REPUBLIC OF KENYA

COUNTY GOVERNMENT OF BOMET

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25th September 2014

TO:

THE CHAIR
GENDER, CULTURE AND SOCIAL SERVICES
COUNTY ASSEMBLY,
BOMET COUNTY.

RE: REPORT ON PWDS SURVEY

The preliminary report on survey of persons with disability which was validated on 6th August 2014 at Brevan Hotel has been completed.

The report gives the key findings and areas for programming, prevalence within the county and household characteristics. However, to qualify the findings of the quantitative data, it is important that qualitative information through Focused Group discussions (FGDs) and Key Informant techniques is carried out. This will be done as those with severe Disabilities are identified for cash transfer programmes and those in need of other support including bursaries, medical care among other support.

Attached herewith is the report of the PWDs 2014 for your perusal and further comments.

Hon. Patricia Lasoi
CEC: Culture, Gender & Social Services.

Republic of Kenya

Bomet County Survey For Persons with Disabilities

Research Brief

DEPARTMENT OF GENDER,CULTURE
CHILDREN AND SOCIAL SERVICES
COUNTY GOVERNMENT OF BOMET

2014

Bomet County Survey for Persons with Disabilities in Brief

Introduction

Persons with disabilities in Kenya represent a segment of population with special and varied needs, capacities and aspirations that require special attention both by the National and the County Governments.

As defined in the disability Act of 2004, disability means a physical, sensory, mental or other impairment, including any visual, hearing, learning or physical incapability, which impacts adversely on social, economic or environmental participation.

According to Kenya National Bureau of Statistics, (KNBS, 2010) the population of persons with disabilities is estimated at 1.3 million representing about 3.5%. It becomes higher when disability attributes beyond physical, hearing, mental, visual and speech are considered.

County PWDS survey key findings

1. Over 7000 persons in Bomet County live with some form of disabilities
2. 52.7% of PWDs are Male while 47.3% are Female
3. 48.5% have moderate levels of disabilities and 46.0% are with severe rated on their ability to contact their daily living activities without assistance
4. More disabled persons 27.9 %, resides in Chepalungu Sub County, Bomet East 20.1%, Sotik Bomet 20.8%, Bomet Central 15.7% and Konoin 15.5% respectively
5. On average over 5 persons live in households with PWDs. Some

It is estimated that 1 in every 5 of world's poorest population is a PWD. The effects of poverty and deprivation on PWDs are due to limited opportunities and enabling environment promoting self-independence and empowerment.

Although the first survey was carried out in the year 2007 by the National Council for Population and Development (NCPD), a Government Semi-Autonomous Agency in charge of Population matters and development together with other partners, reliable data on persons with disabilities (PWDs) to help in planning and programming for the various needs still is insufficient.

The National Population censuses carried out every 10 years in Kenya has also strived to provide data on PWDS. The 2009 Census included data on PWDs but the monographs providing the statistics and the most current data are yet to be published. This has prompted counties to carry out purposeful surveys to help in programming and interventions for social development.

Initiatives for care and provision of services for PWDs

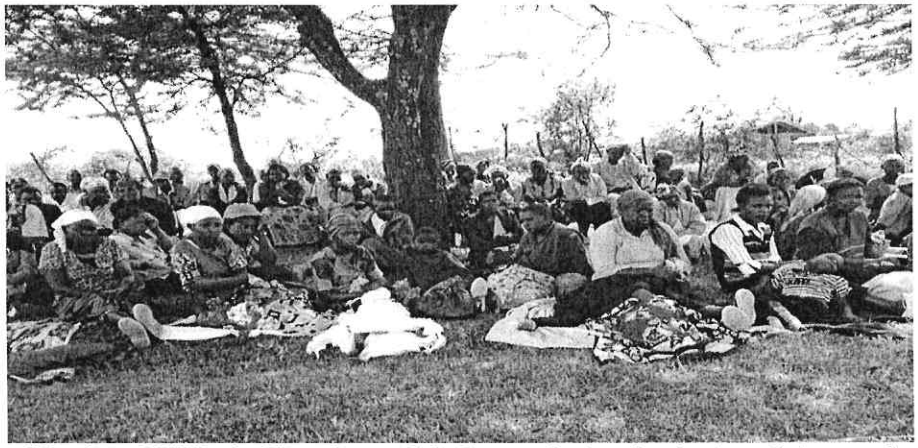
The earliest recorded initiative for organized care and provision of services to persons with disabilities goes back to the missionary era. The Faith Based Organization led in provision of care and services to PWDs which led into rehabilitation and education programmes through the mainstream churches; Catholic, Presbyterian, Anglican and Methodist.

The Government supported these efforts by providing an enabling environment as well as practical support. Over time the Government has continually increased its support in providing teachers and financial grants eventually taking over the management of these institutions. Other service providers include the Kenya Society for the Blind; the Association for the Physically Disabled of Kenya; the Kenya society for the Mentally Handicapped and the Kenya Society for Deaf Children

In the recent past organizations have provided specialized services for specific disabilities and mainstreamed issues of persons with disabilities alongside their co-businesses. Such institutions include AMREF and Voluntary Service Overseas (VSO). Other players are associations and community based groups whose objectives is to create awareness, advocate and pressurize for services and participation of PWDs in development such as the Kenya Union of the Blind (KUB) established in 1959; the Kenya Society of the Physically Handicapped (KSPH) (1986); the Kenya National Association of the Deaf (KNAD) (1987) and the United Disabled Persons of Kenya (UDPK) – an amalgamation of organizations to form umbrella body UDPK with a stronger voice and negotiation capacity to champion disability advocacy work.

County PWDS survey key findings Cont..

6. Over 60 % of PWDs need some form of support for their daily living with Money/cash transfer being the highest type of support needed at 53.8%, medical 19.2%, Education 11.0%, assistive devices 6.8% and tools of trade at 6% respectively
7. 36% of PWDs have not married,27% are Married and living together, 2.7% are separated or divorced and 6.2 % are widowed
8. Level of education of PWDs showed that only 2% have completed middle to university college while 8% and 47% have secondary and primary education respectively
9. Less than 5% of PWDs are in formal or informal employment while almost 20% are in home or family businesses. 38% are not in any form of employment/ engagement



Meeting of PWDs in Chepalungu Sub County during the sharing of views and way forward for Tebeswet PWDs Group

All these organizations have closely worked with the Government in raising awareness, identifying needs and services for disabled persons, and organizing such events as the UN International Day for persons with disabilities. Parent associations and support groups have also in the recent past made useful contribution in respect to children and adults with intellectual disabilities.

Efforts to Address Needs of PWDs

Efforts to address issues of PWDs in the country are principally premised on the national and internal policies, legislations and treaties agreed upon. The following are some of the key policies and legislation which address issues of PWDS in the country including the Kenya Vision 2030 in the social pillar. At the National level, the following are key legislative milestones

1. **Enactment of Persons with Disabilities Act of 2003**

The Persons with Disabilities Act came into effect in June 2004. Its key provision was the establishment of the **National Council for Persons with Disability** whose mandate is to implement the rest of the Act on the rights, privileges and protection of persons with disabilities. Key areas include the formulation and development of measures and policies, registration and provision of assistive devices, appliances and other equipment for PWDs including scholarships, loans, subsidies; and access to information and technical assistance to all partners and institutions concerned with the welfare and rehabilitation of PWDs.

2. **The National Policy on Disability 2006**

The policy aims at having a society that is fully inclusive and provides equal opportunities and access to services for Persons with Disabilities. It creates a conducive environment for Persons with Disabilities to realize their full potential and contribute to development of society. The policy is premised on five principles to guide the planning, implementation and monitoring of the policy. These are: Equalization of opportunities; Human rights approach to the disability agenda; Mainstreaming: accessibility and Gender equity.

3. **The constitution of Kenya 2010**

The conventions on Rights of Persons with disability articles 19 to 29, 43 and 54 articulate on the rights of persons with disabilities. The constitutions clearly states that PWDs be treated with dignity and respect; have access to educational institutions and facilities integrated into society to the extend on compatibility and access to all public places, transport and information including use of appropriate means of communication such as sign language and braille among other provisions.

4. **Kenya National Social Protection Policy 2011**

The social protection programme objective is to ensure that all Kenyans live in dignity and exploit their human capabilities for their social and economic empowerment. The policy provides for the support of vulnerable persons and support on entrepreneurship and /or assistive Devices. Some of the support programmes may not be sufficient to severe cases whose vulnerability is worsened by the continuous and permanent assistance needed by the caregivers on full time basis. This kind of support denies caregivers the opportunity to engage in

meaningful income generation activities worsening their poverty levels and hence the need for comprehensive interventions including cash transfer schemes.

5. National Development Fund for PWDs

The National Fund for the Disabled of Kenya is an endowment Fund established under the Perpetual Succession act Cap 164 of the Laws of Kenya and mandated to utilize resources for the benefit of the disabled persons within Kenya. Its Vision I to provide high Quality Life For Persons With Disability In Kenya and implement this through it mission is to offer the best support services to persons with disability in Kenya through provision of resources, promotion of awareness on the contribution they make towards national development, and advocacy of appropriate measures to minimize conditions giving rise to disability.

The Fund aims to eradicate the link between poverty and disability by providing financial support to organisations and individuals. **T**he Fund supports the following :- **Assistive devices and services** -to improve mobility and access, including wheelchairs, crutches, surgical shoes, hearing aid, white cane and others; **Educational assistance** – Scholarships for persons with disabilities who wish to pursue education but cannot do so because of financial difficulties; **Economic Empowerment and Revolving Fund** – Help for groups of persons with disabilities to set up small businesses or revolving fund schemes; **Infrastructure & Equipment** – Assistance or social care and education institutions that provide services to Persons with Disabilities and **Cash transfers** - Support for households of persons with severe disabilities who are in extreme poverty.

6. National and International NGOs on PWDs

At the county level, the policies and legislations have been initiated and passed by the County Assembly. These include

1. The Bomet County Support for the Needy Bill, 2014

The bill supports the elderly and PWDs through a fund in form of Cash transfer, medical cover and also provide for bursary and compassionate fund for the needy.

2. Draft Policy on Persons with Disabilities 2014

The County Government acknowledges disability as a phenomenon that cuts across all spheres of society and which requires support from all sectors. It continues to provide services, grants and at the same time providing enabling environment for input and initiatives by different players in the areas of disability as per the policies and legislative framework passed through the county Assembly.

Implementation of these policies requires accurate data on the number of Persons with Disabilities in the Country and spatial distribution per county. Although a disability module was included in the 2009 National Population and Housing Census, little information was collected

on disability due to poor targeting. The information obtained was inadequate for policy formulation or planning. It is not possible therefore to indicate with certainty the level of prevalence of disability in the Country or the counties.

The Bomet county baseline survey was conducted to provide the information on PWDs for evidence based programming and policy direction. This brief will provide highlights on research methodology and key findings on persons with disability.

Survey Objectives

The main objective of the survey was to obtain data on persons with disability for planning, programming, implementing and monitoring and evaluation of activities, programmes and projects supporting PWDs to improve their quality of life and wellbeing.

Specific objectives

- To estimate the number of PWDs in the county
- To examine the demographic, socio-economic characteristics of PWDs
- To determine the nature, types and causes of disability
- Identify support needed by PWDs
- Identify institutions providing services to PWDs including Group/organizations and Memberships

Survey Methodology and instruments

Based on the previous censuses the questionnaire was tailored to suit the need for county to establish the number of PWDs, socio-economic situation demographic situation, cause, nature and type of disability and households characteristics. Hence the survey was zeroed to enumeration of all persons with disability. Key areas included

a) Identification of household particulars through Household listing

b) Information on all members of the household -Household composition

c) Detailed Disability information for each individual identified as having a disability - Household listing and information on PWDs

d) Information on all members of the household and screening for disabilities

e) Information on the Socio-economic status of PWDs

f) Reproductive Health questions for all disabled females aged between 12 – 49 years using reproductive health questionnaire.

There was no sampling of the household as it was full enumeration. A quantitative technique was used to collect data. There is need for qualitative data of focused group discussions (FGD) and Key Informant interview to justify the key findings. Institutional questionnaire was only

subjected to learning Institutions and this need more time to understand the key issues affecting the learners and trainers in the given learning environment.

TRAINING FOR THE SURVEY

Since it was more of enumeration than the conventional surveys the Community Development Assistants and the few research assistance were trained for one day on the questionnaire. A total of 72 research assistants were trained to ensure uniform understanding of the terms and definitions and to enable the researchers to conduct the interviews uniformly. Among the researchers, PWDs constituted over 10% above the minimum 5% requirement.

The questionnaire looked at the characteristics on the types and causes of disabilities, members of the households; nature of disability and the support currently received and those needed.

Pre-test of the questionnaire tools was done for two days to authenticate the questions and flow of information.

Field work

The survey exercise, for the collection of the data was conducted for 3 weeks in February 2014 but extended to March 2014 during the cleaning and verification of data collected.

All the listed households were enumerated. The research assistants were supervised by five officers at the sub-county level and coordinated and overseen by officers at the County level.

Data processing and Analysis

Since the data was purely enumeration of PWDs, which provided quantitative data, data cleaning was conducted for two weeks.

The data was then keyed in and analysed using Statistical Packages for Social Scientists (SPSS) by a team of economists guided by one consultant.

- A total of 7088 households with PWDs were covered.
- Response rate for households was over 95%.
- Response rate for the individual Reproductive Health questionnaire female 12-49 years was low (60%).
- Minimal qualitative and institutions for PWDs survey was carried out.

KEY FINDINGS

HOUSEHOLDS AND PERSONAL CHARACTERISTICS

The questionnaire was subjected to the households and the findings were as follows

AGE OF PWDS

Age		
Age interval	No.	Percent
0 - 4	766	10.8
5 - 9	735	10.4
10 - 14	797	11.2
15 - 19	634	8.9
20 - 24	634	8.9
25 - 30	480	6.8
31 - 39	514	7.3
40 - 44	430	6.1
45 - 49	297	4.2
50 - 54	320	4.5
55 - 59	261	3.7
60 - 64	316	4.5
65 +	907	12.8
Total	7088	100.0

The survey has shown that over 10% of persons with disability are below age 5. Over 30% are below age 15 which is the primary school going age group.

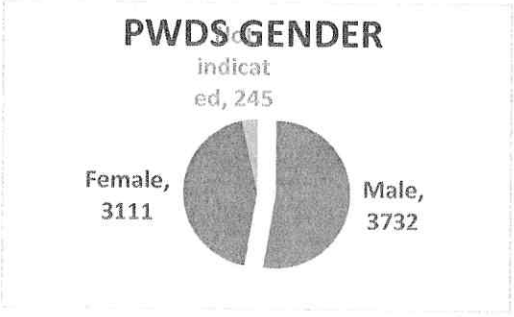
41% of PWDs are below age 20 years and those who are 65 years and above are 12.8%.

The implication of this is the different needs per category from lower basic education to support services for those who have disabilities at ages 65 years and above

GENDER

52.7% of PWDs are male while 43.9% are female. This implies that there are more males with disability than female as shown in the table below:

Distribution by Gender		
Gender	Frequency	Percent
Male	3732	52.7
Female	3111	43.9
unspecified	245	3.5
	7088	100.0



HOUSEHOLD SIZE

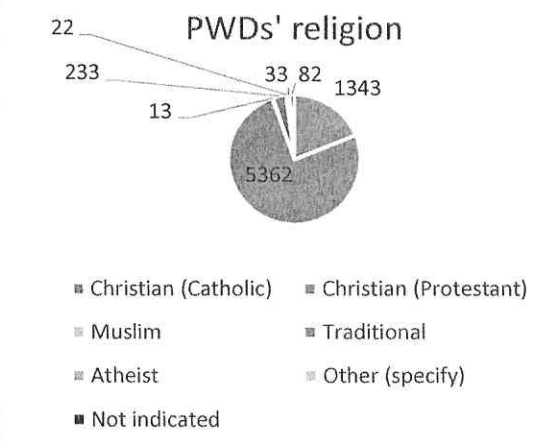
Household size and composition determines vulnerability to poverty in the households. Large households with large dependency ratios tend to be poorer than those with fewer family members.

The survey showed that on average, there are over 5 persons in a household with disability with a range of 1-17 members. This implies that most households with PWDs are vulnerably poor.

Household size	No.	Percent
1	511	7.2
2	497	7.0
3	891	12.6
4	906	12.8
5	1167	16.5
6	965	13.6
7	684	9.7
8	553	7.8
9	354	5.0
10 +	559	7.9
Total	7088	100.0

From the table, 16.5% of household with PWDs have size of 5 persons and 7.9% are for those with over 10 persons. This has negative implication in combating poverty and disability as more people are to be catered for with the scarce resources.There are also significant households with PWDs which have other relatives apart from members of the households. This adds the burden to the already vulnerable households

RELIGION



75.6% of PWDs are Protestants while 18.9% are Catholics. Muslims, Traditional and Atheist are not very common at 0.2%, 3.3% and 0.4% respectively. As a belief, qualitative data show that most PWDs and the parents belief in spiritual intervention as it is stilled believed that disabilities are a curse and not acceptable in the society

RELATIONSHIP TO HOUSEHOLD

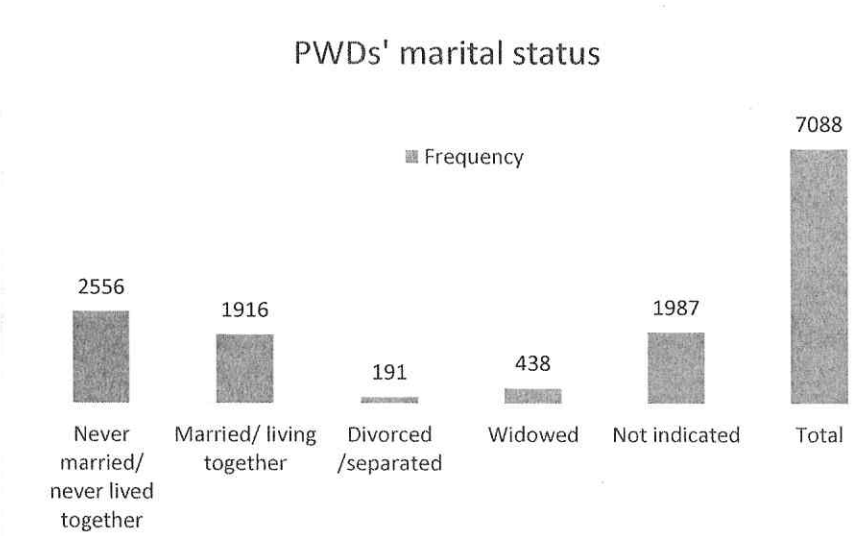
The survey wanted to know the relationships of the head of the household and the members living in that household. The finding has shown that 31% of the households are headed by PWDs as head of household while 44% are children. Wives/husbands/partners only represent 8.9%. Parents and grandchildren represent 6.5% and 3% respectively as shown in the table below.

Relationship to the Head of Households (HH)		
Relationship to the HH	Frequency	Percent
Head of household	2205	31.1
Wife/Husband/Partner	632	8.9
Co-wife	29	.4
Son or Daughter (Children)	3148	44.4
Sister/Brother	125	1.8
Son or Daughter in-law	101	1.4
Grandchild	198	2.8
Parent	462	6.5
Parent in-law	14	.2
Other Relatives	47	.7
Adopted/Foster/Step child/orphan	31	.4
Not related	7	.1
Other (Specify)	88	1.3
Total	7088	100.0

Grand Children at 2.8% is significant in households and taking care of parents at 6.5% is also an issue requiring interventions. This implies that most households are headed by PWDs and parental care of by their children is a factor that worsens household vulnerability. Also there are adopted, foster, stepchildren or orphans living in the PWDs households.

MARITAL STATUS

The survey revealed that PWDs are in marital union with over 35% getting married. 27% are in a union and living together, 2.7% divorced and 6.2% widowed.



Most female with disability are not married while males get married irrespective of the level of disability.

Widowhood which has a high implication on orphan hood is high. This affect the livehood of PWDs especially where care and security of property is uncertain in communities

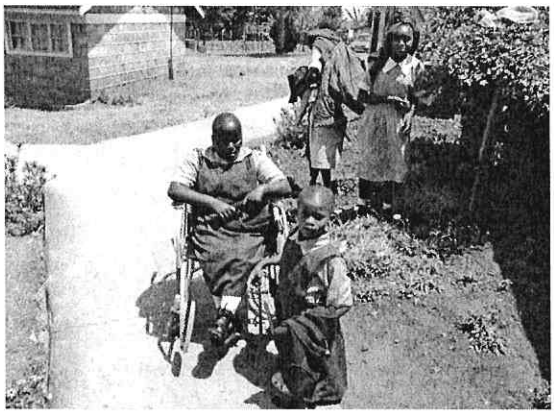
EDUCATION STATUS

Ever been to School		
Ever been to School	Frequency	Percent
Yes	4393	62.0
No	2462	34.7
Dont Know	92	1.3
Not indicated	141	2.0
	7088	100.0

From the table shown, 62% of PWDs have been to school whether formal or informal. This implies that despite their levels of disability, at least over half have ever been to school.

Key areas of concern are the levels of education and transition rates from primary to secondary and beyond to colleges and tertiary levels.

LEVEL OF EDUCATION

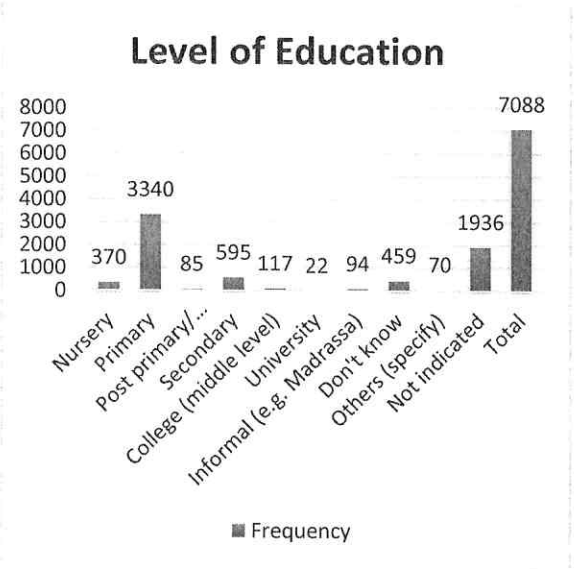


Pupil of Bomet Integrated primary school

The findings shows that majority at 47.1% of PWDs attained primary level of education, 5.2% nursery, 8.4% secondary and only 2% attaining the tertiary middle college and university education.

1.3% have informal education, over 40% have never gone to school with over 90% earning less than Kshs. 5,000.00. Not more than 100% earn between Kshs.10,000 to Kshs. 30,000 per month. The figures below illustrates the distribution of PWDs based on their levels of education

Level of Education		
Level of Education	Frequency	Percent
Nursery	370	5.2
Primary	3340	47.1
Post primary/ vocational	85	1.2
Secondary	595	8.4
College (middle level)	117	1.7
University	22	.3
Informal learning	94	1.3
Don't know	459	6.5
Others (specify)	70	1.0
Not indicated	1936	27.3
Total	7088	100.0



TYPES OF DISABILITIES AND CAUSES

The type of disabilities recorded during the survey included the following: Visual impairment, Physical, Hearing, Mental, Albinism, Autism, Epileptics, Speech and Self-care. During the survey, some cases could not be classified within the disability clusters as shown in the table below:

Type of disability	No. of cases	Percent
Visual impairment	193	2.5%
Physical	3329	43.5%
Hearing impairment	120	1.6%
Mentally challenged	263	3.4%
Albinism	34	.4%
Autism	136	1.8%
Multiple forms of disability	523	6.8%
Epileptics	466	6.1%
Others	74	1.0%
Dumb	15	.2%
Low visual impairment	498	6.5%
Totally blind	126	1.6%
Low hearing	285	3.7%
Totally deaf	237	3.1%

Physical disability is the highest type of disability representing 43.5% followed by mental impairment at 20.9%. Mental included those who are mentally challenged to those who are totally mad. Others are those in depression.

More male than female experience physical disabilities the survey revealed. 8.4% have hearing impairment with 2% who are dumb. Visual impairment represents 10.6% with low vision and some totally blind. Epileptic cases were also noted and represented 6.1%.

It is important to note that those with mental challenge are over 1000 persons with those who are total mad representing 5.4% at 411 persons.

Intellectually challenged	906	11.8%
Mad	411	5.4%
Depressed	25	.3%
Aged	14	.2%
Breathing problem	1	.0%
	7088	100.0%

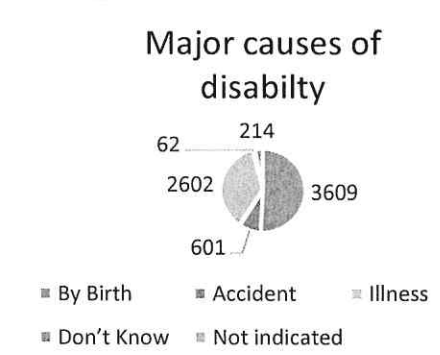
Depression also was seen as some type of disability while those with multiple forms of disability representing 6.8%.

The Needs for these cases are varied and therefore there is need for assessments at early age

While albinisms were less than 1% in total they are less than 100 persons in the county

CAUSES OF DISABILITY

This an area where the responded gave the information on the causes of disability. Medical assessment was not carried out to ascertain the levels of disability.



Slightly over 50% of PWDs enumerated had disabilities at birth, 36.5% by various illness and 8.5% by accidents.

The implication is to have proper perinatal, antenatal and postnatal clinics to reduce the levels of disability and traffic rules implemented to reduce on traffic accidents.

AGE AT WHICH DISABILITY OCCURRED

Child with severe disability since birth

To correlate with the cause of disabilities, age is an important determinant factor of when disability did occur. 16% of all PWDs got disability at age bracket of 0-4 year before the 5th birthday and declined with age from 5.5% at age 5-9 to 0.9% at age 60-64 and barely 1.5% for the 65+. Disabilities do occur at an early age.

The critical intervention is to create awareness on the importance of antenatal and postnatal clinics for mothers and immunization for children up to age 5years to prevent disabilities at an earlier age.

The levels of disabilities ranged from moderate to severe where the conditions when not assisted in the daily living activities deteriorate from very good to very poor.

Only 28.8% are in the category of very good to satisfactory representing the moderate groups. 63.3% were reportedly poor representing the severe disabilities. Vulnerability is also determined by socio-economic factors such as household composition, the educational attainment of PWDs and access to resources (Incomes).

The table below shows the ages at which disability did occur and has serious implication on programming and programmes implication.

Age at which disability occurred		
Age at which disability occurred	Frequency	Percent
0 - 4	1137	16.0
5 - 9	392	5.5
10 - 14	327	4.6
15 - 19	266	3.8
20 - 24	201	2.8
25 - 30	163	2.3
31 - 39	131	1.8
40 - 44	115	1.6
45 - 49	92	1.3
50 - 54	89	1.3
55 - 59	63	.9
60 - 64	66	.9
65 +	112	1.6
Don't Know	3934	55.5
Total	7088	100.0

Findings

- Disabilities occur at early ages between 0 years to 4 years being the highest of all the age brackets.
- Its also high at ages 5-9 and 10- 14 years at approximately 6% to 5% respectively.
- Majority, over 55% of PWDs did not know when disability occurred which is presumed to be at birth.
- Medical intervention at early ages is important if causes of disability have to be addressed.

LEVELS OF DISABILITY

The survey looked at the levels of disability depending on their conditions if not assisted

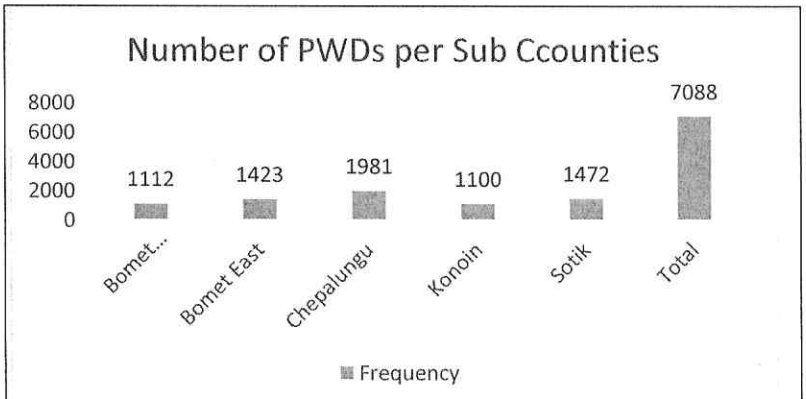
Condition when not assisted		
state	No.	Percent
Very Good	128	1.8
Good	704	9.9
Satisfactory	1212	17.1
Poor	4485	63.3
Don't Know	559	7.9
Total	7088	100.0

Level of disability		
level	No	Percent
Moderate	3439	48.5
Severe	3264	46.0
Don't know	385	5.4
Total	7088	100.0

Only 1.8% of PWDs can do daily activities in good condition when not assisted while 63% is poor. This contributes to the 46% whose level of disability is severe. These are PWDs who need support permanently in order to carry out their daily living activities.

The levels of disabilities ranged from moderate to severe where the conditions when not assisted in the daily living activities deteriorate from very good to very poor. Only 28.8% are in the category of very good to satisfactory representing the moderate groups. 63.3% are poor representing the severe disabilities.

PREVALLENCE AND TYPE OF DISABILITY IN THE COUNTY



NO OF PWDS IN THE COUNTY

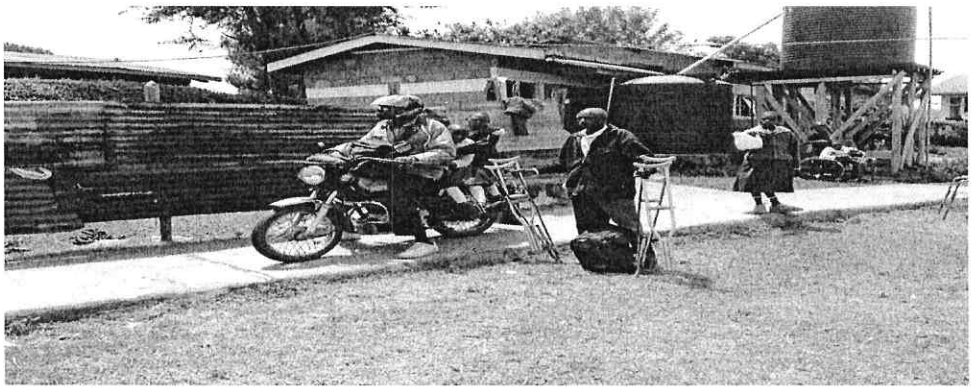
	No	Percent
Bomet Central	1112	15.7
Bomet East	1423	20.1
Chepalungu	1981	27.9
Konoin	1100	15.5
Sotik	1472	20.8
Total	7088	100.0

From the survey Chepalungu has the highest persons with disability at 28% followed by Sotik and Bomet East at 20% respectively.

Bomet Central and Konoin had about 16% each.

The prevalence rates indicate the possibility of strategic interventions depending on environmental factors, causative issues and poverty levels.

Vulnerability is also determined by socio-economic factors such as household composition, the educational attainment of PWDs and access to resources (Incomes).



PWDs of Bomet Primary School going home after school closes

PREVALENCE OF DISABILITY PRY TYPE IN THE COUNTY

The sub counties registered all types of disabilities ranging from visual impairment, physical, hearing, speeches to autism among the major disabilities recorded.

Type of Disability	Bomet Central	Bomet East	Chepalungu	Konoin	Sotik	Total
Visual impairment	20	36	72	56	9	193
Physical	496	775	914	479	665	3329
Hearing impairment	14	19	44	41	2	120
Mentally challenged	20	41	85	109	8	263
Albinism	10	6	8	6	4	34
Autism	71	20	16	21	8	136
Multiple forms of disability	**54**	**75**	**232**	**72**	**90**	**523**
Epileptics	71	85	109	148	53	466
Others	5	16	19	21	13	74
Dumb	8	0	3	1	3	15
Low visual impairment	66	123	113	82	114	498
Totally blind	28	27	32	18	21	126
Low hearing	42	45	57	65	76	285
Totally deaf	44	43	51	40	59	237
Intellectually challenged	122	221	177	117	269	906
Mad	78	54	109	72	98	411
Depressed	3	5	6	6	5	25
Aged	2	0	9	0	3	14
Breathing problem	0	0	0	0	1	1
	1154	**1591**	**2056**	**1354**	**1501**	**7656**

Note: The total numbers of PWDs due to type of disability do change due to multiplicity of forms of disabilities per persons. For example, there were cases of Dumb and deaf, blind with low hearing, dwarfs, dumb, autism etc. the Multiple forms of disability are those which cannot be specified and considered severely disables.

DISTRIBUTION OF PWDS AT A GLANCE PER WARDS

Bomet Central Sub-County		
Ward	No	Percent
Chesoen	189	17.0
Mutarakwa	149	13.4
Ndarawetta	304	27.3
Singorwet	224	20.1
Township	246	22.1
Total	1112	100.0

Bomet East Sub-County		
Ward	No	Percent
Chemaner	220	15.5
Kembu	230	16.2
Kipreres	278	19.5
Longisa	492	34.6
Merigi	203	14.3
Total	1423	100.0

Chapalungu Sub-County		
Ward	No	Percent
Chebunyo	508	25.6
Kongasis	452	22.8
Nyangores	425	21.0
Sigor	455	23.0
Siongiroi	141	7.1
Total	1981	100.0

Konoin Sub-County		
Ward	No	Percent
Boito	257	23.4
Chepchabas	131	11.9
Embomos	278	25.3
Kimulot	279	25.4
Mogogosiek	155	14.1
Total	1100	100.0

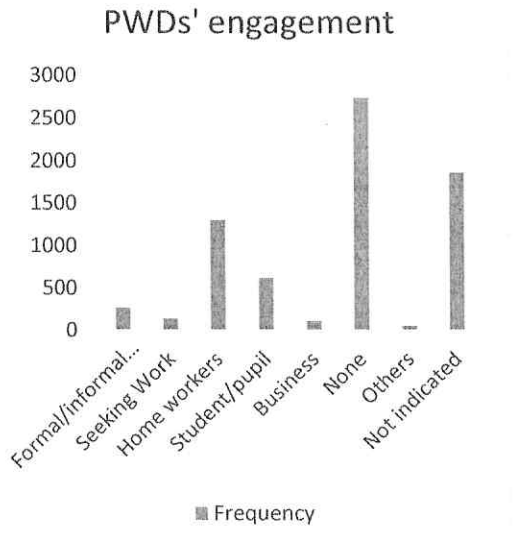
Sotik Sub-County		
Ward	No	Percent
Chemagel	253	17.2
Kapletundo	443	30.1
Kipsonoi	288	19.6
Ndanai/Abosi	304	20.7
Rongena/ Manaret	184	12.5
Total	1472	100.0

The survey revealed the disparities in the prevalence of PWDs per sub counties and wards.

In Chepalungu with the highest prevalence in the county, Chebunyo ward has the highest with siongiroi having the least.

In Bomet central -Ndaraweta; Bomet East-Longisa ward, Konoin-Kimulot ward and Kapletundo in Sotik sub-county have the highest PWDs respectively.

EMPLOYMENT/ENGAGEMENT OF PWDS



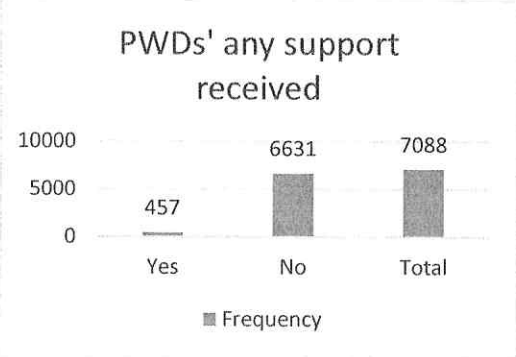
Average Income per month		
Income level	Frequency	Percent
Less Kshs 5,000	6993	98.7
5,001 – 10,000	61	.9
10,001-15,000	16	.2
15,001- 20,000	5	.1
20,001– 25,000	4	.1
25,001 -30,000	2	.0
30,001 and above	7	.1
Total	7088	100.0

On employment 38.6% of PWDs have no employment at all. Only 3.7% are in formal or informal employment, 20% are seeking work, 8.7% are students and less than 2% are in business. There is close correlation between the level of education and employment. Also noted 98.7% earn less than five thousand per month if in employment. Less than 1% earns more than 30,000. The implication is most PWDs are poor.

The level of education worsens the probabilities of PWDs being in employment due to inadequate skills and knowhow suitable for the formal employment market. Less than 10% of PWDs are in gainful occupation.

SUPPORT SERVICES FOR PWDs

The survey sort to know if there is any support for PWDs and the type they would need most. The forms of support include assistive devices, capital support, grants, cash transfers, education and medical or social security schemes.



The survey showed that about 6.4% receive some support while over 93.6% have no support. The type of assistance include Cash transfers, grants, Medical and Assistive device including tools of trade

Only 10% of PWDs are in support groups and the rest are on individual basis. Those in support group easily access support services than those who are not

About 20% of PWDs have money accessed/cash transfer and grants. 24.4% need medical assistance while more than 10% need assistive devices. 6% have received support as reflected in the number in the support groups.

Type of assistance needed most

assistance needed most	Frequency	Percent
Money	4358	53.8%
Medical	1307	19.2%
Assistive device	459	6.8%
Tools of Trade e.g Sewing machine etc	405	6.0%
Education	747	11.0%
Vocational Training	114	1.7%
Employment	101	1.5%
Other assistance necessary	3	.0%
Total	7088	100.0%

67.5% needs support, 53.8% needs financial support (Money) while 19% need medical support, 6.8% needs assistive devices, 6.0% tools of trade and 11% education. Only a small number 1.7% needs vocational training and 1.5% employment

The Table shows that most PWDs need Money; and medical and tools of trade including sewing and knitting machines, and other small trades capital.

Some PWDs have been trained and need only start-up capital.

REPRODUCTIVE HEALTH ISSUES

This is the area which needed a lot of confidentiality and was meant for female PWDs aged 12-49 years. Only 8.1% of the female respondents have heard of family planning method. 93% do not use any form of FP method.2.4% use injectable for family planning and a small number uses the different methods including condoms, Norplant and traditional methods. The table below shows the methods and uptake of Family Planning.

PWDs using Family Planning		
Types of family Planning methods	No	Percent
None	6598	93.1
Have no access	71	1.0
Pill	65	.9
Loop/Norplant	16	.2
Injections	171	2.4
Diaphragm/foam/jelly	3	.0
Female Sterilization	5	.1
Male Sterilization	1	.0
Periodic abstinence	21	.3
Withdrawal	2	.0
Condoms	17	.2
Female condom	1	.0
Traditional methods	35	.5
Refused to answer	21	.3
Don't know	61	.9
Total	7088	100.0

Use of Family Planning methods

- 93% do not use any form of P
- Respondent have no Access to reproductive health services
- Injections is the most common method used
- Male and female sterilizations were recorded
- Use of male condoms more the female condoms
- It was reported female condoms are not available
- Traditional family planning methods are in use
- Some PWDs refused to respond to the reproductive health issues.
- Most modern Family Planning Methods are used.

Access to Family Planning

	Frequency	Percent
None	6696	94.5
Hospital	152	2.1
Dispensary	176	2.5
NGO	3	.0
Chemist	20	.3
Shop	7	.1
Herbalist	34	.5
Total	7088	100.0

Access to Family planning services was reported to be a serious barrier to FP among PWDs. 94.5% have no access. About 5% access health facilities, NGOs, shop and herbalists

AGE AT FIRST PREGNANCY AMONG PWDS

85% of female PWDs reported did not know the age at which they had the first pregnancy. However the survey shows it ranges from tender age of 10-14 years and highest at 15-19 years.

Due to myths and misconception, the issues of stillbirths are rarely addressed but as for live births, 52% had girl child and 47% had boy child. Age at first pregnancy is an indication of sexual debut among PWDs.The survey has shown that at least 24 female PWDs had children by the age of 14 years implying that PWDs have sexual debut at a tender age.

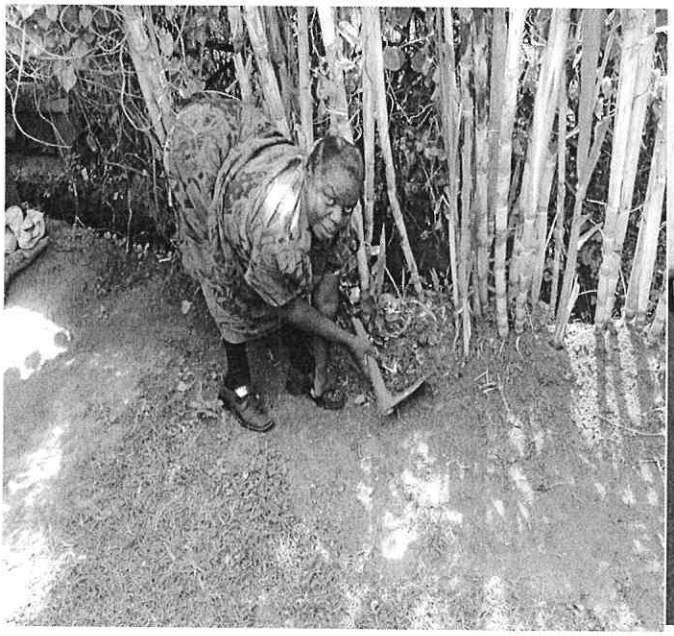
CONCLUSION

The survey contacted was mainly quantitative and covered what is perceived as disability among the community. Community perception through qualitative data would have answered most of the key findings from the quantitative survey.

Key informant would have given personal experiences of PWDs and how they are treated by members of the community and coping mechanisms. Case studies would have given more insights on the situation of PWDs in the county and the neglect, support and family orientations due to disability.

Key informant interviews would provide the reasons why more male are in marriage compared to female irrespective of levels of disability or economic status.

Participation of PWDs in family, social and economic activities are relatively low due to stigma and socio-cultural and economic prejudice. Below are women with disability, physical and visual but can display what they are able to do. Disability is not inability.



CHALLENGES DURING THE SURVEY

The following challenges were encountered during the survey

(i) Stigma on PWDs
(ii) Some households denied the existence of PWDs
(iii) The feelings of PWDs that they have been neglected over time and refusal to provide information
(iv) Various disabilities need different measures which provide challenges in programming
(v) Target prevention as key to development

RECOMMENDATIONS ON HOW TO IMPROVE PWDS SITUATION

1. Increase awareness on the situation of PWDs to ensure support from community
2. Increase access to services through appropriate infrastructure and rehabilitation services
3. Support PWDs to develop skills through appropriate education and technology.
4. Implement the PWDs policy, constitution and the Act 2004
5. Support integrated and inclusive programmes in schools with trained teachers
6. Provide all inclusive assistive devices appropriately
7. Address issues of early disability at ages
8. Empower PWDs economically through skills development and provision of tools of trade, grants etc
9. Train caregivers on physiotherapy and counselling

POLICY ISSUES

- Integration and mainstreaming of issues affecting PWDs in all policies and programmes
- Implement the Act and the policy on PWDs, monitor and evaluate the performance from all sectors.
- Create awareness to reduce stigma and social discrimination among communities to enable PWDs to participate fully in decision making
- Development of suitable programmes in all sectors targeting at PWDs especially on education and health sectosr including Reproductive Health services.
- Policies on infrastructure to conform with disability framework.
- Involve all the relevant partners and stakeholders including –NCPWDs, APDK
- Increase social protection support services among PWDs including cash transfer for PWDs, grants, shelter and food for PWDs
- Create a conducive environment where PWDs can express their views.

WAY FORWARD

1. Involve all the stakeholders in mainstreaming PWDs issues
2. Share roles and responsibilities
3. Increase bursaries and educational materials for PWDs
4. Consolidated Social Protection Fund
    a. Establishment of the single registry for all CSPF Initiatives;
    b. Support to Persons with Albinism (PWA); and
    c. Implement of County Safety Nets Program
5. Scale up the County Development Fund for PWDs and solicit for more support from the National Government. This fund will provide assistance to persons with disabilities for their socio-economic empowerment. It will also support infrastructure improvement to institutions providing services to PWDs and capacity building for disabled persons' organizations.
6. Implement, Monitor and evaluate the 30 per cent public procurement preference for Person With Disability: Intensify public awareness campaign on the provisions of the Public Procurement and Disposable [Preference and Reservation] Regulations 2013 for PWD's.
7. Create targeted awareness on the needs of PWDs, reduce stigma and create conducive environment for PWDs
8. Disability Mainstreaming (inclusion and accessibility):

This will ensure that issues that directly affect PWDs are adequately addressed in policies and legal frameworks, programmes.