



## FACTORS AFFECTING PARTICIPATION AMONG WOMEN REFUGEES LIVING WITH DISABILITIES IN INCOME GENERATING ACTIVITIES: A CASE OF KAKUMA CAMP IN TURKANA COUNTY, KENYA

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### ABSTRACT

Participation of Refugee Women Living with Disabilities in Income Generating Activities was curtailed by exclusion and limited opportunities which sustained dependence to development organizations. The study therefore assessed the factors affecting participation of women with disabilities in Income Generating Activities in Kakuma Camp. Social Model of disability explained how enablers or barriers were sustained by society. Descriptive survey design was used with mixed methods approach for data collection. The target population were women with physical, intellectual, sensory and mental mild impairments. 788 women living with disabilities of the ages between 15- 65 years were the sample frame. 260 women were generated statistically and randomly selected using multi stage sampling technique, while key informants were selected purposively. Household questionnaires and key informant interview schedules were used. The study found out that the factors affecting participation of the women living with disabilities in income generating activities included economic status, gender, nationality, financial literacy skills, communal relations, market access and care giver availability. There is a significant association between the type of disability and the location and distance of participation. The study recommended the designing of disability programmes as stand-alone to make them visible and provision of relevant and timely disability assistive devices.

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### INTRODUCTION

Disability is a determinant of poverty as it reduces the earning power and the consumption expenditures (Filmer, 2008). Consequently, it also becomes a consequence of poverty because the cumulative deprivations related to poverty such as inadequate infant and child development or even the exposure to dangerous working conditions can manifest themselves in disability. Moreover the presence of a person with disability spells direct costs that would consequently lower the prevailing standards of living of the households (Groce et al. 2011). The World report on disability (2011) report people with disabilities generally have poorer health, lower education achievements, fewer economic opportunities and higher rates of poverty than people without disabilities especially since they face many obstacles and they also lack access to services

in their day to day lives. A Study on the effect on income from having a disabled child in the household indicated that the child would create financial needs in four ways including reducing or preventing parents earnings, payments for services that the parents would not provide themselves for instance sign language tutoring, extra costs for providing for the child's needs and finally, additional physical and emotional demands on the parents which would be compensated by cash (Demo & al. 2009). Being disabled equates to being discriminated against (Barton, 1996: Priestly, 2003). Individuals who are born with disability or who become disabled are susceptible to social marginalization and often endure less chances of accessing education, employment or education which directly increases their chances of vulnerability and subsequently inclines them to poverty. The United Nations Convention on the Rights of Persons with Disabilities postulates disability as resulting from interaction between persons with impairments and attitudinal and environmental barriers which would hinder their participation in the society on an equal basis with others.

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## Women and Disability

The global estimated size of disability population is over one billion people which is 15% of the world's population (WHO/World Bank 2011). There are about 80% of people living with disabilities who live in developing countries (DFID, 2014). According to the National Survey on disability 2008, about 4.6 % of men and women are living with a disability in Kenya. Disability Rights Promotion International (DRPI) estimates that 10% of the Kenyans are living with a disability. According to the World Health Survey (2014), approximately 50% of households with disabilities fall below the US dollars of 1.25\$ a day poverty line. Women and girls with disabilities are at a high risk of vulnerability since they live with double discrimination (Abu-Habib, 1997). Women with disabilities are more likely to be affected by poverty than men with disabilities, they are also less likely to marry and highly likely to be abandoned by the spouses and families had they been earlier married before the disability. These factors have therefore rendered women with disabilities at a highly significant economic disadvantage (Groce *et al.* 2011), all these culminate to their higher chances of being socially isolated, including having low self-esteem and having a reduced political and civic engagement and participation (UNAIDS 2014). The marginalized position of people with disabilities in the society often reduces their opportunity to voice their concerns and needs which can be associated with the fact that people with disabilities are often times largely invisible from global development efforts. There is need therefore to understand the existing power relations and overarching conditions that would be affecting the participation of women with disability in development activities.

### Kakuma camp in Kenya

Kenya has been a host to many refugees from war torn neighboring countries in Africa and has two major refugee camps which are Dadaab refugee camp and Kakuma refugee camp. While Dadaab camp is located in the North Eastern Kenya part of Kenya, Kakuma Refugee Camp is located in the northwest of Kenya in Turkana County and is close to the borders of Uganda, Ethiopia and Sudan. Dadaab refugee camp is however at the verge of closing down due to a series of reported insecurities that have become a threat to the country according to the Department of Refugee Assistance. According to Handicap International (2016), the number of People Living with Disabilities registered were approximately 2653 people of the age bracket of 0 to 60 years and above, this group was also accessing direct services from the organization including health care and food supply. These included a total of 1201 females and 1452 males. Out of the 1201 females, 256 were between the age of 0- 14, and a total of 788 between the ages of 15- 65, and 157 were 66 years and above. The second group is documented as a working group and formed the age bracket that constituted the study population for the study. Handicap international had classified the groups against five levels of disability defined as physically impaired, hearing impaired, visually impaired, intellectually challenged and multi challenged.

## MATERIALS AND METHODS

The study was guided by social model of disability which is informed by a socio-political approach (Shakespeare *et al.*,

1999), highlighting the barriers and constraints erected by a disabling society or contemporary social organizations which take no or little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities. The research process was guided by a descriptive survey design which used both qualitative and quantitative data. The study was carried out in Kakuma camp located in Turkana County, approximately 125 Kilometers from the Sudan border. According to a report by UNHCR (2016), the camp surpassed its capacity and the population is currently estimated at 191,702. Kakuma refugee camp is subdivided into four sections, and 10 zones, with approximately 100 blocks in each zone, each block comprises household members, who are defined as people eating from the same pot. The sections are Kakuma 1 with a total of 74,926 refugees, Kakuma 2 with 23844 refugees, Kakuma 3 with 61,296 refugees, Kakuma 4 with 29,628 refugees. There are also other influx settlements of refugees besides the sub sections that are home to 2008 refugees (UNHCR, 2016). The camp has a total of 88,664 females and 103,038 males in the camp of the ages between 0 to 60 and above. There are 39,496 females and 45,029 males forming the adult population of 18 to 60 and above years of age. The predominant groups in the camp are from Burundi, Ethiopia, Rwanda, Somali, South Sudan and Uganda. People Living with Disabilities increased from 2084 among 128,560 refugees in Kakuma in 2013 (Tanabe *et al.* 2015) to 2653 (1201 females and 1,452 males) PLWD of the age bracket of 0 to 60 years and above among 191,702 refugees in 2016 (Handicap International, 2016). Out of the 1201 females, 256 were between the age of 0-14, and a total of 788 between the ages of 15- 65, and 157 were 66 years and above. The target population of this group was women with physical, intellectual, sensory and mental mild impairments. The sample frame comprised of 788 women living with disabilities of the ages between 15- 65 years drawn from four subsections of Kakuma refugee camp. Using Krejcie and Morgan table, 260 members were sampled and selected using multi stage sampling technique through stratified and systematic random sampling, while key informants were selected purposively. The study collected both primary and secondary data. Primary data was collected using household questionnaire, key informant interview schedules and observation check list, while secondary data was gathered from various sources including relevant books, journals and research papers using document analysis schedules. Household questionnaires, key informant interview schedules, and observation checklist were used to collect primary data. The study employed expert opinion techniques to ascertain reliability and validity of data. Descriptive statistics such percentages, and frequencies were used to analyze quantitative data with the help of SPSS 20. Summary results were presented in tables, percentages, and figures.

## RESULTS AND DISCUSSIONS

### Demographics

A majority of the respondents were between the ages of 15-30 representing 33.5%, followed by those between 31-45 at 27.3%, and the group of 46-60 having 25.8% and finally those at 61 years to 65 were at 13.1%. This indicates that there are both young and elderly women who are living with disabilities in the refugee camp therefore all groups need targeted programming. A significant majority of the respondents 161 (62.2%) are physically impaired, followed by those visually

impaired 55 (21.2%), intellectually challenged 20 (7.7%), hearing impaired 12 (4.6%) and lastly multi challenged 11 (4.2%). The heightened number of the physically impaired can be attributed to the effects from conflict zones and moreover observation data from the respondents indicated a majority of the physically impaired to have sustained snake bites reported to have been during collecting firewood for sale in the camp which resulted to disability. A majority of the respondents, 151 (58.3%), have never been to school. It also indicates that the respondents who have gone to primary school are higher, 63 (24.3%) than those who have been to secondary, 18 (6.9%) and further those having a tertiary level of education are, 27 (10.4%), among those with tertiary level of education, two had college certificates and one had a Master's degree. The study established that although having Tertiary education is significant (0.005), WLWD with tertiary education are less likely (-1.5) to engage in IGA as compared to those with Primary education. This could be attributed to their capacity to engage in other forms of gainful work including employment by the existing Non-Governmental Organizations serving the camps.

### Respondents' arrival in camp

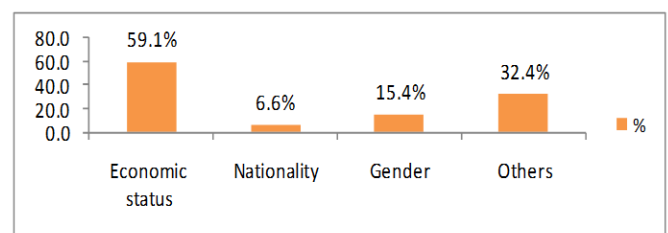
The majority of the women arrived in the camp between 2010-2015, 153 (59.1%), while the lowest number among the sampled is at the year 1992-1997, 14 (5.4%). The figure also indicates a downward trend from 2015 to 1992 when the camp was opened, for instance while the population has been steadily increasing in the camp, it appears the numbers on the Women Living with Disabilities has been decreasing, this can be attributed to deaths in the camp especially with overtime living in the camp. The reduction of the numbers of Women Living with Disabilities between 2016 and 2017 can be associated to the relative calm in the neighboring regions affected numbers of refugees streaming in and also the voluntary repatriation of Refugees. This allows the analysis of the duration in camp against whether the respondents previously engaged in IGA or not ever since arriving in the camp, to understand the effect of the camp on Income Generating activities engagement.

### Participation in Income Generating Activities

The refugee Refugee Women Living with Disabilities predominantly engaged in IGA including the retail shops (7.7%), livestock rearing (3.9%), farming (1.9%), cooking midday meals for schools (1.5%). Beadmaking and mat making were at 0.4% and 0.4% respectively. Among other IGAs represented by 12% included water hawking, selling cakes and mandazi, selling charcoal and also alcohol, plaiting hair, selling meat, tray making, washing clothes and selling mitumba and shoes, bed sheet sewing, sewing stool covers, selling vegetables, selling firewood and tea making. The number of those women previously engaging in IGA in their country of origin was 150 (57.9%) out of the 259 respondents. The remaining 109 (42.1%), had not participated in IGA in the countries of origin. According to those who had participated, they had been motivated with the space available to have their activities and little competition, while a majority of those who never participated felt they were incapacitated from the effects from the various disability forms. The study further also established that out of the 150 (57.9%) of WLWD who were previously engaging in IGAs, only 49 (33%) of this number, continued engaging in IGAs after their entry in the camp while

the other 101 (67%) discontinued. A majority of the 67% who indicated to have stopped participation pointed to the lack of capital, others mentioned that their disabilities and refugee status could not allow them and they stopped participating in IGA when they arrived in Kenya because of insecurity, lack of assistive devices and high competition within the camp. This is consistent to the International Labour Organization study indicating that up to 80 percent of the working age who are disabled in most countries remain unemployed due to disabling attitudes and an absence of appropriate support. The number of respondents who were currently engaging in IGA out of the study respondents is 28.6% this is contrasted against the 71.4% who are not currently engaging in IGA. There is also a significant decrease from the 57.9% who were previously engaged in IGA before coming into the camp as refugees to the current 28.6% this is a variance of .0400. It is therefore significant to note that there is a reduction of the WLWD who continue with IGA after joining the refugee camp from their host countries whereby the environment together with a host of factors come into play.

**Factors that enables participation in IGAs:** The study established the factors that enable participation in IGA. This is represented in the Figure 1.



**Figure 1. Factors that enables participation in IGAs**

The study established that while a majority, 59.1%, believed it was their economic status that facilitated access to capital and funds from family members to start up and sustain IGA, 15.4% reported that their gender was a factor that also enables their participation, especially due to the socio cultural dynamics whereby the women are largely seen as dependant on the men, who would therefore decide as to whether or not they would engage in an IGA. The WLWD who reported that Nationality would be a factor in their engaging in IGA were 6.6%, this they mentioned to be as a result of the intercultural society in Kakuma where there are several nationalities including Ethiopians, Ugandans, Somalis, Burundians, Eritreans and Sudanese. Among the 32.4% who believed other factors affected them, they stated factors like financial literacy skills, family background, communal relations, Market access, presence of a care giver, time, creativity, the foreseen promise of monetary profits and simply the need to break monotony that would result to poor esteem.

**Marital Status and Participation in IGA in the Refugee Camp:** The study established the link between the marital status and engagement in IGA in the refugee camp. This is represented in the Table 1 below. The Study established that married women participated in IGA with a 40.5%, compared to 2.7% and 1.4% of deserted or the widowed respectively. It also revealed that the widowed were also participating at a high rate of 28% while the never been married at 19%. The study established that being separated and living in the camp is positively (0.0855, CI 95% 0.229- 23.103) associated with conducting an IGA.

**Table 1. Marital Status and engagement in IGA in the Refugee Camp**

|                           |     | Marital status and engagement in IGA in the Refugee Camp |           |          |          |         |               | Total |
|---------------------------|-----|--|-----------|----------|----------|---------|---------------|-------|
| Marital status            |     | Married  | Separated | Deserted | Divorced | Widowed | Never Married |       |
| Currently involved in IGA | Yes | 30   | 2         | 1        | 6        | 21      | 14            | 74    |
|                           | No  | 57   | 5         | 7        | 14       | 70      | 32            | 185   |
| Total                     |     | 87   | 7         | 8        | 20       | 91      | 46            | 259   |

**Table 2. Location of IGA engagement**

| Disability Type           | Location of IGA engagement |        |           |        |                | Total |
|---------------------------|----------------------------|--------|-----------|--------|----------------|-------|
|                           | Residence                  | Market | Road side | Others | Doesn't engage |       |
| Physically Impaired       | 23                         | 14     | 9         | 2      | 113            | 161   |
| Hearing Impaired          | 5                          | 0      | 0         | 0      | 7              | 12    |
| Visually Impaired         | 6                          | 6      | 2         | 0      | 41             | 55    |
| Intellectually challenged | 2                          | 4      | 1         | 0      | 13             | 20    |
| Multi challenged          | 0                          | 0      | 0         | 0      | 11             | 11    |
| Total                     | 36                         | 24     | 12        | 2      | 185            | 259   |

**Table 3. Distance from household**

|                         | Distance from the household |            |      |       |
|-------------------------|-----------------------------|------------|------|-------|
|                         | 0-25 KMS                    | 26- 50 KMS | NONE | Total |
| Physically Impaired     | 48                          | 1          | 112  | 161   |
| Hearing Impaired        | 5                           | 0          | 7    | 12    |
| Visually Impaired       | 12                          | 1          | 42   | 55    |
| Intellectually impaired | 6                           | 1          | 13   | 20    |
| Multi challenged        | 0                           | 0          | 11   | 11    |
| Total                   | 71                          | 3          | 185  | 259   |

**Table 4. Challenges faced by the Refugee Women Living with Disabilities participation in IGAs**

| Challenges   | Frequency | Percent |
|--|-----------|---------|
| Intercommunity conflict  | 6         | 2.3     |
| Disability based discrimination                                | 46        | 17.8    |
| Lack of Capital  | 133       | 51.4    |
| Poor market environment/demand is low, supply is poor          | 3         | 1.2     |
| No support linkages from women disability groups               | 5         | 1.9     |
| No adequate support linkages from NGOs dealing with disability | 9         | 3.5     |
| No feedback from assessments on disability                     | 5         | 1.9     |
| Don't know   | 52        | 20.1    |
| TOTAL  | 259       | 100     |

This was reported to be due to the need to foster independence and contribute towards the welfare of family members within the refugee camp which is consistent with the study by the Lebanese Sitting Handicapped Association, which indicated that poor women with disability were among those highly disadvantaged in our societies, as they are often faced with limited opportunities that can enhance their economic status and therefore maintain the status quo of poverty, dependency and isolation (Abu- Habib, 1997).

#### Challenges to participation in other forms of Income Generating Activities

The study established that 25.1% of the refugee women living with disabilities attributed their inability to engage in other forms of IGA to poverty, 18.5% indicated that they lacked financial support, while 14.3% indicated that there were limitations in terms of disability friendly market spaces to sell their wares, 7.7% reported to have been limited by effects from disability for instance, the need for a care giver who was not present. While 4.6% indicated they lacked skills to engage optimally in IGA, interestingly, 1.5% of the WLWD, who responded were either limited by gender or felt they were not motivated individually and others pointed out that there were instances of jealousy from their neighbours which derailed the progress of particular IGAs.

Others complained of limited access to monetary services, low level of participation in development activities, insecurity in the form of burglary and harassment. The majority of the respondents (25.1%) indicating that poverty and lack of finance are the major challenges to engagement in IGA shows a consistency to The GAP report of 2014 on People with Disabilities which indicated that people with disabilities often times experience social and economic status that are poorer contrasted to individuals without disabilities which affects their engagement in gainful income generation.

#### Location of Income Generating Activity engagement

The location of IGA engagement among respondents who were currently participating is represented in Table 2. The study established that 49% of the WLWD who were involved in IGA were engaging from their residence. This the study found to be related to the limited disability friendly mobility devices and the debilitating effects from the various (5) forms of disability. It further revealed that the market place was also a preferred location for IGA engagement at 32%, followed by the roadside at 16% and others were at 3%, of which included nearby villages and engaging in cloth washing at other blocks within the camp area.

### Distance from household

The distance from household during participation in Income Generating Activity engagement among respondents who were currently participating is represented in Table 3. The study indicated that the (71), 96% of the women living with disability who were currently involved in IGA were operating between a distance of 0- 25 Kms, with only the remaining (3), 4% engaging at a distance of 26-50 Kms. This is consistent with a similar study by Dube & Koenig, (2005), conducted in Kakuma that indicated that WLWD recommended for mobility assistive devices to ensure their engagement in camp activities to expand their participating in terms of access and supply of goods and services.

### Challenges faced by the Refugee Women Living with Disabilities participation in IGAs

The challenges faced by the Refugee Women Living with Disabilities participation in IGAs is represented in Table 4. Among the leading challenges that the study established to be affecting participation of WLWD in the camp in IGA were lack of capital 133 (51.4%) and disability based discrimination 46 (17.8%) as highlighted in the table. This is also consistent with the study spearheaded by Action Africa Help International through the Support for Protection and Assistance for Refugees in Kenya (SPARK) consortium in 2016 in Kakuma refugee camp that sought to understand refugee participation in livelihoods. The women 5 (1.9%), also decried that in as much as assessments were being done in the camp especially on disability, the feedback rate was poor and they could not thereby enhance their participation with the limited information. Intercommunity conflict and inadequate support linkages with NGOs and other disability groups, poor market environment with poor demand and supply were also a challenge. An interview with 7 (seven) key informants' (KI) also respondents 1-7 (KI 1-KI 7), 5 (five) from the bodies responsible with providing services for People Living With Disability and 2 (two), a female (KI 6) and male (KI 7) representatives of People Living With Disabilities in the Kakuma camp established factors that affected participation of women as discrimination, prevailing weak disability structures, literacy and especially minimal focus on special needs education, psychological stresses relating to low self-worth and esteem from stigma and culture, poor programming where one of the key informants (KI 1) mentioned that,

*"...the women living with disabilities in the camp are mainstreamed and forgotten, they are in the mix, but there is need to strengthen the disability component in programming to have long term outcomes especially around livelihoods."*

Other predominant factors mentioned by the key informants (KI 2), included lack of capital, inadequate infrastructure and disability assistive devices and scanty access to information, which became a huge barrier to accessing the resources to enable engagement in IGA. The key respondents (KI 6 & KI 7), felt that movement associated to repatriation also hampered progress in IGA, which also emanated from the hope of the WLWD waiting to be repatriated and therefore reluctant to engage in IGA. Another of key informants (KI 3), identified poverty, access to monetary services, low level of participation in development activities, barriers related to community attitudes, space for business. Key informant (KI 4) highlighted that there was insecurity in the form of burglary,

harassment, and SGBV related incidents, while the other key respondent (KI 5) considered the stringent Encampment Policy and legal framework with rigid business policies where permits were required to venture into business to be a challenge. The key informant (KI 4) representing a disability support organization mentioned that attitudes on disability, 'stigma', logistical and infrastructure challenges for instance there were cases where walking/mobility aids sometimes would take long to be received from donations making mobility itself a challenge to engage in selling and buying in the market.

The key informant (KI 5) indicated that there was generally a lack of capacity to start and sustain a business; the informant also mentioned that since the United Nations High Commissioner for Refugees (UNHCR) categorizes the WLWD as people with special needs among the pool of special needs group, it was not easy to make specific interventions targeting the refugee WLWD in the camp, thereby they would in so doing, be sadly forgotten despite their doubly disadvantage and the fact that the system of classification as special needs groups assumes that the refugee WLWD are a homogeneous group, when in fact, they are people with different forms of disability and therefore different needs in the form of interventions. For instance as indicated by the study by Hebrew Immigrant Aid Society (HIAS, 2014), the mentally disabled refugee women would be particularly at a greater risk due to multiple layers of stigma and higher levels of disenfranchisement associated with the limited resources available to accommodate either physical or mental disabilities. The key informants, (KI 6 & KI 7) both enlisted that WLWD camp leaders were not given identification cards to be recognized by UNHCR so they were having trouble accessing the office to ask for assistance. Moreover, they were not allocated a friendly space in the market, the roads were also dusty which discouraged selling wares at the roadside, the key informant, and (KI 6) mentioned that;

*'...we the disabled cannot go anywhere until the UN supports us.'*

The key informant (KI 7), reported concerning the NGO's that had previously supported PLWD that;

*'...since they no longer support our centers, some of the disability groups have now engaged in "chang'aa" (local brew)*

The two key informants (KI 6 & KI 7) indicated that they lacked of equal opportunities at centers like tailoring schools at Don Bosco in the camp. The key informant (KI 6) decried about a centre that had previously existed for PLWD that;

*"...before, when there was centre, we were rich'.*

This indicates that the centre was a space in which the WLWD would actively engage in their IGA but now, this was stalled.

### Support required for IGAs by the Refugee Women Living with Disabilities

The support required by the refugee women living with disabilities to participate actively in IGA included 64 (24.7%) of the respondents who indicated the need for specialized facilities for people living with disabilities, 58 (22.4%) indicated the need for home based support for the PLWD by

the camp management, 44 (17%) indicated the need for improved infrastructure including roads and market spaces. Still a further 47 (17.8%) indicated the need for capital to start up IGAs and those who indicated other forms of support were 46 (17.8%) which included government sponsorship, capacity building, designated IGA points for WLWD, peaceful location for IGA, construction of shops for IGA, Non-Governmental Organizations to buy goods and give the WLWD and also the provision of requisite services to enhance their participation, for instance provision of water.

### Conclusions

Improving the health information systems to generate disability data for the Kakuma camp would allow for robust disability analysis to inform interventions around the current and potential roles, skills, aspirations and situations relating to the women to not only identify their needs and gaps but to inform program interventions including policy guidelines but also increase visibility of disability categories through sex disaggregated data. Disability programmes should be designed as stand-alone and not merely cluster the refugee women living with disabilities as a special group. This is because of the need to make them visible and adequately address their limited participation in IGA despite the presence of a Consortium providing loans and presence of the Village Savings and Loans Associations. These programmes should aim at training the WLWD and the general population in the camp on importance of inclusion of these women in IGA and provide relevant and timely disability assistive devices.

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### REFERENCES

Abu- Habib, L. 1997. Gender and Disability Women's Experience in the Middle East, Oxfam GB, Cowley, UK.

- Boan, D., Drake, K., Loewer, E., Andrews, B., Martison, D., & Aten, J.A. 2014. A Qualitative Study of a Grass Roots and Faith-Based Peace and Reconciliation Program in Kakuma. Kenta, USA: HDI.
- Demo, A. f., & Horn, R. 2009. Riding on the back of a tortoise. Forced Migration Review: Issue 33: University of Oxford, Refugee studies Centre.
- DFID. 2014. Disability, poverty and Development. London, DFID.
- Dube, A. and Koenig, A. 2005. Self-Reliance and Sustainable Livelihoods for Refugees in Dadaab and Kakuma Camps. A Report: UNHCR& ILO.
- Filmer, D. 2008. Disability, poverty, and schooling in developing countries: Results from 14 Households surveys. World Bank Economic Review
- Groce, N., Kett, M., Lang, R., Trani, JF. 2011. Disability and Poverty: The Need for a more Nuanced Understanding of the Implications for Development Policy and Practice. Third World Quarterly.
- HIAS, 2014. Triple Jeopardy: Protecting At-Risk Refugee Survivors of Sexual and Gender – Based Violence Older, Disabled, Male and Sexual Minority Refugees in Chad, Kenya, South Africa and Uganda
- Priestly, M. 2003. Disability a Life Course Approach, UK, Blackwell, Oxford.
- Tanabe, M., Nagujjah, Y, Rimal, N., Bukania, F. & Krause, S. 2015. Intersecting Sexual and Reproductive Health and Disability in Humanitarian Settings: Risks, Needs, and Capacities of Refugees with Disabilities in Kenya, Nepal, and Uganda, Sexual Disability, Springer.
- UNHCR, 2016. Voluntary Repatriation of Somali Refugees from Kenya: Operations Strategy 2015- 2019. Available online at <http://www.unhcr.org/5616280b9.pdf>
- Watson, N., Mc Kie, L., Hopkins, D. and Gregory, S. 2004. Interdependence, Needs and Care: The Potential for Disability and Feminist Theorists to Develop an Emancipatory Model, Sociology, Vol. 38, No. 2
- World Report on Disability 2011. Switzerland; Geneva, WHO Press. Available online at <http://www.who.int>

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