

**DYNAMICS IN THE EMPOWERMENT OF WOMEN WITH DISABILITIES
IN KENYA, 1895-2021**

JAVAN ZAUMAMBO MOKEBO

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DECLARATION

"This thesis is my original work and has not been presented for a degree in any other university."

Signature..... Date.....

Javan Zaumambo Mokebo
C82/33491/2015

DECLARATION BY SUPERVISORS:

This thesis has been submitted for review with our approval as university supervisors:

Signature..... Date.....

Dr. Susan Waiyego Mwangi
Department of History, Archaeology and Political Studies
Kenyatta University

Signature..... Date.....

Dr. Julius Simiyu Nabende
Department of History, Archaeology and Political Studies,
Kenyatta University

DEDICATION

This work is dedicated to:

Gloria Mokebo and Precious Javan as a reminder to work towards an inclusive society that takes into account all marginalised groups by promoting their empowerment and human rights to the greatest extent possible.

All women with disabilities who are at the margins of their societies and public decision-making. It is a reminder that rights are fought for rather than given.

Individuals, groups, national, regional, and international mechanisms that strive to empower women with disabilities in Africa.

Development historians and anthropologists are concerned with how different historical contexts and environments have shaped the place of marginalised groups in development, citizenship, and inequality histories within local and global entanglements.

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ABBREVIATIONS AND ACRONYMS

AFUB:	African Union for the Blind
AGENDA:	General Election Network for Disability Access
ARDCWD:	Agate Rights Defence Centre for Women with Disabilities
BESB:	British Empire Society for the Blind
BPfA:	Beijing Platform for Action
CCTP:	Consolidated Cash Transfer Programme
CPRW:	Convention on the Political Rights of Women
CREAD:	Centre for Disability Rights Education and Advocacy
CRPD:	Convention on the Rights of People with Disabilities
CWDs:	Children with Disabilities
DPOs:	Disabled Persons Organisations
DSS:	Department of Social Services
DWOs:	Disabled Women's Organisations
EAOD:	East Africa Organisation for the Disabled
EAUFR:	European Union Agency for Fundamental Rights
GWWDs:	Girls and Women with Disabilities
HI:	Handicap International
ICCPR:	The International Covenant on Civil and Political Rights
ICESCR:	The International Covenant on Economic, Social, and Cultural Rights
IFES:	International Foundations for Electoral Systems
IYDP:	International Year of Disabled Persons
KIPPRA:	Kenya Institute for Public Policy and Research Analysis

KNCHR:	Kenya National Commission on Human Rights
KUB:	Kenya Union for the Blind
LWDs:	Learners with Disabilities
MWDs:	Men with Disabilities
NGEC:	National Gender and Equality Commission
NYDP:	National Year of Disabled Persons
PDOs:	Persons with Disability Organisations
PWDs Act:	Persons with Disabilities Act
PWDs:	Persons with Disabilities
RCRD:	Report on the Care and Rehabilitation of the Disabled
SDGs:	Sustainable Development Goals
SIDA:	Swedish International Development Agency
SIGs:	Special Interest Groups
SRF:	Swedish Association of the Visually Impaired
UDPK:	United Disabled Persons of Kenya
UN:	United Nations
UNCRPD:	United Nations Convention on the Rights of Persons with Disabilities
UNCTAD:	United Nations Conference on Trade and Development
UNDP:	United Nations Development Programme
UNGA:	United Nations General Assembly
VRCs:	Vocational Rehabilitation Centres
WALPE:	Women’s Academy for Leadership and Political Excellence

WEI:	Women Enabled International
WHO:	World Health Organization
WROs:	Women's Rights Organisations
WWDs:	Women with Disabilities
VI:	Visual Impairment
MI:	Mental Impairment
HI:	Hearing Impairment
PI:	Physical Impairment

GLOSSARY OF TERMS

Ubuntu: Refers to the African communitarian philosophy on the interconnectedness of humans at individual, group, and communal levels based on reciprocity, care, and mindfulness of everyone, including people with disabilities.

Baraza: A public gathering.

Guturi Kindu gitari kigerero: It implies that there is nothing completely flawless.

Iruugamaga niikurumaga: It refers to physical impairments caused by ageing that hinder an individual's upright walking posture.

Uganga wa mburuga: Traditional healing.

Gukuhiha ti gutinio: It means that having short stature is not because one has been cut.

Nyamu itari hia igitiragia iri hia: It denotes that the hornless animal relies on the one that has them.

Gutiri gitataturie: It implies that all things are interdependent.

Mtu ni watu: This is a Kiswahili idiom meaning that the being of a person is dependent on other persons

Mundu ni andu: It implies that a person is because others are

Umuntu, ngumuntu ngabantu: It implies that individual existence is based on the existence or being of other people.

Umuntu ngumuntu ngabanye abantu: It implies that a person is because others

Mwana mtsanga kalashwa hombo: A baby has a right to be breastfed by a suckling mother

Askari: Soldier/military personnel/police

Mswahili: Refers to a coastal settler whose primary language of communication is Kiswahili.

Muungwana: Refers to a Muslim who lived in a decent shelter and spoke Kiswahili eloquently.

Mijikenda: Refers to the nine Kenyan coastal city states or ethnic groups.

Shamba: Refers to a garden/ land set aside for agricultural activities.

Mji wa Huruma: Refers to a name given to a care home in Mombasa.

Mau Mau: Refers to a Kikuyu nationalist movement that mobilised with the demand to end colonial rule in Kenya.

Tunaweza: Kiswahili for “we have the ability.”

Maendeleo ya Wanawake Organisation: An organisation that advances women’s agenda in Kenya’s national politics.

OPERATIONAL DEFINITION OF TERMS

Disability: In this study, disability refers to constraints by an individual or social group resulting from the intersection of impairments and environmental factors that affect an individual's ability to act as an independent agent or interact in societal domains in typical ways. Despite disability encompassing several aspects of impairments, for purposes of this study, disability is limited to physical, sensory, psychosocial, intellectual impairments, and albinism.

Discrimination: This refers to marginalisation or disadvantages encountered by an individual or social group based on one or multiple factors interacting concurrently.

Dynamics: This concept refers to forces, interactions and processes that shape human behaviour, institutional practices and relationships over time; the evolution of phenomenon; social-political interactions between women with disabilities, disability rights movements, government, women movements, human rights activists, voluntary organisations, faith-based organisations and international organisations have interacted to shape the empowerment of women with disabilities; how power is negotiated and contested at individual, group and institutions level; and, ideological and cultural concepts as well as practices that shape relations of hierarchy, dependence or equity.

Empowerment: This refers to the provision of knowledge, skills, resources, laws, policies, and opportunities needed to enhance the capacity of a marginalised individual or group to act as an independent agent and fully participate in societal

activities. In this study, empowerment includes social, economic, and political aspects.

Impairment: This refers to a body's functional limitation due to loss or appearance. Impairments limit mobility, vision, hearing, communication, learning, behaviour or actions.

Intersectional discrimination: It refers to marginalisation against an individual or group based on two or more grounds simultaneously and inseparably. It is an approach based on the premise that forms of oppression overlap and impact social groups differently through their combined effects. It emphasises how gender and disability, for instance, interact to limit women with disabilities' participation in societal activities.

Minorities: These are social groups at the margins of their societies that remain underdeveloped or excluded in social, economic, and political spheres. Generally, minorities include women, persons with disabilities, disabled women, indigenous people, and, depending on location, religious minorities.

Persons with disabilities: This term refers to people whose impairments interact with societal barriers to limit their agency as independent individuals.

ABSTRACT

This study examined the dynamics in the empowerment of women with disabilities in Kenya from 1895 to 2021. The study was premised on marginal engagement of women with disabilities in societal spaces and a scarcity of in-depth historical investigation on how the marginalisation has been contested. Therefore, the study: explored the level of inclusion of people with disabilities in Kenya's socio-economic and political spaces from 1895 to 1962; analysed how state and non-state actors shaped empowerment of women with disabilities in Kenya between 1963 and 1991; investigated the implication of the fight for democratisation on the empowerment of women with disabilities in Kenya between 1992 and 2003; and, examined the dynamics between the government and disability rights movement to empowerment of women with disabilities in Kenya from 2004 to 2021. We employed strands of gender-power analysis and feminist theories to interpret the data. The study used a descriptive historical research design that was primarily qualitative. One hundred seventy-four informants were selected from three research locales through purposive and snowball sampling techniques. Primary data was obtained through key informant interviews, expert interviews, oral history interviews, individual and focused group interviews, and document analysis. The collected data was qualitatively analysed per the research objectives and relevant historical periods. In the colonial period, the study established that while British colonialism intensified disability in Kenya, voluntary and religious organisations pioneered socio-economic rehabilitation and integration of people with disabilities based on charity, medical, and coloniality models. The study thus avers that disability activism in Kenya began in the 1950s, which yielded increased demand for social and economic rehabilitation beyond service provision. In all, women with disabilities were the most disadvantaged. In the post-independent period, the findings revealed that: voluntary and religious organisations, government and international organisations played a critical role in the empowerment of women with disabilities from 1963 to 1991; the democratisation initiatives intensified the struggle for empower women with disabilities from 1992 to 2003; government and the disability rights movement were key factors in advancing the empowerment of women with disabilities in Kenya from 2004 to 2021. This study also establishes that persisting structural, institutional, environmental, physical, political, personal, and cultural environments continue to impede the empowerment of women with disabilities in Kenya. The study concludes that there has been remarkable progress in the legal, policy, and institutional mechanisms that have significantly contributed to empowering women with disabilities in Kenya.

CHAPTER ONE

INTRODUCTION

This section comprises the following: background to the study, statement of the problem, the research objectives, research questions, research premises, justification and significance, and scope and limitations. This section also presents a literature review, the theoretical framework used in data analysis, and the research methodology.

1.1 Background to the Study

Inclusive development, representative democracy, and effective governance are fundamentally dependent on empowerment and access to human rights (Meena, 2003; Massimo, 2005; United Nations, 2006; Kanyinga, 2014; Asong, 2015; Sivi-Njonjo, 2016; Price, 2018; Disability Rights Watch, 2021). Due to their gender, women with disabilities (WWDs) have historically faced the most significant discrimination and barriers to achieving a range of social, economic, and political rights (Ruskus, 2018; Price, 2018; Chisale, 2020; United Nations Department of Economic and Social Affairs 2018; Disability Rights Watch, 2021).

Research indicates that 80 per cent of the world's disabled population lives in developing countries, and women are more likely to have a higher disability prevalence than men (WHO, 2011; UN WOMEN, 2018). WWDs have also had the least access to education, economic opportunities, social engagement, equal legal protection, political participation, and protection during armed conflicts and humanitarian emergencies (WHO, 2011; United Disabled Persons of Kenya, 2018).

However, women with disabilities are rarely acknowledged in policy documents and development programmes (National Gender & Equality Commission, 2006; Sonpal & Kumar, 2012; International Foundations for Electoral Systems, 2017; UNDESA, 2018). The invisibility of WWDs from policy documents raises questions about their citizenship, inclusive participation, and access to human rights (UDPK, 2018; Price, 2018; Women's Academy for leadership and political excellence, 2020).

Gender and the "disabled-abled body dichotomy" have historically served as the fundamental foundations upon which societies are structured, social constructions, and power structures are created and challenged (De Beauvoir, 1973; Mill, 2000; Haage, 2017). Some scholars and other observers suggest that one should measure a society's level of development by looking at how much it considers marginalised groups, such as those based on the intersection of gender and disability (Sonpal & Kumar, 2012; UNDESA, 2018; UDPK, 2018; Office for Democratic Institutions and Human Rights, 2019).

Clearly, WWDs have been deprived of human rights and disempowered by socially constructed categories like gender and disability (Begum, 1992; Nilsson, 2018; UNDESA, 2019). Women's subjection was considered normal in classical European civilisations (Wollstonecraft, 1996; Haage, 2017). However, in relation to the subjugation of women, Mill (1806–1873) and Beauvoir (1908–1986) argued for universal liberty based on human value and dignity rather than on a person's gender, handicap, or any other characteristic (Beauvoir, 2000; Butler, 1986; Padia, 1994; Otunge, 1997; Mill, 2000).

In much of pre-colonial Africa, the involvement of WWDs in communal affairs was encouraged through the *Ubuntu* philosophy (Kasomo & Maneno, 2011; Chisale, 2020). However, in contemporary times, global surveys show that WWDs have been left behind and are on the margins of their societies (Asma & Elsayed, 2017; UNDESA, 2018). Thus, the nexus between gender and disability cannot be treated as a non-political issue in the struggle for empowerment and the rights of WWDs (Bregan, 2016; Rohwerder, 2015; Mykitiuk & Chadha, 2018).

The desire to transform the position of WWDs has led to several empowerment initiatives, including that of "leave no one behind" (UN WOMEN, 2018). These initiatives include international and regional legal frameworks and conventions that obligate governments to take explicit steps to empower WWDs (Muthengi, 2019). However, the effectiveness of these mechanisms in enhancing the empowerment and realisation of WWDs' rights has not been adequately investigated (Traustadottir, 2006; Dziva, 2018; Muthengi, 2019).

State actors' inclusive procedures have ignored WWDs as a distinct category in favour of individuals with disabilities in general (Beleza, 2003; Institute of Economic Affairs, 2008; IFES, 2017; Ruskus, 2018; Price, 2018; Onazi, 2020). Notably, it is non-state actors, such as disability rights movements, that have advanced the empowerment of women and girls and their access to socioeconomic and political rights during the past few decades (Lina, 1995; Gebrekidan, 2012; Hanningham, 2014; Rohwerder, 2020). They have advocated for the rights of disabled women, presented petitions, and attended conferences (Hershey, 1996; Hanningham, 2014).

However, the contribution of these mechanisms in the fight for the empowerment of women with disabilities lacks detailed analysis (Dziva, 2018).

Muthengi (2019) and Obare (2019), respectively, have conducted studies that focus on the political rights of People With Disabilities (PWDs) in Kenya, taking into account both national and international legal systems. The studies are crucial to comprehending Kenya's human rights landscape concerning PWDs. However, in many historical contexts and geographical areas, the fight to empower WWDs is scant (Lina, 1995; Disability Rights Watch, 2021). Consequently, detailed historical investigation on how the marginalisation of WWDs has evolved and has been contested within gender, disability, and human rights discourse is scarce (Dziva, 2018). In Kenya, this has hardly been done.

There is a need for research on the intersection of gender and disability in order to support advocacy, comparison, and the development of suitable interventions (General Election Network for Disability Access, 2016; UNESCO, 2018; ODIHR, 2019; UDPK, 2021). Such research will help to examine Kenya's responsibilities under the Conventions on the Rights of Persons with Disabilities (CRPD); Article 5 and Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities; and Article 27 on Women With Disabilities (Dziva, 2018). Such studies will also help to make the society sensitive and inclusive of WWDs. Against this background, this study examined the dynamics in the empowerment of WWDs in Kenya from 1895 to 2021.

1.2 Statement of the Problem

Empowerment is increasingly recognised and provided for in national, regional, and international legal instruments, including constitutions, treaties, and conventions. However, WWDs still encounter systematic impediments that limit their access and engagement in societal activities. Marginalisation is a matter of human rights and governance. Best practices hold that the empowerment of WWDs must be handled from an inclusive perspective that takes into account their access to social, economic, and political opportunities.

Existing studies pay much attention to the empowerment of people with disabilities or women in general, but in-depth investigations on how marginalisation of women with disabilities has evolved, been navigated, and contested by government, voluntary and religious organisations, and the disability movement are scant. Furthermore, the barriers and gatekeepers that constrain the advancement of women with disabilities have been understudied. This study, therefore, sought to analyse the dynamics in the empowerment of women with disabilities in Kenya between 1895 and 2021.

1.3 Research Objectives

This study's objectives were to:

- i. Trace the engagement of people with disabilities in Kenya's socio-economic and political spaces from 1895 to 1962;
- ii. Analyse how state and non-state actors shaped the empowerment of women with disabilities in Kenya from 1963 to 1991;

- iii. Investigate the implications of the struggle for democratisation on the empowerment of women with disabilities in Kenya from 1992 to 2003; and,
- iv. Examine the dynamics between the government and disability rights movement in empowering women with disabilities in Kenya from 2004 to 2021.

1.4 Research Questions

The research sought to answer the following questions:

- i. How were people with disabilities engaged in Kenya's social, economic, and political spaces between 1895 and 1962?
- ii. How did state and non-state actors shape the empowerment of women with disabilities in Kenya between 1963 and 1991?
- iii. How did democratisation impact the empowerment of women with disabilities in Kenya between 1992 and 2003?
- iv. How did the dynamics between government and disability rights movements shape the empowerment of women with disabilities in Kenya between 2004 and 2021?

1.5 Research Premises

The research was based on the following premises:

- i. Colonial cultures intensified disability construction and reproduction, and determined the participation of people with disabilities in socio-economic and political domains in Kenya between 1895 and 1962.

- ii. Mechanisms by state and non-state actors propelled the empowerment of women with disabilities in Kenya between 1963 and 1991.
- iii. The contests for multiparty politics awakened efforts to empower women with disabilities in Kenya from 1992 to 2003.
- iv. Government, disability rights movements, and environmental barriers significantly influenced the processes and outcomes in empowering women with disabilities in Kenya between 2004 and 2021.

1.6 Justification and Significance of the Study

A growing body of literature generally focuses on women and their relationship with leadership, labour, slavery, and the liberation movement (Gachihi, 1986; Waylen, 1996; Tamale, 1999; Anderson, 2006). Despite WWDs being a unique social group discriminated against and subjected to multiple constructions based on the intersection of gender and disability, analyses that focus on their marginalisation are few and exist in the form of scattered reports (Dziva, 2018; Ruskus, 2018). As a result, the evolution of the marginalisation of WWDs and how it has been contested has been ignored (Dziva, 2018). By examining women from the perspective of multiple identities, this work contributes to the existing literature about an underrepresented social group within the canvas of inequality history in Kenya.

In most policy documents and development programmes, there are glaring gender and disability gaps despite the efforts to achieve inclusive development that leave no one behind (National Gender and Equality Commission, 2016; UNDESA, 2018). Females with disabilities in Kenya account for 2.5% of the total population of Kenya,

translating to 57 % of the total population of PWDs in Kenya (Kenya National Bureau of Statistics, 2022). Evidence shows that WWDs also outnumber men with disabilities in 15 (67%) out of the 20 listed impairments, as per the 2019 national census (KNBS, 2022). Hence, a study on WWDs will help in mainstreaming gender and disability through policy rationalisation by state and non-state actors based on a human rights approach under the CRPD Articles 5 and 6, which obligate state members to advance the development and empowerment of WWDs (Dziva, 2018).

This study focused on Kenya because attention to disability rehabilitation was more intense in Kenya during the colonial period than in other British or German colonies (British Empire Society for the Blind, 1951; Anderson, 1968). Specific reference was given to Nairobi, Kiambu and Mombasa counties because of their long historical significance in disability welfare and adequate representation of Kenya's ethnic, cultural and regional homogeneity and heterogeneity (African Union for the Blind, Kenya Union for the Blind & Centre for Disability Rights Education and Advocacy, 2007; Nabende, 2016). Nairobi was considered because it serves as the base for most welfare services providers, lobbies, and advocacy groups on disability (AFUB, KUB & CREAD, 2007). Kiambu presented a compelling context owing to its close connection with colonial encounters and resistance, and link to the oldest disability rehabilitation programmes by faith-based organisations, voluntary organisations, and the colonial government (Anderson, 1968; Gachihi, 1986; Hyde, 2000; Sifuna, 2006b; Campbell, 2007; Chikati, Wachira & Mwinzi, 2019). Mombasa presented a unique context owing to its rich cultural heritage based on Islam, contact with early Christian missions, slave traders, and colonists (Nabende, 2016).

The period 1895 was considered an appropriate starting point in this study because it marked an important watershed in the entanglement between Europe and Africa through entrenching colonisation which was based on exploitation and marginalisation of African populations for the benefit of the metropole (Wolff, R. D. 1970; Cooper, 1977; Mitchell & Snyder, 2003; Anderson, 2006; Mahone, 2006; Buxton, 2015). Additionally, 2021 was considered an appropriate year to end the study because the Persons with Disability Act 2021 was enacted, providing direct protection to WWDs.

The gender-power analysis framework and strands of feminist theories provided a robust approach for a detailed historical examination of the dynamics that shaped the empowerment of WWDs in Kenya. The study used gender power analysis to analyse how disempowerment is reproduced and contested WWDs in private and public spaces (Waylen, 1996; Tamale, 1999; Thundu, Kiaga & Njogu, 2008). Patriarchy was used to identify societal structures and ideologies that disempower women and to identify mechanisms to dismantle them to create a more inclusive structure (Njogu, 2004; Murunga, 2020; Okoth, 2020). Socialist Feminism was critical in analysing reformation in the social and economic domains to enhance women's access to education, economic opportunities, and healthcare (Finger, 1985; Channat, 2019; Hamel & Falola, 2021).

The Liberal Feminism Theory was used to investigate how legal instruments and policies have been used to inform the empowerment of WWDs as rights holders

through affirmative actions (Waylen,1996; Mitullah, 2010; Ruskus, 2018). Similarly, the Feminist Theory of Disability was critical in defining the category WWDs based on their multiple identities (Garland-Thomson, 2002; Vazques & Delaplace, 2010; Yuval-Davis, 2011).

1.7 Scope and Limitations

Although the study period was limited to the period from 1895 to 2021, flexibility allowed inference to the eve of European colonisation to anchor the study within a historical context and for a deeper understanding of the emerging trends. Flexibility allowed for data capture immediately after 2021 for comparison and further understanding of the topic under study. In the study, empowerment included social, economic, and political aspects.

While disability encompasses several aspects of impairments, for purposes of this study, disability was limited to physical, sensory, psychosocial, intellectual impairments, and albinism. The study was principally interested in investigating WWDs as a social category. PWDs were brought up for comparison's sake or to draw attention to how programmes aimed at PWDs affect WWDs collectively. Any social group discussion was intended to provide a more thorough examination of the subject matter. The study was limited to the counties of Nairobi, Kiambu, and Mombasa. Any other regions were mentioned whenever they served to enrich the current study through a more profound understanding or comparison.

1.8 Literature Review

1.8.1 Overview

This section highlights the problem of study within the national and global contexts. A historical review of the study problem is done, and existing gaps are highlighted. The section also presents a theoretical framework for analysis and interpretation.

1.8.2 Disability in the Context of Colonial Kenya

Broadly, western historians ignored how colonised African people interacted with disability and PWDs (Grech, 2015:12). Accordingly, existing studies on colonialism and disability tend to standardise colonial experiences and draw general conclusions (Grech, 2015). Therefore, there is a need to explore how Africans constructed disability and shaped the engagement of PWDs in societal spaces.

Studies have illustrated how disability manifested during European states-sponsored banditry and wars on economic resources, plunder, and control (Sen & Grown, 1987; Stamp, 1990; Chweya, 2007; Meekosha, 2011; Buxton, 2018). A study by Verstraete, Verhaegen, and Depaepe (2016) on disability in Belgian Congo highlights how colonial administrators inflicted mutilations on African labourers who delivered inadequate rubber. It is important to probe how colonialism intensified disability in Africa.

Buxton (2018) highlights the recruitment of Indians and Africans to the British Empire's army based on their abilities and martial race theories. Buxton further shows that disablement was one key outcome of the war. The study illustrates how the British

colonial empire's ideas on racial labour influenced colonial policies in the social and economic rehabilitation of disabled veterans based on race (Buxton, 2018). However, these findings are based on veterans' experiences in India and the Caribbean. It is important to establish parallels in experiences between non-white ex-service men and those of the British in the East African Colony.

Similarly, Anderson (2006) examined the nexus between British women, disability, and World War II. The study reveals that differential treatment in access to healthcare and general rehabilitation was based on racial and gender grounds. This study provokes the need to investigate the nexus between colonialism, disability, and gender in Africa (Anderson, 2006; Grech, 2015). It is critical to investigate how disability was reproduced, and redressed during and after World War 1 and II in Africa.

On his part, Gebrekidan (2012) studied disability activism in Kenya from 1955 to 1964, and linked disability activism to Thika School graduates as well as activities of the Kenya Union of the Blind. This work provides a basis for further examination of factors that informed disability politics on the eve and immediately after Kenya's independence. It further provides a basis for analysing the role of Disabled Peoples' Organisations in championing the empowerment of categories of PWDs.

1.8.3 Advancing Empowerment of Women with Disabilities in the Post-Independence Period

1.8.3.1 A Situational Analysis of the Status of Women with Disabilities in Societal Domains

Women with disabilities continue to experience systematic discrimination despite the domestication of numerous international accords prohibiting discrimination based on sex and disability (Ssenyonjo, 2007; European Union Agency for Fundamental Rights, 2014; UN WOMEN, 2018; IKNOWP, 2019). The status of WWDs in Albania, Azerbaijan, Kosovo, and Bosnia and Herzegovina is undocumented (Philips, 2012). However, few states have paid attention to WWD's social, economic, cultural, and political empowerment (Philips, 2012; IKNOWP, 2019).

Existing data suggests that, globally, women with disabilities have more disadvantages in terms of socio-economic and political rights than men with disabilities (Hershey, 2003; UNESCO, 2018; UNDP, 2018; UN, 2019). Socially, WWDs are characterised by their continued single status, high divorce rates, denial of reproductive rights, coerced sterilisation and abortion, and lack of access to housing rights (Hannaford, 1989; Kothari, 2005; Ssenyonjo, 2007; UN WOMEN, 2018). Furthermore, WWDs face significant barriers when it comes to economic opportunities, far less common than other social categories, including decent employment, social security, microenterprise ownership, productive resources, financial services, assistive technology, and economic decision-making (Kothari, 2005; Albrecht, 1997; Equality and Human Rights Commission, 2017).

Studies on WWDs in politics have shown that they exhibit lower rates of participation as voters, candidates, poll workers, election observers, union officials, and holders of political office (Philips, 2012; Ashman & Elsayed, 2017; UN, 2019; Schur & Kruse, 2019). According to a 2017 poll, in fourteen of the eighteen Asian and Pacific countries, not a single female member of parliament has a disability (IKNOWP, 2019; ODIHR, 2019; UN, 2019). In post-independence policy-making processes in Africa, WWDs are marginalised (Thundu, Kiago & Njogu, 2008; Schur & Kruse, 2019).

1.8.3.2 Facilitators and Empowerment of Women with Disabilities

Historically, the charity, medical, social, and human rights approaches have guided disability intervention in developing countries (Knoll, 2012; Sonpal & Kumar, 2012; ICF, 2014; ODIHR, 2019). The charity model treated PWDs as incapable of fully participating in society and, as such, were treated as recipients of charity and piety (IFES & NDI, 2014; Arthur, 2017; ODIHR, 2019). The medical approach limited disability to medical intervention (ODIHR, 2019). The social approach associates disability with an interaction of impairments and a disabling environment (ODIHR, 2019). The human rights approach treats PWDs as rights-holders (Degener, 2000; ODIHR, 2019). The implication of these models on the realisation of the rights of WWDs in Kenya has not been explored (SIDA, 2014; Ekblom & Thomsson, 2018; ODIHR, 2019).

Discourses on citizenship, welfare, and integration were prevalent in recently independent African governments (Grischow, 2011). By 1960, for example, Kwame Nkrumah tried to have disabled Ghanaians working as productive workers in both

rural and urban regions (Grischow, 2011). Nkrumah's policies were based on suggestions made by a survey report that proposed that the state of Ghana would spend less on welfare expenditures if PWDs were empowered (Grischow, 2011). Although it was argued that accommodating diversity was integral in recognising marginalised groups, it is critical to ask whether WWDs have been justly treated by legal, policy, institutional, and cultural mechanisms (Kymlicka,1995; Swedish International Development Agency, 2014; Grischow, 2011; Ohajunwa, Kudakwashe, & Chitando, 2025).

Existing literature indicates that the empowerment of PWDs immediately after independence was undertaken through rehabilitation and integration of PWDs (Addy,1981; Anson-Yevu, 1983; Ayodo, 1990). Addy (1981) investigated the role of vocational rehabilitation and integration of the PWDs in Ghana; Anson-Yevu (1983) dealt with the educational integration of PWDs; Silberman (1983) dealt with the problems of disability; and Ayodo (1990) dealt with the effectiveness of vocational education in Kenya. These studies provide a basis for further investigation of rehabilitation and integration based on the intersection of gender and disability.

According to Chikati, Wachira, and Mwinzi (2019), Kenya's government funded the provision of education for people with visual impairments. Elsewhere, Muigai, Chege, and Karugu (2019) evaluated how the government and missionaries helped Kenya's visually handicapped population receive an education. These studies are essential for emphasising education's role in empowering PWDs. However, they focused on one component of disability and disregarded other impairments and the gender dimension.

1.8.3.3 Empowerment of Women with Disabilities: Barriers and Gatekeepers

The absence of an inclusive and accessible environment across all societal domains is the fundamental cause of the limitations that impede WWDs' access to societal opportunities (UN WOMEN, 2018; Ruskus, 2018). Additionally, most legal and policy instruments in African states lack gender inclusivity and disability mainstreaming (Opokua, Mprah, & Saka, 2016; Alberta, 2017; World Bank, 2022).

Earlier studies show that gender-specific barriers have not only created hierarchies and dependency between men and women but also among the “able-bodied and disabled bodies” (Njogu, 2004; Meekosha, 2004; Opokua, Mprah & Saka, 2016). Religion, patriarchy, and cultural practices have also been cited as sources of inequality that disadvantage the empowerment of WWDs across Africa (Amanza & Nkhona, 2020; Institute of Economic Affairs, 2008; Okoth, 2020). According to a survey by Amanza & Nkhona (2020) and Nyawo (2025) on the attitudes of some world faiths towards PWDs in southern and central Africa, religion has a part in impeding the advancement of WWDs. Similarly, Opokua, Mprah, Saka (2016), and Ruskus (2018), respectively, show that WWDs are also deprived of knowledge, control over financial resources, and access to healthcare services.

Globally, the UN WOMEN (2018) posit that weak alliances between disability rights movements and women's organisations make it more challenging to monitor the rights of women and girls with disabilities when developing and implementing policy. Ssenyonjo (2007) and KELIN (2019) argue that there is a need to struggle to empower WWDs in Africa by all stakeholders. Investigating how the aforementioned factors

singly or multiply perpetuate WWDs' access to social, economic, and political opportunities in different historical contexts is critical (Matandela, 2020; Oltetia & Amayo, 2020; World Bank, 2022).

1.8.4 Democratisation and the Fight for the Empowerment of Women with Disabilities

Studies have demonstrated that democratisation concepts and the use of parliamentary and political party quotas inform the fight for PWDs' inclusive involvement in socio-economic and political spheres (Zambia National Women's Lobby, 2022; Deaf Women Included, Local Development Research and Advocacy Trust, 2023). At this level, quotas are used to select candidates and political office holders. Party manifestos are revised to consider the representation of WWDs. The parties also establish PWD wings, educate PWDs about political navigation, formulate strategic goals, and produce more favourable budgets for WWDs (Zambia National Women's Lobby, 2022). Evaluating how political parties can advance the engagement of WWDs in political processes and outcomes in the empowerment of WWDs is crucial (ibid).

According to Beleza (2003), there are three primary categories of access to empowerment: complete participation, total exclusion, and limited participation. Under the complete participation approach, PWDs are free to participate in political, business, and public organisations (European Union Agency for Fundamental Rights, 2014). In the limited participation approach, states restrict the socio-economic and political rights of PWDs depending on perceived disability or lack of disability-

sensitive laws (EUAFR, 2014). In the total exclusion dimension, all PWDs are denied rights under protective measures regardless of the individual disability (EUAFR, 2014; Megret, 2008; Price, 2018). In this regard, Hammerman and Maikowski (1981) write that a “society that shuts out any segment of its people from full participation and contribution is impoverished.”

1.8.5. The State and Disability Rights Movements in Empowering Women With Disabilities

Existing evidence suggests that the government and disability rights movements play integral roles in advancing the empowerment of WWDs (Kymlicka, 1995; SIDA, 2014; Hanass-Hancock, Mthethwa, Molefhe & Keakabetse, 2020). The human rights model on empowerment of PWDs forms the basis for further exploration of the mechanisms and the differential realisation of their social-cultural, economic, civic, and political rights (Oloka-Onyango, 2003; SIDA, 2014; Ekblom & Thomsson, 2018; UN WOMEN, 2018; Channat, 2019).

At the international level, legal instruments, policies, and institutional mechanisms have been initiated to promote the rights of individuals, including WWDs (UN WOMEN, 2018; Muthengi, 2019; Obare, 2019). Some of these legal instruments include the Universal Declaration of Human Rights (UDHR), 1948; the Convention on the Political Rights of Women of 1953; the International Covenant on Civil and Political Rights (ICCPR) of 1966, the International Covenant on Economic, Social and Cultural Rights (ICESCR); and, the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) 2006 (Degener, 2002; Alberta, 2017; Muthengi, 2018; Obare, 2019; World Bank, 2022).

Even more than that, there are other platforms such as the Beijing Declaration and Platform of Action; the Addis Ababa Action Agenda; the Sendai Framework for Disaster and Risk-Reduction, 2015-2030; the Urban Agenda; and the 2030 Agenda for Sustainable Development that advance the rights of women (Muthengi, 2018; UN WOMEN, 2018). Existing studies by Mandipa (2013), Mandipa and Manyatera (2013), Obare (2019), Muthengi (2019), and Dziva (2022) pay attention to making political participation inclusive of PWDs based on international mechanisms. Although these studies have explored the place of legal instruments in advancing human rights of PWDs, they have not paid much attention to their implications on WWDs. There is a need to document how these mechanisms and other best practices have enhanced the empowerment of WWDs.

At the national level, the strategies initiated by the governments are based on equal opportunities in education, employment, social security, protection from violence, reproductive health, and provision of safe housing (Women, Business and the Law, 2020; World Bank, 2022). Indonesia's 2016 Disability Law protects women from violence and affirms their reproductive health and safe housing rights (Women, Business and the Law, 2020). In Moldova, the 2012 Moldova Law obligates the government to facilitate access to all human rights by PWDs, including WWDs (Women, Business and the Law, 2020; World Bank, 2022). Correspondingly, the Gambia, 2010, Women's Act Article 54 obligates the government to initiate special measures to intensify WWD's access to economic decision-making opportunities (Women, Business and the Law, 2020; World Bank, 2022). It also protects women and girls from all forms of abuse and differential treatment that undermine their dignity

(Women, Business and the Law, 2020; World Bank, 2022). It is important to interrogate how legal frameworks have promoted the empowerment of WWDs in Kenya (Women, Business and the Law, 2020; World Bank, 2022).

In expanding political participation for all, electoral management bodies in some Asia and African countries have raised awareness of disability inclusive legal frameworks (Prince, 2012; Alberta, 2017; Zambia National Women's Lobby, 2022). Their governments also undertook initiatives on election accessibility; allocated budgets for election-accessible infrastructure; introduced quotas; offered quality assistance to PWDs; and collected data on PWDs (Prince, 2012; Alberta, 2017; Zambia National Women's Lobby, 2022).

Assistive Technology (AT) has also been used to help persons with disabilities access and fully exercise their rights and fundamental freedoms in society (Alper & Raharinirina, 2006; Singh, Tomar & Mahendra, 2020). The place of ATs in enabling WWDs' access to employment, health and reproductive rights, civil and political rights, leisure, sports, and social security has not received detailed analysis in Africa (Alper & Raharinirina, 2006; Muthengi, 2019; GSMA, 2020; Singh, Tomar & Mahendra, 2020).

In a related context, WWD began to mobilise globally in the 1970s and 1980s (Hanningham, 2014). Disability issues at this initial stage concern fundamental universal human rights for PWDs, such as education, health, sexuality, housing, employment, economic empowerment, care, accessibility to public transportation,

protection from gender-based violence, and political participation (Driedger, 1991). According to Price (2011), WWDs organisations have evolved and driven political agendas through research, lobbying governments, and funding empowerment programmes.

Over time, WWDs have also connected and mobilised online (Price, 2011). After the Beijing Conference of 1995, WWDs used the internet as a political tool to connect, provide personal support, build constituencies, unite, and take political action. (Price, 2011; UNCTAD, 2018; GSMA, 2020). Since then, a few web-based groups for WWDs have emerged (Price, 2011). In the last few decades, the disability rights movement has gained visibility in promoting empowerment of WWDs (Foster-Fishman et al., 2007).

On their part, Kim and Mee (2010) established that most WWDs engaged in Disabled Women's organisations, and others were in DPOs with wings for WWDs. The study further established that WWD activists and lay WWDs met, participated in national and international forums, networked with other WWDs from other countries, and were motivated to start their organisations, increasing public visibility and empowerment of WWDs through advocacy and networking (Kim & Mee, 2010). King, Edwards, and Watling (2022), on the other hand, explored the role of women with disability as leaders in contesting the discrimination against WWDs. The study highlights the centrality of gender equality in the disability rights movement and in advancing the empowerment of WWDs. These studies provide a foundation for investigating the extent of gender inclusion among DPOs, the role of DPOs in

networking, and the place of individual women with disabilities as advocacy agents to advance the empowerment of women with disabilities.

Female theologians and scholars have recently placed *Ubuntu*-African humanity at the centre of African life (Chisale, 2020). *Ubuntu* embodies the values of equality, dignity, and existence in which no human should be excluded based on his or her gender, ability, or any other distinction (Delamo, 2013). The idea of *Ubuntu* as an empowerment model for empowering WWDs in Kenya calls for an in-depth analysis of its applicability.

1.8.6 The Gap in Literature on Women With Disabilities

Despite the existence of empowerment initiatives, there is a need to explore further the environmental barriers that constrain WWDs' actions as independent agents. Furthermore, studies on the engagement of WWDs in various sectors of society are fragmented. The literature exposes glaring knowledge gaps on marginalisation of WWDs across geographical contexts and varying historical periods, and how it has been contested. This study sought to investigate the dynamics in the empowerment of WWDs in Kenya between 1895 and 2021, to fill the knowledge gap and inform relevant empowerment policies.

1.8.7 Theoretical Framework

The current study acknowledges universal theories that form the basis for analysing the politics of difference, historical marginalisation, and exclusion of social groups. The study was premised on gender-power analysis and feminist theories, including

patriarchy, liberal feminism, radical feminism, and Feminist Disability Theory. These theoretical approaches supplemented each other.

1.8.7.1 Gender-Power Analysis

Gender is well known as the meaning attributed to male and female roles, the difference between men and women, a social system, and power disparities between sexes (Scott, 1986; Davis, 1991; Waylen, 1996; Koester, 2015). Gender is thus a tool for analysing variations between women and men in access to power, resource distribution, policy development, execution, and allocation of roles as it structures opportunities based on sex category at the personal, interpersonal, and institutional levels (Tilly, 1998; Tamale, 1999; Mwangi, 2008; Mitullah, 2010; Mokebo, 2020).

According to Boulding (1989), power can be conceptualised as the ability to get what one wants. Brodie (2005) conceptualises power in two ways, namely, "power to," which implies the realisation of collective or personal goals or being empowered, and "power over," implying the disempowerment of social actors. Power is therefore a source of exclusion and emancipation (Boulding, 1989; Radtke & Stam, 1994). In this study, gender power analysis is based on the ideas of Simone de Beauvoir, Michel Foucault, and other gender power theorists (Davies et. al, 1991; Komter, 1991; Waylen, 1996).

Gender and power are reproduced in many contexts, including bodies, relationships, language, social structures, institutions, and gender practices (Radtke & Stam, 1994; Waylen, 1996). According to Beauvoir (2000), being "female" is natural, but being

a “woman” is a social construction. As a result, the female body has come to represent "otherness" in power discourse based on gender and other bodily differences (Davis, 2001). Beauvoir (2000) and Mwangi (2004), respectively, concur that in relationships, women mostly lose their identities and freedom by associating with men, who become their objects and followers. In these relations, societal disparities, power hierarchies, and dependency are established due to unequal power relations in which men are given greater developmental latitude at the expense of women (Beauvoir, 2000; Tilly, 1998). These observations were used to analyse how disabled women are subordinated through guardianship and body differences.

On the same note, Mokebo (2020) posits that linguistic patterns in languages potentially create power disparities between men and women based on linguistic or speech practices. At this stage, language is utilised as an unseen tool of prejudice to build and maintain typical gender divisions (LaFrance, 2001). This proposition was critical to the current study in examining how WWDs are positioned based on their level of linguistic capital or even lack of it, as persons with speech impairments.

This line of thought has, over time, gained traction among scholars from different parts of the world. Indeed, Beauvoir (1973), Tamale (1999), and Mwangi (2008) variously argue that organisations are social communes where meaning is created and individuals challenge the social world to achieve their goals. In the social structure, social groups are constructed as inferior by society through religion, psychology and policy; they eventually become disempowered, hence the need to challenge their

powerlessness. These assertions help analyse how WWDs are treated as inferior and how their marginalisation is contested.

The advantage of the gender power analysis is that it provides a means of defining the category of women, social practices that constrain them, and their exercise of power and self-determination (Beauvoir, 1973; Tilly, 1998; Tamale, 1999; Mitullah & Owiti, 2007). A limitation of this approach is that it does not consider the overlap between gender and disability (Davaki, Marzo, Narminio, & Arvanitidou, 2013).

1.8.7.2 Feminist Theories

Feminism can be traced to ideas in Millett's *Sexual Politics*, Simon Beauvoir ' *The Second Sex*, Betty Friedan's *The Feminist Mystique*, Shulamith Firestone's *The Dialectic of Sex*, Cherrie Moraga and Anzaldua's *This Bridge Called My Back*; and, the new wave of feminist movement attempts to describe the origins of gender marginalisation and the ways of contesting the it (Beauvoir, 1973; Davis and Oldersma, 1991:2; Mokebo, 2015). Patriarchy is based on patriarchal ideologies and structures that treat women as secondary in private and public spheres (Mwangi, 2004; Nyakwaka, 2013).

Patriarchal structures disempower women by promoting male domination over women in the social, economic, and political spheres (Muyangata, 2025; Nyawo, 2025; Musili, 2025). The family, polygamy, religion, and the state are among the institutions that uphold male domination (Tamale,1999; Mwangi, 2004; Murunga, 2020; Okoth, 2020). The advantage of patriarchy is that it is historical, material, and

psychoanalytical (Mokebo, 2015). Patriarchal framework was used to identify societal structures and gatekeepers that perpetuate vertical hierarchies and dependence in favour of male privilege in a manner that marginalises and disempowers WWDs. It also facilitated the identification of sustainable means to dismantle patriarchal structures or make them more inclusive.

Radical feminists argue that in patriarchal societies, men exercise control over women's sexuality and their reproductive capacity through violence (Stacey, 1993; Waylen, 1996; Mwangi, 2004; Nyakwaka, 2013; Mokebo, 2015). Radical feminists organised campaigns against sexual violence against women (Waylen, 1996; Nyakwaka, 2013). The limitation of radical feminists is their failure to offer a non-biological explanation for the discrimination against women and calling for complete dissociation of women from men (Scott, 1986; Nyakwaka, 2013).

The socialist feminists examine the oppression of women in the spheres of production, paid and unpaid employment, and interconnect them with the capitalist economy (Stacey, 1993; Waylen, 1996). Social feminism was important in explaining the disadvantages suffered by WWDs in spheres of production, paid and unpaid employment. The weakness of socialist feminism is its concentration on class at the expense of gender differences (Waylen, 1996; Nyakwaka, 2013).

On their part, liberal feminists are interested in women's choices and individual rights restricted by socialisation (Mokebo, 2015; Stacey, 1993). They support the mainstreaming of gender in society (Nyakwaka, 2013). Liberal feminism is closely associated with several regional and global legislative frameworks supporting diverse

populations' human rights. It starts with creating a rights holder by the human rights approach (Vazquez & Delaplace, 2011; UNDESA, 2018; Ruskus, 2018). Human rights aim to improve inclusivity through formal, substantive, and inclusive equality (Ruskus, 2018). In the current study, the rights bearers are WWDs whose human rights may be upheld through equality, non-discrimination, and transformative affirmative action.

Inclusive equality can be achieved by adopting a fair redistributive dimension that addresses socioeconomic and political disadvantages of marginalised groups (Vazquez & Delaplace, 2011). Another component is the recognitive, which seeks to eliminate all forms of abuse, stigma, bias, and labelling against a marginalised social group. A participative dimension affirms that people's social nature as members of social groups is part of inclusive equality (UN, 2018). Lastly, an accommodative dimension strives to make space for differences as a matter of human dignity (Vazquez & Delaplace, 2011; Ruskus, 2018). All these inclusive approaches are applied by analysing causes and mechanisms for contesting the disempowerment of WWDs.

The exclusion of other social groups based on discriminatory structures, such as disability, race, gender, ethnicity, class, and other social constructs, undervalues their contributions to society and prevents them from having equitable access to opportunities (Trimple, 2005; Sivi-Njonjo, 2016). Minorities' human rights claims are undermined when treated as outsiders (Trimple, 2005; Oloo, 2007). Affirmative action, legislative changes, and equal opportunity campaigns are the liberal

framework's mainstay for welfare and equity measures in empowerment projects (Nyakwaka, 2013). These feminisms fail to consider differences among women (Fine & Arch, 1988; Hannaford, 1985; Garland-Thomson, 2006; Wendel, 2006).

The Feminist Theory of Disability is an intersectionality framework that examines how women are represented in a symbolic system based on gender and disability (Garland-Thomson, 2006). When Black feminist scholarship started to question White feminist politics and philosophy in the 1980s, the intersectionality framework first emerged (Garland-Thomson, 2006). The intersectionality approach is utilised to theorise oppressions from various categories that result in unique patterns of injustice in the modern day (Wendel, 2006; Ruskus, 2018). Gender does not adequately reflect the distinctions among women in different historical times and circumstances, as the intersectionality approach crucially demonstrates (Yuval-Davis, 2011; Ekblom & Thomsson, 2018). The intersectionality method was applied in this study to analyse how marginalisation has been navigated in the struggle to empower WWDs.

According to McCall (2005), there are three types of social group analysis: intra-categorical, which examines how categories intersect to marginalise social groups; inter-categorical, which advocates for evaluation that considers the degree of inequality within and between social groups; and anti-categorical, which calls for the elimination of social categories. Both intra- and inter-categorical viewpoints were employed in the analysis of this study.

To address larger feminist issues, Garland-Thomson changed the conceptual framework from one that focused on gender to one that takes a broader perspective

that incorporates the ability/disability dichotomy (Goodley, 2013; Tremain, 2018). Disability is a social construct that, in a divisive social and physical environment, promotes unfair inequalities of money, status, and influence and stigmatises various forms of bodily diversity (Garland-Thomson, 2002; Tremain, 2018). The study utilised these assumptions to demonstrate how privilege, power, and resource distribution are influenced by how disability is constructed. Conversely, it was also employed to demonstrate how the fabrication of disability based on differences in body type dehumanises women across multiple societal spheres.

Garland-Thomson (2006) and Knoll (2012) state that representation, the body, identity, and action are the four primary pillars of feminist disability theory. These four facets were applied to the current study. According to Feminist Disability Theory, the exclusionary system is changeable because representation shapes reality, the margins define the centre, gender or a disability can indicate power dynamics, human identity is malleable and complex, and assessment has political repercussions (Garland-Thomson, 2002; Knoll, 2012). The Feminist Disability Theory was relevant to the current study, particularly in light of WWDs' struggle for empowerment through their organisations and the struggle by government, voluntary, and faith-based organisations. The theory's benefit is that it encourages both individual and group accommodations of physical limitations and variances (Knoll, 2012).

1.9 Research Methodology

1.9.1 Research Design

The study applied a descriptive historical research design based on narration and description to illustrate how interactions between state and non-state actors informed

the empowerment of WWDs in Kenya. The narrative approach provided a detailed description of how the disempowerment of WWDs happened, as well as how it was contested. The study was primarily qualitative. However, it used simple illustrative figures and numbers to demonstrate trends in access to employment, education, elective politics, or disability prevalence rates. A qualitative approach was advantageous due to its flexibility in capturing new insights while considering the distinctive perspectives of the diverse informants based on contextual understanding. It also viewed social life as a process; showed how actions, activities, and change evolve contextually; and provided greater latitude for feminist sensitivity that allowed WWDs' voices to be heard as insiders.

1.9.2 Research Locale

The study was limited to Kenya. The study selected locales were: Nairobi, Kiambu, and Mombasa counties (Figure 1.1, p. 31). These counties were purposefully selected to represent Kenya's ethnic, regional, settlement, and cultural diversity (KNBS, 2022).

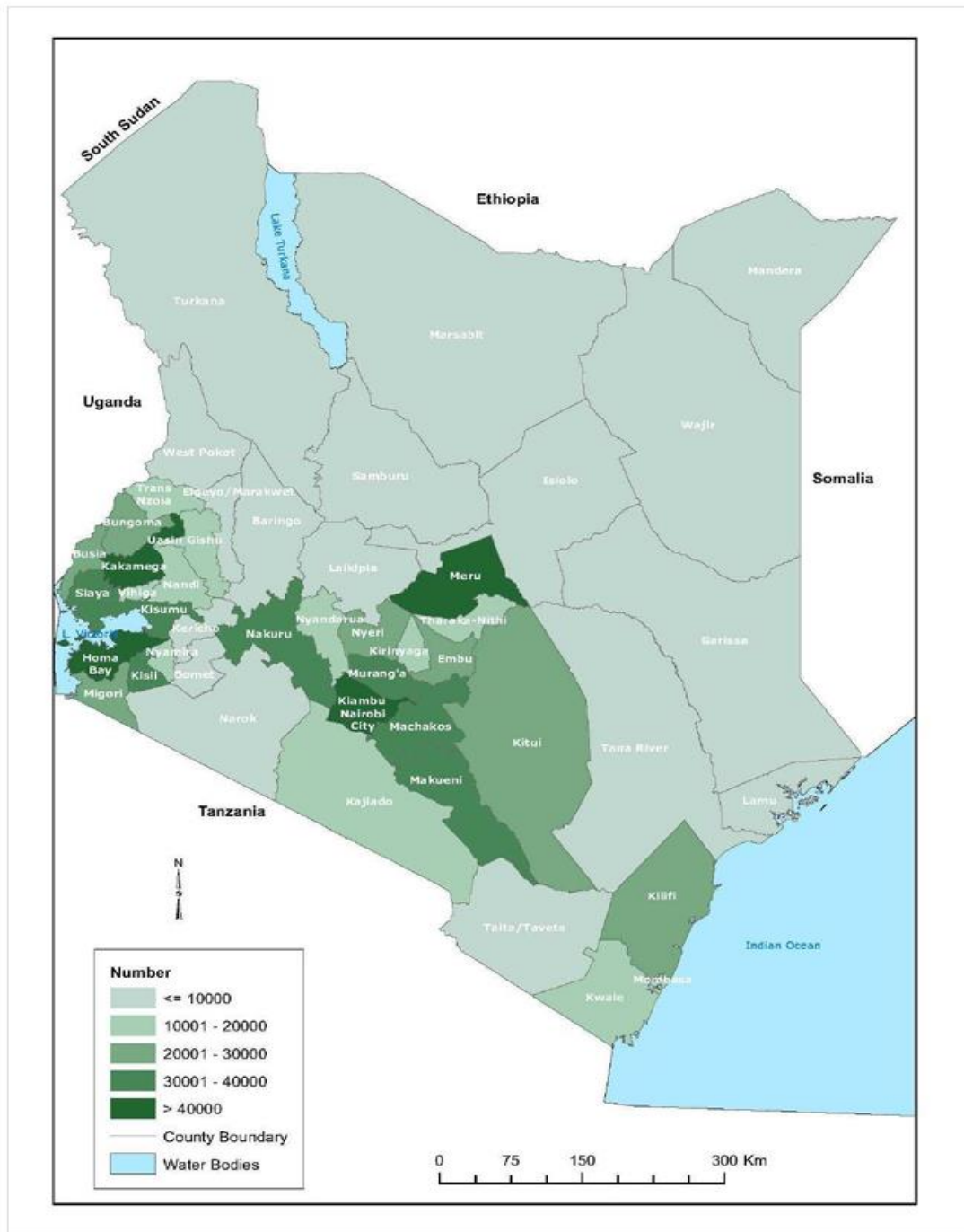


Figure 1.1: Map of Kenya, Research Locales, and the Distribution of Persons with Disabilities

Source: KNBS (2022)

1.9.3. Target Population and Sampling Strategy

1.9.3.1 Target Population

The target population was all WWDs above 18 years. These comprised WWDs residing in Nairobi, Kiambu, and Mombasa counties.

1.9.3.2 Sample Population

The study population WWDs of various social, economic and political status from urban and rural areas; men with disabilities; government employees in relevant departments and agencies officials and members of religious and voluntary institutions engaged with rehabilitation of WWDs; disability rights movement; academic experts on disability; and, legal experts on disability and human rights.

1.9.4. Sampling Techniques and Sample Size

1.9.4.1 Sampling Techniques

The study employed purposive and snowball sampling techniques to identify rich information cases from Nairobi, Kiambu, and Mombasa counties. Snowballing was used to get referrals for valuable informants. In snowballing, the researcher contacted a small group of informants knowledgeable on the research topic, collected information from them, and then used them to identify other knowledgeable informants for the study until a saturation point was achieved. Sampling took into account the able-bodied and disabled dichotomy, gender, disability types, age, religion, and urban and rural settings to achieve adequate representation of diverse elements of the sample population. These considerations aimed to enhance diversity that adequately reflects the Kenyan communities. This deliberate sampling was based

on the researcher’s judgment in selecting cases considered representative and knowledgeable about the study problem.

1.9.4.2 Sample Size

The study sample size was 174 informants drawn from Nairobi, Kiambu, and Mombasa counties, as presented in Table 1.1

Table 1.1 The Sample Size Based on Data Collection Method and Status of Informants

Sr. No.	Data Collection Methods	Research Instrument	Sample Size	People With Disabilities		People Without Disabilities	
				<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>
1.	Key Informant Interviews	Key Informant Interview Guide	20	5	5	5	5
2.	Focused Group Discussions-6	FGD-Guide	48	20	15	6	7
3.	Life Histories	Life History-Interview Guide	2	2	0	0	0
4.	One-On-One Interviews	Interview guide/Schedule	104	48	48	8	0
	Total		174	75	68	19	12

Source: Researcher (2025)

The sample size was achieved based on data collection methods and the saturation point at which additional interviewing did not generate additional information. The sample comprised one hundred and four one-on-one interviews, two life histories, six FGDs with a total of 48 informants, and twenty key informants based on gender and status as PWDs or people without disabilities in the ratios as indicated in Table 1.1 above.

1.9.5. Research Instruments

The researcher employed different research instruments, including interview guides with open-ended questions and an interview schedule with both open-ended and closed questions (Appendix C.i-viii, pp. 280-292). The interview guides and schedules generated responses on each research objective and historical period. The use of various research instruments and probing achieved the validity and accuracy of the collected data.

1.9.6 Data Collection Techniques

The study collected primary and secondary data. Primary documents included correspondences, diaries, newspapers, photographs, and annual reports collected from the archives, as well as relevant MDAs and PDOs. The secondary sources obtained from university libraries included published and unpublished books, reports, case studies, peer-reviewed journal articles, and online repositories. Data collection techniques for written documents were document reviews. Data collected through interviews included key informant interviews, one-on-one interviews, oral history, and six FGDs. The interviews were participatory and democratic. The sources of information were collected according to the research objectives. A total of six FGDs were held, consisting of two FGDs from PDOs members, two FGDs from MDAs, and two from the general PWD population (Appendix I A.ii.p.276). The FGDs were conducted to obtain multiple views and probe for clarity.

1.9.7 Data Analysis and Presentation

Data processing, data presentation, and conclusion drawing and verification were part of the interactive model on which data analysis was built. Interviews were first transcribed and edited to check gaps. Any resulting gaps were corrected by contacting the source. Background data were given numeric codes to highlight differences in the units of analysis based on the characteristics being measured. The collected data was then analysed through a narrative-synthesis approach that extracted data from sources and looked for patterns and similarities. Sub-themes were generated based on study objectives, questions, respective historical periods, and theoretical frameworks. Patterns were established by paying attention to frequencies, magnitudes, structures, processes, causes, and implications. The analysed data sets were corroborated and presented complementarily through themes and descriptive statistics.

1.9.8 Logistical and Ethical Considerations

Before fieldwork, the researcher obtained clearance from Kenyatta University Graduate School (Appendix I:277) and the National Commission for Science, Technology and Innovation (Appendix III:278). The researcher obtained the informants' consent (Appendix Bi:279). Public figures and officials speaking in their professional capacity gave informed consent for attribution, and their real names and titles are used to enhance the accountability of the data. Participants who requested anonymity have been referred to using codes such as KII-1, FGD-1, Interviewee-1, and OH-1. The informants with disabilities received the essential support needed for effective participation in the study. Sources were cited and acknowledged.

CHAPTER TWO

SOCIO-ECONOMIC AND POLITICAL ENGAGEMENT OF PERSONS WITH DISABILITIES IN KENYA, 1895-1962

2.1 Overview

In analysing the engagement of PWDs in social, economic, and political spaces in Kenya from 1895 to 1962. The study explored disability on the eve of the colonisation of Kenya, colonial culture in disability identity and reproduction; providers of socio-economic rehabilitation and integration of PWDs; provision of access to education and healthcare to PWDs; economic rehabilitation and integration of men and WWDs in rural and urban areas in Kenya; and, disability rights activism on the eve of Kenya's independence.

2.2 On Disability in Pre-Colonial Kenya, 1890-1894

Disability has existed in all African societies (Magubane, 2001; Mokebo, 2015; Chisale, 2020; Hamel & Falola, 2021). The Gikuyu and Swahili proverbs "*Guturi Kindu gitari kigerero*" and "*Hakuna kisichokuwa na dosari*" all translate to "there is nothing completely flawless" (Wanjohi, 1997:98). The proverb illustrates the imperfection of creatures by underlining that there is nothing so good that it cannot be improved (Wanjohi, 1997:98). Additionally, naming provided African people with self-identity in pre-colonial Kenyan communities (Talle, 1995:46; Chebet & Dietz, 2000:39; Ndlovu, 2016). Impairments determined the naming of people in given historical contexts (Chebet & Dietz, 2000:55; Ogechi & Ruto, 2002). It was a common practice among Kenyan people to identify impaired people by naming them

according to their disability as a show of cultural acceptance rather than depreciatory ends (Talle, 1995:46; Odera, 1988:7; Ogechi & Ruto, 2002). The naming covered a wide range of physical, sensory, learning, psycho-social, albinism, and short stature impairments (Talle, 1995:46; Ogechi & Rono, 2002; Machaba, 2004).

Most collaborative accounts reveal that disabilities were caused by single or multiple factors (Ogechi & Ruto, 2002; Odera, 1988:7). A Gikuyu proverb, '*Iruugamaga nikurimaga*' (it used to stand up, now it is crawling), is a pointer towards the possibility of one becoming disabled later in life. It portends that at a given point, a human being was healthy, strong, and walked upright, yet due to disease, ageing, or accident, one is reduced to crawling (Wanjohi, 1997: 99). Pre-colonial Kenyan communities also associated disability with diseases (Odera, 1988:7). Communal knowledge determined the cause of disability, therapy seeking, and therapy selection, "*Uganga wa mburuga*" among the Mijikenda revealed a client's problem and its origin (Chebet & Dietz, 2000:12; Ciekawy, 2014). In most Kenyan communities, disease intervention was holistic and considered malfunctioning organs and the psychological states of the patient (Chebet & Dietz, 2000:12).

Malnutrition was another cause of disability. Among the Swahili, stunted growth and bow-leggedness were associated with malnutrition (Odera, 1988:7; Ogechi & Ruto, 2002). However, others believed that disability was attributed to magic (Ogechi & Ruto, 2002). The Mijikenda and Giryama communities, for instance, believed that witchcraft, sorcery, or offending ancestral spirits was responsible for physical disabilities, insanity, and barrenness (Chebet & Dietz, 2000:12). While some

communities held that some forms of disabilities were biologically determined. This is demonstrated by a Gikuyu proverb, "*Gukuhiha ti gutinio*", which means that having short stature was not a function of being cut but hereditary.

Collaborative narratives, practices, and the notion of *Ubuntu* shaped the engagement of disabled men and women in societal spaces (Chisale, 2020). Despite the varied constructions and identities, PWDs actively participated in social, economic, and political spaces as ordered by their gender, age, and other considerations (Abuor, 1970:326). The Gikuyu proverb "*Nyamu itari hia igitiragia iri hia*" a hornless animal relies on the one with them. Moreover, "*Gutiri gitatuirie*" (all things are interdependent) symbolises how human beings in the African family co-existed regardless of their disabilities or differences.

The rights of individuals and groups were protected through traditional codes of conduct and customs (Abuor, 1970:326; Chebet & Dietz, 2000:12; Mokebo, 2015). The community members were obligated to care for PWDs. The exclusion of PWDs among the Kenyan communities from societal activities amounted to a form of disability injustice that contradicted the moral codes of Ubuntu communitarianism (Talle, 1995:46). The Swahili dictum, "*mtu ni watu*", is widespread among African communities. Notable examples are "*mundu ni andu*" among the Agikuyu; "*umuntu, ngumuntu ngabantu*" among the Nguni, "*umuntu ngumuntu ngabanye abantu*" Zulu, connoting that, a person is because other are (Talle, 1994; Hailey, 2008; Chisale, 2020; Hamel & Falola, 2021). The commonality of this dictum among African communities illustrates that the African family was an interconnected and

interdependent collective in which no one existed in isolation (Hailey, 2008; Chisale, 2020; Hamel & Falola, 2021). Therefore, *Ubuntu* is a collection of values that includes human dignity and collective unity embodied in African communities (Hailey, 2008). Within the *Ubuntu* framework, PWDs actively participated in societal activities (Kozma, 2006; Hamel & Falola, 2021).

Cultural flexibility allowed disabled men and women to use resources available to them to achieve desired ends among African communities in pre-colonial Kenya (KNA/PC/KSM/1/29/32/1948-1956; Ogechi & Ruto, 2002; Mokebo, 2015; Chikati, Wachira & Mwinzi, 2019). The British Empire Society for the Blind observed that disabled men and women were engaged in agricultural activities in East Africa before and during colonial rule at communal levels (KNA/PC/KSM/1/29/32/1948 1956). The marriage institution provided WWDs with social power as mothers (Mokebo, 2015). Women with some form of disabilities married, got access to land, and had their huts and livestock (Mokebo, 2015). Barren women, for instance, engaged in "women-to-women" marriage (Ogechi & Ruto, 2002; Mokebo, 2015). Barren women manipulated their social status to be "women husbands". Consequently, they exercised custody over their "wives'" children, who became legitimate heirs (Mokebo, 2015).

Motherhood among the coastal communities was a cultural and communal affair (Abuor, 1970, p. 327). The Giryama proverb "*mwana mtsanga kalashwa hombo*" also demonstrates that "a young baby has a right to be breastfed by any suckling mother". Motherhood existed at biological and communal levels, and these motherhood spaces

complemented each other (Abuor, 1970:327). Motherhood under *Ubuntu* was bestowed on all women, whether disabled or not, at the family and communal levels (Chebet & Dietz, 2000; Nzlovu, 2016).

2.3 The Construction of Disability Identity and Reproduction in Kenya from 1895 to 1944

As African people and cultures progressively interacted with other global cultures, changes and continuities in specific cultural practices, belief systems, and ideologies like *ubuntu* were reconfigured (Magubane, 2001; Hamel & Falola, 2021). Historical processes such as slavery and imperialism shaped disability constructions globally (Magubane, 2001; Livingston, 2006; Grech, 2015; Hamel & Falola, 2021). As a result, the entanglement of Africa with the outside world through eugenic practices and scientific racism escalated disability (Manning, 1990; Grech, 2015; Soldatic & Grech, 2017; Heaton, 2018; Hamel & Falola, 2021).

Some colonial institutions used Africans in racist laboratory experiments to test medical approaches (Mitchell & Snyder, 2003; Grech, 2015; Brégain, 2016). Some enslaved African women, for instance, were subjected to experimental research not only as medical interventions but to test the belief that Africans had a higher pain tolerance, resulting in disablement (Dudley, 2013; Grech, 2015). The construction of "otherness" is illustrated in the story of Sarah Baartmann, a Khoikhoi woman who was exhibited across Europe on account of her "abnormality" and became an object of a racist scientific investigation (Mitchell & Snyder, 2003; Magubane, 2001).

In disability identity in the colonial period, European scientific and religious racism constructed Africans as an embodiment of intellectual, moral, and physical impairment (Magubane, 2001; Nabende 2016). The coastal Mijikenda community and Swahili who were viewed as having some levels of *ustaarabu*-civilisation were, for instance, constructed as intellectually inferior to the whites (Ciekawy, 1992:173; Nabende, 2016:70). As Nabende (2016: 70) writes, “*Mswahili* was a town dweller who was a *Muongwana*. A *Muongwana* was a person who dressed in Islamic attire, lived in well-constructed, storied houses, spoke Kiswahili fluently and attended to their prayers frequently .”

Generally, various colonial agents reconstructed Kenyan societies based on differences in race, culture, spirituality, gender, and body to perpetuate white privilege, dominance, hierarchy, inequality, and dependency which in many cases was contested (Ciekawy, 2014; Brégain, 2016; Soldatic & Grech, 2017; Buxton, 2018; Rebecca, 2014:161; Hamel & Falola, 2021). African resistance to colonial rule and oppressive colonial policies resulted in deaths and disabilities in Kenya. The British government's strategy to suppress Mau Mau nationalism in Kenya, for instance, resulted in the intensification of disablement among many African men and women (Gachihi, 1986:199).

During Mau Mau nationalism, women served as fighters, intelligence gatherers, weapon suppliers, or cooks, and it is estimated that 8,000 women were detained between 1952 and 1959 because of the Mau Mau movement (Gachihi, 1986:199). These women detainees were subject to severe forms of violent torture that comprised

flogging, beating, slapping, kicking, and torture (Gachihi, 1986:199; Bougeat, 2014). A significant number of women in the detention camp acquired sensory and physical disabilities because of broken legs, knees, and feet; fractured thighs; defective joints; and paralysed legs (Gachihi, 1986; Bruce-Lockhart, 2014).

The blood battles between Mau Mau nationalists and loyalists to the colonial government also resulted in disablement (Anderson, 2005:119-124). The confrontations between home guards and Mau Mau nationalists of Lari Location in Kiambu led to incidents of massacre and disablement of some men, women, and children (Anderson, 2005:119-124). It can be argued that disability during the Mau Mau period was a reproduction of transnational asymmetrical power relations between the coloniser and colonised manifested through coercive networks of violence, namely, the judiciary, the police, administrators, and the penal system to legitimate white social, economic and political dominance over the Kenyan communities (Gachihi, 1986:199; Bourgeat, 2014:12). African disabled bodies in this context manifested acts of African nationalism and the consequence of nationalism against a brutal colonizer.

The colonial capitalist enterprise embarked on the establishment of effective colonial control in Kenya through colonial military and policing work (KNA/AH/20/38; KNA/AEW/28/120; KNA/PC/KSM/1/22/67; KNA/MC 21/1/1/WI/WII; Willis, 2017; Mogire, 2023). During recruitment, droves of non-disabled men were enlisted as servicemen and non-combatants in the European wars of 1914-1918 and 1939-1945

in the recruitment depots in Kiambu, Nairobi, and Mombasa (Native Followers Recruitment Ordinance, 1915; KNA/NZA 1/12; Mogire, 2023).

One significant outcome of engagements in colonial policing was the rise in various physical, sensory, and mental disabilities among the African servicemen, non-combatant labourers, cooks, and potters (KNA/VP/8/3; KNA/MOH/12/59; Buxton, 2018; Mogire, 2023). Correspondence from the Directorate of Demobilisation East Africa on February 2, 1946, provides a partial list of African veterans who were disabled during World War II. East African military records reveal that a significant number of African *askari* who were wounded in action became permanently disabled and were non-productive to the British Empire (KNA/MIC 21/1/9/W1/WII). The Corfield Report provided estimates of disabled service members up to 1956, in which the African estimates were higher than those of the Europeans and Asians combined (Collins, 2014: 465). As a result of disability, they were all discharged, while a few remained hospitalised (KNA/MIC 21/1/9/W1/WII; Buxton, 2018).

After these European wars, the colonial military was not obligated to provide disabled service members with accommodation (KNA/ABK/17/30). In Kenya, disability compensation for the ex-servicemen was poor and relatively uniform regardless of disability type and severity (KNA/AEW/28/120). As a result, the contribution of disabled service members in household livelihoods became severely compromised and viewed as a burden to the family members and the public (KNA/ABK/17/30; KNA/PC/KSM/1/22/67).

The British inflicted impairment on the Africans in the process, sending a message that the coloniser never tolerated dissent (Manning, 1990; Willis, 2017; Caldararo, 2018). As documented in Anderson (2000), Elkins (2005), and Bourgeat (2014), systematic use of endemic violence on African people in detention camps, prisons, and emergency villages was responsible for disablements. The detention camps were characterised by unhealthy conditions, poor diet, punitive labour, and physical coercion (Bourgeat, 2014:10).

Collective punishment meted out on African communities by colonial administrators through livestock seizures, destruction of properties, forceful displacements, and containment in concentration camps in Kenya compromised food security among the African populations (KNA/PC/COAST/1/12/199; KNA/PC/COAST/1/7/18; Willis, 1998; Willis, 2017). Colonial policies of land alienation, forced labour, and taxation undermined indigenous economies, particularly food crop production, resulting in some forms of disablement among the natives due to poverty, hunger, and starvation (KNA/CA/10/291; KNA/PC/COAST/1/1/101; KNA/AG/17/50; KNA/AG/22/386; KNA/LND/41/79; Willis, 1998; Buxton, 2018). As a result, disabilities related to ill health and malnutrition were common in Kenya (East African Standard, December 1955; Bourgeat, 2014; Ojwando, 1970:288). Willis (1998) demonstrates how the Mijikenda resistance to colonial policies in Mombasa between 1897 and 1929 undermined their social and economic structure to their detriment, despite their dynamic survival mechanisms.

During the colonial period, some African workers were disabled due to the cruelty of the White settlers (Abuor, 1970: 356-7). White settler farmers preferred inflicting physical violence through beatings or flogging the African workers rather than having them face trial (Bailey, 1993:20-1; Hyde, 2000). Some African labourers working in sawmills and mining fields owned by white settlers suffered from work-related accidents that resulted in physical impairments (KNA/AMP/5/1; KNA/PC/COAST/1/11/367). Increased disablement due to lack of healthcare for labourers in white-owned concession companies formed part of the workers' grievances (KNA/MOH/17886; KNA/PC/COAST/1/9/38; KNA/VK/2/41).

Diseases were also responsible for disablement during the colonial period. The slum system that developed in urban centres like Mombasa and Nairobi was characterised by an unhygienic environment that exposed the dwellers to diseases and urban poverty that were significantly disabling (KNA/AMP/5/1; British Empire Society for the Blind, 1951; Van Zwanenberg, 1972; Karim, 1976:173; Cooper,1977). There were cases of Africans who got disabled for lack of simple treatment (British Empire Society for the Blind, 1950; The Times, Thursday, May 24th, 1951; *East African Standard*, Feb 15, 1952). In most cases, medical services for the workers were absent or inadequate (KNA/MOH/17886; KNA/PC/COAST/1/9/3)

2.4 Social and Economic Rehabilitation and Integration of People With Disabilities in Kenya, 1945-1963

2.4.1 Providers of Rehabilitation and Integration Services

In Kenya, social welfare work by the British colonial government was classified into African community development and remedial or case work (KNA/AB/7/52). Casework was primarily involved in the socio-economic rehabilitation and integration of PWDs. It was provided by families of disabled individuals, voluntary organisations, mission stations, social welfare workers, and the colonial government (KNA/AB/7/52). Other minor contributors were private companies and individual well-wishers. The engagement of PWDs in social, economic, and political spaces was based on empowerment, charity, medical, and colonial approaches (KNA/MOH3/282; KNA/VP/8/3; BESB-1951). Disability attention by all these service providers was framed around a few categories of disabilities, mostly treated in isolation, such as sensory disabilities (blindness and hearing); and, physical disabilities (KNA/MOH3/282; KNA/VP/8/3; BESB-1951; Semarasinghe, 1983:181).

Following the growing concerns over the welfare of ex-soldiers in Britain, disabled ex-soldiers became primary recipients of economic and social support from philanthropic associations in the metropolises and the colonies (Livingston, 2006; Buxton, 20181). In the East African Protectorate, the British colonial government began to prioritise the welfare of PWDs in 1945 (KNA/DC/KSM/1/22/67; KNA/MOH3/282; KNA/MOH/12/59; VP/8/3). In Kenya, the African disabled

veterans were to be trained in trades that could enable them to live independently (KNA/AH/20/38; KNA/DC/KSM/1/22/67; KNA/MC 21/1/1/WI/WII).

Initially, local authorities provided limited services to PWDs (KNA/BY/12/59). Voluntary organisations were expected to deal with social welfare issues of PWDs (Kenya Society for the Blind, 1950; Seeley, 1987:542; Handicap International, 2010). However, service provision to PWDs was a cooperative effort between local authorities, voluntary and religious organisations, and the colonial government, based on context and need.

In Kenya, voluntary organisations were groups or associations of individuals united to provide services to PWDs to make them physically, economically, and socially independent (HI, 2010). These voluntary organisations' mandates, scope, and physical location depended on their creators' varied historical contexts and objectives (Handicap International, 2010). Notable voluntary organisations that dealt with social and economic rehabilitation and integration of PWDs included: the British Empire Society for the Blind; the Kenya Society for the Blind (KSB); and the Association of Physically Disabled of Kenya (APDK).

The British Empire Society for the Blind (BESB) was the first voluntary organisation established in 1950 to serve the whole colonial empire on what it claimed to be a humanitarian agenda (KNA, MOH/3/282; BESB, 1950). The society's objective was to provide welfare to blind people, ranging from education, employment, and treatment throughout the British colonial empire (*The Times*, Thursday, January 1950; KNA/MOH3/282). Society held the view that most of the people in the Kenyan colony

lived as a family and were dependent. BESB treated disability as a significant source of poverty and suffering for the colonised people. The society provided grants to voluntary bodies to facilitate the rehabilitation of PWDs. Furthermore, the society mobilised international agencies, governments, missions, medical trusts, and social welfare organisations in every colony to serve blind people, irrespective of race, creed, or colour (BESB, 1950).

Meanwhile, there was a need to establish regional offices of the BESB in each region of the colonial empire to coordinate its humanitarian work by government and unofficial agencies (*The Times*, May 24th, 1951). The Kenya Society for the Blind (KSB) was established through the Kenya Society for the Blind Act.14, CAP 251 of 1956 (KNA/QB/24/58; KNA, DO/ER/2/6/4). It set out to promote welfare, education, training, and employment of people with visual impairments as part of a humanitarian duty (KNA, DO/ER/2/6/4; East African Standard, Feb 15, 1952; KNA/QB/24/58; Handicap International, 2010).

A correspondence by C.B. Anderson, the chairman of the Kenya Society for the Blind, while appealing for funds in July 1960, highlights the distress caused by various disabilities (KNA, CA/3/49). He narrates how the human race has been caught in a web of hopelessness due to impairments and conditions that could have otherwise been prevented. He notes that

“Blindness is not associated with politics of race or creed, but it is an affliction that stirs the human heart to compassion and an instinctive desire to help” (KNA, CA/3/49).

Consequently, KSB recommended placing blind children and adults at the Thika Institute for the Blind and the *Shamba* training centres (KNA, CA/3/49). KSB activities centred on education, care, treatment, and prevention of blindness (KNA, DO/ER/2/6/4; HI, 2010:56-7).

The Association of Physically Disabled of Kenya (APDK) was established in 1958 (KNA/AMP/5/1). As a voluntary organisation, APDK was involved in the health, education, and vocational rehabilitation of children and adults, including disabled veterans (Kenya NGO Organising Committee, 1985;26). APDK's vocational rehabilitation centre was located in Mbagathi, Nairobi. The centre offered skills development to PWDs in shoemaking, shoe repair, and dressmaking (KNA/AMP/5/1).

In 1959, Mrs. Elizabeth Couldrey, a speech therapist, Peter Clifford (the government ear, nose, and throat surgeon), and Mrs. Dorothy Hughes established the Kenya Society for the Deaf Children. It was registered as a charitable organisation and aimed at caring for children with hearing impairment through education throughout Kenya (Kenya NGO Organising Committee, 1985; 19). It established clinics with the help of the city council.

The religious-based organisations providing much-needed social and economic rehabilitation and integration were church-related entities (KNA/QB/24/58; KNA/MOH/3/282; Seeley, 1987:548). These included the Kenya Christian Council supported by the British Council of churches; the Salvation Army; Roman Catholic

Missions; Presbyterian, Anglican, and Methodists; Church Army, Gospel Fellowship; Seventh Day Adventists; Pentecostal Mission, Methodist Church, and the Church of Scotland (KNA/QB/24/58). Muigai, Chege, and Karugu (2019) observe that mission stations and missionaries significantly educated people with various disabilities in Kenya from 1945. For instance, the Salvation Army established a school for the visually impaired in Thika, the PCEA established the Bahati Community Centre and the Eastleigh Community Centres in 1956 and 1959, respectively (KNA/QB/24/58). The Roman Catholic Church also established vocational centres in Kenya in the 1950s and early 1960s (KNA/QB/24/58).

Generally, the missionaries aided PWDs' access to education by providing funds for the establishment and management of schools for PWDs, providing instructional materials and equipment for PWDs (Muigai, Chege & Karuga; Nzioka, 2012:15). Missionaries also played a central role in providing health care services to PWDs (KNA/AB/7/52). They established hospitals, equipped hospitals for PWDs, treated disabled people, and provided movement equipment to disabled people (KNA/AMP/5/1 APDK; KNA/BY/12/59).

Social welfare workers assumed direct responsibilities for specific welfare services not covered by the existing colonial departments (KNA/BZ/5/2). They provided social services to men and women with various disabilities in Kenya (KNA/MSS/115/1/19). Additionally, they supplemented the work of local authorities in addressing the issues of concern for men and WWDs (KNA/BZ/5/2). In 1947, two Asian women cared for

girls and boys with disabilities in Mombasa and Nairobi on a casework basis (KNA/MSS/115/1/19).

There was marginal or no inclusion of African knowledge systems, treatment, and disability intervention mechanisms. As a result, disability interventions and service provision were dominated by whites in Kenya (British Empire Society for the Blind, 1951). As a result, a section of Africans expressed resentment and displeasure towards disability service provision by the British colonisers and their agents in Kenya (British Empire Society for the Blind, 1951; Puszka et. al., 2020:1).

2.4.2 Provision of Education and Training to People With Disabilities in Kenya

In colonial Kenya, African demands for education surpassed educational facilities (Kenya, Colony and Protectorate 1950:39). Formal Western education was primarily aimed at providing labourers for the colonial economy. The educational marginalisation of Africans was broad-based and included minimal education, facilities, educational materials, and teachers (KNA/MOH/3/282; OI:05/12/22). The education system was further segregated based on race, gender, and disability (MOH/3/282; Kakai, OI: 2022; Mbugua, OI:2022).

Substantive colonial government disability education programmes were non-existent in Kenya up to the early 1940s, yet it was institutionalised in Britain (KNA/PC/NZA/3/6/46, 1931; Heward-Smith, 1990; Armstrong, 2002; Oketch, 2009:15; Gebrekidan, 2012). Britain's development and welfare Act of 1940 and 1945 aimed to improve the colonies' economies and extend their social services (Sifuna, 2006b). As a result, the colonial government established links with the Salvation

Army Mission and promised to fund its mission on the condition that they would organise and escalate the welfare work for people who were blind (KNA/DC/TTA/3/15/1). This marked the beginning of the skewed provision of education to people with other forms of disabilities.

In 1946, the need to rehabilitate ex-soldiers with visual impairment resulted in the establishment of a school for the visually impaired in Thika by the Salvation Army (KNA/MOH/3/382; UNESCO, 1974). The school was jointly managed by the government and the SA (*East African Standard*, Friday, February 1952). The Thika Institute began accommodating many visually impaired soldiers for training after World War II (KNA/AH/20/38; KNA/MoE, 2007). Other African veterans with physical and sensory disabilities were undergoing training at the Ex-Servicemen's Training School, Kabete (KNA/AH/20/38). Following these developments, a communication from the labour department on 25th January 1946 addressed to all heads of departments required civil dispersal officers to inform discharged disabled veterans that special facilities existed and necessary arrangements had been made by liaison between civil dispersal officer in charge of African Central Employment Bureau and the Directorate of Training (KNA/AH/20/38).

It was noted that disabled veterans seeking training were to make applications to their District Commissioners (KNA/AH/20/38). Those from urban areas like Kiambu were trained as telephone operators, and those from rural areas were trained mainly in tailoring at the Jeanes school, Kabete (KNA/AH/20/38). The objective of training the African veterans was to enable them to derive livelihoods from informal economies

where they originated, thereby integrating them (KNA/AH/20/38). However, there was inadequate training and placement for disabled veteran men, leading to the fear that the training centres would become home to out-of-work disabled Africans (KNA/AH/20/38).

Come 1948, the St. Nicholas School and the Aga Khan Special Schools were established to cater to mentally disabled children (UNESCO, 1974:107). The Thika Institute had some elderly students who were put through courses that would make them earn a living (*East African Standard*, Friday, February 1952). The colonial government funded accommodation for Africans with visual impairments by paying Shs. 25/ to the Thika Institute (KNA, MOH/3/282). However, the Thika Institute was not accessible to many Africans in the colony with visual or other forms of disabilities (*East African Standard*, Friday, February 1952).

Women and girls with visual impairments were not admitted for training at the Thika Institute for the Blind due to a lack of gender inclusivity in its admission policy between 1946 and 1954 (KNA/ CA/3/49). The institute's primary focus was training males with visual impairments from three East African British territories (KNA/CA/3/49; *East African Standard*, January 7th, 1950). Admission to the institute covered three groups: veterans from the British East African colonies and civilians (males below 25 years, and boys aged eight years and above) (Kavindu, 2020).

Access to sisterhood training in colonial Kenya was not accessible to young WWDs because a great value was attached to those with good health physiques. Many African

girls who began to train for sisterhood vocations in different congregations belonged to the “labourers” groups in the mission stations (Kabugu, 2004:70). They undertook all the manual work such as washing, cleaning, and cooking for the white sisters who worked as teachers in primary and nurses in mission hospitals (Kabugu, 2004: 70).

In 1955, the Thika Institute for the Blind adopted a more inclusive admission policy with the establishment of a department for girls (KNA/CA/3/49). The Institute opened its doors to blind girls and women. However, most admission slots were given to boys and men rather than to women and girls with visual impairments (KNA/CA/3/49). Although admission slots vary from district to district, the marginalisation of blind girls and blind women in accessing education at the Thika Institute was a uniform phenomenon across the country (KNA/CA/3/49). This was attributed to some District Commissioners who were reluctant to fill the slots reserved for their districts, and African parents’ disability-related stigma.

In 1959, the Kenya Society for the Blind donated £1,950 towards building and equipping a wing for 30 girls in the Thika Institute for the Blind. The coffee farmers provided generous funding that led to the extension of accommodation facilities. For the first time, 60 girls received education and training to empower them to lead fuller and happier lives (KNA/CA/3/49; KNA/PC/GRSS2/7/11). Despite the increase in enrolment rates of female and male learners with disabilities, a significant population of learners with disabilities did not have access to education (KNA/PC/GRSS2/7/11).

Academic training in the Thika Institute for the Blind comprised literacy, competence skills, and the use of Braille (KNA/CA/3/49; KNA/ MOH/3/282). Adult trade training courses lasted three years to learn one or two trades; children's training took seven years, and adolescent training took four to five years. Training at Thika Institute was based on disability, age, gender, and ability (KNA/ CA/3/49; KNA/ MOH/3/282). Women with visual impairments trained for artisan professions such as basketry, rope making, and tailoring. Men with visual impairments were trained in carpentry, masonry, basket making, net making, shoe repair, brick making, and tailoring (KNA/ AB/14/34; KNA/ MOH/3/282). These trade trainings were meant to make PWDs self-employed in the informal economies in rural and urban Kenya (KNA/ AB/14/34).

By 1962, the Kenya Society for the Deaf Children was providing specialised services to deaf children, such as residential care and preventive education to parents of deaf children (KNA/QB/24/58; UNESCO, 1974; 106). In 1962, the Salvation Army established Joy Town Special Primary School to provide access to education to children who were suffering from post-polio, muscular dystrophy, and cerebral palsy (KNA/QB/24/58; Ndurumo, 1993; Wanjiku, Wamocho, and Kioy, 2013:79). The school also catered for the education of those who had muscular dystrophy. In the 1950s, associations could only diagnose and undertake follow-up services for those affected by muscular dystrophy conditions (Wang'ang'a, 2010).

In colonial Kenya, learners with various disabilities were excluded from regular schools due to societal stigma (Ndurumo, 1993; Wanjiku, Wamocho and Kioy, 2013:79). Schools for learners with disabilities were few and, in most cases, lacked

qualified teachers, adequate funding, and modern equipment (BESB Annual Report, 1951; KNA/ DO/ER/2/6/4). Some District Commissioners were reluctant to fill the slots reserved for their districts (KNA/ CA/3/49).

2.4.3 Provision of Healthcare Services to People With Disabilities

In 1942, the colonial government established an African Rehabilitation Centre at the Native Civil Hospital in Nairobi (De Schutter, 2019:229). The centre was intended to serve disabled ex-soldiers, while civilians could access services at the centre when an adequate room was available (De Schutter, 2019:229). In 1946, calls were intensified to expand the services provided in the centre to civilians, including women and children (KNA/MOH/3/282; De Schutter, 2019: 229).

Come 1947, ailments that manifested in the colony were categorised as affections of the nervous system and organs of senses; affections of the circulatory system; affections of the respiratory system; epidemics and endemics; and general diseases produced by external causes (KNA/MSS/115/3/19). In 1948, the first block for offering medical services to Africans was established in Nairobi. Drawings for a new enlarged Asian and African hospital in Mombasa commenced. At the same time, one small hospital was opened in Limuru (KNA/MSS/115/3/19). The rehabilitation and Limb Centre in Nairobi attended to civilians. Medical services in the African areas were operated through a system of coordination and cooperation between the central government, local government, and voluntary organisations (Kenya, 1950: 47; KNA/MOH/3/282). The central government supplemented local government by providing staffing and maintenance of dispensaries, maternity blocks, and ambulance services, as well as the provision of junior staff. (KNA/AB/14/34; Kenya, 1950:47).

The general health picture in the late 1940s and early 1950s was characterised by inadequate staff and limited hospital facilities that failed to meet local health users' needs. For instance, there were two Asian women in charge of the care of disabled children in Mombasa and Nairobi on a case-work basis. Remedial work was done by African social welfare workers and the Salvation Army in Thika (KNA/ MOH/3/282; KNA/ AB/14/34). The following observation illustrates the picture of health services in the colony in 1948.

Across the African areas, health services had not made significant progress due to slow progress in building health capacity, lack of essential medical supplies, and general apathy by the natives (Kenya, Colony and Protectorate, 1950: 47).

These accounts establish the existence of glaring gaps between health provisions and healthcare users' needs, partly due to human resources and material deficiencies (KNA/ MOH/3/282; KNA/ AB/14/34). However, access to health care services was the greatest need for disabled people in the colonial period in Kenya (KNA/AMP/5/1; The Times, May 24th, 1951). Areas of medical intervention included "mental illness", physical "anomalies", and visual impairments (KNA/AMP/5/1; KNA/BY/12/59; BESB, 1950; KNA/MOH3/282). The British colonies in East Africa lacked comprehensive ophthalmic service (KNA/BY/12/59).

Concerning the treatment of disabled Africans, W.H. Kirkaldy-Willis, a senior surgeon in Kenya, observed that by 1957, European medicines had become popular among Africans (BY/12/59). However, access to treatment was problematic due to a lack of adequate time to attend to those seeking health services. Furthermore, a few medical personnel could not cope with the large number of disabled Africans seeking

health services (KNA/BY/12/59). The beds were also insufficient, and patients were always waiting for them. The Physiotherapist in charge of the outpatient clinic at the Orthopaedic Centre in Nairobi observed that: “If you give us another 1000 beds, we will fill them tomorrow” (Sunday Post, 1955:7)

In the 1960s, clutches were supplied to Asian patients on a “sale” basis, but African patients found it challenging to make cash deposits to pay for clutches (KNA/BY/12/59). Despite these challenges, the orthopaedic centre undertook corrective surgeries that caused disablement to some African patients (*Sunday Post*, 1955: 7). The Orthopaedic Centre also treated cases of post-poliomyelitis, congenital deformities, post-encephalitis, and cerebral palsy. In 1962, the clinic held 129 sessions, treated sixty children, and gave 1007 individualised treatments (KNA/AMP/5/1). However, ropes for the pulleys for exercise in the gymnasium of the orthopaedic centre were not available (KNA/BY/12/59). A correspondence by W.H. Kirkldy-Wills, a senior surgeon in the orthopaedic centre on 10th Feb 1961, to the director of medical services, Nairobi, illustrates the state of orthopaedic exercises as follows:

We have approximately 8 Europeans and 20 African patients exercising every day. May I ask what to do with these patients in the absence of facilities for routine treatment? We are embarrassed that we cannot give the patients the treatment they should have. We shall likely have to keep African patients in the hospital longer for lack of desired exercises (KNA/BY/12/59).

These statements reveal the contradiction between healthcare provisions for the disabled and available medical equipment. However, this crisis was apparent when things got out of hand. Africans were no longer kept in the hospitals; they were the first to be thrown out. These revelations demonstrate segregated access to health

services for PWDs based on racial hierarchies and privilege (KNA/BY/12/59). The evidence demonstrates that Africans were multiply disadvantaged in accessing health care services on account of their skin colour and disability. These overt and covert interpersonal relations between health providers and disabled African healthcare users resulted in the marginalisation of Africans in accessing health care services across the colony (Avery, 2018; Puszka et al., 2020: 8).

The Orthopaedic Centre in Nairobi housed a workshop for producing artificial limbs for disabled men and women throughout East Africa (Sunday Post, 1955:7). 1962 APDK instrumentally created awareness on managing poliomyelitis (Polio). Furthermore, APDK raised funds and constructed a children's orthopaedic clinic on Lagos Road (KNA/AMP/5/1).

In colonial Kenya, Mathari Mental Hospital provided health services for people with mental disabilities (KHRC, 2011). However, historical institutionalisation, overcrowding, and inadequate funding made service delivery and health-seeking problematic during the colonial era. However, the placement of mental health under the Department of Prisons constructed those referred to the facility as criminals (KHRC, 2011). The British colonial officials used the Mental Health Act in Kenya as a tool for quashing rebellions by detaining natives who were perceived as threats to the interests of the colonial regime (Ibrahim, 2014).

Western medicine and psychiatry in colonial Kenya were significantly used in the pacification of the natives and the establishment of Western social imperialism

(Mahome, 2006). This situation is well exemplified in the colonial period's misunderstanding and antagonistic relations between healthcare seekers and providers (Ibrahim, 2014; Mahome, 2006). Johnson (1982), in an original account of the professionalisation of medicine and the imposition of occupational standards and criteria based on the British national context, undermined and criminalised indigenous medical healing practices.

This differential access to healthcare services was informed by racial ideologies that gave disabled Europeans greater latitude in accessing health services than Asians and Africans (KNA/BY/12/59; Soldatic & Grech, 2017; Buxton, 2018). In physical disabilities interventions, preferential access to treatment and assistive devices was given to the Europeans while the Africans were the lowest in priority, and they received artificial limbs of inferior quality in comparison to those offered to Europeans (KNA/BY/12/59; Kelm, 2004; Buxton, 2018).

Voluntary and religious organisations were dominant in addressing the causes of disablement in colonial Kenya through the medical model in collaboration with governments, professional personnel, the general public and disabled people. These voluntary organisations were guided by charity and medical approaches to disability in Kenya. Other forms of disabilities, such as albinism, were ignored. Despite these biases, PWDs were a distinct, tiny minority whose access to health services, whether related to disability or general ailments, was severely limited (KNA/BY/12/59).

2.4.4 The Economic Rehabilitation and Integration of Men and Women with Disabilities in Urban and Rural Settings in Kenya

The colonial labour requirements in Kenya monetised the African labour and conferred a higher value on the productive health physique of the Africans (KNA/AH/20/38; KNA/ABK/17/30; Leys, 1974: 6). This devalued the labour of men and WWDs. Correspondence to the Secretary of State for Colonies in April 1945 about the conditions for hiring disabled servicemen and women notes that:

In view of the desirability of employing ex-service men and women and the extreme shortage of colonial staff, the desirability of the employment of disabled ex-service men and women was explored. As far as the colony is concerned, there would be no objection to selecting men and women partially disabled through war causes, provided their disability does not interfere with carrying out the duties of their post. At the same time, standards of general physical fitness should not be relaxed (KNA/RZ/24/42).

The statement demonstrates that the disabled labour force was accorded the least priority. Additionally, the recruitment of disabled men and women was to be determined by medical examiners, who had job specifications for employment positions (KNA/RZ/24/42).

The colonial labour requirements also undermined the social security that existed in the rural areas (KNA/RZ/24/42; Leys, 1974:6). In the African context, communal flexibility among Kenyan communities provided an enabling environment for WWDs to be active agents in social, economic, and political domains (KNA/DC/KSM/1/29/32/1948-1956; BESB, 1951; Ogechi & Ruto, 2002). Women and men with disabilities were engaged in various productive activities, including crop production, trading, crafts, and gathering (KNA/RZ/24/42). African

communities were central in rehabilitating and integrating disabled people in colonial Kenya (KNA/RZ/24/42).

Although both the British colonial government and voluntary organisations concurred on the centrality of the African families in the rehabilitation of disabled people, they posed that traditional modes of livelihood were unreliable during the colonial period and there was a need to empower disabled people through education and training (Ciekawy, 2014; Chikati, Wachira & Mwinzi, 2019). They recommended access to modern education and training for PWDs to live independently (Chikati, Wachira & Mwinzi, 2019). Within this framework, stakeholders were rallied to initiate practical plans for training PWDs to enable them to become economically empowered. Subsequently, the education provided by Thika Institute for the Blind was not examination-oriented but aimed at equipping mature students, some of whom were parents, with various trades to enable them to lead independent lives (KNA/AB/14/34). The objective of the institute was to empower disabled men and women in the Kenyan colony to fit into the environment they would return to (KNA/MOH 3/282).

Each case of disablement was investigated to ascertain whether the life and occupation before the loss of sight were such that with the requisite training, a man or woman could continue to follow it (KNA/MOH 3/282). It was observed that it was a more straightforward task to adapt a newly disabled person to a life they already knew than to train in a new occupation. Again, they should continue associating closely with their family, community, environment, and district of origin rather than lose these

associations by moving to strange surroundings. Additionally, the cost of such adaptation was low compared to training them for a new job and setting them up in a new environment (KNA/MOH 3/282). Based on these premises, the Christian Council, for instance, cooperated with missions to foster home-craft training for African women (KNA/AB/7/52).

Furthermore, it was proposed that resettlement and aftercare departments were to ensure that a trainee returned to satisfactory home conditions, that they had the necessary tools, equipment, and working space, and that his source of raw material and market for finished goods were satisfactory (KNA/DC/KSM/1/29/32,1948-1956). This led to the establishment of a resettlement and aftercare department, and the Community Development Officer was obligated to visit trained disabled men and women regularly to monitor their engagement (KNA/PC/GRSS2/7/11).

During the colonial period, disability became a disqualification for recruitment and service in the colonial military and police service because the political economy of European imperialism fixed a higher premium for “able-bodied” men and women (KNA/AH/20/38; KNA/ABK/17/30; Anderson, 2006). Military service and colonial police force officers who were impaired had their services terminated from active service. The police-Arab and African subordinate officers’ death and disablement pensions and gratuities regulation 1944 continued to provide a framework for compensation of gratuities for disabled veterans (KNA/AEW/28/120). African police officers earning KShs 77 per month received compensation of KShs 15 per month regardless of disability type and severity. They were retrained in a Training School in

Kabete on spinning, weaving, or a trade that could enable them to make an independent living (KNA/AH/20/38; KNA/ABK/17/30).

In the case of disabled men and women from urban settings and their neighbourhoods, they were trained in courses that were relevant to the urban settings as shorthand typists and telephone operators (KNA/ED12/7/2; KNA/AH/20/38). The Salvation Army trained disabled people and supply their characteristics to potential employers (KNA/ED12/7/2A). These disabled trainees were placed in colonial government office jobs, i.e., shorthand typists, and as telephone operators in Thika and Nairobi (KNA/ED12/7/2A; KNA/AB/14/34; Gebrekidan, 2012: 108). Sometimes, they retained their trainees as teachers after passing certificate examinations (KNA/MOH, 3/282). However, others were engaged in paper folding or packaging products in industries within Thika and Nairobi (Gebrekidan, 2012: 108).

In rural settings, PWDs were engaged in village crafts, such as basketry, mat-making, pottery, and leather (BESB, 1950), and in 1953, PWDs in Kisumu had been trained to spin cotton yarn (BESB, 1953). It was suggested that spinning cotton and weaving simple pieces of goods used by rural people needed to include people who were blind and were unsuited for *shamba* work (BESB, 1953). The possibility of developing this trade from the coconut palm of Mombasa was investigated and undertaken. It was argued that every operation in the coir trade, from the splitting of the husk onwards, could be done by blind men and women. The PWDs between the ages of 16 and 35 were trained in trades they were suited for (BESB, 1953). A permanent workshop for people who were blind was to be established, and an adequate market was to be sought

in Nairobi to absorb the various wares produced on a commercial scale by a factory employing blind workers (BESB, 1953).

In 1953, stress was placed on establishing a permanent workshop and factories to produce brushwork, coir, fibre, and baskets. These were deemed the most suitable trades for blind people (KNA/DC/KSM/1/29/32,1948-1956). It was further agreed that the primary school in Thika should concentrate on primary education, following which trainees could move out for the *shamba* or trade training (KNA/DC/KSM/1/29/32/ 1948-1956; KNA/DO/ER/2/6/4). It was observed that the *shamba* training centres were accepted as the most productive methods to be adopted in Kenya. It was agreed that disabled men and women could be farmers and that agricultural operations on small holdings, such as shambas, were well suited. On the question of feasibility, it was noted that blind men and women had already been engaged in cultivation in Kenya and Uganda before the intervention of the Society for the Blind (KNA/DC/KSM/1/29/32, 1948-1956).

In 1957, the Federation of Disabled Social Services (FDSS) in Kenya discussed employing people with physical and sensory impairments. The first meeting was held at the FDSS office on June 18th, 1957 (KNA/AB/17/36). One of the resolutions was setting up an organisation to deal with the rehabilitation of people with physical disabilities (KNA/AB/17/36). In terms of publicity, it was noted that a circular had been sent to all labour offices in Nairobi and the field to encourage employers to employ disabled people (KNA/AB/17/36). They agreed that the Labour Commissioner would send publicity to employers asking for their reaction to

employing PWDs (KNA/AB/17/36). Meanwhile, the Red Cross oversaw PWDs who were accommodated at the Cripples Hostel. Red Cross ensured they received crafts training, such as needlework (KNA/AB/17/36). Although these efforts were progressive, they did not include people with other disability forms of disability.

In 1959, two shamba training centres were established, and blind women and men were taught typical agricultural tasks linked to a family shamba (KNA/PC/GRSS2/7/11). It was observed that over 90% of the blind people in the colony had rural backgrounds, so it was easier to train them in skills they already had. Furthermore, running the Shamba training centres with an estimated cost of just over £1,500 and recurrent costs of £900 per annum was less costly. A trade training centre for 25 adults was built in Machakos (KNA/PC/GRSS2/7/11). The Machakos Institute for the Blind (KNA/BY/12/21). There were proposals to establish a second trade training centre to serve western Kenya (KNA/ BY/12/21).

Men and WWDs in pastoral-dependent economies benefited from employment in tanneries built in arid areas. Tanneries in pastoral areas absorbed blind trainees who had completed tannery/leather work training courses at the Machakos Trade Training Centre (KNA/PC/GRSS2/7/11). Engagement of disabled men and women in tannery employment made them self-reliant and contributed materially to household livelihood and the economy of the districts (KNA/PC/GRSS2/7/11).

In the 1950s and early 1960s, the APDK in Nairobi played a significant role in economic rehabilitation and integration of disabled people in numerous ways (KNA/AMP/5/1). It collaborated with Singer Machine Company, which continued to

give its trainees free tuition (KNA/AMP/5/1). They created employment for WWDs through job placement and the provision of sewing machines (KNA/AMP/5/1). The Association for the Physically Disabled of Kenya managed to train some WWDs that they encountered in dress-making (Sunday Post, 1955: 7). APDK also established a training centre for PWDs in tailoring, shoe-making, shoe repair, and dressmaking (KNA/AMP/5/1).

The findings suggest that the involvement of women and men with disability in colonial labour requirements was premised on the coloniality model. Mackenzie, a colonial administrator in Kenya, observed that “‘Unemployed blind’ should be those too old to take training, plus a certain number of young people handicapped by poor physical or mental health (British Empire Society for the Blind, 1953). The colonial model worked to safeguard the intertwined economic and political interests of British colonial rule by exploiting African resources. To guarantee the profitability of the colonial project, there was a need to prevent disability to increase production capacity and prosperity in the colonial empire and the commercial companies that relied on African labour (BESB, 1950; KNA/MOH3/282; BESB, 1951).

Throughout the British colonial empire, disability was an economic loss to the metropolis. Thus, there were deliberate efforts to make disabled workers profitable through rehabilitation. The motivation was to sustain “colonial manhood” (BESB, 1951). High rates of prevalence of blindness in Kenya worried the British colonial government, white settlers, and private companies whose economic lifeline was African labour (The BESB, 1951:9). It was noted that the “economic implications of

these facts in a territory whose wealth depends on the working efficiency of African labour must be a matter of grave concern to the Kenyan government and every employer in the territory” (BESB, 1951: 9). The objective was to ensure that PWDs in the colony were not a burden but productive colonial citizens as workers and taxpayers (KNA/MOH/3/2/282). The colonial government encouraged rehabilitation schemes in Kenya to return PWDs to a productive work environment, thereby reducing the welfare bill, as had already been undertaken in Britain (Anderson, 2003:462-9).

Blaiklock (2012:7) argues that voluntary organisations constantly adapted to the expansion of the state in social, economic, and political contexts. In Kenya, voluntary organisations were involved in campaigns serving the political agenda of the British Crown (AB/17/36; Grut, Olenja, & Ingstad, 2011:158; Blaiklock, 2012:7). Voluntary organisations, for instance, played a crucial role in attending to health, education, and training of ex-World War II soldiers to manage discontentment (KNA/MOH/12/59; KNA/VP/8/3).

Voluntary organisations engaged in propaganda targeting tribal elders, midwives, teachers, opinion leaders, and illiterate people through continuous and localised use of films, posters, press advertisements, and radio (KNA/MOH3/282). Additionally, voluntary organisations’ management committees comprised of local or central government officials (KNA/AB/17/36; BESB, 1951; Blaiklock, 2012:7; BESB, 1951; Blaiklock, 2012). Under the coloniality model, Africans were never consulted on

disability challenges in the British colonial empire; therefore, citizens of Britain were reminded of their role as trustees of the colonial empire (*The Times*, May 24th, 1951).

2.5 Manifestations of Disability Rights Activism on the Eve of Independence

The manifestation of early forms of disability activism during the colonial period can be traced to acts of adult learners in the Thika Institute for the Blind, who boycotted classes and demonstrated against restrictions that limited their association within the institute (KNA, BY/12/21). The management decided to phase out vocational and trade training in 1954 to cope with these demonstrations. In 1954, Thika Institute was tasked with offering primary education to blind children (KNA/DC/KJD/3/11/7). The school management became gender sensitive by admitting one-third of the students to be girls and two-thirds boys (KNA/DO/ER/2/6/4). The school management drew and aligned a new policy based on a one-year academic program upon completion, and the learners would join industrial and vocational training (KNA/ BY/12/21).

A form of disability rights group consciousness and organisation began to emerge among the Thika graduates in the form of a “Library Group” (Gebrekidan, 2012). In the 1950s, disabled female and male elites in Kenya realised their limitation and exclusion from accessing employment and productive economic activities was not rationally justifiable (KNA/PC/GRSS2/7/11). They become conscious that their marginalisation in employment was not necessarily based on their disabilities but on pervasive social discrimination (Gebrekidan, 2012). The PWDs began to call for an end to the charity model. Disabled women and men wanted to be empowered through

employment to work and live as valuable members of societies (KNA/PC/GRSS2/7/11).

Various correspondences from Provincial Commissioners in 1958, women and PWDs did not participate in elections nor hold political office since they were not taxpayers (KNA/PC/EST/2/1/27). In 1959, there was intensified political consciousness and organisation among the disabled community, forming the Kenya Union of the Blind (Handicap International, 2010; 58; Gebrekidan 2012:105). Mutugi, Kasusya, Salam, and Kieti were elected president, vice-president, treasurer, and general secretary, respectively (Gebrekidan 2012:109). WWDs were not represented in KUB leadership. KUB became the oldest disability organisation in East Africa to fight for the rights of PWDs, particularly those with visual impairments (Handicap International, 2010:58; Gebrekidan, 2012:105). It established branches nationwide, some in Thika, Nairobi, and Mombasa (Handicap International, 2010: 58).

In 1961, the Kenya Society of the Blind and blind welfare bodies of other neighbouring countries convened an inter-territorial conference on education and work for people with visual impairments in Nairobi (KNA/DO/ER/2/6/4). The conference proceedings revealed that in Kenya, only a small population of children and adults with visual impairments could access education and vocational rehabilitation (KNA/DO/ER/2/6/4). These findings revealed that access to social services for disabled men and women was at the bare minimum. Recommendations were made on creating more educational institutions for blind people (KNA/DO/ER/2/6/4; KNA/PC/GRSS2/7/11; Chikati, Wachira & Mwinzi, 2019).

The Kenya Union of the Blind which was established in 1959 to empower men and women with visual impairments by providing education lobbied on behalf of the PWDs in in 1961 through circulars to the Kenya National African Union (KANU) and the Kenya Democratic Union (KADU) for consideration by the government to establish a government department in charge of disability affairs (KNA/QB/24/58; Gebrekidan, 2012;111). In 1962, KUB advocates pushed for the welfare of PWDs to be addressed in the ongoing constitutional discussions. In their petition, they called for a comprehensive government empowerment program that included employment, provision of land for farming, loans for small traders, and free medical treatment (Handicap International, 2010; Gebrekidan, 2012:111).

In 1962, the agitations by KUB attempted to convince the drafters of the Independent Constitution to consider the plight faced by PWDs in Kenya (Gebrekidan, 2012:111). Political mobilization and agitation by PWDs on the eve of independence were mainly manifested in the activities of the Kenya Union of the Blind (1959) and the African Society for the Disabled of Kenya (1961) (KNA/AE/3/277; Gebrekidan, 2012:111). Membership in these organisations was open to men and women interested in the welfare of PWDs (KNA/AE/3/277; Gebrekidan, 2012:111).

However, these organisations had not made significant progress because the African people directed their attention to the struggle for independence (KNA/AE/3/277). The nationalist leaders were sympathetic to the interests of PWDs, but their main priority was obtaining independence (KNA/AE/3/277; OI: 06/12/22). Persons with disabilities' lobbying to have the drafters of the Independent Constitution consider

their plight was unsuccessful (Gebrekidan, 2012:111). The same year, KUB lobbying resulted in subsidised passes for blind passengers with the Kenya Bus Corporation and the East African Railways (The East African Standard, 14th August 1963; Gebrekidan, 2012:113). Following the land consolidation policy, they also attempted to push for land acquisition among their members without success.

2.6 Summary

The chapter paid attention to the engagement of PWDs in the social, economic, and political spaces between 1895 and 1962. The study explored the concept of disability on the eve of European colonization, the role of colonial culture on disability reproduction and identity, the socio-economic rehabilitation and integration of PWDs, and the political participation and manifestation of disability activism on the eve of independence. The study established that disability existed in African societies prior to colonization and that PWDs were active participants in societal activities within the African communitarian way of life. The study established that colonialism intensified disability reproduction through colonial policies and practices.

The study further established that voluntary and religious organisations undertook socio-economic rehabilitation and integration of PWDs with the support of the local authorities. Socio-economic rehabilitation and integration of the PWDs in colonial Kenya were based on charity and coloniality approaches. The findings reveal that the demand for social and economic rehabilitation surpassed the service provision in the colony. It was established that WWDs were the least beneficiaries of the rehabilitation and integration programmes. The study also established that the engagement of PWDs

in disability rights activism revolved around social, economic, and political interests. The next chapter interrogates the role of the state and non-state actors in the empowerment of WWDs in Kenya between 1963 and 1991.

CHAPTER THREE

EMPOWERMENT OF WOMEN WITH DISABILITIES IN KENYA, 1963-1991

3.1 Overview

Chapter Two presented the engagement of PWDs in the social, economic, and political spaces between 1895 and 1962. This chapter provides a detailed analysis of the role of the state and non-state actors in the social, economic, and political empowerment of WWDs in Kenya between 1963 and 1991. The chapter further presents the barriers that hindered the empowerment of WWDs in the period in question.

3.2 Men and Women With Disabilities' Politics at Independence

At independence in 1963, the priority of PWDs was to be independent agents within a typical environment rather than live in segregated institutions where their roles remained grossly undervalued (KNA/AE/3/277; Kakai, OI:2022; Mbugua, OI, 2022). Men and WWDs wanted to be involved in production, employment, and income-generating activities (Kakai, OI:2022). Men and WWDs desired that the African masses in the country needed to be informed of their desire to be integrated into their societies of origin rather than be segregated in institutions far from home, people, and environment (KNA/AE/3/277; Kakai, OI: 2022; Mbugua, OI: 2022). Therefore, they advocated rehabilitation and integration between local authorities and the African population (KNA/AE/3/277).

Ironically, at independence, men and WWDs in the urban area were considered a menace that needed to be eliminated using vagrancy laws, the police, and courts (*Sunday Post*, May 23, 1964; Mbugua, OI: 2022). As a result, the men and WWDs in urban areas operated from the margins of the society (*Daily Nation*, 1961; RCRD, 1964: 6; Leys, 1974: 6). Despite the glaring discrimination and marginalization, the men and WWDs held the view that they had a claim for human rights and the government was obligated to facilitate their empowerment (KNA/AE/3/277). In those days, PWDs preferred access to employment, training, accessible transport, and inclusion in public decision-making relating to their affairs in place of treatment as recipients of charity (East African Standard, 1963). They also wanted to be involved in bodies that influence the political process in their societies (KNA/AE/3/277; Zilberman, 1983: 203; Mbugua, OI: 2022).

3.3 Empowerment of Women with Disabilities during the Kenyatta Regime, 1963-1978

3.3.1 The Role of Voluntary and Religious Organisations

Shortly after independence, it became clear that Kenya's colonial legacy and liberation movement had caused social neglect of PWDs, most of whom had no access to education, healthcare services, and employment opportunities (Mbugua, OI: 2022). Kenya's voluntary and religious organisations continued to undertake social, economic, and political rehabilitation and integration of PWDs after independence (Mbugua, OI: 2022). Integration was aimed at enabling WWDs to live and work with others in societal activities in an independent manner (Amoako, 1983:143; Kakai, OI: 2022; Mbugua, OI: 2022). The rehabilitation and integration involved providing

medical care, educational, vocational training, employment placement, resettlement services, and social needs of PWDs (KNA/AE3/277; KNA/AMP/8/14).

Religious and voluntary organisations provided educational rehabilitation and integration of girls and women with disabilities (GWWDs) by managing special schools in Kenya (Kakai, OI: 2022; Mbugua, OI: 2022). The special schools in Kiambu were in Thika, Dagoretti, and Kambui (Plate, I:293). In Mombasa, the special schools were in Likoni and Port Reitz. In Nairobi, they were in Jacaranda, Mathare, and Nile Road. Most of these schools enrolled girls with disabilities (GWDs), and female teachers were part of the teaching staff (Republic of Kenya, 1993:26-7; Kakai, OI: 2022; Mbugua, OI: 2022).

The Salvation Army Joy Town for the Physically Impaired was a small training centre in Thika town. It provided casework services; some of its clients were GWDs who had attained 18 years of age (KNA/QB/24/58). The Jacaranda School incorporated adult female and male learners (Kenya NGO Organising Sub-Committee, 1985: 23). There were four sub-sections, namely, the nursery, primary, intermediate, pre-vocational workshop, and sheltered workshop. The programmes were designed in a manner that allowed GWDs to achieve education and training commensurate with their age and ability and to prepare them to become adults with self-confidence, self-help skills, and social fitness and achieve means of economic livelihood for independent living as possible (Kenya NGO Organising Sub-Committee, 1985: 23).

There were three pre-vocational workshops at the Jacaranda school; one was reserved for girls with mental impairments, and they were taught all forms of needlecraft (Kenya NGO Organizing Sub-Committee, 1985). The girls participated in the Young Farmers' Club, social events, holiday camps, regional and National Special Olympics (Kenya NGO Organizing Sub-Committee, 1985:23). In 1973, a commercial production unit at Jacaranda, Nairobi, was established for its older students to secure employment (KNA/4/53/1). The sheltered workshop provided temporary employment for female trainees aged eighteen to thirty-one years destined for open employment and those best suited for sheltered employment (FGD-1, 18/4/2023; KNA/4/53/1). The trainees were placed in consultation with the Department of Rehabilitation and Social Services and other agencies dealing with disabled people (ADPK, 1975:25).

The Aga Khan Special Schools, too, from 1964 admitted a few GWDs who were eighteen years old for vocational training courses that included dress-making, poultry, and pig farming (KNA/AE/3/277). Some overseas voluntary organisations, such as the Commonwealth Society for the Deaf, provided funds and personnel for developing special education through local voluntary organisations and denominational bodies (UNESCO, 1974: 111).

In the 1960s, APDK paid more attention to training for the creation of employment for female and male trainees with disabilities rather than the provision of health care services (KNA/AMP/5/1). The APDK managed an adult training centre for the physically impaired at Mbagathi Road. This was a residential centre where young

female learners with disabilities were trained in various trades to earn a livelihood and become economically and socially responsible citizens (KNA/AE/3/27; GOK, 1964). It was developed as a pilot project for learners with impairments in urban settings. It offered tailoring, leather work, and domestic science to female trainees (KNA/4/53/1; APDK, 1975:25). Additionally, the APDK workshops in Nairobi, Mombasa, and Nakuru were engaged in the production of orthopaedic aids which were made accessible to women with physical impairments (Kenya NGO Organizing Committee, 1985: 26).

Religious organisations played an integral part in establishing and managing care homes with the support of local authorities under the charity framework (KNA/QB/24/58: FGD-1, 18/4/2023). In 1965, the Salvation Army founded *Mji wa Huruma* and offered residential care mainly to women with physical impairments (KNA/QB/24/58). It also accepted female and male youths with impairments who needed temporary shelter (KNA/QB/24/58). The home received referrals from the Nairobi City Council, the police, the DC, and non-religious organisations (KNA/QB/24/58).

The Little Sisters of the Poor was a home run by Catholic sisters who worked voluntarily in Mombasa. It primarily provided residential care for women impaired by old age and who lacked close relatives to take care of them (KNA/QB/24/58). The Cheshire Home was also established in Mombasa. It trained and later employed WWDs in jewellery craft, crop cultivation, and poultry farming (KNA/QB/24/58;

FGD-1, 18/4/2023). They had a jewellery workshop at Mazeras and a poultry farm in Kisauni (KNA/QB/24/58: Jemimah, OI:2023).

By 1977, the Coast Workshop for the Handicapped, on the other hand, was primarily concerned with severely disabled men and women. Its activities included shaping positive attitudes and confidence, providing remedial treatment, enhancing social awareness, providing training, and providing employment for its trainees (KNA/QB/23/1: FGD-1, 18/4/2023). The Bombolulu workshop in Mazeras was under the Coast Workshop for the Handicapped. It trained and employed WWDs in jewellery, leather-work products, and furnishings (KNA/QB/24/7; Monteleone & Berman, 2022:11; Jacintha, OI: 2022).

By 1977, the Bombolulu Workshop and Cultural Centre, Likoni School for the Blind, and Likoni Sheltered Workshop provided skill training to some WWDs (Report on Handicapped Institutions in the Coast, 1975; Monteleone & Berman, 2022: FGD-1, 18/4/2023: Mbugua, OI:2022). The Likoni Rehabilitation Centre Workshop offered skill training in carpentry and agriculture, but later, the workshop got involved in collecting used postage stamps, cleaning them, and reselling them (APDK, 1975:25; FGD-4, 14/4/2023). The female trainees were given skills in agriculture, and some were involved in stamp collection, cleaning, and reselling (KNA/QB/24/7). Likoni Sheltered Workshop was under the Association for Coast Workshop for the Handicapped. Their sources of income were from APDK (Report on Handicapped Institutions in the Coast, 1975).

Voluntary and religious organisations continued to play a leading role in the social and economic rehabilitation of WWDs during the Kenyatta regime, especially in special education, vocational rehabilitation and training, and home care (FGD-1, 18/4/2023). Their efforts laid the foundation for the government's intensification of intervention in service provision to PWDs in Kenya (Kakai, OI:2022; FGD-1, 18/4/2023; Mbugua, OI:2022).

3.3.2 The Role of Persons With Disability Organisations

Generally, many PWDs were optimistic that Kenya's political independence would address their historical disempowerment through inclusive citizenship and a commitment to eliminating all forms of discrimination (KNA/AMP/5/1; Gebrekidan, 2012:103). They soon realised their hopes were not granted but had to be fought for (Mbugua, OI: 2022). On 23 July 1964, WWDs were part of a PWDs demonstration at Harambee House in Nairobi, seeking government intervention on their extreme exclusion from society (AFUB, KUB, & CREAD, 2007; Gebrekidan, 2012:103).

The PWDs defined themselves as rights holders, and their objective was to fight for their rights through advocacy and the creation of public awareness (KNA/AE/3/277). They believed they had similar claims for human rights as non-disabled citizens (KNA/AE/3/277; Owino, OI:2023). They advocated for inclusive participation in planning their rehabilitation and broader decision-making concerning rehabilitation policies by governments, local authorities, voluntary organisations, and NGOs offering services to PWDs (KNA/AE/3/277; Kakai, OI:2022).

The National League of the Disabled of Kenya was founded on 16th August 1964 and was exempted from registration in 1965. The organization's objective was to promote unity among people of different categories of disabilities (KNA/AMP/5/1). It aimed at promoting improvements and providing education, health, aftercare, and welfare for people with disabilities. It also aimed at intensifying training and establishing workshops and industries for the training and employment of PWDs (KNA/AMP/5/1). Additionally, it aimed to present to the government the views of its members on any matter concerning them (KNA/AMP/5/1). The organisation advocated for the rights and concerns of all PWDs, including WWDs (KNA/AMP/5/1; Owino, OI:2023).

On the other hand, the East Africa Organisation for the Disabled (EAOD) was founded in 1968 by a section of unemployed PWDs to advocate for the welfare of all PWDs in East Africa, including WWDs (KNA/AMP/5/1). The objectives of the EAOD were to: unite all disabled persons residing in Kenya; establish book shelters and other related necessities; and advocate for MWDs and WWDs' access to recreation, employment, workshops in respective provinces, training in agriculture, welfare, and rehabilitation. The organisation's funds were used for training, education, welfare, and workshops concerning PWDs in Kenya (KNA/AMP/5/1). EAOD was registered by the Registrar of Organisations and operated from Thika town in Kiambu. EAOD membership was voluntary to all PWDs aged 18 years and above and was open to PWDs interested in disability (KNA/AMP/5/1).

The EAOD provided a political platform for mobilization by PWDs to advocate for their rights, inclusive of WWDs (KNA/AMP/5/1; Owino, OI:2023). The members of

EAOD held dual membership by being registered as ordinary members of the APDK (KNA/AMP/5/1). Thus, in 1970, EAOD applied for affiliation to the Kenya National Council of Social Services for government recognition based on their membership in APDK (KNA/AMP/5/1). The same year, the EAOD called for an open education system within the Western region of Kenya in which men and women with visual and hearing impairments would be educated in ordinary schools (KNA/AMP/5/1). They argued that special schools were well established in Mombasa and Central, whereas Western province was discriminated. They also contacted other East African countries and some organisations seeking staff training possibilities and providing tools and equipment for sheltered workshops (KNA/AMP/5/1).

The other visible organisation for PWDs was the Handicapped Youth of Kenya (KNA/AE/3/277). The Handicapped Youth of Kenya aimed at helping youths with disabilities rebuild and develop self-confidence and self-respect (KNA/AMP/5/1). In 1964, the Committee of the Handicapped Youth appealed for government intervention in their plight (KNA/AMP/5/1). The Kenya Association of the Albinos was registered in 1974, promoted health education and healthcare to persons with Albinism, including women (HI, 2010:49; Kakai, OI:2022; Mbugua, OI: 2022). The association started income generation projects such as leather work, poultry farming, and seedling nurseries (HI, 2010:49; FGD-4, 18/4/2023). However, the association could not expand its income-generating activities rapidly due to inadequate education among women with albinism (Kakai, OI:2022). Most local DPOs in the urban areas advocated for issues of PWDs, including those of WWDs (Mbugua, OI: 2022; Owino, OI:2023).

3.3.3 The Role of Government

In 1963, the independent government intervention into the concerns of PWDs was dominantly anchored on a charity model, marking continuity from the colonial period (KNA/AE/3/277). The local government was instrumental in the social-economic rehabilitation and integration of WWDs without livelihood and descent shelters (KNA/AE/3/277; Sunday Post, August 23, 1964; RN/4/119). In 1963, the Nairobi City Council (NCC) established a retainer in Bahati Estate where the disabled men and women would remain for some training in telephone operator, typist, tailoring, and intermediate training (KNA/AE/3/277; RN/4/119; NCC, 1963; RCRD, 1964:6). Annually, funding by the NCC and well-wishers for the Bahati home aimed to meet essentials (KNA/AE/3/277 NCC, 1963; GOK, 1964:13; KNA/ RN/4/119). In Mombasa District, Alms House received funding from the Municipal Council of Mombasa to rehabilitate disabled women and men (KNA/AE/3/277; FGD-1, 18/4/2023). The care homes in both Nairobi and Mombasa were characterised by financial resources (KNA/AE/3/277; Report on Handicapped Institutions in the Coast, 1975; GOK, 1964).

On 25th November 1964, the government acknowledged that it was aware of the urgent need to take positive action on the problems affecting PWDs through providing care and employment opportunities (*East African Standard*, 26th November 1964). This coincided with the ILO and UNDP work on disability intervention (KNA/AMP/5/32). The GOK signed an agreement with the UNDP concerning assistance under the special fund sector (GOK, 1987:3). President Kenyatta asserted that he agreed on

behalf of the disabled men and women for training and assistance to enable them to become economically self-reliant (GOK, 1987:6).

In 1964, the GOK formed a national committee to assess the status of PWDs by assessing their population, disability type, training, and employment needs. The Committee was also tasked to make recommendations on redress mechanisms (KNA/BY/12/59; KNA/M16/1/93; East African Standard, 26th November 1964: GOK, 1987:2). The committee comprised the representatives from relevant ministries, marking the first major government initiative to address concerns of all PWDs in Kenya through policy (GOK, 1964:1; Kakai, OI:2022; Njogu, OI: 2023). The committee visited organisations actively engaged in the rehabilitation of MWDs and WWDs (KNA/BY/12/59; KNA/M16/1/93; GOK, 1964:1). Members of the committee visited Coast province, local authorities, and government departments on the spot to discuss the problems of rehabilitation of PWDs in Kenya. They developed a report with a raft of measures to make social and economic opportunities accessible to all PWDs in Kenya, inclusive of WWDs (KNA/BY/12/59; KNA/M16/1/93).

The following areas were identified for immediate and long-term intervention: the government to educate the public on the causes of disablement and how best to prevent them as part of nation-building and eliminating disability-related stigmas that acted as barriers to accessing social services and economic opportunities for PWDs in Kenya; a simple return made by sub-chiefs of all PWDs in their areas; and, the establishment and expansion of special schools, rehabilitation and vocational training

centres to deal with all types of disabilities; and, the expansion of open systems of education (KNA/BY/12/59; KNA/M16/1/93; GOK, 1964: 8 RCRD, 1964: 6).

The census on disability prevalence by chiefs was an essential step towards understanding the situation at the location level based on gender and type of disability (KNA/BY/12/59; KNA/M16/1/93; GOK, 1964:23; Mbugua, OI: 2022). However, the government did not commit to providing transport to children with physical impairments, lifting payment of school fees in special schools, imposing a ‘quota’ for employees with disability on employers, appointing a statutory board to control services to all PWDs, and bare responsibility for the maintenance of services for PWDs (KNA/BY/12/59; GOK, 1964:23; Mbugua, OI: 2022).

In 1965, the UNESCO informal consultation on special education resolution No. 1292 reaffirmed the UDHR on full and equal opportunities for all, which was concerned that many states had not made a significant effort towards making education available to learners with disabilities (GOK, 1987:6: KNA/AE/3/277). They appealed to all governments to promote and protect education for all PWDs. The GOK began establishing and funding special schools (KNA/AE/3/277; FGD-1, 18/4/2023). Young and adult WWDs were enrolled in special schools established and funded by the government (FGD-1, 18/4/2023; 2022; Mbugua, OI: 2022; Owino, OI: 2023).

Kenya viewed special education as critical in developing PWDs by uplifting them from poverty through skill training and creating awareness of their rights (KNA/AE/3/277; FGD-1, 18/4/2023). This was to be achieved by expanding special

schools and vocational rehabilitation that assessed an individual's vocational prospects and providing training programmes reasonably adaptable to an individual's needs (KNA/AE/3/277). In the special school, learners with disabilities followed the regular school curriculum. They sat for the same examination as learners without disabilities (Republic of Kenya, 1993: 28). The number of special schools was increased to accommodate male and female learners with various disabilities (Republic of Kenya, 1993:28).

Furthermore, GOK ministries such as Home Affairs, Education, and, to some extent, the Cooperatives and Social Services oversaw the welfare of the learners with disabilities and funding of special schools such as Thika Secondary School, Likoni Primary School, and Joy Town, all of which were run by the Salvation Army (FGD-1, 18/4/2023; FGD-6, 8/6/2023). The government provided recurrent expenditures such as teachers' salaries, boarding costs, and teaching materials (UNESCO, 1974: 111). In Mombasa, the special schools were under local authorities and aided by the government (UNESCO, 1974; 112). In other schools that were neither maintained by the Ministry of Education nor local authorities, teachers' salaries were met by the Ministry of Education (UNESCO, 1974; 112).

These schools enrolled girls and young WWDs from various parts of the country (Report on Handicapped Institutions in the Coast, 1975; GOK, 1964; FGD-1, 18/4/2023; Owino, OI:2023). To integrate learners with disabilities, some special schools and VRCs had choirs that participated in music festivals (UNESCO, 1974: 109). The learners with hearing impairments participated in games with learners in

regular schools and vocational rehabilitation centres. Meanwhile, learners with physical impairments were encouraged to participate in debates, music festivals, and exhibitions with learners in regular schools (UNESCO, 1974: 109).

In 1966, teacher training for special education was actualised in Kenya. A one-year training course for teachers of learners with hearing impairments was conducted at Kenyatta College (UNESCO, 1974; 109; Mbugua, OI: 2022). This was an initiative by the Kenya Society for the Deaf. However, the course was transferred to Siriba Teachers Training College in 1972 (UNESCO, 1974; 109). In 1973, the course duration was changed to two years to make the female and male trainees competent in handling learners' hearing impairments, including GWWDs (UNESCO, 1974; 109; Mbugua, OI: 2022).

In economic development, the 1968 sessional paper number 5 on rehabilitation of the disabled obligated the central government to coordinate services for PWDs in Kenya (Ayodo, 1990:3; AFUB, KUB & CREAD, 2007:33; Mbugua, OI:2022). The Government argued that most disabled men and women could do work of one kind or another. It viewed them as potential national assets and rights holders as citizens (the Republic of Kenya, 1968; Gebrekidan, 2013). The government then established the division for vocational rehabilitation (Republic of Kenya, 1993; 29; AFUB, KUB & CREAD, 2007:33). This was a remarkable way of providing welfare services to men and WWDs in Kenya (Mbugua, 2022). The first initiative was establishing an IRC in Nairobi and twelve rural rehabilitation centres. The second initiative was decentralised into the 49-district rehabilitation centres (AFUB, KUB, and CREAD, 2007:23; FGD-1, 18/4/2023). The national rehabilitation program aimed to equip

disabled men and women with employment skills (AFUB, KUB, and CREAD, 2007:23; Kakai, OI:2022).

In 1968, ILO responded positively to a GOK request for technical assistance in developing national and rural vocational rehabilitation centres (KNA/AMP/13/32; GOK, 1987:3). The technical assistance was in the form of identifying, training, settling, and resettling MWDs ND WWDs aged between sixteen and forty-five years between 1968 and 1972 based on international best practices but accustomed to local social, economic, and political contexts (Ayodo, 1990: 4-5; Mbugua, OI: 2022). ILO Recommendation No. 99 affirmed that the training of PWDs was to empower them to use their vocational qualifications to access employment opportunities. It stressed that when PWDs are employed, they become confident, maintain self-respect, and contribute to the production process and national development (Addy, 1981: 153).

In 1969, Kenya's National Vocational Rehabilitation Policy Paper recognised the UN General Assembly's provision for the intensification of access to treatment, assistive devices, education, training, social guidance, protection, and selective placement of people with physical or mental disabilities (KNA/AMP/23/7). Ministry of Cooperatives and Social Services, National Vocational Rehabilitation Policy Paper, affirmed that it was designed to give effect to these parts of the Declaration that have not yet been fully implemented in Kenya. It stipulated that both women and men would not be discriminated against based on disability. It emphasised that all PWDs had inherent fundamental rights and deserved to be treated with respect and human dignity (KNA/AMP/23/7; Mbugua, OI: 2022). The policy paper was intended to

empower all PWDs, inclusive of WWDs, through social integration or re-integration, access to medical services, psychological support, orthopaedic appliances, education, and vocational training (KNA/AMP/23/7).

In the 1970-1974 Development Plan, the GOK committed to developing special education in Kenya by identifying the needs of disabled learners and expanding service provision through increased funding (UNESCO, 1974: 114). The aim was to equip learners with disabilities with skills that would make them economically independent in the community (UNESCO, 1974; 114). In 1970, the government, with the support of the ILO, established vocational rehabilitation training with the purpose of making men and WWDs economically independent. The government planned to set up six agricultural units, three rural vocational rehabilitation centres, a sheltered workshop, and a mobile eye unit (UNESCO, 1974:115). Correspondence from the Permanent Secretary on 28 August 1970 to the Directors of Community Development Nairobi, entitled “Welfare Services for the Disabled in Kenya” sought clarity on how the Division on Rehabilitation of Disabled started under community development had enabled PWDs to earn a living and lead a useful life without assistance from the state (KNA/AMP/5/1). The National Rehabilitation Project sought to empower PWDs in Kenya irrespective of their disability and gender (KNA/AMP/23/7; UNESCO, 1974:114).

The main emphasis was the establishment of rural vocational rehabilitation centres in each province to provide a short reconditioning course followed by training on subsistence and cash crop growing, small animal farming, rural tailoring, leather

work, and rural crafts (KNA/AMP/23/7). The rural industrial rehabilitation was to be designed to ensure adequate social and economic resettlement of WWDS in their original environments (KNA/AMP/23/7). The trainees were to be awarded certificates of participation, working tool kits, and necessary materials to enable them to start micro-enterprises on their own in the villages (Ayodo, 1990: 15; UNESCO, 1974; Mbugua, OI: 2022). Additionally, an Industrial Rehabilitation Centre was to be established and supported by various centres with specialised training and employment facilities such as rural cooperatives, cottage industries, and sheltered workshops (KNA/AMP/23/7). As a result, APDK handed its adult training centre at Mbagathi to the government in 1971, and it was renamed Industrial Rehabilitation Centre (IRC).

In 1971, Kenya intensified collaboration with foreign countries (the UK and the USA), overseas voluntary organisations, and denominational bodies. Kenya participated in the International Conference in Special Education held in Paris in July-August 1971 (UNESCO, 1974: 109). All these efforts improved special education and vocational rehabilitation services for female and male learners with disabilities in Kenya (FGD-4, 14/04/2023). The IRC was established in Nairobi to impart skills and prepare PWDs for employment in an urban setting (KNA/DSS 4/24; KNA/AMP/23/7). The training courses in the IRC lasted a minimum of eleven months. IRC had a provision for twenty learners with disabilities of both genders who were day scholars (KNA/AMP/23/7). Considerations for application were that the applicant needed a course to prepare her for work suited to individual needs

(KNA/AMP/23/7). Attention was paid to the possibilities of reasonable employment prospects available at the end of the course (KNA/AMP/23/7).

The courses available for WWDs at the IRC ranged from telephone operating, dress-making and tailoring, commercial subjects, and leather work (KNA/AMP/23/7; Mbugua, OI: 2022). There was also a jewellery workshop and a printing workshop (KNA/AMP/23/7; KNA/DSS/4/24; Ayodo, 1990). The aim was to build individual confidence and employment capacity by providing physical and mental toning with gradual adjustment to work conditions for the trainees (KNA/MP/23/7; Owino, OI:2023). The trainees who completed training for about one year were provided with toolkits (KNA/QB/23/1; FGD-1, 18/4/2023). However, admission was skewed against WWDs, marking continuity in gender inequality in access to vocational rehabilitation and training (KNA/AMP/23/7).

Establishing rehabilitation centres and sheltered workshops across the country during the 1970s by the government was a long-term strategy for social and economic integration and re-integration of WWDs (Kakai, OI: 2022; IOH-1, 2023-64, OI: 2023). These VRC centres admitted disabled female and male trainees between sixteen and forty-five years old (KNA/QB/23/1; KNA/AMP/23/7; FGD-1, 18/4/2023). Although the enrolment catered to a small number of trainees with disabilities, WWDs' access to vocational rehabilitation was enhanced (Kakai, OI:2022; FGD-1, 18/4/2023). Table 3.1 highlights the distribution of vocational rehabilitation across the country in the 1970s.

Table: 3.1 Vocational Rehabilitation Centres, 1963-1978

Name of VRCs	Year started	Province	Focus Group	Courses Offered
I.R.C	1971	Nairobi	Men and women	Carpentry, metalwork, jewellery, printing, tailoring
Kabete Orthopaedic workshop	1972	Nairobi	Men and women	Production of orthopaedic and other appliances for the disabled
Bura VRC	1972	Coast	Men and women	Leatherwork, tailoring, traditional craft, and agriculture
Embu VRC	1972	Eastern	Men and women	Leatherwork, tailoring, traditional craft, and agriculture
Kisii VRC	1972	Nyanza	Men and women	Leatherwork, tailoring, traditional craft, and agriculture
Kericho VRC	1972	Rift valley	Men and women	Poultry keeping, rabbit breeding, crop and vegetable cultivation
Itando VRC	1972	Western	women	Tailoring and leatherwork

Source: KNA/QB//23/1; Rehabilitation Unit, Department of Social Services, (1989); Women's Bureau (1993:30)

Table 3.1 above establishes that rehabilitation centres were started in the 1970s, implying that vocational Rehabilitation under the government was absent in the 1960s. This implies that voluntary organisations and religious organisations were key providers of vocational rehabilitation to PWDs in Kenya. As illustrated in Table 3.1, most VRCs and WWDs were admitted for various trades to enable them to get a household livelihood. The proliferation of vocational rehabilitation in the 1970s indicates that the GOK began to take a leading role in vocational rehabilitation through policies and institutional establishment.

In 1974, the GOK planned to set up six agricultural centres to facilitate the agricultural rehabilitation of PWDs, premised on the argument that Kenya was to a large extent

an agricultural country (Kakai, OI:2022). The main goal of the rehabilitation program was to empower all PWDs, regardless of gender and disability type disabilities, to achieve maximum functioning levels in their communities and to be economically responsible citizens leading independent lives as far as possible (KNA/DSS/4/24; Addy, 1981:151; FGD-1, 18/4/2023; Owino, OI:2023). This marked a change from the colonial period, where education for disabled men and women was left in the hands of voluntary and religious organisations (GOK, 1964:19).

In employment, PWDs were more determined than able workers to succeed in their work (GOK, 1964:8). The Ngala Mwendwa Report recommended training of PWDs in a variety of gainful work in society taking into consideration gender, urban, and rural environments (GOK, 1964:8). The committee recommended for the establishment of sheltered workshops for men and women that were severely impaired to enter open industry (GOK, 1964:22). In the sheltered workshops, their remaining abilities were to be put to use in conditions adjusted to their specific needs. The aim was to encourage and give them hope in society (GOK, 1964:22). It was noted that a placement officer was to be appointed, and an orthopaedic workshop would be established on an area basis, starting at Mombasa. Accessibility was to be considered when designing the new factories to accommodate MWDs and WWDs desiring gainful employment (GOK, 1964:27).

The Director of Social Services of Nairobi City Council had managed to have a few women into permanent employment using placement officers by the late 1970s (RCRD, 1964: 6; GOK, 1964: 27). A survey by the Women's Bureau (1993:32)

reveals that the total number of PWDs employed remained less than twenty-five between 1971 and 1978. Nonetheless, a class of WWDs emerged in the 1960s and 1970s as entrepreneurs at individual or group levels in either rural or urban market centres, mainly in tailoring, handicraft making, jewellery making, and leather work (KNA/AE/3/277; FGD-6, 8/6/2023; Owino, OI:2023).

In 1975, the World Conference of the International Women's Year was held in Mexico (United Nations, 1976: 2; Zinsser, 1990: 23). Kenya was among the 133 states in attendance and got the slot of vice-president out of the eleven slots reserved for Africa. The broader question of equal opportunity for women was discussed (UN, 1995:131). The Mexico conference raised consciousness concerning the common condition faced by women based on gender (Zinsser, 1990:23). It was regarded as a new beginning of greater empowerment of women (United Nations, 1976; 131; Zinsser, 1990: 23).

The United Nations Decade for Women 1975-1985 provided a means of assessing the extent to which women were included in national development plans and programmes (UN, 1976; House-Midamba, 1990: 38; FGD-1, 18/4/2023). Some of the key issues addressed during the conference were legal equality, empowerment, control of one's body, and decreased violence against women (UN, 1976; House-Midamba, 1990: 38; Mbugua, O.I., 2022). At the time, the Kenyatta Government had also acknowledged the place of women groups or movements within the framework of the Harambee philosophy (Riria-Ouko, 1985:189,190). The dominant women's organisation was the Maendeleo Ya Wanawake Organisation (MYWO) (Riria-Ouko, 1985; Kakai,

OI:2022). Women's groups were preoccupied with educational, construction, home improvement, and income-generating activities. Additionally, they undertook environmental conservation, leadership training, and health projects (Riria-Ouko, 1985: 190).

The Department of Social Services was tasked with directing and coordinating the operations of all women's organisations and self-help groups in Kenya, as per the UN Decade for Women's 1975 recommendation (Mbugua, OI: 2022). To supervise the operations of self-help and women's organisations, the GOK formed the Women's Bureau in 1976. This was GOK's reaction to the 1975 Women's Decade decision, which urged governments in developing nations to establish systems to address problems pertaining to women (Riria-Ouko, 1985: 190; Mbugua, OI: 2022). The Women's Bureau was entrusted providing skill training for female leaders, the formation of women's committees at all levels concerned with coordinating all women's development activities at all levels by government and NGOs (Chitere, 1988: 62). Women's Bureau was later used to provide funds to various women's groups (Riria-Ouko, 1985: 190; Mbugua, OI: 2022).

The rights and opportunities available to all PWDs were expanded by the United Nations Declaration on the Rights of People with Disabilities in 1975 (CRCK, 2003:324; AFUB, KUB &CREAD, 2007:36). In 1976, they designated 1981 as the International Year for Disabled Persons by a UN resolution (De Schutter, 2019: 225). Kenya supported the proposal from the Libyan Arab Republic (KNA/AMP/23/2). The

relevant ministries and voluntary and PDOs began planning for the event in 1977 (KNA/AMP/23/2; De Schutter, 2019:226).

Special education, vocational rehabilitation and training, and sheltered workshops were ways the national government, led by President Kenyatta, helped establish the groundwork for the empowerment of MWDs and WWDs (Mbugua, OI: 2022). In Kenya, vocational rehabilitation and special education were regarded as essential components of economic planning (FGD-1, 18/4/2023; Mbugua, OI: 2022). With policies and institutional procedures on vocational rehabilitation and employment, the government paid greater attention to the empowerment of PWDs in general, inclusive of WWDs, than the colonial government (Ross, 1988:25.36; Ayodo, 1990: 2; Kakai, OI: 2022; Mbugua, OI: 2022).

3.4 The Empowerment of Women with Disabilities, 1979-1991

3.4.1 Government Mechanisms

3.4.1.1 Expansion of Special Education, Vocational Rehabilitation, and

Training

In 1979, following the Kenyatta government's commitment and international mechanisms on issues affecting PWDs, President Daniel Moi declared 1980 to be the National Year of the Disabled (NYDP) in Kenya (KNA/AMP/23/2; Ayodo, 1990:15; De Schutter, 2019). As public awareness of PWDs' demands for equality with others in access to education grew throughout the late 1970s and early 1980s, it prompted more government action (Ross, 1988:25; Mbugua, OI: 2022; FGD-1, 18/4/2023). Access to special education and vocational rehabilitation by WWDs was intensified

within the charity and social models (Ross, 1988:25; Njogu, OI:2023; Mbugua, OI: 2022; FGD-1, 18/4/2023).

In 1982, lectures on general social, economic, and political issues were introduced in the Industrial Research Centre (IRC) with the backing of the ILO. The IRC trains MWDs and WWDs for open employment, and a physiotherapist was contracted to provide general physical exercises for trainees to improve their health according to their needs (KNA/AMP/13/32). Additionally, ILO and the UNDP provided technical assistance to the Vocational Rehabilitation of Disabled Programme for three years under the project KEN/004/78, which started in 1982 and was completed in 1985 (KNA/AMP/13/32).

In 1984, the GOK established the Educational and Resource Service (EARS) in seventeen centres in Kenya (Republic of Kenya, 1993:24; Mbugua, OI: 2022). The centres were tasked with the assessment of learners with disabilities and in integrating learners them by establishing special units in ordinary schools; referrals for learners with disabilities for medical treatment; holding seminars for teachers and undertaking research and disseminating the findings on the education and status of learners with disabilities (Republic of Kenya, 1993:24; FGD-1, 18/4/2023). The programme benefited some female learners with disabilities by enhancing their access to education and health care (Republic of Kenya, 1993:24; Owino, OI:2023).

The government also enhanced access to special education and training for learners with disabilities across Kenya (Republic of Kenya, 1993:24; Mbugua, OI: 2022). In

1984, the number of special institutions was eighty-four and rose to ninety-five by 1992 (Republic of Kenya, 1993:24). Nairobi and Central provinces had seventeen schools each, while Coast province had fourteen institutions. The remaining provinces had between ten and fourteen schools, except North Eastern Province, which had two institutions by 1990 (Republic of Kenya, 1993:26-8; Mbugua, OI: 2022). The placement of both male and female learners within vocational training was enhanced in the subsequent years (Republic of Kenya, 1993: 26-8; Mbugua, OI: 2022). Table 3.2 below illustrates the enrolment of learners with disabilities based on disability type, sex, and the province of Kenya.

Table 3.2 Enrolment of Learners With Disabilities Based on Disability Type, Gender, and Province;1990

Province	Visually Handicapped		Hearing Impairment		Physical Handicapped		Mental Handicapped		Total
	M	F	M	F	M	F	M	F	
Nairobi	120	70	35	24	190	130	485	222	1276
Central	345	250	345	210	440	275	193	138	2196
Coast	75	80	310	182	85	75	143	98	1048
Eastern	190	155	106	83	0	0	169	104	907
North Eastern	0	0	0	0	0	0	66	41	107
Rift Valley	75	55	139	102	0	0	170	109	650
Nyanza	265	235	492	223	335	200	136	77	1963
Western	0	0	147	233	0	0	226	155	761
Total	1070	846	1574	1057	1050	680	1588	944	8808

Source: Republic of Kenya (1993:28); Ministry of Education (1992b)

As illustrated in Table 3.2 above, the gendered enrolment of learners with various disabilities based on sex and province indicates that enrolment was higher in Coast, Nairobi, Central, and Nyanza provinces. The high enrolment of learners with disabilities corresponds with many regional special education institutions. However,

the table also demonstrates disparities in access to education between male and female learners. Despite the low levels of access to education and training, there was marked progress in female learners with disabilities.

The girls from special schools were later admitted to IRC and vocational rehabilitation centres (VRCs) established across the country (KNA/AMP/23/7; FGD-1, 18/4/2023). Some were admitted to the IRC to train for the open market and sheltered employment (KNA/DSS/4/24). The telephone and switchboard operations were popular among WWDs (GoK, 1987:16; Kakai, OI:2022; Owino, OI:2023).

The female trainees with disabilities sat and excelled in Trade Tests (KNA/AMP/23/7; Mbugua, OI:2022). Correspondence from the IRC Mbagathi dated 25th April 1985, addressed to the Commissioner for Social Services, established that WWDs had qualified for the award of certificates for various trades (KNA/DSS 4/24). Table 3.3 below illustrates the distribution of IRC graduate trainees according to trade type and gender in 1985.

Table 3.3: The Gender Analysis of IRC Graduate Trainees According to Trade Type; 1985

Trade	No: Females	No: Males	% Female	% Males	Total
Tailoring	8	2	80	20	10
Telephone operator	7	4	64	36	11
Commercial work	7	3	70	30	10
Leatherwork	1	3	25	75	4
Woodwork	0	7	0	100	7
Metalwork	0	8	0	100	8
Printing	0	3	0	100	3

Source: KNA/DSS/4/24; AMP/23/7

Table 3.3 demonstrates that female trainees graduated in tailoring, telephone operation, commercial work, office practice, and leather work. More masculine trades were a male domain. However, some male trainees undertook training in trades that were preferred mainly by the female trainees. Table 3.3 above demonstrates gendered preferences in trade training.

All the provinces produced female graduate trainees with disabilities across the country (Women’s Bureau, 1993:31; Mbugua, OI: 2022). The population of WWDs who graduated continued to progressively increase, as illustrated in Table 3.4. The courses aimed to enable trainees with disabilities to earn a livelihood in their local environment (FGD-1, 18/4/2023; Jemimah, OI:2023). Table 3.4. highlight trends in completion rates in trades training across the country.

Table 3.4. Vocational Rehabilitation Centres’ Graduate Output per Province Based on Sex, 1986-1991

Province	1986-1987				1888-1989				1990-1991			
	M	F	Total	% F	M	F	Total	%F	M	F	Total	%F
Western	54	31	85	36.5.	46	58	104	55.8	62	49	111	44.1
Nyanza	34	12	46	26.0	37	13	50	26	33	23	56	44.1
R. Valley	65	18	83	21.7	72	37	109	33.9	59	35	94	37.2
Central	43	43	86	50	62	34	96	35.4	50	46	96	47.9
Eastern	28	13	41	31.7	32	20	52	38.5	29	20	49	40.8
Coast	26	17	43	39.5	32	23	55	41.8	30	24	54	44.4
Nairobi	54	32	86	37.2	51	33	84	39.3	36	33	69	47.8
Total	304	166	470	35.3	332	218	350	39.6	299	230	529	43.5

Source: Rehabilitation Unit, Department of Social Services (1992): Women’s Bureau, (1993:31)

Table 3.4. demonstrates that WWDs were represented in seven provinces except North Eastern Province. The figures suggest that although women's access to VRCs across the provinces of Kenya was skewed in favour of males with disabilities, the number of female trainees in the provinces rose significantly between 1988 and 1991. The total average output for WWDs trained in all regions in Kenya between 1986 and 1987 was 35.3%; 1988 and 1989 was 39.6%; and 1990 and 1991 was 43.5%. This progressive increase in the number of WWDs who had been trained successfully implies that increased efforts by the government through policies and institutional mechanisms were bearing fruit in empowering WWDs across the country.

In May 1986, the Kenya Institute of Special Education (KISE) was established to cater to the educational needs of children, youth, MWDs, and WWDs (AFUB, KUB, and CREAD, 2007). KISE offered an in-service course and a diploma course lasting three months and two years, respectively (Republic of Kenya, 1993:21-3; AFUB, KUB, & CREAD, 2007; KNCHR, 2014:41). An enrolment survey indicates that many trainees at KISE were females (Republic of Kenya, 1993:23). This implies that GWWDs in secondary schools got services from teachers who understood their needs.

Additionally, the budgetary allocations by the government from 1980 to 1991 reveal that the government increased developmental and recurrent expenditures for both special education and vocational rehabilitation in Kenya (Ayodo, 1990:118-21). In the 1980s, for instance, about 60% of PWDs were formally trained in government institutions, while about 38% were trained by voluntary and religious organisations (Nkinyangi & Mbindyo, 1982:32; Kakai, OI:2022; FGD-1, 18/4/2023).

In 1986, the ILO estimated that half of PWDs in Kenya required vocational rehabilitation (AMP/13/32). The estimate formed the basis for the ILO's continued funding for a two-year vocational rehabilitation project aimed at creating employment for disabled men and women in Kenya at an estimated cost of US\$560,000 (AMP/13/32). ILO's strategy was based on training, placement, production workshops, and promoting collective and individual entrepreneurship among PWDs. ILO aimed to enhance skill training to shift from dependency on training for self-employment to open employment (AMP/13/32). The training was to consider the needs of local industries and closely cooperate with factories and workshops (AMP/13/32). The ILO also aimed to increase the number of trainees with impairments in the youth polytechnics for PWDs. After training, the trainees with disabilities were provided with toolkits to facilitate them in starting their businesses (AMP/13/32). In 1987, Kenya/ILO collaboration, 135 MWDs and WWDs were integrated into 135 Youth Polytechnics in nineteen districts (Women's Bureau, 1993:35-6).

By 1992, in staff training and media campaigns, the following was achieved: a seminar for employers of people with visual impairments; a seminar for leaders of women's groups on leadership; video filming covering education, vocational training, wages and self-employment for the four categories of PWDs women (GoK, 1987:17; Women's Bureau, 1993:35-6). The GOK initiatives to eliminate public disability-related stigma led to a change in public attitudes. They created an environment favouring the employment of disabled men and women (GoK, 1987:17; Women's Bureau, 1993:35-6). Increased funding and intensified special schools and vocational

rehabilitation training enhanced WWDs' access to social, economic, and political engagements, FGD-1, 18/4/2023.

3.4.1.2 Enhancing Access to Employment and Income Generating Activities

Kenya's National Development Plan, implemented between 1979 and 1983, called for increased participation, including Kenyans with disabilities, estimated to be about 10% of the population (KNA/AMP/5/31). The government argued that the state would benefit from a productive workforce of MWDs and WWDs who would have otherwise remained dependent on aid (KNA/AMP/5/31; Kenya, 1968; Ayodo, 1990). Thus, the Kenyan government became committed to developing preventive and rehabilitative services in the country and integrating all PWDs in the national development process to contribute to the national economy and self-actualization (KNA/AMP/5/31; FGD-1, 18/4/2023).

In the early 1980s, the GOK under President Moi intensified the provision of grants to women groups through the Women's Bureau, like his predecessor, President Kenyatta (Chitere, 1988:62). The number of women groups rose from 2,805 in 1972 to 15,000 in 1986 with a corresponding rise in membership from 126, 150 to 550,000 in the respective period (Chitere, 1988:62). Grants provided to women groups during the President Moi regime from the 1978 focused on both welfare and economic empowerment with significant emphasis on income generating activities whereas during Kenyatta regime the primary focus was welfare (Chitere, 1988:62; Mbugua, OI: 2022). The shift in approach was aimed at making the beneficiaries become more

self-reliant than dependent on the state (Owino, OI: 2023). Although fewer WWDs benefited from these grants (Chitere, 1988:62; Owino, OI:2023).

During Kenya's own NYPD held in 1980, former President Daniel Moi spearheaded a fund drive that raised KShs 21 Million in aid of MWDs and WWDs in Kenya (KNA/AMP/5/31; AMP/5/32; Owino, OI:2023; FGD-1, 18/4/2023). As a result, a national fund for PWDs was established in 1980 (KNA/AMP/5/31; KNA/AMP/5/32; Kenya, Republic of, 1988: 5). According to Kenya, Republic of (1988:5), the fund's policy was to donate money to institutions for PWDs for development and purchase essential equipment to improve facilities and admit more men and WWDs (FGD-2, 18/6/2023). It also helped both WWDs to establish or enhance income-generating projects to enable them to be self-reliant (FGD-2, 18/6/2023).

The Fund subsidised or financed projects of a permanent nature that had the capacity for self-sustaining operation and growth; had grassroots support; minimised the cost per individual aided; aimed at large numbers; biased towards utilisation of local resources (KNA/AMP/5/31; Kenya, Republic of, 1988:7; Mbugua, OI:2022). The beneficiary of the fund was any person of any sex, race, creed, or nationality who was a disabled resident of Kenya (KNA/AMP/5/3; Kenya, Republic of, 1988:6; FGD-2, 18/6/2023; Mbugua, OI:2022). The trustee of the grant liaised with different authorities of government, voluntary organisations, private organisations, and District Commissioners in determining and fulfilling the basic needs of MWDs and WWDs (Kenya, Republic of, 1988: 6).

From 1982 onwards, the NFD provided grants to empower WWDs through grants to institutions dealing with socio-economic rehabilitation and integration; and, district level for individual empowerment of MWDs and WWDs in Kenya (KNA/AMP/5/31; KNA/AMP/5/32). The number of organisations that received the funds rose from 28 in 1982 to 196 in 1988 across the provinces. This implies that more institutions were facilitated to increase the enrolment of WWDs (KNA/AMP/5/31; KNA/AMP/5/32; Kenya, Republic of, 1988:5).

In the early 1980s, the GOK intensified economic empowerment for PWDs who had acquired a certain level of technical or professional skills in private and public sectors through placement services, legal and policy frameworks, and cooperation with UN agencies (KNA/AMP/23/7; KNA/DSS4/24). Placement officers of the Ministry of Labour were trained in the selective placement of PWDs in competitive employment. Placement officers assisted disabled women in competitive employment in private and public sectors and were obligated to conduct follow-ups on employed disabled trainees to aid them in solving their work problems (GoK, 1987:13; : FGD-1, 18/4/2023). Correspondence by the placement officer at the IRC on the 11th December 1984 provides a list of female trainees with disabilities successfully employed through placement, as illustrated in Table 3.5.

Table 3.5: List of Female IRC Trainees Successfully Placed in Employment, 1984

Sr. No.	Name	Employer	Year employed	Job offered
1.	Miss Dorcas M. Akelo	Ministry of Finance	1984	Typist
2.	Miss Mary Atieno	Ministry of Finance	1984	Typist
3.	Miss Kelly C.Mugo	Welcome Outfitters	1984	Tailor
4.	Miss Alice Adhiambo	Apollo Insurance Co. Ltd	1984	Typist
5.	Miss Susan Nduta	Apollo Insurance Co. Ltd	1984	Telephone Operator
6.	Jannette Akinyi	Bombolulu Mombasa	1984	Typist
7.	Miss. Tabitha K. Asuma	Department of Defence	1984	Telephone Operator
8.	Miss. Lydia Ngari	Ministry of Education, Science and Technology	1984	Typist
9.	Miss Beatrice Kaminza	Ruppapel Estate Agency	1984	Messenger

Source: KNA/DSS 4/24;KNA/AMP/23/7

Table 3.5 above illustrates that nine WWDs were placed in employment by the placement officers. The jobs offered to WWDs were office work and tailoring. The table illustrates that the placement of WWDs in private and public sector employment was not substantive.

The GOK declared that 1987 marked the beginning of priority efforts to increase the employment needs of PWDs (KNA/AMP/7/52). The GOK requested assistance from the ILO in preparation for a national strategy and long-term comprehensive program of action to promote the employment of PWDs (KNA/AMP/7/52). The program included: a policy statement and government strategy concerning the employment of PWDs; legislation on the rights of workers with disabilities; public education to combat negative public attitudes and promote private sector employment of PWDs; vocational training that was inclusive of additional skill areas and integration of

selected trainees with impairments in government and private vocational training institutions; employment placement of qualified PWDs in both private and public enterprise; and; employment creation through technical assistance, workshops, cooperatives and business enterprises created by PWDs in cooperation with Kenya Industrial Estates, NGOs and banks (KNA/AMP/7/52).

In 1987, the Ministry of Social Services began to prepare over 500 men and WWDs for competitive self-employment every two years with the support of ILO and UNDP (KNA/AMP/13/32; GOK, 1987:3). ILO contributed in setting up new sheltered production workshops in Mombasa, Nakuru, Kisumu, Machakos, Garissa, Embu, Nyeri and Kitale. The ILO/project provided the equipment and materials, while the offices were provided by the government (KNA/AMP/13/32). Furthermore, 600 MWDs and WWDs were placed in Community-Based Rehabilitation programmes all over Kenya (KNA/AMP/13/32). WWDs were employed in various forms of income-generating activities (KNA/AMP/13/32; Jemimah, OI:2023).

The cooperation between the ILO and the GOK through the Ministry of Labour appointed placement officers for disabled persons in Mombasa, Kiambu, and Nairobi (KNA/AMP/13/32). The cooperation between GOK and ILO, sought to make PWDs self-reliant from accelerated informal sector self-employment in their communities or through competition for urban private sector employment regardless of their gender and age through training, equipment, and basic accounting skills, and provision of credit facilities (GOK, 1987:3; Women's Bureau, 1993:44). Attention was aimed job placements, and establishing production and sheltered workshops (GOK, 1987:5).

The project was also designed to augment the capacity of the District Rehabilitation Committees and the Division of Rehabilitation to manage the expanded program and services (GOK, 1987:5).

The project was also designed in conformity with ILO recommendations 99 and 168 of 1955 and 1983 (GOK, 1987:5). According to GoK (1987:8), in the project elements, the first objective was aimed at disabled men and women self-employed individually or participating in organized group income-generating activity in their communities (GOK, 1987: 8). Consequently, individual WWDs earned income through participating in the activities of local women groups (GoK, 1987: 13). Objective two of the project aimed at a system of work evaluation and skill training for job placement to enable selected MWDs and WWDs to compete successfully for urban public and private sector employment (GoK, 1987: 9). Objective three aimed at increased rural training opportunities in which rural VRCs would provide business skills training and practical work experience to trainees with disabilities; and, youth polytechnics integrating youth with disabilities in vocational skill training (GOK, 1987: 10). Objective four on the other hand, aimed at engaging men and women with mental impairments working productively in sheltered workshops in urban areas operated by local community groups (GOK, 1987: 10).

The development strategy was based on: the incorporation and use of NGOs that aided women's organizations in Kenya; the establishment of production workshops operated by "self-help" workshops of MWDs and WWDs in their local communities; the introduction of successful program models to prepare and place PWDs in competitive

urban employment through training in the industry and selective placement; post-project continuity in providing employment opportunities for PWDs in both rural and urban Kenya (GOK, 1987: 3; Women's Bureau, 1993: 44). At the national level, industrial training programmes involved partnering enterprises and industries in training selected PWDs. It also entailed undertaking media campaigns to change negative attitudes towards PWDs among the public, and especially employers (GoK, 1987; Women's Bureau, 1993: 44).

At the district level, the project focused on supporting twenty districts in line with district development strategies. It incorporated the District Rehabilitation Committee officers of the DSS, vocational community-based rehabilitation workers, and groups of women's organisations and youth polytechnics (GoK, 1987: 4). In 1989, a further four-year comprehensive national program and technical cooperation project with ILO began for the period from January, 1989-1992 (GOK, 1987: 3; Women's Bureau, 1993: 44). By 1992 KShs 3.6 Million had been disbursed to 213 men and WWDs each receiving about Ksh 40,000 through a revolving fund administered by Barclays Bank of Kenya (GoK, 1987:13; Women's Bureau, 1993:44). Some of the production work groups that were considered for loan facility included the Kenya Blind Women Association (KBWA); the APDK; and Kamukunji Disabled Group (Women's Bureau, 1993:44). This was particularly empowering because WWDs lacked start-up capital for self-employment (Njogu, OI:2023; Owino, OI:2023).

Four sheltered workshops were established, namely the Fairmile School (for patchwork and quilting projects) located in Nairobi; Nakuru Hill Special Schools (for

production of cement blocks) located in Nakuru; Karatina Special School (to produce wooden toys); Kisumu School for The Mentally Handicapped (for garment making) (Women's Bureau, 1993:35). Women with mental impairments earned income from productive work in some of these sheltered workshops (GoK, 1987:18; FGD-1, 18/4/2023).

President Moi also presided over a fundraiser, which raised KShs 70 million, which was added to the NFD and was invested in sustainable support services to PWDs in 1989 (Ross, 1988:25; Ayodo, 1990:16; Mbugua, OI:2022; Njogu, OI:2023). Subsequent sources of funds were mainly rent from Rehema's house and donations (KNA/AMP/5/31). This was the first historic institutionalised fund to empower WWDs in Kenya (Kakai, OI:2022; Mbugua, OI:2022). These initiatives contributed to economic rehabilitation and integration of WWDs in Kenya; however, employment needs were not comprehensively addressed (Women's Bureau, 1993:35-6).

By 1991, some MWDs and WWDs had been placed in different jobs (Women's Bureau, 1993:35-6). Business management and daily living skills were introduced at all vocational rehabilitation centres. WWDs in VRCs were empowered to manage daily life and work (GoK, 1987:17). Ten transitional workshops were established across Kenya, among them Shanzu in Mombasa (Women's Bureau, 1993:35). At the transitional workshops, the trainees gained valuable practical experience for about two years in various trades that include knitting and tailoring before they were released to engage in self-employment (Women's Bureau, 1993:35). The project assisted each batch of workers with tools, startup materials, and stipends (Women's Bureau, 1993:35,45).

3.4.1.3 International Conventions and Agreements

The World Programme of Action (WPA) declared the 1983-1992 UN Decade for Disabled Persons a long-term plan of Action for 1983-1992 (Silberman, 1983:203; UN, 1986:245; Mbugua, OI:2022). The GoK adopted the WPA,1983-1992 provision to its circumstances (Silberman, 1983:203; UN, 1986:245; Mbugua, OI:2022). As a result, the Ministry of Cooperatives and Social Services' National Vocational Rehabilitation Policy Paper affirmed that it was designed to give effect to these parts of the Declaration not yet fully implemented in Kenya concerning access to rights of PWDs (KNA/AMP/23/7). This recognition was critical in laying the foundation for robust empowerment initiatives for WWDs in Kenya (Silberman, 1983:203: UN, 1986:245; Mbugua, OI:2022; Njogu, OI:2023).

The WPA sought to review and expand workforce training in all areas of service for all PWDs, increase public awareness of disabilities, integrate all men and WWDs into all aspects of life; avail assistive devices for PWDs, and develop and diversify the existing vocational rehabilitation centres for severely impaired men and women (AMP/5/32:7; Njogu, OI:2023). It called upon all voluntary organisations and relevant MDAs to play their whole part individually and in cooperation in the implementation of the Plan of Action on the welfare of men and WWDs (AMP/5/32:7: Njogu, OI: 2023: Mbugua, OI: 2022). These efforts had the potential to eliminate barriers that disempowered WWDs in Kenya (Mbugua, OI: 2022; Njogu, OI: 2023).

The 1982 WPA on disability recognised PWDs as a distinct group and addressed the specific barriers they face in accessing health care, education, and employment (United Nations General Assembly, 2017). The WPA's disability policy was centred

on prevention, rehabilitation, and equal opportunities (UNGA, 2017). The implementation of the WPA required long-term empowerment strategies to enhance and protect WWDs' access to facilities, social security, education, and employment (UNGA, 2017). States were requested to cooperate with the United Nations and non-governmental organisations in the implementation of the WPA (UNGA, 2017; FGD-1, 18/4/2023).

In 1983, the ILO obligated states parties to provide vocational rehabilitation services to all categories of PWDs (AFUB, KUB & CREAD, 2007:36; Mbugua, OI:2022). Even though Kenya adhered to the ILO Convention on Vocational Rehabilitation in 1990, the convention provided a legal platform to advocate for and strengthen economic opportunities for WWDs, in the formative years (AFUB, KUB & CREAD, 2007:36; Njogu, O.I., 2023).

In 1984, the Kenyan government ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), (Government of Kenya, 1987: 3). CEDAW prohibits discriminatory practices that deny women equal opportunities (GOK, 1987: 3). The convention implicitly applies to WWDs, even though it does not mention them directly (FGD-1, 18/4/2023). According to the United Nations (1992) General Recommendation No. 18, 1991 on "Disabled Women," in line with Article 3 of CEDAW, state parties are obligated to undertake extraordinary measures on the concerns of WWDs. This provision was critical in monitoring the access of WWDs to social, economic, and political opportunities in Kenya, as a signatory to the convention (FGD-1, 18/4/2023).

In 1985, at the United Nations Women's Decade: Equality and Peace Conference held in Nairobi, serious concerns were raised about WWDs (UN, 1986). The Nairobi conference demonstrated the ability to cooperate across national, racial, and economic boundaries between women (Zinsser, 1990: 23). It was observed that WWDs had limited involvement in various sectors of society. Kenya developed a draft report to improve the treatment of women of all ages with physical and mental disabilities (United Nations, 1986: 245).

States were also called upon to grant women the freedom to work and to integrate them into society through social rehabilitation and training programmes so that they could fully participate in the domestic and public spaces of the country (United Nations, 1986: 72, 245). The draft report called on governments to implement the Work Revitalisation Program for Disabled Persons and to promote the empowerment of WWDs through activist activities (UN, 1986: 245). In making this appeal, the draft cites Resolution 2 adopted in 1980 on the United Nations Decade for Women, which called for improvements in the conditions of women of all ages, and the Plan of Action for Women 1983–1992 (UN, 1986: 245). UN specialised agencies and programmes were called upon to consider the needs of WWDs of all ages and to empower them through preventive and rehabilitation mechanisms in their activities and programmes (UN, 1986: 245; Njogu, OI:2023). It was concluded that the realisation of the interests of the Commission on the Status of Women was part of a forward-looking strategy for the advancement of women during the period 1986-2000 (UN, 1986:246).

3.4.1.4 Undertaking Surveys on Disability Concerns

Another integral contribution to understanding the situation of PWDs was surveys on disability population (Kakai, OI:2022). In 1986, the ILO estimated that about half of the population of PWDs required vocational rehabilitation (KNA/AMP/13/32). The ILO aimed to enhance skill training to shift from dependency on training for self-employment to open employment (KNA/AMP/13/32). Another integral contribution to understanding the situation of PWDs was surveys on disability population by UNDP in 1986 (KNA/AMP/13/32; FGD-1, 18/4/2023). The objective was to intensify and integrate the training and employment of both PWDs (KNA/AMP/13/32). Forty-five male and female trainees with disabilities were placed in youth polytechnics through the Stitching Lilliane Fund Organisation. All these workers were paid training allowances to supplement the money they generated by producing salable articles (KNA/AMP/13/32).

In 1986, the UNDP contracted the University of Nairobi to survey the disabled persons in Kenya's Muranga and Baringo districts (AMP/13/32). The purpose of the survey was to establish the number and category of PWDs, ascertain the attitudes of the community to disability, and outline available resources that could be used for the provision of services to PWDs. The survey considered demographic characteristics, health, education, employment, training, or national generation programmes (AMP/13/32). The survey provided an understanding of public attitudes toward PWD and accounted for PWD characteristics in the study areas.

In 1987, the ILO and UNDP commissioned a survey to estimate PWDs aged from fifteen to forty years old, who were to seek productive work over five years, 1987-

1992 in Kenya (Odeck, 1987). The study provided the characteristics of the population, taking into account age, sex, and disability types in four major urban centres, including Nairobi and Mombasa, as illustrated in Table 3.6.

Table 3.6: An Estimate of PWDs Based on Gender and Disability Types in Four Major Urban Centres in Kenya in 1987

	Female	Male	Total	P.I	M.I	V.I	H. I	Others	Total
Area				42%	28%	7%	15%		
Nairobi	7,924	10,907	18,831	7805	5315	1356	2852	1493	18831
Mombasa	7,761	4,321	7,761	3221	2181	559	1172	628	7761
Kisumu	1,705	1,768	3,473	1442	976	250	525	280	3473
Nakuru	945	1,167	2,112	876	594	152	319	171	2112
TOTAL	18,335	18163	32,177	13344	8472	2165	4868	2572	32,177

Source: Odeck (1987)

The survey indicates that WWDs of productive age were almost at par with MWDs and that physical impairments were the dominant type of disability among disabled people, implying that a significant population of WWDs could be engaged in meaningful work. The study adopted a gendered approach to disability inclusion in development.

The 1989 Kenya Population and Housing Census was the first reliable analysis of the population of PWDs in post-independent Kenya. The census aggregated the PWDs' population by sex and age group; the disabled population by sex, disability type, and

province; the distribution of the PWDs population by urban and rural residences; variations of disability by age and sex; and the disabled population by sex and education (Women’s Bureau, 1993:5-20). Disability prevalence by region, type of disability, and gender, as indicated in Table 3.7.

Table 3.7: Representation of Disabled Population by Gender and Province; 1989

Province	Male	Female	Total	% WWDs
Nairobi	4728	3155	7883	40.0
Central	16209	13147	29356	44.8
Coast	10774	8213	18987	43.3
Eastern	26922	23113	50035	46.2
N. Eastern	3571	3114	6685	46.6
Nyanza	28607	24218	52825	45.8
Rift Valley	26553	21979	48532	45.3
Western	21045	16365	37410	44.0
Total	138,409	113304	251713	45.0

Source: Republic of Kenya (1991); Republic of Kenya (1993:5)

Table 3.7 shows that disability prevalence rate for WWDs was slightly lower than that of men with a disability, findings that differ from other studies that indicate that disability prevalence rate is higher among WWDs (KNBS,2022). The average population of WWDs for all the provinces stood at 45% of the incapacitated population. The disability prevalence rates for Coast, Nairobi, and Central were lower than those of the Eastern, Nyanza, and Western provinces. Analysis of the population of PWD alongside other variables made it easier to empower WWDs in Kenya.

3.4.1.5 Enhancing Access to Mobility Devices

Concerning enhancing the mobility of men and WWDs by making assistive devices easily accessible, President Moi called for a waiver of both duty and sales tax on

imported and locally manufactured assistive devices during the National Year of Disabled Persons in 1980 (KNA/AMP/5/32; Mbugua, OI:2022). Through the NDF, many WWDs were provided with assistive devices, enabling them to achieve a degree of independence and participate in income-generating activities (KNA/AMP/5/31; KNA/AMP/5/32; Republic of Kenya, 1988:5).

The UNDP helped establish the Kabete orthopaedic workshop in Kiambu to stimulate the production of all kinds of aids for PWDs (KNA/AMP/13/32). Two production workshops were established in Muranga and Kabarnet, making the supply and access of assistive devices easier for all requiring them, including WWDs (FGD-2, 18/6/2023). The IRC also provided orthopaedic appliances for its female trainees to facilitate mobility at the time (KNA/DSS/4/24). Correspondence from the IRC in Mbagathi on 25th April 1985-VR/5/D/IRC/47 to the Manager for Kabete Orthopaedic Workshop requested orthopaedic appliances for some of its trainees. The list of female trainees is given in Table 3.8.

Table 3.8: List of Disabled Female Trainees in the IRC and Appliances Sought; 1985

Sr. No.	Name of Beneficiary	Appliance Type
1.	Mary Ngesa	Crutches and adjustment callipers
2.	Miriam Kimani	Repair of the thigh belt
3.	Rose Okeyo	Thigh belt/adjustment callipers
4.	Lucy Maina	Knee cap/callipers
5.	Rose Omuhanje	Shoe replacement
6.	Eunice Mwaura	Walking stick
7.	Grace Oyiera	New boots
8.	Patricia Ondigo	New Shoes
9.	Pauline Kiara	Knee cap
10.	Rose Atieno	New Boots
11.	Ann Awino	Caliber and repair crutches
12.	Nancy Kariuki	New shoes

Source: KNA/DSS/4/24

Table 3.8 above demonstrates the role of IRC in empowering female trainees with visual and physical impairments by providing various assistive devices, including new shoes, callipers, walking sticks, thigh belts, crutches, and knee caps, to enhance their mobility at the IRC.

3.4.1.6 Making Sports Disability Inclusive

Kenya's National Development Plan, implemented between 1979 and 1983, aimed to alleviate poverty through creating a more equitable income distribution (AMP/5/31; KNA/AMP/18/7). The National Development Plan called for increased participation, including Kenyans with disabilities, estimated to be about 10% of the population (KNA/AMP/18/7; FGD-1, 18/4/2023). For this reason, the Kenyan government became committed to developing preventive and rehabilitative services in the country and integrating all PWDs in the national development process (AMP/5/31; Ayodo, 1990; FGD-1, 18/4/2023).

One such area of human development was in sports for men and WWDs (Mbugua, OI:2022). The GOK established the Vocational Rehabilitation Division of Kenya Sports for the Disabled and Other Recreational Activities (AMP/18/9). The Division catered for all sports for PWDs in the country regardless of their age and gender (AMP/18/9; Mbugua, OI:2022). It also established clinics and recruited and trained coaches and other personnel to manage sports for PWDs nationwide (AMP/18/9). The DSS organised a training clinic for PWDs at the University of Nairobi Sports Ground. It facilitated the Kenya National Sports Festival for the Disabled (KNFSD) (KNA/AMP/18/7). WWDs from the VRCs were active participants in the paraplegics

that included archery, javelin, discus, shotput, dashes, relays, lawn bowling, and swimming (KNA/AMP/18/7).

In 1980, Kenya's PWDs team at the Olympic Games in Arnhem-Holland comprised four young females with disabilities against twelve young males with disabilities (KNA/AMP/18/7). These were Ms Lucy Wanjiku, Ms Faith Mwaniki, Ms. Philomena Lugale, and Ms. Ruth Kagonya (KNA/AMP/18/7). The Commission for Social Services provided funds for training, accommodation, travelling, equipment, vaccinations, and miscellaneous expenses. The Ministry of Social Services and Housing funded the Kenya Sports Festival for PWDs in 1980 (KNA/AMP/18/7). In 1981, the IYDP created awareness of social inclusion and participation for men and WWDs (KNA/AMP/23/5; FGD-1, 18/4/2023). The WPA developed during the IYDP in 1981 was based on policies and actions that enabled WWDs to lead everyday lives as much as possible, including sports and recreational facilities (KNA/AMP/5/32; Silverman, 1983:203).

Under numerous vote heads, Kenya provided grants to aid sports organisations for the PWDs. In 1983, Kenya participated in the 6th International Summer Special Olympic Games in LSU, Baton Rouge, with twenty-four participants (KNA/AMP/18/9). Kenya also participated in the International Special Olympics held in South Bend, Indiana, USA in 1987 with six WWD athletes. In most of these athletic appearances alongside the National Games, WWDs were represented (KNA/AMP/18/9). GOK also provided funding for the Paraplegic Games for the All-African Games and Special Olympics for the Mentally Handicapped and paraplegic team to Stoke

Mandeville in 1987 (KNA/AMP/18/9). Kenya won eleven medals in the International Stoke Mandeville Games of 1987 (4 Gold, 3 Silver, and 4 Bronze medals). Ms. Atieno, a WWD, had won three gold medals. Kenya held the first position among the African countries in the competition, which involved 38 countries globally (KNA/AMP/18/9). Table 3.9 highlights a sample of sports events that the government facilitated.

Table 3.9 Sample of Sports Events for People With Disabilities, 1979-1987

Year	Event	Number of Participants	Number of Institutions	Location
1979	Special Olympics	77	4	Kagumo TTC
1980	National Games	169	13	Nakuru
1981	National Games	434	17	Mombasa
1982	4 th National Games	587	20	Kisumu
1983	6 th International Summer Special Olympics Games	24	-	LSU, Baton Rouge; USA
1984	5 th National Games	1000	27	Nairobi
1985	6 th National Games	1200	27	Mombasa
1986	7 th National Games	1350	46	Kakamega
1987	International Special Olympics	-	-	South Bend, Indiana, USA
1987	4 th All-African Games for the Disabled	-	-	Nairobi

Source: AMP/18/9

Table 3.9 highlights national, regional, and international events in which PWDs participated. PWDs participating in paraplegic games increased alongside the number of participating institutions over the years. This demonstrated intensified government efforts to make sports accessible to MWDs and WWDs.

During the Moi presidency between 1978 and 2002, increased government funding and facilitation in training and acquisition of training materials made sports accessible to WWDs at the local, national, and international level (KNA/AMP//18/7; Kakai,

OI:2022; Njogu, OI:2023). Despite making sports inclusive of WWDs, more latitude was given to men with disabilities, marking continued gender inequity (FGD-1, 18/4/2023).

3.4.2 The Role of Voluntary and Faith-Based Organisations in Empowering Women With Disabilities

The general mandate of voluntary and religious organisations during the Moi era had not changed from their previous roles during the Kenyatta regime (Mbugua, O.I.: 2022; FGD-1, 18/4/2023). Their operations continue to be premised on the philanthropic and empowerment model (FGD-1, 18/4/2023). However, the scope and intensity of activities of voluntary and religious organisations had multiplied in the 1980s and 1990s compared to the 1960s and 1970s (FGD-1, 18/4/2023). Their role in assisting WWDs has been reflected explicitly in areas such as special education, vocational rehabilitation, and the provision of assistive devices (Mbugua, OI:2022; FGD-1, 18/4/2023).

The Salvation Army established the Variety Training Centre Thika Kiambu with the support of the Golf Club Germany and the Christoffel Blinden Mission (CBM) (Plate II:293; Munywoki, O.I: 2023; Interviewee-63, OI:2023). The centre offered vocational rehabilitation to both men and WWDs based on a diversified curriculum (Munywoki, O.I., 2023; FGD-1, 18/4/2023). In the beginning, there were fewer female trainees with physical and visual impairments; however, their population increased in the subsequent years (Munywoki, O.I., 2023). At the Variety Training Centre, tailoring, knitting, and sign writing were popular for female trainees (Munywoki, O.I.: 2023; Interviewee-63, OI:2023). Female trainees with disabilities

were trained on trades such as tailoring, knitting, and sign writing (Munywoki, O.I.: 2023; Interviewee-63, OI:2023). The Variety Training Centre Thika equipped the trainees with practical skills to enable them to live independently through their economic engagements (FGD-1, 18/4/2023).

In 1987, the Bombolulu Workshop and Cultural Centre was placed under the APDK with the support of the Christoffel-Blinden Mission and other donors (Monteleone & Berman, 2022:11; Jemimah, OI:2023). The workshop continued to train and employ WWDs through the sale of hand-works (Monteleone & Berman, 2022:11; Jemimah, OI:2023; Plate III and IV; 294). In the 1980s, voluntary and religious organizations contributed to vocational rehabilitation by nearly 50 percent of special schools and vocational rehabilitation centres in Kenya (Nkinyangi& Mbindyo, 1982:9). The near parity in the provision of vocational rehabilitation between voluntary organizations and the government marked a shift from the pre-1970s when voluntary and religious organizations played a dominant role in vocational rehabilitation and integration (Interview-63,OI:2023). Additionally, voluntary organisations facilitated the supply of assistive devices to WWDs in Kenya (RCRD, 1964:7; Owino, OI: 2023; Jemimah, OI: 2023).

3.4.3 People with Disabilities Organizations and the Empowerment of Women with Disabilities

In 1980, during the NYPD, local PDOs were called upon to step up their advocacy work. The DPOs' efforts coincided with a global phenomenon in which DPOs were being formed and advocating for the empowerment of all PWDs (KNA/AMP/23/5).

The government encouraged PDOs to engage their members in national development by engaging in local forums to enhance the exchange of ideas among PWDs (KNA/AMP/23/5). Some of the PDOs that actively participated in the IYPD include KUB and the Deaf Union Football Club (KNA/AMP/23/5; Schutter, 2019:227). They participated in various advocacy activities and raised funds for female and male learners with disabilities in different institutions (KNA/AMP/23/5; De Schutter, 2019:227).

The efforts of sports associations of PWDs contributed to the empowerment of female athletes with disabilities through training over the years (KNA/AMP/18/7; AMP/18/9; Jemimah, OI: 2023; Mbugua, O.I: 2023). The Sports Association of the Disabled sponsored a provincial coaching program in Kenya as early as 1979. WWDs from Nairobi, Mombasa, Kiambu, and other parts of the country were coached (KNA/AB/7/36). A training clinic was also held at the University of Nairobi grounds in October 1979 (KNA/AB/7/36). This program presented the intertwined collaboration between DPOs, Voluntary organisations, Ministries, and Departments in the social development of WWDs (Mbugua, OI:2022).

The Special Olympic Committee (SOC), the largest sports and recreational program for people with mental impairments in the republic, aimed to improve the physical fitness, emotional well-being, and social adjustment of MWDs and WWDs in Kenya (KNA/AMP/18/9). It started as a daily programme of training for physical activities that included jumping, swimming, and competition (KNA/AMP/18/9). The Kenya Sports Association for the Disabled also organised local sporting events for men and WWDs, dubbed the Kenya Sports Festivals for the Disabled (KNA/AMP/5/7). It

regularly requested funding for sports for the Olympic Games of 1979 and the 1980s, the Kenya National Festival of Sports for the Disabled (KNFSD), and the Kenya Sports Festival for the Disabled (KNA/AMP/5/7). The Kenya Sports Association for the Disabled was supported by the Ministry of Social Services and Housing (KNA/AB/7/36).

A substantial number of associations significantly contributed to the inclusion of WWDs in sports at all levels (FGD-1, 18/4/2023). Some of these associations included: the Kenya Paraplegic Sports Association, Kenya Association for the Deaf, Kenya Schools Association for the Physically Handicapped Sports Association, and the Kenya Abylympics Association for Professional Skills and other Special Talents (KNA/AMP/18/9; Mbugua, OI:2022). The Kenya Sports Association for the Disabled was the umbrella body for coordinating all sports associations (KNA/AMP/18/9). These associations facilitated the participation of WWDs in sports, as demonstrated during the 6th National Games in Mombasa in 1985 (KNA/AMP/18/9).

In leadership and public decision-making, PDOs were integral in advocating for the inclusivity of WWDs (KNA/AMP/23/5; FGD-2, 18/6/2023). In 1981, the Swedish Federation (SRF) of the Visually Handicapped held a training seminar for potential women leaders with visual impairments in Addis Ababa, Ethiopia, in which Kenya was represented (Bhalerao, 1986:95). The objective of the seminar was empowering women with visual impairments in their efforts to acquire education, training, job opportunities, participate more actively in future efforts within their organization and empower other women with visual impairments (Bhalerao, 1986: 74). During the

training seminar an Advisory Committee for Blind Women in Africa (ACBWA) was formed and Mrs. Eunice Mduru, a visually impaired woman from Kenya, was elected the chairperson to do a follow up of the commitments (Bhalerao, 1986: 74).

In 1982, the KUB held its first leadership training seminar in Kisumu under the sponsorship of SRF (KUB Leadership Training Seminar for the Blind, 1982; 4-5). The participants were top officials from the KUB branches and representatives of student associations across the country. The seminar empowered the leaders of visually impaired women with leadership skills. They made resolutions during the seminar that included educating the public on the significance of the white cane and the reservation of a certain percentage of jobs for the visually impaired women in the public and private sectors (KUB Leadership Training Seminar for the Blind, 1982; 4-5; Bhalerao, 1986:74).

In 1983, PWDs themselves began to suggest changes that they deemed necessary in special education services (Ross, 1988:25; Jemimah, OI:2023; Mbugua, OI:2022). For instance, senior learners in Nairobi's most prominent school for learners with mental impairments, were asked to evaluate the pre-vocational education and vocational training program that they were offered and which were under review; and to participate in meetings of PWDs called to discuss matters of common interest (Ross, 1988:38; Jemimah, OI:2023; Mbugua, OI:2022).

In 1984, PWDs voiced a concern about speaking for themselves and not through charitable organizations (Munyi, 1984:1). This marked a departure from the earlier culture of constructing themselves as non-political. Men and women with disabilities

and their DPOs managed to convince the public to support them in expressing common concern over the need to have a man and a woman with disability be nominated to parliament to address their concerns (Munyi, 1984:1). A speech by the KUB Chairman addressed to the KUB Silver Jubilee in 1984 at the Railways Club in Nairobi noted that:

Like the rest of the brothers and sisters, KUB is strongly convinced that only the handicapped will fully enlighten the legislature on the current major problems concerning them all of which require legal intervention (Munyi, 1984:1).

Three local mainstream publications highlighted the issue, but the ruling KANU party disregarded it, and no WWD or MWD was nominated to parliament (Munyi, 1984:2). KUB urged the government to commit to including all PWDs in all facets of the country's development. KUB specifically pushed for the government to take PWDs into account when holding elections and nominations and appointing or promoting people into important positions of decision-making in the legislature, local government, parastatals, educational bodies, District Development Committees, chiefs' *barazas*, Parent-Teacher Associations, and women's organisations. The concern was that all these institutions were making decisions all the time that directly or indirectly affected PWDs in Kenya and sometimes affected them adversely (Munyi, 1984:2; Jemimah, OI:2023; Mbugua, OI:2022).

In sports associations of the PWDs, membership and office holding were open to WWDs (KNA/AMP/18/19). In 1987, the Kenya Union Sports Club changed to the Deaf Union Football Club to cater to diverse interests and disabilities (KNA/AMP/18/19). It subsequently formed the Drama Club, Netball Club, Boxing Club, and Volleyball Club. The Deaf Union Football Club had about thirteen WWDs

as members in 1987. In the elections of the Deaf Union Football Club in 1987, Miss. Santina Mwimbi was asked to act as an assistant secretary unopposed. Miss. Agnes Juma was elected Assistant Organising Secretary, representing women (KNA/AMP/18/9). Ms. Anne Nduka was elected to the supervisory committee. WWDs elected to run football and netball activities included Ms. Santina Mwimbi, netball team secretary; Mrs. Beautrice Sifuna, netball team manager; Mrs. Agnes, Assistant netball team manager; Miss Josephine Odoyo –netball team coach; Esther Nyaki- assistant netball team coach; Miss Mary Auma Ogolla- assistant captain; Mrs. Rose Anyango- netball physician (KNA/AMP/18/9).

The DPOs also played an integral part in making healthcare services available to PWDs during the Moi era (FGD-2, 18/6/2023). These PDOs included societies for those with visual, speech, and physical impairments from 1981 (Ross, 1988:39; Jemimah, OI:2023). The Kenya National Association of the Deaf, for instance, trained women with hearing impairments on HIV/AIDS between 1987 and 1991 (HI, 2010; Interviewee-63, OI:2023; Jemimah, OI:2023). The KNAD activities towards the empowerment of women with visual impairments included the provision of quality education, creation of awareness, entrepreneurship, leadership capacity development, research, and promotion of the Kenya sign language (HI, 2010:55; Interviewee- 63, OI:2023; Jemimah, OI:2023).

3.5 Barriers to the Empowerment of Women with Disabilities in Kenya

It is worth noting that WWDs' empowerment was hindered by multiple structural, environmental, access, and personal barriers (Grut, Olenja, and Ingstad, 2011:154;

FGD-2, 18/6/2023). These barriers and gatekeepers limited WWD empowerment by creating vertical hierarchies based on difference and dependency (Jemimah, OI: 2023; FGD: 08/6/2023). In both the Kenyatta and Moi regimes, WWDs had limited or little access to education and training (KNA/AMP/5/1; Jemimah, OI:2023). Due to the small number of special education institutions and the lack of gender sensitivity in existing vocational rehabilitation centres, many WWDs were unable to receive adequate education (KNA/AMP/5/1). In one of the life histories, the informants observed that the education of girls with disabilities was not a priority, as follows:

I was not highly valued as a girl and as a girl with a disability. I accepted the differential treatment because I was socialised to believe that I was second-class. Some days, I would attend ordinary school only to be turned away. I was discriminated against in many aspects of the school system and kept dropping out of school (IOH-1, OI: 2023).

Vocational rehabilitation and integration centres that were in existence were not easily accessible to WWDs due to ignorance, limited financial resources, the nature of their disabilities, and admission policies that were based on limited bed capacity (KNA/AE/3/277; Nkinyangi & Mbindyo, 1982; FGD-1, 18/4/2023). Consequently, many WWDs had minimal access to education, making them remain underdeveloped in formal skill training (KNA/DSS 4//24). Although WWDs had been empowered through access to education, their limited access to university education and training partly explains their near absence from formal jobs in Kenya (Republic of Kenya, 1993:20). The 1989 housing and population census presents the disabled population's access to education in Table 3.10.

Table 3.10 Disabled Population and Access to Education Based on Gender and Education Level; 1989.

Educational Level	Gender			
	Male	Female	Total	% of Female
No Education	62884	71339	134223	53.1
Lower Primary STD 1-4	31354	20386	52740	39.4
Upper primary STD 5-8	28297	15642	43939	35.4
Form 1-4	10481	4609	15090	30.5
Form 5-6	995	294	1289	22.8
University	451	141	592	23.8
Not Reported	947	900	1847	48.7

Source: Republic of Kenya (1989); Republic of Kenya (1993:19)

Table 3.10 shows that WWDs were significantly marginalised in accessing education. Females with disabilities had the highest population with no education at all (53.1 %). The table illustrates that as one moves up the education level, the access to education of females with disabilities decreases. At form five, six, and university levels, the population of WWDs accessing education reduces to below 23% in comparison with MWDs. The census illustrated disparities in access to education based on gender differences among the disabled population in Kenya.

Although WWDs experienced some degree of empowerment, the broader empowerment efforts were undermined by their lack of integration into their communities and environments of origin (Mbugua, O.I.: 2022). While intended to be empowering, the segregated schools, care homes, and sheltered workshops produced a disempowering effect due to exclusion from mainstream society (Mbugua, OI: 2022). The Director of the Disability Directorate, Kenyatta University, noted that WWDs' social power as mothers was undermined in the care homes (Mbugua, OI: 2022). The families of the WWDs, particularly children, were left in the rural areas without means of livelihood (RCRD, 1964:6).

The care for PWDs in urban areas also lacked the indigenous rural African tribal context in which WWDs were cared for by the family and the community members (RCRD, 1964:6; Mbugua, OI: 2022). Additionally, communal care was shallow in the urban areas due to the loss of social ties (RCRD, 1964:6; Mbugua, OI: 2022). Furthermore, increased urbanisation fueled individuality in self-fending (RCRD, 1964:6; Mbugua, OI: 2022). The socio-economic rehabilitation and integration of WWDs were more problematic in urban areas (RCRD, 1964:6).

Public ignorance of the implications of disablement and intervention mechanisms meant that WWDs continued to be discriminated against in societal spaces due to various disability-related stigmas (GOK, 1964:9; FGD-1, 18/4/2023). The government had not achieved the creation of meaningful disability awareness in both urban and rural areas (FGD, 14/12/2022; Mutethi, O.I.: 2023). Stereotypes and disability stigma excluded WWDs from society and led to a lack of awareness about their human rights (Njogu, OI:2023). In urban centres like Nairobi, Mombasa, and Thika, WWDs resorted to begging as a source of livelihood (KNA/AE/3/277; Sunday Post, August 23, 1964; KNA/RN/4/119).

WWDs encountered limitations in accessing social services and participating in Kenya's social activities (KNA/AMP/18/9). There were glaring gender gaps in sports participation, in which men with disabilities were given more latitude in developing their education and sports abilities in comparison with WWDs (KNA/AMP/18/9). In sports, WWDs were subjected to inadequate training and inclusion (KNA/AMP/ 18/9). Most primary healthcare settings and support networks did not have adequate knowledge and

training on disability-related stigma (FGD-2, 18/6/2023). Due to disability related stigma in the healthcare settings and providers, WWDs' health-seeking was undermined (FGD-6, 8/6/2023).

Unemployment, workplace discrimination, and income disparities during the Kenyatta and Moi regimes limited the potential of WWDs in Kenya (KNA/BY/15/73; Jemimah, OI:2023). Numerous correspondences from permanent secretaries and potential employers to job applicants established that the unemployment of WWDs was a common phenomenon (KNA/BY/15/73; CRCD, 1964). Majewski and Richards (1982) observed that the unemployment of PWDs was low due to inadequate placement by the Ministry of Labour. The existence of a few sheltered workshops and employer stigma towards WWDs in the first two decades after independence undermined their access to income and livelihood (KNA/AE/3/277; FGD-2, 18/6/2023; Njogu, O.I: 2023). Thus, WWDs not accommodated in open employment depended on their families for livelihood (KNA/AE/3/277; Jemimah, OI:2023).

Institutional and workforce capacity gaps resulted in the discrimination of WWDs in employment (FGD-6,8/6/2023; Jemimah, OI: 2023). The lack of comprehensive skills limited the female trainees' job placement (KNA/DSS4/24; Jemimah, OI:2023). In 1884, three vacancies for tailoring were never filled despite the availability of six female trainees with disabilities because the trainees were trained more in dressmaking than in men's wear (KNA/DSS4/24). Employers rejected some female trainees with impairments after the trial period because they thought they could not compete with the non-disabled workers (GOK, 1987:3; Munywoki, O.I., 2023).

WWDs encountered work environments that did not provide assistive technologies (FGD-6, 8/6/2023; FGD-4, 14/4/2023).

At an individual level, the nature of trades undertaken by WWDs did not guarantee upward mobility (Jemimah, OI:2023). Most stagnated in their careers as secretaries, office operators, or whatever role they were hired for (FGD-6, 8/6/2023). The lower salaries in open employment meant WWDs remained in an unending cycle of dependence on income that did not adequately meet their needs, while others remained trapped in poverty (Jemimah, O.I., 2023; Mbugua, OI:2022). The nature of the engagement in tailoring, small garden crop cultivation, and handicraft-making did not always guarantee regular income (Jemimah, OI:2023; FGD-6, 8/6/2023).

Inaccessible environments that constrained WWDs included mobility, transport, and communication challenges (KNA/AMP/13/32; KNA/AE/3/277; FGD-6, 8/6/2023).

A series of correspondences between the Commissioner of Social Services and the IRC Mbagathi reveal that inaccessible transport negatively affected WWDs due to distance and topographic challenges (KNA/DSS4/24). A good illustration is the case of Lydiah Wanjiru Jordano, a young woman about twenty-two years old who had sat for KCE in 1982 and obtained Division FIV. She first applied for admission at the IRC in 1983 and was invited for an interview on 26th February 1985, the day she got the letter (KNA/DSS 4/24).

Despite the increased demand for various assistive devices in Kenya, access to assistive devices was always limited (KNA/DSS 4/24; FGD: 08/06/2023). Assistive devices included those that relate to information-hearing aids, braille, and magnifying

glasses; personal mobility items such as wheelchairs, crutches, walking sticks, and guides; communication such as sign language interpreters; personal care and protection (Odak, 2014; Njogu, OI:2023). The lack of assistive devices was more acute in rural and urban settings (Odak, 2014; Njogu, OI:2023). WWDs did not have easy access to assistive devices due to inadequate products, procurement and delivery challenges, workplace capacity gaps, and funding challenges (Njogu, OI:2023; Jemimah, OI:2023; FGD-6, 8/6/2023).

The problematic funding model in post-independent Kenya hindered service provision to PWDs and WWDs (KNA/AE/3/277; Mbugua, OI:2022). Low and erratic funding meant that vocational rehabilitation training institutions were limited to major towns such as Mombasa, Kisumu, and Thika and a few other rural areas (RCRD, 1964:7; Women's Bureau, 1993:43). Therefore, the production and supply of assistive devices were mainly done by voluntary organisations characterised by funding gaps (KNA/AE/3/277; Interviewee-64, OI:2023). The government did not adequately budget for the production of assistive devices in its funding plan (KNA/AE/3/277). Public-private partnerships in producing assistive technologies remained marginal (KNA/AE/3/277; FGD-4, 14/4/2023). The funding nightmare is captured in the remarks by the Social Services and Housing Directors for Nairobi City Council in 1964. He notes:

The government or local governments should have funds to provide specialised medical supplies services (for example, prosthetic limbs, wheelchairs, tricycles for people with disabilities, cars, etc., like those provided by British hospitals). I cannot raise money for a pair of artificial limbs for the inmates at Bahati (Report on the Care and Rehabilitation of the Disabled, 1964:7).

Underfunding resulted in inadequate training and impeded the adequate involvement of WWDs in sporting activities (Jemimah, OI:2023). Due to limited funding, the training of WWDs in athletics suffered from structural and coordination gaps in the 1970s and 1980s (KNA/AMP/18/9; Jemimah, OI:2023). The inclusion and participation of WWDs in local, national, and international sporting activities were based on available government and other well-wishers' funding, making participation seasonal and spontaneous (KNA/AMP/18/9).

Funding from international donors to voluntary organisations engaged in the social and economic rehabilitation of PWDs was also unreliable (FGD-4, 14/4/2023; FGD-6, 08/6/2023). For instance, the Variety Village Training Centre depended on Variety Golf Club Germany and Christoffel Blinden Mission funding for infrastructural development and foodstuffs (Munywoki, OI; 2023). However, CBM withdrew its funding to Variety Village Training Centre, and the Salvation Army shouldered the costs of running the centre (Munywoki, OI:2023). Subsequently, cost-sharing and production lines were introduced to generate income at the centre (Munywoki, OI; 2023). Additionally, inadequate funding encountered by PDOs undermined their mandates in advancing social and economic rehabilitation and integration services to WWDs (KNA/AMP/5/1).

The independence constitution of Kenya outlawed discrimination but did not provide any reference to disability (ILO, 2008; Makambi, OI: 2023). Legal frameworks and policies lacked affirmative measures to redress systematic discrimination against marginalized groups. The legislation at independence and immediately after that never provided for compulsory employment of PWDs, nor a quota for disabled

women, nor obligated the national government to provide effective integration and supplementation of services offered to WWDs by voluntary organizations (KNA/AE/3/277; KNA/4/53/1; Mbugua, OI:2022). The lack of a central disability-specific law before 2003 severely impeded the empowerment of WWDs in Kenya (Interviewee-104, OI:2023).

The failure to centralise services to PWDs meant that even the control of permanent care homes was not under a government department (Mbugua, OI: 2022; Jemimah, OI: 2023). There was no delegated authority by the ministry to the local authorities or the voluntary organisation providing rehabilitation and integration services to WWDs. The inadequacies in the legal and policy framework led to coordination services for PWDs lacking organising principles based on gender, disability, and human rights (RCRD, 1964; Mbugua, OI; 2022). As a result, rehabilitation and integration policies and practices were anchored mainly on a charity model (KNA/RN/4/119; RCRD, 1964:1). Consequently, the effectiveness of rehabilitation and integration initiatives was undermined (RCRD, 1964:7; FGD-1, 18/4/2023; Mbugua, OI: 2022).

As informants, 88 percent of WWDs observed that the harsh and uncertain political environment was a barrier to inclusive political participation, particularly in public decision-making, leadership, and association membership. In 1964, the secretary of the African Society for the Disabled of Kenya noted that the people were suspicious of all organisations unless the government approved such organisations (KNA/AE/3/277). Additionally, Kenya's political space was patriarchal and marked continuity from colonial political arrangements, reinforcing it (KNA/ADM/3/5). The

leadership of DPOs, voluntary organisations, and rehabilitation programmes in Kenya dominantly operated under the influence of patriarchal ideologies (KNA/AE/3/277; Njogu, OI:2023). The patriarchal ideology and lack of affirmative laws undermine WWDs' engagement in political processes (KNA/AE/3/277; Mbugua, OI: 2022).

The inadequate mainstreaming of disability in the women's movement and the lack of mainstreaming of gender in disability rights movements produced a disempowering effect on WWDs in Kenya (KNA/AMP/8/32; Njogu, OI:2023; FGD-2, 18/6/2023). The MYWO did not pay much attention to WWDs in its activities across the country (KNA/BF/12/9; ADF, 2020; Jemimah, OI: 2023). In the 1980s, MYWO was incorporated as a wing of the ruling party KANU, and its independence was compromised in addressing issues of concern to women (Njogu, OI:2023). Women's movement in Kenya paid minimal attention to the welfare and needs of WWDs (KNA/BF/12/9; KNA/AMP/8/32; Jemimah, OI: 2023).

During the Jomo Kenyatta and Moi regimes, there was no reliable census of the disability population until 1989 (GOK, 1964:1; GOK, 1993:4,5). Most population estimates during the period ignored the gender and disability picture of the society (GOK, 1993:4,5). Therefore, government policies on empowerment were not gender-sensitive and perpetuated gender disparities in access to a wide range of socio-economic and political opportunities (GOK, 1964:22; Njogu, OI:2023).

3.6 Summary

This chapter sought to examine the role of state and non-state actors in the social, economic, and political empowerment of WWDs in Kenya, the period 1963 to 1991. It has focused on initiatives of voluntary and religious organisations, government, international mechanisms, and People with Disabilities' Organisations. The study established that during the Kenyatta and Moi regimes, WWDs were empowered through rehabilitation and integration initiatives. The rehabilitation and integration initiatives included establishing and intensifying special education, vocational rehabilitation, healthcare, providing assistive devices, workshops, placements, income-generating activities, leadership training, and inclusive sports for WWDs. It was also established that barriers such as the lack of education, stigma, lack of inclusivity in access to sports and healthcare, unemployment, institutional gaps, legal gaps, inaccessible environment, lack of centralisation, harsh political environment, inadequate financial resources and lack of mainstreaming of disability in women's movement impeded the struggle to empower WWDs in Kenya in the period 1962-1991. The next chapter assesses the implications of struggle for democratisation in empowering WWDs in Kenya from 1992 to 2003.

CHAPTER FOUR

DEMOCRATISATION AND THE EMPOWERMENT OF WOMEN WITH DISABILITIES IN KENYA, 1992-2003

4.1 Overview

Chapter Three explored the role of the state and non-state actors in empowering WWDs from 1963 to 1991. This chapter explores how the struggle for democratisation impacted the empowerment of WWDs in Kenya from 1992 to 2003. The chapter presents local, regional, and international initiatives acting independently or jointly in shaping the fight for the empowerment of WWDs during the last decade of President Moi's government (1992-2002) and the first year of President Kibaki's government which was marked by the Persons With Disabilities Act No. 14 of Act of 2003.

4.2 The Moi Regime and the Empowerment of Women with Disabilities, 1992-2002

4.2.1 Internal and External Pressure and the Empowerment of Women with Disabilities, 1992-1994

The series of amendments in Kenya's independence constitution facilitated the personification of power in the place of constitutionalism (Media Development Association & Konrad Adenauer Stiftung, 2012:11; Interviewee-64). The constitutional changes of 1982, for instance, had entrenched an authoritarian and undemocratic system of government based on a one-party state system (MDA& KAS, 2012:11-23; Kanyinga, 2014:53; Mbugua; OI:2020). The pre-1992 period was marked by glaring and systematic social, economic, and political inequalities that

marginalised and excluded urban and rural populations, including marginalised groups (Kanyinga, 2014:53; Mbugua; OI:2020; Njogu, OI:2023).

By 1992, there was no institutional structure that promoted and guaranteed public participation except for the elections occurring every five years; the constitution did not provide for the principle of gender equity; rules on non-discrimination of minorities and institutional mechanism for enforcing human rights for all were absent (CKRC, 2005:37-8; FGD-1, 18/4/2023). As a result, Kenya struggled to democratise its political space in earnest (Kanyinga, 2014:53; Murunga, Okello & Sjogren, 2014:2). In 1992 Section 2A of the Kenya independence constitution, which had entrenched a *de-jure* single party state in Kenya under the Kenya National African Union (KANU) was repealed via the Constitution of Kenya Amendment Act No.12 of 1991 (CKRC, 2005: MDA & KAS, 2012:11).

The repeal marked a watershed in Kenya's political history and shift towards multi-party democracy by fostering a more inclusive political landscape (Oduol, 1993:175 Kanyinga, 2014:53; FGD-1, 18/4/2023). It also provided an opportunity for marginalised groups to agitate for their inclusion in constitutional negotiations and provisions; and increased access to social, economic, and political opportunities (MDA & KAS, 2012:11; Njogu, OI:2023; FGD-6, 8/6/2023).

The early 1990s and the following decades were marked by intensified mobilisation by a variety of PDOs under the human rights model advocating for empowerment and inclusion in societal spaces (AFUB, KUB & CREAD, 2007; SIDA, 2014; Jemimah,

OI:2023). Regarding WWDs, different situations treated them differently, pushing them to the margins (SIDA, 2014; Interviewee-34, 2023). Kenya's disability rights movement recognised this in the early 1990s. During the period, a surge of DPO alliances advocated for one or multiple issues that affected women and men with disabilities as distinct groups (AFUB, KUB & CREAD, 2007; SIDA, 2014; Handicap International, 2010). The disability rights movement; struggle for empowerment was reenergized by the struggle for democratisation and constitutionalism; and, regional and global advocacy for disability rights that was raging across Africa (Kanyinga, 2014; CKRC, 2005:37; AFUB, KUB & CREAD, 2007; MDA & KAS, 2012:23; Mbugua, OI: 2022).

Numerous political parties and women's organisations were formed (Oduol, 1993:175; Brill, 2000). There was also a corresponding rise in the establishment of PDOs and self-help groups for WWDs (SIDA, 2014; FGD-2, 18/6/2023). However, the constitutional changes were piecemeal, intensifying calls for a detailed constitutional change (CKRC, 2005:35). The Coalition for Constitutional Change continued to pile pressure on the GOK for increased democratization. Women's organisations and organisations of PWDs, on the other hand, called for affirmative action. Local and international pressure resulted in the re-introduction of multipartyism in Kenya in 1992 (Kanyinga, 2014, p. 53; CKRC, 2005:37; MDA & KAS, 2012:23).

The women's movement and PDOs' advocacy were centred on single or multiple issues of concern to them (SIDA, 2014; Interviewee-64, OI:2023). The women's

movement mobilised to create solidarity among women and advocated for equitable engagement in societal spaces (Oduol, 1993:175-6). With external funding, numerous workshops were held in Nairobi and Kiambu to address common concerns of women, and some WWDs were part of ordinary members or beneficiaries of the larger women's movement objectives (Oduol, 1993:175-6; Interviewee-64, OI:2023).

Prior to the 1992 General Elections, leading women's organisations held a meeting in Nairobi to identify women candidates for the election and set up support systems for potential aspirants (Oduol, 1993: 175-6). These efforts culminated in the National Women's Convention, which was a landmark in the history of women's struggle in Kenya (Oduol, 1993:175-6). The convention led to the initiation of training programmes for women at all levels; the holding of meetings at the provincial, district, and grass-roots levels; and the establishment of networks between women's groups and political parties (Oduol, 1993: 175-6; Interviewee-64, OI:2023).

The struggle for political pluralism called for increased access to human rights and equitable distribution of resources within a constitutional framework in place of tokenism for all marginalized groups (Oduol, 1993 p. 176; Kanyinga, 2014:53; Murunga, Okello & Sjogren, 2014:3). However, at the time political parties did not prioritise disability and gender concerns due to low institutionalisation, internal democracy, distinctive party policies, low financial resources base, and lack of inclusive programmes (Murunga, Okello & Sjogren, 2014:30; Mbugua, OI:2022). Many social groups began or intensified efforts to air their concerns without

significant social, economic, and political change (Murunga, Okello & Sjogren, 2014:30-1; FGD-2, 18/6/2023).

In 1992, Kenya adopted the African Charter on Human and Peoples' Rights (Muthengi, 2019; Obare, 2019; KNCHR, 2022:14). To Muthengi (2019), Obare (2019), and ADF (2020:233-4), Article 23 of the ACHPR obligates state parties to take specific measures to facilitate WWDs' access to employment, training, and participation in decision-making (KNCHR, 2022:14). This response was a commitment by the government towards enhancing the rights of WWDs.

In 1993, Civil Society Organisations, ICJ Kenya, and the Law Society of Kenya commissioned the writing of a draft model constitution to awaken the call for reforms and the convening of a National Constitutional Convention (MDA & KAS, 2012:29; Interviewee-64, OI:2023). Still in 1993, the then Attorney General appointed a working group to collect public views on the concerns of PWDs (including WWDs) to review Kenya's laws related to persons with disabilities (United Nations, 2014: 15; Mbugua, OI: 2022). This was a response to internal pressure from the disability movement, international organisations, and government interests (Mbugua, OI:2022; KII-4, OI:2023). The outcome of the task force was the People with Disabilities Act of 2003 (Njogu, OI: 2023).

Additionally, the UN adopted the Standard Rules on the Equalisation of Opportunities for Persons with Disabilities in 1994 (UN, 1993: 326). Although it was not legally binding, it represented a strong moral and political commitment for state parties to

promote the equalisation of opportunities for PWDs, including WWDs and their organisations (UN, 1993:329; UNGA, 2017; OI: Kakai, OI: 2022). According to the UN (1993:333-341) and UNGA (2017), the preconditions for equal participation included: capacity building for PWDs on their rights and freedoms; empowerment by providing supportive services, employment opportunities, and inclusion in sports. The states were called upon to recognise the rights of DPOs to represent PWDs (UN, 1993:344; Interviewee-64, OI:2023). It provided that states should support the establishment of organisations for PWDs and provide them with capacity building to promote the realisation of the rights of their members and advocate for change (UN 1993: 344).

States were also obliged to train personnel providing services to persons with disabilities, in consultation with organisations of persons with disabilities (UN, 1993: 345). States parties were also obliged to establish institutional monitoring mechanisms to ensure that all persons with disabilities, including WWDs, can access social, economic, and political rights (UN, 1993:346-7; FGD-5, 22/2/2023). Implementation requires countries to collect gender-based statistics, initiate support programmes for research on persons with disabilities, and involve persons with disabilities in all decision-making on disability projects (UNGA, 2017).

The Committee on Economic, Social, and Cultural Rights called attention to the prejudice that WWDs faced in 1994 and asked state parties to take these issues into account in any future initiatives aimed at empowering women (UNGA, 1992:166; OHCHR, 1994). Kenya was included in this call (KNCHR, 2022). In 1995, the GOK

committed to bringing in constitutional specialists without the reform movement's active participation. This action sparked protests that turned violent and ended in fatalities. Organisations representing the impaired, including women with impairments, publicly called for constitutional revision in 1996 (MDA &KAS, 2012:30).

4.2.2 The Beijing Platform of Action and Empowerment of Women with Disabilities, 1995

The Kenyan government attended the Beijing Conference on Women in 1995 and signed the Beijing Declaration and Platform for Action (UN, 1995). How to promote equality, growth, and peace for all women worldwide was the conference's main goal. While women were the conference's primary focus, it was imperative to include the rights and empowerment concerns of WWDs from many historical settings to empower all women (UN, 1995). Despite women's advancements on a worldwide scale, the conference revealed that gender disparities between men and women persisted because of obstacles, poverty notwithstanding (UN, 1995).

The governments were persuaded that women's rights are human rights; equal rights, opportunities, and access to resources, as well as equal sharing of responsibilities between men and women, will enhance democracy; and eradicating poverty through social justice requires women to be involved in economic and social development, equal opportunities in people-centred sustainable development. These beliefs were supported by data indicating that women's empowerment and full participation were based on equality in all spheres (UN, 1995). Furthermore, the governments held the

following beliefs: gender-sensitive policies and programmes, including development policies and programmes, must be designed, implemented, and monitored at all levels with full participation from women; state and non-state actors play a critical role in the successful implementation and follow-up of the Platform for Action; the Platform for Action requires national and international commitments for action; and women's empowerment is contingent upon the explicit recognition and reaffirmation of their right to control all aspects of their health, particularly their fertility and step up initiatives and activities to meet the objectives of the Nairobi Forward-looking Strategies for the Advancement of Women by the end of 2000 (UN, 1995).

The government that attended the conference pledged to: ensure that women and girls enjoy all human rights and fundamental freedoms and to take effective action against any violations of these rights and freedoms; take all necessary steps to end discrimination against women and girls and remove any barriers to gender equality and women's advancement and empowerment; encourage men to fully participate in all actions towards equality; support women's economic independence; and, promote the provision of basic education, life-long education, literacy and training, and primary health care for girls and women (UN, 1995).

Additionally, they pledged to: advance and defend women's and girls' human rights; uphold international law, particularly humanitarian law, to safeguard women and girls in particular; foster the full potential of women and girls of all ages and guarantee their full and equal participation in the development process; and step up efforts to ensure that all women and girls, who face numerous obstacles to their advancement

and empowerment due to things like their age, race, language, ethnicity, culture, religion, disability, or indigenous status, can enjoy equal enjoyment of all human rights and fundamental freedoms (UN, 1995; UNGA, 2017:2).

Regarding the conferences' central concern, it was stressed that the advancement of women and the realisation of gender equality were not mere women's issues but fundamental human rights essentials and prerequisites for social justice (UN, 1995). Governments and non-state actors were urged to take strategic action towards addressing poverty's ongoing and growing toll on women; asymmetry and insufficiency in the distribution of educational and training opportunities unequal access to health care and related services, as well as disparities in its equality; violence directed on women; armed conflict's consequences on women ; inequality in the forms of productive activities, economic structures and regulations, and resource availability; disparities in how authority is shared and decisions are made at all levels between men and women; inadequate measures across the board to boost women's advancement; disregard for, and insufficient advocacy for, defence of, women's human rights; gender stereotypes and unequal participation and access for women in all forms of communication; gender disparities in the preservation of the environment and the management of natural resources; persistent prejudice against girls and their rights being violated (UN, 1995).

Disability issues were integrated into the twelve crucial areas of concern designated for women was a noteworthy accomplishment of the World Conference (Mbugua, OI:2022). Affirmative action was urged to be adopted and implemented by

governments and the international community as a means of improving the access of women, including disabled women, to leadership and decision-making roles (Mbugua, OI:2022).

There was concurrence among governments that social development was the primary responsibility of governments (UN, 1995). National and international non-governmental organisations along women's groups were called upon to mobilize all relevant stakeholders to enhance the effectiveness of anti-poverty programmes targeting the poorest and most disadvantaged groups of women, including rural and indigenous women, female heads of household, young and older women, refugees and migrant women, and WWDs (UN, 1995).

Governments were asked to ensure that everyone has access to education by promoting equal access to education by taking action to end discrimination in education at all levels on the grounds of gender, race, language, religion, national origin, age, disability, or any other form of discrimination. It was affirmed that special attention should be paid to rural women, migrants, refugees, internally displaced women, and WWDs (United Nations, 1995).

4.2.3 The Constitutional Review Period and the Empowerment of Women with Disabilities, 1997-2002

Kenya adopted the Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment in 1997, and a constitutional review process was underway at the same time (KNCHR, 2012:8). The treaty gives PWDs, especially

WWDs receiving care under guardianship, institutions, or penal facilities, a forum to voice concerns about rights violations (Interviewee-64, OI:2023). It also provided a protection mechanism for women with albinism who are vulnerable to rape or killing due to adverse cultural practices (Interviewee-64, OI:2023).

The same year, the Constitution of Kenya Review Bill was enacted, providing for constitutional reform through a parliamentary route (MDA & KAS, 2012:32-3). However, the Law Society of Kenya, the Catholic Church and other human rights movements contested the arrangement arguing that parliament was not representative of all the voices of Kenyans and demanded an all-inclusive process leading to a National Conference dubbed Bomas I, Bomas II, Safari Park I-IV, being the venues of the meetings in Nairobi (MDA & KAS, 2012:32-3; Mbugua, OI: 2022).

In 1998, UDPK's role in championing disability rights led to the nomination of Josephine Sinyo, a blind woman, to Parliament in 1998. She became the first blind Member of Parliament in Kenya on a Safina Party Ticket (*Daily Nation*, 1998; KII-4, 2022). Her nomination to parliament was a victory for PWDs, women, and WWDs (*Daily Nation*, 28th October 1998; Bacha, OI 2022). During her tenure as a member of parliament, Sinyo played an integral part in the constitutional review process that advocated for recognizing women and PWDs (FGD-5, 22/2/2023; KII-4, OI: 2022).

In 1999, civil society organizations and religious groups held a competing review, the Ufungamano Initiative, which was chaired by Dr. Oki Ooko Ombaka, a PWD (Murunga, Okello & Sjogren, 2014:105; Mbugua, OI:2022; Njogu, OI:2023). They

utilized religious spaces to collect and collate views of Kenyans on the constitution-making process. In 2000, CKRC and the Ufungamano Programme merged (MDA & KAS, 2012:33). The structure of the review process includes an inclusion component (MDA & KAS, 2012). The National Constitutional Conference made provision for the representation of marginalized groups, including WWDs and their DPOs (MDA & KAS, 2012: 33).

During the constitution review process, representatives of PWDs played an integral role in having their concerns included in the new constitution (CRCK, 2003:250, 250:299-304; Murunga, Okello & Sjogren, 2014:105; KII-4, 2023; Keranga, 2023). Several organisations lobbied on specific matters of human rights, minorities, gender, and disability (Murunga, Okello & Sjogren, 2014:105; CKRC, 2005:43; Mbugua, OI:2022). Some of the issues captured during the review process covered human rights, gender equity, equal rights for all, basic needs for all Kenyans, people's participation in government, devolution of powers, and establishment of constitutional commissions (CKRC, 2005:43; Mbugua, OI:2022).

In April 2002, Sinyo presented a paper to the CKRC and pointed out that PWDs have special needs and different abilities long misinterpreted as incapacitation (CRCK, 2003:250). She emphasised that WWDs suffer multiple discrimination, sexual abuse, neglect, economic deprivation, stigmatisation, and disempowerment (CRCK, 2003:250). She further argued how societal labels and the constitution's language have historically relegated WWDs' needs (CRCK, 2003:250).

Sinyo further lobbied the CKRC to include affirmative action strategies to make parliament accessible to PWDs (CRCK, 2003:251; Njogu, OI:2023). She pointed out that the new constitution should: provide for a social security scheme targeting WWDs to enhance their economic and political power; and provide for a quota system in the election to parliament for PWDs in which half of whom should be WWDs; enforce affirmative action during political parties' nomination process and party office holding; obligate use of reliable data on the demographic characteristics of WWDs to inform planning strategies on supporting WWDs; protection of the civil rights of WWDs as voters and candidates for elective positions including the entitlement on request to be assisted to vote in all elective positions by a person of their choice; and, provision for independent candidates to enable PWDs to vie without being subject to nomination by political parties (CRCK, 2003:251-252).

While referencing the UDCHR and the WPA, Sinyo highlighted the dual responsibility of the state and international mechanisms in translating the rights guarantees into practice (CRCK, 2003:298). She asked CKRC the following questions:

How can persons with disabilities themselves speak up for their rights and make human rights a tool in their continuous struggle for dignity, equality, and justice? How can we ensure that the rights proclaimed in international norms and legislations are translated into tangible improvements in the lives of people with disabilities? (CRCK, 2003:298).

Samuel Kabue, a chairperson of the Ecumenical Disability Advocacy Network, argued how an uncondusive environment undermines the development of human potential and the opportunity to participate in societal affairs (CRCK, 2003:300; Interviewee-64, OI:2023). Kabue argued that the participation of PWDs in the

constitutional review was to enable them to contribute to the general population and those specific to PWDs. He stressed that the submissions by PWDs should be included in the constitution (CRCK, 2003:300; Interviewee-64, OI:2023). Some of the recommendations he proposed were: fair representation of PWDs in all levels of social, economic, and political governance; outlawing of discrimination based on disability; affirmative action to address the social, economic, and political exclusion of PWDs; recognition of sign language; disability bills to promote equal opportunities for PWDs; promotion of the participation in elective politics by PWDs as voters and candidates; and promotion of UN standard rules on equalisation of opportunities for PWDs (CRCK, 2003:300; Interviewee-64, OI:2023). Kabue observed that:

It is therefore the goal to aim and fight for our rights. PWDs should live for this struggle, whether through advocacy, influence, or at best through the constitutional review (CRCK, 2003:300).

Other human rights activists who made submissions include Martha Karua, who posed that poverty can be eradicated through economic empowerment and providing employment opportunities for the PWDs. Karua highlighted how the lack of a conducive environment has hindered PWDs from developing and fully participating in social activities. She lobbied to have the state facilitate access to equal opportunities and services and the recognition of affirmative action in addressing historical imbalances in all spheres of human development (CRCK, 2003:251-252; Interviewee-64, OI:2023).

The women's organisations called for the entrenchment of women's rights in the Bill of Rights and the creation of a gender commission. Submissions from PDOs and civil

society organisations, and Kenyans underscored the discrimination against PWDs due to the inaccessible environment, and discrimination in social, economic, and political opportunities (CKRC, 2005:107-8). Most submissions to the Constitutional Review Commission called for the state to provide facilities and opportunities to enable women and PWDs to realise their full potential in society (CKRC, 2005:107-8; Interviewee-64, OI:2023). The CKRC came up with a comprehensive Report and a Draft Constitution (Ghai or CKRC Draft), which was released on 19th September 2002, after sampling public views across the country. CKRC considered WWDs to be a marginalised social group. Based on this, the CKRC recommended affirmative action for historically marginalized and disadvantaged groups, including WWDs (Ongaya & Mukaindo, 2014:110).

4.3 Kibaki Regime and the Empowerment of Women with Disabilities

4.3.1 The Disability Act, 2003 and its Implications on the Empowerment of Women with Disabilities

The Persons With Disability Act of 2003 was the first local legal framework in Kenyan legal history to substantively address a wider range of issues and rights related to PWDs in post-independence Kenya (Mbugua, OI:2022). It changed from the 1963 independence constitution, which included nothing about the rights of PWDs (Mbugua, OI:2022). First, by defining "disability," the Disability Act of 2003 played a crucial role in furthering the rights of PWDs. It was crucial to define disability since exclusionary practices against PWDs have been maintained by disability-related discrimination, which breeds dependency, disadvantages, hierarchy, and disempowerment (Interviewee-3, 2023). Regarding the matter of non-discrimination

to all, GOK was required under Section 11 of the PWDs Act, 2003, to ensure that PWDs' rights are fully realised by employing suitable measures (Kenya Law Reporting 2010:10; Interviewee-64, OI:2023). The full rights of PWDs can only be achieved if WWDs are taken into account, even though it was not specifically mentioned (Interviewee-64, OI:2023).

The Persons With Disability Act, 2003, Section 15(5) required businesses to make workplaces accessible to PWDs by creating an inclusive work environment (UN, 2014:14; Mbugua, OI:2022). Employers in the private sector are acknowledged under Section 16(2) when they make physical facility modifications to accommodate employees with disabilities. The operationalisation of these measures improved the environment's accessibility for WWDs in specific locations (GOK, 2011:21; Adeya, 2023).

Sections 21 and 22 of the Persons With Disability Act 2003 provided that individuals with disabilities have access to an environment that is barrier-free and supportive of their mobility (Kenya Law Reporting, 2010:12; GOK, 2011:21; Adeya, OI:2023). Additionally, products and equipment intended for PWDs were exempt from taxes under Section 35 of the PWDs Act 2003. Additionally, it waived import taxes and customs on instruments given to DPOs and organisations offering services to PWDs (Kenya Law Reporting, 2010:18). The APPK branch manager stated that these provisions improved independent living and mobility and the affordability of assistive devices for WWDs (Adeya, OI:2023).

According to the Mombasa NCPWD's county officer, healthcare provision for PWDs was one of the main issues addressed by the PWDs Act of 2003 (Mumbi, OI: 2023). The NCPWD is tasked by Section 20 of the Act with overseeing the provision of healthcare services to PWDs (Kenya Law Reporting, 2010:12; Mumbi, OI: 2023). Despite the difficulties with personnel and financial resources, the NCPWD's monitoring efforts improved WWDs' access to and utilisation of healthcare services (Mbugua, OI:2022; Mumbi, OI: 2023).

Concerning inclusive participation of PWDs in sports, culture, and recreation. Section 28 of the PWD Act 2003 promotes WWDs access to recreational or sports facilities operated by the GOK (Kenya Law Reporting 2010:15). The Act makes provision for PWDs to participate in local and international sports events (Kenya Law Reporting 2010:15). It further obligated the responsible ministry in collaboration with NCPWD to initiate technical mechanisms for making sports accessible to PWDs (Mumbi, OI: 2023). These provisions made sports inclusive and accessible to WWDs (KII-15, 2023).

The National Development Fund for Persons with Disabilities in Kenya was established under Section 32 of the Persons With Disability Act, 2003, to help PWDs access income-generating activities to improve their standard of living (Kenya Law Reporting, 2010:16, 17). The Fund was designed to support DPOs and training institutions in providing services, as well as programmes that benefit DPOs (Kenya Law Reporting, 2010:16,17; KII-4, 2023; FGD-3, 14/12/2023). In 2003 and subsequent years, the NDFPWD made it possible for WWDs to participate in DPOs'

activities and get some socioeconomic opportunities and government services (Kiranga, OI: 2023).

Public Officials Ethics Act of 2003 prohibits discrimination against PWDs in employment, pay, privileges, and advantages concerning economic empowerment (Kenya Law Reporting, 2010:10; ADF, 2020; United Nations, 2014; 15; Kaikai, OI:2022). As a result, GOK adverts in subsequent years carry some riders that read “PWDs encouraged to apply” (Mzalendo, 2021:6; UN, 2014; 15; KII-15, 2023). Additionally, the PWD Act of 2003 requires businesses to make reasonable accommodations for PWDs and to exempt individuals making less than KES 150,000 per month from paying taxes (ADF, 2020:111). WWDs now have more employment options and disposable money thanks to these provisions (ADF, 2020:111; Mumbi, OI:2023).

Section 37 of the Persons With Disability Act, 2003, promotes the extension of credit facilities for PWDs (Kenya Law Reporting, 2010:19). These provisions were more beneficial to WWDs who were significantly locked out of accessing credit facilities for micro-enterprise start-ups (Mumbi, OI:2023; FGD-6, 2023). However, not all WWDs have access to credit services since many lack national identification documents or do not belong to registered groups (FGD-5, 22/2/2023).

The Persons With Disability Act 2003 section 29, which states that all PWDs shall be assisted to vote by a person of their choice, addresses the demand made by PDOs for making public and elective decision-making available to both PWDs (Kenya Law

Reporting, 2003:16). Polling places must be accessible to PWDs, according to Section 30 of the Act (Kenya Law Reporting, 2003:16). WWDs were given the option to vote thanks to these provisions (FGD-6, 8/6/2023).

Generally, the Persons With Disability Act of 2003 marked an advancement in the fight for empowerment by addressing the rights of PWDs in Kenya (Kakai, OI:2022; Mbugua, OI:2022). The Persons With Disability Act of 2003 was a deviation from the independence constitution of 1963, which was silent on disability concerns during the Kenyatta and Moi regimes (Kakai, OI: 2022). The Persons With Disability Act 2003 provided legal guarantees aimed at enhancing the empowerment of PWDs and, by implication, WWDs (FGD-1, 18/4/2023).

4.4 Summary

This chapter analysed how the struggle for democratisation impacted the empowerment of WWDs from 1992 and 2003. The study found that during President Moi's tenure in the 1990s and the first year of President Kibaki's administration, local, regional, and international activities influenced the campaign to engage WWDs. The study found that, directly or indirectly, regional and international legal instruments sparked and heightened Kenya's struggle to empower WWDs. Additionally, the government created an atmosphere that aided in the advancement of the campaign for WWDs' empowerment. The study also found that the struggle for constitutional reform and democratisation gave PWDs, OPDs, WWDs, and human rights advocates a platform to voice their concerns. According to the study, the fight for democratization aided disabled men and women in their quest for human rights and

empowerment. WWDs took part in lobbying, capacity-building seminars, marches, and conferences. However, throughout the 1990s and early 2000s, WWDs, women's movements, human rights activists, and the public intensified their campaign for empowerment and access to human rights. The Persons With Disability Act of 2003 was passed as a result of the advocacy by democratisation, women, and disability movements. By implication, the Act empowered WWDs.

CHAPTER FIVE

NAVIGATING BARRIERS: GOVERNMENT AND DISABILITY RIGHTS MOVEMENTS IN ADVANCING THE EMPOWERMENT OF WOMEN WITH DISABILITIES IN KENYA, 2004-2021.

5.1 Overview

Chapter Four analysed the impact of the struggle for democratisation on the empowerment of WWDs in Kenya between 1992 and 2003. An examination of the contribution of the government and disability rights movement in shaping the empowerment of WWDs in Kenya in the period 2004-2021 is undertaken in this current chapter. The chapter also presents the barriers to empowerment for WWDs.

5.2 The Legal, Policy, and Institutional Landscape

5.2.1. Law, Policy, and Practice

5.2.1.1. Recognition of Women with Disabilities, Inclusion and Non-Discrimination

Unlike the independence constitution that never defined disability, contemporary legal frameworks such as the Persons With Disability Act, 2003; the Convention on the Rights of Persons with Disabilities (CRPD); and, Disability Act 2021 define disability (UN, 2014;13; KNCHR, 2014; Mbugua, OI:2022; KII-15, 2023). By providing a definition, an essential step in understanding the nature, scope, and seriousness of disability in Kenya was undertaken (Mbugua, OI:2022; Njogu, OI:2023; FGD-5, 22/2/2023; FGD-4, 14/04/2023; FGD-1, 18/4/2023). This was a shift from the independence constitution of 1963, which never defined disability nor recognised it as a basis of discrimination (UN, 2014;13; Kakai, OI:2022).

During the tenures of President Jomo Kenyatta and Daniel Arap Moi, numerous directorates of services for the PWDs were scattered (KNA/AMP/5/32). Nonetheless, the dispersed materials were brought together into a National Disability Policy in 2006 by the Department of Gender and Social Welfare, which was operating under the President Kibaki administration (KNA/AMP/5/32; Handicap International, 2017:114; Mbugua, OI:2022). According to the National Disability Policy, WWDs experience different forms of discrimination based on their gender and disability (KNHR, 2016:40). The policy required the Government, PDOs, and other service providers to raise public awareness of PWDs' as well as WWDs' needs, as well as to integrate them in socio-economic and political arenas (GOK, 2011:13; Mungai, OI: 2022; FGD-5, 22/2/2023

The CRPD was adopted in December 2006 by the United Nations General Assembly (UNGA) and was ratified by Kenya in 2008 (UNGA, 2017; KNCHR, 2014). The CRPD made provisions for equal opportunity for all and called for redress of the historical discrimination against all PWDs (KNCHR, 2014; UN, 2016:2, 4; UNGA, 2017:3). CRPD Article 6 specifically recognises that WWDs encounter intersecting forms of discrimination due to violence, injury, abuse, neglect, and exploitation (UNGA, 2017; Mbugua, OI:2022). Under Article 6 (2) of CRPD, state parties are obligated to guarantee the rights of WWDs in education, employment, income generation, combating violence, health, culture, sport, and political participation (UN, 2016:6; FGD-5, 22/2/2023

Article 23 of the CRPD requires state parties, including Kenya, to take reasonable steps to end discrimination against PWDs in all areas linked to marriage, family, parenthood, and relationships, on an equal footing with other people (UDPK, 2020:53). The PWD Act 2021, in line with the CRPD, provides that any PWD of marriageable age has the freedom to be married and start a family based on their free will and consent (GOK, 2021:1809-10).

In 2007, the Employment Act 2007 also prohibited discrimination based on disability in all areas (ADF, 2020:111; Kaikai, OI: 2022). Similarly, the 2010 Kenyan Constitution gives all citizens the right to equitable treatment and the exercise of their fundamental freedoms. Discrimination against individuals based on any ground, including sex and disability, is prohibited (Kenya Law, 2010:41-2; GOK, 2010; and KNHR, 2016:39). The 2010 Kenya Constitution obligates the government establish affirmative action and non-discrimination procedures in the social, cultural, political, and economic spheres on account of minorities and disadvantaged groups inclusive of WWDs (GOK, 2010; GOK, 2011:19; FGD-5, 22/2/2023 Along with specifically addressing disability benefits in social protection, the Kenya National Social Protection Policy of 2011 also prohibits discrimination based on disability (Mzalendo, 2021:8).

In 2017, disability rights movements developed a policy platform for including WWDs in policy formulation and inclusion. The policy platform was developed as a tool for engaging the government by eighteen organisations, including WWDs, in the development (IFES, 2017:1; FGD-2, 18/6/2023, Robi, OI: 2023). Some of the

Disabled Women's organisations (DWOs) that were represented in the formation of the policy platform included: Women Challenged to Challenge, the Federation of Deaf Women, and the Embakasi Deaf Women Group (IFES, 2017:1; Robi, OI:2023). It was affirmed that the policy platform guided the advocacy of the organisations that created it (IFES, 2017:17; Bacha, OI:2022; Robi, OI:2023). Table 5.1 illustrates the disability policy instrument developed to advance WWDs' empowerment in Kenya.

Table 5.1: Disabled Women’s Organisations Thematic Strategies for Empowerment

Key Priority	Implementation
Political participation	WWDs' inclusion in national disability and equality policies
	Mainstreaming disability and gender in political parties' platforms, including WWDs in women's wings, waiving membership fees for WWDs, and budgetary allocation.
	Disabled People Organizations will undertake capacity building of WWDs and lobby for mainstreaming WWDs in national and county political processes.
Access to information	Develop inclusive laws and policies on accessible technology adaptable to WWDs.
	Provision of subsidized assistive technologies to WWDs
	Making government websites accessible to WWDs
Equality and non-discrimination	Monitoring policy implementation of all policies regarding PWDs that address concerns of WWDs.
	Enforce measures on non-discrimination against WWDs.
	Providing the 47 County Governments with technical assistance on matters pertaining to disabilities.
Economic empowerment	Update affirmative action and employment laws to accommodate WWDs.
	Encourage disabled women to access financial and career opportunities.
	Encourage equitable access to training, placement services, and technical and vocational advising programmes.
	Encourage lending institutions to integrate disabled women economically.
Access to the Built Environment	Create regulations that comply with the Disability Act and other pertinent laws.
Social protection	Examine cash transfer laws and strategies to ensure that WWDs are included.
	Make disabled women aware of the social protection programmes that are currently in place.
	Encourage the integration of gender and disability issues into the current social protection initiatives.

Source: IFES (2017)

As illustrated in Table 5.1 above, the policy framework identified the key policy concerns. It highlighted that they would be achieved through advocacy that targeted the national government, the county government, and the state institutions for gender

and disability mainstreaming and disability rights movement. Empowerment priority areas comprised socio-political participation, economic empowerment, and an accessible environment. The policy framework was a milestone in the struggle to empower WWDs in the broader areas of concern.

Intersectional forms of discrimination against women on the basis of age and disability are addressed in the National Policy on Gender and Development, 2019 (ADF, 2020:123; Njogu, OI:2023; FGD-5, 22/2/2023). The policy promotes tactics aimed at mitigating intersectoral forms of prejudice faced by women and girls (Republic of Kenya, 2019). Practical tools for the empowerment of WWDs are provided by this policy framework (FGD-2, 18/6/2023; Kakai, OI:2022). Gender equality and the empowerment of PWDs were given priority in the Third Medium-Term Plan, 2018–2022 (ADF, 2020:114). Although most programmes relied on subsidies and failed to tackle the systemic injustices and obstacles faced by WWDs (ADF, 2020:114; Mbugua, OI:2022; FGD-4, 14/4/2023).

All PWDs are guaranteed equality in social, cultural, economic, and political activities under Part II of the PWD Act, 2021, 4(1) (GOK, 2021:1807-08). According to the PWD Act 2021, all state agencies, offices, officers, associations, civil society organisations, and PDOs are required to safeguard and preserve fundamental freedoms and rights, including equality, non-discrimination, and the acknowledgement of WWDs as a component of human diversity (GOK, 2021:1807). These clauses offer a way to evaluate legislation that disproportionately affects WWDs (UN, 2014; Interviewee-64, OI:2023).

5.2.1.2. Surveys of Disability Concerns

The disability rights movement has employed diverse tactics to advocate for the rights of WWDs, either individually or in collaboration with MDAs, in accordance with the mission of the relevant organisation (FGD-4, 14/04/2023; Jemimah, OI:2023). Since 2013, the Federation of Deaf Women Empowerment Kenya, the UDPK, and DCIC have conducted some studies to advance the interests of WWDs in electoral laws and the rules governing registered political parties in Kenya (FGD-3, 14/12/2023). The UDPK and DCIC jointly petitioned the Parliamentary Select Committee over the inclusion of PWDs, including WWDs, in Kenyan electoral processes, based on the results of their study (UDPK and DCIC, 2016).

Women Challenged to Challenge, a Disabled Women's Organisation, has conducted research on gender-based violence and the rights of WWDs to sexual and reproductive health (Robi, OI: 2023; FGD-2, 18/6/2023). Hence, training sessions were held to teach health care professionals about gender-based violence response services, maternal health care, and rights-based, non-discriminatory family planning for WWDs (Robi, OI: 2023; FGD-2, 18/6/2023). As a result of these initiatives, WWDs use health care services more frequently, and health care environments and health care providers are sensitive to the needs of WWDs (Robi, OI: 2023; FGD-2, 18/6/2023).

The creation of adequate research on age, gender, and disability has made it possible for Disability Rights Movements to expand and improve on already-existing initiatives that support WWDs both nationally and locally (Robi, OI: 2023; FGD-4, 14/04/2023; FGD-2, 18/6/2023). However, due to budgetary constraints, studies on

disability-related matters are conducted sporadically FGD-5, 22/2/2023; FGD-1, 18/4/2023). Eighty-five per cent of the disabled women who participated in the study as informants noted that their rights and empowerment have been strengthened by the application of research on their situation.

In 2009, the Organisations of Persons with Disabilities collaborated and partnered locally with MDAs to conduct a survey to determine the total number and distribution of PWDs in the nation. The findings are illustrated in Figure 5.1

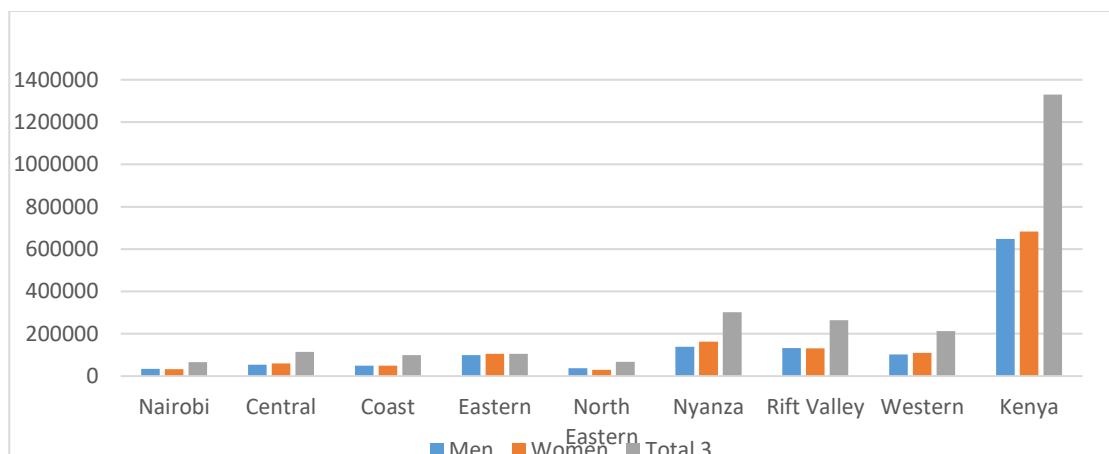


Figure 5.1. Distribution of People With Disabilities in Kenya Based on Gender, 2009

Source: KNBS (2012), Volume 2: GOK, 2011:60).

Figure 5.1 above illustrates that in Nairobi, Coast, and Central regions of Kenya, disability prevalence rates between men and women were almost on par. However, women had a higher frequency of disabilities than males did, as seen in Figure 5.4. The male and female disability prevalence rates were high in the Nyanza and Western regions. Disability mainstreaming in Kenya benefited from these findings (GOK,

2011:58; KNBS, 2012). The survey also captured the types of impairments illustrated in Figure 5.2 below.

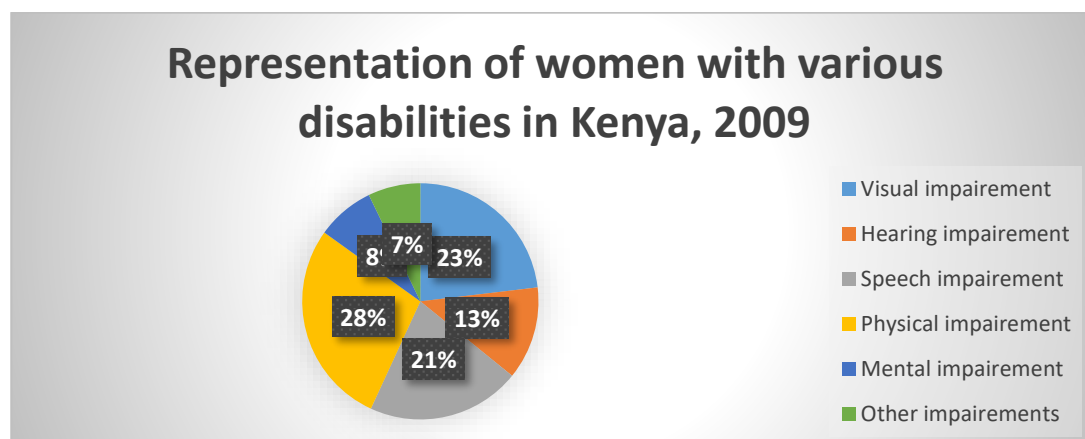


Figure 5.2. Distribution of Women with Various Disabilities in Kenya; 2009

Source: KNBS (2012), GOK (2011)

Figure 5.2 above illustrates that physical and sensory impairments were more prevalent in Kenya among WWDs than other forms of disabilities. These findings are consistent with other findings that establish that physical and sensory impairments were the dominant disabilities across many societies. These estimates were valid in disability mainstreaming based on gender and other disability forms.

Kenya complied with the CRPD requirement in 2019 to collect statistics using the "Statistics Washington group short set of questions to identify the number of PWDs" (Republic of Kenya, 2021:16). According to the census, MWDs represented 394,330 cases, and WWDs accounted for 523,883 cases. Additionally, the census revealed that 9,729 people were born with albinism (Ministry of Public Service, Gender, Senior Citizen Affairs, and Special Programmes, 2021:8). A Disability Inclusive Data Charter Action Plan was created, validated, and implemented by GOK by 2021. Its goal was to coordinate the collection and use of comprehensive disaggregated data

based on disability, gender, age, and other variables by all MDAs and non-state actors in accordance with various protocols and conventions that Kenya has domesticated and ratified (Ministry of Public Service, Gender, Senior Citizen Affairs, and Special Programmes, 2021:16). By determining the prevalence rates, types, and severity of disabilities through data collection and analysis, the Kenyan disability rights movement and relevant Ministries, Departments and Agencies (MDAs) were to determine appropriate intervention (FGD-2, 18/6/2023; FGD-5, 22/2/2023; Robi, OI:2023).

5.2.1.3 Provision for Access to Economic Opportunities

In both the Kibaki and Uhuru regimes, there was continuity in legal provisions that sought to promote economic opportunities and make employment inclusive of WWDs, unlike during the former presidents Kenyatta and Moi's regimes (Mbugua, OI:2022). WWDs have chances in public procurement according to Article 227 of the 2010 Kenyan Constitution (KII-15, 2023). Tender securities are no longer required of small and micro businesses controlled by SIDs under Article 21(1) of the Public Procurement and Disposal Act, 2012, which covers affirmative action for PWDs, including WWDs (FGD-2, 18/6/2023; KII-15, 2023).

According to Mzalendo (2021:6), the Public Procurement and Disposal Amendment Regulations, 2013, Regulation (31) (1) mandates that small businesses owned by women, adolescents, and PWDs receive at least 30% of procurement expenditures. Additionally, the GOK mandated that men and WWDs get at least 2% of AGPO bids (Mzalendo, 2021:6). These provisions have eliminated the pre-qualification barrier in

the tendering process, making it easier for WWDs to participate in procurement (KII-15, 2023; FGD-2, 18/6/2023). Additionally, under the Ministry of Labour and Social Protection's 2013–2017 Strategic Plan, five vocational rehabilitation centres (VRCs) were renovated (GOK, 2018:18; Bacha, OI:2022). An estimated 2241 men and WWDs were given tool kits (GOK, 2018:18). As part of affirmative action, grants and equipment for PWDs were given to 130 institutions and organisations, and 30 PWDs who were entrepreneurs received local purchase orders (GOK, 2018:18).

Presently, WWDs are identified as one socioeconomic category that is disproportionately impacted by the greatest rates of poverty and inequality in the Ministry of Labour and socioeconomic Protection Strategic Plan, 2018–2022 (ADF, 2020:113; Mbugua, OI:2022). To improve the economic empowerment of WWDs, it specifies a number of legislative reforms and inclusion measures for vocational training programmes (ADF, 2020:113; KII-15,2023). Additionally, the PWD Act 2021, Part II, 19 (1) prohibits employers from discriminating against qualified PWDs (GOK, 2021:1816). Section 19(2) obligates every employer to reserve at least 5% of direct employment opportunities for PWDs however, the Act is unclear on the ratio that is reserved for WWDs (GOK, 2021:1817; Kakai, OI:2022). Additionally, PWD Act 2021 Part II, 4 (3) provides that PWDs have equal access to financial credit facilities and property ownership (GOK, 2021:1809). These provisions are enabling to WWDs (FGD-5, 22/2/2023).

The disability rights movement in Kenya gave WWDs more economic power by providing them with opportunities in open and sheltered employment, supported

employment, and income-generating businesses (ILO, 2015; FGD-5, 22/2/2023; FGD-1, 18/4/2023). To address the issues of WWDs locally, for instance, the KUB encouraged economic empowerment through capacity building (HI, 2010; FGD-2, 18/6/2023). The Mona Disabled Women Community in Mombasa and the Federation of Deaf Women Empowerment in Nairobi have initiated projects aimed at supporting income-generating activities of their members through capacity building (FGD-1, 18/4/2023; FGD-2, 18/6/2023). They promoted the economic empowerment of WWDs by providing entrepreneurship training and installing merry-go-rounds (HI, 2010:36). WWDs have also formed partnerships with governmental organizations and non-governmental organizations (HI, 2010; FGD-2, 18/6/2023; FGD-5, 22/2/2023).

Since 2001, Women Challenged to Challenge a Disabled Women Organisation has empowered WWDs in Nairobi through placement services; provision of loans for small micro-enterprises startups, mainly tailoring, groceries, retail shops, food kiosks, and boutiques; provided training on business gainful employment; and collaborated with the NCPWD and Leonard Cheshire to develop a portal to reach out to unemployed disabled women in Kenya (FGD-1, 18/4/2023; FGD-5, 22/2/2023). Tunaweza Disabled Women Group, a CBO that focuses on women with different kinds of disabilities, began in 2000 and has been using tailoring, the sale of food items, and paraffin to empower WWDs in Mombasa's Bombolulu neighbourhood (Handicap International, 2010). The group also encourages saving culture among its members (HI, 2010:86; FGD-1, 18/4/2023). Most PDOs provided economic empowerment support services to WWDs, such as business management and financial literacy skills

for sustainable growth (Chitere, 1988; Mbugua, OI: 2022; FGD-2, 18/6/2023). The employment status of WWDs has mixed results, as highlighted in Table 5.2

Table 5.2: Access to Economic Engagement by Women with Disabilities based on Gender, 2019

Type of job	Total	Persons with Disabilities				
		%	Male	%	Female	%
Paid employee-outside	134,510	37.2	72,638	45.3	61,862	30.7
Paid employee within a household	10,166	2.8	5,710	3.6	4,454	2.2
Working employer	15,636	4.3	6,142	3.8	9,492	4.7
Own account worker	107,512	29.7	39,305	24.5	68,201	33.9
Member of a producer cooperative	486	0.1	207	0.1	278	0.1
Contributing family worker	67,920	18.8	25,246	15.2	42,672	21.2
Paid intern	1,557	0.4	967	0.6	590	0.3
Paid volunteer	3,148	0.9	1,625	1.0	1,522	0.8
other	21,024	5.8	8,668	5.4	12,354	6.1
Total	361,959	100	160,508	100	201,425	100

Source: KNBS (2022:67)

Table 5.2 above illustrates that MWDs have a higher employment status in salaried jobs than WWDs in the 2019 National Census. The table also reveals that WWDs engage in self-employment at a higher rate than MWDs. The increased rate of women in self-employment implies that DWOs and OPDs have managed to empower WWDs economically. The table illustrates that although MWDs in salaried employment are more than those of WWDs, the gap is narrow. These statistics reveal that WWDs engaged in income-generating opportunities increased, and consequently, more WWDs have been empowered.

Remarkably, WWDs were also included in Kenya's Vision 2030 (ADF, 2020:114). The GOK has committed to developing human capital through Kenya Vision 2030, irrespective of an individual's position or impairment (Mbugua, OI:2022). Kenya's

blueprint pledges to ensure that policies, legal frameworks, programmes, and projects that directly affect PWDs appropriately address these concerns. All ages of WWDs can take advantage of these initiatives as a means of empowerment (GoK 2018; AFP, 2020:104).

Based on the idea of "Leaving No One Behind," the 2030 Agenda for Sustainable Development calls for the advancement and empowerment of WWDs (UN, 2016:7; FGD-5, 22/2/2023). Additionally, it maintains that state parties must take the necessary actions to ensure the empowerment of WWDs of all ages. Consequently, it urges state parties to incorporate the rights and interests of girls and WWDs into all national action plans and programmes pertaining to women (UN, 2016:7; Njogu, OI:2023). The GOK, through the cooperative efforts by MoGCSD, the NCPWD, and DPOs, undertook awareness creation programmes that enhanced public acceptance of PWDs, thus enabling them to live among the community (UN, 2014:32; FGD-2, 18/6/2023). They also created awareness among civil servants through disability equality training and support for developing inclusive workplace disability policies (FGD-5, 22/2/2023; Mumbi, OI:2023).

5.2.1.4. Provision for Access to Healthcare

During the first four decades of independence, healthcare programmes in Kenya aimed to offer general health services without giving special consideration to women with impairments (AMP/5/32). Modern health policies take into account both the unique requirements of WWDs and the health issues facing PWDs as a whole in providing universal access to healthcare, including for women with impairments

(Kenya Law, 2010:65; FGD-5, 22/2/2023; Mungase, OI:2023). The Persons With Disability Regulations (2009) reinforced that education and information sharing about the rights of PWDs should be included in healthcare services to make healthcare more accessible (Kenya Law, 2010:65; IFES, 2014:13; FGD-5, 22/2/2023; Mungase, OI:2023).

The GOK is obligated to offer healthcare providers training on the reproductive health rights of PWDs (Kenya Law Reporting, 2010:19). The right of everyone to the best possible standard of health and access to medical services is guaranteed under the Kenyan Constitution (Kenya Law, 2010:65; IFES, 2014:13; Mungase, OI:2023) The government is obligated to guarantee minorities, marginalized groups inclusive of WWDs, access to health services. As a result, healthcare settings and providers have adopted inclusive approaches in service delivery, enhancing WWDs' behaviours as users of health care services (FGD-2, 18/6/2023; FGD-5, 22/2/2023; Mungase, OI:2023).

Women Challenged to Challenge has also empowered healthcare providers in Nairobi and Kiambu counties to support WWDs' ability to seek health services and raised understanding of sexual and reproductive health rights among them (Robi, OI:2023; FGD-2, 18/6/2023). The goal was to increase the realisation of the sexual and reproductive rights of WWDs, protect them from social discrimination (Robi, OI:2023; FGD, 08/06/23). In the focused group discussions, there was concurrence that the disability rights movements had raised awareness among a sizable portion of

the WWDs and population and enabled them as regular users of sexual and reproductive health services in society (FGD-5, 22/2/2023; FGD-2, 18/6/2023).

In Kenya's urban and rural environments, Women and Realities of Disability Society (WARD) has been promoting social inclusion since 2015 by dispelling stereotypes regarding the sexual and reproductive health of WWDs (Bacha, OI:2022; Robi, OI:2023). Women in urban and rural communities with physical and sensory impairments were the focus of WARD's operations (FGD-2, 18/6/2023; FGD-2, 18/6/2023). Every month, WARD hosted inclusive community discussions in Kiambu, Mombasa, Nairobi, and other counties. WARD, service providers, legislators, community leaders, and religious organisations were represented in the forums (Kiranga, OI:2022). Discussion topics included the political representation of women and girls in politics, education, economic empowerment, sexuality, and maternal health (FGD-2, 18/6/2023).

Article 21, 53-57 of the 2010 Kenyan Constitution specifically addresses disability mainstreaming policies that include women with impairments in health care access (Republic of Kenya, Ministry of Health, 2014:2030; Mzalendo, 2021:7; ADF, 2020:120; Mungase, OI:2023). Disability mainstreaming in healthcare is mandated by the National Adolescents Sexual Reproductive Bill 2015 and the Kenya Mental Health Policy 2015–2030. The Kenya Mental Health Policy 2015–2030 provided funding for mental health services through community health financing initiatives and budgetary allotments (Republic of Kenya, 2015; Bacha, OI:2020; Mungase, OI:2023). Making health care accessible, inexpensive, and equitable (GOK, 2015:3).

Integrating the mental health system with the general health system through policy was prioritized (GOK, 2015:3). The policy calls for scaling up social protection, and disability assistance programmes, and community-based rehabilitation (Republic of Kenya, 2015). Encouraging health services for women with mental health challenges is one area in which the policy shows effective impact (GOK, 2015; Interviewee-84, OI:2023; Mungase, OI:2023).

The National Health Act of 2017, Section 3 (c), and Section 6 provide for the health rights, including reproductive health, of all vulnerable groups, including WWDs (ADF, 2020:116; Mzalendo, 2021:8; Mungase, OI:2023). Section 9 (1) (a) stresses the patient's informed consent in treatment (ADF, 2020:116; Interviewee-84, OI:2023; Mungase, OI:2023). This provision enhances access to healthcare rights for WWDs and limits forced sterilisation (Interviewee-84, OI:2023; Mungase, OI:2023). However, WWDs are not fully insulated by the Health Act 2017 from all forms of discrimination. The Mental Health Act of 2018 advances the rights of individuals with psycho-social disabilities, including WWDs (A/HRC/34/58, 2016; Mzalendo, 2021:8; ADF, 2020:118; Interviewee-84, OI:2023).

5.2.1.5. Provision for Access to Sports and Recreation

The 2006 National Disability Policy social pillar is built on change in the areas of gender, youth, sports, and culture; education and training; health; water and sanitation; environment, housing, and urbanization; and encouraging equity and the fight against poverty (Republic of Kenya, 2011). Its first five years were devoted to expanding possibilities for underprivileged populations, including women and youth, including

WWDs (Republic of Kenya, 2011). Similar to the Persons With Disability Act 2003, Section 10 of the Persons With Disability Regulations, 2009 offers procedures for promoting access concerning the inclusion of WWDs in sports and recreational activities (NCPWD, 2004:17–8; Kenya Law Reporting, 2010:31). Through the adaptation of sporting facilities, relevant public authorities, DPOs, federations, and clubs are further required under the Persons with Disabilities Regulations, 2009 to ensure social integration of men and WWDs in sports. The National Special Education Policy Framework, 2009, also sought to ensure the provision of gender-responsive recreation and sports facilities (Republic of Kenya, 2015:10-7; FGD-1, 18/4/2023).

The Persons with Disability Act 2021, Article 26 (1) provides for robust social integration of all PWDs in sports and cultural activities (Kenya Law Reporting, 2010:31; GOK, 2021: 1803). The National and County governments are required under Article 26(7) to provide the facilities and appropriate atmosphere needed for PWDs to participate in sports (FGD-5, 22/2/2023). The foundation for increasing the inclusion of PWDs and WWDs in sports and culture was established by these provisions (KII-15, 2023; Mungai, OI:2022).

Organisations of WWDs have been used as spaces to empower WWDs in sporting and cultural activities. A notable example is the Bacha Care Foundation, which was founded in 2013 and registered as an NGO by Hon. Ms Jacintha Bacha, currently a nominated MCA to the Kiambu County Assembly representing PWDs (Mbugua, OI:2022; Keranga, OI:2022). In 2013, the foundation started modelling for women with wheelchairs. Later, it was transformed into Mr. and Ms. Wheelchair Kenya

(Bacha, OI:2022). Although the project started in Kiambu County in 2013, it assumed a national outlook by 2014 by incorporating one woman with a wheelchair (wheelchair user) from each county (Keranga, OI:2022).

According to a nominated female member of the county assembly, in 2016, the Bacha Care Foundation held a Miss Wheelchair World Disability in which she was crowned 'Queen of Disability East Africa' (Bacha, OI:2022). Locally, the foundation has empowered both females and males with disability through modelling. However, at the international level, it focused on WWDs (Bacha, OI:2022; Keranga, OI:2022). The rise in the number of DPOs owned and managed by WWDs has intensified the empowerment of WWDs. Their mandate is the diverse human rights of women with disability (Keranga, OI:2022; FGD-2, 18/6/2023). According to 85% of WWDs who served as informants, the development of Disabled Women Organisations (DWOs) widened their access to political, social, and economic opportunities to some extent.

On the other hand, the Ability Trust had begun a wheelchair rugby workshop in Nairobi. This Ability used adaptive sports as a platform to provide sexual and reproductive health services to WWDs (SRHRplusD Festival Report, 2021). This Ability Trust created safe spaces for WWDs to share knowledge on their body autonomy and legal capacity through creative arts; it provided them with an opportunity to showcase their arts to increase their visibility, strengthen movement building and networking among WWDs; and, provide valuable interaction for national dialogues with relevant government and other stakeholders (SRHRplusD Festival Report, 2021; FGD-1, 18/4/2023).

5.2.1.6. Provision for Access to Communication

In 2002, the Deaf Women Initiative Network (RDWIN) obtained a CBO registration (Handicap International, 2010:30). It works across the country to advance the deaf and deaf-blind women's human rights (HI, 2010:29). It works in tandem with MDAs and other PDOs, encouraging the growth of sign language culture, and deaf women's education (HI, 2010:29; FGD-2, 18/6/2023). The Federation of Deaf Women Empowerment Kenya (FEDWEN-KENYA) is an umbrella organisation for deaf women and girls in Kenya (Jemimah, OI:2023). It was established in 2008 and serves 26 counties in Kenya (HI, 2010:36). FEDWEN-K has been organising programmes and services that empower deaf women and girls in Kenya through advocacy for sign language culture and education for women with visual impairments in Kenya (HI, 2010:36; KII-4, 2023).

Article 7 and 54(1)(d) of the 2010 Kenya Constitution acknowledge and allow sign language, braille, and other accessible forms of communication for PWDs to be included among the official languages, concerning information access for PWDs in Kenya (Kenya Law, 2010:24,64; IFES, 2017:9; KII-15,2023). The government is required by Article 56 of the Constitution to use affirmative action to provide marginalized groups the opportunity to develop their languages and customs (Kenya Law, 2010:65; KII-15,2023).

The International Disability Alliance organised a conference in 2014 to enhance communication between national, regional, and international DPOs, and it was held in Nairobi, Kenya (Bacha, OI:2022; Interviewee, OI:2023). Among the PDOs present were the UNDPK and the African Disability Forum. Strengthening the solidarity of

PWDs in Africa was the conference's main goal. The participants agreed that PWDs' rights should be mainstreamed and advocacy activities should be increased. The Nairobi Declaration expressed what WWDs wished to see included in the Post-2015 Development Agenda and reflected the collective voice of PWDs in Africa (Bacha, OI:2022). Most WWDs (65%) concurred that they have been empowered through activism.

All PWDs are guaranteed free and unrestricted access to communication and information under the Persons with Disability Act of 2021, Section 24(1) (GOK, 2021:1821; KII-15,2023). When distributing information meant for the public, government ministries, departments, and agencies (MDAs) are required by Article 24(2) to adopt formats and technologies that are accessible to PWDs (GOK, 2021:1821; Mbugua, OI:2022). Under Article 21 of the CRPD on access to information, Kenya has thus made some efforts to empower WWDs in accessing information, which is essential in guiding their actions as independent agents (IFES, 2017:9; FGD-1, 18/4/2023; Bacha, OI:2022).

5.2.1.7. Provision for Access to Education and Training

The MoEST launched a project in 2003 to create a sectoral policy to improve gender equity in education, and it was completed in 2006 (Republic of Kenya, 2015:5; Mbugua, OI: 2022). By increasing inclusive education in regular schools and mainstreaming special needs education, Kenya's Special Needs Education Policy Framework of 2008 sought to advance inclusive education (AFP, 2020:107; Mbugua, OI: 2022). In educational institutions, the policy supports equitable access to gender

and disability equality (Republic of Kenya, 2018; Mbugua, OI: 2022).

In 2009, the government pledged to use affirmative action to increase access and equity for underrepresented groups, such as WWDs (GOK, 2012:122). The National Special Education Policy Framework, 2009, was to promote gender inclusivity by focusing on all disadvantaged groups, including WWDs (Republic of Kenya, 2015:6; Njogu, OI:2023). Article 54 of Kenya's 2010 Constitution states that WWDs have the right to education in institutions and facilities that support their integration into society and take into account their individual needs (Interviewee-64,OI:2023; FGD-1, 18/4/2023). No one may be subjected to disability discrimination in the educational system, according to the Kenya Basic Education Act 14 of 2013 (GoK,2010; AFP, 2020:106).

Special needs education is recognised as essential to the development of human capital and self-reliance in the Sessional Paper No. 14 2012 on education, training, and research (Republic of Kenya, 2018:2; Kakai, OI:2022; Mbugua, OI:2022). The Basic Education Act, 2013, the National Education Sector Plan, 2013-2018, and the Education and Training Sector Gender Policy, 2nd edition, all made inclusive education easier (Mzalendo, 2021:8; FGD-1, 18/4/2023). The Republic of Kenya (2014:17) states that the Draft Technical and Vocational Education and Training Policy, 2014, aimed to use affirmative action to guarantee equity concerning gender, vulnerable groups, and individuals with special needs. It also sought to devolve TVETs to counties for the benefit of all, including WWDs (Republic of Kenya, 2014:17; FGD-5, 22/2/2023). It stated that training facilities for technical and vocational education (TVET) ought to provide trainees with disabilities with human

dignity, equity, equality, and protection of marginalised communities-based non-discrimination principles (Republic of Kenya, 2014:17).

To align education and training for trainees with disabilities with the Kenyan Constitution of 2010, and the Basic Education Act of 2013, the National Education Sector Plan (NESP, 2013-2018) and Vision 2030 recommended reviewing the SNE policy and developing guidelines for its implementation (Republic of Kenya, 2015:26). Thematic policy measures on WWDs were included in the MoE Sector Policy for Learners and Trainees with Disabilities 2018 (GOK, 2018: I; Mzalendo, 2021). The policy aimed to: enhance budgetary allocation to institutions and programmes that provide education and training to learners with disabilities; prioritise equity and gender mainstreaming of education; involve trainees with disabilities in decision-making in student councils, clubs, and associations; and promote advocacy and awareness. The policy also provided for education, training, and support services for trainees with disabilities through partnerships and collaborations with other stakeholders (Mzalendo, 2021:8; GOK, 2018:3, 24-37; ADF, 2020:110).

The Persons With Disability Act, 2021 Part II, 18(2), Sections 18(3) and 19 provide for the inclusion of WWDs' access to ongoing adult education programmes (GoK,2010; AFP, 2020:106). Under Section 18(4), the GOK is required to support WWDs' access to inclusive education at all educational levels (Kenya Law Reporting, 2010:11; GOK, 2021:1813). The phrase "no PWDs" suggests that it also applies to WWDs, even if persons with disabilities are mentioned. These legal provisions support integrating students with disabilities into mainstream classrooms (AFP,

2020:106). In comparison with the statistical figures from the 1989 disability census, which showed wide disparities in access to education and training at various levels, the 2019 census report shows that WWDs in middle-level colleges were nearly on par with MWDs and that the gaps had closed in accessing university education (Republic of Kenya, 1989; KNBS, 2022:55).

5.2.1.8. Provision for Access to Assistive Devices

Persons with Disabilities Regulations, 2009 provides for tax exemptions for PWDs to purchase, repair, or adapt personal technical assistive devices and personal vehicles (Kenya Law Reporting, 2010:19; FGD, 22/2//2023). The regulation is in line with calls by President Moi in 1981 for the waiver of both duty and sales tax on all imported and locally manufactured assistive devices for disabled persons (AMP/5/32). WWDs have received tax exemptions and have been empowered to access assistive devices at affordable rates (FGD-5, 22/2/2023).

From around the year 2000, the GOK improved the availability of assistive equipment to WWDs by forming partnerships between MDAs and the APDK (UN, 2014:31; Interviewee-34, OI:2023; Mumbi, OI:2023; Adeya, OI:2022). Women with impairments in Kenya could live more independently and with greater mobility after receiving more assistive equipment (Kenya Law, 2010:64; FGD-2, 18/6/2023). Furthermore, through the Rehabilitation Service and Assistive Technology Strategy 2021–2026 and the National Household Survey of Rapid Assistive Technology Assessment (RATA), a partnership between the State Department for Social Protection and the Ministry of Health improves access to assistive technologies for all

PWDs (Ministry of Public Service, Gender, Senior Citizen Affairs and Special Programs, 2021:12; Interviewee-60, OI:2023).

5.2.1.9. Provision for Protection from Harm

The National Disability Policy (2006) obligates the government to prevent neglect, abuse, and violence against women and children (Interviewee-64, OI:2023; Keranga, OI:2022). While the previous policies were based on humanitarian models, the current policy tackles issues unique to WWDs based on an empowerment and human rights approach (AMP/5/32). The National Special Education Policy Framework, 2009, paid attention to responsive safety and security measures in all learning institutions to minimize cases of GBV, which was among the goals it aimed to achieve (Republic of Kenya, 2015:10-7; FGD-1, 18/4/2023).

The relationship between ageing and disability was acknowledged in the National Policy for Older People and Ageing, 2009, which was updated in 2014 to conform to the 2010 Kenyan Constitution (Republic of Kenya, 2014:vi). It focuses on both MWDs and WWDs who have experienced impairment throughout their lives as well as those whose ageing has made their disabilities worse (Republic of Kenya, 2014:18; FGD-5, 22/2/2023). To address abuse, gender-based violence, and other discriminatory practices against the elderly and disabled, the policy encourages government cooperation with other actors in fostering public engagement on all intersecting issues (Republic of Kenya, 2014:18). By shielding the elderly from abuse and gender-based violence (FGD-2, 18/6/2023; Interviewee-64, OI:2023).

Kenya participated in the World Humanitarian Summit in 2016, where the participation of women and girls in humanitarian relief and their empowerment were discussed, with a focus on risk and emergencies (UNGA, 2017:4). In the context of humanitarian situations, UN agencies and multiple human rights networks have advocated for the protection and empowerment of girls and WWDs (UNGA, 2017:4). Given the numerous humanitarian organizations working in Kenya, GOK's commitment during the Summit was essential to empowering WWDs (FGD, 8/06/23). Article 16 (1) of the Persons With Disability Act 2021 stipulates that PWDs are entitled to protection during conflict, natural disasters, and humanitarian emergencies (GOK, 2021:1823). Security agencies and emergency or humanitarian services are required by Article 16(4) to prioritise and pay attention to WWDs in all dangerous situations and to take the necessary steps to ensure their safety or protection (GOK, 2021:1823). Article 14 of the Persons With Disability Act 2021 provides that every PWD has the right to speech that does not undermine their human dignity and is not to be called names that do the same (GOK, 2021:1823). As per the provisions of Article 15(1) and (2), every individual with a disability, including WWDs, is entitled to protection from all types of exploitation, abuse, and violence in all situations (GOK, 2021:1823; Interviewee-64, OI:2023).

5.2.1.10 Provision for Access to Political Processes and Public Decision-Making

A progressive framework for the attainment of PWDs' participation in both elective and appointive offices is provided by Article 54(2) of the Kenya Constitution 2010 (Kenya Law, 2010:64; Kakai, OI:2022). It stipulates that PWDs shall hold 5% of appointed and elected positions in political leadership (Kenya Law, 2010:64;

KNCHR, 2014). Nevertheless, it is unclear how many WWDs fall under the 5% clause (Kenya Law, 2010:42; GOK, 2011:49). In retrospect, the representation of WWDs in parliament was largely absent during the Kenyatta and Moi regimes despite the provision of the twelve nomination slots for special interests (Kanyinga, 2019:91; Njogu, OI:2023). The reality has been that the twelve slots were used to reward party loyalists rather than marginalized groups (Kanyinga, 2019:91).

The 2010 Kenyan Constitution encourages WWDs to participate in politics (Republic of Kenya, 2010; Bacha, OI:2022; KII-4, OI:2023). The inclusion of WWDs in SIGs is mandated by Article 90 and Article 97(1)(c) (Kenya Law, 2010:105). In light of this, Article 98(1)(d) stipulates that one WWD and one MWD representing PWDs must comprise the Senate (Republic of Kenya, 2010; Kenya Law, 2010:106). It also obligates Parliament to pass laws under Article 100 to advance the representation of underrepresented groups, including WWDs (Kenya Law, 2010:108; KII-15, 2023). WWDs are among the marginalized groups whose representation is guaranteed by Article 177 (1)(c) of the 2010 Kenyan Constitution. (KNCHR, 2014, IFES, 2017:6,7).

In the 2013 General Elections in Kenya, for example, two senators with impairments were nominated: one female (TNA) and one male (ODM) (Wisena Consultancy Limited, 2017; UDPK, 2008:26; Bacha, OI:2022). Twelve PWDs were elected or nominated to the National Assembly and Senate in the 2013 General Elections comprising of nine men (75%) and three women (25%) (UDPK, 2018). Additionally, sixty-two MCAs (thirty-two males and thirty females) were nominated to the County Assemblies by the County Governments in Kenya (Wisena Consultancy Limited,

2017). In the General Elections of 2017, women with disabilities made inroads in Kenya's elective politics as illustrated in Table 5.3 below.

Table 5.3: Gender Representation of People with Disabilities in Parliament and County Assemblies in 2017

Level	Party	Elected		Nominated		Total
		MWDs	WWDs	MWDs	WWDs	
National Assembly	Jubilee	0	1	1	0	2
	Wiper	0	1	0	0	1
	ODM	1	0	0	1	2
Senate	Jubilee	0	0	1	0	1
	ODM	0	0	0	1	1
County Assemblies	Jubilee	0	0	5	12	17
	ODM	0	0	4	5	09
	Wiper	0	0	2	3	05
	KANU	0	0	3	0	03
	ANC	0	0	1	1	02
	PPK	0	0	0	1	01
	MCC	0	0	1	0	01
Total		1	2	18	24	45

Source: IEBC, (2017b); IEBC, (2017c); IEBC (2017d); UDPK WFD (2020:16)

Table 5.3 shows that two PWDs were nominated to the National Assembly and Senate, respectively, in line with provisions of the Kenya 2010 Constitution, in each case one being a woman with disability. Forty-two nomination slots were given to men and WWDs at the County Assembly level, with women having 24 and men 18. The table also demonstrates that elected and most nominated WWDs to the National Assembly and the County Assemblies were from dominant political parties. However, compared to the 2013 General Elections, fewer WWDs and MWDs were nominated in County Assemblies as MCAs (IEBC, (2017b); IEBC, (2017c); IEBC (2017d); IEBC, 2020; UDPK, 2018).

The Kenyan Constitution of 2010, the Election Act of 2011, and the Political Parties Act of 2011 all contain affirmative action provisions that have contributed to the progress made by WWDs in Parliament and County Assemblies (IEBC, 2020; Bacha, OI:2022). A list of WWDs nominated through affirmative action to different County Assemblies in Kenya between 2017 and 2022 is shown in Table 5. 4.

Table 5.4: List of Females Nominated to County Assemblies, 2017 General Elections in Kenya.

No.	Name of Nominee	Political Party	County
1.	Ramla Said Omar	ODM	Mombasa
2.	Halima Billow Omar	Jubilee	Mandera
3.	Ali Sahara Mohamed	Jubilee	Mandera
4.	Haretha Aden Ibrahim	Wiper	Wajir
5.	Ann Stella Ntuti Akwalo	Jubilee	Isiolo
6.	Asenath K. Nyamu	PNU	Meru
7.	Asumpta Mukwanjeru	Jubilee	Tharaka Nithi
8.	Florence M Singi	Wiper Democratic Movement	Kitui
9.	Josephine K.Mutie	National Rainbow Coalition	Kitui
10.	Jacinta Nthambi Luka	Wiper Democratic Movement	Machakos
11.	Mitaru Beatrice Njoki	Jubilee	Kirinyaga
12.	Jane Nyokabi	Jubilee	Kiambu
13.	Jennifer Letuiya	Jubilee	Samburu
14.	Kosgei Salina	Jubilee	Uasin Gishu
15.	Evalyne J. Kiptoo	Jubilee	Elgeyo Marakwet
16.	Rose Chesang	Jubilee	Nandi
17.	Josephine S. Sharrar	Jubilee	Kajiado
18.	Chepkorir, T. Janet	Jubilee	Bomet
19.	Roselyn Katibi Akoy	ODM	Kakamega
20.	Joyce, M. Mayodi	Congress	Vihiga
21.	Naomi, M. Olume	Progressive Party	Vihiga
22.	Consolata Juma	ODM	Kisumu
23.	Philister Atieno	ODM	Migori
24.	Esther Atieno Onana	ODM	Migori

Source: IEBC (2017b); IEBC (2017c), IEBC (2017d); IEBC, (2020); UDPK (2018); WFD (2020:15).

The findings in Table 5.4 illustrate that Jubilee nominated 50% of the WWDs, ODM 20.8%, and Wiper 12.5%. The remaining four parties accounted for 16.7%. The table indicates that WWDs have made inroads into some County Assemblies.

The increased participation and representation of WWDs in electoral processes in 2017 and afterwards is attributed partly to the 2016 Diversity Policy for the Public Service which stipulates that five percent of appointments in the public sector must be made to PWDs, via progressive realisation (IEBC, 2020; ADF, 2020: 113,114). The provision was essential for empowering WWDs (ADF, 2020, 113,114; Bacha, OI:2022). Additionally, a memorandum aiming to ensure the comprehensive inclusion of PWDs in Kenya's election procedures was drafted and given to the Prime Minister by UDPK and the DCIC in 2016 (UDPK & DCIC, 2016). Among the substantive problems brought before the Select Committee were WWDs' participation in the IEBC and high-level policy organs of political parties (UPDK & DCIC, 2016). The UDPK and DCIC advocated that WWDs be represented in the National Assembly and the County Assemblies (UPDK & DCIC, 2016; FGD-5, 22/2/2023). In addition, they demanded that the voting process be made accessible to PWDs, with attention to polling places and booths, voting materials, civic and voter education, and assisted voting for those with intellectual and visual impairments (UDPK & DCIC, 2016).

In response to the National Assembly's request for public consultation, the Caucus on Disability Rights Advocacy (CDRA), a coalition of disability advocacy stakeholders, and the UDPK filed a memorandum on the Kenyan Constitution (Amendment) Bill, 2019, in August 2019. Their suggestions aimed to ensure that Parliament complies

with Article 54 (2) of the constitution, stipulating that PWDs must make up at least 5% of members of elective or appointed bodies (UNDPK, 2019:2; Bacha, OI:2022). The CDRA and UDPK applauded Clause 4 of the Bill, which sought to amend Article 97 (1) (c) of the Constitution by stating that twenty-two PWDs nominated by parliamentary political parties by their numerical strength in the National Assembly under Article 90 shall be members of the National Assembly (UNDPK, 2019:2). They agreed with the Bill's proposal that the two-thirds gender norm outlined in Article 27 (8) of the Constitution be taken into consideration when selecting nominees with disabilities. Both CDRA and UDPK also agreed with Clause 5 of the bill, which stated that the Senate must have four senators with disabilities nominated by political parties based on the proportion of senators elected under Article 90(1)(a) of the Constitution (UNDPK, 2019:2).

Further, CDRA and UDPK emphasised the necessity of enabling PWDs to identify candidates that political parties would later nominate as members of parliament or of county assemblies (UNDPK, 2019:2). They maintained that, as outlined in Article 10 of the Constitution, the idea of public engagement is a fundamental component of democracy. They added that Kenya was required by Article 29 of the CRPD to make it easier for PWDs to cast ballots and hold office in public institutions (UNDPK, 2019:2). They highlighted CRPD Articles 4 and 3, which required Kenya to actively involve PWDs in the formulation and execution of laws and policies as well as other processes involving matters about PWDs, by consulting with their representative organisations. The contention was that lawmakers with disabilities should answer to the disability constituency and the political parties who nominated them (UNDPK,

2019:2; Bacha, OI:2022). Accordingly, the UDPK and CDRA recommended that these provisions be applied to lawmakers with disabilities nominated to the Senate, the National Assembly, and County Assemblies in Articles 97, 98, and 177 of the Constitution (UNDPK, 2019:3).

In Clause 4 of the Bill, the CDRA and UDPK suggested adding a new clause to Article 97 of the Constitution. Each political party will confer with nationally representative DPOs by the proposed regulations, which the IEBC will write, to determine which candidates would be appropriate for nomination to the National Assembly (UNDPK, 2019:3). Additionally, they proposed amending Article 98 of the Constitution by introducing a new provision, section 5, which would mandate that, subject to IEBC limitations, each political party consult with national representative OPDs before choosing candidates for Senate nomination (UNDPK, 2019:3).

Disability rights movements have allowed WWDs to join inclusive political groups and assume elected office (Bacha, OI:2022). The chairperson of the Kiambu County Network of People with Disabilities is a disabled lady. Some WWDs are members of the management committee and hold different leadership roles in the sub-county networks (Bacha, OI:2022; Kiranga, OI:2022). According to its coordinator, WCC has also encouraged WWDs to take leadership positions on school management boards, disabled people's organisations, churches, and other political spaces (Kiranga, OI:2022).

Disability rights movements have also empowered WWDs through capacity building based on training on leadership skills, lobbying and advocacy skills, and strengthening

the capacity of WWDs-led organisations (Kiranga, OI:2022; Interviewee-64, OI:2023). WCC has trained WWDs in leadership and governance. Many of their trainees participated in the elections as candidates for various positions. Few of their trainees managed to be nominated for elective positions in the 2022 General Elections in Kenya (Robi, OI:2023). Eighty per cent of disabled women agreed that improved access to social, economic, and political rights has resulted from capacity building. Additionally, this Ability Trust has been collaborating with CBOs of WWDs in a few Kenyan counties, providing leadership and advocacy training to WWDs in those organizations so they may interact with legislators and effect change (FGD-3, 14/12/2023; FGD-2, 18/6/2023).

In addition, the Disability Act 2021, Part II 17(1) stipulates that specific efforts must be taken to expedite WWDs' equitable participation in social, cultural, economic, civil, political, and other spheres (GOK, 2021:1809-11; KII-4, 2022). As a result, three MWDs and one county woman representative with disability were elected to the legislature in 2022 (UPDK, 2023:33). According to the 2010 Kenyan Constitution, there are two PWDs with disabilities in the Senate: Hon. Crystal Asige (ODM) and Hon. George Mbugua (UDA) (Bacha, OI:2022; KII-4, 2023). Under the special interest groups category, 188 MCAs were elected to the 47 County Assemblies, and at least 38 were MCAs with disabilities, including WWDs. There were four-to-one nominees with a disability in each of the twenty-six County Assemblies. For example, the County Assemblies of Nairobi and Mombasa each had one nominee with disability (UPDK, 2023:33).

5.2.2 Institutional Mechanisms

As highlighted in the Plan of Action of 1981-1989, it indicated a dire need to set up national machinery to coordinate and monitor programmes and services of all organisations concerned with the welfare of all PWDs (AMP/5/32). The Kibaki and Uhuru regimes established institutional bodies that addressed the general issues of marginalised groups and minorities in their comprehensive mandate (Kanyinga, 2014:80; Kakai, 2022).

5.2.2.1 The National Council for Persons with Disabilities

The National Council for Persons with Disabilities (NCPWD) is the main organisation for empowering PWDs in Kenya (FGD-5, 22/2/2023; Njogu; OI: 2023). Following the PWDs Act No. 14 of 2003, it was founded in 2004 as a SAGA (Handicap International, 2010; NCPWD, 2019). The Board of Directors of NCPWD is composed of representatives from government MDAs as well as PDOs (HI, 2010; KNCHR, 2014; NCPWD, 2019; Mbugua, OI:2022). For instance, Ms. Mercy Mugure Gichunge, a NCPWD Board of Directors member, is a woman with disability (NCPWD, 2019; KII-4, 2023; Keranga, OI 2022).

To empower all PWDs in the social, economic, and political spheres, NCPWD was entrusted with creating mechanisms for this purpose; registering and overseeing OPDs and organisations that offer services for PWDs' rehabilitation and welfare; supplying assistive devices and other equipment to PWDs and institutions concerned with PWDs' welfare; and raising public awareness of PWDs' rights (GOK, 2003; Kenya

Law Reporting, 2010:8,9: Mumbi, OI:2023; Teddy, OI:2023). The Activities of NCPWD are highlighted in Table 5.5.

Table 5.5: NCPWD-Annual Report & Financial Statements; 2016-2021

Programmes	2016	2017	2018	2019	2020	2021
DPOs, self-help groups	43,250,000	53,650,000	14,050,000	28,537,730	25,240,000	28,537,730
Donations	2,933,786	3,702,276	2,988,511	4,102,600	25,240,000	4,102,600
Assistive devices	127,501,502	84,415,269	42,369,560	451,668,063	30,933,763	51,668,063
Infrastructure & equipments	141,615,019	86,402,102	54,228,558	17,500,180	10,996,942	17,500,180
Education support	68,443,535	73,352,954	41,798,580	92,704,557	57,795,261	92,704,557
National (DPOs)	53,388,855	47,271,250	-	7,800,000	-	7,800,000
Capacity building of PDO, SHGs	2,038,400	6,830,326	4,531,179	2,255,497	4,612,874	2,255,497
Monitoring of PDOs/SHGs	2,607,930	2,152,900	20,928,469	1,696,013	1,240,250	1,696,013
Registrations of PWDs	21,300,147	20,415,275	11,232,442	14,246,112	8,028,002	14,246,112
Cash transfers to PWSDs	728,236,346	1,390,281,805	801,642,631	10,411,716	-	10,411,716
Persons with albinism support program	253,670,792	142,130,348	61,879,700	1,331,226,661	845,125,000	1,331,226,661
Disability mainstreaming	-	5,812,440	2,609,522	1,806,401	-	1,806,401
Total grants and subsidies in shillings	1,444,986,311	1,916,416,945	1,059,934,051	1,647,996,532	1,031,881,295	1,647,996,532

Source: NCPWD, (2016); NCPWD, (2017); NCPWD, (2018); NCPWD, (2019);

NCPWD, (2020)

Table 5.5 demonstrates that NCPWD: significantly funded OPDs; engaged in the registration of PWDs; engaged in capacity building for OPDs; infrastructural development and provision of equipment; provided CTPWSDs; initiated Persons with Albinism support program; provision grants to special schools, and vocational and rehabilitation centres, colleges and universities; provided assistive devices to improve

mobility and independent living; and undertook disability mainstreaming. Table 5.5 established that the government was committed through increased funding in multiple initiatives to empower men and WWDs as individuals through self-help, OPDs, and institutional development over the years.

The NCPWD has empowered WWDs by providing tool kits (KII-4, 2023; Mbuvi, OI:2023). During FY 2019/2020, the NCPWD provided tool kits to 254 PWDs, including women with various disabilities, ranging from salon kits, photocopying machines, knitting kits, to sewing kits to provide self-employment (NCPWD, 2019). The NCPWD initiatives to empower WWDs by providing tool kits have been successful (Mumbi, OI:2023; Teddy, OI:2023). By April 2011, the NCPWD had registered over 60,000 men and WWDs (Mumbi, OI:2023). The aim was to facilitate funding for PWDs and their organisations to access government services and funding for micro-enterprise start-ups (UN, 2014:44; Mumbi, OI:2023; Teddy, OI:2023).

All the NCPWD's initiatives aim to empower disabled women politically, socially, and economically (Mbugua, OI:06/12/22). Nevertheless, there was an apparent disparity in access between the census data, current NCPWD registration information, and NCPWD service recipients. The inadequate funding and workforce hindered NCPWD in accomplishing most of their goals (Mbugua, OI:2022; Keranga, OI:2022; Njogu, OI:2023). Consequently, the NCPWD has addressed a fraction of WWDs' access to their socioeconomic and political rights (Mzalendo, 2021; Mungase, OI:2023; Mumbi, OI:2023).

5.2.2.2 The Kenya National Commission on Human Rights (KNCHR)

When the Kenya National Commission on Human Rights (KNCHR) was founded in 2011, its mandate included monitoring the CRPD's implementation and promoting and defending human rights for all, particularly those of WWDs (Kenya Law, 2010:64). KNCHR created a monitoring tool in 2011 and started tracking Kenyan PWDs' understanding of their rights and their status under the CRPD (KNCHR, 2014; Mbugua, OI:2022). The KNCHR provides an avenue for every Kenyan to seek redress on rights or fundamental freedoms that have been violated (Kenya Law, 2010:70). Despite the progressive nature of KNCHR's duties, ignorance, stigma, and the physical environment made it difficult for WWDs to use the complaint procedures (Interviewee-60, OI:2023; Interviewee-64, OI:2023). Thus, KNCHR had not significantly advanced policy and practice to the benefit of WWDs by the conclusion of the Kibaki and Uhuru regimes (Keranga, OI:2022; Interviewee-53, OI:2023).

5.2.2.3 The National Gender and Equality Commission

By Articles 59(4) and (5) of the Kenyan Constitution, the National Gender and Equality Commission (NGEC) was created by an Act of Parliament in 2011 (NGEC, 2018; Njogu, OI:2022). The NGEC's primary responsibilities were to monitor Kenya's ratification of all treaties and conventions about equality and freedom from discrimination of special interest groups, including WWDs, and to promote gender equality and freedom from discrimination (NGEC, 2018). Reports on the status of minorities, including WWDs, and Special Interest Groups were submitted by NGEC (NGEC, 2014:1; KNCHR, 2014; NGEC, 2018:48; Keranga, OI:2022). Through various methods, the NGEC projects have sought to improve the rights of WWDs as PWDs or as a distinct group (Mumbi, OI: 2023; Interviewee-59, OI: 2023).

Later, the NGEC delivered a report on the social, cultural, and economic rights of SIGs in Kenya during its participation in the Sixth Session of the UNCRPD in July 2013 (NGEC, 2014:10). The aim was to delineate approaches for poverty alleviation, social protection, and development of community rehabilitation that is inclusive of PWDs (NGEC, 2014:10). To consider incorporating CRPD provisions into the post-2015 development agenda, NGEC took part in the State Parties meeting to the CRPD in June 2014 (NGEC, 2014:10-1). Following a consultative meeting with important stakeholders and recipients, NGEC established technical working groups to create policies for tracking disability-related issues in Kenya (NGEC, 2014:14).

The National Assembly, the Senate, and County Assemblies' affirmative action regulations were enforced in 2013 as part of the NGEC's concerted attempts to mainstream the rights of women and minorities in elected and appointed politics (NGEC, 2015:13). Regarding the makeup of County Assembly Service Boards and how to make them inclusive, NGEC conferred with the Senate Sessional Committee of devolved government, as well as adhering to the gender guideline of the two-thirds. The purpose of the discussions was to guarantee that county government laws, rules, and regulations respect the representation of SIGs and the Two-Thirds Gender Rule (NGEC, 2014:15). During the 2014–2015 Financial Year, NGEC adhered to the 30% preferential procurement guideline on an institutional level (NGEC, 2014:17).

To promote the substantive participation of excluded groups, including WWDs, NGEC worked with the private sector on the "Equality and Inclusion in Private Sector (EIPS) project" (NGEC, 2014:16-7; NGEC, 2015:41-2; FGD-5, 2023). The project

took into account women with impairments (FGD-2, 18/6/2023). To embed equality and non-discrimination principles into county-integrated development plans (IDPs) and indicators, NGEC took part in the United Nations Development Framework Review meeting in Nakuru in November 2014 (NGEC, 2015:32). After surveying inclusion in Kenya in 2015, NGEC published a report that listed numerous forms of inequality broken down by special interest groups across all 47 counties (NGEC, 2015:36). The study played a crucial role in drawing attention to the marginalisation of WWDs in the political and social spheres (FGD-2, 18/6/2023).

The NGEC assisted in the creation of model county disability legislation during the 2015–2016 reporting year. Three counties customised the law at first, and it was anticipated that all counties would adopt it. In order for counties to provide services to their sizable population of PWDs, including disabled women, at the local level, the model county disability law was essential. Nairobi and Kericho counties had ratified the statute (NGEC, 2016:41-2).

On 26th March 2015, NGEC and the Kenya Disabled Parliamentary Association (KEDIPA) held a joint meeting in the parliament buildings. The outcome was a recommendation on enhancing representation by PWDs under Article 100 of the Kenya Constitution 2010 (NGEC, 2015:33). In April 2015, NGEC commissioned KIPPRA to survey the status of equality and inclusion in Kenya (NGEC, 2017:35-6). The study focused on employment, political representation, social protection, and education for SIGs. The study covered national and county government agencies and the private sector (NGEC, 2017:35-6). The survey rationalized government policies and practices to include marginalised groups, including WWDs (Interviewee-64,

OI:2023). The NGEC collaborated with other stakeholders and reviewed ACHPR on the rights of PWDs in Kenya (NGEC, 2020:20). Then, the NGEC submitted to parliament to ratify the African Charter on Human and Peoples' Rights on the Rights of PWDs. The NGEC also made reports to various forums on issues of equality and inclusion in compliance with international reporting requirements, as well as the development agenda 2014/2015 and SDGs 2015-2030 (NGEC, 2015:29).

The NGEC audited Kenya's affirmative action policies in the 2016–17 fiscal year about employment, procurement, health, and education (NGEC, 2017:37-8). The results demonstrated that, despite legislation, a sizable population of PWDs was not taking advantage of county-level procurement opportunities because of insufficient finance and a lack of requisite technical skills (NGEC, 2017:37-8). Additionally, NGEC took part in "The Day of Persons with Disability (PWD)," which raised awareness of inclusion and equality for niche groups (NGEC, 2017:45). While PWDs received broad attention in these efforts, the perspectives of WWDs were also taken into consideration (Bacha, OI: 2022).

In 2017/18, the NGEC reviewed twenty-three bills and eleven policies to assess compliance with the Kenya Constitution 2010, Article 27 on equality and inclusion (NGEC, 2018:8). The NGEC reviewed the Public Participation Bill 2017 (National Assembly); PWD Bill of 2017 (National Assembly); and Turkana Persons With Disability Bill 2017 (County) (NGEC, 2018:9). The NGEC also provided advisory on inclusion to the National and County Governments. The advisory included the inclusion of WWDs in national and county government decision-making structures (NGEC, 2018:13; Bacha, OI:2022). After the 2022 General elections, the Kiambu

County Government, for instance, nominated two PWDs as members of the county assembly, a male and a female (Keranga, OI:2022; Bacha, OI:2022).

In order to encourage the creation and use of gender-disaggregated data according to age and disability to inform policies, legislation, programmes, and decision-making, NGEC sponsored the formulation of the National Statistical Plan (GSSP), 2019–2023. (NGEC, 2018:35). In Kenya, policies that consider the inter-sectional barriers experienced by WWDs have been mainstreamed owing to the data generated by NGEC (Adeya, OI: 2022; Interviewee-59, OI: 2023). Through its work, NGEC has contributed to implementing policies in Kenya that support including WWDs (FGD-6, 2023).

5.2.2.4: Role of the Independent Electoral and Boundaries Commission

The Independent Electoral and Boundaries Commission (IEBC) is essential to organising, conducting, and facilitating the elections (IEBC, 2015; IEBC, 2017). As stipulated in the Kenya Constitution 2010, Article 88(4), the IEBC Act, 2011, it has the mandate to hold referenda and elections for any elective post created by the Constitution (IEBC, 2015; IEBC, 2022; Njogu, OI:2023). The IEBC is required by the Persons With Disability Act 2021, Part II, 8(a) to assist PWDs and WWDs in exercising their civic and political rights (GOK, 2021:1809, 1826). IEBC accredits disability organisations and other Civil Society Organisations that supported civic education (UDPK, 2021:10; IEBC, 2022; Interviewee-64, OI:2023). Many of the IEBC's civic education posters featured images of WWDs to raise awareness among WWDs regarding their civic rights (UDPK, 2021:12; IEBC, 2022).

Voter registration falls under the purview of the IEBC as well. Based on data from KNBS (2009), the number of disabled people in Kenya is around 1.64 million, or 3.5% of the total population. However, by 2017, there were only 69,980 WWDs and 73,832 men with disabilities registered to vote (UDPK, 2021:13; IEBC, 2022). Early voter registration overlooked the gender component among PWDs; this was changed to voter registration and tabulation based on disability and gender (Kanyinga, 2014:122; UDPK, 2021:13; IEBC, 2022; Bacha, OI:2023).

The Election (General) Regulations, 2012 have encouraged PWDs to participate in electoral politics by implementing best practices such as lowering the nomination fee to 50% for PWDs (UNDPK, 2021; IEBC, 2022: Bacha, OI:2022). Ksh. 200,000 is expected of the national assembly candidates who are not disabled, and Ksh—100,000 from those who are. Candidates for MCA positions must pay Ksh. 5,000 for non-disabled candidates and Ksh. 2,500 for candidates with disabilities (IEBC, 2012; UPDK, 2021:10; Bacha, OI:2022). The reduced nomination fee reduces the financial burden for potential WWDs seeking elective positions (Bacha, OI:2022).

A person with a disability may vote in secret utilising compartments, according to an updated Regulation 61 of the Elections (General) (Amendment) Regulations, 2017 (IEBC, 2022). Women with impairments did not vote by secret ballot at first, and this was not immediately provided for (IEBC, 2012; Bacha, OI:2022). Voters with disabilities may be accompanied by an individual of their own free will who is not a candidate or an agent, as required by regulations 62, 65, and 72 (IEBC, 2012; IEBC, 2022; UDPK, 2018:11). If the recommended assistant is unqualified, the presiding officer is responsible for helping the voter do so (IEBC, 2022; UDPK, 2018:11).

Additionally, the legislation requires IEBC to take accessibility factors into account while deciding on the number and location of polling stations (IEBC, 2022).

5.2.2.5 Political Parties

Political Parties Act, 2011 No. 11, Section 7 (2) (c) stipulates that a diverse party structure must include representation of marginalised and minority groups as well as gender parity (National Council for Law Reporting, 2015; WFD, 2020:11; Bacha, OI:2022). According to NGEC (2016) and WFD (2020:11), these regulations support inclusive political participation that considers WWDs. Election candidate nominations and policy formation must include WWDs (UDPK, 2021:13; WFD, 2020:11; Bacha, OI:2022).

Persons With Disabilities leagues at all levels, from the national to the ward, are available in Jubilee. Additionally, during the National Delegates Convention and the Special National Delegates Convention, a PWD from each constituency is allotted a place (UDPK, 2021). In contrast, NARC's 22 branches and polling place Executive Committees (PCEC) have representation from PWDs, including WWDs (UDPK, 2021:17; Interviewee-64, OI: 2023). The Orange Democratic Party's organisational structure calls for appointing a secretary of PWDs, whose duties include advocating for the party's female members' rights and offering guidance on public policy and issues about all PWDs (UDPK, 2021; Bacha, OI:2022).

The Political Parties Act also establishes the Political Parties Fund, whose 30% is used to promote representation of the special interest groups (WFD, 2020:11; Bacha, OI:2022). The funds allocated to the registered political parties from the Political

Parties Fund were used to support the representation of women and PWDs from 2017 (UDPK, 2021:13; Bacha, OI:2022). This was a shift in the political culture in which political parties began to fund candidates with disabilities, inclusive of WWDs. This facility was non-existent in previous political parties in Kenya (Bacha, OI:2022). Political parties that have supported female candidates with disabilities include the Jubilee Party, Orange Democratic Movement, Ford Kenya, and NARC Kenya (UDPK, 2018:13; Bacha, OI:2022).

Following the 2010 Kenyan Constitution, political parties reduced nomination and membership costs by affirmative action, enabling PWDs to participate in party activities and elected politics (Bacha, OI:2022). For example, the nomination costs paid by PWDs including WWDs for all elective positions at Jubilee, ODM, and Ford Kenya were fifty per cent less than those paid by candidates without disabilities (UDPK, 2021:13; Bacha, OI:2022). Under the Kenyatta and Moi governments, PWDs were ineligible for direct nomination certificate waivers or reduced fees for running in party primaries (Kanyinga, 2014:157). While certain parties have adopted this affirmative action approach, others have not (UDPK, 2018; UDPK, 2021:13; Mbugua, OI:2022).

Furthermore, political parties are required by the Elections Act Cap 24 of 2011 to ensure that PWDs may access the nomination rules and procedures (WFD, 2020:11). Nominees to represent PWDs, labourers, and any other special interests before the Parliament were also included on each Party List (WFD, 2020:11). All parties are required to uphold the right of every individual to engage in politics, especially minorities and marginalised groups, by signing the Electoral Code of Conduct 2011

and the Code of Conduct for Political Parties (WFD, 2020:11; Bacha, OI:2022). In addition, parties are required by the Code to respect, uphold, and advance equity, inclusivity, non-discrimination, human dignity, and the protection of the marginalised (WFD, 2020:11). Kenyan political parties are now more inclusive and sensitive to the engagement of WWDs in political party activities (Bacha, OI:2022).

The nomination of PWDs in the party lists is further ensured by the Elections (Party Primaries and Party Lists) Regulations, 2017 (UDPK, 2018:10; Bacha, OI:2022; Mbugua, OI:2022). Priority is granted to a disabled individual among the first four nominees on the party's designated list (WFD, 2020:11). Two qualified nominees with disabilities (a woman and a man) are expected to be listed on the Senate (persons with disability) party list. Eight qualified marginalised group nominees, including two PWDs, must be listed on the County Assembly (marginalised groups) Party-list (UDPK, 2018:10; WFD, 2020:11). WWDs are better represented in appointed and elective posts because of the Elections Regulations, 2017 (Interviewee-64, OI:2023).

5.2.2.6 Directorate of Social Assistance and the Directorate of Social Development

Under the Department of Labour and Social Services (DSD) are the Directorates of Social Development and Social Assistance (DSA) (Interviewee-60, OI:2023; Motho, OI:2023). The DSA plan oversees and carries out the Consolidated Cash Transfer Programme (CCTP), also known as Inua Jamii (Motho, OI:2023; Nduta, OI:2023). The program's recipients include women with severe disabilities (Motho, OI:2023). The DSA also identifies and registers beneficiaries for the CCTP (Motho, OI:2023).

In Kiambu County, for instance, the Inua Jamii Programme provides KShs 2,000 per month to the beneficiaries, including women with severe disabilities (KNCHR, 2014; Motho, OI:2023). The limitation of the cash transfer program is the inadequacy of the amount and the narrow scope based on severity (Motho, OI:2023). The DSA also advised WWDs seeking registration with KNCPWD and sensitised them on individual registration to enable them to benefit from business waivers and tax exemptions (Motho, OI:2023). The DSA also registered self-help groups of WWDs and established networking and collaborations with partners such as the Light for the World to empower PWD-inclusive WWDs who are business owners to receive entrepreneurship skills training (Motho, OI: 2023). A DSA officer noted that “[r]ecently, twenty women with disabilities with various impairments were empowered through funding and the provision of kits. The beneficiaries were selected from Nairobi and Kiambu counties” (Motho, OI:2023).

Furthermore, the DSS Officer of Kiambu County noted that through the partnership with the Kenya Society for the Blind, WWDs had benefited by receiving assistive devices such as white canes (Nduta, OI:2023). The DSA also trained community lay volunteers who help WWDs on issues related to health, abuse, violence, and acceptance of their status (Nduta, OI:2023). Group registrations of PWDs, including WWDs, are handled by the Directorate of Social Development (FGD, 14/12/2022). To support the socioeconomic empowerment of families and communities, the Directorate also offers skill training to WWDs (Nduta, OI:2023). In 2021, the Disability Mainstreaming Strategy and the "Disability Awareness Creation Booklet" were introduced by the Directorate of Social Development (Nduta, OI:2023). The

pamphlet supports the rights of all individuals with disabilities, including WWDs, by supporting disability service providers, partners, and other pertinent actors (Motho, OI:2023).

5.2.2.7 Women Enterprise Fund

The Women Enterprise Fund (WEF) was founded in 2007 as a state organisation to address gender-related economic disparities in Kenya by giving women access to alternative funding sources (KNHR, 2016:40; Njogu, OI:2023; Mbugua, OI:2022). It also subsidised credit for business start-ups or expansion to Kenyan women entrepreneurs and their organisations. During the president Uhuru regime, WEF expanded its services to WWDs (Nzuki, OI:2022; Njogu, OI:2023). The WEF allocates 10% of funds in every constituency for WWDs (KNHR, 2016:40; Bacha, OI:2022). To make the loan accessible, no interest is charged, and minimum collateral is required (GOK, 2011; Keranga, OI:2022; Nzuki, OI:2022).

The private financial sector had considered WWDs less creditworthy due to a lack of access to collateral (FGD: 14/04/2023; Keranga, OI: 2022; Nzuki, OI:2022). The Women Enterprise Fund went ahead to fund groups of WWDs (FGD-4, 18/4/2023; Keranga, OI: 2022). A notable beneficiary of WEF is the Tunaweza women's group in Mombasa (FGD: 14/12/2022). The loans advanced to WWDs were interest-free (Interviewee-25,OI:2023; Interviewee-66,OI:2023).

5.2.2.8 The Uwezo Fund

Under the Public Finance Management Regulations (2014), the Uwezo Fund was created (Ongoya & Mukaindo, 2014:100; FGD-5, 22/2/2023; Keranga, OI:2022;

Nzuki, OI:2022). The Uwezo Fund is managed at the constituency level as a revolving fund to empower women, youth, and PWDs by increasing access to credit to assist the beginning and expansion of micro-enterprises(*ibid*). Since its founding, the Uwezo Fund has directly helped 1,088,757 people, including WWDs, and has disbursed approximately Kshs 7 billion by June 2019 (Ongoya & Mukaindo, 2014:100; Nzuki, OI:2022). This fund has helped WWDs launch or grow their micro-businesses nationwide (FGD-5, 22/2/2023; Bacha, OI: 2022). This is an achievement in inclusivity from the unequal funding paradigm under the Women's Bureau during President Kenyatta and regimes (Mbugua, OI:2022).

5.2.3.9 National Government Affirmative Action Fund

The Jubilee Government founded the National Government Affirmative Action Fund (NGAAF) in 2016 (Ongoya, & Mukaindo, 2014:106). The aim was to enable Affirmative Action Groups to become more powerful by providing funding for sustainable and inclusive development to marginalised populations, including WWDs (Ongoya & Mukaindo, 2014:106; Nzuki, OI:2022; Keranga, OI:2022). Each financial year, the three NGAAF programmes—value addition initiatives, bursary, scholarships, and social-economic empowerment—continue to get sizable funds (KNBS, 2020; Nzuki, OI:2022).

5.2.3.10 Educational Institutions

The GOK has, over time, encouraged vocational rehabilitation centres, middle-level colleges, and universities to improve infrastructure for the inclusion of learners with disabilities (Republic of Kenya, 2021:11; FGD-1, 18/4/2023). One such institution linked with special education is Kenyatta University in Kiambu county and with

campuses in Nairobi and Mombasa counties, respectively (Mbugua, OI:2022; Nzuki, OI:2022). In 1981, the Mackay Working Party recommended establishing a special education program at Kenyatta University (Njogu, OI:2023). Like its peers, Kenyatta University promotes inclusive education by removing barriers and providing reasonable accommodation within mainstream settings (UN, 2014:37; Kenyatta, 2021:6; Mbugua, OI:2022). According to the director of Disability Directorate, Kenyatta University has developed a disability policy to facilitate all PWDs to fully access all educational, employment, social, and leisure opportunities within the institution (Mbugua, OI:2022). The disability policy framework is anchored on local and international legal instruments promoting the rights of PWDs (Kenyatta University, 2021:7; Mbugua, OI:2022).

Kenyatta University created the Directorate of Disability, which links male and female students with impairments to organisations that teach them entrepreneurship skills and offer comprehensive services to staff and students with disabilities (Kenyatta University, 2021:11; Mbugua, OI:2022; Githinji, OI:2022). Access to assistive devices, financial assistance advice, curriculum, exam support, referrals to agencies for assistance, disability sensitisation, reasonable adjustment and universal design, infrastructure, library services, and examination support are among the services provided by the university to students with disabilities (STUWD) (UN 2014:37; Kenyatta University, 2021:8-10; FGD-1, 18/4/2023).

When evaluating applications to enrol in university programmes, the admissions office follows an affirmative action policy (Mbugua, OI:2022). The university's several directorates offer inclusive services that respect PWDs' rights (UN 2014:37;

Kenyatta University, 2021;11; Githinji, OI:2022). For more than a decade, Kenyatta University has organised disability awareness days. On Friday, March 19, 2021, the 11th Disability Awareness Day was celebrated (Githinji, OI:2022).

5.2.2.11 County Governments' Initiatives

The Kenya Constitution of 2010 stipulates in Article 174 that the county governments shall promote the rights of PWDs and other marginalised communities, WWDs (GOK, 2010). The County Governments Act of 2012 specifically addresses the inclusion and integration of marginalised groups, such as WWDs, under Article 9 (Government of Kenya, 2010; Republic of Kenya, 2016). The county governments must preserve equality and non-discrimination for marginalised communities and minorities (Republic of Kenya, 2016). The Public Finance Management Act, 2012, specifically Article 137 (c) and Article 207, stipulate that PWDs must be included in county budgets and plans (KNCHR, 2014; Mzalendo, 2021). County Disability Boards, County Disability Caucuses, County Departments of Social Services, and County Assembly Implementation Committees are the primary mechanisms for implementing disability-related legislation in counties (Mzalendo 2021:15–16; Njogu, OI:2023; KII-15,2023).

At both levels of government, inclusive and structured methods of public engagement that include PWDs have been made possible by the Public Participation Bill of 2019 (Mzalendo, 2021:7; Bacha, OI:2022). The Persons With Disability Act of 2021 mandates devolved entities to advance the rights of PWDs by implementing suitable measures to enable them to fully engage in political and socio-economic life (GOK,

2020:332;335; GOK, 2021:1826; Bacha, OI:2022). Of the 47 Counties, twenty-one have passed County Persons with Disability Acts (Mzalendo, 2021:10).

The Kiambu County Disability Network has lobbied the MCAs of the Kiambu County Assembly, the Governor, and the nominated female MCA representing WWDs to include PWDs in employment under the Kenya Constitution 2010, Article 54(2). The Kiambu County Disability Network sponsored a private members' bill to establish a Persons with Disability Board, a Fund for PWDs, and a Directorate for PWDs (Keranga, OI:2022). Kiambu County, on the other hand, enacted the Disability Act in 2014 and the establishment of an enterprise development fund that promotes enterprise development among marginalised groups, including WWDs (Republic of Kenya, 2014:6; Mzalendo, 2021; Republic of Kenya, 2019).

The Kiambu County Government has initiated a raft of mechanisms to enhance access to social, economic, and political rights for men and WWDs (Bacha, OI:2022; Keranga, OI:2022). The measures include non-payment of assessment fees in the process of being registered by the NCPWDs; waiving business licenses for PWDs; providing toolkits to some WWDs in the county to enable them to start income-generating activities; setting a reserve for men and WWDs in business stalls under construction; and provision of educational bursaries and assistive devices to men and WWDs (Bacha, OI:2022; Keranga, OI:2022).

The Mombasa County Persons With Disabilities Bill, 2017, provided for the establishment of a Mombasa County Disability Board (Kaka, OI:2023). The Board's responsibilities include pushing for affirmative action policies and ensuring that

disability is mainstreamed in County sectors. The bill makes provisions for SIGs and other minorities to participate in public governance procedures in Mombasa County (Republic of Kenya, 2020:24). It also provides for the establishment of the Mombasa County Fund for PWDs to enable access to appliances, sporting equipment, and assistive devices (Republic of Kenya, 2020:24). The County Treasury allocated funds to the Youth, Gender, and Cultural Affairs. Gender and disability mainstreaming received Ksh 35,400,000 (Republic of Kenya, 2020:24). WWDs were trained in livelihood skills and procurement processes in the county government (Mombasa County Annual Development Plan, 2018/2019:75; Kakai, OI:2023).

In Nairobi County, the Nairobi City County PWDs Act was passed by the Nairobi County Assembly in 2015; it was ratified on January 12th 2016, and it became effective on January 25th (Mzalendo, 2021:12). The County Governments Act calls for the creation of a County Disability Board (Mzalendo, 2021:12). To encourage public participation in county governance, the Nairobi City County Public Participation Act, of 2015 was passed (Republic of Kenya, 2016). According to Part III on Community Participation and Public Participation, Section 7(2). The County Government is required by Section 7(3) to take into account the concerns of women, youth, and other marginalised groups, as well as PWDs (Republic of Kenya, 2016:10). It follows that WWDs can engage in public affairs of the County Government of Nairobi within an inclusive framework (Republic of Kenya, 2016).

In the Act, PWDs are acknowledged as a social category that is marginalised in the Nairobi County Development Integrated Plan, 2018–2022, Working Draft. It emphasises the need to include men and WWDs in county policies and decision-

making processes (The Nairobi City County, 2017). Additionally, it highlights PWDs' empowerment by ensuring their involvement in development committees, project planning, monitoring, evaluation, and other countywide committees (NCC, 2017:110). Additionally, it states that all institutions and facilities operated by the county would include PWDs. In addition, PWD-training institutes must be established to encourage all PWDs to acquire appropriate skills (NCC, 2017:110). The Nairobi County Government prioritises providing opportunities for PWDs through progressive support policies on skill and knowledge training, such as the Nairobi County Development Integrated Plan, 2018–2022, Pillar 7: on Youth, PWDs, Social Protection (The Nairobi City County, 2017:110:128. Gender and disability are considered in the Nairobi County Integrated Development Plan, 2023–2027, Public Participation Draft, the third developmental strategy on gender and inclusivity (NCC, 2023).

5.2.2.12 Disability Rights Movement

The term "disability rights movement" refers to social movements that support PWDs' access to and empowerment within their legal rights (AFUB, KUB & CREAD, 2007; FGD-2, 18/6/2023). They aim to remove the obstacles that impede PWDs from accessing different rights in different areas of human endeavours (AFUB, KUB & CREAD, 2007; Mbugua, OI:2022; Bacha, OI:2022). Most of the disability rights movement in Kenya is Disabled People's Organisations, which fall into one of four categories: federations, community-based groups, non-governmental organisations, or self-help (AFUB, KUB & CREAD, 2007; FGD-1, 18/4/2023). Mixed-sex groups or WWDs alone may make up the organisations of PWDs (PDOs) (AFUB, KUB & CREAD, 2007; SIDA, 2014).

United Disabled Persons of Kenya (UDPK), the Disability Caucus on Implementation of the Constitution (DCIC), and the Federation of Deaf Women Empowerment Kenya are a few of the national PDOs in Kenya that are federations of other national and grassroots organisations (UDPK & DCIC, 2016). As per the report by UDPK and DCIC (2016), UDPK comprises eighty-six DPOs, of which four are national organisations. Kenya Union of the Blind, Kenya Society of the Physically Handicapped, Kenya Society for the Mentally Handicapped, and Kenya National Association of the Deaf (KNAD) are the four national associations. The eighty-six DPOs are community-based groups (UDPK & DCIC, 2016; FGD-2, 18/6/2023).

In the last few decades, there have been deliberate efforts to empower WWDs through gendering the disability rights movements in Kenya (Bacha, OI:2022; FGD-2, 18/6/2023). WWDs in these organisations have struggled to determine their lives by ensuring that policies, resource allocations, and capacity building address their rights to social, economic, and political participation (Interviewee-64,OI:2023). Disability rights movements in Kenya have also intensified the formation of women with disability organisations to widen the opportunities for WWDs to take up leadership positions and address common issues or issues unique to WWDs in Kenya (FGD-2, 18/6/2023; FGD-3, 14/4/2022). Some of the DWOs include: the Women Challenged to Challenge-Nairobi, the Deaf Women Initiative Network (RDWIN), the Tunaweza Disabled Women Group-Mombasa; the Women and Realities of Disability Society (WARD) are two notable examples (HI, 2010).

The Disability Rights Movement also monitors the empowerment of WWDs and their access to rights (FGD-4, 14/4/2023). To promote women's rights through the Beijing + 25 initiative, the African Disability Forum examined the Beijing Declaration and Platform for Action (BPfA) in 2019 (ADF, 2020). Regarding WWDs, the research examines how the following SDG targets have been implemented in five African states, including Kenya: SDG 3 health services accessibility; SDG 4 inclusive and equitable quality education for all; SDG 5 gender equality and empowerment of women and girls; and SDG 8 inclusive and sustainable economic growth (ADF, 2020:8-11; 18/04/2023; FGD-2, 18/6/2023). Many PDOs monitor Kenya's implementation of CRPD and note the progress made in advancing the empowerment of WWDs (ADF, 2020:8-11; FGD-1, 18/4/2023).

5.3 Constraints in the Empowerment of Women Within Kenya, 2004-2022

Specific legislative policies or elements of legal frameworks limit the access of citizens with disabilities to specific social, economic, and political activities because of perceived disabilities, such as mental or intellectual impairments (HI & IDA, 2020:17; Mbugua, OI:2022). The concerned WWDs were not explicitly named, but were part of the Persons With Disability Act of 2003 (HI & IDA, 2020, p. 17; Bacha, OI:2022). Due to inaccessible healthcare settings and healthcare providers' insensitivity to the reproductive needs of WWDs, their health-seeking behaviours are undermined as users of high-quality reproductive healthcare services in Kenya (HI & IDA, 2020:9; KNCHR, 2016:40).

The legal competence of WWDs is limited under Kenyan law and may be transferred entirely or partly to guardians or third persons (KNCHR, 2016:175). The

Constitution's Article 83(1) limits the political involvement of those who have been "declared to be of unsound mind," but it does not define what constitutes an "unsound mind" (KNCHR, 2016:175). According to the Mental Health Act of 2018, a person must be "of sound mind" to cast a ballot. This clause discriminates against women who have a psychological disability. It gives guardians the authority to decide on their behalf (HI & IDA, 2020).

Women with psychosocial disabilities have not been facilitated to make decisions that affect them since their independence. Even we women with other disabilities, our decisions never count, and our perspectives are ignored because society thinks that we shall make bad contributions or we have no contribution to make because we are impaired in one way or another (Bacha, OI: 2022).

The Kenya Constitution stipulates a two-thirds gender rule, but neither the parliament nor the county assemblies have implemented it (Njogu, OI:2023). Additionally, the 2010 Kenyan Constitution stipulates that PWDs must hold 5% of the political leadership positions; however, it is unclear how many seats PWDs should hold. The Elections (Party Primaries and Party Lists) Regulations, 2017 mandate that candidates seeking nomination based on their disability present a certification from the NCPWD. This regulation allows for the nomination of PWDs in the Party Lists. Given the short notice and poor access to campaign funds, this adds to the load already placed on WWDs (Kakai, OI:2022; Bacha, OI:2022).

Despite the historic exclusion of minority groups in Kenya being highlighted, no comprehensive policy provides affirmative action for women from minority groups (CKRC, 2005:107-8; Bacha, OI:2022; Mungase, OI:2023). The lack of data and specific policies on the social, economic, and political empowerment of WWDs in minority groups implies that they have minimal access to empowerment. In the Coast

region, WWDs from the Boni, the Watta, Wasini, Makonde, and Wariangulo have the least access to healthcare, education, economic opportunities, and citizenship (CKRC, 2005:107-8; CRPD KEN R DPOs, 2015:8; Mungase, OI:2023).

Institutional gaps have been implicated in the disempowerment of WWDs (Nzuki, OI:2023). For instance, the NGEC advocates for gender parity and the absence of discrimination for all Kenyans, including members of special interest groups. Nevertheless, the NGEC has not implemented any systematic or institutionalised steps to mainstream WWDs ' empowerment (KNCHR, 2016:172). While disability is mentioned in the NGEC strategic plan, the intersectionality of gender and disability is not adequately addressed in grassroots communities, and inadequate formalised processes between MDAs and PDOs to consult undermine collective decision-making (Njogu, OI:2023).

Another significant barrier to WWD empowerment is unemployment. Due to workplace hurdles, employer stigma, and low levels of education and requisite skills, many WWDs have difficulty finding employment (Bacha, OI:2022; Interviewee-25,OI:2023). They face discrimination in terms of hiring, promoting, and keeping employees. Many engage in irregular income-generating activities in the informal sector (Interviewee-64,OI:2023). One of the informants mentioned in her life experience that employers have unfavourable opinions on WWDs as follows:

As a disabled woman, I realised that it would not be easy to get employed by someone because of my disability. I did not want to be a burden, and I wanted to be independent. My family was surprised at what I was trying to achieve. So many young women with disabilities lack education; they have been hidden for so long at home. As a result, they have very few skills and are forced to depend on others. Because they cannot find public and private sector employment, they resort to informal businesses whose returns are

unreliable, the business environment is unfriendly, and competition in Kiambu is very high and hostile. I help some of them, but they need sustainable help, primarily through affirmative action and funding. They want to do something for themselves. I was lucky because my family was supportive, unlike many of the other disabled young women (OH-2, OI:2023).

Access to social, economic, and political prospects for disabled women has also been hampered by the lack of identification documentation (Interviewee-66, OI:2023). Lack of passports, voter cards, title deeds, log books, national identity cards, and disability cards presents a barrier for most WWDs. The absence of registration documents impeded access to social services, including education, training, jobs, loans, microbusiness ownership, and other economic prospects (Interviewee-66, OI:2023). WWDs' membership in political parties, self-help organisations, women's groups, and organisations for PWDs is hampered by the lack of identity documents (Interviewee-66, OI:2023). WWDs' inability to obtain national identity cards has impeded their ability to register to vote (Interviewee-66, OI:2023). Consequently, women with impairments have much lower voter participation rates than other social groups, including men with disabilities (Bacha, OI: 2022; FGD-2, 18/6/2023).

Worth noting is that WWDs have also experienced barriers to social, economic, and political participation due to a lack of control and access to financial resources (Nzioka, OI:2023). Due to difficulties gaining control over social and financial resources, disabled women cannot further their education or launch microbusinesses (Interviewee-90, OI:2023). Despite legal provisions permitting political parties to be funded, funding for electoral campaigns rarely reaches candidates with impairments, worsening the situation for WWDs candidates for electoral offices (Bacha, OI:2022). In Kenya, it takes much money to run for an elective office because of the expenses

of registering and funding campaign activities, which is a very costly affair for WWDs. They lack adequate access and control over economic resources due to discrimination in formal employment and ownership over means of production (Bacha, OI:2022; FGD-2, 18/6/2023).

Very few disability activists are engaged in the issues that WWDs face in the disability rights campaigns. The disparity between the first and second generations of WWDs' leaders is blamed for the lack of human resources in the disability advocacy field. Potential leaders of advocacy groups for WWDs lack networking opportunities, financial resources, leadership training, and backing from the government and disability movements (Bacha, OI:2022; FGD-2, 18/6/2023). In the broader public service, leadership training opportunities tend to favour non-disabled individuals, but in the disability rights movements, they provide men with disabilities more latitude. The public has a bad opinion of WWDs who pursue leadership and enter public office. Because of their physical limitations, they are perceived as ineffective representatives (Bacha, OI:2022; FGD-1, 18/4/2023).

Further, WWDs have fewer rights because of discriminatory labelling, a negative attitude, and a refusal to acknowledge their condition. Some impaired women are unwilling to acknowledge and accept their identification as PWDs (Bacha, OI:2022; FGD, 8/6/2023). They consequently pass up opportunities, services, and affirmative action programmes that are offered to WWDs (FGD-2, 18/6/2023). There are also disparaging and negative views in the public towards WWDs. Generally, WWDs are viewed by society as delicate and given less consideration in relationships, work assignments, and sexual rights (Bacha, OI: 2022; FGD-2, 18/6/2023). In some critical

government documents, policies and the national language contain derogatory terms, namely “unsound mind”, “mental incapacity”, and “mental infirmity”, to refer to sections of PWDs. The word “*zeru zeru*” is used to refer to men and women with albinism, while it is typically used to refer to ghosts.

5.4. Lessons Learnt and Future Prospects

Devolution gave marginalised groups access to social, economic, and political opportunities (UDPK, 2020). Nevertheless, some County governments do not have County Disability Boards or County Disability Acts. In other countries, the Persons with Disabilities Bill has not yet been passed (UDPK, 2020). In some instances, the County Disabilities Boards have never been operationalised despite being gazetted (UDPK, 2020). The delays in operationalisation of legal, policy frameworks on disability concerns undermined the general empowerment of PWDs, with profound implications for WWDs (UDPK, 2020; Mbugua, OI:2022).

The Kenya Constitution of 2010, PWDs, 2021, the UNCRPD, and other national, regional, and international legal frameworks and policies that support and safeguard WWDs’ access to social, economic, and political empowerment would be enhanced by the county-level enactment of disability acts (UDPK, 2020; Mbugua, OI:2022). Moreover, through county policy provisions, County Development Integrated Plans offer prospective pathways for mainstreaming gender and disability to enable public decision-making access (UDPK, 2020). Additionally, the rise in PDOs and the Disabled Women’s Organisation presents opportunities for WWDs to advance their struggle for empowerment. They need to collaborate with key stakeholders,

particularly relevant MDAs and national and county governments, through legal and policy frameworks to secure the gains and lobby for more.

5.5 Summary

This chapter examines the dynamics between the government and disability rights movement in empowering WWDs in Kenya from 2004 to 2021. The study established that the government and disability rights movements working independently or collaboratively enhanced the empowerment of WWDs by the following mechanisms: defining of disability, recognition of WWDs through legal and policy mechanisms based on inclusivity and non-discrimination; undertaking surveys on disability concerns to inform empowerment actions; making provision for access to economic opportunities for WWDs; provision for access to health care for WWDs; provisions for inclusive sports and recreation; provisions for access to accessible communication; provisions for access to inclusive education; provision for making assistive devices accessible; provision for protection from harm; and, provision for making political processes and public-decision making; accessible.

The study further established that WWDs have been empowered through institutional framework policies and practices. This institutional mechanisms included the: National Council of Persons With Disabilities, the Kenya National Commission on Human Rights, the National Gender and Equality Commission, the Independent Electoral and Boundaries Commission, political parties, the Directorate of Social Assistance and directorate of Social Development, the women enterprise fund, the Uwezo Fund, the national government Affirmative Action Fund, educational institutions, County governments, and Disability Rights Movements. The study also

established that the empowerment of WWDs has encountered legal, institutional, economic, political, and social environmental barriers.

CHAPTER SIX

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

6.1 Overview

This chapter presents the study problem, achieved objectives, conclusion, and recommendations for policy and further research.

6.2 Summary

This study examined the dynamics in the empowerment of WWDs in Kenya from 1895 to 2021. The study was guided by gender and power analysis and various strands of feminist theory in analysing the marginalisation and contestation for the empowerment of WWDs.

Results of objective one, which examined the engagement of PWDs in Kenya's social, political, and economic spheres between 1895 and 1962, are presented in Chapter Two. The study established that PWDs existed in pre-colonial Kenyan communities, had their own identities, and participated in various societal spaces under the *Ubuntu* worldview; the British colonial rule and control in Kenya intensified disability constructions in Kenya through policing work, violence in detention camps, collective communal punishments, and hostile work environments; the leading providers of social and economic rehabilitation and integration to PWDs were voluntary and religious organisations guided by the charity, medical, and coloniality models; the demand by PWDs for social and economic rehabilitation and integration surpassed existing service provision; WWDs were primarily disadvantaged in social and economic rehabilitation; disability activism was witnessed among the Thika School graduates strikes, the Library Group, the interterritorial conferences between KUB

and PWDs organizations from neighbouring countries, KUB lobbies to have the welfare of PWDs included in the constitutional change discussions; and that on the eve of independence, PWDs began to call for an end to the charity approach towards their welfare.

In line with the second objective, Chapter Three examined how state and non-state actors shaped the empowerment of WWDs in Kenya between 1963 and 1991. The findings established that the desire of men and WWDs to become independent subjects was the driving force behind their mobilisation during the country's independence. The findings of the study establish that in both the Kenyatta and Moi regimes, voluntary and religious groups, local and national government, international mechanisms, organisations of or for PWDs, as well as individuals working individually or collaboratively, were responsible for the empowerment of WWDs.

Socioeconomic and political integration and rehabilitation significantly empowered WWDs in Kenya from 1963 to 1991. The study found that non-state actors, like the Salvation Army, along with institutions sponsored by Muslims, the APDK, and organisations for the disabled, were essential to the empowerment of women and girls with disabilities. The study findings establish that during the first decade after Kenya's independence in 1963, voluntary and faith-based organisations played a leading role in educational rehabilitation and integration of female learners with disabilities. However, by 1970, the government had overtaken voluntary and religious organisations to provide education and vocational rehabilitation. The study also found that, despite an increase in WWDs' access to education and vocational rehabilitation,

WWDs were still underrepresented in special education and vocational rehabilitation programmes compared to men with disabilities.

The study findings also established that voluntary and religious organisations provided care homes for WWDs, some of whom were trained in useful trades. Voluntary and faith-based organisations provided employment opportunities to WWDs in care homes, commercial production workshops, sheltered workshops, job placements, and enhanced access to assistive devices for WWDs.

The study found that by stepping up its advocacy for inclusion, the Organisation for People with Disabilities helped to empower WWDs under the presidents Kenyatta and Moi administrations. Leading DPOs under the Kenyatta administration were the Kenya Union of the Blind (KUB), the National League of the Disabled, the Association of the Albinos, the East African Organisation of the Disabled (EAOD), and the National League of the Disabled. The DPOs advocated creating workshops, industries, and placement services to increase economic prospects. Regarding the social dimension, they demanded that all PWDs have greater access to welfare, healthcare, and educational and training opportunities. Also, they wanted to bring all disabled men and women together. In all these organisations, membership was open to both genders upon attainment of eighteen years or more. They pressured the government to give them the tools to function as autonomous agents.

The study findings established that at independence, local authorities continued to establish and manage care homes in urban centres, and that the Government's response to WWDs was driven by agitations by PWDs. In response, the GOK

appointed a national committee chaired by the labour minister to address the issue of PWDs in 1964. The committee recommended the following: placement services for PWDs; the creation of awareness of disability; and increasing special schools and vocational rehabilitation centres. The GOK did not make provisions for quotas for disabled men and women. Like the colonial government, disability remained under the docket of voluntary and religious organisations and local authorities until 1968, when they were placed under the central government.

The Kenyatta government supported the expansion of special education in 1966 by providing funding and establishing special education courses at Kenyatta College. In 1969, the National Rehabilitation Committee was decentralised into forty-nine districts targeting men and WWDs aged from sixteen to forty-five years. The National Vocational Rehabilitation Policy Paper affirmed that women and men with disabilities had fundamental rights as other citizens—the policy paper aimed to empower all PWDs and hasten their social integration into their societies.

In the 1970s, the government established vocational rehabilitation training centres with the ILO to make disabled men and women economically independent in each province. Rural industrial rehabilitation was designed to ensure adequate resettlement of disabled women and men in environments to which they were accustomed. The training was open to WWDs between sixteen and forty-five years old, focusing on the possibilities of reasonable employment prospects available at the end of the training. Despite expanding training for disabled women, fewer WWDs were admitted to the IRC and rural vocational rehabilitation centres. This skewed admission policy against WWDs marked continuity from past colonial policies that were not gender sensitive.

The study established that during the Moi regime from the late 1978 to 1991, the empowerment of WWDs was conditioned by the local and external environment. The local context included voluntary and religious organisations, local PDOs, and the National government. The external environment comprises international laws, conventions, agreements, and activities of international organisations. The government continued to uphold and intensify the welfare of WWDs through policies and empowerment programmes. The Kenyan government actively participated in the National Year of Persons with Disabilities in 1980, which created awareness of the need to enhance access to education and training for all persons with disabilities. During the International Year of Persons with Disabilities in 1981, Kenya adopted the World Programme of Action, which aimed at empowering all PWDs, including WWDs, through policies and equalisation of opportunities through long-term strategies integrated into national strategies.

The findings show that during Moi's administration, the government established more special schools and vocational rehabilitation centres nationwide, increasing opportunities for young girls and WWDs to receive education and training. The GOK increased special education funding for current and recurrent expenditures between 1980 and 1991. This dedication positively impacted the number of women and young girls with disabilities enrolled.

In 1982, disability awareness and broad social, economic, and political themed lectures were introduced into vocational rehabilitation centres due to the GOK-ILO collaboration. In 1984, the Education Resource Service was established in seventeen

centres across the country. In the 1980s, the enrolment of WWDs in the Industrial Rehabilitation Centre in Nairobi and the rural Vocational Rehabilitation Centres was enhanced with training in various trades, including tailoring, telephone operations, and office practice. In the 1980s, the GOK was the leading provider of special education and vocational rehabilitation training to WWDs.

The study findings reveal that in economic empowerment, the Moi regime, through the National Development Plan implemented between 1979 and 1983, called for inclusivity in human development, including disabled Kenyans. Kenya also implemented the World Plan of Action (WPA) between 1981 and 1989 to equalise opportunities, including for PWDs, through budgetary considerations. All these efforts positively impact the social and economic empowerment of WWDs.

The findings revealed that President Moi's government intensified the provision of grants to women's groups through the Women's Bureau, although fewer WWDs were beneficiaries. In 1980, President Moi established the National Fund for Disability to empower men and WWDs by providing them with funds to start income-generating activities at individual or group levels. Institutions that undertook the training and economic empowerment of men and WWDs were recipients of the funding. In the 1980s, Kenya trained more placement officers who aided in placing WWDs in private and public sector employment. Kenya collaborated with the ILO and UNPD to empower WWDs by developing a national policy framework, training men and WWDs, placement, establishing sheltered and production workshops, and funding women's groups and self-help groups of WWDs.

In 1984, the Kenya government ratified the Convention on the Elimination of All Forms of Discrimination against Women, which prohibits discriminatory practices that deny women equal opportunities. General Recommendation No. 18, 1991 on “Disabled Women,” obligated state parties to undertake extraordinary measures because of the concerns of WWDs. The GOK also participated in conferences addressing disability issues, such as the 1985 World Conference in Nairobi to Review and Appraisal of the Achievements of the United Nations Decade for Women: Equality and Peace.

In the late 1980s, Kenya collaborated with the ILO and UNDP, preparing some WWDs for competitive self-employment every two years. More WWDs were incorporated into women's organisations in income-generating activities. Organisations of disabled women were also funded to start income-generating activities, sheltered workshops, industrial production centres, and training for PWDs was intensified. WWDs were integrated into youth polytechnics across the country.

The study established that the government carried out surveys in collaboration with UNDP to establish public attitudes towards PWDs in 1986, and another survey estimated the number of PWDs aged between fifteen and forty years who would be seeking jobs between 1987 and 1992. These surveys were crucial because they enabled GOK to raise awareness of disability issues. The findings suggest that the government conducted a more detailed and accurate survey in the 1989 Census of People with Disabilities that captured the intersection between gender, disability, and education.

Regarding making assistive devices accessible, the study established that in 1980, President Moi waived the duty and sales tax on assistive devices to make them easily accessible to PWDs. The UNDP also helped establish the Kabete orthopaedic workshop to stimulate the production and supply of all assistive devices. The NFD also facilitated the acquisition of assistive devices by WWDs through institutions dealing with PWDs or the Provincial Administration.

The study established that during the Moi regime, sports were made more inclusive of WWDs. They were also empowered to participate in sports at the local, national, and international levels through government training and provision of kits. The GOK also provided funding for training, travel, medical kits, and allowances to WWDs taking part in sports. However, fewer WWDs participated in sports in comparison with MWDs.

The study established that voluntary and religious organisations continued and intensified the socioeconomic rehabilitation of WWDs in Kenya during the Moi regime. However, the government had taken a leading role in the social and economic empowerment of WWDs. The leading voluntary and religious organisations included the APDK and the Salvation Army. Most notable training and employment opportunities for WWDs were offered by the Bombolulu workshop in Mombasa and the Variety Training Centre in Thika. These centres also made assistive devices available to WWDs.

The study also established that organisations of PWDs contributed to the social, economic, and political empowerment of WWDs during the Moi regime. These PDOs

participated in the National Year of Disabled in Kenya in 1980 and the IYPWD in 1981, advocating for the inclusion of all PWDs in societal domains through non-discrimination. They also formed grassroots forums where PWDs could discuss issues of concern to them.

Sports associations of PWDs enhanced the participation of WWDs in sports at all levels. These associations also provide WWDs with opportunities to hold leadership positions. Other general OPDs trained women leaders through seminars. They called upon the government to include WWDs in elective positions in parliament, parastatals, district development committees, boards and programmes dealing with disability welfare. Other PDOs provided health care services or promoted income-generating activities among WWDs. Although the population of DPOs rose in the 1980s, they lacked unity till 1989 when the UDPK was established.

Despite the foregoing progress, the study findings established that the empowerment of WWDs was constraint by inadequate access to special education, and vocational rehabilitation; legal gaps; institutional and workforce capacity gaps; inaccessible environments; limited funding; a lack of centralisation of services to PWDs; patriarchal ideology; and, lack of reliable census of the disabled population until 1989. The study revealed that during the Moi regime, the empowerment of WWDs was more intensified than the Kenyatta regime, through widening education and training, access to more economic opportunities through job placements and self-employment, provision of assistive devices, making sports inclusive, and government policies. The study further established that rehabilitation and integration services by voluntary and religious organisations continued to be based on charity and social approaches.

Chapter Four investigated how the struggle for democratisation impacted the empowerment of WWDs in Kenya between 1992 and 2003. The findings demonstrate that demands for fair resource distribution, human rights protection, and constitutional change defined Kenya's democratisation movement. The Organisation of People with Disabilities, individual persons with disabilities, human rights groups, and women's movements all significantly drove the need for reform. The democratic space was expanded once the Independence Constitution's Section 2(a) was repealed in 1991. Numerous DPOs and organisations for women were founded. Through conferences and seminars, the heads of DPOs and women's movements stepped up their demands for open communication on issues about women, PWDs, including WWDs.

Through conferences and seminars, the heads of DPOs and women's movements stepped up their demands for open communication on issues about women, PWDs, and human rights. Women's organisations aimed to unite Kenyan women and pursue social, economic, and political integration. Organisations representing the disabled community also demanded access to human rights and empowerment. In order to gather opinions on the issues faced by Kenyans with disabilities and to guide legislative reform, the government appointed a task committee.

The study established that the government committed itself to international and regional legal frameworks and conventions that promoted access to human rights specific to WWDs, women, or PWDs in general. The study established that in the late 1990s to 2002, the DPOs, the Constitutional Review Commission Amended Act, the role of PWDs, and human rights activists played a significant role in the fight to empower WWDs. The public called for an end to discrimination and the

implementation of affirmative action measures to empower marginalised groups, which further backed the battle for WWDs for empowerment. Concerns about PWDs in general and WWDs were addressed in the CKRC draft Constitution of 2002. According to the report, the first legislator with a disability was Hon. Josephine Sinyo. The honourable Josephine Sinyo was instrumental in promoting the inclusion of WWDs on the agenda in the proposed constitution.

The study also found that, in contrast with the Independent Constitution of 1963, the Disability Act of 2003 granted PWDs a wide range of social, economic, and political rights. These rights included not being subjected to discrimination, living in an accessible environment, not paying taxes on income or assistive technology, access to healthcare and education, engaging in activities that generate income, and participating in appointed and elective politics. It did not, however, include any special provisions for WWDs; it could not be realised without WWDs.

Chapter Five examined the dynamics between the government and disability rights movement in empowering WWDs in Kenya from 2004 to 2021. The study established that government and disability rights movements played a significant role in empowering WWDs in the period under study. The study established that numerous legal frameworks and policies advanced the social, economic, and political empowerment of PWDs in general and WWDs as a unique social group. The legal and policy frameworks defined disability, gave recognition to WWDs as a social group, and created awareness on the concerns of WWDs based on the principles of inclusivity and non-discrimination. The legal frameworks include: various national

disability Acts, persons with disability regulations, the 2010 Constitution of Kenya, and the CRPD.

The findings show that several national policies are in place to support the political, social, and economic empowerment of WWDs through the integration of gender and disability concerns into official government and non-state actors' programmes; and activities of Disabled Peoples Organisations, voluntary organisations, and other organisations offering welfare services to PWDs or WWDs. These include: the Ministry of Labour and Social Protection Strategic Plan, 2013-2017; the Third Medium Term Plan, 2018-2022; Agenda 2030; Kenya Vision 2030; and the National Policy on Gender and Development, 2019.

The legal and policy landscape advanced WWDs by making provisions for access to social, economic, and political opportunities. WWDs were exposed to economic opportunities through procurement affirmative actions and regulations on non-discrimination in employment. These include: The Persons with Disabilities Act, 2003; Employment Act 2007; the CRPD 2008, Access to Employment, Services, and Facilities Regulations, 2009; the Persons with Disabilities (Registration) Regulations, 2009; the PWDs (Income Tax Deductions and Exemptions) Order, 2010; Kenya Constitution, 2010; the Public Procurement and Disposal Act (2012); Public Procurement and Asset Disposal Act, 2015; National Employment Authority Act, 2016; and, Persons With Disability Act 2021. There were practical mechanisms by which disability rights movements advanced WWDs' access to open and sheltered employment, income-generating activities, work placements, financial management, literacy skills, and advocacy for creating inclusive workspaces.

There were provisions for increased healthcare access for WWDs through legal and policy guarantees. These included: The Cost Care, Support and Maintenance Regulations, 2009; the Persons with Disabilities (Registration) Regulations, 2009; the Kenya Constitution 2010; the Persons with Disability act 2021; and, the CRPD. Increased accessibility to health care services was enhanced through information sharing and education, training of healthcare providers on reproductive health rights of WWDs, and adoption of inclusive approaches in healthcare settings that incorporate WWDs' health care concerns.

Provisions for access to sports and recreation were through legal and policy guarantees, which provided for integrating WWDs in sports and cultural activities at the national and county levels. These included: Access to Employment, Services, and Facilities Regulations, 2009, the Kenya Constitution 2010; the Persons with Disability Act 2021; and the CRPD. Disabled women's Organisations also created spaces for WWDs to engage in sport and culture at the national and county levels. Provisions were also made to make communication accessible in sign language, braille, and other accessible formats to WWDs through legal guarantees. Disability rights movements also advocated for sign language culture and networked to enhance communication and solidarity between them.

The study established that WWDs were empowered through making education and training accessible through legal frameworks and policies. These include the sectoral policies for inclusive education like the Education and Training Gender Policy, Technical and Vocational Education and Training Policy, National Education Sector

Plan; 2013-2018, Sessional Paper 2012 on special education, Kenya Constitution 2010, Basic Education Act 2013, and the Persons with disabilities Act 2021. The disability rights movement used advocacy to lobby for making education inclusive of WWDs.

Empowerment of WWDs was enhanced through provisions for assistive devices. This was provided for in the Persons with Disabilities Regulation 2009, the Kenya Constitution 2010, and Disability Act 2021, which provided tax exemptions for purchasing, repairing, or adapting personal assistive devices. The government MDAs and disability rights movements enhanced the supply of assistive devices to WWDs. The overall objective was to enhance their mobility and agency.

Generally, WWDs have been empowered through provisions for protection from harm and abuse through the National Disability Policy 2006, the National Special Education Policy 2009 on safety in learning institutions, and the National Policy for Older People and Ageing 2009. WWDs are also given priority in humanitarian emergencies and conflicts. The Persons with Disabilities Act 2021 provides for treatment with dignity, protection from exploitation, and all forms of abuse.

Further, WWDs have also been empowered through provisions for access to political processes and public decision-making. The Kenya constitution 2010 provides affirmative measures in parliament and county assemblies, thus WWDs' representation in parliament and county assemblies has been enhanced in the last one and a half decades. The Electoral Code of Conduct 2011, The Election Act, Cap 24 2011, and the Political Parties Act, 2011 have enhanced an inclusive political culture.

Diversity Policy, 2016 for public services on the progressive realisation of 5% appointment for PWDs, the Elections (Party Primaries and Party Lists) Regulation 2017, the Public Participation Bill of 2019, and the PWDs Act, 2021 significantly shaped the advancement of WWDs in Kenya's elective and appointive politics.

Disability rights movements have advocated for the representation of PWDs, including WWDs, in the IEBC decision-making and political party organs with commendable success. The disability rights movement also used advocacy and submitted a memorandum to parliament on the need to make parliament inclusive of PWDs based on gender. Furthermore, they provided leadership positions for WWDs in general PDOs or DWOs. Disability rights movements have trained WWDs on leadership through capacity building to run for elective posts and urged them to take up leadership in other public institutions, like churches and school management boards.

According to the study, institutional mechanisms were employed by President Kibaki and the Uhuru regime to advance the empowerment of WWDs. According to the study, the National Council of People With Disabilities is the leading institution that deals with disability-related issues and has empowered WWDs by building the capacity of DPOs and WWDs' self-help groups, supplying assistive technology, keeping an eye on and evaluating DPOs and WWDs' self-help groups, registering WWDs, providing cash transfers to people with severe disabilities, offering tool kits, and including WWDs in the boards of directors.

The research findings further demonstrate that the Kenya National Commission of Human Rights was founded in 2011 to monitor CRPD implementation and to advance

and defend human rights for everybody. Monitoring the implementation of CRPD on the rights of WWDs provides a feedback mechanism on the progress in the advancement of the empowerment of WWDs and areas that need review. KNCHR has also provided a complaint platform for WWDs to report violations of their social, economic, and political rights and fundamental freedoms.

The study findings revealed that NGEK commitments have promoted the concern of WWDs in state parties' conferences; established stakeholder beneficiary forum to monitor disability issues in the country; promoted compliance with the two-thirds gender rule and inclusion of SIGs in accessing economic opportunities; cooperated with the private sector for inclusion of PWDs in employment; facilitated the development of model county disability legislations; commissioned a survey on status of equality and inclusion in Kenya; undertaken surveys and generated reports for national, regional and international forums on equality in all key sectors; audited affirmative actions in Kenya; provided advisory opinion to national and county governments on inclusion principle in recruitment to appointive and elective positions; and facilitated development of National Statistical Plans for 2019-2023 to promote generation and use of gender disaggregated data to inform policies, laws, programmes and decision making. NGEK also pushed for the ratification of the African Charter on Human and Peoples Rights on the Rights of PWDs, which has express provision for WWDs.

The study findings also established that electoral institutions, notably the Independent Electoral and Boundaries Commission and Political Parties, have enhanced the engagement of WWDs in political processes and outcomes under various electoral

laws and codes. The IEBC has been undertaking voter education and accreditation of DPOs and other CSOs to support civic education targeting all voters, including WWDs. The IEBC is also responsible for voter registration. IEBC began to register voters by taking into account gender and disability, a shift from an earlier voter registration that had ignored the intersection of gender and disability. The study findings established that political parties had facilitated increased access of WWDs to political engagements through the Political Parties Fund to fund candidates with disabilities in their campaigns. The political parties also facilitated the participation of WWDs in Party activities and elective politics by lowering the fees charged for nomination and membership in line with affirmative action.

The study established that the following activities by the Directorate of Social Assistance and the Directorate of Social Development contributed to the empowerment of WWDs through: sensitisation of WWDs on individual registration; networking and collaborations with partners to train WWDs on entrepreneurship skills and obtain assistive devices; and, training of community counsellors who help WWDs on issues related to health, abuse, violence, and acceptance of their status. The DSS has played an integral role in the Consolidated Cash Transfer Programme (CCTP) – *Inua Jamii*; the registrations of PDOs and the provision of skills training to WWDs; the Disability Mainstreaming Strategy 2018; the Disability Awareness Creation Booklet; contribution to the ratification processes of the ACHPR on the Rights of Older Persons in Africa and the ACHPR on the Rights of Persons with Disabilities in Africa.

The study findings also established that educational institutions have played a critical role in empowering WWDs in Kenya. One of these institutions is Kenyatta University, which has been working towards inclusive education for many decades and has developed a disability policy to promote disability mainstreaming and full access to all educational, employment, social, and leisure opportunities.

The results of the study show that the Women Enterprise Fund (WEF) and the Uwezo Fund, which address gender-related economic imbalances and offer a substitute source of subsidised financing for women, including WWDs at the constituency levels, have given some WWDs a sense of economic empowerment. Compared to women without impairments, research indicates that a significant fraction of WWDs is unable to obtain these monies. The study findings established that the GOK established the National Government Affirmative Action Fund (NGAAF) in 2016 to facilitate the socio-economic empowerment of vulnerable groups, including WWDs, through enhanced access to financial facilities in the country through affirmative action. The study's findings proved that the unequal financial availability for disabled and non-disabled women was a holdover from the early funding model used under President Kenyatta and President Moi's regimes, which did not give WWDs top priority.

The study established that some county governments enacted County Disability Acts, which addressed the inclusion and integration of WWDs in county plans and developments. In some counties, county disability boards have facilitated the advancement of the social, economic, and political rights of WWDs. The study further established that the County Disability Caucus, County Development Plans, and

County Disability Fund have made provisions that empower WWDs. Counties have advanced empowerment of WWDs through employment creation, tax waivers on business licenses, reservation of stalls for WWDs, and educational bursaries. However, mainstreaming disability in some county governments has not been adequately implemented in some counties.

The study established that disability rights movements have played a significant role in advancing the empowerment of WWDs in Kenya, both individually and collaboratively, with government MDAs. Most Persons with Disabilities Organisations (PDOs) supporting the social, economic, and political empowerment of WWDs in Kenya have individual or collective mandates with other PDOs through affiliations. The results show that disability rights movements have employed several tactics to advance the social, economic, and political empowerment of WWDs. These tactics include gathering data to guide their campaigns, developing a policy framework, and raising awareness of the rights of WWDs.

The study established that the disability rights movements have, in collaboration with MDAs, enhanced WWDs' access to economic opportunities, healthcare, access to assistive devices, education, sports, political processes, and protection from abuse. They have lobbied the government and other stakeholders, presenting petitions to government and parliament, capacity building for WWDs, advocacy, initiated a policy platform for including WWDs in social, economic, and political domains, and mainstreaming gender in their organisation's leadership structures and areas of concern. Furthermore, they have supported forming organisations for WWDs to address issues of concern unique to WWDs. According to the study, DRM has also

actively monitored Kenya's progress in empowering WWDs. However, the empowerment of WWDs is still hampered by several obstacles, including gaps in the law and policy, institutional barriers, inadequate employment, a lack of registration documents, a lack of access to financial and economic resources, a lack of gender mainstreaming in disability rights movements, and unfavourable attitudes towards WWDs.

6.3 Conclusions

The study set out to answer some questions concerning the dynamics in empowerment of WWDs in Kenya; 1895-2021. Objective one examined the engagement of PWDs in Kenya's social, economic, and political spaces between 1895 and 1962. The study concludes that although disability existed in African communities, colonialism intensified disability constructions through colonial policies and practices such as policing and collective communal punishments; social and economic rehabilitation and integration were based on charity and colonality models undermining the African disability intervention based on communitarian *ubuntu* philosophy; Victorian and traditional gender principles in the allocation of tasks in which WWDs engaged in mat making, basketry, needlework, pottery, leatherwork, telephone operation, and secretarial practice while MWDs were trained in trades that were considered more masculine. Voluntary and religious organisations played an integral role in the engagement of men and WWDs in societal spaces during the colonial period.

The findings demonstrated that access to engagement in societal domains was based on race, the able-bodied and disabled body dichotomy, and gender, in which whites and Asians had preferential treatment and access to opportunities compared to

Africans. The study concludes that WWDs had the least access to social, economic, and political engagement due to intersectional discrimination based on race, gender, and disability. The study findings established that Africans' demand for rehabilitation and integration surpassed provision. The study concludes that disability activism on the eve of independence was a function of inadequate rehabilitation and integration of PWDs and their extreme exclusion from society.

In Chapter Three, the contribution of the state and non-state actors to WWDs' socio-economic and political empowerment in Kenya between 1963 and 1991 was discussed. The study established that voluntary and religious organisations, and Disabled Peoples organisations collaborated with the government in advancing special education and vocational rehabilitation to girls and WWDs. Care homes, work placements, sheltered and production workshops, and engagement in individual or group income-generating activities were used to advance the empowerment of WWDs during the Jomo Kenyatta regime. However during the President Moi regime advancement of empowerment of WWDs was realised through expanding special education and vocation training, establishment of a national fund for PWDs, work placements, provision of assistive devices, making sports more inclusive, widening WWDs membership and office holding in PDOs, national development plans, World Plan of Action, disability census, collaborations with ILO to create more economic opportunities for WWDs and ratifying CEDAW and ILO recommendation on equalisation of opportunities for PWDs. The study concludes that public awareness, government policies, and the shift from charity to a social and economic empowerment approach to men and WWDs positively impacted WWDs' empowerment between 1963 and 1991.

The study established that despite the advancement in the empowerment of WWDs, there were constraints. The study concludes that the following factors—a lack of centralisation, gender insensitivity, affirmative action laws, restricted access to sports and education, unemployment, income inequality, workplace discrimination, inaccessible environments, difficult funding, patriarchal ideology, and the absence of a reliable census of the disabled population based on gender—continue to exacerbate discrimination against WWDs, restricting their empowerment.

Chapter Four specifically accounts for objective three, which examined the implications of democratisation in empowering WWDs in Kenya from 1992 to 2003. What changed during the struggle for democratisation; 1992-2003, included that democratisation politics were anchored on the call for access to human rights and social, economic, and political empowerment rather than charity and tokenism. WWDs intensified their involvement in advocacy on disability concerns in Kenya. Kenya's commitment to international and regional legal instruments has enhanced interest in addressing concerns specific to WWDs by highlighting the multiple disadvantages of WWDs, barriers, and gatekeepers that marginalise them, and calling governments to take specific measures to empower WWDs.

As a result of PDOs' increased lobbying, Hon. Josephine Sinyo was nominated to become the first female member of parliament with a disability. The Constitutional Review Commission Amendment Act of 2000 established that men and WWDs would participate in the review process in the late 1990s. Kenya passed the Disability Act in 2003, which defined disability and included several measures ensuring PWDs'

access to political, social, and economic rights. The Disability Act of 2003 addressed PWDs generally, but the rights under it would not be realised if WWDs were excluded from societal spheres.

Chapter Five sought to examine the contribution of the government and disability rights movement in the empowerment of WWDs in Kenya; 2004-2021. The study found that the leading players in the empowerment of WWDs in Kenya were the government and disability rights movements. The study established that legal, policy, and institutional frameworks and practices played an integral role in the fight to empower WWDs in Kenya through enhanced access to economic opportunities, healthcare, sports and recreation, communication in accessible formats, education and training, assistive devices, mainstreaming gender and disability, political processes, and public decision-making. The study further established that recognising disability, undertaking surveys on disability concerns based on the intersection of gender and disability, and monitoring have helped in the struggle to empower WWDs in Kenya. The study concludes that the Kenya Constitution of 2010, PWDs Act 2021 and are two legal landmarks that profoundly changed societal domains to be inclusive of WWDs; and, that the Kenya Constitution 2010, legal subsidiaries, PWDs Act 2021, policy framework by government and disability correct movements have contributed significantly in the struggle to empower WWDs in Kenya.

The study further established that legal gaps, policy and institutional gaps, unemployment, lack of identification documents, gaps in disability rights movements, inadequate access to financial and human resources, negative labelling and construction of WWDs continue to disempower WWDs. The study concludes that the

struggle to empower women with disabilities in Kenya is ongoing and requires concerted efforts between the government and various non-state actors, including disability rights movements.

6.4 Policy Recommendations and Further Research

The study recommends that the government, disability rights movements, women's Rights Movements, voluntary organisations, and the public must work together to empower WWDs in Kenya. Additionally, there is a need to create or strengthen Parliament and County Disability Caucuses to enable them to: advance disability inclusion in county governance structures; enhance the capacity of County Assemblies on disability inclusion based on the intersection of gender and disability; disability-sensitive legislation; disability-responsive budgeting; disability monitoring and evaluation; and, create safer spaces for WWDs at the county levels.

The national institutional mechanisms should consult with WWDs on an equal basis when developing laws, policies, and programmes that seek to promote and empower WWDs socially, economically, and politically. Government MDAs responsible for the empowerment of PWDs should formulate policies and guidelines for sustainable engagement with disability rights movements, covering grassroots and national levels.

To enhance mobility for WWDs, the study recommends increased government investments in the local production of assistive devices to meet local demands and the specific needs of WWDs. The national and county governments should enact legislation and policies that promote and protect access and use of assistive technologies at the national and county levels.

To achieve effective inclusion of WWDs in appointed and elective posts at the national and local levels, political parties ought to put forth nominees with disabilities. Moreover, mainstreaming gender and disability in national and county governments, including disability rights movements, should be a comprehensive issue affecting various fields, including trade, health, education, culture, agriculture, transportation, the environment, sports, and tourism. Establishing sustainable disability inclusion in policy and practice in political spaces for WWDs is a requirement for County Assemblies and Political Parties. All county laws must be reviewed to make sure they accommodate PWDs and people of all genders. Establishing additional monitoring mechanisms is an additional obligation of the national and county governments.

The establishment of a disability rights and advocacy fund and Disability Commission is necessary to address the historical marginalisation of PWDs, inclusive of WWDs, through PDOs and MDAs. Furthermore, rather than using a top-down strategy that aims to normalise WWDs in programmes, empowerment initiatives should be founded on a bottom-up strategy, which would be more contextual and impactful.

The study recommends further historical research investigating indigenous approaches to disabilities among African societies across various historical contexts and a gendered analysis of PWDs across government MDAs. The study further proposes that in-depth analysis of the situation of WWDs among ethnic minorities, refugee situations, and conflict-prone places should be the focus of additional data collection and research.

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APPENDICES

Appendix I: Informants/FGD & Oral Histories

A.i: List of Key Informants

S/No	Name	Description	Gender	Status	Date of Interview
1.	Dr Mbugua Mungai	Director, Disability Directorate, KU	M	MWD	06/12/2022
2.	Dr. Pius Kakai	Academic Expert	M	MWD	05/12/2022
3.	Ms. Rahab Kiranga	Kiambu County Disability Network President	F	WWDs	12/12/2022
4.	KII-4	Director-Disabled Women Organisation- Nairobi	F	WWD	09/01/2023
5.	Ms. Marion Motho	Development Officer, Kiambu County	F	Non-Disabled	02/23/2023
6.	Ms. Rose Nduta	Social Development Officer-Kiambu County	F	Non-Disabled	02/23/2023
7.	Mr. Samwel Nzuki	CDF Account Manager-Gatundu South Constituency	M	Non-Disabled	02/03/2023
8.	Hon. Jacintha Bacha	Nominated MCA -Kiambu	F	WWD	10/12/2022
9.	Mr. Hopkin Orasi	NCPWD-Nairobi County	M	MWD	07/06/2023
10	Mr. Francis Shimba	APDK-HQ. Nairobi	M	MWD	07/06/2023
11	Ms. Jane Auma Owino	Eldery women with disability-Mombasa	F	WWD	06/04.2023
12	Dr. Kaka Rashid	Mombasa County-Research Office	M	MWD	14/03/2023
13	H.M. Dr. Makorani Mungase	Education expert, Mombasa	M	Non-Disabled	07/02/2023
14	Ms. Grace Njogu	Gender and Policy Expert, Kiambu County	F	Non-Disabled	11/01/2023
15	KII-15	Legal Expert-Nairobi	M	Non disabled	19/01/2023
16	Ms. Mumbi	NCPWD-Mombasa County	F	Non disabled	05/06/2023
17	Mr. Teddy	NCPWD- Mombasa County	M	Non-Disabled	05/06/2023
18	Jemimah	PDO-Mombasa	F	WWDs	04/03/2023
19	Mr. Paul Munywoki	Captain SA-Village Training Centre-Kiambu	M	Non-Disabled	11/01/2023
20	Vera Robi	PDO-WCC, Nairobi	F	Non-Disabled	09/01/2023

A.ii Focused Group Discussions

S/ No	Name	Description	Location	Composit ion	Date of Interview
1	Focused Group Discussion 1	Faith-Based (Salvation Army)Organisations & Education Experts	Kiambu	Mixed	18/4/2023
2	Focused Group Discussion 2	Disabled Peoples Organisation	Kiambu	PWDs Only	18/6/2023
3	Focused Group Discussion 3	Disabled Peoples Organisation& Disabled Women Organisations- Mombasa	Mombasa	PWDs Only	14/12/2022
4	Focused Group Discussion 4	Voluntray Organisations- APDK Mombasa	Mombasa	PWDs Only	14/04/2023
5	Focused Group Discussion 5	Government Ministries, Departments and agencies	Nairobi	Mixed	22/02/2023
6	Focused Group Discussion 6	Men and women with disabilities	Nairobi	PWDs Only	08/06/2023

A. iii: Oral Histories

S/No	Name	Description	Gender	Location	Date of Interview
1	Key Informant 1	Elderly woman with disability	F	Nairobi	03/12/2022
2	Key Informant 2	Elderly woman with disability	F	Kiambu	06/07/2023

Appendix II: Research Authorisation from Kenyatta University Graduate School



KENYATTA UNIVERSITY GRADUATE SCHOOL

E-mail: kubps@yahoo.com
dean-graduate@ku.ac.ke
Website: www.ku.ac.ke

P.O. Box 43844, 00100
NAIROBI, KENYA
Tel. 810901 Ext. 57530

Internal Memo

FROM: Dean, Graduate School

DATE: 29th August, 2022

TO: Mr. Javan Z. Mokebo
C/o Department of Hist. Arch. & Pol. Stud.
KENYATTA UNIVERSITY

REF: C82/33491/2015

SUBJECT: APPROVAL OF RESEARCH PROPOSAL

This is to inform you that the Graduate School Board at its meeting 17th August, 2022 approved your Ph.D. Research Proposal entitled "Change and Continuity in Women's Fight for Empowerment: The Case of Women with Disabilities in Kenya, 1948-2022".

You may now proceed with your Data collection, subject to clearance with the Director General, National Commission for Science, Technology & Innovation.

As you embark on your data collection, please note that you will be required to submit to Graduate School completed supervision Tracking and Progress Report Forms. The Forms are available at the University's Website under Graduate School webpage downloads.

Also, please ensure that you publish article(s) from your thesis before submitting it to Graduate School for examination as per the Commission for University Education and Kenyatta University guidelines.

By copy of this letter, the Registrar (Academic) is hereby requested to grant you substantive registration for your Ph.D. studies.

Thank you.


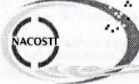






JACKSON LUVUSI
FOR: DEAN, GRADUATE SCHOOL.

c.c. Chairman, Department of History, Archaeology & Political Studies
Registrar (Academic) Att; Mr. Richard Chweya

Supervisors:

1. Dr. Susan Mwangi
C/o Department of Hist. Arch. & Pol. Stud.
KENYATTA UNIVERSITY
2. Dr. Julius Nabende
C/o Department of Hist. Arch. & Pol. Stud.
KENYATTA UNIVERSITY

Appendix III: Research License

 REPUBLIC OF KENYA	 NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION
Ref No: 606464	Date of Issue: 14/October/2022
RESEARCH LICENSE	
	
<p>This is to Certify that Mr. Javan Zaumambo Mokebo of Kenyatta University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Kiambu, Mombasa, Nairobi on the topic: CHANGE AND CONTINUITY IN WOMEN'S FIGHT FOR EMPOWERMENT: THE CASE OF WOMEN WITH DISABILITIES IN KENYA, 1948-2022. for the period ending : 14/October/2023.</p>	
License No: NACOSTI/P/22/20876	
606464 Applicant Identification Number	  04/01/2023
	
Director General NATIONAL COMMISSION FOR SCIENCE TECHNOLOGY & INNOVATION	
Verification QR Code	
	
<p>NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.</p>	
See overleaf for conditions	

B. i: Informed Consent Form

- Title: "Dynamics in the empowerment of women with disabilities in Kenya, 1895-2021"
- Researcher: Mr Javan Zaumambo Mokebo
- This informed consent form provides you with adequate information to enable you to decide whether to participate in the study or not. Women with disabilities are systematically marginalised. This study seeks to explore this problem and the mechanisms used to contest the disempowerment of women with disabilities in Kenya. By consenting to participate in the study, I will ask you questions. Some of them will be sensitive regarding the struggle to empower women with disabilities in Kenya. I will document your responses and probe for further clarity on the issues that will arise. The study findings will be used for academic purposes and to inform policy rationalisation in the mainstreaming of gender and disability.

I have been granted permission to undertake this study by Kenyatta University, Graduate School, kubps@yahoo.com; dean-graduate school@ku.ac.ke; and the National Commission for Science and Technology, 9th Floor, Utalii House, Uhuru Highway, Po Box 30623-00100, Nairobi, Kenya Tel: +254-20-2213471, 2241349, 310571, 2219420; e-mail: secretary@nacosti.go.k.

To indicate that you have fully understood this study's nature and consent to participate in it, kindly sign/put your fingerprint in the space provided.

Name-----

Signature/fingerprint..... Date.....

Researcher Signature..... Date.....

Appendix IV: Research Instruments

C.i: Key Informant Interview Guide for Men and women with disabilities

Interview Date..... Contact.....

Part A: Background Information

i. Name.....ii.County.....iii.Age.....

Iv. GenderV. Educational LevelVi. Marital Status ...

vii. Disability Type...

1. Are there women with disabilities in your community? (Workplace, residence, etc.)
2. How would you describe the participation of women with disabilities in socio-economic and political spaces on the eve of Kenya's?
3. Which organisations empowered women with disabilities in Kenya, 1963- 1991?
4. How was the empowerment of women with disabilities manifested, 1963 - 1991?
5. Which factors hindered the socio-economic and political empowerment of women with disabilities in Kenya between 1963 and 1991?
8. Which disability rights movements struggled to empower women with disabilities in Kenya between 1992 and 2003?
9. Which strategies were used by disability rights movements to fight for the empowerment of women with disabilities in Kenya between 1992 and 2003?
10. How did the democratisation struggle impact the empowerment of women with disabilities in Kenya between 1992 and 2003?
11. How did women with disabilities fight for their empowerment from 1992 to 2003?
12. Which mechanisms were used by the state to advance women with disabilities' empowerment between 2004 and 2021?
13. To what extent did disability rights movements empower women with disabilities in Kenya between 2004 and 2021?
14. Which specific strategies were used in the fight to empower women with disabilities in Kenya between 2004 and 2021?
15. Which strategies can be used to bolster the fight for the empowerment of women with disabilities in Kenya

C.ii: List of Key Informants interview Guide for Disability Rights Movements, Government Ministries, Departments, and Agencies; Voluntary and Religious Organisations

Interview Date..... Contact.....Organization.....

Part A: Background information

- a. Name.....b. Age.....
- b. Educational level.....c. Marital status.....
- c. Sub-County..... ,,,,,,,,,,d. Residence (city, Urban, Slum, Rural)
- e. Gender (Male, female, other).....f. Disability Type
- g. Type of organisation.....

1. In which year was your organization established?
2. What are the mandates of your organization?
3. Does your organization have women with disabilities?
4. Describe the place of women with disabilities in your organization.
5. How can you describe the place of women with disabilities in various activities of your organization (as members, officials, mobilizers, and beneficiaries)?
6. How can rate the contribution of your institution to socio-economic and political empowerment since it was established?
7. How long has your institution been engaged in the promotion of the rights of women with disabilities?
8. Which state mechanisms have been used to empower women with disabilities between 1963 and 1991, 1992-2003, and 2004-2021?
9. Which non-governmental organizations have been engaged in empowering women with disabilities in Kenya between 1963 and 1991, 1992-2003, and 2004-2021?
10. Which strategies did organizations of people with disabilities use to empower women with disabilities between 1963-1991, 1992-2003, and 2004 and 2021?
11. What challenges were faced in the struggle to empower women with disabilities in Kenya over time?
12. What can be done to empower women with disabilities in Kenya

C. iii: Key Informant Interview Guide for Academic Experts

Interview Date..... Contact.....

Part A: Background information

- a. Name.....b. Age.....
- b. Educational level.....c. Marital status.....
- c. Sub-County.....d. Constituency.....
- d. Residence..... .e. Gender.....
- e. Disability Type

1. How can you describe the status of people with disabilities in accessing formal Western education in Kenya between 1945 and 1962?
2. To what extent did people with disabilities access healthcare in Kenya between 1945 and 1962?
3. How can you describe the status of people with disabilities in colonial labour requirements in Kenya between 1945 and 1962?
4. How was disability politics organised in Kenya between 1945 and 1962?
5. How can you rate the participation of women with disabilities in social, economic and political activities in comparison with men with disabilities on the eve and immediately after Kenya's independence in 1963?
6. Which factors facilitated the social, economic and political empowerment of women with disabilities in Kenya between 1963 and 1991?
7. Which factors inhibited the social, economic and political empowerment of women with disabilities in Kenya between 1963 and 1991?
8. How did the democratization process impact the fight for the empowerment of women with disabilities in 1992 and 2003?
9. Which actors awakened the fight for women with disabilities empowerment between 1992 and 2003?
10. How did women with disabilities fight for their empowerment between 1992 and 2003?
11. What did women with disabilities achieve in their struggle for empowerment between 1992 and 2003?

12. Which strategies have been used by government in the struggle for the empowerment of women with disabilities in Kenya between 2003 and 2021?
13. Which strategies have been used by disability rights movements in the struggle to empower women with disabilities in Kenya between 2004 and 2021?
14. What needs to be done to enhance the empowerment of women with disabilities in Kenya?

C.iv: Key Informant Interview Guide for Legal Experts

Interview Date..... Contact.....

Part A: Background information

- i. Name... ii. Age...iii. Educational level.....
- iv. Marital status..... v. County.....vi. Constituency.....
- vii. Residence Viii. Disability Type.....
- ix. Gender

1. Did the independent constitution guarantee fundamental rights and freedoms to all citizens in Kenya?
2. Were there legal gaps that led to the limitation of women with disabilities' participation in societal activities in Kenya between 1963 and 1991?
3. Which legal and policy framework promoted the rights of women with disabilities between 1963 and 1991 in Kenya?
4. Which legal frameworks and policies were initiated specifically to empower women with disabilities access to social, economic and political rights in Kenya between 1992 and 2003?
5. Were there specific institutional mechanisms that address the empowerment of women with disabilities between 2004 and 2021?
6. If the institutional mechanisms existed, to what extent did they address the empowerment of women with disabilities?
7. Which legal instruments were used to empower women with disabilities in Kenya between 2004 and 2021?
8. To what extent were the legal mechanisms effective in empowering women with disabilities between 2004 and 2021?

C.v: Interview Guide for Focus Group Discussions (FGDs)

Interview Date..... Contact.....

Part A: Background information

Name	gender	Age	Marital status	Level of education	Disability type	Residence	Sub-County

1. Which state initiatives were used to empower women with disabilities in social, economic and political spaces between 1963 and 1991?
2. What were the roles of non-state actors in the empowerment of women with disabilities in Kenya between 1963 and 1991?
3. Which barriers hindered the social, economic and political empowerment of women with disabilities in Kenya between 1963 and 1991?
4. Which factors awakened women with disabilities to fight for empowerment between 1992 and 2003?
5. Which strategies were used by women with disabilities to fight for their empowerment between 1992 and 2003?
6. What were the achievements of women with disabilities' fight for empowerment between 1992 and 2003?
7. Which mechanisms have been used by state makers to empower women with disabilities between 2004 and 2021?
8. Which mechanisms have been used by disability rights movements to empower women with disabilities between 2004 and 2021?
9. Which factors acted as barriers in the fight for the empowerment of women with disabilities between 2004 and 2021?
10. To what extent have government initiatives to empower women with disabilities in Kenya between 2004 and 2021 been successful?
11. What suggestions would you propose that can be used to bolster women with disabilities' social, economic and political empowerment in Kenya?

C.vi: Interview Guide for Life Histories

Interview Date..... Contact.....

Part A: Background information

- a. Name.....
- b. Age.....
- c. Gender.....
- d. Educational level.....
- e. County.....
- 1. What challenges have you gone through?
- 2. What strategies have you used to earn an independent living?
- 3. Based on your experience, what needs to be done to empower women with disabilities in Kenya

C.vii: Guide for One-on-One Interview with People With Disabilities (Open-Ended Questionnaire)

Interview Date..... Contact.....

Part A: Background information

i. Name.....ii. County.....iii. Constituency.....iv. Residence

v. Age.....vi. Gender.....vii. Educational level.....

viii. Marital status.....ix. Disability type.....

1. Which registration documents do you have? (ID/Disability Card/Passport)
2. Which type of institution did you acquire training in (Special, Integrated)?
3. How can you describe your employment type (Self/ workshop for the disabled/government/ private/permanent)?
4. How can you describe the nature and status of your employment over time (Permanent, contract, casual/unemployed)?
5. How can you describe the socio-economic and political empowerment level of women with disabilities between 1963 and 1991?
6. Which barriers hindered the social, economic and political empowerment of disabled women between 1963 and 1991?
7. If you are a member of disability rights movements, can you list them?
8. What is the composition of disability rights movements known to you?
9. Which strategies do disability rights movements known to you use in the empower women with disabilities in Kenya between 1992 and 2003?
10. To what extent are strategies used by disability rights movements known to you in the struggle for the social, economic and political rights of women with disabilities in Kenya between 1992 and 2021 effective?
11. Which strategies have been initiated by national and county governments in empowerment of women with disabilities in Kenya between 2004 and 2021?
12. Which mechanisms can enhance the social, economic and political empowerment of women with disabilities in Kenya

C.viii: Interview Schedule for Women With Disabilities (Closed-Ended Questionnaire)

Interview Date..... Contact.....

Part A: Background information

- i. Name
- ii. County
- iii. Constituency
- iv. Residence (City, Urban, Slum, Rural)
- v. Age (23-33 years, 34-44 years, 45- 55 years, 56-66 years, 67 years and above)
- vi. Educational level achieved (KCSE/Certificate, Diploma, Undergraduate Degree, Master’s Degree, PhD Degree).
- vii. Marital Status (Single, Married, Divorced, Separated, Others/Complicated)
- viii. Disability Type

- | | | |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Physical | <input type="checkbox"/> Sensory | <input type="checkbox"/> Multiple disabilities |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Psychosocial | <input type="checkbox"/> Not Applicable/Not Disabled |
| | <input type="checkbox"/> Albinism | |

ix. At what point did you become disabled?

- At birth
- As a child
- As an adult
- At old age

1) How would you describe your participation in the following societal activities between 1963 and 1991?

Engagement	Never	Very low	Low	medium	High	N/A
Social-Cultural activities						
Economic activities						
Political activities						

2) How would you describe your participation in the following societal activities between 1992 and 2003?

Engagement	Never	Low	medium	High	N/A
Social-Cultural activities					
Economic activities					
Political activities					

3) How would you describe the level of your participation in the following societal activities between 2004 and 2021?

Engagement	No change	Very low	Low	medium	High	N/A
Social-Cultural activities						
Economic activities						
Political activities						

4. How would you describe the participation of women with disabilities in the following societal activities between 1992 and 2003?

Engagement	Never	Very low	Low	Fair	medium	High		N/A
Social activities								
Economic activities								
Political activities								

5. How would you describe the level of transformation of women with disabilities' participation in the following societal activities between 1992-2003 and 2004-2021?

Engagement	No change	Little change	Medium change	High change	N/A
Social activities					
Economic activities					
Political activities					

6. To what extent did the following factors impede the participation of women with disabilities in socio-economic and political activities between 1963 and 1991?

Factor	Do not know	Less extent	Medium extent	Great extent
Social environment				
Economic environment				
Inaccessible environment				
Legal and policy environment				
Political environment				

7) Describe your level of engagement in the following disability rights between 2004 and 2021

Disability movement	Very low	Low	medium	High	Very high	N/A
General DPO (men and women)						
Women-only DPO						
Umbrella DPO						

8) To what extent did the following institutions, legal framework, policies, women's organizations and women with disabilities enhance the social, economic and political empowerment of women with disabilities themselves between 2004 and 2021?

Engagement	Do not know	Very low	Low	medium	High	N/A
Voluntary organizations						
Local authorities						
Ministries, Departments, Agencies						
International organizations						
DPOs						
Individual WWDs efforts						

9. To what extent did the following factors impede the participation of women with disabilities in socio-economic and political activities between 2004 and 2021?

Factor	Do not know	Less extent	Medium extent	Great extent
Social environment				
Economic environment				
Inaccessible environment				
Legal and policy environment				
Political environment				

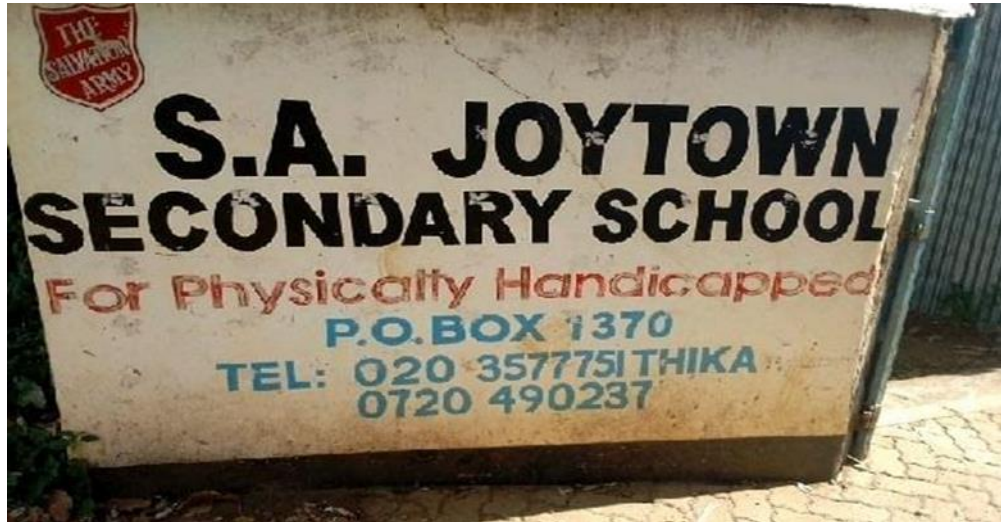
10. To what extent were the following strategies used by disability rights movement to fight for the socio-economic and political rights of women with disabilities between 2004 and 2021?

Factor	Do not know	Less extent	Average extent	Great extent
Data collection				
Creation of awareness				
Advocacy				
Lobbying				
Income-generating activities				
Establishing policy platforms				
Gender mainstreaming of disability agenda				
Formation of organizations for women with disabilities				
Monitoring				
Others				

11. To what extent were the strategies used by disability rights movements effective in fighting for the rights of women with disabilities between 2004 and 2021?

Factor	Do not know	Less extent	Average extent	Great extent
Social-cultural rights				
Economic rights				
Political rights				

Plate I: Joytown Secondary School for the Physically Handicapped, 2022



Source: Researcher (03/02/2023)

Plate II: Variety Village Training Centre



Source: Researcher (03/02/2023)

Plate III: Handcrafts Made by women with disabilities in APDK Bombolulu Worksho



Source: Researcher (25/11/2022)

**Plate IV: Handcrafts Made by women with disabilities in APDK Bombolulu
Workshop- Beads Jewellery**



Source: Researcher (25/11/2022)