

**AT2030**  
Case Study

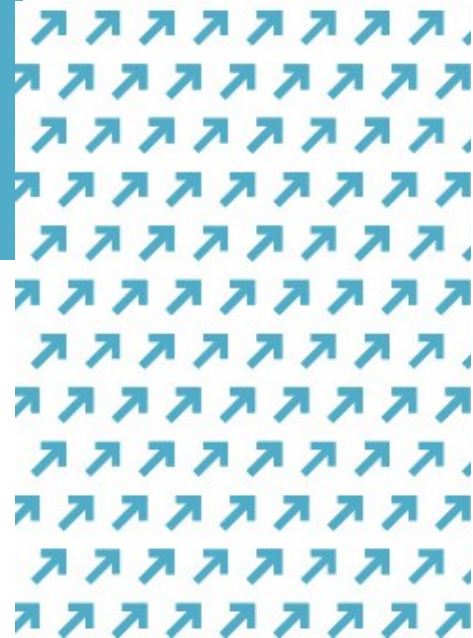
# Catalysing AT access: Scaling rehabilitative services and increasing access to AT in Kenya

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**Cluster 3 Country  
Implementation**  
Country Capacity

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## About AT2030

The AT2030 programme tests ‘what works’ to improve access to Assistive Technology (AT) and will invest £20 million over five years to support solutions with a focus on innovative products, new service models, and global capacity support. The programme will reach nine million directly and six million more people indirectly to enable a lifetime of potential through life-changing AT. The programme is funded by UK aid and led by the Global Disability Innovation Hub.

Under Cluster 3: Country Implementation of the AT2030 programme, CHAI is partnering with country governments to identify opportunities to drive availability and affordability of AT. Below is a case study of one such piece of work.

## Context

### Kenyan context on disability and rehabilitative services

According to the national census, almost one million Kenyans – or 2.2% of the 47.6 million population - aged five years and above have at least one form of disability. Approximately 400,000 people in the country have mobility impairment; therefore, the need for rehabilitative services and appropriate assistive products such as wheelchairs is high. It is estimated that about 100,000 people need a wheelchair in Kenya annually.

In Kenya, disability matters are handled by the Ministry of Health and the Ministry of Labour and Social Protection. The Ministry of Health is responsible for the provision of medical rehabilitation services while the Ministry of Labour and the Social Protection is responsible for handling social-economic matters related to persons with disabilities, such as reducing stigma, registration and providing or advocating for support packages such as income tax exemption on portion of income made by persons with disabilities and periodic cash transfer to vulnerable people in the society.

Following the devolution of health care system in Kenya, county governments are responsible for the provision of, and for investing in rehabilitative services, while the Ministry of Health at the national level is responsible for formulating national policies and facilitating and regulating practice through several state agencies.

## The Challenge

Across the 47 counties in Kenya, anecdotal evidence showed that health centres and access points for rehabilitative services are not evenly distributed, appropriately staffed, and sufficiently equipped. During preliminary discussion, non-governmental organizations (NGOs) involved in the delivery of wheelchair services estimated that unmet need for wheelchairs was greater than 95%. However, there was limited visibility on the current level of provision and delivery challenges within the public sector to prioritize actions needed by the Ministry of Health to increase access to wheelchairs and other assistive devices.

## Approach

To understand the wheelchair space in Kenya, a comprehensive situational analysis aimed at mapping the following aspects was carried out: stakeholders; need and current state of provision of wheelchairs; supply chain; human resources and infrastructure for the provision of rehabilitation services; financing mechanisms; and policies/guidelines.

CHAI supported the Ministry of Health in planning and undertaking a national assessment on wheelchair service provision and rehabilitative services between October and November 2019 in all 47 counties. During this time, 238 public health facilities were comprehensively assessed – 47 county referral hospitals and 191 sub-county hospitals. Utilizing a robust assessment tool that was developed for the Kenyan context (e.g., appreciating levels of care, administrative units etc.) by the Ministry of Health with support of CHAI, structured in-person interviews were conducted targeting hospital management and officers who provide rehabilitative services. Both quantitative and qualitative data was captured through a mobile data collection platform which ensured data security, reduction in translation errors and real time monitoring of submissions.

In addition to assessing public health facilities, CHAI met with and gathered data from key private wheelchair service providers and NGOs in late 2019 to provide a consolidated picture of wheelchair provision in Kenya. Data from key private service providers in different parts of the country was gathered through visiting their facilities or workshops to conduct interviews, observe processes and capture data from records. As NGOs are the largest providers of wheelchair services in the country, it was paramount to understand their service delivery models around the supply and cost of the products, service provision capacity and workflows, infrastructure requirements

and overall engagements with donors. Motivation UK provided data on wheelchair provision, conducted three focus groups with wheelchair users to provide a user voice into the assessment and provided critical input to the national assessment tool.

Once data were gathered, these were consolidated and analyzed. In July and August 2020, the findings from the comprehensive situational analysis were disseminated via a series of video conferences to over 300 rehabilitative officers representing all the 47 counties.

## Findings

The situational analysis highlighted gaps and challenges with access to rehabilitative and AT services in Kenya. The assessment confirmed that the current provision of wheelchairs by both the public and private sector in the country is 5,000 units annually, indicating that 95% of the need is not met.

The situational analysis showed that Kenya's access challenges are driven by the following factors:

- Policy gap: there are no policies on rehabilitative services and provision of AT in the country. This has resulted in the current siloed provision where actors in the AT space are not guided or bound by any policy when it comes to product sourcing, distribution, service provision and referral related to wheelchairs. Facilities plan and implement their own ways of providing services.
- Limited service points with few trained personnel: few health facilities provide wheelchairs and few rehabilitative officials in counties are trained on appropriate provision of wheelchairs. As such, there is a risk of persons with disabilities being fitted with inappropriate products. While rehabilitative services are available in most of the 47 county hospitals, which serve as the referral point for specialized care in a county, they are scarce in sub-county hospitals. 36% of public hospitals offer orthopaedic services, which are essential to wheelchair fitting. Approximately 1 in 4 hospitals assess and prescribe wheelchairs while only 1 in 10 provide assembly and fitting. Staff shortages were noted across all the rehabilitative cadres such as physiotherapy, occupational therapy, and orthopaedic technology. Several public health facilities do not provide wheelchairs despite having staff who could assess and prescribe. Lastly, there is a gap in the skills essential to provide appropriate wheelchairs. Only 118 rehab officials across the 238 surveyed facilities are trained in any form of

appropriate wheelchair provision. Of those 118, 80 officials (68%) are trained to basic level, 31 (26%) are trained to intermediate level and only 7 (6%) are trained to advanced level.

- Fragmented delivery landscape: Historically, NGOs and faith-based organizations have been the main providers of wheelchairs and other assistive devices in the country with limited coordination among the different actors.
- No national specifications, standards or supply chain exist: gaps in specifications and standards for wheelchairs has led to importation, supply and provision of products of unknown or questionable quality. There is no national supply chain infrastructure for assistive products in Kenya and storage of assistive products is a problem in most facilities, especially bulky assistive products like wheelchairs.
- Limited financing of rehabilitative services and wheelchairs: 55% of facilities had no budget allocation for rehabilitative services in the 2019-2020 financial year. It costs on average USD 250 to purchase a standard manual wheelchair in the country. Considering most persons with disabilities and their care givers are deprived from engaging in economic activities that generate income, it is an uphill task to purchase a wheelchair at such a price.

These findings are now forming the basis upon which the Government of Kenya is strategizing on reforming rehabilitative services and increasing access to AT.

## Impact: what works

### Strengthened coordination and comprehensive strategy to increase access

As a result of supporting the Government of Kenya with work aimed at understanding the rehabilitative space and bringing key stakeholders together to develop a plan for the country, the immediate and expected dividends of the work are summarized below:

- Strengthened government coordination and leadership on AT work in Kenya: this was facilitated by the comprehensive and continuous engagements to understand the AT space and bring key stakeholders together under the leadership of the Government of Kenya.
- Comprehensive assessment in one service area (wheelchair provision) served as an entry point to a wider discussion around rehabilitation and AT policy work aimed at unlocking resources for improving AT service delivery and increasing access.
- The situational analysis is informing the development of two key policy documents: 1) the *National Strategy for Scaling Rehabilitative Services and Increase Access to Assistive Technology*; and 2) the *Disability Medical Assessment and Categorization Guidelines*.

## Next Steps

The Ministry of Health, supported by CHAI under the AT2030 programme, held a two-week development session in September 2020, where stakeholders in the AT space in Kenya were brought together to draft the *National Strategy for Scaling Rehabilitative Services and Increase Access to Assistive Technology* and the *Disability Medical Assessment and Categorization Guidelines*, which are key policy documents aimed at streamlining rehabilitative services in Kenya. The drafts will be validated by stakeholders in early 2021. Following validation, the Government of Kenya will lead stakeholders in implementation of the strategies to ensure sustainable scaling of rehabilitative services and increase access to AT.

For more information on this ongoing work, please see [at2030.org/country-implementation/](http://at2030.org/country-implementation/)