# *Disability Inclusive Programming in Sexual Reproductive Maternal Newborn Child & Adolescent Health (SRMNCAH)*

*Capacity Strengthening Workshop for Civil Society Organizations'*

*Kisumu, Kenya*

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# Session 1: Putting Disability Inclusion into Practice

# What is Disability?

*Disability includes any physical, sensory, mental, psychological, or other impairment, condition, or illness that has or is perceived to have a substantial or long-term effect on an individual's ability to carry out ordinary day-to-day activities.* ***Persons with Disability Act 2025***

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# Impairment and 'Exclusion'

The ***disadvantage and exclusion*** which arise as an outcome of the interactions between ***people who have impairments*** and the social and ***environmental barriers, they face*** due to the failure of society to take account of their rights and needs.."



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# Disability Models

**Era of Gods**

-Anything not explainable by Humans was a manifestation of the will of the Gods.

-Influenced Culture, Rituals, and Practices.

**Charity Model**

-Persons with Disabilities deserve pity and charity. Focus is on improving lives in the short term, not recognizing empowerment.

**Medical Model**

'Disability' and 'impairment' are interchangeable: used to describe the 'medical' condition that someone is said to have.

**Social Model**

-Disability is viewed as a disadvantage or restriction on activity and involvement caused by an approach by society (or parts of it) .

Human Rights-Based Approach

Persons With Disability rights are entrenched in Universal

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# The Legal Imperative for Disability Inclusive Programming in SRMNCAH

## Global Frameworks

- United Nations Convention on Rights of Persons with Disabilities
- Beijing Platform for Action has 24 references to persons with disabilities
- Sendai Framework for Disaster Risk Reduction 2015-2030 has 5 references to persons with disabilities and an additional two references on universal design
- SIDS Accelerated Modalities of Action (SAMOA) Pathway has 10 references to persons with disab

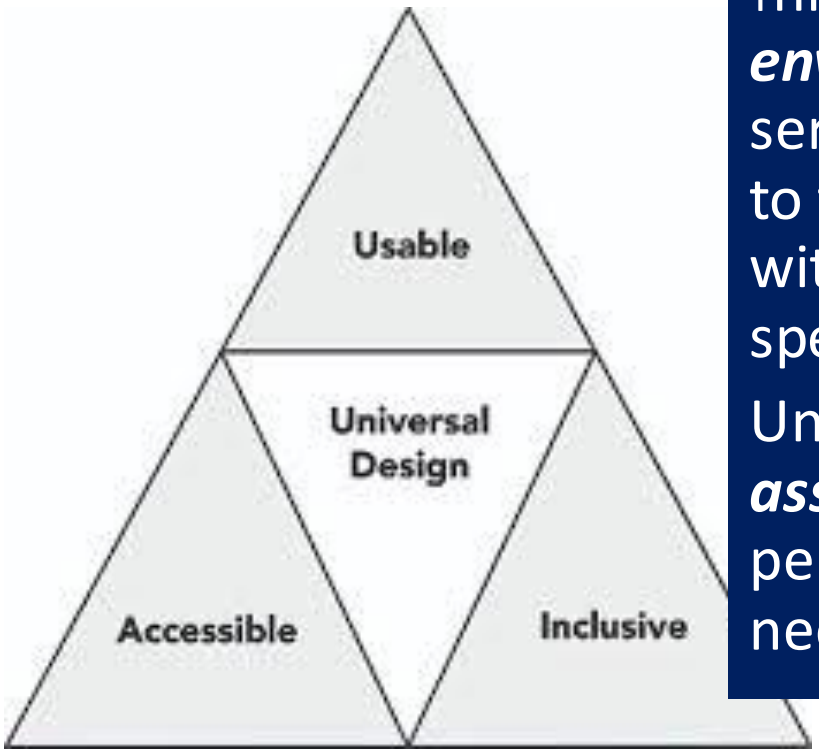
## National Frameworks

- Constitution of Kenya, 2010- **Article 43- Economic and Social Rights and Article 54 'Rights of Persons with Disabilities'**
- Persons with Disabilities Act, 2025
- Sexual Offences ACT 2006

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# Key Principles

## *Universal Design*




This means the design of ***products, environments***, ***programmes*** and services to be ***usable by all people***, to the greatest extent possible, without the need for adaptation or specialized design.

Universal design shall not exclude ***assistive devices*** for groups of persons with disabilities where this is needed.

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# *Reasonable Accommodation*

This means necessary and ***appropriate modification*** and ***adjustments*** not imposing a disproportionate or undue burden, where needed in a particular case, to ***ensure to persons with disabilities the enjoyment or exercise on an equal basis with others*** of all human rights and fundamental freedoms.




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# Important considerations:

## Assistive Devices and Technologies

Assistive devices are those whose primary purpose is to ***maintain or improve an individual's functioning*** and independence to facilitate participation and enhance overall well-being.

Examples of assistive devices and technologies include ***wheelchairs, prostheses, hearing aids, visual aids, and specialized computer software and hardware*** that increase mobility, hearing, vision, or communication capacities

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# Session 2: Upholding Disability Rights through Inclusive Interaction

# What is Inclusive Communication?



‘Communication’- includes languages, ***display of text***, ***Braille, tactile communication, large print, accessible multimedia as well as written, audio, plain-language, human-reader, and augmentative and alternative modes, means and formats of communication,*** including accessible information and communication technology;



‘Language’ includes ***spoken and signed languages*** and other forms of non spoken languages

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# Inclusive Language

| Words to watch | Acceptable alternatives |
|---|---|
| Disabled<br>(the) | Say "Persons with Disability" |
| Handicapped (the) | Say "persons with a disability" |
| Abnormal, subnormal (negative terms that imply failure to reach perfection) | Persons with ( specify the impairment) |
| Blind (the) visually impaired (the) | Say "Visual Impairment" |
| Deaf (the) | Say "Hearing Impairment" |
| Vertically challenged, Dwarf | Say " Person of short stature" |
| Epilepsy | Say " Person with Epilepsy" |
| Albino, mzungu, white person | |
| Cripple, crippled (these terms convey a negative image avoid) | Say "Physically Impaired" |
| Mentally retarded | Say "Intellectually Impaired" |

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# Session 3: Promoting Inclusive SRMNCAH: Guidelines for Disability-Inclusive Health Services




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# Group Reflection Activity: Barrier Brainstorm & Solution Mapping

**Time:** **10- 15 minutes**

**Groups:** **Form 4-5 groups.**

**Task:** **Identify and analyze barriers to accessing SRMNCAH Services and co-create solutions**

**Refer to Barrier Stations:** **Physical, Communication, Attitudinal, and Social Barriers.**

Specific Task:

- Each group role-plays an SRMNCAH scenario
- At each station, write examples of that barrier as experienced in your context-Sticky notes to be provided.
- At the second rotation, they read what previous groups wrote and add solutions

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# Disability and Life Cycle Approach in SRMNCAH

**Sexual Health Education for Adolescents with Disabilities:** Age-appropriate, developmentally appropriate, inclusive communication, accessible, and integrate inclusion in school curricula and out-of-school education.

**Pregnancy/Childbirth/postnatal care for Women with Disabilities:** Accessible transportation, accessible facilities, communication ( For instance, interpreters, sign language, written / easy-read materials), longer appointments, visibility of disability in risk screening.

**Parenting Support for Persons with Disabilities:** Support for parents with disabilities (or parents of children with disabilities), linking to social services, accessible information about child health, early childhood development, and Peer support.

**Child Health and Early Intervention for Children with Disabilities:** Developmental screening, rehabilitation, nutritional support, inclusive immunization and wellness services.

# Guidelines for Disability-Inclusive Health Services

1. Ensure disability inclusive data is integrated and collected at the inception of the project and MEAL Documents

2. Collaborate with technical (health staff) and program staff to determine why you need to collect disability data and how it will be used to inform interventions before it is collected.

3. Train all staff on the basics of disability inclusion, how to administer disability identification tools, and referral maps for disability-related services.

4. Use available secondary data but recognize it may underestimate disability prevalence and may not fully nor appropriately describe the needs and views of people with disabilities.



# Guidelines for Disability-Inclusive Health Services

5. Create referral maps to share with health staff who need follow-up services. Referral maps should include information about local organizations of people with disabilities (National Council for Persons with Disabilities), providers who will serve persons with disabilities without harm or discrimination, accessible service locations, and protection services

6. Receive informed consent prior to collecting data from individuals and provide people with disabilities information in multiple formats including text-to-speech, and speech-to-text, and pictures with descriptions. Always practice the principle of do no harm and uphold the CRS safeguarding policy.

7.Gather sampled assessment and monitoring data from persons to analyze disability, gender, and age disaggregated data to inform interventions

8. During quarterly reviews and/or learning sessions, review analyzed disaggregated data for select Disability indicators, working with OPDs to understand how disability is influencing project participation and barriers to access (physical, communication, information, etc.)

5. Design all feedback, complaint, and response mechanisms (FCRM) so that targeted communities, including people with disabilities, are informed, can access and use them, and receive feedback on actions taken about their complaints.



# Collecting Disability Data

- ✓Develop SRMNCAH assessment questions with input from a wide range of stakeholders- OPDs, relevant subnational and national government offices, service providers
- ✓Include questions about physical accessibility before the design of workshops.
- ✓Conduct key informant interviews and focus group discussions with persons with disabilities, their family members, OPDs, and service providers on SRMNCAH Services.
- ✓Don't forget about intersectionality: Recognize compounded vulnerabilities: Sex- Women with disabilities, including intellectual disabilities, Age (e.g., adolescent girls with disabilities).

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# Guidance on Inclusive Feedback, Complaint, and Response Mechanisms

1. Incorporate various communication means- oral, written, audio, face-to-face, easy-to-read, braille
2. Use other methods: text messaging or voicemail options for people who cannot read, write, or have impaired vision alongside complaints box
3. Involve persons with disabilities in development of feedback mechanism.
4. Offer home visits to isolated persons.
5. Ensure anonymity for persons who make complaints with support of family member or personal assistant
6. Continually monitor your FRM to check that it is inclusive and working as intended

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# Key Takeaways

| | Key Parameters |
|---|---|
| Disability Audit | **Physical accessibility**: Health facilities, examination rooms, and delivery wards.<br>**Communication accessibility**: Use of sign language interpreters, Braille, and easy-to-read materials.<br>**Transport**: Safe and affordable transport to health services. |
| Inclusive Service Delivery | Train healthcare providers on **disability awareness, respectful care**, and eliminating bias.<br>Provide **reasonable accommodations** (e.g., longer consultation times, accessible equipment like adjustable examination tables).<br>Ensure that **health information and SRMNCAH education** are accessible to all, including youth with disabilities.<br>Register with National Council for Persons with Disabilities: How to self-register on e-citizen as a PWD |
| Data Collection & Disaggregation | Collect **disability-disaggregated data** across all SRMNCAH indicators.<br>Use tools like the **Washington Group Questions** to identify persons with disabilities in surveys.<br>Using Washington Group of Questions in Disability Data in Development Programs |

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# THE END!THANK YOU




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