Executive Summary

This report presents a broad picture of the status of Persons with Disabilities (PWDs) in Kenya, with a particular focus on the status of women and girls living with disabilities in the slums of Nairobi. The sample areas for the information gathered for this report are the four informal settlement (slum) communities of Kiambiu, Mathare, Kibera and Mukuru.

Kenya has signed and ratified the UN Convention on the Rights of Persons with Disabilities. The 2010 Constitution of Kenya prohibits discrimination by the state on the grounds of disability (and other grounds) but says nothing about employment. It states that persons with disabilities are to be treated with dignity and respect; and that “The state shall ensure the progressive implementation of the principle that at least five percent of the members of the public in elective and appointive bodies are persons with disabilities.” (Article 54).

The Government of Kenya made specific commitments to persons with disabilities in Kenya at the 2018 Global Summit for Persons with Disabilities. These commitments include the development of a five year action plan starting 2018/19 with a midterm review at year 3; to institutionalise national, disability-inclusive budgeting across all government departments at national and county levels; to set up an assistive technology hub among major stakeholders including universities, innovators, producers, users among others; to use the Washington Group Short Questions in the National Census 2019 and all other Surveys; to sign up to the Inclusive Data Charter and develop an Action Plan for its implementation.

Improved data is vital for action to support women and girls with disabilities. One key finding of the review of existing literature is that Kenya lacks up-to-date and credible gender (and age) disaggregated data on disability. The country, policy- and decision-makers and all stakeholders still make reference to the 3.5% figure reported in the 2009 Census and the 4.6% figure in the National Population Report 2007, as the estimated proportion of the population of persons with disabilities. In both cases, there is no significant difference between rural and urban prevalence or between male and female. These figures are much lower than the 15% global estimates by the World Health Organization (based on 2010 global population estimates) and the World Bank in 2011.

The approach and data collection used to gather material for this report were predominantly qualitative, involving a review of existing literature and collating statistical data. Findings were triangulated and substantiated with facts and evidence from an analysis of raw data collected from Key Informant Interviews (KIIs), Focus...
Group Discussions (FGDs) and personal stories on the multiple forms of discrimination faced by disadvantaged women and girls living with disabilities in Nairobi. Data collection tools (key informant interview questionnaires, focus group discussion guides and storyteller guides) were developed and administered by trained research assistants.

Findings from the data collection underline critical aspects of accessibility, together with the issues around access of women and girls with disabilities to social protection services, reproductive health services and attitudes towards them. The report also discusses institutional and community perspectives, challenges and recommendations for programme and policy reforms from the findings, and suggests ways in which women and girls with disabilities can be assisted and enabled to participate effectively and with dignity as full members of society, thus leaving no one behind in national development.

Poverty and marginalisation are compounded when gender, age and disability intersect. Persons with disabilities tend to be significantly poorer, with approximately one in five of the poorest people having a disability and this contributes to increased discrimination, marginalisation and vulnerability. Discrimination is also a cause of low self-esteem. The gender-specific issues faced by women and girls with disabilities are described, providing a vivid account of double discrimination in all areas of life. The KIIs and women’s stories also show that poverty, lack of opportunities and denial of social rights stemming from cultural, legal and institutional barriers make women and girls with disabilities the victims of multiple discrimination. The few national and international studies and surveys confirm and corroborate the multiple forms of discrimination, stereotyping and social stigma experienced by women and girls with disabilities and the enormous barriers they face in accessing adequate housing, health, education, training and employment.

Detailed findings of the report illustrate the many challenges and difficulties faced by women and girls with disabilities in the informal settlements of Nairobi. The report underlines the urgent need for planning for inclusive slum upgrading to take account of the unique needs of women and girls with disabilities in terms of sanitation, education, training, infrastructure, rehabilitation, assistive devices and environmental factors – these issues hinder their involvement in social and development activities and in community, political decision-making and access to social protection services.

The report concludes that for gender equality and empowerment to become a reality for all women and girls, it is indispensable that the specific concerns of women and girls with disabilities are mainstreamed across all development frameworks. It is hoped that the analysis in this report will raise attention and focus on this neglected area to bring about major change.

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10 UN Women 2017; issue brief-Making SDGs count for women and girls with disabilities
Call to Action

- Government and stakeholders to tackle and act on the stigma and double discrimination experienced by women and girls with disabilities by ensuring their political representation, and the provision of inclusive education, employment, livelihood opportunities, access to health and social protection.
- Ensure all women and girls with disabilities are registered and receive the National Disability Card.
- Policy makers to bring in and listen to the voices of women and girls with disabilities.
- Ensure action on new national commitments on disability and catalyze political will towards collective responsibility for change.
- Financial and social support for women with disabilities from the slums to compete favorably in political environments.
- Improve age and gender disaggregated data and evidence on disability to raise awareness of the scale of the problem and learn how to address barriers.
- Support leadership and representation of women and girls with disabilities to increase voice, choice and control.
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Setting the Scene

Kenya is a multi-ethnic country of slightly more than 50 million inhabitants, with 10 major ethnic groups and many smaller ones. The present constitution was approved by referendum in 2010. Kenya is regarded as a stable country although elections have been routinely challenged by losing parties. In August 2017 the Supreme Court annulled the presidential election won by Uhuru Kenyatta and ordered a re-run which took place in October and was won again by Kenyatta after his opponent, Raila Odinga, refused to take part. The decision by the Supreme Court to annul the election was widely regarded as a strong affirmation of its independence.

Kenya has a robust and steadily growing economy, at a rate of around 5% a year, placing Kenya as one of the fastest growing economies in Sub-Saharan Africa. Kenya ranks 142 out of 180 in the UN Human Development Index and 137 out of 160 in the Gender Inequality Index. According to the latest available figures, which are now ten years old, participation rates for girls and boys are equal in primary education but girls begin to fall slightly behind boys in secondary and tertiary education (for which data is more recent - 2017).¹ Women hold 23% of the seats in the National Assembly and Senate – a figure that includes seats reserved exclusively for women representatives.²

The four informal settlements in Nairobi where research was conducted for this report have a combined population of over one million people – Kibera (500,000), Mukuru (300,000), Mathare (180,00) and Kiambiu (40,000-50,000). These figures are necessarily approximate owing to the difficulty of gathering accurate and up-to-date figures in these shifting and growing settlements. Incomes in these informal settlements are low: data gathered in 2014 for a study in Soweto-Kibera found that 70% of the 142 respondents earned between 5,000 and 10,000 shillings a month³ (approximately USD57.00 to 114 a month⁴) while 20% earned less than 5,000 shillings a month.

Disability legislation and government programmes

Kenya has signed and ratified the UN Convention on the Rights of Persons with Disabilities.⁵ The 2010 Constitution of Kenya prohibits discrimination by the state on the grounds of disability (and other grounds) but says nothing about employment. It states that persons with disabilities are to be treated with dignity and respect; and that “The state shall ensure the progressive implementation of the principle that at least

¹ UNESCO website - http:/uis.unesco.org/en/country/ke In 2009 gross enrolment rates in secondary education were 53.66% for girls and 59.86% for boys; in tertiary education they were 9.73% for girls and 13.72% for boys.
five percent of the members of the public in elective and appointive bodies are persons with disabilities.” (Article 54).

The Persons with Disabilities Act of 2003 prohibits discrimination by employers on the grounds of disabilities but reduces employers’ obligations by specifying that “an employer shall be deemed not to have discriminated against a person with a disability if...special facilities or modifications...are required at the work place to accommodate the person with a disability, which the employer cannot reasonably be expected to provide.”

The Government of Kenya made specific commitments to persons with disabilities in Kenya at the 2018 Global Summit for Persons with Disabilities. These commitments include the development of a five year action plan starting 2018/19 with a midterm review at year 3; to institutionalize national disability inclusive Budgeting across all government departments both at national and county levels; to set up an assistive technology HUB amongst major stakeholders including universities, innovators, producers, users among others; to use the Washington Group Short Questions in the National Census 2019 and all other Surveys; sign up to the Inclusive Data Charter and develop an Action Plan for its implementation.

Specific provisions for persons with disabilities are:

• National Government Affirmative Action Fund (NGAAF): assists special needs children through bursaries and scholarships to access education opportunities; establishes rehabilitation and counseling centres for control of drug and substance abuse and rehabilitation of persons affected by drug and substance abuse. The Fund will disburse Ksh.2 billion to its beneficiaries annually.

• Laptops and Assistive Technology for Learners with Special Needs: the project provides assistive technology and specialized laptops to assist in teaching and learning for the visually impaired and physically

10 http://www.data4sdgs.org/inclusivedatacharter
disabled; provision of laptops for visually impaired learners in secondary, TVET institutions and universities; and adaptation of digital content materials for learners with special needs.

- **Physical and Social Infrastructure in Slums in Selected Urban Areas**: the programme will improve security of tenure and invest in social and physical infrastructural facilities based on plans developed in consultation with the communities. A database of informal settlements will be established to capture socio-economic dynamics. Periodic mapping and monitoring of slum dynamics will also be undertaken to ensure that upgrading efforts solve needs of residents.

- **Kenya Informal Settlement Improvement Project Phase II (KISIP II)**: implementation of KISIP II (World Bank funded) will cover informal settlements in Kenya. Projects to be implemented include access roads, foot paths, security floodlighting masts, sewerage systems, storm water drainage, water connections and sanitation facilities.

- **Buildings’ Safety and Compliance**: this will entail a comprehensive audit of buildings including those under construction throughout the country to establish their structural safety and compliance with building requirements and regulations such as access by Persons with Disabilities (PWDs), fire safety facilities among others.

- **Child Community Support Services**: the Presidential Bursary Scheme targeting OVCs in high schools will be enhanced. The government will continue with placement of children with no families under foster care; provision of rescue and reunification services to children in emergency situations through the toll-free line 116.

- **Prevention and Response to Gender Based Violence**: the programme will enhance prevention of and response to Gender Based Violence (GBV) and improve utilization of essential GBV services. One-Stop Gender Based Violence Recovery Centres will be established in counties in collaboration with health institutions. The Sector will also enhance research on GBV and strengthen the capacity of GBV actors to fully operationalize the Gender Based Violence Management Information System.

**Women and girls with disabilities**

The term ‘women and girls with disabilities’ refers to all women with disabilities including adolescent girls and young women. ‘Disabilities’ includes all types of impairment: physical, psychosocial, intellectual or mental, as well as sensory conditions with and without functional limitations. Beyond medical dimensions, disability is understood as ‘the social effect of the interaction between individual impairment and the social and material environment.’

The number of girls and women with disabilities is increasing, with one in five women living with a disability globally, while one in four households is estimated to include a

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person with disabilities.\textsuperscript{14}

Women are more likely than men to become disabled throughout the course of their lives.\textsuperscript{15} Thus, women comprise up to three-quarters of persons with disabilities in low and middle-income countries.\textsuperscript{16} In addition, the prevalence of disability is higher among marginalized populations and people in rural areas.\textsuperscript{17} Thus women and girls from disadvantaged communities continue to be left behind in development, often experiencing double or multiple discrimination in the form of significant barriers that prevent them from participating fully in political processes, limiting their access to social protection services, including health services, education and employment.

Evidence also shows that persons with disabilities, especially women and girls experience worse socioeconomic outcomes and poverty than persons without disabilities.\textsuperscript{18} This may in part be the consequence of the absence or small presence or representation of these groups in the institutions and processes of decision making.

\textbf{Data on disability}

The review of existing literature reveals clearly that Kenya lacks current, up to date and credible gender disaggregated data on disability. The country, policy- and decision- makers and all stakeholders still make reference to the 3.5\% 2009 Census data, and 4.6\% National Population report 2007, as estimated population of persons with disabilities.\textsuperscript{19} In both cases, there is no significant difference between rural and urban prevalence or between male and female. These figures are much lower than the 15\% global estimates by the World Health Organization (based on 2010 global population estimates) and the World Bank in 2011.\textsuperscript{20} In contrast to the census data the survey undertaken by the Ministry of Education in collaboration with Kenya Institute of Special Education (KISE) in 2017 found that 1,901,943 children with disabilities in the school system. This report also found 587,280 school age children with disabilities out of school and missing out on their education. According to the National Disability Survey (2017), there were 2,489,252 special needs children in Kenya, of whom 5.6\% had visual impairment, 2.2\% hearing impairment, 4.6\% mental disability and 6.7\% physical disability.\textsuperscript{21}

The analysis of the most common forms of disability in existing data indicates that, the most prevalent forms of disability in Kenya are visual (30\%); physical (30\%); hearing (12\%) and mental (11\%). The existing literature and survey report also revealed that most disabilities in Kenya are caused by diseases (19\%); congenital disorders

\begin{itemize}
\item \textsuperscript{15} Gender and Disability Network (GADN). 2017. “Gender and Disability” See: http://gadnetwork.org/gender-and-disability/ [accessed 14 June 2017]
\item \textsuperscript{17} WHO and World Bank. 2011. World Report on Disability. Geneva: WHO
\item \textsuperscript{18} WHO/World Bank 2011
\item \textsuperscript{19} National Council for Population and Development (NCPD)2007
\item \textsuperscript{21} Read more at: https://www.standardmedia.co.ke/article/2001286734/kenya-can-do-better-to-improve-lives-of-people-with-disability
\end{itemize}
The most common forms of disabilities in Kenya are therefore six functional classifications including visual, hearing, walking, concentrating, remembering, and oral (speaking). These impairments are likely to have substantial long-term adverse effects limiting a person’s participation abilities in certain day-to-day activities. This report found that that PWDs who are unable to carry out their daily activities, residing in urban areas constitute 4% of the population. Only a third of them use an assistive device or support service, while, of these, one in five uses an information device and 12% use a personal mobility device.23

**Methodology**

The approach and data collection were predominantly qualitative; it involved a review of existing literature & collating statistical data. This was triangulated and substantiated with facts and evidence from an analysis of raw data collected from key informant interviews, FGDs and personal stories on the multiple forms of discrimination faced by disadvantaged women and girls living with disabilities in Nairobi Kenya. Data collection tools (key informant interview questionnaires, Focus group discussion guides and storyteller guides were developed and administered by trained research assistants.

A total of 72 key informants: SDOs, DCOs, CDFs, CSOs, Youth& Women officers, CSOs, health center social workers & community Health management teams, Muslim leaders, catholic church leaders, local chiefs, special needs home-care givers, teachers in special needs schools, women fund officials, public taxi/bus drivers, Huduma centers officials, PDK officers, St John's field officers, Bank teller officers, employment agent company officials and Office of the MP-Kibera (Kibera CDF). A radio station-Habari Kibera presenter, supermarket-NAKUMAT staff. CSOs were represented by Plan international peer educators, Uraia trust-civic educators, Chekitalanta talent CSO. Women and girls living with disability and their caretakers also shared their live experiences.

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23 Ibid
What is really happening to women and girls with disabilities

**Negative social attitudes**

The available evidence together with our own research shows that problems of disability stem as much from social contexts, relations and attitudes as from the physical difficulties inherent in their disabilities. In other words, it is the attitudes of people around them rather than the nature of their disability that cause most difficulty. People living and interacting with women and girls with disabilities tend to treat them differently according to the nature of their disability, but the most important factor is gender – they are treated differently because they are women and girls. Our own research clearly indicates that the lives of women and girls, already experiencing discrimination because of their gender, are made more difficult by the way society perceives, interprets and reacts to their disabilities. This applies in their own families as well as in the wider community around them. It means that such women and girls are denied their basic entitlements, privileges, opportunities. As individuals and persons with rights, they are invisible – their presence is not recognized by or in the community; many are functionally illiterate because of their limited access to education and low completion rates; and most cannot access comprehensive health services or national identity cards.

**Attitudes displayed by the people around them can be a bigger problem for PWDs than the medical condition they must cope with: People living and interacting with PWDs tend to treat them differently in relation to their disabilities.**

Women and girls with disabilities are not a single homogeneous group and the ways in which they experience discrimination are not uniform. Other factors are important: for example, while a significant proportion of women and girls were born with disabilities, others become disabled as a result of exposure to gender-related risk factors, including lack of access to sexual and reproductive health services, exposure to violence and harmful practices, and gender-biased intra-household distribution of resources.

Data from our KIIIs (Key Informant Interviews) indicate that as a result of double discrimination and stigma, these women and girls tend to have low self-esteem and confidence, feel inferior to other women, lack ambitions and plans for their future since they have few opportunities to demonstrate their skills and talents. Because of their neglect and rejection experiences, they have little trust in other people and are likely to remain socially inactive owing to their fears of being judged or to become more defensive even when not provoked.

**My family loves me, understands me and they take care of me. For instance, my family bought for me a wheel chair to ease my movements. However, the community views me as a lesser being and a person not entitled to have a family. Most of the community nicknamed me as “that person on wheel chair”.**

25 UN Women 2017; issue brief- Achieving gender equality and empowerment for all women and girls.
Women and girls with disabilities often do not have full legal autonomy; have reduced power and status in relationships, households and communities; and are more likely to face discrimination than men and boys with disabilities and women and girls without disabilities. In addition, they face religious discrimination as they are not allowed to interact freely with other people, especially in the mosques. Responses from KIIIs confirm that double discrimination is compounded by poverty, social isolation and political marginalization; by inadequate services and support systems that lack awareness, training and capacity; by obstacles that block access to justice; and by disabling, inaccessible and hostile environments.

High illiteracy, forced marriages, humiliation, ridicule, denial of basic needs, low employment opportunities are some of the manifestations of the gross impact of double discrimination.

Women with disabilities can also sometimes become victims of human trafficking and exploitation because many end up on the streets as beggars exploited by human traffickers who entice them from their original homes with promises of employment, accommodation and a meal per day.

Finally, the KII interviews and women’s personal testimonies reveal that while women and girls with disabilities depend on others for care, they are often also caregivers themselves. The negative societal perceptions of women with disabilities as “unfit” mothers sometimes lead to denial of their parental rights when they are faced with child custody court proceedings or divorce. Care for persons with disabilities falls mainly on women: one third of respondents to the Kenya National Survey said that their child was taken care of by a spouse/partner, and of these twice as many men as women say their spouse/partner tends the children.27

**Negative cultural taboos and beliefs**

The KIIIs indicate that social and discrimination is rooted in cultural attitudes and beliefs – that people with disabilities are believed to be cursed and to embody bad omens for their families. The community view as outcasts, a curse, burdensome and problematic. Some are seen as bad luck in the family and forced to leave the home. For example, one woman was forced to leave her marriage because she gave birth to a child with multiple deformities as her first born. They are abused and exploited by those closest to them.

It is difficult for women with disabilities to sustain happy marriages and relationships because it is difficult or impossible for them to live up to unrealistic expectations which are beyond their capabilities. Because they are not able to perform all the tasks required of them, their spouses abandon them, leaving them with assistance of any kind, even for the children of their marriage.

**Gender-based violence**

Systemic discrimination and stigma put women and girls disproportionately at risk of violence.28

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The KII responses indicate that they are often targets for gender-based violence because of their perceived powerlessness and vulnerability, and the perpetrators are mostly men whom they know and on whom they rely for care, support and companionship in dependent professional and personal relationships.

They experience abuse and violence in both private and public places and can take the form of verbal, emotional, physical and sexual abuse (rape and sexual harassment and assault), neglect and child labour. These forms of violence are common and go unpunished because they are afraid to report them owing to the victims’ fears of repercussions.

**Lack of Health & Well-being**

Globally, women tend to experience higher rates of disability than men, commonly resulting from higher rates of depression and anxiety, a fact that has been linked to gender discrimination, gender-based violence and gender role expectations as well as poverty, hunger, malnutrition, violence, work overload and disproportionate care burdens.

Poor maternal health care, for example, is a major cause of disability among women. Almost 42 per cent of disability from neuropsychiatric disorders among women stems from depressive disorders, compared to 30 per cent among men.

In Kenya, there is evidence, that women, including adolescent and young women, with disabilities routinely face various barriers to accessing health services. Existing data shows that although more PWDs in urban (95%) were likely to be aware of health services, women and girls with disabilities residing in the informal settlements (slums) in urban areas are less likely to have equal access to information on the most needed health services (72%) compared with their counterparts in those same areas (79%).

**Reproductive Health Services:** The main components of reproductive health services in Kenya are: safe motherhood and child survival; family planning; management of STIs/HIV/AIDS; promotion of adolescent health; management of infertility; and gender issues and reproductive rights. The analysis revealed that use of contraceptive by women living with disabilities aged 12-49 was 6%.

Existing data also reveal that slightly more than 25% of women with disabilities aged 35–54 years and 12% of those aged 15 to 24 years have undergone female sterilisation. This was confirmed by the testimonies of women living with disabilities who were interviewed. It is not clear whether they did this out of coercion by family members or of their own free will.

Although nine in ten (95%) of PWDs are aware of the health care services available in


urban areas, about 72% of PWDs residing in the informal settlements (slums) in urban areas are less likely to have adequate access to the needed health services, due to infrastructural limitations. This is further compounded by persistent environmental, financial, attitudinal, information access and physical barriers faced by such women. Women with disabilities do not have the knowledge, organizational capacity or support they would need to mobilise and collectively demand their rights to access stigma-free and suitable health services. As a result, they are not receiving the sexual and reproductive services they need, including access to family planning and maternal health care.

Although the use of family planning was found to be 16% for women living with disabilities aged 12 to 49 years, at the same time, they receive less screening for breast and cervical cancer than women without disabilities due to a lack of targeted health promotion and prevention campaigns. Even when health services are available, health workers may lack the skills and knowledge to address the specific needs of women with disabilities.

Access to sexual and reproductive health services is difficult due to widespread misconceptions about the sexuality of women and girls with disabilities and this leads to their rights being denied. And yet, just like other women, women with disabilities are sexually active and their fertility rates are similar to those of women without disabilities.

**Barriers within the physical environment**

Key informant respondents noted that the accessibility of the immediate surroundings plays an important role in PWDs’ participation in various activities. About 15% of PWDs are affected by environmental factors on a daily basis. Three out of five (65%) PWDs mentioned the environment as major problem in their daily lives. Women whom we

interviewed listed various environmental barriers to their own participation in activities that matter to them. Temperature, terrain, accessibility of transport, drainage systems, water, clean energy and noise are all factors that can hinder their participation in daily activities such as working, going to school, taking care of one’s home, and being involved with family and friends in social, recreational and civic activities in the community.

The immediate surroundings of women and girls with disabilities in the slums of Nairobi are characterized by crowds, poor lighting, noise and risk of injury or violence. Community toilets do not have provisions for PWD access – they are built for the general population, none for PWDs. Services are designed for the non-disabled and do not enable PWDs to cope with their day-to-day activities with minimal difficulty. It is difficult for them to go to meeting places and social gatherings without assistance because roads that are poor, narrow and crowded, without clear sidewalks easily navigable by PWDS; pedestrian walkways over busy roads are inaccessible for PWDs; staircases in most public as well as private residential buildings do not have ramps for wheelchair users or people who walk with difficulty.

School buildings, classrooms, supermarkets, offices, playgrounds are inaccessible for PWDs; water points are inaccessible, which means that PWDs have to buy water daily – which is expensive – since they cannot walk to the public taps and cannot carry water containers back home. The unhealthy, open drainage systems expose PWDs to dirty and contaminated water, sewerage and wastes and increase the risk of disease.

Public transport: the public service minibuses – commonly known as “Matatus” – have raised steps and no provision for people who use wheelchairs. Most drivers and touts are impatient and will leave behind a person with disability because they are slow, take long to get on or off and require extra support.

These are unfriendly environments: most slums are not well planned and lack infrastructure which provides for the needs of PWDs. Women and girls with disabilities say that they go out less than they would like because of security fears and other environmental risks. Poor infrastructure further increases PWDs’ dependence on other people and limits their ability to live independent lives.

Socio-economic discrimination and exclusion

The consequences of exclusion from mainstream economic empowerment activities and employment opportunities are extreme poverty and low social economic status. High poverty levels mean that parents cannot afford the cost of special needs education, with the result that drop-out rates for girls with disability are high. When at school, girls with disabilities are often bullied and given derogatory nicknames, discouraging them from continuing in education. The schools themselves are not easily accessible, do not have special needs teachers and do not have buses or vans designed for children with special needs.

Education

High poverty levels mean that parents cannot afford the cost of special needs education, with the result that drop-out rates for girls with disability are high. Girls
with disability are isolated; they don’t play with other children both at home and in school; they are often bullied and given derogatory nicknames – as a result they are discouraged from continuing in education. The schools themselves are not easily accessible, do not have special needs teachers and do not have buses or vans designed for children with special needs. The outcomes are predictable: testimonies from the women and KIIIs indicate that the scarcity of special needs schools prevents girls with disabilities securing a satisfactory education and often leaves them completely illiterate, limiting their chances of employment and condemning them to a life of extreme poverty.

I took my child with disability to special school, but the child dropped out of school because she became too heavy to carry and I could not afford a wheelchair.

Since there are no special needs schools in these informal settlements, girls living with disabilities often end up in distant special care homes where no one ever visits them, making them dumping grounds for such children. And, when families find or pay for a special needs school for their child, their mothers spend half their time taking care of these children – another double burden.

**Lack of access to public services**

At the public service centres, PWDs have to line up in long queues like everybody else, and often lose their places in the queues because people push past them because they cannot move quickly and often need assistance to reach the service desk. In addition, women and girls with disabilities and their families are not able to access or are not given proper information on where and how to get access to the financial assistance that may be available. Thus, unable to afford the most basic necessities, women and girls with disabilities are forced to beg and as such are looked down on and forced to beg, women and girls with disabilities are always looked down upon as beggars since they cannot afford most basic amenities.

**Employment**

The result is that women and girls with disabilities find it difficult or impossible to get work and, if they are fortunate enough find employment, few allowances are made for them in the workplace. Discrimination has been documented in hiring, retention, promotion, pay and access to training, credit and other productive resources. Employment rates for women with disabilities are lower than those of men with disabilities and those of women without disabilities. The Kenya national survey found that males with disabilities (17.7%) were more than twice as likely as females (7.5%) to have worked for pay. 28.5% of women with disabilities said they worked in their own family business (men - 31.4%) and 31.5% said they did not work at all (men - 31.5%).

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this context family business may well mean street trading bringing in a very meagre income. 21.8% said they were homemakers (men – 2.7%). Another survey shows that 20% of women with disabilities are employed compared with 53% cent of men with disabilities and 30% of women without disabilities.  

The political environment

Available literature indicates that women with disabilities face numerous barriers to political participation and are consequently largely excluded from decision-making and advocacy processes about issues that affect their lives. Their views are often ignored or disregarded in favour of ‘experts’, ‘professionals’, parents, guardians and caregivers. The KIIs and testimonies from the women themselves reveal that the slums are often political hot spots for electoral violence and therefore unsafe for women and girls living with different forms of disabilities. They do not participate in campaigns; are sometimes completely forgotten; have difficulties obtaining national identity cards; or, due to election related violence, cannot cast their votes.

If they put themselves forward for political leadership positions, their capacity is often under-rated. Women with disability are not given financial and social support to represent the political parties during elections. They have little or no presence in the leadership structures of their communities.

In most instances, their views are not taken seriously and are never seen as a political force but rather viewed as last option. Because they are perceived as ignorant and are not given the platforms to express themselves in the community, they are most likely to be overlooked and ignored because they have no voice in anything in processes and activities taking place around them.

Because they are not given space to express themselves or to participate in leadership,

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38 Ibid. These percentages are of respondents who answered the question “What were you mainly doing in the last 7 days?”
39 National Council for Population and Development (NCPD)2007
40 UN General Assembly 2016
their problems are not raised in discussion and, even if they are, are not treated seriously. In sum, political representation of women with disabilities is low, their voices on key issues that affect them are not heard, and they suffer from violence during election related chaos.

Conclusions

The implications and impacts of double discrimination and inequalities

Poverty and marginalisation are compounded when gender and disability intersect. Persons with disabilities tend to be significantly poorer, with approximately one in five of the poorest people having a disability and this contributes to increased discrimination, marginalization and vulnerability.\(^\text{41}\) Discrimination is also a cause of low self-esteem. The KIIIs and women’s stories also show that poverty, lack of opportunities and denial of social rights stemming from cultural, legal and institutional barriers make women and girls with disabilities the victims of multiple discrimination. National and international studies and surveys confirm and corroborate these multiple forms of discrimination, stereotyping and social stigma\(^\text{42}\) experienced by women and girls with disabilities and document the enormous barriers they face in accessing adequate housing, health, education, training and employment.

This confirms the earlier analysis of the national survey report (2007) which indicates that a large percentage of PWDs residing in informal settlements (slums) within urban areas (20%) are more likely to be affected by the natural environment on daily basis than their counterparts in affluent areas (16%).\(^\text{43}\)

The report has significant implications for national policies and programmes (including, but not only for, SDGs 5 and 10). For gender equality and empowerment to become a reality for all women and girls, it is indispensable that the specific concerns of women and girls with disabilities are mainstreamed across the entire development frameworks.\(^\text{44}\)

Our analysis has generated evidence for targeted advocacy for sustainable commitments from key stakeholders: national or county governments, donors, civil society, foundations, local leaders, religious leaders and the private sector. The focus of interventions should be ensuring inclusive education, employment and livelihood opportunities, health, technology, innovation and tackling stigma and double discrimination.

We call for this analysis to be the starting point for major change on this neglected issue, raise attention and focus on this neglected area; by bringing in new voices and approaches to broaden engagement; mobilising new national commitments on disability; catalyzing political will towards change and building collective responsibility. Key to change will be improving data and evidence to raise awareness of the scale of the

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\(^\text{44}\) UN Women 2017; issue brief-Making SDGs count for women and girls with disabilities.
problem and learning on how to address barriers, and support for the leadership and representation of women and girls with disabilities to increase their voice, choice and control.

Call to action

- Government and stakeholders to tackle and act on the stigma and double discrimination experienced by women and girls with disabilities by ensuring their political representation, and the provision of inclusive education, employment, livelihood opportunities, access to health and social protection.
- Ensure all women and girls with disabilities are registered and receive the National Disability Card.
- Policy makers to bring in and listen to the voices of women and girls with disabilities.
- Ensure action on new national commitments on disability and catalyze political will towards collective responsibility for change.
- Financial and social support for women with disabilities from the slums to compete favorably in political environments.
- Improve age and gender disaggregated data and evidence on disability to raise awareness of the scale of the problem and learn how to address barriers.
- Support leadership and representation of women and girls with disabilities to increase voice, choice and control.