

VISION

Accountability and effective management of public resources.

MISSION

Audit and report on the management of public resources for improved service delivery to the Kenyan People.

CORE VALUES

Integrity

Objectivity

Professional Competency

Innovation

Team Spirit

MOTTO

Enhancing Accountability


Foreword by the Auditor- General

I am pleased to present this performance audit report on Provision of Services to Persons with Disabilities by the National Council for Persons with Disabilities. My Office carried out the audit under the mandate conferred on me by Section 36 of the Public Audit Act, 2015. The Act mandates the Office of the Auditor - General to examine the economy, efficiency and effectiveness with which public money has been expended pursuant to Article 229 of the Constitution of Kenya, 2010.

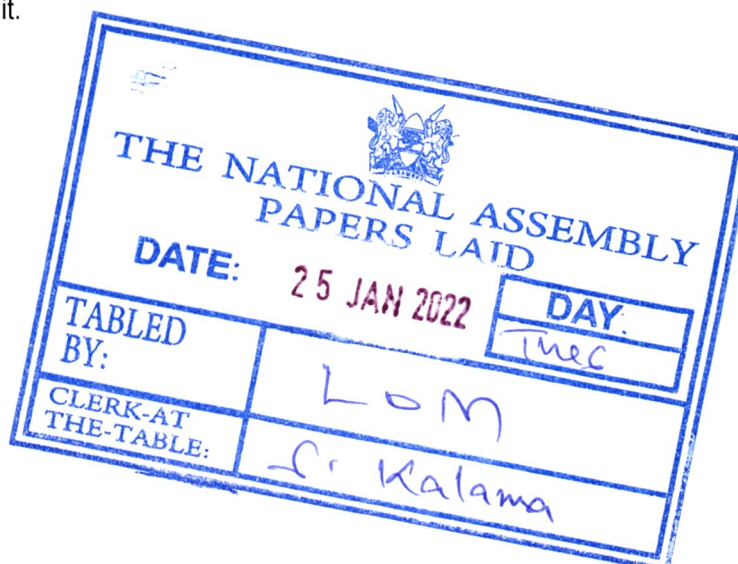
Performance, financial and compliance audits form the three-pillar of audit assurance framework that I have established to give focus to the varied and wide scope of the audit work done by my Office. The framework is intended to provide a high level of assurance to stakeholders that public resources are not only correctly disbursed, recorded and accounted for, but their use results in positive impacts on the lives of all citizens. The main goal of our performance audits is to ensure effective use of public resources and promote service delivery to citizens.

Our performance audits examine compliance with policies, obligations, laws, regulations and standards, and whether the resources are managed in a sustainable manner. They also examine the economy, efficiency and effectiveness with which public resources have been expended. I am hopeful that corrective action will be taken in line with our recommendations in the report.

The report is submitted to Parliament in accordance with Article 229 (7) of the Constitution of Kenya, 2010 and Section 39 (1) of the Public Audit Act, 2015. In addition, I have submitted copies of the report to the Principal Secretary, State Department for Social Protection, Senior Citizens Affairs and Special Programmes, Executive Director, National Council for Persons with Disabilities, the Principal Secretary, National Treasury and the Secretary, President's Delivery Unit.


CPA Nancy Gathungu, CBS
AUDITOR – GENERAL

23 December , 2021



LIST OF ABBREVIATIONS

CCTP	-	Consolidated Cash Transfer Program
DCS	-	Department of Children Services
DMS	-	Director of Medical Services
DPOs	-	Disabled Persons Organizations
DSD	-	Department of Social Development
DSOs	-	Disability Services Officers
INTOSAI	-	International Organization of Supreme Audit Institutions
KEMSA	-	Kenya Medical Supplies Agency
NCPWD	-	National Council for Persons with Disabilities
NDFPWD	-	National Development Fund for Persons with Disabilities
NSPP	-	National Social Protection Policy
PWDs	-	Persons with Disabilities
PWSD-CT	-	Persons with Severe Disabilities Cash Transfer programme
SAGA	-	Semi-Autonomous Government Agency
SAU	-	Social Assistance Unit
SDGs	-	Sustainable Development Goals
UNCRPD	-	United Nations Conventions on the Rights of Persons with Disabilities
WHO	-	The World Health Organization

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EXECUTIVE SUMMARY

Background of the Audit

1. The United Nations Convention on the Rights of Persons with Disabilities defines disability to include those who have long-term physical, mental, intellectual or sensory impairment that in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. The World Health Organization 2011 report on disability estimates that out of the world's population, there are between 15.6% to 19.4% persons with disabilities over the age of 15 years. About 80% of persons with disabilities live-in low-income countries where they experience social and economic disadvantages and denial of rights.
2. The 2009 Population and Housing Census estimated that are 1.3 million persons with disabilities in Kenya, being 3.8% of the population, with a higher percentage living in the rural areas of the country. However, the 2019 census indicated that there were 0.9 million persons with disabilities, representing 2.2% of the population, showing a sharp drop in disability prevalence rate in comparison to the 2009 census.
3. The National Council for Persons with Disabilities (NCPWD) was established through the enactment of the Persons with Disabilities Act. No. 14 of 2003. The mandate of NCPWD is to formulate and implement policies geared towards mainstreaming Persons with Disabilities. NCPWD is a Semi-Autonomous Government Agency (SAGA) in the State Department for Social Protection, Senior Citizens Affairs and Special Programmes in the Ministry of Public Service, Gender, Senior Citizens Affairs and Special Programmes.
4. The Office of the Auditor-General was motivated to carry out the audit after considering that persons with disabilities are entitled to equal protection, benefits and rights to be integrated in the society, without any discrimination. In addition, NCPWD has invested approximately Kshs. 8 billion from the financial years 2013/2014 to 2019/2020 in providing services and support to persons with disabilities by implementing various programmes. It was against this background that the Office of the Auditor- General undertook the audit to assess whether the government was addressing and improving the welfare of persons with disabilities through the programmes run the NCPWD.

Objectives of the Audit

5. The audit objective was to assess whether the government has improved the welfare of persons with disabilities through the programmes implemented by the National Council for Persons with Disabilities.
6. The specific audit objectives were:
 - a. To assess whether the National Council for Persons with Disabilities has ensured registration of all persons with disabilities in the country; and
 - b. To assess the extent to which the welfare of persons with disabilities have been enhanced through implementation of various programmes.
7. The audit focused on the registration of persons with disabilities, the Cash Transfer Programme, the Albinism Support Programme and programmes implemented under the National Development Fund for Person with Disabilities (NDFPWD)¹.
8. The audit covered the financial years 2014/2015 to 2019/2020. The activities examined included those carried out at NCPWD headquarters and county offices headed by the Disability Services Officers (DSOs) as well as the Social Assistance Unit (SAU) under the Ministry of Public Service, Gender, Senior Citizens Affairs and Special Programmes.

Summary of Audit Findings

I. Delay in the Registration of Persons with Disabilities

9. Persons with Disabilities (PWDs) must first be registered with NCPWD to benefit from the programmes offered by the Council. According to the Strategic Plan, 2013 to 2017, NCPWD was expected to have registered 1.4 million PWDs by the financial year 2017/2018. However, as at 30 June, 2020 NCPWD had only managed to register 526,648 PWDs. This means that over 850,000 persons with disabilities had not been registered and therefore could not benefit from the services offered by NCPWD.
10. The delay in registration of PWDs is mainly attributed to delays at the Director of Medical Services (DMS) office in giving the final recommendation for registration of PWDs, rejection of assessment reports at

¹ The Economic Empowerment Programme, the Infrastructure and Equipment Support Programme, the Assistive Devices Programme and the Education Assistance Programme.

DMS office, delay in submission of assessment forms to DMS and failure to follow the right procedure while submitting the assessment forms to the Director of Medical Services.

11. Delays in the registration process denied many deserving PWDs from accessing benefits of the services offered by NCPWD as they could not benefit from any of the services until they were registered.

II. The Cash Transfer Programme has not Substantially Improved the Livelihoods of Persons with Severe Disabilities

12. The Cash Transfer Programme aims at enhancing the capacities of caregivers through cash transfer, thereby improving the livelihoods of persons with severe disabilities and mitigating the effects of disabilities in the households.
13. The initial findings of the Cash Transfer Programme indicated cases of beneficiaries' not collecting payments. The non-collection of payments was attributed to the proximity of the caregivers to the designated payment points and lack of awareness on payment dates. This was mainly because the service level agreement required beneficiaries to collect payments at the designated payment points within a specified period of time, failure to which the money could only be accessed in the next payment cycle.
14. Another challenge that contributed to non-collection of payments was that the payment method was card based; where once a beneficiary had been enrolled in the programme, caregivers were to be issued with a payment card to enable them collect payments. The service provider was also required to make replacement of cards as and when need arose. The set timelines for card issuance and card replacement were 30 and 60 days, respectively. However, there were delays in card issuance and card replacement, which delayed the beneficiaries from collecting their payments.
15. In an effort to address the challenges affecting the programme, as at the time of finalizing this audit report, NCPWD through the Social Assistance Unit rolled out a cash transfer migration for 47,000 beneficiaries from the card-based system to an account-based payment model. Despite the migration to an account-based system, the Cash Transfer Programme experienced delays in disbursement of funds due to delay in release of the exchequer from the National Treasury. This led to unpredictable payment cycles, making it difficult for caregivers to provide essential support to beneficiaries.

16. In addition, the Cash Transfer Programme has not mitigated the effects of disabilities in households. Out of the 64 caregivers interviewed, 23 revealed that the cash transfer stipend of Kshs. 2,000 per month was their only source of income to meet basic needs such as feeding, toiletry, and other needs for the beneficiary. Considering that the stipend is meant for those households that are categorized as extremely poor and vulnerable and had a member with severe disability, the amount was not sufficient to provide basic needs. Further, it was more challenging in situations where the nature of disability required frequent medical care.
17. Depending on the form of disability and the financial status of the caregiver, the stipend may have minimal impact on the beneficiary. The minimal impact is attributed to the fact that the cash transfer value is not proportional to the country's inflation rate. Whereas the stipend of Kshs.2,000 could have had impact on the beneficiary 10 years ago, at the inception of the programme, with the passage of time, inflation has eroded the value of this benefit. According to the Consolidated Cash Transfer Programme Manual, the Social Assistance Unit was to review the effects of inflation on the purchasing power of the amount of cash transfer periodically and make recommendations on whether or not there is need to adjust the benefit in line with inflation but this did not happen.

III. The Economic Empowerment Programme has not Improved the Economic Status of Persons with Disabilities

18. The Economic Empowerment Programme aims at helping persons with disabilities to gain self-sufficiency in generating income and gaining skills and experience to access loans to grow their businesses. Groups are empowered by awarding them grants to either start income generating activities or engage in table banking. Analysis of applications for funding indicated that out of 2,098 groups that applied for the grant during the financial years 2017/2018 to 2019/2020, NCPWD only awarded grants to 578 groups, representing 28% of the groups that had applied for the grant.
19. Under the Economic Empowerment Programme, groups are awarded grants to either start income generating activities or engage in table banking. NCPWD is required to consider the viability of a project before approving for funding. The viability of a project is determined by its ability to sustainably generate income. However, analysis of implemented projects indicated that most of the groups engaged in economic activities that were not generating income. Therefore, the projects were not sustainable.

20. The non-sustainability was attributed to the fact that the amount granted to each of the group was not adequate to start viable projects, marketing was also a challenge, in other circumstances the risk was unforeseeable for example in poultry farming where animals could die due to disease outbreak while in other instances the group would disintegrate due to disagreement among the members. Training did not also help because despite the groups being trained prior to receiving the funds success and sustainability of the projects was still a challenge.

IV. The Albinism Support Programme has not Adequately Addressed Skin Care Requirements of Persons with Albinism

21. The Albinism Support Programme aimed at cushioning persons with albinism from the effects of harmful sunrays. This is by providing skin care items, provision of cancer screening services and comprehensive eye care. The audit found that to some extent, the PWAs were receiving skin care items as well as cancer screening services. However, the programme may fail to achieve its objective due to failure by PWAs to collect skin care items as expected as well as unavailability of cancer screening services.
22. Persons with Albinism are entitled to one of each skin care items every month. However, out of 575 PWAs registered in 10 out of the 15 sampled hospitals, only half were actively collecting the skin care items. Inconsistency or failure of PWAs to collect skin care items may result in the risk of PWAs running out of skin care items, risking exposure to harmful sunrays. In addition, some hospitals continued to receive skin care items despite the low collection, leading to overstocking and eventual expiry of the skin care items. Therefore, indicating lack of value for money on the expenditure incurred to procure the skin care items.
23. The National Council for Persons with Disabilities is required to offer skin cancer screening to PWAs to help in detecting early signs of cancer. However, interviews with PWAs indicated that not all beneficiaries were receiving these services. Lack of skin cancer screening was attributed to; non-functionality of the cryotherapy machines, lack of necessary training on the use of the machines and lack of awareness on the need for skin cancer screening by PWAs. Lack of training and sensitization of hospital staff resulted in some of the cryotherapy machines lying idle since hospital staff could not operate them, denying beneficiaries access to cancer screening services. Failure to have early detection of skin cancer may result to poor outcomes on treatment of PWAs due to late diagnosis of cancer, which in some instances may lead to death.

V. The Infrastructure and Equipment Support Programme has not Adequately Improved the Status of Institutions Supporting Learners with Disabilities

24. In this programme, NCPWD aims at enabling the maintenance and growth of organizations that provide education or social services to persons with disabilities. This is through supporting the establishment, expansion and equipping of special learning institutions.
25. The audit established that NCPWD had provided infrastructural grants of Ksh.2 million per institution. However, the audit found that the programme had only benefitted a small proportion of institutions out of the many deserving cases. Review of the 2017/2018 to 2019/2020 application data indicated that out of 428 institutions that applied for the grant, NCPWD only managed to give grants to 112 institutions.
26. The National Council for Persons with Disabilities is required to approve projects whose budget does not exceed Kshs. 2 million. However, documentary review revealed that NCPWD had approved projects whose Bill of Quantities exceeded Kshs. 2 million. Therefore, the projects could not be completed. Due to failure to complete the infrastructure projects, funds were tied up in stalled projects thus no benefits were accruing to the beneficiaries of the programme.

VI. The Assistive Devices Programme has not Adequately Addressed the Needs of Persons with Disabilities

27. The Council through the National Development Fund for Persons with Disabilities (NDFPWD) supports the provision of assistive devices and services to PWDs in Kenya to enable these individuals to function in the society. Review of data provided on the number of applicants compared with beneficiaries issued with assistive devices indicated that in the financial years 2017/2018 to 2019/2020, NCPWD had on average issued assistive devices to 80% of applicants.
28. Although NCPWD had issued devices to 80% of applicants, interviews with sampled beneficiaries indicated that most of PWDs did not get the devices during the period they had applied in. Further, analysis of interview responses revealed that only 9 out of the 24 PWDs who had applied for assistive devices received within the year they made applications.
29. Interviews conducted with 24 beneficiaries who had applied for assistive devices revealed that only two had attached a professional medical assessment report prior to being issued with an assistive device. Further, documentary review of applications for assistive devices, issuance lists and delivery notes

indicated instances where devices were issued without following the required process. For example, 965 assorted devices were issued in the financial year 2016/2017. However, there were no application forms and medical assessment reports attached to the requests.

30. Failure to follow the due process may result in giving devices that are not appropriate or do not meet the needs of the beneficiaries which may prevent NCPWD from achieving its objective of creating independence and enabling PWDs to function in the society.

VII. The Education Assistance Programme did not Enhance the Retention and Continuity of Education for Persons with Disabilities

31. The Education Assistance Programme aims to improve the enrolment, retention and completion of the education cycle for persons with disabilities, with the intention of an eventual engagement in decent and gainful employment. As at March 2018, NCPWD had issued education bursaries to more than 700 learners with disabilities.
32. Analysis of funding documents obtained from NCPWD revealed that out of the 21,289 students that applied for education assistance in the financial years 2017/2018 to 2019/2020, only 7,816 (37%) were granted education assistance. This implies that a significant proportion of students who applied for the funds were not funded.
33. Further, audit findings indicate that NCPWD supported 244 beneficiaries through the programme. However, the bursary amount allocated was not sufficient for learners' fee requirements as evidenced by 222 learners who were awarded 50% and below of their fee requirement. Therefore, the programme has not guaranteed retention of learners in institutions of learning.
34. Interviews with the Head of Disabilities Services Department and Disability Services Officers revealed that education assistance is in form of bursary and not full scholarship, hence there was no guarantee of funding in subsequent years.

Conclusion

35. The National Council for Persons with Disabilities has to some extent improved the welfare of Persons with Disabilities (PWDs) by ensuring that their integration, welfare and other matters affecting them are addressed. Through the Council, the stigma and negative cultural beliefs associated with PWDs are reducing with the society accepting that disability is not inability.

Further, through legislations, regulations and practice, the government has introduced affirmative action of PWDs in procurement, employment and representation. However, although PWDs are slowly being integrated in the society through implementation of various programmes, the Council still faces challenges as explained below;

36. Although NCPWD has invested over Kshs. 8 billion from the financial year 2013/2014 to 2019/2020, in an effort to improve the welfare of persons with disabilities, the beneficiaries may not feel the intended impact due challenges experienced in the implementation of the programmes.
37. Registration is a pre-requisite to receive services from the Council. However, according to the 2019 Population and Housing Census, 370,000 out of 900,000 are yet to be registered. This indicates that 41% of PWDs cannot access or benefit from any of the services offered by NCPWD.
38. Delays in registration of PWDs is mainly attributed to delays at the Director of Medical Services office in giving the final recommendation for registration of PWDs and other bottlenecks in the registration process. Delay at the DMS office is attributed to lack of legislation on the role of DMS in assessing and recommending PWDs for registration.
39. The Cash Transfer Programme has not improved the livelihoods of persons with severe disabilities as the stipend granted of Kshs. 2,000 has remained the same for 10 years since the inception of the programme and therefore, with the passage of time, inflation has eroded the value of this benefit.
40. The programme does not also consider the form of disabilities and the particular circumstances of the caregivers, which has direct effects on how the programme can mitigate the effect of disabilities in the households.
41. The programmes implemented by NCPWD through the National Development Fund for Persons with disabilities have not adequately created an impact on lives of PWDs as was intended as detailed below;

- i. The Economic Empowerment Programme has not helped persons with disabilities to gain self-sufficiency. This is attributed to the fact that only a limited number of groups accessed the grant, those funded groups did not engage in economic activities that were sustainable.
- ii. The Albinism Support Program has not fully cushioned all Persons with Albinism (PWAs) from the harmful effects of sunrays because 50% of PWAs did not collect skin care items due to lack of awareness and proximity to designated hospitals. In addition, there was inefficiency in provision of cancer screening services to PWAs.
- iii. The welfare of learners with disabilities has not adequately improved through the infrastructure and equipment support program because only a few institutions were funded. In addition, while some of the funded institutions completed and put their projects into use, others had not completed or had completed but had not equipped the facilities.
- iv. The Assistive Devices Programme has not effectively addressed the needs of persons with disabilities mainly due to the fact that programme did not ensure equity in distribution of the assistive devices. Further, the programme did ensure that the devices issued were appropriate to the needs of the beneficiaries.
- v. The Education Assistance Programme has not guaranteed the retention of PWDs in institutions of learning until completion of their studies mainly because the bursary is granted on a one-off basis to the learners as opposed to full scholarship. Further, only a limited number of beneficiaries have benefitted from the programme.

Recommendations

42. In view of the findings and conclusions of the audit, the Auditor-General proposes the following recommendations for implementation by the National Council for Persons with Disabilities and the Ministry of Public Service, Gender, Senior Citizens Affairs and Special Programmes.
43. To ensure that NCPWD improves the welfare of persons with disabilities through its various programmes, the Council should prioritise the implementation of programmes that will greatly impact on the lives of PWDs.
44. To ensure that all persons with disabilities benefit from the services offered by NCPWD:

- i. The Ministry of Public Service, Gender, Senior Citizens Affairs and Special Programmes should ensure adequate legislation to facilitate the registration of persons with disabilities; and
 - ii. The National Council for Persons with Disabilities should streamline all the bottlenecks that cause delays in the registration process.

45. To ensure that the Cash Transfer Programme impacts positively on the welfare of persons with severe disabilities:
 - i. The Social Assistance Unit in collaboration with NCPWD should review the initial stipend provided so that it is proportionate to the current inflation rate; and
 - ii. The Ministry Public Service, Gender, Social Protection, Senior Citizens Affairs and Special Programmes should ensure that funds are disbursed in good time to avoid delays in payments to beneficiaries.

46. To ensure that the Economic Empowerment Programme achieves its intended purpose, NCPWD should address the challenges encountered during the implementation of the programme. This will ensure sustainability of funded projects thereby helping persons with disabilities to gain self-sufficiency in generating income.

47. To ensure that the Albinism Support Program improves the welfare of persons with albinism, NCPWD should:
 - i. Ensure that awareness programme is effectively carried out by the organizations that are contracted to carry out the awareness programme;
 - ii. Reconsider the current arrangement where persons with albinism can only collect their skin care items from the hospital they are registered;
 - iii. Work closely with the designated hospitals to avoid instances of expired skin care items; and
 - iv. Ensure that persons with albinism are accessing cancer screening services.

48. To ensure that the Infrastructure and Equipment Support Programme improves the welfare of learners, NCPWD should:
 - i. Ensure that all infrastructural projects are completed and put into their intended use; and
 - ii. Offer appropriate technical support to the funded institutions.

49. To ensure that the Assistive Devices Programme properly addresses the needs of persons with disabilities, NCPWD should ensure that the process of application and issuance of assistive devices is streamlined. This will enhance equity in distribution of assistive devices and ensure that devices issued are appropriate to the needs of the beneficiaries.
50. To ensure that the Education Assistance Programme guarantees the retention of PWDs in learning institutions until completion of their studies, NCPWD should:
 - i. Ensure that there is continuity in the award of bursary to student each year; and
 - ii. Ensure timely disbursement of education grants to avoid disruption of studies.

1.0 BACKGROUND OF THE AUDIT

Introduction

- 1.1. The United Nations Convention on the Rights of Persons with Disabilities defines disability to include those who have long-term physical, mental, intellectual or sensory impairment that in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. According to Article 260 of the Constitution of Kenya, 2010 disability is perceived to have substantial or long-term effects on an individual's ability to carry out ordinary day-to-day activities.
- 1.2. The World Health Organization 2011 report on disability estimates that out of the world's population, there are between 15.6% to 19.4% persons with disabilities over the age of 15 years. About 80% of persons with disabilities live in low income countries where they experience social and economic disadvantages and denial of rights. The lives of Persons with Disabilities (PWDs) is challenging due to the way the society interprets and reacts to disability. In addition, environmental barriers and poor policies worsen the impact of disability.
- 1.3. The 2009 Population and Housing Census estimated that there are 1.3 million persons with disabilities in Kenya, being 3.8% of the population, with a higher percentage living in the rural areas of the country. However, the 2019 census indicated that there were 0.9 million persons with disabilities, representing 2.2% of the population, showing a sharp drop in disability prevalence rate in comparison to the 2009 census.
- 1.4. The National Council for Persons with Disabilities (NCPWD) was established through the enactment of the Persons with Disabilities Act. No. 14 of 2003. The mandate of NCPWD is to formulate and implement policies geared towards mainstreaming Persons with Disabilities.
- 1.5. The National Council for Persons with Disabilities is a Semi-Autonomous Government Agency (SAGA) in the State Department for Social Protection, Senior Citizens Affairs and Special Programmes in the Ministry of Public Service, Gender, Senior Citizens Affairs and Special Programmes.
- 1.6. Within NCPWD, a National Development Fund for Persons with Disabilities (NDFPWD) was established under the provision of the Persons with Disabilities Act. No. 14 of 2003. The Fund

provides PWDs with assistive devices, economic empowerment, education assistance and infrastructural and equipment support.

- 1.7. The National Council for Persons with Disabilities in collaboration with the State Department for Social Protection, Senior Citizens Affairs and Special Programme also supports Persons with Severe Disabilities through the Persons with Severe Disabilities Cash Transfer programme (PWSD-CT). The overall objective of PWSD-CT is to empower and enhance the capacities of the caregivers through cash transfers, thereby improving the livelihoods of persons with severe disabilities. Further, NCPWD implements the albinism programme by providing skin care items to persons with albinism (PWA).

Motivation for the Audit

- 1.8. The Auditor- General authorized the audit having considered that persons with disabilities are entitled to equal protection, benefits and rights to be integrated in the society, without any discrimination. In addition, the following factors motivated the Auditor -General to carry out the audit.
 - i. Article 21 (3) of the Constitution of Kenya, 2010 obligates all state organs and all public officers to address the needs of vulnerable groups within the society, including persons with disabilities.
 - ii. The Sustainable Development Goals (SDG) number 1 and 10 that aim at eradicating poverty in all its forms and reducing inequalities by adopting social protection policies that promotes economic inclusion, respectively. The audit is therefore important to assess whether the government through NCPWD is working towards achievement of these goals.
 - iii. The government through NCPWD has invested approximately Kshs. 8 billion from the financial years 2013/2014 to 2019/2020 in providing services and support to persons with disabilities by implementing various programmes. It is therefore important to ascertain whether the programmes have improved the welfare of persons with disabilities.
 - iv. Vision 2030, under the Social Pillar makes special provisions for Kenyans with various disabilities by ensuring that issues that directly affect PWDs are adequately addressed

in; policies & legal frameworks, programmes & projects, the National Development Fund for Persons with Disabilities and commissioning of vulnerable groups flagship projects. The audit is important to ascertain whether the issues that affect persons with disabilities are adequately addressed.

- v. Further, effective implementation of programmes addressing the needs of PWDs will greatly influence the attainment of; the United Nations Conventions on the Rights of Persons with Disabilities, 2008 and the National Social Protection Policy, 2011 that seeks to provide income security through social assistance to persons with disabilities.

2.0 DESIGN OF THE AUDIT

Objective of the Audit

- 2.1. The audit objective was to assess whether the government has improved the welfare of persons with disabilities through the programmes implemented by the National Council for Persons with Disabilities (NCPWD).
- 2.2. The specific audit objectives were:
- a. To assess whether the National Council for Persons with Disabilities has ensured registration of all persons with disabilities in the country; and
 - b. To assess the extent to which the welfare of persons with disabilities have been enhanced through implementation of the following programmes.
 - i. The Cash Transfer Programme
 - ii. The Economic Empowerment Programme
 - iii. The Albinism Support Programme
 - iv. The Infrastructure and Equipment Support Programme
 - v. The Assistive Devices Programme
 - vi. The Education Assistance Programme

Audit Questions

- 2.3. The main audit question was “to what extent have the programmes implemented by the National Council for Persons with Disabilities improved the welfare of persons with disabilities?”
- 2.4. The sub-questions for the audit were:
- i. Has NCPWD ensured adequate registration of persons with disabilities?
 - ii. With regards to the Cash Transfer Programme;
 - a. Do beneficiaries receive their payments regularly?
 - b. To what extent is the amount granted able to offer relief to persons with severe disabilities?
 - iii. With regards to the Economic Empowerment Programme;
 - a. Are groups eligible for the programme accessing grants and engaging in income generating activities?

- b. Are the income generating activities sustainable?
- iv. With regards to the Albinism Support Programme;
 - a. Are beneficiaries accessing skin care items as expected?
 - b. Are beneficiaries accessing skin cancer screening services as required?
- v. With regards to the Infrastructure and Equipment Support to Education Institutions;
 - a. Are institutions accessing the grant?
 - b. Are approved projects completed and put into the intended use?
- vi. With regards to the Assistive Devices Programme;
 - a. Do the intended beneficiaries receive assistive devices?
 - b. Are the devices appropriate to their needs?
 - c. Are the devices received in good time?
- vii. With regards to the Education Assistance Programme;
 - a. Does the bursary scheme ensure improved enrolment, retention and completion of the education cycle for learners with disabilities?

Scope of the Audit

- 2.5. The audit focused on the registration of persons with disabilities, the Cash Transfer Programme, the Albinism Support Programme and programmes implemented under the National Development Fund for Person with Disabilities (NDFPWD)².
- 2.6. The audit covered the financial years 2014/2015 to 2019/2020. The activities examined included those carried out at NCPWD headquarters and county offices headed by the Disability Services Officers (DSOs) as well as the Social Assistance Unit (SAU) under the Ministry of Public Service, Gender, Senior Citizens Affairs and Special Programmes.

Methods of Gathering Audit Evidence

- 2.7. The audit was conducted in accordance with the International Standards of Supreme Audit Institutions (ISSAIs) issued by the International Organization of Supreme Audit Institutions (INTOSAI). ISSAIs require that the audit and the Supreme Audit Institution (SAIs) must be independent, possess the required competence and exercise due care to provide a guide on

² The Economic Empowerment Programme, the Infrastructure and Equipment Support Programme, the Assistive Devices Programme and the Education Assistance Programme.

execution and reporting of audit findings. Further, the audit team adhered to relevant policies and guidelines established by the Office of the Auditor - General.

- 2.8. To understand the provision of services to persons with disabilities, audit evidence was gathered through document review, interviews and physical verification. Interviews were conducted with beneficiaries of various programmes and staff of the National Council for Persons with Disabilities and the Social Assistance Unit. The counties sampled for the audit included Nairobi, Nakuru, Kisii, Kisumu, Kakamega, Trans-Nzoia, Uasin Gishu, Makueni, Muranga, Kajiado, Machakos and Kiambu. The details of the documents reviewed are summarised in [Appendix 1](#).

Audit Criteria

- 2.9. The assessment criteria for the audit was drawn from the National Council for Persons with Disabilities Act No. 14 of 2003, NCPWD Strategic Plan, 2013 to 2017, NCPWD Operations Manual, 2014, NCPWD Service Charter, the Consolidated Cash Transfer Manual, the Service Level agreement, the Social Protection Policy, disability assessment registers and disability assessment reports, among other documents.

3.0 DESCRIPTION OF THE AUDIT AREA

Institutional Framework

A. The Ministry of Public Service, Gender, Senior Citizens Affairs and Special Programmes

- 3.1. The Ministry of Public Service, Gender, Senior Citizens Affairs and Special Programmes, through the State Department for Social Protection, Senior Citizens Affairs and Special Programmes has the mandate of formulating, reviewing and implementing social security, employment, programmes for persons with disabilities. It also protects and advocates for the needs of persons with disabilities and social assistance programme.
- 3.2. One of the key agencies within the State Department for Social Protection, Senior Citizens Affairs and Special Programmes is the National Council for Persons with Disabilities. It protects and advocates for the needs and rights of persons with disabilities.

B. The Social Assistance Unit

- 3.3. The Social Assistance Unit (SAU) is a unit in the State Department of Social Protection, Senior Citizens Affairs and Special Programmes under the Ministry of Public Service, Gender, Senior Citizens Affairs and Special Programmes. It is mandated to coordinate the day-to-day implementation of the Consolidated Cash Transfer Programme (CCTP) at the national level. The Persons with Severe Disabilities Cash Transfer (PWSD-CT) programme is one of the programmes under the Consolidated Cash Transfer Programme. There are seven sections under SAU:
 - i. Administration;
 - ii. Targeting, Enrolment and Recertification (TER);
 - iii. Management Information Systems (MIS);
 - iv. Payments;
 - v. Monitoring, Evaluation and Research (ME&R);
 - vi. Grievances and Case Management (G&CM); and
 - vii. Communication.

3.4. There are liaison officers who have been appointed to act as a link between SAU and the State Department for Social Protection. The liaison officers are the key implementers of the Cash Transfer Programme.

C. The National Council for Persons with Disabilities

3.5. The National Council for Persons with Disabilities (NCPWD) is a state corporation established by an Act of parliament, the Persons with Disability Act, 2003. NCPWD is mandated to formulate policies and promote mainstreaming of disabilities into all aspects of national development.

Strategic Objectives of the National Council for Persons with Disabilities

- 3.6. The following are the strategic objectives of the National Council for Persons with Disabilities:
- i. To provide information on PWDs in Kenya;
 - ii. To enhance inclusion and participation of PWDs in socio-economic and political development;
 - iii. To promote inclusion of PWDs in the society; and
 - iv. To improve service delivery and coordination of NCPWDs functions, programmes and activities.

The Organization Structure of the National Council for Persons with Disabilities

3.7. The National Council for Persons with Disabilities is governed by the Board of Directors whose responsibility is to provide policy guidelines. NCPWD is headed by a Director who ensures proper and efficient management of day-to-day operations. NCPWD has nine departments namely: Disability Services and Programmes, Finance and Accounts, Human Resource Management and Administration, Planning, Legal, Public Communications, Supply Chains Management, ICT and Internal Audit. NCPWD has 47 county offices headed by Disability Services Officers (DSOs). DSOs report to the Disability Services Department which is responsible for planning and implementing NCPWD programmes. The detailed organization structure is illustrated in [Appendix 2](#).

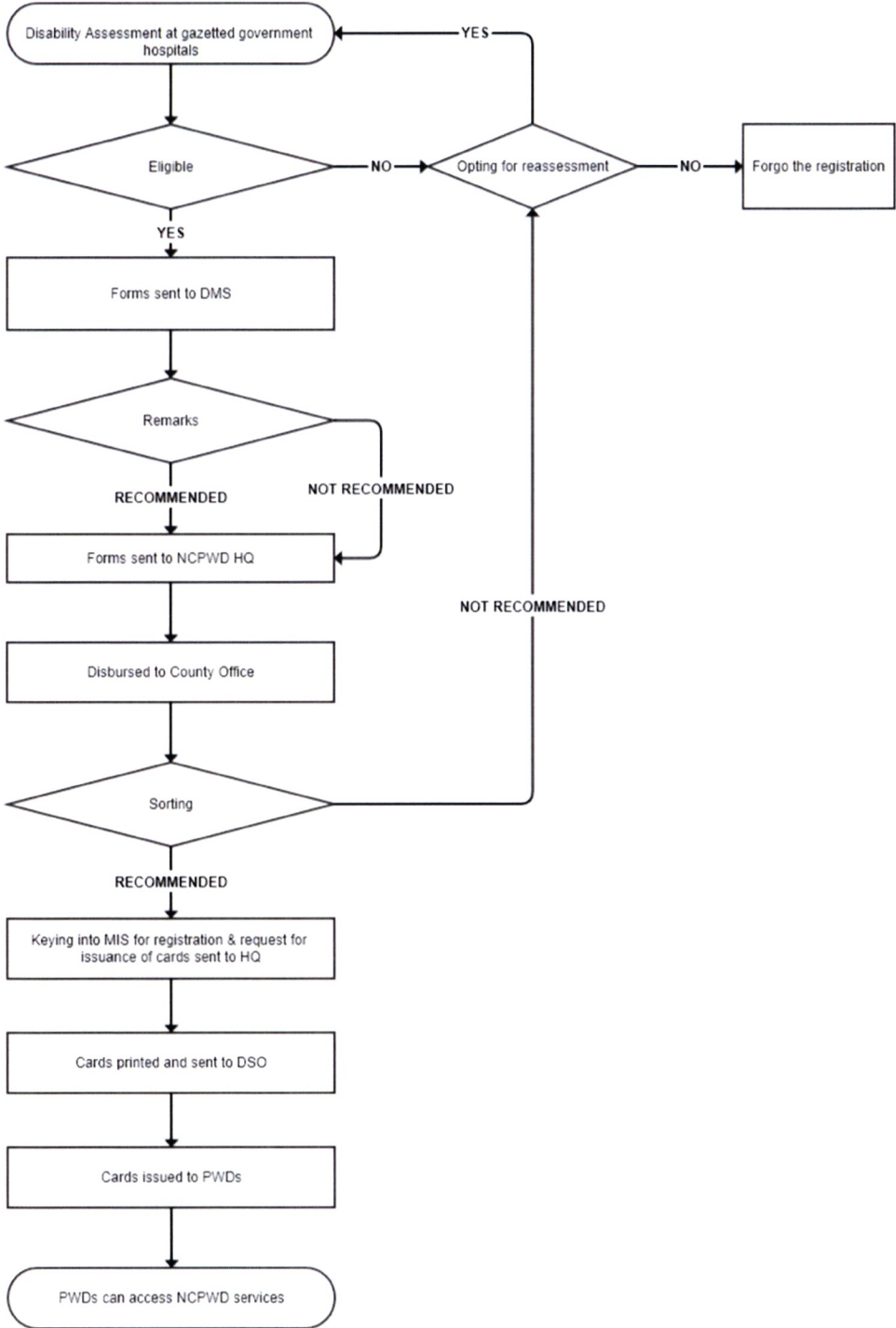
Programmes Implemented by the National Council for Persons with Disabilities

- 3.8. The National Council for Persons with Disabilities delivers its mandate through a wide range of programmes. These include:
- i. Programmes under the National Development Fund for Persons with Disabilities (NDFPWDs);
 - ii. The Cash Transfer Programme for Persons with Severe Disabilities (CT-PWSDs);
 - iii. The Albinism Support Programme;
- 3.9. Persons with disabilities must first be registered with NCPWD in order to benefit from the above programmes.

I. The Registration Process for Persons with Disabilities

- 3.10. According to the Persons with Disability Act, 2003, NCPWD is mandated to register persons with disabilities. The process of registration starts with individuals visiting gazetted government hospitals for disability assessment by medical assessment teams. The teams write medical assessment reports and forward them to the Director of Medical Services (DMS). The Director of Medical Services evaluates the medical assessment report to either reject or recommend a person for registration as a PWD. For registration purposes, the office of the Director of Medical Services has established disability medical assessment committees in all level 4 and 5 hospitals to carry out disability medical assessments.
- 3.11. The evaluated reports, both rejected and recommended, are forwarded to NCPWD head office for sorting and onward forwarding to respective disability offices in various counties. The “recommended forms” are keyed into the system and then a request for a disability identity card is placed at NCPWD head office. Once the cards are printed, they are sent back to the county application centres for issuance. At this point, an applicant is deemed to have qualified for all the services offered by NCPWD. According to the Service Charter, the process of issuance of disability identity cards should take a period of six weeks. The registration process is described in **Figure 1**.

Figure 1: The Registration Process for Persons with Disabilities



Source: OAG - Kenya Analysis of NCPWD Registration Documents

II. The National Development Fund for Persons with Disabilities

3.12. Section 32(1) of the Persons with Disabilities Act, 2003, established the National Development Fund for Persons with Disabilities. The Fund aims at reducing the link between poverty and disability by providing financial support to individuals and organisations for persons with disabilities.

3.13. The Fund has its own operating budget distinct from NCPWD. The Fund is governed by a Board of Trustees consisting of:

- i. The chairman of NCPWD;
- ii. The director of NCPWD who shall be the secretary appointed by the Cabinet Secretary;
- iii. A representative of the Ministry of Public Service, Gender, Senior Citizens Affairs and Special Programmes appointed by the Cabinet Secretary;
- iv. A representative of the Ministry of Finance appointed by the Cabinet Secretary;
- v. Four representatives appointed by NCPWD consisting of;
 - One representative nominated by organizations of persons with visual disabilities;
 - One representative nominated by organizations of persons with hearing disabilities;
 - One representative nominated by organizations of persons with mental disabilities;
 - One representative nominated by organizations of persons with physical disabilities; and
 - Not more than three persons co-opted by NCPWD to represent the donors that in its opinion have substantially supported the welfare of persons with disabilities.

3.14. The Fund currently supports the following funding categories:

- i. Assistive devices to support PWDs to live independently;

- ii. Education assistance through bursaries to improve access to education and training to PWDs;
- iii. Economic empowerment to communities and self-help groups through common projects and revolving fund schemes to help PWDs gain self-sufficiency; and
- iv. Infrastructure and equipment support to schools and institutions for PWDs.

a. [The Assistive Devices Programme](#)

- 3.15. Assistive devices and services are any product or service designed to enable greater independence for persons with disabilities. Assistive devices include; wheelchairs, crutches, hearing aids, callipers, surgical boots and prosthetic arms or legs. An example of an assistive service is sign language translation.
- 3.16. The Fund supports the provision of assistive devices and services to persons with disabilities by giving priority to individuals requiring assistance to function in a learning, training or work environment.
- 3.17. Persons with disabilities apply for assistive devices or services through Disability Services Officers at county offices. The applicant is required to complete the 'Assistive Devices and Services' application form and submit it to the Disability Services Officer's office.
- 3.18. Application forms are vetted by county vetting committees who approve the applications before submitting the forms to NCPWD head office for approval by the Board of Trustees. Successful applications are processed and devices procured from pre-qualified suppliers.
- 3.19. Documents required for application of assistive devices include;
- i. Professional assessment report by a specialist with knowledge of the type of disability the individual has;
 - ii. Letter of recommendation from area regional administration officer, Chief or Assistant Chief, confirming one is a resident in that area, and needs an assistive device;
 - iii. Copy of medical report certifying that an individual has a disability; and
 - iv. A pro forma invoice in case one would wish to purchase the device locally.

b. The Educational Assistance Programme

3.20. The Education Assistance Programme aims to empower persons with disabilities by enhancing opportunities in education, training and rehabilitation institutions. The nature of funding for education assistance is in the form of bursary and not full scholarship. The bursaries are awarded on an annual basis with no guarantee of future funding. The age limit for the education assistance funding is up to 50 years. The maximum funding amount for primary education is Ksh.20,000, secondary education Ksh.30,000, Tertiary education is Ksh.40,000 and Ksh.50,000 for university education.

c. The Economic Empowerment Programme

3.21. Under this programme, the Fund provides grants to community and self-help groups for economic empowerment or revolving fund schemes. The Fund aims at helping persons with disabilities to gain self-sufficiency in generating income and gain skills and experience to access the loans required to grow their businesses. The groups must be of and for persons with disabilities, which includes the caregivers of PWDs. The groups must have been in existence for at least one year to be eligible for funding.

3.22. Application for income generating activities must indicate a clear understanding of demand in the local market. For instance, an indication that products will sell and make a profit. The application must also indicate the benefits the proposed business will accrue to PWDs in the community.

3.23. The National Council for Persons with Disabilities is required to conduct a thorough assessment of proposed project in order to reduce the risk that the business will not achieve the intended results. This can be achieved by assessing the technical ability of groups applying for grants and the viability of the proposed businesses.

3.24. The National Council for Persons with Disabilities also provides relevant training courses to beneficiaries before disbursing grants. Successful applicants are required to sign a Memorandum of Understanding (MOU) containing clear terms and conditions. Beneficiaries must provide quarterly project status reports as a monitoring tool, explaining how the funds have been utilised.

d. The Infrastructure and Equipment Support Programme

3.25. The infrastructure and equipment grant helps in the maintenance and growth of organizations which provide education or social services to PWDs. Organizations eligible for support include; Education institutions (special schools, special units and social service delivery organizations), Non-Government Organizations and Social Care institutions. The support given includes construction of classrooms, dormitories, pavement walkways, water tanks, renovations of old buildings, among others. The maximum amount for funding is Kshs. 2 million per institution.

III. Persons with Severe Disabilities Cash Transfer Programme

3.26. The Persons with Severe Disabilities Cash Transfer Programme (PWST-CT) targets persons with severe disabilities. The overall objective of the programme is to enhance the capacities of caregivers through cash transfer, thereby improving the livelihoods of persons with severe disabilities and mitigating the effects of disabilities in households.

3.27. The Consolidated Cash Transfer Programme (CCTP) Manual defines a person with severe disability as one who needs permanent care including feeding, toiletry and protection from danger by other persons. Persons with severe disabilities need full time support offered by caregivers to ensure their needs are attended to.

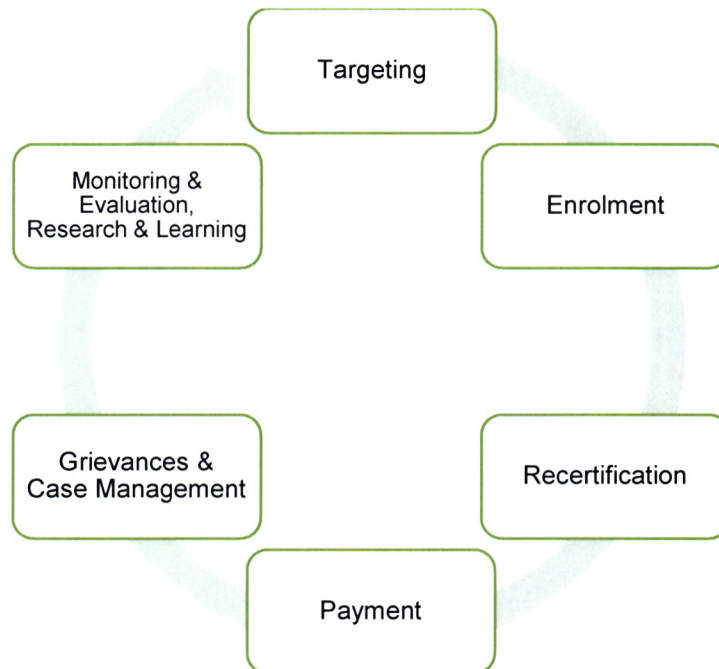
3.28. The State Department of Social Protection, Senior Citizens Affairs and Special Programmes through the Social Assistance Unit (SAU) is in charge of implementing the programme. Each household is entitled to Kshs. 4,000 every two months. Payments are done through the Kenya Commercial Bank (KCB), the Equity Bank, the Cooperative Bank and the Postal Corporation of Kenya, who are the contracted payment service providers.

3.29. The requirements for the Cash Transfer Programme include;

- i. A household that is categorized as extremely poor and vulnerable and has a member with severe disability;
- ii. The household is not enrolled in any other cash transfer programme;
- iii. Proof of the requirements in the ranking criteria; and
- iv. A copy of national identification card or that of the guardian if the person is under 18 years.

3.30. The implementation of the Cash Transfer Programme involves; targeting, enrolment, recertification, payments, grievance & case management, monitoring & evaluation, research and learning as described in **Figure 2**.

Figure 2: The Process of Implementing the Cash Transfer Programme



Source: Consolidated Cash Transfer Programme Operations Manual

a) Targeting

3.31. Targeting is the process of identifying eligible households for the Cash Transfer Programme with the purpose of making the best use of scarce resources. This is done by identifying those who need the programme intervention most and for whom the greatest poverty reduction impacts can be achieved.

b) Enrolment

3.32. Enrolment is the process by which a potential beneficiary household moves from being identified and ranked as eligible for the programme to the position of being ready to receive its first transfer following issuance of a payment card.

c) **Recertification**

3.33. Recertification is the process of reassessing the socio-economic characteristics of existing programme beneficiary households to determine whether their vulnerability has changed and consequently whether they should continue or cease from participating in the programme.

d) **Payment**

3.34. This is the process of disbursing funds to the beneficiaries. It is done through contracted payment service providers.

e) **Grievances and Case Management**

3.35. Grievances and case management ensures that beneficiaries and communities have access to appropriate channels through which to voice grievances or concerns about the programme.

3.36. The main objective of the case management process is to ensure that all beneficiaries, community members and programme implementers are enabled to file complaints and updates related to the programme, which can be resolved in a reasonable timeframe.

f) **Monitoring, Evaluation, Learning and Research System**

3.37. The key objectives of the system are to:

- i. Improve the quality of programme implementation;
- ii. Provide information that resources are being used for their intended purposes (transparency and accountability);
- iii. Conduct research to inform programme implementation;
- iv. Highlight lessons learnt which can be used to improve the cash transfer programme; and
- v. Assess whether the programme is achieving its intended objectives and impacts.

IV. The Albinism Support Programme

3.38. The Albinism Support Programme is designed to cushion persons with albinism from the effects of harmful sunrays. Continued exposure to sunrays causes skin cancer in Persons with Albinism (PWAs).

The programme provides the following services:

- i. Provision of sunscreen and after sun lotions. The skin care items products contain the Sun Protective Factor that help prevent the sun's ultraviolet radiation from reaching the skin which is a major cause of skin cancer;
- ii. Cancer screening and treatment;
- iii. Provision of comprehensive eye care;
- iv. Provision of lip care; and
- v. Awareness activities that includes dissemination workshops, interactive sessions and media activities.

3.39. The NCPWD is required to avail bottles of sunscreen lotions, after sun lotions and lip balms to the designated hospitals and health centres. Each beneficiary is entitled to one of each items every month. This gives the beneficiaries an opportunity to interact with the hospital staff where they receive regular skin check-ups.

3.40. The Council has procured 30 Cryotherapy Machines for 30 hospitals to offer skin cancer screening to PWAs. The hospitals are selected based on the spread of PWAs in different regions.

3.41. The procurement process for sunscreen lotions is carried out through the normal open tender process. The Kenya Pharmacy and Poisons Board recommends to NCPWD the type of skin care items to procure. Kenya Medical Supplies Agency (KEMSA) delivers the lotions to various designated hospitals.

3.42. The Albinism Society of Kenya (ASK) and the Albinism Empowerment Network (AEN), on behalf of NCPWD conduct awareness creation on services offered by the Albinism Support Programme to PWAs. They carry out awareness in different regions of the country with help of DSOs. This awareness targets community members and key stakeholders of the programme. It is aimed at creating awareness on albinism, with a view of demystifying it.

Stakeholders Directly Involved in the Implementation of the Programmes

3.43. To implement the above programmes, NCPWD collaborates with various stakeholders. The role of each stakeholder is as detailed below.

I. Board of Directors

- i. Provide policy guidelines in the management of NCPWD;
- ii. Establish and maintain full and effective control over the strategic, financial and operational direction of NCPWD; and
- iii. Ensure compliance to policies and procedures.

II. The Ministry of Public Service, Gender, Senior Citizens Affairs and Special Programmes

- i. The Ministry is responsible for co-operation, collaboration and coordination in line with the implementation of disability mainstreaming policies and strategies; and
- ii. Manage the disbursement of funds and resources, provide policy guidelines for implementation of the PWSD-CT programme.

III. Payment Service Providers

- i. Make payments for the PWSD-CT Programme in the most accessible and convenient outlets to the beneficiaries.

IV. Employees

- i. Facilitate NCPWD's business processes to meet set objectives, targets and standards.

V. Beneficiaries

- i. Receive support in terms of cash transfer and other services offered by NCPWD; and
- ii. Participate in forums, monitor quality of services and give feedback.

Sources of Funding

3.44. The National Council for Persons with Disabilities receives funding from exchequer allocations. **Table 1** shows a summary of funding levels from the exchequer received by NCPWD for the financial year 2013/2014 to 2019/2020.

Table 1: Sources of Funding

Programme	2013/2014	2014/2015	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	Total
Cash Transfer	352,484,219	712,236,386	728,236,346	1,390,281,805	801,642,631	861,295,810	1,331,226,661	6,177,403,858
Albinism Support	11,401,907	26,374,342	253,670,792	142,130,348	61,879,700	60,592,972	84,041,003	640,091,064
Self Help Groups	-	1,289,080	43,250,000	53,650,000	14,050,000	14,239,820	28,537,730	155,016,630
Infrastructure & Equipment	6,692,273	77,343,295	141,615,019	86,402,102	54,228,558	44,849,245	17,500,180	428,630,672
Education Assistance	974,560	35,662,704	68,443,535	73,352,954	41,798,580	50,979,712	92,704,557	363,916,602
Assistive Devices	9,565,000	1,618,090	127,501,502	84,415,269	42,369,560	49,884,729	51,668,063	367,022,213
Totals	381,117,959	854,523,897	1,362,717,194	1,830,232,478	1,015,969,029	1,081,842,288	1,605,678,194	8,132,081,039

Source: OAG-Kenya analysis of NCPWD financial data

4.0 FINDINGS OF THE AUDIT

4.1. The government, through the National Council for Persons with Disabilities (NCPWD), has put effort in catering for the welfare of persons with disabilities by implementing various programmes. However, findings of the audit indicate that there were challenges in implementing the programmes as presented in this chapter.

I. Delay in the Registration of Persons with Disabilities

4.2. Persons with Disabilities (PWDs) must first be registered with NCPWD to benefit from the programmes offered by the Council. According to the Strategic Plan, 2013 to 2017, NCPWD was expected to have registered 1.4 million PWDs by the financial year 2017/2018. However, as at 30 June, 2020 NCPWD had only managed to register 526,648 PWDs. This means that over 850,000 PWD had not been registered and therefore could not benefit from the services offered by NCPWD.

4.3. The delay in registration of PWDs is mainly attributed to delays at the Director of Medical Services (DMS) office in giving the final recommendation for registration of PWDs, rejection of assessment reports at DMS office, delay in submission of assessment forms to DMS and failure to follow the right procedure while submitting the assessment forms to the Director of Medical Services. Details are as discussed below;

a) Delay in Recommending the Registration of Persons with Disabilities

4.4. The registration process starts with PWDs visiting designated hospitals for disability assessment by medical assessment teams. Once the assessment teams have conducted the assessment, approved assessment forms are forwarded to DMS for the final recommendation. Once the medical assessment reports are received at the Ministry of Health, DMS office is required to evaluate the reports; to either reject or recommend individuals for registration as PWDs. Finally, the assessment forms are forwarded to NCPWD for appropriate action.

4.5. Review of documents and interviews conducted at the DMS office indicated there were delays in processing assessment reports. The analysis indicate that the reports can take up to a year or more before they are processed, as indicated in sample cases shown in **Table 2**.

Table 2: Tharaka Nithi Case Study on Delays at the Director of Medical Services Office

Name ³	Date Assessed	Date Recommended	Delays in months
	03/06/2018	29/08/2018	3
	22/01/2018	29/08/2018	7
	19/04/2018	29/08/2018	4
	18/04/2018	29/08/2018	4
	10/05/2017	29/08/2018	15
	31/08/2017	29/08/2018	12
	24/01/2018	29/08/2018	7
	13/02/2018	29/08/2018	6
	04/05/2018	29/08/2018	3
	03/01/2018	29/08/2018	7
	02/01/2018	29/08/2018	7
	14/02/2018	29/08/2018	6
	13/03/2018	29/08/2018	5
	09/07/2017	29/08/2018	13
	23/10/2017	29/08/2018	12
	10/05/2017	29/08/2018	15
	22/02/2018	29/08/2018	6
	10/05/2017	29/08/2018	15
	10/05/2017	29/08/2018	15
	16/10/2017	29/08/2018	10
	30/04/2018	29/08/2018	4
	26/04/2018	29/08/2018	4
	30/01/2018	29/08/2018	7
	05/07/2018	29/08/2018	1

Source: OAG-Kenya analysis of disability assessment forms

- 4.6. Further, review of the documents indicated that at the time of audit, 4,660 forms that were assessed and submitted between July and October 2019 were yet to be processed at the DMS office as shown in **Table 3**.

³ The names of PWDs are omitted from this report but had been shared with the audited entity in the Management Letter and are available in the office.

Table 3: Assessment Forms Submitted by Hospitals yet to be Processed

Period	Number of Forms	Counties
18/07 - 22/07/2019	334	Mbita, Homabay, Busia, Kwale, Kilifi, Bungoma and Kisumu.
22/07 - 26/07/2019	338	Nairobi, Murang'a, Nakuru, Nandi and Kajiado.
29/07 - 06/08/2019	297	Nyeri, Migori, Mombasa, Nairobi, Meru, Bungoma and Kiambu.
06/08 - 16/08/2019	517	Nairobi, Kisumu, Kajiado, Mathare, Nandi and Migori.
16/08/2019	142	Nyandarua (Kinangop)
16/08 - 22/08/2019	269	Nairobi, Kiambu, Uasin Gishu, Mombasa, Nyeri, Bungoma and Busia.
23/08/2019	291	Homabay, Migori and Nyeri.
26/08/2019	150	Nakuru
18/08 - 05/09/2019	380	Baringo, Kiambu, Machakos, Tharaka Nithi and Malindi.
05/09 - 12/09/2019	280	Nairobi, Kisumu, Kiambu, Kakamega, Mombasa, Bungoma, Nandi and Kisii.
12/09 - 18/09/2019	294	Meru, Kiambu, Bungoma, Kwale, Kajiado, Malindi, Kilifi and Nyamira.
23/09 - 26/09/2019	197	Busia, Nairobi, Kajiado, Kiambu, Garissa and Mombasa.
26/09 - 30/09/2019	203	Uasin Gishu, Nyeri, Kiambu and Siaya.
1/10 - 4/10/2019	385	Nairobi, Homabay, Tharaka Nithi, Vihiga, Kwale, Kiambu, Kajiado, Limuru and Kilifi.
7/10 - 18/10/2019	175	Kakamega, Nairobi, Kajiado, Kiambu, Embu and Busia.
17/10 - 24/10/2019	160	Nyeri, Homabay, Busia and Kwale.
22/10/2019	248	Busia, Kitale and Nakuru.
Total No. of Forms	4,660	

Source: OAG-Kenya analysis of disability assessment forms

- 4.7. In addition, 50,000 assessment forms from a mass registration exercise conducted in December 2018 were still pending at the DMS's office as at the time of the audit. The forms were heaped at the DMS office as depicted in **Picture 1**.

Picture 1: Heaped disability assessment forms



Source: Photographs taken by Auditors at the Director of Medical Services Office.

- 4.8. The delay at the DMS office was due to shortage of staff to go through the assessment forms and give the final recommendation. This was mainly attributed to lack of legislation requiring DMS to conduct disability medical assessment. Though the mandate remains with NCPWD, it lacks the technical capacity to carry out the function. In the absence of the mandate, DMS is unable to plan or allocate adequate resources to handle the task. For instance, the DMS has only six registered medical doctors who verify and recommend the assessment forms from all the 47 counties, over and above their normal work.
- 4.9. Further, all assessment forms, whether recommended or rejected at the DMS office, should be forwarded to NCPWD at the head office. However, review of assessment forms indicate that this was not always the case as there was evidence of processed forms not forwarded to NCPWD. For instance, 5,517 forms detailed in [Appendix 3](#), which had been processed and finalised at the DMS office between

April and September 2019 but had not been forwarded to NCPWD as at October 2019, a delay of over 5 months. This contributed to further delays in registration of PWDs who had been recommended by the DMS and at the same time delay in informing applicants whose forms had been rejected, to either appeal or start the process again. This created further delays in the registration process thus depriving PWDs the chance to benefit from the services offered by NCPWD.

b) [Rejection of Approved Assessment Forms at the Director of Medical Services Office](#)

4.10. Disability assessment committees are required to assess an applicant to ascertain whether they meet the threshold for registration as a PWD before approving to the DMS for final recommendation. However, despite assessment having been approved by disability assessment committees at the hospital level, they were instances where they were rejected at the DMS office. 12 out of the sampled 13 hospitals indicated instances where approved cases were rejected at the DMS. DSOs interviewed in the 13 sampled counties also confirmed that the medical assessment reports were rejected at the DMS despite having been approved by medical assessment committees.

4.11. The rejection of the reports by DMS was attributed to lack of comprehensive disability medical assessment reports. This was due to insufficient training of disability assessment committees on writing the disability reports. In addition, the committees stated that there were no standard guidelines on disability assessment spelling out the specific standards required to meet a disability threshold.

4.12. Lack of standard guidelines and training results in inconsistencies in writing the reports. This has the potential of increasing the number of rejected reports, subsequently delaying the registration process. [Appendix 4](#) shows sample comments on the rejected medical assessment reports.

c) [Failure to Follow Procedures while Submitting Medical Assessment Reports](#)

4.13. Interviews with officers at DMS office revealed that there were instances when the standard procedure for submitting assessment forms to the DMS were not followed, resulting to delays. For instance, analysis of interviews conducted with medical assessment committees indicated that although 9 out the sampled 13 hospitals were forwarding medical assessment reports to the DMS directly, 4 were forwarding the reports through the Disability Services Officer (DSO) at the Counties. This added another level in the delivery chain, creating unnecessary delays in the registration process.

4.14. In addition, the audit team observed that there were cases where individuals were directly forwarding their medical assessment reports to the DMS contrary to the required procedure. The individuals were directly forwarding their medical reports to the DMS office so as to shorten the time it would take the hospitals to forward them. This was in an attempt to minimise delays experienced in the assessment process. A sample of such cases witnessed during the audit are shown in [Appendix 5](#). This not only created congestion at the DMS office but the cases were given priority over cases forwarded directly by the hospitals, thus creating unfairness in the registration process.

4.15. Delays in the registration process denied many deserving PWDs from accessing benefits of the services offered by NCPWD. In addition, there was prolonged waiting time before PWDs could receive the services offered by NCPWD, as they could not benefit from any of the services until they were registered.

II. [The Cash Transfer Programme has not Substantially Improved the Livelihoods of Persons with Severe Disabilities](#)

4.16. The Cash Transfer Programme aims at enhancing the capacities of caregivers through cash transfer, thereby improving the livelihoods of persons with severe disabilities and mitigating the effects of disabilities in the households.

4.17. The initial findings of the Cash Transfer Programme indicated cases of beneficiaries' not collecting payments. Out of Kshs. 2.6 billion paid by NCPWD during the financial year 2014/2015- 2017/2018, a total of Kshs.602,5849 (23%) of the money paid, was not collected by the beneficiaries. In addition, interviews conducted with 43 sampled caregivers indicated that only 26 collected their payments.

4.18. The non-collection of payments by caregivers was attributed to proximity of the caregivers to the designated payment points and lack of awareness on payment dates. This was mainly because the service level agreement required beneficiaries to collect payments at the designated payment points within a specified period of time, failure to which the money could only be accessed in the next payment cycle.

4.19. Further, another challenge that contributed to non-collection of payments was that the payment method was card based; where once a beneficiary had been enrolled in the programme, caregivers were to be issued with a payment card to enable them collect payments. The service provider was also required to make replacement of cards as and when need arose. The set timelines for card issuance and card

replacement were 30 and 60 days, respectively. However, there were delays in card issuance and card replacement, which delayed the beneficiaries from collecting their payments.

4.20. In an effort to address the challenges affecting the programme, as at the time of finalizing this audit report, NCPWD through the Social Assistance Unit rolled out a cash transfer migration for 47,000 beneficiaries from the card-based system to an account-based payment model. The account-based system is a multiple payment system based on beneficiaries' bank accounts that allow beneficiaries have control of their accounts and flexibility in terms of when and where to withdraw their cash transfer payments. A total of 34,032 beneficiaries who had clean records had been immigrated to the new payroll. A total of 8,790 beneficiaries, although eligible, had not been migrated due to incomplete or incorrect beneficiaries' details, among other reasons. 4,178 beneficiaries had since been removed from the payroll. The account-based system has addressed the issue of non- collection of payments as caregivers are in position to access payments at their convenience.

4.21. Despite the migration to an account-based system, the Cash Transfer Programme was experiencing other challenges as detailed below;

a) **Delays in Disbursement of Funds**

4.22. According to the Consolidated Cash Transfer Programme (CCTP) Operations Manual, cash transfer payments should be paid to beneficiaries on a bi-monthly basis at the rate of Kshs. 4,000 per payment cycle or Kshs.2,000 per month. The payments should be regular, timely and predictable to beneficiaries. However, analysis of payment reconciliation data, payment vouchers and payroll for the financial years 2013/2014 to 2018/2019 revealed that beneficiaries did not receive payments regularly. There were instances where the delays could take up to 12 months as illustrated in **Table 4**.

Table 4: Delay in Disbursement of Funds

Financial Year	Number of Beneficiaries	Period of Delay (Months)	Amount (Kshs)
2013/14	12,046	9 July 2013 - March 2014	216,828,000
2014/15	25,472	6 July 2014 – December 2014	322,566,000
	25,865	4 January – April 2015	206,920,000
2015/16	10,578	12 July 2015 - June 2016	203,440,000
	22,938	4 September-December 2015	200,456,000
	11,295	10 September 2015 - June 2016	225,900,000
2016/17	37,868	4 July - October 2016	354,248,000
2017/18	42,552	3 January - February 2018	189,160,000
2018/19	29,584	Migration to new system 6 September 2018 - February 2019	333,988,000
	29,584	4 March - June 2019	236,672,000
2019/20	29,584	4 July - October 2019	Not Paid

Source: OAG-Kenya analysis of NCPWD payroll data

4.23. Further, due to delays in disbursement of funds, as at November 2020, beneficiaries had only received payment for the May/June 2020 cycle. Therefore, payments for the July/August 2020 and the September/October 2020 cycles were still pending.

4.24. Interviews conducted with caregivers indicated that once a beneficiary had been enrolled under the programme, there were instances where beneficiaries had to wait for a long period before they could receive their first payment, as shown in **Table 5**.

Table 5: Waiting Time Prior to Receiving the First Payment

Waiting Period	No. of Respondents	% of Respondents
0-6 months	25	39%
7-12 months	27	42%
Over 12 months	12	19%
Total	64	100%

Source: OAG-Kenya analysis of NCPWD payroll

4.25. Interviews with NCPWD Disabilities Services Officers attributed the delays in disbursements of funds to delay in release of the exchequer from the National Treasury. This led to unpredictable payment cycles, making it difficult for caregivers to provide essential support to beneficiaries.

b) The Cash Transfer Programme has not Mitigated the Effects of Disabilities in Households

4.26. The objective of the Cash Transfer Programme is to improve the livelihoods of persons with severe disabilities and mitigate effects of disabilities in the households. A person with severe disability is one

who needs permanent care including feeding, toiletry and protection from danger by other persons. The person needs full time support offered by a caregiver to ensure their needs are met. As a result, caregivers could not engage in gainful employment or business ventures since they had to attend to beneficiaries throughout.

4.27. Out of the 64 caregivers interviewed, 23 revealed that the cash transfer stipend of Kshs. 2,000 per month was their only source of income to meet basic needs such as feeding, toiletry, and other needs for the beneficiary. Considering that the stipend is meant for those households that are categorized as extremely poor and vulnerable and had a member with severe disability, the amount was not sufficient to provide basic needs. Further, it was more challenging in situations where the nature of disability required frequent medical care. For instance, analysis presented in **Table 6** shows that out of the sampled 64 beneficiaries, 26 had Cerebral Palsy.

Table 6: Nature of Disabilities of Beneficiaries in the Cash Transfer Programme

Nature of Disability	Number of Respondents	Percentage of Respondents
Cerebral Palsy	26	41%
Physical	19	30%
Mental	12	19%
Deaf and Dumb	3	5%
Blind	2	3%
Epilepsy	2	3%
Total	64	100%

Source: OAG-Kenya analysis of interview responses

4.28. According to Krigger, K.W. (2006) Cerebral Palsy requires physical therapy, special medication, speech and language therapy and therapy for the caregivers to assist them cope with the stress and demands of the disability. From the interviews, 41 of the caregivers indicated that the beneficiaries required regular medical care. However, out of the 41 caregivers, only 14 could provide the required care. This was mainly because the caregivers barely had other means of making a living and had other dependents under their care. Analysis of interviews show that 57 out of 64 caregivers had other dependents besides the beneficiaries as shown in **Table 7**.

Table 7: Number of other Dependents

Number of dependents	Number of Respondents	Percentage of Respondents
0	7	11%
1	17	27%
2	7	11%
3	14	22%
4	6	9%
5	6	9%
More than 5	7	11%
Total	64	100%

Source: OAG- Kenya analysis of interview responses

4.29. Depending on the form of disability and the financial status of the caregiver, the stipend may have minimal impact on the beneficiary. The minimal impact is attributed to the fact that the cash transfer value is not proportional to the country's inflation rate. Whereas the stipend of Kshs.2,000 could have had impact on the beneficiary 10 years ago, at the inception of the programme, with the passage of time, inflation has eroded the value of this benefit. According to the CCTP Manual, the Social Assistance Unit was to review the effects of inflation on the purchasing power of the amount of cash transfer periodically and make recommendations on whether or not there is need to adjust the benefit in line with inflation but this did not happen.

III. The Economic Empowerment Programme has not Improved the Economic Status of Persons with Disabilities

4.30. The Economic Empowerment Programme aims at helping persons with disabilities to gain self-sufficiency in generating income and gaining skills and experience to access loans to grow their businesses. Groups are empowered by awarding them grants to either start income generating activities or engage in table banking. Interviews with beneficiaries of the programme and documentary review indicated that out of 40 sampled groups only 4 groups had started and engaged in successful income generating activities as indicated in **Table 8**.

Table 8: Economic Empowerment Groups

Name of the Group	Amount in Kshs	Activity	Remarks
Buguta Disabled Group- Taita Taveta	50,000	Jewellery, weaving and tailoring.	Generating Kshs.35,000 per month.
St. John of God Caretakers Self-Help Group-Trans Nzoia	50,000	Tents and chairs hire.	Generating Kshs 5,000- 20,000 per month.
Chuda Visually impaired Disabled Group- Mombasa	50,000- in the year 2017 100,000- in the year 2018	Poultry farming	Generating Kshs. 9,000 per month.
Wachache Disability Self-Help Group- Nakuru	400,000	Implemented a revolving fund.	Purchased 2 plots and was in the process of purchasing a third one.

Source: OAG-Kenya analysis of interview responses

4.31. Further analysis of data indicated that most of the groups did not gain self-sufficiency either because they did not access the grant or received the grant but did not engage in any income generating activities or engaged in economic activities that were not viable as discussed below;

a) A Limited Number of Economic Empowerment Groups Accessed the Grant

4.32. In order to apply for the grant, groups must be registered with NCPWD and must have been in existence for at least one year. However, a review of application forms for the sampled groups indicated that out of 29 groups that applied for funding in the financial year 2017/2018, only 9 groups were funded while out of 35 groups that applied in 2018/2019 only 8 groups received the grant as indicated in **Table 9**.

Table 9: Groups that Applied for the Grant Compared to those that Received the Grant

County	No. of Applications		No. of Approved Applications	
	2017/2018	2018/2019	2017/2018	2018/2019
Murang'a	11	9	3	3
Garissa	3	14	3	2
Taita Taveta	15	12	3	3
Totals	29	35	9	8

Source: OAG-Kenya analysis of grant application forms

4.33. Further, analysis of applications for funding indicated that out of 2,098 groups that applied for the grant during the financial years 2017/2018 to 2019/2020, NCPWD only awarded grants to 578 groups, representing 28% of the groups that had applied for the grant. This indicates limited access to the grant as shown in **Table 10**.

Table 10: Groups that Applied Versus those that Awarded the Grant

Financial Years	No. of Applications	No. of Applications Awarded	% Awarded
2017/2018	501	141	28
2018/2019	666	147	22
2019/2020	931	290	31
Total	2,098	578	28

Source: OAG-Kenya analysis of grant application documents

4.34. Interview with the head of disability services revealed that the limited grants was due to NCPWD's limited budget. Therefore, only three groups could be awarded per year in each county. Consequently, the objective of the Economic Empowerment Programme may not be achieved as only a few groups of persons with disabilities accessed the grant.

b) Groups did not Engage in the Approved Economic Activities

4.35. According to the National Development Fund for Persons with Disabilities Application Handbook, beneficiaries of the Fund are required to implement the economic activities approved by NCPWD. Therefore, the groups are not allowed to implement unapproved economic activities. However, analysis of data obtained during the audit indicated that some groups engaged in economic activities that had not been approved by NCPWD as indicated in **Table 11**.

Table 11: Groups that did not Engage in the Approved Economic Activities

Name of the Group	County	Approved Economic Activity	Economic Activity Started	Challenges
Mutomus Physically Challenged Self Help Group	Muranga	Revolving fund	No activity was started, the officials divided Kshs. 27,000 and lent the rest to other members.	Mismanagement of funds by the officials. Disagreements and wrangles among members, mistrust between members and the officials.
By Faith Parents Children with Disability	Muranga	Unspecified group project	The group first started table banking but later on divided the remaining amongst members for each member to start individual businesses.	Loan repayment for the revolving fund was a challenge.
Kathangariri Disabled Self Help Group	Embu	Poultry farming	The group started poultry farming but was not successful and started a merry go round.	Lack of communication between the group and NCPWD. Lack of training, there was mistrust among members.

Source: OAG-Kenya analysis of monitoring and evaluation documents

c) Groups Engaged in Economic Activities that were not Sustainable

4.36. Under the Economic Empowerment Programme, groups are awarded grants to either start income generating activities or engage in table banking. NCPWD is required to consider the viability of a project before approving for funding. The viability of a project is determined by its ability to sustainably generate income. However, analysis of implemented projects indicated that most of the groups engaged in economic activities that were not generating income as indicated in **Appendix 6**. Therefore, the projects were not sustainable. In cases where the groups engaged in table banking, some of the members did not pay back loans and therefore the revolving fund could not be sustained.

4.37. Interviews with sampled groups revealed that lack of sustainability was due to various reasons that included; the amount granted, Kshs. 50,000 was not sufficient to start and run a viable economic activity, the groups lacked a ready market for their products and some economic activities ended due to

unforeseen circumstances. For example, in poultry farming, there were cases where all the poultry died due to disease outbreak. [Appendix 6](#) details projects that were not sustainable.

4.38. Further, 8 out of 16 DSOs interviewed and physical verification of the sampled groups' projects confirmed that the funded groups were not generating income from the projects implemented. Some of the reason for the failed project are as follows;

i. Inadequate Training for the Economic Empowerment Programme

4.39. The National Council for Persons with Disabilities had planned to enhance entrepreneurship development for groups of PWDs and their caregivers through training. The training was to be conducted by the DSOs prior to disbursement of grants. The contents of the training comprised of entrepreneurship skills, group discipline, record keeping, table banking, loan repayment, among others.

4.40. Interviews conducted with 12 out of 15 DSOs indicated that they had trained groups before disbursing funds. Further, 25 out of 40 groups interviewed confirmed that they had received training before the release of funds. Despite the groups being trained prior to receiving the funds, sustainability of the implemented projects was still a challenge. For instance, majority of the sampled groups did not generate income from the projects implemented while other groups did not start any projects. In addition, some groups started projects but the projects failed while other groups disintegrated resulting in members going their separate ways.

4.41. Disability Services Officers were also required to train funded groups on record keeping. The audit revealed that all the sampled groups did not maintain any financial records to show the financial status of their businesses. This indicate that the groups did not receive adequate and appropriate training to enable them to sustainably implement funded projects.

ii. Monitoring of Funded Projects was not Effective

4.42. The Disability Services Officers were required to carry out regular monitoring of the funded projects while the groups were expected to write and submit monthly reports on the progress of the funded projects. Interviews conducted with 9 out of 15 DSOs indicated that regular monitoring and evaluation of the groups with funded projects was carried out. Interviews with sampled groups revealed that monitoring and evaluation had been carried out in 22 out of 40 groups, who had been visited by the

DSO or NCPWD representatives. Further, out of the 22 groups where monitoring and evaluation had been carried out, 17 groups had submitted progress report as required.

4.43. Despite monitoring of the projects being carried out, as indicated in earlier findings most of the projects failed while some of the groups disintegrated. This indicates that challenges faced by groups were not addressed hence contributing to lack of sustainability of the funded projects.

IV. The Albinism Support Programme has not Adequately Addressed Skin Care Requirements of Persons with Albinism

4.44. The Albinism Support Programme aimed at cushioning persons with albinism from the effects of harmful sunrays. This is by providing skin care items, provision of cancer screening services and comprehensive eye care.

4.45. Through interviews conducted with 15 officers responsible for the programme in the designated hospitals and 52 persons with albinism in the sampled counties, the audit found that to some extent, PWAs were receiving skin care items as well as cancer screening services. However, the programme did not achieve its objective due to failure by PWAs to collect skin care items as expected as well as unavailability of cancer screening services.

a) Failure to Collect Skin Care Items .

4.46. The National Council for Persons with Disabilities has identified designated hospitals in all the 47 counties from where PWAs are expected to collect their skin care items each month. It is the responsibility of Kenya Medical Supplies Authority (KEMSA) to procure skin care items and deliver them to hospitals in order to make them accessible to registered beneficiaries.

4.47. Persons with Albinism are entitled to one of each skin care items every month. However, out of 575 PWAs registered in 10 out of the 15 sampled hospitals, only half were actively collecting the skin care items as indicated in **Table 12**.

Table 12: Number of PWAs Served Monthly in the Sampled Hospitals

Name of Hospital	No. of PWAs who collected skin care items each month according to hospital records	No. of registered of PWAs according to NCPWD records	No. of PWAs not collecting the skin care items each month	% of PWAs not actively collecting their skin care items
Moi Voi Level V Hospital (Taita Taveta)	20	25	5	20%
Jaramogi Teaching and Referral	15	17	2	12%
Kisii Level VI	10	70	60	86%
Nakuru PGH Level V	30	38	8	21%
Huruma Sub-County	60	80	20	25%
Kitale County Hospital	30	70	40	57%
Mbagathi Hospital Nairobi	20	51	31	61%
Thika Level V Hospital	50	113	63	56%
Machakos Level V Hospital	10	21	11	52%
Kajiado Level V Hospital	7	13	6	46%
Total	294	575	281	49%

Source: OAG-Kenya analysis of documents on collection of skin items

4.48. From the table above, the highest number of non-collections was in Kisii Level VI Hospital, where 86% of PWAs were not collecting skin care items. Further analysis of documents of the 52 sampled PWAs indicated that; 37 collected their skin care items on a monthly basis, 7 collected after every 2 months, while 8 were not consistent in their collection.

4.49. Inconsistency or failure of PWAs to collect skin care items may result in the risk of PWAs running out of skin care items, risking exposure to harmful sunrays. The non-collection results in hospitals holding stocks for long periods. For instance, in Mama Lucy Kibaki Hospital, out of 246 sunscreen lotions that were delivered in 2017 to serve for 3 months, only 73 had been collected in a period of 5 months. Similarly, in Machakos Level V Hospital, 107 lip balms were delivered in 2017 to serve for a period of 5 months but took 15 months to be issued to PWAs.

4.50. Due to the non-collection of the skin care items, they ended up expiring in the stores at the hospitals. Therefore, indicating lack of value for money on the expenditure incurred to procure the skin care items. For example, as at the time of the audit Machakos Level V Hospital had 156 expired sunscreen lotions, Kakamega Level V Hospital had 91 expired lotions and 53 expired lip balms. The non-collection was attributed to lack of awareness and proximity to the hospital as highlighted below;

i. Lack of awareness about the programme

4.51. The National Council for Persons with Disabilities, through organizations for persons with albinism, was

to raise awareness to persons with albinism on the provision of skin care items and comprehensive eye care. Documentary review revealed that NCPWD had engaged three organizations, Albinism Society of Kenya, Albinism Empowerment Network and ARID Africa to create awareness on the Albinism Support Programme. Correspondence between NCPWD and the three organizations dated 18 May, 2016, expressed concern that awareness activities had not borne any tangible results. The correspondence attributed non-collection of skin care items to the fact that majority of the beneficiaries were not aware of the Albinism Support Programme. This is despite NCPWD spending a total of Kshs.104,790,867 in the financial year 2019/2020 for awareness creation by the three organizations.

ii. Lack of Proximity to Designated Hospitals

4.52. Persons with Albinism are expected to collect skin items only from designated hospitals, where they are registered. The hospitals should be within a 6 km radius from where a beneficiary resides. Analysis of distances from beneficiaries' locations to the designated hospitals revealed that 32 out of 52 sampled beneficiaries resided outside the radius of 6 km, with some having to travel up to 36 km to access the designated hospital. **Table 13** illustrates beneficiaries who had to travel for long distances to their designated hospitals.

Table 13: Proximity of the Designated Hospitals

Name of Respondent ⁴	Location	Designated Hospital	Distance in km
	Nyakach	District County	36
	Bomachoge Borabu	Kisii Level VI	24
	Mumias East	Kakamega County Referral	34
	Ikolomani	Kakamega County Referral	19
	Mwea	Embu Level V	32

Source: OAG-Kenya analysis of documents on distances to health facilities

4.53. Document review of NCPWD monitoring and evaluation report of March 2018 also revealed that there was low uptake of skin care items in Bomet County due to long distance covered by the beneficiaries who had to travel for long distances to the designated hospitals to collect skin care items.

⁴ The names of PWDs are omitted from this report but had been shared with the audited entity in the Management Letter and are available in the office.

b) Delivery of Excess Skin Care Items Leading to Expiry of the Items before Collection

4.54. The Kenya Medical Supplies Authority has been contracted by NCPWD to procure skin care items and deliver the items to the designated hospitals. However, the delivery of the skin items was not based on the demand or collection at each of the hospitals but rather on the registered number of beneficiaries in each of the hospitals. As a result, some of the hospitals continued to receive skin care items despite having low uptake, leading to overstocking. As at the time of the audit various hospitals had excess skin care items, as compared to the registered beneficiaries as indicated in **Table 14**.

Table 14: Delivery of Excess Skin Care Items to Hospitals

Name of the Hospital	No. of Registered Beneficiaries	Date of Delivery	Quantities of Skin Care Items delivered	Quantities Issued	Balance not Collected	Remarks
Machakos Level V Hospital	21	January 2018	36	5	31	Collected by only 5 active members.
		February 2018	48	23	25	The 23 were collected for a period of 8 months by only 4 active members. Considering the trend, it would take 15 months to exhaust the remaining stock of 56 lotions.
Kisii Hospital	70	March 2016	201	18	183	Only 18 bottles had been issued in a span of 9 months. This implies that the collection rate of the skin care items was very low.
Kisii Hospital	70	February 2019	206	17	189	

Source: OAG-Kenya analysis of hospital bin cards

4.55. Due to the excess supply of skin care items as compared to registered beneficiaries, skin care items end up expiring in the stores at the hospitals. Interviews with 13 hospital representatives reported having instances of expired skin care items. As at the time of the audit, Machakos Level V Hospital had 156 expired sunscreen lotions in their stores while Kakamega Level V Hospital reported a total of 144 expired skin care items.

4.56. Interviews with hospital representatives in the sampled hospitals showed that there was no clear information on collaboration and coordination between NCPWD and the hospitals regarding their roles in the albinism programme. This led to unclear information on when to deliver the products and in what quantity considering the demand in each of the hospitals.

c) Insufficient Cancer Screening Services

- 4.57. The NCPWD is required to offer skin cancer screening to PWAs to help in detecting early signs of cancer. However, interviews with PWAs indicated that not all beneficiaries were receiving these services.
- 4.58. Lack of skin cancer screening was attributed to; non-functionality of the cryotherapy machines, lack of necessary training on the use of the machines and lack of awareness on the need for skin cancer screening by PWAs. Lack of training and sensitization of hospital staff resulted in some of the cryotherapy machines lying idle since hospital staff could not operate them, denying beneficiaries access to cancer screening services.
- 4.59. Failure to have early detection of skin cancer may result to poor outcomes on treatment of PWAs due to late diagnosis of cancer, which in some instances may lead to death.

V. The Infrastructure and Equipment Support Programme has not Adequately Improved the Status of Institutions Supporting Learners with Disabilities

- 4.60. In this programme, NCPWD aims at enabling the maintenance and growth of organizations that provide education or social services to persons with disabilities. This is through supporting the establishment, expansion and equipping of special learning institutions.
- 4.61. The audit established that NCPWD had provided infrastructural grants of Ksh.2 million per institution, with more than 112 learning institutions for persons with disabilities benefitting from the grant. According to an interview with the head of disability services, the programme had enabled institutions to accommodate more students, start new courses, have a better learning environment and had increased provision of water for better sanitation and improved farming activities. However, the audit found that the programme had only benefitted a small proportion of institutions out of the many deserving cases. There were challenges in implementing the programme as detailed below;

a) Only a Few Eligible Institutions Benefitted from the Grant

- 4.62. Eligible organizations for the grant include; special schools, special units, social service delivery organizations and non-governmental institutions. Review of the 2017/2018 to 2019/2020 application data indicated that out of 428 institutions that applied for the grant, NCPWD only managed to give grants

to 112 institutions as indicated in **Table 15**. Therefore, the grants issued did not create a substantial impact to the eligible institutions.

Table 15: Number of Applications Compared to Awarded Institutions

Financial Year	No. of Applications	No. of Institutions Awarded	% of Institutions Awarded
2017/2018	112	29	26
2018/2019	135	62	46
2019/2020	181	21	12
Total	428	112	26

Source: OAG-Kenya analysis of application and award documents

b) Institutions did not Complete the Funded Projects

4.63. Interviews and documentary reviews indicated that while some of the funded institutions completed and put their projects into use, others had not completed or had completed but had not equipped the facilities. Some of these cases are as indicated in **Table 16**.

Table 16: Status of Projects Implemented by Institutions

Name of Institution	Implemented Projects	Project Status
Kisii Primary School	Classroom Construction	The classroom was in use but required a dark room.
Kyangoma Special School	Classroom Construction	The classroom was in use but not been fully equipped.
ACK Ematundu School	Dormitory Construction	Only the completed part of the dormitory was in use.
Buru Buru 1 Primary School	Dining Hall and Classroom Construction	The project was not completed due to exhaustion of funds.
Nyakome Friends School	Dining Hall Construction	The dining hall was in use although was not fully equipped.
Gatwanyaga Primary School	Classroom Construction	The Project was completed but not equipped.
Kithyoko Primary School	Dormitory Construction	The dormitory was incomplete.
Senior Chief Onunga Special School	Dormitory Construction	The dormitory was not in use and had been under maintenance as cracks had developed in the building.
St. Martin De Porres Primary School	Construction of a New Classroom	The project was incomplete as funds had been exhausted. There was poor quality of workmanship as columns erected were uneven and were chipping off.
St. Joseph Kiomiti School for the Blind	Classroom Construction and Toilet Facility	The project was incomplete as funds had been exhausted.

Source: OAG-Kenya physical verification of infrastructure projects

4.64. The National Council for Persons with Disabilities is required to approve projects whose budget does not exceed Kshs. 2 million. However, documentary review revealed that NCPWD had approved projects whose Bill of Quantities exceeded Kshs. 2 million. Therefore, the projects could not be completed. Due to failure to complete the infrastructure projects, funds were tied up in stalled projects thus no benefits were accruing to the beneficiaries of the programme.

c) Inadequate Monitoring and Technical Support

- 4.65. The National Council for Persons with Disabilities through the DSOs was required to monitor the implementation of the programmes while the Department of Public Works was to provide technical support on technical aspects of construction work.
- 4.66. All DSOs interviewed reported that they had carried out monitoring of the projects to check on the progress of work during construction. 13 out of the 15 institutions sampled indicated that the DSOs had visited institutions to check on the progress of work. They also indicated that they received technical support from the Public Works Department.
- 4.67. The audit noted that there was inadequate monitoring to ensure that projects were completed within the approved budget. In addition, there were cases of concern on the structural works in some of the projects. For instance, physical verification at Senior Chief Onunga Special School in Kisumu County revealed that there were structural defects in the entire building evidenced by deep cracks on the walls and floors. Therefore, as at the time of the audit, the building was not in use due to the defects.

VI. The Assistive Devices Programme has not Adequately Addressed the Needs of Persons with Disabilities

- 4.68. Assistive devices and services are any product or service designed to enable greater independence for persons with disabilities. Assistive devices include; wheelchairs, crutches, hearing aids, callipers, surgical boots and prosthetic arms or legs. An example of an assistive service is sign language translation. The Council through the National Development Fund for Persons with Disabilities (NDFPWD) supports the provision of assistive devices and services to PWDs in Kenya to enable these individuals to function in the society. The audit found that the programme had assisted PWDs with assistive devices but experienced the following challenges.

a) Inequity in Distribution of Assistive Devices

- 4.69. Review of data provided on the number of applicants compared with beneficiaries issued with assistive devices indicated that in the financial years 2017/2018 to 2019/2020, NCPWD had on average issued assistive devices to 80% of applicants as indicated in **Table 17**.

Table 17: Applications for Assistive Devices Compared to Quantities Issued to Beneficiaries

Financial Year	No. of Applications	No. of Assistive Devices Issued	% Issued
2017/2018	3,049	2,688	88
2018/2019	4,087	3,263	80
2019/2020	4,761	3,544	74
Total	11,897	9,495	80

Source: OAG-Kenya analysis of documents on applications for assistive devices

4.70. Although NCPWD had issued devices to 80% of applicants, interviews with sampled beneficiaries indicated that most of PWDs did not get the devices during the period they had applied in. Further, analysis of interview responses revealed that only 9 out of the 24 PWDs who had applied for assistive devices received within the year they made applications.

4.71. In addition, review of 2019/2020 data indicated that NCPWD had set a target on the number of PWDs to be issued with assistive devices from each of the 47 counties. Data analysis revealed that 8 out of the 47 counties received devices that were way below the targeted number as indicated in **Table 18**.

Table 18: Counties Issued with Assistive that were Below the Targeted Number

	County	Target	Issued	Variance	% Variance
1	Kilifi	115	22	93	81%
2	Lamu	11	2	9	82%
3	Meru	141	39	102	72%
4	Tharaka Nithi	38	7	31	82%
5	Turkana	89	15	74	83%
6	Kitui	105	33	72	69%
7	Machakos	114	48	66	58%
8	Elgeyo Markwet	38	10	23	74%
	Total	651	176	470	75%

Source: OAG-Kenya analysis of documents on assistive devices issued

4.72. Review of 2019/2020 data also indicated that beneficiaries in 17 counties were issued devices that were above the set targets. Further analysis revealed that 4 of the 17 counties received assistive devices that were 50% above the set targets as indicated in **Table 19**.

Table 19: Counties that Received Assistive Devices that were 50% Above the Set Target

	County	Targeted Number	No. of Devices Issued	Variance	% Variance
1	Kwale	67	157	90	134%
2	Samburu	23	35	12	52%
3	Busia	77	130	53	69%
4	Nyamira	62	131	69	111%
	Total	229	453	224	92%

Source: OAG-Kenya analysis of documents for assistive devices

4.73. The analysis indicates that there was inequity in distribution of assistive devices to deserving beneficiaries.

b) *Appropriateness of the Assistive Devices not Guaranteed*

4.74. According to the National Development Fund for Persons with Disabilities Handbook, beneficiaries should be issued with devices that are adequate, reliable and appropriate to their specific needs. The handbook requires individuals to apply for a device and attach a professional medical assessment report provided by a professional with specialist knowledge in the form of disability. This is to ensure that beneficiaries are issued with devices that are appropriate for their needs.

4.75. A specialist should assess and recommend the appropriate assistive device for a potential beneficiary. For example, when applying for a hearing aid, one must attach a report from an Ear, Nose and Throat (ENT) or Otolaryngologist specialist. Similarly, when applying for special glasses, the report should state the thickness of the lenses required. In the case of a wheel chair, the size and type of the wheelchair required should be specified, depending on the form of physical disability.

4.76. Interviews conducted with 24 beneficiaries who had applied for assistive devices revealed that only two had attached a professional medical assessment report prior to being issued with an assistive device. Further, documentary review of applications for assistive devices, issuance lists and delivery notes indicated instances where devices were issued without following the required process. For example, 965 assorted devices were issued in the financial year 2016/2017. However, there were no application forms and medical assessment reports attached to the requests. **Table 20** shows assistive devices issued with applications forms and medical assessment reports.

Table 20: Assistive Devices Issued without Following the Required Procedure

Item	Number
Wheelchairs	650
White Cane	65
Tricycle	78
Crutches	162
Walking Stick	10
Total	965

Source: OAG-Kenya analysis of applications for assistive devices

4.77. Interviews with Disability Services Officers indicated instances where devices were delivered to their offices from NCPWD head office without an accompanying list of beneficiaries. This resulted in the

DSOs issuing devices to any PWD who visited the office regardless of whether they had applied for the device. For example, 6 out of 30 beneficiaries interviewed received the devices without making applications. This may not only lock out those who had legitimately applied for the devices but the devices may end up not being appropriate to the recipients.

4.78. **Table 21** highlights some of the concerns expressed by the sampled beneficiaries on the appropriateness and quality of the devices issued by NCPWD.

Table 21: Comments from Beneficiaries on Inappropriate and Poor Quality Devices

Taita Taveta	Mombasa	Kisumu	Nakuru
Beneficiaries issued with inappropriate devices that they did not apply for.	A beneficiary had been issued with a tricycle. However, the tricycle could not assist the beneficiary while climbing ramps and hills. The tri-cycle also had frequent break downs and needed repairs.	A beneficiary was issued with crutches whose tips wear out easily and have to be regularly replaced. The materials of the elbow crutch had cracks and causing damage to the beneficiary's clothes.	A beneficiary was issued with a white cane whose attaching rope was not strong and could detach over time.
Beneficiary issued with a manual tri-cycle despite applying for a motorised tri-cycle.	A beneficiary was issued with a poor quality tri-cycle with big tyres. The tri-cycle was very light for the required terrain.	A beneficiary was issued with crutches whose height was not comfortable and was not easily adjustable. The crutches were not for the terrain. The beneficiary had resorted to using privately purchased arm crutches as the ones issued were not suitable.	
NCPWD had issued beneficiaries with manual tri-cycles that broke down frequently, needing frequent repairs.	Beneficiaries issued with inappropriate devices that they did not apply for.	A beneficiary was issued with a fragile white cane. The height of the cane was not comfortable and not easily adjustable.	

Source: OAG-Kenya analysis of interview responses

4.79. Failure to follow the due process may result in giving devices that are not appropriate or do not meet the needs of the beneficiaries which may prevent NCPWD from achieving its objective of creating independence and enabling PWDs to function in the society.

VII. The Education Assistance Programme did not Enhance the Retention and Continuity of Education for Persons with Disabilities

4.80. The Education Assistance Programme aims to improve the enrolment, retention and completion of the education cycle for persons with disabilities, with the intention of an eventual engagement in decent and gainful employment. As at March 2018, NCPWD had issued education bursaries to more than 700 learners with disabilities.

4.81. Analysis of funding documents obtained from NCPWD revealed that out of the 21,289 students that applied for education assistance in the financial years 2017/2018 to 2019/2020, only 7,816, representing 37%, were granted education assistance as shown in **Table 22**. This implies that a significant proportion of students who applied for the funds were not funded.

Table 22: Application for Education Assistance Compared to Successful Applicants

Financial Year	No. of Applicants	No. Successful Applicants	% Successful
2017/2018	5,283	1,683	32
2018/2019	7,193	2,101	29
2019/2020	8,813	4,032	46
Total	21,289	7,816	37

Source: OAG-Kenya analysis of applications for education assistance

a) **Bursary Awarded did not Ensure Retention of Learners in the Institutions of Learning**

4.82. The aim of the programme is to improve PWDs enrolment, retention and completion of education cycle for eventual engagement in decent and gainful employment. **Table 23** shows analysis of data from interview responses on bursary granted through the Education Assistance Programme for sampled beneficiaries, from the financial year 2017/2018 to 2019/2020.

Table 23: Number of Sampled Beneficiaries of the Education Assistance Programme

Bursary Awarded	No. of Beneficiaries	Percentage of Beneficiaries
Received more than amount applied	7	3%
Received the exact amounts applied	15	6%
Received half of amounts applied	116	48%
Received less than half of amounts applied	106	43%
Total	244	100%

Source: OAG-Kenya analysis of interview responses

4.83. Data in the table above indicates that NCPWD supported 244 beneficiaries through the programme. However, the bursary amount allocated was not sufficient for learners' fee requirements as evidenced by 222 learners who were awarded 50% and below of their fee requirement. Therefore, the programme has not guaranteed retention of learners in institutions of learning.

b) **Lack of Continuity in the Award of Bursary**

4.84. The aim of the Education Assistance Programme is to ensure completion of the education cycle for an eventual engagement in decent and gainful employment. Interviews with the Head of Disabilities Services Department and Disability Services Officers revealed that education

assistance is in form of bursary and not full scholarship, hence there was no guarantee of funding in subsequent years.

- 4.85. To address the problem of inability of the current bursary program to guarantee retention and completion of education to PWDs, the Council has introduced a scholarship program on pilot basis to bright needy students in secondary schools. This will ensure continuous funding to the students until completion of their secondary education.

5.0 CONCLUSION

- 5.1. The National Council for Persons with Disabilities has to some extent improved the welfare of Persons with Disabilities (PWDs) by ensuring that their integration, welfare and other matters affecting them are addressed. Through the Council, the stigma and negative cultural beliefs associated with PWDs are reducing with the society accepting that disability is not inability. Further, through legislations, regulations and practice, the government has introduced affirmative action of PWDs in procurement, employment and representation. However, although PWDs are slowly being integrated in the society through implementation of various programmes, the Council still faces challenges as explained below;
- 5.2. Although NCPWD has invested over Kshs. 8 billion from the financial year 2013/2014 to 2019/2020, in an effort to improve the welfare of persons with disabilities, the beneficiaries may not feel the intended impact due challenges experienced in the implementation of the programmes.
- 5.3. Registration is a pre-requisite to receive services from the Council. However, according to the 2019 Population and Housing Census, 370,000 out of 900,000 are yet to be registered. This indicates that 41% of PWDs cannot access or benefit from any of the services offered by NCPWD.
- 5.4. Delays in registration of PWDs is mainly attributed to delays at the Director of Medical Services office in giving the final recommendation for registration of PWDs and other bottlenecks in the registration process. Delay at the DMS office is attributed to lack of legislation on the role of DMS in assessing and recommending PWDs for registration.
- 5.5. The Cash Transfer Programme has not improved the livelihoods of persons with severe disabilities as the stipend granted of Kshs. 2,000 has remained the same for 10 years since the inception of the programme and therefore, with the passage of time, inflation has eroded the value of this benefit.
- 5.6. The programme does not also consider the form of disabilities and the particular circumstances of the caregivers, which has direct effects on how the programme can mitigate the effect of disabilities in the households.

- 5.7. The programmes implemented by NCPWD through the National Development Fund for Persons with disabilities have not adequately created an impact on lives of PWDs as was intended as detailed below;
- 5.8. The Economic Empowerment Programme has not helped persons with disabilities to gain self-sufficiency. This is attributed to the fact that only a limited number of groups accessed the grant, those funded groups did not engage in economic activities that were sustainable.
- 5.9. The Albinism Support Program has not fully cushioned all Persons with Albinism (PWAs) from the harmful effects of sunrays because 50% of PWAs did not collect skin care items due to lack of awareness and proximity to designated hospitals. In addition, there was inefficiency in provision of cancer screening services to PWAs.
- 5.10. The welfare of learners with disabilities has not adequately improved through the infrastructure and equipment support program because only a few institutions were funded. In addition, while some of the funded institutions completed and put their projects into use, others had not completed or had completed but had not equipped the facilities.
- 5.11. The Assistive Devices Programme has not effectively addressed the needs of persons with disabilities mainly due to the fact that programme did not ensure equity in distribution of the assistive devices. Further, the programme did ensure that the devices issued were appropriate to the needs of the beneficiaries.
- 5.12. The Education Assistance Programme has not guaranteed the retention of PWDs in institutions of learning until completion of their studies mainly because the bursary is granted on a one-off basis to the learners as opposed to full scholarship. Further, only a limited number of beneficiaries have benefitted from the programme.

6.0 RECOMMENDATIONS

- 6.1. In view of the findings and conclusions of the audit, the Auditor-General proposes the following recommendations for implementation by the National Council for Persons with Disabilities and the Ministry of Public Service, Gender, Senior Citizens Affairs and Special Programmes.
- 6.2. To ensure that NCPWD improves the welfare of persons with disabilities through its various programmes, the Council should prioritise the implementation of programmes that will greatly impact on the lives of PWDs.
- 6.3. To ensure that all persons with disabilities benefit from the services offered by NCPWD:
- iii. The Ministry of Public Service, Gender, Senior Citizens Affairs and Special Programmes should ensure adequate legislation to facilitate the registration of persons with disabilities; and
 - iv. The National Council for Persons with Disabilities should streamline all the bottlenecks that cause delays in the registration process.
- 6.4. To ensure that the Cash Transfer Programme impacts positively on the welfare of persons with severe disabilities:
- iii. The Social Assistance Unit in collaboration with NCPWD should review the initial stipend provided so that it is proportionate to the current inflation rate; and
 - iv. The Ministry Public Service, Gender, Social Protection, Senior Citizens Affairs and Special Programmes should ensure that funds are disbursed in good time to avoid delays in payments to beneficiaries.
- 6.5. To ensure that the Economic Empowerment Programme achieves its intended purpose, NCPWD should address the challenges encountered during the implementation of the programme. This will ensure sustainability of funded projects thereby helping persons with disabilities to gain self-sufficiency in generating income.
- 6.6. To ensure that the Albinism Support Program improves the welfare of persons with albinism, NCPWD should:

- v. Ensure that awareness programme is effectively carried out by the organizations that are contracted to carry out the awareness programme;
- vi. Reconsider the current arrangement where persons with albinism can only collect their skin care items from the hospital they are registered;
- vii. Work closely with the designated hospitals to avoid instances of expired skin care items; and
- viii. Ensure that persons with albinism are accessing cancer screening services.

6.7. To ensure that the Infrastructure and Equipment Support Programme improves the welfare of learners, NCPWD should:

- iii. Ensure that all infrastructural projects are completed and put into their intended use; and
- iv. Offer appropriate technical support to the funded institutions.

6.8. To ensure that the Assistive Devices Programme properly addresses the needs of persons with disabilities, NCPWD should ensure that the process of application and issuance of assistive devices is streamlined. This will enhance equity in distribution of assistive devices and ensure that devices issued are appropriate to the needs of the beneficiaries.

6.9. To ensure that the Education Assistance Programme guarantees the retention of PWDs in learning institutions until completion of their studies, NCPWD should:

- iii. Ensure that there is continuity in the award of bursary to student each year; and
- iv. Ensure timely disbursement of education grants to avoid disruption of studies.

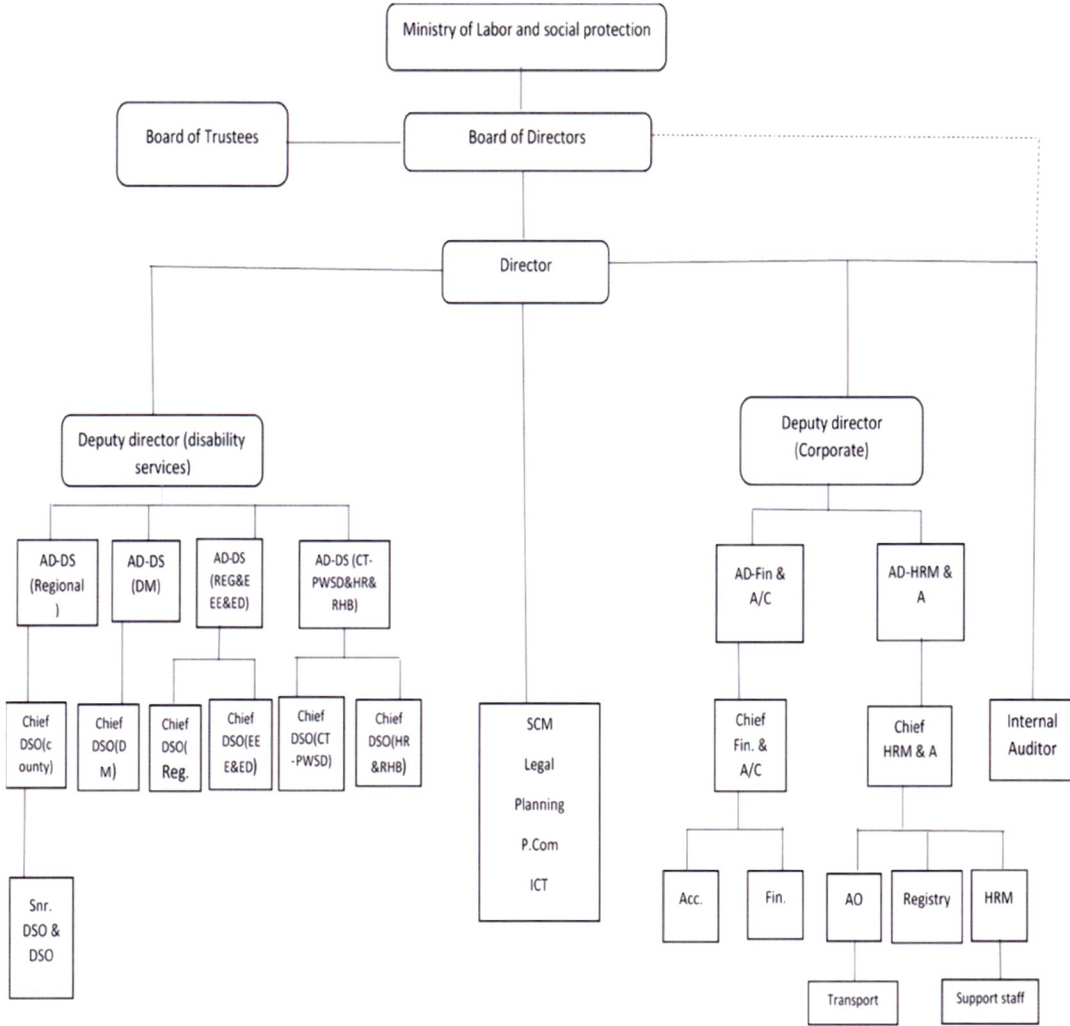
7.0 APPENDICES

Appendix 1: Documents Reviewed

Entity	Type of document reviewed	Reason for review
The National Council for Persons with Disabilities	The National Council for Persons with Disabilities Act No. 14 of 2003	To understand the legal provisions and the mandate of the Council in the provision of services to persons with disabilities.
	NCPWD Strategic Plan, 2013-2017	To understand the role, mandate and functions of the Council with regard to provision of services to PWDs.
	NDFPWD Application Handbook 2014	To understand the procedures for application for funding under the various programmes carried out by the Council.
	NCPWD Service Charter	To obtain information on the timelines for provision of services to PWDs under the various programmes and activities carried out by the Council.
	Brief Overview of the Mandate and Functions of NCPWD	To obtain an understanding of the mandate and various functions of the Council.
	NCPWD Board Minutes	To understand the issues affecting various programmes implemented by the Council.
	Quarterly Progress Reports	To identify the challenges facing implementation of various programmes in the counties.
	Minutes of the County Vetting Committees	To understand the criteria for vetting beneficiaries and to know the number of projects funded in a given financial year.
	Relevant Programme Records	To understand the activities undertaken in each programme.
The State Department of Social Protection, (Social Assistance Unit)	Consolidated Cash Transfer Programme Operational Manual	To obtain an understanding of the operational framework of the Cash Transfer Programme for persons with severe disabilities.
	Service Level Agreement	To understand the terms of engagement between the State Department of Social Protection and Payment Service Providers.
	Social Protection Policy	To understand the policies and mandate of the National Safety Net Programme.
	Persons with Services Disabilities Cash Transfer Payrolls	To understand the payment disbursement and collection patterns.
	Disability Assessment Reports	To understand how disability medical assessment is carried out.

Entity	Type of document reviewed	Reason for review
The Director of Medical Services and Designated Hospitals	Disability Assessment Registers	To determine the number of people registering for assessment in each designated hospital.
	Receipt and Dispatch Registers.	To assess the time taken to process assessment reports and dispatch the final recommendations to the Council.

Appendix 2: Organization Structure



Appendix 3: Forms Yet to be Submitted to the Council for Registration

Date Forms were Submitted	No. of Forms	County	Date Recommended
September 2018	131	Vihiga	26/04/2019
22/03 - 25/03/2019	41	Nyamira	22/05/2019
29/03 - 08/04/2019	153	Nairobi, Thika, Nyeri, Kajiado and Machakos.	17/06/2019
09/04 - 12/04/2019	300	Kisumu, Makueni, Nyeri, Nairobi, Kirinyaga, Tharaka Nithi and Kiambu.	26/05/2019
15/04 - 19/04/2019	277	Nakuru, Meru, Kiambu, Kisumu, Makueni, Machakos, Kajiado and Mombasa.	02/07 - 20/07/2019
16/04/2019	158	Kisii	20/06/2019
18/04/2019	144	Kiambu, Kisii, Mombasa, Nyeri, Kisumu, Kilifi, Kwale, Nairobi and TransNzoia.	03/2019 and 05/2019
23/04 - 03/05/2019	668	Nairobi, Migori, Baringo, Kisumu, Naivasha, Nakuru, Nyandarua, Murang'a, Malindi, Busia, Meru, Kilifi and Kakamega.	25/04 - 25/09/2019
06/05 - 14/05/2019	269	Makueni, Nandi, Mombasa and Murang'a.	15/07/2019
14/05 - 15/05/2019	253	Kisumu, Nyeri, Bungoma, Kakamega, Nairobi, Homabay, Nandi and Vihiga.	27/07/2019
16/05 - 23/05/2019	260	Meru, Kiambu, Embu, Kisumu, Nyeri, Bungoma, Busia, Kajiado, Garissa, Chuka and Nyahururu.	09/05/2019
24/05 - 30/05/2019	146	Uasin Gishu, Nairobi, Nakuru, Kajiado, Kiambu, Turkana and Nakuru.	08/02/2019
06/06 - 12/06/2019	246	Nandi, Nyeri, Kwale, Nairobi, Makueni, Bomet and Kiambu.	27/07/2019
06/10/2019	147	Kakamega	27/07 - 28/07/2019
13/06 - 17/06/2019	229	Meru, Nakuru, Nyandarua, Kiambu, Kisumu, Kakamega, Murang'a, Kwale and Kericho.	27/07/2019
19/06 - 26/06/2019	375	Baringo, Samburu, Meru, Homabay, Kisumu, Kajiado, Muranga, Nairobi, Kiambu and Mombasa.	27/07/2019, 02/09 - 03/09/2019
19/06 - 04/07/2019	20	Nairobi	11 /09/2019
26/06 - 01/07/2019	597	Kajiado, Kisumu and Kitale.	24/09 - 26/09/2019
02/07 - 10/07/2019	290	Nairobi, Nandi, Nakuru, Homabay, Kiambu, Nyeri, Machakos and Embu.	30/09/2019
10/07 - 15/07/2019	263	Trans Nzoia, Kakamega, Meru, Kiambu and Meru.	30/09 - 01/10/2019
15/07 - 17/07/2019	550	Homabay, Vihiga, Kiambu, Bungoma, Busia and Nandi.	18/10 - 19/10/2019
Total No. of Forms.	5,517		

Source: OAG-Kenya analysis of disability assessment submission registers

Appendix 4: Reasons for Rejection of Medical Assessment Reports

Type of Disability	Reason for Rejection
Achondroplasia (Short limbed dwarfism)	Height of limb not indicated.
Cataract	Clear report in a clean summary tool.
Cerebral Malaria	No document provided.
Diabetes leitas and hypertension	No disability defined.
Epilepsy	Continue with medication.
Malunion Fracture of the left Olecranon	Nature of deformity and fractural limitation not documented.
Mental Disability	Attach Psychiatrist report.
Mitochondrial Respiratory Chain Disease	Current Neurologist report not attached.
Physical	Recommended for surgical reviews and management.
Physical	Degree of deviation not documented.
Physical	Document muscle power.
Physical	Muscle power not documented.
Physical	Re-assess comprehensively.
Physical	Recommended for medical review.
Physical	Disability is not well defined.
Physical	Chairman of the disability assessment committee was not a medical doctor.
Physical	No reason given for the rejection.
Physical	Refer for physiotherapy and surgical review.
Physical	Re-assess and document hip joint muscle power.
Physical	Fractural limitations not documented.
Physical	Has minimal functional loss/disability.
Physical	For comprehensive functional assessment and surgical review.
Physical	No evidence of functional limitation.
Physical	Document level of amputation.
Physical and Visual	Deformity not clearly described and Ophthalmologist report not attached.
Rheumatoid Arthritis	Surgical review recommended.
Visual	Ophthalmologist report not attached.
Vitiligo	Extent of the disease not indicated.

Source: OAG-Kenya analysis of rejected medical assessment reports

Appendix 5: Cases of Individuals Travelling Long Distances for Registration

DATE	PROGRAMME NO.	RESIDENCE
30/07/2019	488242	Butere
	24564450	Webuye
	10962170	Kapsabet
	10165786	Rongo
	38211763	Kitui
	4378846	Uasin Gishu
31/07/2019	3810746	Migori
	21597240	Malindi
	8745586	Garissa
	28382727	Kabarnet
	6999827	Uasin Gishu
11/08/2010	9655998	Sultan
13/09/2019	27332168	Loitokitok
	11385651	Loitokitok
	2432146	Loitokitok
	21904630	Loitokitok
	9208851	Loitokitok
16/09/2019	31258523	Kitale
	10793210	Mbita
	13777601	HomaBay
	31245909	Mbita
	136960	Uasin Gishu
24/09/2019	23915557	Garissa
	12675290	Vihiga
	1332104	Muhoroni
28/09/2019	5062143	Sultan
	6371218	HomaBay
	10941967	Baringo
30/09/2019	23106959	HomaBay
	13777609	HomaBay
07/10/2019	21629752	Garissa
16/08/2019	29081078	Garissa
	24688842	Mwatate
19/10/2019	28033335	Nyahururu
	24973138	Bungoma
	8481617	Garissa
	8338660	Narok

DATE	PROGRAMME NO.	RESIDENCE
	21498115	Kakamega
	406581	Bungoma
	2803800	Makindu
	26571746	Kisii
	32677008	Kabsabet
04/09/2019	2303349	Kilifi
05/09/2019	13257789	Wajir
	26947417	Garissa
	13206173	Uasin Gishu
	6858599	Uasin Gishu
	20101206	Uasin Gishu
06/09/2019	22385888	Kwale
	29988596	Butere
	100354541	Nyamira
	10930608	Nyamira
	20138809	Nyamira
	23289300	Kericho
16/08/2019	29081078	Garissa
	24688842	Mwatate

Source: OAG analysis of NCPWD submission registers

Appendix 6: Challenges Faced by the Economic Empowerment Groups

Name of the Group	County	Amount Granted	Activity Engaged in	Income Generated / benefit to members	Challenges
Mwengere Disability Self Help Group	Taita Taveta	Applied and received Kshs 100,000 in March 2019.	Table banking, each group member was given Kshs. 8,000.	No amount was indicated.	Difficulties in loan repayment by some members. The amount was too little to do meaningful business.
Bangladesh Disability & Parents Self Help Group	Mombasa	Applied Kshs 100,000 in 2015 but received Kshs 50,000 in 2016. The purpose was to purchase chairs for hire.	Changed from chairs to water and charcoal selling.	The income was not sufficient and reliable.	The group was facing competition from other sellers hence irregular income.
Albinism Group	Mombasa	Received Kshs 50,000 in 2015.	Revolving fund.	No evidence of any income of benefits.	Leadership wrangles, lack of group cohesion and members failed to pay loans.
Kisumu Women with Disability	Kisumu	Applied for Kshs 50,000 and received in 2016.	Invested Kshs. 50,000 for poultry keeping.		Chicks died during the cold season. Grants took long to be released to the group.
Mae Saa Marwa/ Njema Disability Group.	Kisumu	Applied for Kshs. 250,000, but received Kshs 50,000 in 2015.	Poultry farming	Did not generate income as was anticipated. They spent Kshs. 50,000 on chicks which were affected by diseases.	They had not benefited since the chicks died, and the surviving ones were sold at very low prices.
Nyamokia Persons with Disabilities Self Help Group	Nakuru	Applied for Kshs 200,000 but received Kshs. 50,000.	Trappers for hire.	No benefits have been realized by the group. There was challenge to find clients who would hire the trappers.	Members were not committed to the hire of trappers business but were in support of table banking.
Sisters with Blindness Women Group	Nakuru	Received grant in 2016, for soap making and bead works. They were later on added money for poultry keeping.	Soap and bead making, and partially engaged in poultry keeping.	No ready market for bead works but had market for poultry.	Failure to get market for their products, members not able to attend group meetings because of the distance covered.
Mashoto Disabled Group	Kakamega	Applied for Kshs 50,000 and same amount was granted.	Tree nurseries and bee keeping.	Not as expected engaged in tree nurseries, invested Kshs. 49,000 but only got Kshs. 25,000 from the sale of seedlings.	The group had to hire people to work for them, recently one member passed on hence reduction in membership.

Source: OAG-Kenya analysis of economic empowerment groups documents

Appendix 7: The National Council for Persons with Disabilities Management Response to Audit Findings

Findings of the Audit	NCPWD Management Response on Audit Findings	Auditor's Comments
Delays in registration of persons with disabilities (Para.4.2 - 4.15)	<p>The low number of registered persons are due to;</p> <p>i. The multiagency nature of the process. The registration process involves various agencies including the council, various gazetted hospitals across the country and the Office of the Director of Medical Services at Afya House, Nairobi. This causes inordinate delay for persons with disabilities.</p>	<p>The multi-agency nature of the process was noted during the audit and the inefficiencies in the whole process. However, most delays were observed at the DMS office, hence the need to address the factors contributing to the delays at the DMS to facilitate registration of PWDs. Therefore, the finding will remain as reported.</p>
	<p>i. High fees charged by hospitals for disability assessment. While a number of counties have made disability assessment free of charge, others continue to charge between Kshs. 200 to Kshs.1,500. These levies are in many cases unaffordable to poor and vulnerable persons with disabilities seeking council services.</p> <p>ii. Vast distances to hospitals conducting disability assessments. Challenges of mobility experienced by persons with disabilities coupled with poverty make distant disability assessment centers inaccessible.</p> <p>iii. The backlog of assessment reports at the DMS office is due to discrepancies in the numbers of persons with disabilities targeted by the council and the MOH. Usually, MOH set lower targets than the council thus undermining the goal of registering all persons with disabilities.</p>	<p>The audit finding remains as reported. However, more evidence required to ascertain that high fees charged by the hospitals for disability assessment, vast distances to hospitals conducting disability assessments and discrepancies in targets for registration would be a cause for delays in registration.</p> <p>The Office acknowledges measures put in place by NCPWD to mitigate the challenges in registration of PWDs. However the finding will remain as reported.</p>

Findings of the Audit	NCPWD Management Response on Audit Findings	Auditor's Comments
	<p>Note that the recommendations are signed at the office of the Director of Medical Services and not Office of Medical Services (OMS)</p> <p>Response:</p> <p>iv. To mitigate these challenges, the Council has taken the following measures;</p> <p>v. Review of the Persons with Disabilities (Registration) Regulations 2019 to achieve the following; make disability assessment in all public hospitals free of charge, decentralize the role of Office of the Director of Medical Services from Nairobi to the Counties. This will improve financial accessibility and speed up processing of assessment reports through decongestion at the office of the Director of Medical Services at Afya House. The regulations are awaiting gazettelement and implementation.</p> <p>vi. Development of registration guidelines for standardization of disability assessment across all gazetted hospitals. The guidelines will ensure that the persons recommended for registration as persons with disability on the same criteria thus weeding out those who do not qualify at the early stages of the process. The draft guidelines are awaiting validation.</p> <p>vii. The Council will liaise with MOH to mobilize additional specialist staff from within the County to clear the backlog.</p>	

Findings of the Audit	NCPWD Management Response on Audit Findings	Auditor's Comments
<p>The Cash Transfer Programme has not impacted persons with disabilities as intended due to delays in disbursement of funds and the inflation effect on purchasing power of the stipend given, which has remained the same for over 10 years.</p> <p>(Para. 4.16- 4.29)</p>	<p>The programme is implemented by the National Council for Persons with Disabilities in collaboration with the Social Assistance Unit of the State Department for Social Protection as noted by the audit. Each beneficiary household received Kshs. 2,000 per month which is paid on a bi-monthly basis (every two months). Payments are done through four contracted payment service providers; KCB Bank, Equity Bank, Cooperative Bank and Postbank (not Posta Corporation).</p> <p>This is attributed to the following key challenges:</p>	<p>The Office appreciates the effort by the Council to address the issues that were affecting the beneficiaries including cash payment delivery mechanism which has improved from card based to account based. However, the issue of delayed payments still persist as the inflation effects of the amount of given beneficiaries has a negative effect on the intended impact of the programme to the beneficiaries. Therefore, the findings remain as reported.</p>
	<p>i. Inability by caregivers to access funds due to:</p> <ul style="list-style-type: none"> • Proximity of the payment points. The service level agreement with the payment service providers provided for access points within 6-kilometer radius. However, the agency network was not sufficient at the time and therefore caregivers covered very long distances to the nearest pay point particularly on arid and semi-arid areas. • Majority of caregivers are elder persons whose bios routinely fail and have to be reset. <p>ii. Lack of awareness among caregivers and beneficiaries on payment windows.</p> <p>iii. Inadequate mobilization of caregivers to collect funds during payment windows.</p> <p>Responses</p> <p>To mitigate these challenges the following measures have been taken:</p> <p>Cash Transfer Payment delivery mechanism has gone through significant improvements since inception of the programme. The mode of paying has over time moved from manual to card-based to the current electronic platform which is individual and account-based. The new</p>	

Findings of the Audit	NCPWD Management Response on Audit Findings	Auditor's Comments
	<p>payment model addresses challenges previously experienced by the beneficiaries including:</p> <ul style="list-style-type: none"> • Reducing distance covered by the beneficiary to pay points; • Allowing beneficiaries to operate a bank account where they can easily withdraw from wherever they are; • Providing beneficiaries with a store of value by not subjecting beneficiaries to withdraw all their funds at once; • Allowing beneficiaries to make their own savings into the bank account; <p>The Ministry is reviewing the current payment delivery contract which has taken into consideration enhanced communication to beneficiaries on payments through mobile alerts.</p> <p>The establishment of local structures such as the Beneficiary Welfare Committees (BWCs) to assist in informing the beneficiaries on the payments and mobilizing for programme awareness activities.</p>	<p>The Office acknowledges the measures put in place by NCPWD to mitigate the challenges of non-collection of payments, however the finding will remain as reported.</p>
<p>Delays in disbursement of funds. (Para .4.22-4.25)</p>	<p>Response</p> <p>Delays in disbursement of funds has been largely attributed to delayed release of Exchequer from the National Treasury. In addition, the current design of the Consolidated Cash Transfer Programme MIS cannot separate the three programmes coordinated by the Social Assistance Unit. Funds transfer to the payment service providers has to be done as one payment. Therefore, in the event there is a delay in receipt of Exchequer for OPCT and CT OVC programmes this will affect the disbursement of funds for the PWSD-CT Programme.</p>	<p>The audit finding remains as reported.</p>

Findings of the Audit	NCPWD Management Response on Audit Findings	Auditor's Comments
<p>The Cash Transfer Programme may not be mitigating the effects of disabilities in households.</p> <p>(Par.4.26-4.29)</p>	<p>This is attributed mostly to the following key challenges:</p> <ul style="list-style-type: none"> i. Minimal transfer value: Further dialogue has been around the issue of transfer values of benefits to people with disabilities, which should be increased to reflect the additional cost associated with disability. ii. Additional costs towards medical care, therapy and rehabilitation are a further challenge. <p>Response</p> <p>To mitigate this, the following measures have been taken:</p> <ul style="list-style-type: none"> i. Review of the transfer value will be done by the State Department for Social Protection in consultation with the National Treasury to make recommendations on whether or not there is a need to adjust the transfer value in line with inflation. These recommendations, to be based on the analysis of the economic data, and implications on the national budget. ii. The Council is implementing a pilot therapy services programme targeting persons with severe disabilities to improve access to rehabilitation services. Section 20 of the PWD Act, 2003 provides for free rehabilitation and medical services to PWDs in public and privately-owned healthcare institutions. The Council is exploring implementation of this section to improve access to health and rehabilitation services to lessen the financial burden on these households. 	<p>The Office acknowledges plans to be undertaken by NCPWD to address the issue of minimal transfer value not mitigating the effects of disabilities in households. It is our hope that the proposed measures to address the issue of transfer will be actioned as soon as is practical to alleviate the suffering of the severely disabled person thereby creating the intended objective of the programme. However, the audit finding remains as reported.</p>

Findings of the Audit	NCPWD Management Response on Audit Findings	Auditor's Comments
<p>The Economic Empowerment Programme has not improved the economic status of persons with disabilities.</p> <p>(Para 4.30-4.43)</p>		<p>NCPWD did not comment on audit findings on the Economic Empowerment programme. The finding remains as reported</p>
<p>Failure by persons with disabilities to collect skin care items as expected thus defeating the intended purpose of the programme.(Para.4.46-4.50)</p>	<p>This is mainly attributed to the proximity to the collection centers for some PWAs.</p> <p>Response</p> <p>To mitigate this, the Council is planning to decentralize skin collection centers to the lowest possible level of healthcare system. This will include introduction of level 2, (dispensaries and clinics) and level 3 (health centers and maternity and nursing homes) as collection centers.</p> <p>The Council will encourage the management of collection centers to utilize their grassroot community health workers to distribute skin care products to registered PWAs within their areas of jurisdiction.</p>	<p>The Office acknowledges the plans by NCPWD to decentralize skin care collection centers to the lowest possible levels.</p> <p>It also acknowledges NCPWDs plan to encourage management of the collection centers to utilize their grassroot community health workers to distribute skin care products to registered PWAs within their areas of jurisdiction. It is our hope that this will be done as soon as it is practical as a way of ensuring that the programme is achieving its intended objectives.</p> <p>However, this does not change the audit finding since the measures are yet to be implemented.</p>
<p>Lack of awareness about the Albinism Support Programme.</p> <p>(Para.4.51)</p>	<p>Response</p> <p>The Council has changed albinism awareness creation approach from national to regional focus. This will ensure closer collaboration with DPOs working with PWAs to improve access to information on Albinism by PWAs.</p>	<p>The Office acknowledges NCPWDs intention to change the awareness creation approach. However, no evidence was provided to support the response and no assessment has been done to confirm whether the said measures have addressed the problem. Therefore, the finding remains as reported.</p>

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<p>Delivery of excess skin care items leading to expiry of items before collection.</p> <p>(Para.4.54-4.56)</p>	<p>This is attributed to non-collection of the lotions by PWAs.</p> <p>Response</p> <p>To mitigate this, the Council is collaborating with Kenya Medical Supplies Authority (KEMSA) and the Ministry of Health (MoH) to establish a demand-based requisition and procurement system to curb overstocking of skin care products.</p>	<p>The Office acknowledges NCPWDs intention to establish a demand-based requisition and procurement system. However, no evidence was given to support the action taken and how well this had addressed the issue. Therefore, the finding remains as reported.</p>
<p>Insufficient cancer screening services.</p> <p>(Para.4.57-4.59)</p>	<p>Response</p> <p>The Council is organizing a retraining of all medical personnel within its skin care collection points on use and maintenance of issued cancer screening equipment as well as a detailed mapping of issued equipment to establish any required repair and/or replacement needs.</p>	<p>The Office acknowledges NCPWDs intention to re-train medical personnel on skin cancer screening and maintenance of issued cancer screening equipment. It is our hope that this measures will be actioned as soon as is practical. The finding remains as reported.</p>
<p>The Infrastructure and Equipment Support Programme has not adequately improved the status of institutions supporting learners with disabilities.</p> <p>(Para.4.66-4.67)</p>	<p>Response</p> <p>The Ministry of Education has the primary mandate of providing education and training to all learners. The development of infrastructure in special schools is the responsibility of the MoE and the Council only complements the Ministry's efforts. Where the Council has supported schools for infrastructure and equipment, schools have reported increased enrolment and a better learning environment.</p>	<p>The Office acknowledges that this is the responsibility of the Ministry of Education. However, there is need for the Council to work closely with the Ministry of Education.</p>
<p>Only a few eligible Institutions benefitted from the grant</p> <p>(Para.4.62)</p>	<p>Response</p> <p>This is due to limited funds. For example, the Council will no longer support institutions for infrastructure development due to reduction of its budget.</p> <p>Further, application for funding is on an annual basis and there is no guarantee for funding for all applicants. All applications are subjected to</p>	<p>The Office acknowledges the challenges faced by the Council with regards to the limited funding. However, there is need to prioritize the available funds on where the Council can impact</p>

Findings of the Audit	NCPWD Management Response on Audit Findings	Auditor's Comments
	vetting at the County level and recommendations submitted to the Board of Trustees for consideration of funding.	more within the available resources.
<p>Institutions did not complete the funded projects. (Para.4.63-4.64)</p>	<p>This was mainly attributed to the discrepancies in Council ceiling amount and the BQ amounts submitted by the school.</p> <p>Response</p> <p>To mitigate this, all schools submitting proposals are required to align their BQs with the budget limit in consultation with the Public Works Officers. Approval of project is based on recommendations by the Public Works Officers. The Council will ensure completion of incomplete projects previously funded.</p>	<p>The audit acknowledges NCPWD's intention to subject project proposals for approval based on recommendations by Public Works Officers.</p> <p>It also acknowledges NCPWD's plan to complete all the incomplete projects and put them into intended use. The finding remains as reported since nothing has changed.</p>
<p>Inadequate monitoring and technical Support. (Para.4.65-4.67)</p>	<p>This was mainly attributed to lack of adequate staff to undertake monitoring and provide technical assistance to the schools during project implementation.</p> <p>Response</p> <p>To mitigate this, the Council has ensured involvement of Public Works Officers in the County Vetting Committees across the Counties to vet, recommend for approval viable projects and provide technical support during project implementation. In addition, the Ministry of Education officers at the Counties are members of the vetting committees and are also involved in monitoring of funded projects within their jurisdiction.</p>	<p>The Office acknowledges NCPWDs involvement of public works officers in the county vetting committees. However, no evidence has been provided to support the response. Therefore, the finding remains as reported.</p>
<p>Appropriateness of the assistive devices not guaranteed. (Para.4.74)</p>	<p>Response</p> <p>The Council has established a Management Information System that manages requests applications, procurement and issuance of assistive devices to ensure clients receive what they requested.</p> <p>Further, the Council is implementing the Buy Kenya and Build Kenya Initiative by procuring and issuing locally calibrated assistive devices</p>	<p>The Office acknowledges measures put in place by NCPWD to ensure that appropriate assistive devices are issued to PWDs. However, no evidence is given to support the establishment of the Management Information System</p>

Findings of the Audit	NCPWD Management Response on Audit Findings	Auditor's Comments
	that ensure better suitability and longevity as well s appropriateness to the local terrains as opposed to the imported devices.	and the Buy Kenya Build Kenya Initiative. Therefore, the finding remains as reported.
<p>The Education Assistance Programme has not enhanced retention and continuity of learners with disabilities.</p> <p>(Para.4.80-4.85)</p>	<p>Response</p> <p>The Education Assistance Programme was established to provide financial support to learners with disabilities. Currently this being done through a combination of scholarships and bursaries. However, the programme is being redesigned to exclusively provide scholarships for learners with disabilities to improve retention and completion.</p>	<p>The Office acknowledges the plans by NCPWD to re-design the Education Assistance Programme. However, the audit finding remains as reported.</p>

CONTACTS

Office of the Auditor-General

Address: P.O. Box 30084-00100, NAIROBI.

Telephone: +254 796 52 85 60

E-mail: info@oagkenya.go.ke

Website: www.oagkenya.go.ke

 [@OAG_Kenya](https://twitter.com/OAG_Kenya)

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