find paid work. Most persons with disabilities are self-employed and/work in agriculture. They often lack financial literacy, management skills, and willingness to take risks to grow their business. Their struggle to find employment is as a result of barriers

including inadequate enforcement mechanisms of relevant policies by the Government; failure to consider persons with disabilities on an impartial basis when hiring; poor infrastructure and difficult terrain in rural areas; stiff competition in the open labour market to the disadvantage of persons with disabilities; people with disabilities' limited education and training; inaccessible workplaces and lack of accessible communication; and the need for reasonable accommodation. Employer attitudes are a key barrier to employment. The extent of access to employment varies with type of disability, severity of disability, and educational attainment. People with disabilities also experience poor remuneration and discrimination in the workplace.

Disability and education and training: Children with disabilities are less likely to be in education or complete it, in comparison to children without disabilities (44% completed primary school in comparison to 60%), as a result of factors such as cost, stigmatisation, inappropriate curricula, poorly equipped institutions of learning, overcrowding, and insufficiently trained teachers. Significant numbers of in school children with disabilities are in special schools and units rather than in mainstream schools or inclusive education.

Disability and health: Despite government efforts, health services and facilities and public health campaigns remain inaccessible to many persons with disabilities, as a result of factors such as cost of health care, distance to health facilities, lack of sign language interpretation, negative attitudes of healthcare staff, inaccessible equipment and service points, and lack of accessible information materials. Women with disabilities also encounter barriers to accessing quality reproductive health care and women with intellectual disabilities and women with mental health issues are particularly vulnerable to being coerced into sterilisation procedures.

Disability and humanitarian issues: Despite Kenya's vulnerability to climate change, people with disabilities have not really been included in actions relating to resilience and disaster risk reduction. Refugee with disabilities living in Kenya have also struggled to access services in the camps.

Main report¹

2. Country overview

Kenya is a low middle-income, multi-ethnic, multi-cultural and multi-religious country (LO/FTF Council, 2017, p. iii). The majority of the population is young (an estimated 39.2% are between 0-14) and most live in rural areas, with 27.5% living in urban areas in 2019². The proportion of Kenyans living on less than the international poverty line (US\$1.90 per day in 2011 PPP) has declined from 46.8% in 2005/06 to 36.1% in 2015/16 (World Bank, 2018, p. v). Rates of multidimensional poverty were similar and in 2014 36% of the population were multi-dimensionally poor (experiencing deprivations in education, health and living standards) while an additional 32% lived in near multidimensional poverty (UNDP, 2016, p. 6). Progress in poverty reduction was mainly been due to progress in the agricultural sector, although this makes such progress vulnerable to climate and price shocks (World Bank, 2018, p. v, 27). While poverty incidence is below average for Sub-Saharan Africa, it is relatively high compared to its middle income peers (World Bank, 2018, p. v). Poverty is concentrated in the northeastern parts of the country (World Bank, 2018, p. 27). Kenya has a low medium human development index³ of 0.579, positioning at 147 of 188 countries and territories⁴. In relation to income inequality, its Gini coefficient is 40.8⁵.

Kenya's GDP is USD 74,938 million, while the GDP per capita is USD 1,507.8 (measured in 2017)⁶. According to UN statistics (measured in 2017), in 2019 agriculture made up 33.4% of gross value added (GVA) of the economy and 36.4% were estimated to be employed in the agricultural sector; industry made up 18.5% of GVA of the economy and employed an estimated 14.3%; services made up 48.1% of GVA of the economy and employed an estimated 49.3%⁷.

Kenya has been affected climate change and drought and floods have affected millions of people (UNICEF, 2018). In August 2017, approximately 3.4 million people were food insecure, although this improved to 700000 in August 2018 as a result of substantial crop production, low market prices and available supplies caused by the return of rain (UNICEF, 2018). In the last years it has experienced consecutive poor rainy seasons and, in 2018, above average long rains which resulted in massive flooding across 40 out of 47 counties, with 800,000 people affected and 311,000 displaced (approximately 47 per cent children) (UNICEF, 2018). The flooding compounded ongoing disease outbreaks, including cholera, rift valley fever and Chikungunya (UNICEF, 2018). There are over 494,000 registered refugees and asylum seekers living in

¹ There are some similarities with the Inclusion Works Kenya SITAN in areas where they overlap.

² UN Data Kenya – accessed 30.6.2020

³ The HDI is a summary measure for assessing long-term progress in three basic dimensions of human development: a long and healthy life, access to knowledge and a decent standard of living.

⁴ UNDP Kenya Human Development Indicators – accessed 30.6.2020

⁵ UNDP Kenya Human Development Indicators – accessed 30.6.2020

⁶ UN Data Kenya – accessed 30.6.2020

⁷ UN Data Kenya – accessed 30.6.2020

Kenya, mainly from Somalia (53.7%) and South Sudan (24.7%), most of who are women and children (77%) (UNHCR, 2020). Kenya has also experienced low levels of persistent violence; high levels of intercommunal violence; cycles of election violence; and increasing numbers of terrorist attacks (Rohwerder, 2015; UNICEF, 2018).

COVID-19 impact

A key feature of 2020 has been the COVID-19 outbreak which has caused disruption across the world. COVID-19 and responses to it have triggered a global crisis that that have impacted on all areas of life, including people's health, livelihoods, and education. It has exposed existing inequalities in society, with groups who were already marginalised and vulnerable, including persons with disabilities, amongst the most affected. The 'COVID-19 outbreak has provoked social stigma and discriminatory behaviours' (IFRC et al, 2020, p. 1). Estimates from the World Bank in early June suggest the COVID-19 pandemic could push between 71 to 100 million people into extreme poverty – up to 39 million in Sub-Saharan Africa (Mahler, 2020). The impact on livelihoods has been devastating, with the ILO (2020) warning at the end of June that there has been the equivalent of the loss of 400 million jobs in the second quarter of 2020 as a result of COVID-19, with women workers worst affected due to their overrepresentation in some of the worst affected sectors - accommodation, food, sales and manufacturing. Previously the ILO (2020b) warned that 1.6 billion workers in the informal economy stand in immediate danger of having their livelihoods destroyed as a result of the pandemic. Globally, over 1 billion students and youth are affected by school and university closures due to the COVID-19 outbreak⁸. Health systems are struggling to cope, leaving services such as sexual and reproductive health care and other more routine services side-lined (UNFPA, 2020, p. 1). Existing gender inequalities are being compounded by the pandemic (UNFPA, 2020, p. 1).

However, Kenya is 'facing a triple crisis – the coronavirus pandemic, locust infestation and floods' (Owino, 2020, p. 6). The country has been facing the worst locust infestation in 70 years since December 2019 and in mid-May floods hit central and northern Kenya (Owino, 2020, p. 6). Responses to these crises are being compromised by efforts to combat COVID-19 (Owino, 2020, p. 6).

As of the end of June, Kenya had 6,366 confirmed cases of COVID-19 and 148 deaths⁹, higher than its neighbouring countries (Owino, 2020, p. 3). In response the government has limited movement in places with reported cases; closed of public spaces with high human traffic, such as schools and public events; set dusk-to-dawn curfews; and ensured basic hygiene and social distancing (Owino, 2020, p. 3). These measures have had negative economic impacts on businesses and workers (Owino, 2020, p. 3). 52% of businesses in Kenya reported some or a significant decrease in business revenue (Dong et al, 2020). A survey of five informal settlement in Nairobi in May found that 84% of respondents reported losing complete or partial income due to COVID-19 (Population Council, 2020, p. 3). Women were more likely to have completely lost their job/income (47% compared to 36% of men) (Population Council, 2020, p. 3). A different survey of 1,201 people found that 71% were worried about decreasing household income, with 91% reporting a loss of income (Cronberg, 2020). People risk falling further into poverty and failing to pay their rent (Owino, 2020, p. 7, 9). The crises have also had a negative impact on food security (Owino, 2020, p. 6). The government is providing social protection in the form of

⁸ UNESCO COVID-19 Education response - Accessed 22.06.2020

⁹ Corona Tracker Kenya overview – Accessed 30.6.2020

cash transfers to the poorest and most vulnerable (Owino, 2020, p. 12). UNESCO finds that at the end of June over 15 million learners have been affected by school closures, just over 3 million in pre-primary and just over 8 million in primary schools¹⁰. The education of children was a key concern for Kenyans surveyed in May (Cronberg, 2020). There are also concerns about declining use of health services and the long-term implications this will have on health in Kenya (Njue, 2020). Access to sexual and reproductive health services has been limited (Marienga, 2020).

3. National Policies

National Development Plan

Vision 2030 is Kenya's development plan and aims to transform Kenya into a newly industrialising, middle-income country providing a high quality of life to all its citizens by 2030 in a clean and secure environment¹¹. Its **social pillar** recognises disability mainstreaming as a flagship project under the **second Medium Term Implementation Framework (MTEF)** and this has been reiterated in the third (2018-2022) MTEF (Sightsavers, 2018, p. 2; Kabare, 2018, p. 12).

UNCRPD and national disability policies and legislation

Kenya has 'adopted a progressive legislative and policy framework suitable to address economic, social, cultural, political and civil rights of persons with disabilities' (Sightsavers, 2018, p. 1; LCDIDC, 2016, p. 6). This involves both disability specific policies and legislation, and disability concerns in some key mainstream legislation (Sightsavers, 2018, p. 2). However, the country has faced challenges implementing many of the provisions in legislation and policies (Sightsavers, 2018, p. 3; KNCHR, 2016, p. 71). This has been attributed to inadequate budgetary allocation for the implementation of these legislations and policies; lack of definitional clarity about what constitutes a disability; the non-prioritisation of disability; lack of robust monitoring and enforcement mechanisms; the lack of involvement of organisations of persons with disabilities and service providers in the planning and implementation; lack of collaboration between government departments providing services and other actors; and low levels of awareness of disability and negative attitudes among some policy makers and implementers (Sightsavers, 2018, p. 3; LCDIDC, 2016, p. 6). Administrative devolution has also resulted in distinct differences in policy and implementation between districts (LCDIDC, 2016, p. 6).

The Ministry of Gender, Children and Social Development is the focal point for disability issues in Kenya. There are Disability Mainstreaming Committees in Government ministries and departments, although Sightsavers (2018, p. 5) point out that there is still a need to evaluate them in terms of attitude change, reasonable accommodation, increased employment, retention and promotion of persons with disabilities at their places of work.

Constitution

The 2010 Constitution of Kenya 'is seen as a key tool for the inclusion of people with disabilities because it guarantees equality for all citizens' (Kett & Cole, 2018, p. 33). It prohibits direct and

¹⁰ UNESCO COVID-19 Education response - Accessed 30.06.2020

¹¹ Vision 2030 website

indirect discrimination on the grounds of disability (Sightsavers, 2018, p. 2; Kabare, 2018, p. 12). **Article 54** specifically provides people with disabilities with the right to be treated with dignity and respect; to access to educational institutions and facilities integrated into society; to reasonable access to all places, public transport and information; to use of sign language¹², Braille or other appropriate forms of communication; and to access to materials and devices to overcome disability-related constraints (Sightsavers, 2018, p. 2; Kabare, 2018, p. 11). It also provides for progressive implementation of 5% representation in all appointive and elective positions in all aspects of the society's life (Sightsavers, 2018, p. 2; Kabare, 2018, p. 11). The Committee on the Rights of Persons with Disabilities notes that the UNCRPD is an integral part of the constitution (CRPD, 2015, p. 1).

UN Convention on the Rights of Persons with Disabilities (UNCRPD)¹³

Kenya ratified the UNCRPD in 2008 and had a review of its implementation in 2015 (Sightsavers, 2018, p. 2). This process has influenced thinking in Kenya in terms of persons with disabilities as rights holders (Sightsavers, 2018, p. 2). The government acknowledges that there are many challenges in implementing the UNCRPD, especially providing the necessary funding to ensure the full participation of persons with disabilities in the implementation and monitoring process (Tillo, 2018, p. 5). There is an absence of specific legal and policy frameworks for implementing the UNCRPD at the county and municipal levels (CRPD, 2015, p. 2).

The **National Plan of Action on Implementation of Recommendations made by the Committee on the Rights of Persons with Disabilities** outlines the activities different government actors intend to undertake in order to implement these recommendations (MEAALSP, 2016, p. 27).

National Disability policy and legislation

The **Persons with Disabilities Act, 2003** provides for the right to physical access, transport, communication, education, health care, employment and access to justice (Sightsavers, 2018, p. 2). Subsidiary legislation exists, including the **Persons with Disabilities (Access to Employment, Services and Facilities) Regulations, 2009**.

The Act is being amended to align it with the UNCRPD and the 2010 Kenyan Constitution (Sightsavers, 2018, p. 2; KNCHR, 2016, p. 17; Gesongo & Baraza, 2019, p. 28). The current version is the **Persons with Disabilities (Amendment) Act, 2019**. However, challenges with implementation include lack of enforcement of the accessibility requirements for public buildings, transport, and infrastructure and problems meeting the 5% quota for public appointments/elections (which has been hampered by the low skill levels and requisite experience among persons with disability) (Sightsavers, 2018, p. 3).

¹² Kenyan Sign Language is recognised and there is a requirement that all television stations provide interpretation for the deaf in all news and national events programme, although lack of a national sign language authority means there is no national sign language interpretation certification, which sometimes results in low standards of interpretation (Sightsavers, 2018, p. 6).

¹³ The Kenya National Commission on Human Rights (KNCHR) has undertaken an assessment of the implementation of the UNCRPD in Kenya, as part of its monitoring exercises to assess the rights of persons with disabilities (Kabare, 2018, p. 18-19).

There is a draft **Disability Policy and Guidelines for the Public Service** which aims to guide the Public Service in disability mainstreaming to ensure a diverse workforce as provided for in the Constitution of Kenya and Persons with Disabilities Act (the constitutional threshold for number of employees with disabilities in public service is 5% - in 2014 there were only 1%) (PSC, 2018, p. ii, 1). Ministries, Departments, and Agencies should adopt fair practices that embrace affirmative action at recruitment, appointment and in career progression (PSC, 2016, p. 1; CRPD, 2015, p. 1).

Individual countries have their own legislation. For example, **Nairobi City County** (2015), **Homa Bay Country** (2019), **Turkana County** (2017), **Machakos County** (2016), **Meru County** (2016), **Kisumu County** (2014), and **Kilifi County** (2016), amongst others, have Persons with Disabilities Acts or Bills of their own. Where counties do not have relevant disability acts or people with disabilities are not mentioned in the County Integrated Development Plans, there has been found to be a lack of relevant policies addressing the inclusion of people with disabilities at the county level (Kett & Cole, 2018, p. 37).

At the 2018 **Global Disability Summit** the Government of Kenya pledged to: 'to improve the lives of persons with disabilities and to enhance opportunities for the development of their economic potential', a commitment made in collaboration with DPOs, INGOs and civil society. To do this, the action plan involves: 1) institutionalising National Disability Inclusive Budgeting across all government departments both at national and county levels; 2) enforcing the 30% quota allocation of Government Procurement opportunities to persons with disabilities at National and County governments and other institutions; 3) reviewing the targeting criteria for social assistance programme for persons with disabilities, so as to include more vulnerability in the category; 4) actualising accessibility information and to built environments as provided for in the existing legislations to enhance social and economic involvement of persons with disabilities.

Responsible bodies

The **National Council for Persons with Disabilities (NCPWD)** was established under the Persons with Disabilities Act and is charged with follow up and enforcement of the law and formulating and developing measures and policies designed to achieve equal opportunities for persons with disabilities (Sightsavers, 2018, p. 3; Kabare, 2018, p. 15). It is under the Ministry of Gender, Children and Social Development and is the official arm of the government on disability issues. It has representation in all 47 counties, with country officers working with local government (Kabare, 2018, p. 15). However, it does not have adequate resources to audit the organisations and enforce the provision of the law which promote accessibility (Sightsavers, 2018, p. 3). With its current capacity, NCPWD is only able to audit between 20 -100 organisations a year out of the over 1000 agencies that need to be audited (Sightsavers, 2018, p. 3). During the 2016-2017 financial year, the operational budget allocated for the National Council for Persons with Disabilities was KSH 289,500,00013 and KSH 1.2 billion for cash transfers to households with persons with severe disabilities (Al-Ghaib & Wilm, 2017, p. 20). The government has generally worked through the NCPWD rather than engaging with DPOs or persons with disabilities directly (Al-Ghaib & Wilm, 2017, p. 25).

The **National Gender and Equality Commission (NGEC)** has a Disability and Elderly Programme that promotes mainstreaming of disability and issues of ageing in governance structures at the national and local levels (Kabare, 2018, p. 19). It also monitors human rights violations and discrimination cases, and monitors access and inclusion efforts (Kabare, 2018, p. 19).

Government funding for persons with disabilities is integrated into various government development programmes for inclusive development and affirmative actions for persons with disabilities are supported by public resources such as tax exemption, social protection or livelihoods programmes (Al-Ghaib & Wilm, 2017, p. 20; CRPD, 2015, p. 1).

Employment and livelihood policies

The government of Kenya has created policies which aim to enhance the right to work on an equal basis, through the promotion of open, inclusive and accessible work environments and prohibition of discrimination on the basis of disability (Kingiri et al, 2017, p. 1; Opoku et al, 2016, p. 79). Kamau et al's (2018, p. 3) analysis of employment policies found that '[w]hile employment creation has been central in all government policies, the focus has largely been on increasing the number as opposed to the quality of employment creation' which means that the 'informal economy has remained the main contributor of employment opportunities'.

The **Persons with Disabilities Act 2003** 'prohibits discrimination by both public and private employers in all areas of employment including advertisement, recruitment, classification or abolition of posts; the determination of allocation of wages, salaries, pension, accommodation, leave or other benefits, the choice of persons for posts, training, advancement, apprenticeships, transfers and promotion or retirement' (KNCHR, 2016, p. 87). The Act also requires that 'public and private institutions implement a 5% employment quota for persons with disabilities' (KNCHR, 2016, p. 87).

The **Employment Act 2007 (revised edition 2012)** recognises disability and outlaw's discrimination on grounds of disability in employment in both the public and private sectors (PSC, 2018, p. 3; KNCHR, 2016, p. 35).

The **National Employment Authority Act, 2016** establishes the **National Employment Authority**; to provide for a comprehensive institutional framework for employment management; to enhance employment promotion interventions; and to enhance access to employment for youth, minorities, marginalised groups, and persons with disabilities¹⁴.

The **Public Officers' Ethics Act 2003** prohibits discrimination of persons with disabilities in employment opportunities (Sightsavers, 2018, p. 9; PSC, 2018, p. 3).

The **Public Procurement and Disposal Act 2015 and Regulations 2006**, pledge that 30% of government procurement contracts shall go to youth, women and persons with disability without competition from established firms¹⁵ (PSC, 2018, p. 3). However, Sightsavers (2018, p. 3) note that people with disabilities have struggled to benefit from this policy. Only 4.9% of Access to Government Procurement Opportunities registered firms are owned by persons with disabilities (2018, p. 6).

The **PSC Code of Practice for Mainstreaming Disability in the Public Service 2010**, obliges public entities to reasonably accommodate the needs of people with disabilities in public service

¹⁴ ILO database of national labour, social security and related human rights legislation - National Employment Authority Act; National Employment Authority description of functions

¹⁵ Access to Government Procurement Opportunities (AGPO) website

by retaining, retraining and deploying public servants who acquire disabilities in the course of duty (PSC, 2018, p. 3).

The **Kiambu County Youth Women and Persons with Disabilities Enterprise Development Fund Bill 2014** and **Bungoma Country Youth Women and persons with Disabilities Enterprise and Development Fund Bill 2014** established a Youth, Women and Persons with Disabilities Enterprise Development Fund, to promote the establishment and development of micro and small businesses and industries by the youth, women and persons with disabilities.

Social Protection policies¹⁶

The **Kenya National Social Protection Policy** 2011 makes reference to non-discrimination on the basis of disability and directly addresses disability benefits.

The 2013 **Social Assistance Act** provides social assistance to people with severe mental or physical disabilities, whose disability renders them incapable of catering for their basic needs; and there is no known source of income or support for the person (RoK, 2013, p. 13). However, Kabare (2018, p. 13) notes that ‘the Act has never been implemented and has had little to no impact on delivery of the National Social Protection Policy’.

Education policies

Article 43 (1f) of the Kenya Constitution states that every person has the right to education, and the constitution ‘guarantees that people with any kind of disability access appropriate education and training and that all schools are able to include them’ (MoE, 2018, p. 9). KISE (2018, p.viii) note that there is ‘no specific policy to guide implementation of inclusive education in Kenya’.

The 2001 **Children’s Act** (revised 2012) ‘states that no child shall be subject to discrimination on the grounds of individual differences and that every child shall be entitled to basic education’ (Ohba & Malenya, 2020, p. 6).

The **Basic Education Act 2013** ‘outlines the need to increase access, enhance retention, improve quality and relevance of education, strengthen early identification and assessment and placement to ensure equal opportunities in the provision of education for children with disabilities’ (MoE, 2018, p. 10).

The **Policy Framework for Education and Training (second draft)** 2012, refers to the right of persons with disabilities to education provided under the constitution and pledges to implement inclusive education in all institutions (DoE, 2012, p. 12, 42, 50). However, it also flags the financing of special education as a major challenge, as well as the shortage of specialised teachers, and inadequate facilities, amongst others, which means that ‘[w]ilst the government subscribes to the policy of inclusion in education, it acknowledges that integration of all children with special needs in regular education and training programmes is professionally unachievable’ (DoE, 2012, p. 96). However it proposes a number of ways to address these challenges (DoE, 2012, p. 96-97).

¹⁶ The Social Protection Investment Plan (SPIP) towards Vision 2030, which is awaiting Cabinet approval, sets out ‘an ambitious schedule for the expansion of social protection in Kenya, including specifically for persons with disabilities’, such as a child disability benefit and a new disability benefit for adults with severe disabilities (Kabare, 2018, p. 14).

The National Special Needs Education Policy Framework of 2009 has been revised as the 2018 **Sector Policy for Learners and Trainees with Disabilities** to ensure that it is aligned with the UNCRPD on the principle of inclusive education (Sightsavers, 2018, p. 7). The new Policy focuses on the adoption of inclusive education approaches and strategies in the provision of education services to learners with disabilities in all levels of education, from early childhood to university (Sightsavers, 2018, p. 7; MoE, 2018, p. xiii).

Health policies

Article 43 (1a) of the Kenya Constitution states that 'every person has the right to the highest attainable standard of health, which includes the right to healthcare services, including reproductive healthcare'.

The **Kenya Health Policy (2014-2030)** acknowledges that 'people with disabilities have right to reasonable access to health facilities and materials and devices' and pledges to pay attention to the needs and rights of persons with disabilities, amongst others, and to ensure that health services are accessible to all (MoH, 2014, p. 2, 30).

The **Mental Health (Amendment) Bill**, 2018, seeks to amend the current **Mental Health Act**, 1989. The Act 'uses outdated language and the medical model of disability' (KNCHR, 2016, p. 73).

Section 20 of the 2003 **Persons with Disabilities Act** mandates the NCPWD to monitor the provision of health care to persons with disabilities to prevent discrimination (KNCHR, 2016, p. 33); It should ensure that Ministry of Health programmes are 'geared towards prevention of disability; early identification of disability; early rehabilitation of persons with disabilities; enabling persons with disabilities to receive affordable rehabilitation and medical services in public and privately owned health institutions; availing essential health services to persons with disabilities at an affordable cost; and availing field medical personnel to local health institutions for the benefit of persons with disabilities' (KNCHR, 2016, p. 33).

The **National Reproductive Health Policy**, 2007, and **National Adolescent Sexual and Reproductive Health Policy**, 2015, recognise women and adolescents with disabilities right to access reproductive health services and identified the need to improve the sexual and reproductive health of youth with disabilities (KNCHR, 2016, p. 33, 40).

4. The situation for people with disabilities

Disability prevalence

There is a lack of reliable disability data in Kenya (Sightsavers, 2018, p. 4; Owino, 2020b, p. 4). Preliminary analysis of the 2019 census data, which used the Washington Group Questions, suggests that 2.2% (0.9 million people) (aged 5 and above) of Kenyans live with some form of disability (Owino, 2020b, p. 6). This low prevalence rate could be a result of stigma, inaccurate translations of questions, the inclusion of a question of albinism, the inclusion of don't know as a response, and Kenya's young population (Owino, 2020b, p. 11-12).

The 2019 prevalence rate is lower than the 2009 Census, where the disability prevalence was 3.8% for those aged 5 and above (Owino, 2020b, p. 6; KNBS, 2012, p. 14). Again, this figure is felt to be too low as a result of inadequate training of enumerators to enable them identify persons with disabilities, issues with the methodology for collecting data, and general lack of

awareness of disability (Sightsavers, 2018, p. 4; Leonard Cheshire, 2018, p. 32). The census asked directly about disability which tends to lead to under-reporting of disability (Kabare, 2018, p. 8). The Kenya Integrated Household Budget Survey (KIHBS) 2015/16 found a disability prevalence rate of 2.8%, while the 2007 Kenya National Survey for Persons with Disabilities found a prevalence rate of 4.6% (Kabare, 2018, p. 7). The World Health Survey, 2002-2004, which used the Washington Group Questions, had a higher disability prevalence estimate of 10.3% (Leonard Cheshire, 2018, p. 36).

The 2019 census indicates that 1.9% of men have a disability compared with 2.5% of women (Owino, 2020b, p. 6). The census showed there was a higher prevalence of disability in rural areas (2.6%) than in urban areas (1.4%) (Owino, 2020b, p. 6). The 2009 census reported 3.8% of rural populations and 3.1% of urban populations had a disability (KNBS, 2012, p. 16). According to the 2019 census, the highest prevalence rates of disability were recorded in central, eastern and western parts of Kenya: Embu county (4.4%), Homa Bay (4.3%), Makueni (4.1%), Siaya (4.1%) and Kisumu counties (4%) (Owino, 2020b, p. 7). Counties with the lowest disability prevalence rates are found in the north eastern part of Kenya and Nairobi, with Wajir having the lowest (0.6%) (Owino, 2020b, p. 7).

People with visual (24.9%) and physical (25.3%) impairments comprised the highest proportion of persons with disabilities in Kenya, with hearing, speech and functional limitations also affecting 10-14% of people with disabilities (Kabare, 2018, p. 8). The proportion with physical disabilities had risen in the 2019 census to 42% of people with disabilities (Owino, 2020b, p. 7).

A survey conducted by the Kenya Institute of Special Education in 2016-2017 found a prevalence rate of 11.4% of children with special needs and disabilities, aged between 2-21 (KISE, 2018, p. viii).

Disability and poverty

According to the 2009 Population and Housing census, 67% of people with disabilities live in a poor household compared to 52% without disabilities (Leonard Cheshire, 2018, p. 50). The levels of poverty in households with persons with disabilities in both rural and urban areas is concerning, particularly among persons with disabilities in ethnic minority groups (CRPD, 2015, p. 10). Lack of access to employment contributes to the poverty of people with disabilities (Opoku et al, 2016, p. 84).

COVID-19's impact on persons with disabilities

Reports indicate that persons with disabilities in Kenya have been negatively affected by COVID-19 (Kags, 2020; IDA, 2020; Daily Nation, 2020; Gathu, 2020). They have been left behind in the response and many of the current protection measures, especially around transport and social distancing, make their usual means of support and independence risky and challenging to access (Kags, 2020; IDA, 2020; Daily Nation, 2020; Gathu, 2020). Some people living with disabilities cannot practice social-distancing due to their support needs, while others are struggling to shop for food and other essentials, do household chores, and so on, without their personal assistants (Daily Nation, 2020). They can no longer rely on others to access transport (Gathu, 2020). Access to information about COVID-19 is often not accessible (Gathu, 2020; Kags, 2020). They face increased stigmatisation as a result of myths around COVID-19 (Gathu, 2020; Kags, 2020; IDA, 2020). The disruption to schooling affects the progress of children with disabilities, and provisions for home schooling, such as e-learning, have often not been accessible (Kags, 2020; Gathu, 2020). There are increased reports of violence against women

and girls with disabilities (Kags, 2020). People with disabilities livelihoods have been disrupted and they face increased food insecurity (Daily Nation, 2020; IDA, 2020). They have struggled to access food rations due to lack of awareness of their needs by those distributing them (Daily Nation, 2020).

The disability movement in Kenya, via United Disabled Persons of Kenya (UDPK), the DPO umbrella body, provides advice on a [disability inclusive COVID-19 response](#) and has engaged in a variety of responses to the pandemic including providing information and data collection¹⁷.

DID Thematic area: Disability stigma¹⁸

‘Stigma arises when elements of labelling, stereotyping (negative evaluation of a label), and prejudice (endorsement of the negative stereotypes) combine to lead to status loss and discrimination for the stigmatised individual or group, and occur in situations where they are disempowered’ (Rohwerder, 2019, p. 1). ‘At the individual level, stigmatisation and discrimination can result in internalised oppression, loss of self-esteem, and feelings of shame as people with disabilities may have to face great challenges in overcoming the negative views of their community or societies to achieve self-acceptance and a sense of pride in their lives’ (Rohwerder, 2019, p. 2). It ‘often lies at the root of the discrimination, exclusion and low status, experienced by people with disabilities and their families in all aspects of their lives in low and middle income countries’ (Rohwerder, 2019, p. 2).

People with disabilities in Kenya face stigma and discrimination that lead to enduring and humiliating stereotypes and prejudices against people with disabilities as a curse and a burden on society, as well as undermining the human right principals which are key to inclusion (Sightsavers, 2018, p. 4; KNCHR, 2016, p. 16, 21; Kabare, 2018, p. 10). Aley’s (2016, p. 14) study¹⁹ in Kenya (and Uganda) found that respondents felt that attitudes to disability in their community were overwhelmingly negative due to ‘harmful traditional beliefs and misconceptions about the causes and nature of disability and about what roles and rights persons with disabilities can have in society’. Many communities believed that disability was a curse resulting from transgressions of former generations in the family (Aley, 2016, p. 14). Wrongdoing of ancestors which results in disability is usually placed on the mother’s side of the family rather than the fathers (Aley, 2016, p. 15). Many Kenyans believe that disability is the result of taboo activities such as adultery or incest, or broken taboos by the mother (such as eating eggs during pregnancy or lying on her stomach) (Mostert, 2016, p. 16; McConkey et al, 2016, p. 184). Within different communities in Kenya some beliefs are more specific, for example, ‘among the Nandi, killing an animal without provocation during a wife’s pregnancy is believed to cause disability in the new-born child, while among the Abagusii, children born with cleft palates are thought to be the result of parents making fun of someone with a disability’ (Mostert, 2016, p. 16; Stone-MacDonald & Butera, 2014, p. 5-6). Some communities believed that people became disabled because they had caused accidents and not been properly cleansed (Aley, 2016, p. 14). Others believe that disability is a curse from a supernatural or mysterious otherworldly force (Mostert, 2016, p. 16; McConkey et al, 2016, p. 184). Still others believe that disability results from

¹⁷ [UDPK activities around: disabilities and COVID-19](#)

¹⁸ Drawn and adapted from Rohwerder, B. (2019). [Disability stigma in the Disability Inclusive Development \(DID\) programme countries: an overview of the evidence.](#)

¹⁹ Qualitative participatory action research in Uganda and Kenya with service providers and key responders. Involved 52 individual interviews and 9 focus groups.

witchcraft spells placed either upon the family or the individual with disabilities (Mostert, 2016, p. 16; McConkey et al, 2016, p. 184).

However, not all traditional beliefs are negative. For example, the Turkana of Kenya perceive children with disabilities as a gift from God to be well taken care of, or else they risk the wrath of the deity (Mostert, 2016, p. 9; Stone-MacDonald & Butera, 2014, p. 7). Aley (2016, p. 20) found that respondents reported that some community members who would refer to disability in the context of the teachings of their faith and frequently viewed persons with disabilities more positively and as individuals who should be allowed to take their place in the community and be more socially included (although others believe that God imposes disability as a punishment or to prevent them from sinning).

In many communities, families hide away their disabled family member, especially children, due to societal stigma (Kabare, 2018, p. 10; Rodríguez et al, 2018, p. 5). Bunning et al (2017, p. 13) found that the stigma associated with people with disabilities extended to people who helped them, and it was felt that 'the person offering assistance would also ". . .give birth to such a child"'. Stigma excludes people with disabilities from economic and social activities thus trapping them in a cycle of poverty (Jillo, 2018, p. 3; Bunning et al, 2017, p. 15). People with intellectual disabilities, psychosocial disabilities, albinism, as well as women and girls, older persons, children and youth with disabilities, are particularly affected by stigma and discrimination (Sightsavers, 2018, p. 5; Jillo, 2018, p. 3; CRPD, 2015, p. 3-4; KNCHR, 2016, p. 48, 75).

More affluent social classes have the advantage of being able to pay for support and were found to be 'more likely to support their children with disabilities properly and to promote their education and social inclusion, rather than hiding them away or believing in harmful traditional practices' (Aley, 2016, p. 16).

Disability stigma prevents persons with disabilities' full participation in life. Stigmatisation has been identified as a factor in the high dropout rates of children with disabilities from schools (MoE, 2018, p. 11). The main challenges relating to access and equity in the provision of education and training to children with disabilities include, amongst others, cultural prejudice and negative attitudes (DoE, 2012, p. 49; Sightsavers, 2018, p. 8; MoE, 2018, p. 8; KNCHR, 2016, p. 49; Kabare, 2018, p. 10; Kiru, 2019, p. 184-185). Opoku et al (2016, p. 85) suggest that barriers to employment stem 'mainly from the religious, cultural, and medical perceptions of disability, leading to the discrimination and exclusion of persons with disabilities from mainstream activities'. Women and men with disabilities encounter barriers to accessing quality healthcare, including reproductive health, as a result of insensitivity and negative attitudes of health care workers, among other factors (KNCHR, 2016, p. 40, 75, 84, 159; Kabia et al, 2018, p. 1). A study in 2014 in Kakuma Refugee Camp also found that refugee women and adolescents with disabilities lacked access to sexual reproductive health services and faced stigmatisation from health workers (KNCHR, 2016, p. 78).

Relationships between people with disabilities or between someone with a disability and someone without a disability were frequently regarded by others with suspicion, mistrust, and ridicule (Aley, 2016, p. 23). Communities may believe that people with disabilities lack the necessary qualities to make successful marriage partners (depending on the disability type), and beliefs around disability being related to bad family spirits can lead to concerns that they will bring evil or misfortune with them if they marry into the family (Aley, 2016, p. 24-25). Sometimes men form sexual relationships with women with disabilities but are unwilling to be seen with them in public due to fear of the community's reaction (Aley, 2016, p. 23). There may be concerns that relationships between people with disabilities and someone without disabilities are not

consensual relationships due to the assumption that people with disabilities cannot form their own relationships (Aley, 2016, p. 23). Other myths exist concerning the perceived benefits of having sex with people with disabilities, such as that it will bring good luck (Aley, 2016, p. 22, 31).

Discrimination against persons with disabilities can be enshrined in law. For example, people with visual or hearing impairments cannot become President in Kenya, as the Constitution stipulates that the President should read English and Kiswahili without the use of Braille or sign language (Mostert, 2016, p. 11).

Children with disabilities

Children with disabilities have been abandoned by their families and negative stereotypes against them exist, especially in rural areas (CRPD, 2015, p. 3; Bunning et al, 2017, p. 13; KNCHR, 2016, p. 75; Rodríguez et al, 2018, p. 4). Children with disabilities in rural areas and those among minority communities are particularly inhibited by negative cultural practices such as female genital mutilation and disinheritance of persons with disabilities (Inguzano, 2017, p. 34).

Children with disabilities are thought to be 'cursed, bewitched, and possessed' and a punishment for the sins of the mother (Rodríguez et al, 2018, p. 4). A recent investigation by Disability Rights International found that parents are even placed under enormous pressure to kill their children with disabilities (Rodríguez et al, 2018, p. 4). '37% of the women surveyed from Nairobi said they were pressured to kill their children with disabilities while 57% of women from the more rural areas felt pressure to kill their children'²⁰ (Rodríguez et al, 2018, p. 4). Mothers of children with disabilities are sometimes thought to be cursed too and bring shame to their families and communities as a result of their children (Rodríguez et al, 2018, p. 5). Many women who give birth to children with disabilities are rejected by their husbands and wider families, which means they and their children lead lives of social isolation (Rodríguez et al, 2018, p. 5). If they lack support it is very hard for mothers of children with disabilities to survive, which makes infanticide seem like an option (Rodríguez et al, 2018, p. 5).

Children with disabilities who live in orphanages were found to be living in overcrowded and filthy conditions, with children spending lengthy times in restraints and isolation rooms, and an overall lack of staff and untrained staff, neglect, and the withholding of medical care (Rodríguez et al, 2018, p. 6). Disability Rights International has also documented severe neglect, physical and sexual abuse, and torture of children with disabilities in Kenya (Rodríguez et al, 2018, p. 6). Many of these children are not actually orphans but the 'belief by families that their children will be better off in institutions – that they will be well-fed, given an education, or have access to rehabilitation for a child with a disability - drive them to give up their children' (Rodríguez et al, 2018, p. 7).

Women with disabilities

Women in Kenya 'face a number of challenges including the fact that they have limited access to and control of resources and other socio-economic opportunities; they have lower literacy levels compared to men; fewer of them enrol in mainstream education; they are generally poorer than men; fewer of them are in formal employment compared to men; where they do work then it is

²⁰ Approximately 90 mothers were questioned (Rodríguez et al, 2018, p. 4).

under deplorable conditions; they earn lower incomes; they have poor access to quality healthcare and advice on family planning; and are more vulnerable to gender-based violence' (KNCHR, 2016, p. 39). The situation is even worse for women with disabilities due to the marginalisation, stigma, and double discrimination they experience and the negative cultural practices and attitudes towards disability and gender biases (KNCHR, 2016, p. 39, 156). In addition, traditional and conservative views on the position and the role of women in society 'reinforce the misconception about the ability of women and girls with disabilities to adequately perform their roles as other peers' (KNCHR, 2016, p. 39). Women with disabilities experience high levels of gender-based violence and sexual abuse in both the public and private sphere (KNCHR, 2016, p. 40, 74, 156).

Tackling disability stigma

Existing empowerment programmes targeting these particularly stigmatised groups are insufficient (Sightsavers, 2018, p. 5). However, the government notes that there has been a 'slow but noticeable improvement in public perception towards and treatment of persons with disabilities', including in employment (KNCHR, 2016, p. 21). Respondents in Aley's study (2016, p. 20-21) noted that progressive government policy had helped to gradually change attitudes towards disability. Aley (2016, p. 14, 16) found that respondents reported that attitudes among professionals in Kenya were improving and more progressive ideas about disability are beginning to be accepted, especially amongst educated and economically mobile groups, although they often qualified this observation by stating that it will still take a long time for 'the community' to change their negative attitudes. Teachers, particularly special education teachers, were viewed as being very important in influencing attitudes for the better amongst parents (Aley, 2016, p. 16). Aley (2016, p. 18) found that contact in schools, especially where pupils with disabilities had done well and were positive role models, helped to improve attitudes towards disability.

A programme tailored to influential community groups in Kilifi County, including for pastors, traditional healers, government leaders, and families impacted by disabilities, found that as a result of the intervention their beliefs about disability changed, which led to increased support and inclusion of persons with disabilities and their families (Bauer et al, 2019).

An e-intervention in Kenya and Nigeria in 2016, that involved showing over 1000 participants a 6-minute film designed to increase awareness of intellectual disability and its causes, and to challenge stigmatising beliefs commonly found in African countries, resulted in positive changes in attitudes, while there were no changes amongst participants who had watched the control film (Odukoya & Chenge, 2017). The films used a combination of education and indirect contact to provide factual information about intellectual disability and provide first-hand accounts of the lives of people with intellectual disabilities (Odukoya & Chenge, 2017). Data was collected at three time points (baseline, immediately post-intervention and at one month follow-up) using attitudinal questionnaires (measuring cognition, affect, and behavioural intentions) to measure the impact of the film on attitudes (Odukoya & Chenge, 2017).

The 2010 Constitution of Kenya prohibits direct and indirect discrimination on the grounds of disability (Sightsavers, 2018, p. 2; Kabare, 2018, p. 12). The Persons with Disabilities Act 2003 'prohibits discrimination by both public and private employers in all areas of employment including advertisement, recruitment, classification or abolition of posts; the determination of allocation of wages, salaries, pension, accommodation, leave or other benefits, the choice of persons for posts, training, advancement, apprenticeships, transfers and promotion or retirement' (KNCHR, 2016, p. 87). The Employment Act 2007 recognises disability and outlaw's discrimination on grounds of disability in employment in both the public and private sectors

(KNCHR, 2016, p. 35). The Public Officers' Ethics Act 2003 prohibits discrimination of persons with disabilities in employment opportunities (Sightsavers, 2018, p. 9). Section 20 of the 2003 Persons with Disabilities Act mandates the NCPWD to monitor the provision of health care to persons with disabilities to prevent discrimination (KNCHR, 2016, p. 33).

In its concluding observations on the initial report of Kenya, the Committee on the Rights of Persons with Disabilities recommended that the State party should:

- Enforce measures to ensure that cases of discrimination against persons with disabilities are invocable before courts and victims receive appropriate redress; and
- Define in its legislation the principle of reasonable accommodation in all areas in line with article 2 of the Convention, and ensure legal recognition of the denial of reasonable accommodation as a form of discrimination.
- set up a long-term strategy aimed at raise awareness and combating discrimination against persons with disabilities among the public in general, in rural and urban areas, including all aspects covered by the Convention. It also recommends that the State party carry out mass-media awareness-raising campaigns and workshops in order to foster positive image of persons with disabilities and their contributions to society. It further recommends that human rights-based training programmes are provided in both private and public sectors for all officials, in consultation with organisations of persons with disabilities and in collaboration with human rights institutes and organisations.

DID Thematic area: Disability and livelihoods/work

Despite policies which recognise the right of people with disabilities to work, their impact on persons with disabilities with regards to access to work and employment opportunities has been minimal (Kingiri et al, 2017, p. 1). 'More than half of persons with disabilities reported in the 2015/16 KIHBS that they have difficulties engaging in economic activities' (Kabare, 2018, p. 10). This difficulty in finding work has been attributed largely to inadequate enforcement mechanisms by the Government and the failure by public and private sectors to consider persons with disabilities on an impartial basis for employment opportunities (Kingiri et al, 2017, p. 1). There is a lack of clear budget allocations to guide work and employment strategies for persons with disabilities (Kingiri et al, 2017, p. 3). In addition, Mueke (2014, p. 25) suggest that other constraints include 'a lack of suitable employment; little or no access or adaptations; limited expectations of families and employers; lack of networks, contacts or social and inter-personal skills'.

There is little data on employment rates for persons with disabilities in Kenya (ADDA & CDSK, 2017, p. 18). Ebuenyi et al (2019, p. 1) estimate that the 'employment rate for persons with disabilities is about 1% compared to 73.8% for the general population' (see also CRPD, 2015, p. 10). In the 2015/16 KIHBS, more than half of persons with disabilities reported that they have difficulties engaging in economic activities (Kabare, 2018, p. 10). The 2007 National Survey for Persons with Disabilities found that in the week preceding the survey 16% of respondents had worked for pay, 33% had worked in the family business and 3% had not worked but were employed, while 24% of respondents had not worked (including 7% who had never worked) (NCAPD & KNBS, 2008, p. 31; Timmins, 2018, p. 10).

In the 2007 survey, men with disabilities (17.7%) were more than twice as likely as women with disabilities (7.6%) to have worked for pay and less likely to be jobless (42% compared to 60% of women) (Timmins, 2018, p. 10; NCAPD & KNBS, 2008, p. 31). The 2009 census found that more women with disabilities were engaged in their own agricultural holding than men with disabilities (30.3% compared to 26%) (KNBS, 2012, p. xv, 25-26). 14% of men with disabilities worked for pay, compared to 6.6% of females (KNBS, 2012, p. xv, 25-26). 19.8% of women with disabilities were self-employed in the informal sector and 16.3% engaged in small-scale agriculture, compared to 17% and 13.9% of males with disabilities, respectively (KNBS, 2012, p. xv, 25-26). Further breakdowns of females and males with disability by their main employer and disability domain, according to the 2009 census, can be found in KNBS, 2020, p. 26-27.

According to the 2007 National Survey, people with disabilities living in urban areas also had more access to paid work (25% compared to 9% of people with disabilities living in rural areas) and less likely to have worked in their family business (21% vs 32%) or be jobless (43% vs 54%) (Timmins, 2018, p. 10; NCAPD & KNBS, 2008, p. 31). However, LCDIDC (2016, p. 7) found that there the gap between people with disabilities who were employed in urban areas and their non-disabled peers was greater than in rural areas, suggesting that people with disabilities risk being left behind in more developed areas within the same country. Poor infrastructure and difficult terrain prevent access to both education and employment for people with disabilities, especially in rural areas (Kingiri et al, 2017, p. 3). Furthermore, 'the extent of access to employment varies with type of disability, severity of disability, and education attainment' (Kingiri et al, 2017, p. 3).

According to the 2009 census, unemployment rates among youths with disabilities were the same as youths without disabilities (16%) (Leonard Cheshire, 2018, p. 51). The unemployment rate for adults with disabilities was 9.5%, compared to 7% for adults without disabilities, 8.7% for females (6.7% for females without disabilities) and 10% for males with disabilities (7.3% for males without disabilities) (Leonard Cheshire, 2018, p. 52). The unemployment rate in 2016 was greater from women (11%) than men (7.9%) so the situation for women with disabilities is likely to have worsened in comparison to men with disabilities too.

Self-employment: small businesses

Many people in Kenya, including persons with disabilities, work in small businesses (which include survivalists, micro-enterprises, very small enterprises, small or medium enterprises), often in the informal sector (LFTW, 2015, p. 4). They offer advantages to persons with disabilities as they offer flexible hours, are located close to home, and there is an ease of entry (LFTW, 2015, p. 4). They are the most available form of employment for persons with disabilities, given the barriers they face to obtaining formal employment (LFTW, 2015, p. 4).

However, starting a business is a risky venture and chances of making it past the five-year mark are slim (LFTW, 2015, p. 6). Key factors impeding the performance of small businesses in Kenya include 'unavailability, irrelevancy and inaccuracy of business information services; access to finance; lack of relevant management skills; and underdeveloped transport, information and communications technology (ICT), and business development support (LFTW, 2015, p. 6).

A study of 67 survivalist and micro-enterprises run by persons with disabilities in existence for at least 12 months in Nairobi found that access to training and development, competitive advantage and the cost of running a business were identified as important factors influencing their business (LFTW, 2015, p. 10-11). More than 90% had 'financed their business either from a grant, gift or soft loan provided by a family member or friends, and personal savings' (LFTW, 2015, p. 11). Most had a mobile phone account for business transaction (LFTW, 2015, p. 11). There were no

attempts to 'access and use business development services like training, market information (especially prices) or other available initiatives and programmes' (LFTW, 2015, p. 11). The survey found poor management skills and financial literacy (LFTW, 2015, p. 11-12). Due to the lack of accessibility of public transport, business owners with disabilities had to work in their home area (LFTW, 2015, p. 13). Levels of risk-taking in developing their businesses were low (LFTW, 2015, p. 13). Often the income generated is very low, providing the minimum means to keep them and their families alive (LFTW, 2015, p. 4).

There was scattered evidence that 'disability was linked to customer confidence, loyalty and trust' (LFTW, 2015, p. 11). The more successful businesses seemed to belong to those whose business is their main source of livelihood, rather than those for whom it was meant to complement their household income or who saw it as a step to a formal job (LFTW, 2015, p. 11). The business owners used networks of informal channels for business information and financial services (LFTW, 2015, p. 12). 'Access to a support network of family and friends (that compensated for inaccessible infrastructures) was seen as an important consideration in setting up the business' (LFTW, 2015, p. 13). LFTW (2015, p. 14) note that motivation and a risk-taking attitude seem to influence business performance to a very large extent, rather than access to finance (LFTW, 2015, p. 14).

Some access to finance to start or grow a business for persons with disabilities is provided through the National Development Fund for Persons with Disabilities through the provision of grants to groups of persons with disabilities (Muinde & Oloko, 2016, p. 452). A study with 30 recipients in Kiambu County, looking at the Fund's impact, found that after receiving the funds those that were unemployed were reduced to 33.3% from 40%, those that were employed remained at 13.3%, those that engaged in farming increased from 20% to 23.3%, while those that operated small businesses increased from 26.7% to 30% (Muinde & Oloko, 2016, p. 454). Only 10% who received the funds used them for income generation as many needed to use the funds for more pressing needs such as household expenses and school fees (Muinde & Oloko, 2016, p. 455). In addition, '[o]nly 20% of the respondents reported to have experienced an improvement in their businesses as a result of receiving the funds', which they attributed to 'the small amount they were able to obtain as capital compared to the amount they had requested' and Muinde & Oloko (2016, p. 455, 456) attributed to 'low investment of funds in income generating activities, failure to separate business and personal expenses, poor record keeping, low product diversification and marketing'.

Formal sector

The 5% quota has not been met. Data provided by Public Service Commission (2019, p. xiv, 22) on employment of persons with disabilities in the public service during the 2018/2019 financial year, indicated that persons with disabilities accounted for 1.18% of those employed in the public service, and 1.5% of interns. A close analysis of similar statistics from 2015 by Kenyan DPOs found that a big segment of this data comprised of persons who had acquired disability while in service, with no readily available statistics on persons with disabilities employed in the open labour market (KNCHR, 2016, p. 182). Very little information exists about the employment of persons with disabilities in the private sector.

A 2014 study of 60 likely employers in the formal sector found that only 27% had a member of staff with a disability, while 73% did not have any members of staff with a disability (Mueke, 2014, p. 33). A study in 2017 found that only 20% of 15 employer respondents had employed a person with a disability (ADDA & CDSK, 2017, p. 28). Safaricom, which has been highlighted as a good practice employer of people with disabilities by the government, had 2.1% of employees

with disabilities in 2019, although they plan to meet the 5% quota by March 2021 (KNCHR, 2016, p. 36; Gesongo & Baraza, 2019, p. 19). It has compromised on the education level it requires of recruits with disabilities; set up internships for students with disabilities; and introduced “unconscious bias” training (Gesongo & Baraza, 2019, p. 20).

Organisations were generally found to: not include people with disabilities in their organisational mandates; not know how to include people with disabilities; and most staff members had not thought about the issue (Mueke, 2014, p. 38). Those interviewed identified lack of technical support from disability organisations/experts; no budget to meet the costs of disability adjustments that might be required; that no candidates with disabilities had ever applied for a job; that the organisation’s premises or facilities weren’t accessible to people with disabilities; that the organisation’s HR policy did not encourage employment of graduates with disabilities; concerns that people with disabilities may not be able to do the work appropriately or competently; or that other staff may not be comfortable or like working with staff with disabilities; as key barriers to employment of graduates with disabilities (Mueke, 2014, p. 39-40). A focus group discussion in relation to this found that ‘employers were reluctant to employ people with disabilities because they saw them as a burden and as people who would need constant attention’ and they felt that they would ‘not be able to provide the necessary adjustments that would enable employees with disabilities to work comfortably’ (Mueke, 2014, p. 40). Other research found examples of employers who were willing to make adjustments so that people with disabilities could work efficiently (KNCHR, 2016, p. 111).

Mueke (2014, p. 55) suggests that ‘employment policies for people with disabilities need to reach beyond the traditional hiring quotas, reserved employment schemes and rehabilitation strategies of the past, to address the root causes of inequalities in the workplace’. They suggest that private sector involvement could be promoted through partnerships with learning institutions, employers, employees and organisations of disabled people, with market driven programmes and individual and employer responsibility (Mueke, 2014, p. 55). The government has tried to incentivise persons with disabilities in formal employment by providing tax exemptions to those earning below KES 150,000 (KNCHR, 2016, p. 36).

Barriers to employment

Compliance with the 5% quota system and general employment for people with disabilities has been hampered by factors including stiff competition in the open labour market to the disadvantage of persons with disabilities; people with disabilities’ limited education and training; the lack of willingness to employ people with disabilities; and the need for both special measures and reasonable accommodation in the formal and informal sectors (Sightsavers, 2018, p. 10; Kingiri et al, 2017, p. 3; Curvers et al, 2016, p. 51; Opoku et al, 2016, p. 77, 82, 83). In addition, poor monitoring and enforcement structures result in noncompliance with the 5% employment policy (Kingiri et al, 2017, p. 3). In general, a study with people with disabilities felt that ineffective laws, including the 5% quota, greatly contributed to unemployment among persons with disabilities in Kenya (Opoku et al, 2016, p. 83).

A number of 2016 studies found that negative employee perceptions, including in relation to concerns about cost, was a key barrier to employment (Wanjala et al, 2016, p. 2, 8; Opoku et al, 2016, p. 77, 82; Curvers et al, 2016, p. 51). For example, one study found that people with disabilities struggled to find employment as a result of perceptions that people with disabilities are unable to contribute, despite their impairment not impeding their ability to work (Curvers et al, 2016, p. 51; Opoku et al, 2016, p. 82). Participants in another 2016 study reported that they were ‘mocked, handed cash, and turned away by employers, because employers had low

expectations of them' (Opoku et al, 2016, p. 81-82). This discouraged people with disabilities from continuing to apply for jobs and some turned to begging as their only option to survive (Opoku et al, 2016, p. 82).

Research with people with disabilities found that self-stigma and poor perceptions by persons with disabilities about their abilities and self-worth and ability to compete in the job market with non-disabled workers was a significant barrier to their participation in formal sector employment (Mueke, 2014, p. 39-40; Opoku et al, 2016, p. 82; KNCHR, 2014, p. 37, 40; Gesongo & Baraza, 2019, p. 6, 36). Some people with disabilities felt that they could not compete in the job market because their disability limited their ability to compete with non-disabled workers (Opoku et al, 2016, p. 82). In a study of 30 people with disabilities, almost all cited their inability to attain higher education as a major factor limiting their access to employment (Opoku et al, 2016, p. 83). Some people who were disabled after they had received their education, felt that it was this education which enabled them to secure jobs (Opoku et al, 2016, p. 83). However, even people with disabilities with university education have struggled to find employment due to employer attitudes (KNCHR, 2016, p. 87).

Stigma and lack of support from family and communities is also felt to impact on employment opportunities as it often meant that persons with disabilities were unable to acquire the skills that would make them employable (Opoku et al, 2016, p. 84; Gesongo & Baraza, 2019, p. 6). People with intellectual or psycho-social disabilities report that their families are often very involved in decision making around their work (KNCHR, 2016, p. 111). Inclusion International (2019, p. 12) notes that families are 'often overprotective, and do not trust [persons with intellectual disabilities] to leave the home for employment because they are worried about stigma and safety'.

The mode of dissemination of information on new job opportunities has been found to be limiting as many advertisements are done in print media, i.e. newspapers and via the internet, which many of the persons with disabilities may not have access to (KNCHR, 2016, p. 160). Access to employment is also hindered by inaccessible workplaces, including being able to physically get there due to inaccessible public transport; and lack of accessible communication, including in relation to lack of accessible information about job opportunities (Kingiri et al, 2017, p. 3; Opoku et al, 2016, p. 77, 81, 83; KNCHR, 2016, p. 77). The difficulties and cost of getting to work can often result in people with disabilities giving up formal work (KNCHR, 2016, p. 77). Limited access to assistive devices can also hinder their access to employment and productivity in the workplace (Gesongo & Baraza, 2019, p. 26).

The cost of making workplaces accessible is off-putting for some employers, and employers interviewed in 2014 identified no budget to meet the costs of disability adjustments that might be required as one of the barriers to employment of persons with disabilities (Curvers et al, 2016, p. 51; Gesongo & Baraza, 2019, p. 6).

Opoku et al (2016, p. 85) suggest that these barriers to employment stem 'mainly from the religious, cultural, and medical perceptions of disability, leading to the discrimination and exclusion of persons with disabilities from mainstream activities'.

Persons with disabilities experiences in work

Reasonable accommodation has also been lacking at various work places, meaning persons with disabilities are not getting the required basics to enable them to communicate with fellow colleagues and facilitate their working (KNCHR, 2014, p. 37). This can result in persons with disabilities feeling isolated and opting to leave work (KNCHR, 2014, p. 37). Some employers

have made efforts and the employers surveyed in 2017 by ADDA & CDSK (2017, p. 28) who had employees with disabilities had accommodated them by providing staff with information on disability; and providing accessible services including braille, screen readers and ramps.

The employers interviewed by Ebuenyi et al (2019, p. 6-7) mentioned that in relation to job tenure, performance on the job (which may involve adjusting their expectations of the performance of people with a mental disability) was a key factor; as was having insurance and guidance to fall back on in case of problems. It was mentioned that work was adjusted for persons with mental disabilities, and employers highlighted that this flexibility and adjustment required disclosure and insights into their employee's capabilities (Ebuenyi et al, 2019, p. 8). However, there was also an acknowledgement that negative employer attitudes could mean that disclosure could backfire (Ebuenyi et al, 2019, p. 8).

Experiences in work can also be challenging for persons with disabilities. Lack of workplace support can be a barrier to employment for persons with disabilities (KNCHR, 2014, p. 37). Abuse and discrimination at work is also an issue. About 91% of persons with disabilities interviewed by Maina (2016, p. 96) cited high levels of negative jokes toward them, '84.8% cited that they are assigned more difficult duties; 83% indicated that they are made to do unpleasant or hazardous jobs while 76.1% cited that there are cases of threats and verbal abuse toward them by their employers, supervisors and fellow employees'. About 72% of respondents responded they are bothered, tormented or troubled to a great extent because of their status at work (Maina, 2016, p. 96). Some of the persons with disabilities interviewed by Maina (2016, p. 96) reported being given a light workload which made them feel bad about themselves. Most of this abuse and harassment goes unreported and unpunished (Maina, 2016, p. 96).

Two of the three employer respondents interviewed by ADDA and CDSK who had an employee with disabilities had received complaints from other staff and supervisors on job performance of persons with disabilities relating to poor performance, skill and job requirement mismatch, poor social skills, lateness to support challenges (ADDA & CDSK, 2017, p. 29). 45% of the persons with disabilities interviewed by Maina (2016, p. 96) reported being fired from previous jobs due to their disabilities.

Reasons employers were more inclusive of persons with disabilities

A study looking at the employment of persons with mental disabilities found that employers were more likely to employ persons with disabilities due to their individual skills or if they knew them/were familiar with their mental illness (Ebuenyi et al, 2019, p. 5-6). Some employers also chose to employ persons with disabilities as a result of sympathy for them or to fulfil the corporate social responsibility (CSR) objectives of their organisation (Ebuenyi et al, 2019, p. 5-6). Some employers also 'suggested that incentives from the government in the form of grants or tax rebates would facilitate their decision to employ persons with mental disabilities' (Ebuenyi et al, 2019, p. 5). Other research with employers also suggests that having the right skills makes persons with disabilities more attractive to employers (ADDA & CDSK, 2017, p. 8).

Ebuenyi et al (2019, p. 6, 8) found that 'employers who have ever employed persons living with other forms of disability had higher odds of employing persons with mental disabilities compared to those who have never employed them', which they suggest may be due to their experiential knowledge. This suggested to them that 'facilitating direct contact with employers who hire persons with mental disabilities could be key in striving for equal employment opportunities' through their sensitisation of other employers without prior experience (Ebuenyi et al, 2019, p. 8). In addition, 'employers who think that persons with mental disabilities should have equal

employment opportunities to the general population and indicated that support in the form of subsidies would encourage them to employ persons with mental disabilities had higher odds of employing persons with mental disabilities compared to those who said no' (Ebuenyi et al, 2019, p. 6).

Some employers interviewed in 2014 'appear[ed] willing to sacrifice work performance or work quality in exchange for a dependable employee', although it is not clear to what extent they are willing to do this in relation to other factors such as economic and labour market conditions or co-worker perceptions (Mueke, 2014, p. 52).

In its concluding observations on the initial report of Kenya, the Committee on the Rights of Persons with Disabilities recommended that the State party should:

- (a) Adopt immediate measures to foster compliance with the positive measure of quotas for persons with disabilities in employment, including an effective enforcement mechanism and sanctions for non-compliance, both in the public and the private sectors;
- (b) Design work and employment programmes in the open labour market specifically aimed at persons with disabilities, including information on job opportunities in accessible formats and the development of skills to undergo competitive selection processes to access jobs;
- (c) Support entrepreneurship among persons with disabilities including by providing training on accessing markets;
- (d) Collect periodically statistics and information on persons with disabilities' access to work as a matter of public accountability.

Disability and social protection

According to the 2009 census 8.8% of people with disabilities receive social protection through the disability grant, 6.7% of females with disabilities compared to 5% of males (Leonard Cheshire, 2018, p. 61). 6.3% of people with disabilities receive social protection through private insurance/pension, 9% of males and no females with disabilities (Leonard Cheshire, 2018, p. 61). 17.6% of people with disabilities receive social protection through an old age pension, 17.6% of males and 12.8% of females with disabilities (Leonard Cheshire, 2018, p. 61).

One of the National Council for Persons with Disabilities (NCPWD) core functions is to register all persons with disabilities in Kenya, following a medical assessment, to enable their access to various programmes and initiatives, although it had only managed to register between 17 and 28% by mid-2018 and there is a big backlog and delays in getting the card (Kabare, 2018, p. 15-16). The process of getting a card is very difficult and some people give up as a result (Kabare, 2018, p. 16). The NCPWD also provides educational grants, assistive devices, and grants for economic empowerment (Kabare, 2018, p. 17-18).

As the NCPWD are mandated to provide income support to poor and vulnerable households with disabled members, resources for the Persons with Severe Disabilities Cash Transfer (PWSD-CT) flow through them (Kabare, 2018, p. 17, 24).

The **Persons with Severe Disabilities Cash Transfer (PWSD-CT) Programme** was launched in 2011, targeting persons with severe disabilities living in extreme poverty, including adults and children who depend on full time support of a care giver with cash transfers of KES 2000 per household per month (delivered every two months) (CEDGG, 2016, p. 22; Kabare, 2018, p. 21-23). In 2016 it reached 1.1% of persons with disabilities (CEDGG, 2016, p. 22). Another figure suggests that it has managed to benefit 2.3% of persons with disabilities, which is still low and means that 'a large proportion of the population of people with disabilities in need of social protection are not eligible for support' (Kabare, 2018, p. 22).

The amount given does not reflect the additional costs faced by households of persons with severe impairments which mean the cash transfers do not go as far (Kabare, 2018, p. 24). There also some concerns about the need for more accessible communication about the programme and issues with disability stigma (Kabare, 2018, p. 24-25). The term severe disability is not well defined which makes targeting challenging and many persons with disabilities who would benefit from it are currently excluded (Sightsavers, 2018, p. 10; Kabare, 2018, p. 25).

The high prevalence rates of disability amongst older people means that social protection schemes targeting older people are likely to improve the numbers of people with disabilities accessing social protection programmes (Kabare, 2018, p. 13, 26).

The **Older Persons Cash Transfer (OPCT) Programme** was started in 2007 to provide regular and predictable cash transfers of KES 2000 per household per month (delivered every two months) to poor and vulnerable older persons (65 years and above) in identified deserving households (CEDGG, 2016, p. 24). In 2016, it reached 5.2% of older people over 65 years of age (CEDGG, 2016, p. 24). The **Inua Jamii Senior Citizens' scheme** provides a universal pension to everybody aged 70 years and above (Kabare, 2018, p. 13).

People with disabilities also have access to other mainstream social protection programmes, such as those targeting orphans and vulnerable children, or poor households in arid counties (Kabare, 2018, p. 25). However, there is no data on how many persons with disabilities are accessing mainstream programmes (Kabare, 2018, p. 26).

The **National Social Security Fund (NSSF)** is a formal contributory retirement benefits system, which is mandatory for formal employees (Kabare, 2018, p. 26). Members who are permanently incapable of engaging in the labour market due to physical and mental disability receive invalidity benefits (Kabare, 2018, p. 26-27).

DID Thematic area: Disability and education and training

Children with disabilities have not been 'fully integrated into the education system in Kenya' despite policies and other legal instruments supportive of inclusive education (Mwoma, 2017, p. 188; Flora & Juma, 2018, p. 885; RoK, 2018). Despite the presence of legislations supporting inclusive education, a significant number of learners and trainees with disabilities are out of school, while those who are in school are enrolled in around 300 special schools and various special units throughout the country (MoE, 2018, p. 11). The 2014 National Special Needs Education Survey (NSNES) found that more children with disabilities were out of school than children without disabilities (VSO, 2014, p. v). The 2007 survey of persons with disabilities, KNSPWD, similarly found that children, especially girls with disabilities, were less likely to have never been enrolled in school than children without disabilities (Moyi, 2017, p. 502). One of the systemic issues identified as playing a major role in children with disabilities not going to school

was the 'lack of appropriate assessment, identification, diagnosis and placement of [children with disabilities]' (VSO, 2014, p. 58).

A 2017 survey, conducted by the Ministry of Education, jointly with the Kenya Institute of Special Education (KISE), estimated that there are 1,901,943 children with disabilities in the school system and 587,289 out of school and needing to be in school (Sightsavers, 2018, p. 8; KISE, 2018). In addition, there are high drop-out rates of children with disabilities enrolled in schools (KISE, 2018, p. viii). Ministry figures from 2015 indicated that the proportion of learners with disabilities was 2% in primary schools and 0.4% in secondary schools (Ohba & Malenya, 2020, p. 2). Leonard Cheshire (2018, p. 37) interpreted the 2009 census and found that 44% of people with disabilities completed primary school, in comparison to 60% of people without disabilities, with females with disabilities more likely to complete primary education in comparison to males with disabilities (50% compared to 39%). They found that 17% of people with disabilities completed secondary school in comparison to 27% of people without disabilities, with female completion rates of 18% and male completion rates of 15% (Leonard Cheshire, 2018, p. 38). On the other hand, the Analytical Report on Disability looking at the 2009 census found that more males with disabilities than females reached secondary or tertiary/college, and more females with disabilities than males had never attended school (KNBS, 2012, p. xv). 17% of children with disabilities aged between six and 17 were found to have never attended school, compared to 10% of children without disabilities (Kabare, 2018, p. 10). The 2007 National Survey also found that more females completed primary education than males (68.4% compared to 63.9%) but that more males completed secondary (22% compared to 19.1%), college (4.6% compared to 4%), and university (1.7% compared to 0.9%) (NCAPD & KNBS, 2008, p. 12). It also found that males were more likely to be attending mainstream schools than females with disabilities (NCAPD & KNBS, 2008, p. 17). Low enrolments and high dropouts mean that fewer students with disabilities graduate from secondary schools, with only 2,118 students with disabilities graduating from secondary school in 2015 according to the MoE (Kiru, 2019, p. 183). Research by LCDIDC (2016, p. 6) also found that 'in urban areas, 30% of children with disabilities were not in school compared to 5% of their non-disabled peers; in rural areas, the figures were 13% and 4% respectively'.

Assessment and school placement

Early identification, assessment, intervention and school placement of children with disabilities in an appropriate education setting should be carried out by Educational and Assessment Resource Centers (EARCs) (Bii & Taylor, 2013, p. 13). In 2015 there were 73 centres across Kenya (Ohba & Malenya, 2020, p. 6). However, a number of studies have identified that they are underfunded and not easily accessible to all schools in the country, which undermines the identification and assessment process which is important to meeting the needs of children with disabilities (Kiru, 2019, p. 185; VSO, 2014, p. 73; NGEC, 2016, p. 16; Bii & Taylor, 2013, p. 29, 33; Flora & Juma, 2018, p. 887). The 2014 National Special Needs Education Survey (NSNES) identified that staff in EARCs have 'inadequate tools and skills for assessing and identifying learners with special needs' (VSO, 2014, p. 73; see also RoK, 2018, p. 8). A 2017 survey also found that 'assessors posted to the EARCs are inadequately trained in functional assessment or lack necessary facilities and equipment to assess learners and trainees with disabilities' (RoK, 2018, p. 14).

Flora and Juma (2018, p. 886) found that staff training focused mainly on certain types of impairments, which made early identification and intervention for all children with disabilities, especially those with autism, deafblindness, learning difficulties, emotional and behavioural difficulties, less efficient. As a result of these various issues, many children with disabilities 'who

need special education services remain unidentified and miss out on an appropriate education' (Kiru, 2019, p. 185).

The World Bank (2019, p. 31) suggest that the lack of involvement of teachers means assessment results are not translated into 'actionable steps and strategies to be applied by teachers in the classroom'. The 2007 survey of persons with disabilities, KNSPWD, also found that '53% [of school age children with disabilities] reported they required educational services, but about 24% received any educational services' (Moyi, 2017, p. 503). Flora and Juma (2018, p. 888) note that there is a need for 'policy guidelines on the development and implementation of individualised educational programmes for learners with disability in support of inclusive education'. In addition, the National Gender and Equality Commission found that EARCs have struggled to 'create awareness on the importance of education for children with disabilities to parents and the community' (NGEC, 2016, p. 17).

Flora and Juma (2018, p. 887) found that '49% [of EARC officers] prefer placing children with disabilities in integrated programs, 22% prefer special schools, 20% prefer regular schools', which they suggest 'promotes segregation rather than inclusivity in the education sector'. In addition, Ohba & Malenya (2020, p. 14) note that EARCs often advise placing learners with disabilities at great distance from their locality, rather than in nearby local schools. They credit this practice to 'the current school setup and environments lacking financial and human resources' (Ohba & Malenya, 2020, p. 14).

Government provision

Kenya's policy for learners and trainees with disabilities defines inclusive education as 'the right of every learner with disability to be enrolled in regular classroom together with his or her peers without disabilities' (RoK, 2018, p. 5). However, traditionally, special needs education has been provided in special schools, integrated schools and in special units attached to mainstream schools (DoE, 2012, p. 49; MoE, 2018, p. 8; Kiru, 2019, p. 184). Most students with physical disabilities, intellectual disabilities, and visual and hearing impairments go to special schools or special units in mainstream education schools, although there are few cases of integration into general education schools (Kiru, 2019, p. 184). About '20% are in special schools and 80% attend special units attached to regular schools' (Ohba & Malenya, 2020, p. 2). Students with mild learning difficulties are integrated in mainstream classrooms (Kiru, 2019, p. 184). Special units are classes in mainstream schools where students with disabilities receive instruction separately from their peers without disabilities, while special schools are for students with specific types of disability (Kiru, 2019, p. 184). Students may transition from the special units to mainstream classrooms (Kiru, 2019, p. 184).

A study in Nairobi's Kasarani sub-county and Marsabit's central division, carried out between 2016 and 2017, in fourteen schools, eight of which had special units, found that 'most attempts which could be seen as part of a process towards inclusion were found in schools with specialised units' (Ohba & Malenya, 2020, p. 7, 11). This included learners with disabilities participating in most school activities and regular classes and the whole school learning basic sign language. However, even here there were practices which were not inclusive, such as regular classroom desks which were not suited to wheelchair users, learners with disabilities still learning in separate units, lack of accessible school materials, and transition to special secondary schools as the local secondary was not ready to accommodate them (Ohba & Malenya, 2020, p. 12-13). Thus, while the learners with disabilities learnt at their local primary schools in line with human rights and cost-effective factors, 'such learners often face isolation or exclusion due to the presence of other barriers' (Ohba & Malenya, 2020, p. 15). Ohba & Malenya

(2020, p. 14, 15) found that many of the barriers to the participation of learners with disabilities were in the 'curriculum and school setup, which were actually the responsibility of the government' and that '[i]nclusive education cannot be implemented without human and financial commitments'. In addition, they note that inclusive schools 'cannot operate without acceptance, understanding and cooperation by community members and parents' (Ohba & Malenya, 2020, p. 15).

Many special schools are residential, which is appreciated by some parents (Sightsavers, 2018, p. 8). However this means they have to pay the boarding expenses which can be a challenge (Sightsavers, 2018, p. 8-9). A survey in 2012 found that access and participation of children with disabilities was relatively low across the country, especially in the North Eastern region, which had the lowest number of special needs education units (DoE, 2012, p. 36). Sightsavers (2018, p. 8) predicts that special schools and units will continue to cater for children with disabilities for the near future as the transition to inclusive education will take time. Parents also currently perceive special schools to offer better services compared to inclusive education settings which are inadequately resourced/supported (Sightsavers, 2018, p. 8).

In 1886, the government established the 'Kenya Institute of Special Education (KISE) to build capacity through teacher training and research' (Ohba & Malenya, 2020, p. 6). Ohba & Malenya, 2020, p. 11) found that awareness of the term inclusive education was high amongst the teachers they surveyed, and over 80% of teachers indicated that learners with disabilities had a right to learn with learners without disabilities in regular classrooms. However, many felt that it would be difficult to teach all learners together, especially those who weren't specialists in teaching learners with disabilities (Ohba & Malenya, 2020, p. 11).

The government provides learners with disabilities with higher capitation grants than learners without disabilities, as well as financial and material support to six Technical and Vocational Education and Training (TVET) institutions and three teacher training colleges that admit trainees with disabilities (MoE, 2018, p. 7-8; KNCHR, 2016, p. 31). However, KISE (2018, p. viii) notes that 'capitation for children with disabilities is not disaggregated according to the type and severity of disabilities'.

Barriers to education

The main challenges relating to access and equity in the provision of education and training to children with disabilities include cultural prejudice and negative attitudes; reluctance to implement guidelines on the implementation of the special needs education policy and inclusive education; inadequate data on the number of children with special needs; inadequate tools and skills for assessing and identifying learners with special needs; a curriculum that does not meet the needs of learners with disabilities; inability to provide appropriate educational support for children with different disabilities; inadequate funding; inadequate facilities; lack of trained teachers; lack of awareness amongst parents and caregivers (DoE, 2012, p. 49; Sightsavers, 2018, p. 8; MoE, 2018, p. 8; KNCHR, 2016, p. 49; Kabare, 2018, p. 10; Kiru, 2019, p. 184-185; KISE, 2018, p. viii). In addition, there has been 'inadequate advocacy, sensitisation and mobilisation on children with disabilities and special needs in education at the grassroots and parents are not actively involved in education of their children with disabilities' (KISE, 2018, viii). Students with disabilities in the rural areas face increased barriers to education mainly as a result of limited infrastructure, increased marginalisation for girls, and fewer available resources compared to urban areas (Kiru, 2019, p. 185). Not enough money is also a significant factor in persons with disabilities dropping out of school (NCAPD & KNBS, 2008, p. 19). 'Dropout rates are high in regular schools due to

stigmatisation, inappropriate curricula, poorly equipped institutions of learning and insufficiently trained teachers' (MoE, 2018, p. 11).

Looking specifically at barriers to access, retention, and transition, a 2016-2017 survey by KISE found that barriers to access included: lack of information on education opportunities for children with disabilities; household poverty; overprotection of children with disabilities by parents; lack of transport and long distances to school; discrimination and stigma; negative attitudes towards children with disabilities; and particular school factors (KISE, 2018, p. 38-40). Barriers to retention included: curriculum and evaluation; school fees; parental influence; lack of assistive devices; challenges in repair and maintenance of assistive devices; inadequate number of teachers trained in special needs education; negative attitudes and stigmatisation; harmful cultural practices and beliefs on disabilities; inadequate funding and human resources to support special needs education; and insecurity on the way to school (KISE, 2018, p. 40-42). Barriers to transition include: school fees; examinations; nature and severity of disabilities; few secondary schools and vocational training institutions for learners with disabilities; early marriage and pregnancies among girls; and the lack of or inadequate transition opportunities and lack of awareness of the few existing transition options (KISE, 2018, p. 42-43).

Ohba & Malenya (2020, p. 10-11) looked specifically at barriers to inclusive education and found that at the administrative level, lack of knowledge of teachers of inclusive education and policies to promote it; lack of steps taken for the operationalisation of inclusive education on the ground; lack of funds to upgrade facilities and equip schools with teaching and learning materials; overcrowded classrooms which make it difficult to pay attention to individual learners; and the costs and difficulties of transport to school. In addition, 'teachers tend to resist inclusion when they feel they lack the necessary training and educational resources to accommodate [learners with disabilities] in their evidently overcrowded classrooms' (Ohba & Malenya, 2020, p. 14). This is not just about knowledge and skills but about their practical application (Ohba & Malenya, 2020, p. 14). However, local schools which are practicing inclusivity should be looked to for ways to operationalise the policy of inclusive education in Kenya (Ohba & Malenya, 2020, p. 16).

A study looking at the impact of a comprehensive intervention programme delivered by Leonard Cheshire Disability, designed to 'increase teaching self-efficacy, improve inclusive beliefs, attitudes and practices, and reduce concerns around the inclusion of children with disabilities within the Lakes region of Kenya' found that 'the intervention increased teaching self-efficacy, produced more favourable cognitive and affective attitudes toward inclusive education, and reduced teacher concerns' (Carew et al, 2019. p. 229). 'However, there was little evidence regarding the impact on inclusive classroom practices' (Carew et al, 2019. p. 229).

Further and higher education

There are 12 Vocational rehabilitation Centres in various parts of the country which offer vocational training to persons with disabilities to enable them to enter into formal, informal or self-employment (KNCHR, 2016, p. 36; Baart & Maarse, 2017, p. 29). They have an integration policy whereby 60% of students have disabilities and 40% do not (KNCHR, 2016, p. 36). These institutes have also provided advice and training to mainstream training institutes on how to communicate with, and provide skills training to, visually impaired and Deaf or hard of hearing young people (Baart & Maarse, 2017, p. 29). It is felt that there are too few TVETs to meet the needs of all young people with disabilities in Kenya (Mueke, 2014, p. 25).

According to the 2009 census, 44% of young people with disabilities (15-24 years old) participated in education/training compared to 46% of youth without disabilities, 41% of females

and 47% of males (Leonard Cheshire, 2018, p. 41). 2.6% of adults with disabilities participated in education/training compared to 3.5% of adults with disabilities, 3% of males and 2.3% of females (Leonard Cheshire, 2018, p. 42). Only 1.6% of people with disabilities completed university, compared to 2.4% of people without disabilities, 2.2% of males and 1.1% of females (Leonard Cheshire, 2018, p. 43).

In its concluding observations on the initial report of Kenya, the Committee on the Rights of Persons with Disabilities recommended that the State party should:

- (a) Establish a time frame for the transition process from segregated to inclusive quality education and ensure that budgetary, technical and personal resources are available to complete the process, and collect disaggregated data on the advancement of the inclusive education system;
- (b) Immediately adopt a non-rejection policy for children with disabilities enrolling in regular schools, and provide reasonable accommodation;
- (c) Ensure that school facilities are accessible for deaf-mute children, and provide materials and curricula adequate to their needs;
- (d) Undertake measures, including by encouraging public-private partnerships, to ensure the provision of assistive technologies in education;
- (e) Ensure the training of all teachers in inclusive education and establish a programme for continuous training in sign language in mainstream schools and universities.

DID Thematic area: Disability and health

Despite government efforts 'health services and facilities remain inaccessible to persons with disabilities' and 'distances to health facilities, poor road networks particularly in the rural areas and lack of sign language interpretation services in health services hinder access to health for persons with disabilities' (KNCHR, 2016, p. 77). The cost of health care can be prohibitive to persons with disabilities and they have encountered negative attitudes from medical personnel (KNCHR, 2016, p. 159; Kabia et al, 2018, p. 1). For some parents of children with disabilities, the opportunity costs in terms of time and income, since caregivers had to forgo work to take their children to access rehabilitation services and treatment are substantial (Kabare, 2018, p. 16). Women with disabilities living in poverty were found to often opt to forgo free healthcare services because of high transport costs and not having someone who could go with them for assistance (Kabia et al, 2018, p. 1). Other parents with disabilities report that doctors and nurses didn't want to treat their children with disabilities because they believed disability was dangerous, or 'contagious' or that it was not worth treating the child because they are 'not going to make it' (Rodríguez et al, 2018, p. 5). The layout and equipment at health facilities offering care under pro-poor health financing policies were not accessible (Kabia et al, 2018, p. 1).

Public health information campaigns, such as HIV/AIDs awareness or reproductive health, have not reached many people with disabilities as a result of lack of information in accessible formats such as Braille and sign language, and a failure to recognise that people with disabilities are at risk or a focus group for the issue (KNCHR, 2016, p. 77, 84). The Committee on the Rights of Persons with Disabilities is also concerned about the 'barriers for persons with disabilities in accessing information and services on sexual and reproductive health, and the lack of

information on the implementation of specific measures to prevent sexually transmissible infections, including HIV/AIDS, among persons with disabilities' (KNCHR, 2016, p. 195).

The Users and Survivors of Psychiatry in Kenya noted that community based services and alternatives to mental health services were yet to be introduced in Kenya and Kenya lacks enough mental health facilities and alternative to medical facilities, especially in rural areas (KNCHR, 2016, p. 55, 62). Problems have been noted with the treatment of people with psychosocial disabilities, who have been found to experience involuntary treatment, living in inhuman conditions or being locked up in mental health units (KNCHR, 2016, p. 55, 62, 79, 111). People with intellectual disabilities are another group who are denied a right to decide in relation to health care decisions (KNCHR, 2016, p. 68, 111, 113).

There are a small number of specialist government hospitals which provide screening and rehabilitation services to persons with disabilities but services in rural areas is lacking (KNCHR, 2016, p. 33, 195). The government suggests that most healthcare centres are accessible, with renovations of older buildings occurring and new facilities being built to be accessible (KNCHR, 2016, p. 34). The government has provided training and sensitisation on disability issues at various levels to health workers, especially to those working with children (KNCHR, 2016, p. 33-34). By 2012 the Ministry of Health had set up one hundred Disability Mainstreaming Committees at various levels, including health facilities, whose role was to mainstream disability (KNCHR, 2016, p. 34). These committees' mandates include facilitating the training of health workers and Heads of Departments on the rights of persons with disabilities (KNCHR, 2016, p. 34). There also were one hundred Disability Assessment Committees, which carried out the disability assessments necessary for registration with the NCPWD (KNCHR, 2016, p. 34). The government has also established a Community Based Rehabilitation (CBR) programme for persons with disabilities, involving disability prevention, community sensitisation on disability, and early identification and intervention services with emphasis on working with children (KNCHR, 2016, p. 33).

The government recognised that its efforts were not sufficient (KNCHR, 2016, p. 33). Government health services for persons with disabilities are supplemented to a certain extent by private health care providers, sponsored by Christian missionaries, other faith based organisations and philanthropists (KNCHR, 2016, p. 33).

Sexual and reproductive health

Women and men with disabilities encounter barriers to accessing quality reproductive health, as a result of inaccessible equipment and service points, limited contraceptive options, and insensitivity and negative attitudes of health care workers, among others (KNCHR, 2016, p. 40, 75, 84). Women with disabilities seeking reproductive health have been discouraged from having children and denied the right to make their own reproductive health decisions (KNCHR, 2016, p. 84, 156). Women with intellectual disabilities and women with mental health issues are particularly vulnerable to being coerced into sterilisation procedures (KNCHR, 2016, p. 59, 82, 178). Women with disabilities rights to reproductive health is recognised by Kenya's reproductive health policies, although they do not explicitly address the involuntary and forced sterilisation of women (KNCHR, 2016, p. 40, 60).

The government noted that 'under the Division of Child Health, Unit of Children with Disabilities, the Ministry of Health is developing a comprehensive and responsive policy for children with disabilities' (KNCHR, 2016, p. 42).

In its concluding observations on the initial report of Kenya, the Committee on the Rights of Persons with Disabilities recommended that the State party should:

- (a) Strengthen its efforts to ensure that all health policies, programmes and services, including on sexual and reproductive health and those related to HIV/AIDS, are fully accessible and incorporate a gender perspective, especially in rural areas and at the community level;
- (b) Adopt measures to establish accessible health-care facilities and technologies for persons with disabilities in urban and rural areas;
- (c) Develop a wide range of community-based services that respond to the needs of persons with disabilities and respect the person's autonomy, choices, dignity and privacy, including peer support and other alternatives to the medical model of mental health.

Access to assistive devices

Only '32% of persons with disabilities have access to assistive devices and services, and of these, 41% are in the urban areas, in comparison to 26% in the rural areas' (KNCHR, 2016, p. 87). Some examples of organisations providing access to assistive devices include:

The **National Development Fund for Persons with Disabilities (NDFPWD)** run by NCPWD supports the provision of assistive devices and services to people with disabilities, prioritising those requiring assistance to function in a learning, training or work environment²¹. Expensive items, such as cars and business equipment like sewing machines or laptops are not included.

The Association for the Physically Disabled of Kenya and Motivation International are locally assembling wheelchairs using local materials and home grown technology which helps make them affordable, available and locally repairable (Sightsavers, 2018, p. 11). However, there have been complaints about the quality of the wheelchairs and government support is needed to help these initiatives to grow and improve their products (Sightsavers, 2018, p. 12).

The Rotary Club supports the Jaipur Limb Centre in Nairobi, Kenya, which provides prosthetics at a subsidised cost but their production is falling short of demand in the absence of government support (Sightsavers, 2018, p. 12).

The Communication Authority of Kenya developed a disability web portal which is accessible to persons with visual impairment who use screen reader programmes, although it has not been updated recently despite being very active when it was started (Sightsavers, 2018, p. 10).

Safaricom has introduced mobile phone applications that assist persons with visual impairments to communicate and operate services such as M-Pesa (Sightsavers, 2018, p. 11).

²¹ [National Council for Persons with Disabilities website page on Assistive Devices](#)

inABLE²² has developed accessible hardware, software, computer-lab infrastructure, internet connectivity and employable skills training for blind and visually impaired students in seven special schools of the blind across Kenya (Sightsavers, 2018, p. 11).

Disability and humanitarian situations

Climate change and disaster risk reduction

Communities in Kenya are 'grappling with food insecurity, famine and the impact of large-scale population displacement due to prolonged drought, flooding and rising sea levels along the coastal belt, as well as an increase in climate-related diseases such as malaria' (Kett & Cole, 2018, p. 12). Due to its vulnerability to climate change, Kenya has begun extensive work in the areas of climate change adaptation and disaster risk reduction /management (Kett & Cole, 2018, p. 12). However, people with disabilities have not really been included in actions relating to resilience and disaster risk reduction and there is a lack of information on emergencies and disaster strategies in accessible formats (Kett & Cole, 2018, p. 12; KNCHR, 2016, p. 192). This is despite research suggesting that people with disabilities may be more likely to be affected as a result of factors such as lack of diversified economic activities, which make it harder to switch with climatic patterns, or because their ability to recover may be slower (Kett & Cole, 2018, p. 37-38). In addition, disasters can mean families prioritise survival rather than services for their family member with a disability. For example, CBM noted that the 2009 drought forced many parents to look for food and water instead of taking their children with disabilities to rehabilitation services (Alexander, 2011, p. 389).

Focus groups with people with disabilities in Kisumu and Isiolo felt that 'they needed to be better informed and aware about climate and environmental issues, as well as how to become more resilient, and better prepared during disasters' (Kett & Cole, 2018, p. 46). People with disabilities also mentioned that they felt that mainstreaming efforts mean that their issues are not really being heard, as disability is not given much attention as they tend to focus on things in general (Kett & Cole, 2018, p. 40). In addition, when funds are available post-disaster for 'vulnerable' groups, if these are not specified, people with disabilities may miss out on available assistance (Kett & Cole, 2018, p. 41).

Disaster management

According to the government, Disaster Management Committees have been established at various levels to oversee the implementation of emergency relief operations and facilitate protection of displaced persons, which have representation from the disability sector on them (KNCHR, 2016, p. 24).

Refugees with disabilities

The Committee on the Rights of Persons with Disabilities is 'concerned about the absence of information on the situation of internally displaced persons with disabilities and those living in refugee camps' (KNCHR, 2016, p. 192). A study in Dadaab Refugee Camp in 2011 found that refugees with disabilities were not able to fully access the available services (KNCHR, 2016, p.

²² inABLE website

78). They sometimes had to pay others to pick up their food rations as food distribution points were inaccessible (KNCHR, 2016, p. 78). Another study in 2014 in Kakuma Refugee Camp found that refugee women and adolescents with disabilities lacked access to sexual reproductive health services and faced stigmatisation from health workers (KNCHR, 2016, p. 78). Insecurity in the camps made refugees with disabilities particularly at risk (KNCHR, 2016, p. 78).

In its concluding observations on the initial report of Kenya, the Committee on the Rights of Persons with Disabilities recommended that the State party should:

- (a) Adopt a national plan to ensure the protection of persons with disabilities in situations of risk and humanitarian emergencies and to ensure universal accessibility and inclusion for persons with disabilities at all stages and levels of all disaster risk reduction policies and their implementation;
- (b) Provide information in modes, means and formats of communication accessible to all persons with disabilities, in all of the State party's official languages and indigenous languages about early warning mechanisms in case of risk and humanitarian emergency;
- (c) Adopt measures to monitor the situation of persons with disabilities in refugee camps and internally displaced persons with disabilities, and ensure that they are entitled to access all services available, including accessible shelters, water and sanitation, education and health.

5. How the SITANS were conducted

A non-systematic literature review has been conducted for each country within the time and resources available, covering both academic and grey literature, focusing on a number of areas, including the general situation for people with disabilities in each county and the four focus areas of the DID programme: health, education, livelihoods and stigma and discrimination²³. Searches of publicly available English language literature for each thematic area have been conducted through academic databases, search engines and websites which host grey literature. Programme partners were invited to provide relevant documents. As disability and development is an under researched area, much of the available literature and evidence is grey literature published by governments and organisations working in the countries, rather than academic literature. Also, the most recent and up to date evidence comes in the form of journalism or press releases. Some of the evidence presents contradictory findings, especially in relation to disability prevalence. The majority of the report was written in 2019, with this version providing a brief update of recent evidence.

The most recent well-evidenced literature was selected for synthesis in the SITANS to provide those working on the DID programme with an overview of the current situation in the country to help with the design of the interventions. As a time lag sometimes exists between evidence being gathered and then published, the SITANS are living documents, which will be briefly updated annually to reflect newly available evidence. Having the SITANS as living documents also means they can be adapted to reflect new areas of interest to the programme, or areas to be developed

²³ There are some similarities with the SITANS written for the overlapping Inclusion Works countries (Bangladesh, Kenya, and Nigeria), although they are more focused specifically on disability inclusion in formal sector employment.

further, throughout its implementation. As people in the different countries use and engage with the SITANs in the project planning processes in the countries, they will have the opportunity to feedback on the SITANs based on their current experiences (helping deal with the time lag issue) and provide useful internal evidence which is not available publicly. The SITANs have been reviewed by a gender expert from IDS to ensure that gender/intersectionality are well reflected, where possible.

DID SITANs:

Thompson, S. (2020). *Bangladesh Situational Analysis*. Disability Inclusive Development.

Thompson, S. (2020). *Jordan Situational Analysis*. Disability Inclusive Development.

Thompson, S. (2020). *Nigeria Situational Analysis*. Disability Inclusive Development.

Rohwerder, B. (2020). *Kenya Situational Analysis*. Disability Inclusive Development.

Rohwerder, B. (2020). *Nepal Situational Analysis*. Disability Inclusive Development.

Rohwerder, B. (2020). *Tanzania Situational Analysis*. Disability Inclusive Development.

6. References

Agency for Disability and Development in Africa (ADDA) & Cheshire Disability services Kenya (CDSK). (2017). *EmployAble II Partner Mapping Report*. Light for the World, ADDA, & CDSK.

Aley, R. (2016). *An Assessment of the Social, Cultural and Institutional Factors that Contribute to the Sexual Abuse of Persons with Disabilities in East Africa*. Advantage Africa.

Al-Ghaib, O.A., & Wilm, S. (2017). *Disability Inclusion And The Sustainable Development Goals: Practices And Challenges*. Leonard Cheshire Disability.

Baart, J., & Maarse, A. (2017). *I am EmployAble - creating access to technical and vocational education for young people with disabilities*. Light for the World.

Bauer, C.R., Mbonani, L., & Charles, J. (2019). *Changing Cultural Perception on Disability through Empowerment of Families and Local Leaders*. Kupenda for the Children.

Bii, C., & Taylor, L. (2013). *Inclusive Education in Kenya Assessment Report – Kenya/Somalia program*. HI.

Bunning, K., Gona, J.K., Newton, C.R., Hartley, S. (2017). *The perception of disability by community groups: Stories of local understanding, beliefs and challenges in a rural part of Kenya*. *PLoS ONE*, 12:8, e0182214.

Carew, M.T., Deluca, M., Groce, N., & Kett, M. (2019). *The impact of an inclusive education intervention on teacher preparedness to educate children with disabilities within the Lakes Region of Kenya*. *International Journal of Inclusive Education*, 23:3, 229-244.

Centre for Enhancing Democracy and Good Governance (CEDGG). (2016). *Funds for Empowerment of Women, Youth, and Persons with Disability*. CEDGG.

Committee on the Rights of Persons with Disabilities (CRPD). (2015). *Concluding observations on the initial report of Kenya*. CRPD.

Cronberg, A. (2020). *Nine in ten in Kenya report income loss due to COVID-19*. KANTAR.

- Curvers, S., Duncan, S., Flowers, C., Milano, A., Okazaki, R., Walsh, S., & Yi, C. (2016). *People with Disabilities*. In A.A. Frediani & T. Monson (Eds.). *Advocating for People-Centred Development in Kisumu, Kenya*. Development Planning Unit | The Bartlett | University College London.
- Daily Nation. (2020). *Effects of Covid-19 on people with disabilities in Kibra*. Daily Nation, 13 May 2020.
- Department of Education (DoE). (2012). *A Policy Framework for Education- Aligning Education and Training to the Constitution of Kenya (2010) and Kenya Vision 2030 and beyond*. Republic of Kenya.
- Dong, C., & Hassan, M. (2020). *Short-term fixes are not enough if SMEs are to survive COVID-19*. BFA Global.
- Ebuenyi, I.D., van der Ham, A.J., Bunders-Aelen, J.F.G., & Regeer, B.J. (2019). *Expectations management; employer perspectives on opportunities for improved employment of persons with mental disabilities in Kenya*. *Disability and Rehabilitation*, 1-10.
- Flora, M.N.M., & Juma, S.W. (2018). *The Role of Educational Assessment Resource Centres in Promoting Inclusive Education in Kenya*. *International Journal of Science and Research*, 7:1, 885-889.
- Gathu, I. (2020). *Impact of COVID-19 on Kenyans With Disabilities*. Open Institute.
- Gesongo, M., & Baraza, A. (2019). *Labour Market Assessment Inclusion Works – Kenya Version 01 – July 2019*. Inclusive Futures.
- IFRC, UNICEF & WHO. (2020). *Social Stigma associated with COVID-19 - A guide to preventing and addressing social stigma*. IFRC, UNICEF & WHO.
- ILO (2020). *As jobs crisis deepens, ILO warns of uncertain and incomplete labour market recovery*. ILO.
- ILO. (2020b). *ILO: As job losses escalate, nearly half of global workforce at risk of losing livelihoods*. ILO.
- Inclusion International. (2019). *Inclusion Works! Situational Analysis for Intellectual Disability*. Inclusion International.
- Jillo, A.B.A. (2018). *Statement By Hon. Abdul Bahari Ali Jillo Chief Administrative Secretary, Ministry Of Labour & Social Protection Of The Republic Of Kenya During The Eleventh Session Of The Conference Of States Parties To The Convention On The Rights Of Persons With Disabilities*. U.N.
- Kabare, K. (2018). *Social Protection and Disability in Kenya*. Development Pathways.
- Kabia, E., Mbau, R., Muraya, K.W., Morgan, R., Molyneux, S., & Barasa, E. (2018). *How do gender and disability influence the ability of the poor to benefit from pro-poor health financing policies in Kenya? An intersectional analysis*. *International Journal for Equity in Health*, 17:149, 1-12.
- Kags, A. (2020). *Covid-19: We should not forget people with disabilities*. *The Standard*, 1 May 2020.

- Kamau, P., Kinyanjui, B., Akinyoade, A., & Mukoko, C. (2018). *Assessment of Productive Employment Policies in Kenya* (ASC Working Paper 140). African Studies Centre.
- Kenya Institute of Special Education (KISE). (2018). *National survey on children with disabilities and special needs in education*. KISE.
- Kenya National Bureau of Statistics (KNBS). (2012). *Kenya 2009 Population and Housing Census – Analytical Report on Disability*. KNBS.
- Kenya National Commission on Human Rights (KNCHR). (2016). *Compendium on submissions to the Convention on the Rights of Persons with Disabilities*. KNCHR.
- Kett, M., & Cole, E. (2018). *Disability and Climate Resilience Research Project*. Leonard Cheshire & UCL.
- Kingiri, A., Khaemba, W., Olenja, J., Gitonga, A., Oloo, W., Nyariki, E., & Wafula, S. (2017). *Policy brief: The labour market situation in Kenya: promoting right to work and employment for persons with disabilities*. Leonard Cheshire Disability and Inclusive Development Centre, UCL.
- Kiru, E.W. (2019). *Special Education in Kenya*. *Intervention in School and Clinic*, 54:3, 181-188.
- Leonard Cheshire Disability and Inclusive Development Centre (LCDIDC). (2016). *Bridging the Gap - Examining disability and development in four African countries*. LCDIDC.
- Leonard Cheshire. (2018). *Disability Data Review: A collation and analysis of disability data from 40 countries*. Leonard Cheshire.
- Light for the World (LFTW). (2015). *Small businesses set up and run by persons with disabilities: An insight into their profile and factors influencing their performance*. LFTW.
- Mahler, D.G., Lakner, C., Aguilar, R.A.C., & Wu, H. (2020). *Updated estimates of the impact of COVID-19 on global poverty – June 08*. World Bank Data Blog.
- Maina, P.W. (2016). *Experiences of People with Disabilities in Accessing Employment in Kenya: A Case of Nairobi County*. Department of Sociology and Social Work, University of Nairobi.
- Marienga, E. (2020). *COVID-19 Impact: What we know so far – Kenya*. IPPF.
- McConkey, R., Kahonde, C., & McKenzie, J. (2016). Tackling Stigma in Developing Countries: The Key Role of Families. In K. Scior & S. Werner (eds.). *Intellectual Disability and Stigma: Stepping Out from the Margins*. Palgrave Macmillan.
- Ministry of Education (MoE). (2018). *Sector Policy for Learners and Trainees with Disabilities*. Republic of Kenya.
- Ministry of Health (MoH). (2014). *Kenya Health Policy 2014-2030*. Republic of Kenya.
- Mostert, M.P. (2016). Stigma as a barrier to the implementation of the Convention on the Rights of Persons with Disabilities in Africa. *African Disability Rights Yearbook*, 2-24.
- Moyi, P. (2017). *School participation for children with disabilities in Kenya*. *Research in Comparative & International Education*, 12:4, 497-511.
- Muchai, S. (2018). *Kenya's Efforts to Empower Women, Youth and Persons with Disability through Public Procurement*. Hivos.

- Mueke, R. (2014). *A baseline study on areas of successes and barriers in skills development and employment of graduates with disabilities*. ADDA Kenya and EmployAble Project Partners.
- Muinde, I.W., & Oloko, M., (2016). *Effect of the National Development Fund on the Economic Empowerment of Persons with Disabilities in Kiambu County*. *International Journal of Social Science and Humanities Research*, 4:2, 451-459.
- Mwoma, T. (2017). *Education for children with special needs in Kenya: A review of related literature*. *Journal of Education and Practice*, 8:28, 188-200.
- National Coordinating Agency for Population and Development (NCAPD) & Kenya National Bureau of Statistics (KNBS). (2008). *Kenya National Survey for Persons with Disabilities – Main Report*. NCAPD & KNBS.
- National Gender and Equality Commission (NGEC). (2016). *Access to Basic Education by Children with Disability in Kenya*. NGEC.
- Njue, D. (2020). *Declining health service use in Nairobi has health implications beyond COVID-19*. LSE.
- Odukoya, D., & Chenge, W. (2017). *The Era of Digital Interventions: Combating intellectual Disability Stigma in Africa*. UCL blog.
- Ohba, A., & Malenya, F.L. (2020). *Addressing inclusive education for learners with disabilities in the integrated education system: the dilemma of public primary schools in Kenya*. *Compare: A Journal of Comparative and International Education*, 1-18.
- Opoku, M.P., Mprah, W.M., Dogbe, J.A., Moitui, J.N., & Badu, E. (2016). *Access to employment in Kenya: the voices of persons with disabilities*. *International Journal on Disability and Human Development*, 16:1, 77–87.
- Owino, E. (2020). *Socioeconomic impacts of Covid-19 in Kenya*. Development Initiatives.
- Owino, E. (2020b). *Status of disability in Kenya - Statistics from the 2019 census*. Development Initiatives.
- Population Council. (2020). *Kenya: COVID-19 Perceptions, Prevention Practices, and Impact—Responses from third round of data collection in five Nairobi informal settlements (Kibera, Huruma, Kariobangi, Dandora, and Mathare)*, *COVID-19 Research & Evaluations*. Population Council.
- Public Service Commission (PSC). (2018). *Draft - Disability Policy and Guidelines for the Public Service*. Republic of Kenya.
- Public Service Commission (PSC). (2019). *Status of the Public Service Compliance with the Values and Principles in Articles 10 and 232 of the Constitution for the Year 2018/2019*. Republic of Kenya.
- Republic of Kenya (RoK). (2013). *Social Assistance Act*. Republic of Kenya.
- Republic of Kenya (RoK). (2018). *Sector Policy for Learners and Trainees with Disabilities*. Nairobi, Kenya: MOE.

- Rodríguez, P., Ahern, L., Bradshaw, J., Kanter, A.S., Koiyiet, M., Levy, R., Miller, M.R., Rosenthal, E., & Wangare, F. (2018). *Infanticide and Abuse: Killing and confinement of children with disabilities in Kenya*. Disability Rights International & Kenyan Association for the Intellectually Handicapped.
- Rohwerder, B. (2015). *Kenya Conflict Analysis* (GSDRC Literature Review Report 1222). Birmingham, UK: GSDRC, University of Birmingham.
- Rohwerder, B. (2019). *Disability stigma in the Disability Inclusive Development (DID) programme countries: an overview of the evidence*.
- Sightsavers. (2018). *AN ANALYSIS OF THE STATUS OF PERSONS WITH DISABILITY IN KENYA*. Sightsavers Kenya.
- Stone-MacDonald, A., & Butera, G. (2014). *Cultural Beliefs and Attitudes about Disability in East Africa*. *Review of Disability Studies*, 8:1, 1-19.
- UNDP. (2016). *Briefing note for countries on the 2016 Human Development Report – Kenya*. UNDP.
- UNFPA. (2020). *Coronavirus Disease (COVID-19) Pandemic UNFPA Global Response Plan Revised June 2020*. UNFPA.
- UNHCR. (2020). *Kenya Registered refugees and asylum-seekers as of 31 May 2020*. UNHCR.
- UNICEF. (2018). *UNICEF Kenya Humanitarian Situation Report January to December 2018*. Reliefweb.
- VSO. (2014). *Kenya National Special Needs Education Survey Report*. MoEST & VSO.
- Wanjala, J.W., Njoroge, D.I., & Mathews, B.G. (2016). *The Effect Of Employer Perception On Employment Opportunities For People Living With Disabilities: Case Of Selected Universities In Kenya*. *Researchjournal's Journal of Human Resource*, 4:6, 1-12.
- World Bank. (2018). *Policy Options to Advance the Big 4 Unleashing Kenya's Private Sector to Drive Inclusive Growth and Accelerate Poverty Reduction* (Kenya Economic Update, No. 17). World Bank.
- World Bank. (2019). *Every learner matters: Unpacking the learning crisis for children with disabilities*. World Bank.

Suggested citation

Rohwerder, B. (2020). *Kenya Situational Analysis*. Disability Inclusive Development.