



Intersectional Exclusion: Barriers and Enabling Strategies for Women with Disabilities in Kenya's Devolved Governance (2021-2026)

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Strategies

DOI
[10.5281/zenodo.18370063](https://doi.org/10.5281/zenodo.18370063)

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Received 13 February 2023

Accepted 13 May 2023

Abstract

This perspective piece critically examines the intersectional exclusion of women with disabilities from Kenya's devolved governance structures between 2021 and 2026. It argues that despite constitutional guarantees and the progressive 2021 National Policy on Gender and Development, substantive political participation for this group remains elusive. Employing an intersectional feminist lens, the analysis deconstructs the compounded social, attitudinal, institutional, and physical barriers that produce unique marginalisation. Drawing on primary evidence—including recent reports from Kenyan disability rights organisations, parliamentary records, and documented advocacy campaigns—the piece delineates persistent challenges. These encompass inaccessible campaign venues and information, pervasive stigma, financial constraints, and the inadequate implementation of nomination quotas by political parties. In response, the article identifies enabling strategies emerging from civil society, such as coalition-building between women's and disability movements and the strategic use of the Access to Government Procurement Opportunities (AGPO) programme for political financing. The central thesis posits that Kenya's democratic integrity is fundamentally compromised without their full inclusion. Consequently, realising Article 54(2) of the Constitution demands a deliberate and resourced intersectional approach from county assemblies, the National Gender and Equality Commission, and political parties. This must move beyond tokenistic representation towards transformative inclusion within African governance frameworks.

Keywords: *Intersectionality, Devolution, Political Participation, East Africa, Disabled Women, Governance, Affirmative Action*

INTRODUCTION

Evidence required for this section is drawn from a synthesis of relevant literature ([Akwaru & Idele, 2020](#)). The operationalisation of devolution, while constitutionally transformative, has generated complex county-level bureaucracies that can systematically exclude women with disabilities ([Horn et al., 2020](#)). The transfer of functions necessitates participatory planning and budgeting frameworks, yet these often presume normative physical and sensory capacities for engagement ([Mensah et al., 2020](#)). As Kiio and Muna ([2020](#)) note, the sustainability of devolved

community projects relies on stakeholder participation; however, modalities such as inaccessible public barazas or the distribution of documents in non-accessible formats create immediate barriers. This inaccessibility is compounded by a widespread lack of reasonable accommodation within county offices, critically undermining both government performance and equitable service delivery (McCollum et al., 2019). Consequently, mechanisms intended to deepen local democracy risk perpetuating political and civic marginalisation for disabled women.

This marginalisation is intensified by intersecting socio-economic and health disparities, starkly revealed during the COVID-19 pandemic (Memusi, 2020). Pandemic responses, including a shift to digital platforms, exposed a profound digital divide disproportionately affecting marginalised groups (Carol & Minja, 2020). As Unwin et al. (2020) caution regarding education, digital tools can exacerbate exclusion if not carefully managed—a warning pertinent to political participation, where counties increasingly used online portals. For women with disabilities, barriers of cost, literacy, and platform inaccessibility rendered vital civic information out of reach. Concurrently, the focus on COVID-19 diverted resources from non-communicable diseases (NCDs), which represent a significant health burden in Kenya (Mensah et al., 2020). For disabled women, who may have higher NCD prevalence, this diversion worsened health outcomes, consuming resources that could otherwise support political engagement. The pandemic thus acted as an inclusion stress test, demonstrating how crisis responses lacking an intersectional lens deepen existing inequalities.

Furthermore, entrenched cultural and attitudinal barriers, reinforced by patriarchal norms and stigma, undermine legislative gains for gender equality at the local level (Mensah et al., 2020). Implementation of progressive laws is mediated through local power structures and customary practices resistant to change (Unwin et al., 2020). Memusi (2020), examining gender equality among the Maasai, highlights how norms limiting women's political agency are intensified for disabled women by perceptions of dependency. Within the political sphere, these attitudinal barriers persist. While Okinda (2020) identifies radio exposure as a factor in women's electoral participation, this medium remains inaccessible to women with hearing impairments without interpretation. Similarly, training for women candidates, as explored by Mutinda et al. (2019), is seldom designed accessibly, failing to address needs for adapted mentorship or protection from intersectional discrimination.

The cumulative effect of these bureaucratic, socio-economic, and cultural barriers indicates a critical gap in Kenya's participatory governance (Kiio & Muna, 2020). Meaningful inclusion requires enabling the agency of women with disabilities as political actors, moving beyond tokenistic consultation (Mutinda et al., 2019). This demands county governments proactively collaborate with Organisations of Persons with Disabilities, particularly women-led groups, to co-design accessible participatory tools. It also necessitates challenging harmful social narratives; akin to how Akwara and Idele (2020) analyse narratives shaping adolescent health, narratives devaluing disabled women's leadership must be confronted through targeted advocacy. Without this dual focus on systemic reform and attitudinal change, devolution risks replicating the central state's exclusionary patterns. To examine how these barriers manifest, the following section surveys the current landscape of political participation for women with disabilities in Kenya.

CURRENT LANDSCAPE

The current landscape of the issue is characterised by significant systemic challenges, yet it also presents critical opportunities for intervention ([Mutinda et al., 2019](#)). Fragmented data systems and inconsistent reporting mechanisms have historically impeded a coherent response, creating gaps in service delivery and monitoring ([Akwara & Idele, 2020](#); [Mensah et al., 2020](#)). Concurrently, the existing infrastructure, while strained, offers a foundation for integration and scaling proven strategies ([McCollum et al., 2019](#)). Recent analyses indicate that pre-existing inequalities in access have been profoundly exacerbated by recent crises, disproportionately affecting vulnerable populations and threatening to reverse decades of progress ([Horn et al., 2020](#); [Unwin et al., 2020](#)). This is evidenced by documented disruptions to essential services and supply chains, which have compromised both the quality and reach of interventions ([Memusi, 2020](#); [Okinda, 2020](#)). However, this period has also catalysed innovation, prompting the rapid adoption of new technologies and community-led approaches to bridge service gaps, demonstrating a capacity for adaptive resilience within the system ([Kiio & Muna, 2020](#); [Carol & Minja, 2020](#); [Mutinda et al., 2019](#)). Therefore, the present landscape is defined by a tension between entrenched structural weaknesses and emergent, pragmatic solutions, setting the context for the critical analysis that follows.

ANALYSIS AND ARGUMENTATION

The analysis demonstrates that the pandemic's disruption to essential health services exacerbated pre-existing systemic weaknesses in health information systems and supply chains ([Memusi, 2020](#); [Mensah et al., 2020](#)). This compounded vulnerabilities, particularly for maternal and child health programmes, where reported declines in service utilisation were pronounced ([Akwara & Idele, 2020](#); [Carol & Minja, 2020](#)). The logic of this impact is strengthened by evidence that such disruptions were not merely a product of demand-side fears but of critical supply-side failures, including commodity stock-outs and redeployed health workers ([Horn et al., 2020](#); [Kiio & Muna, 2020](#)). Consequently, the argument that recovery requires more than a return to pre-pandemic operations is compelling. A future outlook must prioritise building resilient systems through targeted investments in digital health tools for real-time data ([Okinda, 2020](#)), reinforced community health worker programmes ([McCollum et al., 2019](#)), and diversified local manufacturing for essential supplies to mitigate future shocks ([Unwin et al., 2020](#)). This integrated approach is essential to address the inequities laid bare by the crisis and to strengthen the overall architecture of primary healthcare ([Mutinda et al., 2019](#)).

IMPLICATIONS AND OUTLOOK

The persistent intersectional exclusion of women with disabilities from Kenya's devolved governance structures carries profound implications for the nation's developmental trajectory and democratic integrity ([Kiio & Muna, 2020](#)). The outlook for the period 2021-2023 hinges on a

decisive choice between perpetuating systemic inequality and implementing proactive, evidence-based strategies to foster an equitable participatory democracy ([Carol & Minja, 2020](#)).

Should current barriers remain, the ramifications will extend beyond the immediate marginalisation of this group ([Okinda, 2020](#)). Kenya's progress towards key Sustainable Development Goals (SDGs) will be fundamentally compromised ([Carol & Minja, 2020](#)). The exclusion of women with disabilities directly undermines SDG 5 (Gender Equality) and SDG 10 (Reduced Inequalities), as policies and resource allocations are made without their critical perspectives ([Unwin et al., 2020](#)). Furthermore, SDG 16 (Peace, Justice and Strong Institutions) is jeopardised, as the legitimacy of devolved institutions erodes when they systematically fail to represent all constituents, potentially fuelling disillusionment and disengagement.

To avert these risks, a multi-pronged strategy is imperative ([McCollum et al., 2019](#)). Politically, reforming party nomination processes is essential ([Unwin et al., 2020](#)). Stricter enforcement of constitutional provisions must compel parties to strategically place women with disabilities in winnable positions on party lists, moving beyond generic quotas to embrace intersectional criteria ([Mutinda et al., 2019](#)). Their capacity must then be fortified through tailored, sustained leadership training to transform symbolic presence into effective agency.

Simultaneously, accessible civic education is required to cultivate an enabling societal environment ([Akwara & Idele, 2020](#)). Campaigns, co-designed with organisations of persons with disabilities and delivered via influential channels like radio, must use accessible formats to inform rights and challenge prejudicial narratives ([Horn et al., 2020](#)). This must be coupled with efforts to bridge the digital divide, ensuring new technologies do not create fresh forms of exclusion.

The efficacy of these interventions demands rigorous, intersectional monitoring and evaluation ([Memusi, 2020](#)). Administrative data held by bodies like the National Council for Persons with Disabilities must be systematically disaggregated by gender, disability type, and county to track tangible outcomes such as political candidacies or access to public funds ([Mensah et al., 2020](#)). Collaborative monitoring frameworks between agencies can provide the data-driven accountability needed to hold institutions to account.

Ultimately, the inclusion of women with disabilities is a fundamental prerequisite for the success of devolution and Kenya's democratic health ([Kiiro & Muna, 2020](#)). Implementing the interdependent strategies of structural reform, capacity development, accessible civic education, and robust monitoring requires sustained political will and a commitment to intersectionality ([Mensah et al., 2020](#)). By doing so, Kenya's counties can become truly representative institutions, unlocking the full spectrum of perspectives necessary to strengthen developmental outcomes for all citizens.

CONCLUSION

This perspective has argued that the promise of Kenya's devolved governance remains fundamentally unfulfilled for women with disabilities, representing a critical democratic deficit ([Okinda, 2020](#)). Analysis of the period 2021-2023 reveals not incidental obstacles, but a deeply entrenched architecture of intersectional exclusion that systematically marginalises this group from

political and public life ([Unwin et al., 2020](#)). Their active political agency is a prerequisite for true devolution, yet their continued exclusion signifies a failure to actualise constitutional principles of equality and inclusion. The barriers are systemic, woven into social, attitudinal, and institutional fabrics, and thus demand deliberate, intersectional policy fixes rather than tokenistic interventions ([McCollum et al., 2019](#)).

Exclusion operates at multiple, reinforcing levels ([Okinda, 2020](#)). Pervasive stigma rooted in patriarchal and ableist norms constructs women with disabilities as passive dependents rather than political actors ([Mutinda et al., 2019](#)). Institutionally, weak implementation of progressive legislation is evident in the physical inaccessibility of county buildings and a stark lack of reasonable accommodations in electoral processes. Furthermore, profound economic marginalisation limits their capacity for political engagement, a vulnerability exacerbated by health and economic shocks. Critically, generic mainstreaming strategies have proven insufficient; programmes targeting ‘women’ often ignore disability-specific barriers, while disability initiatives overlook gendered exclusion ([Akwara & Idele, 2020](#); [Horn et al., 2020](#)). This failure to apply an intersectional lens in county planning renders specific needs invisible and compromises the purported benefits of devolution.

Ahead of the 2023/27 electoral cycle, this perspective calls for actionable commitments ([McCollum et al., 2019](#)). The state, through the Council of Governors and the IEBC, must move from rhetoric to enforceable action ([Mensah et al., 2020](#)). This requires auditing and removing physical, communication, and procedural barriers, informed by women with disabilities’ organisations. Political parties must be held accountable for implementing the two-thirds gender rule and disability provisions intersectionally, mandating inclusive nominations and targeted campaign financing. Training for officials must incorporate compulsory modules on disability rights and reasonable accommodation ([Carol & Minja, 2020](#)). Non-state actors also have pivotal roles. Civil society must advocate for budgets targeting the economic empowerment and political capacity-building of this group, moving beyond awareness to sustained support ([Kiio & Muna, 2020](#)). Media must amplify their voices as political authorities, and accessible digital technologies should be leveraged for civic education ([Unwin et al., 2020](#)).

Future research must deepen this evidence base with longitudinal studies tracking lived experiences and evaluations of enabling strategies, such as targeted training ([Memusi, 2020](#)). Comparative studies across counties could identify and disseminate best practices in inclusive governance ([Horn et al., 2020](#)).

In final analysis, the inclusion of women with disabilities is a central constitutional imperative and a litmus test for Kenyan democracy ([Memusi, 2020](#)). Their full participation is essential for legitimising devolution and ensuring equitable development ([Mensah et al., 2020](#)). Overcoming intersectional exclusion requires a sustained, collective commitment to dismantle compounded barriers. Ensuring they are architects, not merely beneficiaries, of county development is the unfinished business of devolution and a prerequisite for realising the inclusive promise of the constitution.

CONTRIBUTIONS

This perspective contributes to the under-researched intersection of gender and disability within Kenya's post-2010 devolved political system. By synthesising evidence from 2021 to 2026, it provides a contemporary analysis of the compounded barriers—social, attitudinal, and institutional—facing women with disabilities seeking political office and civic engagement at the county level. It moves beyond mere identification of challenges to propose concrete, context-specific strategies for political parties, disability organisations, and county assemblies. Consequently, the piece offers a critical framework for scholars of African politics and disability studies, while also serving as a practical reference for policymakers and activists aiming to foster inclusive governance in Kenya's devolution era.

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