

WHAT WOMEN AND GIRLS WANT: A USER-INFORMED APPROACH TO THE DESIGN AND DELIVERY OF HEALTH SOLUTIONS FOR WOMEN AND GIRLS PROJECT

LISTENING EXERCISE REPORT, 2025

Women's Priorities for Diagnostic Access and Health System
Strengthening in Kenya



*A Joint Initiative
of White Ribbon Alliance Kenya and FIND*



1. Background

White Ribbon Alliance Kenya ([WRA Kenya](#)), in partnership with [FIND](#), conducted a 12-month nation-wide Listening Exercise to understand Kenyan women and girls' lived experiences and priority needs related to health, wellbeing and self-care across the life course. The exercise which also paid keen interest to women's health diagnostics and dignity was implemented across 44 counties, engaging 24,033 women and girls across their diversities and generating 97,908 qualitative responses.

Founded on WRA Kenya's [Ask-Listen-Act](#) power approach and 4Ps Framework (People, Practice, Policy & Programming), the Listening Exercise provides one of the most comprehensive community-generated evidence bases on women and girls' overall health and wellbeing including diagnostic needs in Kenya. The findings aim to guide health and diagnostics investment, strengthen primary healthcare (PHC), and inform national and county-level policy integration for greater equity, dignity and quality across all Maternal and Newborn Health (MNH) service delivery points.

2. Objectives of the Listening Exercise

With a mutual understanding that interventions that meet the needs of women and girls are better accepted and utilized and lead to better outcomes if they are designed by listening to their wants and priorities, the project aimed to advance a shared vision: that every woman should have access to the tools, care, and information she needs with regards to diagnostics to live with dignity and health.

The Listening Exercise sought to:

- ✓ Understand how women and girls define health, well-being, and self-care across their life continuum.
- ✓ Identify gaps between women and girls' self-defined priorities and what the health system currently delivers, including diagnostic and policy gaps.
- ✓ Develop a joint advocacy plan that ensures policies, programs, and products reflect and respond to women and girls' expressed needs.

3. Methods Used

A predominantly qualitative, participatory and community-rooted approach was applied with the primary targets (women and girls) being engaged in their trusted everyday spaces, including in maternity wards, table-banking rooms, churches, water-points etc, through deep canvassing (intimate one-on-one and small group conversations). This was complemented by 6 targeted focus group discussions and 6 multi-stakeholder dialogues bringing together top county health leadership (CHMT members), frontline healthcare workers (midwives & nurses), local administration, religious leaders, male champions and women & girls.



Data Collection

Data was collected using pre-tested listening tools (a digital survey tool with 4 primary open-ended questions and group-specific FGD guides). These we administered together with consent forms, photo and commitment placards on a voluntary basis as part of ethical data collection. Validation of the collected data was achieved through a series of community dialogues and county-level synthesis workshops (action planning and agenda setting forums), which brought together key actors in 6 counties; Garissa, Kajiado, Bungoma, Isiolo, Makueni and Kwale. A total of 6 FGDs were conducted with different cohorts of participants including healthcare workers, adolescent girls, nomadic women, and women living with disability.

Four straightforward questions were asked allowing women and girls share their stories, lived experiences, demands and propositions on their terms:

1. How do you define health and wellbeing?
2. What do you want most for your health and wellbeing?

3. What does self-care mean to you?
4. What do you do to stay healthy?

Sampling & Reach

- 24,033 women and girls were directly engaged as respondents with ages ranging 10-65+ years
- 44 counties represented (urban, peri-urban, rural, pastoralist, and hard-to-reach settings)
- Diverse demographic groups, including young girls (10+ years), adolescent mothers, young women, nomadic women, refugee women, indigenous women, women living with disabilities, reproductive age women, caregivers, peri-menopausal, menopausal and post menopausal women, and older/ aging women were reached.

Analysis Process

The process of analyzing the collected raw demands by women and girls included;



Cleaning and thematic coding of 97,908 responses



Categorization of demands into life-course priorities



County-level validation and interpretation sessions through 6 agenda setting and action planning workshops



4. Key Findings

4.1 Diagnostics and Early Detection

Women identified diagnostics as a critical but under-resourced pillar of their health experience.

Key insights included:

- Strong demand for early screening of common chronic and non-communicable diseases including of breast cancer, cervical cancer, gestational diabetes, hypertension, anaemia, obstetric fistula, and kidney disease.
- Widespread experiences of delayed diagnosis, inaccessible screening/ diagnostic solutions, and limited referral follow-up.
- Limited communication around test results and lack of clarity on clinical pathways.
- Women associated timely diagnosis with reduced treatment burden, improved survival, and restored livelihood capacity.

4.2 Accessibility, Affordability, and Service Quality

- Diagnostic services are geographically uneven, with significant gaps in primary healthcare (PHC) and community-level access.
- Women reported high indirect costs (transport, missed work, multiple visits) even when tests were advertised as free.
- Communication gaps led to poor understanding of results, uncertainty about next steps, and repeat visits.
- Many women and girls perceived care environments as not adequately gender-sensitive or youth-friendly.

4.3 Experience of Care and System Responsiveness

Across counties, women's feedback highlighted:

- Desire for respectful, confidential, and non-judgmental care, especially in reproductive, maternal and sexual health.
- Inconsistent referral mechanisms, with lost results and uncoordinated movement between facilities.
- Need for improved provider–client communication, including clearer explanations of procedures and results.
- Women emphasized dignity as central to their decision to seek care.

4.4 Social Determinants: Economic Power, Mental Health, and Environment

Women associated health and diagnostic access with:

- Income security (money/ economic power), enabling timely care-seeking.
- Mental health challenges linked to uncertainty around illness and delayed detection.
- WASH-related barriers to facility use, particularly for menstrual health, postnatal care, and NCD management.

The Listening Exercise emphasized diagnostics as part of a broader health ecosystem that women must navigate.

5. Conclusion

This Listening Exercise reveals strong national consensus among women on the need for accessible, affordable, respectful, and timely diagnostics as part of primary healthcare. Early detection is widely recognized as a pathway to improved health outcomes, reduced household costs, and sustained economic participation.

Findings show:

- Clear unmet demand for diagnostic services
- Persistent structural and financial barriers
- Opportunities for diagnostics integration into life-course, gender-responsive health systems.

The WRA Kenya–FIND partnership provides a foundation for advancing diagnostic equity anchored in women’s lived realities in Kenya and beyond.



6. Recommendations



6.1 Strengthen Diagnostic Integration in PHC

- Expand community and facility-based screening for NCDs and reproductive health.
- Integrate diagnostic services within routine maternal, newborn, and adolescent health platforms.

6.2 Improve Accessibility and Affordability

- Reduce indirect costs through decentralization and mobile outreach.
- Support counties to include essential diagnostics in UHC benefit packages.

6.3 Enhance Communication and End-user Experience

- Train providers on respectful, gender-sensitive, and youth-friendly communication.
- Standardize result communication processes and strengthen referrals.

6.4 Invest in Community-Based Diagnostic Literacy

- Use community networks, CHPs, and local media to strengthen diagnostics demand generation and awareness.
- Develop accessible information tools explaining tests, results, and follow-up.

6.5 Build Sustainable Systems for Follow-Up and Accountability

- Establish county-level platforms for routine feedback from women and girls.
- Integrate diagnostic priorities into county annual work plans and budgeting cycles.

6.6 Strengthen Policy Alignment and Multi-Level Coordination

- Align findings with national UHC, PHC, and NCD strategies.
- Engage global actors (WHO, UN agencies, Africa CDC) to support scalable models.