

Home	Blog	My Story	Music	Mpofu Namba-1	Initiatives
Media	Donate	Email Me!			

the catastrophe of being Blind and Disabled in the Corona era “Lessons for Policy makers!” Author Mugambi Paul.

Posted on [March 17, 2020](#)

Spread the love

Share

Kenyans living with disability are a vulnerable group; a larger proportion are older, and with underlying health conditions. Almost half of all people with disability are aged 65 and above. And only 24% of adults with disability experience very good or excellent health, compared with 65% of without disability [world report 2011].

Apparently in Kenya, Disability is generally very misunderstood and very unacknowledged, even though 15 % of disabled Kenyans make up the population.

The world is paying close attention to the outbreak of novel coronavirus, following its emergence in December 2019 in Wuhan, China but the voice of disabled Kenyans is still inadequate.

This is because of lack of political influence, inadequate social services and lack of opportunities to adapt.

This indicates The rest of 85 % of Kenya’s population is engaged.

Over the last six years, the health sector in Kenya has exhibited significant developments, including the introduction of the Linda Mama (free maternity) initiative, the Beyond Zero campaign, efforts to revamp the National Hospital Insurance Fund (NHIF), as well as a multi-million dollar Medical Equipment Leasing scheme aimed at bringing advanced medical equipment closer to citizens across the 47 counties and in key referral facilities.

The inclusion of health in the president’s legacy priorities (Big Four Agenda) underlined this stated commitment to improving healthcare.

This obviously follows the Constitutional requirement, Kenya Health Act 2014 and Kenya Health Policy 2014-30. In addition, Kenya has ascribed to the Sustainable Development Goals (SDGs), including SDG No 3, that commits governments to provide quality healthcare for all.

Are these Kenyan Health regulation disability inclusive?

Data evidence:

According to latest data over 132,000 cases of Coronavirus disease (COVID-19) have been reported and 4,900 people have died. The virus has reached 123 countries [WHO 2020].

How does the virus spread?

Epidemiological evidence shows that 2019 nCoV can be transmitted from one individual to another. During previous outbreaks due to other coronaviruses, including Middle East respiratory syndrome coronavirus (MERS CoV) and the Severe Acute Respiratory Syndrome coronavirus (SARS CoV), human to human transmission most commonly occurred through droplets, personal contact, and contaminated objects (fomites). The modes of transmission of 2019 nCoV are likely to be similar.

The precise zoonotic (animal) origin of the 2019 nCoV is still uncertain. The virus has been identified in environmental samples from a live animal market in Wuhan, and some human cases have been epidemiologically linked to this market. Other coronavirus, such as SARS and MERS, are also zoonotic, and can be transmitted from animals (civet cats and dromedary camels, respectively) to humans.

On the other hand, With the outbreak of a novel coronavirus declared a pandemic by the World Health Organisation, people worldwide are working to address it.

According to the WHO Director-General Tedros Adhanom Ghebreyesus said in a terse statement that this is the first time the world is battling a pandemic against a coronavirus disease.

This has seen nations executing travel bans to sport shutdowns. Meanwhile other countries like Italy, Denmark, Estonia, Latvia and Rwanda have locked out their countries.

Coronavirus is changing life as we know it. It's tough to know who to trust – that's why it's vital to receive facts.

Disabled Kenyans are at higher risk due to the multifaceted related factors in addition of having a disability. WHO is warning people across the world to avoid contact?

But populations in less developed countries like Kenya are wondering how that is possible when they still need to go to search for food, work, purchase items, go to church or mosque or connect with family and friends.

Key factors:

Rise of stigma and discrimination.

Already in existence it will be an upsurge by the lack of shaking hands as announced by the ministry of health.

Of course, Many Blind and disabled persons require support when crossing the busy Thika superhighway or the Westland routes.

For instance, Crutch and white cane users tend to touch metal rails, touching escalator handrails, using traffic light buttons, reaching for train door opening buttons and holding safely on to handrails on public buses and Matatus while crossing, some may require to be held while crossing.

How can we avoid handshake?

I observe many disabled Kenyans are anxious. This is because we can control what we touch, but we can't control what

other people have touched.

Will the ministries of health or ministry of transport provide qualified volunteers?

Or will the ministry of health or transport provide protective products like hand sanitizers to the public transport providers?

I observe, With the Corona in place discrimination and stigma will rise in totality since citizens with out disabilities will be having social distance thus disabled Kenyans might stop seeking services or refuse to travel.

Coupled with poverty levels many disabled Kenyans will not afford the buying of the required protective gears like hand sanitizers.

Second factor is Isolation:

Several studies show disabled persons have lived in isolation for long and this will be a lesson for persons without disabilities.

majority disabled Kenyans are at increased risk of serious or fatal complications from COVID-19 (coronavirus). In an active community outbreak, the safest option may be to self-isolate at home, perhaps for weeks or longer. In order to prepare for this possibility, I believe its high time the Kenyan ministry of health recommends that people at high risk stock up on necessities, including maintenance prescription medication. Worst still, many disabled Kenyans can't take this advice because m95 % of the disabled do not have insurance.

This is a great chance of disability stakeholders to network with the national hospital insurance fund to probably register all disabled persons visiting the health service providers. Moreover, the lack of insurance as a social protection measure has left many disabled Kenyans to be more vulnerable.

Solution for NHIF:

I would suggest NHIF recognizes and automates its system to include the disability card issued by NCPWD.

Absolutely this would increase the uptake of insurance among disabled Kenyans.

Will the Kenyan legislature enact an insurance regulation of eliminating the wait time for employment insurance payments?

Third factor is Logistics:

Unfortunately, accessing the pharmacy can be risky for some disabled Kenyans and people with chronic illnesses and even pregnant women.

. Some people with disabilities may also face logistical challenges in getting to the pharmacy if support services become disrupted due to sudden rise of isolations and being left behind.

Moreover, the Kenyan pharmacy are yet to embrace the mailing services. This could have been a solution instead of putting all at risk.

Will the delivery companies in Kenya grab the opportunity?

The ministry of health has announced measures of

Of ensuring localized outbreaks and social distancing measures are observed.

Absolutely, in some countries already there is massive disruption of supply chains. What can Kenyans with disabilities learn?

Disabled Kenyans and persons with chronic illnesses can't stake their lives on the assumption that the availability of medications will remain stable in the coming weeks and months. They need to be able to stock up now.

I opine that Disrupting treatment always endangers patients, but even more so in a pandemic.

The need for inpatient treatment will likely exceed capacity in many communities. this is because Kenya and other developing countries we still have weak health systems and inadequate health infrastructure. COVID-19 is expected to heavily tax the resources of the Kenyan health care system.

Will Kenya now revisit the Abuja declaration on Health Budgeting?

Further Than, outpatient clinics are likely to have a high number of patients

seeking treatment for COVID-19 symptoms, making avoidable visits risky for those more

vulnerable to complications. Additionally, patients whose chronic conditions are destabilized are in danger of becoming more severely ill if they are infected with COVID-19.

Water access:

In Kenya water access is a major challenge for all. Will the Kenya government break the cartels in the water industry to ensure water is readily available?

In Nairobi, Mombasa, Kisumu and other major towns its proven fact that many households go for several months without accessing running taps and forced to buy. According to UNICEF 40 per cent of the world's population, or 3 billion people, do not have a handwashing facility with water and soap at home. Nearly three quarters of the people in least developed countries lack basic handwashing facilities at home. Further, 47 per cent of schools lacked a handwashing facility with water and soap affecting 900 million school-age children. Over one third of schools worldwide and half of schools in the least developed countries like Kenya have no place for children to wash their hands at all.

Forth factor nonvisual access:

Kenyans who are Blind or visually impaired do not have equal access to quantitative information including charts, graphs, and maps. For example, many of us simply cannot perceive the data visualizations and dashboards that are regularly published by mainstream news organizations. As a result, we often have limited or non-existent access to critical data, including information we need to make informed decisions pertaining to our work, finances and health. As charts depicting the spread of Coronavirus and modelling how to flatten the curve are seen and discussed worldwide with Blind and visually impaired people largely excluded from the conversation, we are starkly reminded that nonvisual access to data is vital to our equality and well-being.

The charts and graphics popularly known as "data visualizations" can – and should – be represented in formats that Blind and visually impaired Kenyans can use.

Effects of COVID-19 on employment:

Centrally, my thoughts seem to be telling me a silent reasonable accommodation revolution in workplaces is being executed globally by Covid-19 as envisaged in the UNCRPD.

For instance, some tech companies Multinational like apple and google are demanding their employee to work at home. According to ILO 2017 with proper reasonable accommodations companies can benefit allot

This is to say that allowing employees to work remotely encourages more equality in the workforce by allowing more people with chronic illness and disabilities to participate and some studies show employees even report that they perform better in remote arrangements.

I believe working at home will assuaged persons with chronic illnesses and also individuals' who are having low immunity.

Will the disability policy makers and employment gurus stakeholders rise to the occasion and present a reasonable accommodation legislation?

Now the people without disabilities we see your ableism tendencies being put in the right place

This shows implementation of disability related rights is possible. Should public and private sector

await a catastrophe to implement disability laws?

It's a fact that in Kenya after the road tragedy in 2002 by the Third president who was sworn on a wheelchair made the signing of the persons with disabilities act 2003.

Will public and private sectors reduce demand for office spaces?

Will public and private sectors in developing nations like Kenya adopt 24 hour economy by having there staff to work on shifts in order to avoid social contact?

Will companies in developing countries stop the analogue economy and switch to digitalization?

What does this mean to both employed and unemployed disabled?

What does COVID-19 mean to the almost 70 % of informal employment in Kenya who do not use digital devices?

All in all, we need disabled persons organizations to be engaged in advocacy on protecting people with disabilities from COVID-19 in both national and county levels.

This is by way of ensuring we have inclusive emergency plans and actions.

The views expressed here are for the author and do not represent any agency or organization.

Mugambi Paul is a public policy, diversity, inclusion and sustainability expert.

This entry was posted in [Building Partnerships](#), [Disability issues](#), [Travels](#) and tagged [Ableism](#), [New age for visually impaired](#), [Abuja declaration](#), [Access for the blind](#), [access to services](#), [Advocacy Inclusion](#), [Big four agenda](#), [blind](#), [braille](#), [Disability persons organizations](#), [Disaster risk management](#), [Health policy](#), [hot96](#), [ILO](#), [kbc channel 1](#), [Kenya bureau of statistics](#), [Ministry of health](#), [Ministry of social services](#), [National council for population](#), [National hospital insurance fund](#), [NCPWD](#), [Non visual access](#), [NTVKENY](#), [Persons with disability act 2003](#), [Public hospitals](#), [public policy](#), [Radio citizen](#), [radio jambo](#), [Reasonable accommodation](#), [standardmedia](#), [Sustainable development goals](#), [switch tv](#), [UNICEF](#), [World Health Organization](#), [World report](#) by [admin01](#). Bookmark the [permalink](#) [<https://www.mugambipaul.com/2020/03/17/the-catastrophe-of-being-blind-and-disabled-in-the-corona-era-lessons-for-policy-makers-author-mugambi-paul/>].