

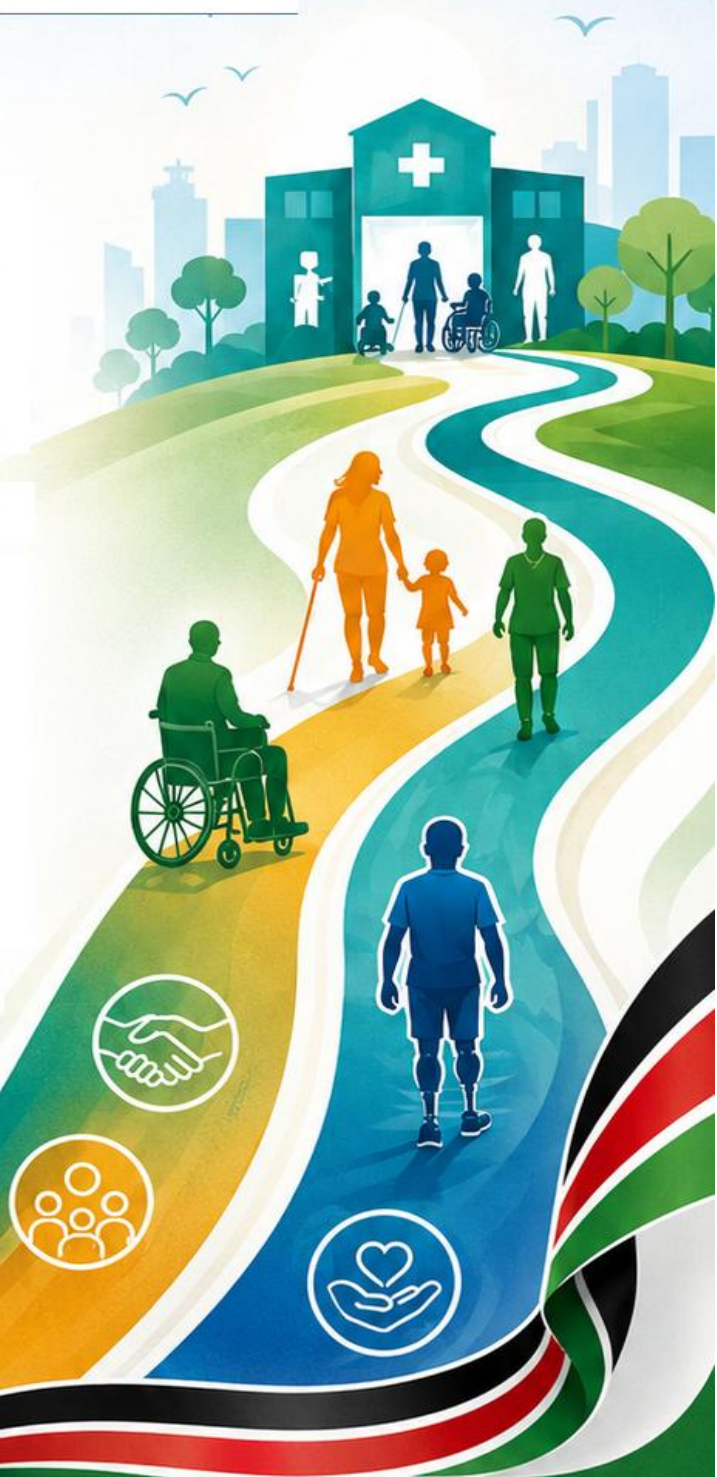


MINISTRY OF HEALTH

DISABILITY MAINSTREAMING

IMPLEMENTATION GUIDELINES

IN THE HEALTH SECTOR



JUNE 2026

DISABILITY MAINSTREAMING

IMPLEMENTATION GUIDELINES
IN THE HEALTH SECTOR

Copyright 2026 Ministry of Health

Any part of this document may be freely reviewed, quoted, reproduced or translated in full or in part, provided the source is acknowledged. It may not be sold or used for commercial purposes.

Citation: Ministry of Health Disability Mainstreaming Implementation Guidelines

Published by:

Ministry of Health

Afya House, Cathedral Road

P. O Box 30016 – 00100 Nairobi

Website: <http://www.health.go.ke>



FOREWORD



The Government of Kenya recognizes disability as a cross-cutting development issue that must be fully integrated into sectoral and institutional frameworks. In line with the Constitution of Kenya 2010, the Persons with Disabilities Act No. 4 of 2025, and the definition adopted within these guidelines, disability is understood as an impairment that may hinder full and effective participation in society on an equal basis with others.

This commitment is grounded in the Constitution of Kenya 2010, which upholds the fundamental human rights of all citizens as outlined in the Bill of Rights. It also aligns with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which advocates for a rights-based approach to disability inclusion. In line with these frameworks, the Ministry of Health (MoH) has developed the Disability Mainstreaming Guidelines to support both internal and external efforts toward inclusive programming. Disability mainstreaming involves incorporating disability considerations into existing policies, frameworks, and structures to ensure equitable access and participation. The development of these guidelines responds to identified gaps in current programme interventions and the need to enhance disability inclusion within health sector interventions and initiatives. The guidelines aim to guide the mainstreaming of disability issues in the health sector.

I therefore call upon the health sector to adopt and implement these guidelines to embed disability inclusion in the planning, implementation, and evaluation of its interventions and initiatives. The goal is to foster a more inclusive environment that accommodates the needs of staff, stakeholders, and service recipients with disabilities, ultimately contributing to more equitable health outcomes across the board.

Hon. Aden Bare Duale, EGH
Cabinet Secretary - Ministry of Health



PREFACE

The Disability Mainstreaming Implementation Guidelines in the Health Sector represent a landmark step in Kenya's commitment to building an inclusive health system that leaves no one behind. They provide a structured framework to ensure that persons with disabilities are fully integrated into health policy, programming, and service delivery at all levels of the health sector.

These guidelines are anchored in the Constitution of Kenya 2010, the Persons with Disabilities Act No. 4 of 2025, and international instruments such as the UN Convention on the Rights of Persons with Disabilities (UNCRPD). They reflect the Government's resolve to uphold equity, dignity, and accessibility as fundamental principles in health service provision.

The Ministry of Health recognizes that disability is both a health and human rights issue. Addressing it requires a holistic approach that integrates social, environmental, and institutional considerations. These guidelines therefore provide practical measures for mainstreaming disability across human resource management, infrastructure, communication, service delivery, community health, and monitoring and evaluation.

Implementation of these guidelines will require strong collaboration between national and county governments, health professionals, organizations of persons with disabilities, civil society, and development partners. Each stakeholder has a critical role to play in ensuring that disability inclusion is not only a policy directive but a lived reality in Kenya's health sector.

We call upon all actors in the health sector to adopt and operationalize these guidelines with urgency and commitment. By doing so, we will strengthen our collective efforts toward achieving Universal Health Coverage (UHC), the Sustainable Development Goals (SDGs), and Kenya Vision 2030, while ensuring that persons with disabilities enjoy equitable access to quality health services.



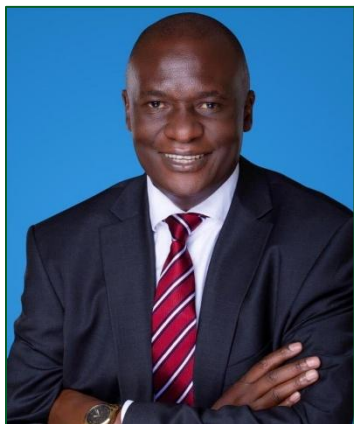
Mary Muthoni Muriuki, CBS
Principal Secretary, State
Department for Public Health and
Professional Standards



Dr. Ouma Oluga, OGW
Principal Secretary, State department
for Medical Services



ACKNOWLEDGEMENT



The development of this Disability Mainstreaming Implementation Guidelines in the health sector comes at a critical time when the Government of Kenya, through the **Ministry of Health**, is strengthening its commitment to equity, inclusion, and the dignity of all individuals. As we look toward 2025 and beyond, it is essential that persons with disabilities are no longer left behind in health programming, policy, or service delivery.

Persons With Disabilities represent a distinct and diverse group whose rights, needs, and aspirations must be fully recognized and addressed. Building an inclusive health system is not only a constitutional obligation, it is also key to achieving Universal Health Coverage (UHC) and improving health outcomes for all Kenyans.

This guideline provides practical guidance for disability mainstreaming across all levels of the Ministry of Health, supporting both internal staff and external stakeholders in promoting inclusive practices that contribute to Kenya's national health goals.

This guideline has been developed through a consultative process led by the Ministry of Health's Disability Mainstreaming Technical Working Group (DMTWG). We would like to acknowledge the Council of Governors, County teams and all partners for their commitment and invaluable contributions throughout the process. Special mention is made of the World Health Organization (WHO), AMREF Health Africa, Lwala Community Alliance, Deaf Empowerment Kenya (DEK), Sight Savers, Ability Inclusion Alliance (AIA), The Action Foundation (TAF), Disability advocacy services of Kenya and Kenya Red Cross Society for their technical and financial assistance towards development of this guideline.

Special thanks go to the **National Council for Persons with Disabilities (NCPWD)** for their technical support in aligning this guideline with international standards, the Constitution of Kenya 2010, the Persons with Disabilities Act No. 4 of 2025, and other relevant government policies and frameworks.

A handwritten signature in blue ink, reading "Patrick Amoth".

Dr Patrick Amoth, CBS
Director General for Health - Ministry of Health



EXECUTIVE SUMMARY

The Disability Mainstreaming Guidelines for the health sector have been developed to operationalize Kenya's commitment to equity, inclusion, and the dignity of all citizens, as enshrined in the Constitution of Kenya (2010), the Persons with Disabilities Act (2025), and international instruments such as the UN Convention on the Rights of Persons with Disabilities (UNCRPD). These guidelines provide a structured framework to ensure that persons with disabilities (PWDs) are fully included in the design, implementation, monitoring, and evaluation of health policies, programs, and services.

The guidelines recognize that disability is both a health and human rights issue, requiring a holistic approach that integrates social, environmental, and institutional considerations. Disability mainstreaming is therefore not an isolated intervention but a cross-cutting strategy that enhances access, participation, and equity across all health functions.

Key focus areas include:

- **Human Resource Management:** Affirmative action in recruitment, training, career progression, and workplace accommodations to ensure staff with disabilities are supported and empowered.
- **Physical Accessibility:** Enforcing universal design standards, accessibility audits, and provision of assistive infrastructure across health facilities.
- **Accessible Communication and Information:** Ensuring public-facing and internal information is available in multiple accessible formats (Braille, large print, sign language, digital accessibility).
- **Inclusive Service Delivery:** Integrating disability inclusion into health promotion, prevention, treatment, rehabilitation, and palliative care at national, county, facility, and community levels.
- **Community-Based Inclusive Development (CBID):** Strengthening community health structures, partnerships with Organizations of Persons with Disabilities (OPDs), and inclusive health promotion.
- **Monitoring and Evaluation (M&E):** Establishing disability-sensitive indicators, data disaggregation, regular audits, and accountability mechanisms to track progress and improve service delivery.



The guidelines are anchored in key principles of inclusion, accessibility, non-discrimination, participation, accountability, and evidence-based practice. Implementation will require strong partnerships with OPDs, county governments, development partners, private health institutions and civil society organizations.

By adopting these guidelines, the Government at both levels seek to remove barriers, reduce stigma, and ensure that persons with disabilities can participate fully and equitably in health and development. This contributes directly to achieving Universal Health Coverage (UHC), the Sustainable Development Goals (SDGs), and Kenya Vision 2030's commitment to "leaving no one behind."



TABLE OF CONTENTS

FOREWORD.....	i
PREFACE	ii
ACKNOWLEDGEMENT	iv
EXECUTIVE SUMMARY	v
LIST OF TABLES	ix
ABBREVIATIONS/ACRONYMS	x
DEFINITION OF TERMS	xii
CHAPTER ONE - INTRODUCTION	1
1.1 Background.....	1
1.2 Policy Direction.....	4
1.3 Introduction of Disability Mainstreaming Unit (DMU)	5
1.4 Roles and Responsibilities of the DMU at both levels of Governments.....	5
1.5 Disability Mainstreaming (WHO/UN Approach).....	8
1.6 Guiding principles	8
1.7 Purpose of the Guidelines	10
1.8 Scope of the Guidelines	11
CHAPTER TWO - KEY AREAS OF MAINSTREAMING	12
2.1 Introduction.....	12
2.2 Human Resource Management and Development	12
2.2.1 Staff Recruitment and Selection	12
2.2.2 Staff Disclosure and Support.....	13
2.2.3 Workplace Accessibility and Accommodation	14
2.2.4 Staff Sensitization and Capacity Building	14
2.2.5 Deployment.....	15
2.2.6 Provision of technical aids, equipment and services	15
2.2.7 Staff Performance Appraisal.....	15
2.2.8 Training Opportunities.....	16
2.2.9 Promotion	16
2.2.10 Job Retention	16
2.2.11 Confidentiality of Information.....	17
2.2.12 Attachment and Internship	17
2.2.13 Accessibility and safety of built environment.....	17



2.2.14 Workplace Conduct and Etiquette.....	17
2.3 Physical Environment Accessibility	18
2.3.1 Purpose	18
2.3.2 Universal Access	18
2.3.3 Regular Audits and Maintenance	20
2.3.4 Assistive Infrastructure and Equipment.....	21
2.3.5 Oversight and Enforcement	21
2.4 Communication and IT	21
2.4.1 Purpose	21
2.4.2 Inclusive Communication	22
2.4.3 Digital Communication Accessibility	22
2.4.4 Use of Assistive Technology	23
2.4.5 ICT Systems and Data.....	23
2.4.6 Procurement of ICT Equipment and Standards	23
2.4.7 Capacity Building of Staff.....	24
2.4.8 User Feedback and Continuous Improvement.....	24
2.4.9 Internal Communication	24
2.4.10 Public-Facing Information	24
2.4.11 Accessible Feedback and Complaints Mechanisms	25
2.4.12 Oversight	25
CHAPTER THREE - INCLUSIVE SERVICE DELIVERY	26
3.1: Introduction	26
3.2 Purpose.....	26
3.3 Training and Capacity Building for HCWs, CHPs, CHAs, Health support Staff, & External Stakeholders.....	26
3.4 Inclusive Health Service Principles.....	28
3.5 Core Inclusive Practices.....	33
3.5.1 Physical Access to Services	33
3.5.2 Health Communication and Consent	33
3.5.3 Assistive technology and Supportive Services	34
3.6 Inclusive Procurement.....	34
3.7 Budget and resource allocation	34
3.8 Integration with Community Health Services.....	35
3.9 Data and Records Management.....	36
3.10 Reporting and Accountability	37



CHAPTER FOUR - MONITORING AND EVALUATION (M&E)	38
4.1 Purpose	38
4.2 Roles and Responsibilities	38
4.3 Data Management & Reporting	38
4.4 Evaluation Plan	38
4.5 Key Disability-Sensitive Indicators	39
4.6 Data Collection and Reporting	40
4.7 Evaluation Approaches	40
4.8 Accountability and Learning	41
4.9 Disability Mainstreaming Indicators Across the Results Chain	41
4.10 Tools and Templates	48
Annex I: Disability Indicator Mapping Tool	61
Annex II: Accessibility Audit Tool	68
Annex III: Staff Disclosure Form	75
Annex IV: Annual Disability Inclusion Self-Assessment Checklist	80
Annex V: Feedback and Complaint Form (accessible formats)	85
Annex VI: Participants who took part in the development of the Guidelines	90

LIST OF TABLES

Table 1.1: Guiding principles.....	9
Table 4.1: Key Disability-Sensitive Indicators	39
Table 4.2: Disability Mainstreaming Indicators Across the Results Chain	42
Table 4.3: Monitoring and Evaluation Dashboard for Disability Inclusion and Mainstreaming in Health	50



ABBREVIATIONS/ACRONYMS

AGPO	Access to Government Procurement Opportunities
AIA	Ability Inclusion Alliance
AMREF	African Medical and Research Foundation
AWP	Annual Work Plan
COG	Council of Governors
CBOs	Community-Based Organizations
CBR	Community Based Rehabilitation
CHAs	Community Health Assistants
CHPs	Community Health Promoters
CSOs	Civil Society Organizations
DEK	Deaf Empowerment Kenya
DMC	Disability Mainstreaming Committee
DMU	Disability Mainstreaming Unit
DMTWG	Disability Mainstreaming Technical Working Group
eCHIS	Electronic Community Health Information System
EMRs	Electronic Medical Records
ICT	Information and Communication Technology
ILO	International Labour Organization
KHIS	Kenya Health Information System
KNCHR	Kenya National Commission on Human Rights
KRA	Kenya Revenue Authority
MOH	Ministry of Health



M&E	Monitoring and Evaluation
NCDs	Non-Communicable Diseases
NCPWD	National Council for Persons with Disabilities
OPDs	Organizations for Persons with Disabilities
PSC	Public Service Commission
SAGAs	Semi-Autonomous Government Agencies (SAGAs)
SDGs	Sustainable Development Goals
SHA	Social Health Authority
TAF	The Action Foundation
TOTs	Trainers of Trainers
UHC	Universal Health Coverage
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
WCAG	Web Content Accessibility Guidelines
WHO	World Health Organization



DEFINITION OF TERMS

Accessibility: The design of products, devices, services, or environments that are usable by persons with disabilities

Adaptations: Refers to the redesigning of tools, equipment, machines, workstations, or work environments, or adjusting work schedules and tasks to accommodate the needs of employees with disabilities.

Affirmative Action: Measures taken to correct historical inequities or systemic denial of rights to certain groups, including persons with disabilities, to ensure equal opportunities.

Assistive Services: Services such as qualified sign language interpreters for the deaf or qualified guides for the blind that facilitate access to essential activities for persons with disabilities.

Assistive technologies: Any physical, sensory, mental, psychological, or other condition that substantially affects an individual's ability to perform day-to-day activities, either temporarily or permanently.

Discrimination: Treating individuals differently based solely on their disabilities, gender, age, or other status, rather than their individual capabilities.

Diversity: Recognizing and embracing the differences in background, experience, and perspectives that individuals bring, including those related to disability, gender, and other factors.

Empowerment: A process through which individuals, especially marginalized groups such as persons with disabilities, acquire the knowledge and skills needed to challenge their circumstances and take action to change their lives.

Equality: Ensuring that all individuals have equal access to opportunities, rights, and freedoms, regardless of race, gender, disability, or other characteristics.

Equity: Providing fair treatment based on individual needs and circumstances, ensuring that all individuals receive the support they require to succeed.



External Mainstreaming: The adaptation of an organization's core functions to be more responsive to the needs of persons with disabilities, including incorporating disability-inclusive targets, policies, and strategies in service delivery.

Health Equity: Health Equity is a fundamental component of social justice that indicates the absence of avoidable, unfair or remediable differences among groups of people due to their social, economic, demographic or geographic circumstances.

Health Sector: This refers to the system responsible for delivering health services and essential commodities aimed at providing curative care, preventing diseases, and promoting overall health and wellbeing.

Impairment: A limitation or loss of physiological or psychological function due to physical, mental, or congenital conditions, which may impact an individual's ability to carry out activities.

Integration: The process of incorporating disability-related issues and interventions into general service delivery, without necessarily changing the organization's core business.

Internal Mainstreaming: The integration of disability-related considerations into the organization's workplace, focusing on employees and internal procedures to create a more inclusive environment.

Mainstreaming: The ongoing process of integrating Persons With Disabilities in the design, implementation, monitoring, and evaluation of policies, programs, and services at all levels of an organization.

Personal Assistant/Guide: A person who assists an individual with disabilities with their personal tasks or business activities, such as a reader for a blind person or a sign language interpreter for a deaf person.

Reasonable Accommodation: Adjustments or modifications made to ensure persons with disabilities can enjoy or exercise all human rights and freedoms equally, without causing undue hardship to the organization.



Universal Design: The design of products, environments, programs, and services that are usable by everyone, to the greatest extent possible, without the need for specialized adaptation. This can include assistive devices where necessary.

Usability: The ease with which individuals can use and learn a product or service to achieve specific objectives efficiently, effectively, and satisfactorily within a given context



CHAPTER ONE - INTRODUCTION

1.1 Background

Disability is the result of an interaction between a person's physical, sensory, intellectual, psychosocial, or other health-related condition (medical model) and the barriers created by the environment, attitudes, and systems in society (social model), which together may limit full and equal participation in daily life. Recognizing disability within a human rights framework means that persons with disabilities are entitled to dignity, equality, and inclusion, and that society has a responsibility to remove barriers and ensure their full participation in all aspects of life on an equal basis with others.

The UN Convention on the Rights of Persons with Disabilities (UNCRPD) defines disability as an evolving concept where long-term physical, mental, intellectual, or sensory impairments interact with various barriers, hindering full and effective participation in society on an equal basis with others. It emphasizes the social model of disability, highlighting societal and environmental factors that disable individuals.

The World Health Organization (WHO) defines disability as the interaction between health conditions (like chronic diseases or injuries) and environmental and personal factors, resulting in an inability to participate fully and effectively in society

The Persons with Disability Act No. 4 of 2025 defines Disability as any physical, sensory, mental, psychological or other impairment, condition or illness that has or is perceived to have a substantial or long-term effect on an individual's ability to carry out day-to-day activities

Disability can be understood in several ways depending on the perspective used, but broadly it refers to a condition or situation that limits a person's ability to carry out certain activities or participate fully in society, compared to what is typically expected. Key perspectives include:



1. Medical Perspective: Disability is seen as a physical, sensory, intellectual, or mental impairment within the individual that restricts functioning. For example, loss of vision, difficulty walking, or mental health condition.
2. Social Perspective: Disability arises not just from an impairment, but from barriers created by society—such as inaccessible buildings, discriminatory attitudes, or lack of inclusive policies—that prevent people with impairment from fully participating.
3. Human Rights Perspective (CRPD – UN Convention on the Rights of Persons with Disabilities): Disability is an evolving concept that results from the interaction between people with impairments and attitudinal and environmental barriers, which hinder full and effective participation in society on an equal basis with others.

Article 6(2) of the Constitution of Kenya provides that the governments at the national and county levels are distinct and interdependent and shall conduct their mutual relations based on consultation and cooperation. This constitutional principle forms the foundation of devolution, including in the health sector where functions are shared between the two levels of government. The national government is responsible for health policy, national referral services, health standards, capacity building, and regulation, while county governments are mandated to deliver county health services, including primary healthcare facilities, county hospitals, and community health services. Both levels of Government must therefore cooperate and coordinate effectively in the delivery of disability-inclusive health interventions in order to strengthen health systems and enhance equitable, accessible, responsive and quality service delivery for Persons With Disabilities across the country



Domains of disability

1. Physical
2. Visual
3. Hearing, Speech and Language
4. Speech, Language, Communication and Swallowing
5. Mental Health Disorders, Intellectual, and autism spectrum disorders
6. Chronic Progressive Disorder
7. Maxillofacial

The Constitution of Kenya, 2010, recognizes health as a fundamental human right under Article 43, and equality and non-discrimination under Article 27. Persons With Disabilities remain disproportionately excluded from accessing quality, affordable, and accessible health services. Structural barriers such as inaccessible infrastructure, limited assistive technologies, negative attitudes, inadequate disability-disaggregated data, and limited awareness contribute to health inequities.

The Ministry of Health is committed to attaining equitable, affordable, accessible, and quality healthcare for all Kenyans, in line with the country's Universal Health Coverage (UHC) agenda and the Sustainable Development Goals (SDGs). To achieve this, the Ministry has developed the Disability Mainstreaming Policy for the Health Sector, which provides a strategic framework to promote inclusivity both at national and county levels. This framework emphasizes principles of equity, accessibility, reasonable accommodation, and respect for the dignity of all persons with disabilities.

Globally, an estimated 1.3 billion people or 16% of the population live with disabilities (World Health Organization, *Global Report on Health Equity for Persons with Disabilities*, 2022). Among these, 80% live in developing Countries (World Bank). Among children, disability affects 10.5% in Sub-Saharan Africa. WHO highlights that beyond health conditions, disability is worsened by stigma, discrimination, and inaccessible services, which create major barriers to education, employment, and healthcare.



The Kenya Population and Housing Census, 2019 indicates that 2.2% of Kenyans (approximately 0.9 million people) live with some form of disability. Persons with disabilities face challenges including limited access to health insurance (9.3% coverage) compared to the general population (22%). Furthermore, geographic distance to health facilities, high costs of care, inaccessible facilities, Stigma and discrimination and lack of disability-friendly services continue to limit their access to timely and effective health services. To address these challenges, it is critical to put in place mechanisms to ensure inclusiveness in the healthcare system.

1.2 Policy Direction

This document provides a strategic framework to ensure programs, services, and physical environment are fully inclusive and accessible in the health sector. It outlines practical steps to integrate equitable participation for all individuals, recognizing that diversity in ability strengthens our collective work and is fundamental to achieving our core mission with integrity and fairness.

VISION

An inclusive healthcare system that leaves no one behind

MISSION

To build a responsive and sustainable healthcare system that upholds the rights and needs of Persons with Disabilities through inclusive planning, policy development, and service delivery

GOAL

Attaining equitable, affordable, accessible and quality health care for Persons with Disabilities



Core Values

- Inclusivity
- Equity
- Professionalism
- Ethics
- Integrity
- Accountability
- Partnership and collaboration
- Dignity

1.3 Introduction of Disability Mainstreaming Unit (DMU)

Article 80 of Persons with Disabilities Act no. 4 of 2025 indicates that All government ministries, departments, Agencies and county public offices shall establish a Disability Mainstreaming Unit.

1.4 Roles and Responsibilities of the DMU at both levels of Governments

- Developing the Disability Mainstreaming Annual Work Plan (AWP) to guide the implementation of disability inclusion activities.
- Conducting biennial surveys to assess the status and needs of persons with disabilities across all departments.
- Organizing staff sensitization meetings to raise awareness and build capacity for disability-related issues.
- Preparing and managing budgets for disability programs and activities.
- Submitting quarterly performance review reports to the National Council for Persons with Disabilities on progress made in disability mainstreaming.



- Providing advisory services to management on disability-related matters and inclusive policy development.
- Integrating disability strategies into Ministry's policies, programs, and planning frameworks.
- Conducting quarterly monitoring and evaluation of disability-related interventions and initiatives.
- Establishing counseling desks and employee support programs to support staff with disabilities.
- Disseminating disability mainstreaming strategies across the Ministry to ensure organization-wide awareness and implementation.
- Managing accessible feedback channels, including suggestion boxes, to promote inclusive communication.
- Coordinating annual accessibility and usability audits of physical infrastructure and digital platforms.
- Liaising with Disability Inclusion Inspectors and relevant regulatory bodies.
- Maintaining a confidential database of employees with disabilities to support planning and reasonable accommodation.
- Advising on reasonable accommodation measures and universal design standards to ensure inclusive work environments and service delivery.
- National Government formulates policies and county governments implements



The Ministry of Health has developed a disability mainstreaming policy and the guideline for its implementation. This guideline is anchored in the following International, regional, national, and County frameworks:

- United Nations Convention on the Rights of Persons with Disabilities (UN-CRPD), 2006
- International Labour Organization (ILO) Conventions
- Marrakesh Treaty, 2013
- The Constitution of Kenya, 2010
- Health Act, 2017
- Mental Health Act, 2022
- Persons with Disability National Policy
- Persons with Disabilities Act, No. 4 of 2025
- Public Service Commission (PSC) Code of Practice on Mainstreaming Disability, 2010
- Data Protection Act, 2019
- The Employment Act, 2007
- Public Service (Values and Principles) Act, 2015
- Public Officers' Ethics Act, 2003
- Work Injury Benefit Act, 2007
- Occupational Health and Safety Act, 2007
- Public Finance Management Act, 2012
- Public Procurement and Disposal Act, 2015
- Pensions Act, Cap 189
- Other Government Circulars and Directives on Disability Mainstreaming



1.5 Disability Mainstreaming (WHO/UN Approach)

Mainstreaming disability means including Persons With Disabilities in the design, implementation, monitoring, and evaluation of policies, programs, and services at all levels of an organization.

Disability Mainstreaming is a strategy to integrate the needs and experiences of persons with disabilities into the design, implementation, and evaluation of all policies and programs across all political, economic, and social sectors.

Persons with Disabilities Act No. 4 of 2025 defines disability mainstreaming as a strategy through which concerns, needs and experiences of persons with disabilities are made an integral part or dimension of the design, budgetary allocation, implementation, monitoring and evaluation, and reporting of policies and programmes in all political, economic and societal spheres so that persons with disabilities benefit equally and inequality is not perpetuated.

1.6 Guiding principles

Disability mainstreaming is guided by the following principles:

- **Inclusion:** Persons with disabilities must be part of decision-making and benefit from development equally.
- **Accessibility:** Services, facilities, and information should be usable by everyone.
- **Non-discrimination:** Policies and programs should avoid creating or reinforcing barriers.
- **Participation:** Persons with disabilities should actively participate in planning, implementation, and evaluation.
- **Intergovernmental cooperation:** The national and county governments are distinct yet independent



Table 1.1: Guiding principles

Mainstreaming Principle	Kenya Constitution 2010	Persons With Disability Act No. 4 of 2025	Institutional Head
Inclusion	Art. 10(2)(b): Inclusiveness, equality, human dignity, equity- Art. 54(1)(a): Right to dignity and respect for Persons with Disabilities	Mainstreaming Persons with Disabilities' needs in design, budgeting, implementation, monitoring, and reporting across all sectors	Ensures inclusion of disability issues in policy and planning
Accessibility	Art. 54(1)(c): Right to reasonable access to public places, transport, and information- Art. 21(3): Obligation to address needs of vulnerable groups	Mandates physical and informational accessibility in all political, economic, and societal spheres	Commits to creating an inclusive public service where Persons With Disabilities have barrier free and disability friendly environment
Non-discrimination	Art. 27(4): Prohibits discrimination on any ground, including disability- Art. 54(1)(b): Right to access education and facilities	Emphasizes policies and programs must not reinforce barriers or perpetuate inequality	Enforces fair opportunities, recruitment and promotion for Persons With Disabilities
Participation	Art. 54(2): 5% of public appointments reserved for Persons With Disabilities -	Inclusive and participatory, meaning persons with disabilities should not just be beneficiaries but must be active contributors and decision makers in shaping the systems that affect their lives.	Ensures Persons With Disabilities are consulted, represented and given roles including leadership in shaping policies and Programmes



Mainstreaming Principle	Kenya Constitution 2010	Persons With Disability Act No. 4 of 2025	Institutional Head
Intergovernmental Cooperation	Article 189 of the CoK mandates cooperation between national and county governments, ensuring they respect each other's functional and institutional integrity Art 6(2): Governments are distinct and interdependent and shall conduct the mutual relations on the basis of consultation and cooperation	Part II of the Policy establishes the relationship between the National and the County Governments on matters disability.	Ensures coordination and collaboration between both levels of Government on matters of disability.

1.7 Purpose of the Guidelines

The purpose of these guidelines is to provide clear and actionable steps to support the implementation of the Policy on Disability Mainstreaming in the Health Sector. The guidelines aim to ensure that disability inclusion is systematically integrated into all programs, services, workplace practices, and decision-making processes within the Health Sector. This document provides practical instructions to help the health sector comply with legal and policy obligations, promote equity, and enhance service delivery for Persons With Disabilities.



1.8 Scope of the Guidelines

The guidelines provide guidance based on the relevant legal, regulatory, and policy framework within which Disability mainstreaming activities should be implemented and decisions are taken in both National and County Governments

These guidelines apply to all stakeholders in the health sector including:

- **National Level:** Ministry of Health (all directorates, divisions and units), Semi-Autonomous Government Agencies (SAGAs), National Referral Hospitals, regulatory bodies, and training institutions.
- **County Level:** County Departments of Health, health facilities, and community health structures.
- **Partners:** Development partners, civil society organizations, organizations of persons with disabilities (OPDs), and community-based organizations (CBOs), Public Benefits Organizations (PBOs), Private organizations
- **Private institutions:** Private medical institutions, private hospitals, clinics, health centers and dispensaries, medical schools, laboratories etc.



CHAPTER TWO - KEY AREAS OF MAINSTREAMING

2.1 Introduction

This guideline covers the following key areas for disability mainstreaming in the health sector;

- i. Human Resources Management and Development
- ii. Physical Environment Accessibility
- iii. Communication & Information Technology

2.2 Human Resource Management and Development

2.2.1 Staff Recruitment and Selection

- All Job descriptions, advertisements, applications and selection procedures should be inclusive for Persons with Disabilities.
- Job advertisements should attract applications from as many qualified Persons with Disabilities as possible in order to fulfil at least the five (5%) percent statutory requirement.
- Recruitment process shall include Staffs with Disabilities or Panelists that have knowledge on Inclusion of Persons with Disabilities to ensure compliance.
- Job vacancies and other communication relating to employment shall be publicized in a format which is accessible to persons with different disabilities
- Register and advertise employment opportunities through FUZU NCPWD Career portal, and/or share with the National Council for Persons with Disability (NCPWD) for onward transmission to organizations for/of Persons with Disabilities for Circulations to Persons with Disabilities
- Uphold the principle of non-discrimination throughout the recruitment process to ensure equitable opportunities for candidates with disabilities;



- Include a statement of the organization's commitment to equal opportunity in recruitment procedures
- Provide reasonable accommodation for candidates with disabilities to attend and participate effectively in the interview process; including and not limited to; conducting job interviews in accessible venues, having sign language interpreters, personal aide for those with Neurodiverse /Mental disabilities.
- Take affirmative action measures to ensure representation of Persons with Disabilities which may include ring-fencing jobs for priority employment and promotion; or granting waiver on some of the minimum requirements for the position.

2.2.2 Staff Disclosure and Support

- Put in place a Disclosure Mechanism and disseminate the same to all Employees
- Create awareness on Disability, Types of Disability, Causes of Disability and how to identify one's disability for purposes of acceptance and disclosure
- Encourage Staff to voluntarily disclose their disability status or that of their immediate dependents through a confidential process managed by the Human Resource Department.
- Provide support to Staff and those with dependents with disabilities to register with the National Council for Persons with Disabilities (NCPWD) including taking them through the Registration Process, Documents Required and how to access benefits and privileges
- Maintain a confidential database of employees with disabilities and those with dependents with disabilities, solely for planning and support purposes
- Operationalize a psychosocial support system for Persons with Disabilities and employees with immediate dependents with Disabilities.



2.2.3 Workplace Accessibility and Accommodation

- Carry out accessibility audit to evaluate the services and environment to determine accessibility standards and address gaps identified to ensure compliance and continuous improvement.
- Provide designed rehabilitation departments and health facilities/infrastructure to offer quality services to persons with disability
- Provide reasonable accommodations based on individual needs, including but not limited to: Assistive devices and technology; Flexible work schedules; and Physical modifications to workspaces.
- Provide accessible communication channels including; Kenyan Sign Language interpretation, Assistal App, Braille, and tactile communication and any other alternative means of communication.

2.2.4 Staff Sensitization and Capacity Building

- All employees and members of the Disability Mainstreaming unit shall undergo mandatory sensitization on disability awareness, disability etiquette and anti-discrimination principles (see annex II).
- Implement peer learning, mentoring, and support groups/networks to help cultivate an inclusive and supportive workplace culture.
- Provide the appropriate inclusive resources and guidance to Newly recruited employees, their aides and those with dependents with Disabilities during the Induction Process
- All job-related and workplace information shall be made available in accessible formats to guarantee that employees with disabilities are fully informed
- Upon offering employment to a candidate with a disability, the organization shall consult with the candidate to identify and provide any necessary disability-related adaptations to the work environment, workstation, work schedules, or training. This may include specialized job training, personal support, or assistive services, as appropriate.



- Post-employment follow-up should be undertaken to address, without delay, any issues affecting employees with disabilities, with the aim of securing their full and effective inclusion in the workplace.

2.2.5 Deployment

- Ensure all deployment practices comply with workplace regulations and all relevant disability inclusion laws.
- Exercise due diligence, while deploying public officers with disability, to ensure that the duty station, workstation and work environment are conducive, accessible and supportive
- Design duty stations, workstations and work environments, to embrace and maximize the benefits of universal design and reasonable accommodation
- Consider Family as a Key Support System for Employees with Disabilities while redeploying or transferring a Staff with Disability.

2.2.6 Provision of technical aids, equipment and services

- Take into recognition that employees with disabilities have unique needs which put them at financial disadvantage in comparison with other employees. These needs can be addressed through the provision of technical aids, equipment and services. Disability responsive Budgeting and Planning shall be embraced by All Directorates.

2.2.7 Staff Performance Appraisal

- Performance appraisal instruments shall be rendered in a format accessible to persons with disabilities.
- The Constraints and Challenges emanating from One's/dependent's disability during the execution of certain Targets shall form a basis during the Appraisal Process



2.2.8 Training Opportunities

- Affirmatively give opportunities for Trainings and avail sponsorship available for staff with Disability
- Adjust time schedules, venues and programmes to facilitate and maximize the participation of Staff with disabilities in measures intended for the career development of public officers
- Training materials and curriculum shall be accessible to employees with disabilities
- Liaise with learning and training institutions in facilitating courses for managers, supervisors and staff members working with a public officer with disability to learn alternative communication techniques for effective interaction at the workplace.

2.2.9 Promotion

- Staff with disabilities shall be accorded equal opportunities affirmatively at the workplace to acquire the skills and experience necessary to advance their careers
- Information about career development, progression and promotional opportunities to Staff with disabilities shall be in a range of formats accessible to such officers
- Staff with disabilities shall be encouraged to apply for promotion
- Implement affirmative measures to ensure representation of Persons With Disabilities without unduly relying on fair competition and merit as the basis for promotion.

2.2.10 Job Retention

- Where a staff acquires a disability while in employment, appropriate measures shall be taken to retain the officer in service, including treatment, rehabilitation, retraining, and redeployment, in accordance with the needs and interests of the officer with a disability
- In the event of potential redundancies, the selection criteria shall not discriminate against Employees with disabilities



- Comply with all policy and legal provisions regarding the retirement age for persons with disability

2.2.11 Confidentiality of Information

- Seek consent of the concerned employee with disability, to obtain or disclose information concerning the officer's personal health and rehabilitation for the purpose of employment, retention and return to work.
- Information obtained in relation to Persons with Disabilities and those with dependents with disability shall be maintained in confidentiality

2.2.12 Attachment and Internship

- Affirmatively provide internship opportunities to applicants with disabilities to acquire skills, knowledge and work attitude required for jobs in the workplace
- Document experiences learnt from internship and attachment for Persons with Disabilities, with a view to improving future strategies and policies on mainstreaming disability related issues.
- The Ministry of Health and relevant health sector institutions to amend internship logbooks to include disability data
- Analyse feedback from the logbooks to inform future strategies and policies

2.2.13 Accessibility and safety of built environment

- Provide reasonable access to Employees with disabilities to all Places, Public Transport and Information.

2.2.14 Workplace Conduct and Etiquette

- The code of conduct and ethics provisions must mainstream issues related to disability at the workplace for purposes of improving perception and Inclusion Culture for Employees and other persons with Disabilities



2.3 Physical Environment Accessibility

Physical accessibility refers to the ease with which all individuals, including persons with disabilities, can reach, enter, move within, and use various spaces such as buildings, public areas, and transportation systems. It emphasizes independence, safety, and dignity for everyone.

2.3.1 Purpose

The purpose of this provision is to ensure that all physical spaces and built environments under the purview of the health sector are accessible, usable, and safe for persons with disabilities. This aligns with the Persons with Disabilities Act, 2025 (Section 30 & Schedule II) and the Persons with Disabilities National Policy 2024.

In practice:

- All new projects must be designed and implemented using universal design principles, as mandated by the *Persons with Disabilities Act No. 4 of 2025*.
- Renovation and expansion projects must go beyond maintaining existing accessibility features by incorporating additional improvements to enhance inclusivity.

The health sector has the following obligations:

2.3.2 Universal Access

The Ministry is committed to guaranteeing that all premises, facilities, and services are physically accessible to employees and clients with disabilities, in line with universal design standards. All buildings and facilities including; public, private and faith-based hospitals, clinics, offices, medical training institutions, and public spaces shall comply with minimum accessibility requirements as outlined below:



I. Accessible Public Spaces and Transport

- Ensure reasonable access for persons with disabilities to all Ministry-managed premises, public transport facilities, and information systems.
- Provide designated accessible parking spaces close to building entrances.
- Install adequate accessible toilets with grab bars and sufficient maneuvering space.
- Include baby-care facilities, such as diaper-changing stations, in restrooms to support mothers and caregivers.
- Design waiting areas with priority seating for Persons with Disabilities.

II. Safe and Functional Entrances

- Maintain doors, door closers, and related fittings to ensure self-closing doors meet accessibility and safety standards.
- Ensure all entrances and exits are step-free, with tactile paving (detectable warning surfaces) for guidance.
- Provide wide doors that open both ways, fitted with automated systems or easy-to-reach handles.

III. Barrier-Free Movement

- Guarantee that corridors, ramps, stairways, lifts, and toilets are safe, accessible, and usable by persons with disabilities.
- Maintain clear pathways at least 1.5m wide to allow wheelchair movement.
- Install ramps with appropriate gradients, non-slip surfaces, and handrails on both sides.

IV. Wayfinding and Signage

- Provide clear, visible, and tactile signage, including Braille and audio support where necessary.
- Equip elevators with Braille buttons and auditory signals.



V. Emergency Preparedness

- Develop and implement disability-sensitive emergency evacuation procedures.
- Install assistive safety equipment such as visual alarms, auditory signals, and accessible emergency exits.

VI. Information Accessibility

- Ensure all information on navigation, safety, and use of facilities is available in multiple accessible formats, including print, digital, Braille, and easy-to-read versions.

All measures shall align with *Schedule II of the 2025 Act on "Access to Buildings, Auxiliary Aid, Sporting Venues and Public Facilities."* Detailed design specifications can be accessed at: [UN Enable: Accessibility Guidelines](#).

2.3.3 Regular Audits and Maintenance

The health sector shall conduct periodic accessibility audits of all premises to identify and address barriers or maintenance issues, ensuring continued compliance with accessibility standards. An annual Accessibility and Usability Audit will be carried out across all Ministry of Health facilities using a standardized checklist.

The Disability Mainstreaming Unit (DMU) will coordinate and analyze the audit process, highlight key gaps, and provide actionable recommendations. Findings from these audits will guide facility adjustment plans and be integrated into annual performance reviews. Appropriate audit checklists and equipment will be made available to support this process.



2.3.4 Assistive Infrastructure and Equipment

All facilities shall be equipped with appropriate assistive infrastructure and devices to enhance usability for persons with disabilities. These shall include:

- Assistive listening devices
- Visual alert systems
- Height-adjustable service counters
- Adjustable delivery beds
- Stepping stools in wards
- Reachers to assist in accessing out-of-reach objects
- Accessible emergency evacuation plans

2.3.5 Oversight and Enforcement

Each institution shall designate a staff member to liaise with Disability Inclusion Inspectors, in line with Section 80 of the *Persons with Disabilities Act No. 4 of 2025*. This will ensure compliance, accountability, and continuous improvement in disability inclusion.

2.4 Communication and IT

Accessible communication and information refers to the extent to which technologies, systems, facilities, and services are designed and made usable by everyone, including Persons with Disabilities, on an equal basis with others.

2.4.1 Purpose

To ensure that all Ministry of Health information, communication systems, and public engagements are accessible to Persons with Disabilities including those with visual, hearing, intellectual, and learning disabilities as required by Sections 26 and 78 of the *Persons with Disabilities Act, No 4 of 2025*.



2.4.2 Inclusive Communication

The Ministry shall ensure that all information and messaging is available in formats that meet diverse accessibility needs. These shall include:

- **Braille** – for persons who are blind
- **Large print** – for persons with low vision
- **Audio recordings** – for persons with speech difficulties
- **Easy-to-read versions** – for persons with intellectual disabilities
- **Kenyan Sign Language and interpreters** – for deaf persons
- **Captioning and subtitles** – for deaf and hard-of-hearing persons
- **Pictorial guides** – for persons with low vision and intellectual disabilities
- **Tactile formats** – for persons who are deafblind

2.4.3 Digital Communication Accessibility

Digital platforms and tools must be designed to ensure equal access, understanding, and usability by all people, including Persons with Disabilities. This is critical since health information and services are increasingly delivered online. Key requirements include:

- Websites must comply with **Web Content Accessibility Guidelines (WCAG)** and be compatible with screen readers.
- All ICT equipment must be accessible to Persons with Disabilities.
- Digital content must include audio descriptions, alternative text, captions, transcripts, and clear layouts.
- SMS/USSD health platforms must be accessible to persons with visual or cognitive impairments.
- An **inclusive health app** should be developed, covering different disability domains.



2.4.4 Use of Assistive Technology

The Health Sector shall promote and integrate assistive technologies by:

- Providing text-to-speech and screen reader functionality on all websites.
- Offering tools for font size adjustment and high-contrast display modes.
- Supporting the use of hearing aids with Bluetooth connectivity.
- Integrating QR codes linked to Persons with Disabilities ID cards and health records in public buildings to provide audio guides, sign language videos, and simplified text.
- Labeling medicine packaging with QR-linked audio or video instructions.
- Providing switch-access technology, alternative input devices (e.g., head pointers, mouth sticks, adaptive keyboards), and other assistive solutions.

2.4.5 ICT Systems and Data

Health sector systems (e.g., KHIS, eCHIS, EMRs) must:

- Include fields for disability data to track Persons with Disabilities' access to services such as maternal health, immunization, TB, malaria, and chronic care.
- Ensure data is anonymized and accessed only with authorization, in line with the Data Protection Act, 2019 and Health Data Governance Principles.
- Involve a disability expert in platform design and user testing to ensure compliance with accessibility standards and to reflect the lived experiences of Persons with Disabilities.

2.4.6 Procurement of ICT Equipment and Standards

- All ICT products and services procured must comply with the Persons with Disabilities Act, No.4 of 2025.
- Procurement guidelines be regularly updated to prioritize accessibility.
- Vendors and suppliers must meet clear accountability and reporting obligations, with penalties for non-compliance.



2.4.7 Capacity Building of Staff

- Technical staff, health workers, and ICT personnel shall receive training on digital inclusion and the ethical collection and management of disability data.
- Training must cover accessibility in systems such as EMRs, eHealth apps, websites, and patient portals.
- Procurement officers shall be trained on evaluating accessibility in ICT tenders.
- Disability focal persons shall define standards, training needs, and ensure alignment with national, and County disability strategies.

2.4.8 User Feedback and Continuous Improvement

A formal, accessible feedback system shall be established to allow Persons with Disabilities to report challenges when using digital health platforms or services.

2.4.9 Internal Communication

- Internal memos, notices, and policy updates shall be available in accessible formats.
- Kenyan Sign Language interpreters or real-time captioning shall be provided for staff meetings and briefings where needed.

2.4.10 Public-Facing Information

- Service charters, health education materials, announcements, and emergency messages shall be available in multiple accessible formats.
- Public service desks and information counters shall display international accessibility symbols, Braille, tactile signage, and large-print notices.



2.4.11 Accessible Feedback and Complaints Mechanisms

Establish disability-friendly channels for feedback and complaints, including:

- Toll-free phone numbers with text or relay options
- WhatsApp and SMS services
- Online forms compatible with screen readers
- Physical feedback boxes accessible to wheelchair users

2.4.12 Oversight

The Disability Mainstreaming Unit shall monitor compliance with these communication standards across all health sector.

Annual reviews will assess:

- Availability and coverage of accessible formats
- User satisfaction, including disaggregated feedback from Persons with Disabilities
- Identified gaps and corrective actions

Entities that consistently demonstrate disability-inclusive practices shall be formally recognized, including through ISO certification.



CHAPTER THREE - INCLUSIVE SERVICE DELIVERY

3.1: Introduction

Refers to provision of services in a way that ensures equal access, participation, and benefit for all in healthcare, including marginalized groups such as persons with disabilities. It entails removal of physical, attitudinal, informational, and systemic barriers.

3.2 Purpose

To ensure that all health sector programs, interventions, and services are inclusive, non-discriminatory, and fully accessible to persons with disabilities, in accordance with Articles 43 and 54 of the Constitution, Section 24 of the Persons with Disabilities Act, No.4 of 2025, and the Persons with Disability National Policy (2024).

3.3 Training and Capacity Building for HCWs, CHPs, CHAs, Health support Staff, & External Stakeholders

The health sector, shall map and engage all external stakeholders, including Private institutions, Organizations of Persons with Disabilities (OPDs), Civil Society Organizations (CSOs), communities, police, and relevant Ministries to conduct sensitization and training sessions on:

- Disability etiquette
- Accessible information design
- Basic Kenyan Sign Language (KSL)
- Handling information requests from Persons with Disabilities

Key Actions:

- Identify Trainers of Trainers (TOTs) from the health sector and stakeholder groups to serve as disability mainstreaming champions. Each county TOT will be responsible for cascading training to facility-level staff and other relevant personnel within their respective county.



- Develop and disseminate training modules on disability awareness and inclusive healthcare.
- Ensure TOTs cascade knowledge to their communities.
- Conduct sensitization sessions using inclusive methodologies that guarantee accessibility and participation for all.
- Prepare training materials in accessible formats such as sign language, braille, large print, audio, and easy-to-read language.
- Provide MOH technical support for developing IEC materials on disability inclusion in accessible communication formats.
- Develop tools to assess knowledge gained, behavior change, and adoption of inclusive practices post-training.
- Update community-level tools to capture and record disability-specific data.
- Organize forums to share lessons learned, best practices, and progress in disability mainstreaming.
- Mobilize and train procurement officers, contractors, and implementing partners on universal design and accessibility.
- Recognize and certify institutions and individuals demonstrating strong disability-inclusive practices.
- Offer refresher courses and regular updates on disability mainstreaming.
- Train frontline staff and communication officers in disability etiquette, accessible information design, KSL, and responding to Persons with Disabilities' information requests.



3.4 Inclusive Health Service Principles

All MOH service delivery units shall:

- Respect the dignity and autonomy of all clients;
- Avoid discrimination on the basis of disability;
- Provide reasonable accommodation at the point of service;
- Ensure that all Persons with Disabilities can access care on an equal basis with others at the following three levels:

Individual level: -

- Empowering the person with disability on available health promotion, prevention and rehabilitation care
- General health status of the person including disability etiquette
- Maternal health information to prevent disabilities
- Early identification of disability and knowledge on health services.
- Provide Mental health services as captured in the Mental Health Policy

Community level: -

Health promotion

- CHPs shall provide health talks and share information on disability by packaging the information in an accessible format and communicated in a convenient place and manner.
- Education concerning prevailing health problems and the methods of preventing and controlling them
- Promotion of food supply and proper nutrition
- Provide messaging on safe water and basic sanitation
- Maternal and child health care, including family planning
- Immunization against major infectious diseases



- Prevention and control of locally endemic diseases
- Appropriate treatment of common illnesses and injuries
- Provision of essential medicines
- Strengthening of referrals between the community health services and the health facilities
- Home based care for patients with disability, chronic health conditions and those on palliative care, as well as Home based isolation for infectious diseases such as Corona virus disease and others
- Community based surveillance
- Capacity-build the CHPs to be able to conduct assessments as part of early identification of disability in line with the different classification domains and to attain optimal reach at the grassroots levels.
- Record Persons with Disabilities Data at household and report in KHIS
- Referral of those identified with disability to health facilities for health services, assessment and registration.
- Leverage public dialogue forums bringing together Persons With Disabilities, health workers, community leaders and gatekeepers to discuss and identify health problems affecting Persons With Disabilities, generate solutions and give feedback.
- Facilitate access to essential health products including assistive devices and medication by the persons with disability.



Preventive care:

CHPs shall educate the households on:

- Available primary health care services and their Rights
- Disability etiquette to foster an inclusive and respectful environment where people with disabilities feel welcomed and valued.
- Reproductive, Maternal and child health to prevent disabilities (ANC attendance, Immunization, Skilled delivery, family planning)
- Early identification of disability (recording, referral, follow up and good health seeking behavior); Mapping of CBOs and OPDs and the services they offer to the community to harmonize their service.
- Conduct inclusive mobilization and outreach services targeting the Persons with Disabilities as well as the general public

Rehabilitation care

National level

- Advocate for SHA benefit package to be inclusive of needs to provide for medical, rehabilitation care and assistive technology for Persons with Disabilities
- Ensure Inclusivity in training institutions and service delivery points on disability to ensure that quality of care is not compromised.
- The institutional training curriculum to incorporate the needs of Persons With Disabilities
- Train all health workers on how to communicate and interact respectfully and effectively with Persons with Disabilities.
- Train adequate numbers of health staff including; physiotherapists, neurologists, psychiatrists, occupational therapists, speech and language therapists, rehabilitation physicians and community-based rehabilitation workers of all cadres.



- Identify and mitigate barriers to service uptake including addressing disability related stigma and discrimination

County level

The County departments of health shall:

- Provide assistive technologies (assistive devices, hearing aids, screen readers, etc.) that are client centred.
- Develop disability inclusion strategies and initiatives for community-based inclusive development (CBID) service delivery.
- Ensure that Persons with Disabilities are sensitized on available rehabilitative services.
- Conduct assessment of Persons with Disabilities to facilitate access to services including registration to NCPWD.
- Ensure conducive legal and policy environment to facilitate disability interventions at the County levels
- Ensure adequate resources for the disability interventions by mobilizing resources both internally and externally.
- Train adequate numbers of health staff including; physiotherapists, neurologists, psychiatrists, occupational therapists, speech and language therapists, rehabilitation physicians and all other hospital staffs

Health facility level: -

The facility shall;

- Engage Persons with Disabilities in the design, monitoring, evaluation and feedback processes on service delivery to enhance client experience.
- Integration of disabilities in screening, counselling, treatment service points and recording of their information and Data capturing.



- Stock, prescribe, modify, fit and undertake repairs and maintenance of the Assistive Technologies commensurate to the health facility level
- Train Human Resource for Health (HRH) on early identification of disability and disability etiquette.
- Provide information on healthcare services provided at the facility in an accessible format.
- Provide accessible infrastructure and resources to enable Persons with Disabilities to receive healthcare services.

Management level

- The County health management teams shall be sensitized on disability etiquette, disability intervention and rehabilitation services
- The county health management team shall have a focal person for disability mainstreaming who is a rehabilitation officer.
- Counties shall conduct staffing needs assessment and recruit adequate rehabilitative officers for the three cadres occupational therapist OT, Physio, Ortho. Tech, speech therapists, and other specialized cadres to provide healthcare services
- Avail assistive devices and sign language interpreters in health facilities.
- Provide accessible infrastructure (Rehab units in facilities) and resources to enable Persons with Disabilities to receive (holistic) healthcare services.
- Create Community based inclusive Development (CBR) programmes to assist Persons with disability in the community
- Create partnerships with stakeholders for assistive technology provision
- Establish a database for Persons with Disabilities disaggregated by gender, type of disability and severity.
- Regularly collect and analyze disaggregated data on Persons with Disabilities' healthcare needs



- Conduct public awareness campaigns on disability inclusion in healthcare
- Develop an App that will facilitate Persons with Disabilities to get a direct link to a Sign Language Interpreter when they require assistance in order to receive healthcare services.

3.5 Core Inclusive Practices

3.5.1 Physical Access to Services

- Clinics, dispensaries, Community Health Units (CHUs), Primary Healthcare Networks (PCNs) and outreach posts must be physically accessible.
- The outreach team should have the capacity to attend to Persons With Disabilities
- Accessible patient centred services and Triage Systems
- Queue systems should identify and prioritize persons with disabilities including persons with invisible disabilities and provide alternatives where waiting is not suitable.
- Staff must be trained to recognize and assist clients with invisible disabilities respectfully.

3.5.2 Health Communication and Consent

- Ensure informed consent is obtained using accessible formats (e.g. Braille, KSL interpretation, pictograms).
- Health promotion materials must include disability-relevant content, such as sexual and reproductive health, Non-Communicable Diseases, and mental health for Persons with Disabilities.
- Public education and health promotion materials and content should be disability stigma-free



3.5.3 Assistive technology and Supportive Services

Facilities must ensure access to:

- Assistive technology (e.g. wheelchairs, hearing aids) is procured
- Personal aides or interpreters are provided (where needed),
- Referral pathways for rehabilitation and support services are created
- Non-Discrimination in Emergency and Humanitarian Services is enhanced
- During health emergencies (e.g. pandemics, disasters), ensure Persons with Disabilities are prioritized and protected as per Section 18 of the PWD Act.

3.6 Inclusive Procurement

Procurement processes must comply with Public Procurement and Disposal Act, 2015 by allocating at least 30% of Government Procurement Opportunities (AGPO) to women, youth and Persons with Disabilities at least 2% to be specifically allocated for Persons With Disabilities-owned enterprises

All suppliers of goods and services must comply with established accessibility standards. This includes, but is not limited to, providing accessible signage, inclusive seating arrangements, and materials in user-friendly formats to ensure equitable access for persons with disabilities.

3.7 Budget and resource allocation

Disability mainstreaming is a cost intensive Initiative and requires adequate technical and financial resources. The sector shall endeavor to allocate financial resources for disability mainstreaming programmes in their budget.



3.8 Integration with Community Health Services

- CHPs and CHAs must be trained on identifying and supporting Persons with Disabilities by;
 - Educating communities on identification of Persons with Disabilities
 - Ensuring that Persons with Disabilities are not discriminated in terms of promotion and access to good nutrition access
 - Promotion of food security and proper nutrition
 - Provide messaging on safe water and basic sanitation
 - Promotion of maternal and child health care, including family planning
 - Immunization against infectious diseases both to Persons with Disabilities and their family.
 - Prevention and control of locally endemic diseases
 - Referrals for appropriate treatment of common illnesses and injuries
 - Strengthening of referrals between the community health services and the health facilities
- Include Persons with Disabilities in community health committees and boards.
- Adhering to the Community-based inclusive development (CBID) principles which is a powerful approach that ensures people with disabilities are fully included in all aspects of community life and is rooted in human rights, equity, and empowerment.



Below are the 7 key principles that guide CBID:

- 1. Human Rights and Social Justice:** Promotes equal rights and opportunities for all, especially persons with disabilities. Aligns with the UN Convention on the Rights of Persons with Disabilities (CRPD).
- 2. Participation and Empowerment:** Encourages active involvement of persons with disabilities in decision-making. Builds capacity through peer support, leadership development, and self-help groups.
- 3. Inclusion and Accessibility:** Ensures that mainstream services (education, health, employment) are accessible. Advocates for inclusive infrastructure, communication, and digital access.
- 4. Community Ownership:** Development is led by the community, not imposed from outside. Local organizations, including Organizations of Persons with Disabilities (OPDs), play a central role.
- 5. Inter-sectoral Collaboration:** Integrates efforts across sectors like health, education, livelihoods, and disaster risk reduction. Encourages partnerships among PBOs, governments, and community groups.
- 6. Sustainability and Localization:** Focuses on long-term change through local capacity building. Promotes locally driven solutions and leadership.
- 7. Evidence-Based Practice:** Uses data and community-led research to inform programs and policies. Encourages monitoring, evaluation, and learning from experience.

3.9 Data and Records Management

- Service data must be disaggregated by disability, type, severity, gender, age and location.
- Facilities should maintain confidential health records and flag out recommendations needed for future visits.
- Personal data of persons with disability should be handled in accordance with the Data Protection Act 2019



3.10 Reporting and Accountability

- Every facility shall designate a Disability Inclusion Focal Person.
- All departments/institutions shall submit routine reports on disability mainstreaming activities
- Disability service indicators shall be included in Performance Contracts, quality assurance tools, and facility audits.
- Provide feedback and complaints mechanisms accessible to Persons with Disabilities



CHAPTER FOUR - MONITORING AND EVALUATION (M&E)

Definition - Monitoring and evaluation are the ongoing and structured processes of collecting, analyzing, and using data to assess whether development interventions are inclusive of Persons With Disabilities, and to ensure that their rights, participation, and needs are fully integrated into all stages of health programs

4.1 Purpose

To ensure systematic tracking of progress, effectiveness, and compliance in the implementation of disability mainstreaming efforts across the Ministry of Health, in alignment with the Persons With Disabilities Act, 2025 (Section 34) and Public Service Performance Contracting Framework.

4.2 Roles and Responsibilities

- **M&E Officer:** Overall coordination of M&E activities.
- **Project Managers:** Ensure data collection and reporting.
- **Field Officers:** Collect field-level data.
- **Stakeholders/Partners:** Validate findings, provide feedback.

4.3 Data Management & Reporting

- Data entry, storage, analysis procedures.
- Reporting schedule (monthly, quarterly, annual).
- Format of reports (progress reports, evaluation briefs, dashboards).

4.4 Evaluation Plan

- **Mid-term Evaluation:** Assess progress, recommend adjustments.
- **End-line Evaluation:** Assess achievement of objectives, impacts, and lessons learned.

Types: Process evaluation, outcome evaluation, impact evaluation



4.5 Key Disability-Sensitive Indicators

The table below presents key disability-sensitive indicators used to track inclusion, participation, and accessibility outcomes.

Table 4.1: Key Disability-Sensitive Indicators

Focus Area	Sample Indicators
Human Resource	• % of staff who are Persons With Disabilities • % of departments with trained disability focal persons
Service Delivery	• No. of Persons With Disabilities households registered in eCHIS • No. of Persons With Disabilities receiving services at households and in health facilities • No. of health facilities with accessible infrastructure • % of clients with disabilities reporting satisfaction • No of facilities offering rehabilitative services at level 2 and 3. • Number of established CBR and Outreach programs • No of Persons With Disabilities who have received Assistive technologies • No of Persons With Disabilities screened and assessed for registration of Persons With Disabilities • No of Persons with Disabilities referred for further management
Communication	• % of health materials (IEC) available in accessible formats; No. of staff trained in KSL • No. of health facilities that have adopted disability friendly and appropriate communication mechanisms. • Mode of communication used to inform you about outreaches/barazas/action days
Procurement	% of tenders awarded to Persons With Disabilities -owned enterprises
Community Outreach	Number of Persons with Disabilities who received communication through dialogue sessions, action days, CHS, or CBID; No. of inclusive health promotion activities conducted; No of persons with disabilities identified, assessed and referred for various services



4.6 Data Collection and Reporting

All health sector directorates, divisions and units shall collect data (e.g. by type of disability, severity, gender, age, location and social-economic status).

Tools (e.g. DHIS2, HRMIS, facility registers) must be

- updated to include disability-related fields.
- The Disability Mainstreaming Unit (DMU) shall prepare bi-annual and annual reports on implementation progress and disseminate the reports for policy decision making and public consumption
- The Disability Mainstreaming Unit shall benchmark and conduct experiential learning missions on disability issues to draw a line with the international standards on disability reporting.

4.7 Evaluation Approaches

- Use a mix of quantitative and qualitative methods, including surveys, interviews, focus groups with Persons With Disabilities, and accessibility audits.
- Conduct baseline, midterm and end-term evaluations of the Disability Mainstreaming Strategy
- Assessments must be inclusive, with data validation workshops involving OPDs and disability champions.



4.8 Accountability and Learning

- Findings will inform reporting, dissemination, high level advocacy, strategic communication, planning and budget cycles.
- Annual reviews shall be held at both national and county levels, and findings submitted to:
 - The Principal Secretary
 - National Council for Persons With Disabilities,
 - Kenya National Commission on Human Rights (where applicable).
 - Attorney General, and other stakeholders

4.9 Disability Mainstreaming Indicators Across the Results Chain

Table 4.2: Disability Mainstreaming Indicators Across the Results Chain

Level	Strategic Objective	Key Indicators	Baseline / Target	Means of Verification (MOV)	Frequency	Responsibility
Inputs	Allocate adequate resources and build capacity for disability mainstreaming	- Number of Persons With Disabilities with their UpToDate information in the disability database i.e Enrolments, Age, Gender, Disability type, severity, location and social economic status (Interoperability with KHIS & NCPWDs) - Proportion of health facilities with a sign language interpreter - Percentage of health sector institutions with standard basic items (Checklist: ramps, signage, accessible toilets & information i.e Braille, large print, easy-to-read) - Proportion of health sector staff trained on sign language	Baseline: To be determined Target: At least 5–10% of budget; 100% program staff trained	Financial expenditure reports, HR/training records, procurement logs, MoUs/SOPs with OPDs	Annual	Finance Dept., HR, Program Managers, NCPWDs



Level	Strategic Objective	Key Indicators	Baseline / Target	Means of Verification (MOV)	Frequency	Responsibility
		- Proportion of institutions audited and adherent to disability mainstreaming - Percentage of total programme budget earmarked for disability inclusion - Number of partnerships with OPDs established				
Processes / Activities	Implement inclusive policies, training, and service adjustments	- Percentage of Persons With Disabilities assessed for any disability - Percentage of project documents reviewed for disability sensitivity - Percentage of public health dialogues on community awareness campaigns for disability rights attended by Persons With Disabilities - Number of stakeholder consultations with OPDs done	Baseline: Limited Target: Regular audits in all facilities and CHUs 100% projects reviewed	Activity reports, meeting minutes, audit reports, campaign reports	Quarterly	Program Officers, M&E Unit, NCPWDs



Level	Strategic Objective	Key Indicators	Baseline / Target	Means of Verification (MOV)	Frequency	Responsibility
		▪ Number of departments having disability inclusion/ mainstreaming ▪ Number of CHUs with disability indicators in the chalk board ▪ Proportion of Persons With Disabilities aware of roles and responsibility of the NCPWDs ▪ Proportion of HCWs who are Persons With Disabilities benefiting from tax exemptions ▪ Proportion of health sector staf who are caregivers of Persons With Disabilities tax exempted ▪ Proportion of trained sign language interpreters employed and deployed at service stations				

Level	Strategic Objective	Key Indicators	Baseline / Target	Means of Verification (MOV)	Frequency	Responsibility
Outputs	Deliver disability-inclusive services and infrastructure	- Percentage of facilities with ramps, signage, accessible toilets, and information - Proportion of Persons With Disabilities provided with assistive devices - Proportion of information products produced in accessible formats (Braille, audio, sign language, large print) - Proportion of Persons With Disabilities participating in program committees/boards - Proportion of Persons With Disabilities referred to appropriate care of health services	Baseline: To be determined Target: 80–100% compliance with accessibility standards	Facility inspection reports, service distribution lists, publications, committee rosters	Semi-annual	M&E Officers, Implementing Partners, NCPWDs
Outcomes	Improve access, participation, and satisfaction	Percentage of Persons With Disabilities accessing health and social protection services	Baseline: To be determined Target: ≥30% increase in	Household/community surveys, service utilization data, satisfaction surveys	Annual	M&E Unit, County/National Gov't, NCPWDs



Level	Strategic Objective	Key Indicators	Baseline / Target	Means of Verification (MOV)	Frequency	Responsibility
	of Persons With Disabilities	- Percentage of Persons With Disabilities accessing health, education, and social protection services - Percentage of Persons With Disabilities receiving services at health facilities - Percentage of Persons With Disabilities satisfied with services received - Percentage of public meetings/forums attended by Persons With Disabilities - Percentage of Persons With Disabilities reporting reduced barriers to participation	access and satisfaction			
Impact	Achieve long-term empowerment, equity, and inclusion of Persons With Disabilities	- Proportion of tenders on procurement (at least 2%) awarded to Persons With Disabilities - Proportion of Persons With Disabilities (at least 5%)	Baseline: To be established via KNBS/Surveys Target: Progressive	National surveys (KNBS, DHS), impact evaluations, research studies, Client satisfaction feed back mechanisms	Every 2–3 years	National and County Gov't, Development Partners, OPDs, NCPWDs





Level	Strategic Objective	Key Indicators	Baseline / Target	Means of Verification (MOV)	Frequency	Responsibility
		employed in each department/institution - Percentage reduction in the poverty gap between Persons With Disabilities and non-Persons With Disabilities. - Proportion of improved disability inclusion index (rights, health, education, livelihoods) - Proportion of reduction in stigma/discrimination cases reported by Persons With Disabilities	narrowing of gaps			



4.10 Tools and Templates

Tools are instruments used to collect and analyze information, while templates are the structured formats used to record, organize and present that information. They help make data collection, analysis, and reporting more effective and consistent. These are some of the tools that have been developed for this purpose.

- **Disability Mainstreaming Progress Tracker-** this tool is used to measure and monitor how well disability inclusion is being integrated into programs, policies, and services to help organizations track their progress, identify gaps, and make improvements for Persons With Disabilities.
- **Accessibility audit checklist-** This tool is used to assess how accessible a building, service, or environment is for Persons with Disabilities. It includes a list of key areas to check such as entrances, restrooms, signage, and communication tools to make sure they are easy to use.
- **Accessibility audit report-** This document presents the results of an accessibility audit. It outlines what areas are accessible, what barriers exist for people with disabilities, and provides recommendations for improvements to help organizations create inclusive and user-friendly environments for persons with disability.
- **Staff disability disclosure forms-** These are confidential forms that allow employees to voluntarily share information about their disability with their employer in order to help the organization provide appropriate support in the workplace for Persons With Disability
- **Annual Disability Inclusion Self-Assessment Checklist-** this tool is used by organizations to review and evaluate how well they are including and supporting persons with disabilities in their policies, programs, and workplace each year. It helps identify areas for improvement.
- **Feedback and Complaint Form (accessible formats)-** This form is designed for provision of feedback or to raise complaints about services, programs, or facilities.



- **Consent forms**- these are documents that persons with disabilities sign to give their clear and informed permission for things like sharing their personal information, participating in activities, or receiving services.

Monitoring and Evaluation Dashboard for Disability Inclusion and Mainstreaming in Health

Table 4.3: Monitoring and Evaluation Dashboard for Disability Inclusion and Mainstreaming in Health

Monitoring and Evaluation Dashboard for Disability Inclusion and Mainstreaming in Health								
Generic Filters: County, Sub-County, Facility, Facility Level, Ownership, Age group, Gender, Education Level, Disability Type, Age at Acquisition of living with disability, Severity, social economic status, Period: (MM, QQ, YY)								
Theme	Indicators	Chart Title	Numerator	Denominator	X - Axis	Y - Axis	Visualization Type	Resources
Input Indicators (Resources invested for inclusion)	Number of Persons With Disabilities with their UpToDate information in the disability database i.e Enrolments, Age, Gender, Disability type, severity, location and social economic status (Interoperability with KHIS & NCPWDs)	Persons With Disabilities enrolments by Age Group	Number of persons with disabilities enrolled in the disability database with complete and up-to-date information (age, gender, disability type, severity, location, socio-economic status)	Estimated total number of Persons With Disabilities in the target population (based on census, household surveys, or NCPWD registration)	0–5, 6–17, 18–35, 36–59, 60+	Number of registered Persons With Disabilities	Bar Chart	1. Internet 2. Mobile devices 3. Personnel 4. Database 5. Data collection tools 6. Capacity building
		Persons With Disabilities enrolments by Age & Gender			Male, Female, Other, Prefer not to say	Number of registered Persons With Disabilities	Pie Chart/Donut	
		Persons With Disabilities disability by Type			Physical, Visual, Hearing, Intellectual, Psychosocial, Multiple	Number of registered Persons With Disabilities	Bar Chart	



Monitoring and Evaluation Dashboard for Disability Inclusion and Mainstreaming in Health

Generic Filters: County, Sub-County, Facility, Facility Level, Ownership, Age group, Gender, Education Level, Disability Type, Age at Acquisition of living with disability, Severity, social economic status, Period: (MM, QQ, YY)

Theme	Indicators	Chart Title	Numerator	Denominator	X - Axis	Y - Axis	Visualization Type	Resources
		Persons With Disabilities enrolments by Age & Severity			Mild, Moderate, Severe	Number of registered Persons With Disabilities	Bar Chart	
		Persons With Disabilities enrolments by Age & Location			County, Sub-county, Ward	Number of registered Persons With Disabilities	Map Visualization	
		Persons With Disabilities enrolments by Socio-Economic Status Distribution			Low income, Middle income, High income	Number of registered Persons With Disabilities	Map Visualization	
	Proportion of health facilities with a sign language interpreter	Percentage of Facilities with a sign language interpreter	Number of health facilities with at least one sign language for health interpreter (employed full-time, part-time, or available on call/contract)	Total number of assessed health facilities	Counties, Subcounty, Facility	% of facilities with interpreter coverage	Bar Chart	

Monitoring and Evaluation Dashboard for Disability Inclusion and Mainstreaming in Health

Generic Filters: County, Sub-County, Facility, Facility Level, Ownership, Age group, Gender, Education Level, Disability Type, Age at Acquisition of living with disability, Severity, social economic status, Period: (MM, QQ, YY)

Theme	Indicators	Chart Title	Numerator	Denominator	X - Axis	Y - Axis	Visualization Type	Resources
	Percentage of health sector institutions with standard basic items (Checklist: ramps, signage, accessible toilets & information i.e Braille, large print, easy-to-read)	Health facilities with standard basic items	Number of health sector institutions with all listed accessibility items in place	Total number of health sector institutions assessed	Ramp or step-free access Clear and visible signage Accessible toilets Information in accessible formats (braille, large print, easy-to-read)	Total number of health sector institutions assessed.	Table	
	Proportion of health sector staff trained on sign language	Health sector staff trained on sign language	Number of health sector staff trained in sign language.	Total number of health sector staff assessed	doctors, nurses, clinical officers, support staff, others (specify)	% of HCWs trained in sign language	Bar chart	
	Proportion of institutions adherent to disability mainstreaming	Trends in Disability Mainstreaming Adherence Over Time	Number of institutions audited that meet disability mainstreaming standards	Total number of institutions audited	Institution types or counties	% of institutions adherent	Bar chart	



Monitoring and Evaluation Dashboard for Disability Inclusion and Mainstreaming in Health

Generic Filters: County, Sub-County, Facility, Facility Level, Ownership, Age group, Gender, Education Level, Disability Type, Age at Acquisition of living with disability, Severity, social economic status, Period: (MM, QQ, YY)

Theme	Indicators	Chart Title	Numerator	Denominator	X - Axis	Y - Axis	Visualization Type	Resources
	Percentage of total programme budget earmarked for disability inclusion	Trends in Disability Inclusion Budget Allocation Over Time	Amount of programme budget earmarked for disability inclusion.	Total programme budget	Years (e.g., 2020, 2021, 2022, 2023)	% of Programme Budget Earmarked	Line Chart	
	Number of partnerships with OPDs established	Trends in OPD Partnerships Established Over Time	Total number of partnerships formally established with OPDs	Not applicable (absolute number indicator)	Partnership Types (Advocacy, Service Delivery, Technical, Financial)	Number of Partnerships	Map Visualization	
Theme	Indicators	Chart Title	Numerator	Denominator	X - Axis	Y - Axis	Visualization Type	Resources
Process / Activity Indicators (Inclusive actions carried out)	Percentage of Persons With Disabilities assessed for any disability	Percentage of Persons with Disabilities Assessed for Any Disability	Number of Persons With Disabilities who have undergone a disability assessment	Total number of Persons With Disabilities identified/registered	age group	Percentage of Persons With Disabilities assessed (%)	Bar Chart	1. Internet 2. Mobile devices 3. Personnel 4. Database 5. Data collection tools 6. Capacity building

Monitoring and Evaluation Dashboard for Disability Inclusion and Mainstreaming in Health

Generic Filters: County, Sub-County, Facility, Facility Level, Ownership, Age group, Gender, Education Level, Disability Type, Age at Acquisition of living with disability, Severity, social economic status, Period: (MM, QQ, YY)

Theme	Indicators	Chart Title	Numerator	Denominator	X - Axis	Y - Axis	Visualization Type	Resources
	Percentage of project documents reviewed for disability sensitivity	Percentage of Project Documents Reviewed for Disability Sensitivity	Number of project documents reviewed for disability sensitivity	Total number of project documents developed/produced	1. proposals 2. reports 3. policies 4. guidelines	Percentage of documents reviewed (%)	Bar Chart	
	Percentage of public health dialogues on community awareness campaigns for disability rights attended by Persons With Disabilities	PWD Participation in Public Health Dialogues on Disability Rights	Number of public health dialogues on disability rights attended by Persons With Disabilities	Total number of public health dialogues on disability rights held	1. county 2. date 3. campaign type	Percentage of dialogues attended by Persons With Disabilities (%)	Line Chart	
	Number of stakeholder engagements with OPDs done	Stakeholder engagements with (OPDs)	Total number of consultations held with OPDs	Not applicable (absolute count indicator)	Time Period	Number of consultations conducted	Line Chart	
	Number of departments having disability inclusion/mainstreaming	Departments Implementing Disability Inclusion/Mainstreaming	Number of departments that have integrated disability inclusion/mainstreaming	Total number of departments assessed	Departments	Number of departments with disability inclusion/mainstreaming	Bar Chart	



Monitoring and Evaluation Dashboard for Disability Inclusion and Mainstreaming in Health

Generic Filters: County, Sub-County, Facility, Facility Level, Ownership, Age group, Gender, Education Level, Disability Type, Age at Acquisition of living with disability, Severity, social economic status, Period: (MM, QQ, YY)

Theme	Indicators	Chart Title	Numerator	Denominator	X - Axis	Y - Axis	Visualization Type	Resources
	Proportion of Persons With Disabilities aware of roles and responsibility of the	Awareness of NCPWD Roles and Responsibilities among Persons With Disabilities	Number of Persons With Disabilities who correctly identify roles and responsibilities of the NCPWD	Total number of Persons With Disabilities surveyed	age group	Proportion of Persons With Disabilities aware (%)	Bar Chart	
	Proportion of Health sector staff who are Persons With Disabilities benefiting from tax exemptions	Health sector staff with Disabilities Benefiting from Tax Exemptions	Number of Health sector staff with disabilities who have obtained/are benefiting from tax exemptions	Total number of Health sector staff with disabilities identified	1. doctors 2. nurses 3. clinical officers 4. support staff	Proportion of HCWs benefiting (%)	Bar Chart	
	Proportion of Health sector staff s who are caregivers of Persons With Disabilities tax exempted	Health sector staff Caregivers of Persons With Disabilities Benefiting from Tax Exemptions	Number of Health sector staff s who are caregivers of Persons With Disabilities and benefiting from tax exemptions	Total number of Health sector staff s identified as caregivers of Persons With Disabilities	1. doctors 2. nurses 3. clinical officers 4. support staff	Proportion of caregivers benefiting (%)	Bar Chart	
	Proportion of trained sign language interpreters employed	Deployment of Trained Sign Language	Number of trained sign language interpreters employed and	Total number of trained sign language	1. county 2. Sub-county 3. facility	Proportion of interpreters deployed (%)	Bar Chart	

Monitoring and Evaluation Dashboard for Disability Inclusion and Mainstreaming in Health

Generic Filters: County, Sub-County, Facility, Facility Level, Ownership, Age group, Gender, Education Level, Disability Type, Age at Acquisition of living with disability, Severity, social economic status, Period: (MM, QQ, YY)

Theme	Indicators	Chart Title	Numerator	Denominator	X - Axis	Y - Axis	Visualization Type	Resources
	and deployed at service stations	Interpreters at Service Stations	deployed at service stations	interpreters available				
Theme	Indicators	Chart Title	Numerator	Denominator	X - Axis	Y - Axis	Visualization Type	Resources
Output Indicators (Direct inclusive products or services delivered)	Percentage of facilities with ramps, signage, accessible toilets, and information	Facilities with ramps, signage, accessible toilets, and information	Number of Facilities with ramps, signage, accessible toilets, and information	Total number of facilities assessed for ramps, signage, accessible toilets, and information	1. county 2. subcounty 3. facility	Number of Facilities with ramps, signage, accessible toilets, and information	Bar Graph	
	Proportion of Persons With Disabilities provided with assistive devices	Persons With Disabilities provided with assistive devices	Number of Persons With Disabilities provided with assistive devices	Total number of Persons With Disabilities eligible to receive assistive devices	1. county 2. subcounty 3. facility/institution	Number of Persons With Disabilities provided with assistive devices	Bar Graph	
	Proportion of information products produced in accessible formats (Braille, audio, sign language, large print)	Information products produced in accessible formats	Number of information products produced in accessible formats	Total number of information products produced in accessible formats	1. county 2. subcounty 3. facility	Proportion of information products produced in accessible formats	Bar Graph	



Monitoring and Evaluation Dashboard for Disability Inclusion and Mainstreaming in Health

Generic Filters: County, Sub-County, Facility, Facility Level, Ownership, Age group, Gender, Education Level, Disability Type, Age at Acquisition of living with disability, Severity, social economic status, Period: (MM, QQ, YY)

Theme	Indicators	Chart Title	Numerator	Denominator	X - Axis	Y - Axis	Visualization Type	Resources
	Proportion of Persons With Disabilities participating in program committees/boards	Persons With Disabilities participating in program committees/boards	Number of Persons With Disabilities who participated in program committees/boards	Total number of Persons With Disabilities expected to participate in program committees/boards	1. county 2. subcounty 3. facility/institution 4. cadre	Number of Persons With Disabilities who participated in program committees/boards	Bar Graph	
	Proportion of Persons With Disabilities referred to appropriate care of health services	Persons With Disabilities referred to appropriate care of health services	Number of Persons With Disabilities referred to appropriate care of health services	Total number of Persons With Disabilities in need of referral to appropriate care of health services	1. county 2. subcounty 3. Facility 4.	Number of Persons With Disabilities referred to appropriate care of health services	Bar Graph	
Outcome Indicators (Medium-term changes in behavior,	Percentage of Persons With Disabilities accessing health and social protection services	Persons With Disabilities accessing health and social protection services	Number of Persons With Disabilities accessing health and social protection services	Total number of people accessing health and social protection services	1. county 2. subcounty 3. Facility 4.	Number of Persons With Disabilities accessing health and social protection services	Bar Graph	

Monitoring and Evaluation Dashboard for Disability Inclusion and Mainstreaming in Health

Generic Filters: County, Sub-County, Facility, Facility Level, Ownership, Age group, Gender, Education Level, Disability Type, Age at Acquisition of living with disability, Severity, social economic status, Period: (MM, QQ, YY)

Theme	Indicators	Chart Title	Numerator	Denominator	X - Axis	Y - Axis	Visualization Type	Resources
practices, or access)	Percentage of Persons With Disabilities accessing health, education, and social protection services	Persons With Disabilities accessing health, education, and social protection services	Number of Persons With Disabilities accessing health, education, and social protection services	Total number of people accessing health, education, and social protection services	1. county 2. subcounty 3. Facility 4.	Number of Persons With Disabilities accessing health, education, and social protection services	Bar Graph	
	Percentage of Persons With Disabilities receiving services at health facilities	Persons With Disabilities receiving services at health facilities	Number of Persons With Disabilities receiving services at health facilities	Total number of people receiving services at health facilities	1. county 2. subcounty 3. Facility 4.	Number of Persons With Disabilities receiving services at health facilities	Bar Graph	
	Percentage of Persons With Disabilities satisfied with services received	Persons With Disabilities satisfied with services received	Number of Persons With Disabilities satisfied with services received	Total number of people satisfied with services received	1. county 2. subcounty 3. Facility 4.	Number of Persons With Disabilities satisfied with services received	Bar Graph	
	Percentage of public meetings/forums attended by Persons With Disabilities	Public meetings/forums attended by Persons With Disabilities	Number of public meetings/forums attended by Persons With Disabilities	Total number of public meetings/forums that invited Persons With Disabilities/held	1. county 2. subcounty 3. Facility 4.	Number of public meetings/forums attended by Persons With Disabilities	Bar Graph	



Monitoring and Evaluation Dashboard for Disability Inclusion and Mainstreaming in Health

Generic Filters: County, Sub-County, Facility, Facility Level, Ownership, Age group, Gender, Education Level, Disability Type, Age at Acquisition of living with disability, Severity, social economic status, Period: (MM, QQ, YY)

Theme	Indicators	Chart Title	Numerator	Denominator	X - Axis	Y - Axis	Visualization Type	Resources
	Percentage of Persons With Disabilities reporting reduced barriers to participation	Persons With Disabilities reporting reduced barriers to participation	Number of Persons With Disabilities reporting reduced barriers to participation	Total number of Persons With Disabilities surveyed or included in the assessment	1. county 2. subcounty 3. Facility 4.	Number of Persons With Disabilities reporting reduced barriers to participation	Bar Graph	
Theme	Indicators	Chart Title	Numerator	Denominator	X - Axis	Y - Axis	Visualization Type	Resources
IMPACT: Long-term empowerment, equity, and inclusion of Persons With Disabilities achieved	Proportion of tenders on procurement (at least 2%) awarded to Persons With Disabilities	Tenders on procurement awarded to Persons With Disabilities	Number of tenders on procurement (at least 2%) awarded to Persons With Disabilities within the reporting period	Total number of tenders/contracts awarded within the reporting period.	1. county 2. subcounty 3. Facility/institution 4.	Number of tenders on procurement (at least 2%) awarded to Persons With Disabilities	Bar Graph	
	Proportion of Persons With Disabilities (at least 5%) employed in each department/institution	Persons With Disabilities employed in each department/institution	Number of Persons With Disabilities (at least 5%) employed in each department/institution	Total number of employees in the department/institution	1. county 2. subcounty 3. Facility/institution/department 4.	Number of Persons With Disabilities (at least 5%) employed in each department/institution	Bar Graph	

Monitoring and Evaluation Dashboard for Disability Inclusion and Mainstreaming in Health

Generic Filters: County, Sub-County, Facility, Facility Level, Ownership, Age group, Gender, Education Level, Disability Type, Age at Acquisition of living with disability, Severity, social economic status, Period: (MM, QQ, YY)

Theme	Indicators	Chart Title	Numerator	Denominator	X - Axis	Y - Axis	Visualization Type	Resources
	Percentage reduction in the poverty gap between Persons with Disabilities and non-Persons With Disabilities.	Reduced poverty gap between Persons with Disabilities and non-Persons With Disabilities.	Number of reduced poverty gap between Persons with Disabilities and non-Persons With Disabilities.	Previous reported poverty gap between Persons with Disabilities and non-Persons With Disabilities.	1. county 2. subcounty 3. Facility/ institution/ department 4.	Number of reduced poverty gap between Persons with Disabilities and non-Persons With Disabilities.	Bar Graph/Table	
	Proportion of improved disability inclusion index (rights, health, education, livelihoods)	Disability inclusion index	Improved disability inclusion index (rights, health, education, livelihoods)	Total number of Persons with Disabilities surveyed/assessed	1. county 2. subcounty 3. Facility/ institution/ department 4.	Improved disability inclusion index (rights, health, education, livelihoods)	Bar Graph/Table	
	Proportion of reduction in stigma/discrimination cases reported by Persons With Disabilities	Stigma/discrimination cases reported by Persons With Disabilities	Number of stigma/discrimination cases reported by Persons With Disabilities	Total number of stigma/discrimination cases previously reported by Persons With Disabilities	1. county 2. subcounty 3. Facility/ institution/ department 4.	Number of stigma/discrimination cases reported by Persons With Disabilities	Bar Graph/Table	





Annex I: Disability Indicator Mapping Tool



MINISTRY OF HEALTH

Demographic Quiz:

a) Facility details: (Indicate) Facility name_____ County_____ Sub-county_____ Ward_____ MFR Code _____Year(dd/mm/yyyy) _____

1. Input Indicators (Resources invested for inclusion)

Quiz: Up-to-date Persons With Disabilities details in the disability database;

- a. Age Indicate actual _____
age
- b. Sex (Tick one) ☐ Male ☐ Female ☐ Intersex
- c. Disability domain: (Tick one, ☐ Physical ☐ Visual ☐ Hearing
For multiple List) ☐ Intellectual/developmental ☐ Psychosocial ☐ Multiple
- d. Severity (Tick one) ☐ Mild ☐ Moderate ☐ Severe
- e. Location (Indicate) ☐ County ☐ Sub-county ☐ Ward
- f. social economic status (Tick ☐ Low income ☐ Middle income ☐ High income
One)

Quiz: Availability of sign language interpreter for health;

a) Availability of sign language for health interpreters: (Tick one)

Yes ☐ No ☐

b) If Yes, how many (Indicate) _____



Quiz: Availability of standard basic items;

a) (tick appropriately)

Ramp with railing or step-free access

☐

Clear and visible signage

☐

Accessible disability friendly toilets

☐

Information in accessible formats (braille, large print, easy-to-read)

☐

Quiz: Training on sign language;

a) Number of HCWS trained

Doctors _____ Nurses _____ Clinical Officers _____

Support staff _____ Others (specify Cadre & number) _____

Quiz: Disability compliant issues

Accessibility

☐ Yes

☐ No

Inclusion & participation

☐ Yes

☐ No

Capacity building & sensitization

☐ Yes

☐ No

Governance & policies

☐ Yes

☐ No

Monitoring & evaluation

☐ Yes

☐ No

Quiz: Budgetary allocation for disability

Institution's total budget (Indicate in Kshs.)

Availability of budget line for disability (Pick one)

☐ Yes

☐ No

If Yes, how much budget (Indicate in Kshs.)



Quiz: Partnerships established (Pick one)

☐

Yes

☐

No

Type(s) of partnership(s) established (List all) _____

Quiz: Persons With Disabilities assessed and registered for any disability

Number of Persons With Disabilities assessed for disability (indicate) _____

Total number of Persons With Disabilities identified/registered (indicate) _____

Quiz: Documents (proposals, reports, policies, guidelines) reviewed for disability sensitivity

Total number of project documents developed/produced (Indicate) _____

Number of project documents reviewed for disability sensitivity (Indicate) _____

Quiz: community awareness campaigns for disability rights

Dialogue campaigns organized (List type) _____

Dialogues attended by Persons With Disabilities (List, by type) _____

Quiz: stakeholder consultations with OPDs done

Consultations done (Indicate type of consultation, & when done) _____

Quiz: Departmental disability inclusion

Number of departments in the facility/organization assessed for disability inclusion (Indicate) _____

Departments with disability inclusion _____



Quiz: roles and responsibility of the NCPWDs

Persons With Disabilities surveyed (Indicate) _____

Persons With Disabilities who correctly identify roles and responsibilities of the NCPWD (Indicate) _____

Quiz: Benefit from tax exemptions

Health Sector staff with disabilities who have obtained/are benefiting from tax exemptions (Indicate number in different categories) _____

Health Sector staff with disabilities identified (Indicate number in different categories) _____

Quiz: Persons With Disabilities caregivers tax exempted

Health Sector staff who are caregivers of Persons With Disabilities and benefiting from tax exemptions (Indicate) _____

Health Sector staff identified as caregivers of Persons With Disabilities (Indicate) _____

Quiz: sign language interpreters at service stations

Trained sign language interpreters employed and deployed at service stations (Indicate) _____

Trained sign language interpreters available (Indicate) _____

Quiz: (indicate)

☐ Availability of ramps

☐ Signage

☐ accessible toilets

☐ Information



Quiz: Assistive devices

Persons With Disabilities eligible to receive assistive devices (Indicate) _____

Persons With Disabilities provided with assistive devices (Indicate) _____

Quiz: Information products produced in accessible formats

information products produced in accessible formats (Indicate) _____

information products produced in accessible formats (Indicate) _____

Quiz: Program committees/boards

Persons With Disabilities who participated in program committees/boards
(Indicate) _____

Persons With Disabilities expected to participate in program
committees/boards (Indicate) _____

Quiz: Appropriate care of health services

Persons With Disabilities referred to appropriate care of health services
(Indicate) _____

Persons With Disabilities in need of referral to appropriate care of health
services (Indicate) _____

Quiz: Accessing to health and social protection services

Persons With Disabilities accessing health and social protection services
(Indicate) _____

number of people accessing health and social protection services
(Indicate) _____



Quiz: Access to health, education, and social protection services

Persons With Disabilities accessing health, education, and social protection services (Indicate) _____

Number of people accessing health, education, and social protection services (Indicate) _____

Quiz: Services at health facilities

Persons With Disabilities receiving services at health facilities (Indicate) _____

Number of people receiving services at health facilities (Indicate) _____

Quiz: Service satisfaction

Persons With Disabilities satisfied with services received (Indicate) _____

Number of people satisfied with services received (Indicate) _____

Quiz: public meetings/forums

Number of public meetings/forums attended by Persons With Disabilities (Indicate) _____

Total number of public meetings/forums that invited Persons With Disabilities/held (Indicate) _____

Quiz: Reduced barriers to participation

Persons With Disabilities reporting reduced barriers to participation (Indicate) _____

Persons With Disabilities surveyed or included in the assessment (Indicate) _____



Quiz: Procurement tenders

Tenders on procurement awarded to Persons With Disabilities within the reporting period (Indicate)

Tenders/contracts awarded within the reporting period (Indicate)

Quiz: Employment in department/institution

Persons With Disabilities employed in each department/institution (Indicate)

Employees in the department/institution (Indicate)

Quiz: poverty gaps

Poverty gap for Persons With Disabilities and non-Persons With Disabilities. (Indicate)

Previous reported poverty gap between Persons With Disabilities and non-Persons With Disabilities (Indicate)

Quiz: Disability inclusion index

Improved disability inclusion index (Indicate)

Number of Persons With Disabilities surveyed/assessed (Indicate)

Quiz: stigma/discrimination cases

Persons With Disabilities stigmatized/discriminated (Indicate)

stigma/discrimination cases previously reported by Persons With Disabilities (Indicated)



Annex II: Accessibility Audit Tool



MINISTRY OF HEALTH

Accessibility Audit Checklist – Workplace & Health Facilities for Persons With Disabilities

Introduction

1. Name and contact of the lead evaluator: _____
2. Date of the evaluation: _____
3. Organization being evaluated _____
4. Programme or section, County, Sub County, Health Facility being evaluated (please attach organization mission, vision, objectives and core/ business mandate)

5. Clear identification of the place or office space/ building evaluated (with sketch attached): _____

NB- "Just picture yourself having arrived at a building and are looking for parking space. You walk in to the main entrance and reception area and enter into the lift or you might have the option of accessing the office high up there either on stairs or on escalator. You arrive and you need to queue or to sit behind a desk to talk to someone to access certain services. After the visit on your way downstairs you realize you need to respond to the call of nature. In a very practical way how would a person with disability access the same building and services therein equally as any other person?" The Checklist below guides you on the existing gaps!



Purpose of audit

The disability accessibility audit will be undertaken so as to ensure legal compliance with standards and rights, enhance safety and reduce risks, improve usability and independence and provide a framework for continuous improvement. This tool will be used for both internal and external audit of the workplace and health facilities.

Audit team members

The audit will be done by a multidisciplinary team with knowledge of the different audit areas and Person With Disability included among them. The team will be made up of but not limited to the following

1. DMU representative
2. Rehabilitative Officer
3. PWD representative
4. NCPWD representative
5. Public Health officer
6. Legal officer
7. Planning officer

Reference documents

1. ISO standard 21542
2. MOH Disability Mainstreaming Guidelines

Disability Accessibility Checklist

Area	Requirement	Yes	No	Comments
Approach & Entry	Accessible pathways from parking/public transport to workplace entrance	☐	☐	
	Reserved and correctly marked parking for Persons With Disabilities	☐	☐	



Area	Requirement	Yes	No	Comments
	Ramps or step-free entrances	☐	☐	
	<i>Gradient -(1:12) for every one unit upto 12 units long</i>	☐	☐	
	<i>Handrails - Ramps must have hand rails,the rise is 150mm or 15cm and the length is longer than 2m.</i>	☐	☐	
	Entrance doors; <i>Doorway width $\geq$ 900 mm clear opening, easy to operate</i>	☐	☐	
	Internal doors; <i>At least 800mm,no raise step - Level entrance preferred</i>	☐	☐	
	Handles <i>Easy to grip, lever-type handles.</i>	☐	☐	
	<i>Height 850-1000mm from the floor,</i>	☐	☐	
	<i>Is it operable with one hand, with minimal force</i>	☐	☐	
Visibility	For glass doors, does it have high contrast marking?	☐	☐	
	For clear space/Landing 1.5X1.5m level landing.	☐	☐	
	<i>Raised Landing - maximum 20 mm threshold</i>	☐	☐	
	<i>Landing Surface firm, stable and nonslip</i>	☐	☐	
Signage	Signage showing accessible entrance; <i>Clear easy to read-Symbol letters 5 cm high, white text on dark blue background</i>	☐	☐	
	<i>Signs placed at visible heights. (140 - 170cm above the floor)</i>	☐	☐	
	Reception desk has lowered accessible section ($\leq$ 0.9 m)	☐	☐	



Area	Requirement	Yes	No	Comments
Reception & Common Areas	Seating areas with armrests and integrated wheelchair spaces	☐	☐	
	Signage; <i>clear, high contrast, Tactile/Braille Signage</i>	☐	☐	
	Emergency alarms visible (flashing lights, audible signals)	☐	☐	
Circulation (Workplace Routes)	Corridors at least 1.5 m wide for wheelchair access	☐	☐	
	Floors are non-slip, even, obstacle-free	☐	☐	
	Doors have lever handles at 0.9–1.1 m height	☐	☐	
	Elevators available with; <i>Tactile buttons,</i>	☐	☐	
	<i>Audio announcements,</i>	☐	☐	
	<i>Braille</i>	☐	☐	
	<i>Audible and visible Alarm Bells with flashing light outside</i>	☐	☐	
Workstations & Offices	Workstations adaptable to different needs (adjustable desks/chairs)	☐	☐	
	Clear maneuvering space for wheelchair users	☐	☐	
	Accessible communication tools (screen readers, captioning, hearing loop)	☐	☐	
	Adequate lighting (300-500 LUX) and glare control for persons with low vision	☐	☐	
Sanitary Facilities	Accessible toilet available on each floor <i>Wheel chair turning space - clear circle 1.5m</i>	☐	☐	
	Toilet doors; <i>open outward/sliding,</i>	☐	☐	
	<i>≥ 900 mm wide</i>	☐	☐	



Area	Requirement	Yes	No	Comments
	Grab bars properly installed (side & rear)	☐	☐	
	Audible and visible Alarm Bells in the toilet with flashing light outside the toilet	☐	☐	
	Toilet seat height 450–480 mm	☐	☐	
	Toilet seat height for short stature 14.5 to 16 inches from floor to seat	☐	☐	
	Wash basins accessible (≤ 0.85 m height with knee clearance)	☐	☐	
	Soap, dryers, and mirrors at ≤ 1.2 m height	☐	☐	
Health & Wellness Facilities	First aid room/clinic accessible for Persons With Disabilities	☐	☐	
	Triage systems Identify and prioritize Persons With Disabilities	☐	☐	
	Accessible Beds <i>Adjustable (should lower to 400-450mm from the floor and rise to 700-800mm for caregivers tasks)</i>	☐	☐	
	<i>Backrest adjustable to support sitting</i>	☐	☐	
	<i>Side rails, easy to grip</i>	☐	☐	
	<i>Lockable wheels for stability</i>	☐	☐	
	Rehabilitative services provided	☐	☐	
	Assistive Technology provided	☐	☐	
	Pharmacy/medical counter accessible (≤ 0.9 m)	☐	☐	
	Drinking fountains or water dispensers accessible (≤ 0.9 m height)	☐	☐	
	Accessible cafeteria/canteen tables with knee clearance	☐	☐	
Emergency Preparedness	Evacuation routes accessible (step-free, wide, with signage)	☐	☐	



Area	Requirement	Yes	No	Comments
Communication & Policies	Areas of refuge provided for wheelchair users	☐	☐	
	Staff trained to assist Persons With Disabilities during emergencies	☐	☐	
	Emergency communication accessible (visual + audible alerts)	☐	☐	
	Information and signage provided in multiple formats (large print, Braille, digital)	☐	☐	
	Workplace health and safety policies include PWD needs	☐	☐	
	Training provided for staff on disability awareness	☐	☐	
	Employees include Persons With Disabilities	☐	☐	
	<i>Number of PWD employees</i>	☐	☐	
	Confidential health support accessible to employees and those with dependants with disabilities <i>Disclosure mechanism in place</i>	☐	☐	
	<i>Confidential database available</i>	☐	☐	
	<i>Psychosocial, Mental Health and self-care support system in place</i>	☐	☐	
	<i>Inclusive performance management tools in use</i>	☐	☐	
	Disability inclusive Feedback and complaints mechanisms in place	☐	☐	
	Representation of Persons With Disabilities in the management committee	☐	☐	
	Procurement processes adhere to PWD inclusion	☐	☐	



GAPS IDENTIFIED AND PROPOSED ACTION

No.	Gap	Proposed Action	Responsible person	By When
1				
2				
3				
4				
5				

Audit team members

Name	Designation	Signature
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____



Annex III: Staff Disclosure Form



MINISTRY OF HEALTH

Disability Inclusion Questionnaire

NAME:

PERSONAL NUMBER:

AGE:

GENDER:

☐ Male

☐ Female

☐ Intersex

☐ Other: _____

DISCLAIMER:

By filling this form, I acknowledge that I have read and understood the content of this form and voluntarily consent to providing my personal information related to disability for purposes of disclosure, planning, reasonable accommodation, or any other disability inclusion-related consideration. This information shall only be used in compliance with the Data Protection Act and confidentiality regulations.

SECTION A: Persons with Disability

1. Do you consider yourself a Person with a Disability?

☐ Yes

☐ No

☐ Don't Know



2. If Yes, which category best describes your disability?

- ☐ Physical Impairment
- ☐ Visual Impairment
- ☐ Hearing Impairment, Speech and Language
- ☐ Speech, Language, Communication and Swallowing Impairment
- ☐ Mental Health Disorders, Intellectual Disability, and Autism Spectrum Disorders
- ☐ Chronic Progressive Disorder
- ☐ Maxillofacial Disabilities

3. Are you registered with the National Council for Persons With Disabilities (NCPWD)?

- ☐ Yes
- ☐ No
- ☐ Don't Know

4. If Yes, please provide your NCPWD Number:

5. Are you currently enjoying any rights and privileges provided under the Persons With Disabilities Act, Constitution, or related laws?

- ☐ Yes
- ☐ No

6. If Yes, which of the following do you benefit from? (Select all that apply)

- ☐ Tax exemption
- ☐ Guide Allowance
- ☐ Flexible working hours
- ☐ Duty-free importation (vehicle)
- ☐ Assistive Technology
- ☐ Therapy and other disability management interventions



7. Do you require any form of support or assistance to help you overcome challenges in the workplace and beyond?

- ☐ Yes
- ☐ No
- ☐ Don't Know

8. If Yes, please list up to three basic enablers that you require:

- a. _____
- b. _____
- c. _____

9. Would you like to provide any additional information?

- ☐ Yes
- ☐ No

10. If Yes, please share (maximum 100 words):

SECTION B: Parents and Caregivers

1. Do you have an immediate dependant with a disability?

- ☐ Yes
- ☐ No

2. If Yes, what is your relationship to the dependant?

- ☐ Spouse
- ☐ Child

3. What is your dependant's disability category?

- ☐ Physical Impairment
- ☐ Visual Impairment
- ☐ Hearing Impairment, Speech and Language
- ☐ Speech, Language, Communication and Swallowing Impairment
- ☐ Mental Health Disorders, Intellectual Disability, and Autism Spectrum Disorders



☐ Chronic Progressive Disorder

☐ Maxillofacial Disabilities

4. **Is your dependant registered with the National Council for Persons With Disabilities (NCPWD)?**

☐ Yes

☐ No

5. **If Yes, provide the NCPWD Number:**

.....

6. **Are you currently enjoying any rights and privileges related to disability (as a caregiver) under the law?**

☐ Yes

☐ No

7. **If Yes, which of the following do you benefit from?** (Select all that apply)

☐ Tax exemption

☐ Guide Allowance

☐ Flexible working hours

☐ Duty-free importation (vehicle)

☐ Assistive Technology

☐ Therapy and other disability management interventions

8. **Do you require any form of support or assistance to help you overcome challenges in the workplace and beyond?**

☐ Yes

☐ No

☐ Don't Know



9. If Yes, please list up to three basic enablers that you require:

- a. _____
- b. _____
- c. _____

10. Would you like to provide any additional information?

- ☐ Yes
- ☐ No

11. If Yes, please share (maximum 100 words):



Annex IV: Annual Disability Inclusion Self-Assessment Checklist



MINISTRY OF HEALTH

Organizational Assessment Scale- Benchmarking Disability

1.0	Aspect 1 - Technical Capacity on disability inclusion	0	1	2	3	4	n/a	Comment
1.1	There is a person and/or division responsible for disability inclusion in the organisation (i.e. has time allocated to disability inclusion)							
1.2	Disability inclusion is incorporated into orientation/mandatory training programs for all staff (i.e. regular orientation to the rights of persons with disabilities and supported to work on inclusion)							
1.3	Disability inclusion analysis is built into all programs planning, implementation, and M&E procedures							
1.4	The organisation is partnering with other organisations that support technical capacity (i.e. DPOs, CBM, etc).							
1.5	All programs collaborate actively with DPOs and disability service providers (including government)							
1.6	The organisation is systematically offering orientation on the rights of persons with disabilities to their local partner organisations (i.e. capacity building)							
	SUB TOTALS							TOTAL (Average)



2.0	Aspect 2 - Accountability	0	1	2	3	4	U/K N/A	Comments
2.1	Data on disability is collected in all programs and projects							
2.2	Disability awareness is included in job descriptions and/or in performance criteria for all staff in the organisation							
2.3	Disability inclusion from a rights-based perspective is a crosscutting issue in the organisation and is included in organisational strategy documents as a key issue for organisational effectiveness (e.g. strategy, annual reports, etc).							
	SUB TOTALS							TOTAL (Average

3.0	Aspect 3 - Political will	0	1	2	3	4	U/K N/A	Comments
3.1	Senior management are actively supporting and take responsibility for integration of disability inclusion across the organisation (incl. HR, corporate, programs, media and communications)							
3.2	HR are actively supporting the recruitment of people with disability to the workforce (i.e. affirmative							



	action, such as job ads in disability networks)							
3.3	People with disabilities are represented at all levels of organisation, including in senior decision-making and governance positions							
3.4	The organisation is budgeting adequate financial resources to support disability inclusion, including to reasonably accommodate people with disabilities in the organisation and in its activities							
3.5	The organisation infrastructure is accessible (i.e. the whole workplace)							
3.6	The organisations information and communications are accessible (i.e. website, brochures, etc)							
3.7	The organisation promotes inclusion to others; included in all existing lobbying, advocacy and networking activities by, including by the CEO/senior level and project staff							
3.8	All events conducted by the organisation are inclusive							
3.9	The organisation is registered with ADDC and is engaged in activities							
	SUB TOTALS							TOTAL (Average)



4.0	Aspect 4 - Inclusive Culture	0	1	2	3	4	U/K N/A	Comments
4.1	Disability inclusion issues are taken seriously and discussed openly by staff across the organisation							
4.2	People with disabilities are employed in the organisation							
4.3	Staff are encouraged to identify where reasonable accommodations will support their work							
4.4	There is an informal or formal mentoring program initiated in the organisation for people with disabilities							
	SUB TOTALS							TOTAL (Average)



0	This component is not/hardly ever present in the organisation
1	Sometimes addresses this component in the organisation: A compliance mindset at best on this component; disability inclusion is being discussed.
2	Often addresses this component: There is the beginning of strengthening the organisation towards disability inclusion; increased readiness
3	Mostly addresses this component: Achieved a lot in this aspect of disability inclusion and readiness, but requires further action to be consistent
4	Always addresses this component: Comprehensive and robust approach
Unknown (U/K)	There is insufficient knowledge about the organisation to make a judgement
Not applicable (N/A)	Not applicable to the organisation (e.g. if the organisation is too small to achieve employment of a person with disability at every level of organisation, or if there are no staff with disability employed it is not possible to state if reasonable accommodations are made)

This scale has been adapted from:

- The Australian Red Cross Gender Capacity Building Tool Pilot Version 27 September 2010, - O'Mara, J & Richter, A (2011) Global diversity and inclusion benchmarks: standards for organisations around the world. Retrieved from http://qedconsulting.com/files/GDIB_2011.pdf, findings of the CBM Australia ANCP Organisational Engagement with Disability Inclusion Research Project, October 2014, Disability Inclusive Development Department. -Light for the World - Toolkit to support organisation assessment on disability inclusion October 2018



Annex V: Feedback and Complaint Form (accessible formats)



MINISTRY OF HEALTH

Complaints handling protocol for Disability Mainstreaming

1. Purpose

This provides a framework for receiving, documenting, addressing, and resolving complaints related to disability mainstreaming in the health sector. It ensures that Persons With Disabilities, their families, caregivers, staff, and stakeholders can raise concerns without fear of discrimination or victimization.

2. Objectives

Ensure accessible, fair, transparent, and timely resolution of complaints.

Strengthen accountability and responsiveness in disability inclusion.

Identify systemic barriers to disability mainstreaming and inform policy improvement.

Promote trust and participation of Persons With Disabilities in health systems.

3. Scope

Covers complaints from:

- a) Persons With Disabilities
- b) Caregivers and family members.
- c) Health Sector staff and service providers.
- d) Partners, suppliers, and contractors in health programs.
- e) Types of complaints may include:
- f) Discrimination, stigma, or bias against Persons With Disabilities.
- g) Inaccessible services, facilities, or information.



- h) Failure to provide reasonable accommodation.
- i) Breaches of disability-related policies, laws, or procurement requirements.
- j) Staff misconduct affecting Persons With Disabilities.

4. Guiding Principles

Accessibility: Multiple complaint channels (verbal, written, SMS, online, sign language, Braille, etc.).

Confidentiality: Complainants' privacy safeguarded.

Non-retaliation: Protection from victimization.

Participation: Inclusion of PWD representatives in complaint handling and oversight.

Timeliness: Clear timelines for acknowledgement, investigation, and resolution.

Accountability: Transparent reporting and follow-up mechanisms.

5. Complaint Handling Process

Step 1: Receiving Complaints

Complaints can be submitted through: Suggestion boxes, hotline/SMS, email/web portals, disability desk/focal persons, facility staff, or disability liaison officers.

Step 2: Acknowledgement

Acknowledgement within 3 working days with a tracking number.

Step 3: Recording and Categorization

Record in a Complaints Register (digital & physical). Categorize as Accessibility, Discrimination, Service quality, Policy compliance, Other.

Step 4: Investigation & Resolution

Investigation by Complaints Handling Committee (CHC) including disability officers, HR, service reps, and PWD representatives within 14 working days.



Step 5: Feedback to Complainant

Provide accessible feedback within 21 working days.

Step 6: Escalation & Appeals

If dissatisfied, escalate to National/County Disability Mainstreaming Unit, Public Complaints Standing Committee, Ombudsman, or KNCHR.

6. Monitoring & Reporting

Quarterly reports prepared by CHC, including number/type of complaints, resolution rate, turnaround time, systemic issues, and recommendations. Data should be disaggregated by disability, gender, age, and location. Annual summary shared in accessible formats.

7. Capacity Building

Train healthcare workers, facility managers, and service providers on disability rights and complaints handling. Build capacity of focal persons in accessible communication, mediation, and confidentiality.

8. Awareness and Communication

Display complaints procedure in accessible formats (Braille, large print, easy-to-read, sign language videos). Disseminate through radio, TV, social media, and community outreach. Partner with OPDs to reach communities.

9. Review of Protocol

Annual review by the Health Sector institution's Disability Mainstreaming Unit. Adjustments made based on feedback, lessons learned, and evolving best practices.



MINISTRY OF HEALTH

Complaints Reporting Tool

Section A: Complaint Details

1. Complaint ID/Reference Number: _____
2. Date Received: ____/____/____
3. Method of Submission (tick): Suggestion/complaints box / Toll-free hotline / SMS / WhatsApp / Email / Web portal / Verbal / Disability desk / Other
4. Category of Complaint (tick one): Accessibility / Discrimination / Failure to accommodate / Staff misconduct / Procurement/Policy issue / Other

Section B: Complainant Information (Optional)

5. Name: _____
6. Gender: Male / Female / Other
7. Age Group: <18 / 18–35 / 36–59 / 60+
8. Disability Type (if applicable): Visual / Hearing / Physical / Intellectual / Multiple / Other
9. Contact Information: _____
10. Preferred Communication Format: SMS / Phone call / Email / Braille / Large print / Sign language / Other



Section C: Complaint Description

Section D: Action Taken

11. Date acknowledged: ____/____/____

12. Investigation officer/committee: _____

13. Findings: _____

14. Corrective Action Proposed: _____

15. Resolution Date: ____/____/____

Section E: Feedback to Complainant

16. Feedback provided on: ____/____/____

17. Feedback method: SMS / Call / Email / Written / In-person / Other

18. Complainant satisfied with outcome? Yes / No

Section F: Escalation (if applicable)

19. Referred to Health sector institution's Disability Mainstreaming Unit

20. Referred to Ombudsman / KNCHR

21. Other (specify): _____

Complaint ID	Complainant (optional)	Category	Date Received	Status/Resolution



Annex VI: Participants who took part in the development of the Guidelines

No.	NAME	TITLE	ORGANIZATION
1	Adan Harakhe	Secretary Administration State Department of Public Health and Professional Standards Coordinator Disability Mainstreaming activities	MOH
2	Dr. David Soti	Director General Representative	MOH
3	Dickson Sikuku	Disability Mainstreaming (DM) Technical Working Group Chairperson (TWG), Director Planning and Public Health	MOH
4	Dr. Andrew Toro	Director Curative and Nursing Directorate State Department for Medical Services	MOH
5	Luigi Mawira Mungania	Chairperson Steering Committee for Disability Mainstreaming	MOH
6	Dr. Estella Waiguru	Secretariat Steering Committee for Disability Mainstreaming, DM TWG	MOH
7	Irene Gichohi	Vice Chairperson, DM TWG Head, Rehabilitative Services State Department of Medical Services	MOH
8	Isaac Manyonge	DM TWG	NCPWD
9	Martha Mmasi	Head, DMU Secretary, DM TWG Head, Physiotherapy Services	MOH



No.	NAME	TITLE	ORGANIZATION
10	Terry Watiri	Vice Secretary, DM TWG	MOH
11	Bardad Sale	DM TWG Head, Division of Clinical Services State Department of Medical Services	MOH
12	Cyril Keah	DM TWG HR State Department of Medical Services	MOH
13	Josephine Kaburu	DM TWG Deputy Head Physiotherapy State Department of Medical Services	MOH
14	Ann Marimbet	DM TWG Head Orthopedic Technology State Department of Medical Services	MOH
15	Douglas Kotut	DM TWG CEO Physiotherapy Council of Kenya	MOH
16	Nicholas Nyamweya	DM TWG Deputy Head Occupational Services State Department of Medical Services	MOH
17	Nixon Oborah	DM TWG CFO State Department of Public Health	MOH
18	Emmanuel Towett	DM TWG Economist Medical Services	MOH
19	Nancy Kiambi	DM TWG HR State Department Public Health	MOH



No.	NAME	TITLE	ORGANIZATION
20	Crispin Mulu	DM TWG Community Representative	MOH
	Said Dawe	Finance, State Department of Public Health	
21	David Thoya	DM TWG Physiotherapy services	MOH
22	Denis Mutua	DM TWG Occupational Therapy Services	MOH
23	Nuria Mohammed	DM TWG Administration State Department of Public Health and Professional Standards	MOH
24	Fredrick Omiya	DM TWG Standards, State Department for Medical Services	MOH
25	Ambrose Juma	NASCOP	MOH
26	Collins Etemesi	NASCOP, ICT	MOH
27	Daisy Chebet	Gender and Disability Mainstreaming Officer	COG
28	Teddy Muya	Legal Office	COG
29	Jemima Kuta	Senior Program Officer for Health	COG
30	Gabriella Ogom		NCPWD
32	Susan Wekesa	Legal Officer	NCPWD



No.	NAME	TITLE	ORGANIZATION
33	Jane Wanyoike	Director Psychological Counselling Services	Public Service Commision
34	Anne Muthoni		APDK
35	Michael Odhiambo	Project Officer GFTB	AMREF
36	Claude Erick Otieno	Economist/Statistician	MOH
37	Frank Mutei	Health Promotion, ICT	MOH
38	Brian Kubasu	Legal Department	MOH
39	Noel Aleyo	Secretariat	MOH
40	Christabel Wamalwa	Secretariat	MOH
41	Synovia Atsenga	Secretariat	MOH
42	Sylvia Anjia	Secretariat	MOH
43	Nancy Watiri	Secretariat	MOH
	All 47 County representatives		
	Partner organizations		
		AMREF	
		Sight Savers	
		Kenya Red Cross - Deaf Empowerment Kenya	
		UNFPA	
		United Disabled Persons of Kenya	



No.	NAME	TITLE	ORGANIZATION
		WHO	
		Lwala Community Alliance	
		CBM Global	
		The Action Foundation	
	OPD: Organizations of Persons With Disability		
		Men With Disability	
		Learning Differently	
		Cerebral Palsy of Kenya	
		Ability Inclusion Alliance	
		Clubfoot Care Kenya	



REPUBLIC OF KENYA

MINISTRY OF HEALTH



amref
health africa



ACTION
FOUNDATION

Published by:

Ministry of Health

Afya House, Cathedral Road

P. O Box 30016 – 00100 Nairobi

Website: <http://www.health.go.ke>

