



POLICY BRIEF

**Enhancing Disability Inclusive Policy Planning
and Implementation on Gender Based Violence
in Nairobi City County, Kenya**



**UNITED
DISABLED
PERSONS OF KENYA**



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SUMMARY



This policy brief highlights the disproportionate impact of Gender Based Violence (GBV) on persons with disabilities and identifies systemic barriers that hinder effective prevention and response measures. Through a comprehensive analysis, the brief reveals gaps in policy frameworks, awareness, and programming, emphasizing the urgent need for targeted interventions.

Recommendations include inclusive policy development, data collection, capacity building, and community engagement to prioritize the rights and protection of persons with disabilities. By implementing these recommendations, stakeholders can work towards a more inclusive society where every individual, regardless of disability, can live free from violence and discrimination.



PROBLEM STATEMENT

GBV is pervasive in Kenya, affecting individuals across various demographics. According to available data, women are disproportionately affected with 34% compared to 27% men reporting experience of physical gender-based violence before the age of 15.[1] Further findings noted that 13% of women and 7% of men have also reported experiencing sexual gender-based violence in their lifetime.

4.6% of the total population of persons with disabilities in Kenya are located Nairobi City County.[2] Data further highlights the prevalence of GBV in the County, with 30% and 12% of the total population of women and men reporting experience of physical and sexual gender-based violence, respectively.

Various global and national frameworks including the Convention on the Rights of Persons with Disabilities, Kenya Constitution, 2010, Persons with Disability Act, 2003, and Kenya Vision 2030 underscore disability inclusive development. Moreover, the National Policy on Prevention and Response to Gender Based Violence highlights disproportionate prevalence to GBV for persons with disabilities

in Kenya and promotes action towards disability inclusive policies and programming.[3]

Significantly, persons with disabilities face unique challenges attributed to a range of factors including social-economic disparities, cultural misconceptions, and systemic barriers that exacerbate their vulnerability to GBV.

The challenges are further enhanced by a lack of literature regarding the risks of abuse, experience of abuse, and barriers to seeking and getting help among persons with disabilities.[4]

Despite efforts to address GBV, there remains a gap in policy planning and implementation, particularly ensuring disability inclusion.

This policy brief aims to highlight the experiences and perspectives of GBV among persons with disabilities in Nairobi City County, identifying policy gaps, and proposes strategies for enhancing disability inclusion in GBV programs and policies.

[1] KNBS and ICF. 2023. Kenya Demographic and Health Survey 2022. Key Indicators Report. Nairobi, Kenya, and Rockville, Maryland, USA: KNBS and ICF.

[2] KNBS and the National Treasury and Planning. 2019. Kenya Housing and Population Census. Analytical Report on Disability. KNBS, Nairobi, Kenya.

[3] Ministry of Devolution and Planning. 2014. National Policy for Prevention and Response to Gender-Based Violence.

[4] Plan International. 2013. Fact Sheet. Violence Against Women and Girls with Disabilities.

BACKGROUND

The United Disabled Persons of Kenya commissioned the development of this policy brief as part of its project on “Enhancing Disability Inclusive Policy Planning and Implementation on Gender Based Violence in Kenya” project.

The project seeks to empower persons with disabilities, particularly women with disabilities and their representative Organisations representing Persons with Disabilities (OPDs) on existing policy and legislative frameworks and the opportunities to engage and influence disability inclusion in GBV programs and services at both national and county level.

OBJECTIVES

01

-Highlight prevalence and intersectional drivers of GBV among Persons with Disabilities in Kenya

02

Evaluate awareness and facilitate identification of action and programming, including policy and legislative frameworks on response to and prevention of GBV among Persons with Disabilities in Kenya, at National and County levels.

03

-Examine the efficacy of National and County Government GBV prevention and response policy and programming for persons with disabilities.

04

-Examine the efficacy of Non-State GBV prevention and response policy and programming for persons with disabilities.

OBJECTIVES

05

-Identify barriers for persons with disabilities and Organisations Representing Persons with Disabilities in accessing and informing disability inclusive GBV prevention and response programming.

06

-Highlight specific policy gaps in current GBV programming and response at both National and County Level.

07

-Assess strategies needed to enhance disability inclusion in GBV programs, policy planning and implementation.

METHODOLOGY

The methodological framework for the development of this policy brief is underlined by a multifaceted approach to address the intersection of GBV and disability, focusing on inclusive policy development and advocacy.

Through a mix of data collection methods, combining qualitative, quantitative, and participatory approaches in the engagement of key stakeholders from diverse OPDs, the policy brief highlights specific challenges faced by this demographic, including barriers to accessing support services and gaps in policy frameworks.

PARTICIPANT'S PROFILE



The inception meeting brought together 18 members representing persons with disabilities and OPDs within Nairobi City County. Participants represented diverse types of disabilities, ensuring comprehensive perspectives were considered.

KEY FINDINGS

1. Addressing prevalence and intersectional drivers of GBV among Persons with Disabilities

Addressing the prevalence and intersectional drivers GBV among persons with disabilities requires a multifaceted and inclusive approach that acknowledges the unique challenges faced by this marginalized group. Persons with disabilities are disproportionately affected by GBV due to a complex interplay of factors including societal misconceptions, economic dependence, inaccessible support services, and systemic barriers to justice.

Their heightened risk to GBV is due to various interconnected factors. Among them, misconceptions about disability contribute to societal discrimination and a lack of trust, while shortcomings in the judicial system, such as corruption and negative attitudes, hinder access to justice.

Additionally, a lack of awareness about GBV policies and reporting procedures, coupled with communication barriers for example, lack of accessible formats for written information, such as braille or large print, inaccessible websites and digital content, further exacerbates vulnerability.

Exclusion from policy design and economic dependence on caregivers also contribute to their susceptibility to violence. Family dynamics, marked by prejudice and lack of support, perpetuate cycles of abuse.

KEY FINDINGS

Despite efforts to address GBV, the experiences of persons with disabilities have often been overlooked, resulting in inadequate policy responses and limited access to support mechanisms. To effectively combat GBV among persons with disabilities, it is crucial to understand and address the intersectional drivers that perpetuate violence and discrimination, while prioritizing comprehensive and inclusive approaches that prioritize the needs and rights of persons with disabilities.

KEY FINDINGS

2. Action and programming, including policy and legislative frameworks on response to and prevention of GBV among Persons with Disabilities

Despite the awareness of existing legislation and policies aimed at addressing Gender-Based Violence, including prominent acts such as Convention on the Elimination of Discrimination against Women (CEDAW, 1979), the Prohibition of Female Genital Mutilation Act (2011), the Children's Act (2001), and the Nairobi City County Sexual and Gender Based Violence Management and Control Act (2019), findings highlighted omission of disability inclusion within these frameworks.

This oversight underscores a critical gap in policy responsiveness, as none of these legislative measures have systematically addressed the unique concerns and vulnerabilities of persons with disabilities in the context of GBV.

Moreover, the minimal awareness and inadequate consideration of disability inclusion within the National Policy on Prevention and Response to GBV further compounds the marginalization experienced by this population.

As a result, urgent action is needed to ensure that future policy initiatives prioritize the rights and protection of persons with disabilities, effectively addressing their specific needs within the broader framework of GBV prevention and response efforts.



KEY FINDINGS

3. Efficacy of National and County Government GBV prevention and response policy and programming for Persons with Disabilities

The examination of the effectiveness of GBV prevention and response policies and programs implemented by both the National and County Governments reveals significant shortcomings, particularly concerning the inclusion of persons with disabilities.

The apparent lack of awareness and absence of dedicated policies at the county level indicate a systemic failure in ensuring the effective implementation of GBV prevention measures at the grassroots level. This deficiency not only underscores the inadequacy of current policy frameworks in addressing the needs of persons with disabilities but also highlights a broader failure in ensuring their protection and inclusion within GBV response efforts.

Without targeted interventions and comprehensive policy measures that prioritize disability inclusion, the efficacy of national and county-level GBV prevention and response initiatives remains severely compromised, perpetuating the marginalization and vulnerability of persons with disabilities to GBV.

Urgent reforms are necessary to rectify these deficiencies and ensure the meaningful inclusion and protection of persons with disabilities within GBV policy and programming at all levels of governance.

KEY FINDINGS

4. Efficacy of Non-State GBV prevention and response policy and programming for Persons with Disabilities

An evaluation of non-state GBV prevention and response policies and programs by non-state actors reveals significant limitations in addressing the needs of persons with disabilities. While civil society organizations have actively campaigned against GBV, exemplified by initiatives such as the 16 Days of Activism against GBV, these efforts are primarily concentrated in urban areas and lack deliberate attention to persons with disabilities.

The efficacy of these interventions is further compromised by several factors, including the absence of collaboration between government agencies and non-state organizations, insufficient funding, limited dissemination of policies, and a lack of comprehensive research on the status of persons with disabilities in Kenya, particularly regarding their experiences of GBV.

Without concerted efforts to address these challenges and prioritize disability inclusion within non-state GBV prevention and response initiatives, the marginalized status of persons with disabilities remains perpetuated, and their vulnerability to gender-based violence persists.

Urgent action is required to enhance the effectiveness and inclusivity of non-state GBV policies and programs, ensuring that the specific needs and rights of persons with disabilities are adequately addressed and protected.

KEY FINDINGS

5. **Barriers for Persons with Disabilities and Organisations Representing Persons with Disabilities in accessing and informing disability inclusive GBV prevention and response programming**

Financial constraints pose a significant barrier to the meaningful participation of persons with disabilities and OPDs in policy forums addressing their needs. Limited financial resources hinder their ability to actively engage and contribute to discussions, thus depriving these forums of valuable insights and perspectives.

Additionally, under-representation of persons with disabilities and OPDs in policy discussions further exacerbates the issue, as their absence results in a lack of understanding of their specific needs and challenges. Moreover, OPDs often face reduced capacity to engage in such discussions due to attitudinal, cultural, and communication barriers, as well as pervasive myths and misconceptions surrounding disabilities.

These barriers not only impede their participation but also perpetuate exclusion and marginalization within policy-making processes.

Addressing these challenges requires concerted efforts to ensure adequate financial support, promote inclusivity, and dismantle existing barriers that hinder the meaningful involvement of persons with disabilities and OPDs in policy development and decision-making.

KEY FINDINGS

6. Policy gaps in current GBV programming and response at both National and County Level.

Several significant policy gaps exist in the current GBV programming and response at both the national and county levels in Kenya.

Firstly, there is the glaring issue of poor implementation of existing policies, undermining their effectiveness in addressing GBV. Furthermore, these policies lack intentionality to address the specific needs and vulnerabilities of persons with disabilities, resulting in their exclusion from policy design and programming.

Moreover, there is inadequate dissemination of policies to the concerned communities, limiting awareness and understanding of available resources and support mechanisms.

Additionally, poor collaboration among GBV response and prevention stakeholders hampers coordinated efforts and diminishes the impact of interventions.

The challenges are further exacerbated by insufficient human and financial resources allocated to the security, justice, and health sectors. Furthermore, there is a lack of massive awareness campaigns addressing GBV, contributing to underreporting and perpetuation of violence.

KEY FINDINGS

6. Policy gaps in current GBV programming and response at both National and County Level.

Standardized data management tools and systems for GBV are also lacking, hindering accurate tracking, and monitoring of cases. Lastly, there is a noted poor understanding of GBV policies among security and judicial staff attending to victims and survivors, highlighting the need for comprehensive training and capacity-building initiatives.

Addressing these policy gaps requires a concerted effort to improve implementation, foster inclusivity, enhance collaboration, allocate adequate resources, raise awareness, and strengthen data management systems to effectively combat GBV.



POLICY RECOMMENDATIONS

1. **Inclusive Policy Development** - Integrate diverse groups of persons with disabilities, including persons with psychosocial and intellectual disabilities, OPDs, and disability inclusion experts into the review and development of GBV policies to ensure that the unique needs and vulnerabilities of persons with disabilities are adequately addressed and prioritized.



POLICY RECOMMENDATIONS

2. Data Collection and Research - Conduct comprehensive research to gather data on the prevalence and experiences of persons with disabilities regarding GBV at both national and county levels. This data will inform evidence-based policy formulation and program planning to effectively address the specific challenges faced by this demographic.

3. Capacity Building and Training - Provide specialized training on GBV and disability inclusion to both duty bearers and rights holders. For duty bearers, who include security, health, and justice personnel, training should equip them with the necessary knowledge and skills to handle GBV cases involving persons with disabilities sensitively, confidentially, and with a high level of privacy.

Further emphasis should be on survivor centered approaches in building the capacity of young girls with disabilities, to prevent and respond to GBV, informed by their enhanced exposure to victimization.

POLICY RECOMMENDATIONS

4. Awareness and Sensitization Campaigns - Launch public awareness campaigns on GBV that are inclusive of persons with disabilities. These campaigns should educate communities on their rights, about what constitutes GBV, how to identify it, and the reporting mechanisms available. Establish GBV helplines at the county level to provide support to victims, including persons with disabilities.

5. Simplified Reporting Mechanisms - Streamline GBV reporting mechanisms to make them more accessible and user-friendly for persons with disabilities. Limitations in communication should be mitigated by facilitating forms of communication that work best for persons with disabilities, particularly for women and girls with disabilities.

Eliminate communication barriers at reporting desks, shelters, and judicial facilities to ensure that survivors can report incidents of GBV effectively. This involves integrating quality sign language interpretation services into helplines and utilizing assistive technology like text-based or video-based support services. Leveraging technology can bridge communication gaps, offering timely assistance to survivors with diverse abilities.

POLICY RECOMMENDATIONS

6. Budgetary Allocation - Allocate sufficient financial resources to enhance disability inclusion in GBV policies and programs. Adequate funding is essential to support the implementation of inclusive initiatives and ensure that the rights and protection of persons with disabilities are upheld.

participatory budgeting processes should seek to include persons with disabilities and OPDs in their development and rollout, to further ensure equitable allocation of resources to persons with disabilities towards addressing GBV.

7. Protection of Survivors - Infuse the aspect of protection for survivors of GBV, including persons with disabilities once they report the crime. Establish disability inclusive GBV shelters and fast-track GBV cases to ensure that survivors receive timely and comprehensive support.

POLICY RECOMMENDATIONS

7. Protection of Survivors - Infuse the aspect of protection for survivors of GBV, including persons with disabilities once they report the crime. Establish disability inclusive GBV shelters and fast-track GBV cases to ensure that survivors receive timely and comprehensive support.

8. Community Engagement Platforms - Create platforms within communities where persons with disabilities can communicate their experiences and access support services. Public participation processes and forums should be accessible to persons with disabilities. These platforms should facilitate open dialogue, peer support, and the sharing of resources among individuals facing similar challenges.

POLICY RECOMMENDATIONS

9. Psychosocial Support - Provide psychosocial support to the families of survivors and victims with disabilities to address their holistic well-being and promote healing and recovery. Furthermore, disability etiquette should be observed in the provision of holistic support to persons with disabilities and seek to promote non-discrimination of women with disabilities who have experienced GBV. Further emphasis should be given to the mental health of caregivers of persons with disabilities. They should be provided with mental health support and safe spaces for them to connect and express themselves.

10. Legal Framework Strengthening - Propose revisions to existing legal frameworks to explicitly safeguard the rights of persons with disabilities GBV survivors. Existing legal frameworks are limited in their recognition of the needs of persons with disabilities, often using derogatory language and promote tokenistic representation. The reforms should include comprehensive measures to prevent and respond to GBV instances involving persons with disabilities. Additionally, there should be rigorous enforcement of current laws to hold perpetrators accountable and secure justice for survivors.

Conclusion

This policy brief highlights the urgent need to address challenges faced by persons with disabilities regarding GBV. Despite efforts in policy and programming, persons with disabilities often face inadequate support due to systemic barriers.

The proposed recommendations emphasize disability inclusive policy development, capacity building, and awareness campaigns to enhance disability inclusion in GBV programs.

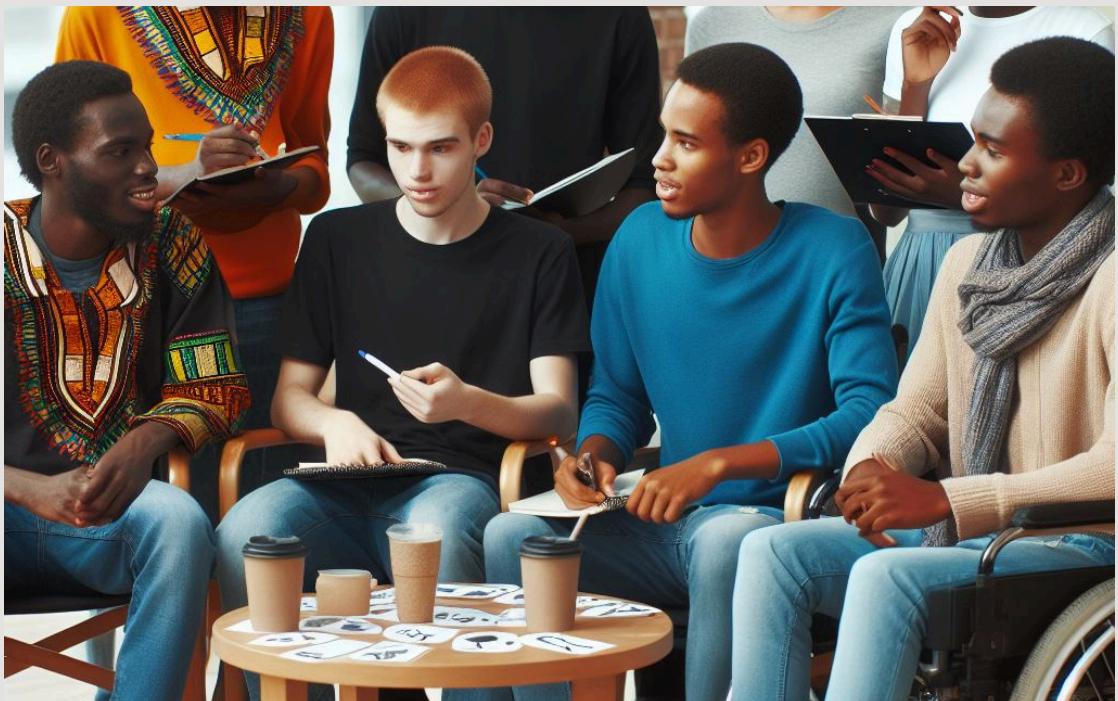
By implementing these policy recommendations, Nairobi City County can enhance disability inclusion in GBV programs, policy planning, and implementation, ensuring that the rights and dignity of persons with disabilities are respected and upheld within the broader framework of GBV prevention and response efforts.



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