

Knowledge For Development Without Borders (KFDWB)



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Cover Page

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Legal Agreement

This Development Case Study (DCS) is an example of KFDWB's Development Case Study. Our Development Case Study (DCS) could vary from business domain to business domain and from need to need. Please contact us for additional information. Our Development Case Study (DCS) is designed for the public intention for contribution, supporting and funding the projects related to this Development Case Study.

This Case study could not contain all relevant information you may need. For contribution, funding, supporting and additional relevant information to this project in in Kenya please contact the KFDWB. This is an opened Development Case Study (DCS). It does not imply an offering of securities.

Please we are appealing individuals, development agencies, foundations, charities organizations, NGOs, local governments, researches institutions, universities, public and private sector to join us to find together a long term-solution for the described human development challenges in this Development Case Study (DCS).

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1. Key messages

Knowledge for Development Without Borders (KFDWB) is an NGO, based in Vienna, Austria, whose mission is to identify current development issues and development best practices on the ground and to make this knowledge available to development organisations and local and national responsible bodies in order to highlight and alleviate the problems at a community level.

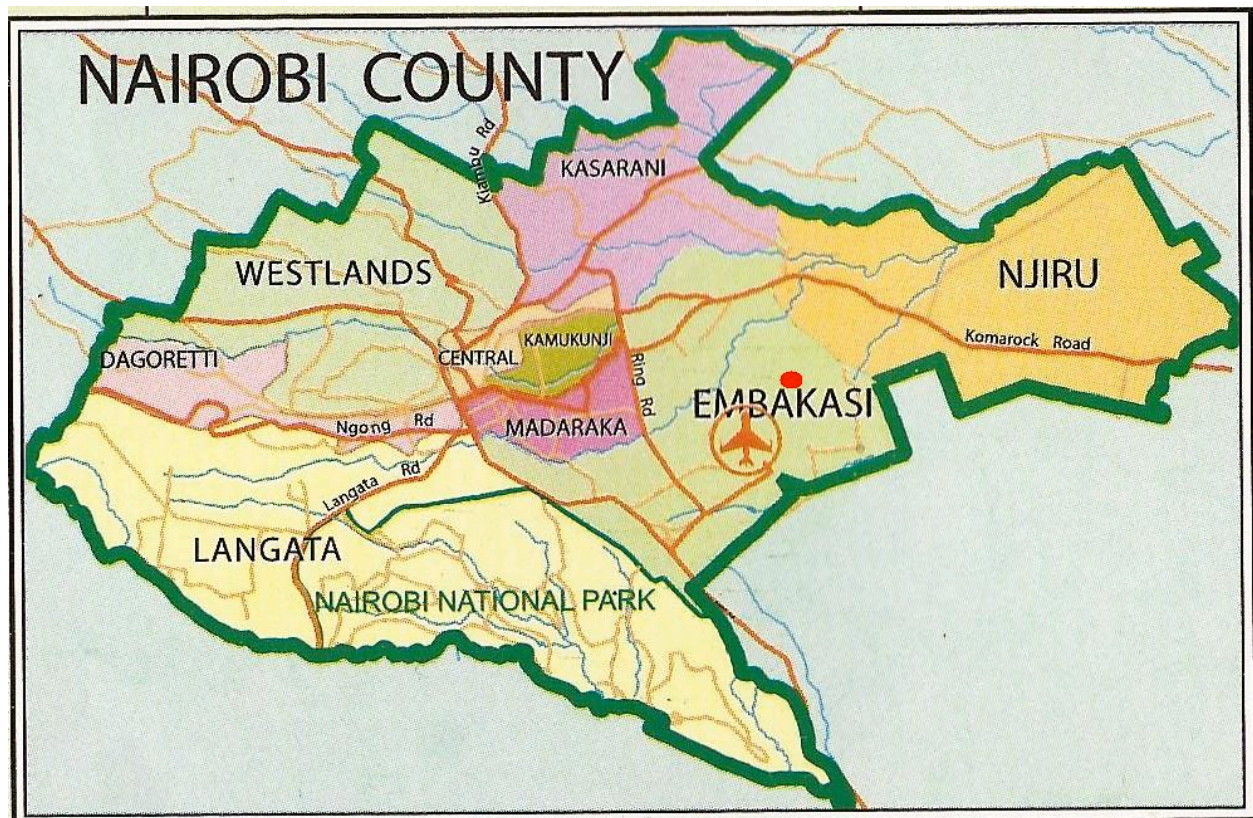
Our development Aid Support system is a way for local communities, volunteers and Aid Workers to make their joint work accessible to a wider audience. The community is made up of volunteers and Aid workers interested in letting us and our audience know of the human development situation on the ground, and the best local approaches.

The KFDWB gives the chance to academics, Aid development workers, people who are interested in human development problem as well as people who are interested in working in the development arena to work in the field to help the local communities know and understand which human development challenges they are facing.

2. Situation and needs

Cerebral Palsy (CP) is a developmental disability caused by brain damage before, during and after birth. It is a broad term for a group of conditions in which brain damage affects a person's ability to move and control his or her muscles. While some children are severely affected, others have only minor disruption, depending on which parts of the brain are not functioning properly. The body movements, positions and other problems can be improved depending on the severity of the damage and if intervention is sort early enough, otherwise CP has no cure, but the interventions put in place make the condition not to worsen (contractures). From the onset is important to note and point out that, about **95%** of cerebral palsy afflicted persons have severe disability, meaning that they remain dependent on most of their daily activities (**ADLs**).The few that have speech and less affected motor systems through the rehabilitation interventions have had their positive lives change. They have made it in schools up to highest level of university and graduated with top grades and proceeded to major professional career stages contributing in nation building and become economically empowered in both developed and developing economies of the world.

2.1. Situation



The red Mark represents the secretariat of CPSK

In Kenya, cerebral palsy is handled by the only unit called Cerebral Palsy Society of Kenya that was founded in 1994 by parents whose children had the condition and suffered the severe challenges that are characteristically acute and the stigma that goes with it. CPSK is a charitable organization committed to work in collaboration with National Council of People With Disabilities to the improvement of the plight of the children afflicted by cerebral palsy in Kenya. Since inception the clinic has witnessed rising numbers of children as it continues to register at least two new cases every day. It is evident that many children with CP are still out there and we are determined to reach them and ensure that they are rehabilitated. **CPSK** situated in Old Donholm Estate in the outskirts of Eastland's in Nairobi County. The Society is handling all referral cases of CPs who have gone public seeking medical professional services.

2.2. Major needs

There is a need to inform and empower Kenya's society that is conscious of improved rehabilitation, health care and inclusive services for children and persons afflicted by cerebral palsy. In addition there is a lack of resources (funding, materials etc.) mobilizing to offer the best support services to persons afflicted by cerebral palsy through the provision of therapy, promotion of awareness about cerebral palsy condition and advocacy of appropriate measures to minimize situations giving rise to cerebral palsy in Kenya.

3. International response

The management and improvement of health of persons with disabilities (PWDs) continues to be a notable constraint to governments, social organizations and families globally. The report of a meeting held at Watson College, Oxford in the United Kingdom between 8th to 11th September 2008 tilted recent developments in healthcare for cerebral palsy. Implications and opportunities for orthotics, emphasizes a two prong action words – Appropriate activities and participation. These words are equally given weight when defined by the World Health Organization's (WHO) international classification of functioning, Disability and Healthcare (ICF).

4. Local response

This tone of call to concern and care for PDWs is well captured and anchored in the Constitution of Kenya 2010 in the Bills of right which is of the best bills in the modern day democracies. In the same constitution in Chapter 54 entitles any person with disability of treatment with dignity and respect, and access to assistive and supportive devices to overcome constraints arising from the disability. The National Disability Act 2003 in turn provides for the rights and rehabilitation of persons with disabilities and emphasizes prevention, early identification, and early rehabilitation of PDWs among others. Many PDWs however, continue to suffer rejection as they are shunned by society and do not get access to adequate care, concern and support.

The Government of Kenya recognizes that disability cuts across all sectors of development and should be an integral part of all national planning. The Government has therefore continued to create an enabling environment for different players to incorporate disability issues into their policies and programmes. Nevertheless, the majority of PWDs remain invisible to policy makers and efforts are needed to integrate their participation into national development initiatives. It is noted that PWDs are not a homogeneous group but are varied in terms of the nature of their disability and, further, that Kenya has no accurate data on disability that policymakers can rely on. Despite the absence of accurate data, the Government and other stakeholders have endeavored to offer PWDs a wide range of services.

Kenya has enacted a number of legislations such as the constitution of Kenya 2010 and the Disability Act 2003, which outlines the minimum standards of accessibility to public services by PWDs. However, what is lacking in many cases is a framework for action to remove the barriers infringing on these rights. Public administrators and other public officials can create barriers for disabled people while they seek public services. The problem is associated with a general lack of awareness among the public administrators of the needs of people with disabilities. This has to a very large extent affected the society in dealing with the CP afflicted persons because of the following factors;

- Cerebral Palsy is a multiple disability that renders the individual unable to move, to speak and to coordinate their limbs and due to this they are totally unable to articulate their issues.

- On the other hand when parents appear with the objective to represent their children, they are not treated the same way as those who have disabilities and are able to speak for themselves and therefore part of the negotiators we are having with those in authority is the importance of recognizing the parents/guardians voice.

Kenya is a signatory to the UN convention on the rights of people with disability. This is in addition to constitution of Kenya 2010, and the Persons with Disabilities Act, 2003. This is the fundamental act in Kenya protecting the rights of people with disabilities. This legislation is intended to be implemented by state actors and monitored by non-state actors, the Act also covers the following aspects: Persons with disabilities are entitled to a barrier-free and disability friendly environment to enable them to have access to buildings, roads and other social amenities, and assistive devices and other equipment to promote their mobility.

The Government of Kenya has adopted a number of laws and policies pertaining to people with disabilities, including their right to productive and decent work and basic services. The Constitution being the mother law of the land categorically provides under Article 54 for persons with disabilities. It states that; a person with any disability is entitled;

- To be treated with dignity and respect and to be addressed and referred to in a manner that is not demeaning;
- To access educational institutions and facilities for persons with disabilities that are integrated into society to the extent compatible with the interests of the person;
- To reasonable access to all places, public transport and information;
- To use Sign language, Braille or other appropriate means of communication; and
- To access materials and devices to overcome constraints arising from the person's disability.

4.1. Cerebral Palsy Society of Kenya (CPSK)

Cerebral Palsy Society of Kenya (CPSK) is a membership organization. Since inception, CPSK established an interactive community-based clinic in order to provide health education, therapeutic and rehabilitation services to the rising number of its target group index. With a record of at least two new cases every week; this programme to date caters for over 300 children and persons who benefit directly from therapy and rehabilitation services that are offered at a highly subsidized rate. These are only in Nairobi; however, in 2012 the society managed some baby steps to the Kilifi County in coast area of Kenya where there is a public school with a unit with children with disabilities and a good number being with cerebral palsy and the children are neglected in terms of therapy provision.

As a charitable organization, CPSK programming largely depends on the support of individual well-wishers, corporate (private and public) establishment and development partners. CPSK programme has been in operation from inception to date covering the entire current day Nairobi metropolitan/County and its environs (counties) namely, Kiambu, Kajiado and Machakos. The society currently runs five programmes namely;

- (i) Creation and enhancement of awareness among parents and the general public about Cerebral Palsy

- (ii) Provisions of therapy as well as medical, educational and counselling services for individuals disabled by C.P to enable them realize their full potential and to help parents and families accept the condition of their children, and fight stigma.
- (iii) Promotion of legislative policy and other measures to improve the welfare of C.P sufferers in Kenya
- (iv) Resource mobilization which is becoming very crucial considering the state of the families the society deals with.
- (v) Empowerment programs for parents especially mothers who are bogged down by the responsibility of taking care of the children. Most of the mothers have been abandoned by their spouses/fathers of the said children and are unable to engage in social or economic activities.

5. Cerebral Palsy Society of Kenya (CPSK) program and budget

PROGRAM ACTIVITY	Description	Total in kshs
Livelihoods, health care and rehabilitation	120 clients 8 attendance per month for 12 months at a rate of 500 Kshs	5, 760, 000
Home based care and education	80 clients 4 attendance per month for 12 months at a rate of 1000 Kshs	3,840,000
Awareness raising, policy and campaigns	Workshops in a year each workshop costs 250,000 Kshs	1,500,000
Networking and partnerships for development	Airtime/communication/visitation	400,000
Capacity building and research	Physio-social group empowerment	800,000
Fundraising and resource mobilization	marketing campaigns	3,000,000
Organizational development	Employees emoluments	5,880,000
	Total	21, 180, 000

5.1. Infrastructure development

In addition, on a long term plan the society has plans to a one-stop facility to have a clinic, school, resource centre, the secretariat and a home. This would cost **150,000,000** Kshs.

5.2. Previous funding

	ORGANIZATION	2012 cash in Million (Kshs)	2013 cash in Million (Kshs)	2014 cash in Million (Kshs)
1	Lilianne Foundation	0.611	0.8	0.540
2	Ascribe Ltd	0.868	0.408	-
3	Insurance Regulatory Authority	2.5	2.5	3.0
4	Abilis Foundation	-	0.437	0.377
5	Safaricom Foundation	-	0.550	-
	Total	3.979	4.695	3.917

6. Appendix

The reports are medical referral cases and are with individual children's parents/guardians. The management has only a strategic plan designed by a technical committee as a guideline on the way forward in creating awareness, reaching out to donors and well-wishers and general operations of the facility in terms of care, concern and support.

6.1. Success Story



Njeri Maria is a young lovely CEREBRAL PALSIED lady. I was diagnosed with cerebral palsy at birth with early detection and intervention. my parents took me for occupational therapy, physical therapy, speech therapy and educational assessments and therapy which really helped me.

I am currently in Nazareen University in Nairobi. I want to do the most common things in the most uncommon of ways- My way! I want the world to see us through our eyes so that they would get to know, understand, accommodate, and help us realize our potential.

” Cerebral palsy is among the best things to happen that should not have happened”

6.2. Photographic Evidence

The picture bellows explaining where taken and with whom and for what purpose.



Children receiving therapy at the CPSK clinic in donholm as their parents look on.



Ms. Elisabeth Krugger conducting a speech therapy workshop for the parents at the clinic



Supporters of Cerebral Palsy enjoying entertainment from reknown artists in Kenya at the 2013 Cerebral palsy charity walk.

6.3. Videos evidence

The videos on the link below include interviews with administrators, Occupational Therapists, Local Administrators, NGO Representatives and the Cabinet Secretary of Health Hon. James Macharia. The material is inform of documentary found through the following links:

<http://www.youtube.com/watch?v= QwFKKzudi0>

<http://www.youtube.com/watch?v=n-YGkV6TOWE>

7. Conclusion

In conclusion, Knowledge for Development without Border (KFDWB) wishes to state that much as the Government has tried to come up with policies and programs to mainstream disability the aspect of monitoring and evaluation remains a challenge that should be taken seriously.

KFDWB is appealing local and international development organization, foundations, NGOs private and public institutions to provide financial support and technical assistance to support

the efforts of Cerebral Palsy Society of Kenya (CPSK) in the locally battle against, and in the treatment of Cerebral Palsy.