

**EFFECTS OF MAINSTREAMING OF POLICIES FOR PERSONS WITH DISABILITIES
ON THEIR PARTICIPATION IN DEVELOPMENT IN BARINGO COUNTY, KENYA**

BY

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DEDICATION

This work is dedicated to my parents, Mr. Michael Kipserem Ng'otie and Mrs. Dinah Jemutai Ng'otie for the efforts and commitment they have put towards my education.

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ABSTRACT

Various disability mainstreaming policies have been enacted and numerous programmes implemented to eliminate barriers that perpetuate Persons With Disabilities (PWDs) exclusion from participation in development. However, information on how these policies and programmes have translated into concrete improvements in PWDs participation in the devolved units is scarce. The purpose of this study was therefore to examine the effects of mainstreaming of policies for PWDs on their participation in development in Baringo County. Specifically, the study sought to establish the effect of the social protection policies in enabling PWDs full participation in development; to examine the effect of capacity building and economic empowerment policies in enhancing PWDs participation in development; and to determine the effect of physical accessibility policies and support structures in PWDs participation in development. This study was grounded on five models of disability: The Medical, Charity, Social, Economic and the Human Rights Models. The research employed both qualitative and quantitative methods. It adopted descriptive survey design since this allowed the study to define variables as they were during the time of the study. The study targeted 5200 PWDs living in Baringo County. Random sampling method was used to generate a sample of 371 respondents. The researcher used questionnaires for PWDs and interview schedules for key informants to collect data. Quantitative data was analysed using descriptive and inferential statistics and presented in tables while qualitative data was using thematic analysis and presented in narrative/verbatim quotes. The study established that the effects of disability mainstreaming policies (social protection, capacity building, economic empowerment and physical accessibility policies) were statistically significant on PWDs participation in development as they accounted for 51.1% variation in PWDs participation in development. Findings of the study indicate that the social protection policies have not been effective in enhancing the social welfare of PWDs as only 4% of PWDs are enrolled in the Cash Transfer programme and PWDs strongly disagreed that Ksh. 2000 monthly cash transfer stipend is adequate to enable them address their basic needs (Mean=1.26). Capacity building programmes had not facilitated acquisition of education due to limited funding from NCPWD. Only 8% of applicants were supported with bursaries leaving out 92% of needy applicants. Further training received by PWDs was inadequate to prepare them for future workplace due to limited modern facilities at the training centres. The study also established that NCPWD economic empowerment funds had facilitated the economic empowerment of PWDs in Baringo County through provision of grants to 60% of PWDs groups. However economic empowerment policies have little impact as more than half of PWDs (58%) are unemployed, only 4% of the PWDs are employed; 38% are in self-employment however they have difficulty in accessing government tenders and loans/funds from financial service providers. The study further established that the physical accessibility policy has not been fully implemented as PWDs strongly disagreed (Mean=2.02) that most of the public places and buildings in Baringo County are disability friendly. Therefore this study recommends that the National Government increases funding to the social protection Programme to increase the number of slots for PWDs beneficiaries and the County Government of Baringo establishes a complimentary social protection programme to reach out to more needy PWDs in the county; the National Council for Persons With Disabilities (NCPWD) increases bursary funding and the county government of Baringo gives special consideration to bursary application from PWDs; the government equips training institutions with sufficient modern facilities; the government reduces the bureaucracy in accessing affirmative action funds; financial institutions to offer loan facilities that are friendly to PWDs; and NCPWD to fast track the implementation of the Physical Accessibility policy in all public buildings, hospitals, government offices and social places.

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DEFINITION OF TERMS

- Accessibility:** This concept ensures any space; building, product, service or information is designed to be available, usable, understandable and comfortable for all people thus optimizing access, freedom of communication and movement of persons with disabilities. An accessible environment allows for free and safe movement, function and access for all, regardless of age, sex or condition. It is a space or a set of services that can be accessed by all, without obstacles, with dignity and with as much autonomy as possible.
- Barrier-Free Environment:** This is a space that allows free and safe movement, communication, function and access for all, regardless of age, sex or condition, a space or a set of services that can be accessed by all, without obstacles, with dignity and with as much independence as possible. The environment means not only the space of buildings, roads, parks, and gardens and other places, service, modes of transportation, products of daily use but also the attitudes of persons who participate in the space.
- Disability:** Disability is an evolving concept and results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others. This also may be defined as restricting an individual's life habits ensuing from the exchange between personal (impairment, disability) and environmental factors, which act either as facilitators or obstacles.

Disability	This is the achievement of the Disability mainstreaming goal
Inclusion:	(see below Inclusive development).
Disability	This is a strategy for making the concerns and experiences of
Mainstreaming:	persons with disabilities an integral dimension of the design, implementation, monitoring, and evaluation of policies and programs in all political, economic, and societal spheres so that persons with disability benefit equally.
Discrimination on the basis of disability:	This means any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation.
Employee:	Employee is a person employed for wages or a salary and includes an apprentice or indentured learner.
Employer:	Employer is any person, public body, firm, corporation or company who or which has entered into contract of service to employ any individual and includes the agent, foreman, manager, or factor of such person, public body, firm, corporation or company.

Environment: This means buildings, roads, parks, gardens and other places, service, modes of transportation and products of daily use. The environment not only means the space of buildings, roads, parks, and gardens and other places, service, modes of transportation, products of daily use but also the attitudes of persons who participate in the space.

Equal Participation: Equal participation of persons with disabilities in society is the realisation of inclusion and equal access to the physical and social environment with no discrimination based on one's level of ability. It implies that the environment must be truly usable to all. And so this is reflected in the motto of 'Nothing about Us without Us.'

Full Participation: An inclusive society requires that persons with disabilities have a role to play towards any decision which enables their self-realisation: that they be informed of any need for a decision to be taken with implications for their status, that they be consulted in advance for any sharing and contribution needed towards a decision to be taken and finally—and this is the 'ultimate' realisation of full participation—that they be a part of the final decision taken.

- Inclusion:** This concept means that everyone at the local, national and international level has equal access to the physical and social environment with no discrimination based on one's level of ability. It implies that the environment must be truly usable to all.
- Inclusive Development:** Inclusive development ensures that persons with disabilities are recognised as rights-holding and equal members of society who are engaged and contributing to a development process for all.
- Mainstreaming of Policies:** It is the process of engaging in a structured way with an issue as an organisation, at workplace, programme and policy levels, in order to address, and avoid increasing, the negative effects of that issue.
- Physical Accessibility:** The ability of a person with disability to approach and use a site, building or facility without any difficulties. Physical access is about ensuring a barrier free environment.
- Reasonable Adjustments/reasonable accommodation:** These are necessary and appropriate modifications and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms.

ABBREVIATIONS & ACRONYMS

ACRWC	African Charter on the Rights and Welfare of the Child
ACHPR	African Charter on Human and Peoples Rights
AGPO	Access to Government Procurement Opportunities
APDK	Association of the Physically Disabled of Kenya
CRPD	Convention on the Rights of Persons with Disability
DPO	Disabled Persons' Organisation(s)
GOK	Government of Kenya
EADSNE	European Agency for Development in Special Needs Education
HI	Handicap International
ILO	International Labour Organisation
KESSP	Kenya Education Sector Support Programme
KNBS	Kenya National Bureau of Statistics
KNSPD	Kenya National Survey for Persons with Disabilities
KSL	Kenya Sign Language
KNPC	Kenya National Population Census
MDGs	Millennium Development Goals
MOEST	Ministry of Education Science and Technology
NACOSTI	National Commission for Science, Technology and Innovation
NCPWD	National Council for Persons with Disability
NDFPWD	National Development Fund for Persons with Disabilities
NGAAF	National Government Affirmative Action Fund
NGEC	National Gender and Equality Commission
NGO	Non-Governmental Organisation
OAU	Organisation of African Unity

PWDA	Persons with Disabilities Act
PWDs	Persons with Disabilities
SNE	Special Needs Education
TVET	Technical and Vocational Education and Training
UDPK	United Disabled Persons of Kenya
USAID	United States Agency for International Development
UNCRPD	United Nations Convention of Rights for Persons with Disabilities
UN	United Nations
WHO	World Health Organisation

CHAPTER ONE: INTRODUCTION OF THE STUDY

1.1 Overview

This chapter provides the context of this study under the following sub-sections: background to the study, statement of the problem, research objectives, research questions, justification of the study, scope of the study and limitations of the study.

1.2 Background of the Study

Disability is a complex phenomenon that exists in society across the developed and developing divide. Disability is generally associated with the exclusion of persons with disabilities from the rest of society due to various cultural attitudes, perceptions and environmental factors. It is estimated that over 600 million people in the world have disabilities as a result of mental or intellectual, physical or sensory impairment (Graham & Margot, 2014). The United Nations Convention on Rights for Persons with Disabilities (CRPD) report of 2012 indicate that about 10 percent of the population in the world is disabled, which reflects approximately 650 million people. Among these, a large proportion lives in the developing countries (UN, 2012).

Persons with Disabilities (PWDs) represent the highest number of disadvantaged people in the entire world that is often discriminated against in many countries (UN, 2012). There is limited inclusion of PWDs in education and skills development initiatives which foreshadows a lifetime of unemployment. PWDs face difficulties in accessing health care and social services; encounter discriminatory beliefs and attitudes; live in an environment that is not disability friendly; and face communication barriers factors that

lead to marginalization and exclusion of PWDs from social and economic life (UNDESA 2012).

Initially, disability was defined more from a medical point of view which viewed PWDs having structural impairments that make them physically; sensory and intellectually inferior to their able-bodied counterparts hence limiting their ability to perform certain tasks. Advocacy and lobbying from Non-Governmental Organisations (NGOs) and Disabled Persons' Organisations (DPOs) has seen a gradual shift in the conceptualization of disability from the medical approach to the human rights approach (WHO, 2011) that is cognizant of environmental and attitudinal limitations experienced by PWDs. This approach recognizes right of PWDs to social participation and advocates for a legal framework to ensure PWDs equal access to opportunities, participation and inclusion in society. The advocacy efforts have culminated in the enactment of various policies, practices and their institutionalisation to support Disability Mainstreaming of PWDs issues and concerns in International Corporation and national development (HI, 2010).

The Sustainable Development Goals were adopted in 2015 as a universal blueprint to promote an inclusive and sustainable future for all. Goal 4 focuses on eliminating disparities in education and promoting equal access to all levels of education and vocational training for vulnerable groups including PWDs; Goal 8 seeks to enhance inclusive productive and decent employment for all including PWDs; Goal 10 seeks to reduce inequality through promotion of social, economic and political inclusion of all including PWDs; and Goal 11 calls upon member states to provide safe, affordable and

accessible transport for all with special attention to vulnerable groups such PWDs and inclusive and accessible public spaces particularly for PWDs (UN, 2015).

Various legal frameworks have been developed to enhance inclusion of PWDs in development and procedures to guide disability mainstreaming in development process. The CRPD was adopted by the UN council members in 2006 as the principal international legally binding instrument on promotion of rights of PWDs. The CRPD recognizes rights of PWD to education, work and employment, health, access to justice, freedom of movement and freedom from exploitation and violence (Hunt, Low & Hartin, 2012). The convention obligates state parties to put in place policies and measure to protect/promote and ensure the full and equal enjoyment of these rights and fundamental freedoms by all PWDs (UN, 2006; Hunt *et al.*, 2012). Kenya has committed to promoting and protecting the rights of PWDs through the signing and ratification of the CRPD in 2007 and 2008 respectively (HI, 2012). Regionally, Kenya has also signed and ratified the African Charter on Human and Peoples' Rights (ACHPR, 2016) which obligates member states to take necessary steps to promote equality for PWDS; affirmative actions to ensure that PWDs have equal access to basic economic and social spheres, such as employment under just and favourable conditions, education and health care.

The Constitution of Kenya (2010) has committed to tremendous improvement on the Bill of Rights with greater intentions that are geared towards enhancing equality and non-discrimination among various marginalised groups including women, children and PWDs (Ghai & Ghai, 2010). Article 54 gives particular reference to rights of PWDs. Unlike the previous Constitution this specific Article sets aside a list of specific rights

including the right of PWDs to be accorded with respect and dignity, rights of access to education, public places, information, appointment and employment.

Kenya has enacted the Persons with Disabilities Act (PWDA, 2003) and operationalized by March 2010. The purpose of the Act is to ‘...provide for the rights and rehabilitation of persons with disabilities; and to achieve equalisation of opportunities for persons with disabilities...’ (p. 4). The Act obligates the government of Kenya to take steps with a view to achieving the full realisation of the rights of persons with disabilities. The Act provides for the equalisation of opportunities and the right to health, education, employment, and accessibility to buildings, habitation and rehabilitation, information and services.

Additionally, public service vehicles are also required to be adapted to meet the needs of PWDs while television stations are supposed to provide Kenya Sign Language (KSL) inset or subtitles in all news casts and educational programs (GoK, 2004).

The PWDs Act (2003) in turn led to the formulation of the National Council for Persons with Disabilities (NCPWD), a semi-autonomous government body responsible for mainstreaming disability in national development. The Act also established the National Development Fund for Persons with Disabilities (NDFPWD) to fund socio-economic activities of PWDs. To facilitate monitoring of the mainstreaming of PWDs policies, the NCPWD in conjunction with the Ministries, Counties, Departments and Agencies developed Disability Mainstreaming Guidelines and Action plans as part of Key Performance Indicators (KPIs) in Performance Contracts (PCs) (NCPWD, 2009).

Various mainstreaming programmes have been developed to provide social assistance to persons with severe disabilities through a monthly stipend of KSH. 2000 under the cash transfer programme and a complimentary NHIF cover to facilitate PWDs access to healthcare services; provide economic empowerment funds to PWDs; exempt PWDs from paying taxes; and improve PWDs enrolment, retention and completion of education cycle through scholarships and bursary assistance. Additionally, measures have been put in place for purposes of ensuring PWDs accessibility to public service, buildings and transportation; progressive realisation of attaining the 5% on elective, appointive, contractual of all recruited personnel in appointments and ensuring that there is no discrimination in advertising, interviewing, recruitment, training & promotions of PWDs (NCPWD, 2009). Further there have been concerted efforts to create awareness and train staff on PWDs issues in public and private organizations; establishment of structures that ensure PWDs access information and services through training staff on KSL and availing materials in Braille.

However, studies have shown varying outcomes of the programmes in enhancing the livelihoods of PWDs and their participation in development. Kisurulia *et al.*, (2013) has revealed that the cash transfer programme has appositive impact on the social wellbeing of PWDs as it has enabled enrolled households to afford a balanced diet; improve their livelihoods through investing a portion of the money and by enhancing the ability of PWDs actively participate in community activities by joining groups and making contributions. However, Mbithi and Mutuku, (2010) have shown that social protection programmes reach only a small percentage of PWDs. A 2012 review of the national safety net programme (social protection) has shown that the programme only covers 0.38% of households leaving out a large pool of needy PWDs (Republic of Kenya,

2012). Wanyoike and Mutiga (2016) on the other hand established that the Cash transferred to PWDs was insufficient to meet their needs.

Despite the availability of programmes seeking to facilitate PWDs enrolment, retention and completion of education cycle through scholarships and bursary assistance, findings by Mugo *et al.*, (2010) have revealed that 12% of PWDs had either never been or were unable to currently attend school in Kenya; in most parts of Kenya, the transition between primary and secondary for children and PWDs is rare (Mugo *et al.*, 2010) and low levels of education and skills among PWDs increase the probability of PWDs holding lower paid and semi-skilled jobs. Otieno (2013) found out that vocational training centers were unable to meet the demands of PWDs. Further Wambugu (2012) has shown that 90% of PWDs in Kibera had not undergone any form of vocational training to acquire practical job skills or to be self-employed; PWDs were yet to be economically empowered as the 5% employment reservation had not been achieved and financial institutions were not advancing loan facilities to PWDs to enable them establish income generating activities. These factors continue to perpetuate marginalization and exclusion of PWDs from social and economic life (UNDESA 2012) defeating the very purpose of disability mainstreaming policies.

Baringo County has enacted the Persons with Disability Act (2014) to provide for the rights of PWDs and to enhance equalization of opportunities for PWDs. The Act establishes a County board for PWDs with a mandate to formulate policies and measures to ensure that PWDs have an equal access employment and education opportunities, participation in communal activities and access to social services; develop projects and schemes for self or formal employment for purposes of enhancing

PWDS ability to generate income; to make provisions for assistance to students with disabilities through scholarships, loan programmes and fee subsidy; facilitate establishment of vocational training centers to equip PWDs with practical and technical job skills.

The Act (2014) categorically prohibits any form of discrimination or denial of PWDs access to employment opportunities, provides for exemption of PWDs from paying taxes on income accruing from employment and reservation of 5% of employment opportunities for PWDs. In addition, the Act (2014) makes provisions for structural/physical modifications to undertaken at the workplace to accommodate PWDs and recognizes the rights of PWDs to have access to buildings, public transport and other social amenities in an environment that is barrier free and disability friendly. The act also obligates the responsible CEC member to liaise financial institutions to facilitate extension of credit facilities to PWDs. However, evaluation has not been conducted to determine how provisions of the Act have facilitated inclusion and PWDs participation in development. This background forms the basis for this study.

1.3 Statement of the Problem

Various policies and programmes have been enacted and implemented to eliminate barriers that perpetuate PWDS exclusion from participation in economic development. These policies and programmes are meant to cushion PWDs against vulnerabilities that adversely affect their wellbeing (United Nations Research Institute, 2010); integrate PWDs in employment through legislative quotas that reserve certain procurement and employment opportunities for PWDs (Otieno, 2013); avail financial assistance to PWDs to establish income generating activities (Kagume, 2012); ensure that PWDs have

access on an equal basis with others to the physical environment, transportation, work place and other essential facilities and services (Ngugi, 2013); and facilitate PWDS acquisition of knowledge, practical skills and competences that are critical for formal/self-employment (Ngulu, 2012; Ngugi, 2013).

Despite existence of these policies and programmes, there is still an element of functional limitations among the PWDs which impacts on their social, economic or environmental participation (Ngugi, 2013). There still exist very high levels of discrimination on PWDs in both public and private institutions (Shia & Annika in their (2011); 12% of PWDs in Kenya have never been or were unable to attend school in Kenya; PWDS are likely to hold lower paid and semi-skilled jobs (Mugo *et al.*, 2010); social protection programmes reach only a small percentage of PWDs (Mbithi & Mutuku, 2010): 0.38% leaving out majority of needy PWDs (Republic of Kenya, 2012) and the monthly cash stipend received is inadequate (Wanyoike and Mutiga, 2016). PWDs lack assistive devices suitable to their needs and capacity building programmes are limited (HI & UPDK, 2013) and majority of public buildings, places of work and public transportation are not disability friendly (Kamundia, 2013).

Baringo is among few counties that have enacted the PWD Act (2014). On the contrary, 4 years after its enactment, the County's Integrated Development Plan (2018-2021) indicates that there are 17,120 PWDS however only 5,200 are registered with NCPWD, inevitably denying a substantive majority of PWDS from benefiting from the mainstreaming programmes; only 350 PWDS are beneficiaries of the cash transfer programmes leaving out needy PWDs; transition rates from primary to secondary school of 2.8% among pupils with special needs predicting low education attainment

among PWDs; and there is non-compliance to PWD accessibility in most buildings. This shows a discrepancy between intended policy/practice and practical implementation of the policy.

However, no studies have been conducted in Baringo County to determine how mainstreaming policies and programmes have translated into concrete improvements in PWDs participation in development. This study therefore sought to examine how disability mainstreaming policies affect PWDs participation in development in Baringo County.

1.4 Objective of the Study

The objective of this study was to examine the effects of mainstreaming of policies for PWDs on their participation in development in Baringo County.

1.4.1 Objectives of the study

The specific objectives of the study were as follows;

- i. To establish the effect of the social protection policies on PWDs participation in development.
- ii. To examine the effect of capacity building and economic empowerment policies on PWDs participation in development.
- iii. To determine the effect of physical accessibility policies and support structures on PWDs participation in development

1.5 Research Questions

The following research questions were used to guide the study:

- iv. What is the effect of the social protection policies on PWDs participation in development?

- i. What is the effect of capacity building and economic empowerment policies on PWDs participation in development?
- ii. What is the effect of physical accessibility policies and support structures on PWDs participation in development?

1.6 Significance of the Study

Findings of these study may be beneficial to policy makers in the ministry of Labor and Social Protection; NCPWD & County Government of Baringo County in determining the effectiveness of disability mainstreaming policies and programmes in enhancing PWDs participation in development. This may inform strategy and policy formulation to enhance effectiveness of these policies.

PWDs may also benefit from these studies as the findings will help determine the impact of disability mainstreaming policies in their lives and suggest way they can be improved for their benefit.

The findings of the study may also be useful in the expansion of literature review for future scholars in the area. In this context, the study will offer suggested areas for further studies that future scholars in the area can use for their study.

1.7 Scope of the Study

This study sought to examine the effects of mainstreaming of policies for PWDs on their participation in development in Kenya with a focus on Baringo County. The study examined four variables: social protection, capacity building, economic empowerment, physical accessibility policies & support structure and their impact on PWDs

participation in development. The geographic scope of this study was Baringo County. The study was conducted among registered PWDs only as registration is a pre-condition for accessing services provided by the government. Interviews were conducted with officials in government institutions only mainly the National Council for Persons with Disability and the County and national government departments of social services as they are responsible for implementing disability mainstreaming programmes.

1.8 Limitation of the Study

1.8.1 Cost of Reasonable Accommodation

Since some respondents were visually impaired, the researcher required information to be put into alternative and accessible formats like Braille and large print. Putting information into braille format is costly therefore the researcher opted to administer the questionnaire to the visually impaired and filled in their responses. For respondents with hearing impairment the researcher needed services of sign language interpretation. To overcome this, the researcher sought assistants from sign language interpreters. These reasonable accommodations come with added cost and time.

1.8.2 Confidentiality of Information

There was difficulty in accessing information that was considered highly sensitive and confidential. The researcher assured respondents of utmost confidentiality and that the research was solely for academic reasons. The researcher also presented letter of introduction as well as permission letters from the National Commission for Science, Technology and Innovation (NACOSTI) and from the University to overcome this.

CHAPTER TWO: LITERATURE REVIEW

2.1 Overview

This chapter focuses on disability mainstreaming policies. It discusses concepts around disability and how disability can be integrated in the devolved units of governance and in development. It includes definition and understanding of disability, disability mainstreaming policies and programmes. This chapter also discusses the theoretical and conceptual framework.

2.2 Understanding Disability

2.2.1 What is Disability?

There is no singular accepted definition of disability across different scholars and authorities (Emmett, 2012; Kamundia, 2013). Ngulu (2012) attributes this to lack of consensus in the definition to lack of a singularly overarching trait that is obvious in all people who are classified as disabled or claim to be disabled. On the other hand, there is a notion that disability is evolving in scope due to the changing social economic environment. According to the Universal Convention on the Rights of Persons with Disabilities as cited by Graham & Margot (2014) argues that disability is an evolving concept and that disability results from the interaction between persons with impairment and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others.

Despite the challenges in having a consensus on the definition of disability, several organizational authorities and legislative authorities have attempted to define disability for use in their work or confined with certain context and geographical locations.

According to the World Health Organization (WHO) as cited by Githaga (2014), disability is a term which, in relation to an individual, describes a functional limitation (for performing tasks, skills and behavior) which he or she may have arising from physical, intellectual or sensory impairment, medical conditions or mental illness. Such impairments, conditions, or illnesses may be permanent or transitory in nature. On the other hand, International Convention on the Rights of Persons with Disabilities as cited by Graham & Margot (2014) defines disability as long-term physical, mental, intellectual or sensory impairments that in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

Within the context of Kenya, the Persons with Disabilities Act of 2004 defines disability as a physical, sensory, mental or other impairment, including any visual, hearing, learning or physical incapacity, which impacts adversely on social, economic or environmental participation (Githaga, 2014). On the other hand, article 260 of the constitution defines disability as any physical, sensory, mental, psychological or other impairment, condition or illness that has or is perceived by significant sector of the community to have, a substantial or long term effect on an individual's ability to carry out ordinary day-to-day activities (Ngugi, 2013).

The diverse definitions of disability bring several inherent characteristics of disability that are critical in having an in depth understanding of disability. According to Kamundia (2013), disability includes the impairment of an organ with the exclusion of the medical conditions and illness unless if such conditions impair on the functioning of organs. There are several types of disabilities occasioned by impairments to the senses like hearing, sight , physical impairments and other disabilities are engendered by

cognitive impairments covering disorders relating to mental processes of knowing, including awareness, attention, memory perception, reasoning and judgment (Mwangi, 2011; Ngugi, 2013).

2.2.2 Types of Disability

Incapacity can be separated into various expansive sub-classes: Physical hindrances influencing development, for example, post-polio disorder, spinal bifida and cerebral paralysis; Sensory disability for example, visual or listening; Cognitive debilitation for example, Autism or Down Syndrome; Psychiatric conditions, for example, Depression and Schizophrenia (WHO (1981); Handicap or impairment which can be described as an atomically pathological disorder that can be described in diagnostic or symptomatic terms which may arise or be associated with disability (Dennis & Stella, 1974).

2.2.3 Causes of disability

A disability may be present from birth (congenital) or acquired during a person's lifetime (Ngugi, 2013). Children born with disabilities are described as having congenital disabilities (Mungai, 2013). This condition may be due to prenatal infection (such as rubella), genetic/chromosomal syndromes (such as Down syndrome), birth trauma or maternal heavy alcohol and drug use during pregnancy. Some congenital conditions will not cause disabilities until later in life (Ngugi, 2013). In the context of the acquired disability, Emmett (2012) argue that the majority of people with impairments have had their normal senses throughout most of their lives, and experienced a loss of those senses through illness, injury or age.

2.2.4 State of Disability in Kenya

According to the 2019 Kenya Population and Housing Census (2019), 0.9 million people (2.2%) in Kenya live with some form of disability. This represents a sharp drop from 2009 which showed a disability prevalence rate of 3.5%. This rate is significantly below the global prevalence rate of 15% as estimated by the World Health Organization. The rate is also below the 2008 Kenya National Survey for Persons with Disabilities which showed that 4.6% of Kenyans experience some form of disability. The Kenya National Bureau of statistics acknowledges that differences in data collection methodologies, administrative units and lack of universal standards of categorizing disabilities ages covered make the comparison problematic (KNBS, 2019). Therefore this may not necessarily imply a drop in the number of people living with disabilities.

The proportion of women living with disability is relatively higher to comparison to men. According to the 2019 census, 1.9% of men have a disability in comparison to 2.5% of women. Analysis of disability based on residence indicates that a significantly large proportion of those with disabilities reside in rural areas compared to urban areas. Out of the 0.9 million people, 0.7 million people reside in rural areas compared to 0.2 in urban areas. In terms of region, Embu County has the highest prevalence at 4.4% followed by Homa Bay at 4.3%, Makueni at 4.1%, Siaya at 4.1% and Kisumu at 4%. Wajir has the lowest prevalence rate at 0.6% (KNBS, 2019).

Analysis of disability prevalence rates based on the type indicate that physical disability is the most common with 0.4 million (42%) Kenyans reported difficulty in mobility. Other categories include visual, hearing, cognition (Mentally Handicapped), self-care

and communication with a prevalence rate of between 12-36%. Albinism has the least prevalence as only 0.02% of Kenyan's population experience the condition. Number of Kenyan PWDs by domain as shown in Figure 2.1 below:

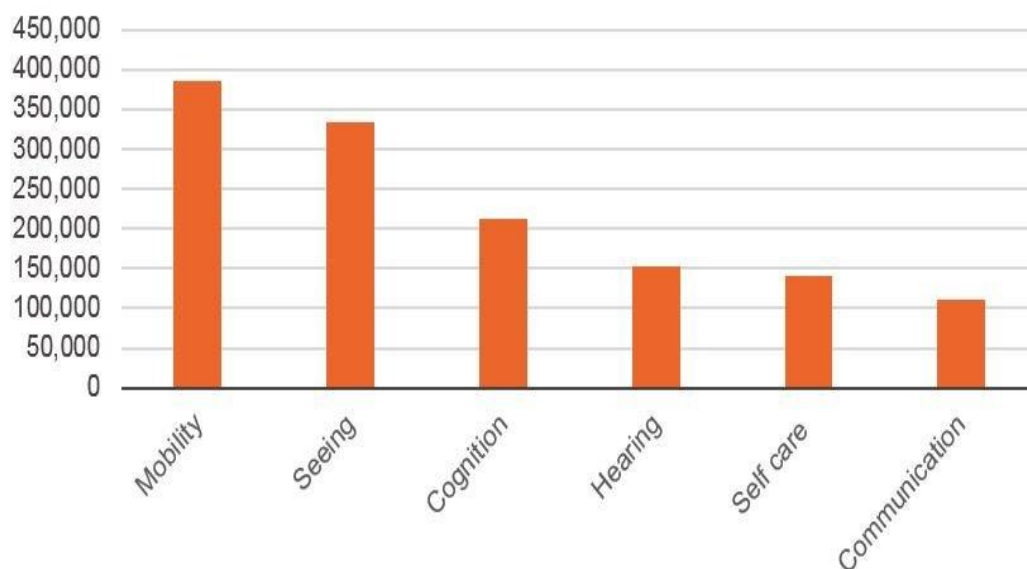


Figure 2.1: Disability Prevalence in Kenya by Type of Disability
Source: Kenya Population and Housing Census (2019)

2.3 Legislative and Policy Framework on the Rights of Persons with Disabilities in Kenya

2.3.1 The Convention on the Rights of Persons with Disability (CRPD)

This is so far the principal international legally binding instrument on promotion of rights of PWDs to countries that ratify it. The CRPD identifies a range of rights on education, work and employment, health, access to justice, freedom of movement and freedom from exploitation and violence (Hunt *et al.*, 2012). The purpose of the Convention 'is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity' (UN, 2006, art. 1).

2.3.2 The Constitution

Article 54 the Kenya Constitution (2010) sets aside a list of specific rights including the right of PWDs to be accorded with respect and dignity. Kenya has committed to tremendous improvement on the Bill of Rights with greater intentions to protect the rights of various diversities in the Kenya society. Some of these fundamental rights and principles are geared towards enhancing equality and non-discrimination among various marginalised groups including women, children and PWDs (Ghai & Ghai, 2010). Other rights recognised include specific rights of access to education, transport, public places, information, appointment and employment.

Article 43 of the Constitution expressly guarantees all Kenyans their economic, social, and cultural rights, including basic rights to health, education, food, and decent livelihoods. It explicitly asserts the right “of every person to social security” and binds the State in Article 43(3) to “provide appropriate social security to persons who are unable to support themselves and their dependants.” This implies social protection in its totality: social assistance; social security; and health insurance.

2.3.3 The Persons with Disabilities Act, 2003

The purpose of the Act is to provide for the equalisation of opportunities and the right to health, education, employment, and accessibility to buildings, habitation and rehabilitation, information and services. The PWDA Act (2003) in turn led to the formulation of the National Council for Persons with Disabilities (NCPWD), a government semi-autonomous body responsible for mainstreaming disability in national

development. The Act also established the National Development Fund for Persons with Disabilities (NDFPWD) to fund socio-economic activities of PWDs.

2.4. Persons with disabilities and their participation in development

The concept of PWDs participation in development has been understood dependent on the context in which the word is being used. Within the context of education and employment, PWDs education is conceptualized as the transition from the mandatory and often basic education to the person's first employment (Ngulu, 2012). There is strikingly little information available on the employment of PWDs; in some cases, broad information on employment rates for young people with disabilities may be available through national censuses or large-scale surveys, but this information is rarely disaggregated by gender, type of disability or geographic location. This makes comparison within and between countries complicated, as there is not enough evidence to substantiate theories or design meaningful interventions. Even less well documented are school completion rates and level of qualifications attained for PWDs. This makes it difficult to establish a causal link between PWDs and their achievements (or lack thereof) at school, in skills training or in their transition into the workplace.

The European Agency for Development in Special Needs Education (EADSNE) report on the transition from school to employment in 16 European countries (EADSNE 2002) has shown that there is a mismatch between vocational training and the labor market.

The report also highlighted issues of policy implementation; the involvement of students (and their families); guidance, the use of Individual Plans (IEP); and cooperation and collaboration between stakeholders as being instrumental in providing training that match the demands of the labor market. The report also discussed work

placements, work experience, training schemes and accreditation as useful models for facilitating transition from school to employment (Victoria, 2002).

The International Labor Organization (ILO) has made a concerted effort to identify issues and challenges facing persons with disabilities in attaining decent work. It has produced a number of reports and guidelines on promotion, training and employment opportunities for PWDs including those with intellectual disabilities, although few are specifically focused on PWDs. However, Freedman (2008) notes, while it is difficult to gain an accurate idea of the number of PWDs in training or employment, all evidence available clearly indicates lower rates of labor force participation and higher rates of unemployment. This disparity occurs even when legislation protects against discrimination in employment, and the situation may be worse in countries where limited employment rights or anti-discrimination policies for persons with disabilities are compounded by a lack of basic education, vocational skills training or higher education opportunities (Freedman 2008:17). This may particularly be the case in lower and middle-income countries.

Some efforts have been made to address these inequities, particularly in higher-income countries. These range from specific education interventions, facilitated access such as support workers, ICT and other adaptations to the workplace, targeted training and employment opportunities. There are programmes designed by the World Bank PWDs Employment Inventory (YEI) to integrate PWDs into the labor market. An analysis of programmes included in the inventory concluded that interventions oriented towards disadvantaged PWDs are as good, if not better, than programmes with no particular orientation (World Bank, 2011).

It is important to note that training for PWDs has begun to move away from programmes delivered through specialized institutions to mainstream programmes offered through the government, service providers, NGOs or private companies (Freedman 2008). A key role in the empowerment of PWDs is to ensure they are trained in skills which are appropriate to the local labor market. This leads to a greater degree of independence and autonomy, as well as increased capacity to weather economic shocks, such as price increases or crop failure.

Within a traditional context where family and community are the most important social groupings, financial contributions to the household are also a means of increasing social value and respect within the family. PWDs, if employed, are therefore regarded as contributors, not as liabilities, challenging many negative perceptions the family and community may have. However, there is often still a mismatch between skills training and labor market requirements, as persons with disabilities are often taught skills thought to be appropriate to them, such as craft work, with limited scope for business expansion, rather than those skills linked to specific labor market requirements.

Therefore, there has been a gradual positive shift towards integrated employment opportunities, nonetheless this progress is partially negated by an overall scarcity of opportunities (including education, training and employment) as well as a lack of expectations (by themselves and others); and lack of support mechanisms for PWDs. However, there are also a number of key intervention points for programmes and policies: the transition from school to work as well as training and vocational programmes that offer possibilities for meaningful intervention (Victoria, 2002).

2.5 Theoretical Framework

The theoretical framework will examine the various models that have conceptualized disability including the medical model, charity model, social model, economic model and human rights model.

2.5.1. The Medical Model of Disability

This model views disability as an observable deviation from biomedical norms of structure and function because of disease, trauma or health condition (Mungai, 2013). Kagume (2012) argues that the medical model of disability is based on the postulate that the problems and difficulties experienced by persons with disabilities are directly related to their physical, sensory and intellectual impairments. The model advocates that the PWDs are biologically and psychologically inferior to their able-bodied counterparts, reduces disability to impairments, and seek to locate it within the body or mind of the individual by the medical professionals (Githaga, 2014).

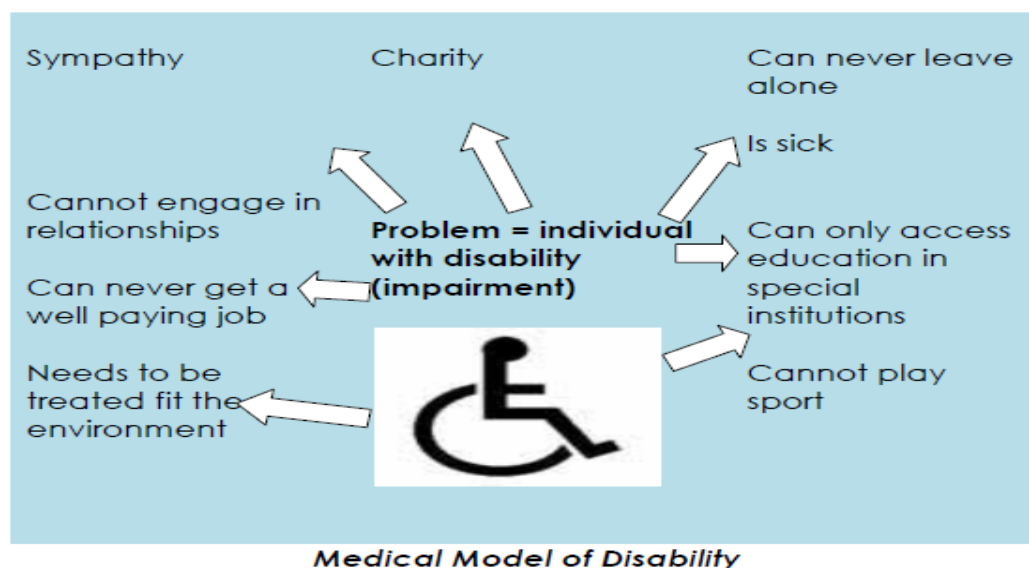


Figure 2.2: Medical Model of disability

Source: guides.library.illinois.edu

According to the medical model of disability PWDs are excluded from participating in development due to structural impairments. This model views disability as structural impairments that make PWDs physically, sensory and intellectually inferior to their able-bodied counterparts. As a result, they are not able to effectively participate in their daily activities as other able-bodied persons.

2.5.2. The Social Model of Disability

This model looks at disability from a social perspective and views the challenges facing PWDs as societal barriers placed by their able-bodied persons preventing their full participation in the society (Githaga, 2014; Graham & Margot, 2014). In this context, Wasike (2006) views the challenges faced by the PWDs as a result of architectural, attitudinal and social barriers created by the society. Disability is thus viewed as a consequence of oppression, prejudice and discrimination by the society against disabled people (Kagume, 2012). This is due to societal architectural, attitudinal and social barriers that prevent the PWDs' social and economic integration with the society (Mwangi, 2011).



Figure 2.3: Social Model of Disability

Source: Coalition of disability people

According to the Social model, limited or lack of PWDs participation in development is a consequence of the oppression, prejudice and discrimination by the society against PWDs. This is due to the societal architectural, attitudinal and social barriers that prevent the PWDs' social and economic integration with the society. The architectural design of buildings, social places, offices, schools and health facilities is designed in a manner that is not accommodative to PWDs. Additionally, the society have negative attitude towards PWDs that leads to their discrimination and exclusion from participation. Therefore, to facilitate PWDs participation there is the need to eliminate these barriers.

2.5.3. The Charity Model of Disability

The model views the PWDs with pity and justifies use of the charitable actions towards them without empowering them to be self-reliant (Mungai, 2013; Mwangi, 2011). These charitable events may be driven by emotional appeals for charity and a view of the PWDs as victims that need protection and care from their able-bodied counterparts

(Kagume, 2012). Under this model, the PWDs may benefit from temporal and unsustainable acts of charity such as provision of financial assistance, shelter, and food amongst other items (Mungai, 2013).

2.5.4. The Economic Model of Disability

The model views the PWDs look at the disability from an economic point of view and faults the lack of their participation on the economic activities as stemming from faulty economic systems and deficiencies (Kamundia, 2013; Mungai, 2013). According to the economic model, lack of PWDs participation in economic activities stems from faulty economic systems and deficiencies such as lack of policies that make disability issues an integral part of the policy and programme development in political, economic, and societal spheres.

As a result, PWDs issues and concerns are not taken into consideration in development policies. Therefore, to facilitate PWDs participation in development, there is need to make disability issues and concerns an integral part of policy formulation through development of polices that provide PWDs equal access to opportunities in the society. To facilitate PWDS participation in development policies should provide for reservation of opportunities for PWDs (quotas); equipping PWDs with necessary skills through education and training and facilitating PWDs access to finances (Mwangi, 2011; Ngugi, 2013).

2.5.3. The Human Rights Model

Disability' conceptualized as a socio-political construct within a rights-based discourse. Emphasis shifted from dependence to independence, as PWDS become politically

active against social forces. PWDS rights are entrenched in Universal, local and internal legal instruments that as institutions and organizations we are bound to.

Exclusion versus inclusion


View of will of gods, charity and medical models = EXCLUSION		View of social model and human rights approach/ principle = INCLUSION
<ul style="list-style-type: none"> ❖ Persons with disabilities are perceived as the problem 		<ul style="list-style-type: none"> ❖ The society is the problem and persons with disabilities are rights holders
<ul style="list-style-type: none"> ❖ Focus on medical characteristics 		<ul style="list-style-type: none"> ❖ Focus on the environment and rights
<ul style="list-style-type: none"> ❖ Change the person to fit the environment 		<ul style="list-style-type: none"> ❖ Change the environment to fit the person
<ul style="list-style-type: none"> ❖ Persons with disabilities have decisions made for them 		<ul style="list-style-type: none"> ❖ Persons with disabilities are part of the decision making process and make decisions for themselves
<ul style="list-style-type: none"> ❖ Persons with disabilities are viewed as objects of pity, compassion, will of gods, sorcery and witchcraft 		<ul style="list-style-type: none"> ❖ Persons with disability are seen as a diverse group (social strata) within the society

Figure 2.4: Human Rights Model

Source: Researchgate.net

The human rights model provides the legal basis for enacting policies that will facilitate PWDs participation in development. This model views PWDS participation in development as their basic human rights and recognizes PWDs right of access to education, public places, information, appointment and employment as guaranteed by the CRPWDs, Constitution of Kenya and the Disability Act.

2.6. Empirical Review Disability Mainstreaming Policies and Programmes

The conceptual review will be based on the three research objectives of the study.

2.6.1 Effect of the social protection policies in enabling PWDs participate in development

Social protection is concerned with preventing, managing, and overcoming situations that adversely affect people's well-being or cushion them against vulnerabilities (United Nations Research Institute, 2010). Social protection policies and programmes designed

to reduce poverty and vulnerability by promoting efficient labor markets. They are aimed at reducing people's exposure to risks and enhance their capacity to manage economic and social risks, such as unemployment, exclusion, ill health, disability and old age.

The Constitution of Kenya (2010) provides for the social protection of vulnerable populations. The constitutional right to social security, in both the wide and narrow sense, is closely interlinked with other social protection rights. These include the right to the highest attainable standard of health, the rights to equality and freedom from discrimination, human dignity, freedom of movement and residence, reasonable working conditions, fair administrative actions and access to justice. Article 21 of the Constitution commits the State to working towards the gradual realization of the social and economic rights and binds the State “to observe, respect, protect, promote, and fulfill the rights and fundamental standards of living.

In Kenya, one of the most successfully implemented social protection programme for PWDs is the cash transfer program. This is a national net safety program under Ministry of Labor, Social Security Services that was implemented since mid-2000. The program targets PWDs with severe Disability. Severe disability cases of children and adults need support on full time basis by care givers to ensure their needs are attended to and such an arrangement denies care givers an opportunity to engage in meaningful income generation activities and therefore increasing their own and that of other members of the household vulnerability to extreme poverty (NGEC, 2014).

Under the program, KES 2,000 per household per month delivered every two months through appointed payment agents currently the Kenya Commercial Bank and Equity Bank. Alongside the bi-monthly stipend, they also receive a free comprehensive health cover through the National Hospital Insurance Fund. According to the National Social Protection Secretariat (2017), the programme covers beneficiaries in all the counties currently (2015/16 FY) the programme covers 45,505 households (GoK, 2017).

An audit of the cash transfer program by the Gender and Equality Commission (2014) revealed that most of the beneficiaries of the cash transfer for PWSD were female (55%) compared to men (45%); the program had reached out to the most vulnerable PWDs given that 70% of the households of the beneficiaries were poor: the house materials making the wall and floor of the dwelling units are generally mud, and thatch for the roof with some of the dwelling units in deplorable conditions such as sinking roof, and collapsing walls; some of the beneficiaries with severe disabilities were still living in deplorable conditions despite their care givers receiving the funds. The audit further revealed that even though most PWDs are aware of the program, most do not know the criteria for enrolment; those who were not enrolled in the program tended to profile and stigmatize beneficiaries holding the cards. Additionally, the program experienced delays in disbursement of the cash with some beneficiaries reported ever receiving the transfer in bulk to a maximum of Kshs 24, 000 an equivalent to one-year backlog payment (NGEC, 2014).

Similar results were revealed by a survey on the impact of the cash transfer program by Wanyoike and Mutiga (2016) in Rongai sub-County. The findings revealed that: 78.8% of PWDs required permanent assistance to meet toiletry needs, feeding and protection

from harm. Identification process was satisfactory as indicated by 68.2% of the respondents. However, the cash transferred was insufficient to the beneficiaries. The study established strong correlations between PWSDs identification, cash transfer process, evaluation process and the effectiveness of the cash transfer program.

An evaluation report of the cash transfer program in Mombasa County published in the Star Newspaper indicates that the program has positively transformed the lives of PWSD and their caregivers. According to the county social development coordinator the programme started as a pilot programme in 2010 with 60 households for persons with severe disability. It has now been scaled up to 645 households. According to the report, one of the beneficiaries interviewed had used the Ksh. 2, 000 monthly payments to start a mandazi and juice business to fend for her family, which now depends on her for everything. Another beneficiary said the money she receives from the national government helps her take care of her family of three children. She used Sh4, 000 to open up a vegetable kiosk at the Majengo market to support her family. However, delays in receiving the transfer are the main challenge as it at times takes a toll on the beneficiaries' livelihoods. When the money finally comes in, beneficiaries are sometimes already deep in debt (Muchangi, 2017).

In a survey on the role of Cash Transfer Programmes in development in Kenya, Kisurulia *et al.*, (2013), find out that after being enrolled in the cash transfer programme most households were able to afford more than one meal in a day in addition to being able to afford a variety of meals which results to a balanced diet for the households; the programme help households to improve livelihoods through investing a portion of the money they receive in agriculture and other small businesses; the programmes has

enhanced the ability of beneficiaries to effectively participate in community activities. Most beneficiaries reported joining social groups which were welfare-based groups or merry-go-rounds which enhanced their participation in community functions (Kisurulia *et al.*, 2013).

Therefore, social protection policies generally show a positive impact on the lives of PWSD as the programme has positively transformed their lives. The program has reached out to a number of PWSD who are extremely poor enabling them to start income generating activities, meet their daily needs, afford variety three meals a day and even join social groups that enable them to participate in societal functions such as making contributions to assist one another and initiation of projects. However, the amount is insufficient.

2.6.2 Effect of capacity building on participation of PWDs in Development

Capacity building facilitates acquisition of knowledge, skills and competences for job performance. It is achieved through a variety of ways including vocational training (Mungai, 2013; Mwangi, 2011). Ngulu (2012) describes vocational training as the preparation for jobs that call for extensive practical experience and training but have few requirements for theory, technical knowledge or liberal arts education. On the other hand, Ngugi (2013) defines vocational training as a set of activities aimed essentially at the acquisition of the practical skills, knowledge necessary for employment in a specific occupation or in a group of related occupations in any branch of economic activity. Employment being the basic labor market outcome of education for individuals is affected by education in that those with fewer skills, less knowledge and fewer degrees are less attractive to potential employers and less prepared to start their own businesses.

Individuals who followed a vocational or technical education track are likely to enter different occupations from those who followed a general education track (Mungai, 2013).

The Persons with Disabilities (PWDs) access to education and training is limited by several factors such as inaccessible environments and financial difficulties (Otieno, 2013; Wambugu, 2012). The type and quality of the vocational training offered to PWDs enhances their possibilities of earning a decent livelihood. In this context, Mungai (2013) notes that vocational training equips PWDs with necessary and practical skills set for employment. The quality education and training contribute significantly to economic growth, better employment opportunities and expansion of income generating activities (Wambugu, 2012). The vocational training has been used as an essential and integral tool for integrating PWDs into the society and makes them productive members of the society (Kamundia, 2013).

There are several targets of the vocational education in Kenya in relations to the PWDs. These targets include increased training opportunities for primary school leavers to enable them to be self-supporting, development of practical skills and attitudes that leads to income generating activities in urban and rural areas through self-employment, and development of practical education and training skills responsive and relevant to Kenya's social economic needs (Ngulu, 2012; Otieno, 2013; Wambugu, 2012). Vocational training include training in areas such as the traditional craft, agriculture, leather work, carpentry, tailoring and dressmaking, home science, cloth printing, metal work, and secretarial courses amongst others (Kagume, 2012). This training enables them to become micro entrepreneurs to improve on their livelihood and enable

beneficial effects on the quality of their life and health (Kamundia, 2013). This helps reduce poverty and dependency. However, a study by Mugo *et al.*, (2010) has shown that 2% of PWDs had either never been or were unable to currently attend school in Kenya at the time of the survey. In most parts of Kenya, the transition between primary and secondary for children and PWDs is rare (Mugo *et al.*, 2010).

Despite this, Kenya has a number of laws and policies supporting persons with disabilities there is no requirement or incentive to comply with this law (Tororei 2009). The Persons with Disabilities Act (2003) requires private and public-sector employers to reserve 5% of jobs for persons with disabilities, though it does not identify 'PWDs as a specific category (Mugo *et al.*, 2010: 5). There is also a Draft National Disability Policy to operationalize the 2003 Act, as well as a draft Special Needs Education Policy.

However, it has been argued that these policies are based on limited and medicalized categories of impairment, and on charity, not rights (Mugo *et al.*, 2010: 6). Further there is a limited welfare provision for persons with disabilities (including a disability grant and social security).

Kenya National Survey for PWDs Policy (2008) considers PWDs a priority group; however, as Mugo *et al.*, (2010) notes "this category is neither mentioned in any of the ten objectives, nor is there any strategy geared at realizing the objectives for this category." (2010: 5). All of these policies are framed within Kenya's 'Vision 2030' (Government of Kenya, 2007) a development strategy encouraging sustainable economic growth, tackling poverty, and combating discrimination, including that faced by persons with disabilities (Mbithi and Mutuku 2010: 7). More recently, the Ministry

of Education, Science and Technology (MoEST) and the Ministry of East African Community, Labor and Social Protection have begun implementing ICT programmes in some institutions with the aim of providing PWDs with the skills necessary to achieve Vision 2030.

The GoK has a performance contract in place in government ministries where disability mainstreaming initiatives are being incorporated in these programmes. Some of the ministries mainstream PWDs programmes, such as the PWDs Fund, initiated through the Ministry of East African Community, Labor and Social Protection and job creation programs through which citizens are employed in community projects (such as water harvesting, repairing boreholes and roads, reforestation) have also made attempts to include PWDs. However, there has not been a systematic attempt to ensure inclusion, nor is it clear how successful this has been. There are also a number of targeted initiatives such as the PWDs Development Fund. The Fund has dispersed funds to PWDs in cities across Kenya, including Kisumu, Nairobi, and Mombasa. There are other funds specifically for persons with disabilities, such as the National Disability Development Fund, dispersed through the National Council of Persons with Disabilities which also provides funding to PWDs to empower groups and personal businesses. In addition, the National Fund for the Disabled of Kenya provides persons with disabilities with equipment (but not cash grants or loans) to set up their own businesses.

Despite these laudable attempts, it is unclear how coordinated or successful these programmes are, or indeed who receives these grants. There has also been criticism of the lack of PWDs awareness about these programmes, and it is argued that these

programmes reach only a small percentage of persons with disabilities (0.38%) who are in need of support (Mbithi and Mutuku 2010: 8).

In Kenya, Technical, Industrial, Vocational and Entrepreneurship Training (TIVET) covers a range of public and private institutions. The Kenya Education Sector Support Programme 2005-2010 (KESSP) supports the "...provision of loans and bursaries to enhance access to TIVET taking special account to marginalized groups, such as female students and the physically challenged." (Neyere, 2009: 5). However, Neyere (2009: 5) is critical of the extent to which this is actually planned, coordinated or implemented. Most TVET provision is by civil society organizations, faith-based organizations, such as the Salvation Army, NGOs and specialist institutions including the Undugu Society of Kenya, which offers TVET and has programmes for deaf children; the International PWDs Foundation, the Karen Technical Institute for the Deaf, and the Thika Institute for the Blind. There is no specific body that coordinates or is responsible for TVET programmes. Institutions take responsibility for their own programmes with support from the Ministry of Education and training for persons with disabilities is mainly done in conjunction with disabled people's organizations (DPOs).

The Action Network for the Disabled; Association for the Physically Disabled of Kenya (APDK); Deaf Ability Initiative (DAI); United Disabled Persons of Kenya (UDPK) and the Kenya Union of the Blind (KUB) are some of the main organizations mainstreaming PWDs empowerment in Kenya. United Disabled Persons of Kenya is currently developing a database to record the skills of people with disabilities to try and match them to the job market. However, it is unclear how TVET programmes are coordinated or even partnered with DPOs. Finally, a number of disability-specific NGOs provide

livelihoods and skills training, but again it is unclear how these programmes are coordinated with each other or the KESSP.

Therefore, despite a range of policies and interventions there are still a number of constraints facing persons with disabilities entering employment in Kenya. These range from a lack of suitable employment; little or no access or adaptations; limited expectations of families and employers; lack of networks, contacts or social and interpersonal skills. Moreover, it is argued that there are few vocational and technical training institutes targeting persons with disabilities in Kenya, with a total of some 2,400 registered attendees (not broken down by age), these institutes cannot possibly meet the needs of the large number of Kenyans with disabilities (Mugo *et al.*, 2010: 12). The Kenya National Survey for Persons with Disability conducted in 2008 indicates that PWDs encountered numerous challenges while seeking employment. When asked why employment was so difficult to find, a significant number (over 58%) of 15-24 year olds with disabilities reported that stigma and prejudice were major problems. Interestingly this was mediated by education: the highest proportion (12%) of those who felt stigma and prejudice was a barrier to daily living had never attended school while those with university education (1.4%) were the least likely to report having a problem (GoK 2008). However, it is difficult to establish from the survey if this stigma is as a result of education, or if the person experienced less stigma and discrimination from the outset, and was therefore more readily able to access education.

The KNSPWD clearly showed that persons with disabilities who were working were most likely to be males (18%) rather than females (8%). Over a quarter of persons with disabilities work in family businesses, but a third do not work at all. Those who do work were more likely to live in urban areas. They were also likely to be better

educated: 45% of those working were educated to university level; 36% to middle level education; and 22% to secondary level education.

However, as Mugo *et al.*, (2010) point out, it is unclear as to the nature of this work, and in many cases, it can be assumed that given low levels of education, skills and expectations, those who work are likely to hold lower paid and semi-skilled jobs. Nevertheless, these statistics highlight the links between education and employment opportunities in Kenya.

The overall conclusion that can be drawn here is that despite well-intentioned Legislation and policy, PWDs in Kenya still face limited opportunities to obtain decent work, and gaining a TVET place is by chance and circumstance, rather than a transition that can be planned. Despite the enormous opportunities available to the PWDs through vocational trainings, there are still numerous challenges with the training. In this context, Otieno(2013) notes that there has not been much emphasis in the training centers to meet the demands of PWDs. This leads to a situation where many PWDs graduates of vocational training do not find jobs or find themselves in jobs for which they have not been trained for (Wambugu, 2012).

2.6.3 Impact of Economic Empowerment Programs on Participation of PWDs in Development

According to Mwangi (2011), empowerment refers to an ongoing process which enables an individual to fulfill and be accountable for his or her duties and responsibilities and protect his or her rights in the society. This empowerment involves provision of people with resources, opportunities, knowledge and skill needed to increase their capacity to determine their own future and fully participate in community life (Kamundia, 2013).

Within the context of the PWDs, empowerment refers to providing PWDs with a variety of opportunities to discover themselves, understand their environment, be aware of their rights, take control of their lives, and partake in important decisions that lead to their destiny (Mungai, 2013; Mwangi, 2011).

There are several ways of empowering the PWDs including availing financial services. In this context, Kagume (2012) notes that improvement of the access to loans and credit facilities for self-reliance and economic development enables the PWDs to be self-reliant. Availing of the financial assistance to enable the PWDs to have income generating activities is one critical way of ensuring that the PWDs are self-reliant. For example, in Tanzania the PWDs are granted loans to start income generating activities dependent on their level of disability, the nature of the business and the economic situation of the PWD amongst other factors (Ngugi, 2013; Ngulu, 2012). Kamundia (2013) argues that the funds required to make a difference of PWDs may not necessarily be large amounts. Possible sources of these funds include government grants, non-governmental organizations, philanthropists, and their family members amongst others (Emmett, 2012; Githaga, 2014).

The concept of integrating PWDs in public service as well as private firms employment through quotas and legislation that enables this to be achieved is a critical component of empowering PWDs (Otieno, 2013). The greatest challenges facing PWDs in formal job employment opportunities include weak enforcement of the legislation guaranteeing them affirmative action in relation to employment and the social stigma by the colleagues in workplaces (Mungai, 2013). Employers in both private and public sector must embrace diversity policies that create conducive work environment for the PWDs

(Graham & Margt, 2014). The employers must further empower the PWDs in work environment by entrusting them in leadership positions and enabling them to join labor unions where they can articulate their views and positions (Mwangi, 2011).

Apart from the formal employment avenues, the PWDs must be empowered to undertake self-directed employment. In this context, Ngulu (2012) argues that the self-directed employment is an option that is of increasing interest to persons with disability both in economically developed and developing countries. This becomes a strong tool for economic empowerment of persons with disability as it enables them play a critical role in their structural set up and day to day decision making and management process (Graham & Margot, 2014; Kagume, 2012; Kamundia, 2013).

2.6.4 Effect of Physical accessibility to support structures for PWDs on their Participation in Development

The ability of the PWDs to gain and retain their work is not at par with the able-bodied persons. This is attributed to various challenges associated with physical movements for those PWDs with physical disabilities. In this context, Otieno (2013) notes that for persons with physical disabilities, these barriers may be aggravated by unfriendly infrastructure in workplaces and social recreational places. Mwangi (2011) observes that many buildings are constructed without due considerations to PWDs and thus impacting on their movements in the job location and job productivity. The public transportation is negligent to the needs of PWDs hence limiting their accessibility to economic activities. Kamundia (2013) argues that this challenge limits the chances of the PWDs from accessing formal schooling which later impacts on their qualification for formal employment.

The concept of accessibility is a critical and integral component of ensuring that PWDs participate in a meaningful manner in all spheres of life. In this context, Ngugi (2013) notes that the government and the community at large must put measures to ensure that PWDs access, on an equal basis with others, to the physical environment, to transportation, and to other facilities and services open or provided to the public, both in urban and in rural areas. Otieno (2013) further argues that measures taken should include the identification and elimination of obstacles and barriers to accessibility and should apply to buildings, roads, transportation and other indoor and outdoor facilities, including schools, housing, medical facilities and workplaces. It is therefore critical to note that PWDs require certain adjustments to enable them move freely despite their disability or the assistive devices they utilize (Mungai, 2013).

The PWDs Act indicates that persons with disabilities are entitled to a barrier free and disability friendly environment to enable them have access to buildings, roads and other social amenities, and assistive devices and other equipment to promote their mobility (Kagume, 2012). In this context, Wambugu (2012) argues that the physical access is basically the ability to move freely and easily either vertically or horizontally within premises or externally. The ability to move freely within an organization for the PWDs promotes accessibility to information and services, ensures self-reliance thus enabling participation in activities` within the society (Wasike, 2006).

There is also need for businesses and public sector facilities to eradicate physical barriers that make it difficult for a disabled person to access the property or enjoy its goods or services (Ngugi, 2013). While these are provisions of the PWD Act, the

process ought to be cost effective. In this context, Kamundia (2013) argues that where it is difficult or expensive to physical access barriers then alternative methods of providing the services may be offered if they are cost effective.

2.7 Conceptual Framework

Below is a conceptual framework that gives a graphical representation of the relationship between the independent and dependent variables in the study. From the researcher's broad objective of examining the effects of mainstreaming of policies for PWDs on their participation in development, participation of PWDs in development is derived as the dependent variable while mainstreaming of policies such as social protection, capacity building, economic empowerment and physical accessibility & support structures are the independent variables. This relationship is demonstrated in Figure 2.5:

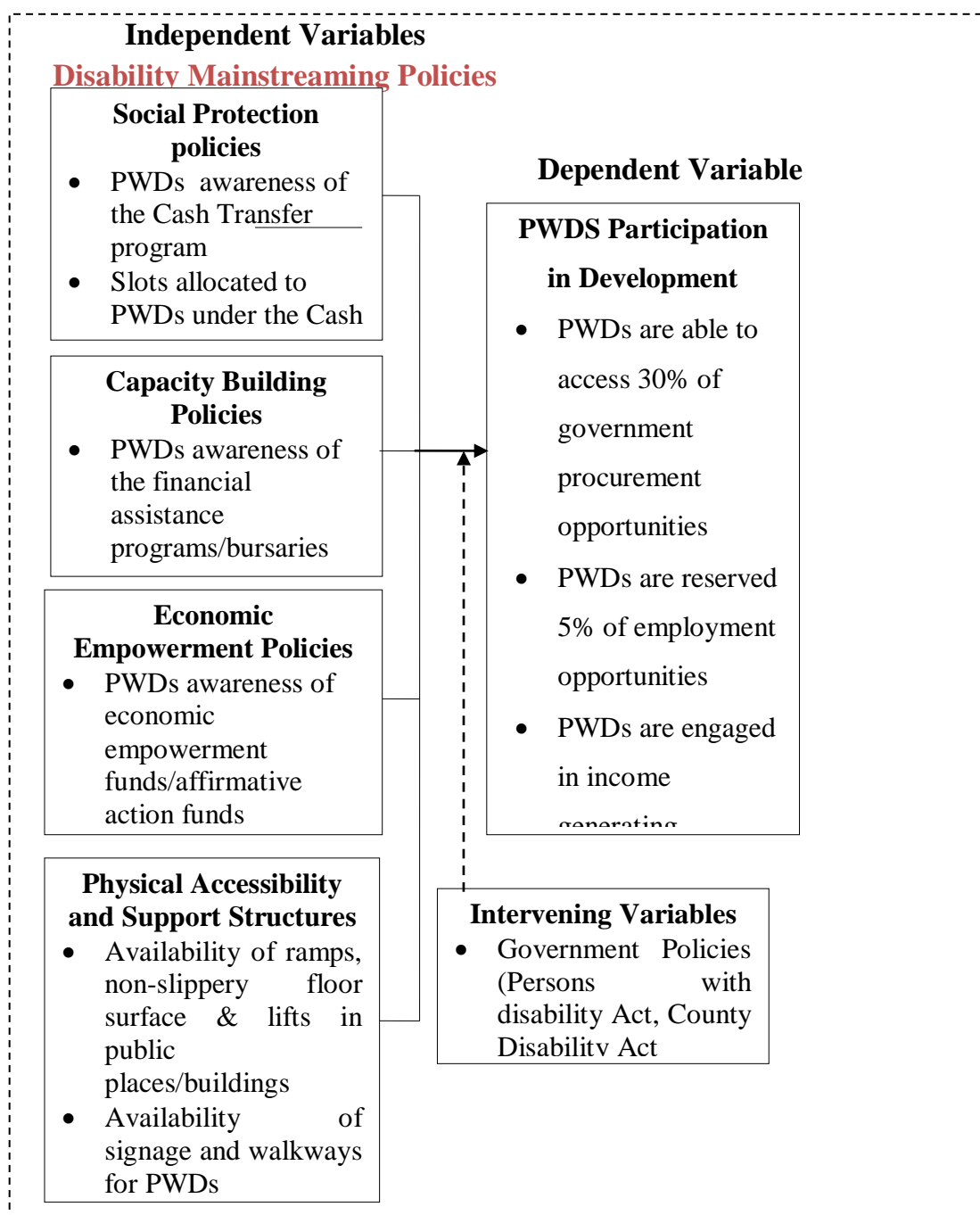


Figure 2.5: Conceptual Framework

For PWDs to participate in development they must be empowered socially and economically; they must have equal access to education, training opportunities and employment opportunities and be able to access their work place, government offices, public transport, education and health facilities in an environment that is disability friendly. Government policies such as the Persons with Disability Act and the County

Disability Act provide the legal framework that ensures the implementation of the mainstreaming programmes. Registration with NCPWD is a pre-condition for being enrolled into the programmes.

2.8 Research Gaps

A study Wanyoike and Mutiga (2016) study on the impact of the cash transfer program in Rongai sub-County revealed that the Cash transferred to PWDs was insufficient to meet their needs. This study has determined the adequacy of the cash transfer programme as the current study. However, this study only examined one aspect the social assistance programme: cash transfer programme, did not examine the NHIF cover; and was not carried out in a different context (Rongai) form the current study which was conducted in Baringo County. Whereas a study by Mbithi and Mutuku, (2010) showed that social protection programmes reach only a small percentage of PWDs, the study did not examine the adequacy of the amount in meeting the needs of PWDs, the impact of these programmes on the social wellbeing of PWDs and the NHIF cover as the current study. The study was general to Kenya while the current study was carried out in Baringo County.

Findings of a study by Kisurulia *et al.*, (2013) has revealed that the cash transfer prgramme has appositve impact on the social wellbeing of PWDs by enabling households to afford a balanced diet; improve their livelihoods through investing a portion of the money and by enhancing the ability of PWDs actively participate in community activities by joining groups and making contributions.

However, the study only examined one aspect the social assistance programme: cash transfer programme, did not examine the NHIF cover; and was general to Kenya unlike the current study which was conducted in Baringo County.

An examination of the transitions among young people in Kenya by Mugo *et al.*, (2010) has revealed that 12% of PWDs had either never been or were unable to currently attend school in Kenya; in most parts of Kenya, the transition between primary and secondary for children and PWDs is rare (Mugo *et al.*, 2010) and low levels of education and skills among PWDS increase the probability of PWDs holding lower paid and semi-skilled jobs. This study has shown that there are low transition rates and low education levels among young PWDs which may affect their employability. However, the study did not account for the inability of PWDs to attend school which the current study examined factors such as PWDs accessibility to financial support (bursary); the study did not examine how training affects PWDs acquisition of practical work skills which the current sought to determine if vocational centers had facilitated PWDs acquisition of skills and competences that are suitable for the modern work place.

Examination of the determinants of integrating disability mainstreaming in agriculture by Otieno (2013) revealed that lack of emphasis in the training centers to meet the demands of PWDs was one of the factors affecting mainstreaming of PWDs issues. This study did not examine how inability of training centers to meet needs of PWDs affected their participation in development which the current study observed how training affects acquisition of skills essential for the work place. The study was conducted in a different context in Machakos County.

Evaluation of the implementation of disability policies by Wambugu (2012) among PWDs of Tujiinue support Group has shown that 90% of PWs had not undergone any form of vocational training to acquire practical job skills or to be self-employed. This study has demonstrated the negative impact of lack of training and education on PWDs employability. However, the study was conducted in a different context (Kibera) from the current study. The study by Wambugu (2012) further revealed that PWDs were yet to be economically empowered as the 5% employment reservation had not been achieved and financial institutions were not advancing loan facilities to PWDs to enable them establish income generating activities. However, these studies did not evaluate affirmative and equalization funds targeting PWDs and how their impact on PWDs economic empowerment which the current study examined.

Kagume (2012) examined the link between education and labor market among persons with physical disability. Findings of the study revealed lower levels of education with PWDs exiting the education system from as low as lower primary to form four levels. However, the PWDs were involved in similar manual jobs due to limited skills and faced a lot of discrimination shoe making was the most. This study shows that low levels of education negatively affects PWDs labor market outcomes however, the study did not account for the inability of PWDs to continue with education and their limited job skills. The current study examined factors that impede PWDs accessibility to education such as financial support (bursary) and the reasons for limited job skills among PWDs.

An assessment of the relationship of the strategies employed for mainstreaming disability issues in public service by Ngugi (2014) revealed that strategies employed by

the ministry of public service such as capacity building on disability issues, compliance with the 5% affirmative action and structural adjustments were positively correlated with mainstreaming PWDs issues in public service. However, this study did not evaluate the impact of the mainstreaming policies in enhancing PWDs participation in development and was carried out at the national government level while the current study was conducted among devolved units.

Whilst numerous studies have evaluated influence of different mainstreaming policies on PWDs, no studies have been conducted in Baringo County to determine how mainstreaming policies have facilitated PWDs participation in development. This study has identified gaps in the evaluation of the social protection policy as previous studies did not establish adequacy of the monthly stipend in meeting PWDs needs; overlooked the NHIF cover and did not determine adequacy of the NHIF cover in enabling PWDs access healthcare services. Whilst previous studies revealed low levels of education among PWDs, these studies did not account for PWDs access to funds to support their education. Other studies revealed that training institutions were unable to equip PWDs with practical job skills. However, there was a gap in determining the reason why these training institutions were unable to equip PWDs with essential job skills. Studies have also shown that financial institutions were not advancing loan facilities to PWDs. However, these studies were restricted to loans provided by financial institution and did not evaluate government affirmative funds and grants targeting PWDs and their effects on PWDs economic empowerment. Even though studies revealed that PWDs experience difficulty in accessing public places and transportation, however, there has been no accessibility audit in Baringo County. Therefore this study will fill these gaps.

2.9 Summary of Literature Review

There is lack of a singular definition of disability rather the concept of disability is viewed to be evolving with time, economic and social contexts. At the international level, several bodies such as the International Convention on the Rights of Persons with Disabilities and the World Health Organization have provided some of the most frequently used definitions. At the local level, the Disability Act of 2003 has provided a formal definition for use in the local context. Despite the various definitions of disability, there is a consensus that PWDs are marginalized in terms of economic opportunities and the access to basic services.

The concept of disability is conceptualized on five models including the medical model, social model, charity model, and economic model amongst others.

Various policies and programmes have been enacted and implemented to eliminate barriers that perpetuate PWDs exclusion from participation in economic development. Social protection policies seek to cushion PWDs against vulnerabilities that adversely affect their wellbeing. Economic empowerment policies on the other hand seek to integrate PWDs in employment through legislative quotas that reserve certain procurement and employment opportunities for PWDs and avail financial assistance to PWDs to establish income generating activities.

Capacity building through formal and informal training is one way of ensuring that the PWDs are empowered through acquisition of practical skills and knowledge useful for employment in specific areas. However, there is a mismatch between training and market labor demand and majority of the PWDs cannot afford to finance their

education. The ability to physically access services is of critical importance to the PWDs integration with the community at the social and economic levels. However, most of the work places and social amenities lack the necessary supportive infrastructure that make it easy for the PWDs to access and enjoy the facilities.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Overview

This chapter describes the methods employed in conducting the study and focuses on the research design, research variables, the location of the study, target population, sampling procedures and sample size. It also describes the research instruments, pilot study, reliability and validity of the instruments, data collection and analysis procedures.

3.2 Research Area

The geographic scope of this study was Baringo County. The county has six (6) sub counties; Baringo Central, North, South, East, Koibatek and Mogotio. According to NCPWD 10% of Kenyans are PWDs and at least 2 million people have disability. NCPWD has registered over 300,000 persons with disabilities. According to the KNBS data (2009), Baringo had a population of 655551, an estimated 65,555 PWDs. NCPWD has registered 5,200 PWDs in Baringo County. The researcher was therefore interested in examining effects of mainstreaming of policies for PWDs on their participation in development in Baringo County. The Baringo County Persons with Disability Act has been enacted hence a suitable site for evaluating its impact on enabling PWDs participation in development.

3.3 Research Design

Research design is the plan used to conduct a research and to obtain answers to research questions (Rajesh, 2009). The researcher used mixed method research methodology in the study (Creswell & Clark, 2018) and further used concurrent triangulation. A mixed method is a research methodology that incorporates multiple methods in the collection,

analysis, interpretation and reporting of both qualitative and quantitative data in such a way that research issues are explained in a meaningful manner (Creswell & Clark, 2018). Use of qualitative and quantitative data enables the researcher to view the phenomena under study from different perspectives and research lenses (Shorten & Smith, 2017); and the two approaches complement each other as the strengths of quantitative methods offset the weakness of the qualitative methods while the strengths of qualitative methods offset the weakness of the quantitative methods (Creswell & Clark, 2018).

The mixed-method approach was considered appropriate for this study as it enabled the researcher to answer the research questions with sufficient breadth and depth. Use of quantitative approaches facilitated the collection of data from a large number of PWDs thus enhancing the possibility of generalizing findings to the wider target population of PWDs in Baringo. The qualitative approach on the other hand provided a deeper understanding of the disability mainstreaming programmes and how they have facilitated PWDs participation in development. Therefore quantitative data brought breadth to the research findings by supporting findings with quantitative data in different aspects of mainstreaming programmes while qualitative data provided depth to the findings through deeper insights from narrative explanations of the mainstreaming policies/programmes.

Further this approach enhanced the validity of the research findings through triangulation. The quantitative results were triangulated with qualitative findings. Data was collected using questionnaires; interview schedules and observation schedules. The researcher was therefore able to test the validity of the collected data through the

convergence of information from the three different sources: quantitative information from questionnaires; qualitative information from interviews and observation which verified the information provided by respondents.

3.4 Target Population

Gall and Borg (2009) define a target population as entire group of individuals, events or objects having common observable characteristics to which the findings of the study are meant to generalize. The target populations for this study were persons with disabilities within Baringo County. The targeted population of the study was 5,200 registered PWDs.

3.5 Sampling Size and Sampling Technique

3.5.1 Sampling Size

In determining the size of the sample size, the approach to be utilized specifies the precision of estimation desired and then determines the sample size necessary. The population of the study is approximately 5,200 PWDs. Hendricks-Wetcher (2013) defines a sample as a subset of the population being studied. It represents the larger population and is utilised in drawing inferences (inferential statistics will be used in this study) regarding that population.

It is a research technique widely used in the social, behavioural and developmental sciences as a way of gathering information about a population without necessarily measuring the entire population (Rajesh, 2009). For the purpose of this study, the sample size was calculated using the Slovin's formula as indicated below:

$$n = \left\{ \frac{N}{1 + N(e)^2} \right\}$$

Where:

n=sample size

N= sample population; and

e=Marginal error

Given:

N=5 200 PWDs

e= margin error of 0.05 or 5%.

Standard confidence level is 90-95%, the researcher used confidence level of 95% for better accuracy which will give a margin error of 0.05 or 5%. Therefore, n is calculated as follows:

$$n = 5,200 / 1 + 5,200(0.05)^2$$

$$n = 371$$

3.5.2 Sampling frame and Technique

The simple random sampling method was used for the study. Rajesh (2009) defines the simple random sample as the basic sampling method assumed in statistical methods and computations. To collect a simple random sample, each unit of the target population is assigned a number. A set of random numbers is then generated and the units having those numbers are included in the sample. For instance, having a population of 5,200 people and wishing to choose a simple random sample of 371 people: to begin with, a sampling frame of the registered PWD was obtained and each PWD on the list assigned a number from 1-5200; 371 random numbers were picked and those PWDs assigned those numbers are the ones to be included in the sample.

3.6 Data Collection Instruments and Procedures

3.6.1 Questionnaires

The questionnaire as a tool for data collection was used because of cost and time effectiveness as the questionnaires are relatively easy to distribute and administer. The questionnaires are also relatively easy to analyze as the respondents will be exposed to standard questions (Roopa & Rani, 2012).

The researcher administered 371 registered PWDs. The questionnaires were self-administered to PWDs at different central points across the county. To ensure inclusivity of all the PWDs in filling the questionnaire, the researcher administered the questionnaire to the visually impaired and filled in their responses with the assistance of two research assistants. The researcher administered the questionnaire for PWDs with physical impairment such as missing fingers and filled in their responses. For respondents with hearing impairment the researcher sought assistants from sign language interpreters.

3.6.2 Key Informants Interviews Schedules

Data was collected using key informant interviews schedule (Appendix 4) to provide qualitative data to qualify/enrich quantitative data collected from questionnaires and seek clarity from key informants (Rajesh, 2009). The researcher interviewed four (4) key informants; NCPWD County Disability Services Officer, Director Social Development-National Government, County Director of Education, Sports, Culture and Social Services, and, County Director of Special Needs Education. The four are responsible for implementing disability programmes at county and national government

level. Appointments were booked with respective key informants and interviews conducted on the scheduled time. The interviews were recorded using a smartphone and transcribed for analysis. Permission was sought from the informants prior to recording the interviews.

3.6.2 Observation Schedules

Observation was used to supplement the data collected using questionnaires and key informant interview schedules. A structured observation schedule (Appendix 5) was used to determine if public buildings were disability friendly. The researcher observed the buildings for availability of the following features such as: ramps, signage, non-slippery floor surface, lifts, walkways, reserved & accessible parking and washrooms that are accessible by PWDs. Data collected through the observation schedule was analyzed by comparing observed structures to the indicators of the Physical Accessibility and Support Structures. This enabled the researcher to determine if the buildings had support structures required to enhance PWDs accessibility. Availability of these facilities indicated that the building was accessible hence disability friendly whilst the absence indicated inaccessibility.

3.7 Reliability of the Questionnaire

The Cronbach's Alpha coefficient was used to measure the internal consistency of the questionnaire. The Cronbach's Alpha is interpreted as a coefficient Alpha and its value ranges from 0 to 1. When calculating Cronbach's reliability coefficient, reliabilities less than 0.6 are considered poor, reliabilities within 0.7 ranges are considered acceptable and those coefficients over 0.8 are considered good (Bolarinwa, 2015). The

questionnaire yielded a co-efficient of 0.8 and above hence the questionnaire was considered to be reliable as shown Table 3.1:

Table 3.1 Reliability Statistics

Item	Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	No. of Items
Social Protection Policies	.861	.888	10
Capacity Building Policies	.891	.840	5
Economic empowerment Policies	.868	.810	10
Physical Accessibility Policies	.880	.818	6

3.8 Validity of the Questionnaire

Validity as the extent to which a set of measured items actually reflects the theoretical latent construct that those items are designed to measure (Kothari, 2004). The instruments were developed under the supervision of the supervisors who assessed the questions to determine if they measure all the relevant aspects of the variables under study. The questions were further reviewed by the supervisors for clarity, readability and comprehensiveness. The reviews were used to make corrections before the actual study.

Pretesting of the questionnaires was used to measure the construct validity or the degree to which a measuring instrument measures what it is supposed to measure. After the pretest that was done in Nakuru County, the questionnaires and interview schedules were moderated for the actual survey.

3.9 Data Processing and Analysis

Data analysis is the whole process that commences immediately after data collection and ends at the point of interpretation and processing of the results. Once the administration was complete, the questionnaires were collected and pre-data screening was done where questionnaires were sorted to remove those questionnaires with incomplete responses. The questionnaires were coded for the purposes of data analysis.

The SPSS was used to analyze the data and generate descriptive statistics mainly: distribution statistics such as frequency and percentages; measures of central tendency such as mean; and dispersion such as standard deviation. The descriptive statistics are presented in tables.

The inferential statistics were used to assess the strength of the relationship between independent (causal) variables and dependent (effect) variables (Rajesh, 2009). Regression analysis was used to determine the significance of the relationship between the independent variables: social protection policies; capacity building policies; economic empowerment policies and physical accessibility policies and PWDs participation in Development. The equation was expressed as follows:

$$Y = \alpha + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4$$

Where:

Y = PWDs participation in Development

α = constant (coefficient of intercept)

X₁ = Social protection policies

X₂ = Capacity building policies

X₃ = Economic empowerment policies

X₄ = Physical Accessibility and support Structure policies

$\beta_1 \dots \beta_4$ = regression coefficient of three variables

Thematic analysis was used to analyze qualitative data collected through interviews.

The data was organized into key thematic areas based on the research objectives and presented in narrative form and verbatim quotes.

3.10 Ethical Considerations

The researcher obtained a research permit from NACOSTI. The researcher ensured that permit and letter of intention to conduct research accompanied questionnaire and interview schedule. Informed consent was sought from the respondents who were informed in good time through the NCPWD office. Prior to filling in the questionnaires, the respondents were required to sign a consent form. In addition, the group of respondents being of a special group, the researcher had to carefully administer the questionnaires to protect them from any psychological harm. The researcher assured respondents of utmost confidentiality and that the research was solely for academic reasons.

CHAPTER FOUR: DATA ANALYSIS, PRESENTATION AND INTERPRETATION OF RESULTS

4.1 Overview

This chapter presents the research findings of the study based on the examination of the effects of mainstreaming of policies for PWDs on their participation in development in Baringo County under the following sections: Response rate; Demographic Information; Findings of the Study per objective and Regression Analysis.

4.2 Response Rate

A total of 371 questionnaires were distributed out of which 360 questionnaires were returned giving a response rate of 97%. This response was good enough and representative of the population and conforms to Mugenda and Mugenda (2003) stipulation that a response rate of 70% and above is excellent. The response rate is shown in Table 4.1:

Table 4.1. *Response Return Rate*

Category	Sample	Response	Response Rate (%)
Persons Living with Disabilities	371	360	97%

Source: Author (2021)

4.3 Demographic Information of the Respondents

The study in this section sought to enquire from the respondents, general information including, gender, level of education, type of disability, level and cause of disability;

registration status with NCPWD and Membership to a group. This general information is presented in the following subsections.

4.3.1 Gender Distribution

It was important to establish the gender of the respondents so as to determine the impact of stakeholders' interventions on PWDs but also both women and men with disability as required by the Constitution especially women who are considered as a special group by the Constitution. Based on the research findings 56% of the respondents were male while the remaining 44% were female. This shows that all genders were represented thus provided relevant information for the study as indicated by table 4.1.

Table 4.1: Gender of the Respondent

Gender	Frequency	Percentage (%)
Male	202	56.0
Female	158	44.0
Total	360	100.0

Source: Author (2018)

4.3.2 Highest Level of Education

The highest level of education attained by most PWDs in Baringo is primary school at 50%, out of this only 24% (half of those in primary) proceeded to high school while 12% joined vocational schools, from the 24%, 8% joined college while 6% joined university. As they progress to secondary and transition into college and tertiary institutions, the number reduces even further. This clearly shows low rates of transition from primary to secondary and college as indicated by table 4.2:

Table 4.2: Highest Level of Education

Educational Level	Frequency	Percentage (%)
Primary	180	50.0
Secondary	86	24.0
Vocational Training	43	12.0
Diploma Level	29	8.0
Graduate	22	6.0
Total	360	100.0

According to the County Director of Special Needs Education (SNE) Baringo, the low rates of transition by PWDs can be attributed to: societal attitudes and discrimination against PWDs, extreme poverty among PWDs families, ignorance by parents, poor performance by PWDS despite low entry points in secondary and tertiary institutions and few secondary schools that can provide SNE. For instance, there is no secondary school for the deaf in Baringo County.

4.3.3 Type of Disability

Majority of the respondents in Baringo County are Physically impaired at 37%; followed by hearing impairment (21%); Visually Impaired (19%); Albinism (15%); Mentally handicapped (6%) and Short Stature (2%). This is shown by table 4.3:

Table 4.3: Type of Disability

Disability	Frequency	Percentage (%)
Physical Impairment	133	37.0
Visual Impairment	68	19.0
Hearing Impairment	76	21.0
Mentally Impairment	22	6.0
Albinism	54	15.0
Short Stature	7	2.0
Total	360	100.0

Source: Author (2018)

Despite those with hearing impairment being the second majority there is no secondary school for the deaf in the county. This explains the low rates of transition in the county from primary to secondary school.

4.3.4 Level of disability

Majority of the respondents' disability is mild (66%) and moderate (21%). Therefore, most of them are capable of operating independently and may not require much help in doing activities such as walking. Such PWDs only require assistive devices such as wheelchairs, walking frames, crutches and hearing aids to operate normally.

However, the 13% with severe disability require constant care as they cannot be able to do anything on their own. They require constant help in everything including going to the toilet, taking a bath, moving around and eating. Table 4.4 indicates these findings:

Table 4.4: Level of Disability

Disability	Frequency	Percentage (%)
Mild	238	66.0
Moderate	76	21.0
Severe	46	13.0
Total	360	100.0

Source: Author (2018)

4.3.5 Cause of Disability

The findings of this study showed that majority of the respondents (71%) were born with the disability while the rest acquired in the course of their life due to accidents (15%) or diseases (15%) as shown by table 4.5:

Table 4.5: Cause of Disability

Cause	Frequency	Percentage (%)
Congenital	252	70.0
Accident	54	15.0
Disease	54	15.0
Total	360	100.0

4.3.6 Registration with the National Council for Persons with Disabilities

All the respondents were registered with the National Council for Persons with Disabilities (100%). Registration determines accessibility to services provided by the government through the National Council for Persons with Disabilities as these services are provided to PWDs who are registered.

4.3.7 Membership to a support group

The findings indicated that 54% (194) of the respondents in Baringo County are in a support group while 46% (166) are not in a support group. This is a factor in determining their ability to access government economic empowerment funds which are given in groups.

4.4 Findings of the Study

Findings are based on the analysis quantitative data from questionnaires. Respondents were asked to indicate the extent of agreement with statements on a Likert Scale where 5=strongly agree; 4=agree; 3=Uncertain/Neutral; 2=Agree & 1= Strongly disagree. The findings are also based on qualitative data from key informants. The researcher summarized responses to key categories and values. This helped in deriving a pattern that gave theme and meaning to assist in data interpretation and in arriving at conclusions.

4.4.1 Social Protection Policies and PWDS Participation in Development

This section presents findings of this study on the effects of social assistance policies and programmes (Cash Transfer programme and the NHIF cover for PWDs) in enhancing the social welfare of PWDs. Table 4.6 presents findings on the extent of PWDs agreement with statements on the effects of social protection policies and programmes on PWDs participation in development:

Table 4.6: *Effects of Social Protection Policies on PWDS participation in Development*

Statement	Mean	Std. Deviation
I am aware of free comprehensive NHIF cover to persons with disability	4.17	1.26
I am a beneficiary of the free NHIF cover to persons with disability	1.76	1.30
The free comprehensive NHIF cover to Persons with severe disabilities has been effective in enabling PWDs access affordable health care	2.18	1.39
I am aware of Cash Transfer Programme to persons with severe disabilities	4.55	0.49
I am a beneficiary of Cash Transfer Programme to persons with severe disabilities	1.86	1.35
The money disbursed through Cash Transfer Programme to persons with severe disabilities is adequate to enable them address their social needs and live a decent life	1.26	0.60
Social exclusion and discrimination is prevalent despite the government efforts of social assistance to ensure PWDs live a decent life	3.57	0.98
There is low implementation of laws championing for social assistance of PWDs	4.25	0.85
There is general lack of awareness among PWDs of social assistance programs implemented by the government	1.84	1.06
Advocacy for social assistance by PWDs stakeholders has led to overall improvements to social status of PWDs	2.40	1.13
Aggregate Mean & Standard Deviation	2.8	1.04

Source: Author (2018)

Findings in Table 4.6 indicate that PWDs in Baringo County were uncertain as to whether social protection policies and programmes had enhanced the social welfare of PWDs as shown by an aggregate mean of 2.8. A lower standard deviation of 1.04 indicates that the individual responses on average are 1 point away from the mean. This implies that the data sets are closely clustered around the mean.

The PWDs disagreed that social assistance has led to overall improvements in their social status as shown by a mean of 2.40 and deviation of 1.13. This is not because they lack information on the programs, in fact they strongly disagreed with the statement that there is lack of awareness among PWDs on the social assistance programs as shown by a mean of 1.84 and a standard deviation of 1.06. The PWDs attributed the failure of such program to improve their status is due to the low implementation of policies championing for social assistance as indicated by a mean 4.25 and a standard deviation 0.85. For instance:

The PWDs agreed that they are aware of the free comprehensive NHIF cover as shown by a mean of 4.17 and a standard deviation of 1.26; however, they strongly disagreed that they have benefited as indicated by a mean of 1.76 and a standard deviation of 1.30. The PWDs disagreed that the free comprehensive NHIF cover to Persons with severe disabilities has been effective in enabling PWDs access affordable health care as shown by a mean of 2.18 and standard deviation of 1.39.

This is the same for the cash transfer program where respondents strongly agreed (mean of 4.55 and standard deviation of 0.99) that they are aware of the program however they strongly disagreed that they are beneficiaries of the program (mean of 1.86 and

standard deviation of 1.35). It is only 4.2% (15) of PWDS who had been enrolled in the programme. The respondents strongly disagreed that the Ksh. 2 000 monthly stipend disbursed through Cash Transfer Program to persons with severe disabilities is adequate to enable them address their social needs and live a decent life as shown by a mean of 1.26 and Standard deviation of 0.60.

Therefore, social assistance offered by the government to PWDs through various programs has not been effective in enhancing the social welfare of PWDs. The Director of Social Services, National Government is in agreement with the findings. According to him, the NHIF cover has been instrumental in assisting PWDS access healthcare services given that it is comprehensive and caters for all diseases.

However, it does not cover all PWDs as it limited to those with severe disabilities who are enrolled in the cash transfer program. According to him, it would be more helpful if all PWDs who are severe and unemployed were enrolled. The NCPWD Baringo County Officer is in agreement with these findings. According to him, even though the program is helpful, the amount given is not adequate to meet the needs of PWDs. So far, out of the 5,200 registered PWDs only 210 are beneficiaries of the Cash Transfer and NHIF cover. The amount allocated by the national government is not adequate resulting in fewer slots being allocated. Therefore, few people are enrolled in the program leaving out needy PWDS.

Below is an excerpt of the interview with the Director of Social Services, National Government,

“The NHIF cover is a complementary programme to the Cash Transfer programme of Ksh. 2000 per month targeting persons with severe disability. These are people with multiple disabilities that require full time support of the

caregiver making it difficult for the caregiver to undertake any income generating activity. Therefore, this programme is meant to cushion such households from the negative impact of the disability.”

“The programme has been very helpful in assisting PWDS who are enrolled to cater for their daily needs as well access healthcare services. The NHIF cover is comprehensive and caters for all diseases. The programme is only limited to PWD with severe disabilities who are enrolled in the cash transfer program. The programme has not enrolled all PWDs with severe disability. Also there are other PWDs who are needy and are left out because they do not qualify by virtue of not being severely disabled. Therefore, it would be more helpful if all PWDs who are severe and unemployed were enrolled.”

According to the NCPWD Baringo County Officer,

“The Cash Transfer Programme is very helpful. However, the amount given is not adequate to meet the needs of PWDs. The budgetary allocation from the national government is minimal which limits the number of PWDs to be enrolled in the programme. As a result, very few people are enrolled in the program leaving out needy PWDS. Out of the 5,200 registered PWDs only 210 are beneficiaries of the Cash Transfer and NHIF cover.”

4.4.2 Capacity Building and PWDs participation in Development

This section presents findings of the study on the effects of capacity building programme in enabling PWDs acquire education and necessary job skills. Table 4.7 shows findings of the study on PWDS agreement on the effects of the capacity building programmes:

Table 4.7: Capacity Building and Disability Mainstreaming

Statement	Mean	Std. Deviation
The training I have received is relevant to my target career choice	2.31	1.42
The training is relevant to the modern work place requirements and enables me to effectively apply my skills	2.18	1.34
There were sufficient and modern facilities in my training centres that adequately prepared me for the modern work place	2.28	1.29
I am aware of financial assistance programs to enable PWDs pursue relevant training	3.58	1.32
I was/ am able to access bursaries and other financial aid to pursue training	1.68	1.12
Aggregate Mean & Standard Deviation	2.40	1.32

Source: Author (2018)

Findings in Table 4.7 indicate that PWDs in Baringo County disagreed that the capacity building programmes had facilitated their acquisition of education and necessary job skills as shown by an aggregate mean of 2.40. A lower standard deviation of 1.32 indicates that the individual responses on average are 1.3 points away from the mean. This implies that the data sets are closely clustered around the mean.

The PWDs disagreed: the training they received is relevant to their career choices as shown by a mean of 2.31 and standard deviation of 1.42; there were sufficient and modern facilities in their training centres to adequately prepare them for modern work place with a mean of 2.28 and standard deviation of 1.29; the training is relevant to the modern work place requirements and enables them to effectively apply acquired skills as indicated by a mean of 2.18 and standard deviation of 1.34. According to the Baringo County Director of Special Needs Education, most of the vocational centres in the

county are not well equipped to offer quality training. He recommends that the NCPWD should focus on equipping such institutions apart from assisting graduates with work tools. Below is an excerpt of the interview,

“Vocational centres in our county do not have adequate equipment in proportion to the number of students. Most of the available training equipment is old and out-dated. The institutions are in dire need of modern training facilities.”

PWDs in Baringo County agreed that they are aware of the financial assistance programs to enable them pursue relevant training as shown by the mean of 3.88 and a standard deviation of 1.32. However, they strongly disagreed that they are able to access bursaries and other financial aid to pursue training with a mean of 1.68 and a standard deviation of 1.12. Therefore, findings of this study revealed that Capacity building programmes had not facilitated acquisition of education and jobs skills among PWDs.

This can be attributed to limited funding of education among needy PWD students.

According to the County Director of Special Needs Education,

“Bursary applications by PWDs are not accorded any special allocation and are treated like non-PWD. Therefore, there is not specific percentage of the bursary that is allocated to PWDs in learning Institutions as provided by the PWD Act.”

Interviews further revealed that Education funding for PWDs is very low and the county government hardly supports PWDs through bursaries. The National Council for Persons with Disability is the main funder for SNE in Baringo County. However, the bursaries are not adequate and take a very long time to mature. According to the NPWD Baringo County Officer,

“During the financial year 2017/2018 we received 100 bursary applications from needy students ranging from primary, secondary, vocational and tertiary institutions. However, we were only able to finance 8 students. However, the NCPWD has been financed infrastructural development in special schools within the County.”

4.4.3 Economic Empowerment PWDs Participation in Development

This section presents findings of the economic empowerment policies and programmes in enhancing PWDs participation in economic activities. Table presents findings of the study on respondents' extent of agreement on the effects of economic empowerment policies:

Table 4.8: *Economic Empowerment and Disability Mainstreaming*

Statement	Mean	Std. Deviation
I am aware of the affirmative action and economic empowerment programs targeting PWDs	4.26	0.90
I have registered with relevant bodies that facilitate PWDs to get preferential treatment in doing business with the government	4.46	0.72
I have benefited from AGPO, NGAAF, UWEZO Fund and other affirmative action funds targeting PWDs	1.75	1.27
The affirmative action and economic empowerment programs have improved persons with disability participation in developmental activities	2.35	1.19
I am in formal/salaried employment	1.18	0.82
I am self employed	2.60	1.06
I am aware of tax exemption programs targeting PWDs	4.00	1.41
I have benefited from tax exemption programs targeting PWDs	1.86	1.46
The financial services provider are friendly to persons with disabilities through provision of flexible and friendly credit facilities	1.70	1.15
The private sector has sponsored programs that enhance persons with disabilities self-reliance	0.83	0.15
Aggregate Mean & Standard Deviation	2.49	1.01

Table 4.8 indicates that PWDs in Baringo County were uncertain as to whether economic empowerment policies and programmes had facilitated their participation in economic activities as shown by an aggregate mean of 2.49. A lower standard deviation of 1.01 indicates that the individual responses on average are 1.01 points away from the mean. This implies that the data sets are closely clustered around the mean. The PWDS agreed that there were high levels of awareness of affirmative action and economic empowerment programs among PWDs as shown a mean of 4.26 and standard deviation of 0.90.

As a result, several PWDs groups had applied for the funds in the financial year 2017/2018. According to the NCPWD County Disability Services Officer,

“There were a high number of applications from 42 groups for the economic empowerment and revolving fund program in the financial year 2017/2018. Out of this NCPWD office funded 25 groups (60%) within the county each getting Ksh. 50 000. Our follow-up and evaluation of the utilization of the funds has shown that from these funding the groups have initiated income generating projects in agriculture, table banking and other small business.”

However, PWDs had difficulty in accessing government tenders and financial support from financial institutions. PWDs strongly agreed that they had registered with relevant bodies that facilitate PWDs to get preferential treatment in doing business with the government as shown by a mean of 4.46 and a standard deviation of 0.72. This can be attributed to lack of funds to finance the tenders as the PWDs strongly disagreed that had benefited from economic empowerment and affirmative action funds such as AGPO, NGAAF, UWEZO Fund targeting PWDs (mean= 1.75 and a standard deviation 1.27). This can be attributed to the bureaucracy in acquiring the loans. According to the Baringo County NCPWD officer,

“A number of PWDs in the county have qualified to access government tenders as they have legally registered businesses and certification for Access to Government Procurement opportunities (AGPO). However, the main challenge lies in financing the tenders as majority of the PWDs are lack finances. Affirmative action funds that are supposed to benefit PWDs have lot of requirements. Financial institutions also have high security requirements especially for those who are not government employees. This has discouraged PWDs from applying”

The PWDs strongly disagreed that financial service providers are friendly to PWDs as indicated by a mean of 1.70 and a standard deviation of 1.15; and the private sector has sponsored programs that enhance persons with disabilities self-reliance (mean of 0.83 and standard deviation of 0.15). This had made it difficult for them to acquire funds that would enhance their economic empowerment.

Additionally, PWDs agreed that they were aware of the tax exemption for as shown by a mean of 4.00 and a standard deviation of 1.41 in table 4.8. However, they strongly disagreed that they have benefited from tax exemption programs targeting PWDs as shown by a mean of 1.86 and a standard deviation of 1.46 because most of them are not in salaried employment as indicated by table 4.9 and 4.10 below where only 4% of the PWDs are in salaried employment, 38% are in self-employment while the rest (58%) are unemployed.

Table 4.9: Salaried/Formal Employment

	Frequency	Percent
Strongly Disagree	345	95.8
Strongly Agree	15	4.2
Total	360	100.0

Source: Author (2018)

Table 4.10: Self employed

	Frequency	Percent
Strongly Disagree	234	62.1
Strongly Agree	136	37.9
Total	360	100.0

Source: Author (2018)

Those in self-employment are not able to access tenders due to financial constraints, they are not able to finance Limited Public Offers (LPOs). According to the NCPWD Officer, tax exemption is given to PWDs in salaried employment and those in self-employment with registered businesses.

4.3.4 Physical Accessibility & Support Structures and PWDs Participation in Development

This section presents findings of this study on the effects of physical accessibility policies in enhancing PWDs access to: public services including government offices, schools, social places and hospitals; places of work; and public transportation. Table 4.11 presents findings of the respondents' extent of agreement on the statements of effects of physical accessibility policies and programmes:

Table 4.11: Physical Accessibility to Support Structures and Disability Mainstreaming

Statement	Mean	Std. Deviation
I am aware of government policies to promote easy accessibility to physical structures for the PWDs	3.96	1.26
There are enhanced structures at my workplace and social places which enables my full participation in work/social events	2.31	1.46
The public buildings such as commercial banks, government offices and hospitals etc. are accessible to people with disabilities	1.57	0.85
Public building such as commercial banks, government offices and hospitals etc. have made structural adjustments to make the buildings friendly to persons with disabilities	1.54	0.81
The public system is accommodative of persons with disabilities and it is easy to move around	1.37	0.48
The working facilities such as desks, chairs etc in major working areas are friendly to persons with disabilities	1.41	0.61
Overall Mean	2.02	0.91

Source: Author (2018)

Findings in Table 4.11 indicate that PWDs in Baringo disagreed that physical accessibility policy had enhanced PWDs access to public services, places of work and public transportation as shown by an aggregate mean of 2.02. A lower standard deviation of 0.91 indicates that the individual responses on average are 0.91 points away from the mean. This implies that the data sets are closely clustered around the mean.

PWDs in Baringo disagreed that: there are enhanced structures at their workplace and social places which enables their full participation in work/social events with a mean of 2.31 and standard deviation of 1.46. the PWDs strongly disagreed that public buildings such as commercial banks, government offices and hospitals are accessible to PWDs with a mean of 1.57 and standard deviation of 0.85; public building such as commercial banks, government offices and hospitals have made structural adjustments to make the buildings friendly to PWDs with a mean of 1.54 and standard deviation of 0.81; the public transport system is accommodative of persons with disability and it is easy to move around with a mean of 1.47 and a standard deviation of 0.48; and the working facilities such as desks, chairs in major working areas are friendly to persons with disabilities with a mean of 1.41 and standard deviation of 0.61. Therefore, the government accessibility policy for PWDs has not been fully implemented in of the public places and building in Baringo County.

Accessibility Audit conducted by the NCPWD in 2016 revealed that most public buildings are not disability friendly as no structural adjustments have been made. These findings are also echoed by the County Director of Social Services, National Government who said,

“The County Commissioners’ building which hosts the NCPWD offices, the National Social Services offices, the Special Needs Education and other national government offices is an old building and no structural adjustments have been made to make it disability friendly.”

Observation carried out during the study revealed that the only accessible office is that of the Baringo County Director of Social Services who has put a ramp at her Museum building offices to enable PWDs access the office.

Further, interviews with the Baringo County Director of Special Needs Education, most learning institutions in Baringo County are not disability friendly. Below in an excerpt of the interview,

“No adjustments have been made to accommodate PWDs. Despite the county government being aware of the requirement to make public buildings accessible to PWDs, they have not been keen when approving construction plans. Marigat Day integrated has good designs that are disability friendly and the schools also has mobility orientation for students to enable them familiarize themselves with the institution and facilitate their movement.”

4.4 Regression Analysis

Regression analysis was used to determine the influence of the independent variables social protection policies (X_1), capacity building policies (X_2), economic empowerment policies and physical accessibility policies influence PWDs participation in development.

4.4.1 Model Summary

The model summary is used to determine proportion of the variability of the dependent variable as explained by the regression line. This is shown in Table 4.12:

Table 4.12: Model Summary

	R	Adjusted R	
Model	R	Square	Square
			Std. Error of the Estimate
1	.719 ^a	.518	.511
			.51656

a. Predictors: (Constant), , Social Protection Policies, Capacity Building

Policies, Economic Empowerment Policies, Physical Accessibility Policies

Table 4.12 indicates the strength of the relationship between the independent variables and the dependent variable. Based on the co-efficient of determination the value of R Square is 0.518 which is adjusted to 0.511. This means that the independent variables: social protection policies, capacity building policies, economic empowerment policies and physical accessibility policies account for 51.1% change in the PWDs participation in development. This means that there is a strong relationship between the independent variables and PWDs participation in development.

4.4.2 Analysis of Variance

One way analysis of variance (ANOVA) was used to assess the significance of the regression model as shown in Table 4.13:

Table 4.13: Regression of the ANOVA^a

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	82.172	4	20.543	76.987	.000 ^b
	Residual	76.582	356	.267		
	Total	158.753	360			

a. Dependent Variable: PWDs Participation in Development

b. Predictors: (Constant), Social Protection Policies, Capacity Building

Policies, Economic Empowerment Policies, Physical Accessibility Policies

Table 4.11 indicates that significance of the regression model is 0.000 which is less than 0.005 and the F value is 76.987. Therefore, the effects of the independent variables are statistically significant. This implies that Social Protection Policies, Capacity Building Policies, Economic Empowerment Policies, Physical Accessibility Policies have a significant effect on PWDs participation in development.

4.4.3 The Co-Efficient of Correlation

Multiple regression analysis was used to determine the significance of the relationship between Social Protection Policies, Capacity Building Policies, Economic Empowerment Policies, Physical Accessibility Policies and the participation of PWDs in development as shown in Table 4.14:

Table 4.14: Coefficients^a of Correlation

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.805	.229		7.886	.000
	Social Protection Policies	.402	.074	.033	374	.001
	Capacity Building Policies	.458	.044	.637	10.474	.000
	Economic Empowerment Policies	.297	.092	.290	3.235	.001
	Physical Accessibility Policies	.282	.054	.093	1.523	.000

a. Dependent Variable: PWDs Participation in Development

PWDs participation in Development=1.805+0.402*Social Protection policies + 0.458*Capacity Building Policies + 0.297*Economic Empowerment Policies + 0.282*Physical Accessibility Policies.

Therefore, the regression equation is expressed as:

$$Y = 1.805 + 0.402X_1 + 0.458X_2 + 0.297X_3 + 0.282X_4$$

Table 4.14 indicates the co-efficient of determination of the regression equation. Holding all the independent variables constant, at Zero PWDs participation in Development=1.805. A unit rise in Social Protection policies while holding Capacity Building Policies, Economic Empowerment Policies & Physical Accessibility Policies constant leads to a rise in PWDs participation in Development by 0.402(p=0.001). A unit rise in Capacity Building while holding Social Protection policies, Economic Empowerment Policies & Physical Accessibility policies constant leads to a rise in PWDs participation in Development by 0.458 (p=0.000). A unit rise in Economic Empowerment Policies while holding Social Protection policies, Capacity Building

Policies & Physical Accessibility policies constant leads to a rise in PWDs participation in development by 0.297 ($p=0.001$). A unit rise in Physical accessibility policies while holding Social Protection policies, Capacity Building Policies & Economic empowerment policies constant leads to a rise in PWDs participation in development by 0.282($p=0.000$).

Hence it can be inferred that at 95% confidence level and 5% significance level Social Protection policies, Capacity Building Policies, Economic empowerment policies & Physical accessibility policies have a significant effect on PWDs participation in development.

CHAPTER FIVE: SUMMARY OF THE FINDINGS, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Overview

This chapter presents summary and discussion of the findings based on the objectives of the study, conclusions drawn policy recommendations and recommendations for the research.

5.2 Summary of the Findings

This section presents a summary of the findings as per the research objectives:

5.2.1 The effect of the social protection policies in enabling PWDs participate in development

Findings of this study have revealed that whilst PWDs agreed that they are aware of the free comprehensive NHIF cover (Mean=4.17 & Std. Dev=1.26), they strongly disagreed that they have benefited (mean=1.76 & Std. Dev. =1.30). They disagreed that the NHIF cover has been effective in enabling PWDs access affordable health care (Mean= 2.18 & Std. Dev. =1.39).

Whereas PWDs strongly agreed (Mean= 4.55 Std. Dev. =0.99) that they are aware of the Cash Transfer program, they strongly disagreed that they are beneficiaries of the program (Mean=1.86 & std. Dev. = .35). Only 4% (210 out of 5200 PWDs) are enrolled in the cash transfer programme.

The respondents strongly disagreed that the Ksh. 2 000 monthly stipend is adequate to enable them address their social needs and live a decent life (Mean=1.26 & Std. Dev. =0.60). The amount allocated by the national government is not adequate to enroll all PWDs resulting in fewer slots. Therefore, few people are enrolled in the program leaving out needy PWDS. Further, the PWDs disagreed that social assistance has led to overall improvements in their social status (Mean=2.40 & Std. Dev. =1.13).

5.2.2 The effect of capacity building policies on PWDs participation in development

Findings of this study revealed that PWDs in Baringo County disagreed that: the training they received is relevant to their career choices (Mean=2.31 & Std. Dev. =1.42). This is attributed to insufficient modern facilities in their training centers to adequately prepare them for modern work place (Mean=2.28 & Std. Dev. =1.29);

Whilst PWDs in Baringo County agreed that they are aware of the financial assistance programs to support their education (Mean=3.88 & Std. Dev. =1.32), they strongly disagreed that they are able to access bursaries and other financial aid to pursue training (Mean=1.68 & Std. Dev. =1.12).

Information from the NCPWD Baringo County Officer, only 8% of PWD students (8 applicants out of 100) had received bursary assistance in the FY 2017-2018. Majority of the needy applicants (92%) were left out making it difficult for majority of PWDs students to afford education. Further, the County Government had not allocated a specific percentage of the bursary to PWDs despite the recommended 5% allocation by the PWD Act.

5.2.3 The effect of economic empowerment policies on PWDs participation in development

Findings of this study indicate that The PWDS agreed that that there were high levels of awareness of affirmative action and economic empowerment programs among PWDs as shown a mean of 4.26 and standard deviation of 0.90. As a result, 42 PWDs groups had applied for the funds in the financial year 2017/2018. Out of 42 groups applications for the economic empowerment and revolving fund program, NCPWD funded 25 groups (60%) within the county each getting Ksh. 50 000 in the financial year 2016/2017. From these funding the groups have initiated income generating projects in agriculture, table banking and other small business.

However, PWDs had difficulty in accessing government tenders. PWDs strongly agreed that they had registered with relevant bodies that facilitate PWDs to get preferential treatment in doing business with the government (Mean=4.46 and a Std. Dev. =0.72). This can be attributed to lack of funds to finance the tenders as the PWDs strongly disagreed that had benefited from economic empowerment and affirmative action funds such as AGPO, NGAAF, UWEZO Fund targeting PWDs (Mean= 1.75 and a Std. Dev.= 1.27). This can be attributed to the bureaucracy in acquiring the loans.

PWDs had difficulty in accessing financial support from financial institutions. They strongly disagreed that financial service providers are friendly to PWDs (mean=1.70 & std. Dev. =1.15); and the private sector has sponsored programs that enhance persons with disabilities self-reliance (mean of 0.83 and standard deviation of 0.15). This had made it difficult for them to acquire funds that would enhance their economic empowerment.

Whilst PWDs were aware of the Tax exemption programme (mean= 4.00 & Std. Dev. =1.41); they strongly disagreed that they have benefited from tax exemption programs (mean=1.86 & std. Dev. =1.46). This can be attributed to the fact that most of them are not in salaried and self-employment. Only 4% of the PWDs are in salaried employment, 38% are in self-employment which is necessary for accessing tax exemption.

5.2.4 Effect of physical accessibility support structures on PWDs participation in development

Findings of this study indicate that PWDs disagreed that there are enhanced structures at their workplace and social places which enables their full participation in work/social events (mean=2.31 & std. Dev. =1.46). The PWDs strongly disagreed that public buildings are accessible to PWDs (mean=1.57 & std. Dev. =0.85) due to lack of structural adjustments to make the buildings friendly to PWDs; and PWDs strongly disagreed that the public transport system is accommodative (mean=1.47 & std. Dev.= 0.48);

Accessibility Audit conducted by NCPWD in 2016 revealed that despite the County government being aware of the requirements to make public place accessible to PWDs, they have not been keen on compliance when approving construction plans. The County Commissioners' building which hosts the NCPWD, the National Social Services, the Special Needs Education and other national government offices is not disability friendly. The only accessible office is that of the Baringo County Director of Social Services at the Museum building offices which has a ramp and the Marigat Day integrated has good designs that are disability friendly.

5.3 Discussion of the Findings

5.3.1 The effect of the social protection policies in enabling PWDs participate in development

The KSH, 2000 per month provided under the social protection programme is meant to cushion households with Persons with severe disability against vulnerabilities that adversely affect their wellbeing due to the full time dependence of persons with severe disability which denies care givers an opportunity to engage in meaningful income generation activities (NGEC, 2014). However, findings of this study indicate that the monthly cash transfers stipend is not adequate to meet their needs and very few PWDs are enrolled in the programme due to limited funding by the national government resulting in fewer slots to PWDs. This implies that the social protection policies have not been effective in enhancing the social welfare of PWDs in Baringo County. Similar findings were established by This confirms findings by Mbithi and Mutuku, (2010) whose findings revealed that social protection programmes in Kenya reach only a small percentage of PWDs leaving out majority of PWDs who are in need of support.

These findings also concur to those by Wanyoike and Mutiga (2016) on the impact of the cash transfer program in Rongai sub-County which revealed that the cash transferred to PWDs was insufficient to meet their needs. However, they are contrary to a study by Kisurulia *et al.*, (2013) which sought to examine the role of Cash Transfer Programmes in development in Kenya. Findings of this study revealed that households enrolled in the cash transfer programme were able to afford a balanced diet; improve their livelihoods through investing a portion of the money in other small businesses; and enhanced the ability of beneficiaries to effectively participate in community activities

by joining groups and making contributions. While this study indicates that households enrolled in the programme had improved their social wellbeing, PWDs in Baringo felt that the amount is barely enough to meet their needs.

5.3.2 The effect of capacity building policies on PWDs participation in development

Capacity building programmes seek to facilitate PWDS acquisition of knowledge, practical skills and competences that are critical for formal/self-employment (Ngulu, 2012; Ngugi, 2013; Mungai, 2013). Kamundia (2013) notes that vocational training is an essential and integral tool for integrating PWDs in development as it equips PWDs with educational and practical skills in different fields that are critical for future success of PWDs. Findings of these study indicate that Capacity building programmes had not facilitated acquisition of education due to limited funding from NCPWD and lack of special consideration of bursary applications from PWDs by the Baringo County government. Only 8% of bursary applications were financed by the National Council for Persons with Disabilities leaving out 92% of needy students. This may affect ability needy PWDs students to access education.

Limited financial support is likely to limit PWDs access to education as shown by Mugo *et al.*, (2010) whose findings revealed that 12% of PWDs had either never been or were unable to currently attend school in Kenya and in most parts of Kenya. The study by Mugo *et al.*, (2010) also established that the transition between primary and secondary for children with disabilities is low similar to the Baringo CIDP (2018-2021) which showed are low transition rates of 2.8% from primary to secondary school among pupils with special needs. Consequently, the low levels of education and skills among

PWDs increase the probability of PWDs those holding lower paid and semi-skilled jobs (Mugo *et al.*, 2010).

Findings of this study also showed that Capacity building programmes had not facilitated acquisition of jobs skills among PWDs in Baringo due to lack of sufficient modern facilities in their training centers to adequately prepare them for modern work place and self-employment. According to Otieno (2013), there has not been much emphasis in the training centres to meet the demands of PWDs affecting ability of vocational centres to to adequately prepare PWDs for modern work place and self-employment. Wambugu (2012) notes that inability of vocational training centres to meet the need of PWDs has led to a situation where many PWDs graduates do not find jobs or find themselves in jobs for which they have not been trained for.

5.3.3 The effect of economic empowerment policies on PWDs participation in development

Economic empowerment policies seek to avail financial assistance to PWDs to establish income generating activities (Kagume, 2012) that will enhance PWDs self-reliance and economic independence. Findings of this study indicate that the NCPWD economic empowerment funds had to some extent facilitated economic independence of PWDs as 25 groups (60%) were financed in the F/Y-2017-201 with group getting Ksh. 50 000. From these funding the groups have initiated income generating projects in agriculture, table banking and other small business. Similar findings were established in Tanzania where PWDs are granted loans to start income generating activities (Ngugi, 2013; Ngulu, 2012).

Kagume (2012) observes that improving access to loans and credit facilities enhances self-reliance and economic development of PWDs. Graham & Margot (2014); Kagume (2012) and Kamundia, (2013) argue that availing financial assistance to PWDs to establish income generating activities is a critical way of ensuring that the PWDs are self-reliant. However, findings of this study revealed that PWDs in Baringo had not fully benefited from affirmative action funds and had difficulty in accessing financial support from financial institutions due to bureaucracy and high requirements. This may affect ability of PWDs in Baringo to be self-reliant as indicated by findings of this study revealed that only 38% are in self-employment.

Economic empowerment policies seek to integrate PWDs in employment through legislative quotas that reserve certain procurement and employment opportunities for PWDs (Otieno, 2013). However, findings of this study revealed that PWDs in Baringo had difficulties in accessing government tenders despite having met the registration requirements. This is partly attributed to difficulties in accessing finances are critical to funding these tenders. This is likely to impact negatively on the economic wellbeing of PWDs in Baringo. These findings are in agreement to those by The study by Wambugu (2012) which revealed that PWDs were yet to be economically empowered as the 5% employment reservation had not been achieved and financial institutions were not advancing loan facilities to PWDs to enable them establish income generating activities.

5.3.4 Effect of physical accessibility support structures on PWDs participation in development

Physical Accessibility Policies are critical in ensuring that PWDs participate in a meaningful manner in all spheres of life. Therefore, the government has an obligation to

put in place measures and make structural adjustments to eliminate obstacles and barriers to PWDs accessibility to buildings, roads, transportation and facilities, including schools, housing, medical facilities and workplaces (Otieno (2013). However, findings of this study indicate that physical accessibility policy has not been fully implemented in public places and buildings in Baringo County as there were few structural adjustments made on buildings to enhance accessibility by PWDs. The only accessible office is that of the Baringo County Director of Social Services at the Museum building offices which has a ramp and the Marigat Day integrated has good designs that are disability friendly.

There is also need to ensure that make adjustments and the work place to ensure PWDs can move freely as this enhances their self-reliance enabling them to actively participate. However, findings of this study have revealed that there were no enhanced structures at their workplace and social places which enables their full participation in work/social events. These findings are in agreement to those by Mwangi (2011) who observed that many buildings are constructed without due considerations to PWDs and the public transportation is negligent to the needs of PWDs. This had limited PWDs movements in the job location, limited their productivity and accessibility to economic activities. This is in agreement with Kamundia (2013) argues that the challenge of accessing public buildings, offices and public transportation systems limits the chances of the PWDs accessing formal schooling which later impacts on their qualification for formal employment.

5.4 Conclusions of the Study

This study concludes that:

- The social protection policies had not been effective in enhancing the social welfare of PWDs in Baringo County as very few PWDs are enrolled in the programme due to limited funding by the national government resulting in fewer slots to PWDs.
- The cash transfers stipend is not adequate to meet their needs and the NHIF cover has not been effective in enabling PWDS access health care services.
- Capacity building programmes had not facilitated acquisition of education due to limited funding from NCPWD and lack of special consideration of bursary applications from PWDs by the Baringo County government.
- Capacity building programmes had not facilitated acquisition of jobs skills among PWDs due to lack of sufficient modern facilities in their training centers to adequately prepare them for modern work place and self-employment.
- The NCPWD economic empowerment funds had not fully facilitated the economic empowerment of PWDS in Baringo County.
- PWDs had difficulties in accessing government tenders despite having met the registration requirements;
- PWDs had not fully benefited from affirmative action funds and had difficulty in accessing financial support from financial institutions due to bureaucracy and high requirements
- Less than half of the PWDs in Baringo County have benefited from the tax exemption programme.

- The government accessibility policy for PWDs has not been fully implemented in public places and buildings in Baringo County as there were few structural adjustments made on buildings to enhance accessibility by PWDs

5.5 Recommendations

Therefore, this study recommends:

1. The National Government to increase funding to the social protection Programme to increase the number of slots allocated to PWDs. The government should also increase the Cash Transfer Stipend to enhance its adequacy in meeting needs of PWDs and the number of PWDs enrolled under the NHIF cover. The County government of Baringo to establish a complimentary social protection programme to reach out to most needy PWDs in the county.
2. The National Council for Persons with Disability increases bursary funding to enable most needy students' access support and the county government of Baringo gives special consideration to application form PWDs by allocating a certain percentage of its bursary funds specifically for PWDs applicants.
3. The National and County Governments equips training institutions in Baringo with sufficient modern facilities to adequately prepare PWDs for the modern work place.
4. The government reduces the bureaucracy in accessing affirmative action funds to PWDs and financial institutions to offer loan facilities that are friendly to PWDs.
5. NCPWD to fast track the implementation of the Physical Accessibility policy in all public buildings, hospitals, government offices and social places to make them accommodative and disability friendly to PWDs. This will enable them to access government services and easily move around without much difficulty.

6. The government to increase commitment in the implementation of the disability mainstreaming policies at both National and County levels of governments
- 7.

5.6 Area for Further Research

1. This study recommends that a similar study on the effects of mainstreaming policies for Persons with disabilities to be conducted in other counties due to the difference in implementation of the policies per county.
2. There is also need to conduct a study on the factors influencing the effectiveness of mainstreaming policies for PWDs to tailor strategies that will ensure these policies and programmes enhance the livelihoods of PWDs and their participation in development.

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APPENDICES

APPENDIX 1: Research Authorization



**NATIONAL COMMISSION FOR SCIENCE,
TECHNOLOGY AND INNOVATION**

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NACOSTI, Upper Kabete
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NAIROBI-KENYA

Ref. No. **NACOSTI/P/17/58648/20394** Date: **5th December, 2017**

Tecla Jemunge Kipserem
Moi University
P.O. Box 3900 - 30100
ELDORET.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on *“Impact of mainstreaming of policies for persons with disabilities in the devolved units of governance in Kenya: A case of Baringo County Government”* I am pleased to inform you that you have been authorized to undertake research in **Baringo County** for the period ending **4th December, 2018**.

You are advised to report to **the County Commissioner, the County Director of Education and the County Director of Health Services, Baringo** before embarking on the research project.

Kindly note that, as an applicant who has been licensed under the Science, Technology and Innovation Act, 2013 to conduct research in Kenya, you shall deposit a **copy** of the final research report to the Commission within **one year** of completion. The soft copy of the same should be submitted through the Online Research Information System.

G.P. Kalerwa

**GODFREY P. KALERWA MSc., MBA, MKIM
FOR: DIRECTOR-GENERAL/CEO**

Copy to:

The County Commissioner
Baringo County.

The County Director of Education
Baringo County.

National Commission for Science, Technology and Innovation (SISO9001: 2008 Certified)

CONDITIONS

1. The License is valid for the proposed research, research site specified period.
2. Both the Licence and any rights thereunder are non-transferable.
3. Upon request of the Commission, the Licensee shall submit a progress report.
4. The Licensee shall report to the County Director of Education and County Governor in the area of research before commencement of the research.
5. Excavation, filming and collection of specimens are subject to further permissions from relevant Government agencies.
6. This Licence does not give authority to transfer research materials.
7. The Licensee shall submit two (2) hard copies and upload a soft copy of their final report.
8. The Commission reserves the right to modify the conditions of this Licence including its cancellation without prior notice.



REPUBLIC OF KENYA



National Commission for Science,
Technology and Innovation

RESEARCH CLEARANCE
PERMIT

Serial No.A **16808**

CONDITIONS: see back page

THIS IS TO CERTIFY THAT:
MS. TECLA JEMUGE KIPSEREM
of MOI UNIVERSITY, 30005-100
NAIROBI, has been permitted to conduct
research in *Baringo County*

Permit No : NACOSTI/P/17/58648/20394
Date Of Issue : 5th December, 2017
Fee Received : Ksh 1000

on the topic: **IMPACT OF
MAINSTREAMING OF POLICIES FOR
PERSONS WITH DISABILITIES IN THE
DEVOLVED UNITS OF GOVERNANCE IN
KENYA: A CASE OF BARINGO COUNTY
GOVERNMENT**

for the period ending:
4th December, 2018



.....
Applicant's
Signature

J.P. Kalewa
.....
Director General
National Commission for Science,
Technology & Innovation

APPENDIX II: Consent Statement to the Respondents

My name is Tecla Kipserem, a Masters of Development Student at Moi University. I am conducting a research entitled **Effects of Mainstreaming of Policies for Persons with Disabilities on their Participation in Development in Baringo County, Kenya**. I would like you to share with me your experiences, perceptions, and expectations in regards to subject matter above in the attached questionnaire. Your input in this research would be of great value.

I assure you that the information that you are going to share with me will not be discussed or accessed by any other person apart from the researcher and the people directly involved in the project. Your participation is voluntary and you can withdraw at any time without penalty. Your answers will be kept confidential. There will be no financial compensation for participating in this study. The outcome of this research may be used for academic and general purposes such as research reports, conference papers, or books. By completing the questionnaire, you indicate that you voluntarily participate in this research.

In case of any questions, concerns or clarifications that you would like addressed, please contact me, on number 0723317913.

If you agree to participate in this study, please sign below

Name (Optional).....Signature.....Date.....

APPENDIX III: Questionnaire

Instructions: Please complete the following questionnaire appropriately.

Confidentiality: The responses you provide will be strictly confidential. No reference will be made to any individual(s) in the report of the study.

Please tick or answer appropriately for each of the Question provided.

PART A: BASIC INFORMATION

1) What is your gender?

Male	()
Female	()

2) What is your highest education qualification?

Primary School (KCPE)	()
Secondary School (KCSE)	()
Vocational Training	()
Diploma Level	()
Graduate	()
Post Graduate	()

3) How best do you describe your type of disability?

Physically Handicap	()
Visually Handicap	()
Hearing Impairment	()
Mentally Handicap	()
Albinism	()
Short stature	()

4) How best do you describe your level of disability?

Mild	()
Moderate	()
Severe	()

5) What is your cause of the disability?

Congenital	()
Accident	()
Disease	()
Unknown	()

6) Are you registered with National Council for Persons With Disabilities (NCPWD)?

Yes	()
No	()

7) Are you in any support group for Persons with Disabilities (PWD)?

Yes	()
No	()

PART B: SOCIAL ASSISTANCE AND DISABILITY MAINSTREAMING

For each of the following items, please tick the extent in which you agree with the given likert scale

SA=Strongly Agreed A =Agreed U= Uncertain D=Disagree SD= Strongly Disagree

Q	STATEMENT	SA	A	U	D	SD
1)	I am aware of free comprehensive NHIF cover to Persons with severe disabilities					
2)	I am a beneficiary of free comprehensive NHIF cover to Persons with severe disabilities					
3)	The free comprehensive NHIF cover to Persons with severe disabilities has been effective in enabling PWDs access affordable health care					
4)	I am aware of Cash Transfer Programme to persons with severe disabilities					
5)	I am a beneficiary of Cash Transfer Programme to persons with severe disabilities					
6)	The money disbursed through Cash Transfer Programme to persons with severe disabilities is adequate to enable them address their social needs and live a decent life					
7)	Social exclusion and discrimination is prevalent despite the government efforts of social assistance to ensure PWDs live a decent life					
8)	There is low implementation of laws championing for social assistance of PWDs					
9)	There is general lack of awareness among PWDs of social assistance programs implemented by the government					
10)	Advocacy for social assistance by PWDs stakeholders has led to overall improvements to social status of PWDs					

PART C (i): CAPACITY BUILDING AND DISABILITY MAINSTREAMING

For each of the following items, please tick the extent in which you agree with the given likert scale

SA=Strongly Agreed A =Agreed U= Uncertain D=Disagree SD= Strongly Disagree

Q	STATEMENT	SA	A	U	D	SD
11)	The training I have received is relevant to my target career choice					
12)	The training is relevant to the modern work place requirements and enables me to effectively apply my skills					
13)	There were sufficient and modern facilities in my training centres that adequately prepared me for the modern work place					
14)	The training enabled me to be self-employed in areas of my interest					
15)	I am aware of financial assistance programs to enable PWDs pursue relevant training					
16)	I was/ am able to access bursaries and other financial aid to pursue training					

PART C (ii): ECONOMIC EMPOWERMENT AND DISABILITY**MAINSTREAMING**

For each of the following items, please tick the extent in which you agree with the given likert scale

SA=Strongly Agreed A =Agreed U= Uncertain D=Disagree SD= Strongly Disagree

Q	STATEMENT	SA	A	U	D	SD
17)	I am aware of the affirmative action and economic empowerment programmes targeting PWDs					
18)	I have registered with relevant bodies that facilitate PWDs to get preferential treatment in doing business with the government					
19)	I have benefited from AGPO, NGAAF, UWEZO Fund and other affirmative action funds targeting PWDs					
20)	The affirmative action and economic empowerment programmes have improved persons with disability participation in developmental activities					
21)	I am in formal/salaried employment					
22)	I am self employed					
23)	I am aware of tax exemption programmes targeting PWDs					
24)	I have benefited from tax exemption programmes targeting PWDs					
25)	The financial services provider are friendly to persons with disabilities through provision of flexible and friendly credit facilities					
26)	The private sector has sponsored programs that enhance persons with disabilities self-reliance					

**PART D: PHYSICAL ACCESSIBILITY TO SUPPORT STRUCTURES AND
DISABILITY MAINSTREAMING**

For each of the following items, please tick the extent in which you agree with the given likert scale

SA=Strongly Agreed A =Agreed U= Uncertain D=Disagree SD= Strongly Disagree

Q	STATEMENT	SA	A	U	D	SD
27)	I am aware of government policies to promote easy accessibility to physical structures for the disabled					
28)	There are enhanced structures at my workplace and social places which enables my full participation in work/social events					
29)	The public buildings such as commercial banks, government offices and hospitals etc. are accessible to people with disabilities					
30)	Public building such as commercial banks, government offices and hospitals etc. have made structural adjustments to make the buildings friendly to persons with disabilities					
31)	The public system is accommodative of persons with disability and it is easy to move around					
32)	The working facilities such as desks, chairs etc in major working areas are friendly to persons with disabilities					

APPENDIX IV: Interview Schedule

My name is Tecla Kipserem, a Masters of Development Studies Student at Moi University, currently working at the Ministry of Public Service, Youth and Gender Officer as a Principal Gender Officer. I am conducting a research on the **Effects of Mainstreaming of Policies for Persons with Disabilities on their Participation in Development in Baringo County, Kenya**. I would like you to share with me your experiences, perceptions, and expectations in regard to the subject. The information will be used purely for academic purposes and will be treated with utmost confidentiality. Your input in this research would be of great value. The interview should take about 20 minutes.

BASIC INFORMATION

Ministry/Department	
Title	

1. What are the Social protection policies and programmes targeting PWDs in Baringo County?
2. How would you rate the effectiveness of the NHIF cover in enabling PWDs access affordable health care?
3. How adequate in the money disbursed through Cash Transfer Programme to persons with severe disabilities in terms of addressing their social needs?
4. What are the education and vocational training programmes targeting to build the capacity of PWDs in accessing education and training in Baringo County?
5. What form of financial assistance is provided to PWDs to enable them access education and training?
6. What is the percentage allocation of education assistance fund (bursary) to PWDS?

7. How effective are vocational training centers in Baringo in facilitating PWDs acquisition of job skills and education?
8. What economic empowerment programmes/policies targeting PWDs in Baringo County?
9. Are PWDs able to access economic empowerment funds or affirmative action funds to support their participation in developmental activities?
10. Are persons with disability able to access government tenders?
11. Are persons with disability able to access loans and credit facilities from financial institutions in Baringo County?
12. Under the physical accessibility and support structure policy, public building such as commercial banks, government offices and hospitals etc. have made structural adjustments to make the buildings friendly to persons with disabilities. Has this been implemented in Baringo County?
13. The public system is supposed to be accommodative of persons with disability and it is easy to move around. In your opinion has this been implemented in Baringo County?
14. The working facilities such as office space desks and chairs in major working areas are supposed to be friendly to persons with disabilities. Has this been implemented in Baringo County?

Thank for your time and cooperation.

APPENDIX V: Observation Schedule

Physical Accessibility of Public buildings	Tick if Available
1. Availability of Ramps	
2. Signage and walkways	
3. Lifts with visual, audio and tactile features	
4. Non-slippery floor Surface	
1. Availability of Wheel chairs for use by PWDs	
5. Reserved accessible parking for PWDs	
6. Washrooms that are accessible & disability friendly	