

Documenting Kenya's Implementation of Sustainable Development Goals (SDGs) in Compliance with the UN Convention on the Rights of Persons with Disabilities(CRPD)



**DPO representatives in a group photo after a consultative forum on
SDG and CRPD in Machakos County**

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List of Abbreviations and Acronyms

ACRWC	African Charter on the Rights and Welfare of the Child
AGPO	Access to Government Procurement Opportunities
CBC	Competency Based Curriculum
CDF	Constituency Development Funds
COVAW	Coalition for Violence against Women
CRPD	(UN) Convention on the Rights of Persons with Disabilities
DPO	Organization for Persons with Disabilities
EARC	Education Assessment and Resource Centre
ECDE	Early Childhood Education and Development
FDSE	Free Day Secondary Education
FPE	Free Primary Education
FY	Financial Year
HISP	Health Insurance Subsidy Programme
HSS	Health Systems Strengthening
ASK	Albinism Society of Kenya
ICT	Information and Communication Technology
IDA	International Disability Alliance
KAIH	Kenya Association of the Intellectually Handicapped
KCPE	Kenya Certificate of Primary Education
KES	Kenya Shillings
KIHBS	Kenya Integrated Household Budget Survey
NHIF	National Health Insurance Fund
KNBS	Kenya National Bureau of Statistics
KUB	Kenya Union of the Blind
KYEOP	Kenya Youth Employment Opportunities Project
MOE	Ministry of Education
MTEF	Medium Term Expenditure Framework
MTP III	Third Medium Term Plan
NCAPD	National Coordinating Agency for Population and Development
NCPWD	National Council for Persons with Disabilities
NFDK	National Fund for the Disabled of Kenya

NGEC	National Gender and Equality Commission
NHIF	National Hospital Insurance Fund
NSNP	National Social Safety Net Programme
PSC	Public Service Commission
PWDs	Person with Disabilities
PWSD-CT	Cash Transfer for Persons with Severe Disabilities
SDG	Sustainable Development Goals
SNE	Special Needs Education
UDPK	United Disabled Persons of Kenya
UHC	Universal Health Care
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USD	United States Dollar
VSO	Voluntary Service Overseas
VSO	Voluntary Services Overseas
WBU	World Blind Union
WHO	World Health Organization

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Executive Summary

Kenya became a signatory to the Convention on the Rights of Persons with Disabilities (CRPD) in 2007 and subsequently ratified it in 2008. Kenya subscribes to the Sustainable Development Goals (SDGs) and thus provides a platform for the implementation and ultimate realization of the articles of the CRPD. The SDGs is a commitment to eradicating poverty and saving the planet for all, including persons with disabilities with the overarching principle of Agenda 2030: *leave no one behind*.

This national report, commissioned by the World Blind Union (WBU) in collaboration with the International Disability Alliance (IDA) and the Kenya Union of the Blind (KUB), documents Kenya's implementation of Sustainable Development Goals in Compliance with the CRPD. It examines the extent to which Kenya's activities aimed at achieving the goals and targets set out in the SDGs include and consider people with disabilities and that they comply with its commitments under the CRPD. This is in line with WBU's priority of engaging with members, Disabled People's Organisations, international development organizations and other stakeholders to protect and promote the human rights of blind and partially sighted persons to ensure they are fully included in the national development agenda. The study was conducted from October 2019 to March 2020. Information for this report was gathered using an online survey and key informant interviews. To ensure that the most marginalized disabilities were reached, purposive sampling was used to administer the key informant interviews which made it possible to reach women with different disabilities and persons with psychosocial and intellectual disabilities through their DPOs. Quantitative data was analysed using micro soft excel and the information presented using tables, pie charts and bar graphs in form of numbers and percentages. Qualitative data was analysed using thematic and content analysis. The report documents five SDGs including SDG1 (poverty), SDG3 (health), SDG4 (education), SDG 5 (gender equality) and SDG 8 (employment). Kenya has made progress towards the development of laws, policies, plans and programs that promote the realization of rights of persons with disabilities. However, some of these frameworks are still not fully in line with the CRPD principles. Also, there still remains a challenge on the implementation of such policies, plans and programs due to several factors which includes: the massive resources required, the low capacity of policy implementers on how to operationalize some provisions and lack of goodwill from the implementers. Therefore, the study sought to understand the status of implementation of laws, policies, plans and programs that promote the realization of rights of persons with disabilities in Kenya.

The study classified the findings guided by the five selected SDGs and makes two general recommendations. The findings and recommendations are in no particular order and therefore all of them are important. Some of the recommendations are policy based, others are aimed to improve service delivery and others can inform the design of programmes by the government and civil society organizations.

SDG 1: No Poverty:

- Overall, the majority of persons with disabilities in Kenya live on or near the poverty line and if their needs are not addressed by the implementation of SDG 1, the government will not reach this goal.
- Persons with Disabilities (PWDs) and their representative organizations are not adequately involved in the development of policies targeting them. Disabled Persons Organizations (DPOs) need to be empowered to fully participate in all aspects of political, economic and social life. DPOs should be purposively engaged in the design and implementation of policies and programmes aimed at alleviating poverty. This should be done in line with Article 4 (3) of the CRPD that recommends consultation with PWDs on all policies and programmes to implement the CRPD, including policies and programmes on poverty reduction and economic development.
- There is lack of proper accountability mechanisms that enable persons with disabilities to hold duty bearers to account. The government should strengthen accountability mechanisms and avenues that support persons with disabilities to seek accountability from public offices on the resources and opportunities allocated to them. For example lack of Sign Language interpretation services during public participation forums limits the participation of the Deaf. This can be done in line with the CRPD article 4(3) in the development and implementation of legislation and policies to implement the present Convention, and in other decision-making processes concerning issues relating to persons with disabilities, State Parties shall closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organizations.
- There are inadequate resources for poverty eradication targeting PWDs. The government should strengthen and expand its poverty alleviation programmes to be inclusive of persons with disabilities. Where specific affirmative action is necessary, the government should ensure that such affirmative action is targeting different types of disabilities and addressing specific needs. For instance, Social Protection Programme has been instituted where persons with severe disabilities are enrolled for cash transfer programmes at household level. Defining severe disability has been in itself a problem and targeting has at times been very discriminative. It is recommended that social protection and thus cash transfer programme be extended to all persons with disabilities who do not

have any other means of income at individual level and this should be extended also to caregivers (generally family members who are unpaid) who cannot work as their unpaid care giving services are required 24 hours a day. Further, the government has put in place an affirmative action programme (Access to Government Procurement Opportunities- AGPO) where 30% of government supplies are to be made by women, youth and persons with disabilities, this with a view to promoting their businesses. Experience has shown that persons with disabilities have largely not benefitted from this provision since the greater portion of the opportunity goes to women and youth without disabilities. It is recommended that the allocation is further segmented to ensure a fair share of opportunities for enterprises run by persons with disabilities. It should be streamlined by guaranteeing a minimum reserved procurement allotment for them; and should not only be seen in terms of numbers but also in terms of the value of the procurement. This should be the case both at the national and county levels.

- It is appreciated that the National Council for Persons with Disabilities is a Semi-Autonomous Government Agency (SAGA), specific to addressing concerns of persons with disabilities. It is noted that though established by law, it could be strengthened to give greater impact to disability concerns. In this regard it is recommended that the roles of the National Council for Persons with Disabilities be enhanced so as to play supervisory, oversight, investigative and monitoring functions to ensure that all other government departments and service agencies such as Constituency Bursary Fund, Constituency Development Fund and Economic Programmes such as Women and Youth Enterprise Fund are fully inclusive of persons with disabilities in their provision of services; and thus avoiding segregation and separate service provision for persons with disabilities.
- Low level of awareness among DPOs on poverty reduction programmes. There is need for persons with disabilities through their DPOs to be empowered so as understand the different poverty eradication programmes being run by the government. Their advocacy capacity should be enhanced to enable them engage duty bearers in order to realize inclusion in such programmes. This should be done at all levels.

SDG 3: Health

- Health services still remain relatively inaccessible and unaffordable to PWDs; towards achieving affordable healthcare for all, the government needs to fast track the implementation of the Universal Health Coverage from the current four pilot counties to the entire country, and must be inclusive of all persons with disabilities and scale up the National Health Insurance Subsidy Programme to cover all persons with disabilities who are of low income or unemployed. The government should abolish/waive the charges for assessment for registration of persons with disabilities.

- Specifically, for mental health as a State Party to the CRPD, Kenya should recognize persons with mental health conditions as persons with psychosocial disabilities. The Mental Health Act of 1989 should be repealed in its entirety and replaced with a new law. The current law is based on outdated notions where persons with mental/psychosocial disabilities are deprived of their legal capacity and viewed only as objects of care rather than as full and equal citizens capable of exercising their rights on an equal basis with others. In addition, the current law is not aligned with community-based approaches of providing services and focuses largely on curative aspects to the exclusion of approaches that promote wellness for all. Parliament should fast-track the review of the Mental Health Act in line with the World Health Organizations' Quality Rights Initiative on mental health as well as the CRPD.
- Communication barriers between PWDs and health staff. Staff in health facilities should be trained on how to serve persons with disabilities. Information should be disseminated to persons with disabilities in accessible formats including Kenya Sign Language, Braille and other augmentative means of communication. Sign language interpreters and other professional service providers who can communicate with patients with different forms of disabilities or special needs need to be employed.
- Most of the disability specific services that target PWDs are not provided by the county government at the county hospitals. Disability-specific services need to be mainstreamed in the national health system including: access to assistive devices, rehabilitation services, early intervention services, access to support services such as personal assistance and Sign Language interpretation to enable persons with disabilities to get to health services. In addition, there is a need for accessible health services to be available at the community level because long distances and inaccessible transportation make it almost impossible for PWDs to access services that are not in their community.
- Health facilities remain physically inaccessible. Existing health facilities should be renovated to ensure physical accessibility for all. For the new health facilities, they should be constructed in line with universal design standards to ensure access for everyone.
- Majority of women with disabilities have challenges accessing sexual and reproductive health services and information. Health facilities should provide such information in accessible formats to people with visual, hearing and those with intellectual disabilities. In addition to sexual and reproductive health services being inaccessible, women with disabilities have large barriers to accessing sexual and reproductive health services including: stigma and discriminatory attitudes from service providers, misconceptions from health providers that women with disabilities are not sexually active and/or not in need of family planning services.

- In addition, the sexual and reproductive health services require traveling long distances using inaccessible transportation presenting yet s another barrier woman with disabilities face in accessing these services.

SDG 4: Inclusive Education

- In order to reach all learners with disabilities with education, there needs to be a mobilization of resources to ensure all schools are accessible, teachers are trained and equipped and classrooms have the resources they need to support all learners with disabilities.
- Implementation of education policies and provisions that promote education for learners and trainees with disabilities in Kenya should be fast tracked. PWDs and DPOs ought to advocate for the full implementation of such policies and provisions in its entirety including the Sector Policy for Learners and Trainees with Disabilities.
- Children with disabilities are still out of school. To achieve inclusive education for all, the government needs to undertake massive enrolment campaigns by mobilizing children with disabilities through all possible avenues. Also, drop-out rates of learners and trainees with disabilities is a huge issue and one of the reasons is that students are bullied. To avert this, anti-bullying campaigns needs to be mounted and spread using all available avenues.
- Majority of regular schools are not accessible to learners with disabilities. The government should fully fund education and provide adequate, accessible and friendly school facilities that accommodate all learners. Educational programmes that target arid and semi-arid areas e.g. mobile libraries should be made inclusive to accommodate learners with disabilities.
- Learners and trainees with disabilities are not attaining good educational outcomes. The government should continuously build the capacity of all the stakeholders including teachers and parents for teachers to improve the teaching strategies and the support that parents should provide so as to achieve inclusive education.
- Learners and trainees with visual impairments still have limited access to information. Kenya having ratified and domesticated the Marrakesh Treaty in 2017, through the Copyright (Amendment) Act 2019, the government should therefore ensure its speedy implementation as a catalyst for the realisation of inclusive education. This will ensure educational materials are produced in accessible formats.

SDG 5: Gender Equality

- The number of women and men with disabilities represented in political positions still remains below the desired quota. Currently, women hold 172 of the 1,883 elected seats in Kenya. There is only 1 elected woman with disability in the National Assembly. This shows a great disparity between

women with disabilities and women without disabilities. To realize equality of women with disabilities in political processes, the government needs to put in place more measures such as affirmative action especially for women with disabilities representing marginalized disability categories.

- Women and girls with disabilities continue being physically, emotionally and sexually abused at a higher rate than non-disabled women. This can be attributed to weak legal aid mechanisms, weak reporting mechanisms, negative cultural norms and practices, lack of adequate safe guarding knowledge among women and girls with disabilities etc. There is need to promote speedy access to justice for women and girls with disabilities who are victims of abuse. Women and girls with disabilities need to be empowered to seek justice if they are victims of violence and abuse and to know their rights to live a life free of violence, exploitation and abuse as outlined in CPRD Article 16: Freedom from Exploitation, Violence and Abuse). Additionally, perpetrators need to be held accountable for their acts of violence and abuse. Courts, police and other actors in the justice sector need to hold them accountable.

SDG8: Employment

- PWDs are not adequately benefiting from formal employment opportunities in the public sector. However, for the private sector it is difficult to get data on the employment status of PWDs. Unlike the public sector, the private sector is not compelled by law but encouraged to employ PWDs through incentives. The law on employment should compel the private sector to employ PWDs. Incentives alone are not adequate to ensure the private sector is employing PWDs. Similarly, for the public institutions, the government should strengthen measures for targeted recruitment, job placement and retention for PWDs and monitor their implementation. Further, even for those who are self-employed there is no clear data.
- Majority of PWDs have low level of education and lack the relevant skills therefore do not match the market needs. To address this, the government should work with non-state actors to adequately implement inclusive training programmes such as the Competency Based Education and Training (CBET) curriculum for the technical and vocational education and training institutions which will not only diversify career pathways for PWDs but also make them competitive in the open labour market. The government should also strengthen inclusive TVET programmes.
- Working environments in most cases are not necessarily supportive of PWDs. Regular accessibility audits for employers should be conducted by the National Council for Persons with Disabilities to ensure that the working environment for both private and public employers is accessible for persons with disabilities. In addition, the labour law needs to mandate reasonable accommodation in accessing work and employment and there needs to be

accountability mechanisms to monitor and report when this isn't happening as well as reporting on discrimination.

General Recommendations

1. DPO's need to take a more collaborative approach in their advocacy efforts to ensure that they have a strong, unified voice.
2. All types of disabilities must be equally and adequately represented in advocacy efforts by disabled persons organizations.
3. The media should be engaged in government's and DPO's efforts to raise awareness, and in monitoring and reporting on disability-related issues.
4. Parliament should enact the Persons with Disabilities (Amendment) Bill, 2019. The Bill needs to be in line with the Marrakesh Treaty, the Sustainable Development Goals and CRPD articles on poverty, health, employment, gender equality and education. This will ensure that persons with disabilities can access adequate health care, education, employment and other available services and information on an equal basis, and that the government of Kenya is fulfilling its obligations towards the aforementioned international instruments that they have agreed too.
5. National and county governments should include the agenda and voice of persons with disabilities in the development and implementation of legislation, policies, plans, projects and programs as they will be impacted in some way or the other by their development and implementation.
6. After proper consultation with DPO's [if not yet done], Kenya should sign the Protocol to the African Charter on Human and People's Rights on the Rights of Persons with Disabilities in Africa [2018].
7. DPO's need to advocate for and work with government to ensure the proper implementation of the action plan on Implementation of the Global Disability Summit Charter. This action plan was developed after Kenya co-hosted the Global Disability Summit with the UK government in 2018. It must be ensured however, that the action plan is in keeping with the UN CRPD and SDGs.
8. The government and DPO's need to devise strategies to ensure that persons with disabilities are aware of and understand the UN Convention on the Rights of persons with disabilities, the Sustainable Development Goals and how they impact them, the Marrakesh Treaty,

and other disability-related legislation and policies so that they can become better advocates for themselves.

9. DPO's need to properly sensitize and train, not only members with disabilities, but also members and staff who do not have a disability as they too, must have the capacity to effectively advocate on behalf of the organization and its members.
10. Government needs to adequately sensitize persons with disabilities and DPO's about programs and services specially designed for PWDs and other programs and services that have been revised to become disability inclusive, and how to access them.

Kenya Country Context

1.1. About Kenya

The Republic of Kenya is a country located in East Africa and a member of the East African Community. It borders Uganda, Tanzania, South Sudan, Somalia, Ethiopia, and the Indian Ocean. Kenya covers a total area of 582,646 square kilometres and has an estimated population of 47,564,296 of which 23,548,056 were males, 24,014,716 were females and 1,524 were intersex (KNBS, 2019). Kenya gained its independence in 1963 from the British colony and became a republic in 1964. It is a unitary State divided into 47 counties, run by the national government and 47 county governments. The two levels of government work in close consultation as espoused in Article 6 subsection 2 of the Constitution of Kenya (2010). Kenya is run by three arms of government namely; the Executive, the Legislature and the Judiciary. The Executive and the Legislature are mirrored in the 47 county governments. The Parliament of Kenya is a bicameral house consisting of the National Assembly and the Senate. Kenya has a very comprehensive policy and legal framework that provides for the rights of her citizens, including the poor and the marginalized. The supreme law is the Constitution of Kenya that was promulgated in the year 2010. Other laws, policies and plans are supposed to align to the Constitution of Kenya.

Kenya's economy is market-based, with a liberalised external trade system and a few state enterprises. The major industries include agriculture, forestry, fishing, mining, manufacturing, energy, tourism and financial services. Kenya became a lower-middle-income economy in 2014, joining the top 10 economies in Africa. Kenya's real gross domestic product grew at 5.7% in

2019, a slight decrease from the estimated 5.8% growth experienced in 2018. Despite the improved economy, Kenya's poverty index remains high at 35.6 per cent from the 2015/2016 World Bank estimates¹.

Kenya prides herself in technological innovations. Nairobi, the capital city of Kenya, has transformed into a technology epicentre. It has an agile mobile banking system, 4G internet connections and is a frontier in the innovative mobile payment service- MPESA. Kenya faces a significant digital divide, with 44% of the urban population having access to the internet compared to 17% in rural areas.

Kenya is a multilingual country. Although the official languages are Swahili and English, Kenya Sign Language is also recognized by the Constitution as an official language. There is a total of 62 languages spoken in the country. These mainly consist of tribal African languages (Bantu, Nilotes and Cushites) as well as a minority of Middle Eastern and Asian languages. The Kenyan Constitution guarantees freedom of religion. Around half the population are Christians, 10% Muslim and there are small Hindu and Sikh minorities.

Kenya lies on the equator and has a pleasant, tropical climate, but there are large regional climatic variations influenced by several factors, including altitude. Kenya has 23 ASAL counties, which constitute about 88% of the country's land mass. Of the 23 counties, 9 of them are classified as arid and 14 as semi- arid.

1.2. General Situation of Disability in Kenya

1.2.1. Statistics Related to Disability

The Kenya National Housing and Population Census (2019) was concluded but Kenya National Bureau of Statistics (KNBS) has not yet released the disability monograph. The Kenya Integrated Household Budget Survey (KNBS, 2018) established a disability prevalence of 2.8 percent (but this has been highly contested). Based on the WHO and World Bank estimates that the global population of persons with disabilities is 15%, it means that there could be

¹ <https://www.worldbank.org/en/country/kenya/publication/kenya-economic-update-poverty-incidence-in-kenya-declined-significantly-but-unlikely-to-be-eradicated-by-2030>

7,134,644 (3,532,208 males and 3,602,207 females) persons with disabilities in Kenya.

1.2.2. Legal, Policy and Institutional Framework related to Disability

1.2.2.1. International and regional legal frameworks

Internationally, Kenya has assented and/or ratified several instruments intended to protect the rights of persons with disabilities. For instance, Kenya ratified the International Covenant on Economic, Social and Cultural Rights (1966) in 1972. This Treaty requires States to ensure that men and women enjoy equal rights in their entire economic social and cultural rights (article 3) including the rights to work (articles 6 and 7) and the right to education (article 13). Kenya signed and ratified the Convention on the Rights of the Child (1989) in the year 1990. Article 23 of the Convention requires State Parties to provide for a child with a disability to enjoy a full and decent life. Kenya signed and ratified the Convention on the Rights of Persons with Disabilities (CRPD) in 2007 and 2008 respectively. Kenya ratified the Marrakesh Treaty in 2017. The treaty was domesticated through a revised copyright law in September 2019. This Treaty aims to promote access to published works in various formats by persons with visual impairment or otherwise those with print disabilities. It promotes SDG 4 and is in line with the CRPD article 24 on education and article 21 on access to information in accessible formats.

At the regional level, Kenya is a state party to the African Charter on Human and Peoples' Rights, having ratified it in 1992. Article 18 (4) provides that 'older persons and people with disabilities shall also have the right to special measures of protection in keeping with their physical or moral needs.' Kenya is also a state party to the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (Maputo Protocol) and ratified it on 6th October 2010. Article 23 of the Maputo Protocol provides for the special protection of women with disabilities. Kenya also ratified on 25th July 2000, the African Charter on the Rights and Welfare of the Child (ACRWC). Article 13 of the ACRWC provides that: 'Every child who is mentally or physically disabled has the right to special protection to ensure his or her dignity is upheld, promote his self-reliance and active participation in the community. Kenya is yet to sign the Protocol to the African Charter on Human

and Peoples' Rights on the Rights of Persons with Disabilities in Africa (2018). This Protocol provides for the protection of the rights of persons with disabilities. Article 31 of the Protocol recognizes the rights and freedoms of persons with disabilities in society as well as provides for duties of persons with disabilities.

1.2.2.2. Kenyan Legal and Policy Framework

Kenya co-hosted the Global Disability Summit with the UK government in 2018 and subsequently committed to the Charter for Change, and to that effect has developed a National Action Plan on Implementation of the Global Disability Summit Charter.

Kenya's initial report to the UNCRPD was submitted in 2011 and was reviewed in August 2015. The Concluding observations on the initial report by the Committee on the Rights of Persons with Disabilities was concerned about several issues. In the year 2015, the Ministry of Labour, Social Security and Services developed the National Plan of Action which was aimed at guiding the implementation of the observations and recommendations by committee. Some of the key ones are: The Committee was concerned about the delay in the amendment of the Persons with Disabilities Act 2003 (general principles and obligations (articles 1-4). To this effect, Kenya is in the process of amending the Act through the Persons with Disabilities (Amendment) Bill (2019). On article 11, the committee was concerned about lack of information on emergencies and disaster strategies. To this end, the WBU in partnership with KUB developed the minimum standards for the protection of persons who are blind and partially sighted in the year 2019 that was presented to the government of Kenya. The Committee was concerned about article 21 (freedom of expression and opinion, and access to information) and to this effect, the Kenya Sign Language Bill (Sen. Bills No. 15 of 2019) has been drafted but is yet to be passed.

On the right to work and employment (Article 27), the Committee was concerned about very low employment rates among PWDs of about 1 per cent. The Committee recommended designing of work and employment programmes in the open labour market specifically aimed at persons with disabilities, including information on job opportunities in accessible formats.

To address this, the NCPWD has developed a job placement portal² where different organizations post available opportunities for PWDs to apply, but only for those signed up. Under article 30 (participation in cultural life, recreation, leisure and sport) the Committee was concerned about the lack of information on accessible information on voting procedures, and to this effect, Kenya ratified the Marrakesh Treaty on June 2, 2017, and it entered into force on September 2, 2017. The Treaty was later domesticated into an Act of Parliament through the new national copyright laws in September 2019. In respect to Article 31 (statistics and data collection) and article 6 (women with disabilities), the committee recommended Kenya to systematically facilitate the collection, analysis and dissemination of disaggregated data and amend the census questions. To this effect, during the National Population and Housing Census of 2019, for the first time, Kenya used the Washington Group Short Set of questions to identify the number of persons with disabilities in the country.

The Government of Kenya has put in place a progressive legal and policy framework that promotes and upholds the rights of poor and vulnerable populations in Kenya, including PWDs. The Government's commitment to the progressive realisation of the rights of all Kenyans is enshrined in several articles including articles 7, 19, 20, 21, 27, 43, 97, 98 among others of the Constitution of Kenya (2010). Article 19 affirms that human rights belong to each individual, and the purpose of recognizing and protecting human rights and fundamental freedoms is to preserve the dignity of individuals and communities and to promote social justice and the realization of the potential of all human beings.

The Bill of Rights obligates the State to address the needs of the vulnerable persons in the society with emphasis on the protection of the marginalised groups in the society among them women and PWDs. Article 54 of the Constitution affirms disability-specific rights including the right to be treated with dignity, access educational institutions, reasonable access to all places, appropriate means of communication and ensure the progressive implementation of the principle that at least five per cent of the members of the public in elective and appointive bodies are persons with disabilities. The Bill of rights outlaws discrimination on the basis of disability, gender among

² <http://placement.ncpwd.go.ke/>

others. All international covenants including the CRPD which Kenya has signed and ratified are part of the laws of Kenya.

The Persons with Disabilities Act No.14 of 2003 provides for an array of rights of persons with disabilities to survival, development, protection and participation rights. The Act further provides for the establishment of the National Council for Persons with Disabilities to champion the rights and equalization of opportunities for Persons with Disabilities. The Government of Kenya is making efforts to finalise the review of the Persons with Disabilities Act (Cap 133) and enact it in conformity with the CRPD and the Constitution of Kenya, 2010.

The Employment Act (2007) provides regulations concerning terms of employment. Section 5 prohibits discrimination in employment. The Act forbids employers from either harassing or discriminating directly or indirectly against employees or prospective employees, on the grounds of among others, disability. The Act does not however, specifically address the needs of women with disabilities. The Act prohibits discrimination of PWDs by employers. Employers are required to secure reservation of five per cent of all casual, emergency and contractual positions in employment in the public for PWDs. Although the Act does not address specific issues such as reasonable accommodation for PWDs, the PWDs Bill 2019(under repeal), has addressed these gaps in line with CRPD provisions and the Constitution of Kenya (2010).

The Diversity Policy for the Public Service (2016) requires every public service institution to adopt measures that facilitate the realization of the constitutional principles of ensuring an inclusive public service. It further requires at least five per cent (5%) of appointments in the public sector to comprise persons with disabilities. In cases where a public service institution has not met the requirement, it is required to take measures including adopting affirmative action that will ensure progressive realization within five years after coming into force.

The Parliament of Kenya is currently developing the Kenyan Sign Language Bill, 2019. This Bill gives effect to Article 7(3) (b) of the Constitution on the promotion and development of the use of Kenya Sign language; to give effect to Article 54(1) (d); to provide for the inclusion of sign language in education curriculum; to provide the use of sign language in legal proceedings, and, for connected purposes. For instance, the Bill calls for an employer to create

reasonable accommodation for persons who are deaf or hard of hearing; government to take all necessary steps to propagate sign language competency among hearing people by offering sign language as a language subject in the mainstream curriculum; Kenyan sign language to be offered as a discipline of study at technical and vocational training institutions, public colleges and public universities. Once this Bill is enacted, Sign Language will become an official language in Kenya; hence promoting communication for people with hearing impairments. There are also efforts by the Kenya Institute for the Blind and the Kenya Institute of Curriculum Development to develop a code of practice on the national curriculum for teaching Braille. This will ensure improved standards of Braille teaching in the country.

Kenya's Vision 2030, which is a poverty eradication strategy to implement the SDGs is focused on ensuring that all persons have equal opportunities to participate in the country's social, economic and political development. The government has made several commitments in the Vision 2030, which is currently being implemented under programmes in the third Medium Term Plan (MTP III) of 2018-2022. The MTP III is driven by the Big Four, including food security, affordable housing, manufacturing and affordable healthcare for all. This medium term plan underscores the need for strengthening empowerment of women, youth, and PWDs and other vulnerable groups. The government, through this Plan, has adopted a dual approach of mainstreaming disability services as well as providing some services on the basis of affirmative action. Examples of the affirmative action programmes include: National Development Fund for Persons with Disabilities (NFPD), provision of assistive devices, provision of educational bursaries and among others implementation of the Procurement Guarantee Fund for PWDs under the Access to Government Procurement Opportunities (AGPO).

The government of Kenya has integrated SDGs in the performance contracts and to that effect, the performance contracting framework for Ministries, Departments and Agencies (MDAs) was reviewed and all public institutions were expected to mainstream SDGs into their plans, programmes and policies and consequently report to the Ministry of Devolution and Planning on the progress of SDGs implementation.

Table 2: Disability focused Policies and plans that are at different stages of development in Kenya

Document	Category	Status	Institution	Objective/Notes
Draft Disability Policy and Guidelines for the Public Service (2018)	National Policy	Draft	The Public Service Commission (PSC)	To guide the Public Service in disability mainstreaming to ensure a diverse workforce as provided for in the Constitution of Kenya and Persons with Disabilities Act of 2003.
Persons with Disabilities Bill (2019)	Draft	Bill	National Assembly	Withdrawn
Persons with Disability Policy (2018)	Act of Parliament	Draft	National Council for Persons with Disabilities (NCPWD)	Promote disability mainstreaming in national development
National Plan of Action	National Plan	Operational	Ministry of Labour and Social Services (MoLSS)	Implementation of recommendations made by the Committee on the Rights of Persons With Disabilities in relation to the initial report of the Republic of Kenya, September 2015-June 2022
The Kenyan Sign Language Bill, 2019 ³		Passed	Act of Parliament	To provide for the use of sign language in judicial proceedings, schools and public institutions to ensure that deaf learners are given the same opportunities as all other learners to be

³http://kenyalaw.org/kl/fileadmin/pdfdownloads/bills/2019/The_Kenyan_Sign_Language_Bill_2019..pdf

				productive members of the society.
Nairobi City (2015), Nakuru (2015), Kisumu (2015), Kisii (2016), Machakos (2016), Meru (2016), and Turkana (2017)	Acts	Passed	Respective county assemblies	To give effect to article 27 and 54 of the Constitution; to provide for the rights and rehabilitation of persons with disabilities; to achieve equalization of opportunities -for persons with disabilities; to establish the County Board for Persons with Disabilities, and for connected purposes.

1.2.2.3. Organizations for and of Persons with Disabilities

In Kenya, representation of and for persons with disabilities originates from different levels and is organized in different forms. There are key government institutions that have been established to promote the rights of persons with disabilities. Most of the others are civil society organisations for persons with disabilities organized as NGOs, foundations, community-based organizations, self-help groups and faith-based organizations (FBOs). Some of the DPOs, especially at the national level, are registered as NGOs while those at the county level are registered as Caucus and community-based organizations/self-help groups. The community-based organizations are registered by the Department of Social Development, under the Ministry of Labour and Social Protection.

Nationally, the NCPWD is a state corporation established by an Act of Parliament; the Persons with Disabilities Act No. 14 of 2003. One of the key mandates of the NCPWD is to formulate and develop measures and policies designed to achieve equal opportunities for persons with disabilities by ensuring that they obtain education and employment and participate fully in sporting, recreational and cultural activities and are afforded full access to community and social services.⁴ The National Gender and Equality

⁴<http://ncpwd.go.ke>

Commission (NGEC) is a constitutional Commission established by an Act of Parliament in August 2011, with the objectives of promoting gender equality and freedom from discrimination including for persons with disabilities. Among other functions, NGEC monitors the status of the special interest groups, facilitates and advises on the development and implementation of affirmative action, policies and coordinates and facilitates mainstreaming of issues of special interest groups.

The United Disabled Persons of Kenya (UDPK) is an umbrella body made up of disabled persons' organizations (DPOs). UDPK's main mandate is to advocate for the inclusion of PWDs in all spheres of life in Kenya. Other disability-led organizations are as outlined in table 2.

Table 1: Major organizations for and of persons with disabilities

Organization	Areas of interest
Organizations of PWDs	
Kenya Society for the Blind (KSB)	Visual impairments
Kenya Institute of the Blind (KIB)	Visual impairments
Kenya Union of the Blind (KUB)	Visual impairments
African Union of the Blind (AFUB)	Visual impairments
Kenya National Association of the Deaf (KNAD)	Deaf
Kenya Association of the Intellectually Handicapped (KAIH)	Intellectual challenges
Autism Society of Kenya (ASK)	Autism
Albinism Society of Kenya (ASK)	Albinism
Women Challenged to Challenge(WCC)	All disabilities (women)
Organizations for PWDs	
Kenya Society for the Mentally Handicapped (KSMH)	Intellectual challenges
Association for the Physically Disabled of Kenya	Physical disabilities

Handicapped Mobility Appliances Centre (HAMAC)	Mobility devices
Parents Association for the Mentally Handicapped	Children with intellectual disabilities
Sight Savers International (SSI)	Eye-health, NTDs, Social Inclusion & Inclusive Education
Leonard Cheshire (LC)	Inclusion and development programmes
Sense International	Multiple disabilities
Special Olympics Kenya	Adaptive sport for inclusion
Humanity and Inclusion (HI)	Disability inclusion and rehabilitation
Ecumenical Disability Advocates Network (EDAN)	Disability advocacy
Christoffel Blindenmission (CBM)	Visual impairments and disability inclusive development
Cerebral Palsy Society of Kenya	Cerebral palsy
Kenyan Paraplegic Organization	Rehabilitation and inclusion of persons with paraplegia
Action Network for Disability	Youth and children with disabilities.
Cheshire Disability Services Kenya (CDSK)	Advocacy and inclusion programs
Caucus on Disability Rights Advocacy (CDRA)	A network that brings together like-minded disability of and for organizations on development advocacy.
DPOS	
Kenya Paralympics Organization	Promotes persons with physical impairments through education and health
Women Challenged to Challenge	Lobbies and advocates for issues of self-development for women with disabilities.
Deaf Empowerment Kenya -	Inclusion of people with disability in services related health, education, Governance, and social services.

New Age of Visually Impaired.	To change the lives of persons with visual impairment granting them equal opportunities in the increasingly competitive world.
Black Albinism	Sport to create awareness on albinism
Short Stature Society of Kenya.	Promotes the rights of people who are of short stature
Down Syndrome Society of Kenya	Works for the rights and welfare of persons with Down syndrome
Youth on the Move	Empowering persons with epilepsy
Northern Nomadic Disabled Persons Organization (NONDO)	Advocates for the rights, inclusion and participation of persons with disability in Kenya with particular reference to northern Kenya communities
This-Ability	A social enterprise working to advance the rights and inclusion of women and girls with disabilities in Kenya.

Methodology

This section describes how data was collected, analysed and interpreted to inform the findings and recommendations in this report.

1.3. Approach

The study employed both qualitative and quantitative methods of collecting data. Secondary data was obtained by reviewing documents including acts of parliament, government policies, government reports, civil society organizations reports and those from the UN and other development partners. To complement the secondary data, primary data was collected through online survey, Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs). The questions administered were based on five selected SDGs that were of interest to this study.

Table 3: Survey respondents in online survey and KII

Group	Males	Females	Total	Target	Response rate
Online survey	98	78	176	200	88%
Key Informant Interviews	8	4	12	15	80%
Total	106	82	188	215	87%

The respondents answered a set of 44 questions; that were demographic (7), Likert scale questions⁵ (25), multiple-choice questions (2) and open-ended questions (10). This blend of questions was aimed at complementing the role of each type of question.

Table 4: Respondents during regional validation forums

Region	Males	Females	Total
Mombasa	16	14	30
Machakos	8	17	25
Meru	8	23	31
Kisumu	12	13	25

Mostly the Likert and multiple-choice questions provided quantitative data whereas open-ended questions provided qualitative data. More qualitative data was collected from three key organizations including Sense International, Action for Children with Disabilities and SDG Kenya Forum.

1.4. Selection of SDGs

Through consultations with DPOs, five SDGs were selected based on their relationship with CRPD Articles and how the government of Kenya is putting in place implementation measures to implement them. These were:

- Goal 1: End poverty in all its forms everywhere.
- Goal 3: Ensure healthy lives and promote well-being for all at all ages.
- Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.
- Goal 5: Achieve gender equality and empower all women and girls.
- Goal 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.

⁵ The Likert scale is a five point scale which is used to allow the individual to express how much they agree or disagree with a particular statement.

The relationship between the five SDGs and the corresponding articles of CRPD are outlined below.

Goal 1: End poverty in all its forms everywhere

- ✓ Article 12 (5) -Control over one's own resources by guaranteeing equal recognition before the law
- ✓ Article 28 (2a): Equal access by persons with disabilities to clean water services, and to ensure access to appropriate and affordable services, devices and other assistance for disability-related needs

Goal 3: Ensure healthy lives and promote well-being for all at all ages

- ✓ Article 25 – Health
- ✓ Article 26 - Habilitation and rehabilitation

Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

- ✓ Article 24 – Education

Goal 5: Achieve gender equality and empower all women and girls

- ✓ Article 3 (g) - General principles (Equality between men and women)
- ✓ Article 5: Equality and non-discrimination
- ✓ Article 6: Women with disabilities
- ✓ Article 16 - Freedom from exploitation, violence and abuse
- ✓ Article 29 - Right to participation in political and public life

Goal 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

- ✓ Article 27 – Work and employment

1.5. Limitations of the Survey

Some participants, especially those with multiple disabilities and those with intellectual disabilities were not able to fully participate in the online survey, due to the nature of the method used. Also, those in the rural areas whose access to internet services is limited were unable to participate. To mitigate these challenges, the consultant supported some of the participants remotely through their parents/guardians to respond to the questions. Additionally, the researcher engaged more representatives from these groups in focused group discussions during the validation forums in Machakos, Kisumu, Mombasa and Meru regions and a national validation forum.

1.6. Sampling, Response Rate, Data Analysis and Interpretation

The study employed a purposive sampling approach. National Civil Society Organizations and DPOs including those in the 4 regions of the study were surveyed. The aim of using purposive sampling was to ensure that variables such as gender, disability categories were taken care of. The response rate was 87% (see table 3). During validation meetings, a total of 136 participants took part (66 males and 70 females) including 30 in Mombasa, 25 in Machakos, 31 in Meru, 25 in Kisumu and 25 at the national level (see table 4).

Quantitative data was analysed using micro soft excel and the information presented using tables, pie charts and bar graphs in form of numbers and percentages. Qualitative data was analysed using thematic and content analysis.

1.7. Ethical Considerations

Several ethical considerations were made during the study. They included an option for the respondents not to identify themselves, they were notified that the survey was purely voluntary and it did not require participants to provide information which they felt was sensitive and that the participants were informed that the data that they provided was to be used for this study.

1.8. Demography of Respondents

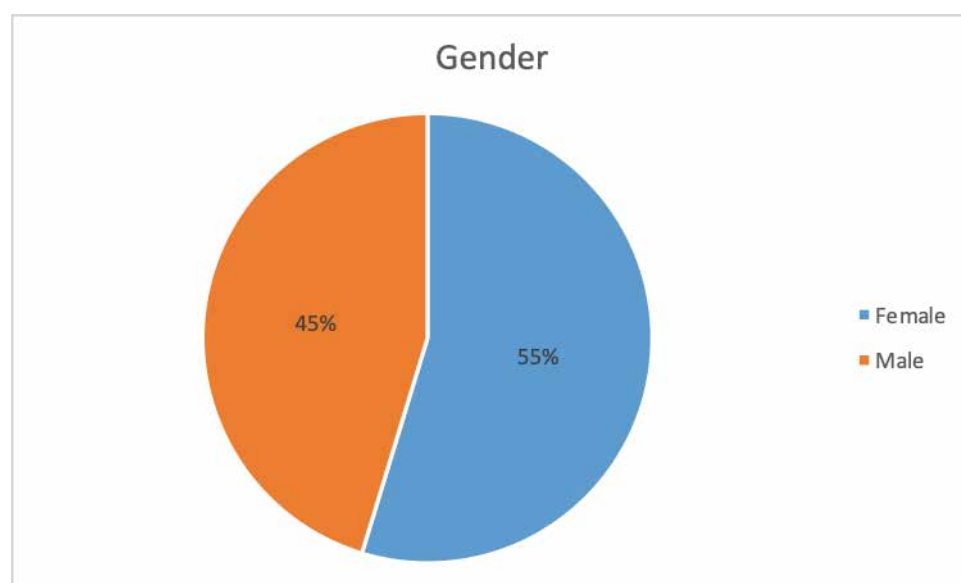


Figure 1: Gender of respondents

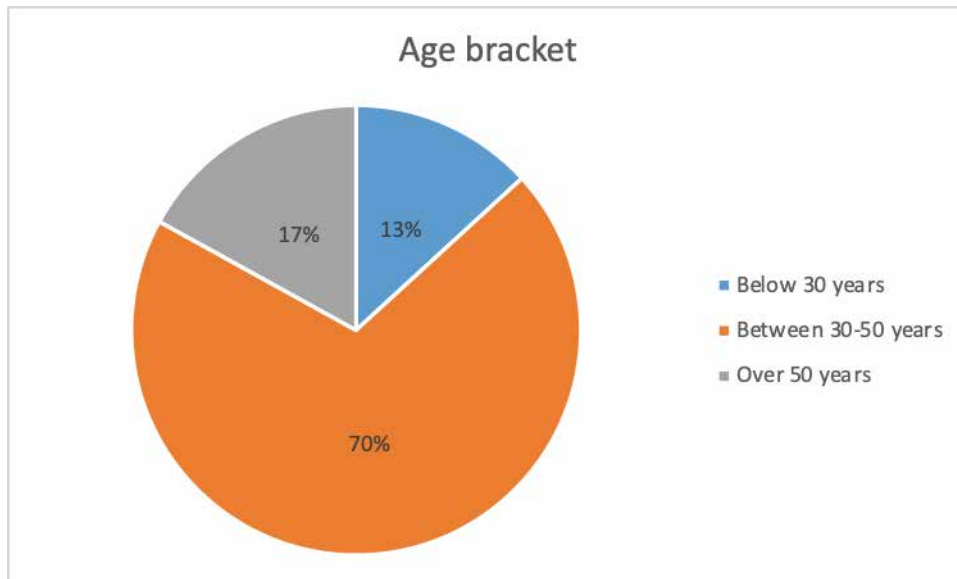


Figure 2: Age bracket of respondents

According to figure 1 (above), the majority of respondents were females at 55% while males were 45%. From figure 2 (above) among those who participated in the survey, the majority (70%) were between the ages of 30-50 years, those who were over 50 years were 17% and those below 30 years of age were 13%.

53% of the respondents were PWDs and those without disabilities made up 47% (See figure 3 below). As per figure 4, those with physical disabilities were the majority (30.2%) followed by those with hearing impairment (11.3%) and then visual impairment were (5.7%). The majority of respondents were executive directors (41%), programme managers (23%), members of organizations/members of boards of organizations (16%), administration (9%) and others 4%.

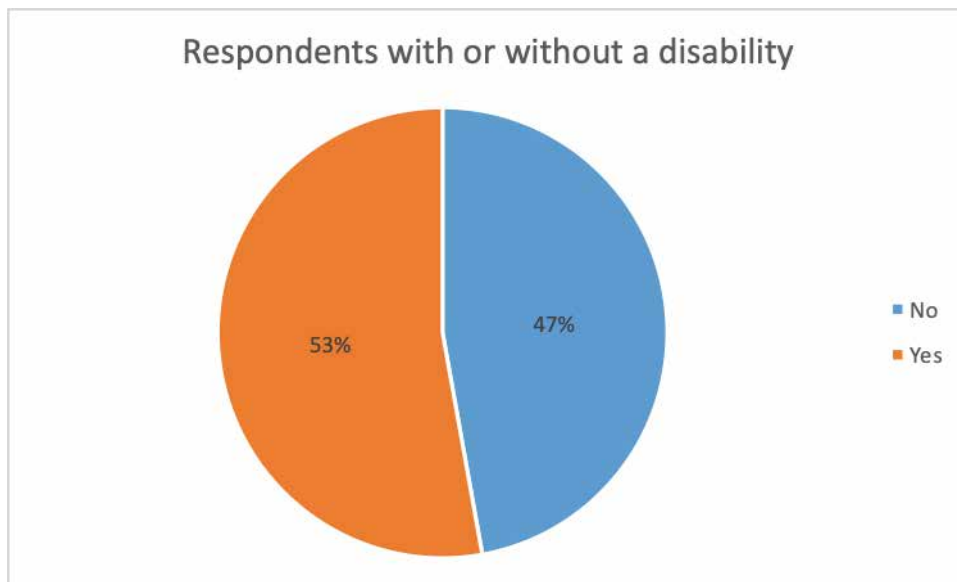


Figure 3: Respondents with or without a disability

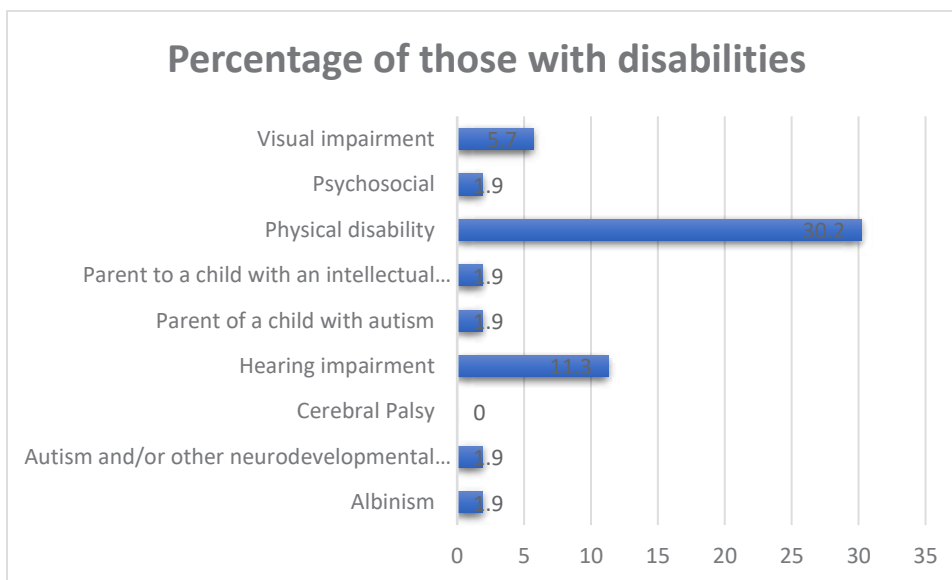


Figure 4: Percentage of those with disabilities

2.0. Findings

This section presents the findings for the study on the five SDGs. An introductory section 3.1 is at assessing the general awareness of the SDGs and the CRPD by the participants. The five SDGs included SDG1 on poverty; SDG 2 on health, SDG 3 on gender equity; SDG 4 on inclusive education; and

SDG 8 on decent work. On each SDG, the report provides a national perspective from secondary data and then presents the study findings.

2.1. Awareness on SDGs and their relationship with articles of the CRPD

The Kenya National Commission on Human Rights report (2014) shows that many PWDs are not aware of their rights, nor the legislation in place to protect and promote their well-being, including the right to access social services such as education, health care and support with job training and employment.

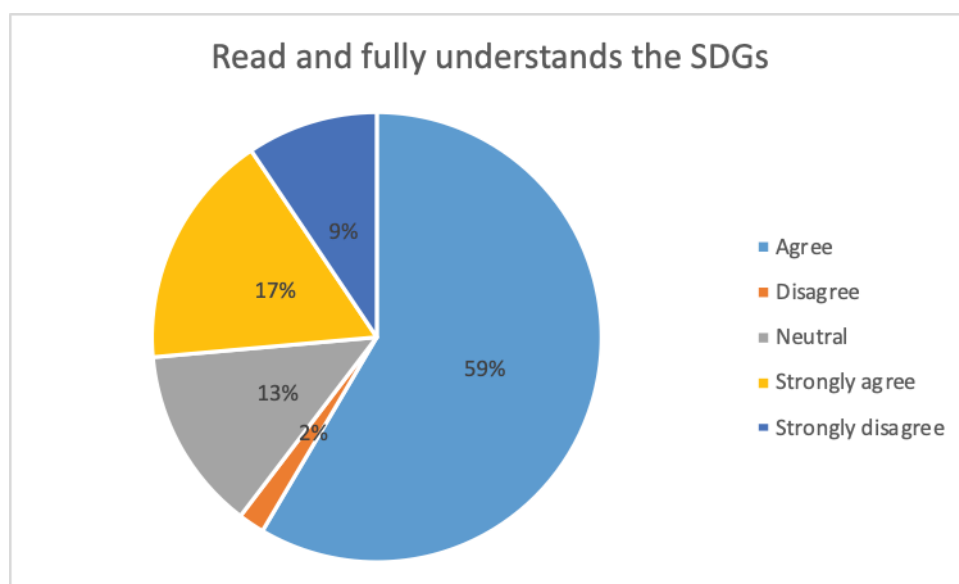


Figure 5: Levels of understanding of SDGs by the respondents

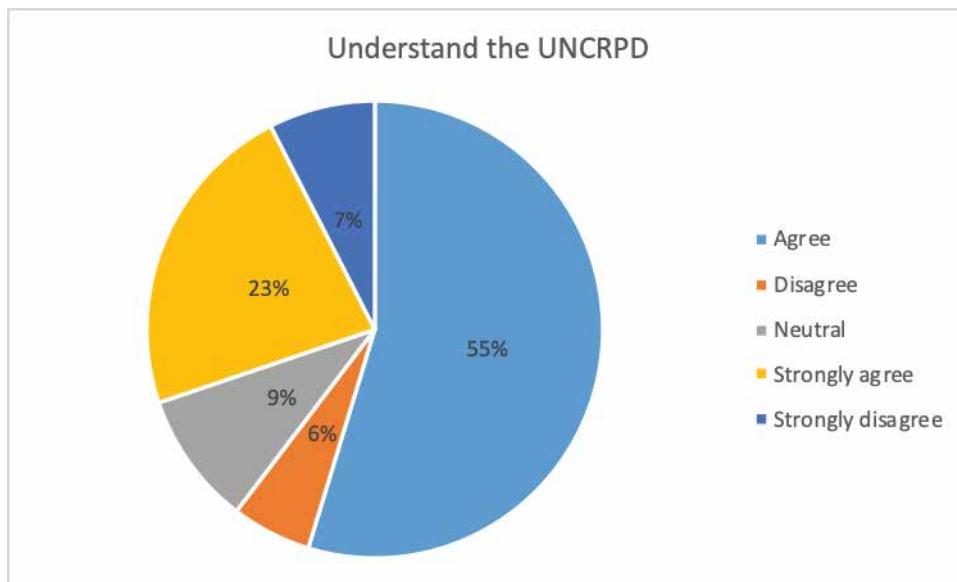


Figure 6: Levels of understanding of the CRPD by the respondents

However, 76% of the respondents in this study stated that they have read and fully understand the provisions of the SDGs while 13% remained neutral and 11% do not understand them. This is as depicted in Figure 5. **Error! Reference source not found.** (above) indicates that 78% of the respondents understand the CRPD while 13% do not and 9% remained neutral. **Error! Reference source not found.** (below), shows that 70% of the respondents understand the relationship between the SDGs and the CRPD while 11% do not and 19% are neutral.

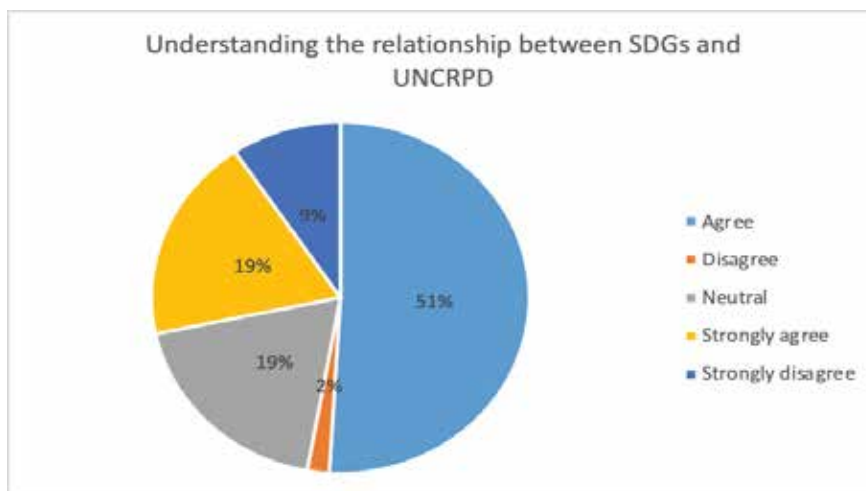


Figure 7: Respondents' level of understanding on the relationship between SDGs and UNCRPD

An analysis of responses by respondents with disabilities on their knowledge of SDGs and CRPD indicate that 40% of those with disabilities are aware of the relationship between SDGs and CRPD provisions while 30% who do not have disabilities are aware of the relationship. 4% of those with disabilities are not aware while 8% without disabilities are as well not aware. While this is the case for this study, it is highly likely that the respondents who were sampled are active members of DPOs who are regularly involved in meetings where issues around SDGs and CRPD are discussed. Other studies covering large sample sizes such as the one by the Kenya National Commission on Human Rights report (2014) indicate that a majority of PWDs are not aware of rights frameworks such as the CRPD. A majority of PWDs are not active members of DPOs.

Table 5: Cross-tabulation of disability and understanding of SDGs and CRPD

Do you have a disability? * I understand well the relationship between SDGs and UNCRPD Cross tabulation

		I understand well the relationship between SDGs and UNCRPD					
		Agree	Disagree	Neutral	Strongly agree	Strongly disagree	Total
Do you have a disability?	No	11	1	5	5	3	25
	Yes	16	0	5	5	2	28
Total		27	1	10	10	5	53

Further, those who responded on behalf of the organizations were more aware (68%) of the relationships between the SDGs and the CRPD. This can be attributed to the fact that most staff have more opportunities to attend meetings and forums where CRPD and SDG issues are discussed. Note that staff from operations and administration scored dismally on this because they generally don't attend such meetings and forums. To address the awareness gaps, DPOs must be strengthened to become vehicles that regularly build the capacity of their membership especially at the county levels.

Different actors have been in their individual capacities been playing a role in creating awareness on the SDGs as well as the CRPD. However, these efforts have to be coordinated for greater impact.

In the private sector, the SDGs Forum brings together key stakeholders such as Kenya Private Sector Alliance (KEPSA), Kenya National Chamber of Commerce and Industry (KNCCI), Kenya Association of Manufacturers (KAM), Federation of Kenya Employers (FKE) and the Central Organization of Trade Unions (COTU) so as to have a coordinated mechanism for the private sector to report progress of SDGs implementation. The Civil Society Organizations are coordinated through the SDGs Kenya Forum, which is the national focal point for non-State actors to collaborate on the SDGs agenda. The forum is also incorporated into the Inter Agency Committee on the Sustainable Development Goals. The Forum conducted county dialogues and came up with '*Leave No One Behind*,' the slogan of Agenda 2030, that is driven by the need to have a coordinated and structured approach for civil society and citizens to engage the government and other development actors towards the implementation of the SDGs. This is where DPOs must plug in to ensure voices of PWDs are heard and their needs addressed.

2.2. SDG1: No Poverty and CRPD articles 12 and 28

2.2.1. Discussion

SDG1 is on ending poverty in all its forms everywhere. One of the SDG1's targets is to eradicate extreme poverty (people living on less than \$1.25) by 2030. It is related to CRPD in two articles. Article 12 (5) on "control over one's own resources by guaranteeing equal recognition before the law" and Article 28 (2a) requires "State Parties are to ensure equal access by persons with disabilities to clean water services and to ensure access to appropriate and affordable services, devices and other assistance for disability-related needs.

According to the UN (2019), more than 700 million people, or 10% of the world population, still live in extreme poverty, surviving on less than USD1.90 a day; the majority of people living on less than USD1.90 a day live in sub-Saharan Africa. In this study, 83% of the respondents believed that PWDs still live below the poverty line (see **Error! Reference source not found.** below) while 15% of the respondents believe that PWDs can afford to live above KES. 190(USD 1.90) per day, which is the global measure of poverty.

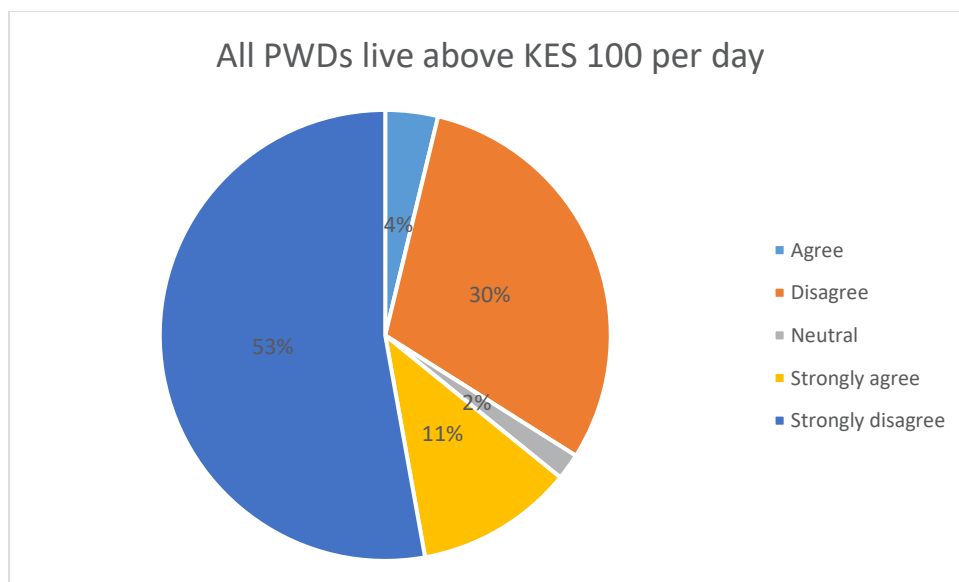


Figure 8: Respondents believe that PWDs live above KES 100 (USD 1) per day

The majority (98%) of respondents noted that not all PWDs have access to and can afford basic services such as health, education, food and clothing. Additionally, only 2% of the respondents indicated that PWDs have access to and can afford the same basic services (see **Error! Reference source not found.** below).

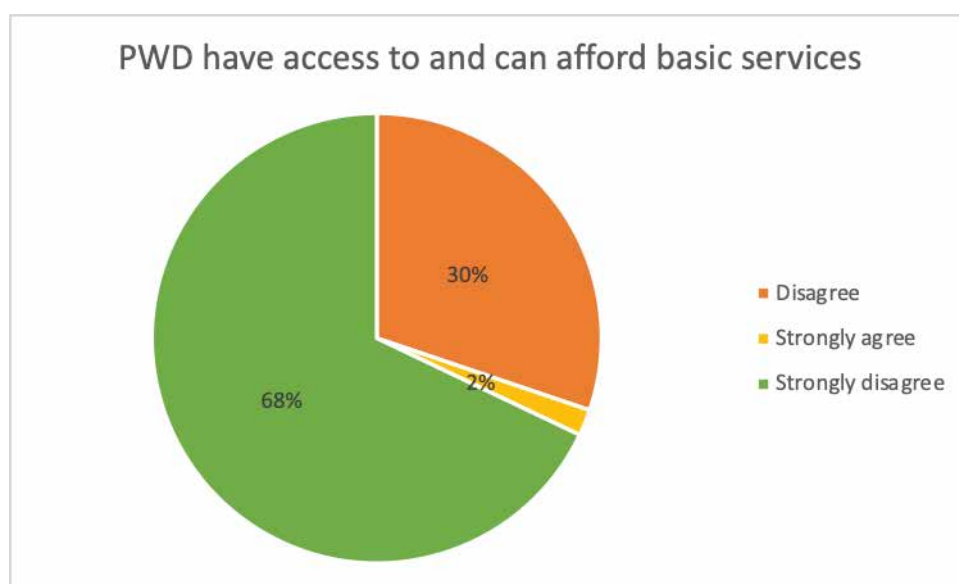


Figure 9: Respondents believe that PWDs have access to and can afford basic services

A high percentage of respondents (98%) in this study hold the view PWDs live below the poverty line. This is consistent with various studies/reports: Kenya Integrated Household Budget Survey (KIHBS) of 2015-2016 indicates that poverty rate for persons with disabilities are 57.4 percent. Another report by NGEK (2016) reveals that nearly 46 per cent of PWDs cannot afford to eat three meals a day, while at least 9 per cent cannot afford a meal a day. The Common Assessment report by United Nations (2018) shows that most families in Kenya are continuously at risk of poverty or reduced living standards due to a crisis or shock, and one cause of crises can be due to disability. The Kenya Integrated Household Budget Survey (KIHBS) 2015-2016 (KNBS, 2018) indicates that more than half of persons with disabilities have difficulties engaging in economic activities. The same report indicates that poverty is more prevalent in rural than in urban areas. Poverty rates vary widely across Kenya's 47 counties, with the highest rates in Turkana (79.4 per cent), Mandera (77.6 per cent) and the lowest in Nairobi (16.7 per cent), Nyeri (19.3 per cent). The same report indicates that poverty rates are higher among certain vulnerable groups such as orphans and vulnerable children (54.1 per cent), older persons (53.2 per cent) and persons with disabilities (57.4 per cent). Global Disability Rights Now approximates that 67% of people with disabilities are living in poverty and that 33.3% of PWDs are unemployed.

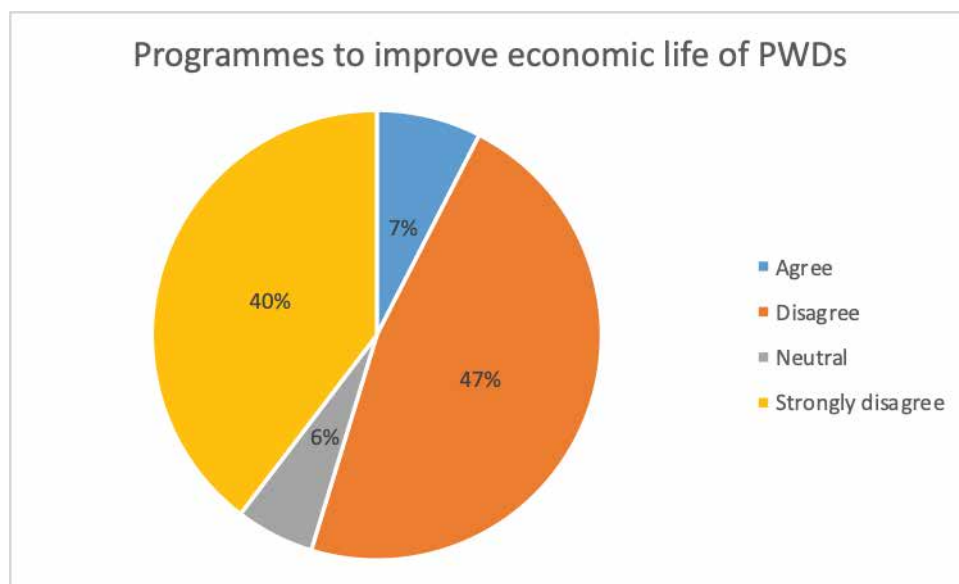


Figure 10: Respondents believe that there are programmes to improve economic life of PWDs

Regarding economic measures aimed at stemming poverty among PWDs, 87% of the respondents indicated that the government has not put in place adequate measures (see **Error! Reference source not found.** above).

Despite this observation by the respondents, secondary data indicates that there are several programmes and initiatives which have been put in place to end poverty among PWDs. The National Development Fund for Persons with Disabilities (NDFPWD) is established by the Persons with Disabilities Act (2003) under sections 32-34 as a complementary arm of the National Disability Council. During the financial year 2017-2018, the government allocated KES 400 million (USD 4 million) for National Development Fund for Persons with Disabilities which targets to support persons with disabilities through education assistance, economic empowerment and revolving funds and infrastructure or equipment. The NDFPWD aims to eradicate the link between poverty and disability by providing financial support to organisations and individuals under the following programmes:

- a) Devices and service to improve mobility and access, which includes wheelchairs, crutches, surgical shoes, hearing aids and white canes.
- b) Education scholarships for persons with disabilities (benefited 1,813 in FY 2018/2019)
- c) Economic empowerment and revolving fund to help PWDs set up small businesses or revolving fund schemes (reached 100 groups in FY 2018/2019).
- d) Infrastructure and equipment that support educational institutions that provides services to persons with disabilities.
- e) Cash transfers to support households of persons with severe disabilities who are in extreme poverty (benefited 51,936 in FY 2018/2019).
- f) AGPO Local Purchase Order financing Kshs. 500,000 (USD 5,000) (benefited only 53 PWDs (39 males and 14 females) and 36 (31 males and 5 females) took this offer in 2017/2018 and 2018/2019 respectively. This is approximately less than 1% of the total AGPO
- g) Tools of trade (benefited 250 in FY 2018/2019).

The National Fund for the Disabled of Kenya (NFDK) was incorporated as a Trusteeship under the Trustees (Perpetual Succession) Act Cap. 164 of the Laws of Kenya on 6th April 1989. The NFDK has a mandate of enhancing social economic empowerment to Persons with Disabilities in Kenya. Since the year 2009/2010, NFDK has been running the Big Grants Programme and, with a regular grant from the national government, sponsors one or two flagship projects per county. Other programmes include donations to individuals, donation to institutions and advocacy initiatives.

While the NFDK does provide some opportunities for financial support to persons with disabilities, the types and amounts of support are insufficient to truly transition persons with disabilities out of poverty. Sustainable and far-reaching reforms are needed to ensure persons with disabilities have access to the skills and opportunities to achieve livelihood security. For example, if more isn't done to ensure access to education, it will be extremely challenging to eradicate poverty amongst persons with disabilities.

Persons with Severe Disability-Cash Transfers (PWSD-CT) are under the National Social Safety Net Programme (NSNP). Currently, Persons with Severe Disability-Cash Transfers supports 51,890 beneficiary households with a regular transfer of KES 2,000 (USD 20) per month, delivered on a bi-monthly basis⁶. Since the Persons with Severe Disability-Cash Transfers only covers households with members with profound disabilities and those households living in extreme poverty, then it implies that a large proportion of the population of people with disabilities in need of social protection is not eligible for support (Development Pathways, 2018). This is the criteria laid out by the government to address poverty amongst the most vulnerable.

During interviews and FGDs, it was noted that most of the participants were aware of some of the programmes that are aimed at reducing poverty among PWDs in Kenya. Some of the programmes that the respondents mentioned include the tax exemption, cash transfer programmes, social safety nets programmes, access to government procurement opportunities among others. The key challenges facing these programmes include lack of proper coordination by government agencies resulting in duplication, some of the programmes are being implemented not guided by Human Rights Based principles but rather as charity, programmes that do not address the felt needs and provide relevant interventions. For example, a lady who is visually impaired from Meru County noted that "when I applied for a sewing machine, I was given a single instead of double knit machine, which is not working currently. This makes me produce only limited products which have less market compared to those produced by double knit machine."

On access to, and control of property and other resources in their families such as land, finances etc. by PWDs, 88% of the respondents felt that this wasn't true for persons with disabilities while 4% agreed that all PWDs have

⁶ <http://mis.socialprotection.go.ke:20307/Public/Beneficiaries>

access to, and control property and other resources in their families. Some reported that they have no resources at all while others that PWDs control resources just like other people without disabilities. This is not the case for people with disabilities like psychosocial, intellectual and deaf-blindness who by not having legal capacity, and are under guardianship or other observed forms of substitute decision-making regimes cannot sign contracts, have a bank account, own or inherit land or property such as a house in Kenya.

Conclusion and Key Findings

Therefore, in conclusion, SDG1 is not as yet well being implemented to optimally benefit PWDs as envisaged by articles 12 and 28 of the CRPD. The following key findings are made:

- In most cases, DPOs are not adequately consulted during the design of policies and programmes on poverty reduction and social protection that target them and thus leaving out aspects that are important to them.
- There is general lack of proper accountability among state actors who implement programmes that target PWDs.
- The resources allocated for the programmes largely remains too inadequate to address the economic challenges faced by PWDs
- There is low level of awareness among DPOs on poverty reduction programmes and how to access them as well as the advocacy needed to ensure they are disability inclusive

2.3. SDG 3: Health and CRPD Articles 25 and 26

2.3.1. Discussion

SDG 3 aims to ensure healthy lives and promote well-being for all at all ages. This relates to CRPD articles 25 and 26. As espoused in Article 25, Member States are urged to provide (a) quality and standard free or affordable health care (b) health services related to their disability; (c) health services as close as possible to people's own communities; (d) quality health with free and informed consent; (e) non-discrimination in health insurance and life insurance and (f) non-discrimination in provision of health care or health services. Article 26 (1) enables PWDs to attain and maintain maximum independence, full physical, mental, social and vocational ability; (1a) that PWDs have a right to benefit from multidisciplinary assessment of individual needs and strengths; and (3) promotes the availability, knowledge and use of assistive devices and technologies that are made specifically for PWDs.

Since PWDs experience lower rates of employment, they are more likely to be economically disadvantaged, and are therefore less likely to afford private health insurance. Since medical services provided by public hospitals are limited, having private insurance is critical in order to have access to higher quality services. Though the Constitution of Kenya, 2010 provides that every person has the right to the highest attainable standard of health and to health care services as guaranteed under Article 43(a) and in the case of children under Article 53(1) (c). Further, Article 56 has placed an obligation on the State to put in place affirmative action programmes designed to ensure that minorities and marginalized groups including persons with disabilities have reasonable access to health services; the government medical cover (through the National Health Insurance Fund- NHIF) provides a limited cover, which means that individuals with disabilities requiring medical services like occupational, speech and physiotherapies have to pay separately for this as a private service.

Section 20 of the Persons with Disabilities Act (2003) mandates the NCPWD to build the capacity of the Ministry of Health and monitor the provision of health care to persons with disabilities to ensure that the services are devoid of any form of discrimination. The Act also ensures that the programmes of the Ministry of Health are geared towards prevention of disability; early identification of disability; early rehabilitation of persons with disabilities; enabling persons with disabilities to receive affordable rehabilitation and medical services in public and privately owned health institutions; availing essential health services to persons with disabilities at an affordable cost; and availing field medical personnel to local health institutions for the benefit of persons with disabilities. However, despite all these provisions, health services still remain inaccessible and unaffordable for a majority of PWDs in Kenya. In this study, 58% of the respondents disagreed while 8% agreed that the government has put in place health programmes that target PWDs (see **Error! Reference source not found.** below).

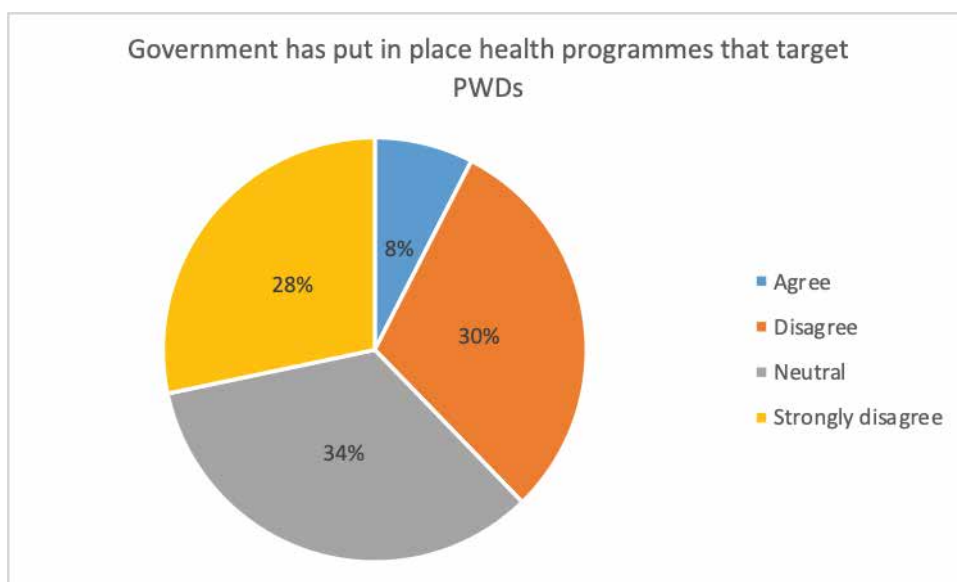


Figure 11: Respondents believe that there are government health programmes that target PWDs

The most common programmes that the respondents were aware of are persons with albinism support programs; friendly voluntary HIV/AIDS counselling and testing (VCT) services to the deaf community; government-funded therapy centres; medical assessment for registration by the NCPWDs; NHIF (that offers affordable treatment in public health facilities and hospitals); physiotherapy and occupational therapy services and universal health care programme (piloted in four counties).

"Much as NHIF seems to offer some good products and services, they are not free and those without funds cannot access any service. Initially, NCPWD would pay NHIF premiums under the cash transfer program, but this stopped. Hence PWDs including those with severe disabilities no longer access the service."

Kenya does not have a single legislation for the entire health sector, but different pieces of legislations address specific concerns. This necessitates review of some of the laws/provisions to align them to the constitution and such other legal instruments like CRPD. The Government's objective in both the medium to long term is to ensure that universal health coverage (UHC) is fully achieved in Kenya by 2022. One of the top priorities and outputs that were to be achieved for UHC by 2018/2019 was subsidies through the NHIF for about 300,000 people with severe disabilities (Ministry of Health, 2017). However, there is no data to show if this has been achieved. DPO advocacy

to see if these subsidies were implemented or not would be important to hold stakeholders accountable.

During the FY 2017-2018, KES 0.3 billion (USD 3 million) was allocated for Health Insurance Subsidy Programme for the elderly and disabled (currently covering 41,660) and KES. 1.1 billion (Approximately USD 10 million) for the rollout of universal health coverage (Republic of Kenya, 2017; NHIF, 2018). The Ministry of Health covered all the elderly and persons with severe disabilities who were receiving cash transfer from the Ministry of East Africa, Labour and Social Security, Department of Social Services as per the President's directive of February 2014. The cover was offered to the beneficiaries by the NHIF through its premier Super-Cover initiative, and the beneficiaries were offered a full subsidy by the State for their premiums. The cover provides benefits to the principal member, one spouse and up to five (5) dependents. Its limitation is that it only covers individuals with severe disability.

83% of respondents in this study disagreed while 6% agreed that PWDs are accessing and benefiting from all health services and programmes in place in their local health facilities (see **Error! Reference source not found.** below).

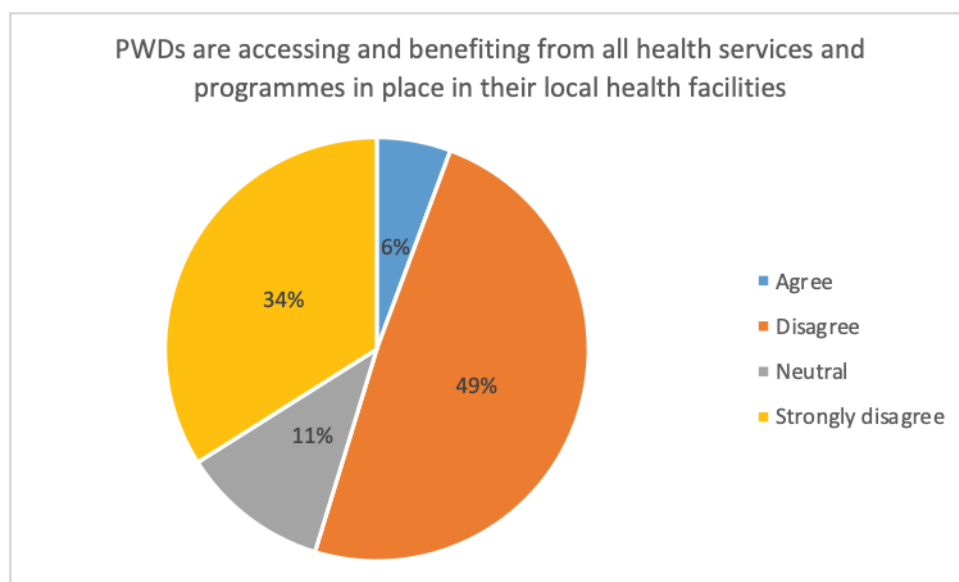


Figure 1: Respondents believe that PWDs are accessing and benefiting from all health services

In addition, 87% of the respondents disagreed while 2% agreed that health services offered to PWDs are of high quality (see **Error! Reference source not found.** below). 74% of the respondents disagreed while 15% agreed that

health services offered do not discriminate PWDs. There is general lack of specialized health services for persons with disabilities, especially physiotherapy and assistive devices and only level four and five hospitals provide such services in the entire country.

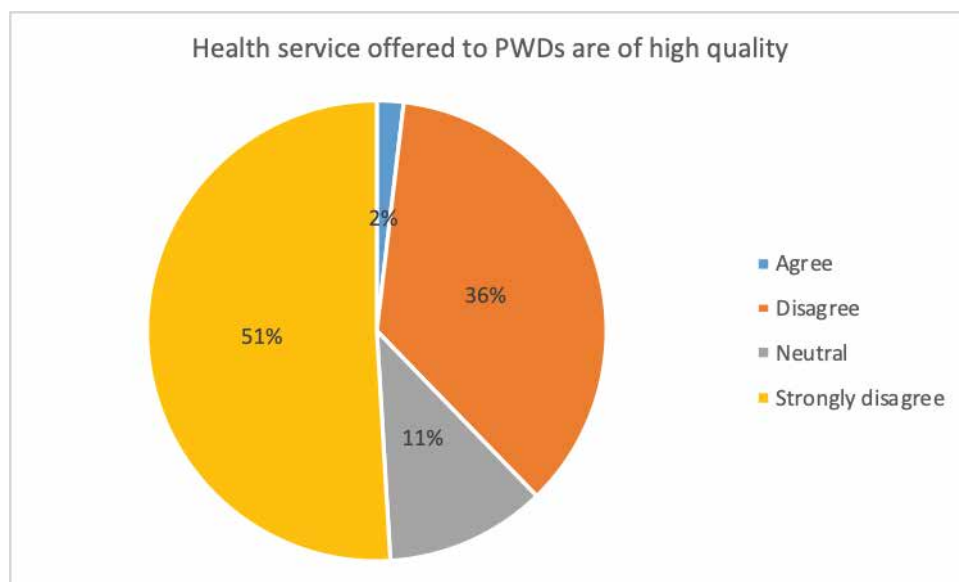


Figure 2: Respondents believe that health services offered to PWDs are of high quality

"Most of the health facilities do not have physiotherapy services and parents travel for long distances to get physiotherapy services from other health facilities which provide them thus becoming costly and time consuming." (A parent of a child with autism from Nairobi).

83% of the respondents disagreed that health facilities are physically accessible to all, such as to those on wheelchairs (see **Error! Reference source not found.14** below). Some of the infrastructure in most of the public health facilities at the community level are not friendly, especially the toilets and the consultation rooms which remains inaccessible to wheelchair users.

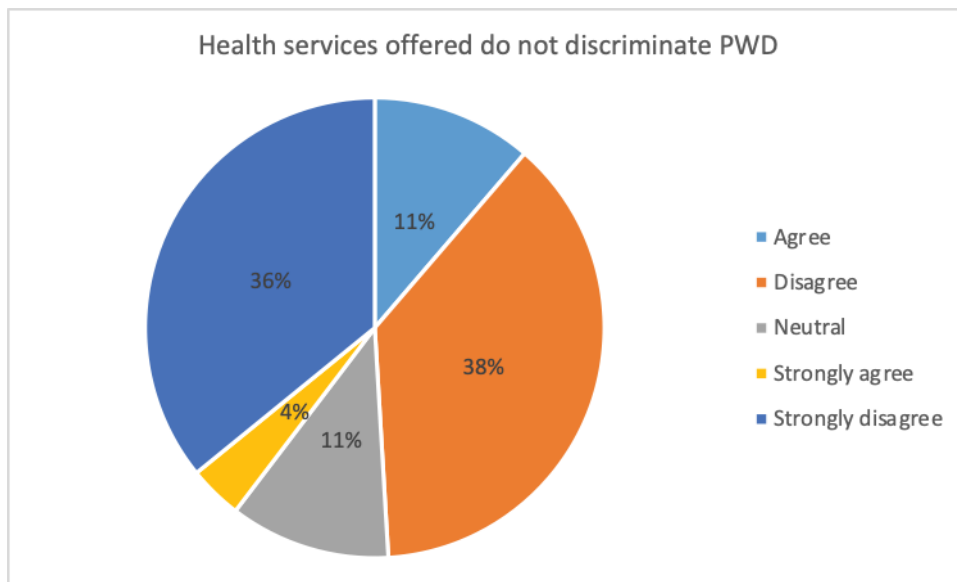


Figure 14: Respondents believe that health services offered do not discriminate PWDs.

Error! Reference source not found. (below) lists the top challenges for PWDs in accessing health services. The challenges included affordability (23%). Specialized medical services such as occupational, physical and speech therapy have remained unaffordable for PWDs.

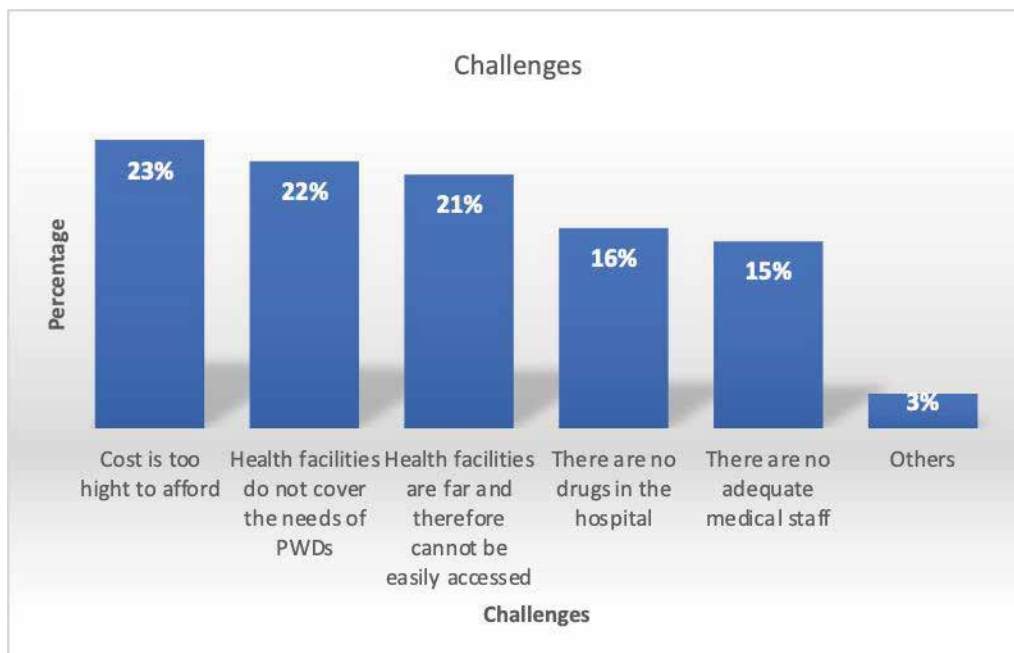


Figure 15: Respondents believe that these are the main challenges facing PWDs in accessing health services

22 % of the respondents indicated that health facilities do not cover the needs of PWDs. For example, sexual reproductive health information is not

adequately provided in accessible formats. There is a common misconception by the majority of the health staff that PWDs are not sexually active. From the interviews and FGDs, it was noted that specific services for persons with disabilities such as distributing sunscreen as a part of skin cancer preventive measures for persons with albinism and assistive devices are not provided in the county health facilities despite health being a devolved government function.

In figure 15, 21 % of the responses highlighted that because health services are not available at the community level, it requires people to travel long distances to health facilities. Because the public transportation is inaccessible, persons with disabilities are obligated to pay for accessible transportation incurring high costs for these services; especially the level four and level five hospitals⁷ which are far from their areas of residence. Further, 16 % of the responses highlighted that there are no adequate and necessary drugs such as those to treat epilepsy available within the health system. Additionally, 15% of the responses accounted for the challenge of there being no adequate medical staff trained in disability specific health services such as physiotherapy, speech therapy and occupational therapy.

Finally, 3% of the responses accounted for the following challenges:

- ✓ Communication barriers since there are no sign language interpreters to support patients who have hearing impairments. No trained personnel who can provide early intervention support to children with communication difficulties such as those with autism.
- ✓ Most of the medical staff are not trained on access needs of persons with disabilities
- ✓ Negative attitude of health service providers towards PWDs.
- ✓ Long distances to some facilities contracted to provide Health Insurance Subsidy Programme (HISP) requires persons with disabilities to pay for accessible transportation which is costly and unaffordable to many.
- ✓ Inaccessible facilities including inaccessible parking areas, uneven access to buildings, poor signage, narrow doorways, internal steps, and inadequate bathroom facilities.

⁷ Hospitals that provide specialized services e.g. occupational therapy. They are mostly located at the county head quarters

3.4.1. Conclusion and Key Findings

In conclusion, SDG 3 (to ensure healthy lives and promote well-being for all at all ages), has not yet been fully realized. PWDs do not enjoy the right to health on an equal basis with others and therefore Article 25 is not yet well achieved in Kenya. The following are the key findings:

- Health services remain relatively unaffordable and unavailable to PWDs despite the government's effort to roll out universal health coverage programme. The specific services for persons with disabilities mainly exist at the county level in more urban parts of the country and are not available at the community level. To access these services, requires persons with disabilities to travel long distances with inaccessible transportation.
- Communication barriers between PWDs health service providers due to lack of support services such as sign language interpreters and other professional service providers.
- Some of the services that target PWDs are not provided by the county government at the county hospitals despite health being a devolved function. Disability specific services such as rehabilitation, speech therapy etc. are not widely available
- Health facilities remain physically inaccessible thus limiting access to health services
- Access to sexual and reproductive health information remains a challenge among the majority of women with disabilities. This is majorly due to inaccessibility of information and services and lack of training among the service providers on how to offer inclusive services to women with different disabilities and especially those most marginalized e.g. women with deaf - blindness women with albinism, women with intellectual disabilities, women with psychosocial disabilities etc.

3.5. SDG 4: Education and CRPD Article 24

3.5.1. Discussion

The right to education is articulated by SDG number 4: "to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all." This is aligned to CRPD article 24. The CRPD general comment on the "right to inclusive education" at all levels of education has been a landmark guideline in providing clarity on the interpretation of rights and states obligations under article 24 of the CRPD. Article 24 (1) requires State Parties to ensure an inclusive education system at all levels and lifelong learning; (2a)

non-discrimination in free and compulsory primary education, or from secondary education, on the basis of disability; (b) access an inclusive, quality and free primary education and secondary education within their community; (c) ensure reasonable accommodation; (e) individualized support measures; 3(a) facilitate “learning of Braille, alternative script, augmentative and alternative modes, means and formats of communication and orientation and mobility skills”; (b) facilitate learning of sign language; (4) employ teachers, including teachers with disabilities, who are qualified in sign language and/or Braille; (5) “access general tertiary education, vocational training, adult education and lifelong learning without discrimination.”

Different studies reflect on the results of the survey on access to inclusive and quality education. According to the Sector Policy for Learners and Trainees with Disabilities (Republic of Kenya, 2018), a significant number of learners and trainees with disabilities are out of school (MoE, 2016). The National Special Needs Education Survey that was carried out by the Ministry of Education and Voluntary Services Overseas (2014) revealed that the majority of out-of-school children in Kenya have a disability, with 16% of all children and young people with disability being out of education. The report further reveals that learners with disabilities in secondary schools in Kenya make up 5 per cent of the total number of learners. According to the Kenya Statistical Year Booklet (MoE, 2015), which is a booklet that shows the absolute numbers of learners in primary and secondary schools on different indicators such as gender. The booklet indicated that the gender parity for boys and girls with disabilities in primary school was 0.54 and 0.46 respectively. At the secondary school level, the gender parity was 0.58% and 0.42% for boys and girls with disabilities respectively. This shows that the enrolment of boys is slightly higher than that of girls with disabilities.

Kenya has made efforts to develop education policies that promote inclusion. For example, the President launched the Sector Policy for Learners and Trainees with Disabilities in May 2018. This policy recognizes the need for Kenya to progressively move towards inclusive education. While it acknowledges that learners with disabilities should learn alongside their peers in mainstream schools, it also provides for home based and special schools out of the realization that not all learners will be accommodated in mainstream schools. As part of education reforms, Kenya launched a Competency-Based Curriculum (CBC) in January 2019 that is expected to develop the learners’ abilities to apply appropriate skills and knowledge to successfully perform a

function (Republic of Kenya, 2016). The process of developing the curriculum has taken into account provisions that promote inclusive education for learners and trainees with disabilities where such learners individual needs are taken into account and adaptations to learning are provided, the Kenya Institute of Curriculum Development is making such adaptations to ensure that such learners and trainees receive quality and appropriate education. CBC is currently being piloted and where necessary adaptations are being made for learners and trainees with disabilities. The National Education Sector Strategic Plan- NESSP (2018-2022), which is a five-year plan that outlines the education sector reform implementation agenda in five thematic areas. The thematic areas include Access and participation; Equity and inclusiveness; quality and relevance; sector governance and accountability; and pertinent and contemporary issues and values. NESSP recognizes the importance of having Learning Support Assistants. This is a big step given that the teacher pupil ratio in mainstream schools in Kenya doesn't allow mainstream classroom teachers to give the necessary support to learners with disabilities.⁸

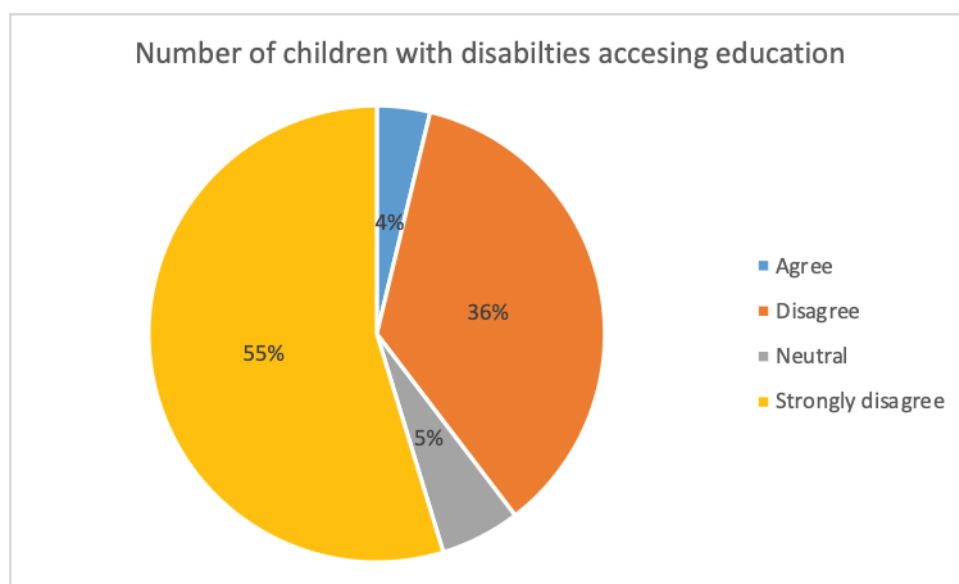


Figure 16: Respondents views on the number of children with disabilities accessing quality education

In terms of access to quality education by children with disabilities, 55% of the respondents in this study strongly disagreed that students with disabilities are accessing quality education while another 36% agreed with this statement (see figure 16 above). This may be an indication that the quality of education

⁸ A cadre of personnel that will support learners with disabilities in mainstream schools

for children with disabilities still does not meet appropriate quality standards. Further, this may also imply that they are hindered by the other barriers to accessing education including: schools being inaccessible, parents not feeling safe letting their children with disabilities attend school due to bullying, inaccessible routes to schools that require long distances to travel to get there etc.

On the issue of inclusive education, 87% of the respondents disagreed that children with disabilities are learning in regular schools/ inclusive education where children with disabilities and those without disabilities learn together and are provided with adequate teachers, books and classrooms and other education support services (see figure 17 below).

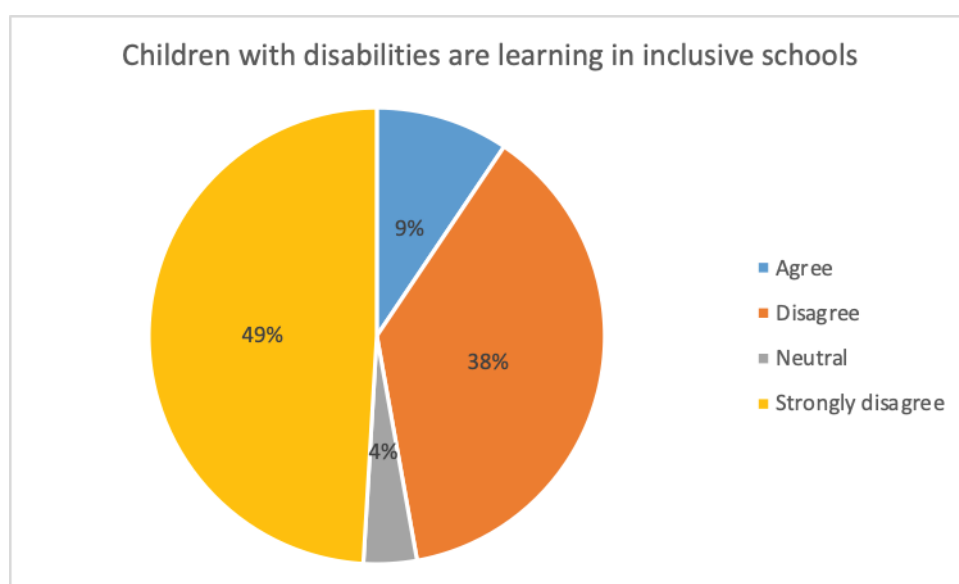


Figure 17: Respondents believe that children with disabilities are learning in inclusive schools

Two different surveys by the Ministry of Education and VSO (2014) & NGEC (2016), identified similar challenges that limit the provision of inclusive quality education as articulated in the CRPD article 24 that requires State Parties to ensure an inclusive education system at all levels and lifelong learning. The challenges include: (a) lack of comprehensive data on children with disabilities thus hindering proper planning and service provision; (b) there is no policy on training and deployment of special needs teachers; (c) lack of appropriate tools and skills for early identification and educational assessment; (d) there are inadequately trained teachers while other schools have teachers trained in areas of disability not relevant to where they are posted; (e) inadequate infrastructure in most schools that can accommodate children with disabilities;

(f) costly assistive devices which are not always adequately availed for all children with disabilities and (g) inadequate learning materials.

On academic performance of learners and trainees with disabilities, 81% of the respondents disagreed that children with disabilities are performing well academically just like those without disabilities in inclusive schools (see figure 18 below).

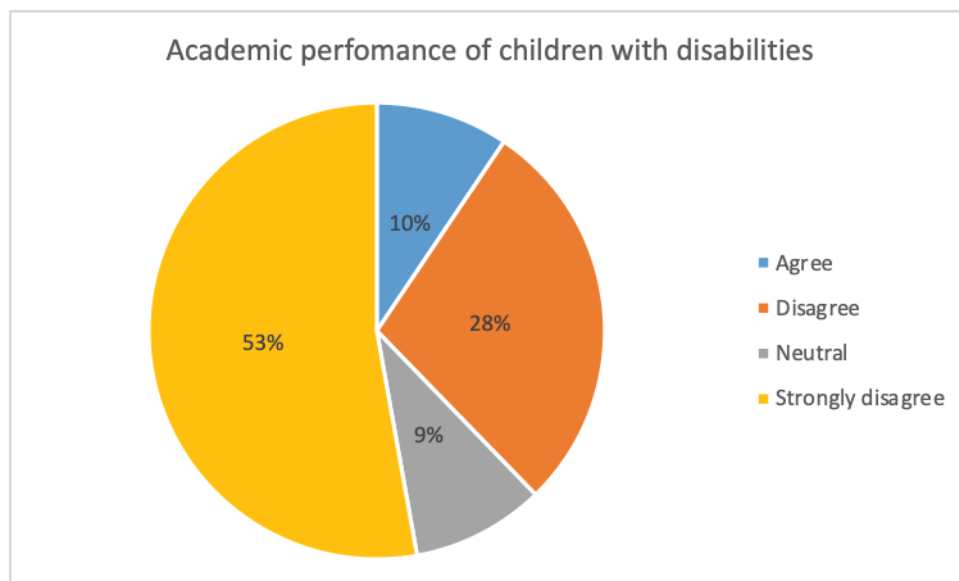


Figure 18: Respondents believe that children with disabilities are adequately supported in schools to academically perform to their potential

From the responses, it was further noted that learners with disabilities in tertiary institutions of learning are not practising what they learnt in colleges. This is because education has been focusing on traditional areas of training thus making them not to compete favourably with their peers who have no disabilities. For instance, trainees in universities and colleges who are visually impaired are mostly confined to teaching while those with intellectual challenges are limited to traditional vocational training courses. Most persons with disabilities lack relevant skills such as computer literacy and therefore do not match the job market needs.

In the study, 94% of the respondents disagreed that schools are accessible, in terms of distance and physical accessibility, to learners and trainees with disabilities (see figure 19 below) and therefore it was generally observed that the school infrastructure in a majority of regular schools is inaccessible, and

the distance to schools is also a challenge to accessing education especially to those with mobility challenges.

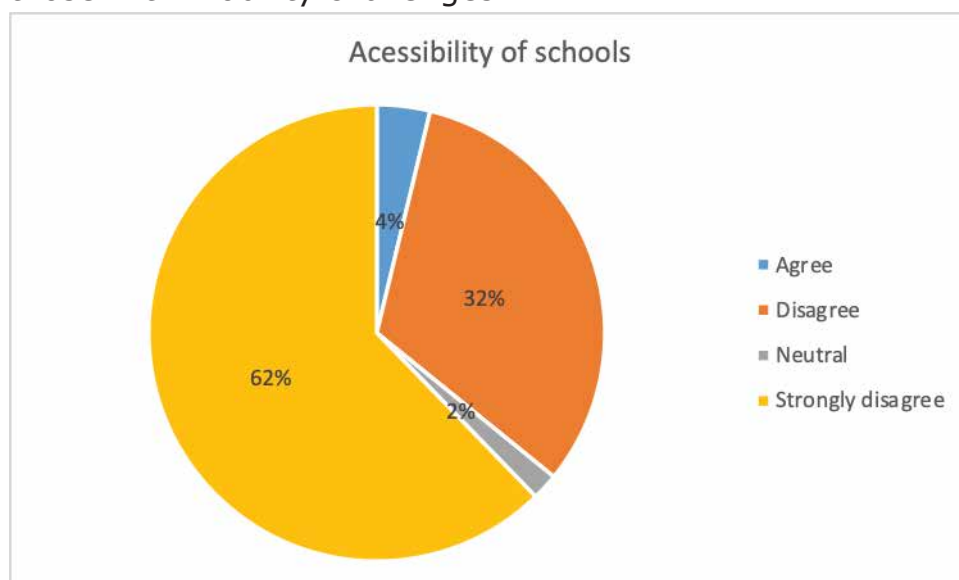


Figure 19: Respondents believe that schools are fully accessible

Figure 20 (below) lists the major challenges facing inclusive education. The challenges include: lack of disability-friendly services (23%) followed by lack of adequate trained teachers (20%), lack of adequate learning materials (18%), long distances to schools (17%) and unaffordability of school costs (15%).

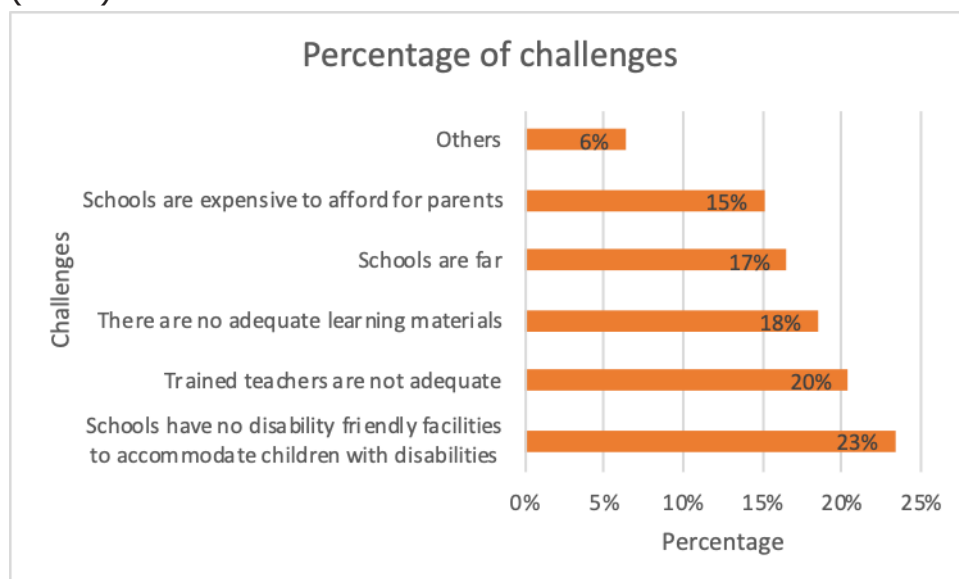


Figure 20: Respondents believe these are the main challenges in accessing education

Other challenges that accounted for 6% include:

- Inadequate trained support staff
- Examinations/curriculums that are not accessible and adapted to suit children with some types of disabilities, for example, those with developmental disabilities
- Deaf children not being integrated in school at a younger age due to the language barriers they experience.
- Low understanding of inclusive education by stakeholders.
- Learners with visual impairments still lack access to learning materials in accessible formats due to high cost of acquiring them.

Early identification and assessment is important for enrolment of children with disabilities into schools. Kenya has had dedicated officers (Education Assessment and Resource Coordinators- EARCs) who have been playing this role. However, a recent government directive assigning them additional roles to work as curriculum support officers and thus children with disabilities seeking assessment and placement are often not well attended to. Consequently, this has increased the probability of misplacement and low enrolment rates for children with disabilities in education.

During the validation workshop in Nairobi, a participant from Nairobi County noted that “education assessment officers are no longer supporting assessment of children with disabilities as it used to be since they are now focusing on supporting curriculum in the general education.”

The county forums also highlighted the issue of education being unaffordable for many families with a member with a disability, especially for boarding schools and secondary schools despite the government’s efforts to fund it. Parents are required to cost share with the government. During the validation forum, it was generally felt that education is not yet free as envisioned by the government. This is because parents incur costs for uniforms, transport and learning materials.

For example, in Machakos, a participant said that *“the cost of education for persons with disabilities is high and the government overlooks them.”*

During the county forums, it was also highlighted that bursaries are not distributed fairly and at times students with disabilities may end up not benefiting from them. Low capacity of representatives of persons with special needs in the school boards of management remains a challenge since majority of those nominated have qualify because of their disability and not their

qualifications and also once nominated they are not adequately inducted on their roles.

It was realized that majority of the special schools are run by churches and mostly employ unqualified teachers in the efforts to address the gap of inadequate teachers. Children with disabilities attend school at an older age than their peers without disability. According to the Budget Statement for the Fiscal Year 2019/2020 Budget by the National Treasury, the Education Sector was allocated 26.1 percent of Kenyan total budget, a 7.1 percent increase from the allocation of financial year 2018/2019 (Republic of Kenya 2019). In the financial year 2017/2018, the Ministry of Education disbursed capitation grants to 108,221 learners enrolled in 290 special primary institutions and 2057 special units/integrated programmes. Learners with disabilities received annual Free Primary Education (FPE) capitation of KES 1,420 and KES 2,300 top-up for specialized assistive devices compared to the regular learners' annual capitation of KES 1,420 (MoE, 2018). Learners who are enrolled in special secondary education receive annual free day secondary education capitation grants of KES 57,974 while those in regular education receive KES 22,244. In addition, the Ministry of Education provides financial and material support to six Technical and Vocational Education and Training (TVET) institutions and three teacher training colleges that admit trainees with disabilities.

The majority (81%) disagreed while 10% agreed that children with disabilities are performing well academically just like those without disabilities in inclusive schools (see **Error! Reference source not found.** 18). It was noted that those in tertiary institutions of learning are not practising what they learnt in colleges. This is because education has been focusing on traditional areas of training thus making them not to compete favourably with their peers who have no disabilities. Trainees in universities and colleges who are blind are mostly confined to teaching while those with intellectual challenges are limited to traditional vocational training courses. Persons with disabilities lack the relevant skills such as computer literacy and therefore do not match the market needs.

3.5.2. Conclusion and Key Findings

The government has made commendable efforts towards the achievement of SDG4 on inclusive quality education in line with CRPD Article 24. However,

there is still a gap in the provision of education services for learners with special needs and disabilities in Kenya. The following are the key findings:

- Despite the government efforts to fund inclusive education, there still remains a big resource gap to support inclusive education, as envisaged in SDG4 and article 24 of the CRPD.
- Grants for learners and trainees with disabilities in mainstream and special schools remains too inadequate to meet the needs of students with special needs such as the cost of learning resources.
- Children with disabilities are still out of school and if enrolled, a significant number drop out of the education system.
- Majority of regular schools are not accessible to learners with disabilities in terms of physical environment, adapted curricula and inaccessible learning materials. Long distances to schools further exacerbate this problem.
- Learners and trainees with disabilities are not attaining good educational outcomes due to the limitations such as limited resources, inaccessible curricula, and low teacher pupil ratio among others or by attending special schools where the curriculum is not up to the standards of the mainstream education system.
- Learners with disabilities are not accessing adequate learning materials and aids in the classroom due to limited government resources being dedicated to inclusive education, especially for those with visual impairments and Deaf students or students who have hearing impairments

3.6. SDG5: Gender Equality and CRPD Articles 3, 5, 6, 16 and 29

3.6.1. Discussion

Both disability and gender are significant factors for exclusion (Leonard Cheshire Disability, 2017). SDG 5 aims to achieve gender equality and empower all women and girls. Target 5.1 of SDG 5 is to end all forms of discrimination against all women and girls everywhere, while target 5.2 is aimed at eliminating all forms of violence against all women and girls. Target 5.3 aims at eliminating all harmful practices, such as child, early and forced marriage and female genital mutilation. Target 5.5 aims to ensure women participate fully and effectively and are provided with equal opportunities for leadership at all levels of decision-making in political, economic and public life. Target 5c aims to adopt and strengthen policies that promote gender equality and the empowerment of all women and girls at all levels.

SDG 5 is reflected in five articles including articles 3, 5,6,16 and 29 of the CRPD. Article 3 (g) of the general principles requires equality between men and women. Article 5 notes that (1) all people are equal before the law and

are entitled to equal protection and equal benefit and; (2) equal and effective legal protection. Article 6 (2) calls for full development, advancement and empowerment of women. Article 8 (1b) requires State Parties to combat stereotypes, prejudices and harmful practices. Under Article 16 (1) State Parties are required to take appropriate measures to protect PWDs from all forms of exploitation, violence and abuse, including their gender-based aspects; (2) prevent all forms of exploitation, violence and abuse; (4) promote the physical, cognitive and psychological recovery, rehabilitation and social reintegration of victims and; (5) put in place effective legislation and policies, including women- and child-focused legislation and policies. Article 29 requires State Parties to “guarantee to persons with disabilities political rights and the opportunity to enjoy them on an equal basis with others.” (a) Ensure PWDs participate in political and public life on an equal basis with others and right to vote and be elected.

The Constitution of Kenya, under the Bill of Rights, obligates the State to address the needs of vulnerable persons including women and PWDs in society. The government has enacted laws to protect women’s inheritance of their father and or spouse’s properties including land. These laws override customary laws and considerations. The constitution also created the National Gender and Equality Commission whose mandate is to promote gender equality and freedom from discrimination.

Regarding violence against women and girls, 98% of the respondents in this study disagreed that women and girls with disabilities are free from violence (see figure 26). It was noted that girls with disabilities who are not in school are highly exposed to sexual exploitation by neighbours, family or someone close to them. Girls with severe disabilities such as intellectual, cerebral palsy, deaf-blindness among others are more prone to abuse since it is assumed that they cannot identify perpetrators or serve as witnesses in court. In addition, courts and other sectors of the justice system do not provide access to support services to assist women with disabilities seeking justice in communication. Another major issue is that cases of sexual and/or gender-based violence against women and girls with disabilities are generally arbitrated in the home rather than through the formal justice system. The stigma associated with disability and gender keeps families from arbitrating such rights violations in courts of law. It is also worth noting that such violence, abuse and exploitation against women and girls with disabilities often happens in the hands of family members and care-givers and the victim is often financially dependent on

them and this discourages them from seeking justice. Further, gender-based violence against women and girls with disabilities stems from myths about disability and gender engrained in different communities.

"It is a common myth that if a person who had a reckless sexual life has sex with a woman or girl with disability, he can get cured of sexually transmitted diseases such as HIV." (DPO member from Machakos County).

At the school level, the inability to enforce safeguarding measures including having clear reporting channels for abuses is a major contributing factor to sexual abuse and exploitation against girls with disabilities in schools. A global study from UNFPA (2018) reveals that girls and young women with disabilities face up to 10 times more gender-based violence than those without disabilities. Girls with intellectual disabilities are particularly vulnerable to sexual violence. A survey by Coalition on Violence Against Women (COVAW) and Kenya Association for the Intellectually Handicapped in Kenya (KAIH) indicated that more than half of the women and girls surveyed reported having been sexually abused at least once and most of these reported multiple times. The same report revealed that young women and girls with disabilities face a challenge of right to legal representation (KAIH and COVAW, 2017).

Another report by UNHCR (2017) revealed that in Nairobi, women with disabilities who are refugees are particularly vulnerable, both as refugees and as women with disabilities and that urban refugee women with disabilities in Nairobi are often survivors of sexual violence. A report by the Women's Refugee Commission (WRC) in partnership with Women Challenged to Challenge (WCC) estimates that in the Kakuma refugee camp in Kenya, women and girls with disabilities experience discrimination and exclusion in emergency response programs.

Kenya has made efforts to protect and promote the rights of marginalized groups including women with disabilities. For instance, the National Gender and Equality Commission (NGEC), which is a constitutional Commission established by an Act of Parliament in August 2011, with the objectives of promoting gender equality and freedom from discrimination including for women with disabilities. Among other functions, NGEC monitors the status of the special interest groups, facilitates and advises on the development and implementation of affirmative action, policies and coordinates and facilitates mainstreaming of issues of special interest groups.

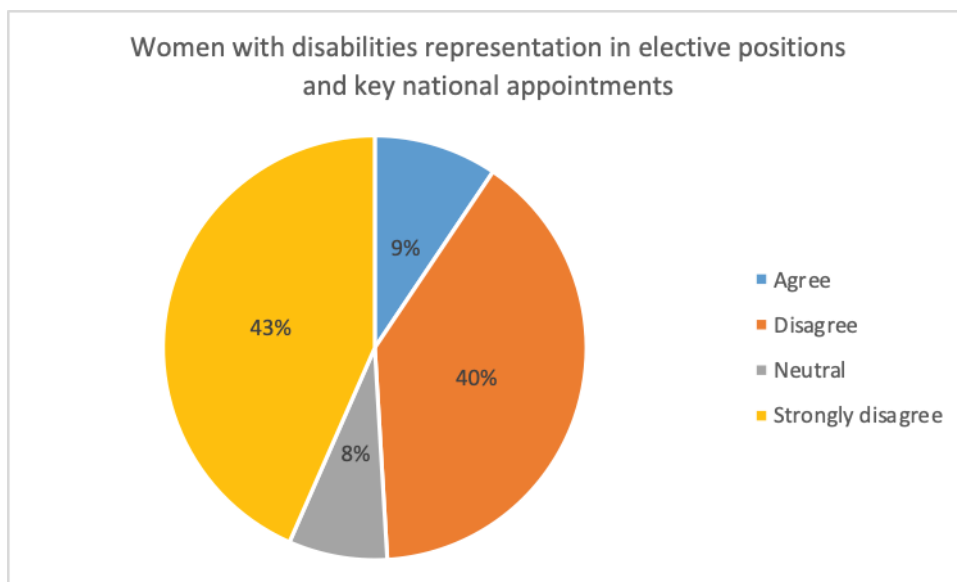


Figure 21: Respondents believe that women with disabilities are represented in elective positions and key national political appointments

On the issue of representation of women with disabilities in elective positions and key national appointments, 83% of the respondents in this study (see figure 21 above) disagreed that women with disabilities are well represented in elective positions and key national appointments. Although Article 54 clause (2) of the Constitution of Kenya calls the State to ensure progressive implementation of the principle that at least five percent of members of the public in elective and appointive bodies are persons with disabilities, the law is yet to be fully complied with. Similarly, article 98 of the Constitution requires political parties to nominate 16 women according to the proportion of members of the Senate elected and two other nominees being one man and one woman, representing the youth, one man and one woman representing persons with disabilities. According to a survey conducted by UDPK (2018) on the level of inclusivity in the 2017 general elections (table 6), there are 1.9% of PWDs represented in the three levels of government, with the total number of women with disabilities being slightly more than men with disabilities. In the national assembly, and in the Senate there are equal number of men and women with disabilities (1.5%). At the county assembly level, there are more women (1.1%) as compared to men with disabilities (0.9%). From this information, there is progress towards ensuring that for political and appointive positions, women with disabilities are represented as well. However, it is worth noting that although the Constitution of Kenya says that

two-thirds of members of parliament should not exceed either gender, this has not been attained in favour of women.

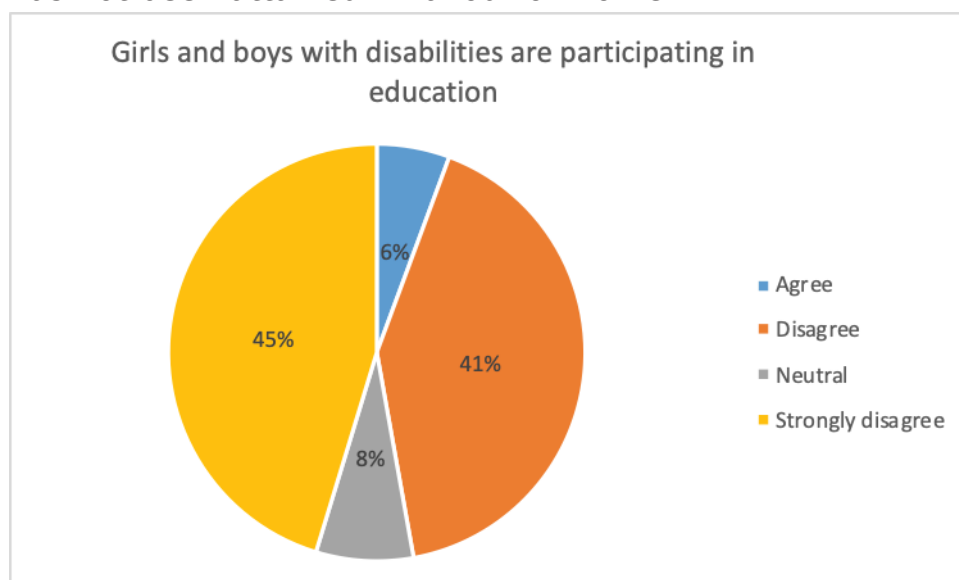


Figure 22: Respondents believe that girls and boys with disabilities are participating in education on an equal basis

On the question of equal participation of girls and boys in education, 86% of the respondents in this study disagreed that girls and boys are equally participating in education (see figure 22 above). The Kenyan Statistical Year Booklet (MoE 2015) shows that the number of girls with disabilities in both primary and secondary school on absolute enrolment (compared to the total number of learners) was 0.97 in 2015, with 0.97 for Early Education 0.97 in primary and 0.90 in secondary education levels.

Table 1: Gender parity of learners with disabilities in basic education

Gender	Primary school	Secondary
Boys	0.54	0.58
Girls	0.46	0.42

Source: Ministry of Education (2015 Kenyan Statistical Year Booklet) and researcher calculations

Calculations in **Error! Reference source not found.** (above) from the Kenyan Statistical Year Booklet (MoE 2015) indicated that the gender parity for boys and girls with disabilities in primary school is 0.54% and 0.46% respectively. At the secondary school level, the gender parity is 0.58% and 0.42% for boys and girls with disabilities respectively. Apart from teenage pregnancy, the Kenyan girl child, including those with disabilities is adversely affected by gender issues ranging from female genital mutilation (especially in regions like Kajiado, Samburu, and Narok), early marriages, traditional practices such as preference for the boys than the girls, stigma and

discrimination and gender based labour division, which affects the girl child school enrolment; and it is for this reason that girls, including those with disabilities still remain behind in terms of educational outcomes(NESSP, 2018).

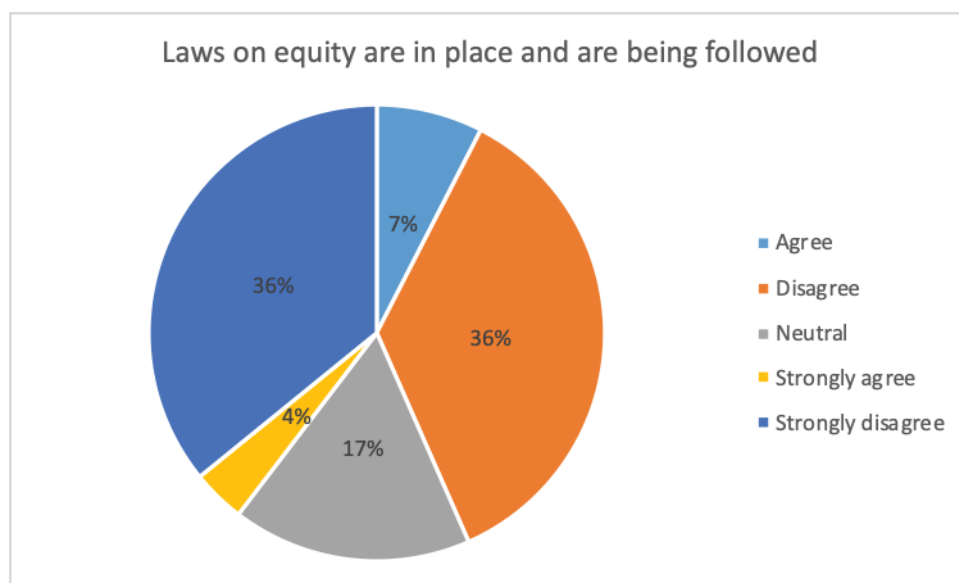


Figure 23: Respondents believe that laws on disability equity are in place and are being implemented

In terms of access to justice, interviewees, when probed whether there are laws in place and that are being implemented to ensure women and girls with disabilities access justice, 72% disagreed (see figure 23 above). Although Kenya has developed a National Action Plan on Legal Aid (2017-2022), which recognizes that legal assistance is significant to ensure effective access to justice, a fair hearing, respect for the principle of equality and respect for the rights of the marginalized and vulnerable persons – including persons/women with disabilities. The above findings call for an urgent action by all stakeholders to create awareness on availability of such laws; and also advocate for formulation and implementation of more laws and policies that promote and protect the rights of girls and women with disabilities in Kenya.

There are other actors offering Legal Aid and Awareness Programmes mainly to the poor, marginalised and vulnerable in society.⁹ Such service providers include the Federation of Women Lawyers (FIDA-Kenya), Kituo Cha Sheria, Kenya Human Rights Commission and Kenya National Human Rights

⁹ <https://www.statelaw.go.ke/national-legal-aid-service/>

Commission among others who have made significant strides in ensuring that their services are inclusive of all, including women and girls with disabilities.

3.6.2. Conclusion and Key Findings

From the analysis of SDG 5 and CRPD Articles 3, 5, 6, 16 and 29 in this study, it is worth noting that the government is making progress towards achieving gender equality. However, much more still remains to be done especially in respect to the widespread stigma and discriminatory attitudes on the basis of disability and gender in Kenya. The key findings are summarized below:

- a) There is no significant difference in the representation of women and men with disabilities in political spaces as recommended in Article 23 and Article 29 on equality and political rights respectively. However, representation of men and women with disabilities in the political space remains low (1.9%).
- b) Towards achieving article 24, girls and boys with disabilities are now competing favourably, with an insignificant gender parity being witnessed in the primary and secondary levels of education. However, generally, boys and girls with disabilities are excluded from education system but women and girls with disabilities are highly excluded from education
- c) Women with disabilities continue being physically and sexually abused with little to no access to justice.
- d) The existing legal aid mechanism is weak and therefore impedes justice for women and men with disabilities, especially those abused sexually. The legal aid and justice system is not accessible to women and girls with disabilities. This is due to the existence of many barriers they experience while trying to access it hence violence, abuse and exploitation of women and girls with disabilities continues to be pervasive in Kenya.
- e) Although there are laws, policies and programmes that promote gender equality for women, in some cases the specific issues affecting women with disabilities are not specifically covered by such laws and policies. Women with disabilities still face stigma and discrimination among women without disabilities.

3.7. SDG 8: Employment and Decent Work for All and Article 27.

3.7.1. Discussion

SDG 8 is about promoting sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all. Target 8.5 aims to “achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value by 2030.” Target 8.6 aims, “by 2020, to substantially reduce the proportion of youth not in employment, education or training.” SDG 8 relates to CRPD article 27 (1) which requires State Parties to recognize the right of PWDs to work, on an equal basis with others, in work they freely chose or accept and in an inclusive work environment; (g and h) promote the employment of PWDs in the public and private sector including through affirmative action programmes, incentives and other measures.

According to the UN (2019), the global unemployment rate in 2018 stood at 5.0 per cent –youth were three times more likely to be unemployed than adults.¹⁰ Global Disability Rights Now approximates that in Kenya, 33.3% of PWDs are unemployed. According to the Kenya National Survey for Persons with Disabilities (2008), a third of PWDs worked on own family business, around 16% worked for pay while one in ten said they were homemakers. Another 24% did not work. Males (17.7%) were more than twice as likely as females (7.54s %) to have worked for pay (Government of Kenya, 2008).

The Government of Kenya has established several affirmative action funds in different Ministries and Government Agencies with the twin objective of creating opportunities for self-employment and economic development for youth, women and persons with disabilities. Such includes *Ajira* Digital; *Uwezo* Funds; Youth and Women Enterprise Funds; Access to Government Procurement Opportunities (AGPO) and Kenya Youth Employment and Opportunities Project (KYEOP).¹¹ In May 2019, the Government launched the National Employment Authority to provide employment and internship services and play a key role in facilitating foreign employment recruitment through private agencies. The Public Service Commission (PSC) has offered more than 3,100 youths internships in various public institutions. The key limitation is that from the data provided for most of the programmes, it is

¹⁰ <https://sustainabledevelopment.un.org/sdg8>

¹¹ https://www.labourmarket.go.ke/labour/employment_creation_opportunities/

difficult to know the exact figures of how many PWDs are benefiting from the programmes. Other challenges in accessing these employment programmes is that they do not provide reasonable accommodations to support PWDs in accessing work and employment.

PWDs enjoy privileges such as tax exemptions. According to a circular on tax exemption by the National Treasury and Planning (2018), all persons with disabilities who receive an income may apply for exemption from income tax and any other levies on such income. This form of exemption is either annual or monthly applying for the first KES 150,000(USD 1,500) per month. This was provided for under the Kenya Subsidiary Legislation, 2010 through the Kenya Gazette Supplement No.16 Legislative Supplement No. 11 of 26th March 2010 which exempts PWDs from paying income tax.

In addition to the efforts by the State, non-state actors have been making efforts to address the right to access employment for PWDs. For example, UK Aid (DFID) has funded two employment initiatives. The first one is Innovation to Inclusion (i2i) initiative, led by Leonard Cheshire, aimed at addressing key challenges persons with disabilities experience in accessing economic opportunities and waged employment. The second initiative, 'Inclusion Works', led by Sight Savers is aimed at promoting the inclusion of women and men with disabilities in the formal employment sector.

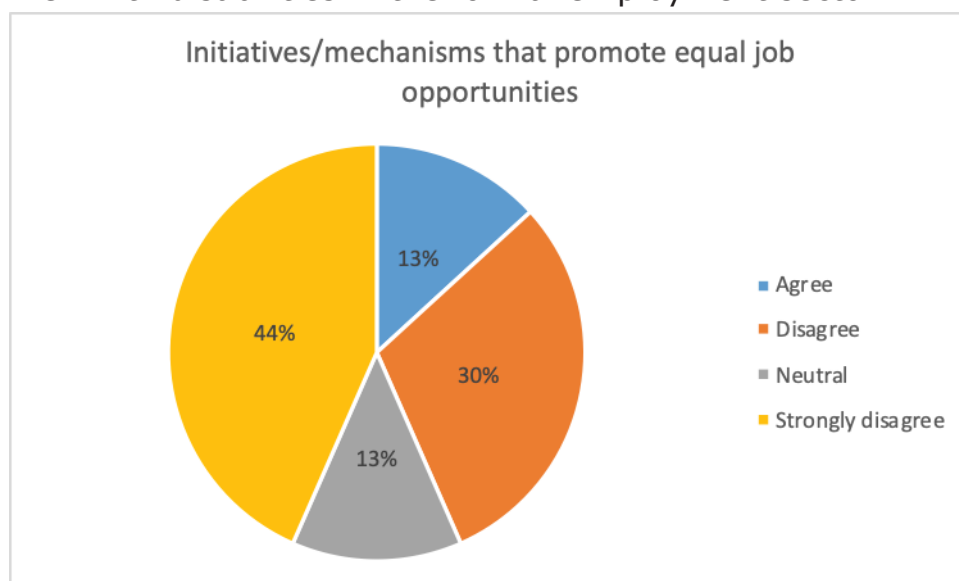


Figure 24: Respondents believe that there are initiatives/mechanisms that promote equal job opportunities for PWDs

On initiatives/mechanisms that promote equal job opportunities among PWDs, 74% of the respondents in this study disagreed that there are initiatives/mechanisms that promote equal job opportunities for PWDs. Only 13% agreed (see **Error! Reference source not found.** above). The Employment Act of 2007 prohibits discrimination of PWDs by employers. Employers are required to secure reservation of five per cent of all casual, emergency and contractual positions in employment in the public for PWDs. The Diversity Policy for the Public Service (2016) requires every public service institution to adopt measures that facilitate the realization of the constitutional principles of ensuring an inclusive public service. It further requires at least five per cent (5%) of appointments in the public sector to comprise persons with disabilities. In cases where such a public service institution has not met the requirement, it is required to take measures including adopting affirmative action that ensures progressive realization within five years after coming into force.

Table 6: Number of elected legislators by gender in the national assembly, senate and county assemblies.

Category of legislation	Gender	Nominated	Electd	Total	In post	%
National Assembly	Males	1	1	2	349	0.6%
	Females	1	1	2		0.6%
Senate	Males	1		1	67	1.5%
	Females	1		1		1.5%
County Assemblies	Males	18	2	20	2,222	0.9%
	Females	24	0	24		1.1%
Total		46	4	50	2,638	1.9%

Source: UDPK 2018, the National Assembly, Senate and researcher calculations

An evaluation report by the Public Service Commission (2018) indicates that out of the 251 public institutions evaluated on the inclusion of persons with disabilities in the financial year 2017/18, only 10 institutions had complied with the 5% requirement for employment of PWDs. The report further indicates that there are only 2,155 PWDs employed translating to 1.1% of the total number of persons in employment. This report does not indicate the

status of employment of PWDs in the private sector and thus it becomes difficult to authoritatively report on the same. The private sector is not compelled by law but encouraged to employ PWDs through incentives. Despite lack of authoritative reports, some private players have committed towards achieving the 5% PWD employment quota. A good example is Safaricom PLC, through its Diversity and Inclusion Project, that has employed 221 PWDs (2.1%) out of which 56% are women and 44% are men.

Majority of employers in the public and private sector reported that PWDs lack skills that match the available job opportunities. The Public Service Commission report further notes that about 50% of PWDs who apply for jobs, especially at the county level, have vocational training. They graduate from special vocational training colleges which only offer very limited and traditional courses that don't match the ever-changing job market. This has been cited as a major barrier to the employability of PWDs. Mainstream TVETs are not adequately prepared in terms of policy, infrastructure and trained personnel to enroll and train PWDs.

Some organizations in Kenya have identified skills gaps among PWDs that limit their employability. The organizations are training them to sharpen those skills. The organizations include Google Kenya, Techno –brain, VSO Kenya, Eastern Development Committee, Plan International, APDK and the Kenya Commercial Bank. For example, Safaricom PLC is collaborating with Kenyatta University and Jomo Kenyatta University to guide students with disabilities on career pathways. They are encouraging female learners with disability to focus on ideal and marketable courses. To ensure inclusion of all disabilities, the company has brought on board few PWDs with intellectual disability and are using them to pilot the talent and environment they can thrive in within the Safaricom workplace (Baseline Survey report by SITE/KUB on the status of implementation of CRPD).

The government has put in place an affirmative action plan aimed at providing businesses run by women, youth and persons with disabilities to supply 30% goods and services to different government departments. Asked whether the program is benefitting PWDs, 60% of the respondents in this study disagreed, 10% agreed and 30% were neutral (see figure 25 below).

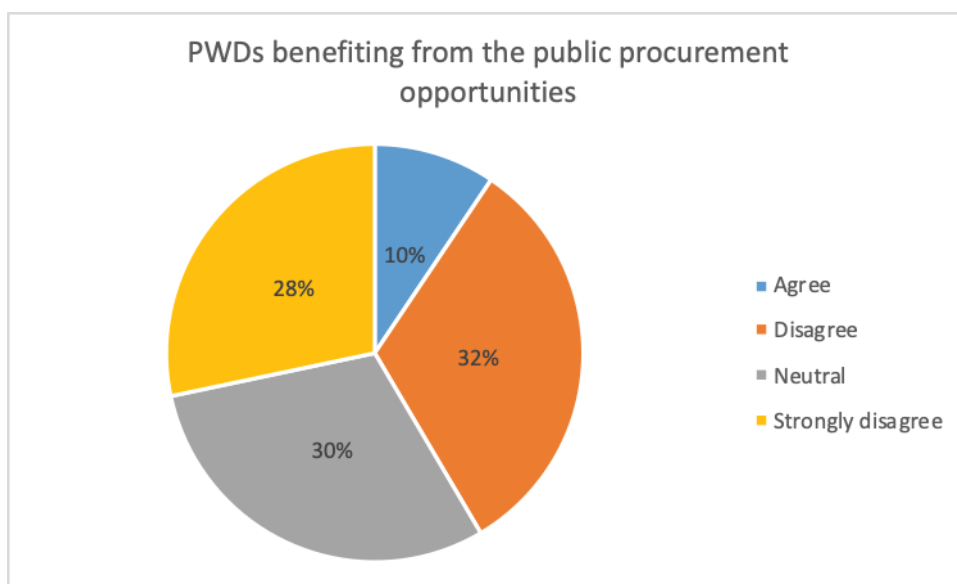


Figure 25: Respondents believe that PWDs are benefiting from the public procurement opportunities

The Institute of Social Accountability (TISA, 2017) found that there were several challenges faced by the three groups while accessing AGPO that included; 35% faced problems with corruption in trying to access the opportunities, 22% faced delayed payments, while a further 10% had challenges with market fluctuations.

Table 7: Distribution of AGPO registered business and tenders awarded

Group	Estimated population	AGPO registered business	Tenders awarded
Women		54%	52%
Youths		41%	36%

The remaining 9% and 13% respectively had issues with bureaucracy and lack of capital. Although this study does not give us disability specific challenges, but in general it shows key issues affecting the three groups (women, youth and PWDs).

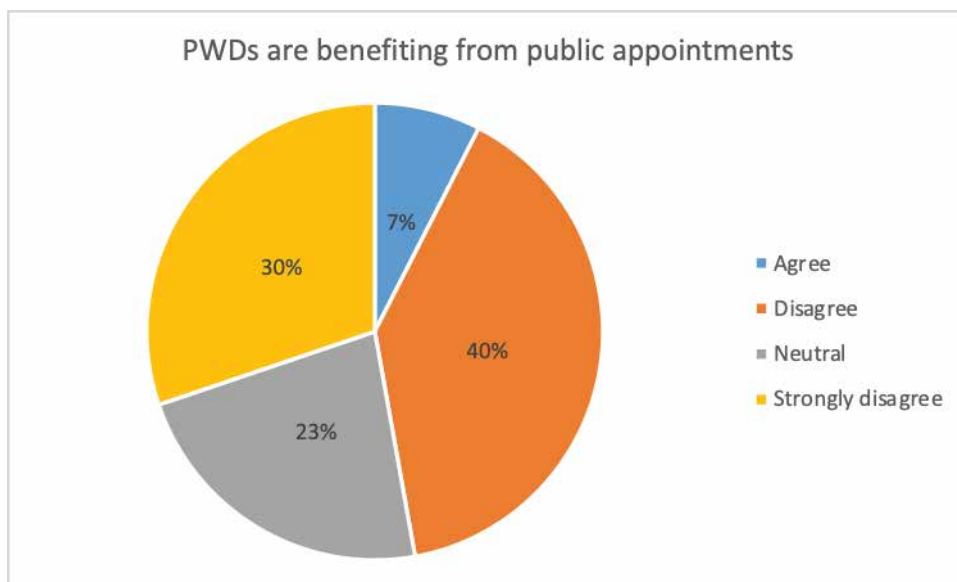


Figure 26: Respondents believe that PWDs are benefiting from public appointments

Regarding public appointments for PWDs, 70% of the respondents in this study disagreed while 7% agreed that PWDs are benefiting from public appointments in ministries, departments and agencies (see figure 26 above). It was noted that some county governments use shrewd tactics to avoid employment of PWDs such as claims that only manual jobs are available which automatically locks out persons with visual or physical disabilities. A report by SITE/KUB indicated that in Meru County, PWDs have been nominated in the 10 sectoral working groups through an AHADI Programme (USAID). However, those nominated opined that the representation was cosmetic as PWDs hardly get invited for meetings. For those employed it was noted that some lack job satisfaction and that companies in most cases employ out of sympathy and compliance with the legal requirement and thus most of such employees are not satisfied with the jobs they do.

"Sometimes there is no job satisfaction and companies can employ a person with disability out of sympathy" (A DPO member from Mombasa County).

3.7.2. Conclusion and Key Findings

From an analysis of SDG 8 together with article 27, it can be concluded that persons with disabilities are not adequately benefiting from gainful employment, economic activities and enjoying their right to decent work. The existing measures aimed at promoting Access to Government Procurement Opportunities to promote businesses for self-employment among PWDs do not adequately benefit them. Attempts made towards achieving the 5% legal requirement for employment of PWDs in government ministries and

departments are still limited, so far only 1.1% PWDs have been employed. Key findings:

- There is no clear data on the numbers of PWDs who are employed in the public and private sectors.
- A majority of persons with disabilities are not accessing formal employment opportunities and when they do find work, it is often within low-wage jobs
- PWDs are not adequately benefiting from formal employment opportunities because a majority of those who are employed are hired for low-level jobs, some don't receive equal pay for equal work done and some private companies employ them just out of sympathy.
- A majority of PWDs have low level of education and those who go through vocational training graduate with skills that don't necessarily match the market needs, which contributes to their unemployment.
- The existing initiatives aimed at promoting Access to Government Procurement Opportunities for businesses run by PWDs do not adequately benefit them.
- In most places where PWDs have been employed, the working environments do not offer reasonable accommodations.
- Persons with disabilities continue to face stigma and discriminatory attitudes from employers. Also, there is lack of awareness among employers on the rights of persons with disabilities to work and employment hence impeding PWDs accessing and retaining employment.

3.0. Conclusion and Recommendations

This report examines the progress that Kenya has made towards achieving the five Sustainable Development Goals including goal number 1, 3, 4, 5 and 8 in line with related CRPD articles. The purpose of the report is to serve as a document which DPOs can use for advocacy.

The study makes specific recommendations for the five Sustainable Development Goals in the context of Kenya. Some of the recommendations are policy based, others are aimed to improve service delivery and others can inform the design of programmes by civil society organizations.

SDG 1: No Poverty:

- Overall, the majority of persons with disabilities in Kenya live on or near the poverty line and if their needs are not addressed by the implementation of SDG 1, the government will not reach this goal.
- Persons with Disabilities (PWDs) and their representative organizations are not adequately involved in the development of policies targeting them. Disabled Persons Organizations (DPOs) need to be empowered to fully participate in all aspects of political, economic and social life. DPOs should be purposively engaged in the design and implementation of policies and programmes aimed at alleviating poverty. This should be done in line with Article 4 (3) of the CRPD that recommends consultation with PWDs on all policies and programmes to implement the CRPD, including policies and programmes on poverty reduction and economic development.
- There is lack of proper accountability mechanisms that enable persons with disabilities to hold duty bearers to account. The government should strengthen accountability mechanisms and avenues that support persons with disabilities to seek accountability from public offices on the resources and opportunities allocated to them. For example lack of Sign Language interpretation services during public participation forums limits the participation of the Deaf. This can be done in line with the CRPD article 4(3) in the development and implementation of legislation and policies to implement the present Convention, and in other decision-making processes concerning issues relating to persons with disabilities, State Parties shall closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organizations.
- There are inadequate resources for poverty eradication targeting PWDs. The government should strengthen and expand its poverty alleviation programmes to be inclusive of persons with disabilities in line with the CRPD. Where specific affirmative action is necessary, the government

should ensure that such affirmative action is targeting different types of disabilities and addressing specific needs through positive measures and targeted outreach. For instance, a Social Protection Programme targeting persons with severe disabilities only has been instituted. They are enrolled in a cash transfer programme at the household level. This has a limitation since defining severe disability has been in itself a problem and targeting has at times been very discriminatory. It is recommended that social protection and thus cash transfer programme be extended to all persons with disabilities who do not have any other means of income at individual level and this should be extended also to caregivers who cannot work as their care giving services are required 24 hours. Further, the government has put in place an affirmative action programme (Access to Government Procurement Opportunities- AGPO) where 30% of government supplies are to be made by women, youth and persons with disabilities, this with a view to promoting their businesses. Experience has shown that persons with disabilities have largely not benefitted from this provision since the greater portion of the opportunity goes to women and youth. It is recommended that the allocation is further segmented to ensure a fair share of opportunities for enterprises run by persons with disabilities. It should be streamlined by guaranteeing a minimum reserved procurement allotment for them; and should not only be seen in terms of numbers but also in terms of the value of the procurement. This should be the case both at the national and county levels.

- It is appreciated that the National Council for Persons with Disabilities is a Semi-Autonomous Government Agency (SAGA), specific to addressing concerns of persons with disabilities. It is noted that though established by law, it could be strengthened to give greater impact to disability concerns. In this regard it is recommended that the roles of the National Council for Persons with Disabilities be enhanced so as to play supervisory, oversight, investigative and monitoring functions to ensure that all other government departments and service agencies such as Constituency Bursary Fund, Constituency Development Fund and Economic Programmes such as Women and Youth Enterprise Fund are fully inclusive of persons with disabilities in their provision of services; and thus avoiding segregation and separate service provision for persons with disabilities.
- Low level of awareness among DPOs on poverty reduction programmes. There is need for persons with disabilities through their DPOs to be empowered so as understand the different poverty eradication programmes being run by the government. Their advocacy capacity

should be enhanced to enable them engage duty bearers in order to realize inclusion in such programmes. This should be done at all levels.

SDG 3: Health

- Health services still remain relatively inaccessible and unaffordable to PWDs; towards achieving affordable healthcare for all, the government needs to fast track the implementation of the Universal Health Coverage from the current four pilot counties to the entire country, and must be inclusive of all persons with disabilities and scale up the National Health Insurance Subsidy Programme to cover all persons with disabilities who are of low income or unemployed. The government should abolish/waive the charges for assessment for registration of persons with disabilities.
- Specifically, for mental health as a State Party to the CRPD, Kenya should recognize persons with mental health conditions as persons with psychosocial disabilities. The Mental Health Act of 1989 should be repealed in its entirety and replaced with a new law. The current law is based on outdated notions where persons with mental/psychosocial disabilities are deprived of their legal capacity and viewed only as objects of care rather than as full and equal citizens capable of exercising their rights on an equal basis with others. In addition, the current law is not aligned with community-based approaches of providing services and focuses largely on curative aspects to the exclusion of approaches that promote wellness for all. Parliament should fast-track the review of the Mental Health Act in line with the World Health Organizations' Quality Rights Initiative on mental health as well as the CRPD.
- Communication barriers between PWDs and health staff. Staff in health facilities should be trained on how to serve persons with disabilities. Information should be disseminated to persons with disabilities in accessible formats including Kenya Sign Language, Braille and other augmentative means of communication. Sign language interpreters and other professional service providers who can communicate with patients with different forms of disabilities or special needs need to be employed.
- Most of the disability specific services that target PWDs are not provided by the county government at the county hospitals. Disability-specific services need to be mainstreamed in the national health system including: access to assistive devices, rehabilitation services, early intervention services, access to support services such as personal assistance and Sign Language interpretation to enable persons with disabilities to get to health services. In addition, there is a need for accessible health services to be available at the community level

because long distances and inaccessible transportation make it almost impossible for PWDs to access services that are not in their community.

- Health facilities remain physically inaccessible. Existing health facilities should be renovated to ensure physical accessibility for all. For the new health facilities, they should be constructed in line with universal design standards to ensure access for everyone.
- Majority of women with disabilities have challenges accessing sexual and reproductive health services due to accessibility barriers, lack of accessible information and stigma and discriminatory attitudes from health providers. Health facilities should provide such information in accessible formats to people with visual, hearing and those with intellectual disabilities. In addition to sexual and reproductive health services being inaccessible, women with disabilities have large barriers to accessing sexual and reproductive health services including: stigma and discriminatory attitudes from service providers, misconceptions from health providers that women with disabilities are not sexually active and/or not in need of family planning services. In addition, the sexual and reproductive health services require traveling long distances using inaccessible transportation which is another barrier women with disabilities face in accessing these services.

SDG 4: Inclusive Education

- In order to reach all learners with disabilities with education, there needs to be a mobilization of resources to ensure all schools are accessible, teachers are trained and equipped and classrooms have the resources they need to support all learners with disabilities.
- Implementation of education policies and provisions that promote education for learners and trainees with disabilities in Kenya should be fast tracked. PWDs and DPOs ought to advocate for the full implementation of such policies and provisions in its entirety including the Sector Policy for Learners and Trainees with Disabilities.
- Children with disabilities are still out of school. To achieve inclusive education for all, the government needs to undertake massive enrolment campaigns by mobilizing children with disabilities through all possible avenues. Also, drop-out rates of learners and trainees with disabilities is a huge issue and one of the reasons is that students are bullied. To avert this, anti-bullying campaigns needs to be mounted and spread using all available avenues.
- Majority of regular schools are not accessible to learners with disabilities. The government should fully fund education and provide adequate, accessible and friendly school facilities that accommodate all learners. Educational programmes that target arid and semi-arid areas e.g. mobile

libraries should be made inclusive to accommodate learners with disabilities.

- Learners and trainees with disabilities are not attaining good educational outcomes. The government should continuously build the capacity of all the stakeholders including teachers and parents for teachers to improve the teaching strategies and the support that parents should provide so as to achieve inclusive education.
- Learners and trainees with visual impairments still have limited access to information. Kenya having ratified and domesticated the Marrakesh Treaty in 2017, through the Copyright (Amendment) Act 2019, the government should therefore ensure its speedy implementation as a catalyst for the realisation of inclusive education. This will ensure educational materials are produced in accessible formats.

SDG 5: Gender Equality

- The number of women and men with disabilities represented in political positions still remains below the desired quota. Currently, women hold 172 of the 1,883 elected seats in Kenya. There is only 1 elected woman with disability in the National Assembly. This shows a great disparity between women with disabilities and women without disabilities. To realize equality of women with disabilities in political processes, the government needs to put in place more measures such as affirmative action especially for women with disabilities representing marginalized disability categories.
- Women and girls with disabilities continue being physically, emotionally and sexually abused at a higher rate than non-disabled women. This can be attributed to weak legal aid mechanisms, weak reporting mechanisms, negative cultural norms and practices, lack of adequate safe guarding knowledge among women and girls with disabilities etc.
- There is need to promote speedy access to justice for women and girls with disabilities who are victims of abuse. Women and girls with disabilities need to be empowered to know their rights to a life free of violence, exploitation and abuse as outlined in CRPD Article 16 (Freedom from exploitation, violence and abuses) and to know they have a right to seek justice if their rights have been violated as outlined in CRPD Article 13 (Access to justice). There is a need for the violence protection system and the justice system to be reformed to ensure all women and girls with disabilities have access and can seek justice on an equal basis with others.
- The government must support widespread awareness raising campaigns as stipulated in CRPD Article 8 (Awareness raising) to help dispel stigma and myths around disability and gender that perpetuate gender and disability based violence and abuse.
- Additionally, perpetrators need to be held accountable for their acts of violence and abuse. Government sponsored awareness raising campaigns

must also target courts, police and other actors in the justice sector to hold perpetrators of gender and disability-based violence accountable

SDG 8: Employment

- PWDs are not adequately benefiting from formal employment opportunities in the public sector¹². However, for the private sector it is difficult to get data on the employment status of PWDs. Unlike the public sector, the private sector is not compelled by law but encouraged to employ PWDs through incentives. The law on employment should compel the private sector to employ PWDs. Incentives alone are not adequate to ensure the private sector is employing PWDs. Similarly, for the public institutions, the government should strengthen measures for targeted recruitment, job placement and retention for PWDs and monitor their implementation. Further, even for those who are self-employed there is no clear data.
- Majority of PWDs have low level of education and lack the relevant skills therefore do not match the market needs. To address this, the government should work with non-state actors to adequately implement inclusive training programmes such as the Competency Based Education and Training (CBET) curriculum for the technical and vocational education and training institutions which will not only diversify career pathways for PWDs but also make them competitive in the open labour market. The government should also strengthen inclusive TVET programmes.
- Working environments in most cases are not necessarily supportive of PWDs. Regular accessibility audits for employers should be conducted by the National Council for Persons with Disabilities to ensure that the working environment for both private and public employers is accessible for persons with disabilities. Hence, the labour law needs to mandate reasonable accommodation in accessing work and employment and there needs to be accountability mechanisms to monitor and report when this isn't happening as well as reporting on discrimination.

General Recommendations

- This report has examined Kenya's current position as it relates to meeting the 5 aforementioned SDGs and the UNCRPD articles that are in line with them. These are SDGs 1, 3, 4, 5 and 8. To ensure that Kenya is UNCRPD compliant and in keeping with the requirements for the achievement of the SDGs, the following recommendations should be taken into consideration. They are based on the findings outlined in this report and what was expressed by persons with disabilities during the various data collection exercises for the preparation of the report.
- The aim is to ensure that the rights of persons with disabilities are acknowledged and respected as has been outlined in the UN Convention on the Rights of persons

¹² According to an evaluation report by the Public Service Commission (2018)

with disabilities, and that they become and remain a priority as the government of Kenya strives to adequately work towards the achievement of the Sustainable Development Goals and the development of a more inclusive society.

- All the recommendations outlined below are priorities that require equal attention and must not be viewed as being presented in any order of importance.
- [1] DPO's need to take a more collaborative approach in their advocacy efforts to ensure that they have a strong, unified voice.
- [2] All types of disabilities must be equally and adequately represented in advocacy efforts by disabled persons organizations.
- [3] The media should be engaged in government's and DPO's efforts to raise awareness, and in monitoring and reporting on disability-related issues.
- [4] Parliament should enact the Persons with Disabilities (Amendment) Bill, 2019. The Bill needs to be in line with the Marrakesh Treaty, the Sustainable Development Goals and CRPD articles on poverty, health, employment, gender equality and education. This will ensure that persons with disabilities can access adequate health care, education, employment and other available services and information on an equal basis, and that the government of Kenya is fulfilling its obligations towards the aforementioned international instruments that they have agreed too.
- [5] National and county governments should include the agenda and voice of persons with disabilities in the development and implementation of legislation, policies, plans, projects and programs as they will be impacted in some way or the other by their development and implementation.
- [6] After proper consultation with DPO's [if not yet done], Kenya should sign the Protocol to the African Charter on Human and People's Rights on the Rights of Persons with Disabilities in Africa [2018].
- [7] DPO's need to advocate for and work with government to ensure the proper implementation of the action plan on Implementation of the Global Disability Summit Charter. This action plan was developed after Kenya co-hosted the Global Disability Summit with the UK government in 2018. It must be ensured however, that the action plan is in keeping with the UN CRPD and SDGs.
- [8] The government and DPO's need to devise strategies to ensure that persons with disabilities are aware of and understand the UN Convention on the Rights of persons with disabilities, the Sustainable Development Goals and how they impact them, the Marrakesh Treaty, and other disability-related legislation and policies so that they can become better advocates for themselves.
- [9] DPO's need to properly sensitize and train, not only members with disabilities, but also members and staff who do not have a disability as they too, must have the capacity to effectively advocate on behalf of the organization and its members.
- [10] Government needs to adequately sensitize persons with disabilities and DPO's about programs and services specially designed for PWDs and other

programs and services that have been revised to become disability inclusive, and how to access them.

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