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Abstract

In Kenya, women with disabilities are faced with extreme poverty that has been compounded by the combined effects of gender inequality, stigma that often accompanies disability, and social extinction. Such women tend to experience multiplied obstacles that extend beyond those of non-disabled women living in poverty: hostile community attitudes and service provision, mobility constraints, restricting access to markets and training centers, laws and culture, and inability to own assets, and the mainstream financial and livelihood programs seldom consider their particular needs. Consequently, common interventions often do not cover this population, even in cases where the goal is to include the ultra-poor. The Graduation Approach, one of the most evidence-based pathways out of ultra-poverty, was first created by BRAC but is currently being used in many formulations, such as the PROFIT program, throughout Kenya. This period-based, intensive intervention is a mixture of short-term, consumption support to stabilize the households, transfers of productive assets with skills training, exposure to financial services through a series of savings groups, planned social activities of empowerment, and regular individualized coaching over a long period of time. It has been found to bring sustainable changes to the income, food security and resilience of many ultra-poor households. However, traditional patterns of the Graduation Approach tend to be ineffective with women with disabilities due to the fact that they fail to capture the intersectional character of their marginalization. This article thus presents a model that is specific to the poor women with disabilities in rural and informal urban areas in Kenya, the Disability-Inclusive Graduation (DIG) model. Based on the social model of disability (which focuses on eliminating environmental and attitudinal obstacles, as opposed to the fixation of individuals) and using a twin-track approach, the DIG model incorporates disability-specific supports in general economic interventions and offers targeted accommodations where necessary. The DIG model requires three foundational shifts to be successful. The programs should recognize that significant changes in the lives of women with disabilities will normally require extended durations of implementation- 18 to 3 six months- and more per-participant funding to break down deeply rooted structural barriers. Second, homes are not the passive recipients of interventions but caregivers and family members must actively engage in interventions to create conducive home environment that supports economic benefits. Third, inclusion should be taken beyond just passively participating to active, reasonable accommodation encompassed in all program aspects, including initial outreach to the follow-up of graduates. The Disability-Inclusive Graduation framework addresses both the economic and the social aspects of disability in a coordinated manner; and this offers a realistic roadmap of changing the livelihoods and enhancing meaningful social inclusion. It correlates with the Kenya requirements of the Sustainable Development Goals

of not leaving anyone behind and national disability policies and provides practical recommendations to government social protection systems, NGOs, and development partners that want to create more equitable and sustainable poverty-reduction initiatives to draw this very marginalized population.

Keywords: Graduation Approach, disability-inclusive development, women with disabilities, ultra-poverty, intersectionality, reasonable accommodation

1. Introduction

1.1 Background: The Graduation Approach and Ultra-Poverty in Kenya

One of the most persisting development challenges that Kenya has been facing is ultra-poverty. Kenya National Bureau of Statistics (2024) showed that in 2022, more than 20 million people were living below the national poverty line, and 39.8 percent of the population is living below it. More importantly, the hardcore or extreme poverty rate amounted to 7.1% or nearly 3.6 million Kenyans who cannot afford their basic food needs even assuming that all their income would be spent on food. This is especially worse in the rural (9.3) and the arid and semi-arid regions, where climate shock vulnerability further impoverishes rural populations (Kenya National Bureau of Statistics, 2024).

The Graduation Approach has become one of the most promising holistic approaches to lift households out of ultra-poverty. The model is the first to be developed in Bangladesh by BRAC in 2002 to provide and administer an 18-36-month carefully sequenced package of interventions (Hashemi & de Montesquiou, 2011; Tinta & Kolanisi, 2023). It incorporates five pillars of core activities including consumption support to stabilise short-term household requirements, transfer of productive resources (e.g. livestock or small business tools), training in technical and life skills, financial inclusion through Village Savings and Loans Associations, and highly intensive coaching and mentoring activities.

Rigorous evaluations have revealed that the strategy has considerable and sustainable effects on household consumption, assets accumulation, food security and resilience most of whose benefits are maintained several years after the programs are implemented (Hashemi & de Montesquiou, 2011). In Kenya, organisations like the BOMA Project as well as with technical assistance of BRAC have adapted and implemented the model especially in marginalised areas (Nyanja et al., 2021). Such programmes have shown how economic inclusion can be connected with the

prevailing social protection systems. The traditional Graduation models, however, do not usually consider the intersectional barriers to the poor women with disabilities (Leave No Woman Behind, 2020). This paper will thus discuss the adaptations that are required to make the approach inclusive and effective to this marginalised group.

1.2 The Double Jeopardy: Intersection of Gender, Poverty, and Disability (the "double burden")

In Kenya, women with disabilities are subject to what has been called the double jeopardy, the discrimination based on their gender on top of their disability (UN Women, 2020). This cross-over produces an extraordinary and heightened marginalisation that enslaves them in ultra-poverty cycles that are even worse than that experienced by non-disabled poor women or men with disabilities. Although in Kenya, the level of disability is 2.2% in general, women have a smaller percentage (2.5) compared to men (1.9), and their economic impacts are disproportionately high (Leave No Woman Behind, 2020). Recent statistics indicate that 43 percent of individuals with high support needs in Kenya have multidimensional poverty as compared to 35 percent of individuals without disabilities (Humanity & Inclusion, 2024). Among female disabled people, this number is even more appalling since gender standards additionally limit the right to own assets and move as well as to enter markets and credit.

Disability is often treated in a stigmatized and superstitious context according to the culture and at the same time, the patriarchal systems fail to grant women economic independence. Consequently, women with disabilities are at a greater risk of unemployment (which is usually above 7080 percent), reduced inherent privileges, and locked out of mainstream livelihood programmes (UN Women, 2020). Some of them are confined at home-based survival or begging with limited access to skills training, assistive equipment, or even some basic financial services like Village Savings and Loans Associations. The isolation of them by mobility barriers and negative attitude towards the community further isolate them against income-generating opportunities, further supporting the reliance on frequently overstrained families (Tinta & Kolanisi, 2023). These women are already vulnerable to gender-based violence and neglect in informal settlements of cities, where poverty is already severe, and this additional vulnerability further increases their economic marginalization (Leave No Woman Behind, 2020).

This intersectionality also implies that they can hardly be the beneficiary of poverty-reduction interventions that are traditional. The same programmes that are supposed to pull households out of ultra-poverty by default marginalize women with disabilities, trapping the two in a vicious cycle of disability compounding poverty, and poverty compounding disability-related marginalization (Nyanja et al., 2021). This double jeopardy is hence the main consideration of any serious graduation strategy in Kenya.

1.3 Problem Statement: Barriers to Inclusion in Conventional Graduation Models

The models of conventional Graduation Approach, though effective to many ultra-poor households of Kenya, are systematically discriminative of poor women with disabilities. Conventional community-based targeting strategies regularly overlook this population because of stigma, which is widespread and because of their often being held captive in their homes (Leave No Woman Behind, 2020). With women with disabilities on the roll, the one-fits-all design provokes invincible obstacles productive asset transfers are not adapted to functional abilties, skills training and Village Savings and Loans Association meetings are being conducted in unreachable locations without a sign-language option or a reasonable accommodation, and coaching is not home-based or designed to meet psychosocial needs or caregiver participation (Tinta & Kolanisi, 2023). Consequently, the enrolment rates, high dropout levels, and low sustainable livelihood benefits are very low in these women. This structural inability not only continues with their multidimensional poverty but it is directly contrary to constitutional rights in Kenya and international obligations to ensure no one is left behind in social protection and economic inclusion programmes.

1.4 Objectives of the Conceptual Paper (and Research Questions)

This theoretical paper intends to strengthen the notion of disability-inclusive poverty reduction in Kenya through the devising of a more customized adaptation of the Graduation Approach to the poor women with disabilities. The specific objectives are:

i. To analyse the introduction of gender, disability, and ultra-poverty into each other and develop distinct, compounded obstacles to economic inclusion in Kenya.

ii. To critically evaluate the conventional Graduation Approach and suggest structural changes that are required in rural and informal urban settings in Kenya.

iii. To conceptualise changes to the pillars of core pillars, which are focused on targeting, asset transfers, financial inclusion, social empowerment, and coaching as a way to gain a real accessibility and empowerment.

iv. To propose measures, which can improve social inclusion, self-confidence, and disability rights awareness as well as livelihood gains.

v. To outline the sustainable post-graduation processes and policy solutions to be scaled and implementation linked to government.

Research questions include: How should the Graduation Approach be modified to reduce intersectional barriers among women with disabilities? How does reasonable accommodation, engagement of caregivers and long schedules contribute to sustainable outcomes? Which policy changes need to be made to incorporate disability-inclusive graduation into the Kenyan system of social protection?

2. Theoretical Framework and Literature Review

2.1 The Social Model of Disability and Empowerment Theory

The social model of disability provides a robust perspective of the marginalisation of women with disabilities in Kenya. In contrast to the medical model, which positions disability as an individual tragedy or deficit that needs to be treated, the social one is that disability is a creation of societal barriers, negative attitudes, inaccessible environments, and discriminatory practices (Tinta, 2020; Nyanja et al., 2021). In this view, the fact that the society fails to adapt to the various needs is what makes people to be disabled and not the impairment. Physical inaccessibility of markets, training facilities, and financial services as well as the highly ingrained stigma is a key limiting factor to economic participation of women with disabilities in the Kenyan context (Tinta & Kolanisi, 2023).

This model is especially useful in the case of livelihood interventions, e.g. the Graduation Approach. Traditional programmes tend to ignore the fact that environmental and attitudinal obstacles do not allow women with disabilities to enjoy equal benefits of the asset transfer and skills training (Leave No Woman Behind, 2020). Recent research in Africa indicates that in the absence of conscious erasing strategies, even properly developed economic inclusion initiatives do not achieve many results with this audience (Tinta & Kolanisi, 2023).

Complementing the social model, the theory of empowerment gives an understanding of the process by which women with disabilities may have control over their lives and challenge structures of oppression (Okyere & Lin, 2023). Empowerment is believed to be a multidimensional process in which the psychological, economic, and social levels are considered so that marginalised people are empowered to create agency and self-efficacy (Zuurmond et al., 2020). Empowerment in the case of women with disabilities extends beyond income generation to encompass self-confidence-building, ability to have critical consciousness on their rights and their solidarity.

Recent research studies show the need of culturally based methods of empowerment. Lorenzo and Sefotho (2025) state that empowerment frameworks should incorporate the indigenous philosophies like Ubuntu in African contexts to establish more relevant and sustainable pathways of women with disabilities. A combination of the social model of disability and empowerment theory provides an excellent basis of re-designing the Graduation Approach. They insist on programmes actively breaking disabling barriers and at the same time creating personal and collective power of poor women with disabilities (Zuurmond et al., 2020; Lorenzo and Sefotho, 2025). The given theoretical background supports the developed Disability-Inclusive Graduation (DIG) model.

2.2 Gendered Poverty and Intersectionality: How Norms Restrict Women with Disabilities

Gendered poverty among women with disabilities in Kenya is most conceptualized through an intersectionality approach, where all three factors, namely gender, disability and economic deprivation, strengthen each other to create distinct experiences of exclusion (Grech, 2023). The disability stigma intersects with the patriarchal norms according to which women are the main caregivers and dependents, which significantly restricts their opportunities regarding the economy (Nyanja et al., 2021). Women with disabilities in most Kenyan societies are viewed as asexual, unmarriageable, and unable to work productively thereby having lesser cover of asset inheritance, land ownership, and power in decision making within the households.

These intersecting norms form several dispenses of limitation. Gender roles only allow women to cope with household chores, but a lack of mobility and infrastructural inaccessibility means that many of them cannot engage in market activities and training in skills (Okyere & Lin, 2023). Meanwhile, the stigma is so great that any family who has a daughter with a disability does not

assign productive resources like livestock or business assets to them, instead opting to allocate it to those who are non-disabled males (Woyo et al., 2025). This is a planned disinvestment that increases their reliance and susceptibility.

Moreover, the cultural perceptions that treat disability as a curse or omen are the added factors that contribute to gender-based discrimination resulting in social isolation and exclusion in the community savings groups and livelihood programmes. Recent reports indicate that the combination of gender and disability is a major contributor to multidimensional poverty since disabled women encounter dual challenges in their education, employment, access to credit, and medical care (Okyere & Lin, 2023). It is these structural and normative barriers, which reason that these group members fail to complete traditional Graduation models which presuppose that they have an equal ability to exploit assets and engage in group activities (Grech, 2023). The intersectional disadvantage and gendered norms would then be addressed in creating effective disability-inclusive graduation strategies in Kenya.

2.3 The "Big Push" Solution to Ultra-Poverty.

The Big Push strategy deals with the theory that ultra-poor households remain trapped in poverty because they are subject to a set of reinforcing constraints such as low assets, low skills, credit market failures, and psychosocial constraints that act to limit their ability to earn self-sustaining incomes (Okyere & Lin, 2023). Instead of an incremental intervention, the strategy gives a massive, coordinated mobilization of resources and assistance over a short time frame in order to cross these thresholds and propel the households to a new, sustainable level of livelihoods and well-being (Chen et al., 2025).

The Graduation Approach is an operationalization of this Big Push, which is executed in a sequentially and multifaceted package, which usually takes 18-36 months (Chen et al., 2025). It provides short-term consumption assistance in stabilising households and then productive transfer of assets (livestock or business inputs), training technical and life skills, access to financial services through savings groups and intensive coaching to develop confidence, agency and management skills (Bechange et al., 2024).

Rigorous evaluations in a variety of settings have attested that the mechanism of the Big Push can produce substantial, enduring effects, and several years after the programs, many of the households

continue to experience better results (Bechange et al., 2024). The strategy has been found especially useful where its adaptation to local conditions has been helpful in highlighting its applicability as a basis of poverty alleviation strategies that apply to the ultra-poor in locations such as Kenya (Okyere & Lin, 2023).

2.4 Existing Evidence on Disability-Inclusive Graduation

The current evidence on disability-inclusive graduation (DIG) programmes is still emerging and is still overly localized in Uganda (Mugeere et al., 2024). In an appendage-randomized controlled trial of the DIG programme by BRAC in Northern Uganda, a recent study discovered that the intervention resulted in short-term advantages of social participation, especially societal take part in ultra-poor people with disabilities (Chen et al., 2025). The programme also registered significant increases in household income, accumulation of productive assets, levels of savings, as well as financial services access.

The process evaluations have given useful information on implementation. Among the conditions that led to success, there are home-based coaching, the supply of assistive tools, adaptive choice of assets based on functional abilities, meaningful interactions with caregivers, and robust local relationships with Disabled Persons Organizations (Mugeere et al., 2024). Nonetheless, these studies also indicate that there are serious challenges linked to maintaining social inclusion and psychological gains after the intensive programme support is discontinued.

Although these are promising results in Uganda, there is hardly any rigorous evidence of the adaptations of the Graduation Approach to disability-inclusion in Kenya. The traditional models of graduation programs persist in the country even in the present day, where reasonable accommodation is not considered or intersectional challenges of women with disabilities are not fully addressed (Chen et al., 2025). The described gap in the critical evidence is a substantial reason to go beyond a general conceptual framework and create a context-specific one, which the paper will attempt to offer.

3. Contextual Challenges for Women with Disabilities in Kenya

3.1 Physical and Attitudinal Barriers to Market Access

The physical and attitudinal barriers that plague poor women with disabilities in Kenya are unsurmountable and their access to markets which is an important attribute of sustainable livelihood activities is limited. The rural and informal urban areas have a majority of the markets that are very inaccessible physically (Mugeere et al., 2024). The lack of ramps, small and irregular aisles, elevated stalls, and unspecialized places where a person with mobility disabilities can move in render it incredibly hard to navigate the premise using a wheelchair or crutches and other assistive tools (Bechange et al., 2024). Poor and unaffordable transport also exacerbates the issue, since most forms of transport in the market, such as the public matatus and boda bodas, are often unprepared and therefore women have to rely on the help of costly private services or avoid going to the market.

Attitudinal barriers are also debilitating. Engrained stigma and poor stereotyping cause market traders, buyers and officials to view women with disabilities as people who cannot engage in serious business activities (Bechange et al., 2024). They are often relegated to the lower ranks of selling, harassed, or not given a chance since they are treated more as an object of pity than as a good entrepreneur (Barbareschi et al., 2021). Disability stigma is overlapped by patriarchal norms, which lead to females with disabilities being trusted less, patronized by fewer customers and less price charged on their products than the female counterparts.

The experience of low- and middle-income countries also demonstrates that the main barriers to economic participation of a person with disabilities are environmental inaccessibility, and poor attitudes towards disabled individuals in society (Morwane et al., 2021). It is these barriers that make standard Graduation Approach programmes, which presuppose the easy access to the market once the assets are transferred, not to yield sustainable results in the case of women with disabilities in Kenya (Making it Work, 2025). Subsequently, physical access and malicious attitudes are two issues that need to be addressed to achieve any meaningful disability-inclusive livelihood intervention.

3.2 Legal and Social Constraints to Asset Ownership

The case of poor women with disabilities in Kenya is characterized by very high legal and social restrictions that profoundly limit their right to own and manage productive assets which is a pre-requisite to being involved in the Graduation Approach. Despite the provisions in the Constitution of Kenya (2010) and the Persons with Disabilities Act, which affirm the provisions of equal

protection under the law insofar as property and inheritance is concerned, the practice of stipulating these provisions by the customary law prevails in most rural and informal urban settlements (Bechange et al., 2024). In most traditional regimes, the women who are disabled are excluded in a systematic manner in the process of inheriting family land, livestock, and business capital under the pretext of being incapable in handling property or being unlikely in perpetuating the family lineage (Mang'eni, 2024).

Legal barriers are reinforced by social norms and family practices. Families often consider daughters and wives with disabilities as financial burdens, and not as the possessors of productive resources, which is why, they prefer to allocate productive resources to the non-disabled male members of the family (Making it Work, 2025). These two factors of patriarchal gender norms and the stigma of disability keep reinforcing the notion that whatever resources a woman with a disability receives will go to waste or be squandered. Even in cases where women with disabilities seek to defend their rights in a court of law, they face a daunting challenge such as poor legal literacy levels, high litigation rates, prolonged court proceedings and the fear of disapproval or violence by their families (United Nations Women, 2025).

The interacting nature of these constraints has a direct implication on livelihood interventions. Since the Graduation Approach relies upon the transfer and productive utilization of assets, the relative insecurity of ownership may result in transferred assets being stolen by the relatives or can result in the inability to capitalize on the transferred assets to produce income (Bechange et al., 2024). The traditional graduation programmes will remain only able only to provide poor women with disabilities in Kenya with limited sustainable results without specific reforms to adjust statutory and customary law and to criticize adverse social standards (Making it Work, 2025).

3.3 Existing Social Protection Gaps in Kenya

The social protection framework in Kenya has been enlarged in the past decade. The Inua Jamii programme consolidates cash transfers to older people, orphans and vulnerable children, and severely challenged disabled persons. Although the Persons with Severe Disabilities Cash Transfer (PwSD-CT) is the primary program aimed at covering persons with disabilities, significant structural gaps still persist in cutting or poorly covering poor women with disabilities.

The primary gap is the restrictive eligibility requirements which only applies to people who have severe disabilities. This denies most women with mild or moderate disabilities the regular social help even though they are extremely poor and vulnerable (United Nations Development Programme, 2024). Even in qualified women, the access is an issue because it is complicated with registration procedures, stigma when going through medical examination, long queues, and the physical inaccessibility of payment points (Bechange et al., 2024). The number of women who do not have the necessary documentation or a caregiver to successfully complete registration is also large.

In addition to this, the social protection programmes in Kenya are generally passive and consumption centred. The sums of money that are given are minor, and are often not associated with skills training, purchase of assets, or sustenance support, the vital components of poverty reduction that should be sustainable (United Nations Development Programme, 2024). Lack of reasonable accommodation, home based services and integration with economic empowerment initiatives is especially restrictive to the women with disabilities (Making it Work, 2025). Patriarchal household relations further diminish the chances of women having control in the transfers they get and making good use of it.

These gaps imply that available social protection mechanisms in Kenya have few avenues of women with disabilities out of ultra-poverty. The system will not be in a position to achieve its potential of realizing meaningful economic inclusion without purposeful reforms to increase coverage, improve benefit adequacy, and incorporate productive elements.

4. Conceptual Framework: The Disability-Inclusive Graduation (DIG) Model

4.1 Inclusive Targeting and Identification (Washington Group Short Set questions + hidden-population strategies)

The success of any Graduation programme depends on proper and encompassing identification of the participants. The traditional targeting approaches used in Kenya based on the nomination of community leaders or voluntary self-registration never access poor women with disabilities (United Nations Development Programme, 2024). The factors of stigma, domestic secrecy, and social isolation imply that this population is often hidden in the course of the usual mobilisation of the communities (Kipchumba, 2025).

To address this omission, the Disability-Inclusive Graduation (DIG) model uses the Washington Group Short Set (WG-SS) of questions as the main tool of screening. The WG-SS is a set of six standardised questions assessing functional problems in six domains, including seeing, hearing, walking/climbing steps, remembering/concentrating, self-care, and communicating (Kipchumba, 2025). At least one of the domains will require respondents to answer a lot of difficulty or cannot do at all, this will make them to be considered a disability. It is an accurate and comparable non-stigmatising approach to identification that has been validated as being useful in low-resource settings (CBM Global, 2023).

Special attention is paid to the identification of women with invisible disabilities (e.g. psychosocial or mild intellectual impairments) which are most likely to be unnoticed. The WG-SS would be useful in augmenting the enrolment equity, alongside the maintenance of dignity in the process of the identification of the women in the most marginalised ultra-poor group by integrating the WG-SS with these community-based, outreach approaches (United Nations Partnership on the Rights of Persons with Disabilities, 2024).

4.2 Tailored Consumption Support and Household Support (including caregiver engagement)

Consumption support has to be specifically designed to meet the extra expenditure of disability in the Disability-Inclusive Graduation (DIG) model, and provided in such a way that enhances the overall household unit (Gomes, 2023). Standard Graduation programmes offer standard cash or in-kind transfers over a given time to stabilize the basic needs and the sales of productive assets in distress is avoided. To poor women with disabilities in Kenya, though, these common quantities are insufficient since disability costs, which cover the means of transport, personal assistance, medication, and assistive gadgets, may eat 2040 percent of household earnings prior to any livelihood activity commences (Banks et al., 2025). Tiered and flexible consumption support is thus introduced by the DIG framework. The calculation of transfer values will be based on the functional limitations of the woman (by using Washington group data) and household size with additional top-ups in the high-support needs. The payments are made directly to the woman wherever they can, or collectively with a trusted caregiver to encourage both short-term consumption moderation and female economic empowerment at home (Kipchumba, 2025).

The model recognizes that a majority of women with disabilities are not solitary but rather live in an interdependent family setup and, therefore, considers both household support and participation of the active caregivers as equal. Caregivers are not being viewed as passive consumers but as key partners (Kipchumba, 2025). From the first month, they take part in shared planning sessions, get specific training on supportive supervision (instead of over-protection), and get provided with introductory disability-rights awareness to decrease the internalised stigma and power imbalances (Gomes, 2023). Psychosocial support session deals with caregiver burnout, which is usually experienced when the family as supporting the woman with disabilities is also dealing with ultra-poverty. Disability-inclusive ultra-poor programmes evidence shows that significant caregiver engagement can significantly enhance the retention of programmes and the utilisation of assets as well as long-term income (Chen et al., 2025). Through enhanced, disability-adjusted consumption assistance and systematic household and caregiver involvement, the DIG model changes the original phase of safety-net into a springboard of true economic empowerment and not short-term alleviation.

4.3 Accessible Livelihood Asset Transfers and Modifications (e.g., mobility-adapted livestock, home-based enterprises)

Transfer of productive assets is a crucial pillar of the Graduation Approach. Nevertheless, traditional programmes usually offer the same set of assets to everyone, which is usually large livestock like cows or goats without regard to functional capabilities and mobility restrictions (Gomes, 2023. In the case of women with a disability, this general-purpose design often leads to under-utilisation or total loss of assets due to high labour requirement, long travel or inaccessible infrastructure needed by the animals (Banks et al., 2025).

The Disability-Inclusive Graduation (DIG) model is a paradigm shift in the design of the asset transfer by embracing the person-centred approach (Chen et al., 2025). The choice of assets is done in collaboration with each of the women, her caregiver, and staff of the programme after an elaborate functional assessment using the Washington Group Short Set questions. The rule is what is the best in her particular abilities and situation (Gomes, 2023).

In the case of women with mobility impairments, the model gives more emphasis to mobility-adapted livestock, which may include small ruminants (goats and sheep), poultry, rabbits or guinea pigs, which do not need much physical exertion and can be kept in or around the homestead (Chen

et al., 2025). Home-based micro-enterprises such as tailoring with custom sewing machines, soap and detergent manufacture, beadwork and jewellery production, poultry rearing in elevated cages, or value addition of agricultural product are given preference in case of severe mobility limitations (BRAC & Inclusive Futures, 2025).

The asset packages have the required changes and supporting features (Khan et al., 2025). Some of them can be building raised animal shelters so that they can be easy to access, using tools with ergonomic handles, provision of assistive equipment like wheelchairs or walking frames to do specifically livelihood occupation and installation of low-cost ramps around the homestead (Chen et al., 2025). The start-up inputs (feeds, seeds or raw material) are also given to women in accordance with their capacity.

Notably, the DIG model highly emphasizes on available skills training. The training is conducted in either home-based sessions or small groups available and accessible, with practical demonstrations, use of visual aids as well as interpretation of the sign language where and when required (Khan et al., 2025). Technical support is also conducted on a regular basis, through visits to the house in the first six months.

The experience of disability-inclusive programmes demonstrates that a customised choice of assets and relevant adjustments result in much greater retention rates of assets and proceeds than the standard designs (Khan et al., 2025). Through aligning assets and personal capacities and eliminating environmental obstacles, the DIG framework will be able to turn the transfer of assets to a potential liability into a real avenue to sustainable livelihoods of women with disabilities in Kenya.

4.4 Financial Inclusion: Accessible Village Savings and Loans Associations (VSLA) (door-to-door, sign-language, accessible venues)

Financial inclusion is also a pillar of the Graduation Approach, and it allows the participants to save on a regular basis, access small loans, and develop financial resilience. The Village Savings and Loans Associations (VSLAs) are the community-based organizations operated as standard models with such groups members pooling funds to save and lending them on themselves and developing their financial management skills (Khan et al., 2025). Nevertheless, the traditional VSLAs tend to ostracize women with disabilities because of the inaccessible meeting rooms,

absence of communication options, mobility limitations to attend the sessions, and poor attitude of the group members or facilitators.

The Disability-Inclusive Graduation (DIG) model will transform VSLAs into inclusive spaces by instilling reasonable accommodations throughout the formation and maturity (Khan et al., 2025). First, the venue selection is based on physically accessible places: rooms on the ground floor, which have ramps, have wide doorways, sufficient light, and seating options that do not hinder the free movement of wheelchairs and crutches or other assistive devices. In case women have severe mobility, they can meet right at the door or in small home-based groups and gradually move to central places as they will feel more confident and will have support networks (BRAC & Inclusive Futures, 2023).

The barriers to communication are dealt with in advance. Women with hearing impairments also have sign-language interpreters present on all occasions, and any materials are supplied in easily readable forms like big-print summaries, tape recordings, or braille where possible (Inclusive Futures, 2025). The facilitators are trained on inclusive communication skills such as talking clearly, using visual aids and simplified language in case of cognitive or intellectual disabilities.

The quotas of leadership and participation guarantee the meaningful inclusion: at least 30% of the VSLA committee roles are allocated to women with disabilities to develop confidence, power in decision making, and ownership (Khan et al., 2025). Peer support systems match disabilities participants to non-disabled mentors or caregivers to attend to and manage loans together.

Training Financial literacy is adapted to home based or small groups and includes budgeting, loan repayment, and risk management with disability-specific illustrative examples (e.g. saving to repair your assistive equipment) (Inclusive Futures, 2025). These skills are supported through continued coaching, and when feasible, are connected to formal financial services by mature VSLAs.

Disability-inclusive graduation pilot results in Uganda have shown that these adaptations result in high retention, savings, more leadership positions by persons with disabilities (more than 200 in leadership roles of 140 VSLAs), and increased social capital (Inclusive Futures, 2024). The DIG model will transform financial inclusion into an economic independence and less vulnerability of

the poor women with disabilities in Kenya by providing them with access and empowerment to VSLAs (Chen et al., 2025).

4.5 Intensive Home-Based Mentoring, Life Skills, and Psychosocial Support

The Disability-Inclusive Graduation (DIG) model is based on intensive home-based mentoring, development of life skills and psychosocial support. Traditional Graduation programmes are usually based on group coaching lessons and purposeful visits to monitoring which are not very effective to poor women with disabilities. The lack of mobility, unreachable locations, caregiving duties, communication issues, and internalized self-stigma can consistently result in inattendance and restrict the translating skills into daily activities (Inclusive Futures, 2025).

The DIG framework is thus shifted to the intensive and personalised home based mentoring that is done at the residence of the participants. The first six months are marked by home visits by trained mentors, who will preferably be women with training on disability sensitiveness and will pay the home visits once a week and then reduce to bi-weekly visits as participants gain confidence and independence (Chen et al., 2025). The home-based method allows the mentors to work in the actual circumstances, note feasible challenges and offer real-time, context-sensitive answers, which are impossible to accomplish through the standard centre-based models.

The combination of three complementary elements is incorporated in every mentoring session. To begin with livelihood mentoring is on practical skills in enterprise management, such as production planning, quality control, record keeping skills, marketing, and pricing strategies, and problem solving that is specific to the assets of the woman, her functional capabilities and local market environment. Second, life skills training imparts fundamental individual skills like assertiveness, decision-making, negotiating, time, conflict management, and disability rights training Gomes & Carew, 2024). These sessions enable the women to advocate themselves, bargain over incomes and property in the home as well as confronting the discriminatory attitudes of the society.

Third and, additionally important, would be the systematic incorporation of psychosocial support. The years of rejection, abuse, internalised stigma, and social isolation have tainted many of the ultra-poor women with disabilities, which has produced low self-esteem, anxiety, and depression (Inclusive Futures, 2025). Basic counselling methods, self-esteem building activities, stress management skills, emotional validation and goal-setting activities are therefore part of home

based mentoring Gomes & Carew, 2024). The mentors will be specially trained to identify the indications of mental health distress, and connected to professional services when necessary. Caregivers will be involved in the chosen sessions to decrease over-protection, develop family support, and establish a supportive home atmosphere that supports economic benefits (Chen et al., 2025).

This relational approach, which is holistic, has proved to yield good returns with disability-inclusive programmes. Mentoring is an intensive home-based exercise, which provides great benefits regarding retention of participants, levels of confidence, asset utilisation, social participation and long-term wellbeing. This approach to delivering holistic support to the home and targeting not only the livelihood practical needs but the underlying psychological barriers with women with disabilities eliminates most of the structural and emotional impediments that usually compromise the graduation rates of the latter.

4.6 Redefining "Reasonable Accommodation" and the Role of Caregivers in the Graduation Process

The Disability-Inclusive Graduation (DIG) model radically redefines the concept of reasonable accommodation as a reactive, minimum legal requirement into a proactive, systematic and individualised approach built into all the elements of the program (Chen et al., 2025). The model does not wait until requests or complaints have been received but insists that targeting, asset selection, training, financial services and mentoring should be made accessible and inclusive Gomes & Carew, 2024). Applications of practice can consist of obligatory home-based coaching and training delivery, the supply of assistive devices, depending on the definite livelihood activities, the flexible scheduling of VSLA gatherings, customized training supplies, and instruments, and sign-language interpretation along with physical changes to work areas and animal shelters (BRAC & Inclusive Futures, 2023). The strategic involvement of caregivers is also critical. By appreciating that a majority of poor women with disabilities reside in interdependent household systems the model vigorously repositions the role of the caregivers as empowered partners and not as passive supporters and gatekeepers.

Special orientation is given to caregivers on disability rights, the positive support methods of fostering autonomy rather than over-protection, and the basic business skills to strengthen livelihood activities of the woman (Gomes & Carew, 2024; United Nations, 2024). They also take

part in joint household planning meetings and selected mentoring sessions to build a conducive home atmosphere to protect newly acquired assets and maintain economic gains (Gomes & Carew, 2024). The DIG model provides a combined strategy of eliminating barriers of the environment and relationship through the adoption of an active reasonable accommodation and purposeful partnership with caregivers (BRAC & Inclusive Futures, 2023). The combination of this approach is of great significance to retain women with disabilities in Kenya, retention of assets, generation of income, and empowerment of women in the long term (Chen et al., 2025).

5. Structural Enablers and Strategies for "Making It Work" in Kenya

5.1 Strengthening Linkages with Government Social Safety Nets

The Disability-Inclusive Graduation (DIG) model acknowledges that poor women with disabilities cannot be ensured to escape poverty in the long term only through time-bound interventions (Gomes & Carew, 2024). They must also have a robust institutional connection to the national social protection system in Kenya, specifically to the Inua Jamii programme, in order to achieve sustainable results. Inua Jamii now provides regular cash transfers of vulnerable households to more than 1.2 million households composed of Persons with Severe Disabilities Cash Transfer (PwSD-CT) and is projected to reach 2.5 million households by 2026 (World Bank, 2025a).

The DIG model suggests a strategic layering as opposed to parallel implementation (BRAC & Inclusive Futures, 2023). Government cash transfers under Inua Jamii play the role of the steady consumption support base whereas the DIG programme incorporates the productive side of the customized asset transfers, accessible financial services, training, and intensive home-based mentoring (Gomes & Carew, 2024). This cash-plus model ensures maximum efficiency, duplication is minimized, and the available government infrastructure is used.

The mechanisms that are practicable to use as linkages were joint targeting, sharing of data using the Enhanced Single Registry, automatic referral of ultra-poor women with disabilities into PwSD-CT, harmonised monitoring systems, and formal post-graduation transition strategies. By the end of the DIG cycle, members are still bound to state safety nets in order to take further protection against shocks (Gomes & Carew, 2024). Mentors can also access other complementary services like health insurance and assistive devices. These linkages are in line with the economic inclusion agenda of the government itself and contribute to cost-efficiency, scalability, and sustainability of

livelihood benefits (World Bank, 2025b). When national systems incorporate the DIG model, Kenya will be able to go beyond small-scale NGO pilots to a far more transformative and inclusive system of social protection that leaves no woman with disabilities behind.

5.2 Role of Local Disabled Persons Organizations (DPOs) and co-design/participatory approaches

The Local Disabled Persons Organizations (DPOs) are critical in ensuring the Disability-Inclusive Graduation (DIG) model works and has some legitimacy in Kenya (United Nations, 2024). DPOs reflect the principle of nothing about us without us in those as representative organizations governed and led by people with disabilities themselves, this is enshrined in the UN Convention on the Rights of Persons with Disabilities (CRPD) (Gomes & Carew, 2024). DPOs are important partners in the DIG framework, both in the beginning of the programme and the implementation and evaluation of the programme.

First, DPOs add to the area of co-design and a participatory strategy by making sure that the adaptations of the programme address the lived conditions of women with disabilities. In successful initiatives like DIG project in Uganda, DPOs were co-designing interventions with the implementers, which is a key contribution that they had to make regarding the choice of assets, reasonable accommodations, targeting strategies, and elimination of the barriers (BRAC & Inclusive Futures, 2023). This participatory initiative assists in preventing top-down design, which fails to account intersectional demands with respect to gender, type of disability, rural-urban variations, and cultural conditions in Kenya. DPOs also promote trust and mobilisation of communities. Stigma and family gate keeping keeps women with disability hidden, DPOs utilize their grassroots networks to find the hidden participants, do sensitisation campaigns and disclosure during targeting (United Nations, 2024). They mobilise referral mobilisation, peer support groups and promote inclusion to Village Savings and Loans Associations and community decision-making would be included.

Moreover, DPOs make it through accountability and sustainability. They will keep track of programme delivery, give the feedback of reasonable accommodations and promote policy connections with government social protection systems like Inua Jamii. The DIG model promotes the development of long-term advocacy networks through the capacity building of the local DPOs that will maintain gains even after the intervention (BRAC & Inclusive Futures, 2023). Disability-

inclusive graduation programs have provided evidence of meaningful DPO partnership to enhance equity in enrolment, retention, social participation, and programme relevance (Chen et al., 2025). In Kenya, enhancing connection with national umbrellas such as the United Disabled Persons of Kenya (UDPK) as well as women-led disability political organisations will make the DIG approach participatory, culturally based and in line with national disability policies.

5.3 Digital Tools for Remote Monitoring, Training, and Coaching

Disability-Inclusive Graduation (DIG) model uses low-cost digital devices strategically to reinforce remote monitoring, training, and coaching and supplement high-intensity mentoring at home. These tools can be used to reach poor women with disabilities more often, more timely, and at a lower cost than in rural and informal urban Kenya where mobility barriers and long distances impose limiting conditions on the frequency of physical visits (United Nations, 2024). Those core applications are WhatsApp Business, which allows voice notes and photo reporting to monitor asset performance and sales, and Interactive Voice Response (IVR) systems and SMS will be used with low-literacy users and simple mobile-based data-collection platforms with mentors reporting on income, savings, and wellbeing indicators in real time (BRAC & Inclusive Futures, 2023). Through these systems, challenges can be detected early and quick technical or psychosocial support can be provided.

The accessibility is also designed by providing voice-based interfaces to women with visual impairment, easier navigation, big text choices and recorded messages in the local languages. Mentors are trained on the inclusive digital facilitation and basic digital literacy (subsidised airtime and phone-sharing) is facilitated (Chen et al., 2025). An intermediate solution, the interaction between digital contacts and regular visits of a person face-to-face, will maintain the quality of relationships that empowers. The experience of disability-oriented livelihood projects in Kenya shows that properly adjusted digital tools can enhance the level of the engagement of the participants, speed up the learning process, and increase their resilience to shocks without the need to reduce the level of inclusion (inABLE, 2023; United Nations, 2024).

5.4 Flexible and Extended Timelines (18–36 months), Frontline Staff Capacity Building, and Reasonable Accommodation throughout

Normal Graduation programmes are normally provided in a set cycle of 18 months. This is usually not enough to poor women with disabilities in Kenya (Kipchumba et al., 2024). The stigma is internalised on a deep level, the health status is changing, the mobility is limited, the care-giver has to care and provide support, the person is to learn the adapted livelihood skills and balance power in the house, which requires much more support (United Nations, 2024). According to evidence that was collected on disability-inclusive ultra-poor programmes, the participants with disabilities often need more time to stabilize their income, assets, and social integration with the non-disabled participants (Inclusive Futures, 2025).

The Disability-Inclusive Graduation (DIG) model thus embraces the flexible and longer periods between 18 and 36 months. Advancement depends on personal preparedness tests and not strict time schedules. Prolonged consumption support, mentoring and asset management can be offered to women with higher support needs or severe impairments. This adaptive pacing will eliminate premature graduation and minimise dropout and will give enough time to the sustainable behaviour change and market linkages to be established (United Nations, 2024).

An effective frontline staff capacity building is also an ingredient to successful delivery. Initial training of mentors, field officers, and facilitators on the social model of disability, gender-disability intersectionality, inclusive communication approaches (including basic sign language), psychosocial support skills, and practical approaches to the provision of a reasonable accommodation are provided as intensive training and regular refresher course. Continued monitoring and peer-learning discussion forums are used to guarantee that staff competence changes during the programme cycle (Kipchumba et al., 2024).

Finally, reasonable accommodation is institutionalised as an ongoing programme-wide commitment and not a one-off adjustment. Measures of accessibility and inclusion are routinely checked and adjusted at each of the phases based on the feedback of the participants and regular audit (Kipchumba et al., 2024). This also involves adjustments on the asset package, mode of training delivery, meeting format and after-graduation support. The DIG model creates the structural factors that poor women with disabilities in Kenya need to graduate poor to ultra-poverty in a sustainable and sustainable way by incorporating flexible extended timelines, frontline staff, who is skilled and capable of handling disability, and sustained reasonable accommodation (Chen et al., 2025).

6. Conclusion and Policy Recommendations

6.1 Summary of the Conceptual DIG Model

The Disability-Inclusive Graduation (DIG) model is a modified version of the regular Graduation Approach, which is specifically designed to allow poor women with disabilities in Kenya to graduate to sustainable escape out of ultra-poverty. Based on the social model of disability, empowering theory, and intersectionality principles, the DIG focuses on the multifactorial barriers of gender, disability stigma, and abject economic poverty that makes the traditional models ineffective in this population.

The model transforms the five pillars of the Graduation Approach in inclusive and approachable parts:

1. Inclusive targeting and identification incorporate the Washington Group Short Set questions coupled with proactive hidden-population approach and partnerships with Disabled Persons Organization to find and enrol women who are usually hidden in the household.

2. Individualized consumption services support entail versatile, inability-oriented cash transfers with high-quality household and caregiver participation to stabilize the basic requirements whereas encouraging female agency.

3. Accessible livelihood asset transfers make individualised choices of livestock mobility-adapted (mobility-adapted livestock), home-based (home-based enterprises) and required changes (raised shelters, ergonomic tools, assistive devices) to fit the functional capacities of the individual woman.

4. The inclusion of financial services makes Village Savings and Loans Associations based on physically accessible locations, door-to-door services, sign language assistance, quotas of staff leadership, and modified financial literacy education.

5. Intensive home-based mentoring provides personalised livelihood coaching, life skills training, disability rights training and psychosocial support directly in the homes, and responsible care giving to create favourable environments.

The model is based on three essential shifts, namely, the extension of the programme to 18-36 months with adjustable pacing, the proactive reasonable accommodation at all stages, and the

establishment of solid connections with governmental social safety nets (particularly Inua Jamii) to provide lasting protection. DIG will achieve emotional inclusion and decreased stigma by incorporating DPO co-design, remote support digital tools, and continuous frontline staff capacity building, which will result in economic empowerment. This theoretical framework provides a pragmatic, evidence-based framework to change livelihoods and Kenya lead by example of leave no one behind.

6.2 Policy Implications for Kenya's Social Protection Sector, NGOs, and Practitioners

Disability-Inclusive Graduation (DIG) model has far-reaching policy implications on the social protection sector, NGOs as well as frontline practitioners in Kenya. The recent law on the Persons with Disabilities Act 2025 and the Persons with Disabilities National Policy 2024, and the pledges of the Global Disability Summit 2025, combined with the legal and policy framework of Kenya, have provided the country with strong legal and policy backing to promote disability-inclusive economic empowerment. These developments are directly connected with the DIG framework as it provides a viable channel through which these pledges to increased social protection coverage, economic inclusion and leave no one behind should be realised under the Sustainable Development Goals.

In the case of the social protection sector and specifically, the ministry of labour and social protection and the Inua Jamii programme, the DIG model suggests the incorporation of productive cash-plus components into the already existing cash transfers like the Persons with Severe Disabilities Cash Transfer. Instead of passive consumption support, the government systems are supposed to overlay customized transfers of assets, available financial services, in-home mentoring and connections to livelihood opportunities. This necessitates not only increasing coverage to moderate impairments of severe cases but also changing the eligibility requirements and testing disability-adjusted transfer values that factor into the extra cost. Enhancing the Enhanced Single Registry joint targeting with DIG programmes and creating an automatic referral to the graduation initiatives to continued support with Inua Jamii would improve efficiency and ease the post programme regression. The recent governmental assurances to give disability social protection in at least two counties a stronger legal, policy, and financing system are a timely point of entry into such changes.

The co-design with Disabled Persons Organizations (DPOs), scaling of DIG adaptations using the already implemented graduation pilots (e.g., BOMA Project or BRAC-linked programs) and government adoption should be enhanced by the NGOs and development partners. They should invest in the capacity building of the frontline staffs on intersectional barriers, reasonable accommodation, and psychosocial support and apply the digital tools to reach into the hard-to-access regions. Based on the evidence of DIG in Uganda, collaborative monitoring and evaluation systems could produce local evidence of proof of concept to affect the scaling to the national level.

Finally, the implementation of the DIG blueprint will help Kenya achieve its Vision 2030, Kenya Joint Disability Inclusion Strategy 20252027, and recent policy changes through the lens of shifting the social protection paradigm to empowerment-focused. The cooperation among governmental, non-governmental, and practitioner organizations can contribute to a decrease in multidimensional poverty among women with disabilities, which will be connected with economic returns due to more active involvement in the work, and the promotion of real inclusion into the Kenyan system of social protection.

6.3 Future Research Agenda

In order to broaden the evidence-base of the Disability-Inclusive Graduation (DIG) model and enable its expansion to Kenya, a set of priority areas of research become apparent. To start with, there is an urgent need of rigorous impact evaluations, that is, cluster-randomised controlled trials or quasi-experimental designs that would determine the long-term (3-5 years) effects on poor women with disabilities in terms of income, retention of assets, food security, multidimensional poverty, social participation, and psychological wellbeing when compared to usual graduation groups.

Second, cost-effectiveness of the most important adaptations, involving home-based mentoring, flexible schedules, working with caregivers, and reasonable accommodation, in comparison to traditional models, such as disaggregated cost-benefit analysis of various types of disability and rural/urban contexts, should be investigated in implementation research. Third, qualitative and participatory research by women with disabilities and Disabled Persons Organizations is necessary to learn more about the intersectional barriers (gender, disability, ethnicity, age) changing after and during graduation and to see the unwanted outcomes or power relations within a family.

Fourth, longitudinal research on sustainability after graduation is essential and especially the analysis of the role of relationships with Inua Jamii cash transfers, access to markets, and climate and economic shock resiliency. Lastly, the cross-settlement territories of East Africa may be used to test the applicability of the DIG framework to other locations than Kenya. Such areas of research will produce context-sensitive evidence to aid policy development, donor funding, and national expansion of disability-inclusive economic inclusion programmes.

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