



RESEARCH REPORT

**CHILDREN AND YOUTH  
WITH DISABILITY LIVING AND  
WORKING IN THE STREET  
IN KENYA**



UNDUGU SOCIETY OF KENYA (USK)

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# ABBREVIATIONS

APDK	Association for The Physically Disabled of Kenya
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disability
COK	Constitution of Kenya
CWD	Children with Disabilities
CWSK	Child Welfare Society of Kenya
DCS	Directorate of Children Services
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
ICT	Information Communication and Technology
IGA	Income Generating Activity
KII	Key Informant Interview
KPHC	Kenya Population and Housing Census
NCPWD	National Council for Persons with Disabilities
PWD	Persons with Disabilities
SDGs	Sustainable Development Goals
SHG	Self Help Group
SGBV	Sexual and Gender Based Violence
SFRTF	Street Families Rehabilitation Trust Fund
SPSS	Statistical Packages for Social Scientists
TOR	Terms of Reference
USK	Undugu Society of Kenya
UN	United Nation
OPDs	Organization of Persons with Disabilities

## FOREWORD

There is a life story and history behind each person living in the margins. Fostering their role, supporting them with new opportunities and creating an enabling environment, there is a potential and prosperous future ahead as well. The present study demonstrates the impressive legislative framework in place in Kenya to protect Persons with Disabilities from discrimination and to support them with equal conditions and opportunities as those living without a disability. In theory, those laws oblige the persons elected or selected to a position with decision-making power, to act responsibly and to use their position to respond to the needs of the people in an effective way. The social and human rights-based model of disability sees that the barriers are actually created by the society, rather than by the disability itself. Shifting the attitudes towards disability collectively, removing barriers in our environment and institutions, considering and creating inclusive opportunities and representations, changing structures, policies and norms locally and nationally, are all actions that contribute towards a sustainable change in which the capacities, skills and potential of every human being can be realized instead of left ignored in the margins. Those changes cannot be done for the Persons with Disabilities without engaging and having them participate in the process, genuinely hearing them and learning from them. The youth with disability living or working on the street makes no exception.

The gap between the ideal and the reality can be huge, yet what matters are the sincere intentions put in concrete action and the steps taken in the right direction. No path can be walked or goal reached without moving ahead with persistence and determination. Social and disability inclusion as a priority require efforts, resources and funding, which can be seen as an investment in a society, caring for and valuing all its citizens. It is a structure which benefits all. Life is unpredictable and the division between non-disability and disability can be a split of a second. Street life occurs often unplanned. Adequate preventive, supportive and rehabilitating systems need to be in place. Joining forces and creating cooperation and partnerships between different state and non-state actors is essential, particularly with the expertise of local Organizations of Persons with Disabilities. Reintegration, with opportunities for every young person to make a decent living and to be able to sense to contribute in the development of one's community, nurture towards a sustainable future of hope, prepared by today's decisions and actions put into practice.

Jaakko Lavonius  
**Taksvärkki, Program Officer**  
**Finland**

## THE BLIND AND BLACK SPOTS

Our research cautions and confirms why conversations on disability must never be held in isolation, neither divorced from mainstream development. Special programming and uniquely designed strategies tend to be double-edged tools that sometimes, if subjectively handled, entrench discrimination, since empathetic disability address often shift to sympathy that projects it. Isolationist approaches unfortunately systematise discrimination. This research recognises the presence of unchecked and unattended-to disability among Children and Youth Living and Working in the Street of Nairobi and Kisumu counties. Besides general impact of hosting disability dialogue in boardrooms and other spaces, less likely to figure out the scenarios in the margins.

A few lessons emerged in the study that fundamentally inform scientific strategies to run such research. The age factor departs from the universalised age-driven definition of youth, likewise it brings to the fore the discussion of mental age, in understanding child development processes. The ostensible addition of six years to legal recognition of youth to 41 years, may demonstrate and represent the blind spots, which if not integrated while profiling disability issues, create black spots in the form of missed realities and misplaced findings. Even further, is to legitimise the general approaches that government use to execute national census, because such practice tends to heavily rely on socio-economic frames of traditional family set-ups, and 8am-5pm work scenarios. The reality for the street connected youths and children is largely untraditional. This urgently calls for actors to wear intersectionality lenses to underscore the multiple layered violence, abuse and injustice that simultaneously visit people in the margins, worse for those living with disabilities.

Disability and rejection tend to sit on the side of discrimination. In certain circumstances this has caused flight and residence into the streets by children and youth of such backgrounds. A good number likely face and experience 50% observable difficulties that accompany life with physical disability, while 19% are in bondage of intellectual impairment. This amongst other systemic and attitudinal bottlenecks consistently increase exclusionist approaches whose end-term is partly a reduction in opportunities to mainstream disability. Good policies and laws are not an antidote to poor decision making and bad practice. Our fidelity to it, and courage to occasion enforcement, besides respect for institutional autonomy, however, costly the consequences. Responsiveness of institutions, despite possible technical and financial inadequacies to a great extent relies on data availability. Evidence is possible and easy to create in formal and mainstream environments, but quite a hitch in informal spaces such as the streets, under-bridges and drainage trenches. The convergence of good intentions in international, regional and municipal laws should in essence point to the overabundance of justice for such persons living with disability, but the truth is a contradiction.

These research findings should at the least open state and nonstate actors on the importance of disability responsive planning, programming, budgeting and financing, including the proliferation of monitoring and evaluation, in addition to effective of tools of reporting and learning. We must find mechanisms to influence and measure community behaviour change and systemic tolerance to the rights of those living with disabilities, and relegated to the streets.

Eric Mukoya  
**Executive director**

## ACKNOWLEDGEMENT

The research, its outcome and eventual presentation will not have been possible were it not for the support Undugu Society of Kenya received from Taksvarikki (Finland) under the youth for youth, Sisi Pia Tuna Haki project. Undugu Society of Kenya is grateful to this partnership that continues to reduce the vulnerability of youths and address the intersectionality that accompanies and sustains street connectedness. We find no suitable expression to describe the trust given to us by the Executive Director of Taksvarikki (M/s) Auli Starck, and Programs Officer Jaakko Lavonius. We pay tribute to our partnership with Association for the Physically Disabled of Kenya (APDK) under the leadership of Anthony Nzuki, that was instrumental in designing the research, coordinated data collection and analysis, besides carrying out the disability mainstreaming training that provided the Undugu Society of Kenya team with strategies for disability responsive programming. The professional conduct of its staff not only enabled conversations between different stakeholders, but opened opportunity for an informed baseline regarding the presence, prevalence and degree of disability amongst street connected children and youth. The recommendations provided in the report will go a long way in making and reforming policy, and in-part strengthen institutional attitudes, practices and behaviour with that abhor intersectionality.

The contribution of the Undugu Society of Kenya Team, led by Job Mwaaura the Programs Manager, in particular the coordination of the teams that work with street youths and children cannot be gainsaid. The abilities of John Gariwondoka, Joseph Nandwa, Irene Ogendo, Aloys Oketch, Moses Oyeyo, Jacinta Wanjiru, Grace Moraa, Mary Wanjiku and Loreen Akoth was amazingly astounding. Similarly, the financial and logistical role of Ann Mburu, Dan Oniare and Caroline Njunguna eased the interaction between the teams.

For our partners and constituents especially the leadership of Youth Associations, Village Savings and Loaning Associations (VSLAs), and the Community Child Rights' Clubs (CCRCs), we acknowledge their consistency to link us and the research team with those who provided information, besides ensured our safety. We know how rough life can get out there on the streets. Our partnership with street connected communities, over time and with the spirit of dealing intersectionality a blow, besides the commitment of not leaving anyone behind, we will realise our a society that upholds justice and dignity of vulnerable children, youth and families.

Job Mwaaura  
Programs Manager

## EXECUTIVE SUMMARY

**Objectives:** The goal of this action research is to establish the prevalence, diversity and degree of disability amongst children and youth living and working on the street of Nairobi and Kisumu; To document specific violations against children and youth with disability living and working on the street, and how this affects accessibility and inclusion; To determine concrete initiatives and strategies that would help advance for socio-economic inclusion of children and youth with disability living and working on the street and determine the existence and effectiveness of (previous and) current interventions (information and programmatic) carried out with state and non-state actors focusing on improving opportunities of children and youth with disability who live and work in the streets.

**Methodology:** The study employed a mixed methods methodology with both quantitative and qualitative methods. The data collection methods included both prospective (survey questionnaire (259 respondents), 6 key informant interviews (KII) and 4 focus group discussion (FGDs), observation and retrospective (desk/literature review). Snow balling and purposive sampling approach was used in determining the study respondents. The study sites were Nairobi and Kisumu Cities. Global, regional, and country policies, strategies, laws and regulations addressing the rights of children and persons with disabilities in respect to disability inclusion were reviewed.

**Key Findings:** Physical disability is the leading disability amongst the target group with (50%) followed by cognitive /intellectual impairment (19%) and multiple disabilities (8%). Registration with NCPWD and for the upcoming general election was low among the respondents. Only (17.9%) of respondents interviewed were registered with the National Council for Persons with Disabilities (NCPWD) due to lack of the required documentations (Birth certificates and Identification cards), lack of knowledge of the procedure for registration, the cost of medical assessment was too prohibitive and lack of knowledge of the importance of registration. Only 29% of the respondents were registered as voters. Lack of national identity cards and lack of interest in elections were cited as reasons for non-registration. Key sources of income for 35% of the respondents was being given money by other, 22% relied on unskilled labour, 21% had no source of income, 20% relied on business, 0.8% relied on domestic services and 0.4% relied on private sector wages. Skilled labor among the children and youth living with disability in the street was quite low. It was reported that most street youth with disabilities shunned skills development programs by non-state actors citing inconvenient training schedules/timings, fear of loss of income and inaccessible training venues as barriers to participation.

Various reasons were cited for being on the street 76% cited lack of alternative way of life, 41% hunger/poverty, 39% to work to help their families, 12% begging, 17.3% abandoned due to disability, 17% orphanage, 15% Peer Influence 9% to run away from their families/relatives, 5.5% were born in the street among other reasons. Challenges faced by children and youth living and working in the streets were stigma and discrimination, Lack of sleeping places, hunger, poor health conditions, poor weather, harassment and abuse by city askaris, police and colleagues, drug abuse, lack of appropriate assistive devices, lack of basic needs (especially food, shelter, clothing and security), denial of services because they are dirty with torn clothes, economic and sexual exploitation, inaccessible rehabilitation services and lack of information services and opportunities. Key forms of Gender Based Violations (GBV) noted by the respondents interviewed were physical abuse (18%), denial of resources/opportunities by both state and non-state actors (18%), emotional abuse (18%), sexual harassment and abuse (17%), rape (11%), early childhood marriages and forced marriage respectively (3%) and female genital mutilation (1%). Other forms of violations in the street cited were child labor, economic exploitation, sexual exploitation, child trafficking, denial of basic/human rights and other rights including movement and association. The study noted that

## THE RECOMMENDATIONS FROM THE STUDY

**Strengthen legal and policy infrastructure** while, the need to have a specific law and policy regarding Nairobi Street Families is important, the urgency to enforce compliance of the existing laws and policies is long overdue, in order to enhance the rights of street children and youth living with disabilities. In addition, disability mainstreaming should be prioritized in the legislative processes and policy development.

**Enhance Data on street children and Youth with Disabilities**-There is need to have accurate and authentic data on street families with disaggregated data on disability both at state and non-state actor level. There should be engagements with key government bodies e.g., the Street Families Trust and Kenya National Bureau of Statistics to ensure street families data needs are included in major country surveys e.g., the Kenya Population and Housing Census, Kenya Demographic Health Survey (KDHS) and Economic Surveys.

**Strengthening Advocacy**-Stakeholder mapping should be carried out to give a better understanding of the current advocacy efforts and the different players involvement in each effort across the sectors. USK should then develop an Advocacy Strategy with priority areas for Children and Youth living in the street with disabilities. The strategy should outline key stakeholders (who are the most strategic for the particular cause) and advocacy methods to be undertaken in each effort.

**Increased awareness creation**-There should be awareness creation amongst the communities and the street children and youth living with disabilities to cultivate acceptance and inclusion. Awareness creation should be concerted and include both modern and traditional channels e.g., work with representatives that the street children and youth with disabilities trust and OPDs, recognize and will listen to, employ door to door campaigns in the communities and outdoor community campaigns especially for the low-income areas. For modern methods, work with social media to reach out to the wider community. Influencers and ambassadors can also be employed to create awareness. There should be sensitization of PWDs on their rights and creating champions/advocates amongst them to sensitize others.

**Support of Livelihood of Street Persons**-There is need for stakeholders to develop programs to support the livelihood and entrepreneurship for street persons to reduce their dependence. Establish skills development and mentorship programs for the street youth and caregivers (family approach) to start Income Generating activities (IGAs). USK to remodel its empowerment programmes to be disability inclusive, ensuring proper induction on disability inclusiveness to the implementing teams. Sexual and Reproductive Health Education- There is need to initiate programs to educate street youth with disabilities about their reproductive rights and safe sexual practices to prevent them from unwanted pregnancies, HIV/STIs, unsafe abortions and protects both the mother and the child from infectious diseases and to deliver healthy babies.

**Inculcate Disability Mainstreaming Approach**-Mainstream disability perspective in all legislation, policies and programs and allocate adequate resources through disability responsive planning and budgeting taking into account the needs and circumstances of the children and street children and youth with disabilities.

**Access to rehabilitation health care services** such as occupational and physiotherapy as well as



young girls with disability in the streets were faced with and experienced a lot of sexual abuse and exploitation compared to men with disabilities.

Despite the many legal and policy frameworks enacted by the GOK, 82% of the respondents were not aware of the laws and policies on rights for children and Persons with Disabilities. Lack of awareness of laws may lead to exploitation, abuse or deprivation to the concerned groups. A total 25% of the respondents were aware of the government agencies that support street children/youth with disabilities out of which 65% respondents were aware of NCPWD and 6% were aware of Street Families Rehabilitation Trust (SFRT). The respondents noted that support from the government were channeled through the provincial administration that was riddled with corruption.

There were various non-state actors both in Kisumu and Nairobi that support street children and youth. It was noted that most of them have not mainstreamed disability in their programming and issues of disability are handled on a case-by-case basis. Rehabilitation centers and vocational training institutions are not accessible and the workers/trainers do not know how to handle those with disabilities. Some of the support for street children and youth with disabilities were provision of assistive devices, 29% education/skills 27% and 24%) food provision 15% healthcare, 14% Counselling and spiritual support, 9% grants for SHG/IGA, and 7%) rehabilitation.

Although Undugu Society of Kenya supports street children/youth rehabilitation and community empowerment, the study showed that there is low uptake of USK programs by children/Youth with disabilities. Only eleven respondents had benefited from street youth and youth empowerment programs, 6 from village savings and loans associations, fourteen from skills development, one respondent had been involved in community children rights clubs while four respondents had been involved in other USK programs. This low participation was attributed to societal impediments including negative cultural beliefs associated with disabilities-with most communities still associating such health status with curses. The sum total is such children with disabilities being hidden from the public by their caregivers and families, thus causing them inaccessibility to beneficial programs such as those run by USK: low self-esteem and self-stigma, lack of assistive devices like wheelchairs to enhance mobility and sign language interpreters for those who are have hearing impairments, high expectation of handouts by Persons with Disability, they are easily angered thus affecting their interpersonal relationship with others, mistrust since some of them had previously been conned or misused by several NGOs in the community, inaccessible meeting venues used by the associations and clubs.

appropriate and affordable assistive devices to enable PWDs operate independently as they carry out activities of daily living and participate in the community. Health services should also be youth and disability friendly.

**Rescue, Rehabilitation and Reintegration**—There is need for rescue and rehabilitation of street children and youth with disabilities before they can graduate to education, skills development and economic empowerment programs. There is need to construct more accessible rehabilitation centers to cater for the rising street children in urban centers and modification of the existing rehabilitation centers to be accessible for persons with disabilities.

**Knowledge development and bridging:** The research has revealed that most state and nonstate actors make little reference to the Disability Awareness Tool (DAT), which is an enabling instrument to integrate or mainstream disability responsive planning, programming, financing and budgeting. In addition, such capacity enhancement should also include community feedback response mechanisms to enable children and youth with disabilities on the streets to channel their concerns for more focused intervention(s). The need to create opportunities and mop resources to undertake the building of capacities in this regard is important and timely.

**Strengthen Partnership and Collaboration among state and non-state actors** to enhance the support of street persons' identification, registration, rehabilitation and reintegration programs in order to reduce their numbers on the streets. The actors should have a monitoring and Evaluation Framework for use in assessment of programme implementation against clearly defined targets and indicators. Standardized monitoring and evaluation framework will enhance effective tracking of programme implementation and achievement of optimal results. Participatory approaches and consultative processes should be embraced to involve the target group more effectively in the decision-making processes. 'Nothing for us without us' approach.



## 1.0 BACKGROUND AND CONTENT

### 1.1 Undugu Society of Kenya (USK)

Undugu Society of Kenya (USK) is a Non-Profit making organization biased to empower children, youth and families living and working in the streets amongst other marginalized groups. This is an area that USK has worked in for close to five (5) decades. In Kenya just as it is around the globe vulnerable children, youth and families manifest and experience the worst forms violence, abuse and discrimination. Undugu Society of Kenya believes that all children, youth, and families, should have decent lives including and not limited to those who live and work on the streets. The mission of USK is multi-disciplinary and multi-sectoral. It facilitates care and formation of vulnerable children besides youth through socio-economic interventions, that include community organization, issue mobilization and policy negotiations with a view to change practices and attitudes to reduce and diminish systemic opportunities that exacerbate exclusion and blatant abuse of those who reside, live with and in the margins.

USK's experience of almost fifty years evidences that children and youth living and working in the streets are largely absent from the general planning and programming of mainstream state development. These groups continue to suffer higher levels of poverty, discrimination, blatant abuse, social and economic exclusion as well as, being ceremonial part of boardroom process/decisions that rarely, if at all, consult them to seek their opinion or version of intervention. The mantra of nothing for us without us, has not been recognized which affects its realization. Although Kenya has a generally robust Institutional, legal and policy framework, implementation has remained wanting. This aspect continues to predispose such children and youth living and working in the streets to more opportunistic marginalization. The presence of the Constitution, in particular Articles 26, 43, 54 and 55, alongside sexual Offenses Act, the Children's Act (2001) and the more recent Children Act 2022, Persons with Disability Act (2003), Counter Trafficking in Persons Act, Anti-FGM Act, National Guidelines for the provision of adolescent and youth friendly services and Youth Policy amongst others, has not increased opportunities for these vulnerable group to be represented and heard. There is need to initiate rapid and special protection programs, in addition to the preventive regime already in place to improve voice and concern of the vulnerable children



and youth. The second universal principle under the Sustainable Development Goals (SDGs), “Leave no one behind” advocates and commits all UN member states to eradicate poverty in all its forms, end discrimination, and exclusion, besides reduce the inequalities, inequities and vulnerabilities that leave people behind essentially undermining their potential to live dignified lives. It is in this context that USK acknowledges that children and youth who live and work in the streets and experience diverse disabilities are unlikely been part of the development agenda of this country. They are likely suffering from generalization, a common approach to issues in Kenya. There lacks specific intervention of providing baseline data and other necessary forms of information necessary to realize their developmental agenda in accordance to the Constitution Article 10, in pursuance to the Declaration on the Right to Development of 1986.

## 1.2 Project Context and Justification

Kenya has ratified both the Convention on the Rights of the Child (CRC) and the Convention on the Rights of Persons with Disability (CRPD). Article 23, Section 1 of the CRC requires ratifying countries to recognize that “a mentally or physically disabled child should enjoy a full and decent life. Section 2 ,3, and 4 of the same Article underscores the importance of recognizing the rights of Children with Disability, to care and protection, free services by the government to the same children and to ensure that they have access to education, training, health care, rehabilitation services, employment and recreation opportunities. Also to promote exchange of information, health care and psychological help. The Convention on the Rights of Persons with Disability at the Preamble: Reaffirms the universality, indivisibility, interdependence and interrelatedness of all human rights and fundamental freedoms and the need for persons with disabilities to be guaranteed their full enjoyment without discrimination: Recognizes that disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others: Emphasizes the importance of mainstreaming disability issues as an integral part of relevant strategies of sustainable development: Considers that persons with disabilities should have the opportunity to be actively involved in decision-making processes about policies and programs, including those directly concerning them: and Recognizes that children with disabilities should have full enjoyment of all human rights and fundamental freedoms on an equal basis with other children, and recalling obligations to that end undertaken by States Parties to the Convention on the Rights of the Child.

The evidence of this ratification is evident in Articles 28 (right to inherent dignity), 29 (right to freedom and security of person), 43 (right to Education, health and medical care, shelter), 53 (right of children), 54 (rights and entitlements for people living with disability) and 55 (right and entitlements of the youth). It is further, evidenced in several Acts of Parliament that form the enabling laws alongside attendant institutions with mandate to ensure that commitments made by the government remain on course. The presence of Directorate of Children Services (DCS), the National Council for Persons with Disabilities and the Ministry of Youth Affairs point to the efforts the country has made to promote the rights of all children and youth, irrespective of their circumstances. Programmatic initiatives by the government have included cash transfer scheme of Kenya shillings two thousand (2,000) per month, which is way below realities that confirm that half of the Kenyan population live below one dollar a day. Healthcare programs, including those that focus on Covid-19 pandemic, Sexual and Reproductive Health in addition to HIV/AIDS amongst other communicable and non-communicable diseases do not target persons living and working in the streets. These experiences are similar on other matters of national interest such as climate change, environmental degradation as well natural resources’ management.

Given the aforementioned and the expectations in law and policy, there is a great disconnect regarding the ideal and reality. There is very scanty and therefore extremely inadequate information

regarding prevalence and diversity of disability amongst children and youth living and working in the streets. This against the general lack of disability data as indicated by the Disability Inclusive Development Kenya Situational Analysis of June 2020. There is very little understanding regarding their needs, interests, challenges and possible opportunities. There is less information on how the Covid-19 Pandemic has affected those with disabilities, leave alone the ones who ply the streets for survival. The first problem is therefore lack of properly authenticated information. The second obstacle despite the rich international and local policy and legal environment is generalization of the issue of disability in the country. Generalization often, misdirects a good number of state and non-state actors, hence the biased mainstreaming of disability that lacks specificity to uniqueness of affects and effects to different groups and circumstances. The third challenge, is absence of appropriate and specified interventionist programs and policies in spite the recognition that most people living with disabilities also happen to be the poorest and most vulnerable, therefore faced with double-barreled predicament: dealing with poverty: and dealing with systemic ostracisation due to disability. The fourth barrier is the absence of user-friendly or responsive state services/platforms to access and use registration, education and health care, which continues to muffle opportunities and capacities of Persons living with Disabilities into mainstream decision making, planning and programming. The fifth challenge, is the prevalence of negative attitude and behavior, alongside discriminative cultural norms from the public and other state and non-state agencies. This remains the bane for systemic and individualized stigmatization, exclusion and abuse. The sixth barrier is the continued, mostly unreported and undocumented human rights violations directed at vulnerable women, girls and young boys who live with disability. This has led to increased cases of Sexual and Gender Based Violence (SGBV), adding pain the many other justice claims which stay out of the criminal justice system. Seventh, challenge is the slowness to establish a socio-economic and infrastructural environment in which persons with disabilities can live with pride and thrive. This has been found in the difficulty to access relevant development and programmatic information despite Article 35 of the Constitution, absence of deliberate disability mainstreaming and integrating frameworks, especially at the grassroots, and persistent under-representation.

This necessitates the research to examine, assess and draw the reality of the circumstances within which children and youth living and working in the streets who experience disabilities surmount to thrive/survive. This should make case for inclusion and improved social protection regime in the country, besides state run programs that create and sustain awareness using both sophisticated Information Communication Technology (ICT) and Rudimentary mechanisms to reach those living and working in the streets. It should also provide near-true estimates of the numbers of those (children and youth) with disabilities and are living and working in the streets, besides a framework to actualize their rights by recommending tailor made-targeted interventions that address geographic, thematic and individualized circumstances.

## 1.3 Purpose and Objectives

This research sought to understand the prevalence, diversity and effects of disability amongst and across children and youth living and working in the streets within the counties of Nairobi and Kisumu. The outcome of the research purposed to:

1. Facilitate the formulation and establishment of interventions that respond to disability needs and interests of youth and children living and working in the streets:
2. Identify legal and policy gaps, besides offer practice insights and systemic attitudes for an effective advocacy strategy that may include inclusion campaigns:
3. necessitate the development of an elaborate-responsive awareness creation program for state and non-state actors dealing with children and youth issues: and
4. Provide a programmatic frame on how to achieve the desired change with regard to youth and children with disabilities who reside and work in the streets.

## 1.4 Research Objectives

- To establish the prevalence, diversity and degree of disability amongst children and youth living and working on the street of Nairobi and Kisumu
- To document specific violations against children and youth with disability living and working on the street, and how this affects accessibility and inclusion
- To determine concrete initiatives and strategies that would help advance socio-economic inclusion of children and youth with disability living and working on the street.
- To determine the existence and effectiveness of (previous and) current interventions (information and programmatic) by state and non-state actors focusing on improving opportunities of children and youth with disability who live and work in the streets.



## 2.0 METHODOLOGY

A mixed method design was employed where quantitative and qualitative methods were used. Quantitative data was collected using a questionnaire while qualitative data was collected using Focus Group Discussions (FGDs) with key specific groups and key informant Interviews. The survey enabled assessment of attitudes and opinions of the street children and Youth with Disabilities. This approach allowed the respondents to freely discuss issues affecting their lives and in the process their emotions and attitudes were observed and recorded.

### 2.1 Data Collection Techniques

#### Survey Technique

The survey had a mix of close ended and open-ended questions.

#### Questionnaires

The questionnaires were administered orally. The instruments captured household characteristics, type of disabilities, reasons for being on the street, challenges faced by children and youth living and working on the streets, type of violations or abuse faced, knowledge and effectiveness of programmatic interventions by state and non-state actors, propose interventions that would support socio-economic inclusion of children and youth with disabilities in the street. Data was disaggregated to capture gender, education levels, types of disabilities and region.

#### Focus Group Discussion:

FGDs were conducted with caregivers of children with disabilities in the street, non-state actors that support street children's, street youth with disabilities and leadership of the various associations. The FGDs were guided by the following concerns: Factors that lead children with disabilities to the street; challenges facing children and Youth living and working on the street; type of violation faced by children and youth with disabilities on the street; awareness of laws and policies supporting children with Disabilities; knowledge on approaches/Interventions to support socio economic inclusion of children and youth with disabilities (Programmatic and Financial) and Recommendations for socio economic inclusion of children and youth with disabilities.





### Key Informant Interviews (KIIs)

The KIIs were conducted with subject matter specialist and provided an opportunity to validate information from survey and FGD. It also enabled the research team collect data that may not be provided at the survey or FGD level. The KII considered the policy environment supporting children and youth with disabilities, challenges faced by children and youth with disabilities, current interventions and effectiveness of thereof. These provided a situational analysis of current approaches and alternative models for socio economic inclusion of children and Youth with disabilities. Some of those interviewed were representatives for the Child Welfare Society, Undugu Society of Kenya, Association for the Physically Disabled of Kenya, Directorate of Children Services, National Council for Children services and NGOs supporting street children and Youth both Kisumu and Nairobi cities.

### Literature review

Secondary data were reviewed to assess relevant policies that support children with disabilities and situation of street children and youth with disabilities. The documents reviewed include: Constitution of Kenya 2010, 2019 Kenya Housing and Population Census (KPHC) Report, Published studies/reports on street children with disabilities among others. The desk review was guided by the following questions: What are the issues experienced and faced by children and youth with disabilities living and working on the streets and how does law, policy and programmes by both state and non-state actors remedy? What strategies can be used to enhance socio economic inclusion of children and Youth with disabilities working in the street.

Desk review report and data therein assisted in the development of instruments for data collection and develop check list of key issues for the monitoring process. Secondly, the analysis assisted in the identification of key stakeholders to be engaged in the project. It also presented an opportunity to get suitable recommendations to support children and youth with disabilities working in the street in Kenya.

## 2.2 Target Population

The research was carried out among the children and youth with disabilities living and working in the streets, and targeted 10% of the population (in accordance with USK records, being 200 in Nairobi and 100 in Kisumu) totaling 300 participants. The process of collecting and corroborating data and information was participatory and inclusive.

## 2.3 Sampling Design and Sample Determination

The sampling design adopted a mixed methods approach (probability and non-probability methodologies). The initial sample plan was to work with the probability stratified sampling design to take into account the different types of disabilities. The stratification was to increase precision of the survey estimates and ensures that different types of impairments are included in the samples. The study experienced a number of limitations key being that the target population is very unique exhibiting significant movement from one place to another hard to get. The research thus resorted to working with non –probability sampling methods including snow balling and convenience sampling.

## 2.4 Data Analysis

### Qualitative Data

Qualitative data from focus group discussions and key informant interviews were analyzed using the content analysis approach. The analysis's main objective was to identify important themes or categories within each objective and provide a detailed description of the technical opinions provided by the KII respondents as well as the convergent views of the FGD discussants. The KIIs and FGDs were transcribed into notes and summaries according to each objective and the sub-thematic areas. Information in the summaries was triangulated with other data sources (policies, policy reports, household feedback etc.). Triangulation helped to corroborate responses from the different sources for consistency and reliability.

### Quantitative Data

Data analysis was conducted using SPSS. The results of the analysis were presented in terms of totals and frequencies using graphs, histograms, and tables.

## 2.5 Ethical Consideration

The interviewers sought consent from the respondents before starting any interview. The respondents were reassured that information collected was confidential and no individual names would be used.

Permission was sought for use of voice recording prior to any recording. Participants were assured that any recording were solely for the purpose of transcription and no other use.

During all the interviews, the respondents were assured that they were participating voluntarily and that they had every right to decline responding to the interviewers. The survey team also explained to the respondents how the study information would be used.

Respondents were allowed to determine the most convenient interview times for them and follow-ups for the agreed time were made.

## 2.6 Study Limitations

The target group is very unique and difficult to get, this considerably slowed down the study and community mobilizers and referrals had to be actively involved. In Kisumu County the city planning and beautification processes resulted in the street families being moved out of the city which made it very difficult to trace them. Preparations for the Africities Summit also compounded this thus it was very difficult to get the street persons resulting to a very low response rate in Kisumu County.



## 3.0 RESEARCH FINDINGS AND DISCUSSIONS

### 3.1 Demographics

A total of 259 street children and youth with different disabilities participated in the research across the Nairobi (233) and Kisumu (26) Counties. Low response rate in Kisumu County was attributed to the fact that at the time of the survey, Kisumu City was about to host Africities and the County government was practically driving away Persons with Disabilities from the streets and also the survey only covered Kisumu central whereas USK beneficiaries are from 4 sub Counties-Central, East, West and Muhoroni.

Of the respondents interviewed, 20 respondents in Nairobi County were non-citizens (Tanzania-16, Rwanda-2 and Uganda-2). Majority of the respondents were male (69.1% compared to female 30.9%). The respondents' age distribution was: 91 (35%) aged 35-45; 69 (27%) aged 19-24, 59 (23%) aged 25-34, 30 (12%) aged 10-18 and only 7(3%) were aged between 0-9 years. A number of them were able to provide an estimate of their ages while others neither responded nor knew their ages.

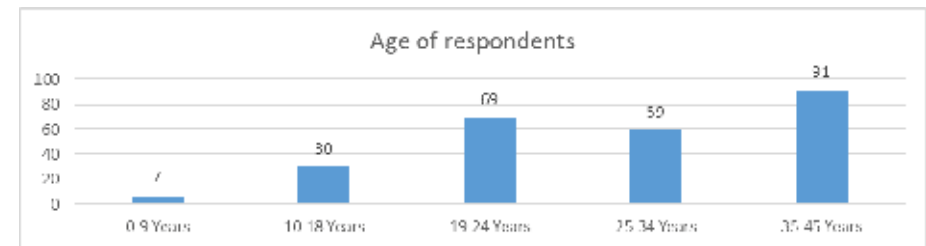


Figure 1-Age of respondents

At the time of the survey, 125 (49%) respondents reported having attained primary education, 88 (35%) had no formal education, 25 (10%) had secondary education, 8 (3%) had certificate, 7 (3%) had diploma and 4% had postgraduate and degree education. Among the 222 respondents who were over 18 years, 105 reported having a national identity card.

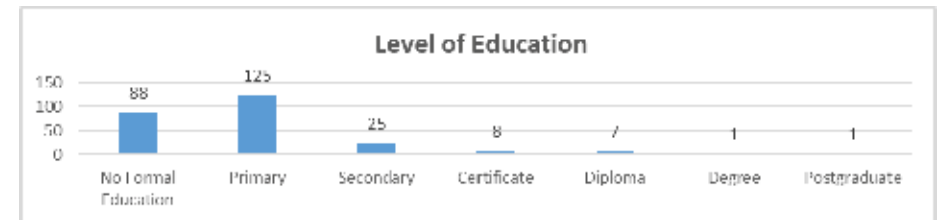


Figure 2 Level of Education of the respondents

On marital status, 146(57% were single), 15(19.9%) were married, 25(9.8%) were divorced/separated, 20(7.8%) were single but had a partner, 10(3.9%) widowed while 4 preferred not to say their marital status.

### 3.2 Types of Disabilities

In terms of disability type, physical/mobility recorded the highest number of respondents at 130 (50%), 49 (19%) had cognitive/intellectual impairments, 20 (8%) had multiple disabilities, 17(7%) were deaf, 8 (3%) were short stature and low vision respectively, 5(2%) had hard of hearing, 4 (1.5%) Albinism, and 2(1%) were blind. Other disabilities not listed accounted for 10 (4 %) respondents.

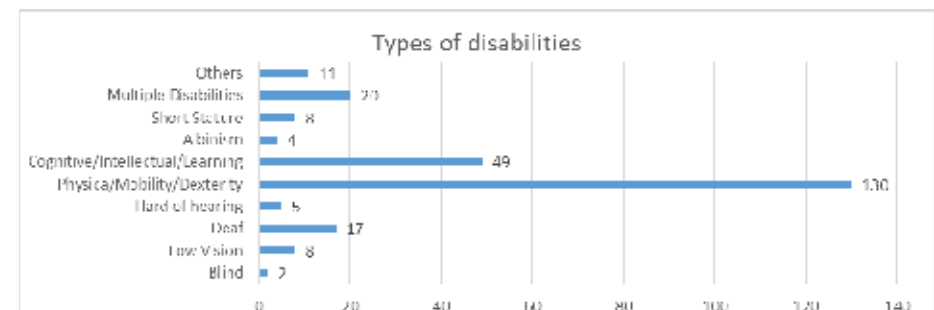


Figure 3-Type of disabilities

The participants in the FGD held with USK associations leadership and beneficiaries affirmed that physical and intellectual impairments were the most common forms of disabilities in the street. They further noted that physical disabilities were mainly through accidents in the “line of duty” as well as through mob justice encounters, police and city council brutalities while intellectual disabilities were majorly caused by too much drug abuse among the street CWDs and youth. They also noted that some were also born with the disabilities. There is no direct correlation but living in the streets for the children and youth exposes one to certain vulnerabilities

### 3.3 Registration with Key bodies

Only 45 (17.9%) of the 259 respondents were registered with the National Council for Persons with Disabilities (NCPWD). Some of the reasons cited for non-registration with NCPWD by the respondents were lack of the required documentations (Birth certificates and Identification cards), lack of knowledge of the procedure for registration, the cost of medical assessment was too prohibitive and lack of knowledge of the importance of registration. In the FGDs held lack of knowledge on the registration process predominantly came up and the concern around the cost of medical assessment. In the USK associations leadership and beneficiary FGD in Nairobi, the participants were aware that the medical assessment cost was Kshs 800 and that the assessment was being carried out in Mbagathi Hospital, Mama Lucy and Kenyatta Hospital. Nonetheless the Persons with Disabilities in the meeting had not taken initiative to get registered. From the discussions with the coordinating team which leads the association members in USK structure also seemed not aware of the process which points to a gap on ensuring the street children and youth living with disabilities are registered as PWDs.



“

As a parent with a child with disability you go through a lot.

Many parents have chosen to hide their children. The child requires a lot of things that are expensive and I cannot able to afford. It reached a point the child required speech therapy, hearing aids, cafows and crutches for the legs and walker but I did not have the money. When I applied in APDK, I was told to come after 2 months, when you go after 2 months you are told to go again after 3 months but finally i got help. One can easily loose hope since even fare to Westland is a problem. When it comes to Medical assessment, cost of hearing assessment is very expensive since one has to go Kenyatta Hospital. When it comes to education when you go to KISE, the lines are too long. When you want to take this child to school, you are charged extra costs for a caregiver, a special seat is needed similar to the seat at home- these seats are very hard to get

-Caregiver of a child with disability-Mathare

”

Out of the respondents who were Kenyan citizens and had attained 18 years and above only 75 (29%) respondents had registered as voters for the upcoming General Election in August 2022. Reasons for non-registration as cited by the respondents were; lack of national identity card, lack of interest in elections, lack of knowledge of the process of registration and the upcoming general election.

### 3.4 Categories of street children and Youth with disabilities

On observation on what the street children and youth with disabilities were doing on the street, 87(34%) were begging, 84(33%) lived on the street, 64(25%) were doing business 13(5%) were collecting garbage/recycled plastics while 8(3%) were working.

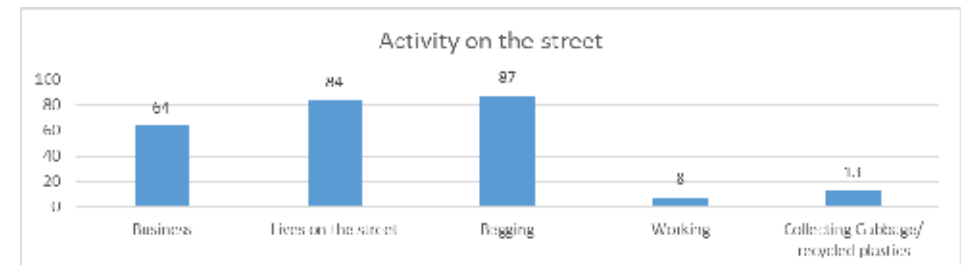


Figure 4- Observation of activity on the street

“

Street children and youth are of 4 types. We have thieves who disguise themselves as street children, we have beggars, those who live on the street as well as born in the street (street families), day shift-come to the street during the day and goes back to their families and those who are on the street occasionally like in some days of the week, weekends and during school holidays -CBO leader (Mathare)”

”

The research noted that the CWDs and youth in the street in Nairobi who live or/and work in the streets are not necessarily in the Central Business District. Areas like Mathare and Kamukunji and the Dandora dumpsite recorded high numbers of CWDs and youth. Each area seemed to have its own attraction for the children and youth living with disabilities in the street either in terms of livelihood or provision of basic needs from well-wishers. From the FGDs held in Nairobi the participants noted that those who rent houses among the street children usually organize among themselves and take up a room or house and share out the rent. The Youth or children with disabilities may not easily get into such an arrangement as they are viewed as a burden and may not contribute to the house budget and chores. This points out to some form of discrimination that may contribute to their vulnerability as they are left out when other street children are working on securing better living environments

“

“ Those with disabilities are discriminated or sidelined a lot ,they are seen as a burden, one will not take a PWD because looking at the house chores they may not take part. Like in Githurai they go to hustle but most of the ones I know live on the streets.

Unless you take them back to their parents who also you will find have a lot of problems”

- USK Coordinating team member

”

### 3.5 Socio -Economic Factors

Majority 80(31%) of the respondents-had been on the street for over 10 years, 79 (30.5% between 2-5 years, 60 (23%) between5-10years while 37 (14.5%) for 1-2 years. On main source of income, the study revealed that 88(35%) were given money by other, 55(22%) relied on unskilled labor, 54 (21%) had no source of income, 50 (20%) business, 5 (0.8%) domestic services and 1(0.4%) on private sector wages.

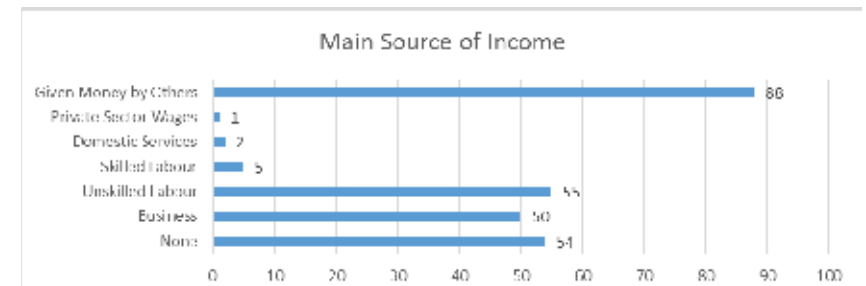


Figure 5-Main Source of Income



It is worthy to note that 22% relied on unskilled labor; 20% on business and 0.8% domestic services and 0.4 % on private wages which totals up to 43.2% of youth living in the street with disabilities being engaged in some form of income generating activity. This is an indicator that if adequately identified and empowered (by state and non-state actors) the group can fend for themselves. In the USK FGD one of the participants noted that in the Kazi kwa Vijana project which was a youth empowerment project the street children and youth living with disabilities were sidelined as no one thought they were capable of doing the work.

Skilled labor among the children and youth living with disability in the street was quite low. The participants in the focused discussions noted that some of the skills development programs that were offered to the youth were not convenient. They noted that the young people still needed to make a living to meet their basic needs thus being in class for the better part of the day would make them miss their daily bread so some opted out. Some were used to their minimal daily wages and did not see the benefits of going to class when they could work and make their little money. For some the street attraction is too great and are easily lured back. Lack of transport, inaccessible learning environments and lack of interest were also cited as reasons for not joining or dropping out of the programs. The USK group noted that they have tried to adopt some flexibility to ensure that the youth take up the training opportunities. USK offers life skills to enable the youth see the benefits of having skills and how this can further their independence. Through a consultative process USK also engages the targeted youth to enable them identify an apprenticeship near their localities and also work on flexible hours to enable them still have time for their livelihoods.

“

Like now you go to a youth group with 20 members and you say you are taking them to a course and PWDs are only 3-4 and only one may be interested. You can take many for the training like 20 but after two months only 8 will be remaining. There are those who the street blood has affected them, even if they leave they still go

**Coordinating team member  
USK**

”

**For many there are those opportunities but they are street children and they also have basic needs. At night what will they eat? Some think that instead of wasting time learning and in the evening I will sleep hungry and go back again and I may not even have fare so for some that is how interest ends but if the course was for at least a month and you cater for them then that's possible.**

The participants from the group discussions noted that there was a growing phenomenon where children and youth with disabilities living in the street are used by abled persons to beg and enrich these people. The foreigners especially from Tanzania were the most in this trade. There are designated houses/rooms where these people are housed. The participants in Kisumu noted that the PWDs are housed in Kaloleni. The participants in Nairobi noted that the areas include Mathare, Dandora, Dagoreti, Kangemi and Kiambio. Due to their vulnerability economic exploitation of the target is quite possible. Other persons with disabilities on the street were as a result of abandonment by either parents/caregivers/guardians. Persons with Disabilities were either born with disabilities or induced/acquired after birth.

“

“Some PWDs are brought to the streets to beg by abled body people who drop and collect them including pretending to bring them food and donating money while they are the employers. They are kept in houses for example in Kisumu they are housed in Kaloleni.

**Stakeholder Kisumu County**

”

### 3.6 Reasons for being in the street

The study sought to find out the reasons why children and youth with disabilities were on the streets. The respondents were given several options from which to choose from. Overall, 192(76%) cited lack of alternative way of life, 105(41%) because of hunger/poverty, 99(39%) to work to help their families, 83(12%) begging, 44(17.3%) abandoned due to disability, 42(17%) due to orphanage, 38 (15%), Peer Influence, 22(9%) to run away from their families/relatives, 20(3%) domestic conflicts, 18(2.5%) harsh learning environment, 17(2%) Parents of street children are engaged in petty trade, begging or manual labor and parents separations respectively, 8(1%) Verbal and Physical abuse by parents and teachers and 3 respondents cited other factors. The study also found out that there was no significant difference in reasons for being in the street by gender and age.

Majority of the respondents 80(32%) had stayed on the street for over 10years, 60(23%) between 5-10years, 79 (31%) between 2-5years and 37(14%) between 1-2 years. The respondents noted that due to lack of alternative way of life they had developed coping mechanisms.

The study revealed that most of the respondents 188(73%) took care of themselves, 23(9%) by parents, 16(6%) by friends, 8(3%) by siblings and 4(2%) by uncle/aunt, Grand Parents and neighbors.

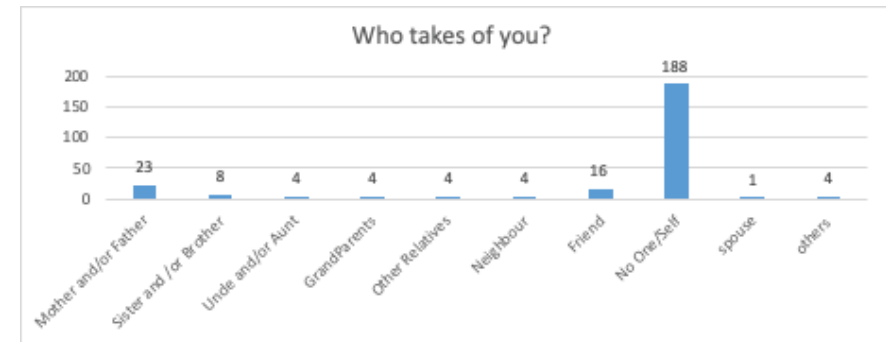


Figure 6 -Who takes care of you?

### 3.7 Challenges faced by street children and youth with disabilities

The survey sought to know the challenges faced by street children and youth with disabilities. 115 (15%) cited stigma and discrimination, 108(14%) Lack of sleeping place and hunger respectively, 101(13%) poor health conditions, 95(12%) poor weather, 88(11%) harassment and abuse, 78(10%) drug abuse, 62(8%) lack of assistive devices and 1(1%) no problems.

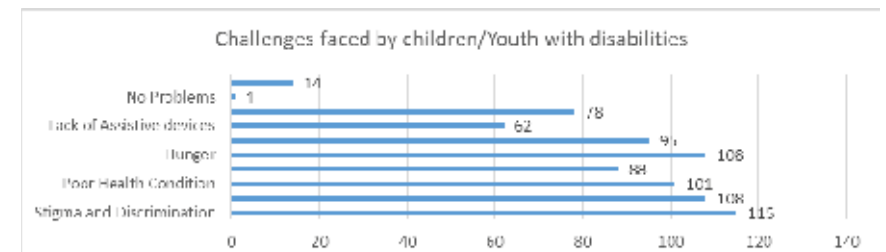


Figure 7-Challenges faced by street children and Youth with Disabilities

From the focused group discussions, the participants felt the street children and youth with disabilities still lacked basic needs especially food, shelter, clothing and security. A PWD noted that assistive devices were also a key need, some have the appliances but they are worn out and not effective. A key concern emerging from the discussion was medical care. A PWD in the group noted that during the cold weather they suffer a lot especially those with plates and other complications. The group felt that the public hospitals did not offer friendly services. The queues were sometimes too long and the health workers sometimes call out people in a demeaning manner making the street PWDs feel embarrassed. This leads to them not seeking medical services and going to chemists which

may be detrimental in the long run. The participants noted that there was a high level of drug abuse among the street youth and children with disabilities. They also indicated that rehabilitation services were offered in far off facilities rendering them inaccessible. One participant explained that methadone therapy which is offered at Mathare Hospital had particular hours i.e. up to 12 noon. A street youth living with disabilities on rehabilitation from another region e.g. Kayole finds this inaccessible and may miss medication which may in turn lead to a relapse. Those doing business in the street cited hot sun and rains as a challenge. They also faced police and city council harassment. Although there are many programs for persons with disabilities by state and non-state actor's street children and youth with disabilities are still left out majorly due lack of information on the services and opportunities and their rights as enshrined in the 2010 constitution. Other challenges cited were discrimination and isolation by fellow street children and the public; denial of services and economic exploitation by caregivers and guardians.

“

They should put a section in the hospital for the PWDs to be attended early. Like me during the cold season my leg is painful thus I cannot wait. The queue in public hospitals are so long and you don't get to see the doctor so if there was a PWDs room to be attended. I do not have to wait on the queue for someone with a cold so that I can be served.

**-Street Youth Living with Disability**

”

In phase one if you go testing for HIV, you get into the hospital you go to the HIV tent directly, you do not have to be told, you just know its for VCT but if its colds, painful legs, etc there we do not have a sector, so one will go to the waiting so at the waiting they take all your books then they do not know how to differentiate, they do not have emotions they just want to finish fast. You will get the saying "Those with pregnancies", etc. The doctors scold you, you fear and you are a street child you are not presentable so you tell yourself if I stand up she may embarrass me the way I am dirty so let me just stay. So most of them even end up not going to the hospitals they run to the chemists to but the pain killers and stuff and maybe its something that is detrimental.

**- Street Youth Living with Disability**

### 3.8 Forms of Sexual and Gender Based Violence

The study sought to understand forms of gender-based violence faced by street children/Youth with disabilities. A total of 125(21.7%) cited Physical abuse, 101(18%) denial of resources/opportunities, 102 (18%) emotional abuse, 99(17%) sexual harassment and abuse, 61(11%) rape, 15(3%) early child marriage and forced marriage respectively, 7(1.2%) did not know, 3(1%) female genital mutilation and others while 45(9%) respondents said none.

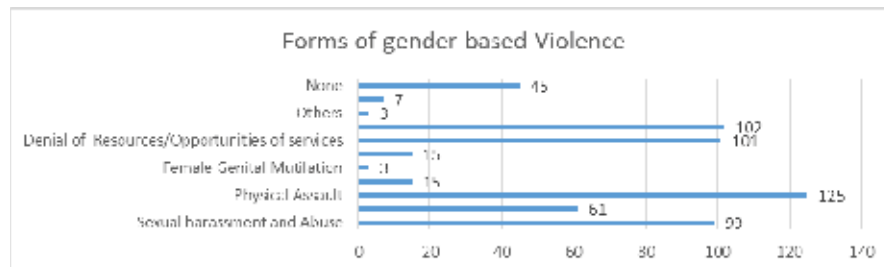


Figure 8- Forms of Gender based Violence (GBV)

Cross tabulation of gender-based violence based on gender showed that female with disabilities in the street faced more rape (26), sexual harassment and abuse (35) as compared to males with disabilities. On the other hand, the study revealed that men with disabilities experienced high incidences of physical assault (70), emotional abuse (64) and denial of opportunities/services (61) compared to women with disabilities.

The FGD discussion in Nairobi with the USK association leadership and beneficiaries indicated that young girls with disability in the streets faced a lot of sexual abuse and exploitation. A participant noted that the street children lived in "BASES" which were like the home/family units. A young girl with disabilities who cannot provide or bring the basics at the end of the day is expected to have sex with the men/boys in the unit as payment for the provision they offer. One participant in the USK FGD indicated that "she maintains the base" Some sleep with the girls without protection while some rape them. These acts expose the young girls to risky health and psychological issues.

Informal actors, private actors and a few NGOs e.g Nyumba Kumi and St Johns Ambulance have come in to rescue such girls but the participants noted that the girls' addiction to drugs and the carefree life sometimes lead them back to the abusive circle. The participants also noted that the police in some of the areas were also complacent as they are bribed by the gang leaders thus as much they may have reported by some of the actors the perpetrators easily get out before court proceedings can be started.

From interviews with key stakeholders' other forms of violations experienced by children and youth living with disability in the street include child labor, lack of identity as Kenyan citizens, economic exploitation, sexual exploitation, child trafficking, recruitment to extremists, denial of basic/human rights (housing, education health etc) and other rights including movement and association. They are denied access to services due to lack of identification documents such as birth certificate for enrollment in school and national identification crucial for registration for communication services like Safaricom/Airtel, NCPWD, banks among others.

Survivors of gender-based violence suffer devastating short- and long-term consequences to their physical and mental health. A total of 144 (23%) mentioned depression, 104 (17%) inability to work, 92(15%) Injuries/Trauma, 87(14%) withdrawal, 83(13%) drug abuse, 52(8%) unwanted pregnancies, 46(7%) sexually transmitted diseases while a total of 11(2%) cited other reasons.

“

They get pregnant get babies, some use pills but a grave danger is the STIs. Its not about maintaining the base, the PWD is there and has nowhere to go. You will find one is a total orphan and the extended family doesn't care for them because they have a disability. So being a girl she will be misused.

**Coordinating team member USK**

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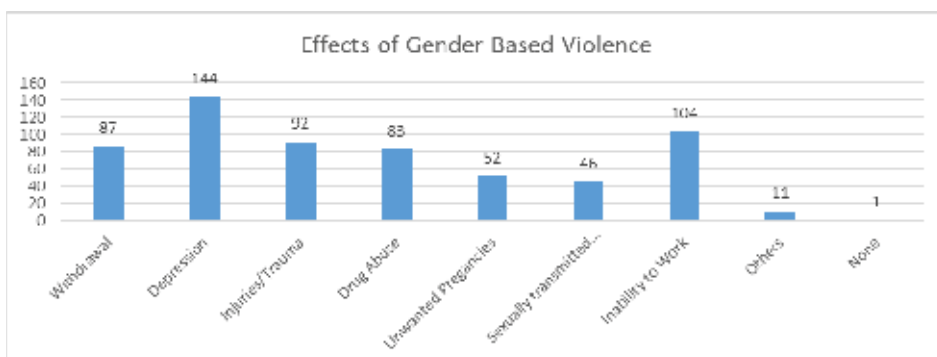


Figure 9- Effects of Gender Based Violence

### 3.9 Health problems faced in the last three months

The study sought to understand some of the health problems that the respondents had faced in the last three months. 83(37%) had gotten bronchitis/coughs/TB, 79(19%) mental health issues, 71(31) Malaria, 64(28%) skin infections, 47(21%) stomach related problems, 1 had gotten COVID-19 while only 6(3%) had not faced any medical problem in the last three months.

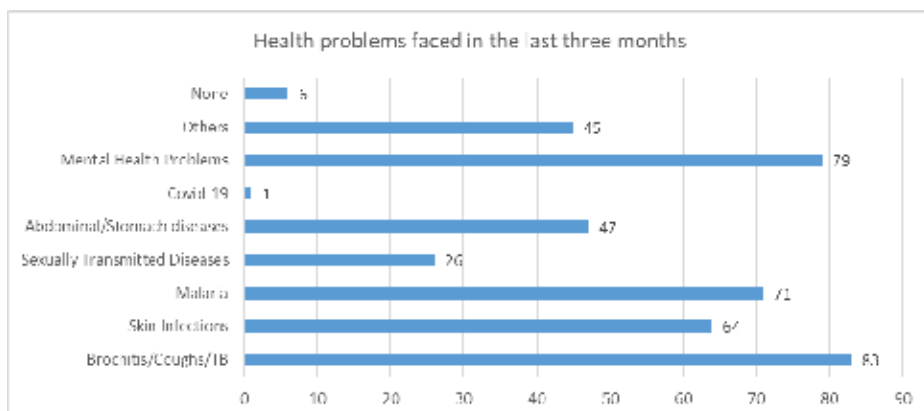


Figure 10-Health Problems faced by street children and Youth with Disabilities

In the interviews with key stakeholders, it emerged that access to the health services were still a challenge. A case pointed out was the Covid-19 vaccine for one to be given the vaccine one had to register and provide personal details e.g ID No, data of birth etc. which many on the street do not have this created barrier for receiving the vaccine. Looking at this, there is need to assess the uptake of the child vaccination amongst street families as this is a preventive measure to disabilities. The respondents noted there are various efforts currently underway to ensure that health policies do cater for street children and youth concerns. The participants are also discriminated in the health facilities since they are dirty and with dirty clothes.

### 3.10 Legal and Policy Framework on disability inclusion

The government of Kenya has made major strides towards realizing specific rights and freedom of persons with Disabilities by ensuring there are equality and non-discrimination laws. Such laws and policies include: -

**The U.N. Convention on the Rights of Persons with Disabilities-2006** (CRPD) promotes equal rights and inclusion of persons with disabilities. Article 9 of the CPRD obliges member states to ensure that persons with disabilities have access to physical infrastructure and information, communication, and other electronic services. GOK is a signatory.

**The Constitution of Kenya 2010-** confers upon all its citizens, including persons with disabilities, the right to enjoy all human rights and fundamental freedoms. Chapter Four of the COK explicitly notes that 20 (1) the Bills of Rights applies to all laws and binds State organs and persons, Article 20 3(a) develop the law to the extent that it does not give effect 20 3 (b) adopt the interpretation that most favors the enforcement of a right or fundamental freedom. Article 10 of the constitutions binds all state organs and officers and public officers interpreting the constitution to make and implement public policy to promote non-discrimination. Further, Article 27 guarantees the right to equality and prohibits discrimination on the grounds of disability. Article 54 of the constitution promotes access for persons with disabilities, such as access to places, public transport, information, and educational institutions and facilities integrated into society to support their interests.

**The Persons with Disabilities Act, 2003-** Provides for the right to physical access, transport, communication, education, health care, employment and access to justice. The Act is being amended to align it with the UNCRPD and the 2010 Kenyan Constitution. The current version is the Persons with Disabilities (Amendment) Act, 2019. Prohibits discrimination by both public and private employers in all areas of employment including advertisement, recruitment, classification or abolition of posts; the determination of allocation of wages, salaries, pension, accommodation, leave or other benefits, the choice of persons for posts, training, advancement, apprenticeships, transfers and promotion or retirement' (KNCHR, 2016, p. 87). The Act also requires that 'public and private institutions implement a 5% employment quota for persons with disabilities. However, challenges with implementation include lack of enforcement of the accessibility requirements for public buildings, transport, and infrastructure and problems meeting the 5% quota for public appointments/elections (which has been hampered by the low skill levels and requisite experience among persons with disability.

**The Children Act, 2022** gazetted on 12th July 2022 in its preamble states that it is ACT of Parliament to give effect to Article 53 of the Constitution; to make provision for children rights, parental responsibility, alternative care of children including guardianship, foster care placement and adoption; to make provision for care and protection of children and children in conflict with the law; to make provision for, and regulate the administration of children services; to establish the National Council for Children's Services and for connected purposes. The Children's Act 2022 advances the concept of 'best interest of the child' as the paramount consideration in every matter or decision concerning a child. The law largely shifts the burden of child care to the state and the community, leaving room for the establishment of statutory childcare institutions by the Cabinet Secretary responsible for children affairs.

**The Employment Act 2007** (revised edition 2012) recognizes disability and outlaws' discrimination on grounds of disability in employment in both the public and private sectors.

The National Employment Authority Act, 2016 established the National Employment Authority; to provide for a comprehensive institutional framework for employment management; to enhance employment promotion interventions; and to enhance access to employment for youth, minorities,

marginalized groups, and persons with disabilities.

The Kenya Information and Communication Act (2011), gives the Communication Authority the provision to facilitate the development of the information and communications sector (including broadcasting, multimedia, telecommunications, and postal services) and electronic commerce, to provide for the transfer of the functions, powers, assets, and liabilities of the Kenya Posts and Telecommunication Corporation to the Authority, for connection purposes. The Act has a provision for Persons with Disabilities that ensures that broadcasted content does not perpetuate or incite hatred or vilify Persons with Disabilities.

**The Public Officers' Ethics Act 2003** prohibits discrimination of persons with disabilities in employment opportunities.

**The Public Procurement and Disposal Act 2015 and Regulations 2006**, provides that 30% of government procurement contracts shall go to youth, women and persons with disability. The 2013 Social Assistance Act provides social assistance to people with severe mental or physical disabilities, whose disability renders them incapable of catering for their basic needs; and there is no known source of income or support for the person.

**Sector Policy for Learners and Trainees with Disabilities 2018** focuses on the adoption of inclusive education approaches and strategies in the provision of education services to learners with disabilities in all levels of education, from early childhood to university.

**The National Reproductive Health Policy (2022-2032)**, focuses on mainstreaming special RH needs of marginalized populations [persons living with disabilities, elderly, people in humanitarian settings and correctional institutions. It seeks to prioritize reproductive health educational programs that are responsive to the needs of the marginalized populations including the use of health education materials in BRAILLE and SIGN language and other appropriate means of communication and ensure inclusivity of marginalized populations in reproductive health social accountability processes. The Children (Amendment) Bill 2020- Provides that children living with disabilities will be accorded

free medical treatment, special care, education and training, emphasizes on the right of children to parental care through inclusion of alternative care services, raised age of criminal responsibility among children from 8 years to 12 years and has established a Child Welfare Fund-It mandates County governments to establish child welfare schemes and child care facilities beside taking care of pre-primary education.

**Social Protection Policy:** - The policy identifies Persons with Disabilities as a priority group for social protection, aims at cushioning citizens against the ravages of poverty.

Some of the Gaps noted from the existing law and policies include: - lack of a specific policy to harmonize coordination and management of street families' resources and programs and law for regulating the standards in the management of street families. According to IDS June 2020 report, the country has faced challenges implementing many of the provisions in legislation and polices. This has been attributed to inadequate budgetary allocation for the implementation of these legislations and policies; lack of accurate disability data; lack of definitional clarity about what constitutes a disability; the non-prioritization of disability; lack of robust monitoring and enforcement mechanisms; the lack of involvement of organizations of persons with disabilities and service providers in the planning and implementation; lack of collaboration between government departments providing services and other actors; and low levels of awareness of disability and negative attitudes among some policy makers and implementers. Administrative devolution has also resulted in distinct differences in policy and implementation between counties.

To assess knowledge of the legal and policy frameworks that supports the rights of people with disabilities, respondents were asked about their awareness of international and national laws as well as policies in Kenya. Only 18 (7%) of the respondents were aware of the legal frameworks on rights for people with disabilities: Some of the legal provisions cited were: Article 54, Disability Act 2003, equality at work, free tax, health act, laws that protect the children against violence, right to life, education, shelter, basic amenities, freedom of speech and movement. A total of 3 respondents could not remember the specific provision of the laws.



Figure 11- Awareness of legal and Policy framework

The low record (7%) on awareness of legal and policy frameworks is worrying since if one does not know of the laws and policies it would be difficult to know your rights and expectations from the duty bearers. Out of the Kenyan citizens recorded, only 29% were registered as voters while they would be totally separate reasons why the low percentages on governance and electoral processes it draws some concern on why such low numbers on both. From the discussions the participants noted that the COK greatly protects the PWD yet they could not mention the specific clauses. The USK coordinating team members noted that USK had started sensitization on laws and human rights but the teams were yet to internalize this.



Current legal and policy advocacy efforts as identified by respondents include: acquisition of identification document by the street children and youth, certificate of good conduct attainment for street children who are on rehabilitative path but may have criminal records, accreditation of the courses that the street children take, Child Bill, Mental Health Bill, extra judicial killings. A respondent noted that there has also been a drive for institutional child protection and safeguarding policy for the stakeholders working with street people more so children.

Awareness is still low among actors and communities as expressed by a key stakeholder “We don’t have the right channels and the right people-people with the information are missing”.

### 3.11 Awareness on government agencies that support street children and youth with disabilities

64 (25%) of the respondents were aware of the government agencies that support street children with disabilities, 45(70%) respondents were aware of NCPWD, 4(6%) were aware of street families Rehabilitation Trust and National Fund for Disabilities respectively and only 2(3%) were aware of Youth empowerment fund and the Nairobi/Kisumu County. An additional 2(3%) mentioned others and 15(23%) could not remember the name/s of the government agencies that support street children with disabilities. Support from the known agencies was in form of food provision as mentioned by 23(40%) respondents, 13(22%) provision of assistive devices, 11(19%) cash transfer, 7(12%) education/skills support, 5(2.7%) grants for SHG/IGA, 3(5%) legal services and healthcare respectively.

Only a quarter or 25% of those interviewed were aware of government agencies that support street children and youth with disabilities. This is considerably low and some participants in the discussions indicated that the support was not felt at the community level. From the focused group discussions held the participants felt that as much as there was government support it was not felt in the communities. They noted that the support was mainly channeled through the local administration especially the chiefs. The chief in turn works with Nyumba Kumi and their acquaintances to identify beneficiaries thus the support does not reach those who actually deserve it as they end up giving their own people.

### 3.12 State Actors that support Street Children with Disabilities

The National Council for Persons with Disabilities (NCPWD) was established under the Persons with Disabilities Act and is charged with follow up, enforcement of the law and formulating and developing measures and policies designed to achieve equal opportunities for persons with disabilities. It is under the Ministry of Gender, Children and Social Development and is the official arm of the government on disability issues. It has representation in all 47 counties, with country officers working with local government. Key mandate is registration of persons with disabilities and Organizations of Persons with Disabilities(OPDs) and institutions serving Persons with Disability; strengthen delivery of adequate, appropriate and reliable disability habilitation and rehabilitation programs; provide social assistance to the poor and vulnerable persons; promote the provision of quality education and training for PWDs; promote access to sustainable means of livelihood for Persons with Disability and promote civic participation and representation of Persons with Disability in decision making processes. The council has budget allocation to support cash transfer for those with severe disabilities, sunscreen lotion for those persons with Albinism, education assistance support, infrastructure and equipment support, group grants to support livelihood and provision of assistive devices. It has established a career Portal- a digital platform that provides Persons with Disabilities opportunities to gain relevant skills and find suitable jobs in industries/roles that they are interested in.

GAPS: -lack of adequate resources to audit the organizations and enforce the provision of the law which promote accessibility and provide services to persons with disabilities; process of registration is not easy- the cost of medical assessment is too high for most Persons with disabilities and the medical assessment reports take too long to come out, a prerequisite for registration of PWDs has hindered access to these services; there are no targeted programs for street children and youth with disabilities and lastly there are no specific programs targeting Persons with Disabilities living and working on the street.

**The National Gender and Equality Commission (NGEC)** has a Disability and Elderly Programme that promotes mainstreaming of disability and issues of ageing in governance structures at the national and local levels (Kabare, 2018, p. 19). It also monitors human rights violations and discrimination cases, and monitors access and inclusion efforts (Kabare, 2018, p. 19). Government funding for persons with disabilities is integrated into various government development programmes for inclusive development and affirmative actions for persons with disabilities are supported by public resources such as tax exemption, social protection or livelihoods programmes.

**National Fund for Disabled of Kenya (NFDK)** was registered on 7th July, 1981 and was incorporated as a Trusteeship under the Trustees (Perpetual Succession) Act Cap. 164 of the Laws of Kenya in 1989. Its mandate is to enhance social economic empowerment to Persons with Disabilities in Kenya. It’s fully funded by the exchequer. It supports individuals and institutions, consequently creating startups, self-sustained Income Generated Activities (IGAs) and accessible infrastructure across the country.

**Child Welfare Society of Kenya (CWSK)** - a State Corporation for the care, protection, welfare and adoption of children that was established in 1955. It has various child related programs and projects in all the 47 counties such as alternative family care, adoption, foster care, rapid response and response to children in distress, child trafficking, family tracing and reunification among others. We noted that the organizations do not have deal with street children although this ought to be one of its mandate.

Gaps-disability inclusion has not been factored in their programming.

Street Families Rehabilitation Trust Fund (SFRTF) - was established on 11th March 2003 through Kenya Gazette Notice No. 1558 to address the concerns of all homeless, destitute and vulnerable

people in urban areas. Its mandate is to coordinate, rescue of street families; design systems and structures for effective implementation of rehabilitative; re-integrative and preventive programs; develop policies and legislations on issues affecting street families; strengthen the institutional capacity of the Fund, implementing partners and other stakeholders and mobilize resources for the Trust Fund. National Census on street families conducted in 2018 did not capture explicitly those with disabilities.

Gaps: Communication on programs implemented for street families is uncoordinated, which impairs ownership and sustainability

### 3.13 Awareness of non-state Actors that support street children and youth with disabilities

A total of 57 (22%) were aware of non-state actors that support street children and youth with disabilities. 25(44%) knew APDK, 2(3.5%) Undugu Society of Kenya and 3(5%) St John Community center, 1 (2%) MSF/Doctors without borders and Mission of hope respectively. Other non-state actors mentioned by the respondents during the Focus group discussions were as shown below.

**Table 1: Non-State Actors that support street children and youth with disabilities**

NAIROBI	KISUMU
<ul style="list-style-type: none"> <li>• Delight Some Community</li> <li>• Leonard Cheshire</li> <li>• Kenya Union for the Blind</li> <li>• Mother Teresa/Missionary of charity</li> <li>• Churches</li> <li>• Redcross</li> <li>• CBOs</li> <li>• Doctors without Borders</li> <li>• APDK</li> <li>• Undugu Society</li> <li>• St Peters</li> <li>• St John Ambulance</li> </ul>	<ul style="list-style-type: none"> <li>• Joyland special school</li> <li>• Leonard Cheshire</li> <li>• Covenant Home</li> <li>• Family hope</li> <li>• Churches</li> <li>• CBOs</li> <li>• Undugu Society</li> </ul>

Support from the mentioned non-state actors that support street children and youth with disabilities was cited to be provision of assistive devices by 17(29%) respondents, 16(27%) got education/skills provision, 14(24%) food provision, 9(15%) healthcare, 8(14%) Counselling and spiritual support, 5(9%) grants for SHG/IGA, 4(7%) rehabilitation while others were mentioned by 10(17%) of the respondents. From the group discussions, issues of mistrust in identification and distribution process and sometimes the support never reaching the target groups were cited as a barrier to participation of persons with disabilities in most programs in the community.

“ This is the first organization that has come to ask about street children and youth with disabilities. Many organizations only support feeding and clothing. Even during the international day for street families, there was nothing on street children and youth with disabilities. There was only one person with disability who attended  
-Caregiver-Mathare

“

As Delightful Community Initiative, we have worked with many organizations in this area that support street children but none of them has come with programs to support street children/Youth with disabilities. Programs come to support different things for instance – Red Cross- supports feeding, Rescue Dada-supports girls while Mwangaza- support rehabilitation of boys up to age 17years. They mostly focus on short term solutions for these children. Those with disabilities are more disadvantaged

-Street children CBO-Nairobi

”

The survey showed that the leading support offered by state actors was food provision (40%), assistive devices (22%) and cash transfers (19%). The leading support from the non-state actors was assistive devices (29%), education (27%) and food provision (24%). We can deduce that food provision and assistive devices is a major support for both state and non-state actors. Grants for IGA/SHG were low from both categories of actors. Health care and counselling is also more pronounced in the non-state actors' support.

From interviews held with the stakeholders it emerged that there is a working group on street children with at least 31 organizations across the 8 sub counties in Nairobi. USK is a member of this working group. The government is represented by the gender and social services department of the Nairobi City Council. The working group meets once a month and has elected leaders in office. The organizations have various interventions from Rescue, rehabilitation and Reintegration as well as education programs. The working group majorly works on coordinating stakeholders and major activities e.g. The International Day of the Street Child. However, there is no disability mainstreaming in their programming.



### 3.14 Undugu Society of Kenya Programmes

The study sought to find out whether the respondents had benefited from any of the USK programs. A total of 11 respondents had benefited from street youth empowerment programs, 6 from village savings and loans associations, 14 from skills development, 1 respondent had been involved in community children rights clubs while 4 respondents had been involved in other USK programs. The same respondents had benefited from several programs.

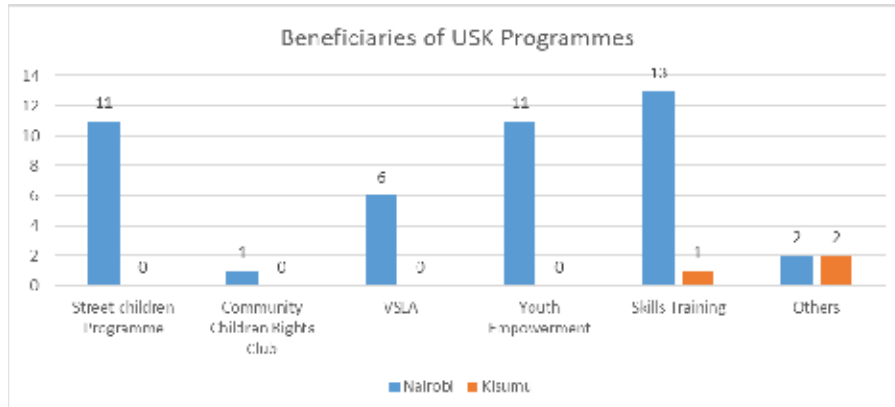


Figure 12- Beneficiaries of the USK Programs

It was noted that USK did not have direct intervention for children and youth with disabilities, but had referral systems for services not offered by them such as APDK for rehabilitation support and linkages to Youth Enterprise Fund and Women Enterprise Funds.

In terms of the role played by the respondents who were involved in street youth association, community children rights and village Savings and loans Association, the study found that only 4 of the respondents were in leadership (Chair, Secretary or Treasury) and 15 were serving as members.

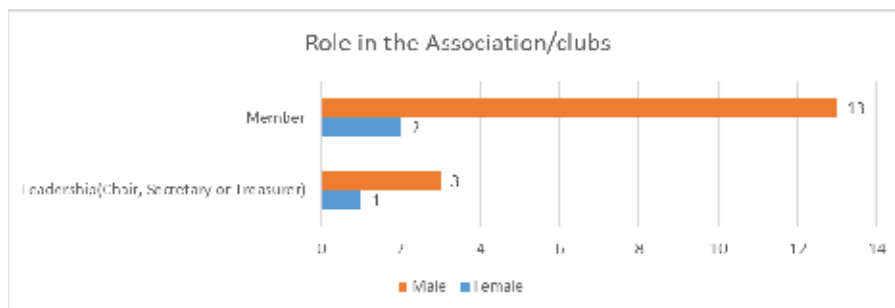


Figure 13- Role in the associations/Clubs

The respondents applauded the good initiatives by the USK to rescue, rehabilitate and re-integrate street children but noted that USK presence in support for street children had declined as compared to 10 years ago. They had closed their branches in Eastleigh. They noted that participation of street youth with disabilities in USK programs hampered by negative attitude by the communities and cultural beliefs associated with disabilities. Many amongst the community members associate disabilities with curses alongside other retrogressive cultural aspects, leading to those with disabilities being hidden by their families and caregivers; low self-esteem and self-stigma, lack of assistive devices like wheelchairs to enhance mobility and sign language interpreters for those who are hearing impairments, high expectation of handouts by PWDs, they are easily angered thus affecting their interpersonal relationship with others, mistrust since some of them had previously been conned or misused by several NGOs, inaccessible meeting venues used by the associations and clubs.

The participants in the USK associations leadership noted that USK has developed a framework of operation that ensures reach into the various communities. At community level the beneficiaries are organized into associations. There are currently 35 Associations in Nairobi and 15 Associations in Kisumu County, each with a membership of 20 persons. Each association has two representatives at the council level. Above this there is a coordinating team of 15 members who now represent the regions. There are two PWD representatives within the coordinating team. Whilst this is recommendable it was noted the coordinating team were not aware of PWDs issues e.g. their rights, registration processes for PWDs, etc.

### 3.15 Programme Priority areas for USK

The respondents were asked what USK can specifically do to improve lives of street children and youth with disabilities. A total of 44 (25%) recommended provision of skills training, 43(24%) establish homes/children's homes, 42(24%) creation of job opportunities, 42(24%) community sensitization on disability inclusion, 35(20%) provision of startup capital and 30(17%) provision of assistive devices.



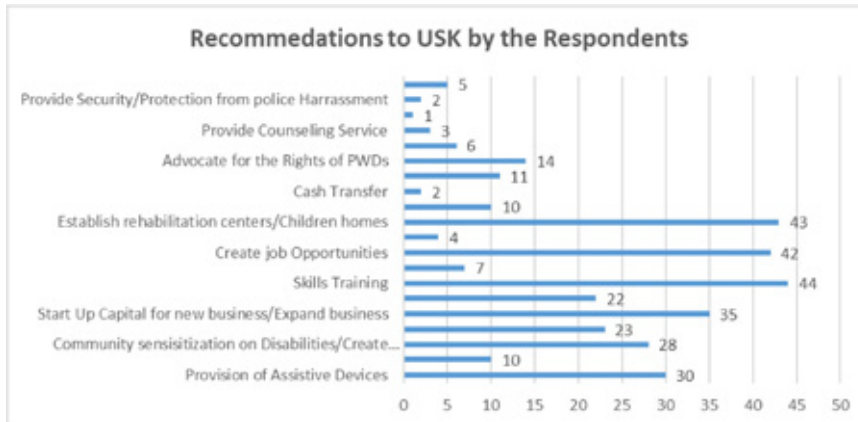


Figure 14- Recommendations to USK by the respondents

### 3.16 Action by Government, Non Government, Community and Street children and Youth with disabilities

On what the various actors can do to improve the lives of street children and youth with disabilities, a total of 64(31%) recommended awareness creation and advocacy, 53(25%) Provision of startup capital, 47(23%) Provision of shelter, 42(20%) establishment of homes/children homes, 36(18%) creation of job opportunities, 34(17%) skills training among other as priority areas of interventions by both state and non-state actors.

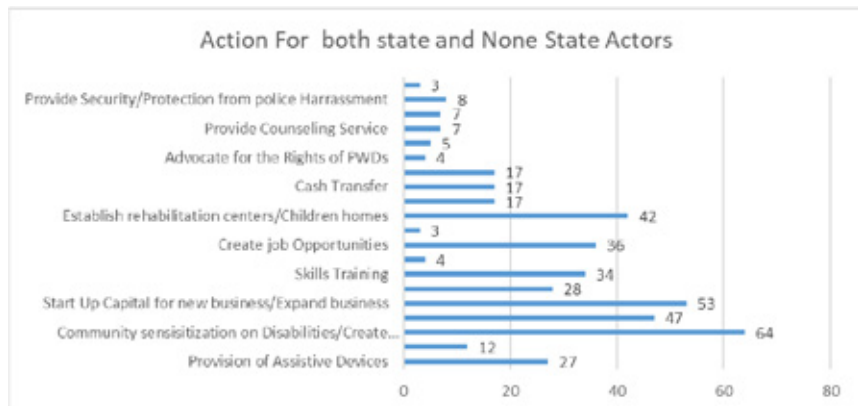


Figure 15- Action for both state and None State Actors

## 4.0 SUMMARY, CONCLUSIONS AND RECOMMENDATIONS



### 4.1 Summary and Conclusions

Nairobi had higher concentration of the street children and youth with disabilities compared to Kisumu. This could be attributed to the capital city having more resources and livelihood opportunities.

The children and youth living with disabilities interviewed had varied ages with majority aged between 35-45 years (35%), were predominantly male (69%) with majority having primary level of education (35%). On marital status, 146(57% were single), 15(6%) were married, 25(9.8%) were divorced/separated, 20(7.8%) were single but had a partner, 10(3.9%) widowed while 4 preferred not to say their marital status.

The main disability were physical and intellectual impairments. Majority worked and lived on the street full time while others worked on the street by the day but go home to their families/rented houses –mostly in slums and only very few were Street Families.

Reasons for being in the streets did not vary by age or gender. These children were on the street majorly due to socio-economic factors pertaining to their families such as the extremely low incomes, poverty, poor relationships between them and their parents as well as family conflicts.

The children and youth living with disabilities in the street struggle to overcome social and structural barriers and only a few are able gain some form of economic independence. Most of them had stayed on the streets for long periods over 2 years and had failed to find better alternatives to street life. While on the streets, they take care of themselves either by themselves or using their social networks on the streets. This is supported by the fact that they live and move in groups. Majority were beggars and relied on others for support. Those with some economic independence were involved in small scale trading and doing unskilled labor.

The respondents face a myriad of challenges living and working in the streets. This include stigma and discrimination, Lack of sleeping place, hunger respectively, poor health conditions, poor weather, harassment and abuse by city askaris, police and colleagues, drug abuse, lack of

appropriate assistive devices, lack of basic needs (especially food, shelter, clothing and security), denial of services because they are dirty with torn clothes, economic and sexual exploitation, inaccessible rehabilitation services and lack of information services and opportunities.

Gender based violence was found to be rampant in the streets with most cases not being reported to the police due to reluctance by the police to act on such cases. A total of 125(21.7%) respondents cited Physical abuse, 101(18%) denial of resources/opportunities, 102(18%) emotional abuse, 99(17%) sexual harassment and abuse, 61(11%) rape, 15(3%) early child marriage and forced marriage respectively as forms of gender-based violence faced by children and youth with disabilities. Other violations were: child labor, economic exploitation, sexual exploitation, child trafficking, denial of basic/human rights and other rights including movement and association. Others cited include effects of GBV were depression (23%), inability to work (17%), Injuries/Trauma (15%), withdrawal (14%), drug abuse (13%), unwanted pregnancies (8%) and sexually transmitted diseases (7%).

The study revealed that most Street children and youth with disabilities had respiratory infections, gastrointestinal problems, mental health issues, physical injuries in the last three months.

The children and youth with disabilities in the street are detached from government processes which also affects services they should get as right holders. Only 45 were registered with National Council for persons with disabilities-government entity with budget allocation to strengthen and support empowerment programs for persons with disabilities while only 75 had national identity card that would enable them to exercise their right to vote in the upcoming general election.

The GOK has enacted law and policies to promote the rights of persons with disabilities, however majority (82%) of those interviewed were not aware of these rights as enshrined in Constitution of Kenya 2010 as well as policies that support children and youth with disabilities in Kenya. There is also no policy on street Families to harmonize coordination and management of street families' resources and programs as well as laws for regulating the standards in the management of street families

In Kenya different initiatives by the government and non-state actors have been implemented to ensure that the rights of street children and youth are promoted. The key success factors for disability inclusion include Kenya being a signatory to conventions like the Convention on the Rights of Persons with Disabilities (CRPD), enactment of laws and policies to support rights of children and persons with Disabilities, establishment of institutions charged with supporting children and persons with disabilities like child welfare society of Kenya(CWSK), Street Families Rehabilitation Trust Fund (SFRTF), National Council for Persons with Disabilities(NCPWD), National Fund for Persons with Disabilities, Organizations of Persons with Disabilities(OPDs) among others. There is a coordinating platform in Nairobi for street children and umbrella body for disabled persons Organizations - United Disabled persons of Kenya (UDPK) that advocates for the rights of persons with disabilities. However, there are no tailor-made interventions towards street children and youth with disabilities and where it exists, the support is minimal compared to the needs. Realization of their rights is also hindered by lack of reliable data on the number of PWDs who live and work in the street, lack of adequate resources, lack of knowledge on how to handle those with disabilities in the street and lack of disability mainstreaming in programs targeting street families.

USK is among the key players that support street children in Kenya through Rescue, rehabilitation and re-integration, education and training and youth empowerment programs for street children and Youth since 1973. There was notable low uptake of USK projects such as Kitengela Place of safety, Family work, Associations, Community Child Rights Clubs and skills training by street children and youth with disabilities.

## 4.2 RECOMMENDATIONS

**Strengthen legal and policy infrastructure** - There is need to enforce existing laws that protect the rights of street children and youth with disabilities. There is also need to enact a National Street Families Act to regulate the standards in the management of street families. Such a law will also ensure that street families have access to National Government empowerment initiatives and documents and provide the necessary institutional structures to facilitate implementation of the act. Key issues of partnerships and stakeholder support as well as tax relief should be addressed for non-state actors who support government on this mandate. There is need to develop a street families' policy to guide implementation of programs; harmonization, coordination and management of street families' resources and programs; and ensuring of transparency and accountability. Disability mainstreaming should be prioritized in the process.

**Enhance Data on street children and Youth with Disabilities**-There is need to have accurate and authentic data on street families with disaggregated data on disability. Such data will help to build much needed evidence on the situation of street people with disabilities. Data is crucial in informing policy review and development, programming, and implementation of programs. Through concerted efforts among the stakeholders there should be engagements with key government bodies e.g. the Street Families Trust and Kenya National Bureau of Statistics to ensure street families data needs are included in major country surveys e.g. the Kenya Population and Housing Census, Kenya Demographic Health Survey (KDHS) and Economic Surveys. Non-state actors should also continue building on alternative data through action research and working with reputable research institutions.

**Strengthening Advocacy**- Stakeholder mapping should be carried out to give a better understanding of the current advocacy efforts and the different players involvement in each effort across the sectors. USK should then develop an Advocacy Strategy with priority areas for Children and Youth living in the street with disabilities. The strategy should outline key stakeholders (who are the most strategic for the particular cause) and advocacy methods to be undertaken in each effort e.g. campaigns, development of briefs, petitions, memorandums, Public Interest Litigation, research, etc. The issue of identification is key because nationality anchors services and rights.

**Increased awareness creation**- There should be awareness creation amongst the communities and the street children and youth living with disabilities to cultivate acceptance and inclusion. Awareness creation should be concerted and include both modern and traditional channels e.g. work with representatives that the street children and youth with disabilities trust and OPDs, that they recognize and will listen to, employ door to door campaigns in the communities and outdoor community campaigns especially for the low-income areas. For modern methods work with social media to reach out to the wider community. Influencers and ambassadors can also be employed to create awareness. There should be sensitization of PWDs on their rights and creating champions/advocates amongst them to sensitize others.

**Support of Livelihood of Street Persons**- There is need for stakeholders to develop programs to support the livelihood and entrepreneurship for street persons to reduce their dependence on others through begging and sourcing of food from garbage which affects their health conditions. Establish skills development and mentorship programs for the street youth and caregivers/family approach to start Income Generating activities (IGAs), access wage employment and promote access to government procurement opportunities under affirmative action. State and Non-State Actors should review their economic empowerment programs to have a strong component of inclusive skill development. There should be flexibility in skills development and training programming. This

should be combined with life skills and follow up. Current USK livelihood programs to be disability inclusive and accessible.

**Creating a business-friendly environment for PWDs-** The county government should coordinate with national agencies to provide business friendlier environment (legal and physical) for such groups to run a livelihood. There is also need to raise the question of housing rights at a level that emphasizes higher and exorbitant vulnerability.

**Sexual and Reproductive Health Education-** There is need to initiate programs to educate street youth with disabilities about their reproductive rights and safe sexual practices to prevent them from unwanted pregnancies, HIV/STIs, unsafe abortions and protects both the mother and the child from infectious diseases and to deliver healthy babies. The GBV referral system in place should be sensitized on SRHR issues affecting the street children and youth with disabilities.

**Inculcate Disability Mainstreaming approach-** Mainstream a disability perspective in all legislation, policies and programs and allocate adequate resources through disability responsive planning and budgeting, taking into account the needs and circumstances of the children and street children and youth with disabilities. There is need to work with technical experts on PWDs to ensure effective programming.

**Access to rehabilitation health care services and general health care -** Rehabilitative services such as occupational and physiotherapy as well as appropriate and affordable assistive devices to enable PWDs operate independently as they carry out activities of daily living and participate in the community. Health services should also be youth and disability friendly.

There is need to identify and strengthen locally managed health facilities within the regions/areas where street communities spend most of their time. This could be facilities run by either government or non-state agencies, but with sustainability strategies with government. These facilities need to mainstream disabilities in their programming for both preventive and curative services.

**Rescue, Rehabilitation and Reintegration-** There is need for rescue and rehabilitation of street children and youth with disabilities before they can graduate to education, skills development and economic empowerment programs. There is need to construct more accessible rehabilitation centers to cater for the rising street children in urban centers and modification of the existing rehabilitation centers to be accessible for persons with disabilities.

**Capacity building of State and Non-State Actors-** There is need for Disability Awareness Training (DAT) to power holders, decision makers and service providers to increase their understanding of the disabled street children and youth rights and enhance their sensitivity to their needs. The Trainings will also build capacity on disability responsive programming and budgeting. It should also encompass community feedback response mechanisms to enable children and youth with disabilities on the streets to channel their concerns for more focused programming.

**Human rights driven law enforcement and compliance-** Those charged with enforcement of law should do this in a humane manner to avoid the brutality infringed on these street children and Youth with disabilities. Sensitization on human rights approach should be carried out to law enforcement teams on how to handle street children and youth with disabilities. Human Rights monitoring mechanisms should also pay attention to this group thus there is need to link with the monitoring structures.

**Registration of street children and Youth with disabilities-** Lack of birth certificate among



most street children and youth with disabilities is a main barrier to accessing national identity card without which they are unable to access various services. USK and other Actors supporting street children need to part the community vetting committees for registration or Inter-agency group to aid such groups into accessing key registration documents.

**Strengthen Partnership and Collaboration among state and non-state actors** to enhance the support of street persons' identification, registration, rehabilitation and reintegration programs in order to reduce their numbers on the streets. The actors should have a Monitoring and Evaluation Framework for use in assessment of programme implementation against clearly defined targets and indicators. Standardized monitoring and evaluation framework will enhance effective tracking of programme implementation and achievement of optimal results. Participatory approaches and consultative processes should be embraced to involve the target group more effectively in the decision-making processes- 'Nothing for us without us' approach.

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