

**Phenomenological Study on the Experiences of Persons Living with
Disabilities on Governments' Poverty Alleviation Strategies in Transmara-
West Sub County, Narok County, Kenya**

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the Degree of Master of Arts in Social Transformation**

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DECLARATION

I, the undersigned, hereby state that the work contained in this thesis is entirely original to me and not the result of any teamwork. It has never been submitted to another institution before. Each and every source has been properly credited and fully acknowledged.

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DEDICATION

I dedicate this project to the members of Little Sisters of St. Joseph whose charism is to “help where nobody helps” and to all Persons Living with Disabilities in Transmara West, Narok County, Kenya.

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I thank the Almighty God for His love and faithfulness throughout my academic journey. My special thanks to the Little Sisters of St. Joseph for the opportunity given to take this course. May God bless you. My heartfelt gratitude to the African Sisters Education Collaborative (ASEC) for their sponsorship throughout my studies. May the Almighty God bless you. My special and sincere gratitude to my supervisors Dr. Jeketule Soko and Dr. Beatrice Ndiga for their guidance during this project writing. May God bless you abundantly.

ABSTRACT

The purpose of this study was to examine the lived experiences of persons living with disabilities (PLWDs) in Transmara-West sub-county, Narok County on governments' poverty alleviation strategies. The study's goals were to document PLWDs' actual experiences with services for job, education, and healthcare. The study was anchored on economic empowerment and social theories of disability. The study employed a qualitative phenomenology research design. The target population was PLWDs in Transmara West Sub-County. Non-probability sampling, specifically, snowball sampling was employed in the study to select three visually impaired and nine physically challenged persons and data was collected until data saturation was reached. An interview guide and an observation checklist were used in collecting data. The data was analyzed using thematic analysis. The findings showed that PLWDs needed equal opportunities in terms of access to education, employment and healthcare in order to be self-reliant. It was also established that implementation of government policies relating to persons living with disabilities was not effectively done as some participants had not benefited from the strategies that were laid down in their favour. The study recommended the reinforcement of inclusive education, including capitation for procurement of teaching and learning materials for the SNE learners and more special needs education (SNE) teachers to be trained. In addition, enforcement of the five percent reservation of employment opportunities for PLWDs outlined in the Constitution of Kenya (2010) is crucial for the conditions of PLWDs to improve. Finally, the study recommended that the medical charges need to be subsidized for PLWDs and more health facilities to be built. It is anticipated that this study could be utilized to provide the government with a better understanding of how to successfully implement poverty alleviation strategies among the PLWDs.

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LIST OF ABBREVIATIONS AND ACRONYMS

CCBRT	Community Based Rehabilitation in Tanzania
CRPD	Convention of the Rights of People with Disabilities
CIDP	County Integrated Development Plan
DAWN	Development Alternatives with Women for a New Era
EFA	Education for All
HRW	Human Rights Watch
UIS	Institute for Statistics
ILO	International Labour Organization
KIRA	Kenya Interagency Rapid Assessment
KNBS	Kenya National Bureau of Statistics
KNCHR	Kenya National Commission for Human Rights
NCPD	National Council for Population and Development
KNSPD	Kenya National Survey for Persons with Disabilities
KNA	Kenya News Agency
MDGs	Millennium Development Goals
MoE	Ministry of Education
NCG	Narok County Government
NACOSTI	National Commission for Science Technology and Innovation
NCPWD	National Council for People with Disabilities
PLWDs	People Living with Disabilities
SDGs	Sustainable Development Goals
UN	United Nations
UNDP	United Nations Development Program

UNESCAP	United Nations Economic and Social Commission for Asian and the Pacific
UNESCO	United Nations Education Scientific and Cultural Organization
UDHR	Universal Declaration of Human Rights
UHC	Universal Health Coverage
WBO	World Bank Organization
WHO	World Health Organization

CHAPTER 1: INTRODUCTION

The aim of this study was to investigate the lived experiences of people with disabilities (PLWDs) in Kenya's Narok County's Transmara-West sub-county about governmental efforts to combat poverty. This chapter details the problem statement and gives a brief review of the study's historical context. The general and specific aims of the study, the research questions, the significance of the study, and its scope and limitations are also included.

1.1 Insertion

Considering my research topic, I am situated in two different contexts: my personal experiences with the physically challenged and my role as the in charge of a physically challenged children's home in Kilgoris, Transmara West, Narok County, Kenya. The following experiences demonstrate the predicament of people living with disabilities in my two contexts.

I grew up in a village where I could see people with disabilities; both children and adults. Our school was situated along the road, easy for everyone to access. We had disabled children, they could come to school, and attend all the lessons but during times for manual duties, they were exempted. Their parents provided for their basic needs. One man in our village used to do farming and he could have a good harvest. This is what he used to pay school fees for his children. He was a Catholic and he never missed Mass on Sundays. I grew up knowing that whether disabled or not, everybody has a right to access education, this being in line with the Universal Declaration of Human Rights (UN, 1948).

Coming from a background that disabled and non-disabled children had equal educational opportunities, I was surprised to hear and see what people living with disabilities (PLWDs) went through. As a religious Sister, I have worked in different parishes with different groups of people including, women groups, PMC, the youth, the infected and affected with HIV/AIDS and the disabled. As the in-charge of the disabled children's home in Kilgoris, Transmara West, Narok County, I was exposed more to what PLWDs undergo. With my background, I thought disabled or not disabled, we have equal chances in every aspect.

But to my surprise, listening to the stories of the children, I became anxious, and wanted to know more about what happened with the disabled. I interacted with people, those with and without disabilities. I realized that PLWDs encountered many challenges. I thought everything

was the same everywhere and that PLWDs could enjoy the privileges like the others. They lived in desperate conditions; poverty, lacked education, depended more on family members, were abused, discriminated and sickly. After all these experiences, my question was “the government is striving to move people out of poverty, what is happening to PLWDs? I felt compelled to explore more the experiences of PLWDs with government poverty alleviation strategies in order to get to the roots of the challenges, particularly in Transmara-West.

1.2 Background to the study

Poverty is recognized as both a cause and a result of disability, so it is no surprise that PLWDs’ cost of living is higher than an ordinary person's (Vallas & Fremstad, 2014). PLWDs find it difficult to cope with life because their essential needs have not been met. Poverty has been a phenomenon affecting every society in the world. Likewise, disability is not a one-state issue, it is a worldwide issue. It has an impact on people all around the globe. Poverty, according to the World Bank Organization (WBO), involves hunger, housing issues, health issues, and the incapacity to access medical care and education; unemployment and inability to access basic needs. This means that it is the full lack of necessary resources to meet fundamental human requirements such as clothing, food, and shelter.

The United Nations (UN), the Convention on the Rights of People with Disabilities (CRPD) defines people with disabilities as those with long-term physical, mental, intellectual, or sensory disabilities, when combined with other barriers, prevent them from fully participating in society on an equal basis with others (UN, 2008). There are different categories of disabilities which include physical, vision, hearing, mental, spinal cord and head injuries (Disabled World, 2019). The researcher will focus on the physical and visual impaired. This is because they are in a position of expressing themselves. The hearing impaired will need an expert in sign language which will be a challenge to get and this might lead to corrupted information during data collection and analysis. The mentally challenged are not in a position of expressing themselves; they have little or no concentration. This too might lead to lack of information resulting to the researcher missing her target in the study.

One billion people (15 percent of the world's population), according to the WBO report (2020), have some form of disability, with the prevalence of disability being higher in developing nations. This translates to between 110 and 190 million people, or one-fifth of the global

population, having significant disabilities. The survey also shows that people with disabilities are more likely to have detrimental socioeconomic effects, such as a lack of education, poorer health, lower employment, and higher rates of poverty. Disability risk factors include poor nutrition, insufficient access to decent water and sanitation, unsafe working conditions, limited access to education and health care, and a polluted environment. According to the World Bank (2021), disability raises the risk of poverty by limiting employment and educational prospects, lowering wages, and raising the cost of living. This is a clear indication that disability and poverty occur in a cycle; they reinforce each other.

The Millennium Development Goals (MDGs) were created with the primary objective of eradicating global poverty and its symptoms, such as hunger, disease, gender inequality, a lack of access to basic infrastructure, and environmental degradation; however, the majority of people, including PLWDs, continue to live in poverty (UN, 2011). According to the UN (2011) report, the biggest problem facing people with disabilities (PLWDs) around the world is not their particular impairment but rather their unequal access to resources like education, employment, health care, and social and legal support systems, which results in a disproportionately high poverty rate.

As much as the 189 countries struggled to meet the MDGs by 2015, many of the goals were not met. As a result, the UN created the Sustainable Development Goals (SDGs), which are a global call to action for everyone to take by the year 2030 in order to end poverty, protect the environment, and guarantee that everyone lives in peace and prosperity (UNDP, 2021). Specifically, SDGs 1,3,8,4, 10 and 17 are concerned with inclusive education, health, employment and empowerment. For these SDGs to be achieved, it calls for all stakeholders to combine efforts so that people, in particular PLWDs may attain peace and prosperity as per the goal of the SDGs.

Intervention strategies are the measures implemented by several parties, especially the government, to enhance the daily living situations of PLWDs. The Kenyan government has ratified international conventions such as the Convention on the Rights of the Child (2006), the Universal Declaration of Human Rights (UDHR) (1948), the United Nations Summit on the Millennium Development Goals (2010), and the African Charter on Human and Peoples Rights (1981) (Elder , 2015). National documents such as Kenya's Constitution (2010) and the People

with Disabilities Act (2003) affirm the same. For example, article no 54 of the Kenyan Constitution clarifies the right to education for PLWDs (Constitution of Kenya, 2010). Persons with Disabilities Act, 2003 (Cap 133) articles 12, 13, 18, 19 & 20 explain government strategies with regard to employment, education and health (NCPWD, 2003). The National Council for Persons with Disabilities and the Ministry of Health have taken the lead in making sure that:

disability prevention, early detection of disability, early rehabilitation of persons with disabilities, enabling persons with disabilities to receive free rehabilitation and medical services in public health institutions, providing essential health services to persons with disabilities at a reasonable cost, and providing field medical personnel to local health institutions for the benefit of people with disabilities, fast medical attention for people with disabilities and raising awareness of the social aspects that affect people with disabilities' health (Persons with Disabilities Act, 2003, article 20).

These are very good strategies, particularly health strategies that can uplift PLWDs from their poverty, but it seems that PLWDs have limited access to basic services. Hence, the importance of the study is to find out their experiences with regard to strategies by the government to assist them. The government will be able to learn about and comprehend the achievements and shortcomings once it is revealed.

Many developed and developing countries are working hard to improve the lives and livelihoods of PLWDs by investing in their education, health systems and social protection schemes (Kabare, 2018). However, more needs to be done to guarantee that persons with disabilities have access to everything that impacts them, including education, work, and healthcare. The World Health Organization's (WHO) objective is for people with disabilities to be able to reach optimum levels of physical, personal, and social development by supporting the realization of ideal health, well-being, and human rights (WHO, 2015).

PLWDs are the most vulnerable and are excluded from certain plans of development. They are frequently the first to die when sanitary and food conditions deteriorate, fail to go to the hospital because transportation is unaffordable, and are the last to find work when jobs are limited and the last in a group of siblings to be taken to school (Ingstad & Eide, 2011). In order to avoid this, they must be brought back into the society through international cooperation, in a spirit of justice, equity, solidarity and respect with the aid of all the stakeholders. This can be

achieved by bestowing their dignity and giving them what is due by respecting and upholding their rights, thus minimizing the levels of poverty among them.

Kenyans with disabilities make up 4.6% of the population, the majority of whom reside in rural areas, according to the Kenya National Survey for Persons with Disabilities (KNSPD, 2008). According to the report, 3% of PLWDs experience environmental effects on a weekly basis, while 15% of PLWDs experience daily environmental effects. Furthermore, 65% of PLWDs believe that the environment poses a severe threat to their daily lives. Only 25% of people work in a family business, whereas 33% do not (KNSPD, 2008). This has increased levels of poverty among the challenged persons who have no option other than to rely on their families and sometimes well-wishers for their daily bread. The Kenya National Bureau of Statistics (KNBS, 2020) confirms this, reporting that 2.2 percent of Kenya's population of 47.5 million has a disability. On the same note, 1.9% (men) and 2.5% (women) had a disability. Out of the same total population, 0.4 million (42%) had mobility difficulties, followed by visual and other types of disabilities. The statistics were further simplified and revealed that there are 918,270 PLWDs of which mobility is leading with 385,417, followed by visual impairments at 333,520 and albinism at 9729 (Mbatia, 2020).

As per the 2019 census, Narok County had a total population of 1,157, 873. Out of this population, 0.4% had mobility challenges, 0.3% (visual), 0.2% (hearing), 0.2% (cognition), 0.2% (self-care) and 0.1% (communication) (KNBS, 2019). Narok County has six sub-counties, with Transmara West being one of them. The main inhabitants are the Maasai. The other ethnic groups are the Kalenjin, Kisii, Kikuyu and some small numbers from other tribes. The main economic activities are livestock and crop farming, pastoralism and tourism. The Maasai are a pastoralist community and are one of the marginalized communities in Kenya (Narok County, 2020). Life for a Maasai with a disability is not easy. People with impairments are frequently kept hidden from the rest of society.

As in other communities, the Maasai community does not recognize disabled people as such. The family/ community tends to discriminate against them; to the extent of not educating them. The Kenya Interagency Rapid Assessment (KIRA) in conjunction with Red Cross statistics shows that the average literacy in the whole county is 56.3% of which 8.9% attain secondary education and only 0.4% attain university education, the rest have primary education. As per the

available statistics, out of the total population (1,157,873 as per the 2019 census), 41.4% can read and write, a lower percentage than that of the national level (KIRA, 2014). As compared to the country's overall employment rate of 73.8%, Kenya's PLWD employment rate is only about 1% (Ebuenyi, 2019). In accordance with the integrated development plan for Narok County (2018), self-employment is the main form of employment accounting for 60% and above. This means that the poor people including PLWDs, who have no source of income or have no starting capital, are struggling to survive. The development plan further indicated that only 10% of the population in the county could access health facilities within a radius of less than one kilometer, while 65% could travel more than five kilometers to access a facility. There are limited statistics concerning PLWDs on their access to health facilities.

1.3 Problem statement

The number of people with disabilities in Narok County who are living in extreme poverty is not well-documented. However, evidence shows that 53% of the county's overall population live in poverty, with women, youth, PLWDs and the sick most affected and that self-employment accounts for more than 60% of all forms of employment in the county (NCG,2014,2018). Out of 1,157,873 persons in the county (KNBS,2019), 9,046 are PLWDs of which Transmara West sub-county is leading with 1,906 persons (Sankei, 2021).

Although the Kenyan government is committed to making sure that people with disabilities have access to necessities like education, health care, and employment, there appears to be a lag in efforts to enable them to live complete lives (Kabare, 2018; Kabia et.al., 2018; Nyamboga, 2014). The NCPD report (2017) points out that primary, secondary and tertiary institutions are few, have inadequate infrastructures like classrooms, dormitories, and libraries and that there are only four primary schools in the county that cater for persons living with disabilities. As per the County's integrated development plan (2018-2022), unemployment, political instability, and a lack of fundamental services such as health, education and social services are among the key factors that have contributed to poverty in the county.

Kenyan Government policy initiatives on poverty alleviation show that there is no quality or equity in the provision or access to key services (Nyamboga, 2014). However, there is scanty literature on lived experiences of PLWDs with regard to government's strategies of provision of

access of education, employment and healthcare services in Transmara Sub-County. This study endeavored to bridge this gap.

1.4 Purpose of the study

The goal of this study was to determine lived experiences of PLWDs in Transmara-West, Narok County, Kenya, with regard to government poverty alleviation strategies. In so doing, the study identified ways of empowering them in order to minimize the poverty levels. The study informed the families, the community and learning institutions on ways of empowering PLWDs.

1.5 Objectives of the study

Both the overall objective and the specific objective served as the study's guiding principles.

1.5.1 General Objective

The general objective of the study was to establish the lived experiences of PLWDs with regard to Governments' Poverty Alleviation Strategies in Transmara-West, Narok County, Kenya

1.5.2 Specific Objectives

- i. To establish the lived experiences of PLWDs on their access to education in Transmara West, Narok County.
- ii. To determine the lived experiences of PLWDs on their access to employment in Transmara West, Narok County.
- iii. To establish the lived experiences of PLWDs on their access to healthcare services in Transmara West, Narok County.

1.6 Research questions

CENTRAL QUESTION: What are the lived experiences of PLWDs regarding Governments' Poverty Alleviation Strategies in Narok County's Transmara-West sub-county, Kenya?

Sub questions

- i. What are the lived experiences of PLWDs in Transmara West, Narok County, with regard to their access to education?
- ii. What are the lived experiences of PLWDs in Transmara West, Narok County, with regard to their access to work?

- iii. What are the lived experiences of PLWDs in Transmara West, Narok County, with regard to their access to healthcare services?

1.7 Significance of the study

The study's findings clarified how PLWDs viewed their actual access to education, work, and healthcare. The study provided information that assisted stakeholders in the education, employment and health sectors to better implement the strategies. The government could use the study findings to formulate policies governing poverty reduction and disability issues. The study's conclusions and suggestions advanced understanding on strategies for PLWD poverty alleviation in government.

1.8 Scope and delimitation of the study

The research was conducted in Narok County's Transmara-West sub-county. The sub-county's three wards; Kilgoris Central, Shankoe and Keiyan were evaluated. Only persons living with physical disabilities and those that are visually impaired participated in the study. This was due to the assumption that they possessed the knowledge required for the study. The study adopted a qualitative research design in which an interview guide and observation checklist were employed. Finally, only the experiences of PLWDs on access to education, employment and healthcare services were analyzed as far as government poverty alleviation strategies were concerned.

1.9 Limitations of the study

There are a number of limitations to this study that should be acknowledged. First, the analysis excluded the other five sub-counties in Narok County having PLWDs due to a lack of resources and time. However, the findings can be transferable to other sub-counties. Second, the study was carried out on PLWDs in Transmara – West. PLWDs from others sub-counties were left out. Third, PLWDs in Transmara West, Narok County, were the study's primary emphasis. As a result, the findings and recommendations could be applicable in other areas of Narok County and Kenya.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

This chapter examines the theories that will be used in the study, empirical reviews on elements that are thought to have a significant impact on poverty reduction among PLWDs, and ultimately, the conceptual framework that will sum up the entire study.

2.2 Theoretical literature review

The two theories that were be used in the study are discussed in this section. These theories are economic empowerment theory and social theory. The economic empowerment theory will examine on how PLWDs can be empowered to earn a living or have some business whereas the social theory will examine how the society has disabled PLWDs and how to overcome the societal challenges. These theories complement each other to an extent of seeing that PLWDs can sustain themselves and have a place in society.

2.2.1 Economic empowerment theory

Empowerment theory was introduced by Zimmerman in the year 2000 (Zimmerman, 2000). Economic empowerment is the capacity of underprivileged men and women to participate in economic processes, contribute to them, and profit from them on terms that value their contributions, respect their dignity, and enable them to bargain for a more equal distribution of growth gains (Indarti, 2019). It refers to individuals who are able to look beyond their immediate survival demands and hence identify and exercise agency and choice. (Aier, 2019).

It is a means through which PLWDs can fend for themselves and reduce poverty. According to Tsengu (2011), empowerment is a continuous process that allows a person to fulfill and be accountable for his or her societal responsibilities; it is a process that provides PLWDs with the chances, information, and abilities required to improve their capacity to take control of their own futures and fully engage in society (Tsengu et.al , 2021). When people with disabilities are given a variety of opportunities to learn about themselves, their environment, and their rights, as well as to take charge of their lives and participate in critical decisions that determine their fate, they are empowered (Ofuani, 2011).

There is social empowerment, political empowerment and economic empowerment. The philosophy of economic empowerment is the focus of this research. The feminists of the Global

South, who established Development Alternatives with Women for a New Era (DAWN) in the 1980s, created this ideology. It pioneered a fresh perspective on the role of women in development who were previously marginalized in society and denied access to economic, political, and social opportunities. This notion was then adopted by a variety of different sectors and organizations, including groups for people with disabilities. Most people with disabilities, according to experience, are unemployed and frequently rejected employment prospects; they have no consistent income and must rely on the generosity of family members, well-wishers, and charitable organizations to support themselves.

International laws including the International Covenant on Civil and Political Rights, Convention No. 159 of the International Labor Organization, and the UN Standard Rules on Equalization of Opportunities for Persons with Disabilities are generally disregarded by African governments (Tsengu et.al , 2021). Access to job, obtaining adequate work, retaining work, receiving adequate remuneration, discriminatory attitudes, appropriate skills, lack of educational qualification, inaccessible environment, and transportation systems are all issues faced by PLWDs. These people will stay impoverished for the rest of their lives unless these prohibitions are lifted.

Given the right opportunities, attitude, and strategy, PLWDs have tremendous potential that might be tapped and exploited for community development. Tsengu (2021) points out that, it is past time for the powerless to be freed and given the opportunities to obtain the experience and confidence necessary to impact decisions that affect their everyday life; to find and pick the road that will lead them to their goals, to take charge of their life, and to contribute to the growth of their communities.

Economic empowerment is a critical component in enabling PLWDs' independence and engagement in society. It can be accomplished through actively participating in economic, social, and political life, as well as having access to jobs, assistance, and basic rights such as education, health care, and housing, all of which help PLWDs integrate into society (UN, 2013). We engage in economic activities not simply for sustenance, minimal survival, or earnings, but also to help establish self-esteem and self-fulfillment. They, too, require all of these, and they must to be supported, endorsed, and encouraged in their efforts can work for themselves, develop their skills, and perhaps own and run small businesses to escape poverty. Every human being requires

economic employment, not just for sustenance, basic survival, or increasing family income, but also to raise self-esteem and foster self-fulfillment, which is essential for those with disabilities. PLWDs should therefore be encouraged, supported, and promoted in improving their entrepreneurship skills, going into business for themselves, or even running their own company.

Economic empowerment theory cannot function in isolation; it requires societal backing. If PLWDs are to be involved in some businesses, there must be people to facilitate these businesses, and this is the society. Without buyers and sellers, there is no business, hence, the importance of society.

2.2.2 Social theory

Under the guidance of the Union of the Physically Impaired Against Segregation (UPIAS) and the Liberation Network of People with Disabilities, Mike Olive first developed the theory in 1983 in the United Kingdom. It is a hypothesis that claims that people are hindered by social barriers rather than their impairments or differences, and that these barriers can be physical in nature, such as buildings or public transportation (SCOPE, 2020). It defines the key reasons that handicap people as hurdles, unfavorable attitudes, and social isolation. This implies that society is the primary cause of people's disabilities.

We cannot deny that people have disabilities; nonetheless, the oppression, exclusion, and discrimination they encounter in society are a product of the way society is organized (Goering, 2015). When barriers are removed, people can work toward independence because they are accepted and treated equally in society. This promotes equality and gives PLWDs more autonomy, power, and choice. It's a person-centered approach to social change that focuses on the individual and their own needs rather than the situation.

2.3 Empirical Literature Review

This segment presents a review of the previous studies on poverty alleviation among PLWDs specifically on the three variables: education, employment and healthcare services. The review will be arranged from global a perspective, regional and finally local perspective.

2.3.1 Education and Poverty Reduction among PLWDs

Education has endless advantages that empower people to affect change in their communities. Surprisingly, education is seen as the most important instrument for economically

and socially disadvantaged persons and children to break free from poverty and actively engage in their communities (Timilsana, 2017). In the entire world, people believe that the right to an education is a fundamental one. According to Article 26 of the UDHR, which serves as the foundation for all other rights, education is a fundamental human right that cannot be taken away. It follows that no one should be able to bar those with disabilities from having access to it.

Additional international documents that address the right to education include the African Charter on Human and Peoples' Rights (1981, article 17(1)) and the Convention on the Rights of Persons with Disabilities (CRPD) (2006, article. 24). The importance of universal access to fundamental education was underlined at the World Conference on Education for All (EFA). The conference also emphasized the need for appropriate measures to be put in place to ensure that all people with disabilities have fair access to education as a crucial element of the educational system (UNESCO, 1990). It is apparent that everyone, young and old, disabled and non-disabled, rich and poor, has the right to education. No one is to be excluded because of their social level. Even though it is internationally recognized, not everyone, particularly PLWDs and the poor, has access to it.

In addition to being a basic requirement, education is a fundamental human right (Maiyo and Bawane, 2011). It serves as the foundation for all other physiological requirements. Education is regarded as a means of advancing economically and socially (Maiyo & Bawane, 2011). It aids in the alleviation of poverty by increasing labour force efficiency, which improves economic growth. Higher income and a reduction in poverty are expected as a result of this economic expansion (Guo, 2017). This is because, in both the labour market and at home, the more educated a person is, the more productive he is expected to be. As a result, higher education has the potential to increase total income levels and bring people out of poverty (Majumder and Biswas, 2017). According to Maiyo and Bawane, (2011), income disparity is considerably and negatively related to education distribution and the average educational level of the population, Education continues to be one of the most effective means of reducing poverty and inequality and laying the groundwork for long-term economic prosperity.

Education may empower individuals by reducing inequality and prejudice, breaking poverty and oppression cycles, increasing tolerance, respect, and understanding among diverse groups, and reducing violence (Kearney, 2016). On the one hand, the researcher agrees with

Amnesty International that when a person is educated, he or she is better able to avoid many unneeded obstacles. Education, on the other hand, may increase the disparity between the wealthy and the poor, including the disabled. When a person is educated and categorized as "able," the majority of people forget that the impoverished and disabled exist.

Majority of the disabled people do not go to school. This is due to a lack of educational resources, a shortage of specially prepared special education teachers, or an unskilled instructor, a shortage of classrooms, learning tools, the isolation of children with impairments, and being the 'wrong' gender, particularly for disabled girls, and the distance from home to school. Despite the fact that access to a quality education is seen as a fundamental human right, it is typical for children with disabilities to be denied admission to school (Rueckert, 2019). And this makes them to be left behind in almost everything in day-to-day life.

According to UN estimates, there are around 600 million disabled persons globally, with 400 million residing in poor nations and 80 million in Africa (Anyonge, 2017). According to a WHO source, individuals with disabilities make up roughly 40% of Africa's population, with 10-15% of school-aged children being among them. In Africa, this ratio equates to over 300 million impaired people (UN, 2018). Many Africans with disabilities are refused access to schools and employment possibilities, virtually guaranteeing that they will spend the rest of their lives as the lowest of the poor, and the number of disabled students enrolled in schools is believed to be between 5 and 10% (Disabled World, 2018). Begging has become a sole source of income for many people (Amenyanyo, 2019). PLWDs are not treated as human beings in most African societies. Families regard them as a curse, and as a result of this mentality, family members, guardians, and society as a whole isolate and neglect them.

Five education-related indicators for people with disabilities (PLWDs) in 49 countries were the focus of a thorough data analysis by the UNESCO Institute for Statistics (UIS). The analysis showed that people with disabilities are less likely to ever attend school, are more likely to drop out, and have fewer years of education than people without disabilities in almost 37 nations. They are also less likely to complete their primary or secondary education and have fewer basic literacy skills. Further research revealed that impaired women are less likely than non-disabled women to benefit from formal schooling.

The analysis also revealed that data across countries is limited. The study recommended among others that there is a need to improve the availability of data on education and disability, as well as the regularity with which data is collected for frequent monitoring, particularly in light of SDG 4; create a data inventory and include Washington Group questions in all surveys and censuses (UNESCO, 2018). By doing these, many countries would have the right policies guiding the education system in favour of the disabled thus minimizing poverty levels which is the main concern for both the MDGs and SDGs worldwide.

The preceding conclusion is confirmed by Chinese statistics, which show that among children aged six to seventeen, school dropout rates for children with disabilities range from about 35 percent to over 35 percent (Y-Wang, 2016). This rhymes with International Labour Organization (ILO) report which points out that among these children, more than half never go to school (ILO, 2020). Once a person is not educated, it is always difficult for the person to know what belongs to him and what not. Education empowers both an individual and society. In the process of being educated, the person gets informed of many issues in life and how they are supposed to be tackled. Education gives power to both the disabled and the abled. When a disabled person is educated, he or she is in position to claim and defend his or her rights. This facilitates the process accessibility in an easier way thus enabling the disabled access the resources.

In another study, Human Rights Watch (HRW) (2015) investigated obstacles to education for PLWDs in Russia. It was revealed that chances of quality education for disabled persons are very rare. It was also discovered that PLWDs, particularly children, frequently attend specialized schools since mainstream schools lack adequate accommodations like wheelchair ramps, assistive technology, or teachers' assistants. The parents of the disabled children also revealed that the assessing official recommends such schools or because the school denies the children the admission based on their disability (HRW, 2015). Once a disabled child has been denied education opportunities from early years, when he/she becomes an adult, the person finds it difficult to source for him/herself. This makes education a very important need; for without it one gets surrounded by poverty and becomes dependent on the family members and the well-wishers. It is therefore, necessary for governments, not only Russia, to ensure that everyone has equitable access to education to reduce dependency syndrome which increases poverty among the vulnerable especially PLWDs.

In evaluating impaired pupils' right to education in New Zealand, a qualitative study revealed that barriers related to accessibility, availability, adaptability and acceptability hinder education for the disabled. It was then recommended that there need to be policies guiding the education system; there is need to emphasize on human rights education and also teachers and schools need to be recognized in the exclusions of the disabled from and within school (Kearney, 2016). This means that the policy makers in all sectors need to collaborate and cooperate in order to make inclusion a reality for PLWDs.

A critical analysis of the primary school inclusion of students with significant intellectual disabilities under a transformational constitution was done in Southern Africa. The results showed that learners with mental disabilities have no access to government schools and that they are not factored in the legal framework for inclusive education. The study recommended that the government need to adopt rights-based legislation and social policies that ensure that everyone has access to education and that the government provides the necessary financial and human resources for the execution of programs that benefit everyone (Kamga, 2016). These are good strategies if implemented and well monitored. The policies apply to all PLWDs in all countries worldwide.

Likewise, a study by Opoku (2018) in Ghana, used the SDGs to assess poverty reduction among people with disabilities using face-to-face interviews to collect the data. The research revealed the primary causes of the high levels of poverty among the disabled are adversity, poverty, a lack of educational opportunities and unemployment. To address the hurdles experienced by people with disabilities, the study advised collaboration and cooperation among all stakeholders (Opoku et.al, 2018). The main challenge, therefore, is to find means of tackling poverty by laying down inclusive policies that are achievable.

In Tanzania, a study investigated how inclusive education is implemented in primary schools. A qualitative research design was employed. It was discovered that inclusive schools face barriers that hinder effective implementation of inclusive education: inaccessible physical environment, same curriculum as the 'normal' learners, untrained teachers, and a scarcity of teaching and learning resources. The recommendations included training special education teachers, having a different syllabus for the disabled and ensuring that the buildings are accessible for all (Tungaraza, 2014). This is supported by the statistics in Tanzania, which

estimates that approximately 4.5 million people are disabled. PLWDs have experienced a range of challenges for decades, according to Tanzanian daily news, including abuse, lack of education, illiteracy, and unemployment, and despite the existence of international and national legislation guaranteeing their rights, implementation is relatively low (Minja, 2021).

According to the Comprehensive Community-Based Rehabilitation in Tanzania (CCBRT), two-thirds of all persons living with disabilities live in a developing nation, and 13.2% of families include at least one impaired member (CCBRT, 2017). PLWDs are among society's poorest and most disadvantaged citizens, with more than half of disabled children missing school because of their health or activity limitations (CCBRT, 2017). Tanzanians with disabilities had an illiteracy rate of 48%, compared to 25% of the general population. This adversely affects social and economic development significantly. Without education, a person will not move in life. He or she gets stuck because the person does not have any information concerning anything in life. A disabled person without education depends on the family members who at times feel that their own is a burden. By not educating the disabled, society regresses.

Kenya's population, as of the 2019 census, was 47,564,294. A disability was present in children aged 5 and up. Females (523,883) had more disabilities than males (394,330) (Mbatia, 2020). The total population of Narok County is 1,157,873 (KNBS, 2019). Currently, there are 5,000 registered persons living with disability in the County among them children (Salaton, 2019). They have to fend for themselves and at times they are deprived of basic requirements like food and clothing, housing, education, and even medical treatment. In order for the PLWDs to access these basic necessities, the current study identified ways of how these can be made possible to them.

The Maasai tend to think that the disabled are a curse to the family (Elizabeth, 2016) not knowing and understanding that the disabled are abled differently and can do all that a 'normal' person does. In Maasai culture among other African communities, PLWDs are seen as a bad omen and a shame to the society; and this makes the family members hide them away from the community (Maleto & Keya, 2019). The disabled are not taken to school simply because their parents or guardians believe that educating them is a waste of time and money. The truth is that once the disabled are given an opportunity to study, they perform better than the so-called normal. This remains a challenge to many people in Transmara West, Narok County, whether

to educate their children living with disabilities or not. Not only do they not have access to education, but also other services/resources. Education is key to success in life (Ortiz, 2019), and that those who lack it find it difficult to move ahead in life. This is because of the many consequences of a lack of knowledge like ill health, a lack of a voice, a shorter life expectancy, unemployment, exploitation, and gender inequity (Drew, 2021). With this research, the root causes of the consequences will be identified, then, ways of addressing them will be sought especially with the help of both the economic empowerment and social theories.

A qualitative study on educating students with physical disabilities in Kenya discovered that there is not much literature on services for students with disabilities and that among other obstacles to their education include untrained personnel, negative attitudes and beliefs towards the disabled, hostile environment and lack of adaptive aides and materials. As per the above literature this implies that the disabled face the same challenges everywhere. The objective of the study was to identify obstacles to effective educational services for physically disabled students. It was recommended that there is a need to enforce and fund the provisions of National Special Needs Policy Framework which will ensure quality free education for all (Kiarie, 2014). The current study will contribute to the field of knowledge by establishing the experiences of PLWDs with government poverty alleviation strategies in Transmara West of Narok County.

Another investigation conducted in Makueni County on the factors influencing PLWDs' willingness to take part in development initiatives in Kenya indicated that significant factors hindering their participation are lack of education, infrastructure, technology and resource availability (Kithuka, 2018). This implies that education is very important in every aspect of life; be it participation, employment, voting, or health services. With education, a person can fight for his or her rights and others can join to ensure that they are granted their rights. Since PLWDs are viewed as a disgrace to the family and kept from the community from childhood (Maleto & Keya, 2019), they are never granted their rights, such as a share of a piece of property. The current study will use social theory to identify the societal barriers that PLWDs experience, make recommendations for how to overcome these barriers, and as a result, PLWDs' autonomy will be promoted, giving them power and control over their life.

Embu County's Mbeere North sub-county, researchers studied the factors that affect how people with disabilities are managed in inclusive primary schools. It was discovered that putting

an emphasis on inclusive education for children with disabilities in regular schools' increases access, retention, and involvement for students with impairments. The descriptive research design was employed in this study. The recommendations were that the schools need to be modified to provide a welcoming atmosphere for special needs children including enough room and access through the use of assistive devices such as wheelchairs and crutches (Maina, 2018). Therefore, the current study established the lived experiences of PLWDs on their access to education in Transmara West, in order to assist the government in determining how to improve the accessibility of educational institutions for PLWDs.

The above statistics are crowned by the survey by the Ministry of Education (MoE, 2014), Kenya, on special needs education. According to the findings of this study, there are more children with impairments who are absent from school for various reasons. First, the parents do hide the children at home for fear of stigma from the community, high level of poverty in families, lack of assistive devices like wheelchairs, hearing aids, inadequate number of special schools in the communities and inadequate number of special education teachers and aids. The report further identified some steps to be taken to give the children with disabilities an opportunity to access basic education: more resources are required in public schools specialized institutions to attend to the needs of learners with disabilities and there is need to deploy more teachers who have trained special needs education (SNE).

The National Population and Development Council of Kenya (NCPD) carried out a survey among the adolescent and the youth across the 47 counties among them Narok County. In the education sector in the county, the survey revealed that learning institutions are not accessible; teachers and students have to walk long distances to school which to a bigger percentage compromises the quality of education in the county (NCPD, 2017). The survey further pointed out that the few learning institutions do not have adequate facilities. In addition, the survey identified only four institutions that have facilities for students with special needs including Ole Sankale, Masikonde, Poroko, Christ the King Academy and Kilgoris D.E.B. This means that there are more PLWDs who cannot access the facilities. The current study addressed the gaps by identifying the type of facilities PLWDs need for them to access education with ease.

As per Narok CIDP, 2013, 53% of the total population live below the poverty line; among them PLWDs. On average, literacy in the whole county is 56.3% of which 8.9% attain secondary

education and only 0.4% attain university education, the rest have primary education. 41.4% of the total population can read and write, a lower percentage than that of the national level (KIRA, 2014). This means that the situation of PLWDs might be worse as they are among the marginalized groups. Despite the intervention strategies, poverty and low literacy levels exist in the county and the most affected are women, the sick, youth and PLWDs. Therefore, there is need for a study to analyze the experiences of PLWDs on inclusive education as a government poverty reduction intervention strategy in Narok County with a focus in Transmara West sub-county in order to give recommendations on the appropriate policies to be laid down.

2.3.2 Employment and Poverty Reduction among PLWDs

The Assistant Secretary for Planning and Evaluation (ASPE,2012) indicates that employment can be explained well by human capital theory, which is a theory of earnings, and which was established by Becker and Mincer whereby earnings are one of the major bases of poverty. It explains the investment choice made by an individual in human capital like training and education and the pattern of an individual's lifetime earnings (ASPE,2002). Here the main determinant is an individual who is to decide to invest in education and training and his or her lifetime earnings. Through employment, one earns an income that helps him or her to provide for daily necessities including food, clothing, shelter, and even access to medical care.

The Universal Declaration of Human Rights (article 23), the African Charter on Human and Peoples Rights (article 15), the United Nations Convention on the Rights of Persons with Disabilities (article 27), the Persons with Disabilities Act, Kenya (2003) (articles 13, 14, and 15), and the Kenyan Constitution (article 54) all clearly state that everyone has the right to employment (2). Therefore, none is allowed to take this right away from PLWDs or discriminate against them on account of their disability.

People with high unemployment are thought to live shorter lives and have more disabilities than those with lower unemployment (Ladtka & Ladtka, 2016). This suggests that there is a link between unemployment and disability. The disabled are thought to be unable to find work in many industries. Yes, they may qualify, but when people see them, they instinctively assume they are unable to work, and as a result, they become unemployed. Economically, the person gets deprived and becomes poor because he/she has no source of income, unless the person is creative or innovative.

A United Nations Economic and Social Commission for Asia and the Pacific report (UNESCAP, 2012) study conducted in India, Nepal, and Bangladesh, India has more than 21 million persons with disabilities, with more than 9 million of them being women. According to the survey, women with disabilities endure far more prejudice from family and society than men with impairments. This is not the opposite of what happens in various places of the globe. Wherever disabled people are, either in the public or private sector, they always face challenges that pulls them behind instead of forging ahead. The aftermath of all these is poverty.

An empirical study on access to work and disability in Italy demonstrated that disabled persons have lower probability of being employed and that there are low levels of education among them. This study recommended that there need to be policies that can increase education level among PLWDs to increase the chances of being employed. The report also recommended that special attention be paid to those with intellectual disabilities who have the lowest chance of finding work (Addabbo & Sarti, 2013) . This is evident that PLWDs have limited access to work which can be addressed by governments by making and implementing policies that favor them. And these policies must be monitored and evaluated.

After exploring on economic inequalities which disabled persons face in India and the role of the State and State initiated programs in eliminating economic inequalities, it was discovered that the disabled have limited employment opportunities and lack financial support which can help them to put up some small businesses. It was also found that disability is an axis of social discrimination and inequality. It was recommended that the contributions of PLWDs need to be made visible in the country's economy (Singh, 2014). This can be done by recognizing their rights and capabilities in every sector in life.

Difficulties with revealing a disability to coworkers at orientation and induction, irritation and vulnerability at work are all issues that the handicapped confront at work, according to a study on PLWDs inclusion in the workplace in South Africa (Bam & Ronnie, 2020) According to the report, a disability advocate is required to ensure disability fairness throughout the organizations, inclusive recruitment and orientation practices to be employed, encouraging co-workers to support PLWDs within organizations and ensure active involvement of PLWDs in shaping onboarding processes within organizations. This in turn will create a diverse workforce in the country which can be emulated by other countries.

A survey carried out by Handicap International in Burundi in 2012 revealed that out of the total Burundian population, 15%-20% are persons living with disabilities and only 2% are employed in different companies (Manishatse, 2019). This indicates that, to the majority of them, employment is not a source of income meaning that they might be lacking basic needs, thereby indicating high unemployment rates in any country reveal how poor the citizens are.

Similarly, an exploratory study on employment opportunities for people with disabilities in Nairobi County, Kenya, were discovered to be exceedingly limited. This is due to a lack of job-related information, negative attitudes, a physically inaccessible environment, low educational accomplishment, and ineffective labor laws (Opoku et.al, 2016). Because of the scarcity of work prospects for PLWDs in Kenya, poverty reduction among people with disabilities is likely to be difficult. It was then suggested that putting in place efficient procedures to remove roadblocks that hinder PLWDs from accessing employment should be ensured. Same with Transmara sub-county, PLWDs might be having the same challenge of unemployment, but it is yet to be revealed upon the completion of this study.

In Kenya's Nairobi County, descriptive research was conducted on the experiences of people with disabilities in accessing employment. It was revealed that majority of PLWDs (87.4%) were denied employment because of their condition (Maina, 2016). One should not be denied a job because he or she is disabled. This brings up another point that employers have a negative attitude towards the disabled which in turn accelerates the level of poverty among PLWDs. This, therefore, need to be looked at and the right to work to be accorded to the disabled people as to other people. The current study addressed this gap by recommending that the five percent that is reserved for PLWDs in both private and public sectors to be implemented and that the society need to change the negative attitudes towards the PLWDs.

In Kirimari Ward, Embu County, a cross-sectional descriptive study was done on the impact of strategies on the empowerment of PLWDs. The study's goals were to determine the impact of inclusive education, equitable employment, and social protection on the empowerment of people with disabilities. Family support, equitable employment, social protection, and inclusive education all have a significant impact on PLWDs empowerment, according to the research. The study recommended that inclusive society and employment opportunities are to be promoted and that vocational guidance to PLWDs should be provided to ease the transition of PLWDs from education and training to work-life (Njue & Mburugu, 2018). These are very

important recommendations that need to be considered. An inclusive society will remove societal barriers that hinder PLWDs from accessing the key services and that those hinder them from participating in community activities. This might help them to raise their self-image, self-esteem, and self-acceptance. As far as the promotion of inclusive society and employment opportunities are concerned, the current study ensured that an emphasis was put on removing societal barriers and that PLWDs' rights regarding employment were to be realized. This could be done through synthesizing communities.

The United Disabled Persons of Kenya (UDPK,2020), analyzed some of the experiences of PLWDs and found out that PLWDs needed encouragement and support. One of the members of UDPK from Meru County stated that “without basic business skills, without necessary support and business knowledge, it is challenging to run a business (one of the UDPK members from Meru County, 2020). After training and employing the skills, the business improved in terms of revenue and personnel morale” Another UDPK member from Laikipia County expressed “I had to speak up. From these experiences, PLWDs need to be supported in other counties and sub-counties especially Transmara West, to stand out and defend themselves. The current study addressed this gap by recommending the provision of training skills like vocational, farming and business.

Narok County is well known for Maasai Mara National Park. This is a very good opportunity for the inhabitants of the county to get jobs in the national park. Among other sources of employment include Transmara Sugar Company, Maasai Cultural bead and attire-making, buying and selling livestock, farming (wheat, maize, potatoes) and small retail businesses. Amidst these potential sources, unemployment levels are high whereby 3.8% in Narok North, 3.4% in Narok South and 2.8% in Transmara (County Government of Narok, 2018). With the strategies, unemployment still exists. The researcher's goal with this study was to get greater insight into the PLWDs' encounters in their strife to access employment and engage in income-generating activities in self-employment.

2.3.3 Healthcare Services and Poverty Reduction among PLWDs

According to the international convention of Human Rights (1948), access to healthcare is a key human right (Adhanom, 2020). The UDHR (article 25), CRPD (article 25), African Charter (article 16), Persons with Disabilities Act (2003, article 20) and the Constitution of

Kenya (2010, articles 43,1(a) and 2) elaborates on the right to health for all peoples and especially for PLWDs.

Among the Millennium Development Goals (MDGs) are health-related targets: MDG 4 (decrease child mortality), MDG 5 (improve maternal health), and MDG 6 (fight HIV/AIDS, malaria, and other diseases) (UNDP, 2021) . The first MDG focuses on ending severe poverty and hunger, which is the focus of the study. This is an indication that for human development, health is crucial, and to the reduction of poverty. When citizens of a given country are healthy, economic development is attained. Poverty can cause the beginning of disability-related health problems such low birth weight, hunger, a lack of clean water, hazardous working and living conditions, and injuries (WHO, 2011). According to WHO (2011), poverty raises the chance of a person with a pre-existing health situation becoming handicapped due to an inaccessible environment or unable to obtain healthcare.

Sustainable Development Goals (SDGs) aim at improving and making health services accessible and affordable to all which is paramount in sustainable development. SDG 3 (good health and well-being) ensures that people of all ages live healthy lives and promotes well-being (UNDP, 2021). Similarly, 400 million people have insufficient access to primary healthcare, and 40% lack social security; a significant threat to world health is posed by the presence of more than 1.6 billion people in vulnerable regions, where protracted conflicts and a lack of government capacity to deliver basic health services coexist. This indicates that as much as the world is trying to provide health services, there is much to be done to attain this goal before 2030 being the ultimate time for SDGs.

Different countries have put strategies concerning health accessibility, but few have attained their targets. The people still struggle to access good health services. A healthy individual has the strength to do whatever he has to do to earn his/her daily bread; which a weak person cannot do. In day-to-day lives, sound health is very important. Health cannot be everything, but then, everything is nothing without health (UN, 2016). This is in line that good health is essential for the enjoyment of and participation in important facets of life like education, work and community.

A country that has prioritized the health of its citizens has reduced diseases which improves economic outcomes, has greater productivity, better school performance through less

disease in early life and there are good incentives for education and savings with lengthened life expectancy. Usually poor and marginalized groups among them PLWDs do not access quality healthcare services. This could be because of a shortage of materials or a lack of knowledge of health-care services a handicap, or a lack of education, among other things. If one cannot access health services, it means that the level of poverty is high. Poverty renders one incapable of anything unless there is an intervention. As Adhanom (2017) put it, “when people are marginalized, stigmatized, or discriminated, their physical and mental health suffers and that discrimination in healthcare is a major barrier to development.

The situation is worsened when one lives with a disability, or a family has a member living with a disability. Once a person is disabled and has no means she or he can help him/herself, life becomes hard. According to Banks & Polack (2017), poverty and disability operate in a cycle, reinforcing each other. PLWDs who usually face high rates of poverty are also faced with conditions that impact their lives negatively like lack of access to education, sanitary living conditions, clean water, and food security. PLWDs are more susceptible to secondary health conditions than the general population and therefore, the wide public access to healthcare services must be available and accessible to PLWDs. Governments have a responsibility to promote human health in all aspects, including social, physical, legal, and economic, for the benefit of their citizens, particularly the poor and disadvantaged groups such as PLWDs.

According to a survey conducted in India, PLWDs suffer higher difficulties in getting health services than those who are not disabled. Ignorance about available services, service costs, and transportation are just a few of the roadblocks. It was also observed that PLWDs are more prone than non-disabled people to suffer from depression and diabetes. The study concluded that relevant methods should be implemented to improve PLWDs' access to healthcare (Gudlavalleti, Neena, Allagh & Sagar, 2014). This does not only affect PLWDs in India, but also in many other countries. PLWDs face a lot of challenges despite the laid down strategies in their favor.

In four African countries, a population household survey was done to determine the extent of various hurdles and to assess the influence of disability on barriers to health care access. Insufficient transportation, service accessibility, insufficient medicines or apparatus, and pricing were identified as the key impediments to access. According to the study, education lowers

obstacles to health care only to the extent that it lowers poverty (Munthali et al, 2015). The mentioned barriers are the same worldwide, meaning that PLWDs' issues need to be looked at keenly to curb these barriers appropriately.

In qualitative research on the availability of healthcare for people with disabilities that was carried out in rural Malawi, it was discovered that PLWDs have greater problems in obtaining health services than non-disabled people (Harrison, Thomson, Banda et al, 2020). The research also found that the expense of transportation, drugs, and services, as well as a lack of healthcare resources and reliance on others, are the biggest barriers to receiving services. Once a person does not access healthcare services, he or she will not do much to him/herself. The person becomes weak which in turn leads to sickness and in some cases to disability. The experience of PLWDs in Malawi is not different from those in South Africa.

In South Africa, a quantitative study on disabled people's access to healthcare found that unmet health needs are more common in people with disabilities than in the general population. In addition, it was discovered that barriers rise with the degree of a disability and decrease with higher education and living in a household without a disabled person. The author recommended that not only with medical interventions can disability issues be squared, but also social and inclusion matters are to be considered (Vergunst, Swartz, Hem et al, 2017). PLWDs have extra expenses like purchasing assistive devices (wheelchairs, hearing aids, calipers, crutches), purchasing drugs, visiting hospitals/clinics often and some of them are under diet. All these increase the expenses of a family. If the health services were affordable enough, many poor people would be healthy enough to do things on their own. Now that the services are too expensive, the poor, especially PLWDs, have no access to the services. This to a greater extent, limits their working boundaries because as they continue to stay without medical attention, they continue to weaken.

We must admit that living in a culture where the wealthiest individuals have the best health (Smith, Bamba & Hill, 2016). These inequalities are caused by societal factors, are unjust, and can be corrected. Poverty reduction is not a one-sector issue, it calls for collaboration and cooperation of all sectors. Income has a big impact on health since it is the basis on which health needs are met like food, shelter and warmth. This goes back to the point of employment in that if PLWDs are given their space when it comes to education and employment

opportunities, then, they would not be living in desperate conditions. Their lives would be better off as compared to when they are denied the chances.

After completing a qualitative investigation of the perceptions and experiences of PLWDs and elderly people in Uganda's public healthcare system, it was discovered that there is community marginalization, political marginalization, discrimination and unequal access to healthcare services, as well as low-quality clinical services, that PLWDs have limited or no accessibility to health centers, qualified staff, or medicine, and that PLWDs have access to rehabilitation or mental health services. The study therefore, advised the government to take progressive actions to be sure that everyone has easy access to medical treatment (Mulumba et al, 2014). There is no one country that has done perfectly concerning issues of disability, each country is struggling on its own to make ends meet. Despite of what has been done, there is more remaining in the plate for governments and other stakeholders.

Universal Health Coverage (UHC), which mandates that health care would be accessible to all, is one of the Big4 priorities of the Kenyan President. Achieving UHC is a matter of equity because it guarantees that people have access to the medical care, they require to remain healthy and productive, as well as protects them from falling into poverty (Obare, Brolan & Hill, 2014). Obare further suggests that implementing UHC will help improve the health of many Kenyans other people across the globe. This will help lessen poverty vulnerability, contributing to the post-2015 development goal. UHC appears to be a good idea on paper, but only those who are present can tell what happens on the ground. In Kenya, people living with disabilities (PLWDs) have urged the government to implement the UHC document, which would make it easier for them to obtain services. This is because of what they are undergoing. One of the parents of children living with disabilities in Kisii County said that what she undergoes when her disabled daughter falls sick drains her energy; she spends more than what she can afford. Another said “I cannot afford a wheelchair because I am not registered in the disability kitty and health insurance” (KNA, 2020). These are few who can share their experiences. What about the many others who cannot raise their voice? In order to remedy this, the current study examined how easily PLWDs could get healthcare services and made the suggestion that the costs of medical treatment be subsidized.

Disabled individuals in Kenya are in a similar predicament to those in other parts of the globe. The study revealed that women with impairments encounter several challenges when obtaining medical care when examining how gender and disability affect the poor's potential to profit from Kenyan health finance initiatives that support the poor. They include negative attitudes from medical personnel, high cost of services, and disability-unfriendly environment in health facilities. Based on the findings, it was advised that disability-friendly facilities and public transportation be provided, that cultural competency be built-in health service delivery, and that women and other people with disabilities be empowered to take in public involvement (Kabia et al, 2018). With these, the self-esteem, self-image of PLWDs and women would have improved.

Concurring with Kabia and by looking at the government strategies, the present research's findings informed the government and other stakeholders that good infrastructure that meets the requirements of persons living with disabilities is key and that it is put in place. With the help of economic empowerment theory, persons living with limitations will have power, voice and choice over their lives. As a result, they will be in a position to contribute to their growth, the growth of their families, communities and society at large.

Also carried out in West Pokot County was a descriptive survey on the factors influencing the delivery of healthcare services in which the findings indicating that increasing health facilities and training healthcare providers enhances access to high-quality healthcare services. The recommendation of the study was for the government to ensure that barriers to healthcare services for all are eliminated (Atupamoi, 2017). All the recommendations are geared toward eliminating the barriers. Therefore, it is the responsibility of all governments and citizens of goodwill to create a conducive environment for our disabled parents, brothers, sisters and children. In a response to the above, the present study gave more light on what can be done as its main respondents are the people who are affected directly by inadequate health services. This will also help in removing the barriers faced by PLWDs. With these, then, poverty levels will be minimized; meaning that development will have a room.

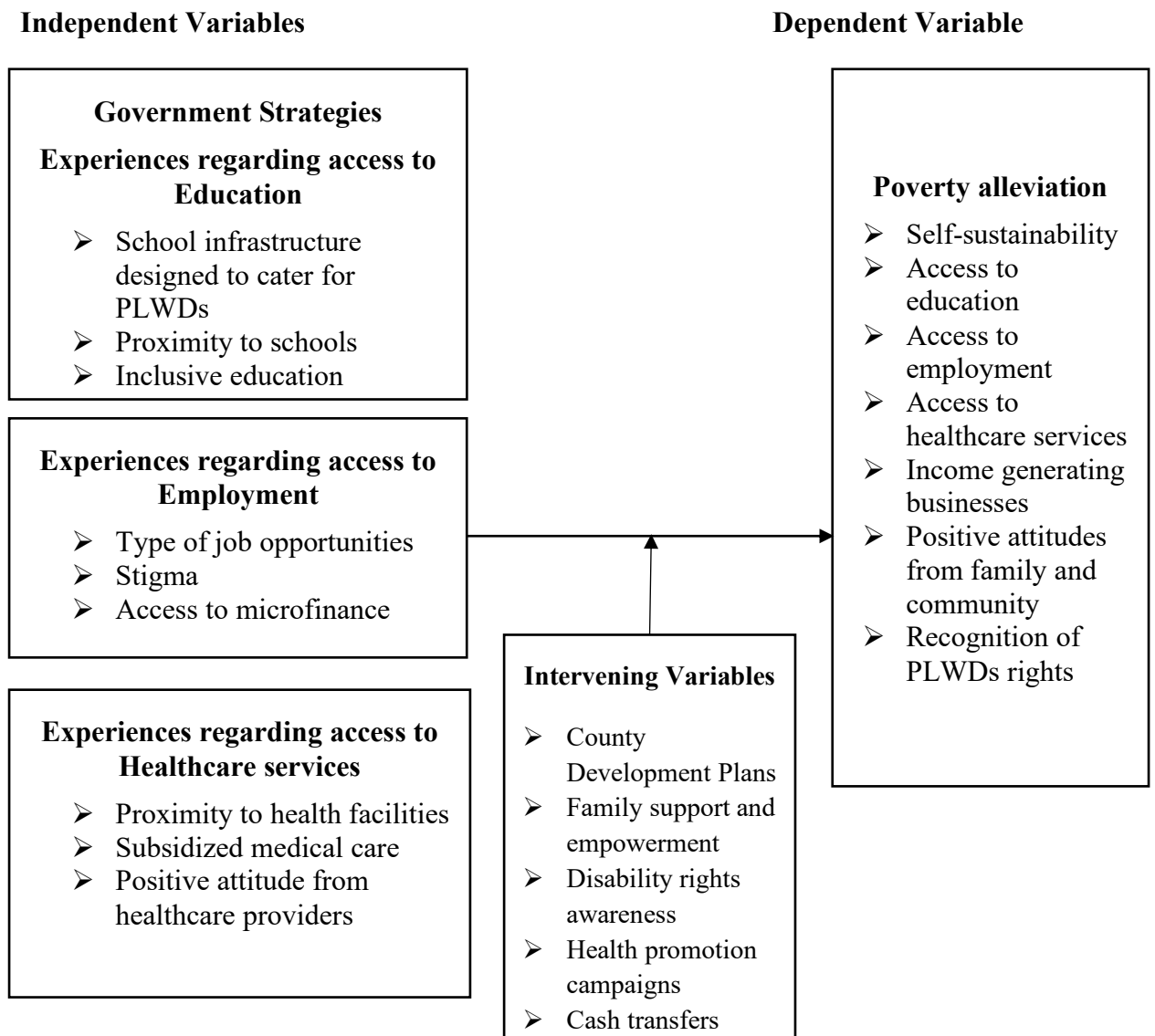
2.4 Conceptual Framework

Experiences of PLWDs with government poverty alleviation strategies

The conceptual framework in figure 1 demonstrates how the independent variables impact the dependent variable. The indicators of independent variables result into the dependent variable which is poverty alleviation.

Figure 1

Conceptual Framework



The independent and dependent variables of the study are shown in Figure 2.1. Poverty reduction is the dependent variable, and government policies in the areas of health, employment, and education are the independent variables. The three independent variables' indicators suggest that if the indicators are well implemented, monitored, and evaluated, then poverty would have been minimized at all levels and among people, especially the marginalized groups.

Education being the key to success in life (Ortiz, 2019), it needs to be taken into consideration. It is a human right (UDHR, article 26) and therefore, opportunities are to be granted to each person despite age, gender, social status, or economic status. This means that PLWDs too have a right to education like those without disabilities. School buildings need to be built in a way that considers the individuals with social needs. The schools need to be accessible to all; meaning that the distance between schools and homes should be shortened by the schools being built near the homes. All of these will help PLWDs to access education, secure jobs and access health services. Since education has the potential to increase the levels of income and reduce poverty (Maiyo and Bawane, 2011), PLWDs will be able to sustain themselves.

Positive attitudes from family and community and the recognition of their rights will help them to have a positive self-image, self-confidence, and self-acceptance which will enable them to participate in family, community and societal activities. Negative attitudes from the family, teachers, employers and employees, and from the health workers, have contributed to PLWDs not accessing the services (Kiarie, 2014; Opoku et al, 2016) and Mulumba et al, 2014). In the long run, they will display their giftedness which will earn them a living, and have sustainable means for their livelihoods, thus reducing poverty. If the reality differs from what should be, the tactics must be thoroughly analyzed to determine the source of the problem. As a result, the study's purpose is to examine the viewpoints of individuals with disabilities (PLWDs) on the tactics, after which recommendations will be given.

Access to microfinance enables PLWDs to be independent by either owning or operating businesses (Singh, 2014). A key factor in the lives of PLWDs is the type of employment opportunities. They need to be considered when it comes to job opportunities. For example, a person using a wheelchair cannot be employed as a cleaner. Both employers and employees need to have the same regard for PLWDs as other people. This in turn, will reduce low self-esteem among PLWDs resulting in unity, commitment and a sense of brotherhood/sisterhood in places

of work. Activists for PLWDs need to stand firm and defend the voiceless when it comes to the implementation of the law with 5% being preserved for PLWDs. All of these lead to the development of both individual and community thus reducing dependency syndrome and decreasing poverty levels.

There is a need for accessible facilities with low pricing for PLWDs and those who do not have access to medical care (Atupamoi, 2017) on par with the abled. With this, many persons living with disabilities, will have an opportunity for the illnesses or disorders to be detected earlier to prevent some disabilities at an early stage. Negative attitudes from health providers tend to push PLWDs away from the facilities (Kabia et al, 2018), but positive attitudes give PLWDs confidence to seek medical attention. Available and affordable assistive devices like wheelchairs and callipers assist PLWDs to move to different places; without them, it is difficult even to access transport systems. Affirmative action should be prioritized since it supports those who cannot be heard in society, particularly during decision-making process.

Available, accessible, and inexpensive education, employment, and health care are all indices of poverty reduction. These indicators enhance both individual and communal development which in turn reduces poverty and improve the living standards. They lead to the self-sustainability of an individual. An educated, employed and healthy person has all that it takes to manoeuvre in life to meet his/her daily needs. Without these, one depends on the family and other well-wishers for the daily bread. As a sign of reduced poverty, PLWDs will have income-generating businesses which will boost them in life; by being able to fend for themselves in terms of food, clothing, shelter, medical expenses and even others who will depend on them.

2.5 Research Gap

Most researchers have focused on the barriers to inclusive education, employment and healthcare services for PLWDs. This is evident in the works of Kearney (2016) in New Zealand, Kamga (2016) in South Africa, Opoku (2019) in Ghana, Tungaraza (2014) in Tanzania and Maina (2018) in Kenya who analyzed the barriers to inclusive education for PLWDs. Singh (2014), Addabbo and Sarti (2013), and Opoku (2016) explored the barriers to employment by PLWDs in India, Italy, and Kenya respectively. Harrison et al (2020), and Vergunst et al (2017) examined health-care access hurdles in Malawi and South Africa while Kabia et al. (2018) and Atupamoi (2017) examined the challenges PLWDs encounter in obtaining healthcare in Kenya

and the determinants impacting access to healthcare service delivery in West Pokot County. However, there is scanty literature on the experiences of PLWDs with government poverty alleviation strategies in both county and sub-county levels in Kenya. The present study attempts to fill this significant gap.

CHAPTER 3: METHOD

3.1 Introduction

This chapter explores the study's methodology, covering everything from research design to target population and sampling. Additionally, it describes the tools and procedures used to get the data. This chapter discusses the reliability and trustworthiness testing, as well as the data analysis techniques used and ethical issues.

3.2 Research design

A research design is a step-by-step plan for addressing a scientific issue (Kothari, 2004). It is a strategy for answering research inquiries. The study used a qualitative research approach, phenomenology in which participants' lived experiences were explored (Selvam, 2017). Phenomenology involves obtaining and analysing non-numerical data in order to understand ideas, viewpoints, or experiences. It is also used to get in-depth understanding of a situation (Bhandari, 2020). It focuses on a small sample size, examines in-depth the opinions and experiences of the participants while also distilling those experiences into textual data.

The participants had the opportunity to have their stories verified by themselves through the use of phenomenological investigation. Through the act of interviewing, phenomenological inquiry turns the study's participants into co-researchers and co-designers (Rudestam and Newton, 2001). Phenomenology emphasizes the study of conscious experiences like human judgement, perceptions, and actions as a way of understanding the reality on the ground (Mauldin, 2021). It was relevant in this study because the goal was to learn about PLWDs' experiences with the issue under investigation. This design was used in the study because it dug out the issues in a deeper way, the participants had the opportunity to freely express themselves, and new thoughts and individual views were discovered (Selvam, 2017). On the same note, the researcher too had the opportunity to observe that which was not said by the participants during the interview.

3.3 Role of the Researcher

From the beginning to the finish of the research procedure, the researcher played a crucial role in the data collection process. In this phenomenological qualitative study, the researcher's task was to ascertain what experiences meant for the persons who had lived them (Moustakas,

1994). The study project was designed to make sure that trustworthy sources were examined and data was efficiently acquired. This included making sure that the framework of the experience was based on reflection and interpretation of study participants, and to delve deeper into the broad meanings that they supplied, as indicated by Moustakas (1994). As advocated by Maxwell, (2008, p. 220) the naturalistic interviewer approach was employed to acquire a fresh perspective on the participants' personal experiences. Finally, this study's methodology gave participants the chance to interact while being exposed to an investigative interview technique and a demanding testing tool (Chenail, 2011).

3.4 Location of the study

Transmara West Sub-County borders Tanzania on the south, Nakuru County on the north, Bomet County, Nyamira County, and Kisii County on the west. It is located in Narok County, in the South Rift Valley (Kenya County Guide, 2021). To the east is Kajiado County, while to the west is Migori County. It is named after river Enkare Narok, which runs through Narok town (Countytrack, 2020). It is one of the sub-counties in Narok; the headquarters is Kilgoris, one of the two major urban canters in Narok County; the other being Narok town (NCG,2014).

The climate in Transmara West is mild, warm and temperate. It has enough rainfall. The Maasai are the most prominent tribe in the area, despite the fact that it is close to an Abagusii settlement. Though the main inhabitants are the Maasai, there are other Kenyans like the Luhya, Kalenjin, Kamba, Abagusii, Luo, Kuria, Iteso, Kikuyu and Somalis. The county's economy is dependent on tourism, with revenues from tourists to the Maasai Mara National Reserve playing a significant role. The annual wildebeest migration, one of the "Seven New Wonders of the World," is a feature of the park, which occurs every year between July and August. Tourism, grain cultivation, animal farming, and mining, including gold mine in Lolgorian and Kilimapesa, as well as quarry and sand harvesting, are the main economic activities (Kaggikah, 2017). Administratively, Transmara West sub-county is in Kilgoris Constituency which consists of three divisions wards; Kilgoris Central, Shankoe and Keiyan, (Olekina, Kilgoris: Transmara West sub-county map, 2021), as shown in appendix IV.

3.5 Target population

A population is any collection of institutions, individuals, or objects that share certain characteristics (Ogula, 2005). The study's target population was 370 PLWDs based on the

Ministry of Labor and Social Protection's registry in Transmara West sub-county, divided into three divisions: Kilgoris Central, Shankoe and Keiyan (Sankei, 2021).

3.6 Sampling techniques and sample size

Sampling is the process of picking units from the accessible population, such as individuals and organizations, to fairly generalize results to the target population (Orodho, 2009). It is the process of choosing a representative sample of a population in order to ascertain its dimensions and features, as opposed to sampling methodology, which is the process of choosing sample units (Kumar, 2011). Non-probability sampling specifically snowball sampling was used in the study. Snowball sampling occurs when the study's early participants recruit future volunteers among their friends (Selvam, 2017). That is, using a participant to lead to the next subject, and the next subject leading to the next till saturation is attained. When a sampling frame is not available, this approach is employed (Selvam, 2017). It is appropriate for this study since the persons living with disabilities in the three wards are dispersed and difficult to contact.

According to experts, any number between 10 and 30 is adequate for qualitative research as long as the sample size is large enough to fully explain the phenomenon of interest (Sakshi, 2021). Creswell (2013) recommends that researchers interview 5-25 participants who have all experienced the same phenomenon. This means that after the saturation point has been reached (when adding more participants to the study yields no further data), the sample size will be limited. In this study, the saturation point was reached with twelve participants out of the thirty who were expected to be the study's sample size.

3.7 Data Collection

During the data-gathering phase, the usage of memos was in accordance with research processes to accomplish triangulation. Memoing is a technique for capturing information that the human mind is prone to forgetting. Taking notes throughout the study and reflecting on them exposes details from fast-paced observations. The ability to capture outflowing thoughts, insights, and observations during the memoing phase was aided by the creative flexibility to detail observations on the experiences of the PLWDs. It allowed the researcher to think through the patterns in the data and to understand deeper the experiences and expressions of the participants.

Each day, journal comments and thoughts coincided with the data-gathering plan. To guarantee that modifications are efficient, a journal file system was used frequently. The research analysis phase benefited from methodological clarity and rigor offered by journal accounts. Reflections were helpful in this phenomenological inquiry throughout the data processing to reduce omissions and discrepancies of the experiences of the PLWDs. It was successful to elicit information from each participant in this study by maintaining a healthy sense of curiosity.

3.7.1 Research instruments

Different researchers acquire data using various tools. As the main methods for gathering data for this study, the researcher employed an interview schedule and an observation plan.

3.7.1.1 Interview Guide

An interview guide is a set of organized questions designed to help interviewers, researchers, and investigators acquire data on a certain subject (Luenendok, 2019). It is one method of eliciting information about a group's mindsets and beliefs. The instrument had items that addressed all of the study's sub questions. The researcher gathered information from PLWDs using the semi-structured interviews. The participants were able to express themselves freely on the subject during the interview as stated by Mugenda & Mugenda (2003), that, participants are free to share their opinions in a flexible manner during semi-structured interviews. Because of their flexibility, semi-structured interviews yielded reliable and detailed information. Interview notes were written in a descriptive manner in accordance with how interviews were used. Capturing demographic information was done during the interview process. The interviews were conducted once the meeting commenced.

3.7.1.2 Observation Schedule

This is one method of qualitative data collection. It is a form that is prepared prior to data collection and specifies the behaviour and situational variables that will be observed and recorded during the interview (Creswell, 2013). In this study, the observation sheets were filled out during and after the completion of each interview. The observed items included distance to schools and health facilities, condition of roads, stairs and ramps in schools and health facilities, condition of toilets for PLWDs in schools, type of business, attitude of PLWDs towards work, attitude of matatu operators towards PLWDs, and the general behaviour of the respondents (greetings, listening, eye contact, active participation and withdrawal from the conversation).

3.8 Pre-testing/pilot study

A pilot study is a test of a research instrument on a small group of people before it is used in a larger study (Wright, 2018). Its goal is to assess the study's feasibility so that the study design can be improved prior to the actual study's execution and the chances of success are increased. After creating the interview guide for this study, it was pilot tested on five PLWDs who were not among the participants of the actual study in Transmara West Sub-County. They were interviewed as per the study's sub-questions. The research instrument was then validated before the real study by taking into account their opinions.

3.8.1 Trustworthiness of research instruments

For trustworthiness purposes, the researcher used peer debriefing, peer review and member checking tool. The researcher worked with another qualified peer researcher to review, analyze, and explore aspects of the study thus enhancing the validity of the research (Devakirubai, 2020). They assessed transcripts, emerging themes, and findings of the study. They gave their concerns which were of help in the study. The most effective method for ensuring that the findings were near to the meanings of the participants was to have the PLWDs who participated in the study review the details. Transcriptions were returned to the participants to be examined within, allowing member checking to begin. In addition, the audio recordings were cross-checked with the participants to ensure that the participant's meaning was kept, and that the communication exchange did not deviate. Through this, the validity of the research was enhanced, and credibility was established. A clear record of the field notes and transcripts was kept, and data collection, analysis, and interpretation were fully explained.

3.8.2 Authenticity of research instruments

According to Mugenda (2008), dependability is a measure of how consistently a research instrument produces accurate findings or data. A pilot test was then undertaken to evaluate the reliability of the study instruments. If an instrument is unreliable, that is, if it does not consistently measure what it claims to measure each time it measures, it cannot be considered genuine.

3.9 Trustworthiness

According to studies, qualitative researchers need to foster confidence in the study's findings (Creswell, 2013). The researcher was able to boost reader confidence in the accuracy of the findings by using the credibility, dependability, confirmability, and transferability strategies.

In order to address creditability, the study's planned sample of participants, as mentioned in the demographic table, was gathered to provide perspectives and experiences. Creswell (2013) observed that the triangulation procedure makes sure the researcher uses a variety of techniques to determine the validity of the phenomena. The data were triangulated using a semi-structured interview and an observation schedule. The use of journaling and sharing information with participants via member checking increases the level of trust in their stories of their experiences (Moustakas, 2008).

All fieldwork interviews were transferable immediately following the completion of the interview procedure. Snowball sampling was used to pick the twelve participants. The steps were repeated until the sample population that was intended was reached. Only PLWDs were the study participants. The study's interview questions were essential in acknowledging the topic's sensitivity while still maintaining an ethical stance toward the participants.

There are both electronic and hard copy field notes for this study. These documents can be peer-reviewed if they are needed to back up the study's findings. Voice recordings, memos, interview transcripts, consent forms, and letters of authorization from various offices are among the hard copies of materials available for the study.

Reflexivity and confirmability allowed for a clear sense of self-awareness during the data gathering and outcomes synthesis. The 12 participants can read an autobiographical researcher sketch, which is intended to test confirmability in particular. The data findings were gathered independently to remove the chance of different assessments, avoiding the investigation of inter and intra code dependability. Because the questions were open-ended and topic-specific, there was little room for error in the data analysis caused by unexpected or unnecessary responses during the interview sessions.

3.10 Data collection procedures

Before the data was gathered, Tangaza University College was asked for an introduction letter for the study. The National Commission for Science, Technology, and Innovation (NACOSTI), the government of Narok County, and the government of the sub-county all granted approval for the research. To gather data, both the semi-structured interview schedule and the observation schedule were used. In order to gather information about government programs to combat poverty from people with disabilities, the researcher employed an observation schedule in conjunction with an interview guide. The two instruments were thought to work well together in triangulation to overcome the drawbacks of each instrument used separately. Before starting the interview, the researcher gave participants a brief explanation of the study's objectives and provided them with a confidentiality guarantee.

During the interview, the researcher took brief field notes as per the questions asked. The method of gathering data includes the field notes as a crucial step. Saldana (2010) described field notes as the researcher's written account of participant observation, which may also include the observer's own and subjective reactions to and interpretations of the social action they observed. These field notes contained the researcher's pre- and post-interview reflections on the procedure. As a result, these field notes developed into valuable information for future cultivation and the creation of analytical memos throughout the subsequent phase of data analysis. Field notes were retained apart from the raw interview data, particularly the transcripts of the interviews.

The audio was also used to record the explanations of the respondents, which was later used during data analysis. Memoing and journaling were part of data collection process. These, allowed the researcher to think through the patterns in the data by taking notes and writing down reflections throughout the research process. The interviews continued till the topic was saturated whereby the participants gave their live experiences about the phenomena under study.

3.11 Data analysis

Observation, transcription and analysis continued throughout till the interview process was completed. The researcher employed Colaizzi's data analysis technique which involved four major steps including bracketing, intuiting, analysing, and describing (Praveena and Sasikumar, 2021). To authentically characterize participants' experiences and views, the researcher set aside her ideas, prejudices, beliefs, values, preconceptions, and experiences (Chan, Fung and Chien,

2013). This is referred to as bracketing. This enhanced the neutrality of the researcher to the phenomenon under study. When the researcher remains open to the meanings attributed to the problem under study by those who have experienced it, intuition occurs; analysis occurs when significant statements are extracted, categorized, and made sense of; and describing occurs when the researcher understands and defines the phenomenon (Praveena and Sasikumar, 2021).

In the beginning, each interview was assigned a code. The researcher read and re-read the transcripts to get the meaning of the content from the raw data, after which she extracted significant phrases from the very data. These statements were then coded. In the process of getting the meaning of the codes, she bracketed her views and tried to understand the participants' meaning of some words and statements. It is from these codes that clusters of themes were formulated, which were then narrowed down to emergent themes.

The first step was entering the data into Microsoft Word. Then a two-column table was inserted in which the data was entered in the first column. As the data was examined, the codes were written in the second column. Then, the themes were inserted on the far-right end on the comments side. Thematic analysis was used to examine the data, which is a method for identifying, evaluating, and summarizing data patterns (Selvam, 2017). The field notes, the participants' comments, and even the respondents' body language was taken into account.

3.12 Ethical considerations

The Tangaza University College, NACOSTI, Narok County, and Transmara West sub-county governments were consulted for permission to conduct the study. The goal of the study was adequately explained to the target participants, who were then given time to ask any questions they had. Every respondent underwent the necessary informed consent processes. This was completed just before each interview began. Pseudonyms were utilized for confidentiality and to safeguard the participant's privacy. Every Covid-19 prevention precaution was followed.

CHAPTER 4: FINDINGS

4.1 Introduction

This study sheds light on trends in the experiences of Persons Living with Disabilities (PLWDs) in Transmara West, Narok County, Kenya. This study's objective was to document how PLWDs actually experienced government initiatives to combat poverty. Through triangulation methods, responses of the participants were analyzed and presented under six themes. Analysis was done through manual coding. The primary goal was to deduce meaning from the themes identified through the coding and formation of categories. The data analysis process involved transcription, organizing data, coding, (and marking transcripts with comments and highlights) to identify categories and themes. The following research sub-questions served as a guide for the study:

RQ1. What are the lived experiences of PLWDs in Transmara West, Narok County, regarding their access to education?

RQ 2 What are the lived experiences of PLWDs in Transmara West, Narok County, regarding their access to work?

RQ 3. What are the lived experiences of PLWDs in Transmara West, Narok County, regarding their access to healthcare services?

4.2. Epoche Experience and Bracketing

Before collecting data, precaution was taken to guarantee a clear and open mind with no underlying feelings and that the researcher was fully aware of the research issue throughout the study. This was done to prevent biasness, preconceived notions and prejudices about people with disabilities' experiences. The experience involved setting aside the researchers' assumptions and beliefs about the phenomenon. Phenomenological reduction was done and research conclusions about the presence or nonexistence of the external world, as proposed by Moustakas (1994) was suspended.

According to Creswell (2013), bracketing entails the researcher putting all of his or her previous notions aside in order to better comprehend the study participants' perspectives. The researcher in this study served as a facilitator and interpreter of the participants' experiences throughout the interview procedure. The researcher took steps to guard against her

interpretations and preconceived beliefs about PLWDs and their experiences, as she was acutely conscious of her own views regarding PLWDs' experiences with government poverty alleviation methods. In addition to minimizing individual biases or expectations about phenomena based on the researcher's prior experiences, this bracketing procedure helped to keep the interviews as genuine as possible (Creswell, 2013). The researcher paid close attention to observing her own individual feelings and assumptions in order to prevent her background from distorting the analysis. This was accomplished by the researcher keeping notes while collecting and analysing data in order to evaluate and reflect on their interactions with the data. Preconceptions that surfaced during the study process were recorded in a journal.

4.3 Data coding

The material from each interview was coded by listing units with appropriate significance. There was a thorough examination and removal of unnecessary units (Moustakas, 1994). The purpose of data analysis through coding was to classify elements that were common in the data (Simon, 2011). The themes where the phenomenon is most likely to occur were identified with the use of the open coding method. The simultaneous grouping of words, sentences, and events enabled for this practice to begin. The use of a coding system allows for the organization and examination of interview question responses for categorization and thematic data analysis. Some of the codes that were listed are schools are far, not able to walk, safety when walking to school, bushes along the roads to school, lack of bus fare, belittling language, dehumanizing, no business, use of matatu, far distant hospitals, laughing matter, not kind, no source of income, felt discriminated, not understood by teachers, charge us a lot of money, not employed.

4.4 Categories

It is possible to create categories by reading over the coding list numerous times and grouping comparable codes that may potentially reflect distinct themes (Yi, 2018). After identifying several codes, the codes that seemed to have the same meaning were put together in one category till there were different categories. Finally, themes emerged from the common categories. The categories that were identified include long distances, environmental strains, physical infrastructure, unworthy, not considerate, assistive devices, expensive hospitals, and small businesses.

4.5 Emerging Themes

After undertaking coding and determining the primary themes in each individual transcript, the researcher started searching for connections between themes in individual transcripts as well as topics that connected across transcripts. Specific statements were recorded and used to assist create and select crucial data points. Specific quotes were used to evaluate the analyses' compatibility with the participant's real remarks, as well as to help emphasize relevant themes or experiences of PLWDs with regard to government poverty alleviation strategies. The themes that emerged are long distance to schools, inclusive physical infrastructure in schools, inclusive education, job opportunities for PLWDs, employer attitude towards PLWDs, access to microfinance, long distance to health facilities, subsidized medical care and healthcare service providers' attitude towards PLWDs.

4.6 Study Results

This section includes participant demographics, study results, and a summary of the findings.

4.6.1 Demographics of Participants

A total of 30 people were expected to participate in the study. The individuals were chosen through snowball sampling. Sampling continued up until the data were saturated, which in phenomenological research is the point at which the interviews' participants no longer had any new insights to share and their answers were becoming repetitive (Creswell, 2013). Saturation was noticed in this testing at participant number twelve. Table 1 gives a summary of each study participant.

Table 1*Demographic information of study participants*

Participant	Gender	Age	Marital status	Level of education	Type of disability	Religion	Employment status
P1	M	55	Married	Degree	Visual	Christian	Formal
P2	F	55	Married	Secondary	Physical	Christian	Self-employed
P3	M	45	Single	Certificate	Physical	Christian	Self-employed
P4	M	35	Married	Secondary	Physical	Others	None
P5	F	37	Married	Primary	Physical	Christian	None
P6	M	28	Divorced	Primary	Visual	Christian	None
P7	F	36	Single	None	Physical	Christian	None
P8	F	45	Married	None	Physical	Christian	None
P9	F	29	Single	Primary	Physical	Christian	Self-employed
P10	F	47	Single	None	Visual	Others	None
P11	M	30	Married	None	Physical	Christian	None
P12	M	28	Married	None	Physical	Christian	None

N=12

The number of both male and female participants was the same, six males and six females as shown in table 1. This was evident that disability does not choose; a man and a woman can be equally disabled. There is no single gender that is prone to disability. Out of the twelve participants, nine of them had physical disabilities while three were visually impaired. The figures suggested that people with physical disabilities were more than the visually impaired. This was in line with the KNBS (2020), statistics which indicated that people with mobility difficulties were more (42%) than other types of disabilities. It does not mean that more of the physically challenged persons are the ones who have no or limited access to the basic services,

but all PLWDs. Age was another demographic characteristic. Participants who were between 18 and 35 years were four, those between the age of 36 and 45 were five while three were between 46 and 55 years. This implied that disability is not of a certain age, but people of all ages can be disabled. Whether young or old, we are susceptible to disability.

Marital status was another characteristic that was investigated. This was important because not many people think of an able-bodied person marrying a person with a disability. The study revealed that PLWDs do get married and some are single like any other able-bodied person. Out of twelve participants, seven of them were married, four were single while one was divorced. As much as society have negative attitudes towards PLWDs when it comes to marriage, PLWDs have proved that they can stay in marriage like those without disabilities, they can raise children and be of much support to their families.

Investigating the educational background of the PLWDs included in this study was crucial. This was done so because sound education would not only enable PLWDs to make informed decisions but also acquire the necessary life skills. Consequently, PLWDs were asked to indicate their degree of schooling. Participants who had no education were five, those with primary education were three, those with secondary education were two, with certificates was one, and those who had a degree was only one. This suggested that majority of the PLWDs had primary or no formal education. This finding was supported by Kithuka (2018) and Opoku (2018) who revealed that PLWDs have no or low levels of education. Obtaining decent jobs and a comfortable lifestyle in Kenya nowadays requires a certain level of education. People with little or no education are vulnerable to being used and manipulated. The majority of the PLWDs who participated in the study had poor levels of education, which shows that they are vulnerable to a wide range of difficulties without support.

Concerning religion, most of the participants were Christians who added up to ten while two did not identify themselves with any religion. Disability does not know religion; any person from any denomination can be disabled. As much as Christians were many, it does not qualify that Christians are the ones much disabled nor do they have limited access to the services. This concurs with religious affiliation statistics in Kenya whereby majority (85.5%) are Christians, few (10.9%) are Muslims and those who do not belong to any denomination are the least (0.2%) (CIA World Factbook, 2021). This could be that the inhabitants of Transmara West are not only

Maasai, but from other communities who are majorly Christians like Kalenjin, Abagusii, Luo, Luhya, Kuria, Akamba among others.

Regarding employment status, out of the twelve participants, eight of them were unemployed, three were self-employed whereas one had formal employment. Since employment is very important in meeting one's basic needs, it goes without saying that majority of the PLWDs relied on charity or merely struggled to meet their daily needs.

Table 2*Common responses from the interviews on the three research questions*

Research Question Number	Interview Question	Common responses from the interviews
RQ1	What are the lived experiences of PLWDs in Transmara West, Narok County with regard to their access to education?	<ul style="list-style-type: none"> • The schools are far from our homes • Some places are bushy • Few people walking along the roads • The roads are not good. • There are a lot of stairs in the school buildings • There are no proper facilities for PLWDs like washrooms • I felt discriminated • I was a laughing matter in school • Teachers did not understand me • The matatu people charge us a lot • Only one school that accommodates students with disabilities
RQ2	What are the lived experiences of PLWDs in Transmara-West, Narok County, with regard to their access to employment?	<ul style="list-style-type: none"> • Employer abused me • People have negative attitudes towards PLWDs • I have no source of income • If I can be supported to start small businesses • They think we cannot work or perform because of our disability • We are given low quality jobs • At times we are given jobs like digging that which we cannot manage • If we can access loans
RQ3	What are the lived experiences of PLWDs in Transmara-West, Narok with regard to their access to healthcare services?	<ul style="list-style-type: none"> • The hospitals are far from our homes • The two hospitals are built in town • Those using wheelchairs they pay extra to cater for the wheelchairs • The roads are impassable during rainy season • The nurses have negative attitudes towards PLWDs • They abuse us by referring to us as ‘disabled’ • They charge us a lot of money

4.7 Themes from the common responses on the three research questions

In this section, the themes that came out of the interviews are presented. The study's codes and categories helped to identify the study's themes. The themes identified were long distances to the schools and hospitals, infrastructure in schools, subsidized medical charges, employer and employee attitude and inclusive education and access to microfinance. These themes were acknowledged because they emerged from the interviews. The themes were therefore generated based on the sub-questions as follows:

4.7.1 Themes on research question 1. What are the lived experiences of PLWDs with regard to their access to education?

Three themes emerged from this research sub-question of access to education namely, long distance to schools, infrastructure, and inclusive education. in the table below, are the common themes and evidences from the participants' responses.

Table 3*Common themes and evidence from participants' responses on access to education*

Common themes	Participants' responses
Long distance to schools	<ul style="list-style-type: none"> • The schools are far from where we stay. • I cannot walk long distances. • Our school was far and we used to pass in the forest. I had difficult times going to school due to my bad legs, I could not walk fast • I could not attempt to walk to school because of my safety. • Walking to school for a person with disability is not easy.
Physical infrastructure in schools and roads	<ul style="list-style-type: none"> • The learning environment is not favourable. It is difficult to access the classrooms, washrooms and the roads are impassable. • The government say that PLWDs have a right to access schools but schools around have no facilities for people like me; the person keeps on crawling for the rest of his or her life. • The schools are to be built in a way that accommodates all, but the opposite is true; the facilities necessary for PLWDs are not there. • I had wheelchair, but I could not access classrooms and even the library; there were stairs everywhere. Because of pushing the wheelchair through the stairs, it was worn out.
Inclusive education	<ul style="list-style-type: none"> • She could not give the attention needed to individual students.... My physically challenged friend, a slow learner, found it hard to cope with the situation. He had to drop out of school. • One of the teachers said plainly that I am disabled and that I was not supposed to be in school! • A hydrocephalic student became a school drop-out not because she wanted to, but because teachers did not know how to handle her. Some knocked her head not knowing that she had a shunt in her head. • Our school had no facilities for the disabled students. The blind student in our class would listen to the teacher teaching and explaining concepts but she could not read or write • Some of the teachers and some of my fellow students discriminated me because of my disabled legs. But my class teacher and other few teachers encouraged me and made sure that I attended all the lessons and that I did my assignments. • One of the schools that accommodates physically challenged students. The learning environment was conducive for all students, teachers were so encouraging, caring and understanding.

Theme 1: Long distance to schools

Most participants stated that distance was a hindrance for PLWD to access education since most schools were very far from their homes and use of wheelchair or crutches was a challenge due to the distance. The researcher noticed that schools were on average approximately between 8 and 12 kilometers from the homes and villages. In addition, safety to the far distant schools was not guaranteed. This has compromised their quality of education and health. This matches with the Kenya Institute of Special Education (KISE,2018, & UNESCO,2021) which points out that insecurity on the way to school has posed challenges for persons living with disabilities to be retained in schools. The report concluded that there were minimal chances for PLWDs completing either primary or secondary education.

The participants shared similarities regarding their challenges due to poverty since they had no privileges of being taken to school by organized transport. The PLWDs acknowledged that transport and long distances have prevented them from accessing schools. The participants suggested that schools should be built near their homes to lessen the long distances. They also pointed out that getting admissions into near schools was very competitive and therefore most PLWDs had to seek admission in distant schools.

The following are some of the responses from the participants

P1: As much as there are schools in Transmara-West sub-county they are far away from where we stay. People living with physical disabilities cannot walk long distances and this prevents them from not attending schools.

Another participant, P2 stated that:

My parents did not manage to take me to far distant schools. The school fees were also high. If there were schools around which could accommodate PLWDs, I could have gone far with my education. I suffer access to opportunities, and I do not like being uneducated, it is devastating. Ability to read and write in our today's world is very important.

A participant, P4 said:

The way I am I cannot walk far. But because of my young children who must walk through the forest to school, I have decided to suffer so that they can get an education. I struggle to escort them in the morning and pick them up in the evening. May our government and even the Church, look at how our children are suffering, and may they put up a school for our children.

In addition, P8 stated that:

Our school was far, and we used to pass in the forest. I had difficult times going to school due to my bad legs, I could not walk fast. My parents could not afford bus fare to school. During the rainy season, it was worse, I could not attempt walking to school because of my safety. My parents feared sending me to school at such times. I struggled but I survived. I wish schools can be built within our communities. This will enable many physically challenged children to have an opportunity to go to school.

Two respondents shared their joy in having schools near the villages. They said that they are settled when it comes to their safety and the safety of their children. The proximity to schools has lessened their stress. They were able to concentrate on other businesses without worrying about their children.

In contrast, a participant, P5 stated:

I am grateful that the school I attended was near here. With my mobility challenges, I could walk to and from school. The road to school was good before. It is now that the state of the road is not good and this has given many people problems especially the physically disabled persons including children with disabilities. Walking to school for a person with a disability is not easy.

Another participant, P6 said:

Thanks to the school administration who thought it wise to put up boarding facilities and were ready to accommodate the physically challenged. I could not have completed my primary education because our school was far from home. Not only did the disabled benefit, but also those without disabilities.

Theme 2: Inclusive Physical infrastructure in schools

The participants stated that good infrastructure including ramps and toilet facilities enables PLWDs to access the buildings and use facilities in schools in an easier way. This concurs with ICED (2019) which pointed out that much of the world's infrastructure is not designed in an inclusive manner; creating unnecessary barriers for PLWDs; and that infrastructure can enable PLWDs to participate in societal and economic growth provided it is properly built and put in place. In addition, the participants explained that the existing schools, very few primary and secondary had infrastructure to accommodate the needs of the PLWDs.

The participants stated that they encounter many challenges when it came to the use of washrooms, ramps and transport. According to Nichols (2022), not all schools can provide PLWDs with adequate infrastructural designs to enable them to move and study. This is a big

challenge to both the physically and visually impaired persons. They have hard times trying to cope with the situation.

Similarly, they argued that the schools that accommodate PLWDs are few. This is in line with NCPD (2017) report, which noted that only a few institutions provide services for students with special needs in Narok County; and only Christ the King Academy caters for the physically challenged in Transmara West sub-county. However, a number of public schools have also integrated PLWDs in line with the Governments' policy on inclusive schools as a strategy to address the needs of PLWDs. Additionally, this is consistent with what Human Rights Watch (HRW, 2015) stated that, mainstream schools have no reasonable accommodations like wheelchair ramps, assistive technology, or teachers' aides despite it being a key strategy by the government and enshrined in the Basic Education Act (2013) and Sessional Paper no 1, 2005.

The Persons with Disabilities Act (2003, article 21) explicitly states that PLWDs have a right to a barrier-free and disability-friendly environment that enables them to have access to buildings, roads, and other social amenities as well as assistive devices and other equipment that will support their mobility. Regrettably, not all structures contain the amenities that PLWDs need.

PLWDs are entitled to reasonable access to all locations, public transportation, and information, according to Kenya's Constitution (2010, article 54, b & c), which also states that they have a right to access educational institutions and facilities integrated into society. Despite this, the respondents argued that infrastructure has hindered them from participating in community activities. This is in line with Kithuka (2018) who revealed that infrastructure is one of the factors that hinder PLWDs' participation. The majority of them reported that they stay behind when others are attending meetings, or sports in communities. According to them, good infrastructure facilitates accessibility whereas poor infrastructure hinders. In response to this, the respondents suggested that they need to be considered when buildings are set up and that schools need to be built in a manner that caters for PLWDs.

In another example P1 stated the following:

The schools that cater for the needs of PLWDs are very few and are very far. One or two that can be accessed, the learning environment is not favourable. It is difficult to access the classrooms, washrooms and the roads are impassable. These among others, makes people like me not go to school.

In addition, P2 said that:

The government says that PLWDs have a right to access schools but schools around have no facilities for people like me. Let the government transform the already existing schools to accommodate students with physical disabilities, and provide equipment like wheelchairs, and callipers for those with mobility challenges. Getting a wheelchair is very expensive; the person keeps on crawling for the rest of his or her life. These are my requests to the government and the Church.

Another participant, P4 said:

Despite the strategies laid down by the government, most schools have no place for PLWDs. This contributes to the administration of schools refusing to admit students with either physical disabilities or visual impairments. The PLWDs in schools face a lot of challenges which in turn make them stay at home. We prefer being at home peacefully than being in school where the environment is not conducive for us.

P6 added that:

The considerations made in favour of PLWDs are not implemented. The schools are to be built in a way that accommodates all, but the opposite is true. The facilities necessary for PLWDs are not there. PLWDs have a right to access all places. They do not need to be discriminated against on account of their disability. I did not shy off to go to school because I crawled, I encouraged myself and conquered the negative critiques of people.

Similarly, another participant, P7 stated:

I had a wheelchair, but I could not access classrooms and even the library; there were stairs everywhere. Because of pushing the wheelchair through the stairs, it was worn out. My parents could not afford to purchase a new one. Literally, I crawled into school because I wanted to be educated, to get my place in society. Finally, I completed my primary education, passed well and joined secondary school when I got a sponsor who provided me with a wheelchair. I feel so bad when I see people without the devices they need.

Another participant, P10 indicated that:

Not all people can move or travel to wherever they want. People living with physical disabilities find it challenging when travelling. The majority of us have no assistive devices we need for our mobility. Even those with wheelchairs, the buildings in schools, hospitals, work places do not favour them. There are no ramps in schools, everywhere are staircases! This needs to be looked at by the government and the parties concerned.

In addition, P12 stated that:

The washrooms and at times classrooms are set up without considering persons with disabilities. Some of the buildings have stairs which prevents PLWDs from accessing the

classrooms. I used to crawl to class because of the stairs. I could cause destruction in the school compound. Even opening a classroom door was a problem.

Theme 3: Inclusive education/ mainstreaming PLWDs

According to the Ministry of Education (MoE, 2009), inclusive education is a strategy in which students with special needs and disabilities regardless of their age or condition are given the proper instruction in regular classrooms. Every person has the right to education, and the Kenyan Constitution (2010) guarantees that those with any form of impairment can receive adequate education and training and can be enrolled in all schools. (MoE, 2018, p. 9). Given that it takes into account PLWDs, both women and men, this strategy is crucial. Respondents said that even if the policy is in place, it is not put into practice. This is consistent with the findings of the KISE (2018,) report, which shows that Kenya lacks a formal policy to direct the implementation of inclusive education.

As per my experiences, schools were not inclusive. Students with disabilities struggled to get admission in some of the schools. This could be because the schools lacked facilities for PLWDs, inadequately trained personnel and lack of teaching and learning aides. This goes hand in hand with Ohba and Malenya (2020) who pointed out that there are barriers to inclusive education which have made it difficult for PLWDs to access education. Among them are absence of funding to set up schools and equip them with instructional and educational materials, inadequately trained teachers, lack of policies for operationalization of inclusive teaching and overcrowded classrooms which makes it difficult for teachers to concentrate on individual learners with physical disabilities.

A participant P11 stated that:

I remember we were too crowded in class. We were 60 students in one stream. Our teacher could not reach each of us; she could not give the attention needed to individual students. With my condition, I struggled, but finally, I passed well. My physically-challenged friend, a slow learner, found it hard to cope with the situation. He had to drop out of school.

Few participants pointed out that there were few schools that accommodated PLWDs. Though they were not well equipped, they had made PLWDs access education. The participants expressed the joy of having a school that accepted PLWDs. They suggested that other schools needed to emulate what the few integrated schools had done to guarantee that all children, disabled, and non-disabled have a chance to go to school. This result has been backed up by the

study of Maina, (2018) which revealed that focusing on education for all in traditional schools for children with disabilities increases access, retention, and involvement for students with impairments. The study recommended that schools need to be modified to provide a conducive atmosphere for children with special needs including enough room and access using of assistive devices such as wheelchairs and crutches.

In contrast, a participant, P9 said:

I thank God for Christ the King Academy, one of the schools that accommodate physically challenged students. The school did not discriminate against physically challenged students. The learning environment was conducive for all students, and teachers were so encouraging, caring, and understanding. The government should chip in providing facilities and equipment for PLWDs so that more students can access education.

Training special education teachers is one of the government poverty alleviation strategies when it comes to education. Unfortunately, this is contrary to the findings of the MoE in Kenya (2014) and Tungaraza's study in Tanzania (2014) who indicated that among the factors affecting inclusive education is inadequate special education teachers. From the experiences of the participants, the number of trained special education teachers is insufficient. An integrated school without a trained special education teacher is not of benefit to the disabled. The responses demonstrated that the majority of tutors lack skills on how to handle students with special needs. According to the participants, teachers used harsh and improper language when addressing them and that they were unkind to them.

A participant, P6 stated that:

Because of my disabled hand, I became a laughing matter in school, and this made me to drop out of school. One of the teachers said plainly that I am disabled and that I was not supposed to be in school! With his statement, I never returned to school the following day up to now.

In addition, P5 said:

A hydrocephalic student became a school dropout not because she wanted to, but because teachers did not know how to handle her. Some knocked her head not knowing that she had a shunt in her head.

In conjunction with the finding of inadequate special education teachers is the MoE (2018, p.11) which reports that due to stigma, incorrect curricula, inadequately equipped

educational facilities, and inadequate teacher training, dropout rates among PLWDs are high in conventional schools.

A participant, P9 stated that:

Our school had no facilities for disabled students. The blind student in our class would listen to the teacher teaching and explaining concepts but she could not read or write. There was a braille machine, but no teacher knew how to operate it.

Contrary to P9's experience is another respondent who was grateful to the teachers who supported him.

P12, cited that:

Some of the teachers and some of my fellow students discriminated me because of my disabled legs. But my class teacher and other few teachers encouraged me and made sure that I attended all the lessons and that I did my assignments. She could set few minutes to explain some of the principles I could not understand.

4.7.2 Themes on research question 2. What are the lived experiences of PLWDs with regard to their access to employment?

This research question is discussed under three themes that emerged from the findings including job opportunities, employer and employee attitudes and access to microfinance. The common themes and evidences from the participants' responses with regard to their access to employment are shown in table 4.

Table 4*Common themes and evidence from participants' responses on access to employment*

Common themes	Participants' responses
Job opportunities	<ul style="list-style-type: none"> • Giving a physically challenged person an opportunity to be digging in the farm, is not appropriate... let the employers weigh what PLWDs can manage and what they cannot. • I struggled. There is tough competition between the disabled and non-disabled. The employers prefer those without disabilities. • PLWDs are given small, unworthy jobs which cannot sustain a person. Those who are qualified be given the opportunity of the five percent system to work like others. • People look at our disability not our capability. • To be disabled does not mean somebody is unable; laws/policies must be adhered to in order to give people living with disabilities equal opportunities.
Employer and employee attitudes towards PLWDs	<ul style="list-style-type: none"> • Nobody wanted to associate with me. Others would be taken for training, given allowances except me because of my disability • The employer is not human. He has shameful verbal abuses, makes me to work for long hours than agreed, calls me terrible names because of disability. • My new employer fired me because of my disability. • The worst thing is the attitude people have towards people living with disabilities. They think that we cannot do anything
Access to microfinance	<ul style="list-style-type: none"> • To get a loan as a PLWD is not easy. I applied for a loan but the questions I was asked and the conditions I was given because of my disability, put me off. • If I could be given capital or something to top up my business... If PLWDs can be funded to start small business, it will be of benefit to us and our families. • Not that all people living with disabilities have no ability for business, NO! It is only that we have no capital. • Majority of the PLWDs are suffering not because of their disability, but because of the government not being considerate. Money given out for PLWDs, does not reach us. • If we PLWDs could have access to micro finance, we could have employed ourselves; now we depend on others. • If non-governmental organizations could help us, the government and the Church to start small businesses.

Theme 1: Job opportunities/Employment of PLWDs

The participants stated that they had limited chances of employment opportunities in either public or private sectors. Among the mentioned reasons were lack of law implementation. This rhymes with Mueke's study (2014) which stated that the laws are not the only constraints that prevent PLWDs from accessing employment, but also a lack of suitable employment and insufficient social and interpersonal skills, relationships, or networks.

A participant, P1 stated that:

Giving a physically challenged person an opportunity to be digging in the farm, is not appropriate. Given a certain piece of work that a disabled person cannot manage is simply disqualifying the person in a polite way. If there are vacancies, let the employers weigh what PLWDs can manage and what they cannot.

P8 indicated that:

Despite the fact that not all PWDs have the knowledge and skills required in different fields, PLWDs are not given their due. To have gotten a job, I struggled. There is tough competition between the disabled and non-disabled. Often employers prefer those without disabilities.

Another strategy that the government laid down to raise the living standards of PLWDs is the allocation of the five percent reservation for PLWDs in elective and appointive bodies (Constitution of Kenya, 2010, article 54 (2)). The experiences shared implied that the five percent reserved for them is not implemented. This is in line with Opoku et al (2016) study which showed that the five percent quota system as a strategy has not been implemented. Similarly, Kabare (2018) study reinforced this finding by revealing that the difficulties are attributed to inadequate government enforcement mechanisms and the lack of unbiased consideration for PLWDs in the public and commercial sectors when it comes to employment chances.

In another example P7 stated the following:

PLWDs are given small, unworthy jobs which cannot sustain a person. Let those who are qualified be given the opportunity of the five percent system to work like others.

A participant, P4 said:

Though most organizations encourage people living with disabilities to apply for jobs, it is not easy for a disabled person to get employment. People look at our disability not our capability. It is better for persons living with disabilities to be given the priority when employment opportunities arise. With this, they stand at a better position to sustain themselves and stop depending on their family members.

In addition, P8 stated that:

To be disabled does not mean somebody is unable. If only poverty is to be minimized, then, the laws/policies must be adhered to give people living with disabilities equal opportunities.

The Persons with Disabilities Act of 2003 summarizes the aforementioned conclusion by stating that all employment opportunities, including hiring, salaries, accommodations, pensions, training, and promotion, should be free of discrimination for both public and private employers, and that both should implement a five percent hiring quota for PLWDs.

Theme 2: Employer attitude towards PLWDs

Another concern regarding participants' employment experiences is the negative attitude from both the employers and employees. The participants acknowledged that the treatment they received was not healthy. Majority experienced rejection, stigma, and stereotyping. This to a certain extent discouraged them from seeking the services they needed. They had no sense of belonging which made some of them leave their places of work. Not because they wanted to, but because the environment did not favour them.

The participants stated that they are discriminated against. Despite the government's laid down strategy that recognizes the right of PLWDs to employment, it seemed that the respondents were not satisfied with the way they were treated. This is corroborated by a study conducted in 2017 by Kingiri et al., which showed that the policies that acknowledge the right of persons with impairments to employment have a negligible influence. A further finding from the KIHBS 2015/16 research was that more than half of people with impairments have trouble accessing work.

P8, a participant said that:

Very few employers and employees treat us well. I was once employed as a receptionist in a school. Nobody wanted to associate with me. Others would be taken for training, and given allowances except me because of my disability.

Participants acknowledged that some employers and employees were not kind; they look down on them and treat them as unworthy human beings. This results from the negative attitudes and abuses from their fellow employees. This is reinforced by the study of Maina (2016) which discovered that negative jokes from other employees, difficult duties, unpleasant jobs, threats

and verbal abuses from employers and employees are some of the barriers to employment for PLWDs. In addition, Trani et al (2020) supports the finding as they state that stigma reduces peoples' capabilities and disempowers them, compromises friendships and relationships. As per the experiences shared, good and healthy relationships are important in working places; they foster mutual love and respect, concern, positive regard, and growth in any given organization.

A participant P3 stated that:

I am employed as a shopkeeper. The employer is not human. He has shameful verbal abuses, makes me to work for long hours than agreed, calls me terrible names because of disability.

Another participant P4 said:

My former employer fired me because of my disability. She claimed I could not perform because I am disabled.

In addition, P5 stated that:

The worst thing is the attitude people have towards people living with disabilities. They think that we cannot do anything; ours is to depend on others! If people can change their attitudes, then we are safe. Otherwise, the differently abled will ever remain in poverty.

Negative attitudes from employers and co-workers, are attributed to PLWDs not getting employed (Maina, 2016). These attitudes contribute to their low self-esteem, and lack of self-acceptance and in the end, they withdraw from the others. PLWDs no longer have the courage to look for jobs or even apply for vacancies in different sectors. The development and maintenance of unfavourable attitudes toward disability are influenced by a number of variables. The UN lists them as: disability ignorance and underrepresentation, social constructions regarding the causes of disabilities, inaccurate and insensitive media coverage that reinforces unfavourable viewpoints, and legal and policy frameworks that may reinforce unfavourable beliefs about disabilities (UN, 2021). The lives of PLWDs are negatively impacted by all of these.

Theme 3: Access to microfinance by PLWDs

The experiences of the participants showed that PLWDs are affected by extreme poverty and have limited livelihood opportunities. According to their views, microfinance is supposed to be for poverty reduction, and empowerment of poor and vulnerable people like them but they

have no or limited access to the credits. Microfinance Finance Institutions could offer extended services such as financial literacy, customized training for income generation, they said.

Among the factors that the participants listed that prevent them from accessing microfinance are harder credit conditions, lack of capital, negative attitudes, and insufficient training. This is cemented by Sarker's study (2020) in Australia which revealed that PLWDs encounter a lot of challenges in accessing microfinance.

P7 added said:

To get a loan as a PLWD is not easy. I applied for a loan but the questions I was asked and the conditions I was given because of my disability, put me off. Where are the representatives of PLWDs in Kenya, in our sub-county?

Another participant, P10 added that:

I started my small business to cater for my need but it is not progressing well. If I could be given capital or something to top up my business, I would be very happy. Now I am struggling to make ends meet with the little profit I make. If PLWDs can be funded to start small businesses, it will be of benefit to us and our families. This will help us to sustain ourselves thus breaking the chain of dependency.

All participants viewed activists as important players in increasing employment opportunities for PLWDs. They commented that activists and other Non-Governmental Organizations are to be the voices of PLWDs. Without these groups, there will always be underrepresentation of PLWDs in different aspects of life including access to microfinance.

In another example, P12 stated that:

In this Transmara, we need a person to talk on our behalf to take our grievances to the government. Not that all people living with disabilities have no ability for business, No! It is only that we have no capital. Even to start chicken rearing or put up a boutique is a problem. May the government listen to our cry. May those people of goodwill come to our help in terms of funding. This will enable us to come out of poverty and be sustainable".

A participant, P11 said:

The government is not helping us; it has just put things on paper but there is no implementation. The majority of the people living with disabilities are suffering not because of their disability, but because of the government not being considerate. Money given out for PLWDs, does not reach us. Discrimination towards the disabled has been there and will ever remain in our society.

In addition, P2 stated that:

If we PLWDs could have access to microfinance, we could have employed ourselves; now we depend on others. Not all Non-Governmental Organizations have targeted PLWDs. If I could be given an opportunity to employ myself by starting a small business, I will be a very happy woman. Through this, I will sustain myself and my family. I am appealing to the Church also to boost PLWDs. If I can do business, I believe others are able too. Why can't they try us with some small loans!

It is clear from the findings that, if given the opportunity, PLWDs have the ability to employ themselves, to be entrepreneurs. They expressed that entrepreneurship is very important and beneficial to them. It facilitates the improvement of living standards in families and communities which leads to national development. If given the opportunity for business, they said, they can be independent and sustain themselves.

In another experience, P1 said that:

If PLWDs could have access to microfinance, we will not be depending on others. This will help us to earn our daily bread. If we may be supported by Non-Governmental Organizations, the government, and the Church to start small businesses, we can help ourselves, and others too. We can create jobs in our businesses.

Economic power is very important. It enables one to have a source of income for self, family and others who depend on her or him. Economic empowerment theory therefore is a theory that will help PLWDs to be independent. Through active participation in economic, social, and political life, as well as having access to employment, assistance, and fundamental rights including schooling, medical attention, and shelter, PLWDs can be integrated into society and be able to contribute to community development. PLWDs struggle in life to make ends meet. It, therefore, calls all stakeholders to collaborate and cooperate in order to help PLWDs come out of poverty. one way of realizing this is by making it easier for PLWDs to access microfinance with the help of the government, NGOs and even the Church.

4.7.3 Themes on research question 3. What are the lived experiences of PLWDs regarding their access to healthcare services?

This theme will be discussed under three sub-themes; distance to healthcare facilities, subsidized medical care and experience of PLWDs' with healthcare service providers. The common themes from the participant's results are shown in table 5.

Table 5*Common themes from the participant's responses on access to healthcare services*

Common themes	Participants' responses
Long distance to health facilities	<ul style="list-style-type: none"> • Both hospitals, Transmara West sub-county and Mission Hospital are far and the roads are impassable during rainy season • Yes, it's far away... however, I occasionally lack the funds to ride a motorcycle, therefore I have to walk. • The facilities are too far. • Will I be able to get to the hospital promptly in this wheelchair? It's challenging to me and not simple. • Because it's difficult to help us board, the vehicles won't even slow down. • I am transported (by motorbike) for Ksh 100 to get to hospital A, and Ksh 200 to get there and back, compared to the Ksh 50 that able-bodied persons pay to get there... • They exclaim, "Look at this "issue" in front of me, it wants to bring me trouble," when the motorcycle riders discover you. • I was by myself at home, and the hospital was far away. God was with me, and I had a smooth delivery
Subsidized medical care for PLWDs	<ul style="list-style-type: none"> • There are government hospitals.... they charge a lot of money... we end up not going to the hospital. • Yes, the charges are very high. • I have not benefited from UHC in any way. If the charges could be lowered, the better. • We received disability identification cards, but they are not of any help... if the disability cards can be activated for us to use. • We pay for everything, even for physiotherapy services.
The experiences of PLWDs with healthcare service providers	<ul style="list-style-type: none"> • Medical practitioners do not listen to us. One of them called me disabled in front of other patients. I felt dehumanized. • Handle us poorly... they think we have no right to access medical services. They need to be taken for training on disability issues. • Where do you get these children from?... they need to know that we are human. • Who will push that wheelchair of yours? Unless you have somebody to push it, I cannot attend to you. • When they see a PLWD in the facility, they see a burden. I was once called 'wewe kibofu' meaning 'you blind'.

Theme 1: Distance to health facilities by PLWDs

Not only long distances to schools that was identified, but also the long distance to health facilities. Participants acknowledged that health facilities were too far. For those who had means of transport could go, but for the others who did not, they stayed at home. They shared that the only mission hospital, St Joseph's Hospital and Transmara District Hospital were both in town, near each other. The only facilities that were near them were private clinics that they did not trust.

A participant, P5 stated that:

Both hospitals, Transmara West sub-county and Mission Hospital are far and the roads are impassable during rainy season. Personal clinics are a bit near but I do not trust them. Because of this, sometimes I do not go to the hospital.

Disabilities that imposed mobility challenges limited access to health facilities. Because certain facilities were far away, this situation grew worse. It was difficult to walk the long distances to medical facilities because mobility aids like callipers and metallic leg supports were burdensome.

P3, one of the participants said:

It's far (the nearest facility) but I have to walk because sometimes I don't have money to take a motorbike. I will just "struggle" with my leg until I reach there. Even if I get tired, I will get there and the child will get treated...I walk slowly, I can't walk fast, I can take even one hour to get there because if I walk fast, I will injure myself. This metal... this calliper is big and it's also heavy, so I can't walk fast, I have to walk slowly"

Apart from the long distances that made it difficult for them to access health facilities, bad roads, lack of fare, poverty also contributed, according to their responses. This is supported by the KNCHR (2016, p. 77) report, which noted that barriers to PLWDs obtaining health care include distance to health facilities, poor road networks in rural regions, and a lack of sign language.

P8 stated that:

Distance and transport are a great challenge for us PLWDs. The facilities are too far. Getting a matatu to take one to hospital is not easy. The fare to the facilities is too high. If a PLWD spends the little cents h/she has, then the person remains broke, with no money to pay for consultation and drugs and maybe x-ray for those who might need them. How I wish the facilities were near here, they could have saved us.

Another participant, P4 said:

Sometimes I get very sick and sometimes I don't have money, will I ride in this wheelchair quickly to the hospital? This road with motorbikes and vehicles, and I am in my wheelchair heading to town, I find it difficult, it's not easy.

To overcome mobility challenges, women with visual and mobility disabilities needed a ride to the medical center with someone. In certain instances, the companion asked to be paid back for their assistance.

In connection to this, P7 said:

I go to the hospital using my wheelchair, but I must get someone to help me...it takes me half an hour to get to the hospital because I ride slowly. Some people help me and others tell me "I have helped you several times, buy me "tea". If I have Ksh 10, I give it to them.

Public means of transport are not disability friendly. Due to their greater need for assistance when boarding with their assistive equipment and perceptions that the process was time-consuming, people with mobility and visual limitations were either denied transportation or charged a higher transportation fee than people without such disabilities. This finding concurs with Munthali et al (2015; Harrison, Thomson, Banda et al. (2020) who revealed that transportation is a major impediment to access to health facilities. The majority who cannot afford the fare to the facilities, and even the money for the other expenses in the hospital, stayed at home without medication. This had contributed to them being vulnerable to common illnesses which could have been prevented earlier by seeking medical attention.

The following are some of the responses from the participants:

P11: It's difficult to use public means of transport because they don't like putting the wheelchair in the vehicle, it wastes their time carrying it from the ground and putting it on top of the vehicle and then they will have to remove it, it's difficult, sometimes they are in a hurry to go and transport people. They only agree if we are going long distances... They will let us board if we are heading somewhere that costs Ksh 100 or more or Ksh 200, but if it's only a short trip, they won't.

P1 indicated that:

The matatu operators are hard hearted. They refuse to stop the vehicles because they know we take some time when boarding a matatu and at times we need help. They pass and leave us on the road. Few do help us.

In addition, P5 said:

From here to hospital A they (abled people) pay Ksh 50 but I am transported (using a motorbike) with Ksh 100 to get to hospital A, to and fro Ksh 200...It makes me wonder if I am not a human being or what could be wrong with me? Even if you are walking along the road...when the motorbike riders find you, they say “look at this “problem” in front of me, it wants to cause me trouble” while you were just standing by the roadside.

Some disabled women who lived in poverty were unable to obtain care if they did not have a companion to go with them to the hospital and did not have the funds to pay for the transportation charges. For instance, some of the women interviewed claimed that despite the free maternity program's existence, they did not receive antenatal care and gave birth at home.

P2, a participant stated that:

I was alone in the house and the hospital was far. The person who would have taken me to the hospital was not near, but God helped me and I delivered without any problem. They found me when I had finished delivering.

Theme 2: Subsidized medical care for PLWDs

In Section 20 of the Persons with Disabilities Act, 2003, the Kenyan government outlines its excellent health policies for PLWDs. A few of the strategies include disability prevention, early disability detection, free medical and rehabilitation services in publicly and privately owned health facilities, providing essential health services to people with disabilities at a reasonable cost, and providing field medical personnel to local health facilities for the benefit of PLWDs.

Despite these strategies, PLWDs have limited or no access to the basic services they need in their daily undertakings. The participants pointed out that the charges in the health facilities are very high. Whether disabled or not, the charges were the same. They expressed that there was no consideration for PLWDs.

A participant, P9 stated that:

I understand that there are government hospitals where people with disabilities are supposed to be attended to at an affordable cost or free, but they charge a lot of money. Those of us who have no source of income, we end up not going to the hospital, God takes care of us. How I wish the government can do something for us people with disabilities. We have none to turn to other than the government.

Hospitals are key amenities that people need in a daily basis. Article 17 of the Persons with Disabilities Act of 2003 outlines the strategies put in place in favour of PLWDs that need

to be implemented by the Ministry of Health and other responsible authorities. Despite these strategies, the respondents acknowledged that they do not afford to pay for the hospital expense; they are very high.

P4, indicated that:

The government says that healthcare services for PLWDs are free, but they are not. The charges are very high to the extent we end up staying at home without medication. If the government can follow this and make sure whatever the leaders say is implemented, we will be safe, healthy. I request our government to build health facilities that are accessible and affordable.

The participants argued that the UHC was to benefit people especially PLWDs but, they are expensive. This outcome rhymes with Munthali et al (2015) who in his study exposed that healthcare services are expensive in African countries. In addition, Obare, Brolan and Hill (2014), in their study, pointed out that UHC will be affordable to all; and that UHC guarantees that people have access to the medical treatment they require to remain healthy and productive, as well as protects them from falling into poverty. From the shared experiences, the participants expressed that they had not benefited from UHC.

Yet in another experience P1 stated that:

I have not benefited from UHC in any way. I thought the government was to give priority to PLWDs, but now we are suffering. The charges in hospitals are very high to an extent that we prefer staying at home. If the charges could be lowered, the better.

Another participant, P2 stated that:

The district hospital they say is cheaper, it is not. One has to pay for everything, even for physiotherapy services. The government claims that health services in hospitals are affordable, they are not. PLWDs like me cannot afford.

A participant, P11 said:

We were registered, we received disability identification cards, but they are not of any help. I have it but I cannot use it in the hospital for my treatment. They need cash, which is very high. May the government, the hospitals lower their charges; and if the disability cards can be activated for us to use.

Subsidizing medical care for the citizens will greatly improve the accessibility and affordability of health services. This will benefit the whole county since the people will be healthy thus having a healthy nation which in turn will be a plus to development.

Theme 3: The experiences of PLWDs with healthcare service providers

The participants noted that the medical practitioners do not accord them the respect they deserve. They (practitioners) looked down on them.

In response, P11 said:

The medical practitioners do not listen to us. One of them called me disabled in front of other patients. I felt dehumanized.

To gain self-acceptance and a sense of pride in their lives, people with disabilities must overcome the unfavourable perceptions of their community or societies (Rohwerder, 2019). This frequently results in prejudice, exclusion, and low self-esteem. Although the government has given health professionals, especially those dealing with children, education and sensitization on disability concerns at various levels (KNCHR, 2016), still PLWDs are not handled well by the health service providers. Their negative attitudes have contributed to PLWDs not seeking medical attention.

A participant, P5 stated that:

Not all medical practitioners are bad, some are very good. The percentage of those who do not understand disability matters are the ones who handle us poorly. They think we have no right to access medical services. They need to be taken for training on disability issues.

Negative attitudes may be resulting from lack of information concerning disability. As much as all people have a right to medical services, whether disabled or not, the services are unavailable to some underprivileged populations. According to Article 43 (1a) of the Kenyan Constitution, every person has the right to the highest degree of health that is reasonably possible, which includes the right to medical treatment, including reproductive healthcare. Accessing care for reproductive health for women who are physically disabled is quite difficult. Participants described how they felt as though they were not deserving of the assistance because the health service providers didn't seem to understand them. Some medical professionals had also questioned their entitlement to sexual activity and their right to procreate.

In another experience, P10 reported that she was interrogated by a nurse in a manner that was demining:

“Where do you get these children from? A nurse asked her. She reported that she felt pain in her heart but because she was in need of help, she had to be patient with the nurse. Were it not that she had already started the treatment process, she would have returned home. She implored that; nurses should talk to persons with disabilities as they do to those without. They need to know that we are human.

P5 added that:

I was told by the healthcare workers that it's not good for me to give birth and it's not good for me to have sex. Because I had a problem with my legs it's not good to have sex with men, it's not good for me to give birth. They feel we don't have a right to get children. I also have a friend (visually impaired) who went to the antenatal clinic, and she was asked “even you?”

In addition, P1 said that:

We are only different-abled people, otherwise we are the same. These nurses have a negative attitude towards PLWDs. When they see a PLWD in the facility, they see a burden. I was once called “wewe kibofu” meaning ‘you blind’!

Negative attitudes from health service providers are one of the factors that prevent PLWDs from accessing health services (Kabia et al, 2018). This is a great challenge in both public and private facilities.

P10, shared the following experience:

The medical practitioners had a bad attitude towards me. On my arrival in the hospital, I was asked by a nurse, “is there someone accompanying you?” I said no. She then asked again, “who will push that wheelchair of yours? Unless you have somebody to push it, I cannot attend to you”. At that moment she did not know that I had a self-propelled wheelchair”

Negative attitudes towards others destroy relationships which in turn block patients from seeking medical attention. According to Atupamoi (2017), among other factors, educating healthcare professionals will improve access to high-quality medical treatment. The training will also assist the care providers in understanding how to treat patients, particularly PLWDs. However, several respondents claimed that, occasionally, medical staff in private as opposed to public health institutions gave disabled patients preferential treatment. For instance, certain healthcare professionals in private healthcare facilities occasionally permitted people with impairments to skip the long lines and receive service before other patients.

In contrast, P9, said:

Even if I get there, at whatever time...they will have mercy on me and treat my child...there is a day my child was sick and I got there when they were closing. So they looked at how I was and they said “let’s help her so that she doesn’t go back with the sick child. She walks slowly and she can’t get here quickly.

A social theory of disability states that societal barriers make people be disabled. It makes the argument that once these obstacles to inclusion are addressed, people with disabilities can live as equal members of society. Both the Sustainable Development Goals (SDGs) and the UN Convention on the Rights of Persons with Disabilities (CRPD) complement the social model and take a rights-based approach to disability, supporting the eradication of inclusion-barriers, including attitudinal inclusion-barriers like stigma. This will make it easier for them to take care of their families' and their own fundamental requirements.

4.8 Observation findings

This section presents the observations made during the research process. The researcher observed some things that could not be said by the participants as presented in table 6.

Table 6

Field observations

Item observed	Comments
Distance to schools and health facilities	Long distances
Ramps in schools	Not available
Stairs in the buildings	Many buildings with stairs
Accessible toilets for PLWDs	Not available
Condition of roads to schools and hospitals	Poor
Perception of capability to work	Good/moderate/poor
Type of business by PLWDs	Small businesses (m-pesa/selling vegetables/shopkeeper/grinding machine)
Attitude of matatu operators towards PLWDs	Negative
General behaviour	
• Non-verbal listening (nodding)	yes
• Appropriate eye contact	yes
• Engaged in conversation	

The experiences shared by the PLWDs were in line with the observations made during the interview process. From the observations, the schools and health facilities were far from the homes of PLWDs, approximately between 8 and 12 kilometers and the roads were not in good condition. A sense of feeling unworthy was observed, lack of sense of belonging. They appeared to be withdrawn from the community, unloved and unaccepted. Interestingly, despite all these they were ready and eager to share whatever challenges they had undergone and that they were ready to move ahead with their lives.

4.9 Summary

Participants' experiences with government poverty alleviation strategies suggest that it is challenging for PLWDs to access education, employment, and healthcare services. The core research questions addressed PLWDs' lived experiences with government poverty alleviation strategies. The results disclosed that participants encountered obstacles that prevented them from accessing the services. They include long distances to schools and hospitals, physical infrastructure, and exclusion. Participants also indicated that negative attitudes and lack of access to microfinance contributed to their poverty. The emergent themes addressed the research questions. The application of the theories gave direction on how PLWDs can be empowered, be independent and sustainable. The Church and NGO's have been mentioned as key players in the process of poverty alleviation among PLWDs.

CHAPTER 5: DISCUSSION

5.1 Introduction

In this chapter, the study's findings are organized according to each research question. It also highlights how PLWDs are viewed in the African perspective and in the Old and New Testaments in the Bible. Finally, the chapter highlights the implications of the study.

5.2 Discussion

The goal of this study was to get insight into how people with disabilities (PLWDs) actually experience government initiatives to combat poverty. A phenomenological approach helped to reveal the many experiences and illuminated the major challenges that PLWDs encountered in their access to education, employment and healthcare services. It was very important to select a homogeneous group for a phenomenological study because sharing of similar experiences enabled a thorough knowledge of the phenomenon being studied (Creswell, 2013). In an effort to establish this viewpoint, the study was limited to PLWDs. The participating PLWDs expressed themselves in related ways in that their lives were full of challenges and that they longed for change in the community/government systems.

Research Question 1: What are the lived experiences of PLWDs in Transmara West, Narok County, with regard to their access to education?

Out of the 12 participants, 5 had no formal education, 3 had attained primary education, 2 had achieved secondary education, while 1 had gone up to college (certificate level) and the other 1 up to college (degree level). This finding concurs with Maiyo and Bawane (2011) who found out that majority of the PLWDs have primary or no education despite it being a fundamental human right and a basic requirement, a means of advancing economically and socially.

Following a request for the participants to discuss their experiences with education, all participants stated that long distance to schools, poor infrastructure and exclusive education were the major blocks that prevented them from accessing education. This finding is supported by Kearney (2016) who highlights major challenges as of accessibility, availability, acceptability and affordability hinder education of PLWDs. The findings revealed that negative attitudes

towards PLWDs was another challenge. The participants said that the negative attitudes lower their self-esteem and make them to withdraw from the community.

Similarly, the participants stated that untrained teachers, inaccessible school physical environment and inadequate teaching and learning resources have contributed to them not accessing education. This result matches with MoE (2014) who indicated that lack of assistive devices, inadequate number of special education teachers and inadequate number of special schools has also contributed to inaccessible education among PLWDs. In addition, Tungaraza (2014), support the finding by highlighting barriers that inclusive schools face that hinder effective implementation of inclusive education as untrained personnel, scarcity of teaching and learning aides and inaccessible physical environment.

During the interview, the participants shared that due to poverty, a lack of educational and career prospects, and other factors, access to education is restricted. This rhymes with Opoku (2018) who revealed that high poverty levels among the PLWDs results from poverty, low levels of employment and education.

On the contributions of education towards poverty alleviation, the participants expressed that education is important in life, it opens the doors for employment opportunities; which in turn helps them to have a source of income and with this they are in a position to fend for themselves. Poverty and a lack of educational opportunities among other factors contribute to high levels of poverty among PLWDs. Their recommendations concerning education among PLWDs included setting up integrated schools close to residential places, training more special education teachers and changing of negative attitudes towards PLWDs.

The oppression, exclusion, and discrimination that PLWDs encounter in society are a product of the way society is organized (Goering, 2015). Negative views, discrimination, and stigma were cited by the majority of the study's interviewees as barriers to education. However, few cited that they received support from their teachers. Removal of the barriers will create equality and this will enable PLWDs to have equal educational opportunities.

Research Question 2: What are the lived experiences of PLWDs in Transmara West, Narok County, with regard to their access to employment?

Out of the twelve participants, nine of them were physically challenged while three of them were visually impaired. It turned out that their disability status was a major challenge that prevented them from accessing employment. The participants were asked about the challenges

that PLWDs face when accessing employment. All of them cited that they had difficulties in accessing employment because of their status. This implied a high rate of discrimination of PLWDs. Further, results showed that, type of job opportunities and lack of access to microfinance denied them employment opportunities. Income disparity is considerably and negatively related to education distribution and the average educational level of the population and that education continues to be one of the most effective means of reducing poverty and inequality and laying the groundwork for long-term economic prosperity (Maiyo and Bawane, 2011). This suggests that the likelihood of employment is inversely correlated with education level, meaning that the higher the education level, the greater the likelihood of employment, and the greater the income.

When asked how employment contributes to poverty alleviation among PLWDs, all interviewed participants stated that it enables them to be independent, to provide for themselves, their children and other family members who depended on them; and these would have reduced dependency syndrome. About their suggestions concerning employment among PLWDs, some of them said that PLWDs are supposed to be given their share in both private and public institutions, according to Article 54 of the 2010 Kenyan Constitution and the 2003 Persons with Disabilities Act. Others stated that both employers and employees need to change their attitudes towards PLWDs and they need to be enabled to have access to microfinance.

Access to microfinance empowers PLWDs to be self-sufficient by providing them with income-generating initiatives or employment. It is a means through which PLWDs can fend for themselves and reduce poverty. In addition to sustaining ourselves, ensuring our fundamental needs are met, and earning a living, we engage in economic activity to help build self-worth and achieve our goals. PLWDs need to be encouraged and supported in their efforts to become self-employed, enhance their abilities, and even own and operate small businesses by accessing microfinance in order to escape poverty.

PLWDs need to be empowered in all aspects of life: economically, socially, psychologically and spiritually. In order for them to be economically stable, they need to engage themselves in some businesses through which they can earn income. Economic power cannot be practiced alone, it needs to be supported by social power which comes from the family and community at large.

Research Question 3: What are the lived experiences of PLWDs in Transmara West, Narok County, with regard to their access to healthcare services?

The participants narrated similar experiences with regard to health services. Their major obstacles were distance to health facilities, high medical charges and negative attitude of healthcare workers towards them. They stated that they were mishandled, harassed and abused. Public transport was another challenge. For those who used wheelchairs, they also paid for the wheelchair. This increased their expenses which were not budgeted for. Public transport plays an important role in moving from one place to another. It therefore, need to be provided (Kabia et al, 2018) in order to help PLWDs and others too. Those who needed to be accompanied to the hospital, or to be pushed, they could also pay the people who helped them.

They admitted that it is challenging for them to meet their health demands (Vergunst, Swartz, Hem et al, (2017). This implies that there is marginalization, discrimination, and inequitable access to health services and low-quality clinical services for PLWDs (Mulumba et al, 2014). Increasing health facilities and training more healthcare providers on disability issues can enhance access to high-quality healthcare services, this was their recommendation. They also appealed to the healthcare providers to change their attitudes towards PLWDs. Their desire was to be treated like those without disabilities.

5.3 Theological Reflection

This section examines religious attitudes on people with disabilities from both African and Christian viewpoints.

5.3.1 Persons Living with Disabilities in African Perspective

In the introduction, part, it was mentioned that there are 80 million people in Africa who live with some disability. Across the globe, PLWDs encounter psychological obstacles such as prejudice, low expectations, and anxiety. The negative attitudes in African culture have an impact on the lives of people with disabilities (PLWDs), including their access to education, participation in community life, choice of where to live, who to live with, ability to marry, ability to start a family, and freedom of movement within the community (UN,2021).

Traditional beliefs inform attitudes towards disability in Africa. These beliefs remain so prevalent across Sub-Saharan Africa. For instance, some individuals think that disabilities are

the product of witchcraft or are retribution for wrongdoing. Different cultures in Africa have different views about people living with disabilities. But in general, African perspective is that PLWDs are a curse to the family, they are a result of the sins committed by parents. Africans depict disability both negatively and positively. In a negative sense, Africans have a tendency to view incapacity as an illness; an abnormality that signifies the decline or loss of life's force and necessitates action to restore it (Magesa, 1997). Then, for the health to be restored, the help of the diviners is to be sought. Some of the Africans belief so strongly in the diviners than in God.

As much as the African culture think of PLWDs negatively, other sayings, proverbs, and ethical precepts call for society to treat people with disabilities (PLWDs) with compassion and respect. For example, the Ubuntu philosophy "*I am because we are; and since we are therefore, I am*" (Mbiti, 1989). This means that no one is an island, we all need each other for our survival; whether disabled or not disabled. It is us human beings who create demarcations. We group ourselves in classes leaving others outside, not regarding them as human. Mbiti, in his thoughts, is creating awareness that, as social beings, we are created for each other. Therefore, we need to give others opportunities to contribute to our lives. No one has nothing to offer and no one has everything that h/she lacks nothing.

In order to create inclusivity in African culture, the negative beliefs need to be eliminated and uphold the ideals and principles that promote the development of inclusive society. This will be achieved by adopting a disability theology, a theology of liberation that is meant to free PLWDs from systems of oppression in politics, society, economy, culture, and religion (Ndlovu, 2016). They are materially deprived, subject to discrimination, and denied fundamental human rights as a result of these institutions and processes. This theology's primary objective is to transform the Church and society by establishing policies, laws, rules, and initiatives that will uphold, safeguard, and support the dignity of people with disabilities (PLWDs) and their right to equal access to social and economic resources, opportunities, and activities across the board (Ndlovu, 2016).

5.3.2 Persons Living with Disabilities and the Bible

This section discusses how persons living with disabilities are handled in the Bible. It gives both the Old and New Testament perspectives. It further presents the summary of the whole chapter.

a) Old Testament view

In the Old Testament, God is blamed for disabilities. The general perspective about it is that God punishes people because of their transgressions; and therefore, He makes them disabled. God's anger for sin is shown through the experiences of His people. In Deuteronomy 28:18,28–29, it is said that “...*if you do not obey the Lord your God and do not carefully follow all his commands and decrees, I am giving you today...The Lord will afflict you with madness, blindness and confusion of mind. At midday you will grope about like a blind man in the dark*”. This implies that God punishes those who do not obey Him by crippling them. Whoever who was disabled during these times was considered to be an unfaithful sinner. Uzziah was so powerful, yet his pride brought him to ruin, and while he was enraged with the priests in the Temple, leprosy appeared on his forehead (2 Chronicles 26:16 & 19). Pride is a sin that brings disability, not necessarily leprosy but other illnesses. It is from this that a virtue of humility and simplicity is learned.

To be powerful means that one should serve God's people, not looking down upon them as Uzziah did. Like Uzziah, Samson offended God and boasted to Delilah of his power in the hair; the Philistines then cut out his eyes, rendering him blind (Judges 16:21). Even with God being tough on the people, He loved them, excluding none. He defended the people with disabilities. In Leviticus 19:14, God clearly shows His love for the disabled. He says “*Do not curse the deaf or put a stumbling block in front of the blind, but fear your God. I am the Lord.*” *The person who takes the blind along the wrong path on the highway is cursed.* (Deuteronomy 28:15). Is a clear indication that we all belong to God despite of our conditions, none is so perfect than others. We are all struggling towards perfection.

Leviticus 21:16-23 states that priests who have disabilities should not offer sacrifices at the altar. This means that persons living with disabilities are not clean nor are they fit to offer sacrifices. This is clear evidence that PLWDs are not recognized as people worthy before God. They are to be far from other people. They are not to be given any responsibility nor partake in any activity. It was so particular that God believed that it was a disability. This influenced peoples' attitude that disability was God's punishment to the individual.

There are good people who cared for the disabled in the Old Testament. In 2 Sam 9, Job 29:15 and Psalms 146:8, identifies some people caring for people living with disabilities. at the same time, the Prophets announced message of hope for PLWDs. In Isaiah 29:18, 35:5-6, the

Scripture states that people who have acquired a disability will be physically restored. In Jeremiah 31:8, Zephaniah 3:19 and Micah 4:6-8 points out that PLWDs will return to their land and be given honour regardless of their physical conditions. As much as the disabled are disabled, God does not abandon them. He loves them in and with their conditions. His love for the is unconditional unlike that of human beings. This takes us to the New Testament where Jesus spent His time in disability Ministry. He attended to all people in and with love. He made the blind see, the lame walk, the deaf hear, and the sick healthy.

b) New Testament view

Jesus does not exclude any person, He is inclusive. Despite of our human frailty, He welcomes each of us with open hands. In Mark 16:15 “*go into the world, proclaim the good news to every creature*”. This involves the restoration of the PLWDs' true inheritance in Jesus Christ and their rightful position in the Church as members of Jesus Christ's Body. With regard to disabilities, Jesus presents a fresh paradigm and viewpoint. His goal in engaging PLWDs and providing a liberating gospel and services to satisfy their needs is to be consistent throughout his work. Although he can restore disabilities to normality, his perspective on the disability notion as a whole contains a hidden message. Disability, in his view, is a challenge that can be overcome rather than a crisis. In his ministry, he prioritizes people with disabilities (PLWDs) and shows how their treatment has changed. Then, if the church and everyone else in the world today could embrace Jesus' example of loving and interacting with PLWDs, we would arrive at a point where PLWDs, like everyone else, will have access to everything that people without disabilities are able to accomplish.

In the New Testament, Jesus provides the "Jesus Model," which breaks down boundaries between those with disabilities and those without. It acts as a reminder that each individual is a child of God and is deserving of respect. meaning that PLWDs won't experience prejudice and marginalization because of their handicap. In the process of removing the barriers, they (PLWDs) will be restored. In the book of Jeremiah 31:8-9, God declares that He will assemble people from every corner of the globe, including the blind and the crippled. Micah 4:17–18 repeats this. So says the Lord, "*In that day*", "*I will gather the lame, I will assemble the exiles and those I have brought grief, I will make the lame a remnant, and those driven away a strong nation.*". To guarantee that people with disabilities are recognized and appreciated, God says that “*Then will the eyes of the blind be opened and the ears of the deaf unstopped. Then will the lame*

leap like a deer and the mute tongues shout for joy...." (Is 35:5-6). This is clear evidence that God did not want people living with disabilities to be left behind, He included them in His ministry, showing His concern for them.

The position of PLWDs in the Kingdom of God is described in the Parable of the Great Banquet. After the invited special friends failed to turn up for the celebration, the householder commanded the lame, blind, crippled and poor to be brought into the function. In word and action, Jesus shows that PLWDs are inside the boundaries of the Christian Church. And that without them, the Kingdom of God is lacking. Matthew 21:12–14 depicts this after Jesus' triumphant entry into Jerusalem "The blind and the lame came to Him at the temple, and he healed them". To crown His compassion and love towards the disabled, Jesus commanded His disciples in the Gospel of Mark to proclaim the good news to all creatures by going into the world (Mark 16:15). The Gospels' healing stories offer insight into theology that is liberating rather than exclusive. This is spelt out in Jesus' encounter with people living with disabilities. When Jesus was asked by his disciples the one, they were waiting for, He answered them "*Go back and report to John what you hear and see; the blind recover their sight, the lame walk, the lepers are cleansed, the deaf hear, dead men are raised to life, and the poor have the Gospel preached to them*" (Mt. 11:3-5).

Jesus was known for his concern and compassion for people with disabilities. He always sought their company. The healing of the lame, blind, deaf, lepers may mean the removal of oppressive systems in society. The removal of social barriers is perceived as healing, whereas disability is seen as a social construct (Otieno, 2009). The stories' main focus is the return of the people to their communities. The healing of the blind man in John 9 and the leprous man in Mark 1:40–45 are two examples. The paralytic man was also healed and his sins forgiven (Mark 2:1-12). Forgiving sins is removing the stigma placed on a person by a culture that views impairments as sin or where people are shunned as sinners unworthy of welcome (Otieno, 2009).

The removal of the barriers through healing creates accessible and accepting communities. By Jesus' healing, He established an inclusive society in which nobody was left out. Both, the strong and the weak were included. Whatever He did, He was an example to the Church, where He is the head. Therefore, the Church's goal is to ensure that the existing barriers of prejudice in society are destroyed. By opposing repressive and dehumanizing institutions and processes, the Gospel thereby fosters inclusive communities.

5.4 Ministerial Implications

The findings revealed that PLWDs have rare chances of accessing education, employment and healthcare services. This is because of the challenges they encounter in schools, workplaces and when seeking medical attention. The topic under study is a social issue and it has some implications in the ministry. This can be linked with the story of Bartimaeus in the Bible (Mark 10: 46-52). Jesus having healed Bartimaeus, it shows that Jesus wanted to stop the marginalization of a man who was rejected by his community and begging on the side of the road. Similarly, the findings revealed that PLWDs face rejection in society. It therefore calls for a change in the physical, mental, communicative, and social environments which are required to enable PLWDs to be able to engage in society equally with everyone else whereby the unique needs of PLWDs will be considered, not their disability condition.

Bartimaeus is remembered in the Bible for some reason; may be because of his blindness. The study findings revealed that some PLWDs are called names that suggests that they are disabled, and that they are not worthy. This is a call for each individual in the community to respect the PLWDs, not stereotyping them by calling them names which are degrading.

Despite the crowd attempting to shut Bartimaeus down, he shouted the more. Though not all people in the crowd were bad, some pitied Bartimaeus; and when Jesus said Bartimaeus to be called, they went and called him. This means that Bartimaeus did not feel shy in advocating for himself and that some people thought positively about him. In every single day, PLWDs are made to feel unworthy for wanting to access the services they need like entering the buildings, and public transport. The PLWDs, therefore, need not to shy off in raising alarm, raising their voices and concerns when they are mishandled. This also calls for all people to have positive attitudes towards PLWDs.

Jesus' question to Bartimaeus was of great importance. Jesus did not assume that Bartimaeus wanted his sight to be restored, but wanted to know exactly what Bartimaeus' need was. The PLWDs know best what they need in life. Jesus' question to Bartimaeus shows respect, gives him agency and autonomy. It is an invitation to all people to give the PLWDs the respect they deserve; they need to be treated the same we like to be treated. The social model will help in recognizing barriers that make life harder for PLWDs; removing these barriers will create equality and offer PLWDs more independence, choice and control. Finally, the fact that we are all change agents, everybody has something to contribute to the development of our

communities. We, are therefore, invited to imitate Jesus' model in dealing with the PLWDs in our societies.

5.5 Summary

Persons living with disabilities are handled differently; in the African culture and in the Bible's Old and New Testaments. With our different perceptions, it is a call to each individual to imitate Jesus Christ, who, during His mission, included everybody; the 'normal' the lame, the blind, the deaf, and the sick of His time. Before human beings, we are not equal, but before God, we are equal and we belong to each other.

CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

This chapter discusses the study's findings, conclusions, and suggested recommendations. The chapter also gives the areas of further research that will be of benefit to the government.

6.2 Conclusions

This study, which was anchored on economic empowerment and social theories of disability explored the lived experiences of PLWDs with government poverty alleviation strategies. Specifically, it sought to establish the lived experiences of PLWDs on their access to education, determine the lived experiences of PLWDs on their access to employment and finally establish the lived experiences of PLWDs on their access to healthcare services in Transmara West, Narok County.

The study revealed that PLWDs' experiences were in relation to long distances to schools, inadequate inclusive infrastructure in learning institutions, and discriminatory tendencies in education opportunities. As far as education is a fundamental human right, and a means of advancing economically and socially (Maiyo and Bawane, 2011), majority of the PLWDs had little or no access to education, as per the findings. Most of them had primary or no education while few had attained tertiary education. This is evident that PLWDs need equal education opportunities in order to progress in life and be self-reliant.

With regard to employment, the study revealed that lack of access to microfinance, employer's negative attitudes and type of job opportunities are the major blocks that have limited the living livelihoods of PLWDs. Majority of them had no employment, few were self-employed while another small percentage had formal employment. In order to ease the transition of PLWDs from education and training to work-life, inclusive society and employment opportunities should be promoted (Njue and Mburugu, 2018). The inclusive society will help in removing the barriers that block PLWDs from accessing essential services.

Similarly, distance to healthcare facilities, unsubsidized medical care and discriminatory attitude of healthcare service providers have limited PLWDs' access to health services. PLWDs have very limited access to healthcare services, as per the study, due to the mentioned challenges.

To curb these challenges, the government and all citizens need to create a friendly environment for PLWDs in order for them to have access to medical treatment. PLWDs need assistance in achieving their ideal health, functioning, well-being, and human rights for all PLWDs in order to reach their greatest level of physical, personal, and social strength (WHO, 2015). If given the chance, individuals may contribute to the growth of the country and become free citizens.

6.3 Recommendations

Without comprehensive strategies and their implementation, there cannot be any significant interventions or effective systems for enhancing and securing PLWDs' rights. These will enable PLWDs to access and afford the services they need daily. To address the particular needs of PLWDs, there is work that has to be done. Participants in the survey agreed that PLWDs have little to no access to healthcare, job, and educational opportunities. Based on the findings, the study supports various research recommendations as follows:

1. Disabled peoples' organizations and the Ministry of Gender, Children and Social Services need to ensure that the government policies/ laws in favour of PLWDs are implemented.
2. The Ministry of Education should enact the enforcement of Basic Education Act (2013) recommendations on management of PLWDs and inclusive education.
3. The Ministry of Health should ensure that the medical charges in government health facilities are subsidized to help PLWDs access the services.
4. The private sector needs to facilitate the five percent reserved in public and private employment sectors for PLWDs is implemented.
5. The NCPWD should establish income generating business/projects for PLWDs
6. The State Department for Vocational and Technical Training in conjunction with academic institutions should provide training of skills; vocational, farming and business

To implement the recommendations, the following action plan matrix will guide the process.

Table 7

Action plan matrix

Objectives	Activities	Responsible party	Expected outcomes
Strengthening PLWDs' groups	<ul style="list-style-type: none"> Organize PLWDs in the community Register PLWDs Re-register PLWDs 	<ul style="list-style-type: none"> NGOSs of and for PLWDs Ministry of Gender, Children and Social Services 	<ul style="list-style-type: none"> Well organized groups Meetings with/of PLWDs Certificate of registration Ability to get funding from the government and NGO's
Creation of awareness of PLWDs rights	<ul style="list-style-type: none"> Set specific days/dates for seminars Organize for seminars 	<ul style="list-style-type: none"> Ministry of Gender, Children and Social Services MoE NGOS of and for PLWDs 	<ul style="list-style-type: none"> Seminars taking place PLWDs will be aware of their rights to education, employment and health services PLWDs gaining autonomy PLWDs participating in community activities
Training on business	<ul style="list-style-type: none"> Organize for the workshops Contact expertise 	<ul style="list-style-type: none"> MoE Private sector State Department for Vocational and Technical Training 	<ul style="list-style-type: none"> PLWDs opening, owning and running small businesses PLWDs accessing microfinance/ getting loans PLWDs paying medical bills PLWDs living healthy

6.4 Areas of further research

- i. Given the study's very small sample size, a bigger sample size would be preferable to determine whether the themes found in the study are still relevant to larger, more diverse groups of people with disabilities.
- ii. In addition, because all study participants were from the same sub-county, a larger study's scope (a study in a different sub-county or county with a large sample size) would reveal variations in PLWDs' experiences with government poverty alleviation measures.
- iii. It would be worthwhile to spend some time examining the experiences of PLWDs in such schools, according to one participant, who claimed that her school accommodated both people with and without disabilities; the setting was friendly, and the teachers were very understanding.
- iv. According to the current study, which used a phenomenological approach to combine PLWDs' experiences with government poverty reduction measures, PLWDs have little to no access to healthcare, education, and work opportunities. The government will continue to gain from and be assisted by additional research as it works to improve the current anti-poverty initiatives and boost PLWDs' level of living. To better comprehend the experiences of PLWDs on the same topic, it will be fascinating to employ a combination of methodologies.

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APPENDICES

Appendix I: Consent Form

Title of the Project: Perceptions of Persons Living with Disabilities on Government Poverty Alleviation Strategies in Transmara West, Narok County, Kenya

<ul style="list-style-type: none">• The study is being conducted by a Tangaza University College student from the Institute for Social Transformation.• There are no known risks to study participants, and no deception is employed.• Respondents must answer a series of questions in order to find out how people with disabilities in Transmara West, Narok County, Kenya, view government initiatives to combat poverty.• All responses will remain confidential.• There won't be any financial compensation for taking part in this study. If a participant chooses not to participate, they may leave at any time.
Name of the researcher: Nyabuto N. Everline
Position of the researcher: MA Student
Contact of the researcher: nyabutoe@yahoo.com , cell phone +254707969310
Signed by the researcher..... Date.....
Participant signature required on statement <ul style="list-style-type: none">• I certify that I have received an information sheet and that the organizer has fully defined the project's purpose and the range of tasks I will be expected to perform. I hereby attest that I have had adequate opportunity to inquire about this project.• I am aware that participation in this project is voluntary and that I may leave at any moment without having to provide a reason.• I consent to participate in this study.
Signed by the participant..... Date.....

Appendix II: Interview Guide for Persons living with disabilities

I am a student at Tangaza University College, a division of The Catholic University of Eastern Africa. This academic survey was developed with the intention of learning more about how people with disabilities see government programs to fight poverty. As one of the crucial acknowledged respondents, you are invited to complete it. Any information given in answer to this inquiry will be held in strict confidence and used only for the specified purpose. Please be honest when responding to any questions.

Demographic Information

1. The respondent's gender.
Male Female
2. What's your age?
 - a) 18-25
 - b) 26-35
 - c) 36-45
 - d) 46-55
 - e) 56+
3. 3. What is the highest educational level you have attained?
 - a) KCPE
 - b) KCSE
 - c) Certificate
 - d) Diploma
 - e) Degree
 - f) Masters
 - g) PhD
4. What are the barriers to obtaining education for people with disabilities?
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.....
.....
.....
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5. How does education contribute to poverty alleviation among persons living with disabilities?

.....
.....
.....
6. What are your suggestions concerning the education among persons living with disabilities?

.....
.....
.....

7. What are the challenges that persons living with disabilities face when accessing employment?

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.....
.....

8. How does employment contribute to poverty alleviation among persons living with disabilities?

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.....
.....

9. What are your suggestions concerning employment among persons living with disabilities?

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.....
.....

10. How do healthcare services contribute to poverty alleviation among persons living with disabilities?

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.....

11. Which are the issues that block persons with disabilities from accessing healthcare services?

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12. What do you suggest to be improved in the health sector for persons with disabilities?

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13. What mechanisms have you employed to sustain yourself?

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.....
.....

14. To what extent does disability contribute to poverty among persons living with disabilities?

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.....

15. How can persons living with disabilities be empowered to come out of poverty?

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.....

16. What has the government done in your area to assist people with impairments in sustaining themselves?

.....
.....
.....

17. Any general comment concerning persons living with disabilities?

.....
.....
.....

Appendix III: Observation schedule

Themes and sub-themes	Observed	
Experiences with regard to access to education		
Distance to school		
Ramps in schools		
Stairs in the buildings		
Accessible toilets for PLWDs in schools		
Condition of roads to school		
Field		notes
.....		
.....		
.....		
Experience with regard to access to employment		
Job opportunities		
Perception of capability to work		
Type of business		
Access to microfinance credits		
Field notes		
.....		
.....		
.....		

Experience with regard to healthcare services		
Distance to health facilities		
Condition of roads		
Attitude of matatu operators towards PLWDs		
Subsidized medical care		
General behavior		
Appropriate nonverbal greeting (smiling)		
Appropriate nonverbal listening (nodding)		
Appropriate eye contact		
Engaged in conversation		
Withdrawn (keeps things to self)		
Field	notes	
.....		
.....		

Appendix V: Research Permit

 REPUBLIC OF KENYA	 NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION
Ref No: 268712	Date of Issue: 05/October/2021
RESEARCH LICENSE	
	
<p>This is to Certify that Sr.. Everlyne Nyaboke nyabuto of Tangaza University College, has been licensed to conduct research in Narok on the topic: Perceptions of Persons Living with Disabilities on Government Poverty Alleviation Strategies in Transmara-West, Narok County, Kenya for the period ending : 05/October/2022.</p>	
License No: NACOSTI/P/21/13190	
268712 Applicant Identification Number	 Director General NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION
	Verification QR Code 
<p>NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.</p>	

Appendix VI: Letter from Tangaza University College to collect data



TANGAZA UNIVERSITY COLLEGE

The Catholic University of Eastern Africa

OFFICE OF THE DIRECTOR OF POST-GRADUATE STUDIES

E-mail: dir.pgsc@tangaza.ac.ke Website: www.tangaza.ac.ke

OUR Ref: DPGS/ER/09/2021

Date: 17th September 2021

To
The Commission Secretary,
National Commission for Science, Technology and Innovation
P.O. Box 30623,
Nairobi – Kenya.

Dear Sir/Madam,

Re: Recommendation for Research Permit for Everlyne Nyaboke Nyabuto

This is to confirm that the person named in this letter is a student at Tangaza University College (TUC). She is registered in the Institute for Social Transformation (Reg. No 18/00038) and she is pursuing a Master of Arts degree in Social Transformation.

Everlyne has met all our provisional academic requirements leading to data collection. However, she cannot proceed to the field before getting a Research Permit from the National Commission for Science, Technology and Innovation (NACOSTI). Kindly assist her to process the permit for data collection towards the completion of her thesis.

Thanking you in advance for your cooperation

Yours sincerely,



Daniel M. Kitonga (Ph.D.)
Director, Post-Graduate Studies

CC:

Dr. Aloys O. Ojore – Programme Leader, MA in Social Transformation (IST)

Appendix VII: Permission for data collection from Education Office, Narok County



OFFICE OF THE PRESIDENT
MINISTRY OF INTERIOR AND COORDINATION OF NATIONAL GOVERNMENT

Telegram: "narok@go.ke", Narok
Telephone: Narok [050] 22433
Fax: [050] 22588
If calling or telephoning ask for the undersigned.
When replying please quote;

RE: SR.ADM.15/6 VOL.II/112

County Commissioner
Narok County
P.O. Box 4 – 20500
NAROK


9TH November, 2021

The Deputy County Commissioner
Transmara West Subcounty
P.O. Box 1
KILGORIS

RE: RESEARCH AUTHORIZATION – SR EVERYLYNE NYABOKE NYABUTO

This is to confirm that Sr Everylyne Nyaboke Nyabuto of Tangaza University College (Nairobi) has been authorized to carry out research on “**Perceptions of Persons Living with Disabilities on Government Poverty Alleviation Strategies**” in Transmara West Sub County for the period ending 5th October, 2022.

Accord her necessary assistance.


EVANS M. ACHOKI
COUNTY COMMISSIONER
NAROK COUNTY

C.C.

Everlyne Nyaboke Nyabuto

Appendix VIII: Permission for data collection from Transmara West Sub-County



REPUBLIC OF KENYA
MINISTRY OF EDUCATION
State Department of Early Learning and Basic Education

Telegrams: "EDUCATION", T/WEST	SUB COUNTY EDUCATION OFFICE
Telephone: KILGORIS 058 5122010	TRANS MARA WEST SUB COUNTY
Telkom Wireless:	P.O. BOX 19, 40700
FAX NO. 058 5122010	KILGORIS
E-Mail: deotranmarawest@yahoo.com When replying please quote;	DATE: 22 nd October, 2021
Ref. No. TM/ED/49/RA/vol. 1/(108)	


TO WHOM IT MAY CONCERN

**RE: AUTHORITY TO CONDUCT RESEARCH
EVERLYNE NYABOKE NYABUTO – 1D/NO.268712**

This is in reference to Records license Ref: No.268712 dated 5th October, 2021.

This office grant her permission to conduct research for the period under license in Trans Mara West Sub County.

Kindly accord her the necessary assistance.


OGUTU CHRISPINE OMONDI
**SUB COUNTY DIRECTOR
TRANS MARA WEST**
CC

SUB COUNTY DIRECTOR OF
EDUCATION
TRANSMARA WEST
P. O. Box 19 – 40700, KILGORIS

The County Director of Education
Narok

DCC
Trans Mara West



OFFICE OF THE PRESIDENT

MINISTRY OF INTERIOR AND COORDINATION OF NATIONAL GOVERNMENT

Telegram: "SUB COUNTY", KILGORS
Telephone: Kilgoris [058 5122002/5122226
Email. dectransmarawest@gmail.com
If calling or telephoning ask for the undersigned.
When replying please quote;

Deputy County Commissioner's Office
Trans Mara West Sub- County,
P.O. Box 1- 40700
KILGORIS

OUR REF: SEC.17/1 L&O.VOL.IV

Date 22nd October, 2021

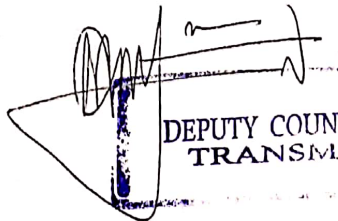
ALL ASSISTANT COUNTY COMMISSIONERS
TRANS MARA WEST

RE: RESEARCH AUTHORIZATION- SR.EVERLYNE NYABOKE NYABUTO

Refer to the above subject matter.

This is to bring to your attention that Sr.Everlyne Nyaboke Nyabuto of Tangaza University College has been authorized to carry out research on "*Perceptions of Persons Living with Disabilities on Government Poverty Alleviation Strategies*" within this Sub County.

Kindly inform all Chiefs and Assistants to accord her all necessary assistance.



DEPUTY COUNTY COMMISSIONER
TRANSMARA WEST

MOHAMED N. HASSAN
DEPUTY COUNTY COMMISSIONER
TRANS MARA WEST