REPUBLIC OF KENYA

MINISTRY OF LABOUR AND SOCIAL PROTECTION

STATE DEPARTMENT FOR SOCIAL PROTECTION AND SENIOR CITIZEN AFFAIRS



SUPPORT NEEDS ASSESSMENT REPORT FOR PERSONS WITH DISABILITIES AND THEIR PRIMARY CAREGIVERS

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KAIH


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FREEDOM THROUGH MOBILITY

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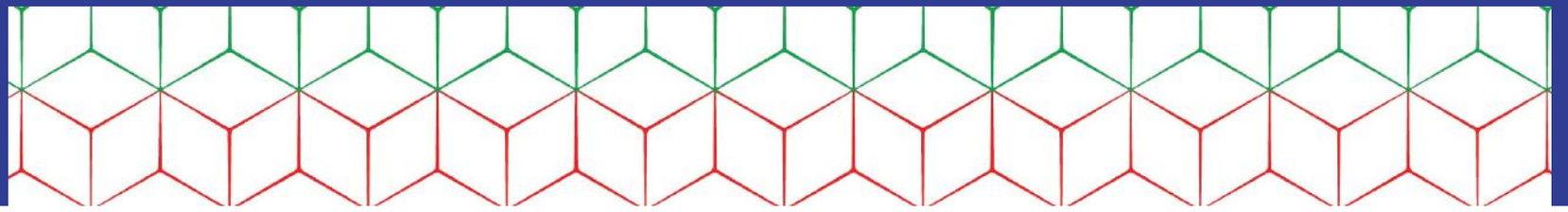
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ABBREVIATIONS

AGPO	Access to Government Procurement Opportunities
AT	Assistive Technologies
ASAL	Arid and Semi-Arid Land
CAPI	Computer Assisted Personal Interviewing
CBM	Christian Blinden Mission
CBR	Community Based Rehabilitation
CHAI	Clinton Health Access Initiative
CHVs	Community Health Volunteers
CCTPMIS	Consolidated Cash Transfer Programme Management Information System
CEDAW	Convention on the Elimination of Discrimination Against Women
COVID	Coronavirus Disease
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
DSD	Directorate of Social Development
EARC	Education Assessment and Resource Centres
ESR	Enhanced Single Registry
FGD	Focus Group Discussions
UN-MIS	United Nations Management Information System
GCM	Generic County Management
HTM	Harmonized Targeting Methodology
HGSFP	Home Grown School Feeding Programme
HSNP	Hunger Safety Net Programme
KAIH	Kenya Association of the Intellectually Handicapped
KDHS	Kenya Demographic and Health Survey
KEPH	Kenya Essential Package for Health
KNBS	Kenya National Bureau of Statistics
KNCHR	Kenya National Commission on Human Rights
KQMH	Kenya Quality Model for Health
KSEIP	Kenya Social Economic Inclusion Program
MDAs	Ministries, Departments and Agencies
MDGs	Millennium Development Goals
MOH	Ministry of Health
ML&SP	Ministry of Labour and Social Protection
NEMIS	National Education Management Information
NCPWD	National Council for Persons with Disabilities
NDFPWD	National Development Fund for Persons with Disabilities

NDMA	National Drought Management Authority
NFDK	National Fund for the Disabled of Kenya
NGAOs	National Government Administration Officers
NHIF	National Hospital Insurance Fund
NSNP	National Safety Net Programme
NSSF	National Social Security Fund
OPDs	Organizations for Persons with Disabilities
PWD	Persons with Disabilities
PwSD-CT	Persons with Severe Disabilities Cash Transfer
PMT	Proxy Means Tests
SAU	Social Assistance Unit
SDO	Social Development Officers
SDSPSCA	State Department for Social Protection and Senior Citizen Affairs
SDGs	Sustainable Development Goals
UDPK	United Disabled Persons of Kenya
UHC	Universal Health Care
UHC	Universal Health Coverage
UNICEF	United Nations Children's Fund
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNPRPD	United Nations Partnership on Persons with Disabilities
WHO	World Health Organization
WFP	World Food Programme

FOREWORD



The Ministry of Labour and Social Protection is mandated with enhancing the capacity and opportunities for the vulnerable persons by implementing social protection programmes; promoting programs that empower persons with disabilities and enhancing their socio-economic development.

The Government of Kenya recognizes disability inclusion as a prerequisite to the achievement of Sustainable Development Goals (SDGs) and its clarion call to "Leave No One Behind". The Government is progressively implementing several interventions that promote the dignity and inclusion of persons with disabilities including; Inua Jamii Programme that provides cash transfers to households with Persons with Severe Disabilities, vocational and technical skills training and provision of business start-up tool kits, grants through the National Fund for the Disabled of Kenya, Access to Government Procurement Opportunities (AGPO) to persons with disabilities among others.

Despite the efforts of the Government of Kenya to address the wellbeing of persons with disabilities, significant barriers still exist in access to education, health care, employment, social security, participation in the community affairs, access to public transportation and information. Previous disability assessments in Kenya did not collect adequate data on support needs of persons with disabilities and their primary caregivers leading to lack of adequate information to guide the Government in designing effective interventions. Furthermore, available data from population censuses and surveys are not adequate to provide insight into the actual support needs of persons with disabilities and those of their family members providing support.

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The State Department for Social Protection and Senior Citizen Affairs in partnership with Kenya National Bureau of Statistics (KNBS), Organizations of and for Persons with Disabilities (OPDs) carried out a support needs assessment on persons with disabilities and their primary caregivers in 10 counties. The assessment was done to provide information on the scope and level of support needed by diverse persons with disabilities and the characteristics and consequences of current support arrangements.

This report provides information on the findings of the assessment. The information should inform the design of evidence-based policy and programme interventions by the state and non state actors to promote and support persons with disabilities. Additionally, these findings should inform the design of a national disability survey that will comprehensively give an in-depth analysis of issues affecting persons with disabilities in Kenya.

I am thankful for the consolidated efforts by the State Department for Social Protection and Senior Citizens Affairs (SDSP&SCA), Kenya National Bureau of Statistics (KNBS), Kenya National Commission on Human Rights (KNCHR), Kenya Association of Intellectually Handicapped (KAIH), Christian Blind Mission (CBM), Danish

Institute for Human Rights, United Nations Children Fund (UNICEF), Sweden Government Agency for Development Cooperation (SIDA), Norwegian Agency for Development Cooperation (NORAD), United Nations Partnership on Persons with Disabilities (UNPRPD) and World Food Program (WFP) for the technical and financial support that led to the successful completion of this assessment.

It is my hope that these findings will be used by various state and non-state actors to inform their policies, programmes and resource allocation towards support needs for persons with disabilities and their caregivers.



HON. FLORENCE K. BORE
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MINISTRY OF LABOUR AND SOCIAL PROTECTION

ACKNOWLEDGEMENT

The Support Needs Assessment for Persons with Disabilities and their Primary Caregivers 2022 was undertaken following the commitment made by Government during the Global Disability Summit (2018) to enhance disability inclusion by among others the collection of accurate disaggregated data for and of persons with disabilities using the Washington Group Short Questions. Implementation of the assessment was accomplished through collaboration of various government ministries, departments, agencies, international and local organizations of and for persons with disabilities and development partners. The Government through the State Department for Social Protection and Senior Citizen Affairs, appreciates the multisectoral players who participated in the implementation of the assessment and preparation of this report.

I take this opportunity to thank the technical leads for this assessment namely; Renice Bunde (KNBS) and Rose Bukania (SDSP&SCA), and the entire assessment personnel comprising of coordinators, supervisors, research assistants, and National Government Administration Officers (NGAOs) supported by the County Governments of Murang'a, Kajiado, Bungoma, Garissa, Nairobi, Makueni, Meru, Taita Taveta, Migori, Nandi and Nakuru for the role they played in overall success of the assessment.

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Last but not least, let me convey my utmost gratitude to the respondents who included persons with disabilities and their caregivers, without whom this report would not have been produced. They cooperated and took time to provide information that has been used to prepare this report.



JOSEPH M. MOTARI, MBS
PRINCIPAL SECRETARY
STATE DEPARTMENT FOR SOCIAL PROTECTION AND SENIOR CITIZEN AFFAIRS

STATEMENTS FROM PARTNERS

STATEMENT FROM WFP

WFP congratulates the State Department for Social Protection and Senior Citizen Affairs and Kenya National Bureau of Statistics together with all the participating partners for their effort to assess the support required by the persons with disabilities and their primary caregivers to enjoy a dignified life.

As part of WFP's efforts to celebrate and embrace diversity and inclusion, WFP is committed to reaching and including the needs of persons with disabilities in the design of programmes and operations for a world without hunger and malnutrition. Therefore, WFP is happy to support the Government of Kenya on this journey and to be part of this process of assessing the support needs for persons with disabilities and their support needs. In line with the overarching principle of the 2030 Agenda on 'Leave No One Behind' and according to the recommendations of the committee for the Convention on the Rights of Persons with Disabilities (CRPD) ratified on 19th May 2008, we are proud to support the Government of Kenya in generating adequate evidence to inform policy development and programming for inclusion of all persons with disability in social protection interventions.

Echoing the words of the UN Secretary General, António Guterres; "Upholding the rights of people with disabilities is a moral imperative. Together, we can remove barriers and raise awareness, so that people with disabilities can play a full part in every sphere of society, around the world".

Lauren Landis
Representative and Country Director, WFP Kenya

STATEMENT FROM UNICEF

In accordance with its obligations to the implementation of Article 31 of the Convention on the Rights of Persons with Disabilities (CRPD), ratified on 19th May 2008, the Government of Kenya has taken significant measures to gather relevant information, including statistical and research data, to facilitate the development and implementation of policies for the inclusion of persons with disabilities, including children with disabilities.

UNICEF acknowledges and commends the State Department for Social Protection and the Kenya National Bureau of Statistics for their commendable efforts in collecting evidence on the unique situations and support required by individuals with disabilities, including children with disabilities, and their primary caregivers. This information aims to enhance their ability to carry out daily living activities and actively participate in the community. This achievement has been made possible through the implementation of a specific and innovative assessment.

Furthermore, UNICEF together with other UN agencies welcomes the highly participatory process that involved organizations of persons with disabilities, as well as other key stakeholders, in the assessment's design, implementation, and the subsequent elaboration and validation of the report. This inclusive approach ensures that the voices and perspectives of individuals with disabilities, including children with disabilities, are considered, and incorporated into the findings and recommendations.

UNICEF takes pride in its contribution to this collaborative effort, made possible through the financial support from its own resources, the Sweden Embassy of Nairobi, and NORAD. These contributions reflect UNICEF's unwavering commitment to advancing the agenda of disability inclusion in Kenya, particularly concerning children with disabilities.

Shaheen Nilofer
Representative, UNICEF Kenya

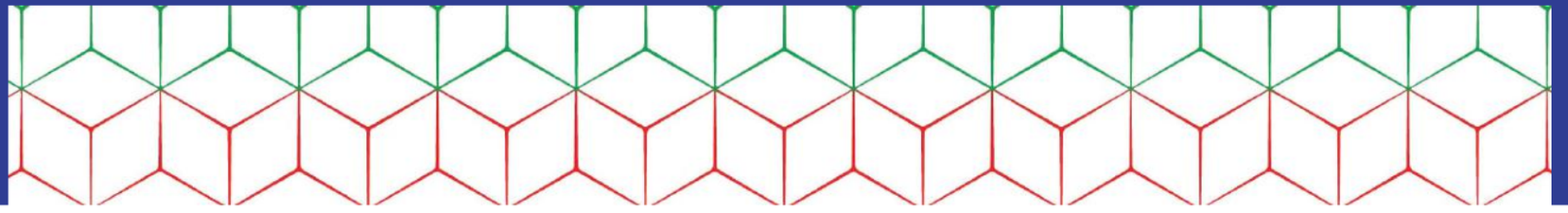
STATEMENT FROM KAIH

Families play an important role in providing support for their family members with a disability. Over the years families have felt misunderstood and unsupported in their support and care role. The support needs assessment is very critical in understanding the quest for inclusion of persons with disabilities in their diversities and their families, it seeks to investigate their situation regarding the various socio-economic engagements and analyze the barriers that they face in promoting their participation and inclusion. KAIH is happy that the information obtained from the assessment, its analysis of the situation and barriers would be vital in composing the rationale for the formation of a policy that is compliant with the Convention on the Rights of Persons with Disabilities (CRPD). As well as the overriding need for the provision of support services and assistive devices that are tailored according to the specific needs of persons with disabilities and their families.

In conclusion the assessment has recognized the role of families and the need to ensure families receive diverse supports they require throughout their support and caring role.

Fatma Wangare, Country Director
Kenya Association Intellectually Handicapped (KAIH)

EXECUTIVE SUMMARY



The Support Needs Assessment for Persons with Disabilities and their Primary Caregivers was undertaken in March 2022 following the commitment made by Kenya during the Global Disability Summit (2018) to enhance disability inclusion through the collection of accurate disaggregated data for persons with disabilities. The main objective of the assessment was to provide evidence on the met and unmet support needs of the diverse persons with disabilities and their family members who provide support in different contexts to inform the design of inclusive social protection schemes.

The assessment was cross-sectional and designed to provide estimates for 10 counties and targeting persons with disabilities aged 2 years and above together with their primary caregivers. The assessment collected both quantitative data from persons with various domains of disability and diverse experiences in terms of the support they receive or require. In addition, focus group discussions with the primary caregivers were conducted to get more information about the target population. The list of registered persons with disabilities from the National Council for Persons with Disabilities (NCPWD) was used as the sampling frame for the quantitative data. The assessment used a questionnaire for the main survey, which was designed based on the Washington Group Short Set on Functioning, Enhanced set of questions and Child Functioning Module, and a focus group guide for the focus group discussions.

This report provides the design and methodology as well as the findings from the assessment. The report is divided into 7 chapters: chapter one looks at introduction while chapter two is on design and methodology. Chapter three discusses household socio-economic characteristics; chapter four examines the demographic and socio-economic characteristics of the persons with disabilities; chapter five focuses on support needs for persons with disabilities while chapter six looks at the primary caregivers. The final chapter 7 provides the summaries of findings, conclusions, and recommendations.

First the results show that 30 per cent of persons with disabilities were heads of households while almost the same proportion (28%) were unable to access the dwelling unit. The main source of drinking water for majority of the households was the stream at 28 per cent while about a fifth of the households used piped water into their dwelling/yard/plot 59 per cent used covered pit latrine as the mode of human waste disposal. Over a third (38.6%) of households with persons with disabilities used electricity as their main source of lighting, while firewood was the main source of cooking fuel at 78 per cent. Four in every five (82.2%) households purchased their food while about three in every five households sometimes had no food of any kind to eat because of inadequate resources during the period.

Second, one third of persons with disabilities were youths age 18-34 years and about two thirds had severe disability. Thirty-one per cent of females had severe disability compared to males at 36 per cent. There tends to be a lag in school attendance progression for persons with disabilities especially for those age 18-24 years where only 18 per cent of males and 9 per cent of females were attending. On the other hand, close to a quarter (24%) of males with disabilities age 25-34 were still attending primary school while more than half of both males (56.8%) and females (52.3%) in secondary school going age (14-17 years) were still attending primary school. In addition, more than half (55.0%) of children with disabilities age 6-13 were out of school due to severe disability and nearly a fifth (17.8%) of children cited financial constraints and lack of special schools as the reason for not attending school. One in every five (20.4%) of persons with disabilities reported to have worked in the seven days preceding the assessment where the highest proportion were engaged in the informal sector (28%) followed by the private formal sector (21%).

Third, slightly more than half (57.0%) of those with disability registration card were males and those age 35 years (43.0%) followed by those in the youthful age cohort of 18-34 years (32.0 %), while only a quarter of children (2-17 years) had the disability card. Close to one fifth (19%) of those with disability registration cards got registered because of tax exemptions. Moreover, 90 per cent of persons with disability registration cards had completed secondary school education, and the proportion of those with disability registration cards were higher among those with severe disability. More than three quarters of persons with disabilities with self-care difficulty (83.0%) and mobility difficulty (77.8%) could not access the bedrooms within the dwelling unit. Similarly, a high proportion of females with self-care difficulty reported to be unable to access their workplaces (41.8%), schools (33.6%) and shops (42.6%) compared to males. More than half of the persons with disabilities reported to have a need for financial support to access health (55.5%) and rehabilitation services (64.0%) respectively.

Finally, majority of the caregivers (43.0%) age 18 years and above indicated that they are heads of households, even though more than half of the female caregivers (53.5%) were spouses. On the other hand, a third of the caregivers are currently attending secondary school while about quarter are currently attending primary school and university. More than three quarters of primary caregivers were not engaged in any economic activity during the assessment period. Ninety-two per cent of care givers indicated that they require financial support to take care of persons with disabilities and a higher proportion also require support in order to access health care (67.0%) and assistive devices (48.1%). Moreover, 48 per cent of caregivers required skill development while 44 per cent required support networks. Nearly half (43.0%) of the primary caregivers had a lot of difficulty in taking care of the physical and emotional needs for the persons with disabilities, especially among female at 45 per cent. Similarly, more than half (53.4%) of the males aged 35 to 59 years said that they had a lot of limitations while taking care of persons with disabilities especially the males taking care of persons with mobility difficulties (20.7%)



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1.0 INTRODUCTION

1.1. Background Information

The Ministry of Labour and Social Protection through its State Department for Social Protection and Senior Citizen Affairs in collaboration with the Kenya National Bureau of Statistics (KNBS) and Organizations of and for Persons with Disabilities, Development Partners among other stakeholders set out to undertake an assessment to determine the support needs of persons with disabilities and their primary caregivers. This included the extent to which the support needs are met, and how they varied by type and degree of body functioning difficulties, individual characteristics, household composition, and socio-economic conditions of the households. Persons with disabilities require support in different activities appropriate for the type and degree of disability such as personal assistants, sign language interpreters, guides, assistive devices, accessible transport, peer support and support networks.

Worldwide, most support to people with disabilities takes the form of informal assistance with family members, friends, neighbours and/or volunteers providing this informal assistance. In low-middle income countries, there is a dearth of formal support services and the vast majority of persons with disabilities in need of assistance rely mostly on their families and close community (WHO, CBR Guidelines, 2010).

Being the most natural form of support, it has significant limitations for persons with disabilities who have high support requirements such as lack of choice and control, insufficient support as families cannot provide much with their inherent limits in terms of time, financial resources and knowledge, and opportunity costs. This is compounded by the fact that family members providing support may have to lessen or stop work or education, hence reducing income and welfare of both the persons with disabilities and other household members. In addition, there is risk of burnout of primary support persons that can lead to neglect and abuse of the persons with disabilities that they are supposed to take care of. (WHO, CBR Guidelines,2010)

Despite efforts of the Government of Kenya to address the rights of persons with disabilities, they still experience significant challenges in overcoming widespread barriers to education, health care, employment, and participation in their communities mainly due to inadequate access to support services, assistive devices and income support. These challenges are compounded by the limited coverage of programmes and responsiveness to the diversity of the support needs of persons with disabilities.

The assessment is critical in the identification of gaps in support services offered to persons with disabilities and recommendations needed on programs that the government and stakeholders can develop, implement, evaluate and monitor to mitigate the gaps.

1.2. Barriers that hinder Full Social and Economic Inclusion of Persons with Disabilities

The barriers that hinder full social and economic inclusion of persons with disabilities from enjoying their full civil, political, economic, social, cultural and developmental rights include inaccessible built environments and transportation, inadequacy of assistive technologies, non-adapted means of communication, gaps in service delivery, discriminatory prejudice and stigma in society, low awareness and unavailability of the diversity of possible support services needed. (CRPD, 2006). To mitigate the above barriers the government has initiated social protection, education, and economic empowerment programmes.

1.2.1 Social Protection Programmes

Social protection systems play a critical role in supporting the development and provision of services to persons with disabilities, especially regarding identification, registration, planning, case management and financing. Investment in social protection and economic empowerment programmes for persons with disabilities is therefore fundamental in improving their conditions. In this regard, the Government of Kenya has implemented several social protection and economic empowerment programmes that are disability specific namely, cash transfer, vocational rehabilitation and grants.

1.2.2 Disability Specific Programmes

Cash Transfer for Persons with Severe Disabilities (PwSD-CT)

The National Government through the State Department for Social Protection and Senior Citizen Affairs (SDSP&SCA) allocated KSh 9 billion for programmes promoting inclusion and empowerment of persons with disabilities between FY 2016/17 and FY 2020/21. The allocations catered for the Social Welfare and Vocational Rehabilitation sub programme towards interventions targeting persons with disabilities. The Persons with Severe Disabilities Cash Transfer (PwSD-CT) program provides monthly stipends (KSh 2,000) to improve the lives of persons with severe disabilities, while strengthening the capacity of caregivers and improving household livelihood opportunities. Allocations to the PwSD-CT made by the SDSS&P amounted to KSh 6 billion between FY 2016/17 and FY 2020/21 respectively.

Inclusive Education

In an effort to ensure inclusion of learners with disabilities in education, the Government has put in place the Sector Policy for Learners and Trainees with Disabilities (2018) which recognizes the need for the country to move towards inclusive education, instead of segregated education. The Government through the State Department for Early Learning and Basic Education allocated a total of KSh 6.7 billion to facilitate the implementation of education programmes that target learners with disabilities while KSh 1 billion for vocational rehabilitation was allocated through the State Department for Vocational and Technical Training between FY 2016/17 and FY 2020/21, respectively.

Economic Empowerment Programs

The Government initiated the Access to Government Procurement Opportunities (AGPO) program, which allocates 30 per cent of all procurement opportunities to women, youth and persons with disabilities. Out of the thirty per cent, 2 per cent is allocated specifically to persons with disabilities. The Government through the National Council for Persons with Disabilities (NCPWD) reserved KSh 1billion in the FY 2021/2022 to support enterprises owned by the youth, women and persons with disabilities and awarded KSh 2.08 million to businesses owned by persons with disabilities. It also procured and issued business startup tool kits to persons with disabilities to promote their self-employment and self-reliance.
Grants for income generating projects are issued to groups of persons with disabilities with the aim of improving their livelihoods and those of their caregivers. These grants also enable persons with disabilities to gain skills and experience in accessing loans for their businesses. The NCPWD in the FY 2020/21 disbursed KSh 25 million in form of grants to registered self-help groups of persons with disabilities.

1.3. Legal and Policy Instruments on Disability

1.3.1 International Instruments on Disability

United Nations Convention on the Rights of Persons with Disabilities
Kenya ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2008 to advance the agenda for persons with disabilities in the country. The UNCRPD specifically references the importance of international development in addressing the rights of persons with disabilities. As a result of the increasing global awareness there has been an increase in the promotion of disability-inclusive development.

Article 19 of the UNCRPD emphasizes that States should ensure that persons with disabilities have a choice to live independently as well as who to live with in the community and that they have access to quality and affordable support services and assistive devices. The Convention seeks 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.

In addition, Article 26 on habilitation and rehabilitation guides that States should take effective and appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability and full inclusion and participation in all aspects of life. It recommends that States organize, strengthen and extend comprehensive habilitation and rehabilitation services and programmes, particularly in the areas of health, employment, education and social services.

The Convention requires that the States Parties recognize the right of persons with disabilities to social protection including an adequate standard of living for themselves and their families, adequate food, housing, and to the continuous improvement of living conditions, and shall take appropriate steps to safeguard and promote the realization of this right without discrimination on the basis of disability.

Sustainable Development Goals

In the year 2000, the global community came up with the Millennium Development Goals consisting of eight key goals whose major objective was to get rid of global poverty and hunger. This was a precursor of the new set of 17 goals under the Sustainable Development Goals (SDGs). The main objectives of SDGs with their clarion call to 'leave no one behind' are to achieve a better and more sustainable future for all including persons with disabilities. They address the global challenges faced by humanity including those related to poverty, inequality, climate change, environmental degradation, peace, and justice.

The inclusion of persons with disabilities in the 2030 Agenda for Sustainable Development is critical. Disability is referenced in various parts of the goals that include equal access to all levels of education and training (Goal 4), inclusive growth and employment for all (Goal 8), reduce inequality for all including persons with disabilities (Goal 10), accessibility to inclusive and safe human settlements and provision of accessible safe, affordable, and sustainable transport systems for all (Goal 11), as well as data collection and monitoring of the SDGs to ensure no one including a person with disability is left behind (Goal 17). Sufficient disaggregated data by disability status is required to allow comprehensive monitoring of the well-being and inclusion of persons with disabilities and the advancement of their rights. These initiatives are designed for the fulfilment of the 'leave no one behind' principle.

1.3.2 Regional instruments on Disability

Protocol on the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa

Kenya ratified the Protocol on the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa February 2022. Article 14 of the protocol emphasizes the right to live in the community. It states that every person with a disability has the right to live in the community with choices on an equal basis with others. It also obligates the state to ensure persons with disabilities who require intensive support and their families have adequate and appropriate facilities and services, including caregivers and relief services; that persons with disabilities have access to a range of in-home, residential and other community support services necessary to support living and inclusion in the community and that community-based rehabilitation services are provided in ways that enhance their participation and inclusion in the community.
Further the State should ensure that community services and facilities for the general population including health, transportation, housing, water, social and educational services, are available on an equal basis to persons with disabilities and are responsive to their needs.

African Union Agenda 2063

The African Union Agenda (African Union Commission, 2015), with a clarion call of the Africa We Want states that by 2063, every citizen including persons with disabilities will have full access to affordable and quality health care services, universal access to sexual and reproductive health and rights to information. The Africa of 2063 will be one where every citizen including persons with disabilities have affordable and sustainable access to quality basic services such as decent affordable housing, access to adequate and clean water and sanitation, transport and other services, and access to high-speed broadband internet connectivity.

1.3.3 National Instruments on Disability

Constitution of Kenya, 2010

The Constitution of Kenya, 2010 lays down the framework for social justice in Kenya. Article 21 of the Constitution commits the Government to the progressive realization of the economic and social rights of all Kenyans including persons with disabilities. It affirms that all state organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalized communities, and members of ethnic, religious or cultural communities.
In addition, Article 43 also advocates for the Right to the highest standard of health care and services, education, accessible and adequate housing, food security, access to clean water, and social security with an emphasis on providing for those unable to support themselves or their dependents. The Constitution also guarantees persons with disabilities reasonable access to information, the use of sign language, braille and other appropriate means of communication and access to assistive devices for all types of disabilities. Article 54(2) of the Constitution which directs that the state shall ensure the progressive implementation of the principle that at least five percent of the members of the public in elective and appointive bodies are persons with disabilities.

Persons with Disabilities Act of 2003

The Persons with Disabilities Act (2003) provides that persons with disabilities have the right to a barrier-free environment which includes access to public buildings and public transportation. The Act further requires all television stations to provide sign language insets or subtitles in all newscasts and educational programs, and in all programs of national importance. Learning institutions shall consider the special needs of persons with disabilities with respect to the entry requirements, pass marks, curriculum, examinations, auxiliary services, use of school facilities, class schedules, physical education requirements and other similar considerations.

Kenya Vision 2030

Kenya's Vision 2030 recognizes the importance of social protection and its role in ensuring that all Kenyans including persons with disabilities enjoy a high quality of life by the year 2030. The Vision is anchored on three pillars: social, economic and political. Kenya Vision 2030 prioritizes disability as one of the flagship programmes under the social pillar. The framework seeks to build a "just and cohesive society with social equity in a clean and secure environment", which includes special provisions for persons with disabilities and those with special needs. (Republic of Kenya, 2007)

National Social Protection Policy

The National Social Protection Policy (2017) discusses legislative measures that enhance the capacity of and opportunities for the poor and vulnerable groups including persons with disabilities. This will improve and sustain their lives, livelihoods, and welfare, and will enable income-earners and their dependents to maintain a reasonable level of income through decent work. It also ensures access to affordable healthcare, social security, and social assistance.
Universal Health Care

Article 43 of the Constitution states that every Kenyan has a right to quality and affordable health care, including reproductive health. It further states that no Kenyan can be denied access to emergency health services when in need. The implication of this Article is that barriers to health care services of whatever kind will not hinder access, hence the Government is duty bound to remove such barriers so that health rights are met. In line with the Constitution, the Government is committed to achieving Universal Health Care (UHC) that was initiated in 2018 to provide quality health care for all including persons with disabilities.

1.4. Objectives of the assessment

The main objective of the assessment was to provide evidence on the met and unmet support needs of the diverse persons with disabilities and their family members who provide support in different contexts to inform the design of inclusive social protection schemes.

The specific objectives of the assessment were:

1. To determine the diversity of persons with disabilities across the life cycle (children, working age adults and older persons) in different contexts with attention to gender equality issues.
2. To establish the diversity of support needs (communication, mobility, community participation, family life, work) and the extent to which these needs are met.
3. To identify household characteristics including living conditions, and household and family structure impacting the provision of support.
4. To establish the existing support currently being received and its relation to individual, family and community characteristics.
5. To determine the impact of support on participation in all spheres of life.
6. To establish the impact of support provision on primary caregivers.

1.5. Justification of the assessment

Previous disability assessments in Kenya have not collected data on support needs of persons with disabilities and those of their primary caregivers leading to lack of adequate information to guide the Government in designing effective interventions. Furthermore, the available data from censuses and surveys do not provide insight into the actual support needs of persons with disabilities and those of their family members providing support.

This assessment provides data on the scope and level of support needed by the diversity of persons with disabilities and the characteristics and consequences of current support arrangements used. This breaks the pattern of lack of attention on the met and unmet support needs of the diversity of persons with disabilities and their family members providing support in different contexts to inform the design of inclusive social protection programmes.

2.0 ASSESSMENT DESIGN AND METHODOLOGY

2.1. Introduction

This support needs assessment is expected to develop evidence and provide information to stakeholders to enable them obtain insight on the requirements for support needs. The support needs assessment utilised two data collection methodologies (quantitative and qualitative). This chapter presents the design and methodology of the assessment.

2.2. Support Needs Assessment Organization Structure

The assessment was implemented by the Ministry of Labour and Social Protection in collaboration with the Kenya National Bureau of Statistics (KNBS). In addition, several stakeholders drawn from various organizations provided both technical and/or financial support. These institutions included:

1. Ministry of Health (MOH)
2. Ministry of Interior and National Administration
3. National Council for Persons with Disabilities (NCPWD)
4. Kenya National Commission on Human Rights (KNCHR)
5. National Gender and Equality Commission (NGEC)
6. United Nations Children's Fund (UNICEF)
7. World Food Programme (WFP)
8. United Disabled Persons of Kenya (UDPK)
9. Association of the Physically Disabled of Kenya (APDK)
10. Kenya Association of the Intellectually Handicapped (KAIH)
11. Ecumenical Disability Advocates Network (EDAN)
12. Sightsavers (SS)
13. Christian Blind Mission (CBM)
14. Centre for Inclusive Policy (CIP)

2.3 Assessment Design and Sampling

2.3.1 Assessment Design

The assessment was cross-sectional and used both quantitative and qualitative methods to collect data from persons with various domains of disability and diverse experiences in terms of the support they receive or require. Additionally, focus group discussions with the primary caregivers were conducted to get more information about the target population. The assessment was designed to produce estimates for 10 counties on the socio-economic characteristics and support needs for persons with disabilities, their households and caregivers among other estimates.

2.3.2 Sampling frame

Different registers were considered for use during the quantitative phase of the assessment. These include a list of registered persons with disabilities from the National Council for Persons with Disabilities (NCPWD), the register of persons with disabilities who are accessing social protection schemes from the State Department for Social Protection and Senior Citizens Affairs through the National Social Protection Secretariat (NSPS) database and a list of children with disability from the Children Protection Information Management System (CPIMS) to get information on persons with disabilities across the life cycle and with diversities.
The sample for the quantitative data was drawn from the list of registered persons with disabilities from the NCPWD. This frame was used since it had the desired stratification levels of disability domains, established through medical assessment, and also included geographical location of the individuals.

Focus Group Discussions were carried out using a list of caregivers from the NCPWD COVID-19 Cash Transfer Programme database in the selected 10 counties. This frame was established in the year 2021 and was used because it was up to date with all the persons with disabilities who received cash assistance during the period and whose caregivers were known and the list was different from the one that has been used for the main assessment.

2.3.3 Target Population and sample size

The assessment targeted persons with disabilities age 2 years and above together with their primary caregivers. This age bracket section is based on standard practice by the Washington Group Set of Questions. Due to resource constraints, the sample was drawn from 10 counties (Nandi, Kajiado, Bungoma, Migori, Nairobi, Murang'a, Taita Taveta, Meru, Makueni and Garissa) which were purposively selected to represent the former provinces in Kenya based on the percentage of persons with various types of disabilities in those counties according to the frame. However, the former Rift Valley and Eastern provinces were each divided into two regions to represent North and South Rift as well as Lower and Upper Eastern, respectively (2counties representing each province). Out of the 10 Regions (strata) one county was randomly selected to represent the region.

Given that the assessment was designed to inform the planned National Disability Survey, it targeted 1,000persons with disabilities. This sample size was deemed appropriate to cover all types of disability within the 10 counties. However, given the deficiencies of the frame, oversampling of individuals was done to cover the non-response of individuals especially in urban areas which led to a sample size of 1,380 individuals instead of 1,000. The proportional allocation of the sample size was thereafter used to determine the number of individuals per county based on the prevalence rates as indicated in Table 2.1.

Table 2. 1: Distribution of Sampled Individuals by County

S/No	County	Sampled Persons with disabilities
1	Bungoma	190
2	Garissa	123
3	Kajiado	134
4	Makueni	126
5	Meru	123
6	Migori	144
7	Murang'a	141
8	Nairobi City	155
9	Nandi	111
10	Taita Taveta	133
Total		1,380

Two focus group discussion fora were undertaken in each of the 10 counties targeting primary caregivers for persons with specific types of disabilities as shown in Table 2.2. The selection of the type of disability to be covered by each county was purposive ensuring an even distribution of each of the identified types of disability.

Table 2. 2: Distribution of Focus Group Discussions by Type of Disability and County

S/No	County	Type of Disability	
		Focus Group Discussion 1	Focus Group Discussion 2
1	Bungoma	Hearing	Mental
2	Garissa	Mental	Physical
3	Kajiado	Physical	Visual
4	Makueni	Intellectual	Visual
5	Meru	Visual	Intellectual
6	Migori	Mental	Hearing
7	Murang'a	Intellectual	Physical
8	Nairobi City	Hearing	Multiple
9	Nandi	Physical	Hearing
10	Taita Taveta	Mental	Visual

2.4 Ethical Consideration

2.4.1 Informed Consent

Informed consent was sought from all participants prior to their participation in the assessment. The consent for children with disabilities to participate in the study was given by their parents/guardians. The participants were informed of their right to decline participation or to withdraw consent to participate at any time without reprisal. Each participant was adequately informed of the aim, method and the anticipated benefits of the study in a language they could understand. The consent was written and read out loud to the respondent so that they know what they are consenting to. Additionally, consent was sought for audio recording of discussions where necessary. The consent note is appended alongside the questionnaire.

2.4.2 Confidentiality of the Information

The participants were informed about the strict observance of confidentiality on information being collected and that the information would not be disclosed to anybody not involved in the assessment. All interviews were conducted in a convenient set up where privacy and confidentiality of respondents was observed. Participants of the focus group discussions were also informed that their identification details (names or addresses) will not be used at any stage of data processing. However, in the event that other institutions needed the data, then it would be anonymized so as not to trace the data back to the interviewees.

2.5 Data Collection Tools

The 2022 Support Needs Assessment for Persons with Disabilities and their Primary Caregivers used a questionnaire for the main assessment and a focus group guide for the focus group discussions. The instruments were designed based on the Washington Group on disability Short and Extended Sets of questions, and the met and unmet support needs of persons with disabilities and primary caregivers. The information collected would provide support in different contexts to inform policy direction on disability inclusion and the design of social protection schemes in Kenya. During the development of the assessment tools, input was sought from various stakeholders that implement programmes on disability. The assessment questionnaire and the focus group guide were administered in a language conversant with the respondents and a sign language interpreter was provided for the respondents with hearing disabilities.

2.5.1 Questionnaire for quantitative assessment

The assessment utilized a questionnaire with the following modules for the quantitative assessment:
a) Household module (collected information on household characteristics including the members).

b) Washington Group child functioning questionnaire for ages 2 – 4 years.
c) Washington Group child functioning questionnaire for ages 5 – 17 years.
d) Washington Group short set on functioning-enhanced for age 18 years and above.
e) Disability registration card module.
f) Support needs & accessibility module.
g) Primary caregivers' module.

2.5.2 Focus Group Guide for qualitative assessment

The assessment utilized a focus group guide with 7 questions administered to caregivers of persons with disabilities in the following categories or domains:
a) Mental
b) Hearing
c) Visual
d) Communication
e) Self-care
f) Physical
g) Intellectual

2.5.3 Training manual

Two manuals were developed to guide the assessment process:
a) Support Needs Assessment for persons with disabilities and their Primary Caregivers interviewer's manual which provided a set of instructions and guidelines to the research assistants and supervisors on how to conduct the assessment. The manual contained the following key components:

- An overview of the assessment
- Field work procedures
- Interviewing techniques
- How to complete the questionnaire

b) Training manual for the moderators of the focus group discussions which provided a set of instructions and guidelines to the moderators on how to carry out focus group discussions. The manual contained the following key components:

- An overview of the assessment
- How to conduct focus group discussions
- Planning and Field Procedures
- General procedures for completing the FGD Guide

2.6 Recruitment of Research Assistants

The support needs assessment utilised officers from KNBS as supervisors while research assistants were recruited from the database of enumerators who had previously worked with the State Department for Social Protection and Senior Citizen Affairs, KNBS and NCPWD in past surveys.

A total of 30 Research Assistants were recruited comprising of 18 males and 12 females. Moreover 11 research assistants had disabilities and 3 aides were recruited to offer support to them.

2.7 Training of Data Collection Personnel

2.7.1 Training for Quantitative Assessment

The field work team for the quantitative assessment comprising national coordinators, County and Sub County Social Development Officers, Disability Services Officers, KNBS County Officers and research assistants underwent a face-to-face training on 21st to 25th February 2022. The training took place in non–residential training facilities in Naivasha and Nakuru towns and was conducted by the State Department for Social Protection and Senior Citizen Affairs, NCPWD, KNBS, KAIH and CBM. The team was trained on both paper and computer aided questionnaires and the interviewer's manuals.

The objective of the training was to build capacity of officers and train the data collection personnel on the Computer Assisted Personal Interview (CAPI) tool to be used in undertaking the assessment. The training consisted of a detailed explanation of the questionnaire accompanied with explanations from the interviewer's manual, demonstration through role-play interview practice in pairs and group discussions. A number of guest speakers were also invited to give remarks on specific topics relevant to the assessment.

2.7.2 Training for Qualitative Assessment

The training for the FGD personnel was held in Machakos on 25th and 26th April 2022 after which they were dispatched to the field for data collection. The team was trained by the national coordinators who underwent a Training of Trainers' session prior to embarking on the training of FGD personnel.

2.8 Pre- Test Exercise

The pre-test was conducted after the training on quantitative data collection. The pre-test took place in Naivasha Sub County, Nakuru County on 24th February 2022. The objectives of the pre-test were:
a) To train research assistants and supervisors to fulfill their respective roles and to conduct high-quality individual interviews.
b) To pilot the questionnaire in the field and identify errors, inconsistencies and skip patterns among others.
c) To review and modify the questionnaire based on field experience.
d) To test the viability of logistics.
After the pre-test exercise, a one-day debriefing workshop was held on 25th February 2022 in Nakuru Town to analyze emanating issues. The resolutions from the debriefing meeting were used to enrich the questionnaire and improve field logistics before the implementation of the actual assessment.

2.9 Publicity and Advocacy

The Social Development Officers used Social Development Committees, Beneficiary Welfare Committees and National Government Administrative Officers (NGAOs) at county and sub county levels to publicize the assessment in the selected 10 counties.

The County and Sub County Social Development Officers, Disability Services Officers in collaboration with the Kenya National Bureau of Statistics Officers from the selected counties assisted in tracing, locating and mobilizing respondents for ease of data collection. The mobilization officers were trained on the content of the assessment tools, their roles during the assessment and the objectives of the assessment.

2.10 Fieldwork

Field work was done in two phases, whereby; phase one involved conducting the quantitative assessment while the second phase involved qualitative data collection. Quantitative data collection took place between 8th and 18th March 2022. The data collection teams were divided into 10 teams based on the selected counties and local dialect in these areas. Each County team comprised of County Coordinator/Sub County Officer for Social Development, County Disability Services Officer, supervisor, research assistants, sign language interpreters where applicable and drivers. The role and composition of county teams is illustrated below:

Table 2. 3 Team Composition

S/NO	Team Member	Role
1.	County Coordinator for Social Development (DSD)	Overseeing team activities, including community entry strategy, Tools availability and county permit.
2.	Supervisor-KNBS	Overseeing data collection process within the county
3.	Social Development Officer (DSD)/ County Disability Services Officer (NCPWD)	Locating the respondents, mobilisation, and backstopping
4.	County Based Research Assistants	Conducting Interviews and sending data to the supervisor
5.	County Support Person	Support Research Assistant with disabilities
6.	County Based Driver	Transporting the team to the field

The second phase involved focus group discussions which were carried out between 14th and 18th May 2022. Each county team was tasked to conduct two FGD fora with caregivers of persons with specific types of disability. The field team comprised of one sub county coordinator, two moderators, and where necessary a support person or a sign language interpreter.

The main role of the coordinators was to monitor data quality, ensure moderators facilitated the discussions well, and to supply the data collection teams with the necessary materials. The moderators were also tasked with ensuring discussions were well moderated and all questions addressed.

2.10.1 Fieldwork Procedures

The field teams were provided with the training manuals which contained all the procedures for data collection and transmission to the server. Research assistants were also able to review their work before submitting to their supervisors who further reviewed it before uploading the same to the server. The teams were guided to make at least three call-backs to reduce non-response, keep the information gathered confidential and ensure safety and access to the field environment by collaborating with the NGAOs in case of insecurity. In addition, the teams were tasked to take care of the data collection tablets and personal belongings as well as adhere to the COVID-19 mitigation measures during the exercise.

2.10.2 Data collection procedure

Household data was collected through CAPI while focus group discussions were conducted using a structured paper focus group guide. Quantitative data was captured and transmitted electronically to the central server. On the other hand, during the FGDs, the moderators managed the discussions with a note taker who recorded the major themes, comments and observations using the Focus Group note taking form.

2.10.3 Data Management and Quality Control

Data quality control mechanisms were put in place by ensuring that the right personnel were engaged for the exercise with each team collecting information from one county. Validation checks were in-built into the data collection application with appropriate skip, logic and quality checks which prompted research assistants in real time in case of any data entry errors. All the completed forms were transmitted to the cloud server, hosted by KNBS. In addition, proper monitoring and supervision of the research assistants was carried out during data collection activities.

2.10.4 Data Analysis and Processing

The data analysis was done by first generating edit specs together with tabulation plans for each module which later informed the tables or indicators generated for the report. Data cleaning was also done using developed edit specifications. Weighting and generation of the tables and indicators was also done before initiating the data analysis process.

The information from the focus group discussions per county and disability domain was analyzed and summarized by looking at the trends in the data and removing the outliers. The analyzed data were merged per domain from different counties.

2.10.5 Weighting

Weights for the SNA were computed and applied to the primary data set during analysis. Some of the sampled individuals did not respond to the interviews, while others could not be accessed due to various reasons. To provide estimates that are representative of the target population from the 10 counties, the sample required weighting adjustments.

The design weights incorporated the probabilities of selection of the individuals from the sample frame. These design weights were then adjusted for individual non-response. Non-response was adjusted at stratum level. In doing this, the following mathematical relation was employed:

$$W_{hi} = D_{hi} \times \frac{C_h}{c_h} \times \frac{I_j}{1}$$

Where;

W_{hi} *Overall Individual weight for the ith individual in the hth stratum*
D_{hi} *Sample individual design weight obtained from individual selection probabilities for the ith Individual in the hth stratum*
C_h *Number of individuals in hth stratum*
c_h *Number of selected individuals in the hth stratum*
I_j *Number of eligible individuals in the hth stratum*

2.1.0.6 Assessment Response Rates

The response rate for the assessment was 84.3 per cent as shown in Table 2.4. This is the number of successful interviews divided by the eligible respondents. Eligible respondents include all successfully interviewed individuals, those who refused to be interviewed, those who were deceased, those who were away for an extended period of time, and those who had moved from the county permanently. Out of the 688 persons with disabilities interviewed, 88 reported that they had no difficulties across the six disability domains of the Washington Group on Disability sets of questions used. Some other individuals could not be reached due to wrong contact information given in the frame while others were away from home. Ineligible individuals are those who were in the sample frame but had no persons with disabilities in the household.

For the FGDs, a total number of 200 participants were expected to attend the sessions. Out of these, 181 participants attended resulting to a response rate of 90.5 per cent.

Table 2.4 Assessment Response Rate

Survey	Number	Response Rate
Quantitative		
Individuals selected	1,380	84.3%
Eligible Individuals	816	
Individuals interviewed	688	
Focus Group Discussions		
Number of caregivers selected	200	90.5%
Number of caregivers that participated	181	

2.10.7 Data Analysis and Report Writing Processes

Three workshops were held for the analysis and report writing processes. The Technical Working Committee together with various stakeholders including Organizations of and for Persons with Disabilities (OPDs) validated the report in between 7th and 8th December 2022.

2.11 Definition of Key terms and concepts

Accessible financial support: Easily available through digital platforms or availed through affirmative action.

Accessible Transport: Modified and affordable means of movement to enable a person with disability to use it with ease e.g. buses and taxis with ramps and space.

Accessible Process: Steps taken to make facilities and services readily usable by persons with disabilities by eliminating barriers that inhibit their rights and inclusion in development such as registration.

Affirmative Action: Active effort to favour those who suffer from discrimination especially in relation to employment or education.

Assistive Devices: Includes implements, tools, equipment, taped texts, audio, visual and pictorial recording, Braille equipment and materials, tactile equipment, orthopedic appliances and other devices and machines of whatever kind for persons with disabilities for their sociocultural, economic, civil, political well-being of persons with disabilities.

Cash Transfer Programme: Is a social protection system through which regular cash stipend is given to families with vulnerable members to cushion them from adverse risks and poverty. The programme is targeted and not universal.

Disability: Includes any physical, sensory, mental, psychological or other impairment, condition or illness that has, or is perceived by significant sectors of the community to have, a substantial or long- term effect on an individual's ability to carry out ordinary day-to-day activities(e.g. feeding, toiletry, movement, grooming).

Dwelling Unit: means a single unit providing complete, independent living facilities for one or more persons, including permanent provisions for living, sleeping, eating, cooking and sanitation.

Enabling environment: physical, social, and attitudinal environment that can enable person with impairments or foster their participation and inclusion and include accessible buildings and roads, transportation, information, and communication.

Food Aid: Provision of food or cash to purchase food in times of emergency.

Household: A household may be one person or a group of persons who live and eat together. This is not the same as a family. A family consists of people who are related while a household includes people who live together, whether they are related or not. For example, three unrelated men who live and cook meals together would not be considered one family, instead they would be considered to be members of the same household.

Inaccessible information: barriers in how information is issued that affect people who have disabilities in hearing, speaking, reading, writing, and or understanding, and who use different ways to communicate than people who do not have these disabilities.

Intermediary: An intermediary is someone who acts as a go-between or a mediator between two other people.

Mobility Support: Support designed to assist walking or otherwise improve the mobility of people with physical disability. The support enables freedom of movement similar to that of unassisted walking or standing.

Psychosocial Support: Services that address a person's emotional, social, mental and spiritual needs for positive human development and well-being. It involves a range of care and support interventions. It includes care and support offered by caregivers, family members, friends, neighbours, teachers, health workers, and community members on a daily basis.

Primary Caregiver: A caregiver is a person who tends to the needs or concerns of a person with short- or long-term limitations due to illness, injury or disability. The term "family caregiver" describes individuals who care for members of their family of origin, but also refers to those who care for their family of choice. This could be members of their congregation, neighbors or close friends. Family caregivers play a significant role in health care, as they are often the main source of valuable information about the patient.

Respite Care: A facility for volunteers offering short term relief for primary caregivers. It can be arranged for either an afternoon, several days or weeks.
Respite Services: Are services provided in a facility or by volunteers to offer short term relief for primary caregivers. It can be arranged for just an afternoon or for several days or weeks.

Self-care skills: Are the everyday tasks undertaken to be ready to participate in life activities (including dressing, eating, cleaning teeth and more). They are often referred to as the activities of daily living (ADL's).

Severe Disability: Persons with severe disabilities are those who are characterized with having multiple disabilities including movement difficulties, sensory losses, Intellectual disability, and behaviour problems and have no source of income. They may require 24-hour care and support.

Sign Language: Visual language that uses gestures that have structure and meaning like other languages. In this case, the primary or first language of deaf children in Kenya is the Kenyan Sign Language, which is used for instruction and communication within and outside the environment of the institution of learning.

Support Group: A social network that brings together people who are facing similar challenges or experiences to share their feelings and coping mechanisms.

Support Network: People in your life that help you achieve your personal and professional goals.

Rehabilitative services: Special healthcare services that help a person regain physical and cognitive (thinking and learning) abilities that have been lost or impaired as a result of disease, injury or treatment.
Remittance: These are resources in cash or kind received by a household from an external source either outside the county or within the country.

Usual Members: These are people who stay in the same compound for a period of at least 6 months, are answerable to the same head (key decision maker on a day-to-day issues) and have the same cooking arrangements.

2.11.1 Definition of Difficulties in performing Daily Activities

Accepting change Difficulty is a challenge in embracing any adjustment and seeing new ideas as an adversity.

Anxiety is a mental health disorder characterized by feelings of worry or fear that are strong enough to interfere with one's daily activities.

Cognitive difficulty affects people's ability to perform activities like other people of similar age groups. They may have difficulty remembering things or concentrating on what he or she is performing. It includes many different functions such as the ability to pay attention, learn and retain information, solve problems, and use language to express thoughts. This disability hampers clear thoughts in the mind. It also exhibits problems in comprehending any new ideas or opinions or finding solutions and therefore restrains a person from learning and coordinating functions or activities.

Communication Difficulty refers to speech and language disorders refer to problems in communication or difficulties in producing oral speech or problems with voice quality. They might be characterized by an interruption in the flow or rhythm of speech, such as stammering. These delays and disorders range from simple sound substitutions to the inability to understand or use language. Some causes of speech and language disorders include hearing loss, brain injury, learning disability, substance abuse, physical impairments such as cleft lip, deformed lip or palate, and vocal abuse or misuse. Persons with speech disabilities are often unable to communicate well with others.

Community activities are roles performed outside the household setting by interacting with other individuals who are peers to perform a task as a group, for example playing.

Concentration Difficulty is the limitation to use mental ability to accomplish some tasks such as reading, calculating numbers, and learning something associated with lack of focus on the task at hand.

Controlling Behaviour Difficulty is an act of maladjustment by indulging in acts which cause problems in school, at home and in social situations such as tantrums.

Depression is a disorder that affects an individual's mood causing a persistent feeling of sadness and loss of interest hence interfering with one's daily activities.
Dexterity is difficulty in performing tasks and skills using hands.

Hearing difficulty refers to complete deafness or partial hearing in one or both ears, hard of hearing. Persons with hearing difficulty can also use a hearing aid.
Household activities are chores or roles performed around the home to benefit individuals or the entire household such as cleaning.

Learning Difficulty affects modes of study, such as reading, writing, spelling and arithmetic.

Making friends Difficulty is a challenge in socializing with the environment and among each other.

Playing Difficulty is the inability to engage in activities for enjoyment and recreation either totally or to a certain level due to an impediment.

Physical or mobility difficulty refers to difficulties in moving, i.e. walking, climbing stairs, using hands, sitting upright, or standing. This disability restricts one's physical movement, say body movement, or paralysis of legs, hands, or the whole body. Persons with this type of disability can use assistive equipment and supportive devices that assist them to move around, for example, those who use wheelchairs, crutches among other mobility aids.

Remembering difficulty refers to the inability to use memory to recall incidents or events such that the individual cannot bring to mind or think about something that has taken place in the past (either the recent past or further back).

Seeing Difficulty describes the various degrees of vision loss. A person is considered to have an eyesight or vision disability if he or she has difficulty seeing even if they wear eyeglasses or contact lenses.

Self-Care Difficulty refers to difficulties in dressing, bathing, eating, grooming and hygiene, toileting or getting around the home. The difficulties may have arisen as a result of other disabilities or impairments. These types of difficulties may be present in most disabilities. It may be more pronounced in mental disabilities and severe physical disabilities.

Upper body Difficulty is a limitation of the body structures and functions that affect muscle coordination between the shoulder, upper arm, lower arm, wrist, or hand as well as back and torso movements.

3.0 HOUSEHOLD SOCIO-ECONOMIC CHARACTERISTICS

3.1. Introduction

A household's socio-economic characteristics play a vital role in influencing and determining the well-being of the household, individuals within the household and the entire society. Persons with disabilities invariably tend to be disadvantaged and deprived of economic opportunities because of various environmental, social and physical barriers in the society (Wimanet al., 2002). Analysis of the socioeconomic status of households could reveal inequities or imbalances in terms of access to resources and issues related to privileges, power and control.

This chapter presents information on distribution of household members, marital status, household size, tenure status of the main dwelling unit, main source of drinking water and mode of human waste disposal, main type of cooking fuel, source of lighting and food security.

3.2 Distribution of Households Members

Figure 3.1 shows the distribution of household members categorized as persons with disabilities, caregivers and all other members. The proportion of caregivers in total household members was 16.7 per cent while that of persons with disabilities was 20.3 per cent.

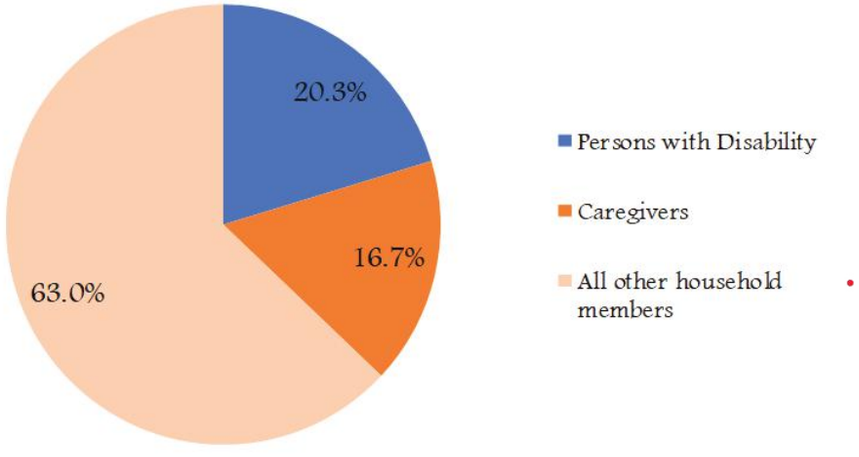


Figure 3. 1: Distribution of household members

Figure 3.2 presents the distribution of persons with disabilities by relationship with the household head. Three in ten (30.2%) persons with disabilities were household heads while 8.4 per cent were spouses to the household head. Nearly half (48.1%) of persons with disabilities were children (sons/daughters) to the household head while 11.9 per cent of them were other relatives. Notably, 0.8 per cent of persons with disabilities were non-relatives.

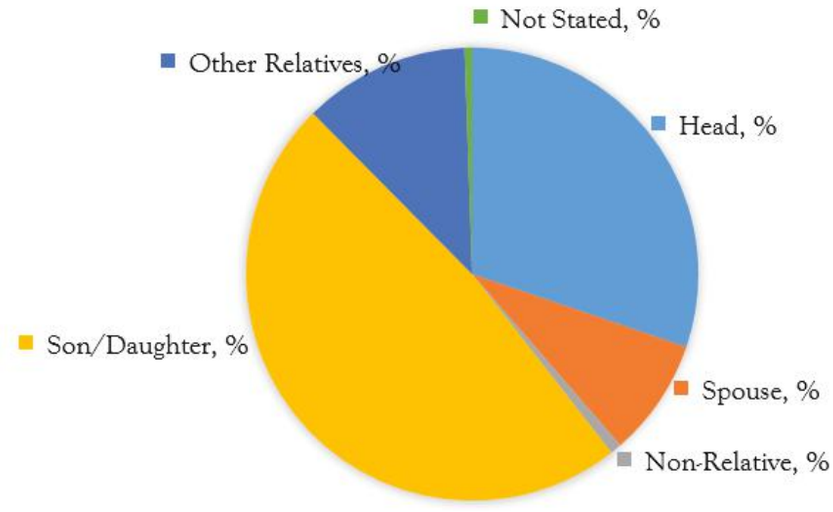


Figure 3.2: Distribution of Persons with Disability by relationship to the household head

Distribution of household members by sex and relationship to the head of the household is presented in Table 3.1. Females accounted for slightly more than half (52.0%) of the total household members. Results also indicate that, 6 out of 10 household heads were males.

The share of male persons with disabilities was higher (56.9%) compared to that of females (43.1%). On the other hand, female caregivers were nearly five times more (82.5%) than male caregivers (17.5%). This implies that the burden of care work for persons with disabilities is greatly shouldered by women.

Table 3.1: Distribution of household members by relationship to the household head and sex

Relationship to the household head	All household members			Persons with Disabilities			Caregivers			All other household members		
	Number	Male	Female	Number	Male	Female	Number	Male	Female	Number	Male	Female
Head	93,114	64.5	35.5	30,230	68.5	31.5	31,292	30.9	69.1	31,592	94.1	5.9
Spouse	59,498	7.6	92.4	8,422	29.4	70.6	37,563	0.8	99.2	13,513	12.8	87.2
Son/Daughter	245,499	52.2	47.8	48,124	55.8	44.2	6,741	38.9	61.1	190,634	51.8	48.2
Other relatives	83,650	45.7	54.3	11,870	49.7	50.3	3,648	11.7	88.3	68,132	46.8	53.2
Non-relative	6,481	58.5	41.5	806	67.4	32.6	1,295	46.7	53.3	4,380	60.3	39.7
Not Stated	3,550	45.2	54.8	539	82.3	17.7	1,658	43.1	56.9	1,353	32.9	67.1
Total	**491,791**	**48.0**	**52.0**	**99,991**	**56.9**	**43.1**	**82,196**	**17.5**	**82.5**	**309,604**	**53.3**	**46.7**

3.3 Marital Status

Distribution of household members age 12 and above by sex and marital status is shown in Table 3.2. Slightly more than half of household members age 12 years and above reported to have never been married. The proportion of persons with disabilities who had never been married was 54.3 per cent, while those married was 34.1 per cent. Further, majority of the caregivers were in a monogamous marriage (67.3%), whereas 6.6 per cent were divorced/separated.

Table 3. 2: Distribution of household members* by sex and marital status

Marital Status	ALL household members				Persons with Disabilities				Caregivers				All others			
	Number	Per cent			Number	Per cent			Number	Per cent			Number	Per cent		
		Share	Male	Female		Share	Male	Female		Share	Male	Female		Share	Male	Female
Never Married	206,443	53.5	52.3	47.7	47,642	54.3	58.7	41.3	9,698	11.9	30.8	69.2	149,103	68.8	51.7	48.3
Married Monogamous	133,797	34.7	47.3	52.7	26,281	30.0	70.1	29.9	54,901	67.3	18.0	82.0	52,615	24.3	66.4	33.6
Married Polygamous	14,343	3.7	55.0	45.0	3,623	4.1	73.6	26.4	3,808	4.7	9.0	91.0	6,912	3.2	70.7	29.3
Widowed	16,236	4.2	11.2	88.8	5,630	6.4	14.5	85.5	7,792	9.6	9.8	90.2	2,814	1.3	8.7	91.3
Divorced	2,660	0.7	25.5	74.5	1,253	1.4	34.9	65.1	522	0.6	-	100.0	885	0.4	27.1	72.9
Separated	11,917	3.1	14.2	85.8	3,261	3.7	24.9	75.1	4,870	6.0	2.0	98.0	3,786	1.7	20.6	79.4
DK/NS	493	0.1	89.6	10.4	-	-	-	-	-	-	-	-	493	0.2	89.6	10.4
Total	**385,889**	**100.0**	**47.6**	**52.4**	**87,690**	**100.0**	**58.3**	**41.7**	**81,591**	**100.0**	**17.3**	**82.7**	**216,608**	**100.0**	**54.8**	**45.2**

*12 years and above

3.4 Household Size

Table 3.3 shows the distribution of persons with disabilities by sex, household size and disability domain. The proportion of persons with cognitive disability was the highest across all household sizes. About three quarters of persons with disabilities living alone had cognitive disability. None of those with hearing difficulties lived alone.

Table 3. 3: Distribution of Persons with Disabilities by sex, household size and disability domain

Disability Domain	Number	Household Size															
		1				2				3-4				5+			
		Number	Per Cent			Number	Per Cent			Number	Per Cent			Number	Per Cent		
			Share	Male	Female		Share	Male	Female		Share	Male	Female		Share	Male	Female
Visual	13,943	209	4.2	100.0	-	2,257	10.4	51.6	48.4	2,299	5.8	55.8	44.2	9,179	6.7	64.0	36.0
Hearing	10,344	-	-	-	-	1,522	7.0	82.2	17.8	1,607	4.1	27.3	72.7	7,215	5.3	35.0	65.0
Mobility	39,111	651	13.2	14.7	85.3	4,815	22.3	38.5	61.5	7,816	19.8	49.0	51.0	25,829	18.8	58.2	41.8
Cognitive	75,652	3,557	72.3	55.0	45.0	7,533	34.8	56.8	43.2	15,242	38.6	46.5	53.5	49,320	36.0	60.3	39.7
Communication	29,385	251	5.1	100.0	-	2,249	10.4	58.5	41.5	5,719	14.5	52.5	47.5	21,166	15.4	57.5	42.5
SelfCare	32,115	214	4.4	-	100.0	3,253	15.0	45.4	54.6	6,455	16.3	66.3	33.7	22,193	16.2	59.9	40.1
Albinism	2,537	36	0.7	100.0	-	-	-	-	-	345	0.9	84.2	15.8	2,156	1.6	56.5	43.5

Figure 3.3 presents the distribution of persons with disabilities by household size and disability severity. Nearly two thirds of persons with disabilities lived in large households of five or more members. About four per cent of persons with disabilities lived alone implying exposure to loneliness, social isolation and lack of physical and social support. Moreover, majority of persons with severe disability lived in households with more than five members at 65.2 per cent.

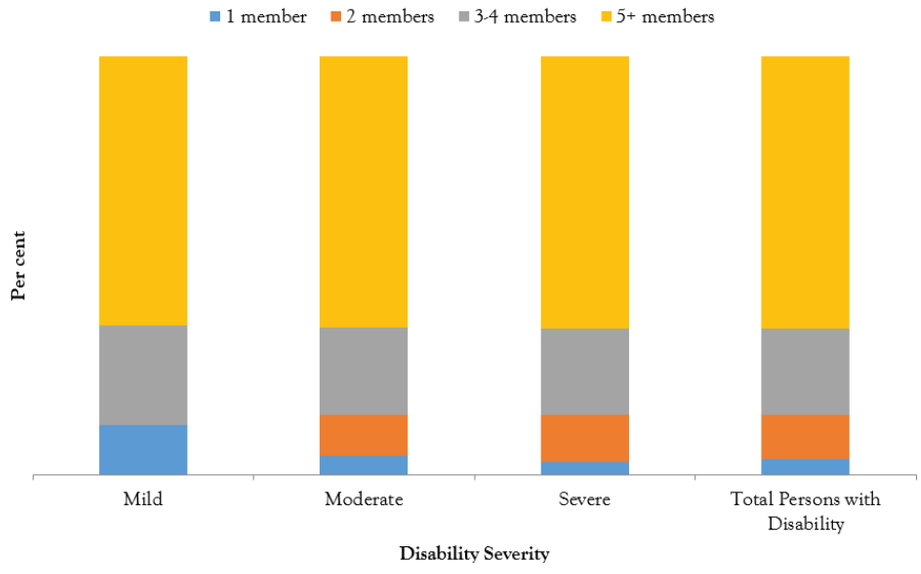


Figure 3. 3: Distribution of Persons with Disabilities by household size and disability severity

3.5 Dwelling Unit

Distribution of persons with disabilities by disability domains and tenure status of the main dwelling unit is presented in Table 3.4. About three quarters of all persons with disabilities lived in their own constructed dwelling units irrespective of the disability domain.

Table 3. 4: Distribution of Persons with Disabilities by disability domain and tenure status of the main dwelling unit

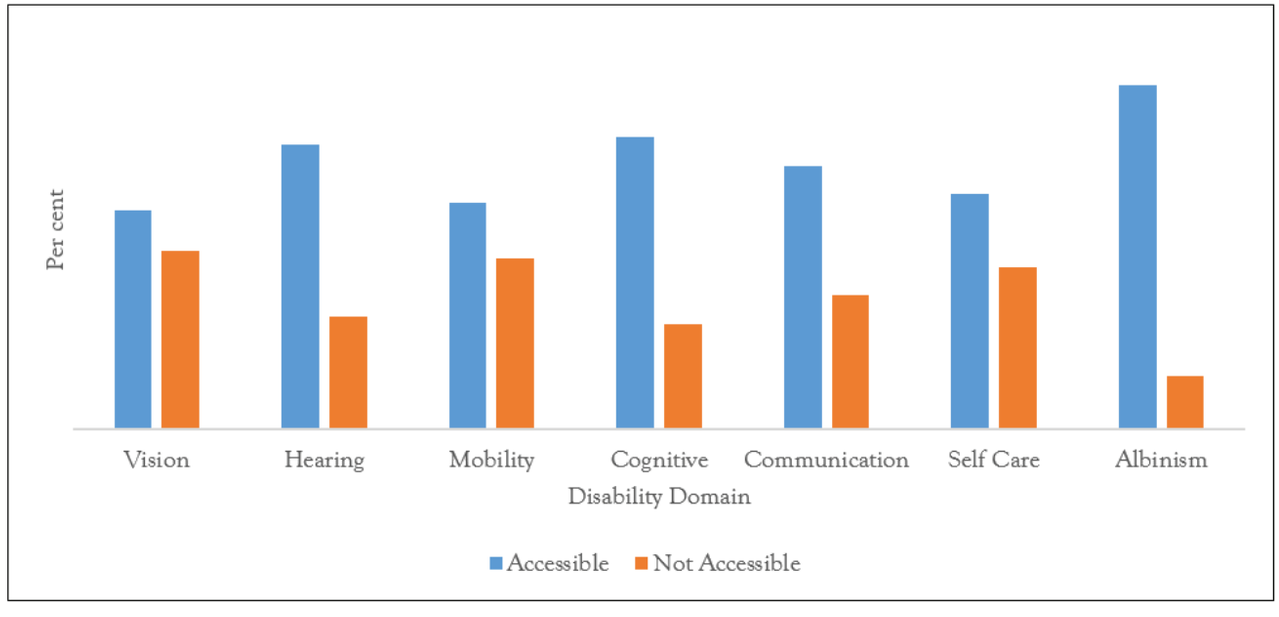
Disability domain	Persons with Disabilities	Tenure Status of main dwelling unit				
		Purchased	Own Constructed	Rented	Inherited	Not Stated
Visual	13,943	3.1	76.1	10.6	7.6	2.6
Hearing	10,344	3.6	77.4	13.0	4.0	2.0
Mobility	39,111	3.1	73.6	15.1	7.2	1.0
Cognitive	75,652	2.7	76.2	14.8	5.8	0.5
Communication	29,385	1.6	76.4	14.1	7.1	0.8
Self Care	32,115	2.3	76.3	13.6	5.8	2.0
Albinism	2,537	0.0	79.5	17.4	3.1	0.0

Distribution of persons with disabilities by disability domain, household size and habitable rooms is shown in Table 3.5. Majority of the persons with disabilities lived in households with 3 to 4 habitable rooms across all disability domains apart from those with visual and hearing disability whose majority lived in households with 2 habitable rooms at 40.7 and 36.0 per cent respectively.

Table 3. 5: Distribution of Persons with Disabilities by disability domain and habitable rooms

Disability Type	Number of persons with disabilities	Habitable Rooms				
		1	2	3-4	5+	Not Stated
Vision	13,943	21.4	40.7	34.2	1.1	2.6
Hearing	10,344	17.3	36.0	36.4	8.3	2.0
Mobility	39,111	16.2	28.7	45.5	8.6	1.0
cognitive	75,652	17.7	32.0	41.0	8.8	0.5
Communication	29,385	13.7	29.3	45.1	11.1	0.8
Self Care	32,115	15.6	29.3	41.5	11.6	2.0
Albinism	2,537	0.7	16.4	77.7	5.2	0.0

Figure 3.4 depicts distribution of persons with disabilities by disability domain and accessibility to the dwelling unit. The highest proportion of persons with disabilities who reported inability to access the dwelling unit were those with visual disability at 44.9 per cent. This was followed by those with mobility difficulties at 43.1 per cent.



Distribution of main dwelling units for persons with disabilities by dominant roof, wall and floor material is shown in Table 3.6. Mud/cow dung was the dominant wall material at 31.5 per cent while iron sheets were widely used for roofing (91.9%). Moreover, concrete/cement/terrazzo was used as the main floor material in 44.6 per cent of the dwelling units.

Table 3. 6: Distribution of main dwelling units for Persons with Disabilities by dominant roof, wall and floor material

Wall	Per cent	Roof	Per cent	Floor	Per cent
Mud/Cow Dung	31.5	Iron Sheets	91.9	Concrete/Cement/Terazzo	44.6
Concrete	24.7	Cement/Concrete	2.5	Earth/Sand	27.0
Covered Adobe	15.8	Grass Thatch/Twigs	1.7	Dung	16.3
Offcuts/Reused Wood/Wood	8.7	Dung/Mud	1.0	Ceramic Tiles	11.0
Stone with Mud	6.7	Tiles	1.0	Wall to Wall Carpet	0.2
Iron Sheets	5.5	Asbestos Sheet	0.7	Not Stated	0.9
Uncovered Adobe	2.1	Tin Cans	0.2		
Grass/Reeds	1.2	No Roof	0.1		
Plywood/Cardboard	0.5	Not Stated	0.9		
Cane/Palm/Trunks	0.3				
Other	2.1				
Not Stated	0.9				

3.6 Main Source of Drinking Water and Mode of Human Waste Disposal

Persons with disabilities often have limited access to WASH services; disability inclusion in WASH, entails ensuring availability, affordability, dignified and accessible water, sanitation and hygiene (UNICEF, 2014). Figure 3.5 shows distribution of persons with disabilities households by main source of drinking water. The main source of drinking water for majority of the households was the stream at 28.4 per cent, about a fifth of the households used piped water into their dwelling/yard/plot as their main source of drinking water.

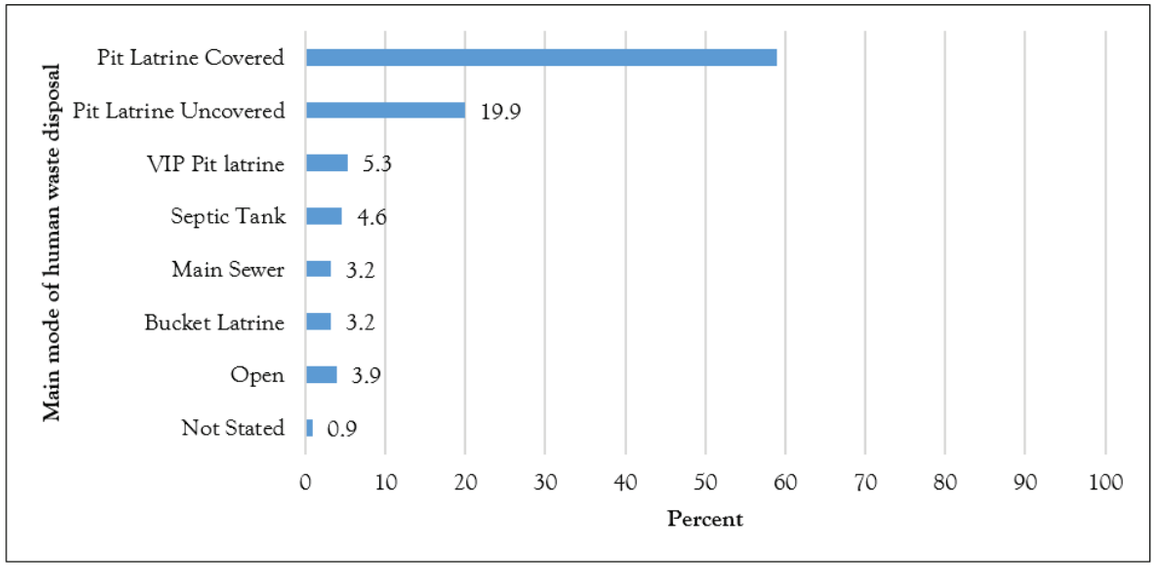


Figure 3.5: Distribution of households for Persons with Disabilities by main source of drinking water

Figure 3.6 presents distribution of households for persons with disabilities by main mode of human waste disposal. Covered pit latrine was the most common mode of human waste disposal at 59.0 per cent. About four per cent of households disposed of human waste in the open.

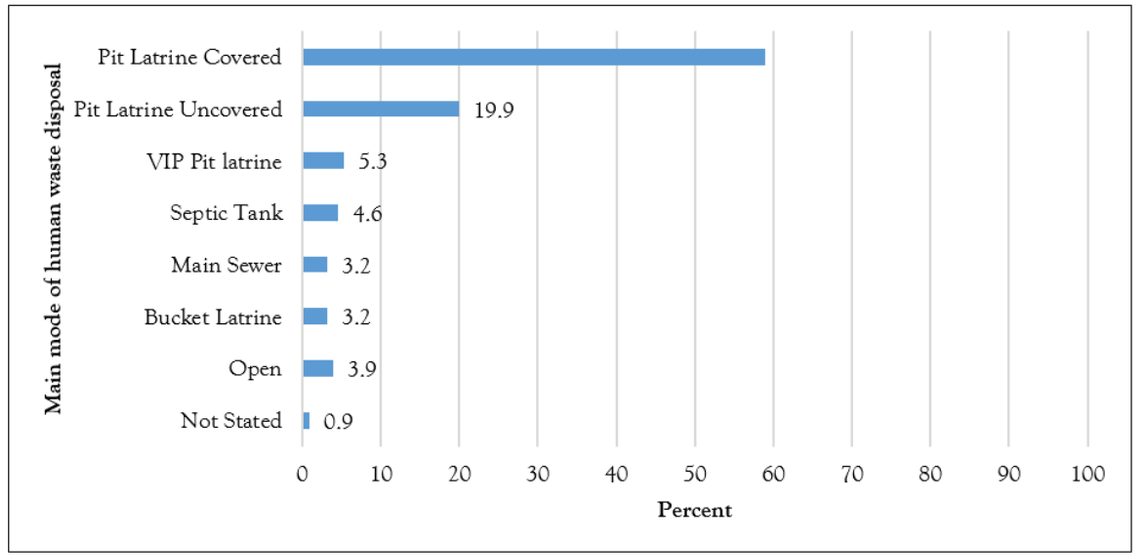


Figure 3. 6: Distribution of households for Persons with Disabilities by main mode of human waste disposal

The distribution of households for persons with disabilities sharing human waste disposal facility with any other household by disability domain is shown in Figure 3.7. Households with persons with albinism reported the highest proportion of those that shared a human waste disposal facility with any other household at 69.6 per cent; while households with persons with disability in hearing and vision had 48.8 per cent and 48.3 per cent with shared waste disposal facility.

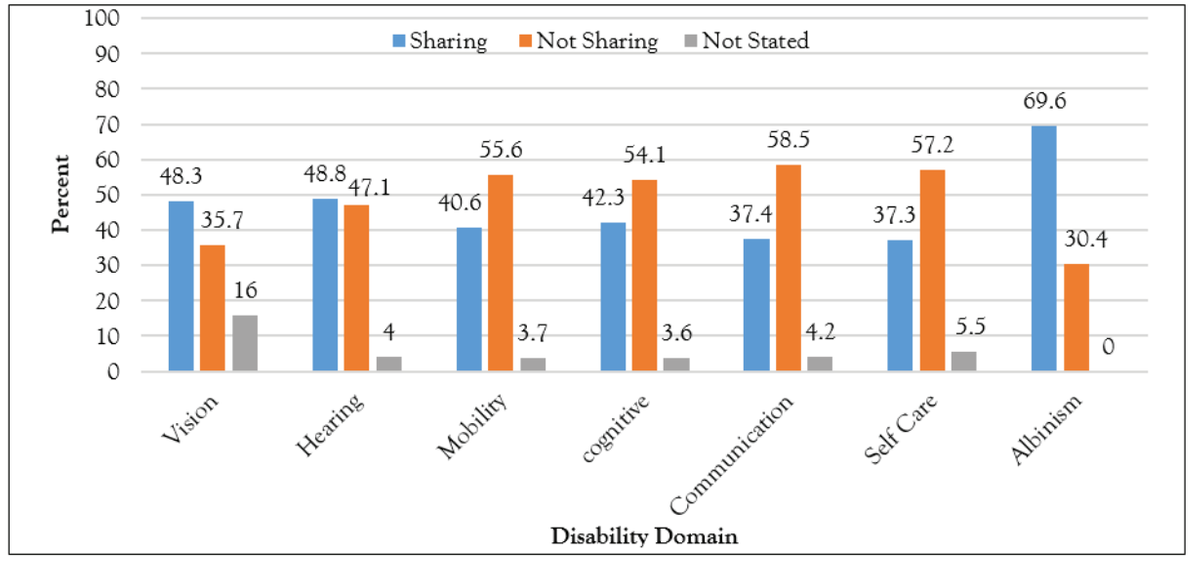


Figure 3. 7: Distribution of households for Persons with Disabilities sharing human waste disposal facility by disability domain

3.7 Main Type of Cooking Fuel and Source of Lighting

Table 3.7 shows the distribution of households for persons with disabilities by main type of cooking fuel and source of lighting. Over a third (38.6%) of persons with disabilities' households used mains electricity as their main source of lighting, followed by solar at 27.4 per cent. The main source of cooking fuel was firewood at 77.8 per cent.

Table 3. 7: Distribution of households for Persons with Disabilities by main type of cooking fuel and source of lighting

Main Source of Lighting	Per cent	Main Type of Cooking Fuel	Per cent
Electricity	38.6	Firewood and other wood products	77.8
Solar	27.4	Charcoal	10.2
Paraffin Lantern	11.7	LPG	6.8
Paraffin Tin Lamp	8.6	Paraffin Pressure Lamp	4.0
Torch/Spotlight-solar charged	6.9	Electricity	0.3
Torch/Spot Light- Dry Cells	2.9	Not Stated	0.9
Candle	2.2		
Paraffin Pressure Lamp	0.7		
Fuel Wood	0.1		
Not Stated	0.9		

3.8 Food Security

Food security exists when all people at all times have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for a healthy and active life. Household Food Insecurity (HFI) extends beyond measures of hunger, with common measures surveying household conditions from anxiety over having enough money for food to going for days without eating because of financial constraints (Bickel et al., 2000). Persons with disabilities may have poorer physical access to food which is considered a risk factor for food security, health, and dietary outcomes (Schwartz et al., 2019).

Figure 3.8 provides the distribution of households for persons with disabilities by main source of food in the last 7 days preceding the survey. Most of the households (82.2%) purchased their food and 57.3 per cent consumed from own farm production. Notably, 5.8 per cent of the households begged for food while, 2.9 per cent reported to have received food assistance from Civil Society Organizations (CSOs), Non-Governmental Organizations (NGOs) or Government.

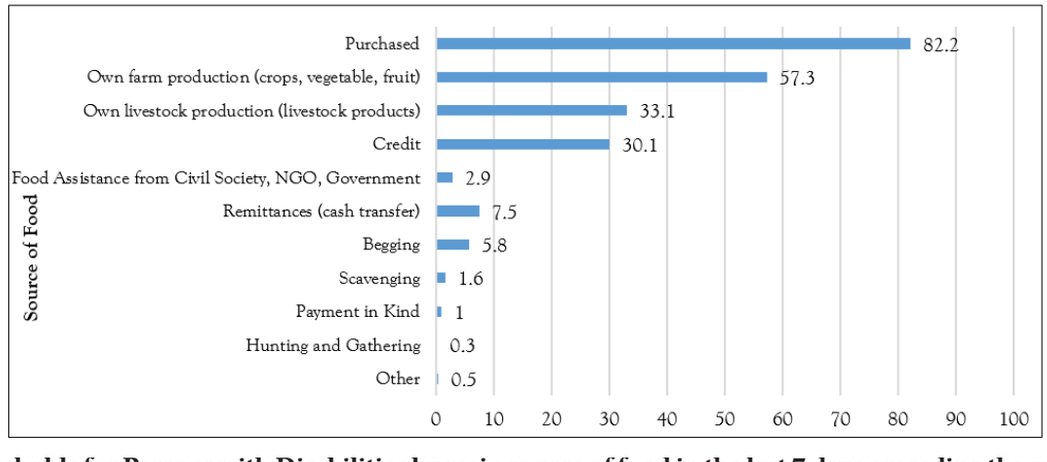


Figure 3. 8: Distribution of households for Persons with Disabilities by main source of food in the last 7 days preceding the survey

The distribution of households for persons with disabilities by food adequacy and hunger scale for the last four weeks preceding the survey is presented on Table 3.8. About 6 in every 10 households sometimes had no food of any kind to eat because of inadequate resources during the period. Further, 59.1 per cent of the households sometimes slept hungry at night because there was not enough food while 23.5 per cent often went a whole day and night without eating anything at all because there was not enough food. About half of the households had no food of any kind to eat because of resources to get food while 47.4 per cent opined that they slept hungry at night because there was not enough food.

Table 3. 8: Distribution of households for Persons with Disabilities by food adequacy and hunger scale for the last four weeks preceding the survey

	Food Adequacy				Hunger scale			
		Per cent				Per cent		
	Number	Yes	No	Not Stated	Number	Rarely	Sometimes	Often
No food to eat of any kind in your house because of resources to get food	99,991	49.2	49.8	0.9	49,222	15.8	62.1	22.1
Slept at night hungry because there was not enough food	99,991	47.4	51.7	0.9	47,398	19.8	59.1	21.1
Went a whole day and night without eating anything at all because there was not enough food	99,991	37.3	61.8	0.9	37,292	19.6	56.9	23.5

Table 3.9 shows the distribution of households for persons with disabilities by household size and food adequacy for the last four weeks preceding the survey. Overall, households for persons with disabilities with five or more members suffered high levels of food inadequacy.

Table 3. 9: Distribution of Persons with Disability by household size and food adequacy for the last four weeks preceding the survey

Household Size	Number	No food to eat of any kind in your house because of resources to get food (%)	Slept at night hungry because there was not enough food (%)	Went a whole day and night without eating anything at all because there was not enough food (%)
1	3,771	2.9	3.0	3.6
2	10,397	6.5	6.9	6.6
3-4	20,741	20.7	19.0	17.5
5+	65,082	69.9	71.1	72.3
Total	**99,991**	**100.0**	**100.0**	**100.0**

4.0 DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS OF PERSONS WITH DISABILITIES

4.1 Introduction

This chapter focuses on the demographic and socio-economic characteristics of persons with disabilities, specifically, their demographic distribution, severity of disability, education, work and employment status. Having reliable demographic information and internationally comparable disability statistics provides good prospects for developing plans for effective disability policies and projects. Statistics on persons with disabilities provide a wealth of information on their participation in various activities including education, acquisition of skills and employment.

4.2 Demographic characteristics for Persons with Disabilities

4.2.1 Distribution of Persons with Disabilities

Age, sex and domain of disability are important factors in assessing socio-economic aspects of persons with disabilities. Figure 4.1 indicates distribution of persons with disabilities by selected age groups. These are special age groups which guides the government to plan in terms of education, training, employment and social protection. One in every three persons with disabilities is a youth age 18-34 years.

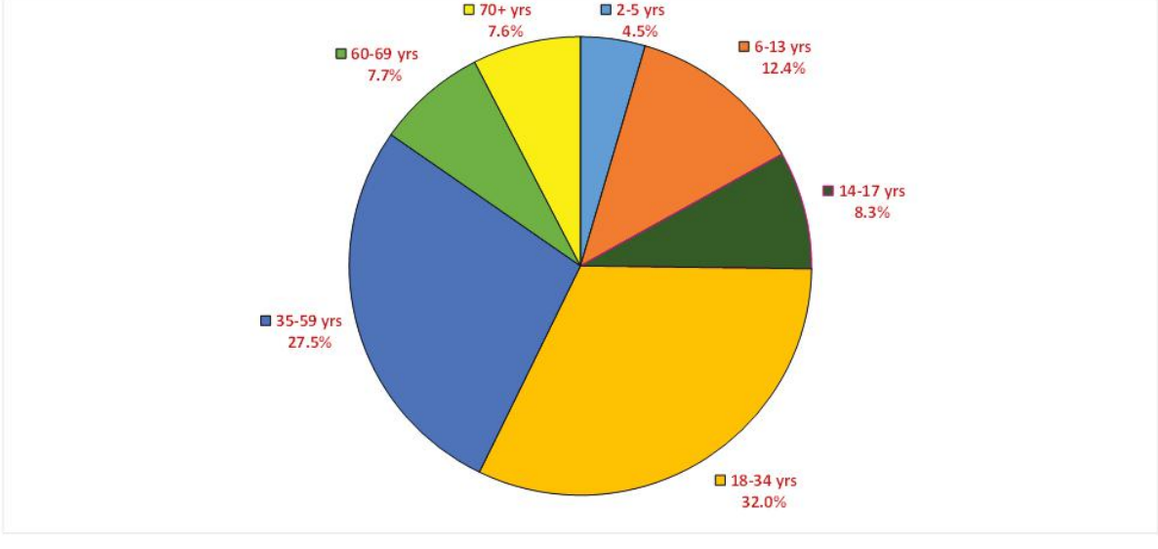


Figure 4.1: Distribution of Persons with Disabilities by Age

Table 4.1 presents the distribution of persons with disabilities by age, sex and disability domains. Out of the total persons with disabilities that were registered, majority were males. Analysis by age show that majority of persons with disabilities were youth age 18-34 followed by those age 35-59. Persons with cognitive disabilities accounted for the largest proportion of all the registered persons followed by those with mobility disabilities according to the assessment.

Table 4. 1: Distribution of Persons with Disabilities by Age, Sex and Disability Domain

	All PWDs			Visual		Hearing		Mobility		Cognitive		Communication		Self Care		Albinism	
Age	Total	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Total	99,991	56,926	43,065	8,529	5,414	4,216	6,128	20,807	18,304	43,085	32,567	16,733	12,652	19,040	13,075	1,545	991
2-5	4,519	2,408	2,111	9.9	4.8	8.7	0.9	2.8	7.2	1.3	2.5	4.6	9.0	4.9	2.5	11.7	3.7
6-13	12,362	6,888	5,474	16.3	3.1	12.2	10.9	17.9	10.4	11.8	13.0	32.6	27.4	17.3	20.1	26.6	11.9
14-17	8,316	4,027	4,289	0.0	4.6	18.2	10.1	4.3	9.2	6.5	6.5	14.4	8.8	8.4	5.7	3.7	11.9
18-34	31,999	18,247	13,752	21.0	21.8	39.3	52.6	22.6	22.4	36.7	38.1	39.8	38.4	33.6	26.4	30.7	42.1
35-59	27,500	17,571	9,929	27.9	28.8	15.7	14.4	28.9	25.6	31.4	22.4	7.8	15.8	21.5	24.3	21.5	30.4
60-69	7,730	4,676	3,054	12.5	17.8	0.0	0.0	14.1	10.2	6.9	7.7	0.7	0.0	4.9	5.5	2.3	0.0
70+	7,564	3,109	4,455	12.3	19.1	5.8	11.0	9.4	15.0	5.5	9.8	0.0	0.5	9.4	15.4	3.7	0.0

4.2.2 Distribution of Persons with Disabilities by Severity

Table 4.2 shows the distribution of persons with disabilities by age, sex and disability severity. The proportion of persons with severe and moderate disability was 67.1 per cent and 29.6 per cent, respectively. The proportion of female with severe disability was 30.8 per cent compared with males at 36.3 per cent. Severe disability was lowest among persons age 2-5 while it was highest for those age 60-69.

Table 4. 2: Distribution of Persons with Disabilities by Age, Sex and Severity

	All Persons with Disabilities	Mild (%)		Moderate (%)		Severe (%)	
Age	Total	Male	Female	Male	Female	Male	Female
All	99,991	2.4	0.9	18.2	11.4	36.3	30.8
2-5	4,519	2.3	0.4	31.0	14.1	20.1	32.2
6-13	12,362	0.0	1.0	21.4	21.1	34.3	22.3
14-17	8,316	0.0	0.0	17.9	29.5	30.5	22.0
18-34	31,999	3.4	1.5	18.2	7.6	35.5	33.9
35-59	27,500	4.2	0.9	17.1	4.8	42.6	30.4
60-69	7,730	0.0	0.0	13.5	12.0	47.0	27.5
70+	7,564	0.0	0.0	15.1	13.5	26.0	45.4

4.3 Socio-economic characteristics

4.3.1 Current School Attendance

Figure 4.2 displays the percentage distribution of persons with disabilities who were attending school by level of education. The assessment revealed that 38.1 per cent of persons with disabilities were attending primary school. The proportion of persons with disabilities who were attending secondary school were 23.7 per cent while those who were attending informal education was 18.6 per cent.

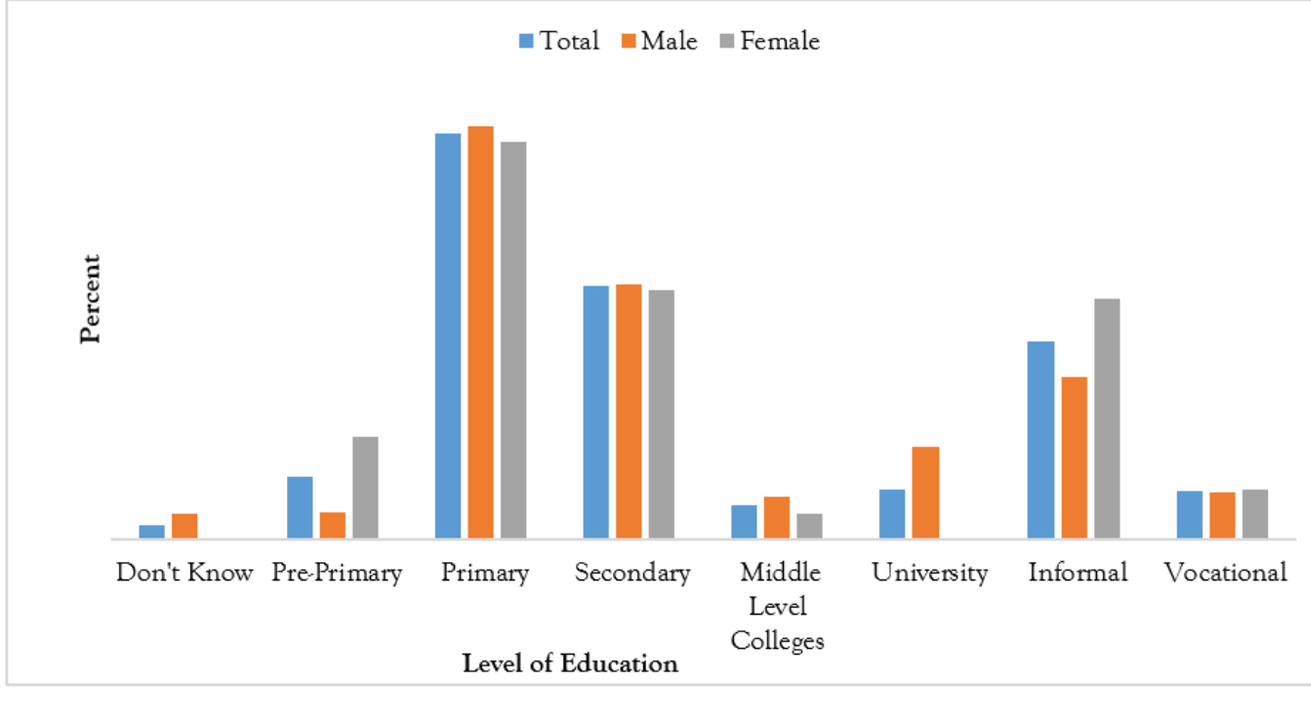


Figure 4. 2: Distribution of Persons with Disabilities Attending School by Sex and Level of Education

Table 4.3 gives the distribution of persons with disabilities age 4 years and above, who were attending school by age, sex, and level of education. Persons with disabilities attending primary school were 38.1 per cent while 23.7 per cent and 18.6 per cent were attending secondary school and informal education, respectively. The distribution persons with disabilities shows a lag in school attendance progression for persons with disabilities. For instance, 17.7 per cent and 8.5 per cent of male and female persons with disabilities age 18-24 were attending primary school level, respectively. Notably, 24.2 per cent of male persons with disabilities age 25-34 were attending primary school. Similarly, more than half of males (56.8%) and females (52.3%) of persons with disabilities in secondary school going age (14-17 years) were attending primary school.

Table 4. 3: Distribution of Persons with Disabilities attending school by Age, Sex and Level of Education

	All persons with disabilities				4-5		6-13		14-17		18-24		25-34		35+	
Level of Education	Number	per cent	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Total	**22,688**	**100.0**	**12,244**	**10,426**	**546**	**772**	**3,202**	**2,987**	**1,814**	**2,971**	**4,694**	**3,033**	**943**	**167**	**1,044**	**495**
Pre-Primary	1,317	5.8	2.5	9.7	36.2	100.0	3.4	7.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Primary	8,652	38.1	38.9	37.4	63.8	0.0	72.3	61.5	56.8	52.3	17.7	8.5	24.2	0.0	0.0	50.1
Secondary	5,388	23.7	24.0	23.5	0.0	0.0	0.0	0.0	18.2	25.6	47.0	55.6	42.5	0.0	0.0	0.0
Middle Level College	735	3.2	4.0	2.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	46.7	49.9
University	1,061	4.7	8.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	10.7	0.0	0.0	0.0	53.3	0.0
Informal	4,226	18.6	15.3	22.6	0.0	0.0	16.0	31.2	24.9	22.1	12.6	19.9	33.2	100.0	0.0	0.0
Vocational	1,021	4.5	4.4	4.7	0.0	0.0	0.0	0.0	0.0	0.0	11.4	16.0	0.0	0.0	0.0	0.0
Don't Know	288	1.3	2.4	0.0	0.0	0.0	8.2	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.0	0.0

As depicted in Figure 4.3, there were more male with disabilities (54.0%) attending school than females (46.0%). Similarly, there were more males than females across all disability domains attending school except those with visual and hearing impairment where females were more at 55.6 per cent and 51.3 per cent respectively.

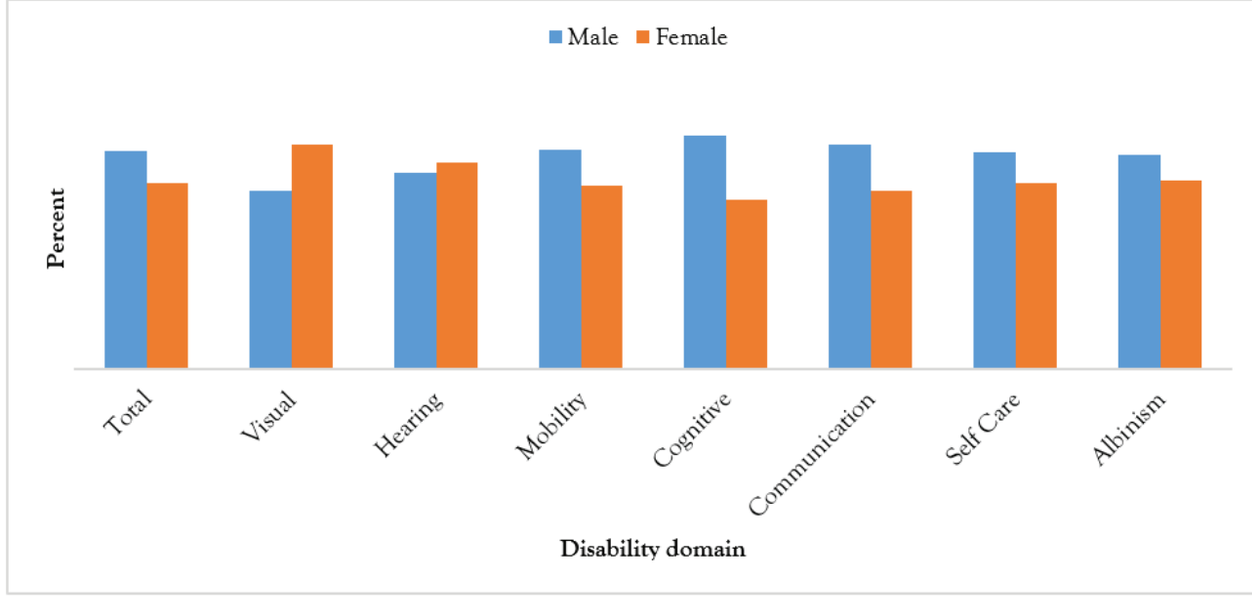


Figure 4. 3: Distribution of Persons with Disabilities Attending School by Sex and Disability Domain

The proportion of persons with disabilities attending school by disability domain and level of education is presented in Figure 4.4. Two thirds of persons with disabilities attending school had cognitive disabilities. One in every three persons with disabilities attending school had communication disabilities while one in four had mobility disability. At pre-primary level, 50 per cent

of persons with disabilities attending school had cognitive disabilities while 48.9 per cent had communication disabilities. At primary level half had cognitive disabilities while about a quarter had communication (28.0%) and mobility disability (27.7%). Further, at secondary and tertiary level cognitive disabilities remained the most prevalent among those in school.

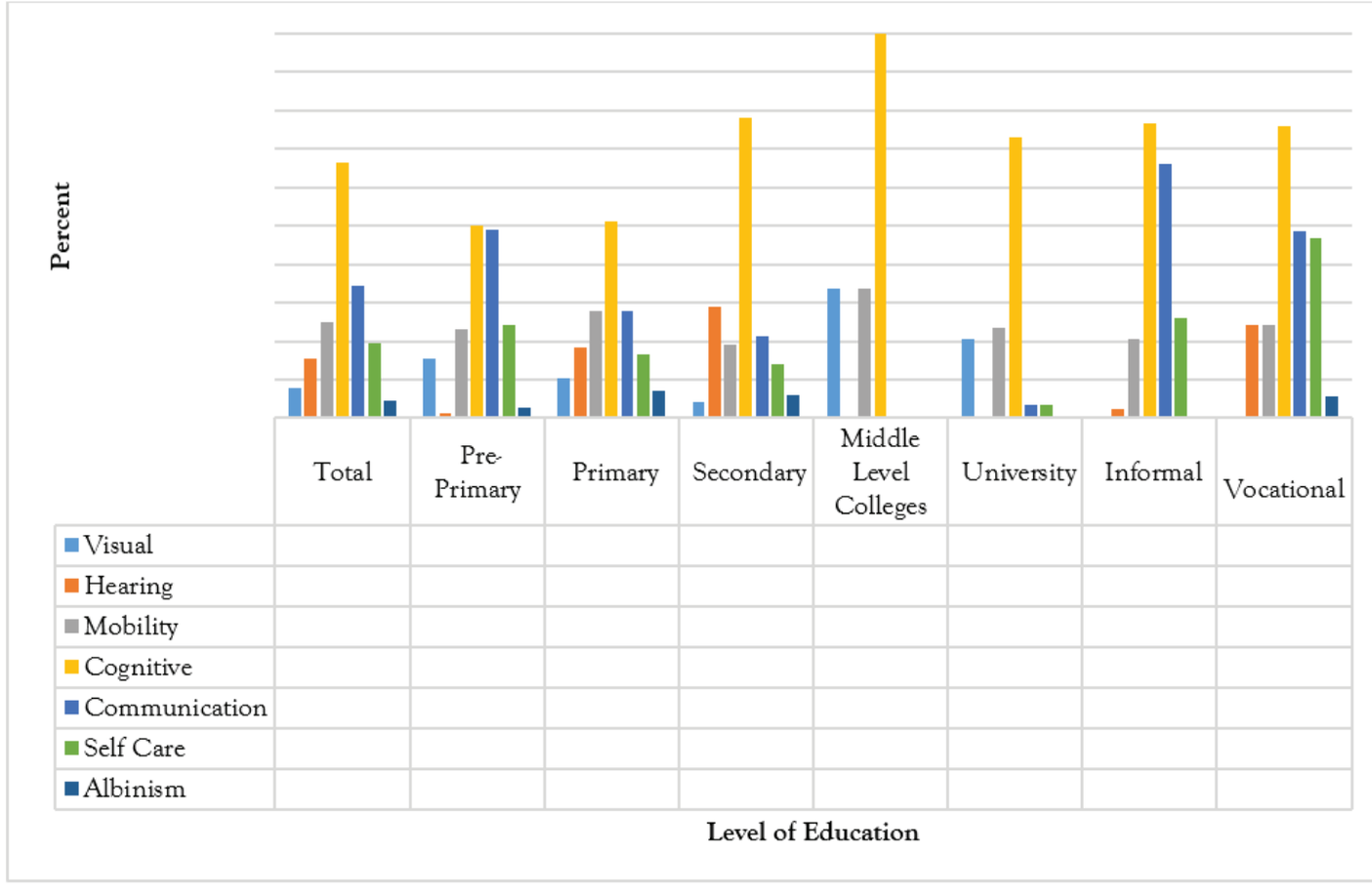


Figure 4.4: Distribution of Persons with Disabilities Attending School by Disability Domain and Level of Education

4.3.2 Children with disabilities not attending school

Figure 4.5. depicts the distribution of children with disabilities not attending school by age and disability domain. Primary school going age (6-13) children that were not attending school were mainly those in communication, cognitive, self-care and mobility domains at 90.7, 86.5, 83.3 and 72.6 per cent in that order. In the age group 4-5, a high proportion of children with mobility (56.2%) and communication (51.1%) disabilities were not attending school.

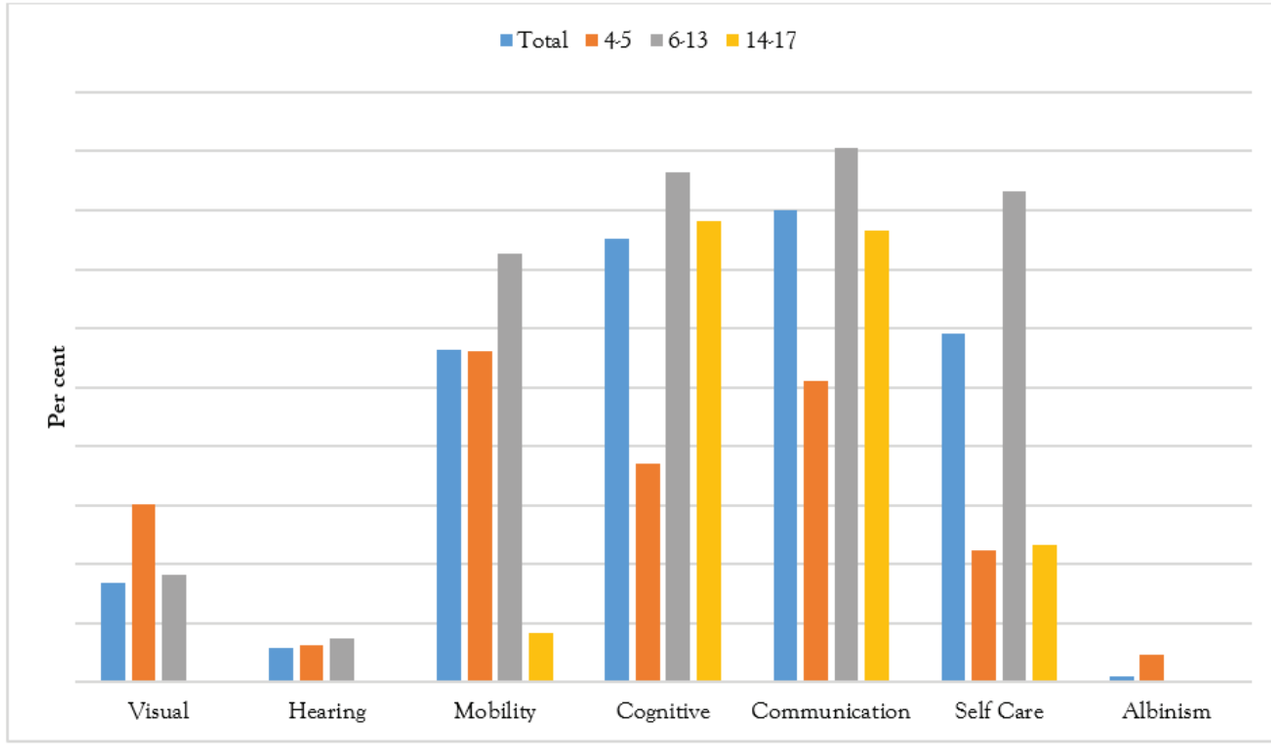


Figure 4. 5: Distribution of Persons with Disabilities not attending School by Age Group and Disability Domain

Reasons for children not attending school by age and sex are presented in Figure 4.6 More than half (55.0%) of children with disabilities age 6-13 were out of school due to severe disability. Nearly one fifth (17.8%) of children cited financial constraints and lack of special schools as the reason for not attending school. About 8 per cent of children with disabilities reported lack of assistive devices as the main reason for not attending school. Severe disability (39.4%), lack of special schools (31.7%) and inaccessible learning institutions (24.7%) were given as the main reasons for children 14-17 years not attending school.

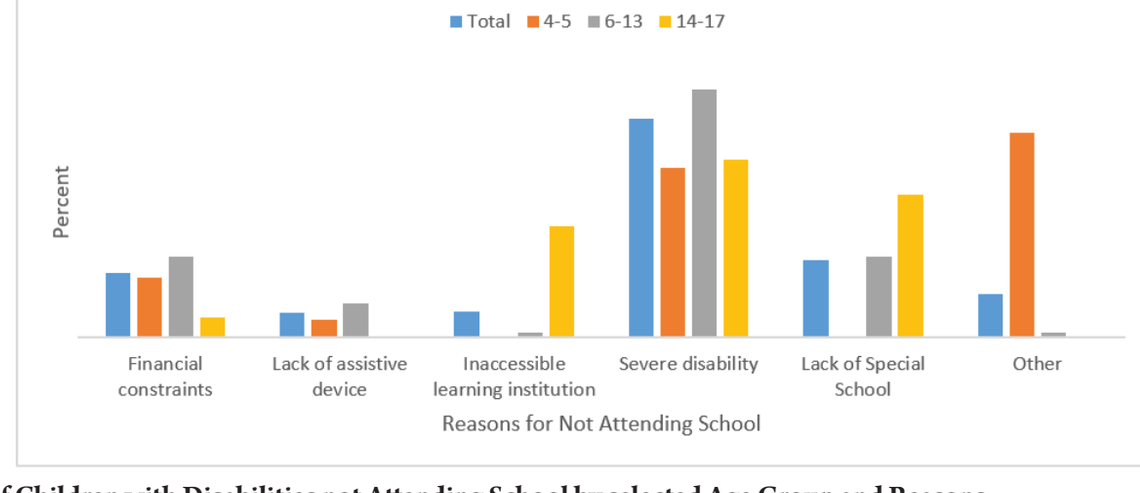


Figure 4. 6: Distribution of Children with Disabilities not Attending School by selected Age Group and Reasons

4.3.3 Educational attainment

This section presents information on levels of education attained by persons with disabilities by sex and disability domains.
Table 4.4 shows that about 65 per cent of persons with disabilities had completed at least primary level of education while nearly 31 per cent had completed at least secondary level of education. Out of those who pursued post-secondary education, about 7 per cent and 4 per cent completed at least middle level and university education respectively. More males with disabilities compared to females had completed education at all levels. A higher proportion of males compared to females with disabilities had completed education at all levels, for instance, 10.6 per cent of male had attained middle level or university education compared to 2.4 per cent of females.

Table 4.4: Distribution of Persons with Disabilities by Disability Domain and Highest Education Level completed

Highest Level of education completed	All Persons with Disabilities			All Persons with Disabilities (%)			Persons with Disabilities by Disability Domain (%)						
	Total	Male	Female	Total	Male	Female	Visual	Hearing	Mobility	Cognitive	Communication	Self Care	Albinism
None *	288	288	0	1.3	2.4	0.0	0.0	0.0	5.1	1.9	3.4	6.5	0.0
Others **	5,152	2,404	2,748	22.7	19.6	26.3	0.0	7.3	19.9	26.0	40.9	35.9	5.5
At least Pre-Primary	17,247	9,552	7,696	76.0	78.0	73.7	100.0	92.7	74.9	72.1	55.7	57.5	94.5
At least Primary	14,674	8,579	6,095	64.7	70.1	58.4	74.7	83.0	63.4	67.2	44.1	50.3	90.9
At least Secondary	6,959	4,167	2,792	30.7	34.0	26.7	38.3	46.9	22.6	36.3	16.4	12.5	31.8
At least Mid.Level Colleges	1,539	1,292	247	6.8	10.6	2.4	13.8	0.0	8.8	8.6	0.0	0.0	0.0
At least University	821	821	0	3.6	6.7	0.0	0.0	0.0	0.0	5.4	0.0	0.0	0.0

* includes NS/DK

** includes informal education such as duksi, madrasa etc

Figure 4.7 shows educational attainment by disability domain. Only persons with cognitive disabilities had attained university level of education (5.4%) while 13.8, 8.8 and 8.6 per cent of those with visual, mobility and cognitive disability, respectively, had attained at least middle level/TVET level of education. Persons with hearing disability had the highest proportion of those who had attained secondary level and above at 46.9 per cent. Those with in the self-care domain reported the lowest proportion that had attained at least secondary level of education.

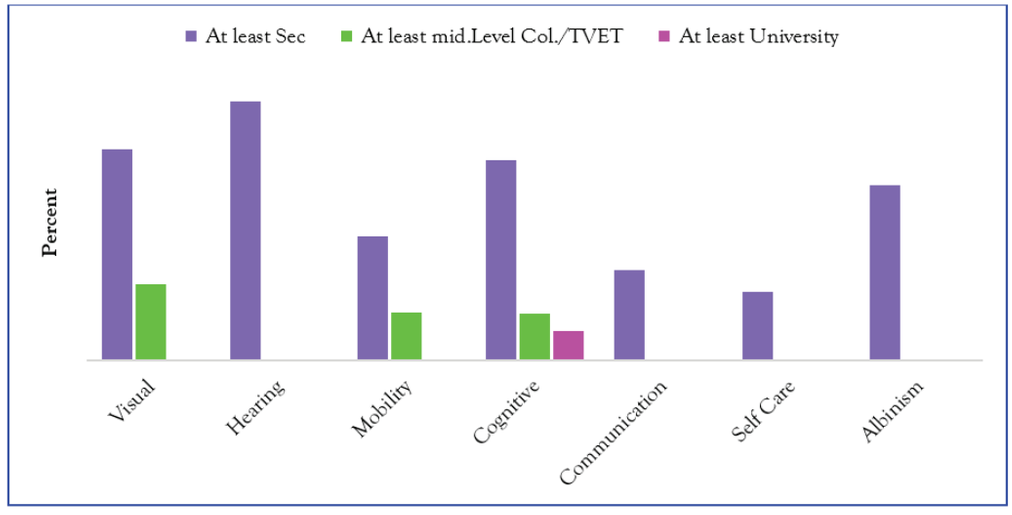


Figure 4.7: Distribution of Persons with Disabilities by Disability Domain and selected Education Levels

4.3.4 Persons with Disabilities who have never attended school

The distribution of persons with disabilities who have never attended school by age and sex are shown in Table 4.5. Over 23.2 per cent registered persons with disabilities had never attended school. Persons with disabilities age 35 years and above had the highest proportion (42.9%) of those who have never attended school. This was followed by children of primary school going age (6-13 years) at 21.6 per cent and the youth age 18-34 years at 21.1 per cent. The general trend shows that the proportion of those that have never attended school increased with age. Overall, there were more males than females who have never attended school in the middle ages of 6-34 years. Conversely, there were more females than males who have never attended school for those below six years and above 35 years.

Age	All Persons with Disabilities (Number)			All Persons with Disabilities (%)			Visual		Hearing		Mobility		Cognitive		Communication		Self Care		Albinism	
	Total	Male	Female	Total	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
4-5	1,636	790	846	7.0	6.9	7.2	19.3	2.9	14.3	2.7	1.5	12.9	3.7	2.7	2.2	12.8	4.8	1.6	24.3	0.0
6-13	5,023	2,916	2,106	21.6	25.4	17.9	34.8	6.1	55.0	9.8	47.2	20.8	26.2	19.8	42.3	32.8	39.7	35.0	0.0	0.0
14-17	1,698	1,091	607	7.3	9.5	5.2	0.0	0.0	0.0	0.0	2.1	0.6	7.7	6.4	16.6	3.9	6.0	0.8	0.0	0.0
18-24	2,189	1,277	912	9.4	11.1	7.8	0.0	4.7	0.0	17.3	14.3	9.7	13.6	9.6	19.4	13.5	21.8	12.9	0.0	0.0
25-34	2,720	1,550	1,170	11.7	13.5	10.0	7.4	11.4	0.0	16.7	9.1	9.3	16.5	11.4	13.4	14.8	8.7	16.8	0.0	0.0
35+	9,966	3,851	6,115	42.9	33.6	52.0	38.4	74.9	30.8	53.6	25.7	46.6	32.3	50.2	6.1	22.1	19.1	33.0	75.7	0.0
All	23,232	11,476	11,756	100.0	49.4	50.6	2,264	2,012	304	2,184	4,818	6,577	9,407	9,509	6,589	5,375	5,866	5,307	323	0

Table 4.6 presents the percentage distribution of persons with disabilities who have never attended school by disability domain, sex and selected age groups. There was a higher proportion of male compared to female children who have never attended school across all the domains. The proportion of male youth who have never attended school was higher than that of females in all domains except visual and hearing. The proportion of females age 35 years and above who have never attended school was higher than that of males in all domains except albinism.

Table 4.6: Distribution of Persons with Disabilities Who Have Never Attended School by Sex, Selected Age Groups and Disability Domain

Age	Number		Visual		Hearing		Mobility		Cognitive		Communication		Self Care		Albinism	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Children (4-17 yrs)	4,798	3,559	54.2	9.0	69.2	12.4	50.9	34.3	37.6	28.8	61.1	49.5	50.5	37.4	24.3	0.0
Youth (18-34 yrs)	2,827	2,082	7.4	16.1	0.0	34.0	23.4	19.0	30.1	21.0	32.8	28.3	30.4	29.7	0.0	0.0
Population age 35+ year	3,851	6,115	38.4	74.9	30.8	53.6	25.7	46.6	32.3	50.2	6.1	22.1	19.1	33.0	75.7	0.0

Reasons cited by persons with disabilities for never attending school are presented in Table 4.7. Overall, 46.7 per cent of the persons with disabilities cited severe disability as reason for not attending school followed by lack of special schools and financial constraints at 20.8 per cent and 12.5 per cent, respectively. More than half of male and female persons with disabilities across all disability domains identified severe disability as the main reason for not attending school except for males with hearing disability who cited lack of assistive devices (79.4%) as the main reason. On the other hand, financial constraints ranked second among females with hearing disabilities (32.8%) and males with mobility difficulties (21.3%).

Table 4. 7:Distribution of Persons with Disabilities Who Have Never Attended School by Sex, Disability Domain and Reasons for Not Attending School

	Number			Percent	Visual		Hearing		Mobility		Cognitive		Communicati		Self Care		Albinism	
	Total	Male	Female	Total	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Severe disability	5,309	3,050	2,258	46.7	47.5	100.0	20.6	56.0	60.4	56.8	51.9	53.5	50.8	62.4	52.4	57.6	0.0	0.0
Lack of Special School	2,368	1,305	1,062	20.8	22.3	0.0	0.0	0.0	5.6	7.9	21.5	29.0	17.3	14.5	14.5	20.2	0.0	0.0
Financial constraints	1,417	1,153	263	12.5	13.9	0.0	0.0	32.8	21.3	8.3	13.3	7.2	16.8	7.8	16.1	9.0	0.0	0.0
Lack of assistive device	690	380	310	6.1	11.0	0.0	79.4	0.0	11.1	9.8	3.5	0.0	6.8	0.0	8.4	8.5	0.0	0.0
Inaccessible learning institution	583	330	253	5.1	0.0	0.0	0.0	0.0	0.0	1.4	6.8	6.9	5.9	1.3	7.3	2.9	0.0	0.0
Stigma and Discrimination	73	0	73	0.6	0.0	0.0	0.0	11.2	0.0	0.0	0.0	2.0	0.0	2.1	0.0	0.0	0.0	0.0
Other	929	430	499	8.2	5.2	0.0	0.0	0.0	1.6	15.9	3.0	1.4	2.3	11.9	1.2	1.7	100.0	0.0
Total	**11,367**	**6,649**	**4,718**	**100.0**	**1,516**	**277**	**210**	**649**	**3,423**	**3,145**	**4,816**	**3,654**	**5,590**	**3,389**	**4,521**	**2,915**	**157**	**0**

4.4 Disability and Labour

4.4.1 Characteristics of Working Persons with Disabilities

The UN Agenda 2030, Leave No One Behind (LNOB), targets to achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities. Information for persons age five years and above is key in establishing the extent of working children among persons with disabilities. Figure 4.8 displays the proportion of working persons with disabilities age five and above by disability domains. One out of every five (20.4%) persons with disabilities reported to have worked in the seven days preceding the assessment. Whereas one out of every four (25.2%) males reported that they worked in the reference period, only one out of seven (14.1%) females worked. A larger proportion of females with hearing (20.7%), visual (9.5%) and communication (8.8%) disabilities reported to have worked compared to males. No female with albinism worked during the reference period.

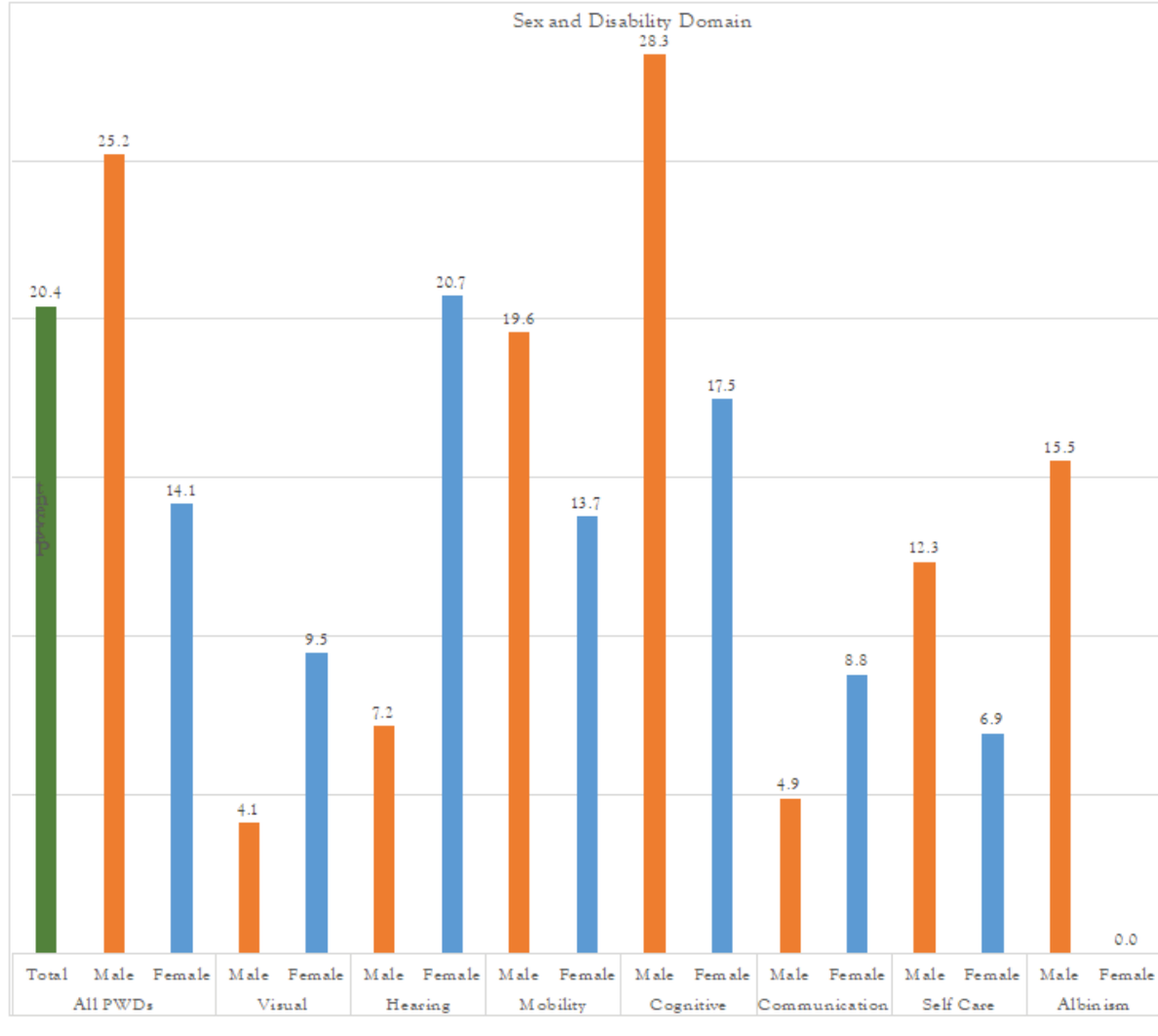


Figure 4. 8: Distribution of Persons with Disabilities Age 5 years and above Reported to be Engaged in Economic Activity by Disability Domain

Table 4.8 presents the distribution of working persons with disabilities by age and disability domain. Nine in ten (89.7%) persons with disabilities had cognitive disability while nearly one third (32.0%) had mobility difficulties. Overall, seven out of ten (69.3%) of the working persons with disabilities were 35 years and above while 3.5 per cent were children. A majority of working persons with disabilities across all domains were age 35 years and above except those with hearing and communication disabilities, where the majority were youth. Working children had communication and cognitive disabilities.

Table 4. 8: Distribution of working Persons with Disabilities Age 5 years and above by Age and Disabilities Domain

	Number	%	5-17	18-34	35+
Visual	806	4.1	0.0	31.1	68.9
Hearing	1,558	7.9	0.0	83.2	16.8
Mobility	6,292	32.0	0.0	16.8	83.2
Cognitive	17,654	89.7	2.7	30.3	67.0
Communication	1,812	9.2	11.6	55.8	32.6
Self Care	3,117	15.8	0.0	19.4	80.6
Albinism	216	1.1	0.0	0.0	100.0
All persons with disabilities	**19,675**	**100.0**	**3.5**	**27.2**	**69.3**

Figure 4.9 shows the distribution of working persons with disabilities by sex and sector. There were more males employed across all sectors compared to females. There was near gender parity in employment in individual/private households. However, gender disparity in private sector and small-scale agriculture and pastoralist's activities employment were wide in favour of males.

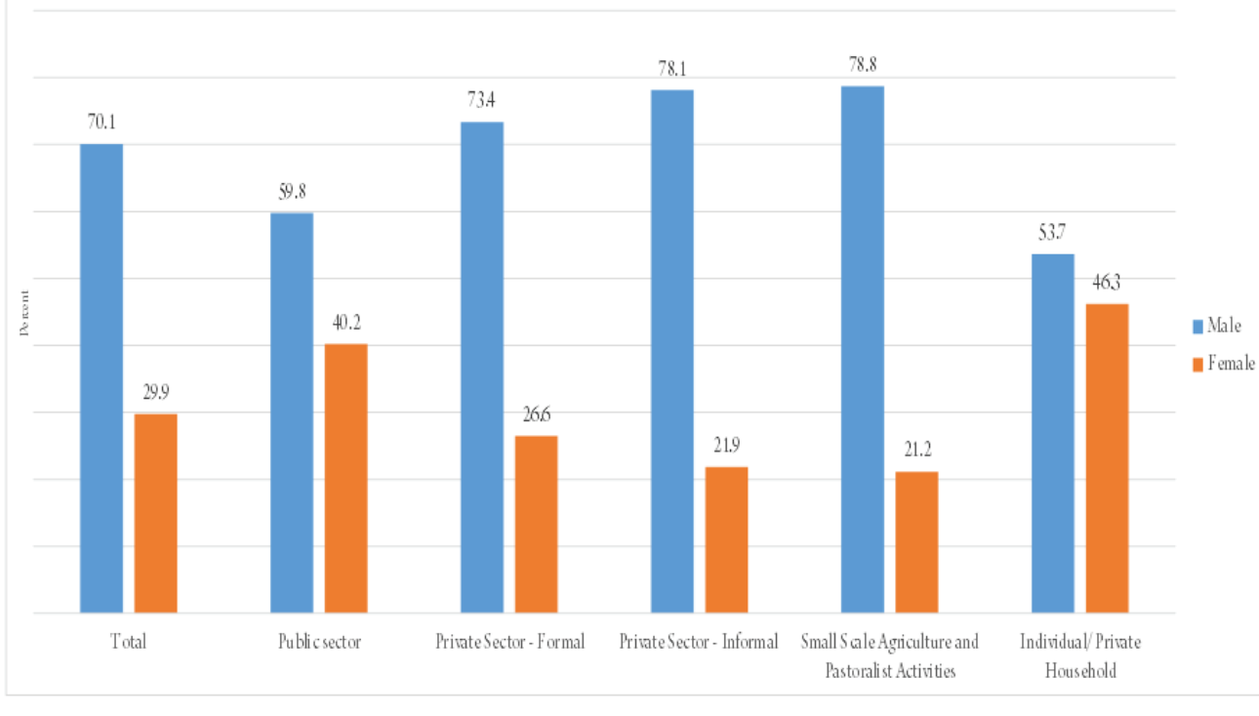


Figure 4.9: Distribution of Working Persons with Disabilities by Sex and Sector

The distribution of working persons with disabilities by main employer is displayed in Figure 4.10. The highest proportion of persons with disabilities were engaged in the informal sector (28%) followed by the private formal sector (21%).

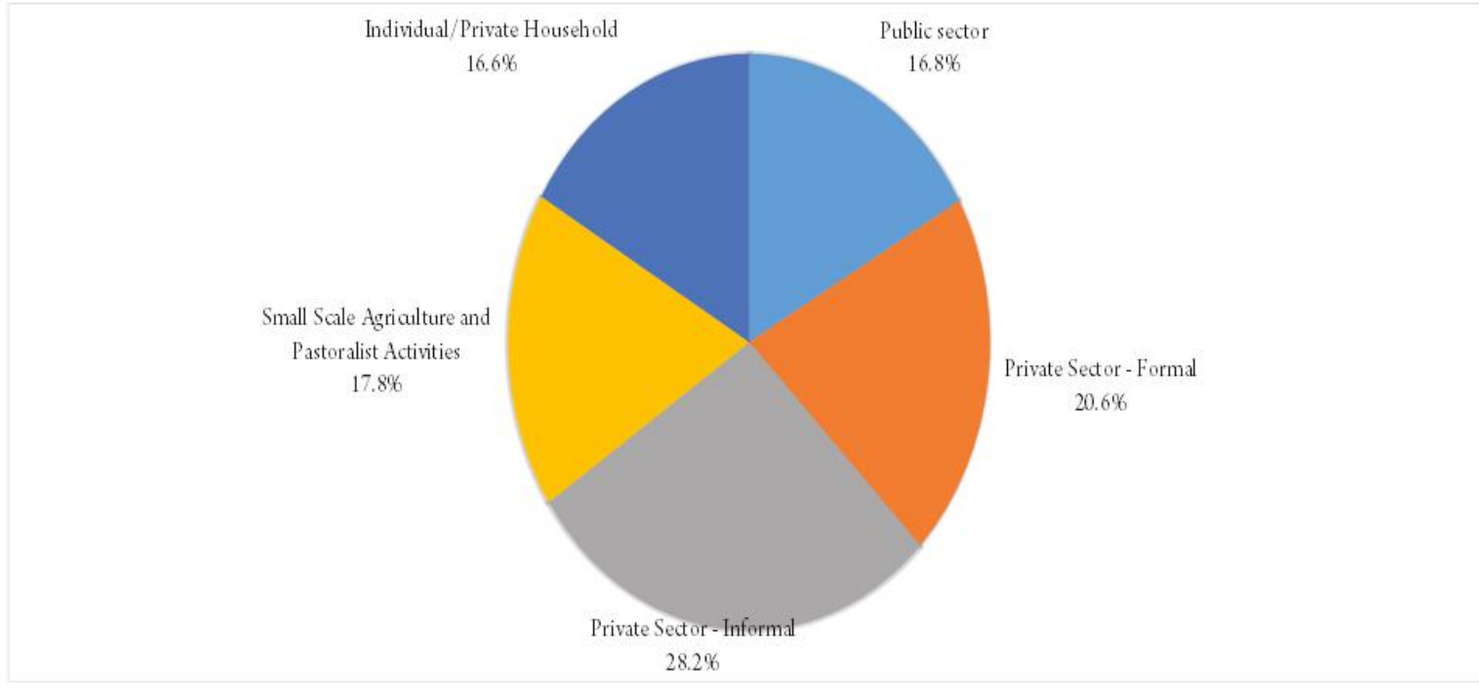


Figure 4. 10: Distribution of Working Persons with Disabilities by Sector

4.4.2 Distribution of working Persons with Disabilities by age and main employer

The distribution of working persons with disabilities by age and main employer is presented in Table 4.9. The proportion of children engaged in the informal sector was the highest at 8.5 per cent. The highest proportion of youth were engaged in individual/private households (47.1%) while those age 35 years and above were mainly engaged in small scale agriculture and pastoralist activities (82.3%).

Table 4. 9: Distribution of Working Persons with Disabilities by Main Employer and Age

Main employer for primary job / busines	Number	5-17	18-34	35+
Total	**19,675**	**3.5**	**27.2**	**69.3**
Public sector	3,313	0.0	35.1	64.9
Private Sector - Formal	4,055	3.5	22.8	73.6
Private Sector - Informal	5,547	8.5	20.0	71.5
Small Scale Agriculture & Pastoralist Activities	3,498	0.0	17.7	82.3
Individual/Private Household	3,262	2.3	47.1	50.5

5.0 SUPPORT NEEDS FOR PERSONS WITH DISABILITIES

5.1 Introduction

This chapter covers support needs assessment for persons with disabilities. Persons with disabilities require empowerment in order to function on an equal basis with others without disabilities. Availability of timely, accurate and quality data enables planners and policy makers to make evidence-based decisions that will provide an enabling environment for disability registration cards, accessibility to dwelling units and rooms, accessibility to the environment outside the dwelling units and provision of assistive technologies among others. All these will enable persons with disabilities to interact without barriers and to ensure their full and effective participation in the society.

The registration cards for persons with disabilities have several benefits such as enabling them to access: assistive devices; decent education opportunities; financial assistance; job placement opportunities; and provision of care products. Individuals with disabilities who experience environmental barriers are at a higher risk of accidents, including falls and fractures. Environmental barriers include inaccessible buildings, infrastructure or information systems.

It is therefore important that both the built and the surrounding environment be assessed to determine the exposure of persons with disabilities to the risks. Assistive technology reduces the need for formal health and support services, long-term care and the work of caregivers. Without assistive technology, people are often excluded, isolated, and locked into poverty, thereby increasing the impact of disease and disability on a person, their family, and society.

The primary purpose of assistive technologies is to maintain or improve an individual's functioning and independence thereby promoting their well-being. They enable people to have healthy, productive, independent, and dignified lives, and to participate in education, labour market, civic life, cultural life, recreation, leisure, and sport.

5.2 Status of Disability Registration Card

Tables 5.1 presents the percentage distribution of persons with disabilities by sex, age and whether they had a disability registration card. The analysis shows that possession of disability card increased with increase in age. The highest proportion of persons with disabilities with a disability card were in the 35 years and above age group at 47.1 per cent followed by those in the youthful age cohort of 18-34 at 28.7 per cent. Children age 2-17 years had the lowest proportion of those with a disability card at 24.2 per cent. A similar pattern was observed for both males and females.

Table 5.1: Percentage Distribution of Persons with Disabilities by Status of Having Disability Registration Cards by Sex and Age

Age Group	All persons with disabilities			With Registration Card			Without Registration Card			Not stated		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	99,991	56,926	43,065	52,712	30,025	22,687	44,472	24,903	19,569	2,807	1,998	809
2 - 17	25,198	23.4	27.6	24.2	21.7	27.4	24.2	23.2	25.5	60.5	51.8	82.2
18-34	31,999	32.1	31.9	28.7	25.9	32.5	37.6	42.1	31.9	5.1	0.0	17.8
35+	42,794	44.5	40.5	47.1	52.4	40.1	38.2	34.7	42.7	34.3	48.2	0.0

Table 5.2 presents the distribution of persons with disabilities by sex, disability domain and status of having registration cards. Over half (52.7%) of persons with disabilities had disability registration cards. Among those with registration cards, 57.0 per cent were males and 43.0 per cent were females. Similarly, for those who did not have registration cards 56.0 per cent were male and 44.0 per cent were females. Analysis by domain shows that 56.5 per cent of persons with visual impairment had registration cards while those with the least being in hearing domain at 48.8 per cent. Those without registration cards were predominately in the communication domain at 48.7 per cent.

Table 5. 2: Percentage Distribution of Persons with Disabilities by Sex, Disability Domain and Status of Having Disability Registration Card

Type of Disability	All persons with disabilities			With Registration Card			Without Registration Card			Not stated		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	99,991	56,926	43,065	52.7	57.0	43.0	44.5	56.0	44.0	2.8	71.2	28.8
Visual	13,943	8,529	5,414	56.5	55.9	44.1	35.6	60.9	39.1	7.9	100.0	0.0
Hearing	10,344	4,216	6,128	48.8	39.6	60.4	46.8	45.8	54.2	4.4	0.0	100.0
Mobility	39,111	20,807	18,304	56.5	51.3	48.7	42.7	55.6	44.4	0.9	57.0	43.0
Cognitive	75,652	43,085	32,567	52.2	56.2	43.8	45.4	57.2	42.8	2.5	67.6	32.4
Communication	29,385	16,733	12,652	49.8	48.6	51.4	48.7	65.8	34.2	1.5	43.3	56.7
Self Care	32,115	19,040	13,075	56.1	58.0	42.0	41.9	59.4	40.6	2.0	92.2	7.8
Albinism	2,537	1,545	991	50.4	59.5	40.5	47.3	60.5	39.5	2.2	100.0	0.0

Table 5.3 presents the percentage distribution of persons with disabilities age 3 years and above by sex, status of disability registration card and highest level of education completed. The results show that 54.4 per cent of the persons with disabilities had registration cards. Analysis by highest level of education completed reveals that the highest proportion of persons with disabilities with disability registration cards had completed middle level education at 92.9 per cent followed by those with university education at 89.6 per cent.

Table 5.3: Percentage Distribution of Persons with Disabilities Age 3 years and Above by Status of Having Disability Registration Cards, Sex and Highest Level of Education Completed

Education Level	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	75,212	44,378	30,834	54.4	59.2	40.8	43.7	58.9	41.1	1.9	53.5	46.5
Not Stated	987	719	268	72.8	62.7	37.3	27.2	100.0	-	-	-	-
Pre-Primary	3,706	1,746	1,960	49.7	36.7	63.3	50.3	57.4	42.6	-	-	-
Primary	35,922	20,835	15,087	44.2	60.5	39.5	51.9	56.4	43.6	3.8	51.8	48.2
Secondary	16,347	9,055	7,292	58.8	54.0	46.0	40.9	57.1	42.9	0.3	100.0	-
Middle Level Colleges	6,112	4,824	1,288	92.9	77.4	22.6	7.1	99.4	0.6	-	-	-
University	2,393	1,303	1,090	89.6	49.2	50.8	10.4	100.0	-	-	-	-
Informal	8,016	4,862	3,154	51.5	58.4	41.6	48.5	63.1	36.9	-	-	-
Vocational	1,729	1,034	695	54.1	51.2	48.8	45.9	69.9	30.1	-	-	-

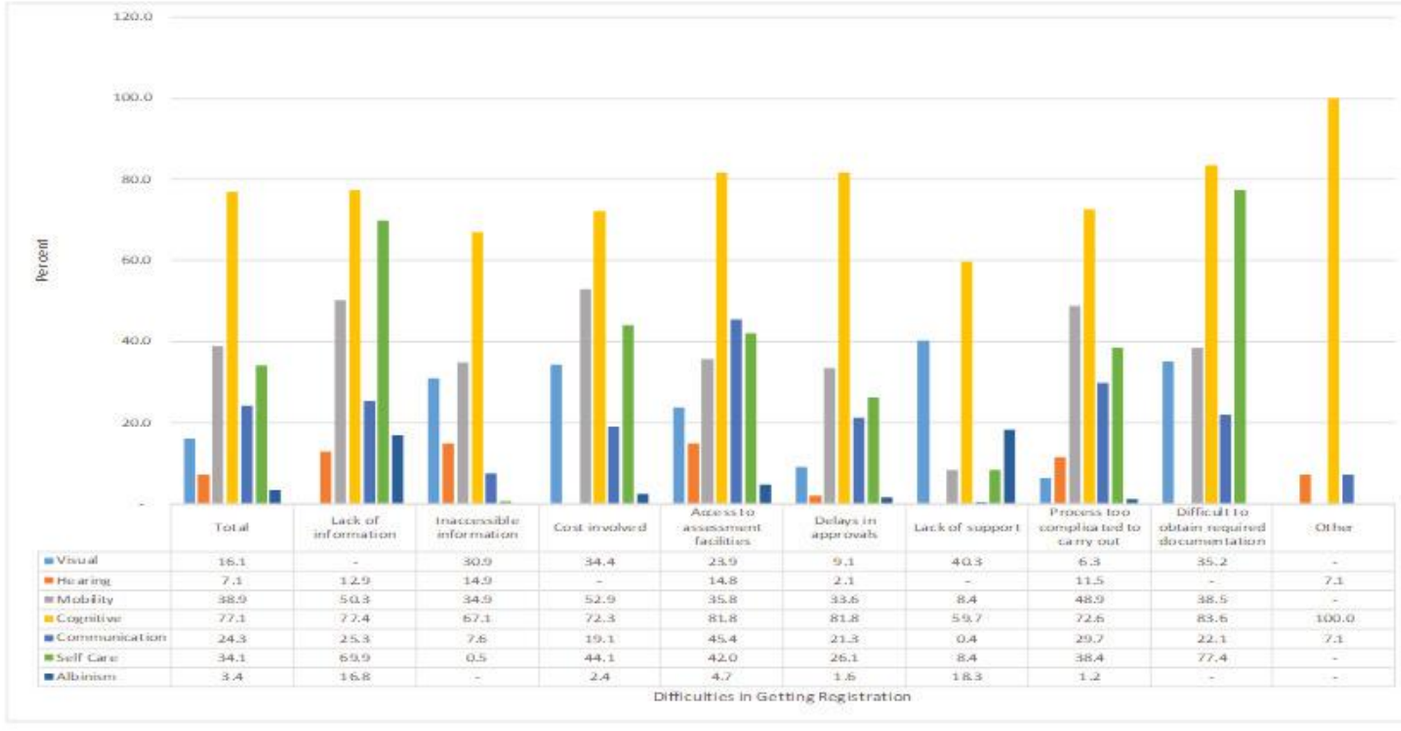
Table 5.4 presents the percentage distribution of persons with disabilities by sex, disability severity and status of having registration card. Slightly more than half (52.7%) of persons with disabilities have registration cards. Generally, the proportion of persons with disabilities with registration cards increases with disability severity. Across all levels of disability severity, more males compared with females had registration cards. The proportion of males with mild disability and had registration cards was significantly higher (85.1%) than that of females (14.9%).

Table 5. 4: Percentage Distribution of Persons with Disabilities by Sex, Disability Severity and Status of Having Disability Registration Card

Disability Severity	Total			With Disability Card			Without Disability Card			Not stated		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	99,991	56,926	43,065	52.7	57.0	43.0	44.5	56.0	44.0	2.8	71.2	28.8
Mild	3,214	2,351	863	36.1	85.1	14.9	62.4	65.6	34.4	1.5	100.0	0.0
Moderate	29,642	18,231	11,410	46.6	51.9	48.1	48.6	69.4	30.6	4.8	75.4	24.6
Severe	67,136	36,344	30,792	56.2	58.0	42.0	41.8	48.4	51.6	2.0	65.7	34.3

5.3 Difficulties Faced in Getting Disability Registration Cards

Figure 5.1 shows the distribution of persons with disabilities by disability domain and difficulties faced in getting registration cards. The assessment results reveal that almost 8 in 10 of persons with cognitive disability reported facing difficulties in obtaining disability registration card. About 5 in 10 persons with cognitive disability reported lack of support as hindrance to obtaining disability card. Persons with disabilities who have hearing difficulty and albinism reported less difficulties in obtaining disability registration card. Difficulties in access to assessment facilities were mainly pronounced among the persons with disabilities in mobility, cognitive, communication and self-care domains.



	Total	Lack of information	Inaccessible information	Cost involved	Access to assessment facilities	Delays in approvals	Lack of support	Process too complicated to carry out	Difficult to obtain required documentation	Other
Visual	16.1	-	30.9	34.4	23.9	9.1	40.3	6.3	35.2	-
Hearing	7.1	12.9	14.9	-	14.8	2.1	-	11.5	-	7.1
Mobility	38.9	50.3	34.9	52.9	35.8	33.6	8.4	48.9	38.5	-
Cognitive	77.1	77.4	67.1	72.3	81.8	81.8	59.7	72.6	83.6	100.0
Communication	24.3	25.3	7.6	19.1	45.4	21.3	0.4	29.7	22.1	7.1
Self Care	34.1	69.9	0.5	44.1	42.0	26.1	8.4	38.4	77.4	-
Albinism	3.4	16.8	-	2.4	4.7	1.6	18.3	1.2	-	-

Figure 5.1: Distribution of Persons with Disability-by-Disability Domain and Difficulties faced in getting Registration Cards

5.4 Reasons for Getting Disability Registration Cards

Table 5.5 shows the distribution of persons with disabilities by sex, age and reasons for getting registration cards. The assessment results reveal that 19.3, 2.6 and 13.1 per cent of all persons with disabilities with registration card got registered purposely for tax exemptions, assistive devices and access to affirmative action programmes, respectively. The reason for getting registration cards by persons with disabilities for tax exemption increased with age from 7.7 per cent for those age 2-17 years to 26.7 per cent for those age 35 years and above. A higher proportion of males than females got registration cards for tax exemptions and assistive devices purposes across all age groups.

Table 5.5: Percentage Distribution of Persons with Disabilities by Sex, Age Group and Reasons for Getting Registration Cards

Age Group	All Persons with Disability			Tax Exemption			Assistive Devices			Access to affirmative Action responses			Others		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	52,712	30,025	22,687	19.3	71.1	28.9	2.6	70.9	29.1	13.1	50.7	49.3	3.6	54.0	46.0
2 - 17	12,736	6,514	6,222	7.7	52.9	47.1	1.2	100.0	0.0	17.1	54.9	45.1	4.0	61.9	38.1
18-34	15,146	7,771	7,375	17.1	62.6	37.4	6.2	70.5	29.5	6.7	37.4	62.6	8.2	44.4	55.6
35+	24,830	15,739	9,091	26.7	77.1	22.9	1.2	57.2	42.8	14.9	51.9	48.1	0.7	100.0	0.0

Table 5.6 provides information on distribution of persons with disabilities age 3 years and above with disability cards by sex, highest level of education attained and reasons for getting registration card. About 24.0 per cent of persons with disabilities who had attained at least some level of education reported to have acquired a disability registration card for tax exemption. Across all levels of education attainment, a higher proportion of males compared to females applied for disability registration cards for tax exemption purposes. Largely, persons with education attainment across all levels, applied for disability card for the purposes of tax exemption and access to affirmative action programmes.

Table 5. 6: Percentage Distribution of Persons with Disabilities Age 3 Years and Above with disability cards by Sex, Reasons for Getting Registration Cards and Highest Level of Education Attained

Education Level	All Persons with Disability			Tax Exemption			Assistive Devices			Access to affirmative Action Programmes			Others		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	40,947	24,260	16,686	23.8	70.7	29.3	1.4	83.6	16.4	13.7	51.8	48.2	3.6	69.7	30.3
Not Stated	719	451	268	42.5	100.0	-	-	-	-	-	-	-	-	-	-
Pre-Primary	1,840	675	1,165	-	-	-	0.8	100.0	-	17.7	100.0	-	19.2	-	100.0
Primary	15,881	9,600	6,281	22.3	76.2	23.8	-	-	-	12.6	67.5	32.5	1.1	100.0	-
Secondary	9,618	5,195	4,423	20.1	55.2	44.8	2.3	100.0	-	14.3	22.2	77.8	2.0	51.2	48.8
Middle Level Colleges	5,681	4,396	1,285	45.0	71.8	28.2	-	-	-	21.7	73.6	26.4	6.6	100.0	-
University	2,145	1,055	1,090	45.5	68.3	31.7	4.4	-	100.0	15.9	-	100.0	-	-	-
Informal	4,127	2,409	1,718	10.3	73.9	26.1	-	-	-	7.7	2.4	97.6	9.4	100.0	-
Vocational	935	479	456	-	-	-	26.5	100.0	-	-	-	-	-	-	-

5.5 Accessibility to Toilets within the Dwelling Units, Bedroom, Bathrooms, Living Room and Kitchen

Figure 5.2 presents the percentage distribution of persons with disabilities age 5 and above by disability domain and accessibility to the dwelling unit toilet. The highest proportion of persons with disabilities that had difficulties in accessing toilet within their dwelling unit were those with cognitive disability at 75.5 per cent followed by those with mobility disability and self-care disability at 70.8 per cent and 69.5 per cent, respectively.

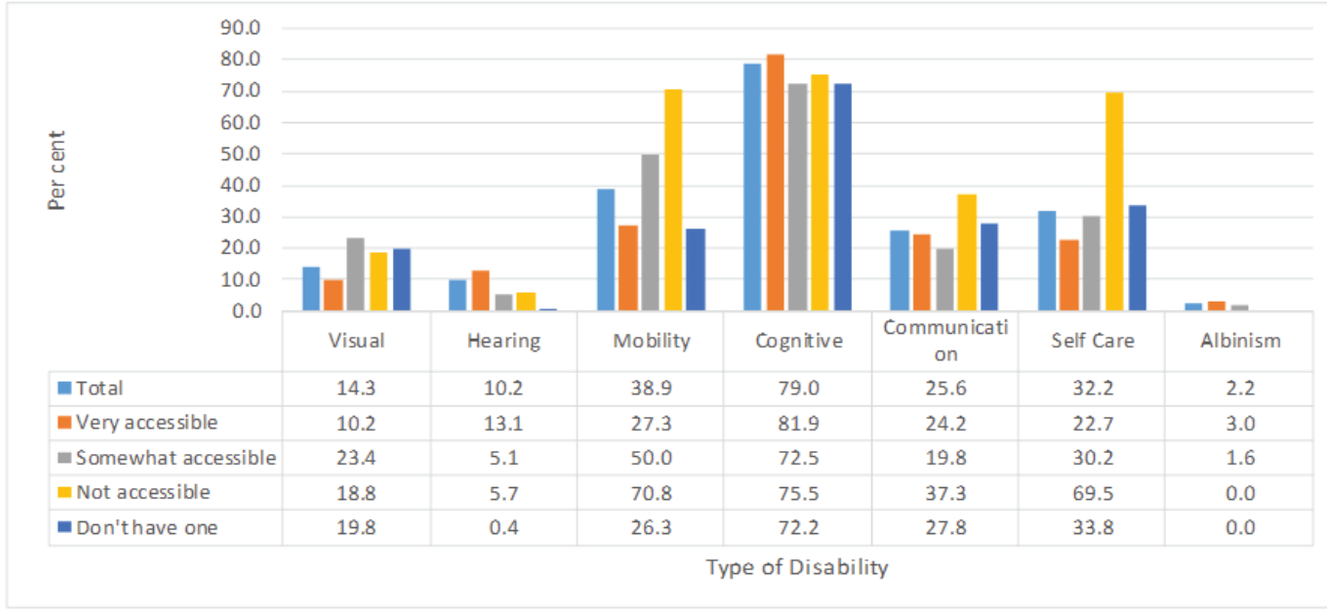


Figure 5. 2: Percentage Distribution of Persons with Disabilities Age 5 Years and above by Disability Domain and Accessibility to the toilet within the Dwelling Unit

The distribution of persons with disabilities age 5 and above by sex, disability domain and accessibility to the dwelling unit bathroom is presented in Table 5.7. Across all disability domains, dwelling unit bathrooms were more accessible to males compared to females except for the hearing domain where 62.7 per cent of females compared to 37.3 per cent males reported that dwelling unit bathrooms were easily accessible.

Table 5. 7: Percentage Distribution of Persons with Disabilities Age 5 and Above by Sex, Disability Domain and Accessibility to the Dwelling Unit Bathroom

Accessibility to the Bathroom	All Persons with Disabilit			Visual			Hearing			Mobility			Cognitive			Communication			Self Care			Albinism		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	82,536	47,484	35,052	14.3	56.2	43.8	10.2	37.6	62.4	38.9	54.7	45.3	79.0	57.0	43.0	25.6	55.0	45.0	32.2	57.5	42.5	2.2	60.4	39.6
Very accessible	51,316	30,159	21,157	11.0	53.8	46.2	13.0	37.3	62.7	27.6	51.6	48.4	83.1	58.1	41.9	22.9	52.5	47.5	21.4	61.3	38.7	3.1	54.1	45.9
Somewhat accessible	17,013	8,971	8,043	19.1	56.0	44.0	2.3	100.0	0.0	55.0	49.4	50.6	69.9	55.0	45.0	20.8	61.0	39.0	31.5	43.2	56.8	1.2	100.0	0.0
Not accessible	12,470	7,358	5,112	20.7	62.7	37.3	8.1	27.4	72.6	62.8	63.5	36.5	74.7	54.7	45.3	44.4	54.6	45.4	74.9	58.4	41.6	0.3	100.0	0.0
Don't have one	1,737	997	740	15.4	47.5	52.5	19.0	1.5	98.5	42.2	87.0	13.0	76.5	52.4	47.6	20.6	80.9	19.1	49.8	89.0	11.0	0.0	0.0	0.0

Table 5.8 shows the percentage distribution of persons with disabilities age 5 and above by type of disability, sex and accessibility to the dwelling unit living rooms. Analysis of accessibility to the living room by domain reveals that persons with cognitive (81.7%) disability, had easy accessibility to the living room. However, those with mobility and self-care at 69.1 per cent and 82.3 per cent, respectively had difficulty in accessing living room.

Table 5. 8: Percentage Distribution of Persons with Disabilities Age 5 and above by Sex, Disability Domain and Accessibility to the Dwelling Unit Living Room

Accessibility to the Living Room	All Persons with Disability			Visual			Hearing			Mobility			Cognitive			Communication			SelfCare			Albinism		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	82,536	47,484	35,052	14.3	56.2	43.8	10.2	37.6	62.4	38.9	54.7	45.3	79.0	57.0	43.0	25.6	55.0	45.0	32.2	57.5	42.5	2.2	60.4	39.6
Very accessible	58,062	33,466	24,596	9.5	49.0	51.0	11.8	36.1	63.9	29.8	51.7	48.3	81.7	57.5	42.5	24.9	52.8	47.2	24.2	60.2	39.8	2.7	54.1	45.9
Somewhat accessible	15,142	8,887	6,255	25.0	61.3	38.7	2.8	100.0	-	56.6	52.2	47.8	66.0	58.0	42.0	20.8	67.4	32.6	37.1	50.8	49.2	1.6	100.0	-
Not accessible	7,779	4,126	3,653	24.7	63.5	36.5	10.2	33.0	67.0	69.1	61.2	38.8	81.4	50.1	49.9	44.9	53.7	46.3	82.3	54.4	45.6	-	-	-
Don't have one	1,554	1,005	549	36.4	66.7	33.3	20.9	-	100.0	56.2	98.7	1.3	91.1	62.1	37.9	4.4	-	100.0	32.0	97.7	2.3	-	-	-

The percentage distribution of persons with disabilities age 5 years and above by sex, disability domain, and accessibility to the dwelling unit bedrooms is shown in Table 5.9. The highest proportion of persons with disabilities that could not access the dwelling unit bedroom were those with self-care difficulties at 83.0 per cent followed by those with mobility difficulties at 77.8 per cent. Further, 74.7 per cent of persons with cognitive disabilities reported that the dwelling unit bedroom was inaccessible. Analysis of the sex differentials within each domain shows that there were more males than females across the different levels of the accessibility of the dwelling unit bathrooms except in the hearing domain.

Table 5. 9: Percentage Distribution of Persons with Disabilities Age 5 and Above by Sex, Disability Domain, and Accessibility to the Dwelling Unit Bedroom

Accessibility to the Bedroom	All Persons with Disability			Visual			Hearing			Mobility			Cognitive			Communication			SelfCare			Albinism		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	82,536	47,484	35,052	14.3	56.2	43.8	10.2	37.6	62.4	38.9	54.7	45.3	79.0	57.0	43.0	25.6	55.0	45.0	32.2	57.5	42.5	2.2	60.4	39.6
Very accessible	58,665	33,614	25,051	10.6	50.8	49.2	12.1	38.5	61.5	28.7	50.0	50.0	81.5	58.0	42.0	23.5	53.9	46.1	23.8	58.1	41.9	2.7	55.2	44.8
Somewhat accessible	14,582	8,403	6,179	24.6	62.5	37.5	2.8	100.0	0.0	56.9	51.0	49.0	68.8	56.4	43.6	22.1	61.8	38.2	38.9	51.6	48.4	1.4	100.0	0.0
Not accessible	7,685	4,732	2,953	21.6	57.8	42.2	7.1	2.6	97.4	77.8	69.5	30.5	74.7	52.5	47.5	50.2	57.0	43.0	83.0	61.3	38.7	0.0	0.0	0.0
Don't have one	1,605	735	870	18.4	84.7	15.3	20.3	0.0	100.0	59.8	76.5	23.5	99.3	46.1	53.9	17.6	0.0	100.0	35.3	60.3	39.7	0.0	0.0	0.0

Table 5.10 shows the percentage distribution of persons with disabilities age 5 and above by disability domain, sex, and accessibility to the dwelling unit kitchen. About 80.6 per cent of persons with cognitive disability indicated that the kitchen was very accessible with more males than females with cognitive disability across all accessibility levels. About 3 in 10 of persons with mobility disability could access the kitchen very easily.

Table 5.10: Percentage Distribution of Persons with Disabilities Age 5 and Above by Disability Domain, Sex and Accessibility to the Dwelling Unit Kitchen

Accessibility to the Kitchen	All Persons with Disability			Visual			Hearing			Mobility			Cognitive			Communication			SelfCare			Albinism		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	82,536	47,484	35,052	14.3	56.2	43.8	10.2	37.6	62.4	38.9	54.7	45.3	79.0	57.0	43.0	25.6	55.0	45.0	32.2	57.5	42.5	2.2	60.4	39.6
Very accessible	54,008	31,594	22,414	9.7	53.4	46.6	12.3	41.0	59.0	30.2	51.6	48.4	80.6	58.4	41.6	24.2	57.6	42.4	24.4	64.3	35.7	2.9	53.4	46.6
Somewhat accessible	14,953	7,915	7,038	26.7	50.8	49.2	4.0	67.8	32.2	48.3	48.1	51.9	73.0	52.7	47.3	14.3	60.1	39.9	30.0	52.0	48.0	1.6	100.0	0.0
Not accessible	11,294	6,313	4,982	18.7	66.8	33.2	7.1	1.8	98.2	67.3	64.7	35.3	76.1	51.3	48.7	50.2	49.6	50.4	72.6	48.8	51.2	0.3	100.0	0.0
Don't have one	2,281	1,662	619	18.5	89.3	10.7	14.3	0.0	100.0	41.4	76.1	23.9	93.9	71.7	28.3	12.4	0.0	100.0	31.1	68.3	31.7	0.0	0.0	0.0

5.6 Disability and the Built Environment Outside Dwelling Units

The built environment both outside and inside public buildings present a range of barriers for persons with disabilities that are probably the most influential representation of the exclusion of people with impairments from society. Limitations of access to public buildings and means of transport could be more physical or tangible exclusions. Such social and institutional built environment brings out the forces associated with perpetuation of exclusion of persons with disabilities in society, hindering them from living independently or participating in all aspects of life.

5.6.1 Accessibility to Places of Work, Schools, and Shops

Table 5.11 presents data on the distribution of persons with disabilities age 5 and above by disability domain, sex, and accessibility to the environment outside the dwelling unit (place of work, schools and shops). A higher proportion of females with disabilities in self-care reported to be unable to access their workplaces (41.8%), schools (33.6%) and shops (42.6%) compared with their male counterparts. This was also more pronounced among females with difficulty in communication at 36.2, 33.3 and 33.8 per cent for workplaces, schools and shops, respectively. In mobility domain, a higher proportion of male persons with disabilities could not access their built environment compared with their female counterparts.

Table 5.11: Distribution of Persons with Disabilities Age 5 and above by Disability Domain, Sex and Accessibility to the Environment Outside the Dwelling Unit (Place of Work, School and Shops)

Accessibility to the Environment Outside the Dwelling Units	All Persons with Disability			Disability Domain													
		Percentage		Visual		Hearing		Mobility		Cognitive		Communication		Self Care		Albinism	
	Number	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
All	82,060	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Place work																	
Very accessible	29,126	39.5	29.9	20.6	28.5	71.0	33.8	12.8	18.7	41.7	31.4	38.4	20.9	24.4	13.0	32.0	12.9
Somewhat accessible	18,794	22.6	23.3	22.0	25.5	13.6	18.3	25.6	27.5	22.7	21.4	11.2	14.4	16.9	20.7	2.1	29.0
Not accessible	14,921	17.4	19.3	20.9	17.7	0.5	17.4	36.5	24.3	15.3	19.5	30.1	36.2	37.3	41.8	3.6	0.0
Don't have one	19,219	20.5	27.4	36.6	28.3	14.9	30.5	25.1	29.5	20.4	27.8	20.3	28.5	21.5	24.5	62.3	58.1
School attended																	
Very accessible	27,934	37.7	29.0	14.7	28.5	61.1	38.1	9.1	17.4	41.7	30.5	38.5	22.5	25.7	11.2	32.0	12.9
Somewhat accessible	18,129	20.7	24.1	31.4	17.5	23.6	15.8	28.1	29.4	19.5	23.1	13.9	17.3	17.5	23.9	2.1	29.0
Not accessible	12,560	15.4	15.1	12.8	27.0	0.5	11.2	29.2	19.7	14.5	15.9	32.8	33.3	29.4	33.6	3.6	0.0
Don't have one	23,438	26.2	31.8	41.1	27.0	14.9	34.9	33.6	33.5	24.2	30.5	14.8	26.9	27.5	31.3	62.3	58.1
The shops PWDs go to most often																	
Very accessible	33,669	43.1	38.1	22.6	40.3	71.2	58.8	13.8	21.5	47.5	40.1	40.7	37.2	25.4	14.8	32.0	12.9
Somewhat accessible	28,191	34.8	33.7	54.1	37.2	20.1	27.0	45.5	36.8	32.3	32.2	22.2	18.9	33.5	29.2	40.2	87.1
Not accessible	15,159	17.4	20.0	17.5	19.7	0.5	12.6	33.1	27.9	16.0	19.5	29.7	33.8	34.8	42.6	3.6	0.0
Don't have one	5,041	4.7	8.1	5.9	2.9	8.3	1.6	7.7	13.7	4.1	8.3	7.4	10.1	6.2	13.4	24.2	0.0

5.6.2 Accessibility to Places of Worship, Recreational and Sports Facilities

The distribution of persons with disabilities Age 5 and above by disability domain, sex and accessibility to the environment outside the dwelling unit (place of worship, recreational and sports facilities) is shown in Table 5.12. More than half of females with disabilities in self-care reported that the recreational and sports facilities were not accessible and about 38 per cent could not access the place of worship. Similarly, a higher proportion of females compared to males with disability in communication could not access place of worship, recreational facilities, and sports facilities.

Table 5.12: Distribution of Persons with Disabilities Age 5 and above by Disability Domain, Sex and Accessibility to the Environment Outside the Dwelling Unit (Place of Worship, Recreational and Sports Facilities)

Accessibility to the Environment Outside the Dwelling Units	All Persons with Disability			Disability Domain													
		Percentage		Visual		Hearing		Mobility		Cognitive		Communication		Self Care		Albinism	
	Number	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
All	82,060	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Place of Worship																	
Very accessible	40,800	53.2	45.0	28.4	50.5	63.0	60.3	27.9	30.7	57.8	45.6	43.1	35.3	43.3	30.8	32.0	12.9
Somewhat accessible	27,321	32.1	34.9	55.2	29.9	28.2	24.5	43.6	37.3	28.5	33.8	27.5	28.0	27.6	25.4	40.2	87.1
Not accessible	11,602	12.8	16.0	12.5	19.7	0.5	13.5	27.3	25.0	11.2	16.0	25.9	31.6	24.7	38.4	3.6	0.0
Don't have one	2,337	2.0	4.0	4.0	0.0	8.3	1.6	1.3	7.1	2.5	4.6	3.4	5.0	4.4	5.3	24.2	0.0
Recreational Facilities																	
Very accessible	20,081	29.3	17.8	8.2	8.9	55.3	23.2	8.5	9.0	30.7	19.4	27.0	16.3	20.3	4.5	28.7	7.9
Somewhat accessible	16,701	19.9	21.0	21.2	21.0	15.0	17.3	16.8	27.3	20.1	20.3	9.7	21.4	9.4	20.8	2.1	0.0
Not accessible	19,864	20.8	28.8	28.2	27.8	8.3	24.8	38.8	35.5	19.0	28.2	33.7	41.2	35.2	58.0	3.6	0.0
Don't have one	25,414	30.0	32.4	42.4	42.4	21.4	34.7	35.9	28.3	30.2	32.1	29.7	21.1	35.2	16.7	65.6	92.1
Sports Facilities																	
Very accessible	18,838	26.6	17.9	4.9	8.9	49.2	24.7	6.6	9.4	28.7	18.5	23.0	17.1	16.7	8.5	28.7	7.9
Somewhat accessible	18,037	22.4	21.3	21.8	18.1	22.9	24.2	16.9	25.7	23.8	21.7	14.0	16.2	15.7	14.7	2.1	29.0
Not accessible	20,736	22.0	29.8	29.4	27.8	0.5	22.1	35.6	38.0	19.5	28.6	31.6	47.1	32.0	59.7	3.6	0.0
Don't have one	24,449	29.0	31.0	43.8	45.3	27.5	29.0	40.8	27.0	28.0	31.2	31.4	19.5	35.5	17.0	65.6	63.1

5.6.3 Accessibility to Banks, Primary Health Care Clinics and Public Transportation

Table 5.13 presents the distribution of persons with disabilities age 5 and above by disability domain, sex and accessibility to the environment outside the dwelling unit (bank, primary health care clinic and public transportation). The results show the highest proportion of male and female with disabilities who could not access banks were those with disability in communication at 37.4 per cent and 35.9 per cent, respectively. Among the male with disabilities who had difficulties in accessing primary health care clinics, the highest proportion was reported in mobility and visual disability domain each at about 34 per cent compared with their female counterparts who had highest proportion in communication at 42.9 per cent. About 2 in 5 of both male and female with disabilities in self-care reported difficulty in accessing public transport while similar proportion of male in mobility had difficulties in accessing public transport.

Table 5. 13: Distribution of Persons with Disabilities Age 5 and above by Disability Domain, Sex and Accessibility to the Environment Outside the Dwelling Unit (Bank, Primary Health Care Clinic)

Accessibility to the Environment Outside the Dwelling Units	All Persons with Disability			Disability Domain													
		Percentage		Visual		Hearing		Mobility		Cognitive		Communication		Self Care		Albinism	
	Number	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
All	82,060	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
Bank																	
Very accessible	23,383	31.6	24.3	14.8	23.1	43.1	28.3	11.9	14.9	32.3	25.1	21.4	14.5	18.0	17.6	32.0	12.9
Somewhat accessible	20,280	22.6	27.6	39.5	26.9	27.5	20.6	25.3	34.1	22.8	27.2	9.3	23.6	20.2	23.2	2.1	0.0
Not accessible	14,387	17.3	17.9	16.8	17.2	14.8	19.5	31.9	23.1	15.0	18.4	37.4	35.9	29.8	34.8	3.6	0.0
Don't have one	24,010	28.5	30.3	29.0	32.7	14.6	31.6	30.9	28.0	29.9	29.3	31.9	26.0	32.0	24.4	62.3	87.1
Primary health care clinic																	
Very accessible	35,172	46.9	37.3	24.3	22.0	71.8	41.0	21.7	23.6	50.4	39.3	40.4	26.2	34.5	25.1	32.0	12.9
Somewhat accessible	31,321	34.5	43.2	35.5	51.6	19.9	38.2	44.1	51.9	31.4	39.8	30.8	27.9	32.4	38.3	21.2	58.1
Not accessible	13,515	16.2	16.8	34.0	23.5	8.3	19.1	34.2	22.5	15.8	17.6	26.9	42.9	30.1	33.7	3.6	0.0
Don't have one	2,051	2.4	2.6	6.2	2.9	0.0	1.6	0.0	2.0	2.5	3.2	1.8	3.0	3.0	2.9	43.2	29.0
Public transportation																	
Very accessible	26,572	36.7	26.5	9.6	27.1	57.0	36.5	7.6	11.8	39.4	27.6	35.4	20.3	25.4	12.0	32.0	12.9
Somewhat accessible	33,840	37.5	46.3	58.4	50.3	26.3	38.4	43.0	56.0	38.2	45.1	18.6	38.0	27.5	41.5	40.2	29.0
Not accessible	18,249	22.0	22.6	32.0	18.4	16.7	23.5	43.2	26.4	19.7	22.3	37.9	38.0	41.8	42.8	3.6	0.0
Don't have one	3,399	3.8	4.6	0.0	4.3	0.0	1.6	6.2	5.7	2.6	5.0	8.1	3.7	5.3	3.6	24.2	58.1

5.7 Payment of Assistive Technologies for Persons with Disabilities

Figure 5.3 provides results on the distribution of persons with disabilities age 2-4 by sex and persons who paid for their Assistive Technologies (ATs). The results reveal that 71.6 per cent of persons with disabilities in this age cohort had their ATs paid by a person or institution that they did not know. About 28.1 per cent of the persons with disabilities had their ATs paid by the parents while less than one per cent of the persons with disabilities had their ATs paid for by a friend. A similar trend was observed for both sexes.

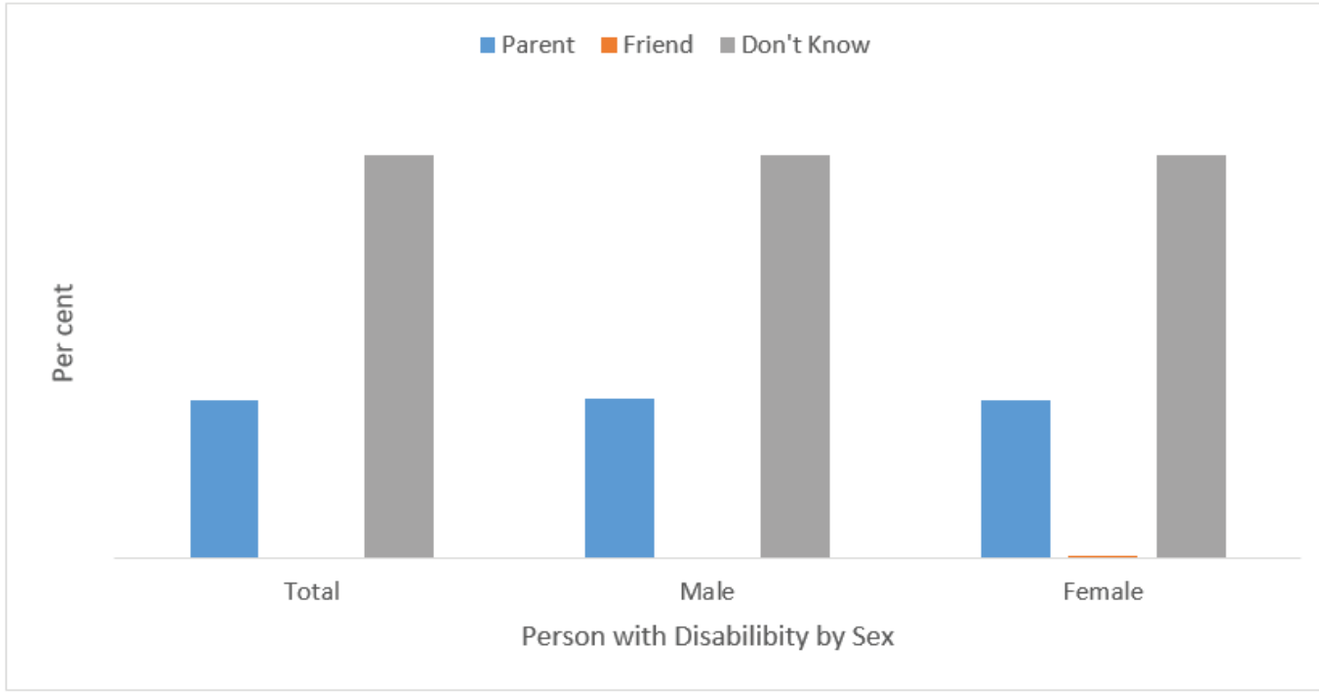


Figure 5. 3: Percentage Distribution of Persons with Disabilities Age 2 - 4 by Sex and Persons that paid for the Assistive Technologies

Percentage distribution of persons with disabilities age 5 -17 by sex and persons/institutions that paid for the ATs is presented in Figure 5.4. About 26 per cent of persons with disabilities age 5-17 had their ATs paid by an entity that they did not know with almost a third being female. Nearly 18 per cent of persons with disabilities had their ATs paid by the Government while about 15 per cent of them paid for their ATs. A higher proportion of males had their ATs mainly paid by the Government, self, parent and grandparent while females had their ATs paid by NGOs or Charity and other relatives.

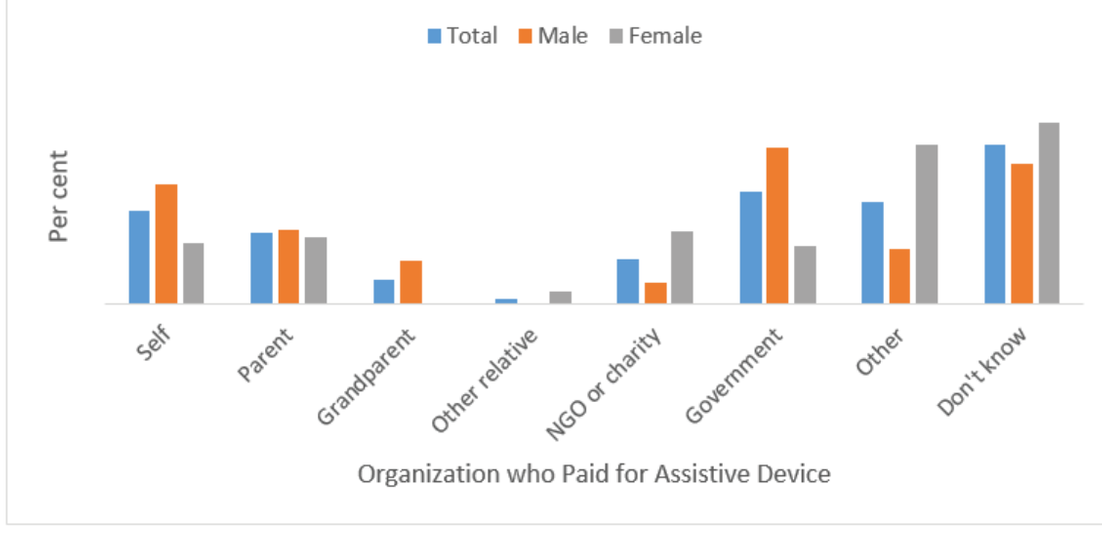


Figure 5. 4: Percentage Distribution of Persons with Disabilities Age 5 - 17 by Sex and Persons/Institutions that paid for the Assistive Technologies

Figure 5.5 provides information on the percentage distribution of persons with disabilities age 18 and above by sex and persons/institutions that paid for their Assistive Technologies. Overall, 38.9 per cent of persons with disabilities purchased Assistive Technologies on their own with a higher proportion of males at 42.5 per cent compared to females at 33.9 per cent. About 13 per cent of persons with disabilities reported that their ATs were paid for by a relative while about 6 per cent reported that the Government paid for their ATs. The results reveals that 32.7 per cent of persons with disabilities had no idea of the person or institution that paid for their ATs with majority being females at 36.3 per cent.

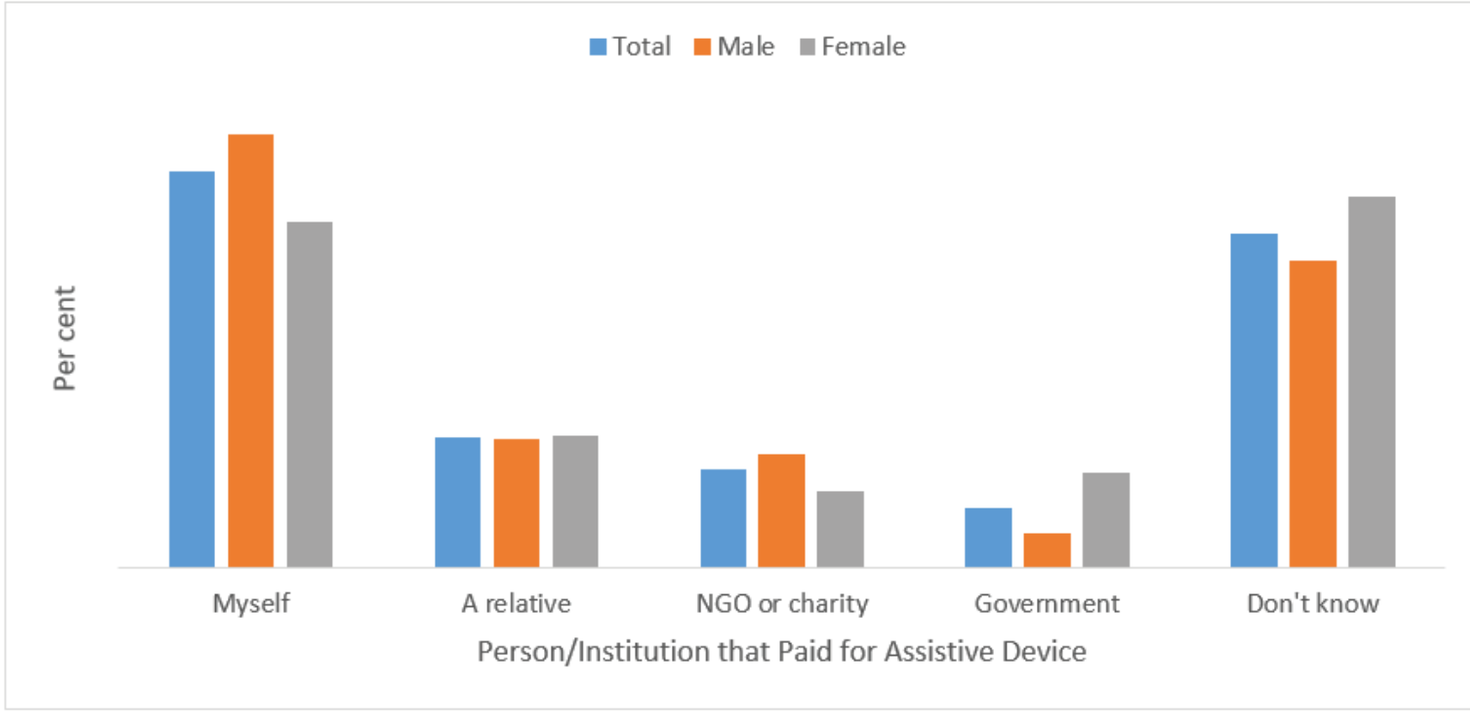


Figure 5. 5: Percentage Distribution of Persons with Disabilities Age 18 and above by Sex and Persons/Institutions that paid for the Assistive Technologies

5.8 Support Needed to Access Health and Rehabilitation Services

Table 5.14 shows the percentage distribution of persons with disabilities by sex and support needed to access health and rehabilitation services. Analysis of the support needed by persons with disabilities to access both health and rehabilitation services reveals that financial support was the major support needed to access both services. The persons with disabilities who reported need for financial support to access health and rehabilitation services was 55.5 per cent and 64.0 per cent, respectively. The least support needed was to access information.

Table 5.14: Percentage Distribution of Persons with Disabilities by Sex and Support Needed to Access Health and Rehabilitation Services

Support Need	sons with Disability Reporting Support Needed to Access Serv			Percentage of Support Needed to Access Services								
	Health Services			Rehabililtation Services			Health Services			Rehabililtation Services		
	All PWDs	Male	Female	All PWDs	Male	Female	All PWDs	Male	Female	All PWDs	Male	Female
Accessible Information	755	526	229	1,796	917	879	0.8	0.9	0.5	3.5	3.2	3.9
Accessible Transport	4,326	2,566	1,760	1,496	925	571	4.3	4.5	4.1	2.9	3.2	2.6
Assisted Movement	1,350	803	547	980	552	427	1.4	1.4	1.3	1.9	1.9	1.9
Assistive Device	3,325	1,433	1,892	2,886	1,516	1,369	3.3	2.5	4.4	5.6	5.2	6.1
Financial Support	55,474	32,273	23,201	32,853	19,676	13,177	55.5	56.7	53.9	64.0	67.8	59.0
Health Insurance	9,011	5,130	3,882	7,524	4,295	3,229	9.0	9.0	9.0	14.7	14.8	14.5
Not Stated	12,606	7,201	5,406	-	-	-	12.6	12.6	12.6	-	-	-
Personal Assistant	8,526	3,897	4,629	3,807	1,121	2,687	8.5	6.8	10.7	7.4	3.9	12.0
Specialised Health Services	4,617	3,097	1,520	-	-	-	4.6	5.4	3.5	-	-	-
Total	**99,991**	**56,926**	**43,065**	**51,342**	**29,001**	**22,341**	**100**	**100**	**100**	**100**	**100**	**100**

5.9 Activity Limitations and Support Needs among Persons with Disabilities

People with functional impairments confront a variety of environments that pose barriers to undertaking various activities. The difficulty people have in carrying out activities within the environments is not binary but exists along a continuum. For example, some people cannot walk at all. Others may have difficulty walking but can move about their homes well enough, and yet not be able to walk longer distances, such as to the market, a health clinic, or a friend's home. Moreover, their mobility both within and outside their homes is affected by the barriers and supports they encounter in each of those places.

In addition, people may have different levels of difficulty doing different types of activities. Someone who has no difficulty walking may not be able to hear. Their ability to communicate and even to obtain a job might be limited because of environmental barriers and lack of support (such as sign language), and yet they may have no mobility issues and thus have no problem doing other daily activities.
The assessment provides the opportunity to see the correlation between different degrees of difficulty in doing various activities and paint a picture of how activity limitations are experienced in the population.

In the analysis, activities were grouped by the environments in which they occur, because the barriers and supports existing in those environments can differ. Also, the complexity of the activities and the degree of interaction with the environment differ, as well as the needed supports. To extend on the walking example, a family has some control over setting up the environment in their own home to accommodate a person's mobility impairments. However, that person may confront substantial barriers out in the community (e.g., lack of ramps or rough terrain) that require higher levels of support to overcome.

To examine where activity limitations occur and how they are correlated across environments, activities in the assessment were grouped into three categories: Self-care, Household, and Community. Self-care activities, such as eating, drinking, and dressing, are generally done alone and within a very limited environment. Household activities are broader and involve the entire home environment, more complicated actions, and often interactions with others. Community activities exist in the most complex environments, and often require the most complex actions. Because activities change over the life cycle, different activities were used for different age groups. For example, going to school is a key activity for children aged 5 and older, but not for children aged 2. These activities are shown in the support needs assessment questionnaire under Section 11.

Ages	Self-Care	Household	Community
2-4	• Eating and drinking • Dressing (age 3-4) • Toileting (age 3-4)	• Walking • Communicating with the family • Age2: Can follow two-step instructions (e.g., pick up your toy and put it on the bed) • Age 3-4: Can follow simple instructions	• Moving around the neighborhood • Attending social events • Communicating with family members and others • Playing with other children
5-17	• Eating and drinking • Dressing • Washing all over • Toileting	• Moving around inside the house • Doing household chores • Communicating with family and friends	• Going to school • Moving around the community • Using private or public transport • Going to work • Shopping • Playing games or sports
18+	• Breathing • Eating and drinking • Dressing • Washing all over • Toileting	• Moving around the house • Cleaning the house Preparing meals • Caring for loved ones Managing finances Communicating with family and friends	• Moving around the community • Using private or public transport • Going to work (The ILO typically asks this for age 15+, but in a Kenyan survey I saw it asked from age 5+) • Making friends • Shopping • Attending religious services • Sports and Leisure

Respondents were asked questions about the level of difficulty they had doing all the age-appropriate activities included in Section 11. For each activity they responded either that they:
1 = had no difficulty
2 = had difficulty but could do the activity without assistance
3 = could do the activity only with assistance
4 = could not do the activity even with assistance.

5.9.1 Correlation Between the Level of Difficulty in each Activity Category

The tables below refer to three constructed variables Self-care, House, and Community. These were assigned the value of the most limited activity reported in that category. For example, if a person aged 5-17 responded to the House questions stating that they had no difficulty moving around inside the House and had no difficulty doing household chores, but could only communicate with others with assistance, then their value of House would be 3. The analysis showed that a great deal of correlation existed between the levels.

Table 5.15 presents the correlation between the level of difficulty among activities in each activity category. Meaning that people with difficulties in one activity category were very likely to have difficulties in other activity categories. The hypothesis is that people's difficulties would be least common in Self-care, more common in the House category, and the most likely to occur in the Community category. However, due to the complexity of disability, different functional limitations interact with different barriers in various ways, and it is not guaranteed that this relationship always holds.

Table 5. 15: Correlation Matrix Between Highest Level of Difficulty Among Activities in Each Activity Category

Category	Self-care	House	Community
Self-care	1	.75	.74
House	.75	1	.77
Communication	.74	.77	1

Figures 5.6 and 5.7 provide results on the level of difficulty by activity domain of persons with disabilities age 5 – 17 and age 18 and above respectively. The results show that for both school aged children and adults the levels of difficulty doing activities (and thus support needs) increases as people move from self-care to household activities, though not significantly as they move to community level activities. The number of children under age 2 was very small and so not captured in the report.

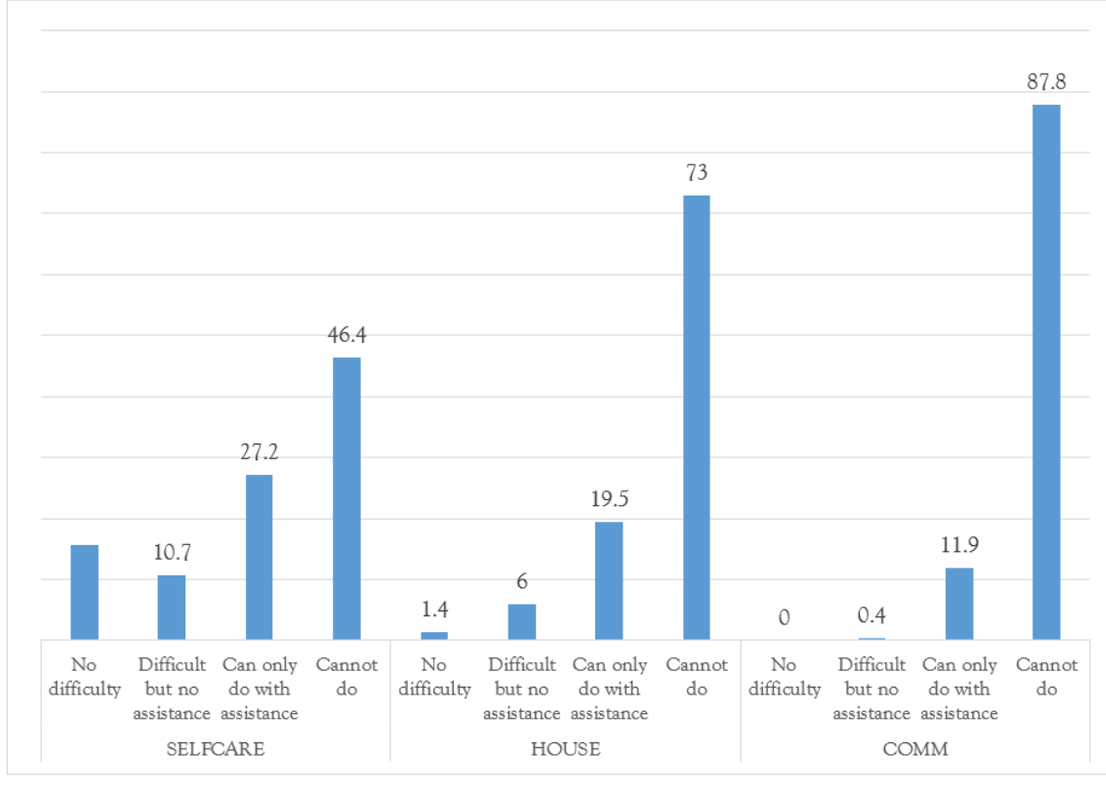


Figure 5. 6: Levels of Difficulty by Activity Category and Age 5-17

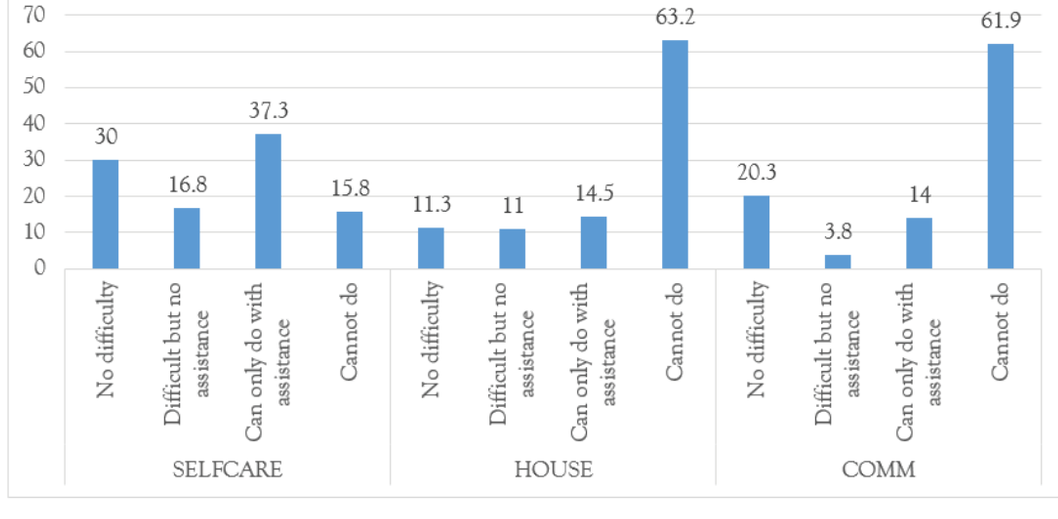


Figure 5. 7: Levels of Difficulty by Activity Category and Age 18+

Figure 5. 7: Levels of Difficulty by Activity Category and Age 18+

Figures 5.8 and 5.9 show the results for male and female children with disabilities, respectively while Figures 5.10 and 5.11 are for adult male and female with disabilities. The results indicate that regardless of age or sex, more difficulties exist out in the community than in the home except for males with disabilities, age 18 and above.

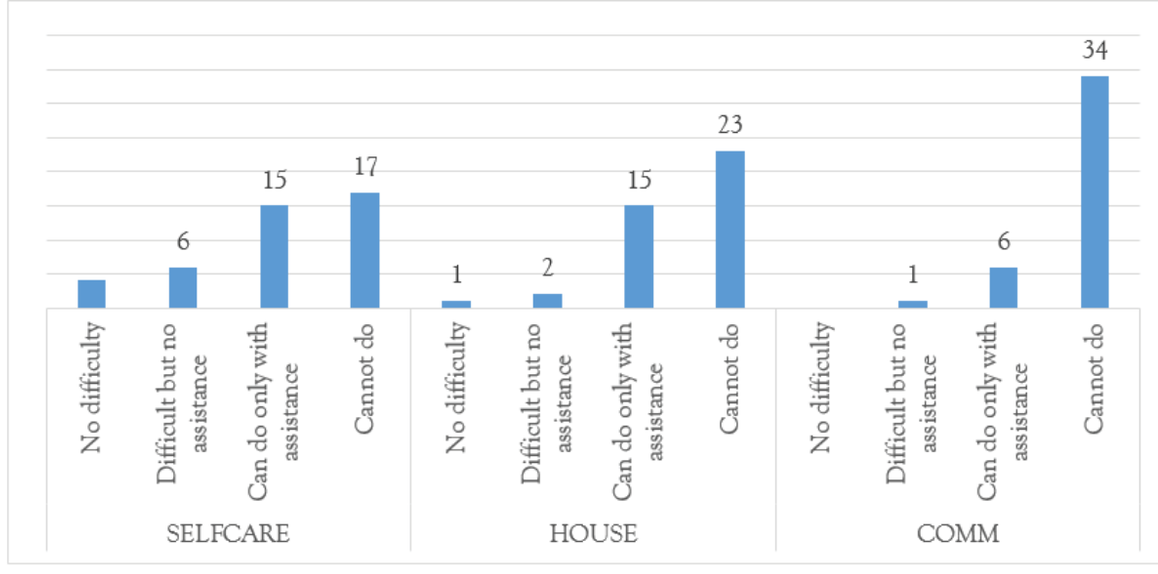


Figure 5. 8: Levels of Difficulty by Activity Category for Males with Disabilities, Ages 5-17

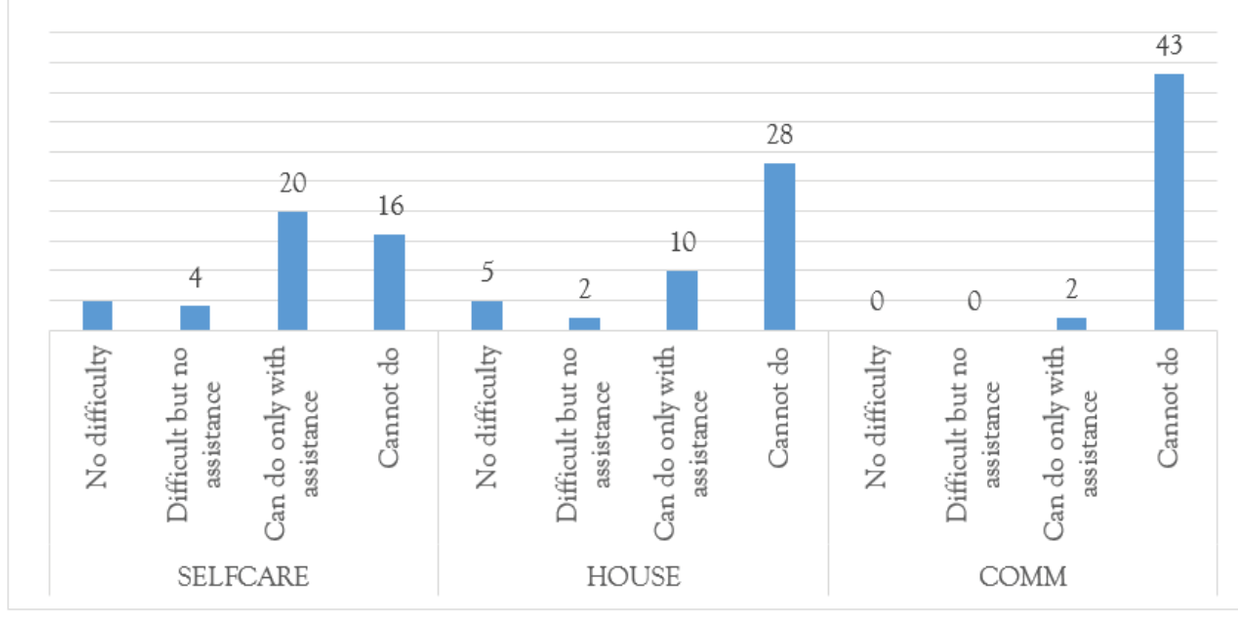


Figure 5. 9: Levels of Difficulty by Activity Category for Females with Disabilities, Ages 5-17

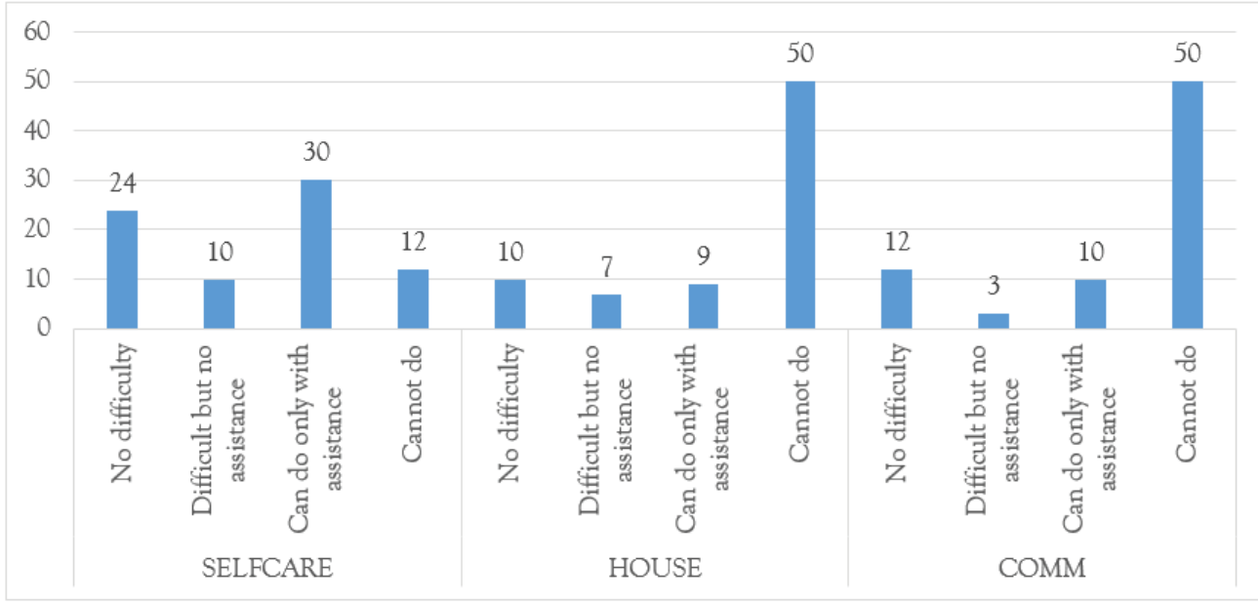


Figure 5. 10: Levels of Difficulty by Activity Category for Males with Disabilities Ages 18 and above

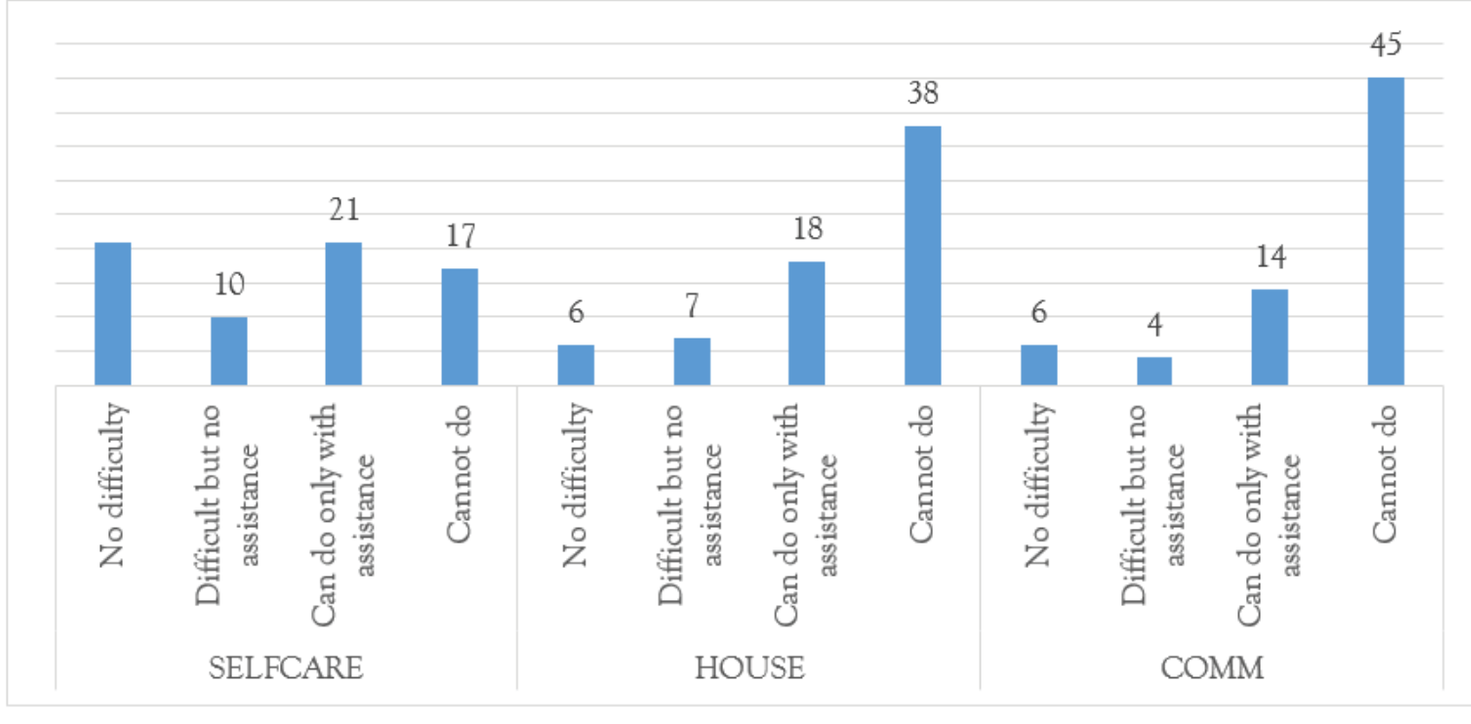


Figure 5.11: Levels of Difficulty by Activity Category for Females with Disabilities, Ages 18 and above

Figure 5.11: Levels of Difficulty by Activity Category for Females with Disabilities, Ages 18 and above

5.9.2 Support Needs by Activity Category and Disability Card

Another aspect examined was the difference between activity limitations among those who received a disability card and those who did not. Presumably, if there were equal access to the application process for obtaining a disability card, those receiving one would have, on average, greater difficulties. Barriers to receiving a disability card exist and people living in remote locations may have less knowledge about the program or face more difficulties in accessing the system. People with different types of disabilities may face different barriers – for example transportation for those with physical disabilities and communication for those with hearing or cognitive difficulties.

Table 5.16 shows the percentage of support needs by activity category and disability card. It represents the percentage of people reporting that they either need assistance or that they could not do at least one thing in that activity category even with assistance. The results indicate that people with a disability card across all categories at 30.4, 67.2 and 67.9 per cent respectively are slightly more in need of assistance than persons without a disability card.

Table 5. 16: Percentage of Support Needs by Activity Category and Disability Card

	SELF-CARE		HOUSE		COMMUNICATION	
	Can do with assistance	Cannot do	Can do with assistance	Cannot do	Can do with assistance	Cannot do
Disability Card	35.1	30.4	14.4	67.2	15.4	67.9
No disability Card	36.9	22.3	30.0	53.7	23.0	64.2

About 22.3 per cent of persons with disabilities but with no disability card are unable to do at least one self-care activity, and thus have a very high level of support needs. The percentage of people who need some form of assistance ("can do with assistance" plus "cannot do") was almost the same regardless of either having disability card or not. However, conditional on needing assistance those with a card seem faced more limitations. Out in the community, persons with disabilities who lacked a disability card were more likely to need assistance at 23.0 per cent, although, among those needing assistance the people with a disability card had higher needs at 67.9 per cent. The conclusion is that many people with support needs comparable to people already registered as having a disability for some reason are not registered.

On the caveat, many people with a disability card in 'cannot do' category need assistance in more activities. The difficulty level in each activity category is recorded at the level of the activity requiring the most assistance. However, the correlation between needing assistance across activities within an activity category is no doubt high. This implies that once a person needs assistance for any reason, they still require assistance of some sort.

Overall, the results indicate that most persons with disabilities require support. Especially when it comes to self-care activities – the highest level of support needs – but also for other activities, not just within the community but even within the household. This holds true for children and adults, males and females and the targeting of disability benefits to those with support needs appears to be missing many people.

6.0 PRIMARY CAREGIVERS

6.1 Introduction

Chapter six examines issues related to the role of caregiving for persons with disabilities. Some persons with disabilities require caregivers to enable them to participate in family and community life. In middle and low-income countries where there are limited social services and benefits, families are often the main or only means of support for persons with disabilities.

Caregivers play a very important role in the lives of persons with disabilities as they aid them in accessing socio-economic, educational, food security and health needs among others. Caregiving responsibilities sometimes may include help with one or more activities that are important for daily living of the person with a disability such as bathing and dressing, paying bills, shopping, providing transportation or emotional support or helping in managing a chronic disease or disability.

Sometimes caring for someone with a disability combined with everyday personal needs can be challenging. Some of the challenges include increase in caregiving responsibilities and changes in the recipient's needs which may result in additional strain on the caregivers leading to depression and stress. It is therefore critical to understand the physical, mental, social, health and other burdens on caregivers, the range of tasks caregivers may perform, and the societal and economic impacts of long-term disability on a caregiver. In this regard, the assessment was meant to gather data that would enable stakeholders to plan for inclusive social protection approaches to assist individuals as well as their communities in provision of support services to caregivers and the recipients.

6.2 Background Characteristics of Primary Caregivers

The characteristics of primary caregivers encompasses the age, sex, marital status, income as well as the educational attainment and financial security. It is therefore necessary to understand the education level of caregivers, their level of income and engagement in labour activities, as well as their occupation to assess their access to resources and how caring responsibilities affect their socio-economic status. This relates to how caregiving roles influence or impact caregivers' education attainment as well as their labour engagement.

6.3 Caregivers by Relationship to the Household Head

The caregiving role can be influenced by the relationship of the caregiver to the household head since the role requires some decisions. Thus the more closely related a caregiver is to the head of the household, the higher the chances of their decisions being adopted to impact positively to the care given to the person with a disability. As shown in Table 6.1, majority of the caregivers age 18 years and above said they were heads of households, at about 43 per cent. However, among the female caregivers, majority (54%) were spouses. A similar trend is realized for caregivers age 18 to 59 years. On the contrary more than half of both male and female caregivers age 60 and above were heads of households.

Table 6. 1: Distribution of Caregivers by Age, Sex and Relationship to the Head of Household

Relationship	Total (18 +)			18-34			35-59			60-69			70+		
to the Head	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Total	**20,936**	**72,548**	**93,484**	**5,298**	**15,318**	**20,616**	**10,727**	**42,796**	**53,523**	**3,130**	**9,664**	**12,794**	**1,781**	**4,770**	**6,551**
Head	75.9	33.9	43.4	44.0	16.4	23.5	85.8	31.6	42.5	87.3	61.1	67.5	89.7	55.6	64.9
Spouse	4.3	53.5	42.5	4.5	48.4	37.1	2.8	60.3	48.8	5.9	38.1	30.2	10.3	40.1	32
Son/Daughter	11.5	5.9	7.1	35.1	18.1	22.5	3.1	3.5	3.4	6.8	0	1.7	0	0	0
Grandchild	0	0.6	0.4	0.0	1.0	0.7	0	0.6	0.5	0	0	0	0	0	0
Sister/Brother	1.2	0.3	0.5	4.9	0.9	1.9	0	0.2	0.1	0	0	0	0	0	0
Father/Mother	0	0.6	0.4	0.0	0.0	0.0	0	0.5	0.4	0	0	0	0	4.3	3.1
In-law	0	2	1.6	0.0	6.6	4.9	0	1.1	0.9	0	0	0	0	0	0
Other relative	0.8	1	0.9	0.0	4.1	3.1	1.6	0	0.3	0	0.8	0.6	0	0	0
Non-relative	2.9	0.9	1.4	6.5	2.5	3.5	2.5	0.7	1.1	0	0	0	0	0	0
Not Stated	3.4	1.3	1.8	5.0	2.0	2.8	4.2	1.5	2	0	0	0	0	0	0

6.3.1 Caregivers by Age, Sex and Marital status

Table 6.2 shows the distribution of primary caregivers by age, sex and marital status. The assessment results indicated that about 70 per cent of both male and female caregivers age 18 years and above were married while about 9% per cent were widowed. Moreover, 6 out of 10 male primary caregivers who are youths age 18 to 34 were never married whereas nearly 65 per cent of their female counterparts were married. On the other hand, more than a quarter of the female caregivers age 60 years and above were widowed while about 8 per cent of both male and female caregivers age between 35 and 59 were either divorced or separated which is an indicator of single parenthood hence a likelihood of double burden to the caregivers.

Table 6. 2: Distribution of primary caregivers age 18 years and above by Sex and Marital status

Marital	Total (18 +)			18-34			35-59			60-69			70+		
Status	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
Number	**20,936**	**72,548**	**93,484**	**5,298**	**15,318**	**20,616**	**10,727**	**42,796**	**53,523**	**3,130**	**9,664**	**12,794**	**1,781**	**4,770**	**6,551**
Never Married	19.4	10.7	12.6	60.4	25.3	33.9	7.7	6.9	5.6	1.2	7	3.6	0.0	5.0	3.6
Married	72.7	70.3	70.8	39.6	64.7	58.3	81.7	78.4	79.1	90.3	47.3	57.9	86.1	62.4	68.9
Widowed	3.6	10.9	9.3	0	0	0.8	2.8	6.8	30.7	6.8	38.4	23.4	13.9	26.9	23.4
Divorced	1.2	0.7	0.8	0	1.1	6.6	2.3	0.7	0.4	0	0.5	4.1	0.0	0.0	0
Separated	3.1	7.4	6.4	0	8.9	0.5	5.5	7.2	5.5	1.7	6.8	5.5	0.0	5.7	4.1

The distribution of primary caregivers by disability domain of the person with disability they care for, and the caregiver's relationship to the household head are shown in Figure 6.1. The data indicates that a higher proportion of persons with mobility difficulties have primary caregivers who are the head of the household at 89.6 per cent followed by those with cognitive and visual difficulties at 71.2 per cent and 65.6 per cent respectively. Persons with Albinism require the least support from caregivers at 31.4 per cent in the case where a caregiver is the head of the household. The assessment also showed that a large proportion of caregivers were heads of households, spouses, sons/daughters, and grandchildren across the various disabilities. This indicates, that to date primary caregivers are family members to most persons with disabilities resulting to loss of income as they forego economic activities for caring activities.

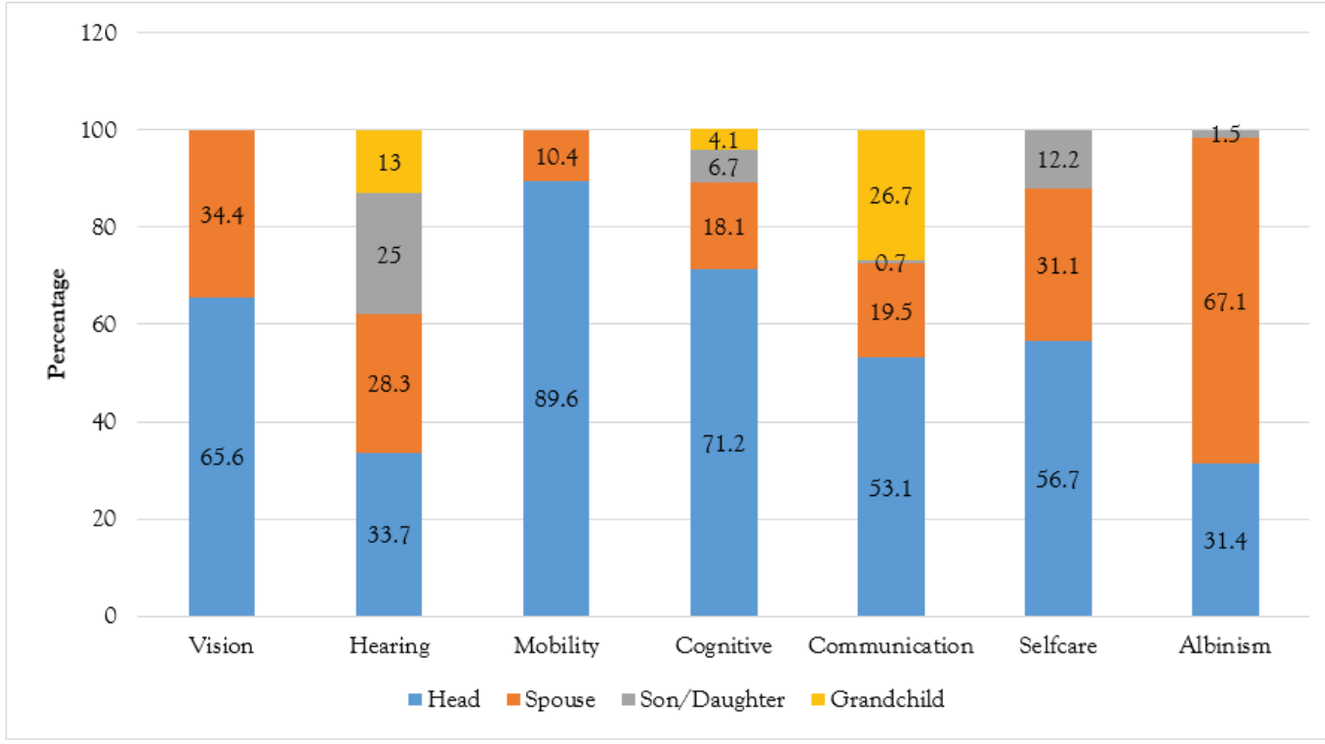


Figure 6. 1: Distribution of Caregivers by Disability Domain of the Persons with Disabilities and relationship of Care giver to Head of Households

6.3.2 Education of primary caregivers

Table 6.3 shows the highest level of education completed by primary caregivers, distributed by sex and age. Majority of caregivers age 18 to 24 years had completed secondary school at 53.0%. However, about half of both male and female primary caregivers age 25 years and above had completed primary school.

Table 6.3: Distribution of primary caregivers by Highest level of Education completed Sex and Age

	ALL (18+)			18-24			25-34			35+		
Level of Education	**M**	**F**	**Total**	**M**	**F**	**Total**	**M**	**F**	**Total**	**M**	**F**	**Total**
Total (Number)	**20,936**	**72,548**	**93,484**	**1,621**	**2,864**	**4,486**	**3,677**	**12,453**	**16,130**	**15,638**	**57,231**	**72,869**
Pre-primary	0.0	0.3	0.4	0.0	0.0	0.0	0.0	0.0	0.0	-	0.4	0.3
Primary	46.9	49.0	48.5	38.1	35.0	36.1	35.8	44.1	42.2	50.4	50.8	50.7
Secondary	28.8	23.1	24.3	45.2	56.7	52.5	32.3	29.8	30.4	26.2	19.9	21.3
Middle Level	14.2	6.9	8.5	0.0	0.0	0.0	29.3	12.4	16.2	12.1	6.1	7.4
University	1.3	1.3	1.3	0.0	0.0	0.0	0.0	0.6	0.5	1.7	1.5	1.6
Vocational Training	1.3	0.7	0.8	16.7	0.0	6.0	0.0	0.0	0.0	0.0	0.9	0.7
Informal	0.4	0.7	0.6	0.0	0.0	0.0	0.0	2.2	1.7	0.5	0.4	0.4
None	7.2	18.0	15.6	0.0	8.3	5.3	2.6	10.9	9.0	9.1	20.0	17.6

6.3.3 Distribution of primary caregivers attending school

The distribution of the primary caregivers who are attending school by level of education is presented in Table 6.4. From the table, a higher proportion of caregivers age 18 years and above were attending secondary school at 33 per cent followed by those who were attending primary school and university at 25 and 24 per cent respectively. More specifically, close to 72 per cent of caregivers age 18-24 years were attending secondary school, followed by those in vocational training institutions at 27 per cent.

Table 6. 4: Distribution of primary caregivers currently attending school by age, sex and level of education

	Total (18 +)			18-24			25-34			35+		
Level of Education	M	F	Total	M	F	Total	M	F	Total	M	F	Total
Total (Number)	1,048	1,683	2,731	513	456	969	342	254	596	193	973	1,166
Primary	18.4	28.6	24.7	0.0	2.0	0.9	0.0	0.0	0.0	100.0	48.6	57.1
Secondary	23.9	38.0	32.6	48.7	98.0	71.9	0.0	76.0	32.4	0.0	0.0	0.0
Middle Level	0.0	14.7	9.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	25.4	21.2
University	32.6	18.7	24.0	0.0	0.0	0.0	100.0	24.0	67.6	0.0	26.0	21.7
Vocational Training	25.1	0.0	9.6	51.3	0.0	27.1	0.0	0.0	0.0	0.0	0.0	0.0
Informal	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

6.3.4 Employment Status of primary caregivers

The employment status of the primary caregiver is of essence because it determines the resources and time which they can provide to the persons with disabilities. Table 6.5 shows the distribution of primary caregivers age 18 years and above by main economic activity and sex. More than three quarters of primary caregivers stated that they were not engaged in any economic activity during the last 7 days preceding the interview. This was more pronounced among women at 97.4 per cent.

Table 6.5: Distribution of Primary Caregivers age 18 Years and above by Employment status, Economic Activity and Sex

	Male		Female		Total	
Main Activity	Number	%	Number	%	Number	%
None	17,145	81.9	70,646	97.4	87,791	93.9
Worked as Employee for wage, salary, commission, or any payment in kind	1,236	5.9	925	1.3	2,161	2.3
Worked on own account or as an employer in a non-farm business enterprise i.e. as a trader or shop keeper	922	4.4	553	0.8	1,475	1.6
Worked on own account or as an employer on a farm or holding owned or rented, whether in cultivating crops or in other farm maintenance tasks, or have they cared for livestock	534	2.6	0	0.0	534	0.6
Helped (for at least one hour) in a non-farm business enterprise belonging or run by this household	341	1.6	63	0.1	404	0.4
Helped (for at least one hour) in an agricultural activity or cared for livestock belonging or run by this household	758	3.6	361	0.5	1,119	1.2
Total	**20,936**	**100.0**	**72,548**	**100.0**	**93,484**	**100.0**

Table 6.6 presents the distribution of primary caregivers age 18 years and above by main employer and sex. A large proportion of primary caregivers (94.9%) stated that they work for International Organizations or NGOs with a high representation being female compared to male. This shows clearly that the caregivers who indicated that they are not working do receive help from the International Organizations and NGOs sector which could be in kind to support their families. On the contrary, only about one per cent of the caregivers work in the public sector where males have a higher proportion than females. About 6 per cent of male caregivers are self-employed in the informal sector compared to female at less than one percent.

Table 6. 6: Distribution of Primary Caregivers age 18 Years and above by Main Employer and Sex

	Male		Female		Total	
Main employer	**N**	**%**	**N**	**%**	**N**	**%**
National Government Civil Service Ministries	254	1.2	96	0.1	350	0.4
National Government Judiciary	0	0.0	48	0.1	48	0.1
County Government	394	1.9	205	0.3	599	0.6
Private Sector Enterprise	287	1.4	298	0.4	585	0.6
International Organizations/Ngo	17,145	81.9	70,646	97.4	87,791	93.9
Self Employed- Formal	304	1.5	0	0.0	304	0.3
Informal Sector Jua Kali(Employed)	0	0.0	25	0.0	25	0.0
Self Employed - Informal	1,299	6.2	244	0.3	1,543	1.7
Self Employed Small Scale Agriculture	446	2.1	598	0.8	1,044	1.1
Individual/Private Household	807	3.9	388	0.5	1,195	1.3
Total	**20,936**	**100.0**	**72,548**	**100.0**	**93,484**	**100.0**

The distribution of primary caregivers by status of employment and sex are presented in Table 6. 7. More than 90 per cent of the primary caregivers stated that they were paid employees working outside their households with the proportion of female, at 95 per cent being higher than that of male, at 89 per cent. Moreover, 3.6 percent of male primary caregivers were working in their own account whereas 1.5 per cent of the female caregivers were paid employees within their households.

Table 6.6 presents the distribution of primary caregivers age 18 years and above by main employer and sex. A large proportion of primary caregivers (94.9%) stated that they work for International Organizations or NGOs with a high representation being female compared to male. This shows clearly that the caregivers who indicated that they are not working do receive help from the International Organizations and NGOs sector which could be in kind to support their families. On the contrary, only about one per cent of the caregivers work in the public sector where males have a higher proportion than females. About 6 per cent of male caregivers are self-employed in the informal sector compared to female at less than one percent.

Table 6. 7: Distribution of Primary Caregivers by sex and status in employment

	Male		Female		Total	
	%	N	%	N	%	N
Paid Employee (Outside HH)	89.3	17,315	94.9	70,180	93.9	87,495
Paid Employee (Within HH)	0.0	807	1.5	388	1.2	1,195
Working Employer	1.1	304	0.2	-	0.4	304
Own-Account Worker	3.6	1,299	0.8	244	1.2	1,543
Contributing Family Worker	2.1	446	1.0	598	1.3	1,044
Apprentice/Intern/Attachee	0.0	-	0.3	248	0.3	248
Volunteer	1.3	251	0.3	248	0.5	499
Not Stated	2.6	514	0.9	642	1.2	1,156

6.4 Support services and Networks for Primary Caregivers

Primary caregivers who are working require some support to work efficiently and at the same time take care of the persons with disabilities. Persons with different disabilities require diverse support in various activities such as self-care (e.g., personal assistance), communication (e.g., sign language interpreters), mobility (e.g., guide interpreters, assistive devices, and transport), decision making (e.g., peer support, personal ombudsman), community participation (e.g., circle of support). The assessment identifies the gaps in services offered to persons with disabilities in offering support services and make recommendation on programs that Government and stakeholders can develop and implement to mitigate the gaps.

6.4.1 Support services required by Primary Caregivers

Table 6.8 presents the support required by the caregivers to perform their care giving activities. Most caregivers (92.2%) indicated that they required financial support to take care of persons with disabilities. The other important support required was access to health care and assistive devices which was cited by 67.0 per cent and 48.1 per cent of the care givers respectively. Across all disability domains, financial support remained the most important need. Access to health care was the second most important need among caregivers of persons with vision (80.2%), cognitive (69.2%) and self-care (77.9%) disabilities respectively. Caregivers for persons with hearing (75.0%) and communication (84.5%) disabilities indicated that they required assistive devices.

Similarly, assessment results show that 72.3 per cent of caregivers for those with mobility disability identified accessible transport as the second most felt need while 68.5 per cent of those caring for persons with albinism require personal assistance.

Table 6. 8: Distribution of caregivers by support required to perform caregiving responsibilities and disability domain of the Person with Disabilities they are caring for

Support required to perform their economic activities	Primary Caregivers				Disability Domain						
	Number	Per cent	Male	Female	Vision	Hearing	Mobility	Cognitive	Commu nication	Selfcare	Albinism
Accessible Financial Support	86,204	92.2	22.6	77.4	92.1	87.0	85.5	88.9	84.5	88.2	98.2
Accessible Health Care	62,609	67.0	20.8	79.2	80.2	53.8	68.9	69.2	65.2	77.9	61.2
Assistive Devices	44,936	48.1	22.4	77.6	71.2	75.0	56.8	45.8	84.5	54.7	47.7
Personal Assistance	43,401	46.4	19.6	80.4	41.0	28.8	52.8	33.6	65.2	76.9	68.5
Accessible Information	39,293	42.0	27.7	72.3	58.4	41.3	55.1	45.8	54.0	65.2	37.2
Accessible Transportation	32,073	34.3	24.7	75.3	43.6	16.3	72.3	34.0	59.0	30.3	23.5
Rehabilitation Services	30,044	32.1	20.9	79.1	55.2	16.3	36.0	19.3	54.0	37.4	35.5
Accessible Roads or Sidewalks	24,189	25.9	22.8	77.2	22.5	28.8	27.5	23.3	39.8	18.1	25.2
Flexible Working Hours	16,679	17.8	24	76	38.1	16.3	34.9	13.8	54.0	9.2	15.9
Other	4,087	4.4	39.6	60.4	13.4	21.2	13.7	7.2	0.0	22.5	6.2

In addition to support required to perform their economic activities, primary caregivers also required direct support to perform their caregiving responsibilities. Distribution of caregivers by disability domain of persons with disabilities they are caring for and type of support required to perform caregiving responsibilities is given in Table 6.9. Nine in every ten caregivers required financial support to perform their care giving role. Likewise, 47.6 per cent indicated they required care skill development and 43.7 per cent required support networks. Other important needs required by the caregivers included tax exemption especially for those caring for persons with self-care (62.0%) and cognitive (53.6%) disabilities. Mobility support was cited by 73.3 per cent of caregivers for persons with communication disabilities and 65.5 per cent of those caring for persons in the mobility domain as a requirement.

Table 6. 9: Distribution of caregivers by disability domain of persons with disabilities they are caring for and type of support required to perform caregiving responsibilities.

Support required to perform caregiving responsibilities	Primary Caregivers				Disability Domain						
	Total	Per cent	Male	Female	Vision	Hearing	Mobility	Cognitive	Commu nication	Selfcare	Albinism
Financial support	91,638	98.0	21.9	78.1	92.1	87.0	93.0	97.6	84.5	100.0	98.2
Skills development	44,541	47.6	19.3	80.7	75.6	65.8	51.7	52.7	39.8	84.3	57.8
Support networks	40,861	43.7	21.4	78.6	58.4	41.3	55.4	45.2	84.5	53.7	44.3
Tax exemption	31,883	34.1	22.5	77.5	47.9	40.8	46.9	53.6	39.8	62.0	51.1
Psychosocial support	30,238	32.3	21.3	78.7	49.4	41.3	29.1	32.0	50.9	28.9	28.3
Mobility support	26,733	28.6	20	80	70.9	28.3	65.5	27.0	73.3	60.5	15.9
Respite care	19,818	21.2	21.1	78.9	30.0	37.5	7.8	14.6	39.8	13.4	37.4
Flexible working hours	16,996	18.2	17	83	31.4	28.8	21.0	12.0	39.8	21.4	15.9
Extended retirement age	8,283	8.9	18.8	81.2	36.6	16.3	24.1	10.8	39.8	16.1	25.6
Other	1,848	2.0	18.5	81.5	0.0	21.2	0.0	3.9	0.0	0.0	6.2

6.4.2 Support networks

Primary Caregivers tend to join support networks in order to link up with other caregivers with persons of similar or different types of disabilities. They also motivate each other or access support for their people from various institutions offering support services. Table 6.10 presents the distribution of primary caregivers by status of belonging to a support group/ network by sex and age.

The analysis indicates that about 13 per cent of caregivers belong to support groups or networks with 10.5 per cent being male and 13.8 per cent being female. In addition, less than 20 per cent of the caregivers across the disability domains belong to the support groups or networks except for those taking care of persons with cognitive disabilities which had a slightly higher proportion (27.5%). Notably, a higher proportion of female caregivers across the age groups and disability domains belong to the support networks/groups compared to their male counterparts.

Table 6. 10: Distribution of primary caregivers by status of membership to support groups or network, Sex, Age and Disability Domain

	Caregivers (Number)			Belongs to a support network					
				Yes (%)			No (%)		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Age									
18-34	20,616	5,298	15,318	8.0	8.1	8.0	92.0	91.9	92.0
35-59	53,523	10,727	42,796	12.5	5.4	14.2	87.5	94.6	85.8
60-69	12,794	3,130	9,664	18.7	14.7	20.0	81.3	85.3	80.0
70+	6,551	1,781	4,770	22.7	40.9	15.8	77.3	59.1	84.2
Total	93,484	20,936	72,548	13.1	10.5	13.8	86.9	89.5	86.2
Disability Domain									
Vision	30,037	13,667	16,370	16.4	9.1	22.6	83.6	90.9	77.4
Mobility	28,667	12,900	15,767	5.2	2.3	7.5	94.8	97.7	92.5
Hearing	38,658	22,151	16,507	18.4	15.5	22.4	81.6	84.5	77.6
Cognitive	22,941	12,411	10,530	27.5	26.2	29.1	72.5	73.8	70.9
Communication	41,606	22,093	19,513	17.6	16.4	18.9	82.4	83.6	81.1
Selfcare	30,977	14,342	16,635	7.6	7.3	7.8	92.4	92.7	92.2
Albinism	36,534	21,701	14,833	18.3	16.2	21.2	81.7	83.8	78.8

6.4.3 Psychosocial Support for caregivers

Table 6.11 shows the distribution of primary caregivers by extent of the tiredness while caring for the persons with disabilities. Around 15 per cent of the caregivers age 70 years and above reported that they always feel tired while caring for persons with disabilities while 23 per cent those age 35 to 59 years felt a lot of tiredness. However, 4 in every 10 male caregivers stated that they never feel tired caring for the persons with disabilities compared to 3 in every 10 females.

Further, about 62 per cent of male caregivers for persons with disabilities in hearing always felt tired caring for the persons with disabilities. In addition, 44.2 per cent of male and 40.9 per cent of female caregivers for persons with hearing disabilities felt a lot of tiredness while caring for their persons. Whereas 49.3 per cent of male caregivers for those with cognitive disabilities felt a lot of tiredness.

Table 6. 11: Distribution of primary caregivers by extent of tiredness while caring for Persons with Disabilities and having enough time to care of persons with disabilities, sex, age, and disability domain

	Caregivers (Number)			Extent of tiredness while caring for PWDs and having enough time to care of persons											
				Never			Some			A lot			Always		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
Age															
18-34	20,616	5,298	15,318	39.0	47.9	30.5	45.8	44.2	47.7	12.7	7.7	17.1	2.5	0.1	4.7
35-59	53,523	10,727	42,796	38.5	49.5	27.6	33.6	30.3	36.9	23.3	17.0	29.8	4.7	3.1	5.7
60-69	12,794	3,130	9,664	36.3	35.5	36.8	28.7	24.5	33.0	34.6	39.9	29.6	0.4	0.0	0.6
70+	6,551	1,781	4,770	30.4	26.8	33.1	20.4	18.8	22.4	34.6	37.6	31.6	14.6	16.8	12.9
Total	93,484	20,936	72,548	37.7	45.1	29.8	34.7	32.0	37.7	23.6	19.9	27.2	4.0	3.0	5.3
Disability Domain															
Vision	30,037	13,667	16,370	34.6	44.8	24.2	33.6	35.5	32.0	26.7	14.5	38.8	5.1	5.2	5.0
Mobility	28,667	12,900	15,767	29.1	31.0	27.2	25.3	23.6	26.7	42.4	44.2	40.9	3.2	1.2	5.2
Hearing	38,658	22,151	16,507	5.4	7.3	3.3	34.3	16.1	52.3	18.5	14.2	22.8	41.9	62.4	21.6
Cognitive	22,941	12,411	10,530	16.1	7.5	24.6	19.5	25.6	13.3	43.1	49.3	36.7	21.4	17.6	25.4
Communication	41,606	22,093	19,513	27.3	32.5	22.0	32.2	26.5	37.7	39.3	39.8	38.9	1.3	1.2	1.4
Selfcare	30,977	14,342	16,635	24.5	29.2	20.4	37.4	28.7	45.3	19.6	21.2	18.3	18.5	20.9	16.0
Albinism	36,534	21,701	14,833	22.1	32.6	11.4	44.7	36.5	52.7	31.7	29.8	33.9	1.5	1.0	2.0

As shown in Table 6.12, most caregivers irrespective of the age, sex and disability domain for the person they care for, indicated that they had some time to care for their people. However, about 46 per cent of the male caregivers for persons with cognitive disabilities said they had a lot of time for the persons they cared for. Moreover, 17.1 per cent of female caregivers for persons with disabilities in cognition reported that they always had enough time for the persons they cared for.

Table 6. 12: Distribution of primary caregivers by sex, age and extent of having enough time to care of Persons with Disabilities

	Total			Never			Some			A lot			Always		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
Age															
18-34	20,616	5,298	15,318	18.6	21.4	15.9	55.5	56.2	54.7	14.3	15.9	12.7	11.6	6.5	16.7
35-59	53,523	10,727	42,796	22.4	20.8	24.0	47.8	51.5	44.1	15.3	11.8	18.8	14.5	15.9	13.2
60-69	12,794	3,130	9,664	22.2	18.0	26.3	36.8	36.7	36.9	17.9	16.3	19.4	23.1	29.0	17.3
70+	6,551	1,781	4,770	31.7	27.5	36.0	40.8	32.3	49.4	23.0	40.3	5.7	4.5	0.0	9.0
Total	93,484	20,936	72,548	22.2	21.1	23.4	47.3	48.8	45.7	16.3	15.9	16.7	14.2	14.1	14.2
Disability Domain															
Vision	30,037	13,667	16,370	20.7	21.1	20.3	53.8	46.5	61.1	10.5	13.5	7.6	15.0	18.9	11.0
Mobility	28,667	12,900	15,767	24.3	27.4	21.1	56.6	50.8	62.5	5.8	6.7	4.9	13.3	15.1	11.5
Hearing	38,658	22,151	16,507	21.0	21.9	20.1	59.8	59.2	60.3	10.8	13.2	8.5	8.4	5.7	11.1
Cognitive	22,941	12,411	10,530	15.8	5.3	26.2	43.4	33.8	53.0	24.8	46.1	3.6	16.0	14.8	17.1
Communication	41,606	22,093	19,513	15.9	14.9	17.0	52.9	40.2	67.4	20.6	33.2	6.4	10.6	11.7	9.3
Selfcare	30,977	14,342	16,635	20.4	21.4	19.5	50.3	39.5	61.1	20.9	33.1	8.6	8.4	6.0	10.8
Albinism	36,534	21,701	14,833	10.1	16.3	3.7	64.5	39.6	89.4	19.7	32.7	6.8	5.7	11.4	0.1

6.4.4 Experience of Primary Caregivers in Caring for Physical and Emotional Needs of Persons with Disabilities

The caregivers need to ensure the emotional and physical needs of the persons with disabilities are met. The assessment therefore tried to gauge the level of difficulty in meeting these two needs by age, sex of the caregiver and type of disability of the person they care for. Table 6.13 shows the distribution of primary caregivers by levels of difficulties in caring for the emotional and physical needs of persons with disabilities, sex, age and type of disability where close to 43 per cent of the primary caregivers had a lot of difficulty in taking care of the physical and emotional needs for their persons with disabilities. This was more pronounced among female caregivers at 45 per cent compared to male caregivers at 32.9 percent. Notably, over 60 per cent of the caregivers for persons with disabilities in cognition had a lot of difficulty in caring for the physical and the emotional needs for the persons with disabilities while 4 per cent of them could not take care of the two needs at all.

Table 6. 13: Distribution of Caregivers by Levels of Difficulty in taking Care of Emotional and Physical Needs

	Total			Cannot Do at All			Lot of Difficulty			Some Difficulty			No Diificulty		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
Age															
18-34	20,616	5,298	15,318	3.2	4.5	2.8	33.5	21.5	37.6	43.1	39.4	44.3	20.2	34.6	15.3
35-59	53,523	10,727	42,796	0.9	1.5	0.8	45.1	34.9	47.6	35.3	36.7	35.0	18.7	27.0	16.6
60-69	12,794	3,130	9,664	2.2	0.0	3.0	48.4	43.1	50.1	31.0	30.4	31.2	18.4	26.5	15.8
70+	6,551	1,781	4,770	0.7	0.0	0.9	40.2	38.3	40.9	35.7	45.6	32.0	23.4	16.1	26.1
Total	93,484	20,936	72,548	1.5	1.9	1.4	42.6	32.9	45.4	36.5	37.2	36.3	19.3	27.9	16.8
Disability Domain															
Vision	30,037	13,667	16,370	3.2	3.5	2.9	52.5	34.2	67.8	38.7	50.5	28.8	5.6	11.9	0.4
Mobility	28,667	12,900	15,767	3.3	3.7	3.0	50.5	44.4	55.4	35.6	38.5	33.3	10.6	13.4	8.3
Hearing	38,658	22,151	16,507	1.2	2.2	0.0	58.8	60.3	56.8	32.2	29.4	36.0	7.7	8.1	7.2
Cognitive	22,941	12,411	10,530	4.2	3.8	4.5	64.3	59.7	69.7	29.2	35.6	21.6	2.4	0.9	4.2
Communication	41,606	22,093	19,513	2.3	2.2	2.4	50.7	44.3	58.0	38.3	44.5	31.3	8.7	9.0	8.3
Selfcare	30,977	14,342	16,635	1.5	0.0	2.9	39.1	35.7	42.0	48.3	51.8	45.4	11.0	12.5	9.7
Albinism	36,534	21,701	14,833	2.6	2.2	3.2	48.0	44.9	52.5	41.0	44.2	36.4	8.4	8.6	8.0

6.5 Limitation on the time spent by caregivers on doing the things they want to do

Table 6.14 presents distribution of primary caregivers of persons with disabilities and their limitations in terms of time spent on caregiving vis-a vis things they want to do by sex, age and disability domain. As presented in the table, nearly 30 per cent of males and 36 per cent of female caregivers reported that they had a lot of limitation in terms of time to care for persons with disabilities. About a third (34.9%) of caregivers reported to have a lot of limitations in time spend caring for persons with disabilities. This was more pronounced among males taking care of persons with disabilities in mobility (20.7%) and females taking care of persons with disabilities in cognition (35.9%).

Table 6. 14: Distribution of primary caregivers of Persons with Disabilities and their limitations in terms of time spent on caregiving vis-a vis things they want to do by sex, age and type of disability

	Total			A lot			Between A Lot and A Little			A Little			Not At All		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
Age															
18-34	20,616	5,298	15,318	31.9	16.5	37.2	35.1	41.8	32.8	19.9	13.0	22.2	13.1	28.7	7.7
35-59	53,523	10,727	42,796	35.8	33.1	36.5	34.8	35.1	34.7	20.8	18.6	21.3	8.6	13.3	7.4
60-69	12,794	3,130	9,664	32.4	33.2	32.1	36.1	29.7	38.2	21.1	29.5	18.4	10.3	7.6	11.2
70+	6,551	1,781	4,770	43.2	44.1	41.9	23.4	38.7	18.7	14.7	3.2	19.0	18.7	14.1	20.4
Total	93,484	20,936	72,548	34.9	29.8	36.4	34.3	36.3	33.7	20.2	17.5	21.0	10.5	16.4	8.9
Disability Domain															
Vision	30,037	13,667	16,370	25.9	19.5	31.2	40.2	47.4	34.1	25.8	21.0	29.8	8.1	12.0	4.9
Mobility	28,667	12,900	15,767	23.2	20.7	25.8	33.9	32.4	35.2	34.4	34.8	33.9	8.5	12.1	5.1
Hearing	38,658	22,151	16,507	11.4	10.9	11.9	43.3	39.1	47.5	42.1	46.1	38.4	3.2	3.9	2.2
Cognitive	22,941	12,411	10,530	17.9	2.5	35.9	49.6	62.8	34.0	27.7	28.6	26.6	4.9	6.1	3.5
Communication	41,606	22,093	19,513	21.8	16.8	27.4	41.4	48.9	32.8	31.0	26.8	35.7	5.9	7.5	4.0
Selfcare	30,977	14,342	16,635	16.8	18.6	15.3	36.8	45.4	29.4	38.5	24.6	50.5	7.9	11.4	4.8
Albinism	36,534	21,701	14,833	21.1	16.8	27.5	42.6	49.9	31.9	30.6	25.7	37.8	5.7	7.6	2.9

6.6 Perception of Caregivers on their role to make the lives of Persons with Disabilities better

The caregivers were asked about their perception on their role in making the lives of the persons with disabilities they were caring for. The distribution of caregivers by age, sex and ability to improve lives of persons with disabilities under their care is shown in Table 6.15. Nearly half (48.1%) of male caregivers and 42 per cent of female caregivers felt that their role would make the lives of the persons with disabilities a lot better while about 4 per cent of both male and female caregivers felt that their role would not make the lives of the persons with disabilities better at all. Majority of the male caregivers who felt that their care giving roles will make the lives of persons with disabilities a lot better were those taking care of persons with disabilities in vision and self-care at 36.5 and 36.4 per cent respectively.

Table 6. 15: Distribution of Primary Caregivers age 18 years and above by capability of making the Life of Persons with Disabilities Better

	Total			A lot better			Better			A little better			Not at all		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
Age															
18-34	20,616	5,298	15,318	53.5	45.2	56.3	23.1	32.1	19.9	22.1	17.7	23.7	1.3	5.0	0.0
35-59	53,523	10,727	42,796	41.6	51.9	39.1	33.4	27.2	34.9	19.6	15.2	20.7	5.4	5.7	5.3
60-69	12,794	3,130	9,664	43.2	58.7	38.2	30.0	18.9	33.5	25.2	20.7	26.7	1.6	1.7	1.6
70+	6,551	1,781	4,770	26.9	16.1	31.0	39.7	83.9	23.1	26.2	0.1	36.0	7.2	0.0	9.9
Total	93,484	20,936	72,548	43.4	48.1	42.1	31.0	32.1	30.7	21.4	15.3	23.2	4.1	4.4	4.0
Disability Domain															
Vision	30,037	13,667	16,370	31.6	36.5	27.4	46.5	38.4	53.3	20.2	25.0	16.2	1.7	0.0	3.1
Mobility	28,667	12,900	15,767	19.2	25.1	13.4	44.7	38.1	52.1	30.1	36.8	23.6	6.0	0.0	10.9
Hearing	38,658	22,151	16,507	24.3	25.0	23.5	30.7	27.6	34.4	40.6	47.4	33.7	4.5	0.0	8.4
Cognitive	22,941	12,411	10,530	10.8	9.4	14.8	57.6	49.5	66.4	28.0	41.0	12.8	3.6	0.1	6.0
Communication	41,606	22,093	19,513	24.9	26.7	23.0	44.2	44.1	44.4	26.6	29.3	23.6	4.2	0.0	8.9
Selfcare	30,977	14,342	16,635	31.3	36.4	27.0	37.0	47.2	28.2	26.3	16.3	34.8	5.4	0.0	10.0
Albinism	36,534	21,701	14,833	24.1	26.7	20.4	41.4	44.9	36.1	29.7	28.4	31.7	4.8	0.0	11.8

6.7 Findings from Focus Group Discussions with Primary Caregivers of Persons with Disabilities

6.7.1 Introduction

The assessment utilized focus group discussions to determine the met and unmet needs of the caregivers in undertaking their caregiving role, to collect information from primary caregivers on the support provided towards self-care, household, communication, and community activities. In addition, the discussions focused on the limitations of primary caregivers in engagements in labour and education. The discussions further analyzed the psychosocial status of primary caregivers as well as the support they received to carry out their caregiving responsibilities.

A total of 20 focus group discussions (FGD) of primary caregivers were undertaken across six domains of disabilities in the counties of Garissa, Meru, Makueni, Murang'a, Nandi, Kajiado, Bungoma, Migori, Taita-Taveta and Nairobi as indicated in figure 6.2.

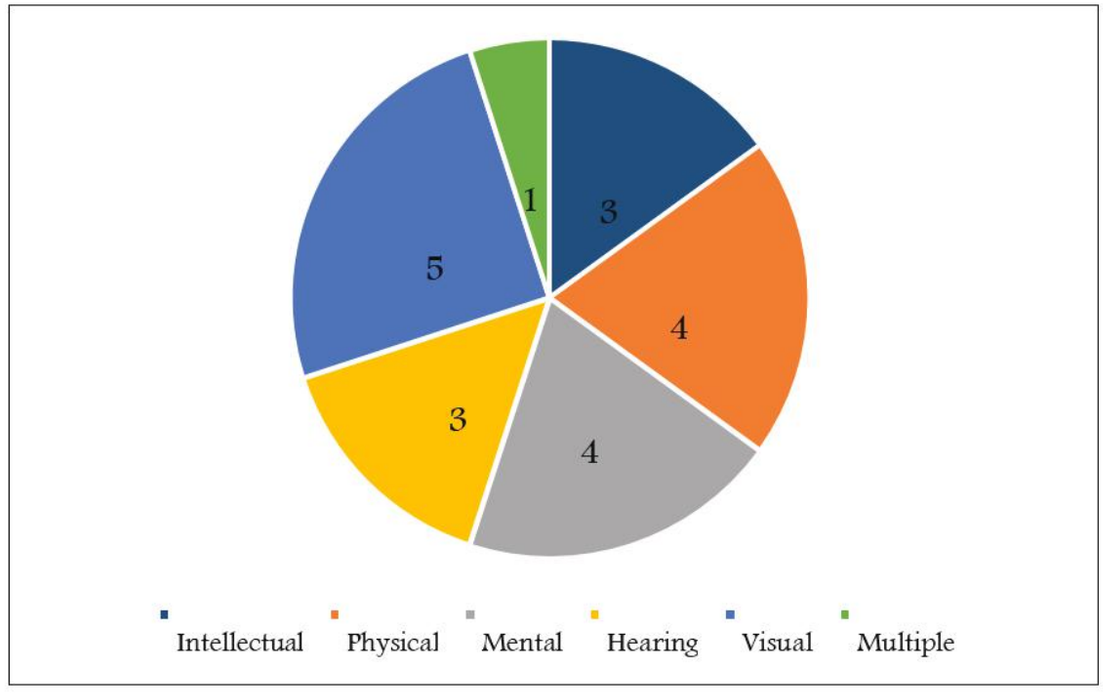


Figure 6. 2: Number of FGDs by disability domain

6.7.2 Distribution of primary caregivers who participated in the focus group discussions.

Table 6.16 shows the distribution of primary caregivers who participated in the focus group discussions by sex and disability domain. A total of 181 caregivers participated in the focus group discussions of whom a greater number were women at 64.6 percent compared to males at 35.4 per cent. Majority of caregivers were women across all domains of disabilities except for physical disabilities where males were more at 51.3 per cent. Persons with multiple and intellectual disabilities recorded the highest number of female caregivers at 85.7 per cent and 75.9 per cent respectively.

Table 6. 16: Distribution of primary caregivers by disability domain and sex

	All Caregivers		Visual		Hearing		Physical		Mental		Multiple		Intellectual	
Sex	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Male	64	35.4	13	30.2	8	29.6	20	51.3	15	41.7	1	14.3	7	24.1
Female	117	64.6	30	69.8	19	70.4	19	48.7	21	58.3	6	85.7	22	75.9
Total	181	100.0	43	100.0	27	100.0	39	100.0	36	100.0	7	100.0	29	100.0

6.7.3 Support provided towards self-care, household, and communication activities

Visual Disabilities	Respondents cited that many of persons with visual impairment required support on self-care activities. It was noted that the severity of the impairment affected the kind of household chores that they were able to perform. Majority of the respondents stated that communication with other people was not difficult among persons with visual impairment
Physical Disabilities	Majority of caregivers supported persons with physical disabilities on self-care activities and moreover to those who were bedridden requiring 24-hour care. This led to caregivers having limited time to perform other activities within the household. Caregivers further offered training to persons with disabilities on how to communicate in cases where they interacted with the community to avoid the conflict due to misunderstanding.
Mental Disabilities	Caregivers support persons with intellectual disabilities in many ways, that include: Training them on using the toilet, how to communicate with others at home, mentor them for example encouraging them to build their confidence that they are ordinary part of the society regardless of their disability. Support them by, accompanying them to social activities such as shopping, worshipping, schooling, and other activities of daily living which provides harmonious belonging in the community. Caregivers also provided and supported on the use of assistive devices, diapers and consumables such as food and medicines.
Hearing Disabilities	Some caregivers train persons with hearing disability to take care of themselves. However, some of them depended on caregivers fully, limiting their engagement in household chores. The caregivers also helped in communication with other family members through sign language since most of the persons with disabilities could not communicate without assistance. The caregivers play the role of informing society of their family members condition to help understand them better and reduce stigma. Some caregivers, have cards that they issue to the persons with disabilities that they give care stating their condition and contact information as a safety precaution.
Multiple Disabilities	The primary caregivers stated that since they give care to persons with multiple disabilities, they supported them in doing most of the household activities. Some caregivers stated that where the disabilities were not severe the persons with multiple disabilities were able to do some of the self-care activities with little assistance. The caregivers reported that they usually train their persons with multiple disabilities on communication skills and further sensitize family and community members on how to relate with them.

6.7.4 Challenges encountered by primary caregivers across the diversities of persons with disabilities

Visual Disabilities	The primary caregivers stated that some of the challenges encountered in carrying out support services included the lack of assistive devices, and fear of neglect among the persons with visual impairment. In addition, they stated that fatigue of the primary caregivers was a key challenge due to lack of respite services to support them.
Physical Disabilities	Financial constraints especially towards providing special diet was cited as a challenge as well as reduced income leading to poverty due to the provision of 24-hour care service to the persons with disabilities. Additionally, caregivers faced challenges when applying for disability cards due to long procedures in application process that had a cost implication.
Intellectual Disabilities	Caring for persons with intellectual disabilities is very involving and requires continuous care. Providing care in public spaces is challenging due to lack of adapted facilities. Other challenges identified were high cost of medication and stigma.

Mental Disabilities	Majority of the caregivers stated that they had limited time to perform other household activities since most of the time they were looking after the persons with disabilities. They were not remunerated, and it was costly to take care of persons with cognitive and self-care disability. Respondents cited that majority of caregivers' experienced financial constraints to access medication in private hospitals due to the limited supply in public hospitals. Caregivers faced communication barriers since they lacked skills to understand how to effectively communicate with people with mental disabilities. Respondents noted that caregiving role had reduced their concentration and morale because they were overwhelmed and stressed up.
Hearing Disabilities	Respondents stated that there were language barriers as most educated persons with hearing difficulties used official sign language and the community used local sign language therefore impeding communication. The caregivers faced financial constraints due to the needs of the persons with for example schools' fees for special schools and medication. In addition, lack of employment opportunities, stigma, and respite care services for persons with hearing impairment were cited as major challenges.
Multiple Disabilities	Caregivers of persons with multiple disabilities, stated that they did not have enough resources to cater for household expenses and to give proper care to them. Food security was reported to be an issue that was a hindrance in caregiving since provision of special diet for the persons with multiple disabilities was not affordable. Communication was a barrier since those with multiple disabilities such as deaf blind would not effectively communicate with the family and community members. Caregivers further revealed that, mobility of persons with multiple disabilities was costly.

6.7.5 Limitations on engagement in education, labour, and community activities

Visual Disabilities	Caregiving responsibilities had negatively impacted respondents in engaging in paid work and school attendance. Most respondents of persons with visual impairment agreed that their social activities had also been reduced and restricted to the homestead to keep watch over the person under their care. It was noted that fear of self-harm and external harm such as rape to persons with disabilities limited their movement in the community with caregivers having to accompany them wherever they went.
Physical Disabilities	Majority of caregivers experienced reduced income and loss of jobs due to caring responsibilities for persons with disabilities since most of them were breadwinners. Caregivers offered training to persons with disabilities on how to communicate in cases where they interacted with the community.
Intellectual Disabilities	Due to the continuous attention required to help persons with intellectual disabilities, care givers were unable to find time to engage in other income generating activities. Moreover, the long hours spent on care work limits the care givers participation in social activities within their communities.
Mental Disabilities	Respondents cited that majority of the caregivers taking care of persons with mental disability have difficulties with maintaining jobs and businesses whereas others were forced to resign from work. Those who were self-employed often had to bring the person with disability to work. Caregivers who were engaged in gainful employment occasionally had to make special arrangements with co-workers for flexible working hours however not many employers offered that provision. Most of the respondents affirmed that their income generating activities were located to proximity of their households to enable them effectively to care for the persons with disabilities.
Hearing Disabilities	Caregiving role affected relations with other family members as it caused a lot of conflict/disagreements among family members who did not understand the needs of the persons with disabilities. Some family members discriminated and made assumptions about the kind of disability leading to stigma.
Multiple Disabilities	Caregivers stated that they provided support in the mobility for persons with multiple disabilities for instance those on wheelchairs and guides for the visually impaired. Most of the caregivers indicated that to care for persons with multiple disabilities was a limiting factor to them since they could not engage in any other paid work. In case of paid work, proximity to the households of the persons with multiple disabilities and flexible working hours were key factors. They also stated that they were limited in terms of job opportunities available to them and ended up doing casual jobs, for instance washing clothes. Majority of the caregivers disclosed that they could not choose their life dreams as most of their time was spent giving care to the persons with multiple disabilities.

6.7.6 Psychosocial status of primary caregivers

Visual Diasbilities	Most respondents were positive on their caregiving role and found that it gave them gratification and contentment on their important role.
Physical Disabilities	Primary caregivers stated that they had learnt to be patient due to their caregiving role and that bonding with the child increased after better understanding on how to support children who had physical disabilities giving them a sense of fulfilment.
Intellectual Disabilities	The caregivers appreciated experiential benefits of care giving to persons with intellectual disability. They also cited that care giving had enabled them to develop life skills and virtues such as patience, strength to handle many challenges in life.
Mental Disabilities	A greater number of the caregivers noted that they had learnt to be tolerant, honest and happy with their caregiving responsibilities while others had a general positive response on the support and acceptance of their caregiving roles. Caregiving roles had increased social networking through persons with disabilities programmes and improved communication skills. Some respondents however stated that they experienced depression, anxiety and stress in caring for persons with mental disabilities.
Hearing Disabilities	Caregivers cited improvement in skills such as sign language which helped them to communicate effectively and strengthening their relationship with the persons with disabilities. Caregiving presented them with a chance to benefit from peer support groups.
Multiple Disabilities	Some caregivers said that caregiving was inspirational to them while others were of the contrary opinion as they indicated that it was discouraging. The caregivers felt that caring enabled them to become aware of the psychosocial behaviours of the persons with multiple disabilities which enabled them to create awareness about disability empowerment to the community.

6.7.7 Support received from government and non-government organizations

Visual Disabilities	The Government supported persons with disabilities with assistive devices such as white canes and paid some households with one-off cash transfers. Non-governmental organizations had also supported households with assistive devices, surgery and free check-up.
Physical Disabilities	Respondents indicated that they were not receiving any assistance from Non -Governmental Organizations although some were receiving assistance from Faith Based Organizations.
Intellectual Disabilities	Some of the primary caregivers acknowledged to have received assistance from the Government and Non-State actors which included: cash transfer and COVID-19 money in 2020 from the Government, assistive devices such as wheelchairs, food and farming inputs. Further, care givers said some benefitted from free assessments and therapy services, and referral recommendations by Community Health Volunteers (CHVs).
Mental Disabilities	A limited number of the respondents cited that they received the Inua Jamii Cash Transfer for Persons with Severe Disability and the Hunger Safety Net Programme Cash Transfer from the Government. Medication for mental health persons was free in public hospitals however the medication was often unavailable. Majority however stated they received no form of assistance from Government and Non-government agencies.
Hearing Disabilities	Respondents received cash transfer although limited in value and number of beneficiaries reached, recipients acknowledged its core importance in aiding them meet their basic needs (food, clothing, medication). The impact of inflation had eroded the purchasing power and caregivers proposed an adjustment in the amount. Caregivers applauded Government efforts to cushion them during the COVID-19 pandemic through the same programme. The caregivers indicated that they did not get support from Non-Governmental Organizations but a few stated that they got support from the churches and the community.
Multiple Disabilities	A larger number of the caregivers of persons with multiple disabilities felt that they bear most of the burden on their own even with a disability card. Most of them indicated that they got some cash transfer from the Government only during the COVID 19 period. They also stated that they did not get any financial support from Non-Governmental Organizations except some who had received assistive devices.

7.0 SUPPORT NEEDS FOR PERSONS WITH DISABILITIES

Chapter 2: Assessment Design and Methodology	**3.3. Limitations of the Assessment** 1. Omission in the tool on questions relating to costs for acquiring assistive devices were not stated nor were the respondents asked the challenges they face in acquiring assistive devices. 2. Omission in the tool on questions on whether the caregivers had been trained on taking care of persons with disabilities and additional factors to compare linkages between stress and depression with the skills required were not captured. 3. Omission in the tool on questions on the cost used by households to purchase food. 4. 4. The questions administered to the primary caregiver did not differentiate between the support they required to care for the persons with disabilities and the support they required to offer their services. 5. Disability and health related costs were not clearly differentiated in the questionnaire neither did the assessment quantify the cost of medication that is specific to disability. 6. The assessment did not quantify the time spent while caring for persons with disabilities.

Chapter 3: Household Socio-Economic Characteristics	**3.4. Key Findings** • About a fifth (20.3%) of all household members were persons with disabilities and 30.2 per cent of total persons with disabilities were household heads. Caregivers constituted 16.7 per cent of the total household members and 38.1 per cent of the total caregivers were household heads. Out of the total caregivers, women accounted for 82.5 per cent. • More than half (55.6%) of the persons with disabilities who were household heads were between age 35 and 59. • The proportion of persons with disabilities who had never been married was 54.3 per cent, while those married was 34.1 per cent. The majority of the caregivers were in a monogamous marriage (67.3%), whereas 6.6 per cent were divorced/separated. • Nearly two thirds of persons with disabilities lived in large households of five or more members. • About four per cent of persons with disabilities lived alone implying exposure to loneliness, social isolation, and lack of physical and social support. • Majority of persons with severe disability lived in household with more than five members at 65.2 per cent. • The highest proportion of persons with disabilities who reported inability to access the dwelling unit were those with visual disability at 44.9 per cent followed by physical (mobility) (43.1 %) and self-care (40.7%). • The main source of drinking water for majority of the households was from the stream at 28.4 per cent. • The main source of cooking fuel in households was firewood at 77.8 per cent. • Covered pit latrine was the most common mode of human waste disposal in households with persons with disabilities at 59.0 per cent. • About four per cent of households disposed human waste in the open. • Most households (82.2%) purchased their food while 57.3 per cent consumed food from own farm production. Notably, 5.8 per cent of the households begged for food while, 2.9 per cent received food assistance from CSOs, NGOs or Government. • Overall, households with five or more members suffered high level of food inadequacy. About 6 in 10 households sometimes had no food of any kind to eat because of inadequate resources. Further, 59.1 per cent of the households sometimes slept hungry at night because there was not enough food while 23.5 per cent often went a whole day and night without eating anything at all because there was not enough food. • Mud/cow dung is the mostly used material for walling at 31.5 per cent; Iron sheets are the widely used roofing material among persons with disabilities households at 91.9 per cent and Concrete/Cement/Terrazzo is the mostly used flooring materials at 44.6 per cent.
Chapter 4: Demographic and Socio-Economic Characteristics of Persons with Disabilities	**3.5. Key Findings** • The highest proportion of registered persons with disabilities were youth (18-34 years) at 32.0 per cent followed by those age 35-59 at 27.5 per cent. Children age 2-17 years comprised 25.2 per cent while older persons (60+ years) accounted for 15.3 per cent. • The highest number of registered persons with disabilities had cognitive disabilities. • There was a lag in school attendance progression for persons with disabilities with 17.7 per cent and 8.5 per cent of males and females age 18-24 years attending primary school level, respectively. More than half of persons with disabilities of secondary school going age were attending primary school. • Majority of the children with disabilities who were not attending school were of primary school going age (6-13 years).
	• Overall, 46.7 per cent of the persons with disabilities cited severe disability as a reason for not attending school followed by lack of special schools and financial constraints at 20.8 per cent and 12.5 per cent, respectively. • Larger number of persons with disabilities work in informal employment (private sector informal, small scale agriculture, private households). • There were more male persons with disabilities employed across all sectors compared to females.

Chapter 5: Support Needs for Persons with Disabilities	**3.6. Key Findings** • Possession of disability registration cards increased with increase in age of persons with disabilities. • Over half (52.7%) of persons with disabilities had Disability registration cards with 56.5 per cent having visual impairment. Those with no disability cards were predominantly in communication domain at 48.7 per cent. • Persons with disabilities who had completed secondary level of education and tertiary were more likely to have disability registration cards compared with those who had completed other educational levels. Generally, in all levels of education attainment, more males than females had acquired disability registration cards. • Acquisition of disability registration cards increases with level of education attainment. • The proportion of persons with disabilities who had registration cards increased with increase in disability severity across all levels of disability severity. Among persons with disabilities who had registration cards, more males than females had the disability registration cards. • About 8 in 10 persons with cognitive disability reported facing difficulty in obtaining disability registration card. Persons with hearing difficulty and albinism reported less difficulty in obtaining disability registration card. • The reason for getting registration cards by persons with disabilities was mainly for tax exemption purposes (19.3%) and access to affirmative action programmes (13.1%). • Generally, across all levels of education attainment a higher proportion of males compared to females applied for disability registration cards for tax exemption purposes. • About 71 per cent of persons with mobility, 75.5 per cent with cognitive and 69.5 per cent with self-care disability had difficulties in accessing toilets within the dwelling unit. Further, 69 per cent and 82.3 per cent of persons with mobility and self-care disability had difficulty in accessing dwelling unit living room. • High proportions of persons with disabilities in the domains of mobility (77.8%), cognitive (74.7%), communication (50.2%) and self-care at 83 per cent reported that dwelling units' bedrooms were not accessible. • Higher proportion of females than males with self-care disability had difficulty to access their workplaces, school, and shops. However, a higher proportion of males than females in mobility domain had difficulty in accessing built environment. • More than half of female persons with disabilities in self-care domain reported that the recreational and sports facilities were not accessible and 38 per cent reported that places of worship were not accessible. Those with difficulties in accessing banks were mainly those with disability in communication. • About 2 in every 5 male and female persons with self-care disability reported difficulty in accessing public transport while a comparable proportion of males with mobility disability experienced similar difficulties. • The highest proportion of respondents indicated that they did not know who paid for the ATs used by the persons with disabilities. One in 5 respondents indicated that the ATs were bought by the Government, other persons/institutions and themselves. • A higher proportion of persons with disabilities needed financial support to access health and rehabilitation services. These were cited as major requirements by persons with disabilities across all the disability domains. • A higher proportion of persons with albinism cited health insurance as a key requirement to

Chapter 6: Primary Caregivers	**Key Findings** • Most of the primary caregivers (43.4%) are heads of households or family members while 17 per cent of them are single parents hence a likelihood of double burden and loss of income since they forego income generating activities for caring services. • Nine out of 10 caregivers were not employed especially women. • Persons with disabilities require support services regardless of the disability. • Majority of the caregivers required flexible working hours which indicated most of them were self-employed. • Primary caregivers need respite services, rehabilitation services and accessible health services to perform their caregiving role. They also require psychosocial support, support networks, skills development, financial support as well as tax exemption since majority do not belong to support networks. • Two out of five primary caregivers have a lot of difficulty in taking care of the physical and emotional need for the persons with disabilities especially those with cognitive disability. • Only three out of 10 caregivers take a lot of time caring for the persons with disability even though the same proportion feel a lot of tiredness while caring for the person with disability. • More than a third of the caregivers had a lot of limitation in terms of time to care for persons with disabilities. • About half (48.1%) of the male and 40% female caregivers felt that their role made the lives of the persons with disabilities a lot better

7.1 Recommendations

1. Government and relevant stakeholders should pursue and implement policies on affordable and accessible amenities for persons with disabilities as per the Constitution of Kenya 2010, Persons with Disabilities Act 2003 and Convention on the Rights of Persons with Disabilities 2008.
2. Government to increase sensitization to inform the public and persons with disabilities together with their families about the importance of getting disability registration cards. The process of registration should be simplified and fast tracked to enable persons with disability to access registration cards across the entire country to attain 100 percent registration.
3. Government and stakeholders should come up with programs such as respite care for persons with disabilities, psychosocial support systems and tax exemption for primary caregivers and implement them to mitigate the identified gaps towards ensuring caregivers overcome stress together with depression associated with the caregiving role.
4. The government should deploy therapists and physiotherapy experts in all the 47 counties to support persons with intellectual disabilities.
5. Government should increase the budgetary allocation funds to support persons with disabilities to access educational grants. It should invest in assistive devices and education assistance to reduce barriers to school attendance.
6. The disability registration cards should be linked to other services such as health and rehabilitation services in all government facilities.
7. Support networks and groups for primary caregivers should be established and be embraced by both state and non-state actors.
8. Government should adopt inclusive planning for the different categories of persons with disabilities across the lifecycle (children with disabilities, youth with disabilities and elderly persons with disabilities). Gender responsive affirmative action programs should also be strengthened to improve education for all including persons with disabilities.
9. Psychosocial counselling centres be established to support parents, families and caregivers to overcome stress and depression associated with the caregiving role.
10. Government to establish accessible educational services and facilities in inclusive settings to ensure persons with disabilities access education at all levels.
11. The Government and all stakeholders should implement the 5% rule employment for persons with disabilities to increase their employment in the public and private sector.
12. Government should support households with persons with disabilities to renovate their dwelling units to accommodate persons with disabilities.
13. Sensitization on the need to have highly disaggregated data for all disability domains and especially cognitive disabilities in future studies.
14. Studies should also be conducted on accessibility of dwelling units within informal, rural, peri-urban, and urban settlements, and how this affect access by persons with disabilities.
15. Primary caregivers are to be supported in accessing assistive technology, health insurance, respite community services, training and other programs which will be of help to them on the services they offer to persons with disabilities.
16. A consideration to give an allowance to the primary caregivers to compensate for the loss they incur in taking care of persons with disabilities and subsidize the cost of therapy services for persons with disabilities as means of reducing disability related costs.
17. Kenya Sign language to be made compulsory in all sectors for easier communication with persons with hearing disabilities.

18. Training and sensitization curriculum to be developed for various caregivers of diverse disabilities to build their capacities in different contexts including disability issues to avoid discrimination against persons with disabilities and offer acceptance. In addition, deliberate and robust civic education program to be put in place targeting persons with disabilities and their primary care givers.
19. Advocacy programmes to be developed targeting males to take up caregiving responsibilities towards caring for persons with disabilities.
20. The Government should ensure system strengthening and effective response on shock responsive interventions by continuously updating its database on persons with disabilities to ensure quick and effective interventions.
21. Government to establish a linkage between various existing systems containing data of persons with disabilities such as NEMIS, NCPWD, NSNP, ESR databases for effective planning, referrals, and linkages to available interventions.
22. Government and stakeholders to strengthen existing monitoring and evaluation systems on various interventions provided to persons with disabilities and primary caregivers to evaluate the impact to these interventions.

Appendix

Appendix 1: Distribution of Persons with Disabilities by sex, household size and disability severity

Disability Severity	PWDs	Household Size															
		1				2				3-4				5+			
		Number	Share	Male	Female	Number	Share	Male	Female	Number	Share	Male	Female	Number	Share	Male	Female
Mild	3,214	382	10.1	100.0	-		-	-	-	761	3.7	29.5	70.5	2,070	3.2	84.2	15.8
Moderate	29,642	1,334	35.4	69.6	30.4	2,898	27.9	51.5	48.5	6,175	29.8	54.8	45.2	19,234	29.6	64.6	35.4
Severe	67,136	2,054	54.5	31.5	68.5	7,499	72.1	53.6	46.4	13,805	66.6	52.0	48.0	43,778	67.3	55.9	44.1
Total	**99,991**	**3,771**	**100.0**	**51.9**	**48.1**	**10,397**	**100.0**	**53.0**	**47.0**	**20,741**	**100.0**	**52.1**	**47.9**	**65,082**	**100.0**	**59.4**	**40.6**

Appendix 2: Distribution of Persons with Disabilities Who Were Attending School by Disability domain, Sex and Level of Education

	All PWDs			Visual		Hearing		Mobility		Cognitive		Communication		Self Care		Albinism	
Level of Education	Total	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Total	**22,688**	**12,244**	**10,444**	**792**	**992**	**1,710**	**1,799**	**3,061**	**2,565**	**8,738**	**6,374**	**4,354**	**3,449**	**2,370**	**2,042**	**547**	**482**
Pre-Primary	1,317	307	1,009	-	202	14	-	95	210	307	351	198	447	110	210	-	37
Primary	8,652	4,757	3,895	355	543	739	855	995	1,399	2,804	1,628	1,745	678	679	740	490	118
Secondary	5,388	2,939	2,449	218	-	702	849	1,007	16	1,986	2,214	651	498	498	264	-	327
Middle Level Colleges	735	488	247	-	247	-	-	-	247	488	247	-	-	-	-	-	-
University	1,061	1,061	-	218	-	-	-	247	-	776	-	38	-	38	-	-	-
Informal	4,226	1,868	2,358	-	-	8	95	428	446	1,553	1,694	1,213	1,579	526	581	-	-
Vocational	1,021	535	486	-	-	248	-	-	247	535	239	248	247	231	247	56	-
Don't Know	288	288	-	-	-	-	-	288	-	288	-	263	-	288	-	-	-

Appendix 3: Distribution of Persons with Disabilities by Type of disability and Difficulties Faced in getting Registration Cards

Difficulties Faced in Getting	All Persons with Disability			Visual			Hearing			Mobility			Cognitive			n			Self Care			Albinism		
Registration Cards	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	32,910	19,171	13,740	5,284	2,867	2,417	2,332	1,005	1,327	12,799	7,120	5,679	25,371	14,956	10,414	8,006	4,670	3,337	11,206	7,037	4,169	1,115	616	499
Lack of information	2,105	1,774	332	-	-	-	271	271	-	1,058	963	95	1,629	1,511	118	533	533	-	1,472	1,472	-	354	118	236
Inaccessible information	2,629	1,587	1,043	812	392	420	392	192	200	918	710	209	1,765	932	834	200	-	200	14	14	-	-	-	-
Cost involved	3,208	2,236	972	1,105	610	495	-	-	-	1,698	1,082	616	2,321	1,717	604	614	366	248	1,414	903	511	79	79	-
Access to assessment facilities	4,440	2,791	1,650	1,061	853	209	658	459	199	1,587	702	886	3,632	2,791	841	2,014	1,215	800	1,866	980	886	209	-	209
Delays in approvals	11,430	5,969	5,460	1,044	270	774	239	58	181	3,842	1,925	1,917	9,345	4,945	4,400	2,439	1,220	1,220	2,987	1,723	1,264	186	132	54
Lack of support	1,139	547	592	458	209	250	-	-	-	95	95	-	680	338	342	5	5	-	95	95	-	209	209	-
Process too complicated to carry out	6,479	3,094	3,385	407	349	58	747	-	747	3,168	1,211	1,957	4,702	1,734	2,969	1,927	1,058	870	2,490	1,076	1,414	79	79	-
Difficult to obtain required documentation	1,122	815	307	395	184	211	-	-	-	432	432	-	938	632	307	248	248	-	868	773	95	-	-	-
Other	358	358	-	-	-	-	25	25	-	-	-	-	358	358	-	25	25	-	-	-	-	-	-	-

Appendix 4: Distribution of Persons with Disabilities Age 5 Years and Above by Type of Disability, Sex and Accessibility to Toilets within the Dwelling Unit

Accessibility to the Toilet	All PWDs			Visual			Hearing			Mobility			Cognitive			Communication			Self Care			Albinism		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	82,536	47,484	35,052	11,769	6,615	5,154	8,386	3,153	5,233	32,098	17,547	14,551	65,164	37,111	28,053	21,157	11,626	9,531	26,552	15,275	11,277	1,814	1,096	718
Very accessible	52,065	28,741	23,324	5,323	2,837	2,486	6,806	2,107	4,699	14,216	6,794	7,422	42,660	23,616	19,044	12,590	6,430	6,161	11,809	6,780	5,029	1,566	848	718
Somewhat accessible	15,371	9,274	6,097	3,596	2,033	1,562	779	779	0	7,685	4,286	3,398	11,138	6,749	4,390	3,046	2,059	987	4,647	2,399	2,248	248	248	0
Not accessible	13,977	8,464	5,513	2,628	1,618	1,010	797	263	534	9,902	6,267	3,635	10,554	5,946	4,608	5,208	2,848	2,360	9,717	5,813	3,904	0	0	0
Don't have one	1,124	1,005	119	223	127	95	5	5	0	295	200	95	812	800	12	312	289	23	380	284	95	0	0	0

Appendix 5: Distribution of Persons with Disabilities Age 5 Years and Above by Type of Disability, Sex and Accessibility to the Dwelling Unit Bathroom

Accessibility to the Bath Room	All Persons with Disability			Visual			Hearing			Mobility			Cognitive			Communication			Self Care			Albinism		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	82,536	47,484	35,052	11,769	6,615	5,154	8,386	3,153	5,233	32,098	17,547	14,551	65,164	37,111	28,053	21,157	11,626	9,531	26,552	15,275	11,277	1,814	1,096	718
Very accessible	51,316	30,159	21,157	5,664	3,048	2,616	6,660	2,486	4,174	14,176	7,320	6,856	42,626	24,786	17,840	11,736	6,164	5,572	10,999	6,744	4,255	1,566	848	718
Somewhat accessible	17,013	8,971	8,043	3,254	1,822	1,433	385	385	0	9,360	4,623	4,738	11,897	6,540	5,357	3,531	2,154	1,377	5,353	2,315	3,038	209	209	0
Not accessible	12,470	7,358	5,112	2,583	1,618	965	1,011	277	734	7,828	4,967	2,861	9,311	5,089	4,222	5,533	3,018	2,514	9,336	5,448	3,888	39	39	0
Don't have one	1,737	997	740	268	127	141	330	5	325	733	637	95	1,330	697	633	358	289	68	865	769	95	0	0	0

Appendix 6: Distribution of Persons with Disabilities Age 18 Years and above by Type of Disability, Sex and Persons/Institutions that paid for the Assistive Technologies

Persons/institutions that paid for the AT	All PWDs			Type of Disability															
				Visual		Hearing		Mobility		Cognitive		Communication		Self Care		Albinism			
	Total	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Total	65,181	37,925	27,256	5,792	4,487	2,370	3,824	14,423	12,395	29,172	22,177	6,136	5,735	10,786	8,158	898	718		
Myself	25,336	16,100	9,236	2,059	1,733	657	644	8,084	5,156	11,566	6,728	1,944	1,800	5,172	3,529	245	36		
A relative	8,334	4,810	3,524	1,271	715	673	514	1,451	1,264	3,591	2,888	451	385	946	1,205	209	209		
NGO or charity	6,303	4,263	2,040	1,325	324	182	842	2,435	1,085	3,092	1,793	695	516	1,553	571	0	0		
Government	3,873	1,311	2,562	0	143	248	287	800	1,680	759	2,500	496	406	291	761	0	0		
Don't know	21,335	11,442	9,893	1,136	1,571	610	1,537	1,654	3,211	10,164	8,269	2,549	2,629	2,825	2,091	445	474		

Appendix 7: Distribution of Persons with Disabilities by Type of Disability and Difficulties Faced in Getting Registration Cards

Support Needed to Access Health and Rehabilitaion Services	All Persons with Disability			Type of Disability													
				Visual		Hearing		Mobility		Cognitive		Communication		Self Care		Albinism	
	Total	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Total (Health Swervices)	**99,991**	**56,926**	**43,065**	**8,529**	**5,414**	**4,216**	**6,128**	**20,807**	**18,304**	**43,085**	**32,567**	**16,733**	**12,652**	**19,040**	**13,075**	**1,545**	**991**
Personal Assistant	8,526	3,897	4,629	526	606	773	822	1,351	1,716	2,923	4,062	1,769	1,711	1,620	1,742	0	0
Assistive Device	3,325	1,433	1,892	73	1,091	248	759	1,109	1,266	832	1,421	348	907	657	810	0	18
Accessible Transport	4,326	2,566	1,760	200	184	0	0	930	1,576	1,843	1,025	477	495	853	743	56	0
Assisted Movement	1,350	803	547	0	214	0	0	803	452	248	547	461	0	803	95	0	0
Health Insurance	9,011	5,130	3,882	271	824	5	191	1,181	1,314	3,501	2,748	860	799	1,128	1,803	0	417
Accessible Information	755	526	229	0	0	0	0	263	0	526	229	0	0	0	0	0	0
Financial Support	55,474	32,273	23,201	6,569	2,307	2,793	3,619	13,577	9,548	25,138	18,117	9,697	6,749	11,849	6,654	999	347
Specialised Health Services	4,617	3,097	1,520	537	127	25	200	928	493	2,025	902	1,777	291	1,082	412	287	209
Not Stated	12,606	7,201	5,406	355	63	372	537	666	1,939	6,050	3,516	1,343	1,700	1,049	815	203	0
Total (Rehabitation Services)	**51,342**	**29,001**	**22,341**	**4,201**	**3,042**	**1,971**	**3,099**	**12,606**	**9,360**	**22,306**	**17,605**	**11,853**	**7,317**	**12,457**	**6,946**	**1,023**	**445**
Personal assistant	3,807	1,121	2,687	48	0	248	188	5	647	1,083	2,582	668	1,310	443	834	0	0
Assistive device	2,886	1,516	1,369	472	250	445	182	273	686	1,125	1,120	208	280	709	423	0	0
Accessible transport	1,496	925	571	200	0	0	0	436	529	925	571	248	0	0	248	0	0
Assisted movement	980	552	427	0	214	0	0	339	427	552	427	63	0	276	0	0	0
Health Insurance	7,524	4,295	3,229	668	677	263	419	1,807	770	2,836	2,240	1,613	1,048	2,017	1,032	626	209
Accessible information	1,796	917	879	247	184	0	192	333	107	510	600	568	0	0	12	0	0
Financial support	32,853	19,676	13,177	2,567	1,718	1,015	2,118	9,414	6,195	15,274	10,065	8,485	4,679	9,013	4,397	397	236

Support Needs Assessment Survey Team

The State Department for Social Protection and Senior Citizens Affairs in collaboration with Kenya National Bureau of Statistics and Organizations of/for Persons with Disabilities among other stakeholders undertook an assessment to determine the support needs of persons with disabilities and their primary caregivers both met and unmet needs, and to understand how that varies by type and degree of functioning difficulties, personal characteristics, household composition, socioeconomic conditions of the household, and rural vs. urban environments.

The Support needs assessment for Persons with Disabilities and their Primary Caregivers consisted of 1000 sampled individuals spread throughout 10 counties representing all the regions in Kenya. A sample of these individuals was scientifically selected to be included in the assessment from the list of registered persons with disabilities in Kenya obtained from National Council of Persons with Disabilities.

Collaborating Institutions

1.	Ministry of Labour and Social Protection.
2.	Kenya National Bureau of Statistics (KNBS)
3.	National Council for Persons with Disabilities (NCPWD)
4.	United Nations Children's Fund (UNICEF)
5.	World Food Programme (WFP)
6.	United Disabled Persons of Kenya (UDPK)
7.	Center for Inclusive Policy
8.	Kenya National Commission on Human Rights (KNCHR)
9.	Kenya Association for the Intellectually handicap (KAIHD)
10.	National Gender and Equality Commission (NGEC)
11.	Ministry of Health (MoH)
12.	Sightsavers
13.	Christoffel Blinden Mission (CBM) East Africa
14.	Association of the Physically Disabled of Kenya (APDK)

The research assistants were provided some essential materials including;

- A fully charged CAPI mobile tablet
- Interviewer's Manual
- Identification badge
- Blue ink pens and a notebook
- A card displaying assistive Technology and Human Support Needs
- A labelled bag to carry your tablet and materials required for the assessment

The Support Needs Assessment was a success because of a team that took part in the planning and fieldwork with diverse roles such as contacting respondents, transporting research assistants, conducting the survey, supervising, and conducting spot checks at the field for progress and any challenges encountered in terms of gaps from the survey tool.

The survey team consisted of;

a. Advisory group

	ACTOR	ROLE
1.	Alex Cote, Social Protection Specialist, UNICEF	To support the research team and advice the technical planning team on project implementation

b. Principal Investigators

S/No.	Name	Institution	Role
1.	Phoebe Nyagudi	State Department for Social Protection	Overall Coordination of Program implementation, administrative support and report dissemination and implementation.
2.	Renice Bunde	KNBS	Proposal development, data collection, data management, report dissemination.

c. Co-Investigators

S/No.	Name	Role	Institution
1.	Daniel Mont	Proposal development, methodology and development of the Data collection tool. Data management, analyze quantitative data, report writing and dissemination.	Center for Inclusive Policy
2.	Mitch Loeb	Proposal development, methodology and development of the Data collection tool. Data management, analyze quantitative data, report writing and dissemination.	Center for Inclusive Policy
3.	Rose Bukania	Program lead, proposal development, project planning and coordination and report dissemination.	State Department for Social Protection

d. Technical planning team consisting of secretariat from the State Department of Social Protection, National Council for Persons with disabilities and Kenya National Bureau of Statistics.

e. Steering Committee from organizations for and of persons with disabilities and International Non-Governmental Organization.

Organization	Actor	Role
Directorate of Social Development	Josephine Muriuki Phoebe Nyagudi Moses Kamau Rose Bukania Mercy Kuria Tina Mungatana	• Complement the technical committee • Offer technical support • Lead persons in the support needs assessment for persons with disabilities • Create working groups and choose the right experts to support the project. • Receive status updates • Make decisions
Kenya National Bureau of Statistics	Macdonald Obudho, MBS Abdulkadir A. Awes Godfrey Otieno Renice Bunde	

Directorate of Children Services	Mr. Maurice Tsuma	• Offer technical and resource mobilization support
National Council for Persons with Disabilities	Mr. James Ndwiga	
Organizations for/of Persons with Disabilities	Kenya Association for the Intellectually Handicap Sightsavers Christoffel Blinden mission (CBM) East Africa	
Kenya National Commission on Human Rights (KNCHR)	Dr. Elizabeth Kamundia Clara Emurugat	
Donors/ International Organizations	United Nations Children Fund (UNICEF) World Food Programme	

f. Respondents who are mapped persons with disabilities and the primary caregivers from the 10 counties. The main role of the caregivers was to give consent for the interview to proceed and respond to the questions asked by the research assistants.

g. County Coordinators and Sub County Social Development Officers

1	Nakuru	Nimroid Kemboi	• Liaise and sensitize the County Government on the assessment • Liaise with the National Government Administrative Officers on issues of the assessment • Undertake community sensitization on the assessment. • Assist in coordinating administrative and logistical issues during the assessment. • Mobilization and backstopping • Assist the interviewer in locating the respondents/ individuals. • Sensitizing caregivers on their roles during the interview process.
2	Taita Taveta	Wamwati Benard Kariuki Mbugua Michael Mbuthi	
3	Garissa	Mulandi Titus Muviku Ayan Mohamed	
4	Meru	Murigu Peter Mwangi Francis Muguro Mwangi	
5	Makueni	Mulonzi Daniel Mumo Brian Kiilu Muthini	
6	Murang'a	Maina Esther Wamboi Esther Mbaire Wambui	
7	Nandi	Ojode Michael Juma Kennedy Okongo Ouma	
8	Kajiado	Njau Jimmy Kimandi Tom Daniel Nyika	
9	Bungoma	Omung'ala N. Margaret Ezekiel Ebere Dokhole	
10	Migori	Ondara Eliud Bundi Pauline Odawa	
11	Nairobi	Nyagaka Isaac Aminga Doreen Nkirote	

h. Supervisors from Kenya National Bureau of Statistics in the 10 counties

	County	Supervisor	Role
1	Nairobi	Nelly Wema	• Assigning the teams their roles. • Assign the interviewer the respondents/individuals and ensure all assignments are accounted for. • The role of the supervisor is to check that interviewers perform their work well. • Handling the logistics of the assessment and coordinating with the team. • Accompanying the team to the field during the assessment. • Ensure that interviews are conducted appropriately • Ensure regular progress of data collection in the regions. • Making sure that standardized interviewing techniques are observed when asking questions, clarifying, probing and giving feedback in a nondirective manner • Check that data is coded and entered correctly after conducting the interview. • Give feedback and debrief regularly the organization responsible for the study on the progress of the assessment and any problems that have arisen. • Write a comprehensive field report after the assessment as per the provided format. • Collect the tablets from the research assistants at the end of the assessment and update control forms upon receipt of the devices.
2	Bungoma	Dorcas Aono	
3	Migori	Moses Osano	
4	Nandi	Reuben Rugut	
5	Murang'a	Peter Macharia	
6	Meru	Catherine Githinji	
7	Kajiado	Sila Peter	
8	Makueni	Veronica Kalii Ndeto	
9	Taita Taveta	Francis Ruwa	
10	Garissa	Hassan Sanbur Adan	

i. Three County based Research Assistants

S/No	COUNTY	RESEARCH ASSISTANT	ROLE
1	Nairobi	Felix Otieno Opondo Amin Abdulkadir Austine Enos Otieno	• Ensure that he/she has all the necessary materials to be used for the assessment before the start of the exercise • Identify all the sampled individuals assigned to the teams • Complete all modules in the questionnaire • Ask all questions and record particulars for households and individuals during the interview. • Make call-backs and follow-ups for respondents who were not found during earlier visits. • Prepare debriefing notes for the supervisor on any challenges/noteworthy issues encountered. • Forward to the supervisor the materials as directed
2	Bungoma	Mary Nangila Collins Janes Brian Namtala Olinyo	
3	Migori	Kennedy Owino Kennedy Okuku Valary Adhiambo	
4	Nandi	Winny Chelangat Denis Korir Evelyn Aluoch Omune	
5	Murang'a	Wahome Gethi Cyrus Irungu Ng'ang'a Daisy Wangui	
6	Meru	Petronillah Mugeni Kamuru Eric Muthama Mutinda Paul Mwaura Kamau	
7	Kajiado	Evelyn Aluoch Omune Shadrack Segei Brian Ogega	
8	Makueni	Bianca Miriam Ombui Mageto Wesley Narman Mutinda	
9	Taita Tav-eta	Rogen Mwakoi Boniface Nzyuko Joan Furaha	
10	Garissa	Aisha Ibrahim Rashid Abdiwahab Mohammed Haji Samatar Abdi	

j. County Based Support Persons - Whose role was to offer sign language interpretation for respondents and research assistants who were deaf as well as any other support required.

	County	Name	Role
1	Nairobi	Elsie Wanjiku Muriithi	Offer support services to research assistants and persons with disabilities.
2	Bungoma	Billy Mung'athia	
3	Migori	Absalom Bonyo	
4	Nandi	Valentine Shiraku	

k. Two County based drivers one from KNBS and one from the State Department for Social Protection in the 10 counties were involved in the fieldwork exercise to-:

- Transport research assistants, supervisors and sub county officers to and from the respondents' households.
- Assist in locating the respondents being that they were conversant with the routes.

l. Sampling team from KNBS

Name	Organization	Role
Prisca Wangui	Kenya National Bureau of Statistics	• Sample respondents from National Council for Persons with disabilities database • Map the respondents • Replace respondents who were not traced in a particular county with those in the database

m. Data processors from Kenya National Bureau of Statistics

	Name	Role
1	Canabel Oganga	• Upload the questionnaires to the CAPI mobile tablet • Receive completed data from the tablet sent by the supervisor and process it for analysis • ICT/Server support
2	Paul Waweru	
3	Job Mose	
4	Maurice Kamau	

n. Data analysts whose main role was to analyze data from the assessment and interpret it

List of Authors

S/No	NAME	DESIGNATION	ORGANIZATION
1.	Josephine Muriuki	Director	Directorate of Social Development
2.	Phoebe Nyagudi	Director	Directorate of Social Development
3.	Moses Kamau	Deputy Director	Directorate of Social Development
4.	Rose Bukania	Principal Social Development Officer	Directorate of Social Development
5.	Macdonald Obudho, MBS	Director General	Kenya National Bureau of Statistics
6.	Abdikadir Awes	Director	Kenya National Bureau of Statistics
7.	Rosemary Bowen	Snr. Manager Social Statistics	Kenya National Bureau of Statistics
8.	Renice Bunde	Snr. Population Statistician	Kenya National Bureau of Statistics
9.	Job Mose	Manager Social Statistics	Kenya National Bureau of Statistics
10.	Fatma Wangare	Chief Executive Officer	Kenya Association for Intellectually Handicapped
11.	Dr. Samuel Kabue	Member of CRPD	Caucus on Disability Rights Advocacy
12.	George Gathenya	Program Manager	Christian Blind Mission
13.	Maurice Tsuma	Director	Directorate of Children Services
14.	Mercy Kuria	Snr. Social Development Officer	Directorate of Social Development
15.	Tina Mungatana	Snr. Social Development Officer	Directorate Of Social Development

16.	George Muhoro	Asst. Director ICT	State Department for Social Protection
17.	Alexander Rutto	ICT Officer	State Department for Social Protection
18.	Emma Bosire	Social Development Officer I	Directorate of Social Development
19.	Jacob Madara	Social Development Officer I	Directorate of Social Development
20.	Valentine Shiraku	Sign Language Interpreter	Directorate of Social Development
21.	Linda Waweru	Social Development Officer I	Directorate of Social Development
22.	Felix Chacha	Social Development Officer II	Directorate of Social Development
23.	Caren Nyanchama	Social Welfare Officer	Directorate of Social Development
24.	James Ndwiga	Assistant Director	National Council for Persons with Disabilities
25.	Daniel Njuguna	Senior ICT Officer	National Council for Persons with Disabilities
26.	Josephine Kaburu	Principal Physiotherapist	Ministry of Health
27.	Clara Emurugat	Program Officer	Kenya National Commission on Human Rights
28.	Stanley Wambua	Disability/Gender Statistician	Kenya National Bureau of Statistics
29.	Robert Buluma	Disability/Gender Statistician	Kenya National Bureau of Statistics
30.	Godfrey Otieno	Manager, Education Statistician	Kenya National Bureau of Statistics
31.	Caroline Gatwiri	Gender Statistician	Kenya National Bureau of Statistics
32.	Maurice Kamau	Snr. Systems Manager	Kenya National Bureau of Statistics
33.	Paul Waweru	Data Processor/ICT Expert	Kenya National Bureau of Statistics
34.	Canabel Oganga	Data Processor	Kenya National Bureau of Statistics
35.	Prisca Wangui	Statistician sampling methods standards	Kenya National Bureau of Statistics
36.	David Kamau	Programme Policy Officer, Social Protection Lead	World Food Programme
37.	Eunice Mailu	Programme Policy Officer	World Food Programme
38.	Susan Momanyi	Social Policy Specialist	UNICEF
39.	Godfrey Ndenge	Social Planning Specialist	UNICEF
40.	Nahason Njuguna	Social Protection Officer	UNICEF
41.	Vivianne Nyarunda	Labour/Gender Statistician	Kenya National Bureau of Statistics
42.	Schola Kingi	Population Dynamics Statistician	Kenya National Bureau of Statistics
43.	Elias Nyaga	Older&Vulnerable Population Statistician	Kenya National Bureau of Statistics
44.	Alex Cote	Social Protection Specialist	UNICEF
45.	Daniel Monte	Social Protection Specialist	Center for Inclusive Policy
46.	Mitch Loeb	Social Protection Specialist	Center for Inclusive Policy

Focus Group Discussion Guide

The Focus Group Discussion was conducted after completing the informed consent procedure.
Disability type: _____
Date: _____
Place: _____
Moderator: _____
Assistant Moderator: _____

Introduction

Moderator

Welcome and thank you for agreeing to participate in this focus group discussion. Our goal is to get an understanding of the impact on your life resulting from your responsibilities caring for your family member with a disability. Your contributions will help us with designing policies and programs aimed at improving the lives of people with disabilities and their families. I am not here to give you information, but to learn from you. Your experience is highly valued and will be very helpful to us.

It is important in our discussion to treat everyone with respect. And please know that if you don't talk for a while, I will call on you. Of course, you can say as much or as a little as you want, but the more people we hear from, the more successful our research, and the better we can inform policymakers.

If it is all right with you, we will record this session, but be sure that we will not share this recording, or your names, with anyone outside of our research team. Recording will help us make sure we get all the information you give us, as accurately as possible.

QUESTIONNAIRE
The main questions are in bold while probing questions are in blue to guide on elaborating the questions.

1. Thinking about your life at home, what type of assistance do you provide the family member when you are with them at home?
- What about getting dressed, eating, or using the toilet?
- What about household chores or preparing meals?
- How about to communicate with other people who are in your home?
- What are some of the challenges you have at home?

2. How about when you go out into the community?

- Think about shopping, going to the doctor, going to church, going to work, attending a celebration, going to a government office … any place you might go.
- Do you help your family member get to where they are going?
- Do you help them with communicating?
- Do you protect them?
- Do you make sure they don't cause a disturbance?

3. How do your caregiving responsibilities impact on what you do? For example, going to school or work? Seeing your friends? Getting your chores done?

- Does it limit the amount of paid work you can do? The type of work you can do?
- Does it affect what you can do around the house?
- What sort of things does being a caregiver enable you to do?
- How does it limit what you can do?
- How does it affect the time you spend with other family members?

4. What are your biggest needs as a caregiver? What would make your caregiving activities easier?

- Are there assistive devices that would help?
- How about respite services?
- Would you like any kind of training on how to support your family member?

5. What is the best thing about being a caregiver?

- How do you feel about the support you give?
- What has being a caregiver taught you?
- Has being a caregiver helped you in any other aspect of your life? The things you can do? The way you feel about yourself or your family member?

6. What benefits and support does your family member get from the government that are the most useful to you?

- What about the cash transfers?
- What about any assistive devices?
- What about accessing food security?
- Health or rehabilitation services?
- How is this money spent? How does it help you and your family?

7. What benefits and support does your family member get from the non-governmental organizations that are the most useful to you?

- What about the cash transfers?
- What about any assistive devices?
- What about accessing food security?
- Health or rehabilitation services?
- How is this money spent? How does it help you and your family?

8. Is there anything we haven't talked about that you'd like to add? Or anything else you'd like to add about any of these questions?

Thank you so much for your time and participation. This has been very useful to us. If you would like to receive a copy of any report that we put out based on this focus group, please let us know and we can send it to you.

Focus Group Participants List

Disability type:_____ Date: _____

S/NO	First Name	Age	Sex	Marital Status	Disability Status

Questionnaire on Support Needs Assessment for Persons with Disabilities and their Primary Caregivers 2022.

INTRODUCTION

The sampled individuals were visited and details of the household recorded using the questions in the Household Section. The Household Section included a cover page to identify the household and a form on which all usual members of the household are listed. This form was used to record information about each household member, such as name, sex, age, education, religion and marital status. The Household Section also collected information on housing characteristics, such as status of dwelling units, main source of water, mode of human waste disposal, type of cooking fuel, type of lighting and food security.

Persons with Disabilities were interviewed using questions in the Individual sections. If the person with disability was unable to respond then a primary caregiver would respond. Children aged 2-4 years and aged 5-17 years were interviewed using the Child Functioning modules. Primary Caregivers to these persons with disabilities were interviewed using the primary caregiver module.

The questions in the Individual Sections was administered to all sampled individuals. The Questionnaire collected information on the following topics:

- *Education*
- *Health*
- *Labour*
- *Child Functioning module*
- *Washington Group Short Set Questions*
- *Registration as a Person with Disability*
- *Activity, support needs and accessibility*
- *Met and unmet needs of the primary caregiver*

CONSENT

"Greetings! My name is … … … … … … … … I am a research assistant working for the Kenya National Bureau of Statistics (KNBS). The Bureau is conducting the Kenya Support Survey in 10 selected Counties. Individuals have been randomly selected to participate in the survey. You/Your household is one of those selected in this area. The information obtained from the survey will be used for planning at both the national and county level. The information provided by you/your household will be treated in strict confidence as provided by the law.

I therefore would like to ask you some questions as a responsible member of this household. These questions will take some time to complete and therefore I will appreciate your patience. Do you have any questions you would like me to respond to before we proceed with the interview?"

Section 1: Household Identifier

Name of Individual	
County	
Sub County	
Type of Disability	
Current County of residence	
Current sub-county residence	

Section 2: Household Roster

HHO1	HH02	HH03	HH04	HH05	HH06	HH07	HHO8
Line	Make a complete list of all individuals who usually live and eat their meals together in this household, starting with the head of household Record two names of each person young and old starting with the head of household	What is [NAME's] relationship to the household head … … … ……..01 HUSBAND/WIFE… ….02 SON/DAUGHTER…. 03 GRANDCHILD… ……..04 SIBLING… …05	Sex of [NAME] MALE… …01 FEMALE...02 INTERSEX...03	How old is [NAME]? If 60 months or older, give years only If less 60 months in age, give years and months	What is [NAME'S] date of birth Change in CAPI from day to date as in questionnaire (MM/YYYY)	What is [NAME'S] marital status? (APPLICABLE TO AGE 12 AND ABOVE) NEVER MARRIED… 1 MARRIED MONOGA-MOUS… 2	What is {NAME'S} RELIGION? CHRISTIAN… MUSLIM… ISLAM…. HINDU…. PROTESTANT. TRADIONALIST….
		FATHER/MOTHER…06 NIECE/NEPHEW……07 IN-LAW…. ……..08 GRANDPARENT….09 OTHER RELATIVE……10 NON-RELATIVE….11		(ADD OPTION FOR MONTHS IN CAPI for children less than 60 months)		MARRIED POLYGA-MOUS… 3 WIDOWED… 4 DIVORCED… 5 SEPARATED… 6 DON'T KNOW… 98	ATHEIST…. PAGAN… …
1.							
2.							
Etc							

Line number of respondents

I: Housing Conditions and Amenities - To be Asked of the Household Head or Any Other Responsible Person						
LC01	**LC02**	**LC03**	**LC04**	**LC05**	**LC06**	**LC07**
Dwelling Units	Habitable Rooms	Tenure Status of Main Dwelling Unit	Accessibility of the Dwelling Unit	Dominant Construction Material of Main Dwelling Unit		
How many dwelling units does this household occupy ?	How many habitable rooms do these units contain?	Is the main dwelling unit owned or rented/provided? 1=Purchased 2=Constructed 3=Inherited If rented/provided, state whether: 4=National Government 5=County Government 6=Parastatal 7=Private Company	Is the person with a disability able to access the dwelling independently? 1=Yes 2=No	**Roof** 1=No Roof 2=Grass thatch/ twigs 3=Makuti thatch 4=Dung / mud 5=Iron sheets 6=Tin cans 7=Asbestos sheet 8=Concrete/ Cement 9=Tiles	**Wall** 1= No Walls 2= Cane/Palm/ Trunks 3= Grass/Reeds 4= Mud/Cow dung 5= Stone with mud 6= Covered Adobe 7= Uncovered Adobe 8= Plywood/ cardboard 9= Off cuts/ Reused wood/ Wood plunks	**Floor** 1=Earth/Sand 2= Dung 3= Wood plunks/ shingles/timber 4= Palm/Bamboo 5= Parquet or polished wood 6=Vinyl or asphalt strips 7= Ceramic Tiles 8= Concrete/Cement/Terazzo 9= Wall to wall carpet

Section 4: Food and Security

Please tick at MOST THREE MAIN sources of food for your household in the last 7 days (multiple option).

Options	Tick only (3) three
1=Own farm production (crops, vegetable, fruit)	Can we introduce check boxes for multiple maximum of 3?
2=Own livestock production (livestock products – e.g. milk, eggs)	
3=Remittances (cash transfer)	
4=Purchase	
5=Credit	
6=Food aid	
7=Gift	
8=Begging	
9=Scavenging	

Household Hunger Scale (HHS)

In the past [4 weeks/30 Days], was there ever no food to eat of any kind in your house because of resources to get food? How often did this happen in the past [4 weeks/30 days]?	[Yes=1, No=0] , if No 1=Rarely(1-2 times); 2=Sometimes(3-10 times); 3=Often(more than 10 times)
In the past [4 Weeks/30 Days], did you or any household member go to sleep at night hungry because there was not enough food? How often did this happen in the past [4 weeks/30 days]?	[Yes=1, No=0] , if [1=Rarely(1-2 times); 2=Sometimes(3-10 times); 3=Often(more than 10 times)
In the past [4 weeks/30 days], did you or any household member go a whole day and night without eating anything at all because there was not enough food How often did this happen in the past [4 weeks/30 days]?	[Yes=1, No=0] [1=Rarely(1-2 times); 2=Sometimes(3-10 times); 3=Often(more than 10 times)

Section 5: Education

Asked to all age 3 and above if age less than 3 years go to child functioning module ages 2-4, if one is under 2 years, no further questions should be asked.

ED01	Has [NAME] ever attended school?	YES 1 NO 2 > ED06 Skip pattern not active in CAPI If NO Age 3 and 4, go to CFM for ages 2-4
ED02	Is [NAME] currently attending school?	YES 1 NO 2> ED04
ED03	Which level is [NAME] currently attending?	Not Stated/Dk 99 Never Attended 97 Baby Class /Kindergarten 1 96.1 Nursery/Kindergarten 2 96.2 Pre Unit/Kindergarten 3 96.3 Standard/Grade 1 1 Standard/Grade 2 2 Standard/Grade 3 3 Standard/Grade 4 4 Standard/Grade 5 5 Standard/Grade 6 6 Standard/Grade 7 7 Standard/Grade 8 8 Form 1/Grade 9 9 Form 2//Grade 10 10 Form 3/Grade 11 11 Form 4/Grade 12 12 Form 5 13 Form 6 14 Diploma/Certificate Year 1 15.1 Diploma/Certificate Year 2 15.2 Diploma Year 3 15.3 Higher National Diploma 16 Undergraduate Year 1 17.1 Undergraduate Year 2 17.2 Undergraduate Year 3 17.3 Undergraduate Year 4 17.4 Undergraduate Year 5 17.5 Undergraduate Year 6 17.6 Masters Year 1 19.1 Masters Year 2 19.2

		Phd Year 1 20.1 Phd Year 2 20.2 Phd Year 3 20.3 Adult Basic Education 21 Adult Secondary Education 22 Special School 23 Vocational Training Year 1 23 Vocational Training Year 2 24 Madrassa/Duksis 25
ED04	What was the highest standard/form/grade of education reached?	Not Stated/Dk 99 Never Attended 97 Baby Class /Kindergarten 1 96.1 Nursery/Kindergarten 2 96.2 Pre Unit/Kindergarten 3 96.3 Standard/Grade 1 1 Standard/Grade 2 2 Standard/Grade 3 3 Standard/Grade 4 4 Standard/Grade 5 5 Standard/Grade 6 6 Standard/Grade 7 7 Standard/Grade 8 8 Form 1/Grade 9 9 Form 2//Grade 10 10 Form 3/Grade 11 11 Form 4/Grade 12 12 Form 5 13 Form 6 14 Diploma/Certificate Year 1 15.1 Diploma/Certificate Year 2 15.2 Diploma Year 3 15.3 Higher National Diploma 16 Undergraduate Year 1 17.1 Undergraduate Year 2 17.2 Undergraduate Year 3 17.3 Undergraduate Year 4 17.4 Undergraduate Year 5 17.5 Undergraduate Year 6 17.6 Masters Year 1 19.1 Masters Year 2 19.2

		Phd Year 1 20.1 Phd Year 2 20.2 Phd Year 3 20.3 Adult Basic Education 21 Adult Secondary Education 22 Special School 23 Vocational Training Year 1 23 Vocational Training Year 2 24 Madrassa/Duksis 25
ED05	What is the highest standard/form/grade of education completed by [NAME]?	Not Stated/Dk 99 Never Attended 97 Baby Class /Kindergarten 1 96.1 Nursery/Kindergarten 2 96.2 Pre Unit/Kindergarten 3 96.3 Standard/Grade 1 1 Standard/Grade 2 2 Standard/Grade 3 3 Standard/Grade 4 4 Standard/Grade 5 5 Standard/Grade 6 6 Standard/Grade 7 7 Standard/Grade 8 8 Form 1/Grade 9 9 Form 2//Grade 10 10 Form 3/Grade 11 11 Form 4/Grade 12 12 Form 5 13 Form 6 14 Diploma/Certificate Year 1 15.1 Diploma/Certificate Year 2 15.2 Diploma Year 3 15.3 Higher National Diploma 16 Undergraduate Year 1 17. Undergraduate Year 2 17.2 Undergraduate Year 3 17.3 Undergraduate Year 4 17.4 Undergraduate Year 5 17.5 Undergraduate Year 6 17.6 Masters Year 1 19.1 Masters Year 2 19.2

		Phd Year 1 20.1 Phd Year 2 20.2 Phd Year 3 20.3 Adult Basic Education 21 Adult Secondary Education 22 Special School 23 Vocational Training Year 1 23 Vocational Training Year 2 24 Madrassa/Duksis 25
	Give reasons why [NAME] has never attended/dropped out of school If ED01 = 2 ask reasons why {NAME} has never attended school If ED02 = 2 and age 3-24 years, ask reasons why {NAME} is currently not attending school ages	Financial constraints...1 Lack of assistive device… …2 Lack of support person/aide… ...3 Inaccessible learning institution….4 Severe disability…..5 Stigma & Discrimination..... 6 Lack of special school… … ….7

Section 6: Health

The questions on health are to determine the access to health care services and rehabilitation services and the type of support required to access the services.

1.	Does {NAME} require support to access health care services?	Yes No > 3
2.	What type of support does {NAME} require to access health care services?	Personal assistant….1 Assistive device….2 Accessible transport …3 Assisted movement …4 Health Insurance….5 Accessible information...6 Financial support…7 Specialized health services…8
3.	Does {NAME} require support to access rehabilitation services?	Yes No > to next section L01
4.	What type of support do you need to access rehabilitation services?	Personal assistant….1 Assistive device….2 Accessible transport …3 Assisted movement …4 Health Insurance….5 Accessible information...6 Financial support…7

Section 7: Labour – for all ages 5 and above
In the last 7 days, has [NAME] … -

L01	What was {NAME} mainly been doing during the last seven days?	See code list
L02	Who was {NAME'S} main employer?	See code list
L03	What was {NAME'S) status in the main job?	See code list
L04	What support needs do you require to perform any of the above tasks	Modifications to the workplace environment Accessible roads or sidewalks Accessible transportation Accessible health care Rehabilitation services Assistive devices Personal assistance Flexible working hours Accessible information Accessible financial support

Section 8: Child Functioning Module

If aged 2-4 go to CFA – Child functioning module for ages 2-4
If aged 5-17 go to CFA – Child functioning module for age 5-17
If aged 18 and up, go to WGE – Washington Group Enhance Questionnaire

The three questionnaires follow on the next pages. After filled in for each household member, then go to Living Conditions section

1. Child Functioning Module Ages 2-4
It is important to note:
a) the introduction is to be read before the questions are administered; and
b) each question has associated response categories, which are read after each question.

Interviewer read: "I would like to ask you some questions about difficulties your child may have."

VISION
CF1. Does (name) wear glasses?

1. Yes
2. No (Skip to CF3)

CF2. When wearing his/her glasses, does (name) have difficulty seeing? [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty

4. Cannot do at all
7. Refused
9. Don't know (Skip to CF4)

CF3. Does (name) have difficulty seeing? [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. Refused
9. Don't know

HEARING

CF4. Does (name) use a hearing aid?

1. Yes
2. No (Skip to CF6)

CF5. When using his/her hearing aid, does (name) have difficulty hearing sounds like peoples' voices or music? [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. Refused
9. Don't know (Skip to CF7)

CF6. Does (name) have difficulty hearing sounds like peoples' voices or music? [Read response categories]

2. No difficulty
3. Some difficulty
4. A lot of difficulty
5. Cannot do at all
7. Refused
9. Don't know

MOBILITY

CF7. Does (name) use any equipment or receive assistance for walking?

1. Yes
2. No (Skip to CF10)

CF8. Without his/her equipment or assistance, does (name) have difficulty walking for a short mile? [Read response categories]

1. Some difficulty
2. A lot of difficulty

3. Cannot do at all
7. Refused
9. Don't know

CF9. With his/her equipment or assistance, does (name) have difficulty walking for a long distance? [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. Refused
9. Don't know (Skip to CF11)

CF10. Compared with children of the same age, does (name) have difficulty walking? [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. Refused
9. Don't know

DEXTERITY

CF11. Compared with children of the same age, does (name) have difficulty picking up small objects with his/her hand? Would you say… [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. Refused
9. Don't know

COMMUNICATION

CF12. Does (name) have difficulty understanding you? [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. Refused
9. Don't know

CF13. When (name) speaks, do you have difficulty understanding him/her? [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty

4. Cannot do at all
7. Refused
9. Don't know

LEARNING

CF14. Compared with children of the same age, does (name) have difficulty learning [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. Refused
9. Don't know

PLAYING

CF15. Compared with children of the same age, does (name) have difficulty playing? [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. Refused
9. Don't know

CONTROLLING BEHAVIOR

CF16. Compared with children of the same age, how much does (name) kick, bite or hit other children or adults? [Read response categories]

1. Not at all
2. The same or less
3. More
4. A lot more
7. Refused
9. Don't know

2. Child Functioning Module Ages 5-17

It is important to note:

a) The introduction is to be read before the questions are administered; and

b) Tach question has associated response categories, which are read after each question.

Interviewer read: "I would like to ask you some questions about difficulties your child may have."

VISION

CF1. Does (name) wear glasses?

1. Yes
2. No (Skip to CF3)

CF2. When wearing his/her glasses, does (name) have difficulty seeing? Would you say… [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. Refused
9. Don't know (Skip to CF4)

CF3. Does (name) have difficulty seeing? [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. Refused
9. Don't know

HEARING

CF4. Does (name) use a hearing aid?

1. Yes
2. No (Skip to CF6)

CF5. When using his/her hearing aid, does (name) have difficulty hearing sounds like peoples' voices or music? [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. Refused
9. Don't know (Skip to CF7)

CF6. Does (name) have difficulty hearing sounds like peoples' voices or music? [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. Refused
9. Don't know

MOBILITY

CF7. Does (name) use any equipment or receive assistance for walking?

1. Yes
2. No (Skip to CF12)

CF8. Without his/her equipment or assistance, does (name) have difficulty walking 100 meters on level ground? Would you say… [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty (Skip to CF10)
4. Cannot do at all (Skip to CF10)
7. Refused
9. Don't know

CF9. Without his/her equipment or assistance, does (name) have difficulty walking 500 meters on level ground [Read response categories]

2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. Refused
9. Don't know

CF10. With his/her equipment or assistance, does (name) have difficulty walking 100 meters on level ground? [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty (Skip to CF14)
4. Cannot do at all (Skip to CF14)
7. Refused
9. Don't know

CF11. With his/her equipment or assistance, does (name) have difficulty walking 500 meters on level ground? [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. Refused
9. Don't know (Skip to CF14)

CF12. Compared with children of the same age, does (name) have difficulty walking 100 meters on level ground? [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty (Skip to CF14)
4. Cannot do at all (Skip to CF14)
7. Refused
9. Don't know

CF13. Compared with children of the same age, does (name) have difficulty walking 500 meters on level ground? [Read response categories]

1. No difficulty
2. Some difficulty

3. A lot of difficulty
4. Cannot do at all
7. Refused
9. Don't know

SELF-CARE

CF14. Does (name) have difficulty with self-care such as feeding or dressing him/herself [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. Refused

COMMUNICATION

CF15. When (name) speaks, does he/she have difficulty being understood by people inside of this household? [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. Refused
9. Don't know

CF16. When (name) speaks, does he/she have difficulty being understood by people outside of this household? [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. Refused
9. Don't know

LEARNING

CF17. Compared with children of the same age, does (name) have difficulty learning things? [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. Refused
9. Don't know

REMEMBERING

CF18. Compared with children of the same age, does (name) have difficulty remembering things? [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. Refused
9. Don't know

CONCENTRATING

CF19. Does (name) have difficulty concentrating on an activity that he/she enjoys doing? [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. Refused
9. Don't know

ACCEPTING CHANGE

CF20. Does (name) have difficulty accepting changes in his/her routine? [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. Refused
9. Don't know

CONTROLLING BEHAVIOR

CF21. Compared with children of the same age, does (name) have difficulty controlling his/her behaviour? [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. Refused
9. Don't know

MAKING FRIENDS

CF22. Does (name) have difficulty making friends? [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. Refused
9. Don't know

ANXIETY

CF23. How often does (name) seem very anxious, nervous or worried? [Read response categories]

1. Daily
2. Weekly
3. Monthly
4. A few times a year
5. Never
7. Refused
9. Don't know

DEPRESSION

CF24. How often does (name) seem very sad or depressed? Would you say [Read response categories]

1. Daily
2. Weekly
3. Monthly
4. A few times a year
5. Never
7. Refused
9. Don't know

Section 9: Washington Group Short Set – Enhanced

Preamble to the WG-SS Enhanced:

Interviewer read: "The next questions ask about difficulties you may have doing certain activities because of a HEALTH PROBLEM."

VIS_1 [Do/Does] [you/he/she] have difficulty seeing, even when wearing [your/his/her] glasses]? [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. Refused
9. Don't know

HEAR_1 [Do/Does] [you/he/she] have difficulty hearing, even when using a hearing aid(s)]? [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. Refused
9. Don't know

MOB_1 [Do/Does] [you/he/she] have difficulty walking or climbing steps? [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. Refused
9. Don't know

COM_1 Using [your/his/her] usual language, [do/does] [you/he/she] have difficulty communicating, for example understanding or being understood? [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. Refused
9. Don't know

COG_1 [Do/does] [you/he/she] have difficulty remembering or concentrating? [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. Refused
9. Don't know

SC_SS [Do/does] [you/he/she] have difficulty with self care, such as washing all over or dressing? [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. Refused
9. Don't know

UB_1 [Do/Does] [you/he/she] have difficulty raising a 2 liter bottle of water or soda from waist to eye level? [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. Refused
9. Don't know

UB_2 [Do/Does] [you/he/she] have difficulty using [your/his/her] hands and fingers, such as picking up small objects, for example, a button or pencil, or opening or closing containers or bottles? [Read response categories]

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Cannot do at all
7. Refused
9. Don't know

ANX_1 How often [do/does] [you/he/she] feel worried, nervous or anxious? [Read response categories]

1. Daily
2. Weekly
3. Monthly
4. A few times a year
5. Never
7. Refused
9. Don't know

ANX_2 Thinking about the last time [you/he/she] felt worried, nervous or anxious, how would [you/he/she] describe the level of these feelings? [Read response categories]

1. A little
2. A lot
3. Somewhere in between a little and a lot
7. Refused
9. Don't know

DEP_1 How often [do/does] [you/he/she] feel depressed? [Read response categories]

1. Daily
2. Weekly
3. Monthly
4. A few times a year
5. Never
7. Refused
9. Don't know

DEP_2 Thinking about the last time [you/he/she] felt depressed, how depressed did [you/he/she] feel? [Read response categories]

1. A little
2. A lot
3. Somewhere in between a little and a lot
7. Refused
9. Don't know

Section 10: Registration as a Person with Disability
This section shall be asked to all respondents to identify their disability registration status and its usage

Section 10: Registration as a Person with Disability

This section shall be asked to all respondents to identify their disability registration status and its usage

DC01	Does {NAME} have a disability card?	YES 1>DC03 NO 2
DC02	Why doesn't {NAME} have a disability card?	Not yet applied….1 Not yet issued…2 Lost card… …3 Lack of information….4 Not recommended… …5
DC03	When did {NAME} get the card?	Less than 12 months ago 01 12- 24 months ago 02 More than 24 months ago 03 Don't know 96
DC04	Was it difficult for {NAME} get the card?	Yes 01 No 02> DC06
DC05	What difficulty did {NAME) have in getting the card? (Check all that apply)	Lack of information…2 Inaccessible information….3 Cost involved….4 Access to assessment facilities…5 Delays in approvals….6 Lack of support….7 Process too complicated to carry out..8 Difficult to obtain required documentation…9 Other…99
DC06	What are the main {NAME} uses the card? (Check up to three responses)	Tax exemption…1 Assistive devices …2 Access to affirmative action programmes …3 Others…99

Section 11: Activity, Support Needs and Accessibility
Child version 2-4

Prior to the support needs section, we need to have a set of activity questions, following the question format for the adult questionnaire. For children aged 2-4 these activities can be as follows. In all cases it will be important to say compared to children of the same age.

Ax01= the 11 activities below

Self-Care	Household	Community
Eating and drinking Dressing (age 3-4) Toileting	Walking Communicating with the family Age 2: Can follow two-step instructions (e.g., pick up your toy and put it on the bed) Age 3-4: Can follow simple instructions	Moving around the neighborhood Attending social events Communicating with family members and others Playing with other children

For this age group, the activity questions need to be modified, as below

A101	Compared with children of the same age, does your child have any difficulty with [ACTIVITY]?	No difficulty 01 Yes, but he/she can do it by her/himself 02 Yes, he/she can ONLY DO IT WITH assistance 03 He/she cannot do even with assistance 04 Don't Know 96	1 or 96 go to next activity Ax01 (IF RESPONDENT ANSWERS 01 TO ALL Ax01 SKIP TO ACCESSIBILITY) (IF RESPONDENT ANSWERS 02,03,04 TO ATLEAST ONE ACTIVITY IN Ax01 SKIP TO SUPPORT NEEDS) 2 go to A102 3 go to A103 4 go to A105
A102	Would assistance help your child do things more like other children his or her age?	YES 01 NO 02 Don't Know 03	1 go to A104 2 or 3 go to Ax01
A103	What type of assistance do you (does your child)have?	AT (Refer to card, have checklist here) Human Support (Refer to card, have checklist here)	
A104	What additional assistance do you (does your child) need?	Refer to card, have checklist here Refer to card, have checklist here	Go to Ax01

A105	Check all of the following that might enable your child to [ACTIVITY]	Nothing Modifications to my house More accessible roads or sidewalks More accessible transportation Better health care Rehabilitation services Assistive devices Personal assistance Community based programs	Go to Ax01

Support Needs

This section is only asked to primary caregivers of children age 2-4 who have indicated that they need some AT or human support. If in all the activities in the previous section they did not indicate any need, then the interview is over. (A103-A104)

The questions are worded as if to the teenagers, but with changes in wording in italics for primary caretakers.

Interviewer check: If in all the answers in the activity section no assistive technology is used then skip to next interviewer check.

SN01	You mentioned that {NAME} has some assistive devices. Who MAINLY paid for them?	Self 01 Parent 02 Grandparent 03 Spouse 04 Brother or sister 05 Other relative 06 Friend 07 NGO or charity 08 Government 09 Other 10 Don't Know 96	
SN02	Do any of your child's devices require maintenance or repair?	YES 1 NO 2	2 go to SN04
SN03	Who MAINLY provides for the maintenance or repair?	No one, it goes undone 98 Myself 01 My family 02 NGO or charity 03 Government 04 Don't Know 96	
SN04	What is the most important assistive device that your child owns?	Write in	
SN05	What is the condition of this device?	Poor 01 Fair 02 Excellent 04 Good 03 Don't Know 96	

Human Support

Interviewer check: If in all the answers on the human support in the activity section is no code then end interview.

SN06	You mentioned that you have (your child has) people helping you (your child). Who is the MAIN person providing that help?	Parent 01 Grandparent 02 Spouse 03 Brother or sister 04 Other relative 05 Friend 06 Paid assistant 07 NGO or charity 08 Other 09 Don't Know 96	
SN07	Is this person paid?	YES 1 NO 2	If 2 go to interviewer check
SN08	Who primarily pays for this person?	Self 01 Parent 02 Grandparent 03 Spouse 04 Brother or sister 05 Other relative 06 Friend 07 NGO or charity 08 Government 09 Other 10 Don't Know 96	
Interviewer check: If SN06 equals or is less than 6, go to SN10			
SN09	How willing would you be to have a non-family member provide your child's personal support?	Very unwilling 01 Somewhat unwilling 02 Willing 03 Very willing 04 Don't know 96	
SN10	How much control do you feel you have in the way your child receives assistance?	None 01 A little 02 Between a little and a lot 03 A lot 04 Don't know 96	

SN11	How satisfied are you with the assistance your child receives?	Not at all 01 A little 02 Between a little and a lot 03 A lot 04 Don't know 96	
SN12	How much does you spend in a typical month on your child's medication	None 95 Don't know 96 Enter amount	
SN13	How much does you spend in a typical month on personal assistance?	None 95 Don't know 96 Enter amount	Go to AC01

Accessibility (THE QUESTIONS TO BE SEPARATED AS IN THE 18 YEARS AND ABOVE SECTION) ACCESSIBILITY HAS BEEN COMPRESSED TO 2 QUESTIONS IN THE NEW CAPI

Interviewer reads: Let's look at how your home makes it easy or difficult for your child. Are the rooms and toilet accessible? By accessible we mean that your child can get there easily and use the facility most of the time as other children their age typically does.

		Yes (accessible)
AC01	Kitchen	Very accessible 01 Somewhat accessible 02 Not accessible 03 Don't have one 96
AC02	Bedroom	Very accessible 01 Somewhat accessible 02 Not accessible 03 Don't have one 96
AC03	Living room	Very accessible 01 Somewhat accessible 02 Not accessible 03 Don't have one 96
AC04	Bathroom	Very accessible 01 Somewhat accessible 02 Not accessible 03 Don't have one 96
AC05	Toilet	Very accessible 01 Somewhat accessible 02 Not accessible 03 Don't have one 96

Interviewer reads: Now let's look at various places your child might want to go. Think of getting in and out of these places and tell me for each place whether it is generally accessible to you or not.

AC06	The place where YOU work	Very accessible 01 Somewhat accessible 02 Not accessible 03 Not applicable 96
AC07	The day care facility your child attends	Very accessible 01 Somewhat accessible 02 Not accessible 03 Not applicable 96
AC08	The shops that your child goes to most often	Very accessible 01 Somewhat accessible 02 Not accessible 03 Not applicable 96
AC09	Place of worship	Very accessible 01 Somewhat accessible 02 Not accessible 03 Not applicable 96
AC10	Recreational facilities (e.g., playgrounds and parks) – think of the last three months	Very accessible 01 Somewhat accessible 02 Not accessible 03 Not applicable 96
AC11	Sports facilities	Very accessible 01 Somewhat accessible 02 Not accessible 03 Not applicable 96
AC12	Bank	Very accessible 01 Somewhat accessible 02 Not accessible 03 Not applicable 96
AC13	Primary Health Care Clinic	Very accessible 01 Somewhat accessible 02 Not accessible 03 Not applicable 96
AC14	Public transportation (bus, taxi, train)	Very accessible 01 Somewhat accessible 02 Not accessible 03 Not applicable 96

Children 5-12 and teen versions

Prior to the support needs section, we need to have a set of activity questions, following the question format for the adult questionnaire. For children these activities can be

as below, but make sure the numbering of the activities aligns with the numbering for the adult activities. They are almost identical:

As in the adult section, it would be useful to have cards showing the list of assistive technologies (AT) and levels of human support for the respondents to choose from when answering the questions in this section. These cards will apply to all the activities. They should only include AT that is generally available in Kenya, and can be drawn from WHO's list of priority AT found at:

https://apps.who.int/iris/bitstream/handle/10665/207694/WHO_EMP_PHI_2016.01_eng.pdf

The activity questions can be worded similarly as for the adults, but only for the activities listed below.
For human support the card can have the options below.
None
24 hours a day

If neither of these are picked, then check all that apply – for children age5-12 change "I" to "my child":

Mornings when I wake up
Evenings when I go to bed
During mealtimes
During the day when I am home
When I go outside the home
During the night while I sleep

Self-Care	Household	Community
Eating and drinking	Moving around inside the house	Going to school
Dressing	Doing household chores	Moving around the community
Washing all over	Communicating with family and friends	Using private or public transport
Toileting		Going to work
		Shopping
		Playing games or sports

Support Needs

This section is only asked to teenagers or primary caretakers of children aged 5-12 who have indicated that they need some AT or human support. If in all the activities in the previous section they did not indicate any need, then the interview is over.

The questions are worded as if to the teenagers, but with changes in wording in italics for primary caretakers.

A101	Do you have any difficulty with [ACTIVITY]?	No difficulty 01 Yes, but I can do WITHOUT assistance 02 Yes, I can do it ONLY WITH assistance 03 Cannot do even with assistance 04		1 or 96 go to next activity Ax01 4 go to A105
A102	Would assistance help you do things more easily?	YES 01 NO 02 Don't Know 03		2 or 3 go to Ax01 1 go to A104
A103	What type of assistance do you have?	**AT** Refer to card, have checklist here	**Human Support** Refer to card, have checklist here	
A104	What additional assistance do you need?	Refer to card, have checklist here	Refer to card, have checklist here	Go to Ax01
A105	Check all of the following that might enable you to [ACTIVITY]	Nothing Modifications to my house More accessible roads or sidewalks More accessible transportation Better health care Rehabilitation services Assistive devices Personal assistance Community based programs		Go to Ax01

Interviewer check: If in all the answers in the activity section no assistive technology is used then skip to next interviewer check.

SN01	You mentioned that you (your child) have some assistive devices. Who MAINLY paid for them?	Myself 01 My family 02 NGO or charity 03 Government 04 Don't Know 96	
SN02	Do any of your (his/her) devices require maintenance or repair?	YES 1 NO 2	2 go to SN04
SN03	Who MAINLY provides for the maintenance or repair?	No one, it goes undone 98 Myself 01 My family 02 NGO or charity 03 Government 04 Don't Know 96	
SN04	What is the most important assistive device that you own?	Write in	

SN05	What is the condition of this device?	Poor 01 Fair 02 Good 03 Excellent 04 Don't Know 96	

Human Support

Interviewer check: If in all the answers on the human assistance in the activity section is "no" then end interview.

SN06	You mentioned that you have (your child has) people helping you (your child). Who is the MAIN person providing that help?	parent 01 Grandparent 02 Spouse 03 Brother or sister 04 Other relative 05 Friend 06 Paid assistant 07 NGO or charity 08 Other 09 Don't know 96	
SN07	Is this person paid?	YES 1 NO 2>SN09	INTRODUCE SKIP PATTERN
SN08	Who primarily pays for this person?	Self 01 Parent 02 Grandparent 03 Spouse 04 Brother or sister 05 Other relative 06 Friend 07 NGO or charity 08 Government 09 Other 10 Don't know 96	
Interviewer check: If SN06 equals or is less than 6, go to SN10			
SN09	How willing would you be to have a non-family member provide your (your child's) personal support?	Very unwilling 01 Somewhat unwilling 02 Willing 03 Very willing 04 Don't know 96	
SN10	How much control do you feel you have in the way you (your child) receive(s) assistance?	A lot 01 A little 02 None 03 Don't know 96	

SN11	How satisfied are you with the assistance you (your child) receives?	Not satisfied 01 Somewhat satisfied 02 Satisfied 03 Very satisfied 04 Don't know 96	
SN12	How much does your household spend in a typical month on your (your child's) medication	None 95 Don't know 96 Enter amount	
SN13	How much does your household spend in a typical month on personal assistance?	None 95 Don't know 96 Enter amount	

Accessibility

Interviewer reads: Let's look at how your home makes it easy or difficult for you. Are the rooms and toilet accessible? By accessible we mean that you can get there easily and use the facility most of the time.

		Yes (accessible)	
AC01	Kitchen	Very accessible 01 Somewhat accessible 02 Not accessible 03 Don't have one 96	
AC02	Bedroom	Very accessible 01 Somewhat accessible 02 Not accessible 03 Don't have one 96	3
AC03	Living room	Very accessible 01 Somewhat accessible 02 Not accessible 03 Don't have one 96	
AC04	Bathroom	Very accessible 01 Somewhat accessible 02 Not accessible 03 Don't have one 96	
AC05	Toilet	Very accessible 01 Somewhat accessible 02 Not accessible 03 Don't have one 96	

Interviewer reads: Now let's look at various places you (your child) might want to go. Think of getting in and out of these places and tell me for each place whether it is generally accessible to you or not.

AC06	The place where you work (your child works)	Very accessible 01 Somewhat accessible 02 Not accessible 03 Not applicable 96	
AC07	The school you attend (your child attends)	Very accessible 01 Somewhat accessible 02 Not accessible 03 Not applicable 96	
AC08	The shops that you go (your child goes) to most often	Very accessible 01 Somewhat accessible 02 Not accessible 03 Not applicable 96	
AC09	Place of worship	Very accessible 01 Somewhat accessible 02 Not accessible 03 Not applicable 96	
AC10	Recreational facilities (e.g. cinema, theatre, pubs, etc.) – think of the last three months	Very accessible 01 Somewhat accessible 02 Not accessible 03 Not applicable 96	
AC11	Sports facilities	Very accessible 01 Somewhat accessible 02 Not accessible 03 Not applicable 96	
AC12	Bank	Very accessible 01 Somewhat accessible 02 Not accessible 03 Not applicable 96	
AC13	Primary Health Care Clinic	Very accessible 01 Somewhat accessible 02 Not accessible 03 Not applicable 96	
AC14	Public transportation (bus, taxi, train)	Very accessible 01 Somewhat accessible 02 Not accessible 03 Not applicable 96	

18 years and above

It would be useful to have cards showing the list of assistive technologies (AT) and levels of human support for the respondents to choose from when answering the questions in this section. These cards will apply to all the activities. They should only include AT that is generally available in Kenya, and can be drawn from WHO's list of priority AT found at:

https://apps.who.int/iris/bitstream/handle/10665/207694/WHO_EMP_PHI_2016.01_eng.pdf

For human support the card can have the options below.

None
24 hours a day

If neither of these are picked, then check all that apply:

Mornings when I wake up
Evenings when I go to bed
During mealtimes
During the day when I am home
When I go outside the home
During the night while I sleep

For question numbering, the first activity starts off with A101, then the second activity starts with A201, etc. In the table when referring to skip patterns, if the skip is to the next activity it is shown as Ax01.

Self-Care	Household	Community
Breathing Eating and drinking Dressing Washing all over Toileting	Moving around the house Cleaning the house Preparing meals Caring for loved ones Managing finances Communicating with family and friends	- Going to school - Playing - Moving around the community - Using private or public transport - Going to work (The ILO typically asks this for age 15+, but in a Kenyan survey I saw it asked from age 5+) - Making friends - Shopping - Attending religious services - Sports and Leisure

A101	Do you have any difficulty with [ACTIVITY]?	No difficulty 01 Yes, but I can do WITHOUT assistance 02 Yes, I can do it ONLY WITH assistance 03 Cannot do even with assistance 04 Don't Know 96		1 or 96 go to next activity Ax01 4 go to A105
A102	Would assistance help you do things more easily?	YES 01 NO 02 Don't Know 03		2 or 3 go to Ax01 1 go to A104
A103	What type of assistance do you have?	Refer to card, have checklist here	Refer to card, have checklist here	
A104	What additional assistance do you need?	Refer to card, have checklist here	Refer to card, have checklist here	Go to Ax01

A105	Check all of the following that might enable you to [ACTIVITY]	Nothing Modifications to my house More accessible roads or sidewalks More accessible transportation Better health care Rehabilitation services Assistive devices Personal assistance Community based programs	Go to Ax01 Insert check box

Support needs

This section is only asked to people who have indicated that they need some AT or human support. If in all the activities in the previous section they did not indicate any need, then the interview is over.

Interviewer check: If in all the answers in the activity section no assistive technology is used then skip to next interviewer check.

SN01	You mentioned that you have some assistive devices. Who MAINLY provided paid for it?	Myself 01 A relative 02 NGO or charity 03 Government 04 Dont know 96	
SN02	Do any of your devices require maintenance or repair?	YES 1 NO 2	2 go to SN04
SN03	Who MAINLY provides for the maintenance or repair?	No one, it goes undo 98 Myself 01 A relative 02 NGO or charity 03 Government 04 Don't Know 96	
SN04	What is the most important assistive device that you own?	Write in	
SN05	What is the condition of this device?	Poor 01 Fair 02 Good 03 Excellent 04 Don't Know 96	

Human Support

Interviewer check: If in all the answers on the human assistance in the activity section is no then end interview.

SN06	You mentioned that you have people helping you. Who is the MAIN person helping you?	My parent 01 My grandparent 02 My spouse 03 A brother or sister 04 Another relative 05 A friend 06 A paid assistant 07 Someone from an NGO or charity 08 Other 09 Don't Know 96	
SN07	Is this person paid?	YES 1 NO 2>SN09	INTRODUCE SKIP PATTERN
SN08	Who primarily pays for this person?	I do 01 A family member 02 A friend 03 An NGO or charity 04 The government 05 Other 06 Don't know 96	
Interviewer check: If SN06 equals or is less than 6, go to SN10			
SN09	How willing would you be to have a non-family member provide your personal support?	Very unwilling 01 Somewhat unwilling 02 Willing 03 Very willing 04 Don't know 96	
SN10	How much control do you feel you have in the way people provide your assistance?	None 01 A little 02 Between a little and a lot 03 A lot 04 Don't know 96	
SN11	How satisfied are you with the assistance you receive?	Not at all 01 A little 02 Between a little and a lot 03 A lot 04 Don't know 96	
SN12	How much do you spend in a typical month on medication	None 95 Don't know 96 Enter amount	
SN13	How much do you spend in a typical month on personal assistance?	None 95 Don't know 96 Enter amount	Go to AC01 SKIP PATTERN NOT WORKING

SN14	Does {NAME} receive cash transfers from the Persons with Severe Disabilities program (PWSD-CT)?	YES 01 NO 02>A101	SKIP PATTERN NOT WORKING
SN15	Who is the main person who decides how to spend the money from the PWSD-CT program?	Self 01 Parent 02 Grandparent 03 Spouse 04 Brother/sister 05 Other relative 06 Non-relative 07 Don't Know 96	
SN16	Who supported {NAME} in registration	None, I did it myself… 1 Family member….2 Friend….3 NGO….4 Community Based Groups….5 Faith Based Organization…6 Other	

Accessibility

Interviewer reads: Let's look at how your home makes it easy or difficult for you. Are the rooms and toilet accessible? By accessible we mean that you can get there easily and use the facility most of the time.

		Yes (accessible)	
AC01	Kitchen	Very accessible 01 Somewhat accessible 02 Not accessible 03 Don't have one 96	
AC02	Bedroom	Very accessible 01 Somewhat accessible 02 Not accessible 03 Don't have one 96	
AC03	Living room	Very accessible 01 Somewhat accessible 02 Not accessible 03 Don't have one 96	
AC04	Bathroom	Very accessible 01 Somewhat accessible 02 Not accessible 03 Don't have one 96	

AC05	Toilet	Very accessible 01 Somewhat accessible 02 Not accessible 03 Don't have one 96	

Interviewer reads: Now let's look at various places you might want to go. Think of getting in and out of these places, and tell me for each place whether it is generally accessible to you or not.

AC06	The place where you work	Very accessible 01 Somewhat accessible 02 Not accessible 03 Not applicable 96	
AC07	The school you attend	Very accessible 01 Somewhat accessible 02 Not accessible 03 Not applicable 96	
AC08	The shops that you go to most often	Very accessible 01 Somewhat accessible 02 Not accessible 03 Not applicable 96	
AC09	Place of worship	Very accessible 01 Somewhat accessible 02 Not accessible 03 Not applicable 96	
AC10	Recreational facilities (e.g. cinema, theatre, pubs, etc) – think of the last three months.	Very accessible 01 Somewhat accessible 02 Not accessible 03 Not applicable 96	
AC11	Sports facilities	Very accessible 01 Somewhat accessible 02 Not accessible 03 Not applicable 96	
AC12	Bank	Very accessible 01 Somewhat accessible 02 Not accessible 03 Not applicable 96	
AC13	Primary Health Care Clinic	Very accessible 01 Somewhat accessible 02 Not accessible 03 Not applicable 96	
AC14	Public transportation (bus, taxi, train)	Very accessible 01 Somewhat accessible 02 Not accessible 03 Not applicable 96	

Section 12: Primary Caregiver

After interviewing the person with disabilities, if the person receives no human support, then end the interview. If the person does receive human support from someone in the home, then administer these questions to the primary caregiver. This includes those who provide intensive support, but also those who provide other forms of support, such as sign language.

Line number of the primary caregiver record line number of the primary caregiver and skip to PC01

If the primary caregiver is not a usual member of the household, then ash PC00

PC00: Basic details of Primary Caregiver

What is [NAME's] relationship to the household head … … … … … … … …01 HUSBAND/ … …02 SON/DAUGHTER … … … … … 03 GRANDCHILD … …04 SIB … … … … … … 05 FATHER/MOTHER … …06 NIECE/NEPHEW … … 07 IN-LAW. … … … .....08 GRANDPARENT … … …09 OTHER RELATIVE … …10 NON-RELATIVE … … .11	Sex of [NAME] MALE … … 01 FEMALE..02 INTERSEX..03	How old is [NAME]? If 60 months or older, give years only If less than 60 months in age, give years and months	What is [NAME'S] date of birth (MM/YYYY)	What is [NAME'S] marital status? (APPLICABLE TO AGE 12 AND ABOVE) NEVER MARRIED … 1 MARRIED MONOGAMOUS … 2 MARRIED POLYGAMOUS … 3 WIDOWED … 4 DIVORCED … 5 SEPARATED … 6 DON'T KNOW … 98

PC01	Has [NAME] ever attended school?	YES 1 NO 2 > ED06 If NO Age 3 and 4, go to CFM for ages 2-4
PC02	Is [NAME] currently attending school?	YES 1 NO 2> ED04
PC03	Which level is [NAME] currently attending?	Never Attended 97 Baby Class /Kindergarten 1 96.1 Nursery/Kindergarten 2 96.2 Pre Unit/Kindergarten 3 96.3 Standard/Grade 1 1 Standard/Grade 2 2 Standard/Grade 3 3 Standard/Grade 4 4 Standard/Grade 5 5 Standard/Grade 6 6 Standard/Grade 7 7 Standard/Grade 8 8 Form 1/Grade 9 9 Form 2//Grade 10 10 Form 3/Grade 11 11 Form 4/Grade 12 12 Form 5 13 Form 6 14 Diploma/Certificate Year 1 15.1 Diploma/Certificate Year 2 15.2 Diploma Year 3 15.3 Higher National Diploma 16 Undergraduate Year 1 17 Undergraduate Year 2 17.2 Undergraduate Year 3 17.3 Undergraduate Year 4 17.4 Undergraduate Year 5 17.5 Undergraduate Year 6 17.6 Masters Year 1 19.1 Masters Year 2 19.2 Phd Year 1 20.1 Phd Year 2 20.2 Phd Year 3 20.3 Adult Basic Education 21 Adult Secondary Education 22 Special School 23

		Vocational Training Year 1	23
		Vocational Training Year 2	24
		Madrassa/Duksis	25
PC04	What was the highest standard/form/grade of education reached?	Not Stated/Don't know	99
		Never Attended	97
		Baby Class /Kindergarten 1	96.1
		Nursery/Kindergarten 2	96.2
		Pre Unit/Kindergarten 3	96.3
		Standard/Grade 1	1
		Standard/Grade 2	2
		Standard/Grade 3	3
		Standard/Grade 4	4
		Standard/Grade 5	5
		Standard/Grade 6	6
		Standard/Grade 7	7
		Standard/Grade 8	8
		Form 1/Grade 9	9
		Form 2//Grade 10	10
		Form 3/Grade 11	11
		Form 4/Grade 12	12
		Form 5	13
		Form 6	14
		Diploma/Certificate Year 1	15.1
		Diploma/Certificate Year 2	15.2
		Diploma Year 3	15.3
		Higher National Diploma	16
		Undergraduate Year 1	17
		Undergraduate Year 2	17.2
		Undergraduate Year 3	17.3
		Undergraduate Year 4	17.4
		Undergraduate Year 5	17.5
		Undergraduate Year 6	17.6
		Masters Year 1	19.1
		Masters Year 2	19.2
		Phd Year 1	20.1
		Phd Year 2	20.2
		Phd Year 3	20.3
		Adult Basic Education	21
		Adult Secondary Education	22
		Special School	23
		Vocational Training Year 1	23
		Vocational Training Year 2	24
		Madrassa/Duksis	25

PC05	What is the highest standard/form/ grade of education completed by [NAME]?	Not Stated/Dk	99
		Never Attended	97
		Baby Class /Kindergarten 1	96.1
		Nursery/Kindergarten 2	96.2
		Pre Unit/Kindergarten 3	96.3
		Standard/Grade 1	1
		Standard/Grade 2	2
		Standard/Grade 3	3
		Standard/Grade 4	4
		Standard/Grade 5	5
		Standard/Grade 6	6
		Standard/Grade 7	7
		Standard/Grade 8	8
		Form 1/Grade 9	9
		Form 2//Grade 10	10
		Form 3/Grade 11	11
		Form 4/Grade 12	12
		Form 5	13
		Form 6	14
		Diploma/Certificate Year 1	15.1
		Diploma/Certificate Year 2	15.2
		Diploma Year 3	15.3
		Higher National Diploma	16
		Undergraduate Year 1	17.1
		Undergraduate Year 2	17.2
		Undergraduate Year 3	17.3
		Undergraduate Year 4	17.4
		Undergraduate Year 5	17.5
		Undergraduate Year 6	17.6
		Masters Year 1	19.1
		Masters Year 2	19.2
		Phd Year 1	20.1
		Phd Year 2	20.2
		Phd Year 3	20.3
		Adult Basic Education	21
		Adult Secondary Education	22
		Special School	23
		Vocational Training Year 1	23
		Vocational Training Year 2	24
		Madrassa/Duksis	25

PC06	Give reasons why [NAME] has never attended/ dropped out of school If ED01 = 2 ask reasons why {NAME} has never attended school If ED02 = 2 and age 3-24 years, ask reasons why {NAME} is currently not attending school ages	Financial constraints..1 Lack of assistive device… …2 Lack of support person/aide……3 Inaccessible learning institution ….4 Severe disability……5 Stigma & Discrimination..….6
PC07	What was {NAME} mainly been doing during the last seven days?	See code list
PC08	Who was {NAME'S} main employer?	See code list
PC09	What was {NAME'S) status in the main job?	See code list
PC10	What support do you require to perform your care-giving responsibilities	Modifications to the workplace environment Accessible roads or sidewalks Accessible transportation Accessible health care Rehabilitation services Assistive devices Personal assistance Flexible working hours Accessible information Accessible financial support
PC11	Do you care for others in the household other than [NAME]	YES 1 NO 2
PC12	Do you have reduced income because of your caring responsibilities?	YES 1 NO 2
PC13	Do you feel that you have the skills to provide the support needed by [NAME]?	YES 1 NO 2
PC14	Do you feel depressed due to your caring responsi-bilities?	Never 01 Some 02 A lot 03 Always 04 Don't know 96
PC15	Do you feel stressed due to your caring responsibil-ities?	Never 01 Some 02 A lot 03 Always 04 Don't know 96

PC16	Do you feel tired due to your caring responsibilities?	Never 01 Some 02 A lot 03 Always 04 Don't know 96
PC17	Do you feel you have enough time to care for [NAME's] needs?	Never 01 Some 02 A lot 03 Always 04 Don't know 96
PC18	How much difficulty do you have caring for [NAME's] physical needs?	Cannot do at all 01 Lot of difficulty 02 Some difficulty 03 No difficulty 04
PC19	How much difficulty do you have caring for [NAME's] emotional needs?	Cannot do at all 01 Lot of difficulty 02 Some difficulty 03 No difficulty 04
PC20	How much does caring for [NAME] keep you from doing the things you want to do?	A lot 01 A little 02 Between a lot and a little 03 Not at all 04
PC21	How much have you been able to make the life of the person you care for better?	A lot 01 A little 02 Between a lot and a little 03 Not at all 04
PC22	How meaningful is your caregiving to you?	A lot 01 A little 02 Between a lot and a little 03 Not at all 04
PC23	Do you belong to any support group or network	YES 1 NO 2
PC24	What type of support do you require to perform your caregiving responsibility?	Respite care….1 Financial support…2 Support networks…3 Skills development...4 Psychosocial support…5 Mobility support…6 Tax exemption…7 Extended retirement age..8 Flexible working hours…9

8.0 REFERENCE

1. Bickel et al. (2000). Guide to Measuring Household Food Security. https://naldc.nal.usda.gov/download/38369/PDF
2. Schwartz et al. (2019). Disability and food access and insecurity: A scoping review of the literature, Health & Place, Volume 57. https://doi.org/10.1016/j.healthplace.2019.03.011
3. Tepper, M. (2000). Sexuality and disability: The missing discourse of pleasure. Sexuality and Disability 18 (4): 283–290. https://doi.org/10.1023/A:1005698311392.
4. UNICEF (2014). Disabilities: WASH: Water sanitation and hygiene. Retrieved from http://www.unicef.org/disabilities/index_65839.html.
5. Washington Group on Disability Statistics, Washington Group short Set Questions (2001). https://www.washingtongroup-disability.com/fileadmin/uploads/wg/Washington_Group_Questionnaire__3_-_WG_Short_Set_on_Functioning_-_Enhanced__October_2022_.pdf
6. Wiman, R., Helander, E., and Westland, J. (2002). Meeting the needs of people with disabilities- new approaches in the health sector.



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