



MINISTRY OF HEALTH

DISABILITY MAINSTREAMING POLICY IN THE HEALTH SECTOR



EQUITY



INCLUSION



DIGNITY



ACCESS



2026

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FOREWORD



Disability inclusion is a fundamental human right, and ensuring equitable access to healthcare services for Persons With Disabilities is a priority for the Government of Kenya. The Ministry of Health is dedicated to creating a healthcare environment that recognizes the rights, dignity, and needs of all individuals. While Kenya has made significant strides towards inclusivity, there remains much work to be done in eliminating the barriers that prevent Persons With Disabilities from accessing essential health

services.

This Policy on Disability Mainstreaming in the Health Sector is a commitment to ensuring that the health sector fully integrates the needs of Persons With Disabilities into its structures and practices. The policy provides a framework for removing all barriers that impede the access of Persons With Disabilities to healthcare services. It emphasizes the importance of accessibility, equality, and participation, ensuring that Persons With Disabilities are not left behind in the pursuit of Universal Health Coverage (UHC).

This policy serves not only as a guideline for public health institutions, healthcare providers, and relevant stakeholders but also as a call to action for all sectors to work together towards creating a health system that is inclusive, accessible, and supportive of every Kenyan. It highlights the need for strategic investments, targeted programs, and a culture of respect, sensitivity, and empowerment.

We believe that by implementing this policy, Kenya can achieve a more inclusive and just society where every individual, regardless of their disability status, has equal access to the health services they need to lead fulfilling lives. The Ministry of Health remains committed to continuous improvement, promoting health equity for Persons With Disabilities, and to ensuring that no one is excluded from the promise of quality healthcare

A blue ink signature of Hon. Aden Bare Duale, EGH, written over a horizontal line.

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

PREFACE

The **Disability Mainstreaming Policy in the Health Sector** has been developed to address the unique challenges faced by Persons With Disabilities within Kenya's healthcare system. Persons With Disabilities are among the most vulnerable and marginalized groups in society, often facing significant health disparities due to physical, communication, and environmental barriers. Despite Kenya's commitment to improving the lives of Persons With Disabilities through national policies and international obligations, barriers to healthcare accessibility and inclusivity remain, and Persons With Disabilities continue to experience significant health inequities.

This policy aims to bridge these gaps by providing a comprehensive framework for disability inclusion in the healthcare sector. It outlines the strategic actions needed to create a healthcare environment that meets the needs of Persons With Disabilities in a holistic and rights-based manner. By focusing on both the demand and supply sides of healthcare services—addressing infrastructure accessibility, workforce training, service delivery models, public awareness and intersectoral collaboration —this policy promotes a culture of inclusivity, respect, and equity.

The guiding principles of this policy are grounded in equity, non-discrimination, and the human rights of Persons With Disabilities. They reflect the need for healthcare services to be accessible, affordable, and responsive to the specific needs of Persons With Disabilities, ensuring that they receive quality healthcare at every stage of their lives.

In line with Kenya's constitutional and international obligations, the Government at both levels is committed to fostering an environment in which Persons With Disabilities are empowered to fully participate in society, with equal opportunities for health and well-being. This policy is a step towards fulfilling this commitment, and its successful implementation will require the collaboration and collective effort of all stakeholders in the health sector, and beyond.

This document outlines the roles and responsibilities of various actors, sets clear objectives, and provides strategies for integrating disability inclusion into the

healthcare system. It also includes monitoring and evaluation mechanisms to track progress and ensure accountability.

The Ministry of Health believes that through the adoption of this policy, Kenya will pave the way for an inclusive, accessible, quality and sustainable healthcare system for all.



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ACKNOWLEDGEMENT



The development of the Policy on Disability Mainstreaming in the Health Sector has been guided by the Ministry's commitment to equity, inclusion, and the dignity of all Kenyans. This process has been enriched by the contributions of diverse stakeholders, including county governments, organizations of persons with disabilities, civil society, and development partners.

I wish to acknowledge the tireless efforts of the Disability Mainstreaming Technical Working Group (DMTWG), whose expertise and dedication ensured that this policy reflects both national priorities and international best

practices. Special appreciation is extended to the National Council for Persons with Disabilities (NCPWD) for their technical support in aligning the policy with constitutional provisions, the Persons with Disabilities Act No. 4 of 2025, and the UN Convention on the Rights of Persons with Disabilities (UNCRPD).

I also recognize the invaluable input of health professionals, community representatives, and advocacy organizations whose voices shaped the recommendations and strategies contained herein. Their perspectives have ensured that the policy is practical, responsive, and grounded in the lived realities of persons with disabilities.

The Ministry of Health remains committed to working with all partners to implement this policy effectively, ensuring that disability inclusion becomes a cornerstone of Kenya's health system. Together, we can achieve a healthcare environment that is inclusive, accessible, and equitable for all.

Dr. Patrick Amoth, CBS

Director General for Health - Ministry of Health.

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ABBREVIATIONS/ACRONYMS

AIDS	Acquired Immuno-Deficiency Syndrome
CRPD	Convention on the Rights of Persons With Disabilities
DM	Disability Mainstreaming
DMU	Disability Mainstreaming Unit
EWDs	Employees with Disabilities
HIV	Human Immuno-Deficiency Virus
HRM/D	Human Resource Management and Development
ICT	Information Communication and Technology
M&E	Monitoring and Evaluation
MOH	The Ministry of Health
NCPWD	National Council for Persons With Disabilities
OPDs	Organizations for Persons with Disabilities
PBOs	Public Benefits Organisation
PSC	Public Service Commission
SDGs	Sustainable Development Goals
SNE	Special Needs Education
UNCRPD	United Nations Convention on the Rights of Persons With Disabilities

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 Technologies	Application of organized knowledge and skills related to assistive products, including systems and services.
Disability	The outcome of interaction between a long-term physical, mental, intellectual, or sensory impairment and environmental and attitudinal barriers, which hinders the person's full and effective participation in society on an equal basis with others
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, skills and attitude 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	The absence of unfair, avoidable, and remediable differences in health between population groups defined by social, economic, demographic, or geographic factors
Healthcare providers	Licensed persons/ organizations that deliver healthcare services i.e diagnosis, treating conditions and improving physical or psychosocial health
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 Technologies 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

EXECUTIVE SUMMARY

The Policy on Disability Mainstreaming in the Health Sector aims to create an inclusive, accessible, and equitable healthcare environment for Persons With Disabilities. The policy outlines strategic measures to ensure that inclusion of Persons With Disabilities is effectively integrated into healthcare services, human resource management, infrastructure, and workplace environments. It underscores the commitment of the Ministry to deliver high-quality, disability-inclusive healthcare services and ensure equal opportunities for Persons With Disabilities in employment, career advancement, and training.

The policy focuses on several core areas in healthcare, including service delivery, human resource management, physical and structural accessibility, public awareness, legislative compliance, and intersectoral collaboration. It seeks to guarantee that all healthcare services, from primary care to specialized treatments, are accessible to Persons With Disabilities. The policy also emphasizes the importance of physical accessibility in health facilities, the use of assistive technologies, and the provision of reasonable accommodations in the workplace.

A key feature of this policy is the establishment of a **Disability Mainstreaming Unit (DMU)**, responsible for overseeing and coordinating the implementation of the policy. This committee, along with the **Technical Working Group (TWG)**, will drive efforts to integrate disability inclusion and equity considerations across all sectors of the Ministry's operations. The policy's implementation will be supported by detailed financing and information communication strategies, ensuring sustainable funding and effective dissemination of information to all stakeholders.

The Monitoring and Evaluation (M&E) system will play a crucial role in tracking progress, assessing the impact of disability mainstreaming efforts, identifying gaps, and enhancing accountability. Regular assessments, stakeholder consultations, and data-driven decision-making will guide continuous improvement and the sustainability of the policy's objectives.

Through this policy, both levels of government commit to upholding the rights of Persons With Disabilities, ensuring that they have equitable access to quality healthcare services. The policy also aligns with national and international legal frameworks, including the Constitution of Kenya and the UN Convention on the Rights of Persons With Disabilities (CRPD), while fostering collaboration with other government ministries, NGOs, and civil society organizations.

The ultimate goal of the Policy on Disability Mainstreaming in the Health Sector is to build a truly inclusive health system, ensuring that Persons With Disabilities have equal access to quality healthcare and opportunities for meaningful participation in society.

CHAPTER ONE -INTRODUCTION

1.1 Background

The Health Sector in Kenya is committed to promoting health equity, ensuring that all individuals, regardless of disability, have access to quality, accessible, and inclusive healthcare facilities, goods, services and information. Persons With Disabilities often face significant barriers in accessing healthcare, including physical, communicative, institutional, financial and attitudinal obstacles. These barriers result in unequal health outcomes and limited opportunities for Persons With Disabilities to fully participate in society.

The Policy on Disability Mainstreaming in the Health Sector provides a strategic framework for ensuring that healthcare systems, facilities, and services are accessible to Persons With Disabilities and that they receive the same standard of care as individuals without disabilities. This policy is aligned with Kenya's constitutional commitments, national disability laws, and international frameworks such as the United Nations Convention on the Rights of Persons With Disabilities (UNCRPD), World Health Assembly Resolution WHA74.8 to which Kenya is a signatory.

The World Health Organization (WHO) estimates that more than **1.3 billion people worldwide live** with some form of disability. In Kenya, the 2019 Kenya Population and Housing Census reported that 916,692 individuals aged 5 years and above were living with disabilities, accounting for 2.2% of the population in that age group. Out of these, 393,451 were male and 523,184 were female. Persons With Disabilities have reduced healthcare coverage. To address this challenge, WHO proposes three approaches that will bring about improved access, utilization and quality; improved participation, literacy and care seeking; and improved determinants to health. The approaches proposed include integrated health services with an emphasis on primary care and essential public health functions; empowering people and communities; and multisectoral policy and action.

The overarching goal of this policy is to create an inclusive healthcare system that respects and promotes the rights of Persons With Disabilities, fostering equal

participation and opportunities. The policy seeks to remove barriers to healthcare systems, promote disability awareness and sensitivity among healthcare providers, and ensure that health infrastructure, services, and information are designed to accommodate the diverse needs of Persons With Disabilities.

The WHO emphasizes leaving no one behind. United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) emphasize that Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. The United Nations Disability Inclusion Strategy (UNDIS) seeks to ensure that disability is ingrained across all programmatic areas of work and core functions of the UN.

The Constitution of Kenya 2010 through the Fourth Schedule distributes functions between both levels of Government. Whereas the National Government is mandated to develop policy, County Governments undertake service delivery. 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

Through the implementation of this policy, the Ministry of Health and the County Governments aim to enhance the overall health and well-being of Persons With Disabilities, reduce health disparities, and foster a healthcare system that is both inclusive and accessible for all.

1.2 Vision, Mission, Goals and Core Values

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 dignity

1.3 Rationale for the Policy

The **Health Sector** is committed to creating an inclusive and accessible healthcare system that meets the needs of all Kenyans, including Persons With Disabilities. Guided by the **Constitution of Kenya**, which mandates equal opportunities for all citizens, and Kenya's obligations as a signatory to the **UN Convention on the Rights of Persons With Disabilities (UNCRPD)**, this policy seeks to eliminate the barriers that Persons With Disabilities face in accessing healthcare services and improving the health outcomes of Persons With Disabilities. Despite existing legislative frameworks and policies, gaps in implementation continue to limit the full participation of Persons With

Disabilities in the health sector, from physical accessibility challenges in health facilities to insufficient disability-sensitive care and training among health workers.

This policy aims to bridge these gaps by ensuring that healthcare services are universally accessible and that the rights of Persons With Disabilities are integrated into all levels of service delivery. The healthcare system must ensure inclusion and address the needs of Persons With Disabilities comprehensively and without discrimination, encompassing not only physical accessibility but also the training of healthcare personnel to provide empathetic and appropriate care. Persons With Disabilities should have the same opportunities for employment, training, and career advancement within the Ministry, and their voices should be central in shaping the policies and services that affect them.

The policy acknowledges the complex intersectionality of disability with other factors such as gender, age, and socioeconomic status, recognizing that marginalized groups within the disability community face compounded barriers to accessing healthcare. It envisions a health system that is not only responsive but also proactive in addressing these disparities, promoting empowerment, participation, and self-advocacy for Persons With Disabilities.

Ultimately, the policy seeks to foster a healthy environment where every person, regardless of disability, can access high-quality, and equitable healthcare. The **Health Sector** will work toward ensuring that the principles of equity, non-discrimination, and inclusivity are embedded in every aspect of health service delivery. This commitment to disability mainstreaming will be supported by a robust framework for monitoring progress, fostering accountability, and ensuring that the health system becomes truly inclusive and sustainable for all.

1.4 Guiding Principles

- i. Accessibility
- ii. Intersectionality
- iii. Non-Discrimination
- iv. Participation
- v. Confidentiality
- vi. Consent
- vii. Intergovernmental cooperation

1.5 Scope of the Policy

The Policy on Disability Mainstreaming in the Health Sector outlines a comprehensive strategic framework aimed at ensuring the full inclusion and representation of Persons With Disabilities in the Health Sector's operations, healthcare service delivery, and workplace environments. The scope of this policy is broad, addressing multiple areas such as healthcare service delivery; Physical and structural accessibility; public awareness and Advocacy; Legislative and Policy Implementation; and inter-sectoral collaboration. These are intended to promote an inclusive, accessible and sustainable environment for Persons With Disabilities in the health sector.

1.5.1 Healthcare Service Delivery

This policy applies to all healthcare services provided by the Health Sector across the continuum of care, including but not limited to:

- **Primary Healthcare:** Ensuring equitable access for Persons With Disabilities to all essential health services at all levels, including promotive, preventive, curative, rehabilitative and palliative care. This includes health outreach and community-based programs tailored to meet the needs of Persons With Disabilities. This requires attention to non-discrimination and physical, economic, digital and information accessibility of services.
- **Specialized Care:** Providing accessible specialized healthcare services for Persons With Disabilities, such as habilitation and rehabilitation; assistive technologies, mental health services, Sexual Reproductive Health (SRH) and

other specific medical treatments. The policy ensures that services are responsive to the particular healthcare needs of different disability groups.

- **Health Infrastructure:** Focusing on the physical accessibility of healthcare facilities to accommodate individuals with mobility, sensory, and other impairments. The policy mandates eradicating physical barriers and providing disability friendly equipment in all levels of healthcare services and ensures that accessible transportation options are available to facilitate access.
- **Healthcare Information:** Ensuring that healthcare information is accessible in multiple formats, including sign language, braille, audio, and digital formats, to ensure that Persons With Disabilities can fully access information regarding their health.

1.5.2 Human Resource Management

The policy extends to all human resource practices within the Health Sector, ensuring equal opportunities for Persons With Disabilities in employment and career development:

- **Employment and Recruitment:** Advertisement for job vacancies should be made accessible to Persons With Disabilities to ensure that they have equal access to employment opportunities within National and County levels, including reasonable accommodations for performing job duties.
- **Training and Capacity Building:** Mandating that all staff receive comprehensive training on disability rights, Kenya Sign Language and non-discrimination, accessibility standards, and how to provide inclusive services to Persons With Disabilities.
- **Promotion and Career Development:** Ensuring that Persons With Disabilities are given the same opportunities for career advancement and skill development as all employees. This includes initiatives to remove barriers that may hinder their professional growth.

1.5.3 Physical and Structural Accessibility

The policy emphasizes the need for both physical and structural accessibility in healthcare facilities:

- **Healthcare Facility Accessibility:** All healthcare facilities must be physically accessible, addressing structural barriers such as stairs and inadequate sanitary facilities. Accessible transport options and designated spaces for Persons With Disabilities are integral to the policy.
- **Assistive Technology and Devices:** The provision and integration of assistive technologies, such as wheelchairs, hearing aids, and specialized medical equipment, into healthcare services to support Persons With Disabilities' full participation in the healthcare system.

1.5.4 Public Awareness and Advocacy

The policy aims to raise awareness and advocate for disability-inclusive healthcare systems through the following strategies:

- **Raising Awareness:** Ensuring that all stakeholders—healthcare professionals, patients, and the general public—are informed about the rights, needs, and importance of creating an inclusive healthcare environment for all Persons With Disabilities.
- **Advocacy and Support Services:** Promoting the rights of Persons With Disabilities within the healthcare sector. Establishing support linkages to assist in accessing healthcare services, thus fostering a more inclusive approach to healthcare provision.

1.5.5 Legislative and Policy Implementation

The policy ensures that the Health Sector's activities comply with national and international standards, promoting a robust legal and policy framework:

- **Compliance with** International, regional, national, and County frameworks: Ensuring that all activities, programs, and services are aligned with national legal frameworks, including the Constitution of Kenya 2010, the UN Convention on the Rights of Persons With Disabilities (CRPD), Persons With Disabilities Act of 2025, County legislative frameworks that govern disability and health and other relevant disability laws and regulations.
- **Monitoring and Evaluation:** Regularly monitoring the implementation of the policy to assess the effectiveness of strategies and measure progress. The Ministry will ensure that M&E activities lead to the continuous improvement of services and the adaptation of policies to meet the evolving needs of Persons With Disabilities.

1.5.6 Inter-sectoral Collaboration

The policy promotes collaboration between the Health Sector and other government sectors to ensure holistic support for Persons With Disabilities:

- **Coordination with Other Sectors:** Ensuring that the Health Sector collaborates with other key sectors including Education, to address the broader needs of Persons With Disabilities beyond healthcare.
- **Engagement with Public Benefits Organizations;** Strengthening partnerships with -Public Benefits Organization (PBOs), Organizations for Persons With Disabilities (OPDs), to enhance services, raise awareness, and address the diverse needs of Persons With Disabilities.

CHAPTER TWO - SITUATIONAL ANALYSIS

2.1 Introduction

Kenya has made notable strides in mainstreaming disability issues through various legislative frameworks, policies, and strategies. These include the African Disability Protocol, **National Disability Mainstreaming Strategy (2018-2022)**, **Kenya Health Policy (2014-2030)**, and **Persons With Disabilities Act No. 4 of 2025**. Despite these advancements, there are significant gaps in the implementation of disability-inclusive policies, particularly in the health sector. Persons With Disabilities in Kenya continue to face barriers in accessing healthcare, education, employment, and social services, limiting their full participation in society.

This situational analysis explores the current state of disability mainstreaming in the Kenyan health system, identifying existing challenges, gaps, and opportunities for improvement. It focuses on health service delivery, the legislative and policy framework, and specific barriers faced by Persons With Disabilities, especially in accessing healthcare services.

2.2 Current State of Disability Inclusion in Health Services

While Kenya has made efforts to improve healthcare access for Persons With Disabilities, significant challenges persist in both the physical infrastructure of healthcare facilities and the quality of services provided:

- **Workforce Representation:** According to the **Disability Mainstreaming Status Report for FY 2022/2023 by the NCPWD**, 1.32% of the health workforce consists of Persons With Disabilities, far below the legal target of 5%. This lack of representation contributes to limited awareness and sensitivity to the unique needs of Persons With Disabilities within the health sector. There is need to conduct regular internal and external audits to check on compliance with the PWD Act No 4 of 2025.
- **Accessibility of Health Facilities:** A major challenge for Persons With Disabilities is the physical inaccessibility of healthcare facilities. Less than **15%** of public health facilities meet basic accessibility standards (e.g., ramps,

disability-friendly washrooms). Many facilities lack essential equipment such as adjustable examination beds, tactile guides for the visually impaired, and hearing loops for Persons With hearing impairment. Fewer than 5% of health facilities have trained sign language interpreters, which severely hampers communication for deaf patients (The Kenya Health Facility Census Report, 2023)

- **Assistive Technologies and Specialized Care:** The Social Health Authority (SHA), other than ensuring universal health coverage for this vulnerable group, has for the first time included limited assistive technologies and specialized care as part of its comprehensive health coverage, aiming to improve the well-being and independence of Persons With Disabilities. It equally works to expand access to devices like hearing aids and wheelchairs, strengthens rehabilitation services through strategies like Community Based Rehabilitation (CBR), and provides guidance on identifying and categorizing disabilities to ensure timely and appropriate care for its beneficiaries. Most rehabilitation services start from level 4 facilities, few are in level 3, almost none in level 2 facilities, and completely none at level 1 facilities.
- **Stigma and Discrimination:** The **National Disability Mainstreaming Strategy (2018-2022)** highlights stigma as a persistent barrier in health service delivery. Persons With Disabilities often experience poor treatment or exclusion due to health workers' lack of disability sensitivity, leading to substandard care and reluctance to seek services.

2.3 Key Challenges in Disability Mainstreaming in Health Sector

Several key challenges hinder the full inclusion of Persons With Disabilities in the Kenyan health system:

1. Inaccessible Healthcare Infrastructure:

- The physical design of some healthcare facilities does not accommodate the specific needs of Persons With Disabilities, particularly those with mobility or sensory impairments.

2. Inadequate Disability-Sensitive Health Services:

- Health services often fail to address the specific needs of Persons With Disabilities, such as accessible diagnostic tools, rehabilitation services, or mental health support.
- Specialized services for Persons With Disabilities, such as sign language interpreters and mobility aids, are either unavailable or insufficient, especially in emergency care or maternal health services.

3. Economic Barriers

- Despite legal provisions like the **Persons With Disabilities Act No. 4 of 2025**, many Persons With Disabilities face economic barriers to accessing healthcare. The cost of transportation, specialized medical care, and Assistive Technologies remains a significant challenge, limiting access to essential services.

4. Inadequate Awareness and Training:

- Health workers are not adequately trained to interact with or provide care for Persons With Disabilities. This lack of disability sensitivity results in poor service delivery and reinforces stigma and discrimination within the healthcare system.
- Education initiative for caregivers, Persons With Disabilities and their families is insufficient and should be strengthened.

2.4 Opportunities for Improvement

To enhance disability inclusion in the Kenyan health sector, several opportunities can be leveraged:

1. Infrastructure Development:

- The government has provided accessible healthcare facilities. However, this needs to incorporate **universal design principles** which includes adding ramps, disability-friendly toilets, rails and universal designed amenities, adjustable beds, and signages to help Persons With Disabilities navigate facilities easily.

2. Workforce Diversification and Capacity Building:

- Promoting inclusive recruitment practices and providing ongoing **disability sensitivity training** for healthcare providers can improve the quality of care for Persons With Disabilities. Training should focus on communication, etiquette, and the specific health needs of Persons With Disabilities in all their diversity. Additionally, specialized programs or qualifications, such as higher national diploma in Disability Health, could be developed to create a cadre of professionals with focused expertise in disability care.

3. Leveraging Technology

- The increasing availability of **telemedicine and e-health services** presents a significant opportunity to improve healthcare access for Persons With Disabilities, especially those in remote areas who face geographical and physical barriers to accessing health facilities.

4. Policy and Legislative Alignment

- The existence of national health policies that align with the **Persons With Disabilities National Policy (2024)** and the **Persons With Disabilities Act No. 4 of 2025** provides a strong foundation to ensure disability is integrated into all health sector plans and strategies. This alignment would help ensure that Persons With Disabilities are prioritized in health service planning and resource allocation.

5. Monitoring and Evaluation

- Establishing a robust **monitoring and evaluation system** to track progress in disability mainstreaming can help identify gaps and measure the effectiveness of disability-inclusive health programs. This system should include data on assessment, categorization and analysis of Persons With Disabilities to inform evidence-based policy decisions.

2.5 Recommendations

Based on the analysis of the current situation and identified gaps, the following recommendations are proposed for the Policy on Disability Mainstreaming in the Health Sector:

- 1. Infrastructure Accessibility:** Ensure all health facilities are physically accessible to Persons With Disabilities by incorporating universal design principles in new constructions and renovations.
- 2. Workforce Inclusion:** Promote inclusive recruitment practices for Persons With Disabilities in the health sector and ensure ongoing disability inclusion training for healthcare providers and CHPs.
- 3. Service Access and Quality:** Develop and implement guidelines for disability-inclusive health services, ensuring inclusive models of people-centered care, reasonable accommodation and provision of assistive technologies and support persons including mobility aids, rehabilitation services, sign language interpreters, and tailored mental health services are available in health facilities.
- 4. Community Outreach and Awareness:** Conduct national campaigns to reduce stigma and promote disability awareness in health settings. These campaigns should target healthcare providers and the general public (community) through Primary Healthcare (PHC).
- 5. Budget Allocation and Policy Alignment:** Advocate for increased funding for disability-inclusive health programs and ensure that health policies align with the National Disability Mainstreaming Strategy. Provide a budget for rehab departments and CBR programmes in the community.

- 6. Data Collection, Research and Learning:** Establish a national disability data assessment, categorization, analysis, research and learning system to track health outcomes for Persons With Disabilities and guide resource allocation.
- 7. Assistive Technology Priority list:** MOH needs to finalize the Assistive Technology Priority List and disseminate it for use by stakeholders including SHA, NCPWD, County Health Departments, OPDs, PBOs, healthcare providers, and development partners.

2.6 Conclusion

Kenya has made considerable progress in mainstreaming disability issues across various sectors, including health. However, challenges remain in ensuring that Persons With Disabilities have equitable access to healthcare. By addressing the gaps identified in this analysis and implementing the recommended strategies, the Ministry of Health can create a more inclusive and accessible healthcare system for all Kenyans, regardless of disability status. With continued government commitment and collaboration with stakeholders, Kenya can achieve universal health coverage that leaves no one behind.

CHAPTER THREE - LEGAL FRAMEWORK

3.1 Introduction

The Health Sector is committed to mainstreaming disability-related issues in its operations to ensure that Persons With Disabilities are accorded equal opportunities and equitable access to healthcare services. In implementing disability inclusion, the Sector shall be guided by international, regional, national, and county legal and policy frameworks that promote equality, accessibility, non-discrimination, participation, and reasonable accommodation for Persons With Disabilities.

The legal framework also recognizes Kenya's devolved system of governance as provided for under the Constitution of Kenya, 2010. Under the Fourth Schedule of the Constitution, the National Government is responsible for national referral health facilities and health policy, while County Governments are responsible for county health services, including county health facilities, pharmacies, ambulance services, and primary healthcare promotion. Consequently, implementation of disability-inclusive health services requires coordinated action between the national and county governments.

These legal and policy instruments provide the foundation for operationalizing disability inclusion in healthcare service delivery, employment practices, infrastructure development, budgeting, procurement, workplace safety, accessibility standards, and protection of the rights and dignity of Persons With Disabilities.

- United Nations Convention on the Rights of Persons With Disabilities (UN-CRPD), 2006
- International Labour Organization (ILO) Conventions
- Protocol To The African Charter on Human and People's Rights of Persons With Disabilities in Africa, 2018
- Marrakesh Treaty, 2013
- The Constitution of Kenya, 2010
- Persons With Disabilities Act No.4 of 2025
- Health Act, 2017Persons With Disabilities National Policy 2024
- Kenya Health Policy 2014- 2030
- Mental Health Act, 2022

- Data Protection Act, 2019
- Public Service Commission (PSC) Code of Practice on Mainstreaming Disability, 2010
- 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
- County Legal frameworks
- Standards and Guidelines for Health Infrastructure and Service Delivery

These statutes and regulations form the foundation that supports the Sector's efforts to promote disability inclusion, ensure equality of access to healthcare, and offer equal opportunities to Persons With Disabilities in the workplace.

3.2 International Legal and Policy Frameworks

3.2.1 United Nations Convention on the Rights of Persons With Disabilities (UN-CRPD), 2006

Kenya ratified the United Nations Convention on the Rights of Persons With Disabilities (CRPD) in 2008. The Convention obligates Kenya to ensure the full realization of human rights and fundamental freedoms for Persons With Disabilities through non-discrimination, accessibility, inclusion, and equal opportunity.

For the health sector, Article 25 of the Convention requires the provision of the same range, quality, and standard of free or affordable healthcare services to Persons With Disabilities as provided to others, including sexual and reproductive health services. The Convention further requires health professionals to provide services based on free and informed consent and obligates the Sector to eliminate barriers that hinder access to healthcare services.

3.2.2 International Labour Organization (ILO) Conventions and Code of Practice on Managing Disability in the Workplace, 2011

The International Labour Organization (ILO) promotes the inclusion of Persons With Disabilities in the workplace through elimination of discrimination, provision of reasonable accommodation, equal employment opportunities, and accessible work environments.

The Code of Practice guides employers, including institutions within the health sector, to promote inclusive recruitment, training, retention, promotion, and redeployment practices for employees with disabilities. It further requires workplaces to provide accessible environments that enable Persons With Disabilities to contribute fully and with dignity.

3.2.3 Marrakesh Treaty, 2013

The Marrakesh Treaty seeks to increase access to published works for persons with print disabilities through accessible formats.

Within the health sector, this framework supports the provision of accessible health information, policy documents, educational materials, and communication formats to ensure Persons With Disabilities have equal access to information and healthcare-related services.

3.3 Regional Legal Frameworks

3.3.1 Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons With Disabilities in Africa, 2018

Kenya is a signatory to the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons With Disabilities in Africa, which entered into force in May 2024. The Protocol obligates State Parties to adopt legislative, policy, administrative, and budgetary measures to promote and protect the rights of Persons With Disabilities.

For the health sector, the Protocol requires disability mainstreaming in healthcare planning and service delivery, promotion of accessibility standards, protection from

discrimination, provision of social protection measures, and establishment of effective accountability and redress mechanisms for Persons With Disabilities.

3.4 National Constitutional, Legal, and Policy Frameworks

3.4.1 The Constitution of Kenya, 2010

The Constitution of Kenya, 2010 guarantees the rights of Persons With Disabilities, particularly under Article 54, which requires that Persons With Disabilities be treated with dignity and respect and be accorded reasonable access to all places, public transport, information, and healthcare services.

The Constitution further prohibits discrimination on the basis of disability and obligates public institutions to uphold inclusivity, equality, and human dignity in service delivery and employment practices.

The Fourth Schedule of the Constitution assigns the National Government responsibility for Health policy, Health regulation, National Referral Health facilities, Capacity building, and Technical Assistance to Counties, while County Governments are responsible for county health services, including county health facilities, pharmacies, ambulance services, and primary healthcare promotion. The health sector is therefore required to implement disability-inclusive healthcare services within this devolved governance framework through collaboration between National and County Governments.

3.4.2 Persons With Disabilities Act No. 4 of 2025

The Persons With Disabilities Act No. 4 of 2025 is the principal legislation governing the rights and inclusion of Persons With Disabilities in Kenya. The Act requires the government and public institutions to take deliberate measures to ensure equal opportunities and accessibility in healthcare, education, employment, infrastructure, and public services.

For the health sector, Section 24 of the Act guarantees the right to health for Persons With Disabilities and requires the Sector to:

- Provide free medical assessment reports in public health institutions for registration and related purposes;
- Ensure health institutions have adequate Kenya Sign Language interpreters;

- Provide healthcare services based on free and informed consent;
- Protect Persons With Disabilities from medical procedures that may lead to infertility without express consent;
- Develop and implement programmes for prevention and management of conditions leading to disability; and
- Ensure all health facilities comply with universal access standards during design and construction.

The Act also reinforces the responsibility of both National and County Governments to mainstream disability inclusion in healthcare planning, budgeting, staffing, infrastructure, and service delivery.

3.4.3 Health Act, 2017

The Health Act, 2017 establishes the framework for regulation of health services and protection of the right to health in Kenya. The Act requires healthcare providers and institutions to ensure equitable, accessible, acceptable, and quality healthcare services for all persons, including Persons With Disabilities.

The Act further guides the health sector in strengthening integrated healthcare systems, promoting patient rights, safeguarding informed consent, and improving access to healthcare services across both national and county levels.

3.4.4 Kenya Health Policy 2014–2030

The Kenya Health Policy 2014–2030 provides the overall framework for attainment of the highest possible health standards in Kenya. The Policy emphasizes equity, people-centered healthcare, inclusivity, and access to quality healthcare services for vulnerable and marginalized populations, including Persons With Disabilities.

The Policy requires the health sector to integrate disability inclusion into health planning, healthcare financing, infrastructure development, human resources for health, service delivery, and monitoring and evaluation systems to ensure equitable access to healthcare services.

3.4.5 Persons With Disabilities National Policy, 2024

The Persons With Disabilities National Policy, 2024 promotes a human-rights-based approach to disability inclusion and provides guidance for implementation of disability-responsive interventions across sectors.

The Policy requires the health sector to strengthen accessibility, rehabilitation services, inclusive healthcare programmes, disability-sensitive communication, and participation of Persons With Disabilities in health-related decision-making processes.

3.4.6 Mental Health Act, 2022

The Mental Health Act, 2022 provides for the prevention, treatment, care, rehabilitation, and protection of persons with mental health conditions.

The Act requires the health sector to integrate mental health services into healthcare systems, protect the dignity and rights of persons with mental health conditions, and ensure non-discrimination and accessibility of mental health services.

3.4.7 Data Protection Act, 2019

The Data Protection Act, 2019 regulates the collection, storage, processing, and sharing of personal data.

The health sector is required to safeguard the confidentiality, privacy, and dignity of Persons With Disabilities while handling medical records, disability information, and other sensitive personal data.

Public Service Commission (PSC) Code of Practice on Mainstreaming Disability in the Public Service, 2010

The PSC Code of Practice provides guidance on disability mainstreaming within public institutions.

The Code requires health sector institutions to implement inclusive recruitment, retention, redeployment, retraining, accessibility, and workplace accommodation measures for public officers with disabilities.

3.4.8 Employment Act, 2007

The Employment Act, 2007 prohibits discrimination in employment on the basis of disability and guarantees equal treatment in recruitment, remuneration, training, promotion, and workplace conditions.

The health sector is therefore required to provide reasonable accommodation and ensure equal employment opportunities for Persons With Disabilities.

3.4.9 Public Service (Values and Principles) Act, 2015

The Public Service (Values and Principles) Act, 2015 promotes inclusivity, equity, and representation of marginalized groups within public service institutions.

The Act requires public institutions within the health sector to promote diversity and ensure Persons With Disabilities are fairly represented in employment and decision-making processes.

3.4.10 Public Officers' Ethics Act, 2003

The Public Officers' Ethics Act, 2003 requires public officers to uphold integrity, fairness, dignity, and respect in service delivery.

The Act obligates healthcare workers and public officers to treat Persons With Disabilities fairly and without discrimination in the course of service delivery.

3.4.11 Work Injury Benefits Act, 2007

The Work Injury Benefits Act, 2007 provides compensation and rehabilitation for employees who acquire disabilities due to work-related injuries or occupational diseases.

The Act requires employers within the health sector to support rehabilitation and reintegration of affected employees and ensure access to compensation and related benefits.

3.4.12 Occupational Safety and Health Act, 2007

The Occupational Safety and Health Act, 2007 requires employers to maintain safe and healthy working environments for all employees, including Persons With Disabilities.

The health sector is required to provide reasonable workplace accommodations, accessible workspaces, and appropriate safety measures for employees with disabilities.

3.4.13 Public Finance Management Act, 2012

The Public Finance Management Act, 2012 provides the framework for management and allocation of public resources.

The Act requires the health sector to allocate adequate resources for disability-inclusive programmes, accessible infrastructure, assistive technologies, and equitable healthcare services for Persons With Disabilities.

3.4.14 Public Procurement and Asset Disposal Act, 2015

The Public Procurement and Asset Disposal Act, 2015 reserves at least 30% of public procurement opportunities for women, youth, and Persons With Disabilities.

The Act requires health sector institutions to promote inclusive procurement practices and facilitate participation of Persons With Disabilities in government contracting opportunities.

3.4.15 Pensions Act, Cap 189

The Pensions Act, Cap 189 regulates pension benefits for public servants, including those with disabilities.

The Act ensures that Persons With Disabilities within the public service are entitled to retirement benefits and social protection measures that support their financial well-being.

3.4.16 Social Health Insurance Act, 2023 / Social Health Authority (SHA)

The health sector seeks to ensure equitable access to Universal Health Coverage (UHC) for persons with disabilities by facilitating their registration, providing accessible and inclusive healthcare services, expanding access to rehabilitation and assistive devices, ensuring financial risk protection, strengthening referral systems, and promoting non-discriminatory access to quality healthcare at the community, county, and national levels.

3.5 Sector Standards, County Frameworks, and Administrative Guidelines

3.5.1 Standards and Guidelines for Health Infrastructure and Service Delivery

The Standards and Guidelines for Health Infrastructure and Service Delivery provide guidance on the planning, design, construction, and management of healthcare facilities and services.

The standards require healthcare facilities to incorporate universal accessibility principles, disability-friendly infrastructure, assistive services, accessible sanitation facilities, signage, communication systems, and inclusive service delivery approaches to ensure equitable access for Persons With Disabilities.

3.6 County Health and Disability Frameworks

County Governments may develop county-specific health and disability laws, policies, and frameworks to operationalize disability inclusion within devolved healthcare services.

These frameworks support implementation of disability-inclusive healthcare programmes, budgeting, staffing, infrastructure development, rehabilitation services, and community-based healthcare initiatives at county level.

3.6.1 County Finance Acts

County Finance Acts require the health sector to utilize county generated revenue to reduce financial barriers to healthcare for Persons with Disabilities through fee waivers, subsidized services, accessible health infrastructure, and support for disability inclusive health and rehabilitation programs.

3.6.2 County Frameworks on health and disability

3.7 Other Government Circulars and Directives on Disability Mainstreaming

The Government periodically issues circulars, administrative guidelines, and directives on disability mainstreaming within public institutions.

These directives guide the health sector on implementation of disability inclusion measures, reporting obligations, accessibility standards, affirmative action requirements, and compliance with national disability policies and laws.

CHAPTER FOUR – INCLUSION STRATEGIES

4.1 Introduction

This section outlines the Health Sector’s strategic interventions aimed at promoting the inclusion and empowerment of Persons With Disabilities within the workplace and society at large. It details the policies, programs, and initiatives designed to ensure equitable access to opportunities, enhance participation, and remove barriers faced by Persons With Disabilities. By focusing on accessibility and mobility; employment, remuneration & compensation; ICT; training, capacity building & empowerment; awareness & inclusion; disclosure, acceptance & confidentiality; assistive technology, devices, services & social support; budget & resource allocation; procurement opportunities; disaster preparedness & emergency intervention; Corporate Social Responsibility (CSR); and programming & transmission, these interventions align with the Government’s commitment at both levels to fostering a supportive and inclusive environment for all, in accordance with national and international disability inclusion standards.

4.2 Accessibility and Mobility

The Sector recognizes the importance of which a supportive work environment plays towards inclusion and enhancing productivity of all staff. It is committed to eradicate all forms of social, structural and other environmental barriers to enhance disability mainstreaming.

Objective

To improve accessibility, participation, performance and productivity of Persons With Disabilities

Strategies

- a) Promote accessibility for Persons With Disabilities.
- b) Promote a barrier-free and disability friendly environment for Persons With Disabilities by implementing Universal design principles

- c) Ensure that all procurement processes for facilities and office blocks as provided in the scope adhere to Persons With Disabilities universal standards of design.
- d) Facilitate accessible transport services for staff and Persons With Disabilities while on official assignment
- e) Ensure adherence to existing occupational health and safety standards at the workplace
- f) Develop and test emergency procedures that caters for Persons With Disabilities e.g. visual alarms, accessible exits, trainings/drills in case of emergencies.
- g) Ensure accessible advertisements e.g. on job opportunities, tender, and any other to the NCPWD for distribution to its networks in addition to the Ministry website and digital media platforms.
- h) Ensure that the website and all other communication channels are compatible with personal assistive technologies to promote accessibility (directly and indirectly) by Persons With Disabilities and also that they meet Web Content Accessibility Guidelines (WCAG) standards.
- i) Ensure all customer/clients' information and documents are made available in accessible formats.
- j) Ensure that front office staff and those that deal directly with Persons With Disabilities are trained or have basic knowledge in sign language as well as disability etiquette to facilitate effective communication with Persons With Disabilities.
- k) Ensure equitable access to safe water, sanitation and hygiene (WASH) services for Persons With Disabilities
- l) All health facilities shall adhere to minimum accessibility standards, including ramps, accessible sanitation facilities, signage, tactile guides, and appropriate equipment. Compliance with these standards shall be a requirement for facility licensing and accreditation.

4.3 ICT

Information and communication technologies play a critical role in enabling Persons With Disabilities to live independent lives and fully participate in society on an equal basis with others in all aspects of life. Accessibility to information enhances access to opportunities for Persons With Disabilities.

Objective

To promote appropriate and effective communication channels for Persons With Disabilities.

Strategies

- a) Carry out Assistive Technology training for Persons With Disabilities especially on use.
- b) Train staff to assist Persons With Disabilities in accessing information and services on relevant modes of communication e.g. sign language, braille and other communication formats and technologies accessible to Persons With Disabilities.
- c) Train staff and management in ICT sector on pertinent disability issues
- d) Sensitize health management to provide assistive communication equipment such as talking computer software and tape recorders to Persons With Disabilities according to their needs

4.4 Employment, Remuneration and Compensation

The Health Sector is conceding that as an equal employer it will benefit from Persons With Disabilities who can make a significant contribution at the place of deployment in jobs matching their skills and abilities. It will therefore promote equal opportunity in employment in order to eliminate discrimination in any employment policies or practices or as stipulated in the Laws and Regulations.

In addition, it will also gain from retention of employees who acquire disability while in employment and support employees who have immediate dependents with disabilities in matters compliance to the rule of inclusivity.

Objective

To improve employment and engagement prospects of Persons With Disability by facilitating recruitment, deployment, fair remuneration, compensation, return to work, job retention and opportunities for advancement.

Strategies

- a) Ensure that no one is denied access to job opportunity on grounds of disability and retention for employees who acquire a disability while in employment.
- b) Ensure that qualified employees with disability will not be discriminated directly or indirectly.
- c) Ensure that there is no exclusion or preference of any person on the basis of disability in respect to promotion and career advancement if they meet set requirements.
- d) Ensure employees with disabilities who have required skills or qualifications get equal remuneration for work of equal value.
- e) Ensure adherence to five percent (5%) rule on employment for Persons With Disabilities.
- f) Ensure provision of flexible working hours for staff with disability
- g) Facilitate and support staff who have immediate dependents with disabilities to attend to their needs on need basis
- h) Ensure there is a feedback mechanism for Persons With Disabilities to report on workplace challenges.

4.5 Training, Capacity Building and Empowerment

This policy acknowledges the role of education, training for personal development and increased opportunity for career progression.

Objective

To facilitate capacity building programs and training for all staffs on disability inclusion.

Strategies

- a) Develop and implement structured disability inclusion training program. Provide for equal training opportunities to all staff.
- b) Promote disability inclusive education at all levels of care.
- c) Provide opportunities for lifelong skills, research and innovation to Persons With Disabilities.
- d) Ensure participation in disability mainstreaming training and activities at County, National and international forums.
- e) Rehabilitate, re-train, re-deploy (where necessary) and provide Assistive Technologies to staff who may acquire disability status while in service.
- f) Make provisions for collaboration with other stakeholders in training and development.
- g) Apply affirmative action on training and development as appropriate.

4.6 Awareness and Inclusion

The Health Sector will promote the rights of Persons With Disabilities through targeted engagements and advocacy with leadership at all levels of care. These efforts will focus on raising awareness among staff and stakeholders about the rights, challenges, needs, and aspirations of individuals with disabilities and their dependents. This will be achieved through comprehensive advocacy, sensitization and training initiatives.

Additionally, the Sector will promote an understanding among staff of the critical link between individual functionality and the opportunities available for full participation in all aspects of life.

Objective

To promote the rights and privileges of Persons With Disabilities in social, economic and political activities in line with relevant policies and legal frameworks

Strategies

- a) Undertake continuous awareness training and sensitization of staff on the rights and privileges of Persons With Disabilities.
- b) Ensure that the sector protects and improves the lives and rights of Persons With Disabilities by paying attention to the issues that affect them
- c) Provide services to Persons With Disabilities in a prompt and professional manner and in accordance with the relevant policies
- d) Provide a positive influence, inspiration and empowering those with disabilities
- e) Ensure disability mainstreaming policies and procedures are implemented
- f) Ensure that at least a third of the Disability Mainstreaming Unit members are Persons With Disabilities.
- g) Map all staff with disability for effective participation in service provision and empowerment
- h) Advocate for equal capacity training, development and mentoring of Persons With Disabilities for skills enhancement and motivation
- i) Advocate for disability mainstreaming in health and learning institutions.

4.7 Disclosure, Acceptance and Confidentiality

The Sector is committed to putting in place a guideline on encouraging staff with disabilities to accept and disclose their status for the purpose of getting data to guide in the planning. Lack of a clear guideline on disclosure has made it difficult to get data of Persons With Disabilities compounded with the fear of stigma and discrimination.

Objectives

- a) To create awareness on the importance of disclosure and acceptance of the disability while reassuring confidentiality

- b) To regularly update and maintain the data of Persons With Disabilities

Strategies

- a) Sensitize staff to understand different types and categories of disabilities.
- b) Develop and maintain a database of staff with disabilities and those that have immediate dependents with disabilities
- c) Facilitate professional counselling services whenever required. To staff with disabilities and those who acquire disabilities while in service
- d) Develop a mechanism to promote identification and registration of staffs with disabilities
- e) Create a robust disclosure framework that prioritizes confidentiality, clearly outlining how data will be handled, stored, and accessed to protect the privacy of individuals.
- f) Share real-life success stories of Persons With Disabilities in the workplace to normalize conversations and acceptance.
- g) Organize regular workshops and training sessions for staff to foster understanding and inclusivity, combine negative stereotypes about Persons With Disabilities.

4.8 Assistive Technology, Devices, Services and Social Support

The Sector will facilitate Persons With Disabilities to access appropriate assistive devices, adaptive equipment, appropriate technology and sign language services, that are of good quality to enable them to fully participate in work, home and community.

Objective

To support Persons With Disabilities by facilitating access to necessary assistive devices, adaptive equipment, appropriate technology and sign language services.

Strategies

(i) Personal Assistant Services

- a) Establish a personal assistance service programme through the HR, including the provision of assistants, guides, sign language interpreters and other ICT enabled plan.
- b) Facilitate provision of personal assistance services to Persons with Disability as needed; and
- c) Sensitize staff on disability etiquette.

(ii) Assistive Technologies and support services

- a) Facilitate Persons With Disabilities to access relevant assistive devices, support tools and services to enhance their ability to deliver on core functions.
- b) Establish mechanisms for communication support including: sign language, braille and audio recordings.
- c) Ensure all in-built infrastructures meet accessibility standards.
- d) Implement a robust social support system that meets the needs of Persons With Disabilities.
- e) Create a work environment that is inclusive, supportive and conducive for Persons With Disabilities.
- f) Collaborate with insurance service providers to offer accessible and user-friendly medical covers for Persons With Disabilities.
- g) Educate Persons With Disabilities on Assistive Technologies to enable them make informed choices.

- h) Review and ensure implementation of the National Assistive Technology policy.
- i) Ensure qualified healthcare personnel such as rehabilitation specialists are fully incorporated and actively involved in identification, assessment, prescription, fitting, training and follow up on assistive technology.

4.9 Healthcare Financing

Mainstreaming is a cost-intensive programme that requires adequate technical and financial resources. The Sector shall endeavor to allocate financial resources for disability mainstreaming programmes in the annual budget.

Objective

To ensure adequate resources to support disability mainstreaming activities

Strategies

1. Allocate a dedicated budget line for disability mainstreaming activities.
2. Allocate resources for the purpose of implementing the disability mainstreaming work plan at the beginning of every financial year.
3. Enhance resource mobilisation, partnership and collaborative initiatives with state and non-state actors to support disability mainstreaming programmes.
4. Submit a disability mainstreaming work plan at the beginning of every financial year to be accommodated in the Administration department budget.
5. Establish programmes that can enhance collaborations with development partners.
6. Develop modalities to seek further support including funding for resource provision for staff with disabilities.

4.10 Procurement Opportunities

The Health Sector is committed to empowering special groups under Access to Government Procurement Opportunities (AGPO) program which is founded on the Constitution of Kenya, Article 227 on fair, equitable, transparent and cost-effective

public procurement of goods and services, Article 55 on affirmative action and the Public Procurement and Asset Disposal Act, 2015. The Ministry will endeavor to reserve the minimum statutory requirement for procurement of goods, works and services to youth, women and Persons With Disabilities.

Objective

To fulfill the legal requirement that 30% of all Government Procurement Opportunities be set aside specifically for enterprises owned by the affirmative action groups.

Strategies

- a) Maintain a record of all AGPO registered Persons With Disabilities through the Public Procurement Directorate (PPD);
- b) Promote the registration of Persons With Disabilities' owned businesses under AGPO to access Government Procurement opportunities;
- c) Redesign pre-qualification-to-supply advertisement to clearly state "Youth, Women and Persons With Disabilities are encouraged to apply" and send a copy to the NCPWD;
- d) Provide promotional materials in accessible formats such as audio, visual, large prints, large fonts, and Braille to ensure all individuals are fully informed about the organization's products and services;
- e) Encourage active participation of Persons With Disabilities in the pre-qualification process by involving them in the tendering committee
- f) Maintain a detailed database of Persons With Disabilities who benefit from the organization's

4.11 Disaster Preparedness and Emergency Intervention

The Health Sector is committed to establishing a disability responsive disaster preparedness plan in situations of emergencies, risks, armed conflicts and occurrence of natural disasters within its premises.

Objective

To establish a disability responsive disaster preparedness plan to ensure safety of Persons With Disabilities in the event of emergency.

Strategies

- a) Keep a record of all staff and stakeholders with disabilities who seek for services;
- b) Sensitize staff with disabilities on disaster management and risks mitigation;
- c) Dedicate an auxiliary exit to specifically serve Persons With Disabilities in the event of an emergency;
- d) Ensure there is an effective, prompt and accessible system to warn Persons With Disabilities on an emergency disaster;
- e) Ensure there are documented effective evacuation procedures for Persons With Disabilities;
- f) Develop a strategy on how to handle Persons With Disabilities in case of an emergency;
- g) Provide first aid kits, train officers on first aid skills and facilitate access to medical, rehabilitation and counselling services;
- h) Train fire marshals and evacuation teams on evacuation skills for Persons With Disabilities.

4.12 Corporate Social Responsibility (CSR)

The Sector is committed to promote Corporate Social Responsibility activities to address the welfare of Persons With Disabilities.

Objective

To promote Corporate Social Responsibility activities addressing the welfare of Persons With Disabilities.

Strategies

- a) Establish clear guidelines and comprehensive framework for CSR initiatives.
- b) Monitor and evaluate CSR activities to ensure adherence to guidelines.

4.13 Programming and Transmission

The Sector is dedicated to ensure that Persons With Disabilities have easy access to information and services through appropriate transmission and delivery methods.

Objective

To ensure equitable access to information for all.

Strategies

- a) Include sign language, captions, visuals, braille and audio descriptions in all programming;
- b) Ensure all visual media are carefully managed to minimize any risk to viewers.

CHAPTER FIVE - IMPLEMENTATION FRAMEWORK

5.1 Introduction

The Implementation Framework for the Policy on Disability Mainstreaming in the Health Sector provides a structured approach to integrating Persons With Disabilities into the Health Sector's operations and healthcare delivery systems. It establishes clear strategies and roles for stakeholders, emphasizing key areas such as governance, resource allocation, capacity building, and inter-sectoral collaboration. Integral to this framework are the Detailed Financing Strategy, which ensures sustainable funding for disability mainstreaming activities, and the Information and Communication Strategy, which promotes effective dissemination of information to all stakeholders. The framework also prioritizes regular monitoring, evaluation, and continuous improvement to assess progress, address challenges, and align with emerging needs, ensuring a fully inclusive and accessible healthcare environment for Persons With Disabilities.

5.2 Disability Mainstreaming Unit (DMU)

The implementation of the policy will be overseen by standing Disability Mainstreaming Units, as provided for in Section 80 of the Persons with Disability Act. The unit will be responsible for guiding the implementation of the policy, ensuring that all necessary resources and efforts are in place

5.2.1 Composition of the Unit

The composition of the Disability Mainstreaming Unit will be per the guideline provided by the NCPWD.

5.2.2 Role of the Disability Mainstreaming Unit

The Disability Mainstreaming Unit shall have the following responsibilities:

- (a) Mainstreaming disability issues;
- (b) Carrying out regular inspections to ensure implementation and compliance with the provisions of the Persons with Disability Act; and
- (c) Liaising with the National Council for Persons with Disabilities on disability matters.

5.3 Roles and Responsibilities of Key Stakeholders

The roles and responsibilities of key stakeholders will be as captured in the Disability Mainstreaming Guideline.

5.4 Implementation Costs

The Health Sector at both levels of Government will allocate resources for the implementation of the Policy on Disability Mainstreaming in the Health Sector within its available budgetary provisions. This includes:

- **Provision of Assistive Technologies and services** to employees and stakeholders with disabilities to ensure full participation in the Ministry's activities.
- **Compliance with regulatory requirements** related to disability engagement and services, ensuring all health service delivery and workplace practices meet accessibility and inclusion standards.

These resource allocations will ensure the sustainability and impact of disability mainstreaming across all areas of the Ministry's operations.

5.5 Dissemination of the Policy

The Sector will disseminate the Policy on Disability Mainstreaming in the Health Sector through a variety of channels to ensure broad reach and effective implementation. These include:

- **Workshops and training sessions** to equip staff and stakeholders with the knowledge to support the policy.
- **Bulletins, newsletters, and seminars** to provide regular updates on the policy's progress and outcomes.
- **Technological platforms** for digital access to policy materials and resources.

Additionally, the Ministry will produce and distribute:

- **Policy booklets, brochures, and flyers** to staff and key stakeholders to raise awareness and support implementation.

This multi-channel approach will ensure all relevant parties are well-informed about the policy's objectives and the need for an inclusive healthcare system for Persons With Disabilities.

Table 5.1 Implementation Matrix for the Policy On Disability Mainstreaming in the Health Sector

Strategic Objective	Action	Responsible Party	Timeline	Required Resources	Key Performance Indicators (KPIs)	Monitoring & Evaluation (M&E) Method
1. Enhance Accessibility of Health Facilities	Conduct accessibility audits for all health facilities	Disability Mainstreaming Unit, Facility Managers	6 months	Accessibility checklists, Facility inspection reports, Funds, Qualified Personnel	Percentage of accessible facilities	Facility audits, Reports from Disability Mainstreaming Unit
	Implement universal design principles in facility renovations	MoH, County Health Departments	Ongoing (year 1)	Construction funds, Universal design guidelines	Percentage of facilities renovated according to universal design standards	Quarterly progress reports, Facility inspection feedback
	Ensure all health facilities are accessible	Facility Managers, Contractors	Ongoing (by year 2)	Financial allocation for infrastructure improvement	Number of facilities with ramps, walkways with rails, and accessible washrooms, etc	Facility audits, Survey results

Strategic Objective	Action	Responsible Party	Timeline	Required Resources	Key Performance Indicators (KPIs)	Monitoring & Evaluation (M&E) Method
	Ensure improved HR in Rehab services	COH CDHs, HR, CPS BOARD	On going	Financial allocation for HR	No. of rehab staff employed	HR reports
2. Improve Capacity of Healthcare Providers and CHPs	Conduct disability inclusion training for healthcare providers at all levels including the CHPs	MoH & County HR and Training Departments, CHMT	Ongoing (every 6 months)	Training materials, Trainers, Budget for capacity building	Number of health workers trained on disability inclusion	Training attendance records, Survey results on training effectiveness
	Develop training modules on disability awareness and inclusive healthcare	HR Department, MoH, Disability Experts	3 months	Curriculum development, Training materials	Development and implementation of training modules	Training evaluation, Feedback from participants
3. Promote Disability-Responsive Health Services	Develop guidelines for disability-sensitive health services	MoH, Disability Mainstreaming Unit	6 months	Policy documents, Expert consultations	Published guidelines for disability-sensitive health services	Review of policy documents, Feedback from health facilities

Strategic Objective	Action	Responsible Party	Timeline	Required Resources	Key Performance Indicators (KPIs)	Monitoring & Evaluation (M&E) Method
	Ensure availability of Assistive Technologies and sign language interpreters in health facilities	MoH, Disability Mainstreaming Unit, Local NGOs	Ongoing (by year 1)	Budget for Assistive Technologies, Training for interpreters	Percentage of facilities with Assistive Technologies and interpreters available	Health facility reports, User satisfaction surveys
	Create partnerships with NGOs for assistive technology provision	MoH, NGO partners	Ongoing (by year 1)	Partnership agreements, Funding for procurement of devices	Number of partnerships established, Devices distributed	Partnership agreements, Device distribution reports
4. Ensure Inclusive Recruitment and Representation	Implement inclusive recruitment policies for Persons With Disabilities in health sector	HR Department, MoH	Ongoing	Inclusive job advertisements, Support for Persons With Disabilities in recruitment	Percentage of Persons With Disabilities employed in health sector (target 5%)	HR recruitment reports, Disability workforce representation data
	Monitor PWD employment rates and adjust	HR Department, Disability Mainstreaming Unit	Quarterly	Data collection tools, Employment records	Employment rate of Persons With	HR data analysis, Quarterly reviews

Strategic Objective	Action	Responsible Party	Timeline	Required Resources	Key Performance Indicators (KPIs)	Monitoring & Evaluation (M&E) Method
	recruitment strategies				Disabilities in health sector	
5. Promote Awareness and Reduce Stigma	Launch public awareness campaigns on disability inclusion in healthcare	MoH, Disability Mainstreaming Unit, Media partners	Ongoing (every year)	Campaign materials, Media partnerships, Funding for outreach	Number of awareness campaigns conducted	Media reports, Survey on public awareness levels
	Facilitate community outreach programs to engage Persons With Disabilities in healthcare decisions	MoH, PWD organizations	Ongoing (every year)	Community engagement resources, Event materials	Number of outreach programs conducted	Event reports, Stakeholder feedback
6. Monitor and Evaluate Disability Mainstreaming Efforts	Establish a robust M&E system for disability mainstreaming	Disability Mainstreaming Unit, MoH	6 months	M&E tools, Budget for data collection	Availability of an M&E framework and regular reporting	M&E reports, Committee feedback
	Regularly collect and analyze disaggregated data	MoH, Health Information System	Ongoing (every year)	Data collection systems, Survey instruments	Availability of disaggregated health data on	Data reports, Quarterly data reviews

Strategic Objective	Action	Responsible Party	Timeline	Required Resources	Key Performance Indicators (KPIs)	Monitoring & Evaluation (M&E) Method
	on Persons With Disabilities' healthcare needs				Persons With Disabilities	
	Conduct annual performance reviews of disability mainstreaming activities	Disability Mainstreaming Unit, MoH	Annually	Progress reports, Evaluation resources	Number of performance reviews conducted	Annual review reports, Action plans based on evaluations
7. Secure Funding and Resources for Disability Mainstreaming	Advocate for increased budget allocation for disability mainstreaming activities	MoH, Ministry of Finance, Disability Mainstreaming Unit	Ongoing (year 1)	Advocacy materials, Budget proposals	Budget allocation for disability mainstreaming activities	Budget reports, Stakeholder meetings
	Explore external funding opportunities (NGOs, international donors)	MoH, Development partners, NGO partners	Ongoing (year 1)	Partnership agreements, External funding proposals	Amount of external funding secured	Funding reports, Partnership agreements

Strategic Objective	Action	Responsible Party	Timeline	Required Resources	Key Performance Indicators (KPIs)	Monitoring & Evaluation (M&E) Method
8. Ensure Sustainability of Disability Mainstreaming	Develop a sustainability plan for disability mainstreaming programs	Disability Mainstreaming Unit, MoH	6 months	Sustainability plan documents, Expert consultations	Completion of sustainability plan	Review of sustainability plan, Stakeholder feedback
	Integrate disability mainstreaming into long-term health sector plans	MoH, Planning Department	Ongoing	Policy documents, Planning resources	Integration of disability mainstreaming into health sector plans	Policy review documents, Stakeholder consultations

Notes on the Matrix:

- **Strategic Objectives:** These are the broad goals the policy aims to achieve, such as enhancing accessibility, improving healthcare services, and promoting awareness.
- **Actions:** These are specific tasks and activities necessary to achieve the objectives, such as conducting audits, training healthcare providers, and establishing partnerships.
- **Responsible Party:** These are the individuals or groups within the Ministry of Health or collaborating organizations responsible for executing each action.
- **Timeline:** Defines the expected completion period for each action (e.g., 6 months, Ongoing, Annually).
- **Required Resources:** Describes the financial, human, and technical resources needed to implement the actions (e.g., budget allocation, training materials, partnerships).
- **KPIs:** Key performance indicators are measurable outcomes that will indicate success, such as the percentage of accessible facilities or the number of Persons With Disabilities employed.
- **M&E Method:** Describes how each action will be monitored and evaluated (e.g., facility audits, surveys, reports).

This matrix serves as a detailed guide for the implementation of the Policy on Disability Mainstreaming in the Health Sector, providing clarity on roles, timelines, resources, and evaluation methods. By following this framework, the Ministry of Health can ensure effective, transparent, and accountable implementation of the policy, ultimately enhancing healthcare access and quality for Persons With Disabilities.

CHAPTER SIX - M&E FRAMEWORK

The M&E framework will be built around the following key components:

6.1 Indicators

Indicators will be used to measure input, process, output, and outcomes of the policy's implementation. These indicators will help assess the policy's progress, effectiveness, and impact.

- **Input Indicators:** These track the resources, budget allocations, and human capital designated for disability mainstreaming activities.
Example: Budget allocation for disability inclusion programs.
- **Process Indicators:** These indicators measure the activities and interventions being implemented under the policy.
Example: Number of staff trained in disability inclusion, policy dissemination activities.
- **Outcome Indicators:** These indicators measure changes resulting from the policy's activities, such as improvements in accessibility and healthcare outcomes for Persons With Disabilities.
Example: Percentage of facilities with improved access to health services.
- **Impact Indicators:** These long-term indicators measure the overarching effects of disability mainstreaming on the health and well-being of Persons With Disabilities.
Example: Improvement in life expectancy and disability-adjusted life years (DALYs) for Persons With Disabilities.

6.2 Data Collection Methods

To ensure that the M&E process is comprehensive, multiple data collection methods will be used:

- **Surveys and Interviews:** Engage healthcare providers, Persons With Disabilities, caregivers, and other stakeholders to assess their experiences with disability mainstreaming efforts.
Example: Satisfaction surveys, accessibility feedback.
- **Health Facility Audits:** Regular audits will be carried out in health facilities to assess their compliance with accessibility and disability-inclusive practices.
Example: Facility inspections to evaluate physical accessibility, availability of assistive devices.
- **Focus Group Discussions (FGDs):** Conduct discussions with Persons With Disabilities, caregivers, and community representatives to better understand challenges, needs, and gaps in healthcare access.
Example: FGDs on the barriers to healthcare experienced by Persons With Disabilities.
- **Administrative Data:** Collect data from health service records, staff databases, and the National Council for Persons With Disabilities (NCPWD) to track demographic and healthcare service usage trends.
Example: Health records of Persons With Disabilities, employment statistics for staff with disabilities.

6.3 M&E Roles and Responsibilities

The successful implementation of the M&E framework requires clearly defined roles and responsibilities for all stakeholders involved:

- **Disability Mainstreaming Unit (DMU):** The DMU will be responsible for overseeing the M&E process, ensuring that activities are carried out according to the policy framework. The Unit will coordinate regular reviews and act upon findings, ensuring that recommendations from M&E activities are incorporated into the policy's continuous improvement processes.

- **Ministry of Health (MoH):** The MoH will provide overall leadership and support the integration of M&E results into the policy's continuous improvement processes. The MoH will ensure that M&E findings are disseminated across all levels of the health system, and will work to ensure that the Ministry remains responsive to the identified needs of Persons With Disabilities.
- **Health Facility Managers:** Facility managers will conduct facility-level M&E activities, such as ensuring accessibility improvements and reporting progress on disability inclusion in their facilities. They will also be responsible for ensuring that disability-related concerns are effectively addressed at the local level.
- **External Stakeholders and Partners:** Civil society organizations, Persons With Disabilities, caregivers, and other partners will contribute by providing feedback and insights from the community. Their involvement will ensure that M&E activities reflect the lived experiences of Persons With Disabilities and address the real challenges and gaps in healthcare service delivery.
- **Technical Working Group (TWG):** The TWG will provide specialized technical support, expertise, and guidance to ensure the successful implementation of disability mainstreaming activities. It will assist with data collection, analysis, and the development of disability-inclusive monitoring tools. The TWG will also provide expert recommendations based on M&E findings to inform policy adjustments and improvements

6.4 M&E Activities

The following M&E activities will be carried out to track progress and measure impact:

1. **Baseline Survey:** A baseline survey will be conducted to assess the current state of disability inclusion in the healthcare system. This will include evaluating the accessibility of health facilities, representation of Persons With Disabilities in the health workforce, and the availability of specialized services for Persons With Disabilities.
2. **Quarterly and Annual Progress Reports:** Regular progress reports will be compiled to track implementation progress. These reports will summarize key achievements, challenges, and recommendations for the next period.

3. **Stakeholder Consultations:** Annual consultations with key stakeholders, including Persons With Disabilities and healthcare providers, will gather feedback on the policy's impact, ensuring it aligns with the needs and priorities of the community.
4. **Mid-Term and End-Term Evaluations:**
 - a. **Mid-term Evaluation:** To assess whether the policy is on track and make adjustments as necessary.
 - b. **End-term Evaluation:** To evaluate the overall effectiveness of the policy at the conclusion of the designated 3-year policy period.

6.5 M&E Indicators Matrix

The following table outlines key indicators, data sources, measurement frequency, and responsible parties for M&E:

Table 6.1 M&E Indicators Matrix

Objective	Key Indicator	Data Source	Measurement Frequency	Responsible Party
Track Progress	Percentage of health facilities made accessible to Persons With Disabilities	Health facility audits, MoH progress reports	Annually	Disability Mainstreaming Unit
	Number of staff trained in disability inclusion	Training records, HR reports	Quarterly	HR and Training Department
Measure Impact	Percentage of Persons With Disabilities accessing healthcare services	National health surveys, MoH reports	Annually	MoH, Disability Mainstreaming Unit
	Satisfaction level of Persons With Disabilities with healthcare services	Surveys, focus groups with Persons With Disabilities	Annually	Disability Mainstreaming Unit
Identify Gaps	Number of complaints filed by Persons With	Complaints records	Quarterly	MoH, Customer Care Department

Objective	Key Indicator	Data Source	Measurement Frequency	Responsible Party
	Disabilities regarding healthcare			
	Percentage of Persons With Disabilities with unmet healthcare needs	Baseline survey, follow-up surveys	Annually	Disability Mainstreaming Unit
Enhance Accountability	Percentage of allocated budget spent on disability services	Financial reports, budget data	Quarterly	Finance Division
	Compliance with accessibility standards in health facilities	Facility audit reports	Annually	Disability Mainstreaming Unit
Support Continuous Improvement	Number of policy amendments made based on M&E findings	Policy review documents, meeting minutes	Bi-annually	Disability Mainstreaming Unit
Ensure Sustainability	Percentage of facilities with ongoing accessibility improvement plans	Health facility reports, action plans	Annually	MoH, Disability Mainstreaming Unit

6.6 Data Collection Tools

- **Surveys:** Standardized questionnaires for healthcare providers, and Persons With Disabilities to assess accessibility, satisfaction, and service quality.
- **Checklists:** Facility audits will utilize accessibility checklists to assess compliance with disability-inclusive guidelines.
- **Focus Group Discussions (FGDs):** Conduct FGDs with Persons With Disabilities to capture their lived experiences in accessing healthcare services.

6.7 Reporting and Feedback Mechanisms

- **Monthly/Quarterly Reports:** Summary reports will be produced after each data collection period, outlining the findings and providing actionable recommendations.
- **Annual Performance Review:** A comprehensive review of M&E findings will be conducted at the end of each year to assess overall policy performance.

- **Feedback Mechanisms:** An open feedback loop will be established for Persons With Disabilities, healthcare providers, and other stakeholders to provide input on policy implementation and impact. This will ensure continuous policy refinement and responsiveness to the needs of Persons With Disabilities.

6.8 Conclusion

The M&E system will be instrumental in ensuring that the Policy on Disability Mainstreaming in the Health Sector is effectively implemented, adjusted as necessary, and aligned with its objectives. Through continuous tracking, feedback, and evaluation, the Sector will optimize service delivery and ensure that Persons With Disabilities receive the quality healthcare they deserve. Regular evaluations, stakeholder engagement, and a strong feedback mechanism will ensure that the policy evolves over time and meets the needs of Persons With Disabilities in a sustainable manner.

6.9 Policy Review

The policy will be reviewed every **three (3) years** or as necessary to ensure its continued relevance, effectiveness, and alignment with emerging needs and challenges in disability inclusion.

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Constitution of Kenya, 2010	Government of Kenya	https://new.kenyalaw.org/akn/ke/act/2010/constitution/eng@2010-09-03
United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)	United Nations	https://social.desa.un.org/issues/disability/crpd/convention-on-the-rights-of-persons-with-disabilities-crpd
Optional Protocol to the Convention on the Rights of Persons with Disabilities	United Nations	https://www.ohchr.org/en/instrument-s-mechanisms/instruments/optional-protocol-convention-rights-persons-disabilities
2030 Agenda for Sustainable Development (SDGs)	United Nations	https://sdgs.un.org/2030agenda?
Persons with Disabilities Act, 2025	Kenya Law	https://new.kenyalaw.org/akn/ke/act/2025/4/eng@2025-05-13
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Kenya Health Policy 2014–2030	Ministry of Health	https://extranet.who.int/cpcd/global-repository/kenya-health-policy-2014-2030
Sessional Paper No. 2 of 2017 on the Kenya Health Policy 2014–2030	Ministry of Health	https://libraryir.parliament.go.ke/items/b1c34a83-c1b1-4c8b-859b-fa70d6be7111
WHO Global Report on Health Equity for Persons with Disabilities	World Health Organization	https://www.who.int/publications/i/item/9789240063600

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WHO Policy on Disability	World Health Organization	https://www.who.int/publications/i/item/9789240020627
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United Nations Disability Inclusion Strategy (UNDIS)	United Nations	https://www.un.org/en/disabilitystrategy
African Charter on Human and Peoples' Rights	African Union	https://au.int/en/treaties/african-charter-human-and-peoples-rights
Protocol to the African Charter on the Rights of Persons with Disabilities in Africa	African Union	https://au.int/en/treaties/protocol-african-charter-human-and-peoples-rights-rights-persons-disabilities-africa
East African Community Policy on Persons with Disabilities	East African Community	https://repository.kippra.or.ke/items/4903743c-38ce-4e57-b5ab-e124356ad358/full

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		Kenya Red Cross - Deaf Empowerment Kenya	
		UNFPA	
		United Disabled Persons of Kenya	
		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	



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