

Built for everyone?

Disability inclusion in family planning, maternal, child and adolescent health services in six Kenyan counties



0 of 71

health facilities assessed were fully accessible to persons with disabilities

Measured against ISO 21542:2021, the accessibility standard used by the National Council for Persons with Disabilities.

Kenya's laws and health policies promise persons with disabilities equal access to reproductive and maternal care. On the ground, that promise breaks down at every step: getting to the facility, getting through the door, being understood and being counted.



Homa Bay, Kakamega, Makueni, Meru, Mombasa, Nairobi

The study at a glance



71

health facilities assessed



222

service points and 139 ramps checked



262

people in 88 interviews and focus groups



6

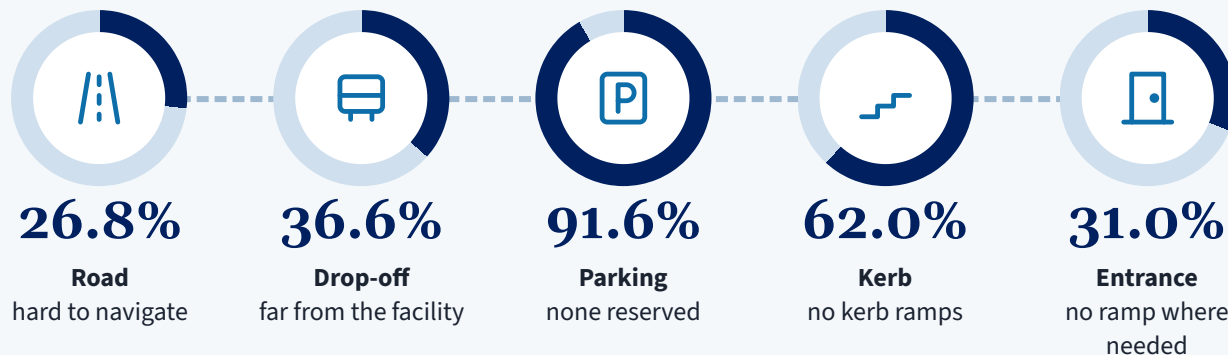
counties, plus national stakeholders

Participants included persons with physical, visual and hearing disabilities, caregivers, community health promoters, health workers and officials, alongside a national policy review. Approved by MUERC, NACOSTI and the Johns Hopkins IRB.

Getting there, getting in

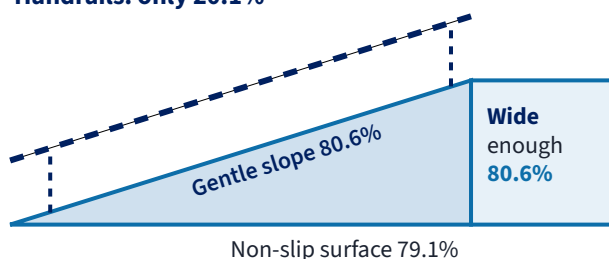
Barriers start before a client reaches the gate and continue all the way to the examination room. Most facilities met some accessibility criteria; none met them all.

THE JOURNEY IN • SHARE OF FACILITIES WITH EACH BARRIER



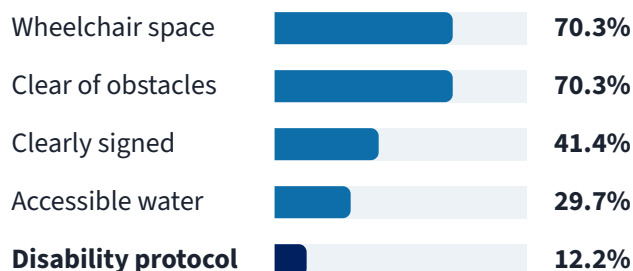
Ramps exist, but fall short

Handrails: only 20.1%



139 ramps assessed. None met all four criteria; adding handrails is the quickest fix.

Inside the waiting area



Share of 222 RMNCAH service points. No facility had fully inclusive waiting areas, or accessible doors at every service point.



88.3%

of examination tables too high and not adjustable



48.6%

of maternity wards with beds a wheelchair user can transfer to



28.6%

of maternity wards with an inclusive bathroom

“The beds are very high. I couldn't climb on my own, and there was no help.”

Focus group participant, Ikolomani, Kakamega

Being heard, counted and funded

Physical access is only the start. Persons with disabilities also need to be understood, served respectfully, recorded in health data and protected from costs they cannot afford.

COMMUNICATION

2 of 222

service points had a sign language interpreter or a health worker who signs

12.6%

offered health information in accessible formats

0.9%

had any educational materials in braille



“When I went for family planning, they asked me to speak because they couldn’t understand me. They don’t have interpreters.”

Focus group participant, Ndhiwa, Homa Bay. Without interpreters, clients rely on relatives to translate, at the cost of their privacy.



Health workforce

Few health workers are trained to communicate with deaf clients or to examine clients with mobility impairments, and many lack confidence. Receptionists and guards sometimes turned clients away, though complaints have improved this.



Health data

RMNCAH registers, electronic records and KHIS capture disability poorly, so persons with disabilities are largely invisible in planning. Nairobi is the exception, having built disability indicators into its RMNCAH tools.



Financing

Key informants reported no dedicated budget for disability-inclusive RMNCAH at national or county level. Clients pay out of pocket for transport, medicines and assistive devices, and disability-specific costs are not yet covered under SHIF.



Women with disabilities face the steepest barriers

They use antenatal, family planning and delivery services most often, yet face stigma, inaccessible rooms and equipment, and little privacy. Some pregnant women said health workers questioned whether they should be pregnant at all.

From policy to practice

THE POLICY GAP

The rights are written down. Delivery is not.

The Constitution (Articles 27, 43 and 54), the Reproductive Health Policy 2022–2032 and the national FP guidelines all affirm equal access. But the guidelines say little on braille, sign language or accessible formats, child health policy has few specifics for children with disabilities, and the Persons with Disabilities Act 2003 is outdated.

“The biggest challenge is not the absence of policies; it's the enforcement that remains weak, especially at the local levels.”

Key informant, national level

BRIGHT SPOTS TO BUILD ON

- ✓ Nairobi has added disability indicators to its RMNCAH tools.
- ✓ Makueni and Homa Bay involve persons with disabilities through public participation.
- ✓ Some facilities have trained staff in Kenyan Sign Language.
- ✓ Community health promoters identify persons with disabilities and refer them to care.
- ✓ Some facilities let persons with disabilities skip long queues.
- ✓ Most level 5 and 6 hospitals have wheelchairs and designated spaces.

What needs to happen



Fix the built environment

Accessible drop-off points, kerbs, ramps with handrails, signage, toilets, and adjustable examination tables and beds, funded through facility improvement plans.



Reach out in communities

Equip community health promoters and outreach teams to tackle stigma, explain rights and bring persons with disabilities into care, especially in remote areas.



Count persons with disabilities

Add disability indicators to FP/RMNCAH registers, summary tools and KHIS, as Nairobi has, and use the data to plan and track progress.



Train the whole facility team

Build sign language and disability-inclusive care into pre-service and in-service training, including for receptionists and security staff.



Fund it, and protect clients from costs

Create budget lines for disability inclusion, cover disability-specific costs under social health insurance, and expand waivers and subsidies.



Nothing about us without us

Give persons with disabilities and their organisations a real voice in technical working groups, planning and budget decisions.

This brief draws on ICRH-K's 2024 rapid landscape analysis of disability inclusion in FP/RMNCAH-N services, funded by USAID through MOMENTUM Country and Global Leadership. Its contents are the responsibility of ICRH-K and do not necessarily reflect the views of USAID or the US Government.

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