

AN ANALYSIS OF HEALTH AND PERSONS WITH DISABILITIES (PWDS) IN KENYA

WINNIE KHAEMBA*, ANN KINGIRI*, JOYCE OLENJA**, SAM WANGILA**, EMILY NYARIKI**, ANDERSON KIRAITHE*** AND WASHINGTON OLOO***

Bridging the Gap Policy Brief 003/2017

Key messages

- 1** The National Health Implementation Plan provides a framework upon which PWD health issues can be addressed but this has to be matched by actual implementation.
- 2** The information management system and indicators set out by the Kenya Health Sector Strategic and Investment Plan (KHSSPI) are key for monitoring and reporting on PWDs and health issues.
- 3** There is need for targeted budgetary allocation in the health sector for PWDs.
- 4** Clarity in enforcement and compliance mechanisms is key to ensure that PWDs are provided with appropriate health care services.

Overview

Kenya's constitution guarantees the right to health as outlined in Art. 43(1a) which states that 'every person has the right to the highest attainable standard of health, which includes the right to healthcare services, including reproductive healthcare'. The Kenya Health Policy (2014-2030) does not explicitly define PWDs but references this in terms of disability-adjusted life-years and the causes of disability. The

Mental Health Bill on its part addresses mental health issues, guaranteeing access to health services and medical insurance an aspect which is important in ensuring non-discrimination.

The health policy acknowledges the need for multi stakeholder involvement in implementation, which would include DPOs, but the level of engagement of PWDs and DPOs in health policy development is unclear.

Bridging the Gap: Examining disability and development in four African Countries is a three-year research programme funded by the ESRC/DFID Poverty Alleviation Research Grant programme. The programme is based at the Leonard Cheshire Disability and Inclusive Development Centre, University College London. For more information about the programme, visit gap.leonardcheshire.org. Research in Kenya was conducted by the African Centre for Technology Studies (ACTS); University of Nairobi, School of Public Health (UoN) and the United Disabled Persons of Kenya (UDPK).

* African Centre for Technology Studies (ACTS)

** School of Public Health, University of Nairobi (UoN)

*** United Disabled Persons of Kenya (UDPK)

There is limited data on health and disability given that in the 2009 census questions on health and disability were not included thus making it difficult to make an assessment on health and PWDs. As a recommendation future census need to incorporate health and disability questions so that necessary data is captured for more targeted planning and interventions.

Results

These results and policy recommendations are drawn from analysis of national policies and re-analysis of national data sets. A comprehensive policy analysis that specifically addressed the four domains of education, health, labour markets and social protection was undertaken.

The review involved identification of relevant policies for each domain after which each identified policy was rated by carrying out content analysis to determine if PWDs are mentioned

and where mentioned, the level of detail provided. A total of eight (8) policies on health were identified, three were selected for analysis while minor content analysis was carried out on the remaining five.

The analysis sought to identify if specific issues are mentioned e.g right to and accessibility to health services, presence of implementation plans, enforcement and budgetary allocation. The reviewed policies were then rated according to a predetermined rating scheme.

Figure 1 below shows the results of the ranking exercise outlining how the different aspects fare in existing policy. The national health implementation plan, the information management system and accessibility (physical, financial and socio-cultural) rank high due to the fact that they have provided some clarity on PWDs. On the other hand budgetary concerns ranked

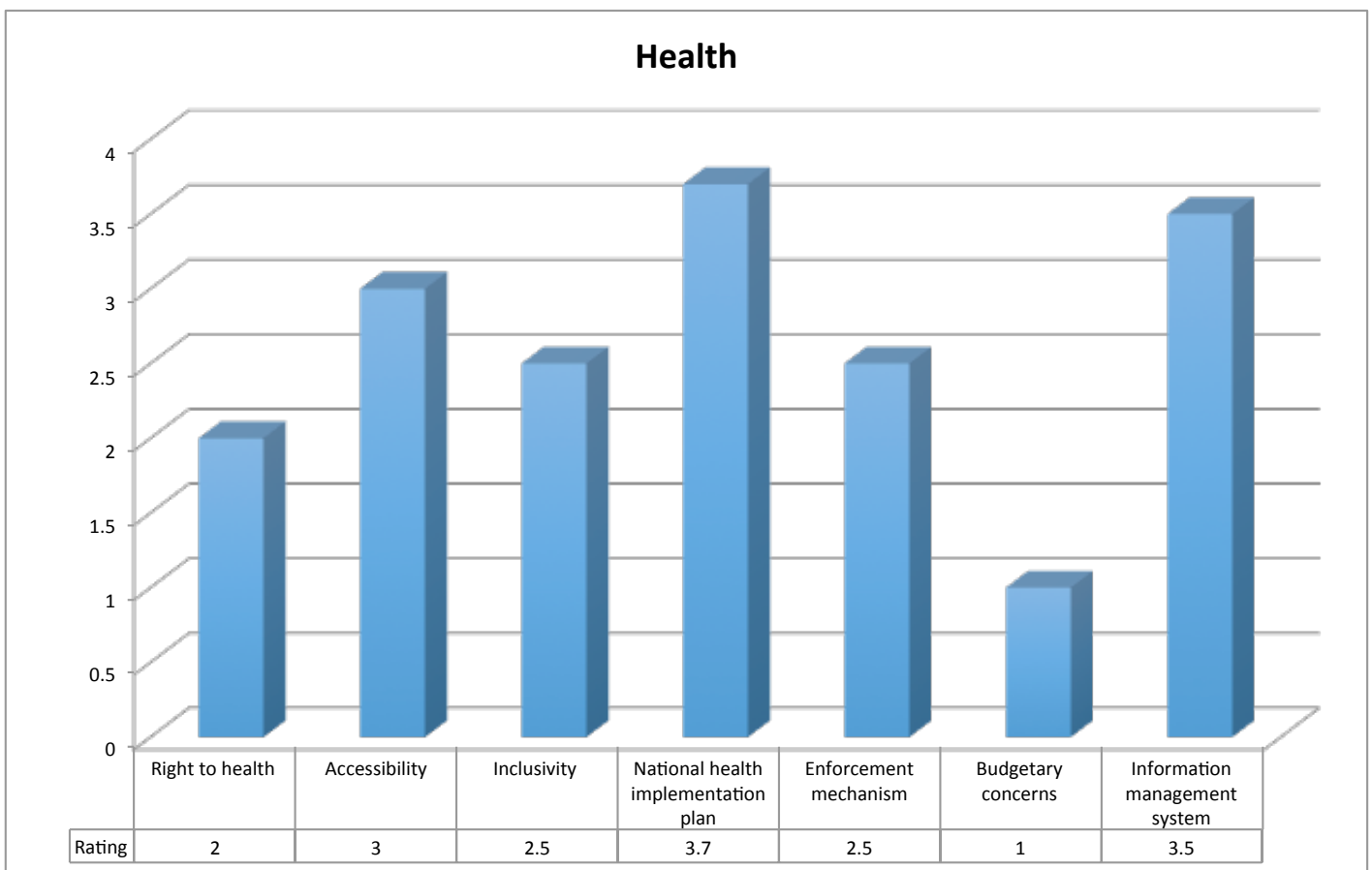


Figure 1: Health

Health Policies

1. Kenya Health Policy 2014 – 2030/Medium Term Health Strategic Plan (2014 – 2018)
2. Public Health Act (2012)
3. Mental Health Act (1989)/Mental Health Bill (2014)
4. HIV/AIDS Policy and Road Map (Kenya AIDS Strategy Framework)
5. Sexual and Reproductive Health Policy (2009 – 2015)
6. Adolescent Health Policy (2015)
7. National School Health Guidelines and Policy (2009)
8. National Strategic Plan For Eye Health and Blindness Prevention (2012 – 2018)

lowest because there is no mention of budgets for PWDs including children with disability.

The National Health Implementation Plan lays a basis upon which PWD health issues can be addressed but this has to be matched by actual implementation.

The Kenya National School Health Strategy Implementation Plan seeks to identify and integrate key health interventions aimed at improved health and education. It has identified special needs, disability and rehabilitation, school infrastructure and environmental safety among its 8 thematic areas. The plan outlines measures to deal with learners with special needs, the teachers, parents and the community at large.

There is also a National strategic plan for TB, leprosy and lung health 2015-2018 which mentions a target to reduce by 50%, the proportion of cases with grade 2 disability arising from leprosy. This is important for addressing disability.

At implementation level the health policy requires engagement of multiple stakeholders and following through with targeted actions to address needs of PWDs. The health policy itself acknowledges the need for multi stakeholder involvement in its implementation through the medium term strategic plan. The policy outlines progress indicators, which are to be monitored including disability due to identified risk factors at 34%reduction rate in 2030 against a 2010 estimate of 47.30%.

The information management system and indicators set out by the Kenya Health Sector Strategic and Investment Plan (KHSSPI) is key for monitoring and reporting on PWDs and health issues.

The KHSSPI (2013- 2017) acknowledges the importance of a common data architecture, which is required to ensure coordinated information generation. This is meant to be implemented by the National Monitoring & Evaluation unit. The common data architecture is supposed to provide data sources for already identified M & E indicators contained in the 2nd edition health sector indicator manual. Indicators include disability, which is listed under level of health. It is however unclear to what extent this has been implemented and the level of engagement by DPOs and PWDs themselves.

There is need for targeted budgetary allocation in the health sector for PWDs.

To better serve the needs of PWDs health policies need to allocate funds to be able to implement. From the analysis conducted this is a gap that needs to be addressed as the policy has no clear budgetary guidelines and no mention of budgets for PWDs. However the Ministerial Strategic & Investment Plan (2014–2018) has factored in its strategy the percentage of

County Departments of Health with youth, gender and disability sensitive budgets. The KHSSPI Strategy has further included measures to strengthen youth, gender and disability and social accountability mainstreaming in policies, regulations, norms and standards, planning and M&E but budgets for this have not been allocated.

Enforcement mechanisms need strengthening to ensure that PWDs are provided with appropriate health care services.

The Mental Health Bill 2014 only mentions the right to recognition before the law in Art. 17 part 1 stating that *'Persons with mental illness have a right to recognition as persons before the law and shall enjoy legal capacity on an equal basis with others in all aspects of life.'* However, there is no mention of penalties for not implementing this. The health policy also has the same gap with little mention of enforcement and compliance procedures. To adequately address PWD issues on healthcare this needs to be integrated to ensure that they are protected and their needs fulfilled.

Recommendations

1. Multi-stakeholder engagement is needed to ensure realization of the National Health Implementation Plan provides a framework upon which PWD health issues can be addressed but this has to be matched by actual implementation.
2. The health policy needs to allocate specific resources for the implementation of the policy and strategy.
3. There needs to be greater clarity in enforcement and compliance mechanisms is key to ensure that PWDs are provided with appropriate health care services. This can be addressed in the Mental Health Bill as well as in reviews of other health policies.

Further reading

Khaemba Winnie, Kariuki Joan and Kingiri Ann (2016). Bridging the gap on disability policy analysis report.

Wafula Sam, Olenja Joyce and Nyariki Emily (2017). Final Report: Bridging the gap on Disability-Secondary Data Analysis Kenya Report.

This research has been funded by UKAID from the UK Government. However the views expressed do not necessarily reflect the UK Government's official policies.



African Centre for Technology Studies
ICIPE Campus, Kasarani
P.O. Box 45917 - 00100, Nairobi, Kenya
Telephone: +254 020 7126895; +254 020 7126890;
+254 020 7126889; +254 020 7126894
Cell Phones: Airtel: +254 737 916566;
Safaricom: +254 710 607210
Fax: +254 020 2339093
Email: info@acts-net.org
website: www.acts-net.org