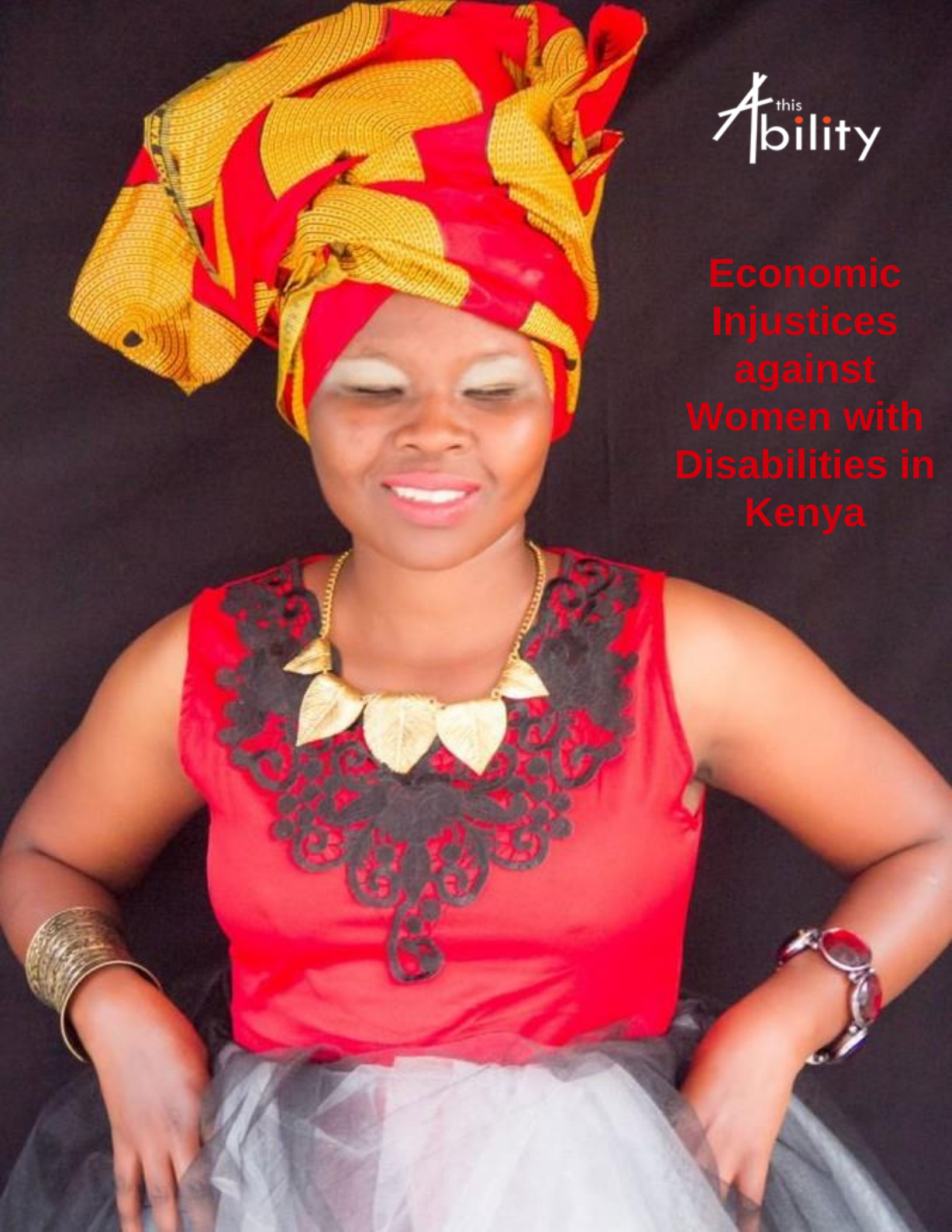


Economic Injustices against Women with Disabilities in Kenya

About This Ability

This-Ability Trust is a social enterprise focused on advancing Disability Rights and Inclusion in Kenya.

Contact

Tel: +254-748 263 763
Email: info@this-ability.org

Executive Summary

Kenya has failed to mainstream disability across the government's primary sectors and instead relegated the responsibility of addressing disability issues to weak social ministries, which then delegate the responsibility to even weaker institutions like the National Council for Persons with Disabilities which are poorly funded.

National budgets not only reflect how governments mobilize and allocate public resources but also reveal how dedicated a regime is to solving its most pressing challenges. The State Department for Social Protection is directly responsible for enhancing the capacity of the poor and marginalized and creating opportunities for them to improve and sustain their livelihoods and welfare. However, budgetary allocations to the department are a measly 0.4% of the GDP, compared to 5% in other developing countries like Mauritius (and about 27% in OECD countries).

The government is mandated to guarantee the rights of those unable to support themselves. Article 43 of Constitution emphasizes that “every person has the right … to social security.” It binds the State to “provide appropriate social security to persons who are unable to support themselves and their dependants.” For women with disabilities, lack of support may lead to further impairments due to a lack of treatment and rehabilitation. Limited access to treatment and rehabilitation, education (training, business, or life skills) and socio-economic and political empowerment prevent the disabled community from having equal opportunities to participate productively in society.

This study undertook a review of the economic status of women with disabilities. Several issues were explored, among them health, education, access to procurement opportunities, access to several domains (transport, built environments, and information) and social protection.

Healthcare

Kenya's health expenditure as a percentage of GDP is 4.8%, compared to 5.81% for lower- and middle-income countries, 7.8% for the European Union, and 17% for the United States. These figures suggest that Kenya compares favourably with other countries with similar levels of development. General healthcare is reasonably accessible for the general population.

However, primary health and sexual and reproductive health remains inaccessible for women with disabilities. The most significant barrier that women with disabilities face is prejudice. The attitudes of health professionals were found to be the most significant deterrent. Inaccessible physical infrastructure (examination tables, delivery beds, and sanitation facilities in hospitals) are other barriers. Accessibility of different domains, namely transport and arduous hospital procedures, also made women forgo appointments with health practitioners.

Access to AGPO

About 29% of the country's GDP finances public expenditure. More than 40% of this expenditure goes to procurement. The AGPO programme was formed to give women, youth, and persons with disability procurement opportunities to gain economic empowerment and would, in so doing, contribute to the country's economic development.

The youth and women in the general population have been able to take advantage of these opportunities. However, persons with disability are performing dismally. Recent studies have shown that some counties do not even have AGPO-registered groups affiliated to either men or women with disabilities. In contrast, other studies have found that persons with disability own only 5% of the eligible groups. There are many reasons for this state of affairs. The most important among these is a lack of information and/or misinformation. Other reasons include the complexity of the tender application procedures and corruption.

Education

About 20% of the country's GDP is invested in education. As a result, primary and secondary schools' intakes have grown steadily since 2003 when free primary education was instituted and 2008 when day secondary school became free. Intake in the general population has continued to rise however, the intake of children with disabilities is still slow, and many children with disabilities are out of school. Girls are the worst affected. This is due to the assumption that investing in boys as opposed to girls is a wiser investment decision.

The government has taken initial steps to introduce integrated schools and institutions (as opposed to special schools, and where possible, those with disabilities will be able to learn with those without disabilities.) Special schools and integrated schools grapple with several challenges. One of these is inadequate facilities to cater for a vast array of children with different types and degrees of disabilities. Staff are inadequately trained to handle the needs of children with disabilities. Stigma in schools, where other students and even teachers discriminate students based on their physical characteristics, is another challenge.

Assistive Technology

It is the responsibility of the National Council for Persons with Disabilities to support the provision of assistive devices to persons with disability in Kenya by drawing from the National Development Fund for Persons with Disabilities (NDFPWD). The Council has failed to fulfil its mandate. It takes months for an applicant to obtain a device, and when they do, what they receive is often of low quality or unusable. As a result, female respondents noted that they use their meagre savings to acquire devices that have been cited by many as expensive.

Those with mobility impairments appear to suffer the most because without a means of getting from one point to another, they may have to crawl or otherwise remain restricted in their homes, thus foregoing health, education (training workshops, and seminars), and even interaction opportunities.

Furthermore, for women with disabilities, the lack of a suitable assistive devices prevents them from doing their household chores.

Accessibility: Information, Built Environment and Transport

All these domains are “largely” inaccessible, although other studies find that they are “completely” inaccessible. While there are efforts to make areas such as built environments accessible, there is still a great deal to be done. Only a handful of public buildings have lifts, ramps, or entrances that are wide enough to accommodate wheelchairs or tricycles.

Information is largely inaccessible to those who are illiterate, those who live in areas that are not connected to the national power grid or those who cannot afford dailies. Important information is often only available in formats such as newspapers or electronic media which are inaccessible to some groups.

The study also finds that transport is inaccessible to women with physical disabilities and the visually impaired. It is often expensive because wheelchair users are required to pay extra the wheelchair. They may also require a guardian to accompany them increasing the cost of travel. Finally, women report discrimination and sexual harassment.

Work, Employment and Business

The 2019 national census revealed that 2.2% of Kenyans are persons living with disability. The national employment policy stipulates that 5% of employment positions should be reserved for persons with disability in both private and public organisations. If the framework were to be implemented fully, then most persons with disability would gain productive employment.

Conversations with women with disabilities and a review of other literature reveal a different picture. While men with disabilities are likely to find formal employment, the same cannot be said of their female counterparts. The few that are in formal employment serve as office administrators or perform other clerical tasks. Like most developing countries, Kenyan women with disabilities are mostly absorbed in small agricultural holdings or engage in micro, low-income businesses like selling second-hand clothes (mitumba).

Conclusion

The principal aim of this research is to ascertain the economic injustices that women with disabilities in Kenya face. Published literature and primary research confirms that women with disabilities are marginalized and doubly so because of their gender and disability. The national government has neglected this group. Women and other persons with disability lack adequate assistive devices hence their ability to function is diminished. They are unable to participate fully in society due to inaccessibility. Almost all respondents raised similar concerns in provision of healthcare, education and employment. Women with disabilities have a diminished quality of life.

Correcting these injustices requires commitment on the part of the authorities through political will and gender-responsive budgets. The government should remove the barriers and injustices in transport, access to information, and built environments by implementing domestic laws that have already been assented to and international treaties like CRPD which have been ratified. Similarly, for employment, employment laws are already in place, and seeing that they are fully implemented may be the only missing link.

Table of Contents

Abbreviations

CRPD: Convention on the Rights of Persons with Disabilities
ICPD: International Conference on Population and Development
KIHBS: Kenya Integrated Household and Budget Survey
KNBS: Kenya National Bureau of Statistics
KNHRC: Kenya National Commission on Human Rights
KNSPD: Kenya National Survey for Persons with Disability MDG: Millennium Development Goals
NCAPD: National Coordination Agency for Population and Development
NCPWD: National Council for Persons with Disabilities
NDFPWD: The National Development Fund for Persons with Disabilities
OECD: Organisation for Economic Co-operation and Development
SDG: Sustainable Development Goals
SIG: Special Interest Groups
UN: United Nations
UNDP: United Nations Development Programme
WHO: World Health Organisation

Introduction

> There are lots of challenges given that I live in slum areas. It is hard to access essential services, and not just for me but even for other persons with disability. You know disability is associated with poverty, so you know we cannot afford to live in self-contained houses with proper sanitation. We have to share sanitation facilities here at the slum, including toilets that are often in a pathetic state.

Female respondent
Kisumu County

Introduction

Background Information

Economically empowered women have access to and control over economic resources which allows them to exert unfettered control over other areas of their lives. The realization of this goal, currently a global policy priority due to its contribution to the sustainable development goals (SDGs), is hampered by the nature of modern societies (including attitudes and belief systems) and the laws therein (Hunt & Samman, 2016).

A 2019 report by the World Bank reveals that laws restrict 2.7 billion women from having the same choice of choosing jobs as men (World Bank, 2019). Consequently, women worldwide account for at least 60% of the working poor and are more likely to live in poverty than men. In the developing world, women account for 75% of the informal sector workforce, where there is little or no enforcement of social protection or labour regulations (ActionAid, 2015). They are at a considerable risk of exploitation or denial of employment benefits and safe working conditions. Women are often forced by social or other pressures to accept unpaid work, such as childcare, elder care, and housework. This unremunerated work is estimated to be more than one-eighth ($10 trillion) of the global economy (ActionAid, 2015).

For women with disabilities, the circumstances they cope with and the barriers they have to overcome daily are even more immense than those faced by men with disabilities or other women without disabilities. Undeniably, they are among the most marginalized groups. The intersection of gender and disability often leaves them with few choices; opportunities are given to boys/men and girls/women without a disability, and not frequently or automatically to girls/women with disabilities (Katsui & Mojtahedi, 2015).

They may also be discriminated against on account of other elements of their identities, such as their age, socioeconomic status, ethnic group, sexuality, or religion. Three-quarters of all persons with disability in low and middle- income countries are women, mostly living in rural areas. The United Nations Development Program (UNDP) notes that only a quarter of women with disabilities are part of the global workforce.

UNDP also notes that this group's literacy rate could be as low as 1%, and the mortality rates for girls with disabilities are much higher than that of boys with disabilities (UNDP, 1998). These outcomes affect all the aspects of the women's lives and condemn them to the vicious cycle of poverty.

Economic Injustices in Perspective

The Oxford dictionary defines "injustice" as a lack of fairness or inequity. Economic justice is a component of social justice and welfare economics where the ultimate goal is to create an opportunity for each person to establish an adequate material foundation. Each person can therefore build a dignified, productive, and creative life upon this foundation. “Each person” is significant. The entire economy will be more prosperous and successful if it is fairer (The Institute of Public Policy Research, 2018). Therefore, a just economy’s goal is to create opportunities for all to thrive, provided that prosperity and justice go hand in hand instead of being in opposition to one another (Kibasi, 2017). The central tenets of economic justice are universal basic income; income equality regardless of one's characteristics; equal opportunity for employment and promotion; and allowing and facilitating all to reach their full potential.

An economically just society is therefore one that meets the following three conditions. First, in such a society, private and public institutions promote common economic good and are held accountable. Secondly, economically just societies grant all people equal opportunities to care for themselves and their families. Thirdly, such economies expect people to take responsibility for the effects of their actions on their own and others’ lives (Kibasi, 2017). The society envisioned here is one where wages are fair, local laws and international treaties are respected, public and private institutions invest in urban communities as well as remote rural areas. Furthermore, all barriers whether social, physical, or political that prevent people from reaching their potential are removed.

A society that discriminates against women with disabilities based on their gender and disability by ignoring their economic plight, thus preventing them from achieving their full potential, is an economically unjust society. A government that formulates policies requiring public and private institutions to employ a specific proportion of persons with disability but fails to ensure that these requirements are fully implemented is only playing to the gallery and promotes economic injustice on the would-be beneficiaries. The same can be said of a government which, even upon making sexual and reproductive healthcare affordable, fails to hire competent healthcare personnel who understand the unique needs of women with disabilities.

The provision of facilities is not enough; there needs to be personnel who understand the often-neglected needs of the side-lined and are motivated to meet them without prejudice and in confidentiality. If these simple needs are not met, then, despite the efforts to equip health facilities with equipment and supplies, the State has failed in its duty to ensure economic justice. The same can be said of a government that constructs learning facilities like special schools but fails to make arrangements for the transportation of potential beneficiaries. Finally, a society that is aware of the number of persons who require assistive devices but fails to provide them free of charge or at an affordable rate and at a convenient place can also be said to be economically unjust.

The Place of Women with Disabilities in Policymaking

The value that society places on a group can be discerned from the decisions and policies made at the national, regional, and international levels. At the highest level of policymaking are bodies like the United Nations (UN), which formulated the Millennium Development Goals (signed in September 2000). Persons with disability comprise over 15% of the global population yet the Millennium Development Goals, which expired in 2015, ignored them, showing how neglected they are (Groce & Trani, 2011). Furthermore, 80% of them live in low and middle-income countries (World Health Organization, 2011). As Josephta Mukobe, the first woman with a disability to be appointed Principal Secretary in Kenya in 2013 (current Principal Secretary for the State Department of Culture and National Heritage), once said, "a woman with a disability is always at the periphery; always the last person to count" (Ombati, 2019).

However, the Sustainable Development Goals (SDGs) corrected the oversight of the MDGs. They came into force in January 2016, are disability- inclusive, at least on paper; the policy framework leaves no one behind.

Seven of the 17 goals explicitly target persons with disability. One such goal is SDG 8 on decent work and economic growth advocates for the inclusion of every man and woman in economic development. They are mentioned in other SDGs, particularly in those that relate to inequality, education, health, and data disaggregation (UN, 2019).

Women with disabilities are mentioned in several other legal administrative frameworks. The Convention on the Rights of Persons with Disabilities (CRPD) has been ratified by over 170 countries and carries the force of binding law. State parties are required to ensure the full and equal enjoyment of fundamental rights and freedoms. Article 6 identifies women with disabilities as a group that is subject to multiple forms of discrimination.

Although Kenya has passed and ratified the legislation, their intended fruits have not been realized. This is evident in their outcomes regarding education, health, employment, and inclusivity.

In Kenya, data regarding the status of persons with disability is collected, organized, and published by the Kenya National Bureau of Statics (KNBS). Civil society groups also conduct small-scale surveys. However, this data is often inaccurate and thus controversial. For example, in 2009, KNBS reported that 3.5% of Kenya's population has at least one disability, but the 2007 Kenya National Survey for Persons with Disability (KNSPD) had placed the figure at 4.6%. In 2019, the KNBS reported an even lower figure showing that (2.2% or 0.9 million) are persons with disability. Of the total population, 1.9% of men compared to 2.5% of Kenyan women have a disability (KNBS, 2019). These proportions are lower than those reported a decade ago in 2009.

The World Health Organization's recommendation on the proportion of persons with disability in a developing country is 10%. This means that over four million people in Kenya have a disability. The global average prevalence is 15% (WHO, 2011). Unfortunately, data on persons with disability is scarce and rarely up to date. Data disaggregated by gender and disability is even harder to find. The collection of such data is therefore an urgent need for decision making. Data is even more essential during crises such as the COVID-19 pandemic because it can aid in the mapping of marginalized communities for the distribution of funding and other amenities to ensure public safety and social and economic protections for people with disability.

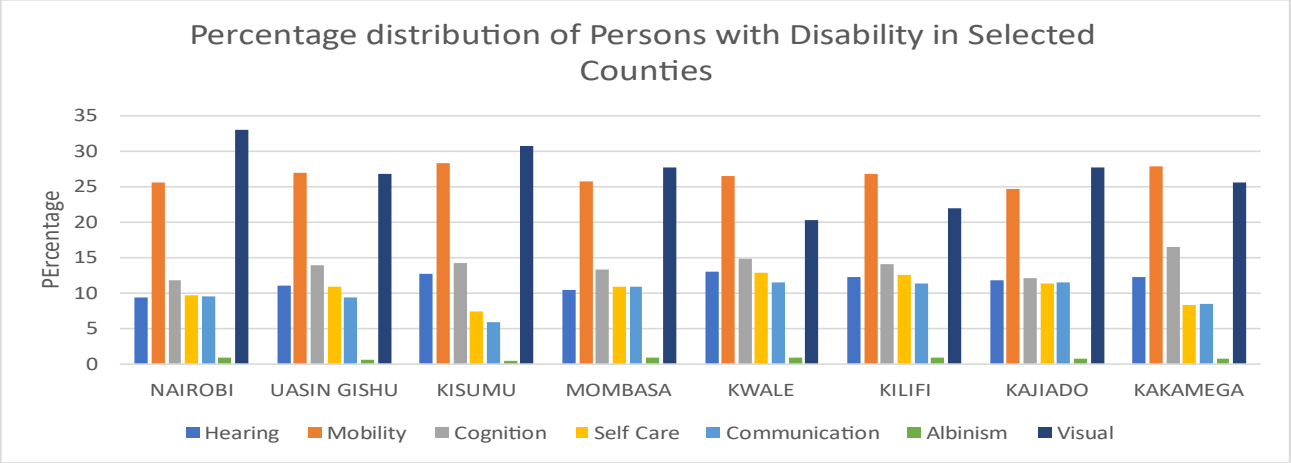


Figure 1.1: The Percentage Distribution of Persons with Disability in Kenya By County and Type of Disability

Data Source: KNBS 2019-2020

Chart: Author's

The Needs of Women with Disabilities and Why They are Unmet.

Women with disabilities have similar needs to others in the society. They need education to increase their chances of earning employment or running a business and therefore live independent lives and have autonomy. They also need access to sexual and reproductive health to plan their families and protect themselves from sexually transmitted diseases. Sexual and reproductive health also helps women understand their rights and bodies. If they are knowledgeable, they will be able to consent and make appropriate decisions. However, these needs are often unmet.

There is a misconception that the challenges women with disabilities face are entirely as a result of their disability. In truth, the difficulties that women with disabilities face daily "reflect lack of social attention, legal protection, understanding, and support" (WHO 2009). In all these, the government plays a central role through budgets. Such budgets finance programs that empower women with disabilities with information, skills, and even jobs that enable them to live at par with other people in society. Enlightening communities, perhaps starting with parents of children with disability, teachers, and health personnel, also goes a long way in eliminating the greatest challenges of them all: prejudice (WHO, 2009).

Support may also come in the form of provision of devices and technologies that help them function and live independently.

Supporting special interest groups is well documented in government literature, but it mostly remains as such: mere human rights rhetoric. In the past several years, the national budget in Kenya has exceed KES 1 trillion ($10 billion). Like in all countries, the Kenyan government has numerous competing priorities, thus some needs are neglected. As a rule, in capitalist economies like Kenya's, resources are allocated to where they will have the greatest return. Investing in women with disabilities, is incorrectly believed to be a low-return venture, so they are largely ignored. The results and discussion section of this work discusses this in more detail.

In most countries, the needs of the marginalized are addressed by the State Department for Social Protection, which receives an allocation from the central/national government. In developed countries, social protection comprises one of the highest areas of public spending. In 2017, for example, OECDE (OECD Europe) countries spent an average of 29% of their GDP on social protection (OECD 2019). On the other hand, very few developing countries have public expenditure on social protection that exceeds 3% of the countries' GDP. Examples of such nations are Brazil (13.2% in 2015), South Africa (5.8% in 2014), Georgia (9% in 2014), and Mauritius (7.4% in 2014) (ILO 2017).

In Kenya, public expenditure on social protection was a measly 0.4% of the GDP in 2017 of which 83% are cash transfer expenditures meant for the aged and those with severe disabilities (Kenya Social Protection Review 2017). Numerous marginalised groups are beneficiaries of social protection plans in the country, among them orphaned children and those aged above 65 years. As the Kenya Social Protection Review 2017 noted, "persons with disability remain vastly underserved".

Kenya's Legal Framework

Kenya's Legal Framework

Introduction

The rights of persons with disability are fundamental human rights, and states have the obligation of protecting, promoting, and fulfilling them. Ensuring that everyone enjoys these rights is not an act of charity, but a moral imperative that nations like Kenya are required to uphold per national and international legal frameworks. In the country, the body responsible for protecting and promoting all Kenyans' rights is the Kenya National Human Rights Commission (KNHRC), which derives its authority from the Constitution (2010) and the Human Rights Act of 2011. It ensures compliance with obligations in international treaties such as the CRPD.

Persons with Disability Act (2003)

The Act provides for the rights and rehabilitation of persons with disability and has been in force since 2004. This Act established the National Council for Persons with Disabilities (NCPWD), a council whose mission is to promote and protect equalization of opportunities and the realization of human rights for persons with disability to live decent lives. It sets out to achieve this objective by prohibiting discrimination in employment, education, and health, among other areas of interest. The Act also provides for certain privileges such as exemption from income tax for persons with disability up to a predetermined sum. The law has no specific mention of women with disabilities. It came into effect before the promulgation of the Constitution and the ratification of CRPD, hence there have been efforts to amend it to conform with the provisions of the two legal frameworks. The Persons with Disability (Amendment) Bill 2014 was one such attempt however the National Assembly failed to consider the Bill.

Convention on the Rights of Persons with Disabilities

Kenya signed the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2007 and then ratified it in 2008. The CRPD offers a paradigm shift from the traditional medical and charity model to a social model that argues that disability is socially constructed. This means that disability arises from the interaction of a person's impairment with the attitudinal and environmental barriers, which prevent access to and full participation in society on an equal basis. Unlike other policy frameworks, the CRPD is intended to change the attitudes and approaches to persons with disability. Of great importance, the Convention reaffirms that the rights of persons with disability are fundamental human rights. As such, together with other human freedoms, member states must guarantee and protect them. Article 6 of the Convention recognizes that women and girls with disabilities face multiple intersecting forms of discrimination based on gender and disability. With that understanding, CRPD requires state parties to ensure the full development, advancement, and empowerment of women and girls with disabilities to ensure their exercise and enjoyment of rights and freedoms outlined in the Convention.

The Constitution of Kenya (2010)

The current Kenyan Constitution was promulgated in 2010. Article 2(6) of the Constitution specifies that any international treaty or Convention (such as CRPD) signed by Kenya shall become part of the law of Kenya.

The Constitution enhances the protection framework for persons with disability and secures significant gains for them. For example, it recognizes sign language and Braille as part and parcel of the country's official languages. The Constitution prohibits discrimination on any basis, including gender and disability. This promotes respect and protection for the human dignity of all Kenyans. The 2010 document also appreciates the social and economic rights of all Kenyans, including the right to the highest possible health care, emergency treatment, clean and safe water, social security, and education.

It provides for affirmative action, gender balance in representation, and progressive realization of participation of all groups, including the marginalized and those with disabilities (International Foundation for Electoral Systems, 2017). The right to representation is entrenched through nominated representatives.

Persons with Disability (Amendment) Act 2019 (Bill)

The Persons with Disability Act (2003) is currently under review. There is a need for a code that conforms with the 2010 Constitution and the CRPD. Unlike the 2003 law, the new law will offer women with disabilities a significant gain. The law recognizes that persons with disability require affirmative action. Furthermore, it concedes that certain groups suffer double marginalization such as girls and women, elderly persons etc. The Bill provides for the functions and roles of the national and county governments in realisation of the rights of persons with disability. Irrefutably, full and proper implementation of this law is likely to ensure that persons with disability exercise and enjoy their rights and freedoms.

Conclusion

At this point, the author has strived to show how robust the country's legal framework is as far as providing provisions designed to promote and safeguard the rights of men and women with disabilities. In fact, United Disabled Persons of Kenya (2018), notes that "Kenya has one of the most progressive legal frameworks for disability inclusion and mainstreaming. The Constitution 2010 is the utmost milestone that the Kenyan society has made towards an inclusive society where the rights and fundamental freedoms of women and persons with disability are guaranteed." On its part, the Kenya National Human Rights Commission (2014) notes "it is indeed commendable that there is a fairly strong legislative framework on protection and promotion of the rights of persons with disability as embedded in our 2010 Constitution".

There is no doubt that these are strong frameworks, but implementation is weak, a truth also admitted by the KNHRC. The effects of weak implementation are poor outcomes. These women are "the poor of the poorest" (Ngugi, 2012) because of their low education status or socioeconomic and physical barriers that prevent them from gaining productive employment.

Literature Synthesis

> We did some mapping with the help of the county government. I can tell you that there are so many like us (women with disabilities) who do not know anything. They are unaware of what their rightsare. I think they need to be empowered to know their rights or where they can go for help.

Female Respondent

Uasin Gishu County

Literature Synthesis

Introduction

This section provides a synthesis of varied literature. Government publications are reviewed, in addition to the publications of international bodies like the United Nations (UN) and the World Health Organization (WHO). Works published by non-governmental organizations like HIVOS East Africa also form part of the synthesis. There is also a review of peer- reviewed research.

Each of these categories has strengths and weaknesses. For instance, government publications may be authoritative but may also be misleading in other cases. A case in point is the national census carried out by the government versus the field surveys carried out by civil society to establish the demographics of women with disabilities. Surveys are thorough, thus credible, compared to the census which omits critical details. A good illustration of this is the Ireland Disability survey whose findings showed that a whopping 18.5% of the Irish live with disability compared to the 9.3% reported in the national census report of 2006. Of all the sources, peer reviewed research is the most credible.

Health

> "I was alone in the house, and the hospital was far. The person who would have taken me to the hospital was not near, but God helped me, and I delivered without any problem. They found me when I had finished delivering."
>
> Mobility impaired study participant.
>
> Source: Kabia et al. (2018)

Article 43 of the Constitution states that every person has a right to "the highest attainable standard of health." It further expounds that this guarantee also includes reproductive health. Since the promulgation of the Constitution and the subsequent implementation, health became a function of the county government.

Health facilities in the country are "reasonably" available (NCAPD 2008). While this may be true for the general population, it is not the case for persons with disability. The NCAPD reports that reproductive health services are inaccessible to women in wheelchairs and those with vision, hearing, and intellectual disabilities. They are inaccessible because sexual and reproductive health is not seen as legitimate health need. As a consequence, there is limited financing towards this end, so the quality of care provided is poor as a result of limited supplies, equipment, and trained personnel (Ngugi, 2012). Health expenditure is only 4.8% of the country's GDP.

This state of affairs is contrary to provisions of the CRPD, the Constitution, and the 1994 International Conference on Population and Development (ICPD). All these reinforce the right of "all" persons to quality health care. Women with disabilities are part of the "all."

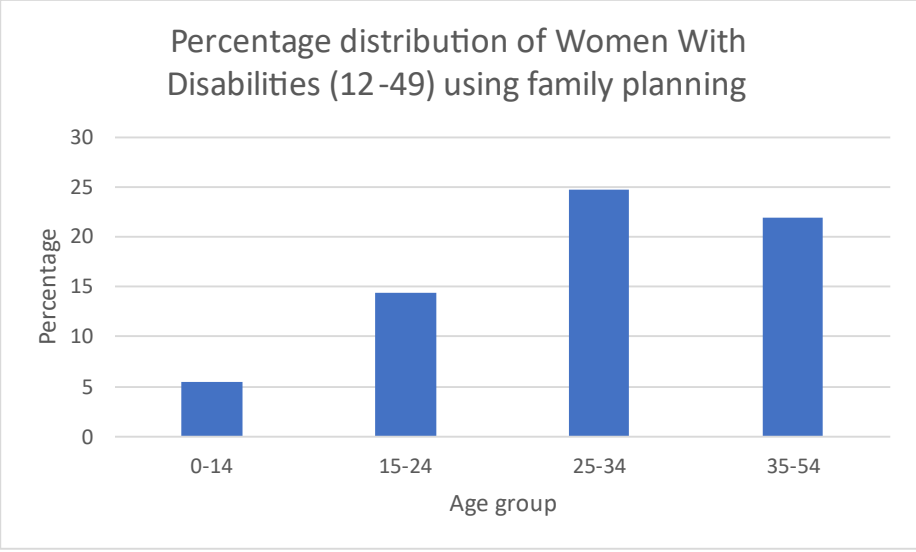


Figure 1.2: Percentage distribution of women with disabilities age 12–49 using family planning.

Data source: KNSPWD (2007)

Chart: Author's

The Kenya National Survey for Persons with Disability (2007) revealed the state of reproductive health of women with disabilities in Kenya. More than half of the women who participated in the study were married and or were in a relationship, and three-quarters of these had children.

The survey findings also showed that at least 13% of women with a disability had been pregnant between the ages of 12-19 years, compared to just 2% of other women in the same age bracket. This age group (12-19 years) is considered to be at high risk and therefore requires consideration of their reproductive health. The disparity between the rates of pregnancy between women with disabilities and those without also suggests the vulnerability of girls with disabilities to sexual assault.

The survey also showed that women with disabilities are less likely to use family planning methods than other women. Only 16% of women with disabilities use family planning compared to 33% of other women.

Finally, the survey found that sexual abuse is a major issue. According to the study, women with disabilities are more likely to be sexually abused, often by their relatives. When a woman becomes a victim of sexual abuse, one would expect her to seek reproductive health services immediately. However, this may not be possible for a woman with mobility impairment who depends on a guardian who may be the perpetrator. As Saya reported in The Star:

> "A deaf girl in Nyeri county, an orphan, was raped and the police have taken no action while the culprit, well known, has not been taken to custody,"
> **The Star (2019)**

Education and Training

World over, the literacy rates of persons with disability are said to be quite low. UNDP estimates that the levels may be as little as 3% for persons with disability in general and only 1% for women with disabilities (UNDP, 1998). Several reasons may explain this reality. For instance, a family may find it unnecessary to educate a child with a disability because it may not have faith in the child's abilities. Such parents may also prefer to have their child live with them instead of allowing him/her to travel miles away to school where their safety may not be guaranteed. Such a child stays at home, and without education has limited prospects of gaining productive

employment.

The government has put in limited investment towards the education of persons with disability, consequently limiting the would-be beneficiaries' opportunities. The CRPD in Article 24, recognizes this gap and urges that state parties take the necessary step to ensure that persons with disability have access to quality primary and secondary education on an equal basis with other persons. Kenya is a signatory to this convention. SDG 4 is to ensure inclusive and quality education and to promote lifelong learning opportunities for all.

Education in Kenya (which receives about 20% of the country's GDP) is a human right guaranteed under article 43 of the Constitution. The introduction of free primary schools in 2003 and free day secondary education in 2008 should have made education accessible by removing the cost barrier. Legal frameworks regarding the enforcement of education policies on persons with disability speak in terms of "not obstructing" access. However, penalties for those who do not act as required are not clearly defined.

> Taking care of a child with special needs is tough. The kids need special attention and need to be monitored always. The kid is enrolled in a mental school which is expensive compared to other school programs; it is quite a challenge to any parent who is raising a special kid. Most of the time at work you cannot concentrate. Her impairment is intellectual, and she can sneak away from school. It is challenging because in everything they require your attention and someone to monitor them closely all the time.
>
> Female Respondent
> Mombasa County

With such significant shortcomings, it is no surprise that Khaemba et al., (2017) found that access to education for persons with disability remains a considerable challenge and that female learners are the most disadvantaged. For instance, in Bridging the Gap Policy Brief 002/2017, the researchers conclude that males with disabilities are more likely to be attending school (27%) than the female counterparts (21%). Khaemba et al., (2017) also found that males had a high chance of having previously attended school (47%) compared to females (38%). Worse, only a quarter (25%) of females sampled had ever attended school compared to 40% of males. In all the cases, however, it is apparent that access to education for persons with disability is a massive challenge.

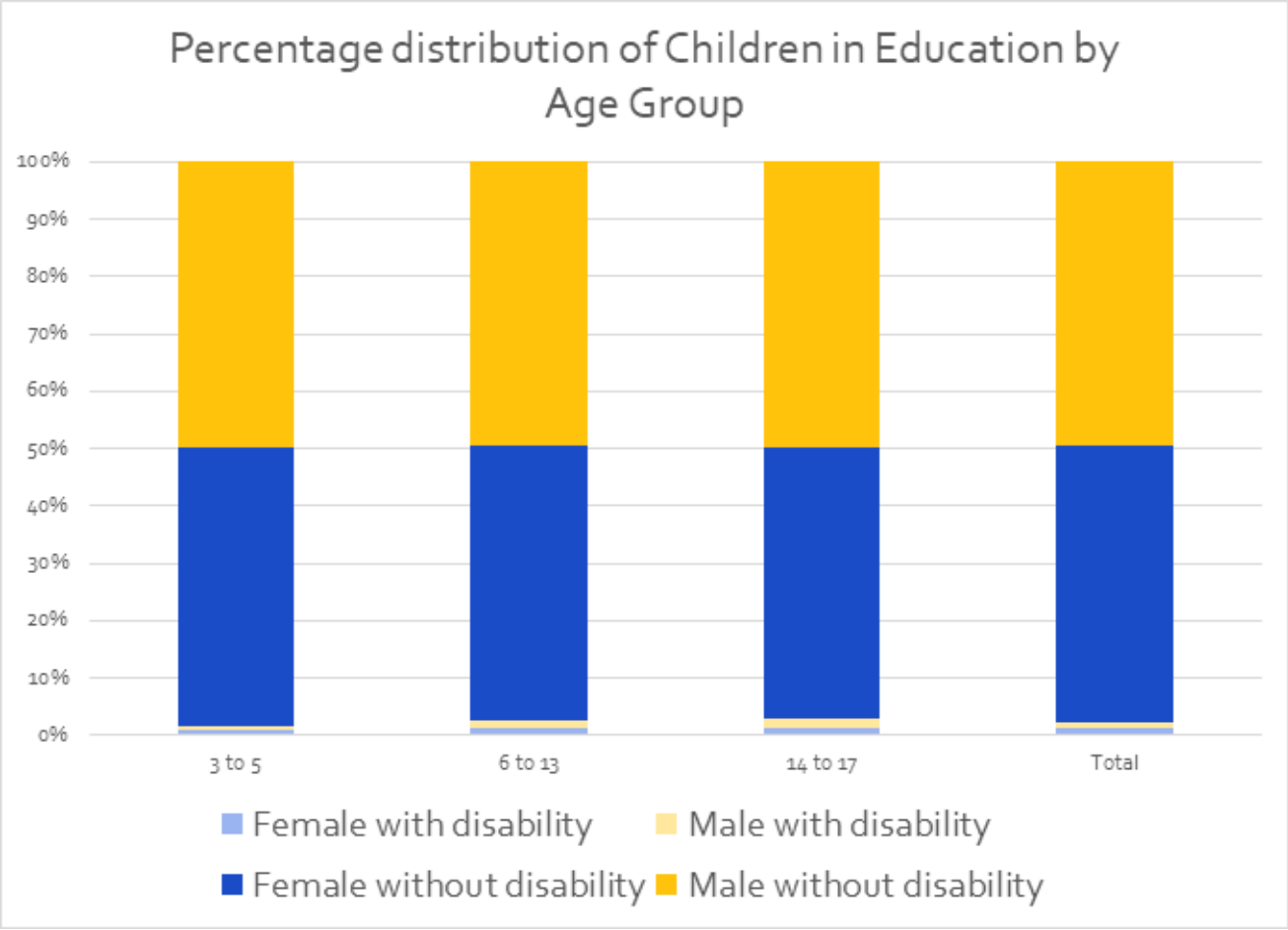


Figure 1.3: Percentage distribution of Children in Education by Age Group and Sex
Data source: KNBS 2012
Chart: Author's

School enrolment has increased for both children with and without disabilities since the introduction of free primary education that has been in place since 2003. However, a significant number of children with disabilities are out of school for various reasons.

Stigma, which in this report refers to discrimination based on disability and gender, is one of the main reasons.

First, Gona et al., (2011) found that the stigma of disability affects the child with the disability and the mother or guardian. Stigma could also arise where a child is discriminated against due to their parent's disability.

Secondly, many learning institutions in Kenya are neither physically equipped to meet the needs of children with disabilities, particularly those with more severe forms of disability, nor are they trained to teach children with disabilities. School-going children who face difficulty speaking require speech therapy, and those facing problem eating, bathing, or caring from themselves also need specialized care in school. In Kenya's case, resources to provide specialized services may not be available, and parents and guardians may not be aware of the little that is available.

Finally, institutions may themselves be inaccessible. This could be due to the fees and materials needed for schooling or the distance of a suitable school from home (Kabare, 2018).

> "Learning is hard even for children whose parents have a disability. The children could be playing with their playmates at school. Then, playmates may start imitating how their mother walks. Sometimes it could get so emotional, and they could even fight. Then, there is name-calling. For example, others could say your mother is Kiwete (Kiswahili for the physically impaired). Sometimes, unfortunately, the children hear the same from their teachers."
>
> Female respondent
> Kakamega County

Work and Employment

> "I searched for jobs through newspaper advertisements and information from friends. As I had completed my 'A' level, I was in search of a job to suit my qualifications. I have faced many interviews but have not been successful due to my disability. I have seen advertisements in the newspapers for nursing jobs – and have applied but so far have not got any response. I am disappointed that I have not been successful in finding a suitable job. I have informed the social services officer about my qualifications and sought their help to get a job but have not been successful."
>
> Source: Swapna Bist Joshi Et al. (2018)

Society appears to punish women for having a disability. In Moldova, for instance, 60% of persons with disability are less likely to work. Even when they are able to gain formal employment their wages are significantly less than what colleagues without disabilities earn for work of equal value. In developed countries such as Sweden and the United States employees with disabilities earn at or below 70% of employees without disabilities. In Russia, where a single step decline in health status, such as from very good to good results in 14% wage decline, persons with disability take a 30% pay cut once there is a deterioration in disability ranking (Buckup, 2009). Gender and disability differences also arise in employment; women with disabilities earn less than their male counterparts who have limitations, but this also depends on the type of disability.

> "I think women with disabilities have lower opportunities than men to get employment. For example, I had to try hard to get a job, but disabled men quickly got jobs. One reason is that families do not like to send disabled women out considering their safety. If they go to work, someone else has to go with them.
>
> Source: Swapna Bist Joshi Et al. (2018)

The Kenyan government's commitment to promoting access to the labour market on an equal basis is noticeable in the country's policy instruments. Instruments designed to support this end include the Persons with Disability Act 2003, the Employment Act (2007- revised in 2012), and the 2010 Constitution. These documents not only prohibit discrimination based on gender or disability, but also insist that a 5% of employment opportunities should be reserved for persons with disability.

Despite these elaborate guidelines, there are critical gaps inherent in them. Khaemba et al., (2007) identify at least three gaps. First, they find that the guidelines lack a transparent budgetary allocation to guide work and employment plans for persons with disability. Secondly, the policy instruments require a precise mechanism of enhancing access to workplaces or even access to information regarding employment opportunities suitable for persons with disability. Thirdly, the government's enforcement of existing policy is weak and legal instruments are ineffective or non-existent. Failure to enforce the policies results in noncompliance with the 5% employment quota.

Only 6.6% of females counted during the 2009 national census took part in paid work compared to 14% of men. While 30% of females were engaged in their own or family agricultural holdings, only 26% of males engaged in such work. This means that there are more men than women are likely to enjoy economic autonomy. Working in family agricultural holdings mostly implies that there is no monetary gain from the labour services offered. The holdings in question are often small and meant for subsistence agriculture.

Another trend discernible from the chart is that more males were full time students (20%) compared to females (15%). This has implications on the future employability of the subjects. While males are more likely to gain skills that will enable them to access employment opportunities, fewer women will be able to do so. Their gender and disability status will compound this disadvantage even further. These outcomes reveal the government's failure to address the needs of the marginalized.

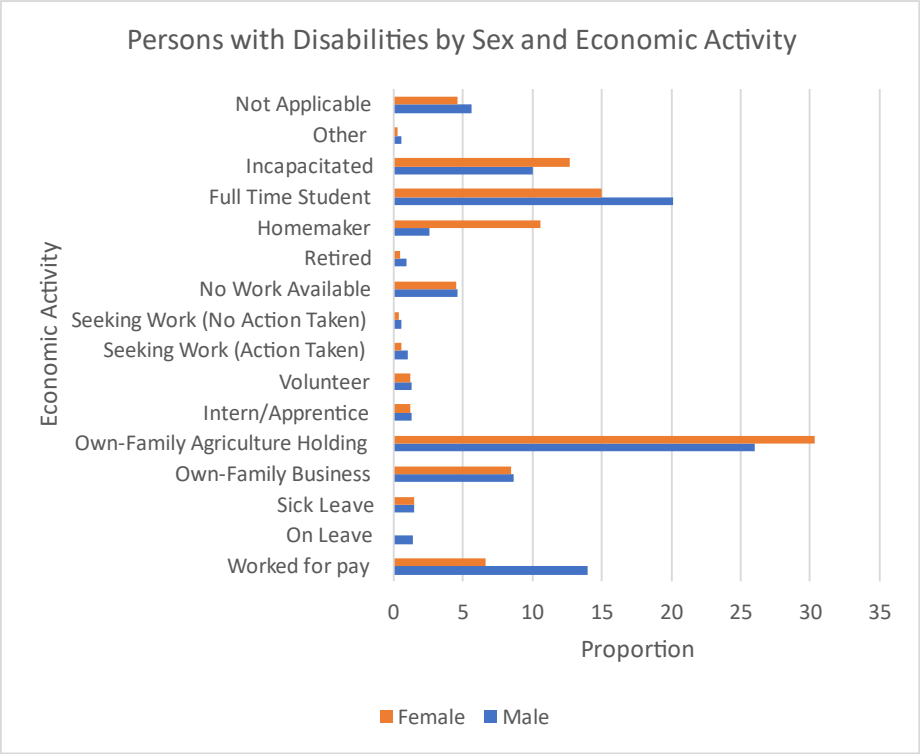


Figure: 1.4: Persons with Disability by Sex and Economic Activity
Data source: KNBS 2012
Chart: Author's

Public Procurement

The World Bank (2014) reports that governments spend between five and ten percent of gross national income (GNI) through procurement systems. A 2011 report of the European Union reveals that member states spent up to 17% of their revenues through public procurement. In the developing world, the figures are higher with 35% for South Africa and 47% for Brazil. In Kenya, the figure stands at 29% of the country's GDP.

Procurement can not only influence markets from an economic standpoint but also facilitate the realization of equalization goals (World Bank, 2014). Governments can use it to close income gaps between various groups, say groups of persons with and without disability.

In 2013, the current Jubilee administration, through a presidential directive, formulated the Accessing Government Procurement Opportunities (AGPO) programme which sets aside 30% of public procurement opportunities for youth, women, and persons with disability. In passing the directive, the administration intended to bridge the unemployment gap among these groups and spur domestic industries.

However, the findings of a Hivos East Africa (2017) survey show that AGPO may not have had the intended effect. Opportunities meant for the targeted groups are still being awarded to other established firms and groups. The study finds, for instance, that between 2013 and 2016 of the 30% of tenders worth at least five million shillings, AGPO-registered firms only won 7.7%.

> "I have heard of it, but I have not done business with the government. I have not heard of a woman with disability who has won a tender, but I have heard of two or three men with disabilities who have won, but even for these, they say it is not easy. There are too many issues like delayed payments and corruption. They say it is not easy."
>
> Female respondent
>
> Kisumu County

The study also finds that by 2016, the registered firms' composition was 54% youth, 41% women, and 5% persons with disability. Women with disabilities are lumped together with the other groups; there is no precise disaggregated data on women with disabilities. Hivos also notes that many of those whom the AGPO is meant to benefit lack an understanding of the bidding process. This challenge is compounded by corruption, delayed payments, and the lack of information.

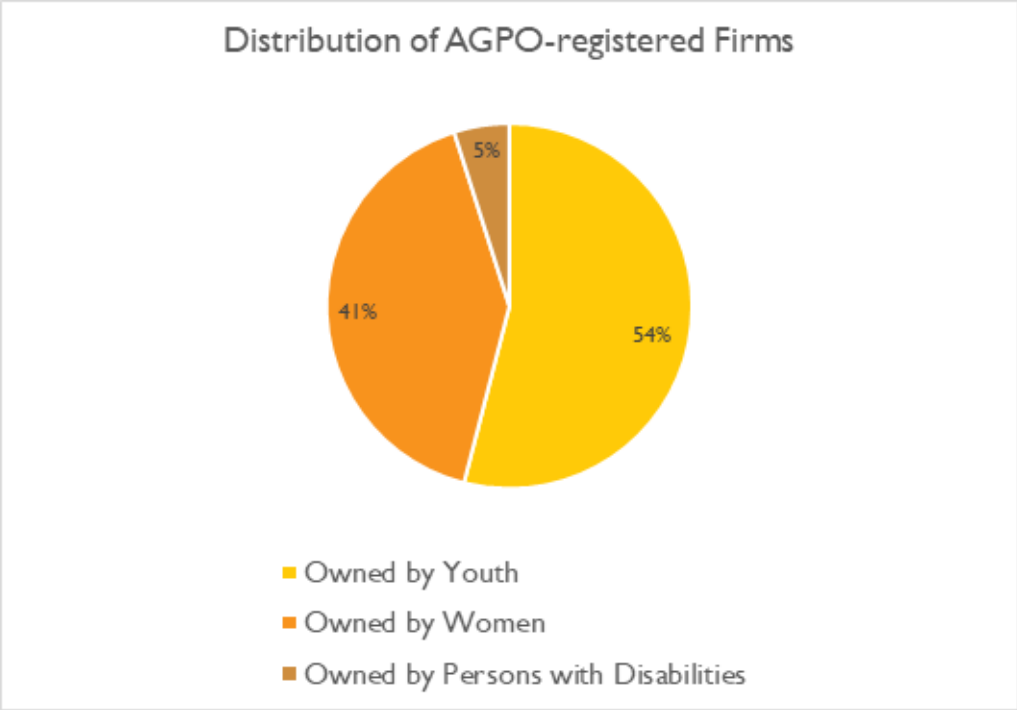


Figure 1.5: Demographics of AGPO-registered firms

Data source: HIVOS East Africa (2017)

Chart: Author's

Social Protection

Social protection may take three dimensions: social assistance, social insurance, and labour market protection. If well-executed, social protection programs ought to provide the group with an adequate standard of living, a basic level of income security, and a means to overcome life's difficulties. The policy tool thus protects disregarded groups from throes of poverty and allows them to enjoy fundamental freedoms (Van Ginneken, 2011).

Specific social protection schemes can also help the marginalized live independent lives and enhance inclusion by supporting their particular needs and aiding participation in social life. Such programs can enhance productivity, employability, and economic development of persons with disability by creating suitable income-generating opportunities for them (Devandas, 2017).

Key social protection schemes include cash transfer programs, health insurance schemes, disability pension schemes, mobility grants, and housing programs. The CRPD, in Article 28, recognizes the rights of persons with disability to a decent standard of living and social protection.

> It is tough for us, especially when schools are closed. My husband and I depend on casual jobs that are inconsistent. When available, we only manage to get KES 150 a day, which is not enough to cater for our son's medical expenses, school fees for children in secondary and food for our family. It is more difficult because during the holidays I have to stay at home and take care of him, therefore, no work. Sometimes we miss food completely.
>
> *A woman with disability who is the mother to a child with a disability.*

Like in many developing countries, persons with disability in Kenya face enormous challenges accessing employment and social services, but women with disabilities are doubly disadvantaged because of their gender and disability. According to a 2015/16 Kenya Integrated Household and Budget Survey (KIHBS) report, more than half of persons with disability experience difficulties that prevent them from engaging in productive economic activities. Only 30% of persons with disability have access to a relevant assistive device, yet many of those without have severe difficulties functioning without one.

Some families respond to the challenges they face by hiding their children from the community. As a result, there is an increasing number of children who are unaccounted for or victims of abuse. A report by the Kenya National Human Rights Commission (KNHRC) reveals that most persons with disability are not aware of their rights or legislation designed to promote their wellbeing, including the right to education, health care, and support with employment and training (KNHRC, 2014). Without knowledge of one's rights, there cannot be an impetus to push for their fulfilment.

Accessibility

> It's difficult to use public means of transport. They don't like putting the wheelchair in the vehicle because it wastes their time carrying it from the ground and putting it on top of the vehicle, and then they will have to remove it, it's difficult, sometimes they are in a hurry to go and transport people. They only agree if we are going long distances…if we are going to a place that costs KES 100 and above or KES 200, that's when they allow us to board, but if it's a short distance they can't agree.
>
> Mobility impaired participant.
>
> **Source: Kabia et al. (2018)**

Typically, there are at least five barriers to accessibility for persons with disability. Attitudinal barriers are simply behaviours, perceptions, and assumptions that discriminate against persons with disability. Usually, these barriers arise from people's lack of understanding, hence they have misconceptions about persons with disability. Some people assume that a person with disability is inferior or that a person with speech impairment cannot understand what one is saying. Systemic or organization barriers are procedures or policies that prevent everyone from participating fully in an event, such as requiring students to express their course outcomes in just one way.

Architectural or physical barriers refer to elements of built environments or open spaces that create obstacles for persons with disability. Doorways or sidewalks that are too narrow for a scooter, walker, or wheelchair are physical barriers.

Communication barriers occur where sensory (seeing, hearing, or learning) disabilities are not taken into account. For example, electronic documents that are not correctly formatted or cannot be read by a screen reader. Finally, technological barriers occur when a device or technological platform is inaccessible to its targeted audience and is difficult or impossible to use even with an assistive device (Arbour-Nicitopoulos & Ginis, 2011). For example, offering only paper copies of course handouts.

Under the Bill of Rights, it is clear that persons with disability should have reasonable access to public places, educational institutions and facilities and public transport. The Constitution also provides for the use of sign language, Braille, or other appropriate means of communication to access materials and devices to overcome impairments arising from a person's disability.

A survey of 12 counties by the Kenya National Human Rights Commission on the state of public buildings revealed that physical accessibility remains elusive, except for a few buildings and hotels that have made some improvements (KNHRC, 2014). On public transport, the same study finds that the situation is equally dire. Participants who took part in the survey reported being discriminated against by male conductors and even not being allowed enough time to board a vehicle, especially during peak periods. Some also report being asked to pay for wheelchairs, doubling transport costs (KNHCR, 2014). On access to information, justice, and assistive devices, the situation is equally bad, with many gaps in implementation of the 2010 Constitution's provisions.

Access to transport is the most important because access to education, health, employment, and opportunities to interact and learn from other people depends on it (Arbour-Nicitopoulos & Ginis, 2011). In Kenya, public transportation, despite its name, is controlled by the private sector. While a publicly owned transport sector would be more concerned with ensuring that vehicles transport the masses safely and efficiently from one end to the next, the private sector is concerned with making profits even at the expense of safety or human rights. Women with mobility difficulties bear the brunt of the profit-making motive of "matatu" owners.

Firstly, they have to pay for their own space and the space occupied by their wheelchair. In most cases, women with disabilities are often accompanied by a family member. If they have to use public means of transport, they must have enough bus fare for themselves, the wheelchair, a family member, and any other luggage they may have.

Secondly, getting onboard a vehicle for a woman with mobility problems often requires the help of "matatu" crew or well-wishers. This is an affront to their dignity. This means that it takes more time and effort to get a person with a disability on board a vehicle than another without disabilities. In such a case, and in cities where pick up and drop points are lacking or ignored by crews, those that require help are neglected because they are seen to be an inconvenience that slows the crew down and prevents them from making a profit.

KNHRC reports that in many cases, women with disabilities who require help to board a bus have complained of being touched or handled inappropriately, all of which amount to sexual assault. Some choose to remain home due to all these challenges. However, this means that their health, education and employability suffer, and they are unable to meet and learn from other people. As a result, these women lose their economic autonomy and empowerment. Moreover, without a way to earn a decent income, the overall welfare of their children is put at risk. Families headed by women with disabilities are thus trapped in the vicious cycle of poverty.

Conclusion

The synthesis has revealed that the implementation of the provisions of Kenya's legal framework is either weak or lacking. This bleak situation is evident in the outcomes and experiences of persons with disability in general and women with disabilities in particular.

In health both the county and national governments have made accessibility of health "reasonably" accessible. While this is true of the general population, it is fallacious for women with disabilities, particularly where sexual and reproductive health is concerned. This not only requires highly trained healthcare personnel who can address the unique needs of women with visual, mobile, intellectual, or other forms of impairment but also accessibility that guarantees confidentiality. Since these requirements are only an illusion at public health facilities, the sexual and reproductive health of women with disabilities.

In education, persons with disabilities still lag behind despite the government's efforts to ensure that every child attends school. The main challenge is stigma. The cost of maintaining a child with a disability in school is another barrier. Another problem is the accessibility of both integrated and special schools. Finally, there is a lack of adequate institutions and personnel who can handle students whose needs are more specialized.

Again, female students are more disadvantaged. When education comes at a premium, parents prefer sending male students to school. This could be because, firstly, the parents or guardians fear for the safety of their female child. Secondly, male children with disabilities are wrongly believed to have brighter prospects than those of female children with similar disabilities.

The same pattern repeats itself in employment. Ordinarily, modern organizations presume that a male employee is more worthwhile than a female employee. For women with disabilities, the situation is grimmer: disability and gender compound their disadvantages. In Kenya therefore, the women are mainly engaged in subsistence agricultural holdings. This implies that they earn little or nothing to enhance their economic independence.

Without education or an income to start their businesses, the women are married off (or bear children while still with their families), and their children follow the same path. They remain trapped in the vicious cycle of poverty.

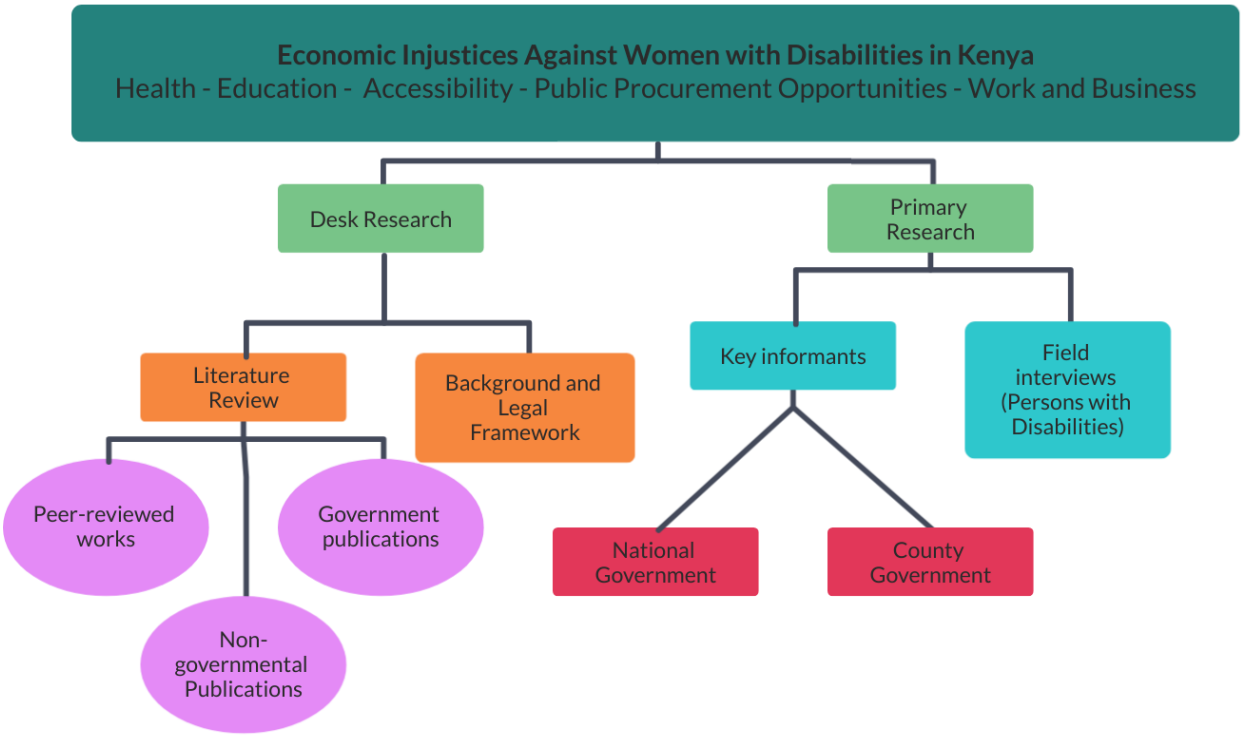
Study Design

Study Design

Introduction

The following chart shows the initial study design. It shows that the original plan was to divide the study into two main categories: desk and primary (qualitative) research. While the desk research was done as planned, the primary research had to be altered to accommodate the realities of COVID- 19.

The primary research was mainly descriptive because most of the data collected was qualitative. This section illustrates the data collection method and procedure; data needs and types; sample size and selection; and data analysis.



Study Description

Kenya has made some considerable strides towards bringing equality and service for persons with disability in the formulation of laws and policies. Notably, the 2010 Constitution and other Acts of Parliament have enshrined equal rights for all citizens despite their physical and mental status in an attempt to uplift persons with disability, women and the youth. However, most persons with disability, especially women, continue to be side-lined when it comes to access to opportunities and services in health, education, employment among others. Therefore, this study sought to highlight the economic disadvantages women with disabilities in Kenya face compared to men with disability and the general population.

Primarily, the study was to have two sections, desk research and primary field study. The desk research would cover a background study on the legal foundations of our research and a critical review of existing literature citing from a plethora of sources. The primary research was to include persons with disability as respondents and key informants from both national and county governments. The persons with disability were to include both women and men to permit comparative statistics.

Sample Size Selection

We obtained the list of names of persons with disability from their organizations from eight counties: Mombasa, Kisumu, Kilifi, Uasin Gishu, Kakamega, Kwale, Kajiado and Nairobi. However, with the challenges of COVID-19 were not able to reach most of them. We randomly selected women and men with disabilities from the different counties and included them in our sample.

Questionnaire Design, Data Type and Needs

The study used a structured questionnaire that covered demography, education, health, access to opportunities, discrimination among others. The rationale behind preparing the questionnaire in such a manner was to have a holistic understanding of the injustices that women with disabilities go through and their specific needs and experiences as women.

However, the field questionnaires were not used because field work was not possible with travel restrictions imposed by the Kenyan government due to the COVID-19 pandemic. A comprehensive interview guide was instead developed to aid in conducting phone interviews.

There are several limitations to the study. Key informants at the national and county levels, when contacted, argued that they were working from home and were unavailable to hold online meetings. Their input would have been valuable because they would have provided disaggregated data on issues such as funding of persons with disability projects at the county and nation level, AGPO, and inclusion of both men and women with disabilities in the workforce. Key informants from labour, education, health, and national treasure treasury departments had also been targeted. The study had a majority of female respondents and from only the eight counties.

Data analysis

The data collected was mainly qualitative. Descriptive statistics were employed with both tables and graphical representations being used to simplify the outcomes.

Results and Discussion

> When you hear a national government advert, or the news, you hear "women, youth, and finally persons with disabilities." Why am I saying this? Persons with disabilities are always the last to be thought of. They are an afterthought. An afterthought thing. We are often the "others".
>
> Male Respondent
> Kisumu County

Results and Discussion

Introduction

In this section, the results of comprehensive phone interviews with women with disabilities and a small sample of men with disabilities are reported. The interviews were designed to establish the economic injustices that the targeted respondents have to contend with daily. To reiterate, an economically just society is fair and allows all an equal opportunity to exploit their full potential. In such a society, the government of the day respects local and international laws and creates an enabling environment that allows those with disabilities to overcome social, economic, and physical barriers.

However, in an economically unjust society, such laws are mere human rights rhetoric; they are never implemented. Persons with disability lack an enabling environment. The situation of the side-lined like women with disabilities is neglected. Equally important, economically just governments use budgets not just as mere income and expenditure documents, but as a demonstration of their seriousness in tacking the problems affecting the side-lined. This section compares the actual situations of women with disabilities with the policy documents.

Health

The cliché “a healthy nation is a prosperous nation” is loaded with vital meaning. Besides education, the most critical contributor to human capital development is health. As already admitted, healthcare services are generally accessible for the general population, but this is not the case for persons with disability.

For women with disabilities, access to the equally critical sexual and reproductive health is wanting. It is worth noting that they have unique sexual and reproductive health needs. Historically, women with disabilities have not had access to information about sexual and reproductive health. Furthermore, they have often been denied the right to form relationships and to decide whether, when, and with whom to have a family. In fact, numerous women with disabilities have been subjected to forced sterilizations, forced abortions, or coerced into marriages against their will. WHO (2009) adds that they are more likely to experience physical, emotional, and sexual abuse and other forms of gender- based violence. The women are also more likely to become infected with HIV and other sexually transmitted infections (STIs). In crisis situations, such as ethnic feuds or wars, these risks are multiplied.

Despite these facts, sexual and reproductive health has largely been ignored for several reasons. Firstly, sexual and reproductive health is not believed to be a legitimate issue. That means while the general health is prioritized, reproductive health is neglected (Ngugi, 2012). Women with disabilities are erroneously thought to be sexually inactive and thus it is concluded that they do not need sexual and reproductive health services. As a result, when they do not access these services, the women with disabilities (who are often poor) are exposed to sexually transmitted diseases like HIV/AIDS or they end up having many poorly spaced births.

> “I am sure you heard of a mentally disabled girl in the news. A local chief did bad things to her (assaulted her sexually). She is not the only one. There are many such cases, and they often go unreported.”
>
> Female Respondent
> Uasin Gishu County

Poorly spaced births have numerous far-reaching consequences on both the mother and the children. Given that the mothers are often poor, they lack the ability to provide adequate nutrition for them all. The health of the mother also suffers. Furthermore, their ability to leave home to look for work or operate a business is diminished; thus, they have to dedicate all their time to childbearing, rearing, and household chores. They remain poor.

Given that up to 20 million women develop disabilities like chronic pain or severe anaemia while giving birth, those with physical disabilities who lack essential knowledge are at a huge risk of developing complications while giving birth (Population Health Service, 2002). During the interviews, it was astonishing to note that the majority of respondents with physical disabilities are victims of polio, which means that they were never immunized before the age of five years despite the ready availability of the vaccine. This shows the lack of information on disease prevention.

> I contracted polio when I was four years old, according to my parents, and I have lived with it. It affected my lower limbs. The lower limbs are weak. And I have a cousin, a lady also, who has a disability like mine.
>
> Female Respondent
> Kisumu County

Findings by international bodies like WHO also recognize the importance of both general and sexual and reproductive health of women with disabilities worldwide.

WHO's Disability Report identifies several reasons why the health of women with disabilities requires more urgent attention than that of the general population: they experience higher rates of poverty, lower employment rates, and have less education. As a result, they are at a higher risk of contracting secondary conditions like urinary tract infections, pressure ulcers, or even depression. They are also more likely to engage in risky behaviours like overeating or smoking. A study in Australia concluded that persons with disability are more likely to be obese or smoke daily than the general population (WHO, 2011). Worse, they are more likely to be abused physically or sexually, in addition to being at a higher risk of falls and injury.

This study's findings show that basic general health services are "reasonably" accessible for the general population, as affirmed by the National Coordinating Agency for Population and Development (NCAPD) (2008).

However, there exist massive barriers that prevent women with disabilities from accessing sexual and reproductive health as well as general health.

Unfortunately, the greatest of these barriers are the attitudes and unprofessionalism of the health provider who are the same people that patients seeking health count on. One respondent agrees that availability is not the most significant concern; stigma is. Another (from a different study) respondent reveals the medical personnel's low opinion of women with disabilities:

“Okay, the (health) facilities are available, but the staffs are not entirely friendly. There is much stigma. And of course, when you request such services (sexual and reproductive health), the medical team could laugh. Sometimes, they start looking at each other, wondering. They don't imagine we are women like any other woman. And that makes most women with disabilities fear or just decide not to access those services.”

Female Respondent
Kakamega County

“Doctors at the Kenyatta National Hospital denied me access to my baby after birth claiming I could not handle her. They insisted we wait for whoever was coming to pick me, but I insisted fearing they were playing mischief with my baby. Once the baby was handed to me, the doctors and matron would laugh at how I handled the baby but refused to show me how to correctly handle my baby despite this being my first birth.”

Source:Ngugi 2012)

To this end, the Status of Equality and Inclusion report by the National Gender and Equality Commission (2014) summarizes the country's state of affairs as follows: "anachronistic traditions that perceive women as being inferior to men, equate disabilities with curses, associate the elderly with retrogressive experiences, and deny opportunities to minorities and marginalized groups, still prevail."

Personnel in health facilities often question what women with disabilities would need contraception for because they assume that women with disabilities are asexual. This discourages the women from seeking sexual and reproductive health services. This is also true where practitioners choose contraception options for women with disabilities instead of helping the patients to make informed decisions by providing all the relevant information. Furthermore, the interviewees reported being asked embarrassing questions even in the presence of their husbands.

> "I have heard cases where health practitioners impose a caesarean section procedure on pregnant women with disabilities. Luckily, sometimes these women deliver normally even before they reach the theatre (delivery rooms) … we have also heard cases where women choose a family planning method, but many times the service providers say no without clarifying why… I believe that there should be some sensitization and tests done to determine the correct method… as I said, we have heard cases where women have been sterilized forcefully because of their disability."
>
> Female Respondent
> Kisumu County

Standard procedures at the health facilities are also a major deterrent. Respondents reported that they are required to move from one location to the next upon being received at a facility. For example, patients may be required to move from the reception to the examination room, to the doctor's office, then to the laboratory, and then to the pharmacy. These stations are usually not located in the same building although they are in the same compound, but the movements require a visually or mobility impaired person to be assisted. Usually, the compounds and the structures are not accessible. The processes thus appear cumbersome, and often patients decide to forgo treatment.

Basic facilities and equipment were found to be in a dire state in public hospitals. Unsurprisingly, Kabia et al. (2018) also found that "lack of adjustable beds necessitated more assistance from healthcare workers to enable women with disabilities to utilize hospital equipment." This study noted that while women with disabilities were helped to utilize hospital examination and delivery beds, the attitudes of the health practitioners were repulsive, and the service providers often saw the patients as a bother or a burden rather than customers. This is the kind of attitude that makes one feel like they are receiving a favour even when they are paying for the services, despite the fact that health is a right guaranteed in the Constitution and international conventions like CRPD.

> In public hospitals, how well you are received depends on the level of the hospital. Community facilities are poorly equipped, but referral hospitals may be okay. There you may find sign interpreters and signage for those with hearing and speech impairment is available. If you are willing to pay for the service in a private hospital, then you cannot complain about the service.
>
> Male Respondent
>
> Kisumu County

Almost all the women raised the issue of beds being either too high or rigid, which became a source of friction between the patient and the health practitioners. For example, in Kabia et al. (2018), the respondents reported that other facilities,

particularly washrooms, were unusable because the doors would not accommodate wheelchairs. The toilet bowl was too low and made it difficult for women with mobility impairments to use them. Another issue is the lack of sign language interpreters. Like in all market economies (capitalist economies), the quality of service enjoyed depends on one's ability to pay. The private sector has excellent customer service, and the quality of services is great.

Findings from this study, and those of other works reviewed here, show that women with disabilities face enormous challenges in accessing sexual and reproductive health services. The World Health Organization suggests that it deserves urgent attention because it is "so widely and so deeply neglected" (WHO, 2009). It is neglected because of numerous factors, including social factors and the fact that policy makers believe that is not a legitimate health issue. However, it is a legitimate health issue because without information about the subject, women with disability cannot understand their rights or their bodies. This makes them vulnerable to sexually transmitted diseases or complications that often arise from pregnancies. Without adequate access to the services, the women cannot plan their families, so they risk bearing more children than they can take care of. Given that most of the women with disabilities are the poorest of the poor and often have to bring up children on their own as single mothers, it may be difficult to give many children adequate attention in terms of health and education. So, like their parents, the children become poor, and the vicious cycle of poverty and misery continues.

Public Procurement

When the Public Procurement and Disposal (Preference and Reservations) Amendment Act (2013) was enacted, the government intended to see every procuring entity allocate at least 30% of its procurement expenditure to micro and small enterprises owned by special interest groups: youth, women, and persons with disability. It was presumed that these disadvantaged groups would be empowered socially and economically to participate in economic development and lead independent lives.

Unfortunately, this objective is far from being realized because the uptake of procurement opportunities reserved for these groups is slow. Women appear to be disadvantaged in each of the variables examined, but when it comes to Access to Government Procurement Opportunities (AGPO), even men with disabilities are not doing any better. A male interviewee notes that he is

unaware of the program, revealing information gaps that need to be addressed.

> "No, I have never heard of it (AGPO). The problem being that by the time we formed the community-based-organisation (which we were hoping to use for information and other forms of empowerment) disagreements arose. And the people we were working with took it personally, so we weren't getting any updates. And they are now using that community-based-organisation to get things like that, but we were thrown out."
>
> Male Respondent
> Mombasa County

While the youth and women appear to be making significant progress, the same cannot be said about persons with disability. These findings are consistent with another study, which finds that while county government allocates tenders over billions of shillings per county, AGPO-registered groups affiliated to persons with disability are rarely enough to absorb all the opportunities (Obiri, 2016). Established firms thus take up what Special Interest Groups (SIGs) fail to absorb. For example, in the financial year 2016/17, the county government of Kiambu reserved KES 1.6 billion worth of tenders for the special groups. It failed to attract enough groups to participate in public procurement. Of the 195 SIGs registered in the county, only nine are affiliated to persons with disability. In Turkana County, the same study finds that there are no SIGs registered or have an AGPO certificate, so 30% of the reserved funds benefit businesspeople from other counties (Obiri, 2016). These figures suggest that there are massive barriers that prevent the targeted parties from registering groups or applying for the opportunities.

This study also found that the lengthy, complicated, tender-initiation-to- tender-award procedures are the most significant hindrance to participation. These procedures are ordinarily arduous, burdensome, and costly (in time and fees), thus discouraging those unable to make regular trips to-and-from county or national

government offices. Worse, tender documents are usually complex to understand and interpret. Interviewees also noted that tendering information is not readily available to special groups, given that openings are advertised on the AGPO website and in newspapers. Late payments were also cited as a significant hindrance.

> “The procurement process is tough, mainly if you are a woman with a disability. I only got this tender after attending training, and I was told that it is my right: every 30% belongs to special groups. I approached the hospital and asked them if there is any person with disability doing any supplies, they told me no. I had to demand for my rights. But now the payment is another story. They don't pay you. It's like now they are punishing you. You supply for even year without being paid forcing you to take a loan. How areyou going to pay that loan as a woman with disabilities who depend on that (tender proceeds)? It becomes a nightmare.”
>
> Female Respondent
>
> Kakamega County

Some respondents also cited corruption in the form of kickbacks as another reason why women shy away from applying for the tenders. A discouraged respondent also notes that corruption could even be playing a role in preventing the rightful beneficiaries from accessing AGPO opportunities.

> As we are speaking now, I gave up on that… I was thinking about selling my business name because of discouragement. When I registered my business, I intended to do supplies and construction. I was so excited about the 30% idea. At first, I got tenders, with the biggest being worth $1000, but the tenders' value never got beyond this. The others that they would invite you for would be worth $100.
>
> There is a time I got one for $30. I am convinced there could be some form of corruption, where some people have registered business posing as persons with disability when they are not.
>
> Female Respondent
> Uasin Gishu County

Others have heard about AGPO but are afraid of taking the first step.

> I have heard about it, but I fear the process. You have to do many things. You have to use your money. When I hear all these things, I freak out.
>
> Female Respondent
> Kisumu County

One respondent notes that she is afraid to apply for an AGPO certificate because she heard that the process is demanding, and a lot of money is needed. That

statement summarizes the true picture on the ground: there is a lack of information and the little that is available is often incomplete. The government formulated a commendable policy however, it stopped there and believed that everything would work out as expected. As with all the other variables like health, education, and accessibility, there is need to invest in information and capacity building. These require resources and time. They also require coordination between all levels of government, disability organizations, and non-governmental organizations that focus on persons with disability.

Direct cooperation between AGPO customers also needs to be improved so that anyone interested in learning about the programme can be easily assisted and in a timely fashion. A finding by HIVOS EA shows that communication between AGPO staff and customers is poor at best. A short excerpt is provided below:

Customer: Carl Brockten Chumba - The bottom line is we don't get our fair share. These opportunities are a preserve for the well-connected sons and daughters of theprocurement and management bosses in various agencies. All you're doing is a mere PR! No value
AGPO: No response
Customer: Festus Kinoti - I have fulfilled all requirements but for the last 2 years I have not secured any opportunity. This works only for those with connections withprocurement officers…
AGPO: No response
Customer: Nicholas Mutuku- this online registration never works.
AGPO: No response
Source: HIVOS EA

Social Protection: Assistive Technology

Cash transfer programs are by far the most important social safety nets available to special interest groups in Kenya, but by 2015/16 financial year, only 45,000 families with members with severe disabilities were receiving the KES 2000 every two months (Social Protection, 2019). That is just a handful persons, given that 57.4% of persons with disability live in poverty (Kabare, 2018). Only persons with severe disabilities from low-income families are eligible, but none of the interviewees who participated in this study were beneficiaries. Therefore, this

study chose to focus on another form of social protection, assistive technology.
Assistive devices are a direct cost of disability, but private or public investment in the devices enhances human capital, promotes autonomy, and may substitute or supplement support services. The World Report on disability shows that people with disability purchase more than half of their assistive devices (wheelchairs, tricycles crutches, hearing aids, callipers, surgical boots, or prosthetic arms) directly using their incomes. For example, in India, more than two-thirds report purchasing their own devices (WHO, 2011). This is the same situation in Kenya.
The National Development Fund for Persons with Disabilities (NDFPWD) is a fund that has been set aside to help persons with disability function in society. However, interviewees reported using their own finances to buy the devices. They cited lengthy application procedures, the unreliability of the NCPWD (failure to deliver suitably and on time), and poor quality of the provided equipment as some of the reasons they opt to buy their own.

> "First of all, they are very costly and not readily available until you go to Nairobi. Sometimes the government helps us to get assistive devices, but the ones the government gives us are not of good quality. Like I was given mine by the government, and I have never used it even a single day. It was spoilt, and I was told to take it for repair, but it could not be fixed."
>
> Female Respondent
>
> Kakamega County

Yet another respondent decries the struggle she has to go through before obtaining assistive devices from the national council for persons with disability (NCPWD).

> I use both clutches and a wheelchair. Inside the house, I use a wheelchair, and you know these things are quite expensive. If I do not have it, means I have to crawl like a baby. With age, you know crawling is not easy. For NCPWD, you have to go through a process. It takes wait for months and you are not guaranteed that you will get it.
>
> Female Respondent
>
> Kisumu County

Accessibility: Information, Public Transport, and Public Spaces

CRPD stipulates improvements that need to be done to the different environment domains - buildings and roads, transportation, information, and communication. Such improvements need not be expensive. However, they should be comprehensive. Improvements in one domain, leaving the others inaccessible, will also mean that persons with disability may not benefit fully.

The findings of the current study confirm those of the KNHRC (2014) that while strides have been made in specific domains, a lot needs to realize proper enabling environments. On access to information, this study finds that persons with disability face a myriad of challenges when seeking services or in their effort to participate in public life. Information is usually disseminated through conventional media, including television, radio, newspapers, and the internet. These media sources pose immense challenges to PWD, particularly those who do not live in areas with electricity; or those who cannot afford to buy dailies; or cannot read because of their education level. Lack of sign interpreters for those with hearing impairment or material in Braille for the visually impaired hinders effective communication and access to information.

> Let me start with the buildings: the staircase in the buildings is a challenge, it is very difficult to go past a staircase while using a wheelchair. Also, those people who are blind it's very challenging for them to access such buildings. Personally, I can't visit such places. The government should consider the disabled and advice those people who deal with essential service and those who are needed the most like the people dealing with social services to get to the ground for to make work easier for us.
>
> Female Respondent
>
> Kakamega County

Transportation is another challenge. One of the direct costs of disability arises from transportation. Unlike the "abled" who can walk for long distances on their own or use conventional means of transport like buses; those with mobility impairment have to choose costlier transportation options. For instance, interviewees reported resorting to motorbikes or taxis as opposed to using the cheaper public transport options. More often than not, persons with disability, particularly women, have to be accompanied by a family member or guardian, doubling transport costs.

> When it comes to public transport, going with her, we have to sit just the two of us just to avoid tipping over. She cannot also ride in a motorbike alone as she can jump, and you know it is illegal for the two of us to take one motorbike. It becomes expensive when it comes to transport; you have to hire a cab.
>
> Mother of an 18-year-old with an intellectual disability

The KNHRC asserts that transportation in Kenya is "completely inaccessible to persons with disability" (KNHRC, 2014). While some interviewees noted that the country's transport sector is "okay," this feeling may be informed by their level of tolerance; the interviewees may be contented with the current state of affairs or have given up hope on a better state.

On accessibility to physical environments, the study confirmed the findings of KNHCR (2014) and the common knowledge that public and private buildings are inaccessible. Respondents noted that even the NCPW offices are themselves inaccessible. Buildings lack ramps; some have doors or entrances that cannot accommodate a person with a wheelchair or tricycle. However, slow progress is being made, and some institutions and special schools have tried to make entrances and washrooms accessible. Some interviewees reported working in areas that are quite accessible, but these areas are disability-advocacy workplaces, so such areas are expected to be accessible.

> "The other problem is public transport. The roads are in deplorable condition, mostly in rural areas. It is tough to access these roads when using a wheelchair; you have to call a motorbike to your doorstep.
>
> This is very expensive, and the motorcycle owner also takes advantage, particularly when it is raining. They overcharge the fare. The other problem is the buses. When using a wheelchair, they ask for the fare for two people. They do not handle us with care, and they tend to force us to move fast when we want to board. The people really mishandle us because we are disabled."
>
> Female Respondent
>
> Kakamega County

> It is very, very unfriendly. If you use a wheelchair, you have to pay money for yourself and the wheelchair, so this becomes very expensive. And again, the entrance is quite small. You have to be helped inside the vehicle. Sometimes the tout could hold you roughly and you as a woman you don't let anybody just hold in your body that way. Yeah, and of course at times the touts are unfriendly to women with visual impairment. They cheat and give less change.
>
> Female Respondent
> Kakamega County

> I go to a referral health facility. During the day, there is one interpreter, but at night there is none. When I get sick at night, the service providers have to guess what my condition is. Sometimes they call out patients' names, but I am deaf. How do I hear my name?
>
> Female Respondent
> Kisumu County

Work, Employment and Business

Any person's ability to lead an independent life largely depends on their ability to work or operate a thriving business, and women with disabilities are no exception. The WHO 2011 report notes that "someone with a disability can perform almost all jobs, and given the right environment, most persons with disability can be productive" While this is true, the United Nations (2019) admits that persons with disability face enormous challenges entering the job market. However, men with disabilities are twice as likely to get a job than women with disabilities holding

similar qualifications. Lower job market entry prospects translate to higher incidences of poverty among women with disabilities, confirmed by WHO (2011), which reports that only one in five women with disabilities are absorbed in labour force compared to one in every two men with disabilities.

As is the case across the world, this study found that persons with disability are mostly entrepreneurs and self-employed workers, farmers and factory workers, teachers, shop assistants, or human rights activists. Most of the women interviewed, despite their impairments, were engaged in an income- generating activity. Only a few were in formal employment; most women engaged in either selling second-hand clothes or farming. These are low- income economic activities, but a few had their incomes supplemented by that of their husbands. Most were single mothers. Those in business had several challenges.

> "Yeah, I face many challenges, like lack of funds to expand and make the business economically feasible. Someone has to help get to work every day and to open up the business. The weather also affects me. There is also the issue of debtors who fail to pay and suppliers who supply low quality stock. Some people just want to defraud you. It is not an easy job, but I have to do it."
>
> Female Respondent
>
> Kakamega County

Obtaining credit from a bank would significantly boost the fortunes of women with disabilities. It would allow them to do more than contribute meagre contributions; it would allow them to start large businesses that would enhance their incomes significantly. However, they are afraid to take loans for fear that they will be unable to repay them. Men with disabilities are equally wary of taking loans.

> For that is like picking a hot nail and trying to put it inside your eye. Because for me I have a bank account but its dormant. Because I live from hand-to-mouth with the little that I get from the business. What if they ask for the pay slips? Where will I get it, yet I have never beenemployed? And what if they ask me to bank with them so that they can monitor my transactions to aid them see how they can assist me?
>
> Male Respondent
>
> Mombasa County

It is worth noting that almost all the female respondents were members of empowerment groups. However, these were only engaged in basic table- banking, which relied on the meagre members' contributions; it is unlikely that the groups were significant sources of income.

Conclusion

It is an undeniable fact that Kenya has progressive laws and policies designed to promote the welfare and inclusion of women with disabilities. A socially and economically just society would respect and fully implement these laws to enable targets live productive lives.

Instead, there is a huge discrepancy between the laws and the reality on the ground. Women with disabilities are neglected in terms of their health (particularly sexual and reproductive health) and in access to public procurement opportunities, even through the AGPO programme. The study's results show that all several domains whose access is guaranteed in the Constitution and CRPD (transport, employment, and physical environments) are inaccessible. As for employment, the study reveals that very few women with disabilities are in formal employment.

Recommendations

> Many adaptations, cost little or nothing. Common sense and a willingness to innovate can go a long way. A clinic or a community HIV/AIDS education program can be moved from an upper floor to a ground floor room, allowing individuals with physical disabilities to attend.
>
> **Source: WHO 2009**

Recommendations

Address Attitudinal Barriers

Kenya is a developing state, developing in every sense, including attitudes, beliefs, and social norms. That is where reforms should begin. There is no doubt that the Kenyan government has made strides in passing local laws and ratifying international treaties like CRPD. However, education, health, employment, and other relevant measures show that passing laws is not enough. Certainly, "as much as there is a global shift in the way we address disability, as much as there are laws in place to address the systemic inclusion of persons with disability, a mental and attitudinal shift is yet to occur" (Kiama, 2019).

The noble goal of changing the attitudes and approaches towards persons with disability led to the establishment of CRPD. To realize this objective, there is a need to improve human resource capacity relevant education, training, and recruitment. For instance, in health settings, WHO (2011) recommends that "relevant training on disability, which incorporates human rights principles, should be integrated into current curricula and accreditation programs". Strengthening the capacity of primary care workers would enhance their ability to effectively handle patients with disabilities and devoid of the most significant deterrent that prevents women with disabilities from seeking care: stigma.

Nothing About Us Without Us

We should consult and involve women with disabilities when formulating policies and programs affecting them either directly or indirectly. This principle is called "nothing about us without us". Like other special groups, women with disabilities have unique insights about their disabilities and the situations they have to grapple with daily.

Organisations run by disabled people to advocate for their rights such as the United Disabled Persons of Kenya (UDPK) may need support and capacity- building to empower women with disabilities and advocate for their rights to health, information, and social protection. When such organizations are suitably developed and funded, they can also play a critical role in service delivery, such as in peer support, training, information provision, and independent living.

Remove Barriers in Healthcare Provision

The way forward is to remove the barriers that the women face in terms of infrastructure, environment, and personnel through aggressive and practical public education and implementation of the tenets of the Constitution and other policy frameworks. Secondly, existing infrastructure should be universally accessible to women with disabilities in all aspects. Thirdly, there is a need to make HIV/AIDs and reproductive health information available and suited to the unique needs of women with disabilities.

Other than infrastructure and health facility environments, there is a need to understand that the health outcomes of these particular groups depend primarily on the health practitioners, who need to be aware of the special needs of women. This could be realized by integrating the needs of women with disabilities into the service providers curricula, just as suggested by the NACPD (2009). Finally, as recommended by almost all the women interviewed, there is a need to hire sign interpreters for the sake of those with hearing or speech impairment, particularly those who cannot express themselves in writing. Without sign interpreters, there is a possibility of misdiagnosis of the ailments of specific patients.

Improve Access to AGPO

This study found that the respondents have not taken advantage of public procurement opportunities availed by both county and national governments. Registered AGPO groups affiliated with persons with disability in general, are too few to absorb the funds reserved for them. The findings of this work reveal that while almost all the respondents are aware of AGPO, only a few have ever applied for tenders.

The respondents also reported the costs and delayed payments as critical deterrent factors. Funds such as Uwezo fund, Youth Enterprise Fund, and the Women's Enterprise Funds should be used to help target groups maximize the benefits of AGPO. Women with disabilities may be eligible for all the funds, particularly given that most of the interviewees were members of self-help and empowerment groups. Unlike bank loans that charge high-interest rates that erode the earnings of a procurement opportunity, funds advanced from the Women Enterprise Fund, for example, are cheap and readily accessible to women who are members of

registered groups. There should be increased sensitization both on the funds and AGPO as the first step. There is a need for more training and capacity building programs to help the targeted groups understand how they can benefit from procurement opportunities available in their counties.

Implement Employment Provisions Fully

This study finds that more men than women with disabilities are employed in the formal sector. The government has tried to promote the right to work on an equal basis. However, the following recommendations should help realize a 5% employment quota of persons with disability as envisioned in the Kenya National Employment Policy (2014).

First, the country's legal framework is quite elaborate and contains numerous tenets to promote inclusion in workplaces without discrimination based on gender or disability. The framework, from Persons with Disability Act (2003) to the Constitution of Kenya, the rights of the persons with disability are assured. However, enforcement mechanisms are weak, so the government should do more to ensure that the laws are not only human rights pretension but also guidelines implemented by private and public institutions.

Secondly, as pointed out by Khaemba et al. (2017), lack of precise budget allocations to guide work and employment strategies hampers inclusive employment objectives. To this end, the government needs to enforce policy instruments that provide for 1) budgetary allocations that enhance employment opportunities in private and public sectors and 2) information management databases that enhance increased awareness of employment opportunities suitable for persons with disability. The government should also lead by example in compliance with the relevant employment guidelines enshrined in the documents that have a legal force. For example, the National Gender and Equality Commission (2014) reports that numerous state departments have not reserved the required 5% for persons with disability, so the government lacks the moral authority to compel private institutions to do what it has not done.

Thirdly, as revealed from the study's outcome, most of the women with disabilities are involved in business either as the leading income-generating venture or as a side job (or side-hustle). In some counties, all persons with disability are eligible for a waiver on business licenses. This should be extended to all counties.

Furthermore, almost all the women who take participate in business reported

being harassed by county government authorities. County governments have designated business spaces in specific areas of townships for persons with disability to reduce harassment. However, the respondents noted that these spaces are usually non-strategic, meaning that they are unsuitable for business because they are far from busy streets where there are many potential customers or lack essential sanitation facilities like toilets or clean water. In that regard, the county governments need to go beyond offering waivers for business licenses. There is a need for allocation of appropriate spaces to empower women with disabilities economically.

Devolve the Functions of NCPWD

Assistive technologies are investments designed to enhance human capital. In the middle and low-income countries, persons who require assistive devices have to use their out-of-pocket savings to acquire them (WHO, 2011). Despite having a fund managed by the NCPWD, respondents reported that they have to buy the devices themselves.

Usually, the council "gives priority to those individuals requiring assistance to function in a learning, training or work environment," but even these targets have to get their own devices due to the council's delays and inefficiencies.

Having offices at the county level would save the time and expenses expended on long trips to and from the capital city.

Implement Accessibility Provisions

On accessibility, the study finds that women with disabilities, and persons with disability in general, face challenges accessing information and the physical environment. Transport in the country is also largely inaccessible. Failure to access any of these domains limits the ability of PWDs to participate fully in social, political, or economic activities. Women bear the brunt of these injustices.

There are laws that require buildings to have ramps, wide doors/entrances that can accommodate wheelchairs and tricycles, and lifts for storied buildings. Implementation of these laws have been slow but is possible with political will for enforcement and adequate financing of the efforts.

REFERENCES

ActionAid (2015). Close the gap. The cost of inequality in women's work. Retrieved from: https://www.actionaid.org.uk/sites/default/files/publications/womens_rights_on-line_version_2.1.pdf

Arbour-Nicitopoulos, K. P., & Ginis, K. A. M. (2011). Universal accessibility of “accessible” fitness and recreational facilities for persons with mobility disabilities. Adapted Physical Activity Quarterly, 28(1), 1-15.

Buckup, S. (2009). The price of exclusion: the economic consequences of excluding people with disabilities from the world of work. International Labour Organization.

Devandas Aguilar, C. (2017). Social protection and persons with disabilities. International Social Security Review, 70(4), 45-65.

Gona, JK, Mung' ala-Odera, V., Newton, C.R., Hartley, S., (2011). Caring for children with disabilities in Kilifi, Kenya: what is the carer's experience? Child: Care, Health and Development, 37, 175–83.

Government of Ontario. (2013). Understanding Barriers to Accessibility. Retrieved from https://www.uottawa.ca/respect/sites/www.uottawa.ca.respect/files/accessibility-cou-understanding-barriers-2013-06.pdf

Groce, N., & Trani, J. (2011). Disability and the millennium development goals. United Nations Publication.

Hivos East Africa. (2017). Summary findings: Impact of Kenya's Access to Government Procurement Opportunities (AGPO) Law on youth, women, and persons with disabilities. Hivos People Unlimited

Hunt, A. & Samman, E. (2016). Women's economic empowerment. Overseas Development Institute 2016.

International Foundation for Electoral Systems (2017). Policy Platform Developed by Women with Disabilities in Kenya. 2017 International Foundation for Electoral Systems.

International Labour Organisation. (2017). World Social Protection Report 2017-2019: Universal social protection to achieve the Sustainable Development Goals. ILO.

Kabare, K. (2018). Social Protection and Disability in Kenya. Development Pathways. Working Paper.

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(1), 149.

Katsui, H., & Mojtahedi, M. C. (2015). Intersection of disability and gender: multi-layered experiences of Ethiopian women with disabilities. Development in Practice, 25(4), 563-573. Retrieved from:https://doi.org/10.1080/09614524.2015.1031085

Kenya National Bureau of Statistics, Kenya National Survey for Persons with Disabilities (KNSPWD) 2007. Retrieved from: http://statistics.knbs.or.ke/nada/index.php/catalog/35

Kenya National Commission on Human Rights (2014). From Norm to Practice: A Status Report on Implementation of the Rights of Persons with Disabilities in Kenya.

Khaemba, W. et al. (2017). access to education for persons with disability in Kenya: What are the gaps? Bridging the Gap Policy Brief 002/2017

Kiama, L. (2019). Let's Talk – Kenyan women with disabilities tell it all! Retrieved from: https://voice.global/blog/lets-talk-kenyan-women-with- disabilities-tell-it-all/

Kibasi, T. (2017). What is economic justice – and why does it matter? New Statesman. Retrieved from https://www.newstatesman.com/politics/economy/2017/09/what- economic-justice-and-why-does-it-matter

National Coordinating Agency for Population and Development (NCAPD) (2008) Kenya National Survey for Persons with Disabilities. National Coordinating Agency for Population and Development (NCAPD) and Kenya National Bureau of Statistics (KNBS) (2008).

National Gender and Equality Commission (2016). Status of equality and inclusion in

Kenya. National Gender and Equality Commission.

Ngugi, S. (2012). The challenges women with disabilities face in accessing reproductive health services in public health facilities in Nairobi. Masters Theses. University of Nairobi.

Obiri, L. (2016). consultancy on the assessment of the uptake of 30% public procurement business opportunities for women, youth and persons with disability at the county level and availability of business development services. UN WOMEN, Nairobi Kenya.

OECD (2019), "Special feature: Government expenditures by functions of social protection and health (COFOG)", in Government at a Glance 2019, OECD Publishing, Paris. Retrieved from: https://doi.org/10.1787/44cf0982-en

Ombati, E. (2019). Women with disabilities, too, have role in building progressive society. Daily Nation. Retrieved from: https://www.nation.co.ke/oped/opinion/Ensure-women-with-disabilities- are-not-left-behind/440808-5014312-qngifez/index.html

Ombati, E. (2019). Women with disabilities, too, have role in building progressive society. Retrieved from: https://www.nation.co.ke/kenya/blogs-opinion/opinion/women-with-disabilities-too- have-role-in-building-progressive-society--145906

Population Reference Bureau (2002). Hidden suffering: disabilities from pregnancy and childbirth in less developed countries. Retrieved from: https://www.prb.org/resources/hidden-suffering-disabilities-from-pregnancy-and-childbirth-in-less-developed-countries/

Social Protection. (2019). Cash Transfer for Persons with Severe Disabilities (PWSD-CT). National Safety Net Program.

Stevenson, Angus. (2010). Oxford dictionary of English. Oxford: OUP. Swapna Bist Joshi Et al. (2018). Women with Disabilities and Their Access to Economic Opportunities: Through the Lens of Gender Budgets. UN Women: Status Report-Sri Lanka 2018.

The Institute for Public Policy Research (2018). Prosperity and Justice: A Plan for the New Economy. The Final Report of the IPPR Commission on Economic Justice. The

United Nations Development Program (1998). Human Development Report 1998. Oxford: OUP.

The United Nations. (2019). Sustainable Development Goals (SDGs) and Disability. Department of Economic and Social Affairs.

The World Bank. (2014). The world bank group and public procurement--an independent evaluation: appendixes to volume 1. World Bank: Washington DC.

Van Ginneken, W. (2011). Social protection, the millennium development goals and human rights. IDS Bulletin, 42(6), 111-117.

World Bank (2019). Despite Gains, Women Face Setbacks in Legal Rights Affecting Work. Retrieved from https://www.worldbank.org/en/news/press-release/2019/02/27/despite- gains-women-face-setbacks-in-legal-rights-affecting-work

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

World Health Organization (2018). Disability and health. Retrieved from https://www.who.int/news-room/fact-sheets/detail/disability-and-health

World Health Organization. (2009). Promoting sexual and reproductive health for persons with disabilities WHO/UNFPA guidance note. Retrieved from https://www.unfpa.org/sites/default/files/pub- pdf/srh_for_disabilities.pdf

World Health Organization. (2020). Key facts on disability and health. Retrieved from https://www.who.int/news-room/fact-sheets/detail/disability-and-health

ANNEXES

Comprehensive Interview Questions

I want to thank you for taking the time to meet me/receive my call/agree to this zoom/skype interview. My name is ----------and I would like to hear from you about your experiences and knowledge of living with a disability (or living with someone with a disability). I am particularly interested in your (their) status regarding education, health, employment, and access to services and premises, including assistive devices, information, built environments, and public transport. The interview should take less than an hour. (I will be recording the session because I do not want to miss any of your comments. Although I will be taking some notes during the session, I cannot possibly write fast enough to get it all down. Because we are on tape, please be sure to speak up so that we do not miss your comments.) All responses will be kept confidential, and this means that your interview responses will only be shared with research team members (or will not be made public without your consent). We will ensure that any information we include in our report does not identify you as the respondent. Remember, you do not have to talk about anything you do not want to, and you may end the interview at any time. Are there any questions about what I have just explained before we get started?
Are you willing to participate in this interview?

Date of the interview (dd/mm/yyyy) _____

Name of the interviewer _____

Interview Questions

A note for the interviewer: This toolkit contains 15 questions (the maximum for a comprehensive interview) to aid in conducting a phone, skype, zoom, or even face-to-face conversation.

1. What is your name and which county do you come from? (Here probe for names, county, location, and village. The name may not be of great value, but the location details are critical. Record whether the interviewee live in rural areas or an urban centre.)
2. I would like to ask about your personal information (probe for gender [male/female/other], marital status, number of children, type of family)
3. What kind of disability do you have? To what extent does it prevent your functioning? How do you handle your everyday activities, including work and self-care? (Probe further for the cause of disability, ask whether a spouse has a disability, do children have a disability, the gender of any other person with a disability in the family, other dependants with a disability)
4. Now, I would like to ask about your education and that of your household members. (Here, probe for respondent's education level, education level for the spouse, reasons for dropping out is applicable, children of school-going age, are they attending school, the gender of the child/children, if not attending school reasons.)
5. Let us talk more about the education of your children (Probe for the type of school: integrated or special. Is the school disability-friendly? Is the school equipped with special facilities for people with special needs? Are there adequate specially-trained tutors? What is the relationship between tutors and children/parents like? Who pays for the education of your children? How much if out of pocket payment?)
6. Kindly describe the main challenges that you face as a parent/guardian with a disability and the challenges your child with a disability faces on matters of education (probe for fees, school access, distance, assistive devices for learning or travel, bullying, stigmatization, discrimination, etc.)
7. I would like to ask you about your social capital. Are you a member of any group (probe for type/ nature and name of the group, registration status of the group, membership eligibility, how many members in the group, is the group for members with disability alone, how many women with disability are

members, how many women hold a leadership position in the group, function of the group, is it affiliated to a larger organization)?

8. What do you do for a living in an economic way, do you have a job, your own business, are you a dependent? (probe for employment status, type of employer(government), salary range, employment benefits like NHIF NSSF, do you pay taxes/deductions [NB: Persons with disability are exempted from taxation as per the PWA 2003, but ask anyway], presence of special facilities for persons with disability in the office [toilets, ramps], other benefits related with a disability, discrimination at the workplace, nature of discrimination, how does your condition prevent you from doing your work and how do you cope. If the interviewee is employed, ask whether there are other Persons with disability at their place of work. What positions do they hold?)
9. Are you aware of the registration process of the National Council of Persons with Disabilities [NCPWD] and Gender and Disability Development Centre Kenya (GDCC) or any other disability organization? (probe for the name of other organization, how friendly the process is, cost if any, services and benefits of being a member, reasons for not being a member, how have their services improved your daily life) Are you already registered? Are they helping you in any way? How?)
10. Do you need assistive devices/do you have access to them /do you use them? (probe for who provided, reasons for not having them, cost of the devices, welfare improvement)
11. Let us talk about access to government opportunities especially procurement opportunities (probe for membership and registration to Access to Government Procurement Opportunities (AGPO), tenders applied using AGPO certificate, tenders won, reasons for non-membership, benefits of the certification, how would the government improve access to opportunities for persons with disability)
12. Describe the status of health services for people living with disability in your area/county (probe for quality of service, friendliness by health personnel, presence of specialized medical personnel, distance to hospital, means to hospital and status of roads, cost of treatment, use of medical insurance and who pays for the insurance premiums, access to ambulance services and cost, discrimination by health personnel, nature of the discrimination-gender based? Sexual and reproductive health is at the centre of the wellbeing of

women with disabilities, so ask about this as well, particularly for women, ask whether they are aware of family planning methods and which they use)

13. Describe the process of starting and operating a business for a person with a disability (probe for ease of obtaining a license, cost of the license, frequency of license renewal, special assistance for persons with disability by authorities, business training for persons with disability, harassment by authorities. Ask also how women with disabilities working on the streets are treated by county authorities [askaris])
14. Let us now talk about access to credit facilities for persons with disability (probe for the common source of credit, any special credit for persons with disability from the government, how much can be accessed, eligibility for access, are women allowed to borrow, do they own rights to property(land), inheritance. If a loan request is denied, ask the interviewee whether they feel their disability had a role to play)
15. Tell me how easy and friendly it is to use public transport and access public buildings and places. (ask how disability-friendly the public transport is, the nature of public toilets for persons with disability, ramps for accessing buildings, footpaths along public roads for wheelchairs, parking lots for persons with disability, lifts for storey buildings…you can add anything else that arise from the conversation)

Is there anything more you would like to add?

Thank you for your time and the information provided.

Appendix B: Study Results

General Demographic Factors

Age

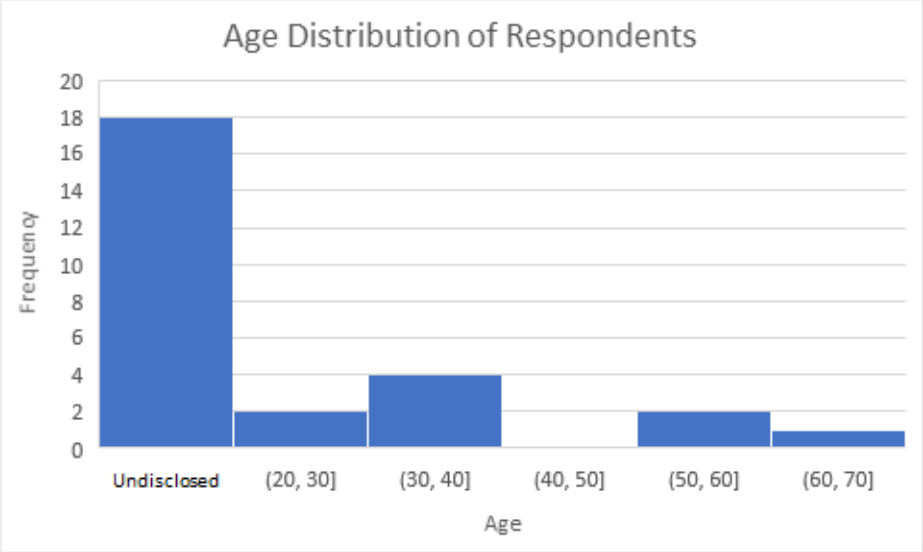


Fig 2.1: Age Distribution of Respondents

Age	Frequency
20-30	2
30-40	4
50-60	2
60-70	1
Undisclosed	18

Table 1: Age Distribution of Respondents

The respondents' ages ranged from 24 years old to 62 years old. However, majority of the respondents did not disclose their ages. Thus, it was difficult to ascertain the age distribution with certainty.

Gender

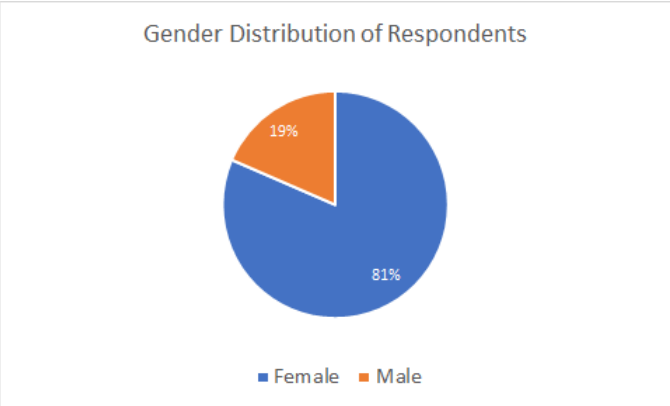


Figure 2.2: Gender Distribution

Gender	Frequency
Female	22
Male	5

Table 2: Gender of Respondents

Majority of the people interviewed were women constituting 81% of the respondents while men constituted less than 20%. The sample reflected the demography we required for the study.

Marital Status

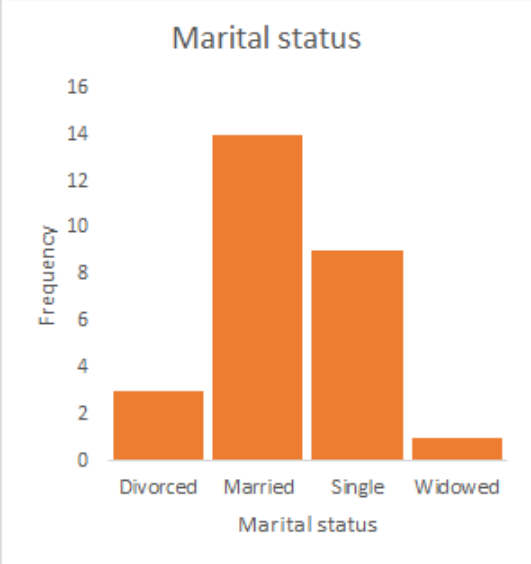


Figure 2.3: Marital Status

Marital Status	Frequency
Divorced	3
Married	14
Single	9
Widowed	1

Table. 3: Marital Status of Respondents

Slightly over half of the respondents were married. Almost 40% were single; some because of their disability. They expressed concern that they would be exploited or mistreated due to their disability if they engaged in romantic relationships. About 10% of the respondents were divorced or Some were also divorced due to their disability.

Residence

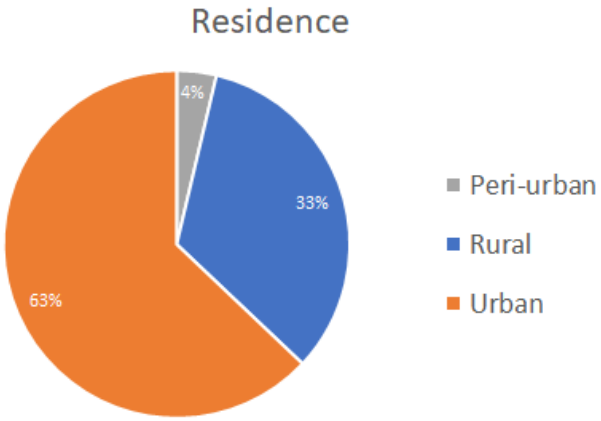


Figure 2.4: Type of Residence

Residence	Frequency
Rural	9
Urban	17
Peri-urban	1

Table 4: Type of residence

Majority of the respondents (over 60%) lived in urban areas. However, a majority of persons with disabilities in Kenya live in rural areas therefore the sample is not representative.

Disability

Type of disability

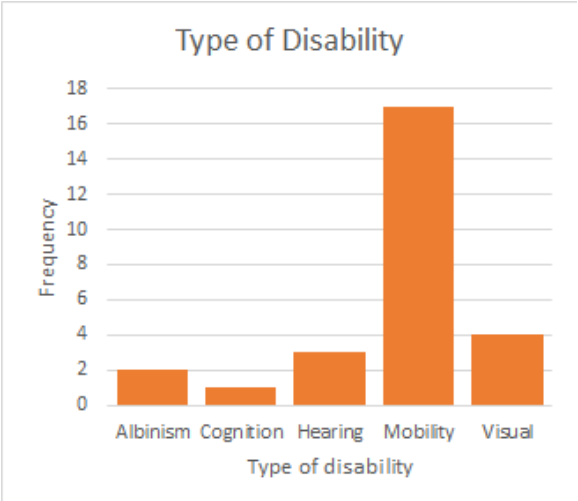


Figure 2.5: Type of Disability

Type of Disability	Frequency
Albinism	2
Cognition	1
Hearing	3
Mobility	17
Visual	4

Table 5: Type of Disability

Majority of the respondents (62%) had a physical disability.

Causes of disability

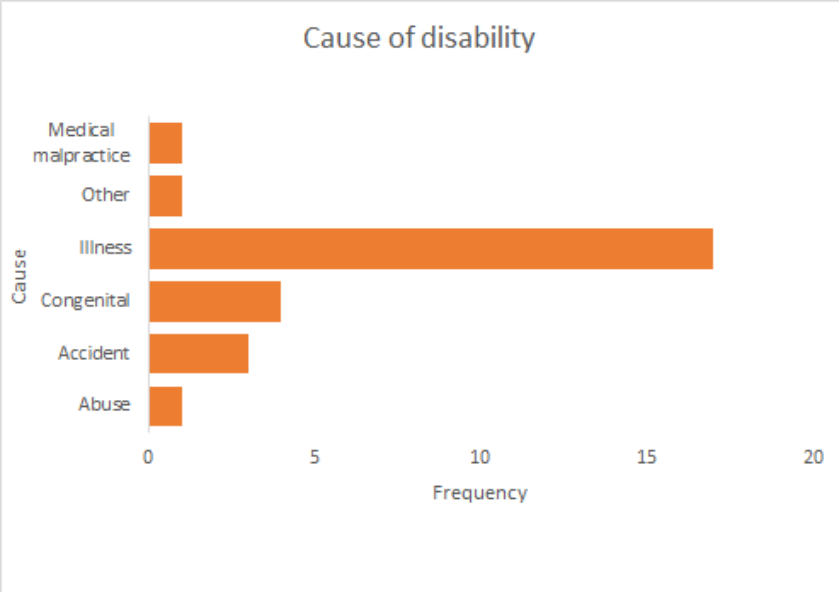


Figure 2.6: Cause of disability

Most of the respondents' disabilities were caused by illnesses with polio (33.33%) as the main cause Polio can be prevented through timely immunization. Other illnesses included: mumps, diabetes and childhood illnesses. There were also many respondents who were born with their disabilities (7.41%). Other causes were medical malpractice, accidents and spousal abuse by acid attacks. Many of these are avoidable causes.

Dependents with a disability

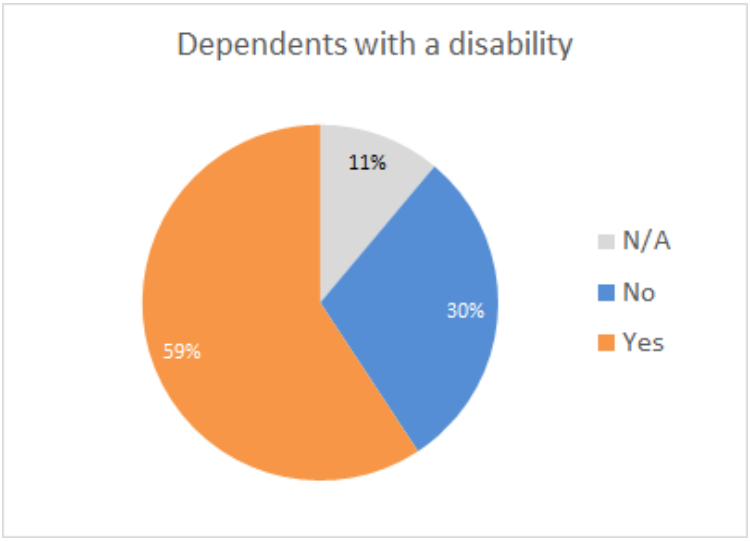


Figure 2.6: Distribution of respondents with dependents with a disability

About 60% of the respondents had dependents with disabilities in their families. These dependents do not include their own children.

Education

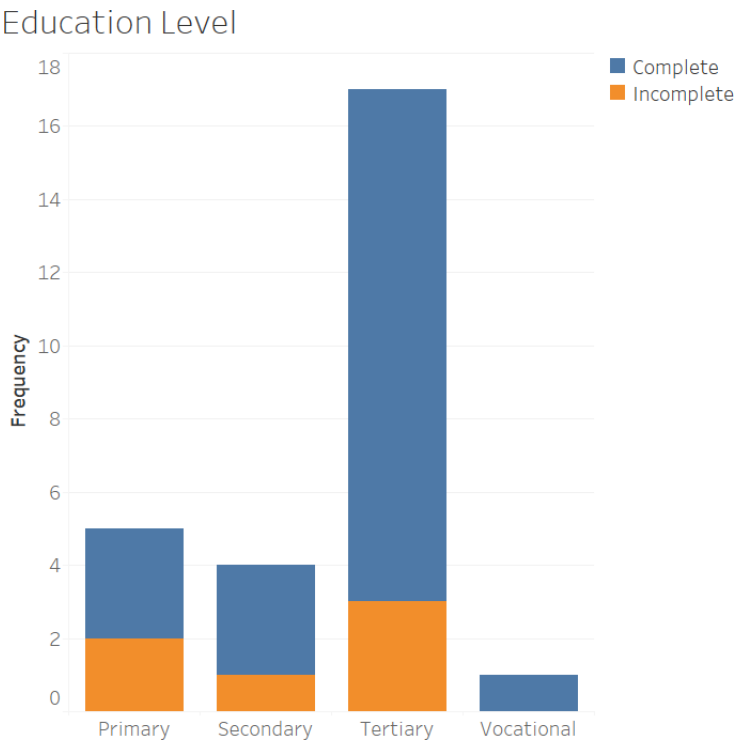


Figure 2.7: Education level of respondents

Generally, the respondents appear to have access to basic education. Majority of the respondents have some tertiary education although a few did not progress beyond primary school.
The reasons for dropout include lack of fees, discrimination and the lack of schools which were accessible to them.

Work, Employment and Business

Employment Status

Although most of the respondents are well educated, less than 50% are employed. This could signal limited access to employment opportunities for persons with disabilities or discrimination by employers on persons with disability. There are also very few respondents who are self-employed reflecting the difficult business environment. Most of the respondents reiterated that their disability affects their daily work.

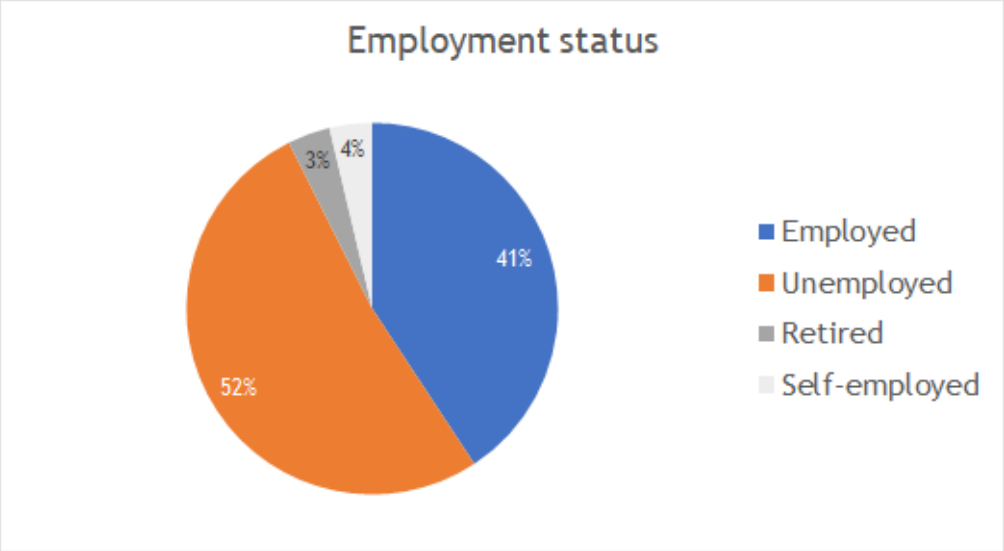


Figure 2.8: Employment Status

Employment Sector

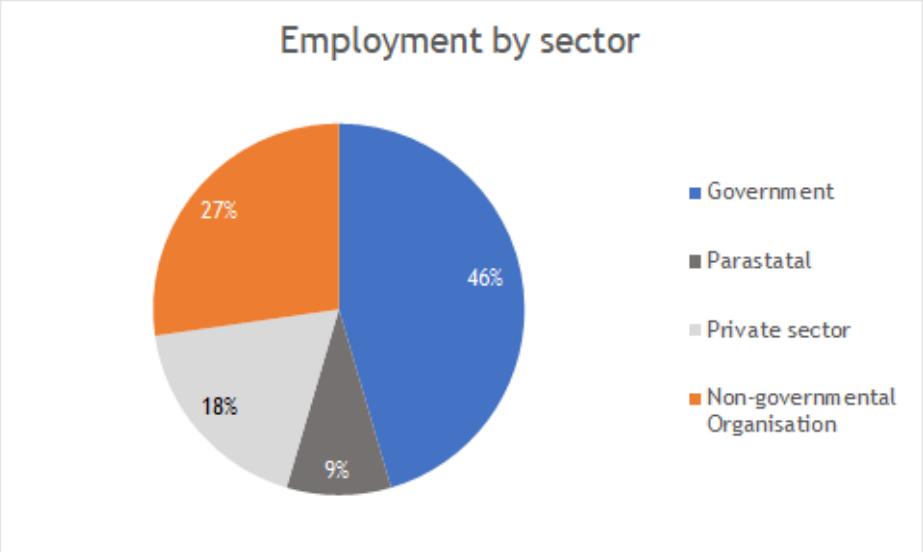


Figure 2.9: Employment by Sector

The government, both county and national governments, are the main employers of the respondents. The respondents also worked in non-governmental organisations, particularly those focused on disability. The private sector needs to do more to include persons with disabilities, particularly women.

Business Ownership

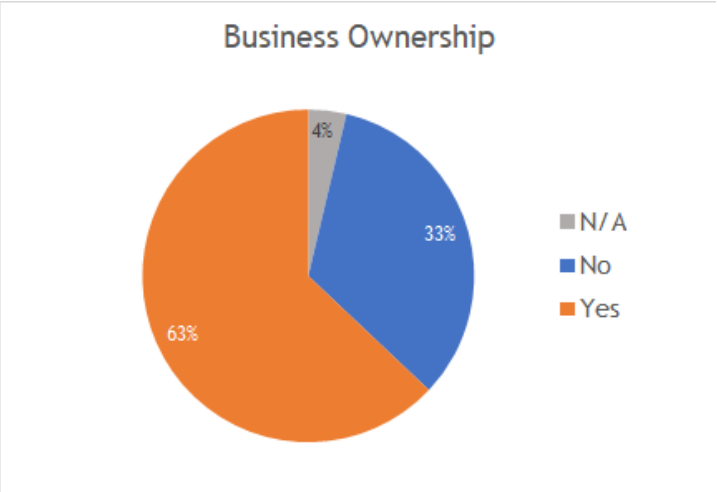


Figure 2.10: Business Ownership

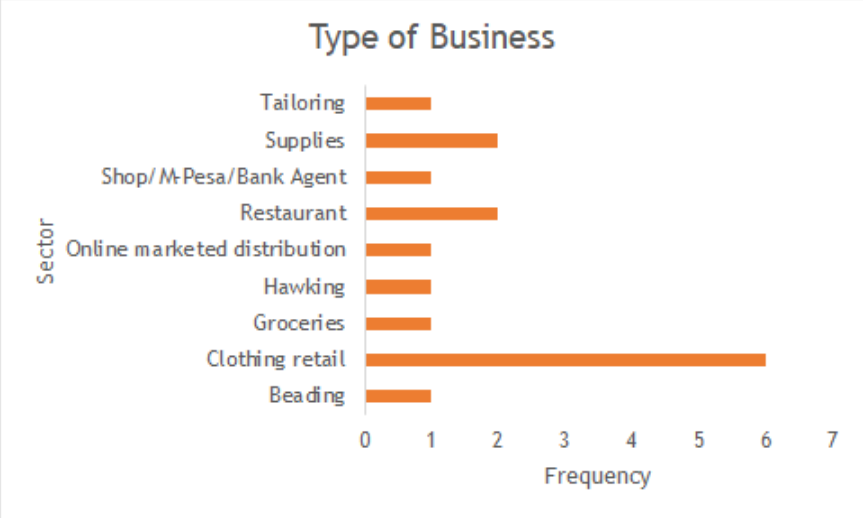


Figure 2.11: Type of Business

A large proportion (63%) of the respondents own a business. These businesses are mainly microenterprises with many respondents owning a clothing retail store.

Access to Credit Facilities

Most respondents have access to credit facilities. These include business and payroll loans. However, some respondents reported that the process was difficult partly because they required spousal consent or to be a member of a self-help group or a Sacco. Sources of credit included the government, saccos and banks.

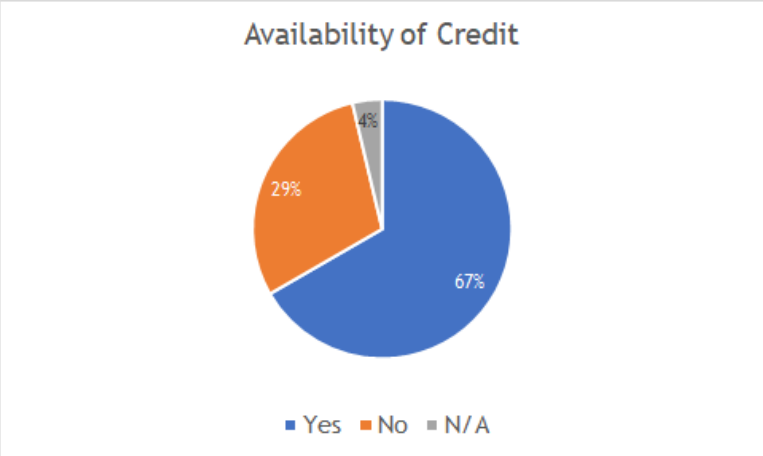


Figure 2.12: Availability of credit

Group Membership

Group membership is an indicator of social capital. All the respondents were members of groups except one who cited corruption and discrimination as reasons for not joining a group. These groups were self-help groups, advocacy groups and organisations formed to raise awareness about various disabilities and to empower their members.

Health

Hospital services

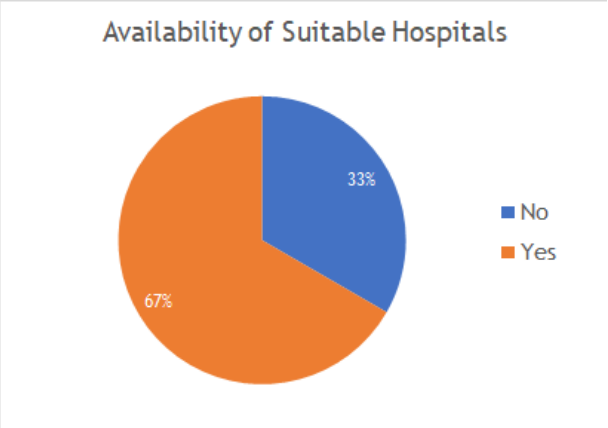


Figure 2.13: Access to suitable hospitals

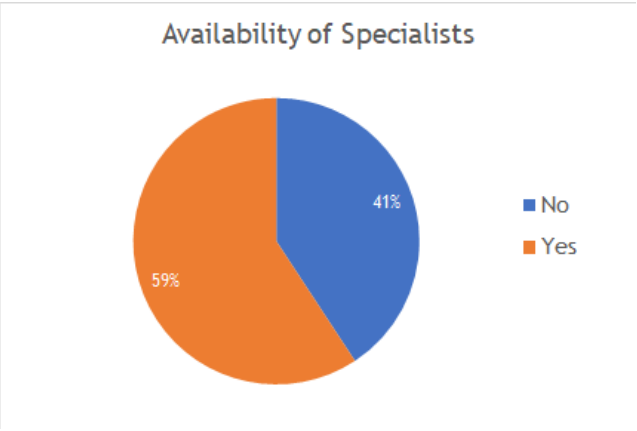


Figure 2.14: Availability of Specialists

Hospitals are generally available and have specialists who can assist persons with disabilities. However, there is a significant minority of respondents who are dissatisfied with the health services they receive and the lack of specialists. This is more significant in reproductive health.

Health Insurance and Payments

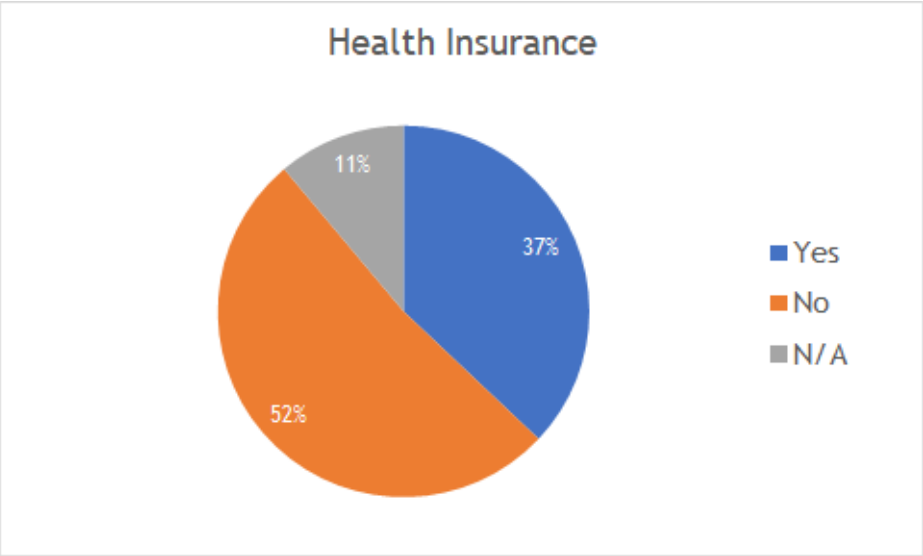


Figure 2.15: Respondents who have health insurance.

Slightly more than half of the respondents lack health insurance.

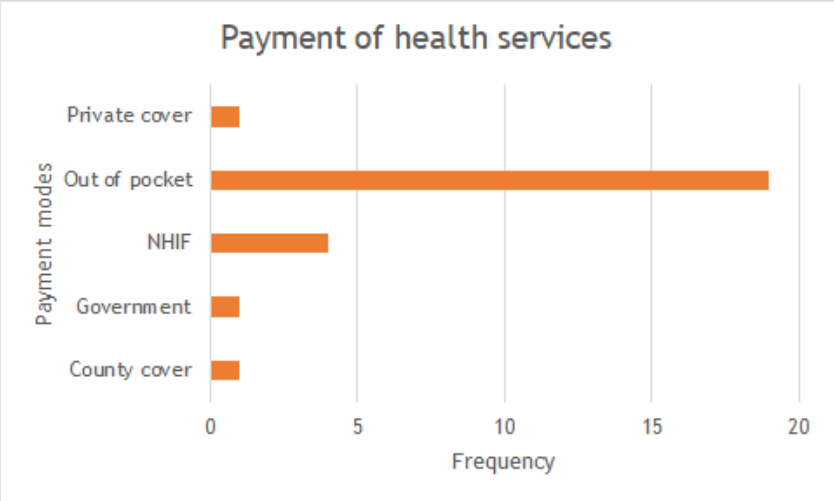


Figure 2.16: Modes of payment for health services

Majority of the respondents pay for health services out of pocket.

Discrimination in Health Facilities

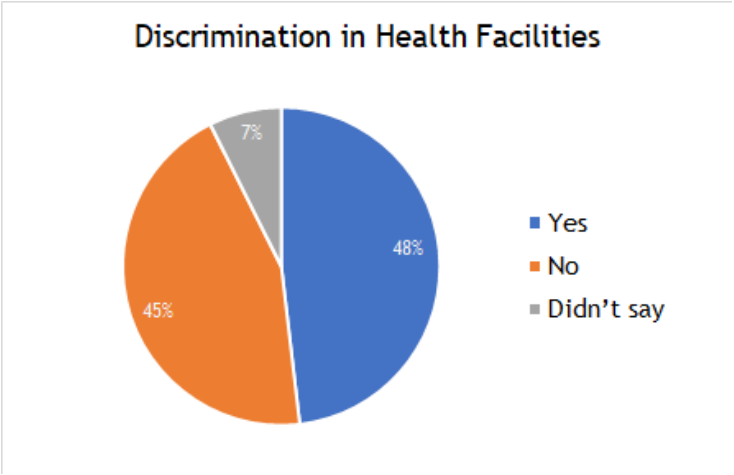


Figure 2.17: Discrimination in Health Facilities

There is a large number of respondents who have experienced discrimination in health facilities particularly when seeking reproductive health services.

Accessibility

Assistive Devices

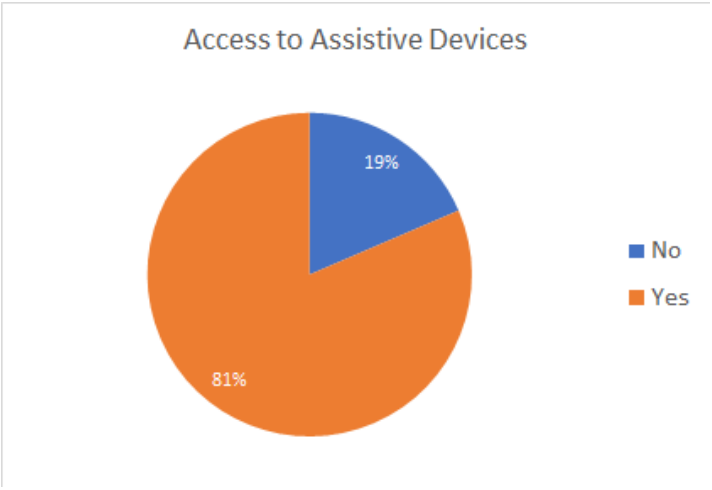


Figure 2.18: Access to Assistive Devices

A majority of the respondents have assistive devices. However, there is still a minority that lacks assistive devices. A major obstacle to obtaining assistive devices is the cost. Moreover, some of those with assistive devices have unsuitable devices.

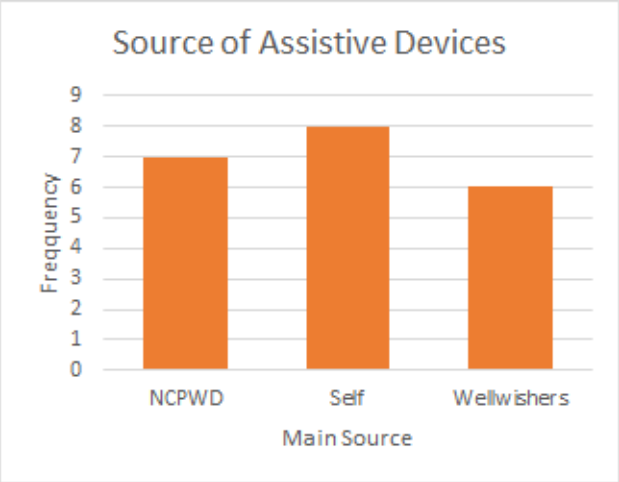


Figure 2.19: Main Source of Assistive Devices

Only 33% of the respondents (30%) received assistive devices from the government through the NCPWD. Most (38%) bought these devices out of their own funds.

Accessibility of Public Places

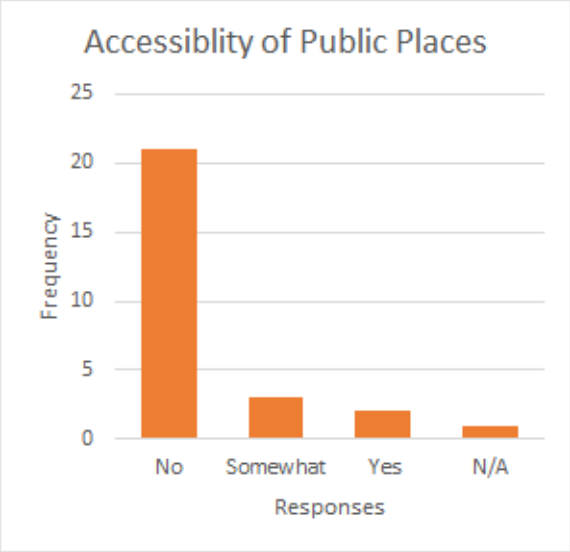


Figure 2.20: Accessibility of Public Places

Public places are largely inaccessible to persons with disabilities. 78% of the respondents reported that they could not access public places. One emphasized that even the NCPWD office is itself inaccessible.

Accessibility of Public Transport

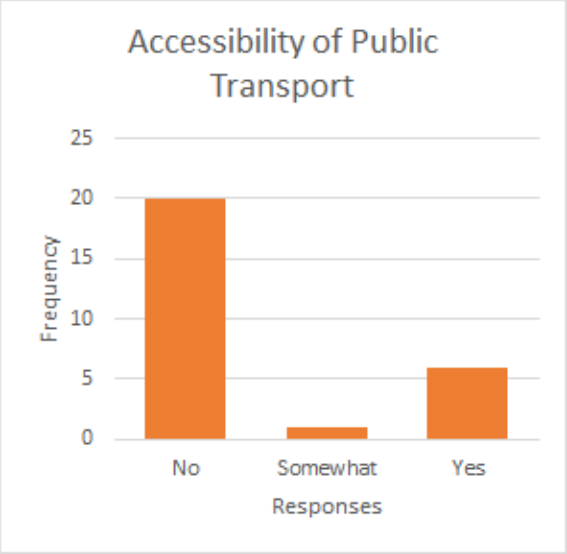


Figure 2.21: Accessibility of Public Transport

Public transport is also largely inaccessible for 74% of the respondents. Persons with disability are often unable to use private means of transport due to the cost hence more needs to be done to enable them to travel safely and comfortably.

Discrimination when using Public Transport

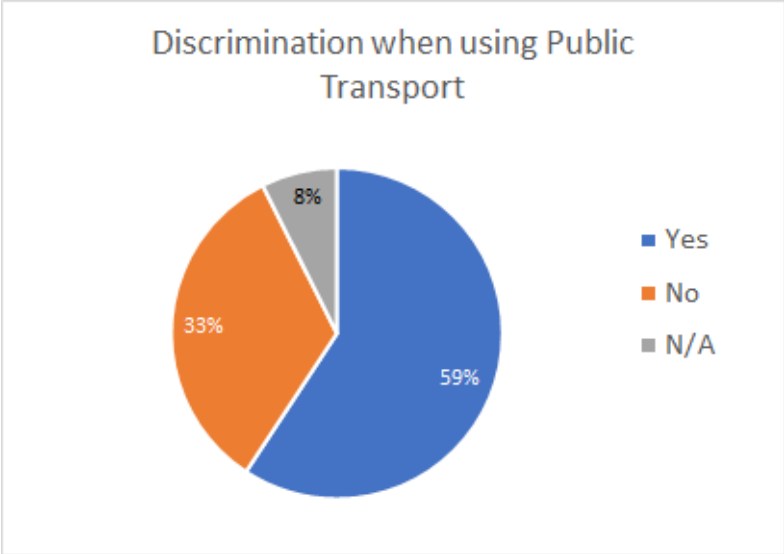


Figure 2.22: Discrimination when using Public Transport.

Almost 60% of the respondents experience discrimination when using public transport. These include sexual harassment, being charged high fees and vehicles refusing to carry persons with disabilities.

Access to Government Opportunities

Registration with the NCPWD

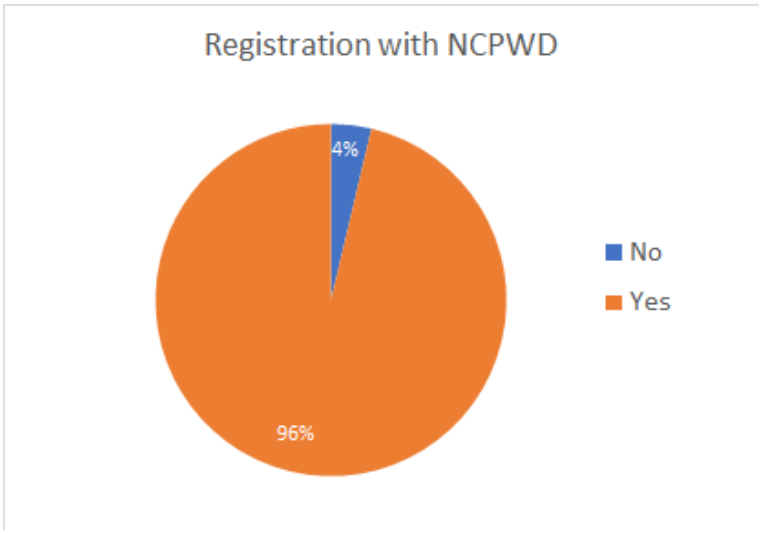


Figure 2.23: Registration with NCPWD

Majority of the respondents have registered with NCPWD. The respondent who had not registered had inadequate information about the registration. The respondents agreed that the process was lengthy, cumbersome and expensive which could be other deterrents.

Knowledge of AGPO

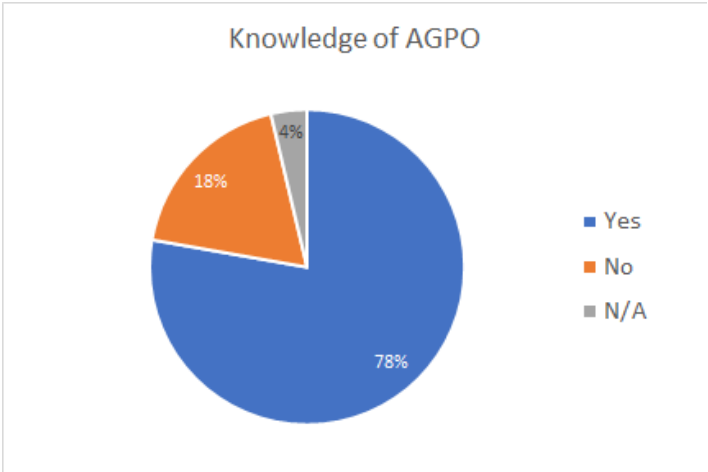


Figure 2.24: Do you know AGPO?

A majority (78%) of the respondents are aware of the AGPO programme. There is still need for sensitization and training of persons with disabilities on the AGPO programme.

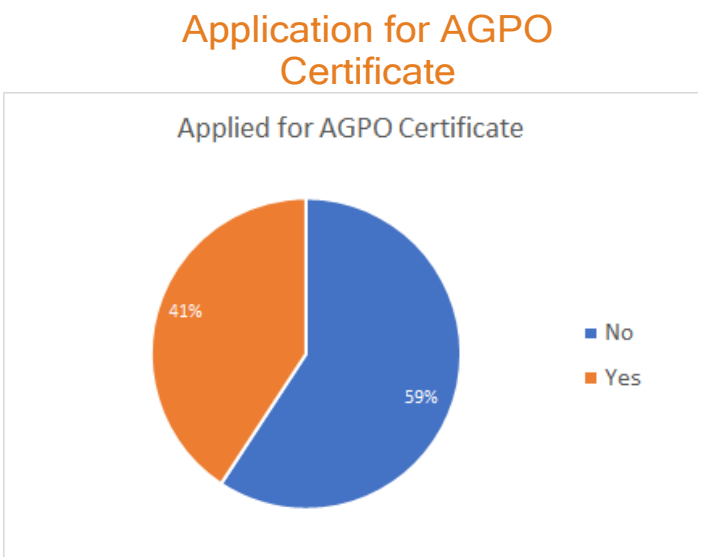


Figure 2.25: Have you applied for the AGPO certificate?

Less than half of the respondents have applied for the AGPO certificate. One deterrent is the cost of the process. Another is the length of the process, particularly because public places and transport are largely inaccessible.

Use of AGPO Certificate

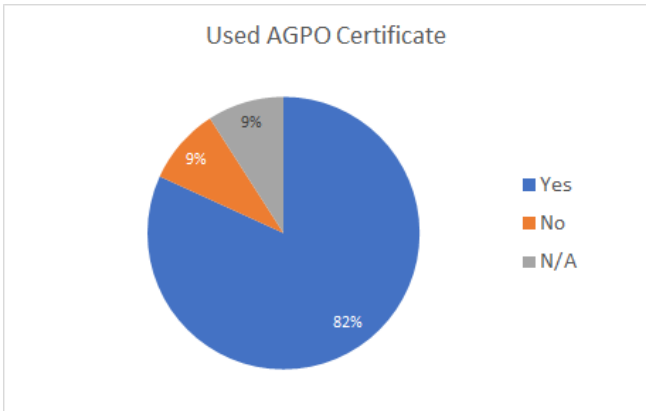


Figure 2.26: Have you used the AGPO certificate?

Of the respondents who had applied for the AGPO certificate, 82% had also used it to apply for government tenders. The challenge is to therefore get more persons with disability to apply for the AGPO certificate.

Application for Government Tenders

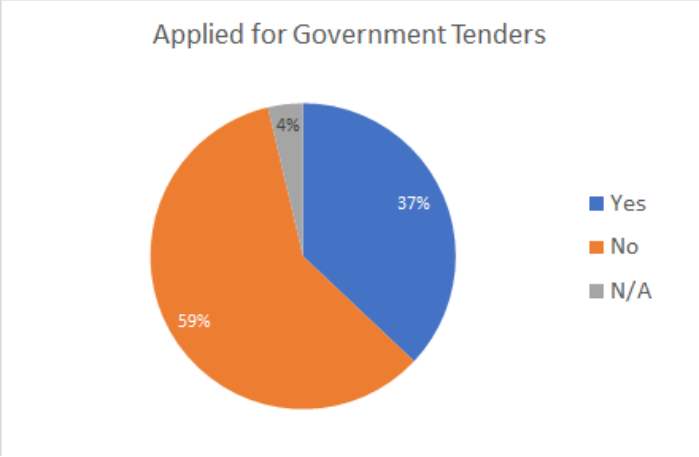


Figure 2.27: Have you applied for government tenders?

Majority of the respondents have not applied for government tenders. AGPO was put in place to increase the participation of marginalised groups including persons with disabilities in procurement.

Application for Government Tenders

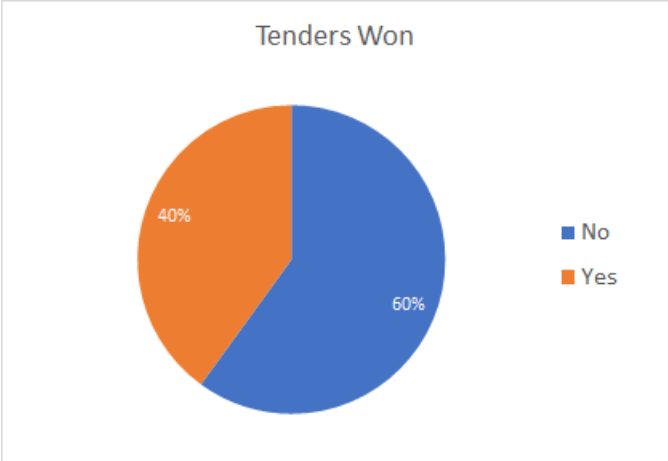


Figure 2.28: Have you won any government tenders?

Of those who have applied for tenders, only 40% have won those tenders. The respondents attributed this to tribalism and discrimination. Even those who did win tenders faced challenges such as delayed payments for supplies. The government needs to strengthen the AGPO programme so that more persons with disability are able to win tenders.