



**Inclusive Futures**

Promoting disability inclusion



# Intersectionality of Gender and Disability in Kenya: Insights from the TO50 Inclusive Business Initiative

# Acronyms

AGPO	Access to Government Procurement Opportunities
FGDs	Focus Group Discussions
HI	Humanity & Inclusion
KIIs	Key Informant Interviews
MEs	Micro Entrepreneurs
NCPWD	National Council for Persons with Disabilities
OPD	Organization of Persons with Disabilities
PPIs	Public and Private Institutions
SI	Sense International
SGBV	Sexual and Gender-Based Violence
UDPK	United Disabled Persons of Kenya
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
WHO	World Health Organization

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# Context

***Women with disabilities make the majority of persons with disabilities but are at risk of being excluded from economic empowerment programmes.***

Over 1.3 billion people experience disability worldwide. According to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), persons with disabilities are people who have long-term impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others (UNCRPD, 2008)<sup>1</sup>.

Persons with Disabilities are not a homogenous group. Disability can intersect with factors such as gender, socioeconomic status, age, race, ethnicity, language, religion, sexual orientation and migratory status to create compounded forms of discrimination and oppression. Some of the gaps arising from intersectionality of gender and disability relate to disability prevalence, income, and employment.

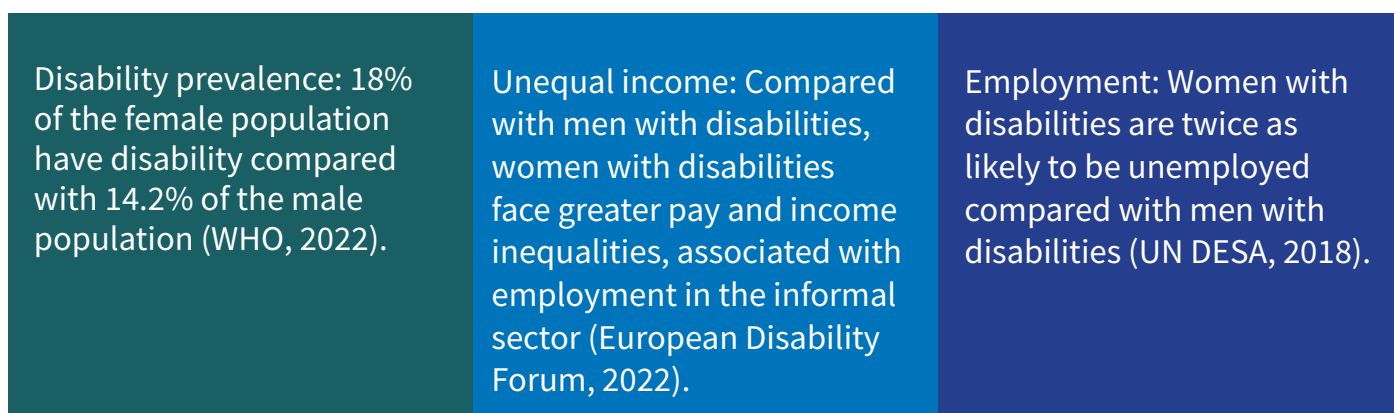


Figure 1: Gender gaps among persons with disabilities



**Gender** refers to the characteristics of women, men, girls and boys that are socially constructed. This includes norms, behaviors and roles associated with being a woman, man, girl or boy, as well as relationships with each other. As a social construct, gender varies from society to society and can change over time (WHO, 2021).

**Intersectionality** refers to the ways in which the different aspects of a person's identity affect the way they are viewed by others and thus affect their life. It recognizes that factors such as gender, age, ethnicity, race, legal status, sexual orientation, and disability do not operate independently but intersect, compounding the impacts of each. Intersectionality recognizes that intersecting and overlapping identities can be both oppressive and empowering (UNHCR n.d).

This insight brief presents challenges faced by women with disabilities (henceforth referred to as women MEs) and caregivers (men and women) in running successful businesses under the TO50 InBusiness programme in Kenya. Caregivers are MEs within the programme who provide direct

<sup>1</sup> United Nations Human Rights : Convention On The Rights Of Persons With Disabilities (2008) <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities> (Accessed July,3, 2023).



care to persons with disabilities, who may be their children or close relatives.

The lessons learned can help stakeholders recognise and address gender issues in microenterprise and other disability inclusion programs.

The preparation of the insight brief utilised a mixed method approach including document review, Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) with selected Micro Entrepreneurs (MEs) and caregivers.

Under document review, secondary data and information was collected from project documents, relevant policies, and laws. 25 KIIs provided key insights on the project's interventions and gender aspects. Further, the study benefited from eight FGDs, where 61 MEs with disabilities (36 female who included 5 caregivers and 25 male) shared their experiences on how gender impacted on the growth of their microenterprises.



## About the TO50 Programme

The TO50 Inclusive Business (InBusiness) programme supports the microentrepreneurs (MEs) with disabilities and caregivers to grow and sustain their enterprises through business management training, business growth kit, provision of assistive devices and advocating for more inclusive procurement chains and markets.

The programme is being implemented by four consortium partners working in 13 counties in Kenya. Light for the World is the management organization and implementer of inclusive model and works in Meru, Laikipia, Nairobi, Kiambu, Machakos, Homa Bay, Migori, Kakamega. Humanity & Inclusion (HI) implements the model in a refugee context in Kakuma, Turkana County. Sense International (SI) works with persons with complex disabilities. United Disabled Persons of Kenya (UDPK) is the umbrella Organization of Persons with Disabilities (OPD) taking

lead in the advocacy roles within the consortium. In the period 2022-2023, the program has reached over 570 MEs across the project sites (Box 1). Also, 144 public and private institutions (PPIs) have been mapped for inclusion in the program, a number of which have started engagements with MEs. PPIs are formal organisations where MEs can potentially supply their goods and services.

### Box 1: Scale and Reach of the InBusiness Initiative in Kenya (2022 – 2023)

- 255 (153 Men, 102 Women) MEs received business skills training in Cohort 1 (2022)
- MEs made 651 business attempts out of which 23 of them successfully secured business opportunities. The attempts were made by about one quarter of all the MEs - 55 MEs (22 women with disabilities, 4 women caregivers, 28 men with disabilities and 1 man without disabilities).
- 144 Public and Private Institutions (PPIs) mapped, and some have been on boarded in the disability inclusion journey.
- For Cohort 2 (2023), 315 MEs were inducted into the program; 284 MEs (155 Women, 129 Men) with disabilities and 31 MEs (25 Women, 6 Men).
- 10 OPDs networks completed assessments, set capacity strengthening plans and received training on safeguarding and advocacy.

The programme involves three components: application and onboarding, training and provision of a business growth kit (Figure 2). MEs with disabilities and their caregivers apply for the program through an online portal. Project officers assist MEs without access to the online portal to ensure that they are accommodated. Before onboarding, the business details of MEs are verified to ensure that they operate active businesses with a minimum monthly turnover of KES 10, 000. For MEs with complex disabilities, this requirement has been relaxed (to less than KES 10,000) to ensure their inclusion in the program.

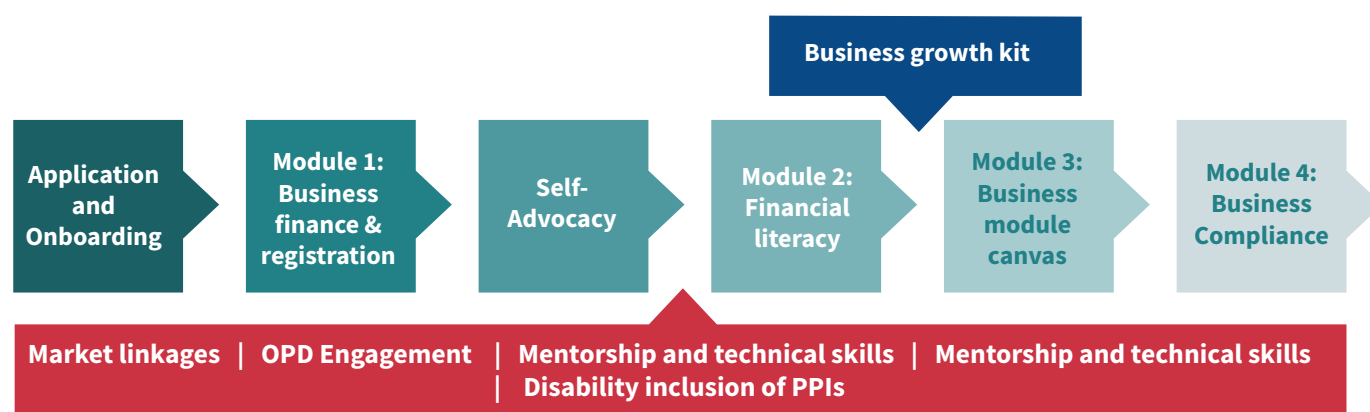


Figure 2: InBusiness programme delivery flowchart

During the onboarding stage, MEs and their caregivers are taken through a safeguarding training to ensure they are protected from harms and abuses during and beyond the program.

In addition, the consortium partners have created a reporting mechanism that guarantees confidentiality for the MEs and caregivers through a toll-free number or email. However, utilisation has been constrained by fear of victimisation by perpetrators. Established cultural norms also discourage victims from reporting spouses/partners, close relatives or people in authority.

The project has four business modules: business finance and registration; financial literacy; business module canvas (a strategic business model development) and; business compliance. In addition, a package on self-advocacy is incorporated to offer information to the MEs on their rights and privileges. The modules are delivered using a class room model (where the MEs and their caregivers are trained as a group). Each module takes one day, facilitated by project assistants and business development service providers. An individualised training approach was adopted for MEs with complex disabilities, which is more responsive to their needs. After the trainings, MEs and caregivers were provided with additional technical skills (by experts in finance, agronomy, apiculture, and livestock production) – on a need basis.

After trainings, subsequent follow-ups are conducted for each ME at their business premises. The aim is to support MEs with lower literacy as well as make up for any missed training sessions. The number of visits for each ME depends on the level of support required for their business growth.

The project design did not strongly integrate gender issues at the beginning (e.g. design of curriculum). Since it was not included, less women MEs and women caregivers were selected than men, even though a 50:50 gender balance was planned for. Moreover, it was also noted that fewer youth MEs applied for the program. There was an observation that youth MEs take longer to accept their situation and are less likely to be part of disabilities networks - making it difficult for them to be reached. Future programmes could strengthen the engagement of the youths, women MEs and caregivers in order to enhance their inclusion.



### Key messages on programme delivery

- Flexibility on the minimum criteria and the application processes was key for improving inclusivity especially for MEs with complex disabilities, caregivers and those MEs without internet connectivity.
- Programme delivery methods including class room training, individualised follow ups and catch-up sessions helped to improve business skills for MEs and caregivers with varying literacy levels and time availability to attend the trainings.
- Addressing adequately gender issues at design stage would have yielded more inclusive outcomes.
- It is advised to specifically target and engage youth outside existing networks to enhance their participation in the programme
- The reporting mechanism for safeguarding is in place, but it`s utilization needs to be increased to address safeguarding issues within the programme.

# InBusiness Programme Impacts

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MEs and their caregivers have acquired improved business skills including record keeping, financial management, marketing and technical skills.

The training has enabled MEs and their caregivers to maintain separate accounts for business and personal finances, suggesting improved financial prudence of the microenterprises.

MEs reported that the application of the acquired skills led to business growth through value addition and access to new markets.

There has been evidence of sales growth among MEs and caregivers. For example, in 2022, an ME trading in arrowroots and potatoes grew her sales from KES 20,000 at the onset of the training for module 1 to 42,000 by the end of module 2. In addition, a ripe bananas seller grew her sales from KES 30,000 to KES 165,000 at the end of the year 2022 after being linked to supply three schools by an Organizations of Persons with disabilities (OPD).

“

We have learned a lot from the trainings. Most of us never used to know how to make records. We were just selling and using the money without keeping the records”.

**A man ME, Homa Bay, Kenya**”



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The MEs and caregivers have increased self-confidence to search for new opportunities. This has served as a motivation to the other MEs and caregivers in addition to increased linkage to prospective buyers. For instance, in 2022, 55 MEs- 22 women with disabilities, 4 women caregivers, 28 men with disabilities and 1 man without disabilities- made 651 business attempts out of which 23 of them successfully secured business opportunities.

“

I do embroidery, and the tourists could be an important market segment for me. The training helped me to post my products on Instagram, I was contacted recently and now I have a potential customer for my products – Woman ME, Laikipia.

”

MEs and caregivers who received technical skills were able scale up the quality of their products and consequently, access high value markets. Following the trainings, some MEs and caregivers have participated and showcased their products in exhibitions and established links with prospective clients. In Laikipia, honey processing, yoghurt making and soap making are some of the ventures reporting growth after the technical training. For example, an expert in honey processing has been assisting MEs and caregivers to produce high quality honey for some premium hotels in Nanyuki town. MEs and caregivers reporting receiving a premium price for the product. The venture is being coordinated by the United Disabled Persons of Laikipia (UDPL), an umbrella OPD supporting growth of businesses owned by the MEs and caregivers. The OPD provides a platform for members to exchange skills and networks that may improve their business operations and increase customer base.

While such linkages are helping to reach more customers, women MEs reported to have approached PPIs fewer times compared to their male counterparts. Seemingly, women MEs face higher time constraints for businesses due to care work and other gender responsibilities. A further discussion is provided in this brief under the section on issues of intersectionality of gender and disability

The business growth kit has also contributed to businesses recording higher incomes. The MEs received KES 20,000 and used the money to increase their business stock or procure assistive devices. The project exercised flexibility on how the money could be utilized based on the needs of the MEs. Yet, in most of the FGDs, MEs expressed the wish for the project to enhance the growth kit to enable them continue growing their businesses.

### **MEs reported an increase in confidence and self-esteem associated with the self-advocacy training.**

The training on self-advocacy focused on helping the MEs understand their rights and actively

get involved in decisions and programmes that impact their lives. MEs reported an increase in confidence and self-esteem. Particularly women and caregiver MEs reported that their capacity to defend their rights was greatly strengthened. MEs have become more confident and active in looking for business opportunities in public and private institutions.

“

The training taught me a lot. Initially, if I needed to get a tender, I could use bribe someone to get it. After the training, I became brave enough to go and find out more information about the tender, get guided and do what is required and send the quotation.

Woman ME, Kiambu.

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“

Following the training, I went to the Danish Church Aid to ask for tender opportunities. I got the opportunity and now I am confident about my ability to fulfil the requirements.

Man ME, Kakuma.

”





# Issues of intersectionality of gender and disability

## Care work

**Women and caregiver MEs spend more time in care work than men MEs, thus constraining the time needed to operate their business and also look for new business opportunities.**

Women's unpaid care burden is one of the main reasons behind their low participation in employment or businesses. In developing countries, women spend four hours for unpaid care work compared to one and a half hours for men (ILO, 2016).

Among persons with disabilities, women with disabilities disproportionately do more care work than other members of society. It is estimated that 54% of women with disabilities increased their provision of care and domestic work during the COVID-19, compared to 49% of women without disabilities, 44% of men without disabilities and, 47% of men with disabilities<sup>2</sup>.



Care work consists of two overlapping activities: relational care activities, such as feeding a baby or nursing an ill partner; and indirect care activities, such as cooking and cleaning (ILO, n.d).



“ If you are a married woman and give birth to a child with disability, the husband leaves you with a disabled child to care for alone. Some women have been abandoned because of the burden of taking care of those children”

- Woman ME, Laikipia

Majority of women MEs and women caregivers in the InBusiness program reported a higher burden of unpaid care work compared to the rest of the family members (partners, relatives, and children). They are expected to do tasks such as cooking, cleaning, fetching water and taking care of children, more than other members of the family.

Women caregivers without disabilities reported receiving little help from other family members while taking care of the persons with disability under their care. They reported difficulties in getting persons who could stand in for them while they attended the trainings. The burden of care work intensified women caregivers when they were disowned by their partners for having children with disabilities.

The burden of care works implies that:

- Women MEs and women caregivers have shorter time to work in their businesses than their men counterparts. This is in part manifested in fewer women MEs and women caregivers seeking for business opportunities than the men MEs
- Women MEs and women caregivers are more likely to miss, drop out or concentrate less in the training programs, than men MEs and men caregivers

The InBusiness Initiative has integrated a number of actions to ensure inclusivity of the women MEs and caregivers. First, the program has follow-up trainings targeted at ensuring that MEs can make up for any missed sessions. Secondly, MEs with children with disabilities are allowed to find a person to care for their children, and the costs are catered for by the program. Also, where necessary, training venues are requested to set aside safe spaces for children or other stand-in caregivers while the MEs receive training. However, it is noted that distance to training venues is still an issue for many

MEs. Where MEs have to cover longer distances (above 30kms) to attend training, the burden of care work and travel time greatly affects the quality of the learning. There were proposals by some MEs that training venues should be moved closer to their areas of residence (10km or less)

Caregivers and guides are critical partners in the plan of care for the Persons with Disabilities, but their role is not fully recognized by the National Council for Persons with Disabilities (NCPWD). While caregiving is a full-time engagement, caregivers and guides do not easily access opportunities and benefits on behalf of the persons with disabilities under their care. Ideally, caregivers and guides should be eligible to the benefits for the persons with disabilities under their care.



“

Caregivers are not entitled to the benefits accruing to the persons with disabilities under their care. For example, a ME with disability is entitled to a fee waiver, the authorities do not grant this benefit to the caregivers - who have to be available to provide full time support to the persons with disabilities.

KII, Nairobi

”



## Key messages on care work

- 1** Women MEs and women caregivers have disproportionately higher burden of unpaid care work than other members of society.
- 2** Gender gaps in the distribution of unpaid care work mean that women are more likely to work shorter hours in their businesses than men.
- 3** Program design to cater for MEs and caregivers who missed the trainings is key for ensuring that all learners with more time constraints are catered for
- 4** Caregivers and guide roles are not fully recognized by the NCPWD making it difficult for them to access opportunities and benefits targeted to support persons with disabilities.

### **SGBV threatens women with disabilities and caregivers' entrepreneurship opportunities.**

Almost half (47%) of all ever-married women in Kenya have experienced at least one form of violence in their lifetime (World Bank, 2019). Women and girls with disabilities suffer three times greater risk of sexual violence and are twice as often survivors of domestic violence and other forms of gender-based violence compared to women without disabilities (UN Women, 2020).

Stigma, social attitudes, and the disability condition make Persons with Disabilities more vulnerable to sexual and gender-based violence including rape, sexual assault, physical assault, denial of resources, psychological and emotional abuse (Figure 3).

**50% of girls who are deaf have been sexually abused compared to 25% of girls who are hearing.**

**54% of boys who are deaf have been sexually abused in comparison to 10% of boys who are hearing.**

**80% of women and 30% of men with developmental disabilities have been sexually assaulted.**

Figure 3: Incidences of sexual abuse (Disability Justice, 2022)

Consistent with the Disability Justice Report (2022), women MEs and caregivers reported to have experienced more sexual abuse and emotional abuse than men MEs. Some women MEs and women caregivers are sexually assaulted by their spouses and those who resist are sometimes chased away from their homes. Some women MEs have in the past encountered solicitation of sex from men working in prospective client organisations. MEs who turned down such offers reported losing the business opportunities altogether. In addition, sexual harassment occurs at the work place. One woman ME recounted her ordeal in the hands of a past employer:

“

My employer once told me that he wanted to have sex with me. He told me that he hadn't slept with a woman with disability. That's the point where I left my job”.

**Women ME, Kiambu**

”

Some women MEs married to men without disabilities face emotional abuse too. Some case of domestic violence have been reported by the participants whereby women MEs are called names by their spouses. They are neglected as some men, especially those without disabilities do not want to be seen with their spouses with disabilities.

Within business spaces, women MEs and women caregivers reported being verbally abused by people. Some customers have demonstrated ableist attitudes by refusing to seek for services from the MEs upon knowing that the businesses are owned by MEs with disabilities.

Mitigation against SGBV began with holding safeguarding training sessions at the beginning of the program. This was done to create awareness on available reporting mechanism in the event of SGBV. Despite the awareness, MEs indicated that some of the cases were not reported due to fear of victimization and social stigma.

The self-advocacy training in partly strengthened the capacities of MEs to better articulate and demand for their rights, and seek support from relevant organisations. Particularly women MEs and women caregivers are now more aware of their rights and can defend themselves when their rights are violated.

### Key messages on SGBV

- 1** The risk of SGBV increases especially for women with disabilities and women caregivers, therefore undermining their confidence and ability to seek and get new business opportunities.
- 2** Women ME's interaction with customers, PPIs and other stakeholders is greatly hampered by the perceived or real risk of SGBV.
- 3** Training on self-advocacy and safeguarding has empowered programme participants to address those barriers.



# Culture

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**Gender norms, stereotypes and unequal power relations in the household undermines the agency of women MEs and women caregivers to fully engage in their businesses.**

In some communities of Kenya, giving birth to a child with disabilities is regarded as a misfortune ‘introduced’ by women. Therefore, the responsibility of raising and caring of such a child lies with the mother. Some MEs reported to have been separated or divorced by their spouses following the birth of children

with disabilities. Being single parents, some MEs are overwhelmed with both care work and business management potentially holding them up back from growing their enterprises. In Turkana County particularly, gender norms and stereotypes impose huge responsibility to women as they are both bread winners and care workers. In comparison with men MEs, we observed that some women MEs and women caregivers had a little time to effectively run their businesses.

“In Turkana County, it’s the responsibility of the woman to go out to look for food and resources. Men must be fed. Women are even expected to build houses for their families (Manyatta) for women”. –

### **KII, Kakuma, Turkana**

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### **Key messages on Culture**

- 1** Women ME and women caregivers have less control over their time allocation and resources and, business decisions due to unequal power relations in the households.
- 2** Partners involvement in the training breaks down the resistance of men against their partners’ enterprises. In such involvement, clarity of roles is critical.
- 3** In very conservative communities, the programme should include more community transformation to address the contextual barriers that stand against women’s employability
- 4** Stereotypes in care work and bearing of children with disabilities means women MEs and women caregivers suffer violence and alienation from their families. persons with disabilities.





# Policy and Business Environment

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**Persons with disabilities face structural, policy and business barriers that make it difficult to equitably access business opportunities.**

Kenya's policy framework provides guidelines for strengthening disability inclusion including exemptions of their businesses from taxes, trade licenses and business registration fees. Persons with disabilities require to have documents such as the Disability Card, Kenya Revenue Authority (KRA) Exemption Card and Access to Government Procurement

Opportunities (AGPO) certificates among others, in order to benefit.

# Access to Statutory Documents and Services

Access to statutory documents is still a barrier to access more opportunities for improved livelihood. For MEs to get registered by the NCPWD, a medical assessment report is required. This means that the MEs have to travel long distances (some up to 200 km) to get assessment since most local hospitals lack medical experts with qualifications to undertake disability assessments. Hospitals with medical experts are concentrated at county headquarters or in big towns within the region. These hospitals are sometimes too far for persons who require these services. In 2022, the NCPWD rolled a new digital disability card. But many MEs did not have enough information about application process for the card. Some other members who had applied for the new card expressed delays which was found to be undermining access to services and benefits by the MEs with disability.

Caregivers play a key role in providing care to the person with disabilities but have limited access to the benefits and services offered by the NCPWD and PPIs. Lack of important documents such as the disability card limits them from accessing benefits on behalf of the persons under their care. Physical accessibility is a bigger barrier to accessing PPIs for services or business opportunities. MEs especially with physical disability are not able to reasonably gain access into these offices. Lack of accessible information impedes MEs access to documentation, participation and engagement in various social services. Most of the business advertisements in TV or print media by PPIs often exclude persons with certain forms of disability such as hearing or visual impairment. Some MEs are not aware of the opportunities available to them including exemptions from taxes, trade licenses and business registration fees.

“The disability card is not enough, you need the KRA exemption certificate, once you get the assessment letter from the NCPWD. However, proving certain forms of disability is challenging. There are no experts to proof disability here, so the MEs are sent to other counties to get assessed, which brings in another issue of mobility. There is need to have a facility close by to get the issues of assessment addressed locally.  
**Woman ME, Laikipia**”



## Access to Government Procurement Opportunities (AGPO)

The Access to Government Procurement Opportunities (AGPO) Program aims to empower persons with disabilities, women, and youth by giving them preferential access to government procurement opportunities. This allows entrepreneurs with disabilities to bid or win government contracts. In certain public procurements opportunities, 30% of the tenders are reserved for these three groups.

Some MEs reported getting some of these opportunities although the process can be tedious and lengthy. The tender documents are bulky and complex for many MEs. The processes for delivery of the documents require reasonable access into the potential clients' premises, making it difficult for MEs to transact. Some counties (such as Makueni) have focal officers who support persons with

disabilities on procurement and access to services. Advocating for increased provision of reasonable accommodation and focal officers to support persons with disabilities across the counties is important for inclusion.

In a number of cases, some MEs partner with persons without disabilities to get financial support as well as access high value tenders. This is because these partners have the capacity to apply and attract funding and tenders, thereby boosting the businesses owned by MEs. However, some MEs reported incidences where they were taken advantage of after the tender was executed and payments made.

To ensure meaningful access to the AGPO, there is need for PPIs to ease the process of obtaining documentation and review of AGPO quota, to have a specific share for

persons with disabilities and their caregivers. Under the current Kenyan law, a procuring entity shall allocate at least thirty percent of its procurement spend for the purposes procuring goods, works and services from micro and small enterprises owned by youth, women and persons with disabilities<sup>3</sup>.



I will talk about tendering, When I apply as a PWD , the tender can be given to any of the 3 categories - Youths, PWDs and Women. We as PWDs often lose out to youths and women. The law should be changed to specifically target the PWDs e.g., 5% of the tender should be strictly on PWDs. It's like we are not able to supply and yet we are.

**Man ME, Laikipia PWDs means persons with disabilities**



## Disability-Inclusive Budgeting

The Kenyan government has made important steps in supporting persons with disabilities. However, funding both at national and county levels has remained low over the years. For instance, in the financial year 2020/21, the State Department for Social Protection's budget for disability inclusion was only 5.9% of their total budget (Development Initiatives, 2020). The UN Disability Inclusion Strategy (UNDIS) requires all entities to allocate adequate financial resources for disability inclusion. While, there is no single standard percentage that is applicable for all activities in all contexts, 3-7 per cent of the total budget for all disability-inclusion measures is recommended by the UNICEF Disability Inclusive Humanitarian Toolkit (UNICEF n.d.) Disability mainstreaming programmes at the county level are undermined by limited funding. MEs reported receiving little county government support in terms of training, provision of finances or grants, assistive devices or spaces for doing business. The foregoing suggests need to institutionalize

the National Disability-Inclusive Budgeting (budget for disability inclusion) across all government departments at national and county levels. This would include boosting the National Fund for the Disabled of Kenya (NFDK) to ensure that MEs get the necessary financial assistance to start or expand their businesses.

<sup>3</sup> See <https://agpo.go.ke/pages/agpo-registration-requirements> (accessed January 30, 2024)



## Key messages on policy and business environment

- 1** The lack of the disability card and information impedes MEs' access to documentation, participation and engagement in various social services e.g., some MEs have little information about new digital disability cards.
- 2** AGPO opportunities are not inclusive owing to limited support received during application processes. MEs with disabilities cannot favourably compete with youth and women without disabilities.
- 3** Provision of reasonable accommodation and focal officers to support persons with disabilities on procurement and access to services can improve inclusivity in access to business opportunities.
- 4** National and county budgets are not disability inclusive to cater for the needs of MEs with disability. Mainstreaming Disability-Inclusive Budgeting is important for strengthening inclusion.

### **OPD engagement can help MEs to access business opportunities as well as understand their rights, but process must deliberately involve women, youth, and caregivers.**

Meaningful OPD engagement is a means to ensure inclusive and sustainable livelihood among persons with disabilities. In Kenya, UDPK works with local OPDs to sensitize persons with disabilities on their rights and opportunities.

OPDs such as United Disabled Persons of Laikipia (UDPL) links the MEs to PPIs. The OPDs offer disability inclusivity training to various PPIs, which in turn makes them receptive and appreciative of the MEs amongst persons with disabilities. The trainings ensure that PPIs are accessible to persons with disabilities for both business opportunities and employment.

Despite the significant improvement in the inclusion of OPDs in disability specific programmes in the recent past in Kenya, meaningful engagement has not benefited all the persons with disabilities. Most OPDs are

made up of middle-aged to older women and men as compared to the youths and youths with disabilities often are not members in the OPDs where information and support is provided.

Most of the youth with disabilities lack the confidence as persons with disabilities. In most cases, youths are not part of any social networks and lack access to important information regarding available opportunities such as tax exemption. In return, there are few youths MEs benefitting from the business growth opportunities.

In terms of OPD leadership, men often take up the senior positions such as chairperson or director, leaving the less influential positions to women with disabilities. This potentially leads to decision making processes that are not gender responsive.

“ Men and women need to work together to ensure they are included in the decision-making processes at all levels of representation” -  
**KII, Nairobi**

### Key messages on OPD Engagement

- 1** Some OPDs offer disability inclusivity training to prospective clients which ensures that persons with disabilities can access business opportunities and employment in these organizations.
- 2** Meaningful engagement of women MEs, caregivers and youth within OPDs can enhance inclusivity.

## Education and Training

**Education and training are key to promoting successful and innovative entrepreneurship initiatives.**

The level of education varies between men and women, based on cultural and religious differences and family background. It is estimated that only 41.7% of girls with disabilities have completed primary school compared to 50.6% of boys with disabilities and 52.9% of girls without disabilities (UNGEI, 2021). In the learning situations, women with disabilities face two key challenges: poor design of the learning programmes, and the societal attitudes against women's roles in society.

Education and literacy levels had an impact on the choice of business type as well as access to new business opportunities. For example, it was observed that tendering businesses were sought by more educated MEs given that such ventures require greater knowledge and understanding.

MEs with lower levels of education received support from program officers during application, training and linkages to PPIs. In Kakuma for example, where levels of education and language barrier was a challenge to business growth, the program partners were able to assist MEs gain access to new customers.

The level of education appeared to determine how MEs and caregivers process and apply information for their business growth. More educated MEs and caregivers were able to apply more complex business skills such as online marketing of their products. There were varying levels of understanding of the opportunities available for MEs to grow their businesses. Some MEs and caregivers did not know about the available tax waivers and extent to which they would benefit their businesses. In other cases, how to practically access government procurement opportunities was not clear to all the MEs and caregivers.

“ Literacy level is a major issue for MEs. Different MEs have varying levels of education with a higher likelihood of women being less educated than men. Therefore, you have to monitor how they process and apply the skills they receive so that it is beneficial to them” – KII Kiambu

To accommodate MEs with different levels of education, the InBusiness Initiative employed classroom, peer to peer and individual learning methodologies. The program uses well trained and experienced facilitators with

expertise to implement participatory and adult learning approaches that align with varying educational levels of the target MEs.

### Key messages on education and training

- 1** Women with disabilities are more likely to have lower levels of education than men with disabilities - leading to gendered differences in access to opportunities and utilization of the skills acquired in welfare programmes
- 2** MEs with higher educational levels will more likely gain access to high value opportunities such as tendering and procurement.
- 3** The use of varying methodologies ensures MEs acquire required skills regardless of their level of education.

A stylized graphic of a hand in shades of blue, with fingers slightly curled, positioned in the upper right corner of the slide.

# Lessons learned



**Flexible programme delivery:** The project utilised flexibility in the application processes and minimum criteria to enhance inclusivity. While the program design did not adequately address gender issues at design stage, there was a plan to ensure a 50:50 enrolment for both women and men. Future efforts to increase youth engagement is advised for inclusion among MEs. Streamlining the timing of training sessions, adequacy and timeliness in the reimbursement of costs and selection of accessible training venues is also key for successful programming.

**Mixed method training:** Owing to the diversity of the needs of MEs with disabilities, the implementation of the training was delivered through mixed methods (classroom model, technical training and follow-ups) and individualised training for MEs with complex disabilities. The training approach and tracking of progress made by MEs should be sustained especially for those with low levels of education and those having challenges in adhering to structured training timelines. Relevance of self-advocacy and safeguarding training: MEs indicated that business training areas were relevant and had enabled them to acquire the required skills to manage their businesses. The package on self-advocacy and safeguarding were more impactful for women MEs in helping them defend their rights, boost their confidence, and secure new business opportunities provided by PPIs.

**Role of mentorship:** The programme promotes peer to peer learning and mentors who support upcoming MEs. For sustainability, there is need to create a network of mentors, peers and successful entrepreneurs who can work with the MEs to provide guidance, advice and resources.

**Business growth kit:** The business growth kit has contributed to businesses recording higher incomes. The project exercised

flexibility on how the money was utilized, based on the needs of MEs. However, most MEs felt the growth kit was too little and could be scaled up in consideration of the changing economic conditions.

**Recognition of the impact of care work:** Women and caregiver MEs reported higher engagement in care work (than men MEs), meaning that they were more likely to work for shorter hours in their businesses. This in part affected their availability to engage PPIs. Follow-up training and monitoring of affected MEs can help address gaps in training due to time constraints. Also, lawful recognition of caregivers as critical partners in disability inclusion can help MEs supported by caregivers to enjoy their full rights and privileges.

**Impacts of Sexual and Gender-Based Violence (SGBV):** Some MEs reported to have experienced some form of sexual, domestic and emotional abuse. MEs especially women have in some instances yielded to sexual assault from their spouses to avoid being alienated from their homes. The consortium partners have created a reporting mechanism that guarantees confidentiality for the PWDs through a toll-free number or email. The MEs indicated that they rarely reported some of these cases. The project should therefore strengthen empowerment of the field officers and OPDs to be safe spaces for reporting SGBV cases among MEs. Trainings that target spouses of persons with disabilities may also address SGBV.

**Cultural stereotypes:** Some cultural beliefs install a heavy burden especially on women. Women MEs have been alienated by their families after they delivered children with disabilities (as this is often viewed as sign of bad omen and misfortune). The gender power play also means that women MEs have less control over their time allocation and resources. Strengthening self-advocacy and involvement of spouses can help minimize cultural biases. Some awareness in the community to promote sharing of resources and roles can help break down some of these cultural barriers.

**Policy and business environment:** Access to statutory documents such as Disability Card, Kenya Revenue Authority (KRA) Exemption Card and AGPO certificates remains a challenge for many MEs. The process and procedures of obtaining the statutory documents are cumbersome and not well understood by some MEs. Particularly, procurement documentation is not accessible making it difficult for MEs with disabilities to compete favorably with youth and women without disabilities. There is need for advocacy efforts to enable MEs to meaningfully access the benefits. This would focus on easing the process of obtaining documentation, institutionalizing Disability-Inclusive Budgeting and review of the AGPO quota – to have specific share for persons living with disabilities.

### **Role of OPDs in market linkages with PPIs:**

OPDs offer disability inclusivity training to prospective public and private clients, which in turn lessen the barriers that deter MEs from engaging with them. Also leveraging and scaling up partnerships with the county governments has shown potential for strengthening the pace of the Disability Inclusion Journey, following successful engagements in some counties (e.g., Turkana and Laikipia). OPDs also sensitize persons with disabilities on their rights. But more youth need to be mobilized to be part of the OPDs to promote inclusivity.

**Role of education and training:** Education level among persons with disabilities is key a determinant of the choice of business and utilization of the skills acquired in the training. The project has employed varying methodologies to ensure that MEs acquire the required skills regardless of their level of education. The approach should therefore be sustained and mainstreamed into the all-disability inclusion programs.

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