



POLICY BRIEF:
INCREASING ACCESS TO SEXUAL
REPRODUCTIVE HEALTH SERVICES AND
INFORMATION FOR WOMEN AND GIRLS WITH
DISABILITIES IN KENYA

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INTRODUCTION:



- This Ability Trust is a women-led nonprofit organization whose mission is to advance the sexual reproductive health and rights of **women** and **girls with disabilities** in Kenya and across the region.
- Our main objective is to **amplify** the voices and **increase visibility** of women and girls with disabilities.
- We work at the intersection of **Sexual Reproductive Health and Rights** and **economic rights, climate justice, governance, education** and **technology**.
- We are present in 13 counties (Kisumu, Kakamega, Uasin Gishu, Kajiado, Nairobi, Kilifi, Kwale, Isiolo, Marsabit, Narok, Wajir, Mandera and Mombasa counties).

01 Mama Siri

A toll free referral service on GBV and SRHR managed by women with disabilities in 13 countles.

02 Skills

An e-learning platform that hosts capacity building courses.

03 Hesabika

A national USSD mobile based data collection platform.

04 PAZA

Builds critical mass for policy advocacy and accountability with communities of women and girls with disabilities for their sexual reproductive health rights.



Our main programs

BACKGROUND:



- Despite global, regional, and national focus on sexual and reproductive health and rights (SRHR), implementation for women with disabilities remains inadequate.
- Women with disabilities face challenges including societal overlooking, infantilization, and perception as asexual.
- Obstacles include lack of consent in decision-making, negative attitudes from medical professionals, and limited access to services due to physical inaccessibility.
- Coercive and involuntary sterilization practices are still prevalent despite increased attention to SRHR.
- The existing laws and policies provide limited protections for women and girls with disabilities, failing to comprehensively recognize and address their specific needs in accessing sexual and reproductive health rights.
- The gap in comprehensive data on women and girls with disabilities, particularly regarding their access to sexual and reproductive health rights, creates a risk of designing programs and solutions that do not effectively address their specific challenges and needs.

DESK REVIEW:



- According to the World Health Organization (WHO): 16% of the world population is disabled, representing 1.3 billion people. At least 20% of the global female population consists of women with disabilities.
- The 2019 census of Kenya reported a disability prevalence rate of 2.2%, in a total enumerated population in Kenya of approximately 47.6 million, which is much lower than the WHO global estimate.
- Article 43 of the Constitution of Kenya (2010): Every Kenyan has the right to the highest attainable standard of health, including healthcare services and reproductive health care.

Kenya National Reproductive Health Policy (2022 – 2032)



- Recognizes special reproductive health needs of persons with disabilities.
- Intends to prioritize integration of responsive reproductive health services.
- Emphasizes using health education materials in Braille, Sign Language, and other appropriate communication means.
- Focuses on enhancing health infrastructures.
- Includes an impact level indicator: “Existence of specific policies and resources for disability mainstreaming in reproductive health service delivery points.”
- Proposed achievement target of 30% by 2030.



Menstrual Hygiene Management Policy (2019-2030)

- Advocates developing a menstrual hygiene management communication strategy inclusive of persons with disabilities.
- Aims to address the special needs, interests, and priorities of persons with disabilities in planning, investment, and promotion of menstrual hygiene services and facilities.



Kenya National Family Planning Guidelines for Service Providers:

- Acknowledges barriers faced by persons with disabilities in accessing family planning information and services.
- Imposes a duty on service providers to ensure equitable access to services for all.
- Highlights persons with disabilities as clients with special needs requiring extra attention from healthcare providers.

METHODOLOGY



- Our research methodology encompassed a mixed-methods approach, integrating both quantitative and qualitative data collection techniques.
- We engaged women and girls with various disabilities, including physical, visual, hearing, and psychosocial disabilities, selected from our “Mama Siri” and “Digital Dadas” programs, alongside 781 key stakeholders from various relevant sectors such as government bodies, health departments, and disability organizations across 14 Kenyan counties including Mombasa, Kilifi, Kakamega, Kwale, Kisumu, Nairobi, Kajiado, Wajir, Isiolo, Mandera, Narok, Marsabit, Embu, and Uasin Gishu.
- The methodology involved conducting surveys to gather quantitative data on the experiences and perceptions regarding SRH services, complemented by in-depth interviews for qualitative insights into the challenges and potential solutions.

METHODOLOGY



As a result, the following thematic areas emerged:

1. Healthcare
2. Education
3. Gender Norms
4. Violence Prevention
5. Participation and representation
6. Legal Frameworks and Stakeholders Responsibilities

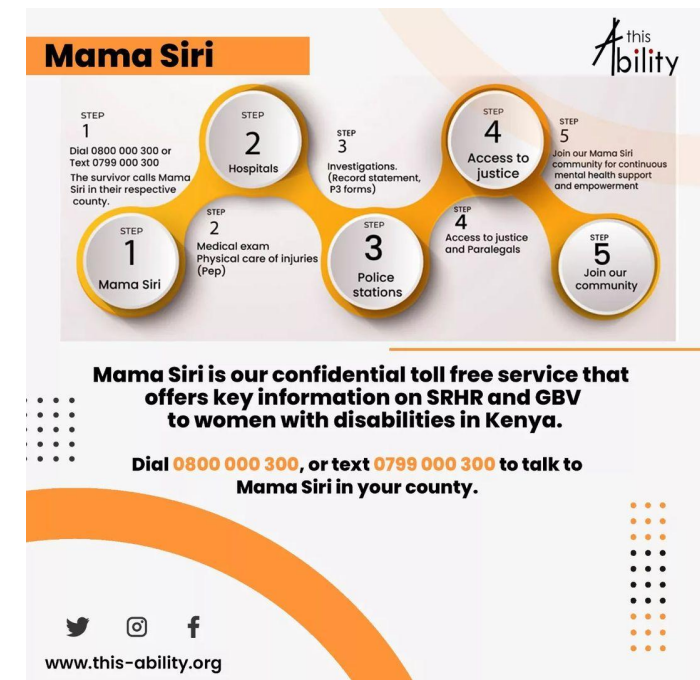
POLICY RECOMMENDATIONS:



- To address the gaps realized across the six thematic areas, we developed comprehensive and inclusive policy brief on Increasing Access to Sexual and Reproductive Health Services and Information for Women and Girls with Disabilities in Kenya.
- This Policy brief aims to highlight challenges and gaps in SRHR of women with disabilities in Kenya and offer recommendations for effective solutions' being that our solutions are already tried and tested and we're offering them as examples of what can work:
- This brief is based on the following recommendations:
 1. Employ women with disabilities to support and enhance SRHR and SGBV prevention and response work in the community.
 2. Improve disability data collection using digital tools and community-generated data.
 3. Train healthcare providers on disability rights and inclusion to enhance disability-inclusive healthcare
 4. Empower women with disabilities to engage in decision making and public participation processes.

Employ women with disabilities to support and enhance SRHR and SGBV prevention and response work in the community.

- **Existing Structure:** In Kenya, Community Health Practitioners (CHPs), formerly known as Community Health Volunteers (CHVs), operate within Community Health Units to provide grassroots healthcare services. Additionally, Kenya addresses Sexual and Gender-Based Violence (SGBV) through government and community initiatives. The hotline offers confidential, multilingual support from trained counselors, providing abuse reporting, psychosocial aid, and referrals to health facilities, police, or shelters.
- **Example:** [Mama Siri](#) (0800 000 300) a toll free referral services that offers women with disabilities a confidential information regarding Sexual and Reproductive Health (SRH) and Gender-Based Violence.
- **Recommendation:** The Ministry of Health should strengthen existing referral mechanisms within community health model. By using technology as an enabler to accessibility, working with women with disabilities in this program will help close the gap among grassroot communities to access sexual and reproductive health services, support their rights, and build a more inclusive society.



Mama Siri model:

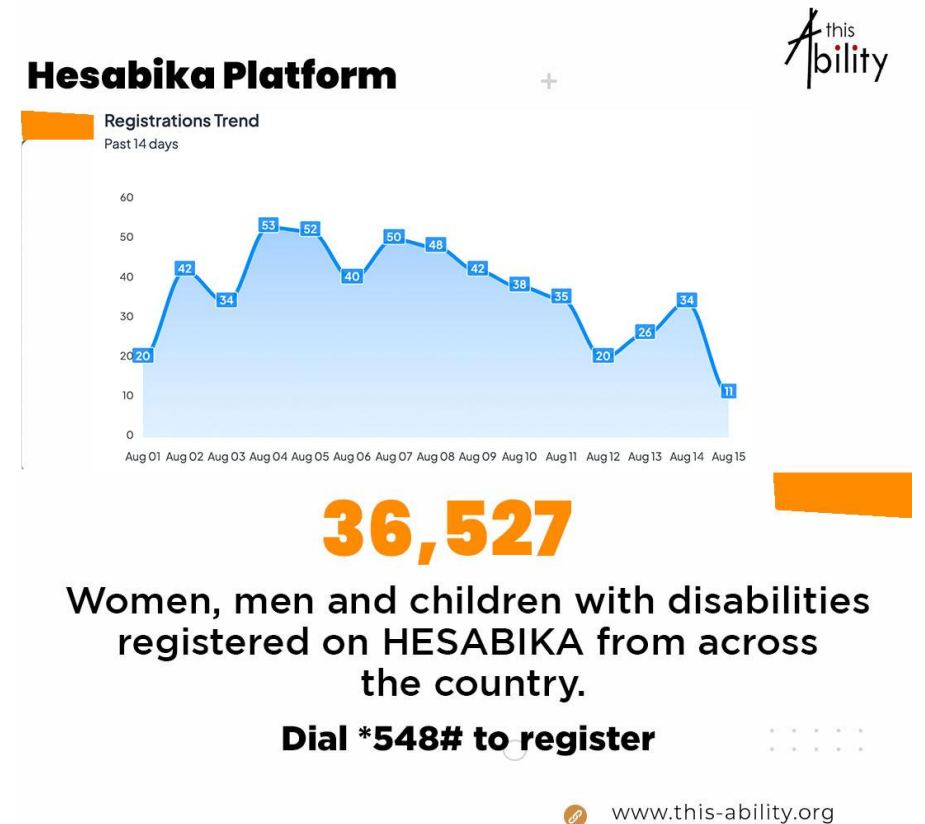


Why Mama Siri works:

- Mama Siri's established referral network in every county. This will enable the Ministry of Health to provide quick and effective responses to inquiries and concerns, improving healthcare delivery.
- Anonymity: By allowing women and girls with disabilities to seek help anonymously, Mama Siri reduces the fear of judgment, encouraging more individuals to access needed services, which aligns with the Ministry's goal of reaching underserved populations.
- Timely Intervention: Mama Siri ensures that women with disabilities, particularly those in crises related to Sexual and Reproductive Health (SRH), receive immediate assistance, even in remote or rural areas. This capability will help the Ministry bridge gaps in access to SRH and Gender-Based Violence (GBV) support services.
- Incorporating Technology: The integration of women with disabilities and technology into community health practitioner models aids the Ministry in overcoming barriers to SRH services for this group, enhancing service reach and effectiveness.
- Promoting Rights and Well-being: Mama Siri's inclusive approach supports the rights and well-being of women and girls with disabilities, aligning with the Ministry's objective of fostering a more supportive and equitable healthcare system.
- Equitable Healthcare Access: By ensuring that women with disabilities are included in healthcare services, Mama Siri contributes to the Ministry's mission of achieving equitable healthcare access and ensuring that no one is left behind.

2. Improve disability data collection using digital tools and community-generated data.

- **Existing Structure:** Women and girls with disabilities in Kenya are underrepresented in disability data. The standard Ministry of Health Daily Activity Register captures basic information about disabilities.
- **Example:** The [Hesabika](#) platform, pioneered by This Ability Trust, which facilitates self-registration for persons with disabilities through a USSD shortcode, *548#.
- **Recommendation:** Enhance the Daily Activity Register with additional fields to capture comprehensive disability data, including: Type of disability, severity of disability specific functional limitations (e.g., mobility, self-care, communication, Use of assistive devices (e.g., wheelchairs, hearing aids) Utilize low bandwidth technology for data collection and communication to improve policy implementation and investment decisions



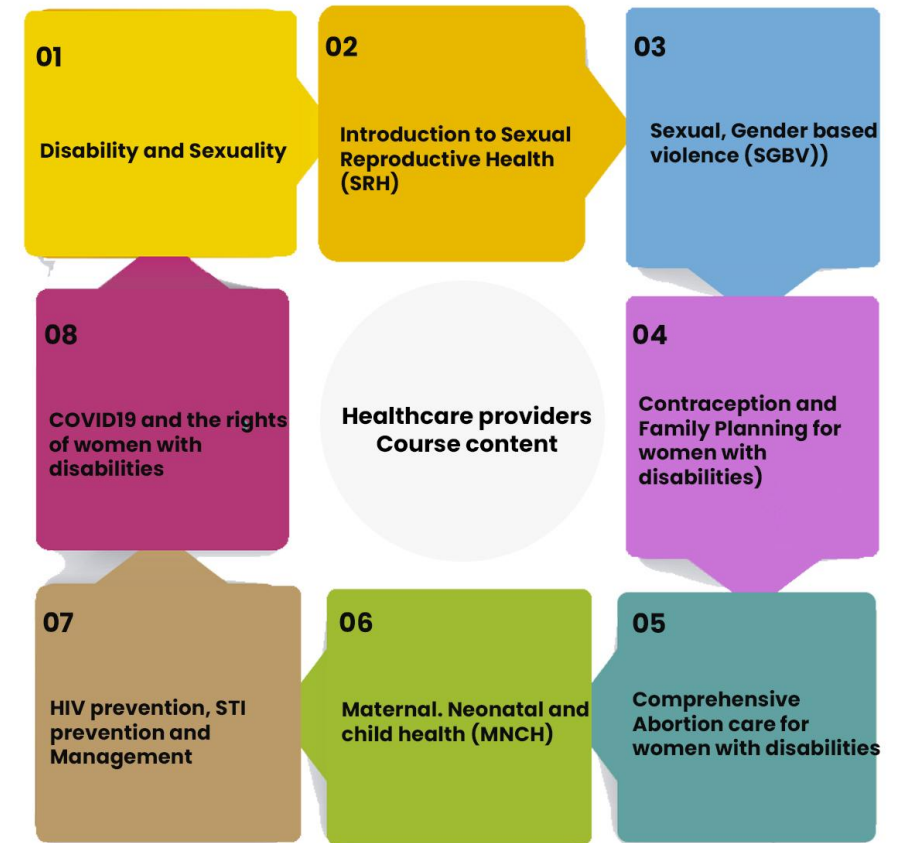
HESABIKA model:

Why Hesabika works:

- **Self-Identification/Registration:** The last Kenyan census underreported the prevalence of disabilities. A platform like Hesabika can help the Ministry of Health (MOH) obtain more accurate data by offering disaggregated data, providing a clearer picture of the actual situation.
- **Back-End Functions:** By registering individuals, MOH could easily reach a large number of people with disabilities. This allows for efficient communication and the dissemination of important information during health campaigns or disease outbreaks.
- **Research Capabilities:** MOH could use the platform to conduct research, such as clinical trials or surveys. It also offers a chance to gather feedback from communities of women with disabilities, helping MOH understand their needs better.
- **Disability Prevalence:** The disaggregated data would enable MOH to analyze disability trends, such as identifying different categories and regional patterns. This provides an opportunity to explore the data further and develop targeted solutions for specific issues.
- **Anonymity:** Anonymity is essential in the health sector. Hesabika allows users to control their personal information, creating a safe space that reduces bias and encourages more honest responses. This enhances access to a broader audience, ensures equitable participation, and minimizes the risk of stigma, as users are more comfortable knowing their identities will remain private.

3. Train healthcare providers on disability rights and inclusion to enhance disability-inclusive healthcare

- **Problem:** Negative attitudes from healthcare providers further hinder women with disabilities from accessing accurate information on sexual and reproductive health.
- **Example:** As a result of this process, we designed our [Healthcare Providers](#) Course to provide an introduction to the sexual and reproductive health rights of women and girls with disabilities.
- **Recommendation:** The government, through the Ministry of Education and Ministry of Health, along with Schools of Medicine, should provide skills and build capacities on the sexual and reproductive health rights of women with disabilities. This should be incorporated as part of Continuous Professional Development (CPD) with the Ministry of Health to prioritize specific training on the SRHR of women with disabilities.



SKILLS model:

Why Train Healthcare Providers:

- We designed our Healthcare Providers course to provide an introduction to the sexual and reproductive health rights of women and girls with disabilities. This course can be strengthened and continue to serve as an induction to the Ministry of Health personnel and medical students.
- Trained healthcare providers become part of referral services through Mama Siri toll-free service, acting as a bridge between women with disabilities and healthcare providers.
- Healthcare providers believe mentorship sessions with other healthcare providers are important for learning and sharing experiences.

4. Empower women with disabilities to engage in decision making and public participation processes.

- **Existing Structure:** Legal and existing policy frameworks do not fully address the needs of women and girls with disabilities or comply with international human rights standards. Women and girls with disabilities face stigma and violence, which impacts their participation in sexual and reproductive health rights programs and policies.
- **Example:** Through the establishment of community meetings and dedicated platforms, e.g the [Paza program](#). This Ability endeavors to provide spaces where women with disabilities can come together to advocate for their rights, influence policy decisions, and work towards reducing societal stigma.
- **Recommendation:** The Ministry of Health should organize public participation forums and community engagements to empower women with disabilities. These platforms will help women with disabilities advocate for their rights, influence policy decisions, and reduce societal stigma, fostering inclusivity and ensuring their voices are heard and respected.



Why the PAZA works:

- The PAZA program, builds critical mass for advocacy and accountability purposes and aligns with communities of women and girls with disabilities on our agenda for the rights of women and girls with disabilities. This is done through community engagements e.g the SRHRplusD Festival, webinars(X-space) and policy dialogues
- These community engagements create visibility on the experiences of women and girls with disabilities, supports and enriches policy conversations on gender-based violence and sexual and reproductive health with key stakeholders.
- The SRHRplusD Festival provides a platform to commemorate the 16 Days of Activism and enhance freedom of expression using different graffiti art forms that support bodily autonomy. It is a 5-day community event that will initiate conversations from a holistic point of view, where women and girls with disabilities can express themselves through dance, community mental health sessions, art, spoken word, fashion yoga, storytelling, sexuality conversations and an exhibition market for products made by women with disabilities.

CONCLUSION



- This policy brief has identified numerous challenges which highlight the urgent need for a comprehensive and inclusive policy that addresses the sexual and reproductive health rights of women and girls with disabilities in Kenya.
- Such a policy should be based on human rights principles, evidence-based interventions, and meaningful participation of women and girls with disabilities and their representative organizations.
- A dedicated policy on SRHR for women and girls with disabilities would not only improve their health outcomes, but also contribute to their empowerment, dignity, and social inclusion.



APPENDIX

GUIDING QUESTIONS FOR THE VALIDATION PROCESS

Guiding questions for the validation process

Thematic Area I-Healthcare

1. What kinds of SRHR services are available to women with disabilities?
2. Are the SRH services for women with disabilities appropriate and adequate to meet their needs?
3. How are persons informed about available SRH services for women with disabilities?
4. What challenges do women with disabilities experience in accessing SRH services?
5. Are there perceptions or stereotypes concerning disability that might affect women with disabilities' access to SRH services?
6. What, if any, are the special challenges that women/girls with disabilities encounter in accessing SRH services compared to men/boys?

Guiding questions for the validation process

Thematic Area 2- Education

1. What kind of SRHR education is available to women and girls with disabilities?
2. Is the available education adequate to meet the needs of women and girls with disabilities?
3. What kind of outreach is conducted to ensure that women and girls with disabilities participate in SRHR educational programs?
4. How are people, women and girls with disabilities informed about SRHR educational programs?
5. Are the programs conducted in places which are physically accessible for persons with disabilities?
6. What are some strengths of the programs?
7. What are some challenges of the programs?
8. What, if any, are the special challenges that women/girls with disabilities encounter in accessing SRHR education compared to men/boys?

Guiding questions for the validation process

Thematic Area 3: Gender Norms

1. What are the perceptions and/or stereotypes of women with disability regarding SRHR in Kenya?
2. Are there common beliefs about SRHR in relation to persons with disability? If so, how do these beliefs affect women with disabilities' ability to enjoy SRHR on an equal basis as others without disabilities?

Guiding questions for the validation process

Thematic Area 4: Violence Prevention

1. What types of gender-based violence incidents usually occur regarding women and girls with disabilities?
2. What response mechanisms are available on occurrence of such incidences?
3. How effective are the mechanisms?
4. What unique vulnerabilities cause GBV among women and girls with disabilities?
5. What laws are there protecting women and girls with disabilities against GBV?

Guiding questions for the validation process

Thematic Area 5: Participation and representation

1. What does participation and representation of women with disabilities look like in decision making and implementation of important activities regarding SRHR in the governing bodies and society.
2. How are women with disabilities informed about how to access decision making positions at different local and national levels?

Guiding questions for the validation process



Thematic Area 6: Legal Frameworks and Stakeholders Responsibilities

1. Are you aware of the existence of the sexual and reproductive health rights (SRHR) related Policies in Kenya?
2. To what extent has the SRHR framework been effective regarding women and girls with disabilities?
3. What are the major achievements regarding promotion of SRHR for women and girls with disabilities in Kenya so far?
4. What are the major challenges/obstacles in achieving the National disability policy?
5. What are your recommendations for positive changes in the current situation or suggestions about a new policy?