



USAWA NA HAKI

October 2022 ISSUE



Usawa na Haki is a quarterly newsletter published by the National Council for Persons with Disabilities

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EDITORIAL

We welcome our readers to our October edition of the **Usawa na Haki**. In this issue we are putting the spotlight on key issues critical to promoting inclusion of persons with disabilities. The article on decentralization of the DMS signature to the county level provides hope for many persons with disabilities who had to wait for long periods for their assessment reports to be approved for their registration by the Council. The article comes as one of the news events occurring during the last quarter. It marks the end of the long journey of the Council advocating for decentralization of the Director of Medical Services signature to the counties. This is expected to enhance efficiency in registration of persons with disabilities. The article highlights the benefits accrued with the decentralization.

Another key milestone in our news segment is the philanthropic gesture by the late Helen Mary Margaret McGowan who in her will recognized the role of the Council in empowering persons with disabilities. Through her Will Helen donated a vehicle and cash of Ksh. 1million to support the Council programmes. The Ksh. 1 million as reported by the Executive Director will be used to establish an education scholarship in her honour targeting leaners with disabilities from poor families.

The article by the Executive Director of the Council examines some of the challenges that persons with disabilities get in accessing employment which among others include accessible work environments, attitudinal barriers. In this article the Director points out the issues raised by the Council during the 26th Annual National HRM Conference organized by the Institute of Human Resource Management (IHRM). Some of these include the need for inclusion employment process, provision of reasonable accommodation in employment and use of the NCPWD career portal in enhancing employment of persons with disabilities.

The article on universal health coverage captures the efforts made b Kenya in promising access to health, and some of the reforms to be carried out to ensure access to health services. Some of the key areas that require reforms include those of the National Hospital Insurance Fund schemes, Ministry of Health programmes and social protection programmes by the Ministry of Labour and Social Protection which require restructuring to enhance access to health services in Kenya.

Lastly, we have also featured an interview between the Council and a parent with two children with disabilities, one with autism and the other albinism with a view to demystify disability and share experiences caring for children with disabilities.....

Executive Director



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Editor



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'Another important milestone during the period was the analysis and scoring of the implementation of the Disability Mainstreaming indicator by the Council for Ministries,

Departments and Agencies (MDAs) contracted in the 18th Performance Contracting Cycle for the Financial Year 2021/22.



We are pleased to release our first issue of the *Usawa na Haki* newsletter for the financial year 2022/23. In this issue, we take stock of some of the achievements we have made so far.

A major achievement was the decentralization of the Director of Medical Services (DMS) signature from Afya House in Nairobi to the counties.

This means that persons with disabilities from across the country will not have to travel to Nairobi to have their disability medical assessments verified and signed. Instead, this will be done by the county directors of health.

We thank all the stakeholders who made this possible including the Council of Governors, Ministry of Health, National Gender and Equality Commission, Light for The World, CBM International and KCB Foundation.

We are continuing to engage stakeholders to ensure the exercise at the county level is as seamless as possible for persons with disabilities.

This includes a planned sensitization and capacity-building of all county directors of health on the new disability medical assessment and categorization guidelines in December.

We also wish to inform all persons with disabilities that the new-generation disability cards are finally out, following the official release of the first batch of cards by Cabinet Secretary – Labour and Social Protection Hon. Florence Bore. The new cards, produced by De La Rue, have several security features to curb fraud and QR code for verification purposes.

We ask all persons with disabilities to visit their respective county disability offices and get migrated into the new system.

Through concerted efforts with stakeholders, we will endeavour to clean-up the registration database and gather accurate socio-economic data of persons with disabilities in Kenya.

Another important milestone during the period was the analysis and scoring of the implementation of the Disability Mainstreaming indicator by the Council for Ministries, Departments and Agencies (MDAs) contracted in the 18th Performance Contracting Cycle for the Financial Year 2021/22.

Three hundred and ninety-four (394) MDAs were contracted for the cycle out of which three hundred and twenty-six MDAs (326) reported on the disability mainstreaming indicator.

We also sensitized 415 MDAs on the Financial Year 2022/2023 Disability Mainstreaming indicator and reporting system. The sensitization was aimed at building the capacity of the MDAs to effectively implement the disability mainstreaming indicator in the 19th Performance Contracting cycle and thus improving overall inclusiveness in government service delivery. We also sensitized our officers including those at the County level.

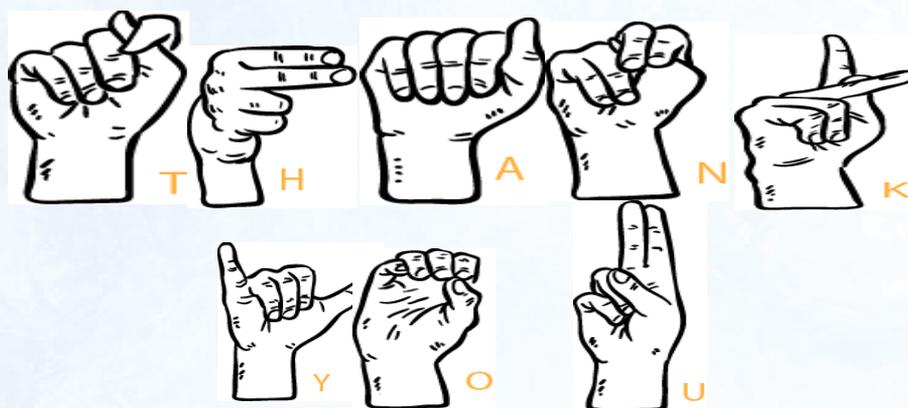
To enhance service delivery to persons with disabilities and ensure their participation, we continued to forge and strengthen partnerships with key stakeholders. We entered into memoranda with a number of partners. Some of these include Communications Authority of Kenya to involve persons with disabilities in a 2-year project on measuring the efficiency of Kenya's postal delivery service.

We also entered into an agreement with CBM Global to partner in programmes that foster disability inclusion through leveraging on each organization's technical capacities and resources. The partnership will also involve resource mobilization, registration of persons with disabilities and building the capacity of organizations of persons with disabilities to enhance their advocacy activities.

As the new members of parliament begin their work on legislation, we organized a consultative meeting with the Kenya Disability Parliamentary Association (KEDIPA) members to identify various areas of collaboration between the Council and the legislators.

The two parties agreed to collaborate in lobbying for disability legislative issues such as the pending Persons with Disabilities (Amendment) Bill 2021 and County Governments (Amendment) Bill 2021. Other areas of collaboration include amplifying disability issues on the floors of the Senate and the National Assembly and partnering with NCPWD county offices at the constituency level.

Lastly, we were pleased to receive a donation of Ksh. 1 million and a motor vehicle from the Late Helen Mary Margaret McGowen as per her will. Helen was registered with the Council as a person with disability and passed on in November 2021. We intend to establish the Helen McGowen Scholarship in honour of Helen to support needy learners with disabilities. We will be launching the scholarship in due course. We also invite other well-wishers to offer their support to this noble undertaking.



Disability should not be a sure ticket to joblessness

By Harun M. Hassan, Executive Director, NCPWD

In this article, the Executive Director gives an account of some of the barriers persons with disabilities face in accessing employment ranging from discrimination, cost of providing reasonable accommodation. The article highlights intervention made by the council in promoting inclusive employment through engagement with stakeholders such as the Institute of Human Resource Management (IHRM), and development of career portal that links together employers and jobseekers with disabilities.

Some years back, after acquiring disability through a road crash, I figured it was time to change careers. This was my first-time diving into the job market as a person with disability. I once got invited to a job interview, only to arrive at the venue and find that I couldn't access the interview room. The members of the interview panel had to come outside the building and interview me in the open.



Person with disability job hunting online-photo credit Riziki

To many persons with disabilities coming out of college and universities, looking forward to a job market where disability is not inability, this somewhat idyllic expectation is crushed by all forms of socioeconomic barriers in the face of fierce competition.

It is against this background that the Council participated in a panel at the 26th Annual National HRM Conference organised by the Institute of Human Resource Management (IHRM), a statutory professional body of HR practitioners in Kenya. Our engagement in the IHRM Conference was a continuation of efforts we have been putting to have more persons with disabilities getting employment opportunities.

Article 54 of the Constitution sets the threshold of job slots given to persons with disabilities to be at five percent. Despite such a Constitutional aspiration, the statistics show that this is a long way from being achieved. The *Status of the Public Service Compliance with the Values and Principles in Articles 10 and 232 of the Constitution*, published by the Public Service Commission for the FY2020/21, shows that persons with disabilities account for **1.2%** of the public service workforce. In the private sector, the image is quite blurred but mirroring the public sector.

Persons with disabilities face a myriad of challenges when seeking employment. For long, a huge hindrance has been education and skills. However, with a lot of energy increasingly focussing on access to education for all, the barriers to acquiring employment are gradually shifting from skills to attitude. As they say, the worst thing about disability is that people see it before they see you. Hence, even in the event that a person with disability seeks a job, a hirer believes that the person lacks what it takes to deliver. On occasions that they get employed, they are given positions viewed as 'favourable' for them, and also miss out on promotions.

For employers who have the intention of providing job opportunities to persons with disabilities, persons with disabilities are viewed as an 'unplanned expense' due to the cost of providing reasonable accommodation. This misconception about the accommodation cost versus Return on Investment (ROI) of disability inclusion to the institution is potentially the next big challenge after overcoming attitudinal barriers. Yet, studies show that engaging persons with disabilities at the workplace makes business-sense.

The argument supporting employment of persons with disabilities can be viewed from three perspectives: moral (the right thing to do), legal (touching on the laws of the land) and economic. On the economic part, studies continue to show that: if qualified persons with disabilities are given work to do, they most often outperform other employees, through higher levels of efficiency, productivity, loyalty and commitment. Another key trait is their innovativeness, perhaps shaped by their own life experiences of having to manoeuvre numerous barriers on a daily basis.

Employers failing to hire persons with disabilities miss out on a broader talent pool of skilled labour, having in mind that persons with disabilities account for 15% of the global population. They also lack the insight to develop products, services and processes that are conscious to the disability-demographic in the market.

What HR managers can do to tap into the disability inclusion

In the conference, we urged HR managers to take a fresher look at the interview process, and evaluate whether it is inclusive enough to accommodate the unique needs of persons with disabilities, ensuring accessibility of the venue and providing a fair chance. For employees with disabilities, they ought to provide reasonable accommodation e.g. ergonomics, flexible working hours, guide allowance etc.

While we hail the Salaries and Remuneration Commission for the 2019 policy direction on raising the guide allowance from Sh15,000 to Sh20,000 for persons who are blind, deaf and wheelchair users, we also urge SRC to relook at the criteria to accommodate more persons with disabilities who do not use wheelchairs but heavily depend on personal guides. There is also need to carry out more awareness drives, mentorship and coaching initiatives to ensure that persons with disabilities occupy roles at all levels of their workplaces.

For employers interested in hiring persons with disabilities, the Council has the NCPWD Career Portal (<https://ncpwd-landing.fuzu.com/>), that seeks to link employers with jobseekers with disabilities. There are currently over 5,300 jobseekers with disabilities on the portal. To be onboarded as an employer, kindly send us a request to ncpwd@fuzu.com



HIGHLIGHTS OF KEY EVENTS AND ACTIVITIES

Decentralization of the Disability assessment medical signature

Persons With disabilities will no longer need to wait for long for the Director of Medical Services at Afya House to approve their medical disability assessment reports. This follows the official communication by the Ministry of Health on the decentralization of medical services signature. The Ministry further clarified that the mandate of verifying and finalizing the disability assessment reports will lie with the county directors of health while appeals, reviews and requests for second opinion to be handled at the national level bring an end the processing of assessment reports at the Ministry of Health headquarters.

To facilitate a smooth transition, the Executive Director of the National Council for Persons with Disabilities, Harun Hassan held a consultative meeting with the Council of Governors on 7th September 2022 to formulate a roadmap on how to make the assessment exercise seamless, efficient and sustainable.

Speaking at the event, the Council of Governors CEO, Ms Mary Mwiti noted that, there was need for continuous capacity-building of county medical officials on the new disability medical assessment and categorization guidelines developed by the Ministry of Health to ensure accuracy in assessment. She further acknowledged that health is a fully devolved function and expressed the Council of Governors' commitment in ensuring a smooth transition of this exercise to the county governments.

The assessment will include the use of the new Disability Medical Assessment and Categorization Guidelines developed by the Ministry of Health. In addition, it will also entail: keeping client records, acquiring assessment premises, relevant tools and equipment for assessments, and submitting assessment reports to relevant authorities.

The new guidelines are aimed at standardizing the assessment exercise across the country. In the new assessment tools, disability assessment committee members are mandated to indicate their professional numbers, with a notice on the legal implications of providing any false information as this will be a crucial accountability trail going down to the specific health facility where one is assessed.

The Council has put in place measures to ensure that the disability assessment process is smooth by involving the Council of Governors for support, training of medical team at the county level, negotiating with counties to set aside funds for persons with disabilities medical assessment among others.

The decentralization of Director of Medical Services signature will ensure faster registration of persons with disabilities and also ensure that many persons with disabilities no longer need to come to Nairobi to check on the status of their assessment reports.



Photo session after the consultative meeting

Enhancing service provision through partnerships

The Council on 8th September 2022 formalized a Memorandum of Understanding with the Communications Authority of Kenya that seeks to engage Persons with Disabilities in a 2-year project on measuring the efficiency of Kenya's mail delivery service as well as enhance accessibility to digital services for persons with disabilities and promote their contribution and participation within the ICT regulatory space.

The Council also formalized a Memorandum of Understanding with CBM Global in developing programmes and initiatives that foster disability inclusion through leveraging on each organization's technical capacities and resources. The partnership will also involve resource mobilization, registration of persons with disabilities and building the capacity of organizations of persons with disabilities to enhance their advocacy activities.

In addition, the Council on 11th October 2022 held a consultative meeting with the Kenya Disability Parliamentary Association (KEDIPA) to identify various areas of collaboration.



Harun Hassan, Executive Director, NCPWD and Dr. Ezra Chiloba, Director General, Communications Authority after signing of an MoU for collaboration.

The parties agreed to collaborate in lobbying for disability legislative issues such as the pending Persons with Disabilities (Amendment) Bill 2021 and County Governments (Amendment) Bill 2021.

Other areas of collaboration include amplifying disability topics on the floor of the House, bringing on board voices of Organizations of persons with disabilities (OPDs).



Kenya Disability Parliamentary Association members with NCPWD staff after a consultative meeting.

Tax exemption vetting exercise

Council carried out a vetting exercise for Tax exemption applicants from 11th July to 5th August 2022 in Meru, Kiambu, Garissa, Mombasa, Kisumu, Eldoret, Nakuru and Nairobi Counties.

Communications for the specific date and venue are done via SMS and the applicants are required to appear before the Vetting Committee with the tax exemption documents. Tax exemption on income is provided to persons with disabilities on application. The requirements for one to benefit from tax exemption can be downloaded on the NCPWD website www.ncpwd.go.ke. A total of 2, 514 applicants were vetted.

International Deaf Awareness Week

The Council in collaboration with other stakeholders held the International Deaf Awareness Week celebrations which culminated to the celebrations held on 30th September 2022 in Malindi under the theme “**Building Inclusive Communities for All**”.

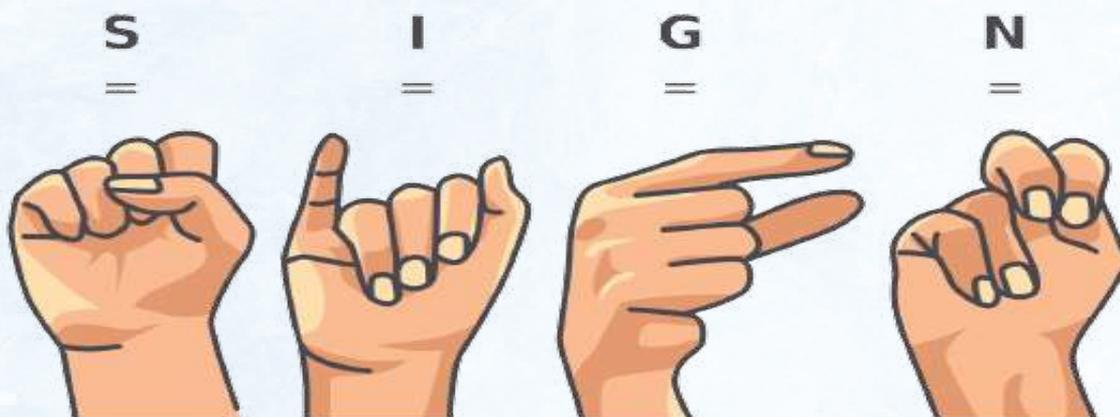
The celebrations were held at Malindi Water front Park and was graced by Flora Mbetsa, the Kilifi Deputy Governor. A total of 300 persons from the deaf community participated in the event.



Celebrating International Deaf Awareness Week

The week long event gave stakeholders opportunity to reflect on various aspects of promoting the rights of the deaf community.

INTERNATIONAL DAY OF SIGN LANGUAGES



The Helen Mary Margaret McGowan Donation Presentation Ceremony

On 13th October 2022, the Council received a donation of Ksh1 million and an accessible motor vehicle from the Late Helen Mary Margaret McGowan. Helen Mary Margaret McGowan was registered with the Council as a person with disability before her passing on in November 2021.

While receiving the donation, the Executive Director of the National Council for Persons with Disabilities, Harun Hassan, informed the public that the Ksh1 million donation will be used to establish an educational scholarship in honour of Helen.

The scholarship will be called the Helen McGowan Scholarship Fund and will target learners with disabilities from poor families. A selection criterion will be put in place to select the first five students with disabilities who will benefit from the scholarship starting January 2023 as they join Form 1.

The Council will be engaging with other partners to boost the scholarship kitty.

On the other hand, the vehicle will be used as a model of disability-friendly vehicle to enhance service delivery at the headquarters.



The Executive Director, Harun Hassan receiving the vehicle documentation and a cheque of Ksh 1 million from Executrix of Helen Mary Margret McGowan.

STIGMA ASSOCIATED WITH MENTAL ILLNESS

By Margaret Gitata, Intern at the Public Communications department, NCPWD

In this article, the writer delves into the issues surrounding stigmatization by defining stigma and further discusses the various types of mental health related stigma and some of the consequences of stigma to a person and how one can heal from mental stigma.

It is very unfortunate that a good number of us identify with being discriminated against, being offered back handed compliments or even worse being made feel lesser of a human being. Stigma is a mark of disgrace, dishonor or shame associated with a particular circumstance, quality, or person. Stigma involves negative attitudes or discrimination against someone based on a distinguishing characteristic such as a mental illness, health condition, or disability.

As a result, we've all felt shame, fear, an overwhelming sense of hopelessness and despair among others. What we've all suffered from are harsh wraths of stigma. Different types of stigmas could also be related to other characteristics including gender, sexuality, race, religion, and culture.

While stigma is not limited to mental conditions, attitudes towards psychiatric illnesses tend to be more negative than those toward medical conditions. Available literature identifies various types of mental health-related stigma including self-stigma, public stigma, professional stigma and institutional stigma.

Self-stigma in other words is identified as internalized stigma refers to negative attitudes of an individual to his/her own mental illness.

Self-stigma has been associated to poor results such as failure to access treatment, disempowerment, reduced self-efficacy and reduced quality of life. Public stigma refers to negative attitudes towards persons with mental illness as held by the general public, often based on misconceptions, fear and prejudice.

Studies show some of the impacts of public stigma are discrimination in workplaces and public agencies. Correlated to public stigma is perceived stigma which is defined as individual's beliefs about the attitudes of others towards mental illness. Professional stigma occurs when healthcare professionals hold stigmatizing attitudes toward their patients, which are often based on fear or misunderstandings of the causes and symptoms of mental illness, or when professionals themselves experience stigma from the public or other healthcare professionals because of their work and connection with stigmatized individuals.

Professional stigma is of particular concern as it may affect the care and treatment a person with mental illness receives, including treatment for physical illnesses, thereby impacting their well-being and recovery. Lastly, institutional stigma refers to an organization's culture of negative attitudes and beliefs toward stigmatized individuals, such as those with mental health problems. Institutional stigma can be reinforced by legal frameworks, public policy, and professional practices, thereby becoming deeply embedded in society.

Stigma poses detrimental consequences which includes a lack of understanding from others, which can be invalidating and painful. Moreover, stigma also carries more serious consequences including fueling fear, anger, and intolerance directed at other people.

People who are subjected to stigma are more likely to experience reluctance to seek out treatment, delayed treatment which increases morbidity and mortality, social rejection, avoidance and isolation, worse psychological well-being, poor understanding among friends and family, harassment, violence or bullying, disability, and increased socioeconomic burden and increased feelings of shame and self-doubt.

The stigma surrounding mental health can make it almost impossible for people with mental illnesses to seek treatment. Some conditions may worsen over time without treatment, so failing to seek treatment ultimately worsens outcomes. Stigma can also cause people to doubt themselves and their abilities to achieve their goals in life.

It can also lead to feelings of shame and even isolation. It may make it harder for people to find jobs and adequate housing.

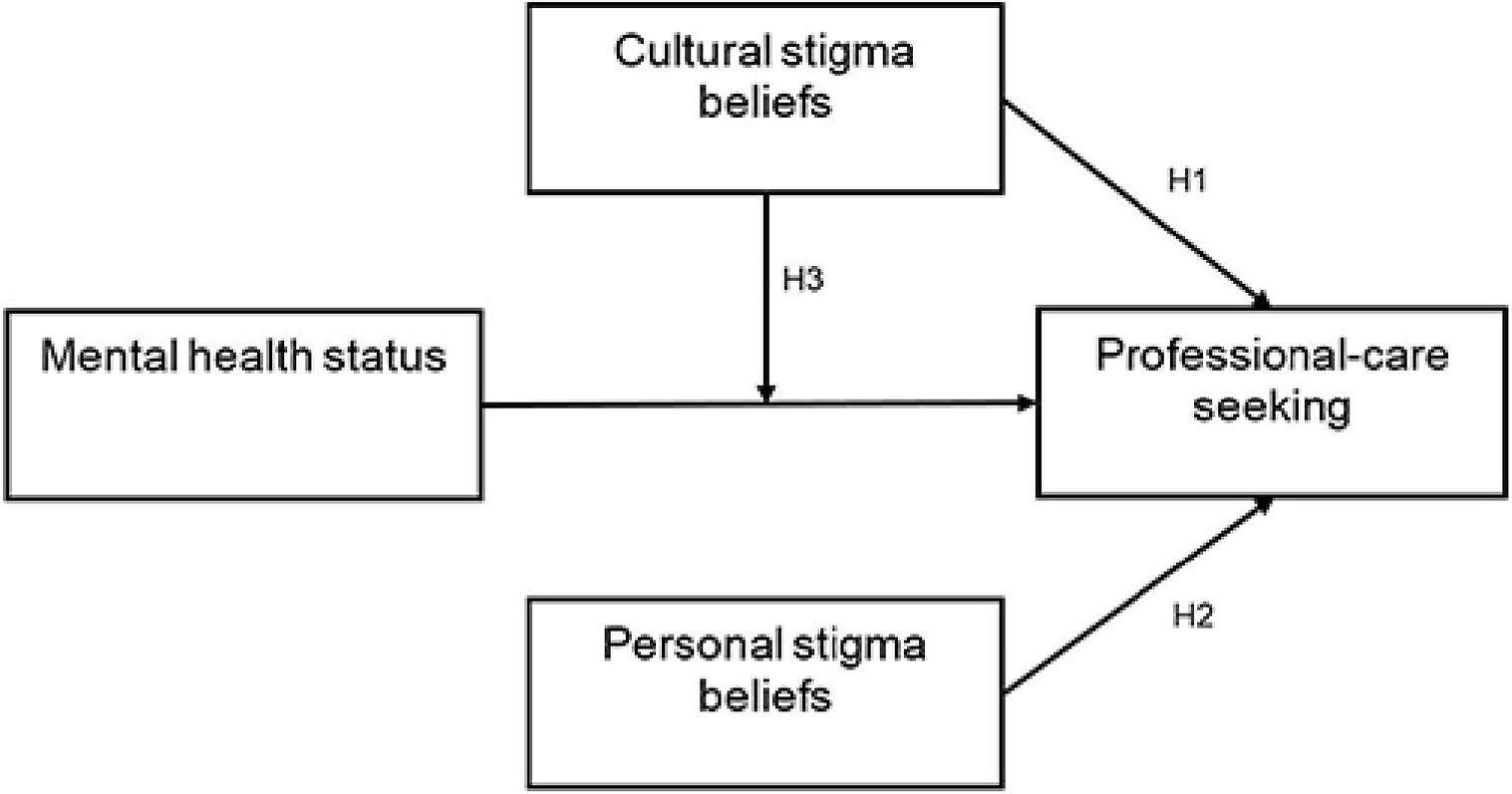


All is not lost as there are some things that you can do to help deal with stigma related to mental illness. Always remember that many people suffer from different types of mental illness. The first step of healing and recovering from mental illness stigma is acceptance. We must accept our conditions to lessen the burden of guilt, unworthiness and shame.

Secondly, find support. Thank God for the different platforms we have that can allow us to stay connected to others and get support. There are organizations and social media support groups that offer educational and supportive resources for people and families who are affected by mental illness. Get treatment so that you can experience reduced symptoms and a better quality of life.

Consequently, speak out. It is important to educate people around us about the realities of mental illness including how common it is and actively speak out against stigma. Debunking myths about mental illness such as the idea that people with schizophrenia are usually violent is especially vital. If a family member or friend makes a disparaging remark about someone with a mental illness, educate them and have a no-tolerance policy.

While stigma continues to exist, it can be eventually eliminated with greater education and awareness about mental illness.



ONE ON ONE WITH DUNCAN KEIYA

Duncan Keiya is a parent of two children with disabilities one with autism and the other with albinism. In an interview with the National Council for Persons with Disabilities held at his home in Nairobi West, Duncan shares his experience.

Please tell us about yourself

Duncan: My name is Duncan Keiya, I am a father, husband, brother, cousin name it all. I am raising two kids, Luka who is 6 years old with Autism and Halai 2 years old born with Albinism.

I would not refer to the younger one's condition as disability because she is a child with Albinism. I do not think albinism is a disability per say. Halai was recently diagnosed with mild autism but still in the discovery stage.

What is your day like?

Duncan: I wake up at 5:30 am every morning and by that time both kids are usually awake due to their hyperactive nature.

I go to work like a "normal" Kenyan and in the evening, I come back home to my second job of being a parent. At that time, I look after the kids and ensure especially with Luka that he is calm depending on how his day was like. Today he has been in a good mood as you can see, he is all over the place. Then after dinner I try to get them to bed by 8.20 pm.

As a parent or guardian of children with Disabilities, do you experience any challenges or forms of discrimination maybe from the public?

Duncan:

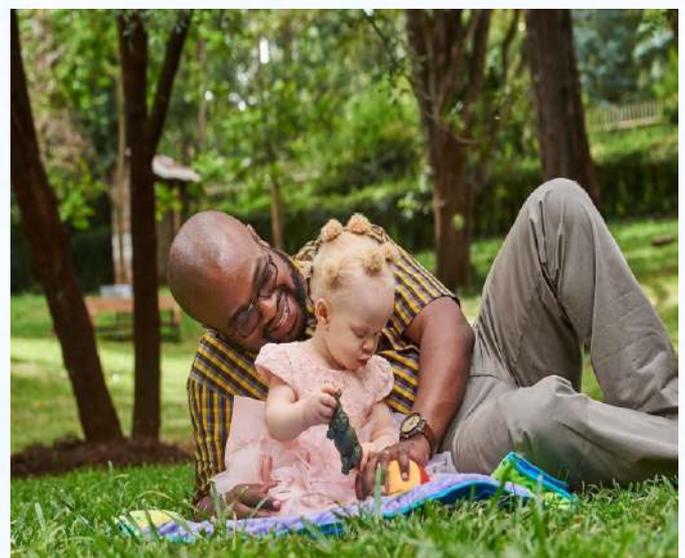
Yes, we go through a lot of challenges as parents raising kids with special needs. First of all, Autism is not a condition understood by many. So, most of the time we have to inform or educate the public or people around us about it. For example, when we are visiting someone, I normally interview them or ask them if they know what Autism is or if they understand what a meltdown is or what a hyper child is. I have to let them know that it is not the child's fault to have the impairment and therefore, they have to look at it from the kid's point of view.

In terms of discrimination as a parent of the children with Autism, we face a lot of stigma. For example, where I stay, Luka rarely gets invited to birthday parties because he can't speak and they do not know how to handle him.

They do not understand him assume his condition. Normally, I would not send him there alone, rather, I would send him with the mother or I go with him. We also face discrimination from relatives. They throw utterances at us like "you are cursed" or something of the sort. We have dealt with that and so, when we go out with our daughter, we put on a tough face. People have always stared at us as if there is something wrong. When Luka is having a meltdown, people look at us badly thinking he's a spoilt child without understanding what is going on in his life.

How do you balance your work and life as a parent of a child with Disability?

Duncan: You need to have something like a switch In the office, I am Officer Duncan Keiya and when I get home, I am daddy (*sighs*) so you have to try and separate the two. I am happy I work in an organization that is very understanding and whenever one of the kids is unwell, I am allowed to take care of the kid. They have always assured me that children are more important than work. I am glad that both my wife and I work for organizations that totally understand the condition



Duncan with his daughter Halai

As a parent, how do you establish that communication channel or even understand the needs of your children with Disabilities?

Duncan:

So, for Luka, he cannot communicate verbally but communicates through gestures, eye contacts and facial expressions. For example, when he wants to change the TV channel, he will pull me to where the remote is, pick the remote and start changing the channels and stop at the channel he likes. If he wants food, he will open the fridge and pick the container that has the food he likes and request the nanny to warm the food for him. We have managed to train him to use the wash closet, so when he is pressed, he will go to the toilet. That one, he does by himself.

His communication is non-verbal. Also, you have to say "No" to some stuff and I become tough without hurting his feelings. He understands the gestures through facial expressions. I do also have a small 'kiboko' for him and when I hold it up, it shows that 'something is wrong somewhere' so he stops whatever he was doing.



Duncan with his family

Any comment on education for your children?

Duncan: With education, we have had a very big challenge in terms of getting Luka a school. In fact, at some point I appeared on TV because I took a school to task when they admitted him and after three days, they said they cannot take care of him. I was like ok, they refund me the school fees I had paid, which they declined because the school does not refund any payments made. So, I engaged a lawyer and it became big news. It was a challenge but later got blessed because I managed to take Halai to a play school at Kiota School. After a term, I asked them if they had space for Luka, it was not available at that time but later on he was enrolled after one term. Luka is now in Kiota School and has already done two terms. The challenge is you must have a 'shadow teacher' with him in class.

who is a shadow teacher?

Duncan: A shadow teacher is one who is specifically for him so that he can try and catch up with the other kids, that means it is an expense to the parent apart from just paying the initial school fees. The school has so far been very accommodative to his needs and his classmates really love him. Kids are very innocent and they understand Luka when he is in a bad or good mood.

Is there any abilities they possess despite being Children with Autism, and if so, what encouraging words can you share with other parents?

Duncan: Most, if not all, Children with Autism are geniuses and have a special talent that just needs to be tapped. For Luka, we are in the discovery stage and what we have realized so far is that he loves gadgets. He is very curious in electronics and music. So, those are two talents that we want to nurture in him. This is because if you look at some of the world-famous people like Bill gates, Elon Musk, they are all Autistic and have very special talents. Hence, parents should not lose hope. These children have talents that are hidden somewhere. If parents and teachers tap to these talents and nurture them, they may discover a lot.

There's this show called 'America got talents' where there's a kid with Autism who won the show a season or two ago.

The boy was Blind and Autistic, that means he had a Neuro-diverse Disability. He won the show because of singing, playing a piano and with magical voice.

Parents should not lose hope and probably expose their children to most of the life skills.

What is the best thing that you would encourage parents going through the same challenges or the burden of having a child with Autism?

Duncan: Children with disabilities and their parents or guardians go through a lot of challenges like discrimination, stigmatization and perception from their community or the public at large.?

Any interaction you have with parents who are also having children with autism?

Duncan: I would say that I am in a lot of support groups, I can't even count the number. I am also a founder of a support group which supports fathers raising kids with special needs not Autism only. The group has around 30 fathers.

Tell us your experience with access to proper healthcare?

My pockets are dry, dry because like for Luka we had to do speech therapy at some point, occupational and behavioral therapy and one other therapy. I cannot remember, but it costed us about Ksh. 65,000 per month for one child. We have not spoken about education, food, everything. So, it is not cheap. It is so expensive and I normally say that the Government is trying. It has done its best to have centers where these children can be taken care of. It is information that just needs to be passed across. The society needs to be more informed that one can go to Kenya Institute of Education in Kasarani for therapy, or to Kenyatta National Hospital for speech therapy. You can visit any government facility. You know Kenyans like being held at hand and told 'enda hapa' but you can go and ask personally if the facility offers the services you need. People need to visit the Council and ask those tough questions on various impairments.

Is the Education system in Kenya accommodative to Children with Autism?

It is not at all. It is very expensive like I said earlier. I have a Shadow teacher for him. Now what happens to a parent who cannot afford such a teacher? I have to make sure the teacher who is teaching him understands or has knowledge in Special Needs Education. So, we also need to train more of these professionals. We need to encourage more teachers/scholars to study Special Needs Education so that every school has at least three or four teachers trained so that they can handle these kids. This is because some schools do not even know what that condition is. People actually think Autism is Cerebral Palsy. They do not know how to differentiate the two.



IS THE UNIVERSAL HEALTHCARE COVERAGE INCLUSIVE OF PERSONS WITH DISABILITIES?

By Margaret Gitata, Intern at the Public Communications department, NCPWD

In this article, the writer avers that every human being has the fundamental right to enjoy the highest attainable standard of health including persons with disabilities without being subjected to financial strains. Reforms in all aspects of the health systems and instruments must be restructured for effective implementation of the Universal Healthcare Coverage programme.

Universal Healthcare Coverage promotes the inclusion of everyone in accessing the healthcare they need without being subjected to financial strains in accordance to the World Health Organization's Constitution which enshrines the enjoyment of the highest attainable standard of health as a fundamental right of every human being.

One billion people, or 15 percent of the world's population, experience some form of disability. One-fifth of the estimated global total, or between 110 million and 190 million people, encounter significant disabilities making persons with disabilities the world's largest minority group. In Kenya, according to the Ministry of Education and VSO Jitolee 2016 report, 10% of Kenyans under the age of 21 years have a disability and this is equivalent to 4.4 million citizens.

The right to health for all people means that everyone should have access to the health services they need, when and where they need them, without suffering financial hardship. No one should get sick and die just because they are poor, or because they cannot access the health services they need. Good health is also clearly determined by other basic human rights including access to safe drinking water and sanitation, nutritious foods, adequate housing, education and safe working conditions.

The right to health also means that everyone should be entitled to control their own health and body, including having access to sexual and reproductive information and services, free from violence and discrimination.

Additionally, everyone has the right to privacy and to be treated with respect and dignity. Nobody should be subjected to medical experimentation, forced medical examination, or given treatment without informed consent.

Better health for people with disabilities

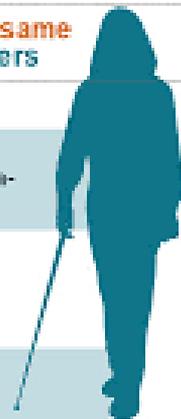
People with disabilities have the same general health care needs as others

But they are:

2x more likely to find health care providers' skills and facilities **inadequate**

3x more likely to be **denied** health care

4x more likely to be treated **badly** in the health care system



It goes without saying that persons with disabilities have many of the same health needs as the general population. When people are marginalized or face stigma or discrimination, their physical and mental health suffers. Discrimination in health care is unacceptable and is a major barrier to development.

Article 25 of the Convention on the Rights of Persons with Disabilities reinforces the rights of persons with disabilities to enjoy the highest standard of health without discrimination on the basis of disability

The Sustainable Development Goals (SDGs) are a set of goals which aims to improve the social, economic and well-being for all people while maintaining global and environmental sustainability. Health, the 3rd goal, is a primary objective of the SDGs aiming to 'ensure healthy lives and promotion of well-being for all at all ages', in part through the objective to 'achieve universal health coverage' (UN, 2015).

This Goal is an important target as the World Health Organization (WHO) estimates that 400 million people worldwide lack access to healthcare services (WHO and World Bank, 2011).

Kenya has made numerous global and regional commitments to promoting health, including launching the pilot phase of its Universal Healthcare Coverage (UHC) programme in December 2018. The Universal Healthcare Coverage (UHC) framework reflects three dimensions of coverage – population coverage, service coverage, and financial coverage and, reflects eight principles – Equitable Access, Efficiency, Quality, Inclusiveness, Availability, Adaptability, Choice, and Innovation.

A universal design approach is important because of the diversity of health service users, in ensuring that products, environments, programmes and services are designed to be usable by all people including persons with disabilities, to the greatest extent possible, without the need for adaptation or specialized design.

According to the Kenya Kwanza Manifesto 2022 on Persons with disabilities, the Government of Kenya commits to ensure 100% NHIF coverage for persons with disabilities within 18 months. This clearly demonstrate the commitment of the Kenya Kwanza government to provide health care to persons with disabilities..

The WHO *World mental health report 2022* is designed to inspire and inform better mental health for everyone everywhere.

It calls on all stakeholders to work together to deepen the value and commitment given to mental health, reshape the environments that influence mental health, and strengthen the systems that care for mental health.

The Kenya Mental Health Act 2022 strongly supports the WHO recommendations and seeks to protect persons with mental health conditions. Subsequently, Kenya developed the Mental Health Policy 2015-2030 which gives a roadmap for securing reforms and building strong mental systems with the ultimate goal of attaining the highest standard of mental health in Kenya. The Kenya Mental Health Action plan 2021-2025 operationalizes the policy's four main objectives to help strengthen the mental health systems.

Effective implementation of UHC will require reforms in all aspects of the health system as the architecture of health financing plays a central role in the larger health system. This means that all NHIF schemes, MOH programmes and social protection programmes by the Ministry of Labour and Social Protection must be restructured in order for it to be aligned. Legal reform of relevant instruments such as the NHIF Act, the Insurance Act, the Health Act and other relevant regulations is required to mandate NHIF to develop new structures that will ensure quality, equitable and efficient health care at all levels.

Many of the barriers faced by persons with disabilities in health systems are surmountable with targeted action and attention. We have a responsibility of becoming champions of diversity, equity and inclusion in all current and emerging UHC efforts.





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