****

**GRUNDTVIG AFRICA HOUSE (GAHO)**

**P O BOX 686-00100, Nairobi, KENYA**

**Tel: +254 7222 71215; Fax: +254 101 71215**

**Email:** [**gahokenya@gmail.com**](mailto:gahokenya@gmail.com)**,** [**ronald2wanda@yahoo.co.uk**](mailto:ronald2wanda@yahoo.co.uk)

Culture – Ethics – Philosophy - Afrikology

***Research Proposal***

**Rethinking Cultural Barriers to Cognitive Disability in the Context of Climate Change: A Study of Kenya’s Coastal Region**

**July 2025**

**INTRODUCTION**

**1.1 Background**

Globally, persons with disabilities continue to face disproportionate exclusion, stigma, and systemic marginalization. In response, the international community has advanced a rights-based approach to disability, most notably through the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). Kenya ratified the UNCRPD in 2008, affirming its commitment to promote the full and equal enjoyment of all human rights by persons with disabilities and to respect their inherent dignity (UN, 2006). However, despite these commitments, implementation has been slow and uneven, particularly for persons with cognitive and psychosocial disabilities, who remain largely invisible in policy, data, and service delivery systems (Handicap International, 2014).

The cultural dimensions of this marginalization are especially pronounced in Kenya’s coastal region. Traditional belief systems often influenced by spiritual, religious, or superstitious frameworks continue to associate cognitive disability with curses, witchcraft, or ancestral punishment (Abbo et al., 2008). These perceptions not only perpetuate stigma but also delay health-seeking behavior, inhibit inclusion, and contribute to the social isolation of affected individuals and their families.

At the same time, the country’s mental health legislative framework has historically reflected colonial-era biases. After independence in 1963, Kenya relied on the English Mental Health Act of 1959, which institutionalized a medicalized approach to mental health. Though it introduced community service elements, it offered minimal protection of patients’ rights. Kenya’s own Mental Health Act of 1989 sought to decentralize services and introduce voluntary treatment (Republic of Kenya, 1989). However, enforcement has remained weak, and cognitive disabilities are still poorly understood, underdiagnosed, and inadequately supported across the health and education sectors (KNCHR, 2021).

**1.2 Climate Change and the Disability Experience**

In recent years, climate change has emerged as a major aggravating factor in the vulnerability of marginalized groups, including persons with disabilities. Kenya’s coastal region comprising counties such as Kilifi, Kwale, Lamu, Taita Taveta, and Mombasa is already experiencing the direct impacts of climate stress: sea level rise, saltwater intrusion, erratic rainfall, droughts, and flooding (IPCC, 2022). These environmental shifts disproportionately affect communities with limited adaptive capacity including persons with cognitive disabilities who often lack access to emergency information, disaster warnings, evacuation plans, and healthcare during climate crises (Kett & Cole, 2018).

Globally, evidence shows that persons with disabilities are two to four times more likely to die or be injured during disasters (UNDRR, 2015). In Kenya, this risk is compounded by structural exclusions, inaccessible infrastructure, and low institutional awareness of disability-inclusive disaster risk reduction (DRR). For those with cognitive or psychosocial disabilities, there are additional challenges related to communication, decision-making, and social stigma that further restrict their access to climate adaptation strategies and emergency support systems.

**1.3 Existing Legislative and Policy Frameworks**

***1.3.1 Kenya’s Mental Health (Amendment) Act, 2022***

The Mental Health (Amendment) Act, 2022 now provides Kenya with a contemporary, rights-based legal framework to address mental health, including cognitive and psychosocial disabilities. It explicitly aligns with the UN Convention on the Rights of Persons with Disabilities (UNCRPD) by emphasizing patient dignity, informed consent, and access to community-based mental health services. The Act decentralizes mental health care to county governments, encouraging greater access and responsiveness to local contexts. For persons with cognitive disabilities in coastal Kenya who have historically been subjected to stigmatizing cultural beliefs and institutional neglect this law offers a legal mandate for inclusive, non-discriminatory, and culturally sensitive mental health services.

Importantly, the Act introduces mechanisms for the protection of rights, including oversight by mental health boards, and prohibits arbitrary institutionalization. This is especially relevant in areas where traditional beliefs often lead families to isolate or abandon individuals with cognitive disabilities. However, the success of this law in coastal regions depends on effective implementation at the county level, including resource allocation, public education, and engagement with local cultural gatekeepers. Given the additional stressors of climate change such as displacement, trauma, and social breakdown the Act is an essential legal tool to support the mental health resilience of persons with cognitive disabilities in vulnerable regions.

***1.3.2 Persons with Disabilities Act, 2025***

The newly enacted Persons with Disabilities Act, 2025 replaces the outdated 2003 law and marks a progressive shift toward full compliance with the UNCRPD. For the first time, cognitive, psychosocial, and intellectual disabilities are distinctly recognized, and the law enshrines equal access to services in health, education, employment, and justice. It mandates universal design, accessibility standards, and reasonable accommodation, including within county-level service delivery. This is a critical development for coastal communities, where cognitive disabilities are frequently misunderstood or neglected due to cultural stigma and poor infrastructure.

What is particularly notable in the 2025 Act is the inclusion of disability in the context of environmental and disaster risk management. The law calls for inclusive participation in planning and mandates that persons with disabilities be considered in national and county-level climate resilience strategies. This opens a legal pathway to integrate disability-sensitive measures into climate adaptation policies such as early warning systems, accessible emergency services, and inclusive shelter planning. For your research, this Act offers a firm legal basis to argue that persons with cognitive disabilities must not only be protected from harmful cultural practices but also be explicitly included in Kenya’s climate adaptation efforts, particularly in high-risk regions like the coast.

***1.3.3 Climate Change Act (Amendment), 2023***

Kenya’s Climate Change (Amendment) Act, 2023 enhances the country’s commitment to inclusive climate governance by devolving responsibilities to counties and integrating climate adaptation into sectoral planning frameworks. While the original 2016 Act laid the groundwork, the 2023 amendments strengthen participatory mechanisms and recognize the disproportionate effects of climate change on vulnerable populations. For the first time, the law includes persons with disabilities as a group requiring special attention, although operationalization remains a challenge.

For communities in the coastal region already facing rising sea levels, heatwaves, droughts, and increased displacement the law provides an important policy entry point for disability-inclusive climate planning. Yet, persons with cognitive disabilities remain largely absent from mainstream disaster risk reduction and climate adaptation programs. Their exclusion is exacerbated by communication barriers, inaccessible infrastructure, and stigma. The law’s recognition of disability creates a legal obligation for inclusive early warning systems, emergency response plans, and climate education campaigns. Your research can serve as critical evidence for ensuring that cognitive disability is not overlooked in climate resilience strategies, and that cultural beliefs do not hinder the uptake or effectiveness of climate-related interventions for this group.

*1.3.3.1 National Climate Change Action Plan 2023–2027*

Kenya’s National Climate Change Action Plan (NCCAP III) 2023–2027, launched by H.E. President William Ruto in September 2023, offers a framework for pursuing a low-carbon, climate-resilient, and inclusive development trajectory. While the policy architecture, including the NCCAP and the Nationally Determined Contributions (NDCs), reflects strong political commitment to inclusive climate action, the effective integration of cognitive disability as a cross-cutting concern remains largely unaddressed.

The NCCAP III recognizes Special Interest Groups (SIGs) in general terms but does not adequately mainstream the needs and priorities of persons with cognitive disabilities across its goals, targets, or implementation mechanisms. This oversight includes the lack of disability-responsive objectives, tailored indicators, and dedicated resources. As a result, the unique vulnerabilities and adaptation capacities of persons with cognitive disabilities are not sufficiently reflected, which may compromise the inclusivity, equity, and overall success of Kenya’s climate response.

Nonetheless, Kenya has made some progress in promoting inclusive climate governance for example, through increased representation of marginalized communities in climate-related decision-making processes. Yet significant gaps remain in terms of awareness-raising, data collection, and monitoring mechanisms that specifically address the intersection of disability and climate change. This includes the absence of tools to measure the participation and benefit of persons with cognitive disabilities in climate adaptation and mitigation efforts.

To address these gaps, a deeper understanding of the cultural barriers faced by individuals with cognitive disabilities particularly in climate-vulnerable regions like Kenya’s coast is critical. This proposed research aims to generate evidence that can inform more equitable, context-sensitive policy interventions, contributing to a truly inclusive climate action framework in Kenya.

**1.4 Existing Challenges in Kenya’s Mental Health Legislation**

Kenya’s journey toward reforming its mental health legislation reflects an evolving but still incomplete effort to align national law with international human rights standards. For decades after independence, Kenya relied on the colonial-era English Mental Health Act of 1959, which emphasized institutional care and adopted a narrow medical model that offered little protection for the rights of individuals with mental illness or cognitive disabilities. The enactment of Kenya’s own Mental Health Act in 1989 was an attempt to domesticate mental health policy, introducing decentralization and permitting voluntary treatment, yet it retained many of the limitations of its predecessor, including a focus on hospital-based care and lack of attention to rights-based principles.

Recognizing these shortcomings, the Mental Health (Amendment) Act, 2022 was introduced to modernize the framework. While this new legislation represents a step forward by promoting decentralization and recognizing the need for community-based services, it has been criticized by scholars for perpetuating an institutional bias. The Act still privileges in-patient treatment models and pharmacological interventions, while failing to fully integrate holistic and community-based approaches as recommended by the World Health Organization—such as psychotherapy, aftercare, and psychosocial support services. Additionally, it does not go far enough in upholding patient rights, with limited emphasis on informed consent, confidentiality, and the right to refuse treatment. Critically, the Act does not distinguish between mental illness and mental disability, a conceptual gap that reinforces outdated perceptions and further marginalizes persons with cognitive impairments.

These legislative shortcomings have not gone unnoticed at the international level. During its most recent review of Kenya's compliance with the Convention on the Rights of Persons with Disabilities (CRPD), the UN Committee raised serious concerns about Kenya’s legal and policy environment. Among nearly 61 areas highlighted, the Committee took issue with outdated or discriminatory provisions in several laws, including the now-superseded 1989 Mental Health Act, the Children’s Act of 2001, and the Marriage Act of 2014. These laws, according to the Committee, effectively deprive persons with intellectual and psychosocial disabilities of their legal capacity, often reinforcing informal guardianship practices within families that restrict personal autonomy in everyday decisions such as financial transactions, housing, and property rights.

On the matter of liberty and security of persons with disabilities, the Committee strongly objected to the use of legal terms such as “unsound mind” and “insane” that justify involuntary confinement and unequal treatment in criminal justice procedures. It recommended the repeal of discriminatory provisions in laws such as the Criminal Procedure Code (Section 166) and the Persons Deprived of Liberty Act (2015), which permit detention on psychiatric grounds without adequate due process safeguards. In urging Kenya to bring its laws in full conformity with Article 14 of the CRPD, the Committee emphasized the right of persons with disabilities to liberty, legal recognition, and fair trial principles still inconsistently reflected in national law.

Despite the enactment of new legal instruments like the Mental Health (Amendment) Act, 2022, the Persons with Disabilities Act, 2025, and climate-related legislation, implementation remains fragmented and insufficiently responsive to the intersecting vulnerabilities faced by persons with cognitive disabilities, especially in the coastal region. These individuals continue to be excluded from critical services and social protections due to a combination of legislative ambiguities, cultural stigma, and weak institutional capacity. The persistent failure to operationalize inclusive, community-based, and culturally grounded responses particularly in climate-vulnerable areas underscores the urgent need for targeted, evidence-based research. Only through deeper investigation into the lived experiences of persons with cognitive disabilities in such regions can future reforms address both the legal and socio-environmental barriers that continue to deny them full citizenship.

**1.5 Rationale for the Study**

Kenya has made notable progress in disability legislation and climate governance, as seen in the Mental Health (Amendment) Act, 2022, the Persons with Disabilities Act, 2025, and recent amendments to the Climate Change Act, 2023. However, the intersection of cognitive disability and climate change remains poorly understood and largely absent from both policy implementation and academic research.

This gap is particularly stark in the coastal region, where cultural conservatism, fragile infrastructure, and heightened environmental risks converge to create unique challenges. Persons with cognitive disabilities in these communities face deep-seated stigma, often being misunderstood or hidden due to traditional beliefs that associate mental and intellectual impairments with supernatural causes. At the same time, the region’s increasing exposure to climate change through rising sea levels, displacement, water scarcity, and food insecurity disproportionately affects those already marginalized and poorly integrated into support systems.

This study, led by Grundtvig Africa House, seeks to investigate how cultural, environmental, and institutional factors intersect to shape the lived experiences of persons with cognitive disabilities in Kenya’s coastal belt. Specifically, it aims to:

* Explore how traditional beliefs and practices affect the recognition, care, and social inclusion of individuals with cognitive impairments;
* Examine the ways in which climate-related stressors such as displacement, resource scarcity, and environmental shocks compound the vulnerabilities of persons with cognitive disabilities;
* Identify culturally grounded, disability-inclusive approaches to climate adaptation and resilience-building at the community and policy levels.

By addressing this critical but overlooked intersection, the project will generate evidence to inform rights-based, intersectional, and context-sensitive strategies. It will contribute to disability-inclusive climate justice in Kenya and provide a replicable model for similar high-risk, culturally complex environments across Africa.

Recent research has shown that cognitive and its associated psychosocial effects are among the most stigmatized forms of disability in Kenya (Ngungu, 2020; Chomba et al., 2022). Unlike physical impairments, psychosocial and intellectual disabilities are heavily entangled with cultural, religious, and social taboos that portray them as forms of spiritual punishment or ancestral curses (Gona et al., 2011). Consequently, individuals with mild cognitive or psychosocial disabilities often live in concealment due to fear of stigma and social rejection. Under such circumstances, their rights are frequently undermined, and they endure lives marked by silent suffering, social exclusion, and lack of access to services. Parents and caregivers of those with severe or profound intellectual impairments also commonly avoid open association due to fear of shame and social isolation (Njenga, 2009; WHO, 2010). As a result, advocacy and public discourse around cognitive disability remain weak, and the voices of those demanding inclusion are often marginalized or ignored in policymaking processes. This aligns with the observation by renowned psychiatrist Norman Sartorius, who emphasized the "urgent need to bring together cultural knowledge that will be useful in dealing with mental disorders and in activities that might promote mental health and help to prevent mental illness" (Sartorius, 2001). The integration of cultural perspectives is essential to bridging the gap between rights-based policy and lived realities for persons with cognitive disabilities.

**1.6 Research Problem**

Cognitive disabilities comprising intellectual and psychosocial impairments are among the most misunderstood and stigmatized forms of disability in Kenya. Their causes are often complex and interlinked with structural inequalities such as poverty, inadequate perinatal care, malnutrition, infections, and brain-related diseases. These biomedical factors are further compounded by diminishing social support systems. Traditional community structures that once provided informal care and inclusion are rapidly weakening, not only in urban areas but increasingly in rural regions such as Kenya’s coast. Here, culturally rooted stigma and religious interpretations often misframe cognitive disability as a curse, sin, or spiritual defect leading to the social invisibility, neglect, and marginalization of affected individuals.

Layered onto these socio-cultural and institutional challenges is the growing threat of climate change. The coastal region of Kenya is already grappling with rising sea levels, food insecurity, displacement, and environmental stress all of which disproportionately affect vulnerable populations, including persons with cognitive impairments. Yet despite legislative reforms like the Mental Health (Amendment) Act, 2022, and the Persons with Disabilities Act, 2025, current disability interventions have not adequately addressed the intersection of cultural stigma, environmental stressors, and cognitive vulnerability. There is therefore a critical need to rethink how cultural barriers shape the lived experiences of persons with cognitive disabilities, especially under the compounding pressure of climate change in the coastal region.

**1.6.1 Research Questions**

1. What cultural beliefs and practices shape the perception and treatment of persons with cognitive disabilities in Kenya’s coastal communities?
2. How do these cultural barriers interact with climate-related risks to affect the inclusion, well-being, and rights of persons with cognitive disabilities?
3. In what ways do intersecting factors—such as gender, age, poverty, and religion—intensify or mitigate the marginalization of persons with cognitive disabilities?
4. Can traditional or indigenous knowledge systems and restorative practices be re-imagined to support inclusive, culturally grounded responses aligned with the UN Convention on the Rights of Persons with Disabilities (CRPD)?
5. How can Kenya’s disability rights regime evolve to accommodate cultural diversity without alienating or dislocating local belief systems?

**1.6.2 Research Objectives**

1. To examine dominant cultural perceptions and stigmas surrounding cognitive disability in coastal Kenya.
2. To investigate how climate change-related stressors exacerbate the exclusion and vulnerability of persons with cognitive impairments in the region.
3. To analyze the intersection of cognitive disability with other axes of identity (e.g., gender, poverty, age) in shaping lived experiences and access to rights.
4. To explore the potential of traditional knowledge and restorative cultural practices in complementing rights-based disability frameworks such as the CRPD.
5. To propose culturally sensitive, climate-responsive policy recommendations that promote disability inclusion without eroding community values and identities.

**1.7 Methodological Approach**

***1.7.1 Afrikology and the Social Model of disability***

This study adopts a dual methodological orientation grounded in the social model of disability and the epistemology of Afrikology. Unlike the medical model which frames disability as a deficit to be fixed the social model understands disability as the result of systemic, cultural, and environmental barriers that limit participation and inclusion (Oliver, 1990; Shakespeare, 2013). In this context, cognitive disability is seen not as an individual pathology but as a condition shaped by social exclusion, stigma, and institutional neglect (Barnes & Mercer, 2010).

Afrikology, with its emphasis on indigenous knowledge systems and holistic inquiry, complements this model by offering a culturally embedded lens through which to explore local beliefs, traditional practices, and communal responses to disability (Hoppers, 2002; Nabudere, 2011). Applying this interdisciplinary and transdisciplinary framework, the study will engage communities in the six counties of Kenya’s coastal region Mombasa, Kilifi, Kwale, Taita Taveta, Tana River, and Lamu to understand how cognitive disability is historically and currently perceived and treated within local worldviews, particularly under the pressures of climate change (Mutua, 2020; Ndurya & Obonyo, 2022).

**1.7.2 Epistemological Justification**

The methodological approach seeks to interrogate the epistemological disjuncture between indigenous conceptions of social equity (*utu*) and contemporary disability rights frameworks such as the CRPD and Kenya’s Persons with Disabilities Act, 2025 (UNCRPD, 2006; Republic of Kenya, 2025). Traditionally, some coastal communities recognized and responded to cognitive impairments through culturally embedded support systems (Mbiti, 1991; Khamala, 2019). However, these systems are eroding under the dual pressures of modern institutionalization and ecological stress (Owuor & Mwaura, 2021).

While prior mental health research in Kenya such as those cited by Rachel Jenkins of the WHO Collaborating Centre at King's College London has relied on clinical tools like the Self-Reporting Questionnaire and the Standardized Psychiatric Interview (Jenkins et al., 2010; Kiima & Jenkins, 2010), such studies often excluded community-based, culturally grounded perspectives. Furthermore, there remains a research gap in examining how restorative cultural practices might support disability inclusion, particularly in climate-vulnerable settings (Adeny & Amutabi, 2022; Ocholla & Mungai, 2023).

Accordingly, this study adopts a flexible, transdisciplinary approach that combines qualitative and participatory methods, enabling the co-production of knowledge with local actors (Reason & Bradbury, 2008; Chilisa, 2012). This approach ensures cultural relevance, contextual accuracy, and a nuanced understanding of the intersection between cognitive disability and climate change in Kenya’s coastal region.

**1.8 Scope**

The scope of this research project will feature across six counties in Kenya’s coastal region: Mombasa, Kwale, Kilifi, Tana River, Lamu, and Taita Taveta. Collectively, these counties span an estimated 79,686 square kilometers, accounting for approximately 13.7% of Kenya’s total land area. As per the 2019 Kenya Population and Housing Census, the combined population of these counties is over 4.3 million people, with high demographic variability across urban and rural zones.

The region exhibits significant cultural heterogeneity and is home to numerous ethnic groups including the Mijikenda, Taita, Pokomo, Orma, Swahili, and Bajuni communities. These groups possess rich indigenous knowledge systems (IKS) and diverse traditional approaches to healing, caregiving, and community well-being. However, these systems are increasingly under pressure from rapid urbanization, ecological degradation, and institutional marginalization.

From a developmental standpoint, the coastal counties are among the least resourced regions in Kenya in terms of health infrastructure, mental health personnel, and disability-inclusive services. Only a handful of psychiatrists and clinical psychologists serve the entire region, and mental health services are largely centralized in urban hospitals such as the Coast General Teaching and Referral Hospital in Mombasa, with little or no reach into rural and pastoralist areas. The stigmatization of cognitive and psychosocial disabilities, rooted in cultural misconceptions, further alienates individuals from both biomedical and traditional systems of care.

In the context of climate change, this region faces compounding risks rising sea levels, erratic rainfall, drought, deforestation, and displacement due to flooding which contribute to food insecurity, community trauma, and ecological loss. These stressors interact with cognitive vulnerabilities in complex ways, heightening mental distress, weakening traditional support structures, and exacerbating social exclusion for individuals with cognitive disabilities.

By conducting ground-truthing activities, ethnographic research, and participatory vulnerability mapping across all six counties, the project aims to identify culturally specific idioms of distress, chart “cognitive disability hotspots,” and expose the disjunctions between biomedical models of mental health and indigenous worldviews. These activities will provide an empirically grounded basis for reconstructing culturally responsive mental health policies, revitalizing restorative cultural practices, and developing a pluralistic, community-driven framework for cognitive disability justice in Kenya’s coastal region.

This geographic focus is therefore both strategic and symbolic: it reflects not just zones of climatic risk, but sites of cultural potential where traditional knowledge systems may hold untapped resources for inclusion, healing, and ecological resilience.

**1.8.1 Trends & Insights**

* The total coastal area across the six counties is approximately 79,686 km².
* The total population of the coastal region grew from approximately 3.33 million in 2009 to about 4.33 million in 2019, and is estimated at 4.72 million in 2023.
* Mombasa, the smallest in land area, has the highest population density due to urbanization.
* Tana River is the largest in area but has one of the lowest population densities.
* Kilifi and Lamu have shown rapid population growth, likely due to infrastructure development and migration.
* Taita-Taveta has the slowest growth rate, reflecting its more rural and agrarian nature.

**PROJECT DESCRIPTION**

**2.1 Specific Objective**

This research project seeks to interrogate the cultural barriers to cognitive disability in the context of climate change by focusing on traditional restorative cognitive mechanisms embedded within Indigenous Knowledge Systems (IKS) in Kenya’s coastal region. The central objective is to examine how cognitive vulnerabilities shaped by cultural misrecognition, ecological stressors, and systemic neglect are experienced and understood at the grassroots level.

The project pivots on the understanding that cognitive disability is not only a biomedical or legal concern but a complex socio-cultural issue that demands locally grounded epistemologies. Despite the richness of traditional practices in the region, there has been a persistent epistemological and policy gap in recognizing the role of cultural frameworks in supporting individuals with cognitive disabilities. This gap has led to a neglect of restorative mechanisms that could significantly enhance inclusion, healing, and justice for affected populations.

**2.2 Restorative Cultural Practices and Justice**

Central to this study is the rethinking of justice from the perspective of individuals living with cognitive disabilities. This involves shifting from punitive or merely assistive frameworks to participatory, community-engaged restorative practices that foster mutual understanding and reintegration. The project adopts the hypothesis that justice, when re-imagined through culturally embedded and cognitive-inclusive lenses, can serve as a transformative tool for social cohesion.

In many indigenous African contexts, justice has historically been restorative rather than retributive. We aim to explore how such communal forms of justice centered on reconciliation, reparation, and relational dignity can be revitalized to better serve cognitively disabled persons. This includes examining practices that restore social awareness and communal connectedness, rather than isolating the individual as a passive recipient of care or as a legal category.

If disability challenges liberal egalitarian theories of justice, cognitive disability presents an even more complex challenge due to its often invisible, fluid, and socially misinterpreted nature. Unlike physical disabilities often addressed through accessibility infrastructure or assistive technologies cognitive disabilities demand deeper engagement with local worldviews, communication norms, and perceptions of mental wellness and deviance.

**2.3 Cognitive Vulnerability and Ground-Truthing**

A key conceptual focus of the research is the *composite nature of cognitive vulnerability*. Cognitive disability does not exist in a vacuum; it intersects with poverty, marginalization, ecological hardship, and cultural misunderstanding. This vulnerability is intensified in climate-stressed contexts such as Kenya’s coastal region, where displacement, food insecurity, and environmental trauma exacerbate psychosocial distress and weaken traditional support systems.

To validate these dynamics, the project will conduct *ground-truthing* exercises in selected hotspot areas across Mombasa, Kilifi, Kwale, Taita Taveta, Tana River, and Lamu counties. These exercises will triangulate ethnographic observations with participatory methods and local narratives to produce a composite map of cognitive disability vulnerability. Hotspots will be identified not merely as physical locations but as zones where cultural, ecological, and institutional tensions converge to heighten risks for individuals with cognitive challenges.

The result of such empirical validation is not only spatial accuracy but epistemic clarity. Ground-truthing ensures that the knowledge produced is not abstract or technocratic but resonates with lived realities. It also exposes the systemic disjunctions between biomedical models of mental health and indigenous responses to cognitive disruption often framed through idioms of spiritual imbalance, ancestral disconnection, or community disharmony.

**2.4 Goals to Be Achieved**

This research aims to:

1. Reconstruct indigenous models of cognitive care that can inform culturally responsive policy frameworks.
2. Revive restorative cultural practices as legitimate and effective tools for inclusion and justice.
3. Map cognitive disability hotspots to better understand the interaction between environmental vulnerability and social exclusion.
4. Provide an alternative epistemology of disability justice that challenges dominant legislative and clinical paradigms.

In doing so, the project will contribute to ongoing dialogues about how societies can reconcile justice with healing, and truth with peace. It proposes that cultural stigma surrounding mental health is not only personal but institutional and spatial impacting not only individuals but families, communities, and the integrity of mental health systems themselves.

**2.5 Benefits and Policy Implications**

The implications of this research are manifold. For institutions such as the National Council for Persons with Disabilities (NCPWD), Directorate of Social Development and the State Department for Social Protection Senior Citizens ‘Affairs as well as other agencies and stakeholders, the findings will provide a nuanced, culturally informed evidence base to inform policy and programmatic interventions. For medical students and health professionals, the project offers critical insights into non-Western models of mental health care, promoting a pluralistic and decolonized approach to psychiatric practice.

More broadly, the restorative cultural imagination of cognitive mechanisms through IKS provides a holistic cognitive landscape enabling policymakers to move beyond legislative problem-solving and embrace culturally responsive, ecologically conscious, and community-driven frameworks. This work asserts that disability, particularly cognitive disability, is not simply a medical or legal issue - it is a deeply cultural one.

**2.6 Research Activities and Timeline**

**Project Title**

Cognitive Vulnerability and Ground-Truthing in the Context of Climate Change in Coastal Kenya

**Research Duration**

October 2025 – September 2026

**Principal Investigators**

Ronald Elly Wanda and John Obonyo

**Phase 1: Inception & Planning (October – November 2025)**

This initial phase establishes the foundation for the entire project. Activities focus on mobilizing personnel and resources, securing collaborations with key stakeholders such as the National Council for Persons with Disabilities (NCPWD), and setting up administrative structures. A comprehensive methodological workshop in Wundanyi will bring together interdisciplinary experts, local elders, and IKS custodians to co-develop the conceptual and methodological framework. Tools for participatory mapping, ethnographic research, and culturally grounded analysis will be refined during this workshop.

- Project mobilization and administrative setup  
- Stakeholder engagement and partnership agreements (NCPWD, county governments, local CSOs, IKS custodians)  
- Recruitment of field researchers and local enumerators  
- Methodological Workshop 1 in Wundanyi, Taita Taveta:  
 • Develop conceptual framework  
 • Design participatory and ethnographic tools  
 • Establish reporting and monitoring protocols

**Deliverables**

- Finalized fieldwork instruments  
- Workshop report & work plan  
- Stakeholder framework and collaboration strategy

**Phase 2: Data Collection & Ground-Truthing (December 2025 – April 2026)**

This phase comprises intensive field engagement across six coastal counties. Ground-truthing will be conducted using ethnographic immersion, participatory rural appraisal, and storytelling methodologies. Researchers will document spatial-temporal changes, perceptions of cognitive health, and traditional mechanisms of care. Particular attention will be paid to the lived experience of ecological trauma and its interaction with cognitive vulnerability.

- Ground-truthing across six counties: Mombasa, Kilifi, Kwale, Taita Taveta, Tana River, and Lamu  
- Community ethnographies and oral histories  
- Participatory mapping of cognitive disability hotspots  
- Focus Group Discussions and key informant interviews  
- Local validation and engagement sessions

**Deliverables**

- Preliminary hotspot maps  
- Field narrative reports and data logs  
- Community testimonies and case studies

**Phase 3: Reflection & Mid-Term Synthesis (May – June 2026)**

After completing primary data collection, the team will reconvene in Voi to synthesize insights and conduct a mid-point review. This workshop allows the researchers to cross-verify findings, identify methodological gaps, and align narratives across counties. Stakeholder briefings will help validate the emerging framework of cognitive vulnerability and refine ongoing research trajectories.

- Methodological Workshop 2 in Voi, Taita Taveta  
 • Mid-term review and findings verification  
 • Fieldwork gap resolution and triangulation  
- Stakeholder briefings with county and national institutions

**Deliverables**

- Workshop report  
- Interim thematic and policy analysis  
- Mid-term policy memo

**Phase 4: Report Writing & Cultural Synthesis (July – August 2026)**

Data from multiple counties will be thematically analyzed to produce culturally nuanced reports. Outputs will include a cognitive vulnerability map, academic manuscripts on indigenous disability epistemologies, and policy-oriented white papers. The emphasis will be on integrating indigenous cognitive practices into contemporary frameworks of social protection and disability inclusion.

- Final data coding and analysis  
- Development of:  
 • County-specific findings  
 • National cognitive vulnerability map  
 • Conceptual paper on Indigenous Knowledge Systems (IKS) and disability  
 • Policy paper on cultural and institutional integration

**Deliverables**

- National synthesis report  
- Draft academic publications  
- Policy briefings for stakeholders

**Phase 5: Dissemination & National Engagement (September 2026)**

This final phase focuses on sharing results with the broader public, policy actors, and academic institutions. A regional conference in Voi will convene experts, policymakers, community representatives, and traditional healers to debate and refine the implications of the findings. The project will launch its final synthesis report, conduct media briefings, and submit policy recommendations to national agencies.

- Mini-Regional Conference in Voi, Taita Taveta  
 • Presentation of research findings  
 • Panel discussions with NCPWD, KCHR, community elders, clinicians, and government officials  
- Policy roundtables and media outreach

**Deliverables**

- Conference report  
- Public communique  
- Final policy and integration roadmap

**2.6.1 Annual Summary of Key Outputs**

|  |  |  |
| --- | --- | --- |
| **Month** | **Activity** | **Key Outputs** |
| Oct–Nov 2025 | Planning & Methodological Workshop 1 | Conceptual framework, fieldwork tools, partnerships |
| Dec–Apr 2026 | Ground-truthing & Data Collection | Maps, case studies, community narratives |
| May–Jun 2026 | Workshop 2 & Mid-term Review | Interim findings, gap analysis, validation feedback |
| Jul–Aug 2026 | Report Writing & Analysis | County and national reports, policy and academic drafts |
| Sep 2026 | Regional Conference & Dissemination | Final report, policy briefs, national engagement |

**BUDGETARY SUMMARY**

This budget outlines estimated costs for each phase of the proposed research study. The budget includes provisions for personnel, logistics, training, data collection, analysis, and dissemination activities across the three key phases. Each budget item is aligned with specific deliverables and operational needs.

**Phase One: Methodological Workshops**

* **(KShs 15,000,000)**

This phase covers preparatory planning, mobilization, and training through workshops in Wundanyi and Voi. Activities include:  
• Stakeholder engagement meetings (government, CSOs, IKS elders)  
• Training of field researchers and enumerators  
• Workshop materials (manuals, kits, stationery)  
• Venue hire, refreshments, travel, and accommodation for 40 participants  
• Communication, logistics, and contingency support  
• Development of tools and instruments (questionnaires, digital forms)

**Phase Two: Counties Workshops & Project Implementation**

* **(KShs 15,000,000)**

This phase includes field research in Mombasa, Kilifi, Kwale, Taita Taveta, Tana River, and Lamu counties. Expenditure items:  
• Transportation and per diem for 6 research teams (including local enumerators)  
• Local facilitation and mobilization in each county  
• Conducting focus groups, interviews, mapping, and ethnographic observations  
• Cultural validation sessions with elders and mental health workers  
• Translation and transcription services  
• Equipment (recorders, GPS tools, community mapping kits)

**Phase Three: Report Writing, Dissemination & National Conference (KShs 20,000,000)**

This final phase focuses on analysis, reporting, and stakeholder dissemination. Expenditures include:  
• Data cleaning, coding, and thematic analysis by research consultants  
• Production of final research report, policy brief, and community digest  
• Venue, travel, and accommodation for mini-regional conference in Voi  
• Honoraria for expert panelists (NCPWD, KCHR, IKS, community leaders)  
• Printing, publishing, and media dissemination (radio, print, digital)  
• Monitoring, evaluation, and closeout reporting

|  |  |  |
| --- | --- | --- |
| **Phase** | **Activity Description** | **Estimated Cost (KShs)** |
| Phase One | Methodological Workshops: Planning, Mobilisation, Awareness, stakeholder engagement, training material production, travel, and accommodation. | 15,000,000 |
| Phase Two | Sub-Counties Workshops & Field Implementation: Data collection, local enumerator facilitation, transport, community mobilization, participatory mapping exercises. | 15,000,000 |
| Phase Three | Report Writing, Dissemination & National Conference: Data analysis, report editing, layout and publication, national dissemination event, expert panel facilitation. | 20,000,000 |

**Total Estimated Budget: KShs 50,000,000**

**APPROX. USD 500,000 (USD Five hundred thousand)**

**ORGANISATIONAL PROFILE**

Grundtvig Africa House (GAHO) is a registered community research and consultancy house (registration no: 368871). Organically connected to local communities as depositories of culture and knowledge, GAHO carries out independent and rigorous analysis of the East African region, looking at country and community specific challenges and opportunities.Usingindigenous knowledge and wisdom systems, the House engages in grassroots action-oriented community research and training using traditional ways of knowing and methods of conflict resolution for a meaningful community development.

****

**Signed ……………………………………………………**

Ronald E. Wanda

***PROJECT CONTACT***

**Ronald Elly Wanda**  
Founder & Executive Director  
Grundtvig Africa House (GAHO)

**John Obonyo**

Project Liaison

**Postal Address:**  
P.O. Box 686–00100  
Nairobi, Kenya

**Telephone:** +254 722-271-215, +254 731-499-923  
  
**Email:** gahokenya@gmail.com  
**Website:** [www.grundtvigafrikahouse.org](http://www.grundtvigafrikahouse.org/)

**REFERENCES**

Anderson, L. B. (2012). Children’s caregiving of HIV-infected parents accessing treatment in Western Kenya: Challenges and coping strategies. *African Journal of AIDS Research, 11*(3), 211–221.

Chomba, M., Owiti, P., & Mutunga, E. (2022). *Mental health stigma and access to services in Kenya: Barriers and pathways*. Nairobi: Institute of Development Studies.

Gona, J. K., Mung’ala-Odera, V., Newton, C. R., & Hartley, S. (2011). Caring for children with disabilities in Kilifi, Kenya: What is the carer's experience? *Child: Care, Health and Development, 37*(2), 175–183. https://doi.org/10.1111/j.1365-2214.2010.01124.x

Goldberg, D. P., Cooper, B., Eastwood, M. R., Kedward, H. B., & Shepherd, M. (1970). A standardised psychiatric interview for use in community surveys. *British Journal of Preventive & Social Medicine, 24*, 18–23. https://doi.org/10.1136/jech.24.1.18

Jenkins, R. (2012). Prevalence of common mental disorders in a rural district in Kenya and socio-demographic risk factors. *International Journal of Environmental Research and Public Health, 9*, 1910–1919. https://doi.org/10.3390/ijerph9061910

Longtree. (2010). *Different models in understanding disability*.

Muga, A. F., & Jenkins, R. (2010). Health care models guiding mental health policy in Kenya, 1965–1997. *International Journal of Mental Health Systems, 4*, 9. https://doi.org/10.1186/1752-4458-4-9

Ngungu, M. (2020). *Disability, culture, and exclusion in Kenya: The invisible lives of persons with psychosocial disabilities*. Nairobi: University of Nairobi Press.

Njenga, F. G. (2009). Perspectives of intellectual disability in Africa: Epidemiology, policy, and services for children and adults. *Current Opinion in Psychiatry, 22*(5), 457–461. https://doi.org/10.1097/YCO.0b013e32832e2c5b

Sartorius, N. (2001). Cultural and social aspects of mental health: A global perspective. *Psychiatric Services, 52*(10), 1303–1304. https://doi.org/10.1176/appi.ps.52.10.1303

Sartorius, N. (2006). In D. M. Ndetei et al. *The African textbook of clinical psychiatry and mental health*. Nairobi: AMREF.

Saya, M. (2022, June 22). New law allows chiefs to take custody of abused mentally ill people. *The Star*. <https://www.the-star.co.ke/news/2022-06-22-new-law-allows-chiefs-to-take-custody-of-abused-mentally-ill-people/>

United Nations General Assembly. (2006). *Convention on the Rights of Persons with Disabilities*, A/RES/61/106, Article 1. <https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>

World Health Organization. (2010). *Mental health and development: Targeting people with mental health conditions as a vulnerable group*. Geneva: WHO.