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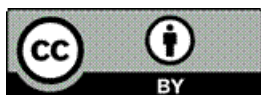
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Centering the Twin-Track Approach in Community-Based Inclusive Development Projects in Kenya

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ABSTRACT

Community-Based Inclusive Development (CBID) in Kenya is a strategy based on the Convention on the Rights of Persons with Disabilities (CRPD), rights-based community-driven and ownership of persons with disabilities (PWD) to ensure full participation in the social, economic, and civic life of the community, thus is compliant with the Constitution of Kenya 2010 (Articles 27 and 54) and policy reviews such as the revised National Policy on Persons with Disabilities. Although some gains have been made in terms of moving towards medical-model Community-Based Rehabilitation (CBR) to multi-sectoral inclusion of health, education, livelihoods, social participation, and empowerment, there is usually an aspect of fragmentation in implementation. The current obstacles cannot be overcome with single-track approaches, i.e. the broad mainstreaming, lacking sufficient targeted support, or isolated interventions tailored to the needs of the PWDs, which therefore cannot lead to complete participation, prolonged exclusion, and unequal results among the PWDs, especially intersecting vulnerabilities. The current conceptual paper proposes the idea that the twin-track approach should be the baseline of successful CBID in Kenya. Track 1 (mainstreaming) involves the inclusion of the disability factor in all the community development to eliminate barriers within the system and make it accessible to everybody. Track 2 (targeted empowerment) provides measures that are disability-specific such as rehabilitation, assistive devices, capacity building to Organizations of Persons with Disabilities (OPDs) and specialized skills training that will enable equitable participation. The two tracks are mutually sustaining: mainstreaming that is not empowered is not available and target support that is not mainstream isolates the PWDs. Based on the CRPD and principles, Kenyan policy frameworks and the best practices globally, the paper will suggest a perfected model of Centered Twin-Track CBID that highlights the ideas of co-design with OPDs, local adaptation, and synergistic implementation. This multidimensional approach can fill the gap between theory and practice and provides recommendations to policymakers, practitioners, local governments, and development partners in the US to make CBID sustainable and equitable without leaving anyone behind.

Keywords: *Twin-Track Approach, Community-Based Inclusive Development (CBID), Disability Inclusion, Mainstreaming, Targeted Empowerment, Kenya, CRPD, OPDs*

INTRODUCTION

Background

Community-Based Inclusive Development (CBID) (previously known as Community-Based Rehabilitation (CBR)) aims to make persons with disabilities (PWDs) and fully and equally included in all spheres of community life (Aldersey et al., 2023; Ahmed et al., 2024). CBID is a new paradigm shift process developed as a result of the CBR Guidelines (2010) that came out as a joint venture of the World Health Organization (WHO), the International Labour Organization (ILO) and the United Nations Educational, Scientific and Cultural Organization (UNESCO), and is a radical rehabilitation of the old medical model of rehabilitation in favor of a social and human rights-based model of inclusive development. The strategy focuses on community ownership, multi-sectoral, and using local resources to eliminate barriers and ensure sustainable inclusion in relation to five essential elements namely: health, education, livelihoods, social participation and empowerment (Sserunkuma et al., 2023).

CBID has been on the agenda in Kenya since the early ratification of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) by the country in 2008. The CRPD radically re-conceptualized the disability as a human rights problem which compelled states to end discrimination and guarantee that PWDs play a full role in society (Articles 5, 9, 24, 28) (Ahmed et al., 2024). Article 2(6) of the Constitution of Kenya 2010 that incorporates the ratified international treaties into the Kenyan law domesticated this international commitment and was further strengthened by Articles 27 and 54 that assure equality and certain rights to persons with disabilities (Sserunkuma et al., 2023). The national policies that have followed (such as the National Policy on Persons with Disabilities and county-wide implementation frameworks) have placed CBID in the forefront to operationalise these rights at the grassroots level (UNDP, 2025). Furthermore, CBID is in line with the Kenya development blueprint of the Vision 2030 and the Sustainable Development Goals promise of leaving no-one behind. CBID is set to change not only the individual capabilities but also the disabling community structures through participatory processes with the Organisations of Persons with Disabilities (OPDs), families, and local communities. This model of community-driven is especially applicable within the diverse environment of Kenya, including rural and urban slums, arid and semi-arid areas.

Problem Statement

Community-Based Inclusive Development in Kenya has yet to be fully implemented, and, according to policy and legislative achievements, the application of community-based initiatives still remains niched and lopsided in terms of approaches to disability inclusion. A number of CBID programmes are inclined to either mainstreaming or disability-directed seclusion without the synergy between the two that is required. This uni-tracked trend has ended up creating consistent discrepancies between policy goals and realities among people with disabilities especially those facing many sheets of marginalisation (Aldersey et al., 2023; UNDP, 2025).

In practice, mainstreaming interventions (Track 1) frequently occur without the adequate specific effort, which has resulted in a significant proportion of PWDs lacking the underlying ability, assistive technologies and self-confidence needed to utilize general community services and opportunities (Ahmed et al., 2024). Disability-specific programmes (Track 2) on the other hand, often function on an independent basis with respect to the mainstream development agendas, establishing parallel systems that do not facilitate true inclusion and even tend to perpetuate stigma and dependence (Sserunkuma et al., 2023). This disintegration manifests itself in major sectors of the economy like education, livelihoods and health where PWDs still face a much lower participation rate than their non-disabled counterparts (UNDP, 2025).

Furthermore, the lack of a well-focused twin-track approach has constrained the transformative capacity of CBID. Existing programmes often do not have systematic ways of both eliminating environment and attitudinal barriers and concurrently developing individual and collective capacity of the PWDs and their organisations (Sserunkuma et al., 2023). This has translated into uneven development in the Kenyan counties whereby most of the counties in OPDs indicate mainstream development development projects are still largely inaccessible and rehabilitation services that are not adequately linked with community development processes. The effect is recurring deprivation, increased poverty, and lack of say in the local government and decision-making systems.

Purpose

This paper is aimed at supporting the case of advocating the twin-track approach in the centre as the organising principle of Community-Based Inclusive Development programming in Kenya. This paper will suggest that mainstreaming and targeted empowerment should not be seen as

competing strategies instead of integrating the two as part and parcel of the CBID design, implementation, monitoring, and evaluation. CBID should be able to go beyond a superficial inclusion and engage in actual structural change by making the twin-track approach its central focus. This means making sure that all the community interventions address the systemic barriers (Track 1) and provide the required targeted support (Track 2) in a mutually reinforcing and coordinated way. The paper formulates an advanced conceptual model the “Centered Twin-Track CBID Model comprised of a practical perspective on how such integration can be attained in the devolved governance system in Kenya and the current CBID matrix. Finally, this is a conceptual work aimed at providing policymakers, practitioners, county governments, and Organisations of Persons with Disabilities with a better channel of translating the CRPD obligations and national policy commitments into viable, equitable, and sustainable community practices.

Research Question/Argument

The central research question guiding this conceptual paper is:

How can the twin-track approach be deliberately centered within Community-Based Inclusive Development (CBID) programmes in Kenya to achieve more effective, equitable, and sustainable inclusion of persons with disabilities?

The main thesis of the paper shows that by making mainstreaming and targeted empowerment not a by-product, a successive, or a parallel process, but a centrally placed organising principle, it is possible to turn CBID into not a more or less effective rights-based framework, but a transformative and structurally inclusive practice in the context of the Kenyan setting.

The mainstreaming disability (Track 1) aims at entrenching accessibility, reasonable accommodation, and non-discrimination throughout all the processes and sectors of community development. Targeted empowerment (Track 2) provides specialised assistance, rehabilitation services, assistive technology, skills training, leadership training of Organisations of Persons with Disabilities (OPDs), and peer-led capacity building which directly addresses barriers associated with impairment and creates individual and combined agency between persons with disabilities. The two tracks are not cumulative but complementary and synergies. In the absence of an effective and directed support on mainstreaming, the outcome is often the inaccessibility of programmes that are meant to be accessible to the same people they purport to embrace (Ahmed et al., 2024).

Unless these targeted interventions are linked with mainstream systems, they will run the risk of establishing parallel ghettoised services that only serve to perpetuate the separation and not integration.

The concept of centering the twin-track approach means that deliberate simultaneous and mutually supporting implementation on all levels of CBID planning, implementation, monitoring, and assessment is necessary. This implies that there should be no health, education, livelihood, social, or empowerment intervention that would be formulated, funded, or evaluated without being clearly conscious of both tracks. This means that, within the Kenyan devolved setting, such county governments, community health units, school management committees, agricultural cooperatives, savings groups and OPD networks, all of which should think in twin-track thinking as an operating rule.

The argument also posits that it is only through the systematic centering of both tracks that CBID can meet its structural change aspiration. This strategy will not only undermine top-down, charity-based legacies that persist to this day in some community programmes but also enhance the leadership and decision-making capabilities of OPDs, facilitate accountability by creating disaggregated monitoring to track gains of accessibility as well as empowerment outcomes, and ultimately help to break cycles of poverty, exclusion, and marginalisation which disproportionately impact multiply-marginalised persons with disabilities in rural, urban informal, pastoralist, and refugee-hosting environments in Kenya. CBID can go beyond the adherence to the constitutional and international requirements to the realisation of substance equality, dignity and full participation of all persons with disabilities as the active right-holders and agents of development in the community by revolving around the twin-track approach.

THEORETICAL FRAMEWORK AND LITERATURE REVIEW

Conceptualizing the Twin-Track Approach

The twin-track approach is the basic conceptual framework of operationalising disability inclusion in Community-Based Inclusive Development (CBID). It consists of two complementary and self-enhancing tracks that are aimed at transforming the system and empowering individuals. Track 1 (mainstreaming) involves the inclusion of the disability perspectives in the process of designing, implementing, monitoring, and evaluating all community development policies, programmes, and services in the sector health, education, livelihoods and social participation. The track is aimed at

eliminating environmental, attitudinal, institutional, and communication obstacles in order to achieve universal accessibility and non-discrimination of all persons with disabilities (PWDs) (Stein et al., 2024).

Track 2 (targeted empowerment) provides disability-focused interventions, which directly respond to the needs based on impairments and develop capacity of PWDs and their representative organisations. These initiatives involve delivery of rehabilitation services, assistive equipment, specialised skills training, leadership training of the Organisations of Persons with Disabilities (OPDs), and the peer-support systems. Track 2 is explicitly aimed at enhancing the agency of individuals and collective voice in order to make PWDs be able to contribute to mainstream processes (Bunning et al., 2022).

The advantage of the twin-track approach is that it acknowledges that none of the tracks is powerful enough alone. The lack of a specific focus on mainstreaming will leave most PWDs disempowered and lacking the structural basis needed to access universal services, and targeted interventions will threaten the establishment of parallel systems to strengthen the barrier, instead of actual inclusion (UNICEF, 2023). At the right place of centring, the two tracks work synergistically: targeted empowerment allows the PWDs to be able to participate meaningfully in the mainstream opportunities, whereas mainstreaming makes the larger community environment enabled and sustainable.

This conceptualisation aligns perfectly with social model of disability and human rights paradigm as expressed in CRPD. It goes beyond the medical-centered interest of early Community-Based Rehabilitation (CBR) to a radical agenda that recognizes PWDs as full rights-holders and development agents (Bunning et al., 2022). Practically, centration of the twin-track approach requires careful coordination at all levels of programme designing and provision, as well.

The twin-track approach can provide a useful mechanism in the Kenyan context, in which CBID is operating in a devolved system of government and is compatible with the constitutional provisions on equality and non-discrimination, to implement national policy promises into fair outcomes at the community level. It is a guarantee that the CBID programmes do not simply accommodate the PWDs as passive recipients but also break down the structural obstacles and construct the willingness to participate as full and effective participants.

The Evolution of CBID: From CBR to Rights-Based Practice

Community-Based Rehabilitation (CBR) dates back to the late 1970s, when a reaction to the Declaration of Alma-Ata (1978) promoted primary health care as the route to health-to-all (Bunning et al., 2022). As one of the first attempts, early CBR placed particular emphasis on providing basic rehabilitation care in low-resource contexts, using community health workers, in a medical framework where impairment reduction and functional restoration were central concepts in the provision of services to persons with disabilities (PWDs) (WHO, 2010).

The inability to deal with broader social, economic, and attitudinal obstacles became apparent by the 1990s and early 2000s, as challenges to limited and charity-focused approach. A revolutionary change came about with the 2004 Joint Position Paper of the International Labour Organization (ILO), United Nations Educational, Scientific and Cultural Organization (UNESCO), and WHO, in which the concept of CBR was redefined to mean a multi-sectoral approach of rehabilitation, alleviating poverty, equalising opportunities and social inclusion of PWDs (Bunning et al., 2022). This development involved involvement of the community, family and interaction between the governmental and non-governmental sectors.

The introduction of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2006 helped to increase the change. The CRPD re-terminates disability as a human right concern, where non-discrimination, accessibility, participation, and full inclusion in society came into focus (Articles 5, 9, 19, 24, 28). In part as a result of the 2010 CBR Guidelines, the rights-based paradigm was formalised with the five-component matrix (health, education, livelihood, social, empowerment) and encouragement of community ownership and the removal of barriers.

Due to the focus of CRPD on inclusive development, the terminology was slowly changed to Community-Based Inclusive Development (CBID). The rebranding emphasises the abandonment of rehabilitation services in favor of more wide-ranging forms of community-based inclusive development where disability is mainstreamed into all areas, the twin-track approach is applied, and PWDs and Organisations of Persons with Disabilities (OPDs) are centrally involved in changing towards agents, not recipients (Aldersey et al., 2023; Asres, 2025).

This global evolution is reflected in national policy changes to Kenya. The first CBR programs in the 1980s were additions to institutional services in the ministry of health. Persons with Disabilities

Act (2003) has given a legal basis of interventions on a community level through the formation of National Council of Persons with Disabilities (NCPWD). CBID has gradually been institutionalized as right based, devolved approach to inclusive development of communities, specifically as a way of ensuring that no one is left behind, in the Constitution of Kenya (2010), Vision 2030, and the updated National Policy on Persons with Disabilities (continuous updates, reflecting CRPD domestication).

The Twin-Track Approach in Disability-Inclusion Literature (499 words)

The twin-track approach is the key to successful and rightful developmental programming as a growing body of contemporary disability-inclusion scholarship places it at the core of its developmental efforts (Asres, 2025). Because of the dual focus of the CRPD on systemic change and individual empowerment, the focus on mainstreaming disability (Track 1) should, since the inception of the CRPD, clearly be accompanied by specific, disability-specific interventions (Track 2) to achieve substantive as opposed to superficial inclusion (CBM Global, 2022; Alasuutari et al., 2024).

The interdependence of the two tracks has been brought out in scholarship. Mainstreaming is often ineffective when it comes to reaching persons with substantial impairments or overlapping vulnerabilities since general programmes continue to be physically, attitudinally or programmatically inaccessible (Aldersey et al., 2023). On the contrary, isolated interventions run in isolation pose a risk of developing parallel services which only strengthen stigma and restrict transformation in the society at large (UNICEF & WHO, 2023). When the tracks are implemented in a mutually reinforcing way, the targeted support develops the capability, confidence, and collective voice of persons with disabilities and Organisations of Persons with Disabilities (OPDs), and the mainstreaming of the gains results in the equitable involvement in all the spheres of community life.

This integrated model is empirically supported by the empirical studies in low- and middle-income countries. Twin-track programs have shown much better attendance and educational achievement, as well as access to services in education and health programs than single-track programs (Alasuutari et al., 2024). The literature also highlights the main role of OPD leadership in the co-design and monitoring of both tracks making sure the interventions address the realities lived, and not preconceived notions.

The twin-track framework has been modified to other contexts of development in recent regional analyses. More generally, CBID literature provides a clear-cut concept of the twin-track approach as the key to balancing mainstreaming in sectors (health, education, livelihoods, climate resilience) and specific support (assistive technology, OPD strengthening) (Asres, 2025). Equally, global health and development reports use the twin-track lens to take the same approach to community-based services, which endorses mainstream care and specialised interventions in children with developmental disabilities (UNICEF & WHO, 2023). These works are united by the necessity of disaggregated information, active planning and sustainable financing tools that ensure the preservation of resources of the two tracks.

Within the African and Kenyan literature, scholars grow more and more concerned by incorporating twin-track principles into the CBID matrix to operationalise the constitutional and CRPD obligations at county level. On the one hand, theoretical support is high, but the gaps in implementation remain, especially the lack of effective coordination of mainstream development actors with disability-specific service providers and insufficient OPD capacity in certain situations (Aldersey et al., 2023). Overall, the twin-track approach that is currently being advocated in the scholarship on disability-inclusion puts it, not as a secondary measure, but as the necessary mechanism to make Community-Based Inclusive Development both a right-based dream and structurally equitable practice that can reach the most marginalised individuals with disabilities in Kenya and other parts of the world.

Gaps in Current Literature and Kenyan Practice

Although twin-track and CBID literature are rather broad and comprehensive, there exist severe gaps in their synthesis and practical implementation in the context of community-based settings in Kenya (Nag Chowdhuri et al., 2023; Grimes, 2023). The two concepts are often regarded separately, not synthesised in most research: disability-inclusion scholarship is inclined to support the twin-track as the conceptual instrument, whilst CBID literature is concerned with the implementation matrix and scale without a thorough examination of how the two tracks can be implemented within the devolved county systems (UNICEF, 2025; World Health Organization, 2024).

Few studies present practical and testable models that incorporate twin-track concepts such as coordinated mainstreaming and targeted support into the conventional CBID matrix units (health,

education, livelihoods, social, empowerment) (Alasuutari et al., 2024). The empirical literature in the Kenyan and African context is mostly descriptive or sector-specific with little focus on how the practice of the OPDs, county governments and community actors can translate its approach into practice within the constraints of resource availability and devolution (Grimes, 2023).

The gaps are especially clear in terms of funding, coordination, and monitoring as per the Kenyan practice. County level budget implementation of disability-based programmes is always lower as compared to national level, and most of the interventions targeted by such effort have not been linked to mainstream development planning (UNICEF, 2025). Disaggregating data by both disability type and the intersecting factors is also uneven, and it is challenging to monitor the progress that is being made simultaneously on both planes. There is poor coordination between mainstream sectoral actors and disability-focused service providers, which lead to the disconnected programming, which does not operate synergistically (Nag Chowdhuri et al., 2023; World Health Organization, 2024).

Recent Kenyan policy documents such as county integrated development plans and National Policy on Persons with Disabilities are cognizant of the inclusion requirement but do not go further to offer operational twin-track instruments or markers to CBID practitioners (Grimes, 2023). This segregation perpetuates siloed advocacy, in which mainstream programmes do not acknowledge the needs of disabled people and that discrete services cannot affect the wider community framework (Aldersey et al., 2023). The literature, thus, is not yet in the position to provide rigorous, context specific models which will translate twin-track theory into quantifiable CBID indicators, acceptable funding systems and bottom-up monitoring schemes which would be applicable in the entire 47 counties of Kenya.

ANALYSIS: CENTERING THE TWIN-TRACK APPROACH IN CBID

Mapping Barriers and Opportunities in Kenyan Communities

Overlapping hierarchies of patriarchy, ethnicity, ableism, and socioeconomic stratification have a dual impact on Kenyan societies in rural, urban informal, and pastoralist societies to create a systematic and compounded hindrances to people with disabilities (PWDs) (Alasuutari et al., 2024). These structures not only fail to work in isolation but they provide special experiences of exclusion which can only be resolved by mainstreaming or special interventions as attempted in isolation. At the moment, these blocks and the possibilities therein are visualised in a two-track

analyzer, the extent of how much the marginalisation has been entrenched becomes apparent and how the concerted CBID action will be able to turn this situation around (UNDP Kenya, 2025; CBM, 2025).

Another problem that is apparent in the rural and pastoralist regions where a significant percentage of Kenya PWDs are concentrated is the presence of physical and infrastructural barriers. In other counties such as Turkana, Samburu and Marsabit, no roads can be accessed, no ramps in the health facilities and schools, and the distance to services is far, which is worsened by the seasonal mobility problems during droughts (Nag Chowdhuri et al., 2023). The cultural aspect of disability being a curse or punishment of God is still present in some pastoral societies and therefore leads to social alienation and lack of participation in the decision making process of the society (Asres, 2025). Economic barriers are also acute: the PWDs of the areas are poorly accessing livelihood founded on livestock farming and access to microfinance services, and women with a disability face an additional burden of care work. It is noted that in recently conducted surveys of counties over three-quarters of PWDs living in rural areas report that they experience difficulty accessing basic rehabilitation or assistive devices, and the poverty rates among this group of the population are several times higher than the national average (UNDP Kenya, 2025).

The barrier includes is the Urban informal settlements. The PWDs have to deal with overcrowded and poorly planned places in Nairobi, Kibera wards or Likoni and Kongowea wards where the lanes are narrow, the drains open and the houses multi-storey with no lifts or elevators to help them go around the areas (Alasuutari et al., 2024). Mostly, transport is inaccessible even by a low percentage of matatus and boda-bodas that have been equipped with wheelchairs. The barriers have also been reflected in job discrimination and the heightened vulnerability to gender-based violence particularly to the women and girls with disabilities in these crowded areas (Asres, 2025). Another obstacle is digital exclusion: much of government services and cash transfer programmes are now online, and the websites cannot be accessed by the inaccessible sites and the low level of assistive technology leaves urban PWDs even further in the disadvantaged position (ITDP, 2022; CBM, 2025).

In both contexts, the barriers of institutional and informational barriers support the processes of exclusion. The 5 percent employment quota still is not enforced properly and the reality of workforce integration of PWDs is around 41 percent nationwide (Grimes, 2023). Health facilities

often have no sign language interpreters or Braille resources and social protection programmes are characterised by long registration procedures and insufficient data disaggregation. This leads to the fact that a large number of PWDs, to be more precise, those who are marginalised in more than one way (rural ethnic-minority women or urban youth with disabilities who are refugees), are faced with what recent discussions call triple jeopardy, which is disability on top of poverty and place (UNPRPD, 2024).

Traditional methods of single-track CBID have had difficulties breaking these barriers. Purely mainstreaming programs tend to presume a level playing field and do not attract the parties who will not be using assistive devices or do not have the confidence to be involved (Nag Chowdhuri et al., 2023). In contrast, single-focused programmes (rehabilitation camps or special schools) establish parallel societies that can hardly affect wider community organizations thus sustaining stigma and dependency. The cost of the economy is vast: the exclusion of PWDs is projected to cost Kenya up to 6.95 percent of the GDP on the loss of productivity and increased dependency each year (UNDP Kenya, 2025).

Nevertheless, there are significant opportunities in case the twin-track approach is being focused on intentionally. Track 1 mainstreaming has the opportunity to use devolved governance to impose universal design requirements on the implementation of county infrastructure projects and incorporate a disability factor into CIDPs (Grimes, 2023). Track 2 focused on empowerment has the potential to enhance OPD capacity, offer assistive technology that is context specific, and offer peer-led skills training resulting in collective agency building. This synergy is already demonstrated by successful pilots: community-based mass assessments plus the digital registration of social protection in 4 counties have increased the access rates dramatically, whereas power-mapping workshops conducted with the help of OPD resulted in local transport adjustments and inclusive savings groups (CBM, 2025). Mapping exercises are interactive tools that can not only be used to identify barriers, but also create community-owned solutions when clouded by OPDs leading both tracks.

An effective CBID thus starts by the vigorous community-based mapping of these overlapping barriers and unrealized opportunities (Nag Chowdhuri et al., 2023).. This mapping should be progressive, it should be disaggregated along disability, gender, age, ethnicity, and place, and it should be done in a coordinated manner by the county governments, OPDs and development

partners (Asres, 2025). It is only on the basis of this initial intervention that twin-track interventions can transcend the compliance to the establishment of truly enabling environments in which PWDs become agents of community development and not lifelong beneficiaries.

Centering Voices of Persons with Disabilities and OPDs

Centering voices of persons with disabilities (PWDs) and Organisations of Persons with Disabilities (OPDs) is not only an ethical requirement, but also an epistemological requirement of successful twin-track Community-Based Inclusive Development (CBID) (Asres, 2025). Article 4(3) of the CRPD, the principle of Nothing About Us Without Us, requires that PWDs must not be just passive beneficiaries in any form of development but active agents and co-producers of knowledge in all the processes (Wickenden, 2024).

The traditional methods of CBID have tended to adhere to the top-down paradigm of intervention design by external professionals with little consultation with the people they are expected to benefit. It has led to programmes that do not meet the lived realities of PWDs especially with those who are facing intersecting marginalisations (Nag Chowdhuri et al., 2023). Conversely, it would mean a paradigm shift to emancipatory and participatory research, where PWDs could assume the role of co-researchers, co-designers, and leaders in mainstreaming and targeted tracks of empowerment (Karuga et al., 2023; Mbazzi et al., 2024).

The effectiveness of this strategy is proved by recent Kenyan scholarship. Karuga et al. (2023) used a range of community-based participatory research (CBPR) designs, such as social mapping and ripple-effect exercises, to work with relatively marginalised populations, such as PWDs, in the urban informal settlements in Nairobi. In their study they found that the direct engagement of PWDs in determining obstacles to health, education and WASH services resulted in more context-specific and practical recommendations. In the same manner, Wickenden (2024) collaborated with nine peer researchers with disabilities in Kenya to learn about inclusive education. The peer researchers promoted focus groups and interviews with children with disabilities, their parents, and teachers so that the research agenda and analysis were influenced by the lived experience instead of preconceived ideas (Nag Chowdhuri et al., 2023).

These studies highlight several mechanisms of centering voices in twin-track CBID. First, community discussions and safety spaces at OPD enable multiply-marginalised PWDs (women,

young people and rural dwellers) to exchange testimonies and develop priorities together (Nag Chowdhuri et al., 2023). Second, peer researchers of underrepresented groups are trained to create local research capacity and legitimise the indigenous and experiential knowledge. Third, participatory tools can be deployed together to help communities establish both barriers (Track 1) and needs (Track 2) simultaneously: power mapping and storytelling (Mbazzi et al., 2024).

When PWDs and OPDs lead these processes, then the twin-track approach is much more effective. Targeted interventions (Track 2) are relevant in the sense that they react directly to expressed needs of assistive devices, skills training, and psychosocial support. Simultaneously, mainstreaming initiatives (Track 1) will be more long-term due to the fact that PWDs will be prepared to promote accessibility and reasonable accommodation in general community setups. Mbazzi et al. (2024) also show that participatory research involving youth with disabilities in sub-Saharan Africa not only yields more qualitative data but also creates leadership and collective conscientisation to enhance OPD capacity to act on long-term advocacy (Nag Chowdhuri et al., 2023).

Centering voices thus modifies CBID to a liberatory process rather than service-delivery model. It disputes the paternalistic relations of power, disrupts the dichotomy of expert and subject, and makes sure that both streams of the twin-track approach are based on the realities of the most impacted (Mbazzi et al., 2024). In the case of Kenya, where more than 80 percent of the PWDs still report non-inclusion in community decision-making, such a strategy is critical in helping to go beyond tokenistic inclusion and structural transformation towards sustainable community ownership (Nag Chowdhuri et al., 2023).

Operationalizing the Two Tracks in Everyday CBID Practice

The twin-track strategy implementation in practice through Community-Based Inclusive Development (CBID) in Kenya in ordinary everyday practice would involve an intentional involvement of mainstreaming (Track 1) and focused empowerment (Track 2) in daily routine programme practice across the 5-elements component of the CBID matrix health, education, livelihoods, social participation and empowerment (Mbazzi et al., 2024). This implies that all interventions, irrespective of whether they are county-led, Organisations of Persons with Disabilities (OPDs), NGOs, or community health volunteers have to clearly focus on the two tracks in planning, delivery, monitoring, and evaluation to avoid fragmentation and achieve synergistic results (Chen et al., 2025; AfriCAN, 2022).

Track 1 mainstreaming in health covers the training of community health workers and staff at the facilities in the principles of universal design and reasonable accommodations including addition of ramps, sign language interpreters, and accessible consultation rooms in primary health centres. Track 2 focused support contains the offer of the assistive devices (e.g., hearing aids, wheelchairs) with the help of community-based rehabilitation (CBR) workers and the orientation to special services (Mbazzi et al., 2024). This can be demonstrated by practical examples of Kenyan pilots, who note that the combination of these tracks positively affects the uptake of services in rural counties: in rural areas, OPD-led health outreaches have both introduced general immunization campaigns (mainstreaming) and provided individuals with disabilities with an individualized rehabilitation assessment, which has led to an increase in the rate of vaccinations and better mobility (AfriCAN, 2022). The county health departments will be able to accommodate twin-track checklists into their regular supervision so that no activity will move on without an accessibility measure and disability-specific modifications.

Track 1, in the educational field, involves mainstream learning institutions implementing inclusive learning, flexible learning programs and barrier-free facilities (e.g. braille materials, adapted desks). Track 2 entails special interventions in the form of itinerant teachers, resource rooms, and sign language support ((Chen et al., 2025). An example is Kenyan resource centres (e.g. those that are supported by the Ministry of Education): they provide teacher training on inclusive practices (Track 1) and specific early intervention and assistive technology to learners with disabilities (Track 2). This can be operationalized on a daily basis by the school management committees Co-designing inclusive lesson plans with OPD representatives and tracking attendance disaggregated by type of disability to make necessary adjustments to interventions as they happen (Wickenden, 2024).

For livelihoods, Track 1 mainstreams disability into economic programmes through the enforcement of 5% employment quota in cooperatives and provision of market space and vocational training centres. Track 2 provides skills training, incubation funding, and business mentoring based on the needs related to impairments (e.g., adaptive equipment to people with visual impairments) (Chen et al., 2025). As a practice, mainstream microfinance access is combined with disability-specific financial literacy and peer mentoring at OPD-facilitated savings groups in urban informal settlements, resulting in higher enterprise sustainability rates (Karuga et

al., 2023). County agricultural extension officers can implement twin-track through incorporating disability audits in the livelihood programme design and collaborating with OPDs to provide follow-up assistance.

Social participation and empowerment aspects require daily behaviors which help in attitudinal change and leadership. Track 1 entails community sensitization and inclusive governance systems (e.g. disability quotas on village meetings) (African Disability Rights Yearbook, 2024). Track 2 develops OPD capacity based on leadership training and advocacy skills. This has been operationalized in Kenyan sub-counties under joint OPD-county forums through co-leading awareness campaigns (Track 1) and mentoring young leaders with disabilities (Track 2) which leads to increased civic participation and policy making (Mbazzi et al., 2024).

Simple tools are needed to incorporate twin-track into everyday CBID, i.e., twin-track planning templates, disaggregated monitoring indicators, and quarterly OPD review meetings. All the modules of training community actors should be based on both of these tracks, and low-cost participatory techniques should be used to find the barriers and solutions (e.g., power mapping, story circles, etc.) (Mbazzi et al., 2024). The shortage of resources can be overcome by earmarking 10-15% of CBID funds to specific aspects and using partnerships with donors (e.g., UNICEF, CBM) as a source of assistive technology (Karuga et al., 2023). Overall, twin-track operationalization would make CBID more inclusion-ad-hoc to systematically dismantle the barriers and establish PWDs as active participants in the community.

DISCUSSION AND PROPOSED FRAMEWORK

The “Centered Twin-Track CBID” Model

In the paper, the conceptual and practical proposal is that the twin-track approach is the key organising principle of Community-Based Inclusive Development in Kenya with the suggested model being the Twin-Track CBID Model (Karuga et al., 2023). This model corrects the mainstreaming and targeted empowerment as two distinguishable tasks and introduces both tracks to the standard CBID matrix transversely to guarantee the achievement of synergistic, sustainable, and rights-based results.

The conventional CBID matrix uses five interdependent elements namely: Health, Education, Livelihoods, Social Participation and Empowerment. The Centered Twin-Track CBID Model uses

the same matrix but superimposes the principles of the twin-track as obligatory transversal factors (Banlanjo et al., 2025). This involves a systematic elimination of barriers and integration of disability in all general practice of community development. Track 2 (Targeted Empowerment) guarantees that there is provision of disability-specific support such as rehabilitation, assistive technology, Organisation capacity building to Organisations of Persons with Disabilities (OPDs) and peer-led interventions (African Disability Rights Yearbook, 2024). These two tracks act as complementary pillars, where there is coordination systems and accountability systems in the county and community levels. The five CBID components are displayed in Figure 1 in a pentagon with two heavy transversal arrows (Track 1 and Track 2) passing through each component (Banlanjo et al., 2025). The centre is OPD Leadership and Twin-Track Audit, and there is feedback loops to show the processes of planning, implementation, monitoring and adjustment are iterative.



Figure 1: The Centered Twin-Track CBID Model – Kenyan Application Framework

The model is operationalised by a mandatory Twin-Track Audit that is undertaken at the commencement of each significant CBID intervention and re-occurred on a quarterly basis. The audit is comprised of four steps, namely: (1) disaggregated barrier and needs assessment; (2) joint planning of mainstreaming and targeted actions; (3) development of combined indicators; and (4) OPD validation and feedback. This is done so that no activity is done without the express consideration of the two tracks (Mbazzi et al., 2024). An example is in the Livelihoods component where Track 1 would entail opening up agricultural extension services and markets and Track 2

would offer modified tools, training of PWDs in business skills and mentorship programmes managed by OPD.

The model fits in to devolved government systems in the Kenyan setting. The County CBID committees, headed by OPD representatives, have the duty of taking the lead in the audits, as well as incorporating the twin-track indicators into the County Integrated Development Plans (CIDPs) (Banlanjo et al., 2025). This bottom-up process enhances the use of OPDs as sources of consultation but co-governance according to CRPD Article 4(3) (Banlanjo et al., 2025). The model also uses low-cost and context-specific devices including participatory checklists and mobile data gathering to meet resources limits observable in most of the counties (Mbazzi et al., 2024).

The model focuses the twin-track approach, which is why CBID is not a disjointed programming, but a dynamical, iterative process that creates both the personal and the collective capacities and breaks down the systemic barriers. It goes beyond compliance to establish really enabling societies where special needs individuals are not only considered but are capable of spearheading developmental processes (Mbazzi et al., 2024). This framework will give practitioners, county governments and development partners a clear pathway of action to ensure that the potential of CBID is realised in Kenya.

Challenging Traditional Power Structures through Synergistic Implementation

The Centered Twin-Track CBID Model is a major breakthrough in the customary power arrangements that have characterized the disability programming in Kenya long enough (African Disability Rights Yearbook, 2024). CBID and predecessor CBR programs over decades have been paternalistic hierarchies with national and county government ministries, international NGOs, and non-disabled technical officials holding the major power over design, funding distributions and decision making and Organisations of Persons with Disabilities (OPDs) being marginalised to advisory or implementation positions (UNICEF, 2025). This hierarchical form of operation continued to support ableist, patriarchal and centralised powers that restricted actual community ownership and generated dependency.

A synergistic implementation of the twin-track approach reverses these relationships through institutionalisation of OPD leadership on both mainstreaming (Track 1) and targeted empowerment (Track 2). The required twin-track audit procedure makes OPD representatives the centre of all

phases of the process, including barrier mapping, joint planning, indicator development, and quarterly reviews, making consultation a co-governance process (Banlanjo et al., 2025). This rebalancing of power works on three mechanisms that are linked. To begin with, it democratises the generation of knowledge: lived experiences and community-generated data of multiply-marginalised PWDs take the place of externally-imposed judgements as the major evidence base of interventions (Banlanjo et al., 2025). Second, it reallocates resource control, such that county budgets, donor funds, and allocations of National Disability Funds are subjected to OPD-cochaired CBID committees with specific mechanisms (e.g. veto rights of women, youth and rural PWDs representatives) to ensure that they are not captured by the elite (African Disability Rights Yearbook, 2024). Third, it flips the accountability: government departments and NGOs are held accountable to village-level OPD forums not the other way around, so that there is a feedback loop that is binding between County Integrated Development Plans (CIDPs).

This shift in the Kenyan devolved environment is operationalized in the CIDP reviews and annual performance contracting. Twin-track evidences through OPD-led coalitions now force ministries to redistribute resources, including putting more resources towards available maternal health to arid counties or changing transport to urban informal settlement. NGOs used to having their own programming have the obligation to co-sign work plans with OPDs, with them sharing credit and budgets (Tinta & Kolanisi, 2023). This model also develops long term leadership pipelines by focusing on the training and mentoring of young women and ethnic-minority leaders with disabilities to become county CBID coordinators.

The model makes meaningful participation of the CRPD by making institutionalised meaningful participation and operationalising Article 4(3) and Article 33(3) much further than minimum compliance. Losses to include multiply-marginalised voices have become the new stimulus of official grievances by the National Gender and Equality Commission and the National Council of Persons with Disabilities (Banlanjo et al., 2025). Finally, the twin-track implementation is not a simple reform of the existing power relations but is a redistribution of power that replaces the top-down charity models with the bottom-up transformative praxis that involves persons with disabilities as the right owners, the producers of knowledge, and the architects of their inclusion.

Overcoming Implementation Challenges

Although the introduction of the “Centered Twin-Track CBID” Model in Kenya is a transformative action, it is faced with three major challenges, including resource limitation, advocacy that is siloed, and institutional inertia (Banlanjo et al., 2025). The recent empirical literature shows that these obstacles can be successfully surpassed with the help of pragmatic and evidence-based solutions that are based on real situations in the communities and low-resource innovation.

The most common barrier is resource constraints, especially in those counties that are underfunded. The systematic reviews of community-based rehabilitation programmes in low- and middle-income countries suggest inadequacy of both financial and human resources as the most prevalent barrier to implementations, which is usually further aggravated by alternative priorities within devolved governance systems (Banlanjo et al., 2025). Such limitations are addressed by capitalizing on established community systems as opposed to establishing parallel systems. There is an already established use of twin-track audit through low-cost participatory methodologies like power-mapping exercises, story circles, and use of open-source mobile resources, already used by Organisations of Persons with Disabilities (OPDs), and community health volunteers. Further operations are maintained by targeting ring-fencing 5-10% of current CBID budgets on twin-track elements and donor partnerships (Butura et al., 2024).

Siloed advocacy, in which mainstream development actors and service providers serving the disability community follow their own ways, disintegrates results and removes synergy. Kenyan and African research points out the perpetuation of marginalisation of multiply-marginalised individuals with disabilities by this dichotomy (Banlanjo et al., 2025). The model has a response to this: CBID funding proposals must have formal Memoranda of Understanding between OPDs, gender-focused groups, and anti-poverty networks. Sub-county level, with various OPD representatives as the co-chairs, Quarterly Intersectional Convergence Forums produce joint propositions and common monitoring frameworks. Livelihood programmes reveal that these coalitions can contribute to the accessibility of resources and the relevance of programmes by a significant amount (Tinta & Kolanisi, 2023).

The issue of institutional inertia or the unwillingness of actors who have been used to the top-down planning is eliminated by ensuring continuous capacity-building and evidence-making. Compulsory twin-track modules, which form part of national council for persons with disabilities

and county public-service inductions, based on actual Kenyan case studies, show quantifiable gains in participation and retention (Tinta & Kolanisi, 2023). This external accountability is created by study tours to pilot counties that have achieved success and integration of twin-track indicators in national monitoring systems (Kenya National Bureau of Statistics and SDG reporting) which change the organisational culture over time (Banlanjo et al., 2025). These low-cost, specific, and coalition based strategies turn the possible resistance into the force, turning the obstacles to implementation into the prospects of equal and sustainable community growth in the Centered Twin-Track CBID Model.

CONCLUSION AND RECOMMENDATIONS

Summary

In Kenya, Community-Based Inclusive Development (CBID) has a long way to travel to transform its initial Community-Based Rehabilitation beginnings to a rights-based multi-sectoral approach in line with the CRPD, the Constitution of Kenya 2010, and national policies like the Vision 2030 and the National Policy on Persons with Disabilities. Though these benefits are achieved, there is still a lack of unity: mainstreaming initiatives are often pursued without targeted assistance that would allow many individuals with disabilities to receive general services, whereas disability-specific interventions seem detached, establishing parallel networks that only serve to keep marginalized individuals in their place and not allow them to become full-fledged members.

The broad idea about this conceptual paper is that the twin-track approach, which is a simultaneous and synergistic implementation of disability mainstreaming (Track 1) and targeted empowerment (Track 2), should be placed at the core of the transformation of CBID into an effective, equitable and sustainable practice. The suggested Two-track-Centered Twin-Track CBID by superimposing the two tracks as required transversal terms, operationalised by mandatory twin-track audits, co-leadership in OPD, disaggregated indicators, and repetitive community-based planning superimposes the conventional five-component matrix (health, education, livelihoods, social participation, empowerment) of this Model.

The twin-track approach is not an optional improvement but a basic necessity that CBID needs to enhance structural change. In its absence, the cycles of poverty, marginalisation, and exclusion persist especially among rural women, urban informal settlement youth, pastoralist elders, and the refugee populations with the disabilities. Through a systematic incorporation of both tunes, CBID

will be a catalyst of constitutional equality, dignity, and full inclusion, propelling Kenya in its constitutional undertakings, and the international obligation to leave no one behind.

Policy Implications

In order to operationalise the Centred Twin-Track CBID Model in Kenya, the policy-makers in the country, along with county policy-makers, Organisations of Persons with Disabilities (OPDs), and development partners need to incorporate twin-track principles into current policy, planning, budgeting, and monitoring frameworks. This involves specific and practical reforms that enhance mainstreaming as well as selective enabling without development of parallel bureaucracies.

On the national level, the National Policy on Persons with Disabilities and its monitoring and evaluation (M&E) tools should be revised by the National Council on Persons with Disabilities (NCPWD) in collaboration with the Ministry of Labour and Social Protection in order to make twin-track disaggregation mandatory. It contains mandatory data gathering and reporting, which cuts disability type with gender, age, ethnicity, poverty (using household asset proxies), and geographic region (rural/urban, ASAL/non-ASAL). The key performance indicators must be presented and monitored every year, such as:

- Percentage retention and income changes in proportion of livelihood interventions that produced better retention and income gains among multiply-marginalised PWDs than non-twin-track cohorts;
- County counties having active OPD co-chaired twin-track audit committees having veto power on inaccessible project designs;
- A decrease in reported incidents of gender-based violence of girls and women with disabilities in the targeted counties.

These indicators should be put in County Integrated Development Plans (CIDPs), annual performance contracts, and national SDG Voluntary National Reviews. The county governments led by the Council of Governors and devolved disability units should coordinate their disability mainstreaming strategies with the twin-track model which provides separate budget lines in sectoral funds (health, education, agriculture, social protection) to accommodate both the accessibility upgrades and the targeted support.

The OPDs should be integrated as co-leads in M&E operations, they should be carrying out twin-track community-based audits, and feeding the results to county assemblies and national reporting systems. Funding of the indicators of twin-track adoption should be conditional on donors and technical partners (UNICEF, CBM, World Bank, USAID) and assist with capacity building, especially in counties with low resource levels. These institutionalisation efforts will transform Kenya towards evidence-based, responsible policy making that progressively reaches the very far back, speeds up substantive inclusion and achieves constitutional guarantees (Articles 27, 54), CRPD, and leave-no-one-behind commitments of Vision 2030 and the Sustainable Development Goals.

Future Research

Even though the “Centered Twin-Track CBID” Model offers an effective conceptual frame to the mainstreaming and targeted empowerment integration in community-based inclusive development in Kenya, its practical applicability, flexibility, and scalability must be strictly empirically tested. The mixed-methods study that will be undertaken by future researchers should be carried out in a variety of Kenyan settings to produce context-specific evidence on the processes of implementation, quantifiable results and the sustainability of the implementation in the long-term.

Suggested designs include longitudinal participatory action research in at least four contrasting locations: (1) a rural arid/semi-arid county with high ethnic diversity and pastoralist and (2) an urban informal settlement county (e.g., Nairobi or Kisumu); (3) a coastal country with refugee-hosting processes (e.g., Garissa or Mombasa); and (4) an agrarian-based rural county (e.g., Bungoma or Kisii). Pilot implementations of the model in both sites should take 2436 months, including two-track audits OPD led, coalition building and bottom-up monitoring.

Quantitative components ought to use quasi-experimental or difference-in-differences to make comparisons between twin-track CBID interventions and the typical CBID programmes. The access to services, the rate of participation in livelihoods, the reported decrease in violence, the level of civic engagement and the level of household poverty, should be included in the primary outcomes that are disaggregated by intersecting identities. The qualitative strands ought to address the power change, coalition, and implementation resistance, and the perceived equity benefits using profound interviews, focus group discussion, and narrative analysis on multiply-marginalised persons with disabilities.

Other research questions must involve cost-effectiveness analyses, which would evaluate the implication of resources in counties with low budgets, comparative research on non-pilot counties, and longitudinal observation of leadership development (e.g., women with disabilities becoming county CBID coordinators). Any research should follow emancipatory principles, and tools should be co-designed with peer researchers belonging to target groups, interpreting research findings, and sharing results. Empirical validation will help to strengthen the legitimacy of the model, its adaptations on a larger scale, and add to the expanding literature on disability-inclusive, twin-track community development as a part of Global South scholarship.

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