



DISABILITY ADVOCACY AND SERVICES KENYA (DASK)

NATIONAL HEALTH, HUMAN RIGHTS, AND GENDER CONFERENCE @ NAIVASHA FROM 2/09/2026 – 4/ 09/2026

DASK COMPREHENSIVE REPORT

THEME: *WE ARE THE EVIDENCE, SHOW US THE CHANGE*

1. EXECUTIVE SUMMARY & CONVENING CONTEXT

The National Health, Human Rights, and Gender Conference convened key stakeholders, civil society leaders, and advocates from across all 47 Kenyan counties. As Disability Advocacy and Services Kenya (**DASK**), our active participation across all sessions established a pivotal position: biomedical interventions, judicial frameworks, and public policy cannot achieve sustainable, transformative impact unless paired with robust human rights protections, community-led monitoring, and disability-transformative financing that explicitly accounts for Persons with Disabilities and other marginalized groups.

Throughout the two-day proceedings, our delegation consistently pushed for a fundamental paradigm shift from superficial inclusion to structural equity. We emphasized that health is a fundamental, enforceable human right that cannot be decoupled from physical, communication, and socio-economic access.

2. PUBLIC HEALTH EQUITY: DISEASE-SPECIFIC REALITIES & COMMUNITY OUTREACH

Our grassroots field experiences and community monitoring across Kenya reinforce that facility-bound public health delivery consistently leaves vulnerable populations behind. To bridge these gaps, **DASK** advocated for differentiated, dignifying outreach mechanisms that prioritize safety, privacy, and gender sensitivity.

- **Tuberculosis (TB):** Although TB medication is officially free in public health facilities, indirect expenses—such as transportation, diagnostic fees, and nutritional support during treatment—create severe economic barriers. Socio-cultural expectations and gender roles frequently lead to delayed clinical presentation among men and boys, while women face caregiving burdens that hinder treatment adherence.
- **Malaria:** Interventions must address gendered labor dynamics and biological vulnerabilities. Special focus must be directed toward pregnant women, children under five, and outdoor workers who face disproportionate exposure risks.
- **HIV & Key Populations:** Persistent clinical discrimination, social stigma, and punitive legal or social structures continue to deter key populations and adolescent girls from seeking testing, post-exposure prophylaxis (PEP), and pre-exposure



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prophylaxis (PrEP). **DASK** called for non-judgmental, youth-friendly, and fully accessible care models in all primary health facilities.

3. ADVANCING DISABILITY INCLUSION ACROSS HEALTH & SOCIAL SYSTEMS

Led by our Executive Director, Festus Mwanza, **DASK** spearheaded discussions to anchor disability rights as a core, mandatory equity dimension across all public health and human rights initiatives.

- **Communication Access & Bodily Autonomy:** A major barrier in healthcare delivery is severe information asymmetry. Most public facilities lack Braille documentation, Easy-Read formats, and qualified sign language interpreters. This structural neglect compromises the bodily autonomy, privacy, and informed consent of Persons with Disabilities.
- **Physical & Structural Accessibility:** Physical barriers remain pervasive. Public transport systems, entry ramps, diagnostic equipment, and fixed-height clinical examination beds render health facilities and decision-making venues functionally inaccessible to Persons With Disabilities.
- **Intersectional Protection & Gender-Based Violence (GBV):** Women and girls with disabilities face compounded vulnerabilities, including de-sexualization by healthcare personnel and up to three times higher rates of gender-based violence. Alarming, survivors frequently face insurmountable barriers to accessing emergency healthcare, including receiving post-exposure prophylaxis (PEP) within the critical 72-hour window.
- **Civic Franchise & Legal Aid Gaps:** Fundamental constitutional rights remain compromised. Persons With Disabilities face systemic barriers to democratic participation—such as a lack of tactile ballot guides or secret voting mechanisms for visually impaired citizens—and suffer from a lack of accessible, affordable legal aid services.

4. STRATEGIC LITIGATION & ACCESS TO JUSTICE

Guided by the disability principle; "A right considered inaccessible is not finished", **DASK** highlighted strategic litigation as a vital mechanism to harmonize domestic practice with constitutional and international human rights standards.

- **Litigation as a Structural Lever:** Court actions must go beyond individual remedies to dismantle systemic discrimination. Successful litigation requires meticulous trial preparation, robust community partnerships, and sustained post-judgment advocacy.
- **Community Ownership & Judicial Accommodations:** Legal actions must be owned by the affected communities rather than driven solely by external organizations. Furthermore, judicial accommodations—such as mandatory court interpreters for the deaf—must be strictly enforced across all court stations.
- **Pauper Proceedings & Eliminating Fee Barriers:** We urged the judiciary to systematically apply 'Pauper Proceedings' exemptions to ensure that court fees and



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administrative costs never prevent indigent Persons with Disabilities from seeking constitutional redress.

5. COMMUNITY-LED MONITORING (CLM) & GROUNDED ACCOUNTABILITY

DASK reaffirmed its steadfast commitment to the guiding principle: *"Nothing About Us Without Us."* True accountability requires empowering Persons with Disabilities to lead in evaluating services that impact their lives.

- **Co-Creation Rights:** Institutions and development partners must engage Persons With Disabilities at the initial conceptual stages of program design and policy formulation, rather than seeking tokenistic feedback on pre-determined plans.
- **Addressing Power Dynamics:** Public health and legal interventions must move away from top-down directives toward evidence-based approaches rooted in lived experience. Medical and legal jargon must be continuously simplified into clear, plain language for community advocacy.
- **Grassroots Protection Models:** We advocated for scaling grassroots protection frameworks, such as a disability-sensitized 'Nyumba Kumi' community monitoring model, to identify, report, and prevent rights violations at the household level.

6. STRATEGIC PRIORITIES & POLICY RECOMMENDATIONS

To translate conference consensus into concrete action, DASK will champion and monitor the execution of the following strategic recommendations:

1. **Default Inclusion in Healthcare:** Move beyond tokenistic integration toward genuine default accessibility across all medical facilities, diagnostic equipment, and public health communication channels.
2. **Global Fund Grant Cycle 8 (GC8) Anchoring:** Ensure strategic litigation, disability advocacy, and community-led monitoring mechanisms are explicitly budgeted and prioritized within Global Fund GC8 frameworks.
3. **Social Health Authority (SHA) Package Reform:** Advocate for the Social Health Authority (SHA) benefit package to comprehensively cover non-judgmental, accessible services for HIV, TB, Malaria, and specialized rehabilitative care with zero out-of-pocket costs for Persons With Disabilities.



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