



DISABILITY INCLUSIVE PRIMARY HEALTH CARE



PRESENTATION BY:
MS. SHAYA IBRAHIM
ASINDUA &
DR. PHITALIS WERE
MASAKHWE.

1. The Genesis and background:

- ❑ AMREF Pioneered PHC soon after ALMA ATA Declarations in 1979. In Kibwezi, then a sub district in the then expansive Machakos District. Focus then was on MCH and Nutrition.
- ❑ Kenya took part in a Global Childhood Disability Survey and Kibwezi was Selected in 1982.

THE GENESIS & BACKGROUND CONT...

- ❑ 8-10% Disability Prevalent rate among children under 5 was identified during the two phased study.
- ❑ Immediate interventions were initiated as part of the Study including referral for medical rehabilitation, school placements, Playgroup activities that also provided family support services.

Magnitude of the Problem:

- ❑ From the study, it was established that there was high prevalence of disability in children.
- ❑ High level of Stigma in the community - many children with disability were found hidden in homes or were being subjected to harsh/inhuman treatments.
- ❑ Lack of awareness and knowledge of what to do or what can be done to enable children live as normal a life as possible.

- ❑ No facilities catering for children with disabilities (CWDs) in the localities – available ones were far and expensive.
- ❑ Limited role models except for a few Visually Impaired individuals who had largely benefited from Missionary based facilities outside the localities.

2. Community Based Rehabilitation (CBR) Approach - Disability Inclusion:

- Including knowledge and disability support in PHC activities.
- Nutrition and feeding issues due to the disability.
- Specific support to women with disabilities at MCH.
- Awareness on importance of other services such as immunization for all children including CWDs.

- ❑ Early stimulations at home and playgroup.
- ❑ Fabrication and use of locally made assistive devices.
- ❑ Establishing referral channels for other services within and outside locality.
- ❑ School placement for integrated learning through Education Assessment and Resources Centre (EARC).
- ❑ Community Awareness and education processes.

3. Politicization of disability:

- ❑ Formation of Disability Self-help groups:
 - a) Parents groups.
 - b) Persons with Disability (PWDs) groups.
- ❑ Involvement of PWDS in Community Activities.
- ❑ Representation of PWDs in Community Decisions and Leadership.

- Representation of PWDs in Community Decisions and Leadership i.e. The emergence of Makueni Disabled Persons Organization [MADIPO] district-wide organization representing and lobbying for the interests of persons with disabilities in the district.

- ❑ Emergence of many organizations of Parents and Friends of Children with Disabilities (POFODAs).
- ❑ Meeting of PWDs and local leadership, Members of Parliament, Councilors and representation of PWDs into Makueni District Development Committees (DDCs)

□ Review of laws-written and unwritten leading to Disability act in Kenya-The Persons with Disabilities Act, 2003, AMREF equally mobilized and galvanized the Kenya Disability Caucus to effectively participate in the BOMAS constitutional review process.

- ❑ Disabled persons recognized in local and national politics.
- ❑ Media and disability-AMREF pioneered journalist training on disability inclusive media leading to the first Kenya Broadcasting Corporation (KBC) weekly 15mins program, “Focus on disability”

4. AMREF Experience setting pace at Regional and Global platforms

a) Networking and benchmarking within Kenyan and East Africa.

b) Regional and Global CBR Networks.

c) Documentation of Disability experiences in books and other international platforms i.e. CBR Guidelines, World Disability Report 2011, CBR network etc.

d) Lobbying for increased disability ^{CONT.} mainstreaming in other NGOs and Government entities.

e) Development of AMREF disability mainstreaming strategy, do not know whether its still in use?

f) Disability became part and parcel of PHC and community development initiatives at the community level.

g) Groups of Parents and Disabled Peoples organizations DPOs are still actively engaged in community development in Makueni, they fundraise and undertake projects that support their members including lobbying for their interests in planning, decision making and resource allocation. This is good sustainability beyond AMREFs work and presence in County.

h) The AMREF experience in building local groups of Parents and Disabled Persons organizations in Makueni and works around building Kenya disability caucus was a serious spring board for the current disability movement in Kenya.

DISABILITY INCLUSIVE PRIMARY HEALTH CARE – THE AMREF EXPERIENCE

