

# Kenya: A Closer Look at Older Age and Disability in Health Programming

Christian Aid's PPA programme looks at reaching the most vulnerable through health care interventions



Mary Otieno who is blind, lives by herself.

## Committed to Inclusion

**Equality for All** is one of Christian Aid's four strategic change objectives. We believe that the root causes of poverty are inequality and injustice. Gender shapes the extent to which people are vulnerable to and affected by systematic poverty and that is why it sits at the heart of our approach. But what happens when gender intersects with ethnicity, older age or disability? The result is increased discrimination, risk and reduced access to services and support.

In our aim to **Leave No One Behind**, we are moving towards an inclusive approach which promotes meaningful access, safety and dignity in humanitarian and development activities. Our goal is to ensure that everyone, regardless of gender, age or other dimension of diversity is treated equally and is given fair and free opportunity to participate and have influence over decisions and activities affecting their lives.

Our **four inclusion pillars** build upon our gender work and provide direction and foundations for inclusive programming. They are relevant to everyone as they form the basis of quality programming and can be applied from

mainstreaming to specific stand-alone projects for gender, age or other aspects of diversity.

So where have we got to with inclusion in our work? We know there is good practice out there, but the challenge is to use the right techniques to gather information from voices that have largely been unheard. We need to ask ourselves tough questions on who are the most vulnerable people and if their lives are being positively impacted by our work, to ensure we are addressing issues of power and barriers to access. Here we share lessons from a recent case study from our UK aid funded health programme in Kenya.

**'Evidence shows us that there are positive returns to society when people with disability are included.'**

DFID Framework on Disability, 2014.

## Four Inclusion Pillars

### Challenge Power Imbalances

Inform programme design by a thorough analysis of the context, gender and power relations which identifies and addresses, through disaggregated data, the differentiated needs, capacities and power dynamics between gender identities of all ages. Design programmes which mitigate, address and ultimately tackle the power imbalances driving exclusion and inequality.

### Meaningful Access and Participation

Arrange for people's access to impartial assistance and services – in proportion to need and without any barriers (i.e. discrimination). Pay special attention to individuals and groups who may be particularly vulnerable or have difficulty accessing assistance and services. Support the development of self-protection capacities and ensure active, inclusive and effective participation in decision-making.

### Safety, Dignity and Do No Harm

Prevent and minimise as much as possible any unintended negative effects of the intervention/programme which could increase people's vulnerability to physical and psychosocial risks. Provide adequate, safe services and support which protect individual wellbeing, enhance community cohesion and assist people to claim their rights.

### Accountability

Set up appropriate, accessible mechanisms through which affected populations can measure the adequacy of interventions, or address concerns and complaints. Provide relevant information in a timely and appropriate manner and ensure that Codes of Conduct are well understood and applied effectively.

Jane Owiti is paralyzed below the hips. She lives with two orphans aged 12 and 16



### Spotlight on Kenya

In the last five years, and up to March 2016, Christian Aid's UK aid funded health programme in Kenya, aimed to improve the health status of women, children and people living with HIV with a focus on HIV, TB, malaria, and maternal and child health. The programme was implemented in several Kenyan counties and slum communities in Nairobi through partnerships with twelve local organisations.

In Nyanza, we supported community members with a Christian Aid methodology called **Picture Power**. This participatory process enabled communities to use photography to identify, document and present their views on whether or not their lives had been positively impacted as a result of the health project.

Picture Power revealed that whilst the health interventions were relevant to the local communities, people with disabilities (PWDs) seemed to have benefited in a minimal way. This observation, together with the need to inform Christian Aid's on-going work on age and disability in Kenya, prompted an in-depth study on inclusion with a special focus on PWDs and older people.

### Picture Power: capturing inclusive data

When it comes to inclusion, the process of how data is gathered is just as important as the questions asked. Traditional methods of data collection largely fall short of engaging with marginalised groups who are not natural first points of contact in targeted communities. While Christian Aid is promoting the use of digital M&E to capture quantitative data on diversity, strategic PPA funding is allowing us to also try out innovative techniques to overcome some of the barriers to gathering inclusive qualitative data.

Picture Power provided communities in Kenya with photography skills and equipment to capture and communicate their own perspectives on the impact of programming. This methodology is particularly useful in communities where literacy is low, as photography offers an alternate medium for information gathering, giving space for a range of stories to be told.

The first phase of Picture Power provided little evidence to suggest that PWDs had benefited significantly from the PPA intervention. This result led to the decision to leave cameras with the community in order for them to document health issues that their members faced.

Three months later, Christian Aid returned to find some interesting insights from the photographs; they revealed some unprecedented themes such as a great concern for PWDs among community members. Working with the volunteers to caption the photos showed that the community wanted to highlight the challenges faced by such people who receive little visibility and support both at community and state level.

**'I hope Christian Aid's Picture Power methodology can be used as a tool to inform our work on inclusion.'**

**Matthew Gonzalez-Noda. Multimedia Content Advisor for Christian Aid**



Dr Runguma, the consultant, interviewing John Onyango from Lieta who has a physical impairment

### Our PPA programme in Kenya

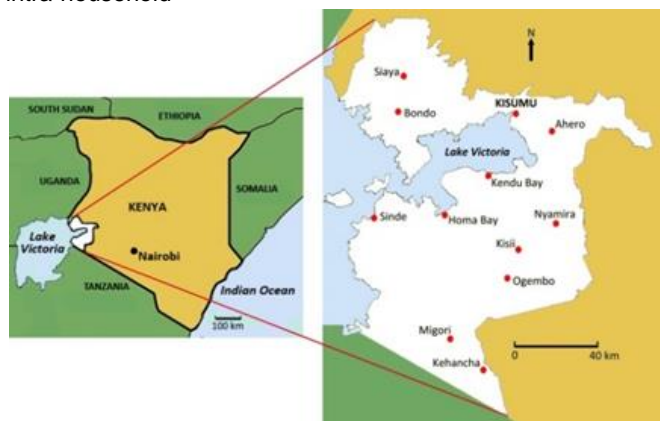
In light of the Picture Power experience, Christian Aid commissioned a report to better understand how issues of age and disability had been addressed throughout the project. The resulting report examined the extent to which the health programme interventions in Nyanza region involved and positively impacted PWDs and older people of both genders. Factors that influenced the level of participation, access, and utilisation of programme benefits by vulnerable people were also identified and discussed.

The review found that the health programme intervention produced noticeable health benefits for the target groups and local communities, reaching people of all ages and genders. Older people and PWDs had some access and engagement with activities although not to the same extent as those directly targeted. The community household approach, which established household visits and community level support groups, acted as an enabler to wider engagement.

Older people and PWDs faced several challenges or barriers which undermined their level of participation in decision-making, programme activities and achieving adequate access to and utilisation of programme benefits. These factors included the following: *invisibility of inclusion* indicated by failure by the programme to include PWDs and older people as direct targets; *personal circumstances* (e.g. poverty and impairments); *institutional factors* such as information gaps or “inaccessible communication; and *socio-cultural factors and other broader societal issues* (stigma and discrimination, poverty, and intra-household decision making dynamics).

‘Most of the older people and PWD’s expressed feelings of being neglected, lonely or a burden to others’.

PPA Health Programme Case Study Report, 2016



## Lessons learned in Kenya

We have used the flexibility offered by PPA strategic funding to change course as we learn, to bring together programming disciplines and to better respond to communities' needs and capacities. The report from Kenya, resulted in some great lesson learning. Here are six key lessons which we plan to take forward:

### **We need to challenge assumptions around the wide reach of development outcomes**

People with disabilities can and will remain excluded unless their active inclusion is planned from inception.

### **We need to promote inclusion and participation principles among the various programme partners at all levels**

This is a gradual process of capacity building which is essential to mainstream inclusion in on-going and future work by these actors.

### **Awareness is a key factor to successful inclusion of disability and ageing in the programme cycle**

We need to have adequate awareness of inclusion issues as well as skills and tools to allow programmes to have successful outcomes. The invisibility of people with disabilities in the mainstream development narrative has resulted in development interventions unintentionally leaving these people out of target groups.

### **PME tools and data are essential for achieving effective mainstreaming of inclusion in programmes**

A lack of data on inclusion - beyond gender issues - limits programmes having a complete inclusive lens. Monitoring inclusion requires the development of methods and tools to collect and capture data on inclusion, participation, and changes among the vulnerable groups in ways that encourage their meaningful participation.

### **We need to complement gender analysis to build a broader concept of 'inclusive development'**

This includes extra planning and budgeting and using opportunities, both in implementation and reporting, to pay greater attention to issues of inclusion beyond gender. Contextual analysis that looks at issues of power will help to understand who is excluded and how best to target them effectively in programming.

### **We need to promote older people and disability rights in health services delivery**

A large part of this is ensuring health services are available and accessible to all members of local communities.

### **The inclusive way forward**

Christian Aid is committed to **inclusive programming** as a working principle in on-going and future development and humanitarian work. This includes undertaking systematic analysis and mapping vulnerabilities for better targeting and reporting on inclusion, addressing barriers to inclusion - starting with those identified in this case study - and making efforts to increase institutional capacity through capacity building. We are starting with our programme work; some of the ways in which we are doing this are highlighted in the table opposite.

**'Inclusion doesn't mean extra work, it just means we are consciously looking at our work and ensuring that whatever barriers to meaningful participation and comprehensive access exist, are dealt with. It can be done'**

Sharon Kibor, Project Officer – Age & Disability Inclusion Project for Christian Aid Kenya

Capacity building on inclusive programming through **induction, training sessions and technical support** will provide the necessary skills and knowledge

Christian Aid's **inclusion scoring tool** helps programme teams self-assess their projects and adjust if necessary

Consistent **data collection by sex, age and disability** across all project cycle processes will provide a solid base of evidence for inclusive programme design and adaptation

Provision of **analysis tools and sector checklists** to design or adapt context specific programmes that challenge power dynamics and address existing barriers.