



NATIONAL SYNDemic DISEASES
CONTROL COUNCIL



GF PERSONS WITH DISABILITIES CONSTITUENCY ENGAGEMENT
MEETING
13th and 14th APRIL 2023-NAIVASHA

CATEGORIES OF DISABILITIES

1. **Physical disabilities** - such as paralysis, amputation, and loss of limbs or mobility impairments
2. **Mental Disabilities** - characterized by a clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour. It is usually associated with distress or impairment in important areas of functioning. This disorders includes bipolar, schizophrenia, anxiety disorders etc
3. **Visual disabilities** - such as blindness, low vision, and other visual impairments
4. **Hearing disabilities** - such as deafness and hearing impairments
5. **Cognitive (Intellectual & learning) disabilities** - such as Down Syndrome, Autism, and other developmental disabilities, Mental health disabilities - such as bipolar disorder, schizophrenia, and depression
6. **Albinism** - a genetic condition that results in little or no melanin production in the skin, hair, and eyes, which can lead to visual impairment and skin cancer risk
7. **Neurological** such as Epilepsy- a neurological disorder characterized by recurrent seizures; Cerebral palsy- a group of disorders that affect a person's ability to move and maintain balance and posture. CP is the most common motor disability in childhood.
8. **Multiple disabilities** - a combination of two or more disabilities that significantly impact a person's ability to perform daily activities
9. **Synthetic Speech Disorder** as stammering

NATIONAL AND INTERNATIONAL LEGAL FRAMEWORKS

In Kenya, there are several legal frameworks that address disability-related issues. These include:

1. **The Constitution of Kenya (2010)** - This is the supreme law of the land and contains provisions on the rights of persons with disabilities.
2. **Persons with Disabilities Act (2003)** - This act provides for the registration, protection, and equalization of opportunities for persons with disabilities in Kenya.
3. **The Kenya Sign Language Act (2013)** - This act recognizes and promotes the use of Kenyan Sign Language in all public and private institutions.

4. **The Education Act (2013)** - This act provides for the right of persons with disabilities to access education and requires the government to provide special education services.
5. **The Employment Act (2007)** - This act prohibits discrimination against persons with disabilities in employment and requires employers to make reasonable accommodations for persons with disabilities.
6. **The Access to Persons with Disabilities Regulations (2015)** - These regulations provide guidelines for ensuring accessibility for persons with disabilities in public buildings, transportation, and information and communication technology.
7. **Marakesh Treaty, 2018** - The treaty seeks to remedy a "book famine" for people who are unable to access standard print materials
8. **Occupational, Health and Safety Act, 2007**; An ACT of Parliament to provide for the safety, health and welfare of workers and all persons lawfully present at workplaces
9. **Work Injury Benefit Act, 2007**; provide for compensation to employees for work related injuries and diseases contracted in the course of their employment and for connected purposes.
10. **Mental Health Act, 2021**: provide for the prevention of mental illness, to provide for the care, treatment and rehabilitation of persons with mental illness; to provide for procedures of admission, treatment and general management of persons with mental illness; and for connected purposes.
11. **United Convention of the Rights of Persons with Disabilities (UNCRPD)**: is an international human rights convention which sets out the fundamental human rights of people with disability.

EXPERIENCES AND ACHIEVEMENTS

Experiences	Achievements
<ul style="list-style-type: none"> • The Constitution of Kenya (2010) - This is the supreme law of the land and contains provisions on the rights of persons with disabilities. Bill of rights. • Kenya Aids Strategic Framework KASF 2020-2021/2024-2025- is inclusive of PWD • Disability Act 2023 • County Disability Act • County Integrated Development Plan (CIDP) <p>Global Perspective</p> <ul style="list-style-type: none"> • UN convention <p>Regional perspective</p> <ul style="list-style-type: none"> • The African Disability protocols <p>Other experiences</p> <ul style="list-style-type: none"> • Lack of confidentiality • Low levels of Testing and counselling • Communication barriers between deaf and poor interpreting • Treatment literacy and patient literacy for PWDs are not seen • Slow implementation of policies as far as HIV/TB services are concerned • Difficulty in getting results in line with testing services. • Inadequate capacity of service providers • Less sensitization on TB 	<ul style="list-style-type: none"> • Access to medication/HIV services. • Access to most facilities. • Government goodwill to invite PWD on the round table • Positivity in acceptance of HIV as an achievement • Formation of CBOs to create awareness and voice amplification of HIV interventions

CHALLENGES AND OPPORTUNITIES

Challenges	Opportunities
Lack of IEC/BCC materials for visually impaired and deaf on HIV/TB.	Provision of resource to develop IEC/BCC materials for HIV/TB for the Blind and deaf.
Challenges in treatment literacy	Trainings, sensitization and capacity buildings for PWDs and HCW
Poor qualities of home-based care for HIV/TB for PWDs	<ol style="list-style-type: none"> 1. Improved Access to Healthcare: Addressing the poor qualities of home-based care can help improve access to healthcare services for persons with disabilities. It can help to ensure that healthcare services are accessible and inclusive, and that persons with disabilities are not excluded from receiving care. 2. Increased Social Support: Addressing the poor qualities of home-based care can help to increase social support for persons with disabilities. It can help to provide them with the emotional support they need to cope with the challenges of living with HIV/TB. 3. Improved Quality of Life: Addressing the poor qualities of home-based care can help to improve the quality of life for persons with disabilities. It can help to ensure that their basic needs are met, such as access to clean water, adequate nutrition, and safe housing. 4. Empowerment: Addressing the poor qualities of home-based care can help to empower persons with disabilities. It can help to build their self-esteem and confidence, and provide them with the skills they need to advocate for their own rights and interests.
Poor Adherence to HIV/TB treatment	patient education, medication reminders, and the use of digital health technologies can help individuals adhere to their treatment regimens. Community-based interventions,

	peer support, and the involvement of healthcare providers in addressing adherence can also be effective.
Stigma and Discrimination	Sensitization and Awareness campaigns
Non-Disclosure of HIV/TB among couples with disabilities	<ul style="list-style-type: none"> • Have timely and guided disclosure- To enable them to make informed decisions about their health and protect themselves from transmission. However, this can be a difficult and sensitive conversation to have. • It is essential to ensure that individuals with disabilities have access to the necessary support, resources, and information to facilitate this conversation and promote positive health outcomes.
Physical barriers to access HIV/Tb facilities	<ol style="list-style-type: none"> 1. Improving healthcare equity: Addressing physical barriers can help to reduce healthcare disparities and promote greater equity in healthcare access and outcomes. This can be particularly important for vulnerable populations, such as those living in poverty or in rural or remote areas. 2. Enhancing patient satisfaction: Removing physical barriers can improve the overall patient experience, making it easier and more convenient for individuals to access care. This can lead to increased patient satisfaction and engagement, which may ultimately lead to better health outcomes. 3. Increasing treatment adherence: When individuals have easier access to healthcare facilities, they are more likely to adhere to treatment plans and follow-up care. This can lead to better health outcomes, such as improved viral suppression and reduced transmission of HIV/TB. 4. Strengthening healthcare systems: Addressing physical barriers can also help to strengthen healthcare systems overall, by improving infrastructure and increasing access to necessary resources. This can lead to better healthcare outcomes not only for those with HIV/TB, but for the broader community as well.

<p>Unemployment and lack of incomes to access treatment</p>	<ul style="list-style-type: none"> • Governments and non-profit organizations may provide financial assistance, such as subsidies or grants, to help individuals access healthcare services. Additionally, there may be community programs or clinics that offer free or low-cost healthcare services to those in need. • Another opportunity is to invest in preventative healthcare measures, which can help reduce the need for expensive medical treatment down the line. This can include promoting healthy lifestyles and providing education on early detection and management of health conditions.
<p>HIV/TB awareness is low among PWD settings</p>	<ol style="list-style-type: none"> 1. Improved prevention: Educating persons with disabilities on how to prevent HIV/TB can help them make informed decisions about their health and reduce their risk of infection. 2. Early detection: Increased awareness of HIV/TB symptoms and risk factors can help persons with disabilities recognize the signs of infection early and seek medical attention promptly. 3. Access to treatment: With greater awareness of HIV/TB, persons with disabilities may be more likely to seek out testing and treatment options. This can help ensure that they receive the care they need to manage their condition and prevent the spread of disease. 4. Reduced stigma: By increasing awareness of HIV/TB in PWD settings, we can also help reduce the stigma and discrimination that persons with disabilities may face when dealing with these diseases.

GAPS AND OPPORTUNITIES

Gaps	Priorities
Lack of accurate central data system for pwds population in Kenya at the moment.	<p>The World Report on Disability estimates that 15 percent of the world population are people with disabilities. There may be some variance from one country to another. But experts believe that many countries significantly underestimate the actual prevalence rate. Kenya has 10% of its population as persons with disabilities (4.44 million people) as follows:</p> <p>https://miusa.globaldisabilityrightsnow.org/infographic/disability-kenya/</p> <p>Age 0 - 14 is 43.4% (1.92 million people). Age 15 - 24 is 21% (0.93 million people). Age 25 - 34 is 13.5% (0.68 million people). Age 35 - 54 is 15.4% (0.68 million people). Age 55 plus is 6.7% (0.30 million people).</p> <ul style="list-style-type: none"> • Carry out appropriate survey to map out the number of PWDs in the Country • Undertake a National Disability Survey to ascertain the accuracy of data of Persons with Disabilities • Sign up to the Inclusive Data Charter for implementation.
Lack of disability mainstreaming in HIV and TB programming	Inclusion of PWDs in HIV/TB mainstreaming (Policies and Programs)
No reliable data on HIV/TB related issues on PWDs	Deliberate Needs assessments for Data capturing of PWDs on HIV/TB issues
Lack of Stand-alone disability fund on HIV/TB	Have a deliberate funding to PWD on HIV/TB and other Non-communicable Diseases because their needs are difference
Information and communication Gaps	<ol style="list-style-type: none"> 1. Accessibility: Ensure that all information and communication materials related to HIV/TB are accessible to PWD. This can involve providing materials in accessible formats such as braille, audio, or large print, and ensuring that websites, social

	<p>media platforms, and other online resources are designed to be accessible to persons with different types of disabilities.</p> <ol style="list-style-type: none"> 2. Inclusion: Involve PWD in the development and implementation of HIV/TB programs. This can include consulting with disability rights organizations and self-advocacy groups and ensuring that PWD are represented in all aspects of program planning and delivery. 3. Sensitivity: Recognize that PWD may face unique challenges in accessing HIV/TB information and services, and ensure that all communication and interactions are conducted in a sensitive and respectful manner. 4. Training: Provide training to healthcare providers and other staff on how to effectively communicate with PWD, as well as how to provide HIV/TB services in an accessible and inclusive manner. 5. Partnership: Foster partnerships between HIV/TB programs and disability rights organizations to ensure that the needs of PWD are addressed and that PWD are included in all aspects of program planning and delivery. 6. Implement all disability laws and policies that will safeguard inclusion of Persons with Disabilities to ensure that the gaps in development are addressed.
Lack/little Advocacy of HIV/TB among PWD	<p>Advocacy for HIV/TB</p> <ol style="list-style-type: none"> 1. Address the intersectional discrimination faced by PWD living with HIV/TB, such as discrimination based on their gender, sexual orientation, or race/ethnicity. 2. Advocate for policies and legislation that protect the rights of PWD living with HIV/TB, including their right to access healthcare services and live free from discrimination and stigma.
Few disability HCW	More training of CHW PWD, increase the number of CHW

<p>Few or limited capacity of organization of PWD</p>	<ul style="list-style-type: none"> • Enhancing capacity of organization of persons with disability to manage disability programming of HIV/TB • Enhancing capacity of OPWD before sub granting/granting • Collaboration: Organizations can collaborate with other PWD groups, government agencies, and non-governmental organizations (NGOs) to leverage resources, expertise, and experience. This can help to maximize impact and minimize duplication of effort. • Advocacy: Organizations can advocate for policies, laws, and programs that support the rights and inclusion of PWDs. This can help to create a more enabling environment for PWDs and increase the resources available to support their organizations. • Capacity building: Organizations can invest in capacity building for their members, volunteers, and staff. This can help to build knowledge, skills, and confidence, and improve the effectiveness of their programs and services. • Innovation: Organizations can explore new and innovative approaches to addressing the needs of PWDs. This can involve the use of technology, social entrepreneurship, and other creative strategies to overcome resource constraints and improve impact. • Networking: Organizations can build networks with other organizations, both within and outside the disability sector. This can help to build relationships, share resources and expertise, and create opportunities for collaboration and partnership.
<p>Lack of appropriate adaptive technology and innovation</p>	<ul style="list-style-type: none"> • Establish a Disability Inter-Agency Coordinating Committee to support and monitor the implementations of the commitments. • Regularize and enforce standards on innovation for development and importation of assistive devices

	<ul style="list-style-type: none"> • Set up assistive technology hub amongst major stakeholders including universities, innovators, producers, users among others
<p>Lack of knowledge in Understanding and management of Disability</p>	<ul style="list-style-type: none"> • Increase investments in disability research and technology development programmes to enhance the knowledge base and evidence-based decision making by government. • Progressive allocation of funds for equipment, infrastructure and teacher training in inclusive education to ensure inclusive education is achieved. • Increase investment in initiatives to produce new technologies and develop progressive learning models. • Develop a national strategy to address intersectional discrimination of women and girls with disabilities and partner with stakeholders to increase awareness and funding towards tackling gender issues faced by women and girls with disabilities, including violence and access to family planning. • Ensure stakeholder engagement and develop a stronger monitoring strategy on implementation of the commitments.

NCPWD

NOTE:

- During the Q&A it was noted that there was need to unpack mainstreaming from governance to grass root.
- On the slow implementation of policies intervention targeting PWD
- Need for intervention of data
- There are various gaps on inclusion of persons with disabilities
- On data a mention of data tools to be revised, looking at the estimates and deliberately segmenting data.
- A guideline for recording data in a systematic manner
- Actual representation of PWD in forums and conferences