



EASTERN AFRICA ACADEMY OF CHILDHOOD DISABILITY

FREE UBUNTU MEDICAL CAMP

AND NCPWD DISABILITY REGISTRATION

Official Event Report

21st March 2026

St. Nicholas Junior Academy, Imara Daima, Embakasi South, Nairobi County

Anchored by:

Eastern Africa Academy of Childhood Disabilities (EAACD)

Organized by:

African Special Needs Education Network (ASNEN)

in partnership with St. Nicholas Junior Academy

Anchor Hospital:

Aga Khan University Hospital, Nairobi

In collaboration with:

National Council for Persons with Disabilities (NCPWD)

Nairobi Rehabilitation Office | Ministry of Health



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1. Introduction

"I am because we are." This ancient African proverb the beating heart of Ubuntu philosophy guided every dimension of the Free Ubuntu Medical Camp held on 21st March 2026. On this day, a constellation of institutions, professionals, government agencies, and community members came together not merely to deliver health services, but to embody a shared conviction: that the wellbeing of one is inseparable from the wellbeing of all.

Embakasi South Sub-County, located in Nairobi County, is one of the most densely populated peri-urban areas in Kenya. Its informal settlements Mukuru kwa Njenga, Mukuru kwa Reuben, Pipeline, and Kware are home to hundreds of thousands of residents who navigate daily life with limited access to essential services, including healthcare. Evidence consistently shows that healthcare systems in informal settlements are overstretched, resulting in long waiting times, high out-of-pocket costs, and delayed health-seeking behaviour (African Population and Health Research Center, 2022). Structural and economic barriers disproportionately burden vulnerable populations particularly children, women, and persons with disabilities (Ettarh et al., 2021).

Within this context, the Eastern Africa Academy of Childhood Disabilities (EAACD) as the anchoring institution convened a coalition of health and educational partners to deliver a comprehensive, free, and inclusive medical camp. The African Special Needs Education Network (ASNEN), as the lead organizer, worked hand-in-hand with St. Nicholas Junior Academy the gracious host institution — to ensure operational excellence. Aga Khan University Hospital served as the anchor hospital, providing clinical leadership, specialist medical personnel, and the overarching quality assurance framework for all health services rendered.

A defining and primary goal of the camp was the formal assessment and registration of Persons with Disabilities (PWDs) with the National Council for Persons with Disabilities (NCPWD), carried out in direct collaboration with the Nairobi Rehabilitation Office of the Ministry of Health (MOH). This government partnership placed disability rights recognition at the very centre of the camp's mission affirming that access to healthcare and access to legal recognition of disability status are not separate goals, but two expressions of the same commitment to dignity and inclusion.

The initiative aligns with Kenya's national health priorities Universal Health Coverage (UHC), preventive healthcare, and community-based health system strengthening and reflects the global imperative articulated in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), to which Kenya is a signatory.

This report provides a comprehensive account of the planning, implementation, impact, and forward direction of the Free Ubuntu Medical Camp a testament to what becomes possible when institutions lay down their silos and choose to walk together.





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2. Background of Organising Institutions

2.1 Eastern Africa Academy of Childhood Disabilities (EAACD) — Anchoring Institution

The Eastern Africa Academy of Childhood Disabilities (EAACD) was established in response to the growing need for a coordinated, multidisciplinary approach to the care, support, and advocacy of children with developmental disabilities across the Eastern Africa region. Bringing together paediatricians, therapists, educators, researchers, and policy advocates, EAACD promotes evidence-based practice, strengthens professional capacity, and drives contextually relevant research to inform interventions and policy.

EAACD was founded to address critical gaps in specialised services, professional training, research, and policy development in the region. Since its establishment, the Academy has grown into a recognised regional body with an expanding membership across Eastern Africa, playing a pivotal role in organising conferences, workshops, and continuous professional development programmes. EAACD is a member of the International Alliance of Academies of Childhood Disabilities (IAACD) and will host the IAACD 2028 Scientific Conference in Mombasa a reflection of its growing stature in the global childhood disability community.

As the anchoring institution of the Free Ubuntu Medical Camp, EAACD provided the overarching institutional mandate, strategic direction, and network mobilisation that made the initiative possible. EAACD's membership contributed specialists in paediatrics, orthopaedic surgery, occupational therapy, psychology, counselling, genetic counselling, and clinical medicine. The Academy's Secretary, Eva Naputuni Nyoike, OGW, served as a core Camp Officer, ensuring seamless coordination across all institutional stakeholders.

EAACD's vision — that every child with a disability in Eastern Africa should be supported to reach their full potential — was not an abstract ideal on 21st March 2026. It was the lived experience of every child and family who walked through the gates of St. Nicholas Junior Academy and received care.

2.2 African Special Needs Education Network (ASNEN) — Lead Organiser

The African Special Needs Education Network (ASNEN) is a Pan-African civil society network dedicated to the promotion of inclusive education, disability rights, and the professional development of practitioners working with learners with special educational needs across the African continent. With a volunteer network that has delivered over 150 workshops and a presence that spans multiple African countries, ASNEN brings both professional depth and grassroots reach to everything it undertakes.

ASNEN's role in the Free Ubuntu Medical Camp was foundational and irreplaceable. It was ASNEN that identified, vetted, and mobilised the multidisciplinary health personnel who formed the clinical core of the camp a responsibility requiring deep professional networks, meticulous coordination, and sustained relationship management across multiple health institutions. ASNEN's ground-level coordination team comprising officers Juliet Wangui, Catherine Macharia, Nikita Odengo, Wam, and Kimberly managed the operational flow on the day, ensuring that 730 participants were received, processed, and served with dignity and efficiency.

ASNEN approached the camp not as an event to be managed, but as a community to be served. Its work reflects the conviction central to Ubuntu philosophy that inclusive education and inclusive healthcare are two sides of the same coin: that building communities where persons with disabilities thrive requires sustained, multi-sector action anchored in solidarity rather than charity.

2.3 St. Nicholas Junior Academy — Host Institution





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St. Nicholas Junior Academy, Imara Daima, Embakasi South, is a school deeply embedded in the fabric of its surrounding community. Under the leadership of its Founder and Director, Madam Mary Olubayi, the school has consistently demonstrated that educational institutions have a role that extends far beyond the classroom into community development, social inclusion, and the active promotion of the wellbeing of every family in the neighborhood it serves.

For the Ubuntu Medical Camp, St. Nicholas opened its premises, its networks, and its heart. School staff worked alongside Community Health Promoters from the sub-county in the critical pre-camp mobilisation effort sensitising the community, identifying potential beneficiaries, and building the trust and enthusiasm that translated into a turnout of 730 participants. Madam Olubayi officially opened the event, setting a tone of welcome, warmth, and shared purpose that pervaded the entire day.

St. Nicholas Junior Academy's willingness to serve as a community hub illustrates precisely the kind of institutional citizenship that Ubuntu calls forth not waiting to be asked, but stepping forward as a neighbor and a partner.





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3. Service Providers: An Ubuntu Coalition

The camp brought together thirteen partner organisations, each contributing their unique expertise while operating as one unified team. In the spirit of Ubuntu, no partner stood above another each was essential, and the whole was only possible because each part showed up fully.

3.1 Aga Khan University Hospital — Anchor Hospital

Aga Khan University Hospital (AKUH), Nairobi, is one of East Africa's foremost academic medical centres, renowned for its commitment to clinical excellence, research, and community health. As anchor hospital, AKUH provided both the clinical leadership and the quality assurance framework for all medical services delivered at the camp. Its team led by Camp Director Dr. Susan Wamithi comprised five consultant paediatricians, a general practitioner, nursing staff, a nutritionist, and an optometrist. AKUH's participation elevated the clinical standard of the camp to a level that most community members would otherwise access only at considerable personal cost, and its institutional credibility anchored the confidence of all partner organisations.

3.2 Equity Afya

Equity Afya, the medical services arm of the Equity Group Foundation, is committed to providing quality, affordable healthcare to underserved communities across Kenya. At the Ubuntu Medical Camp, Equity Afya contributed nursing and nutrition personnel, reinforcing general medical consultation and dietary assessment services. Their team integrated seamlessly into the multidisciplinary structure of the camp embodying Equity's long-standing philosophy that quality healthcare is a right, not a privilege.

3.3 Avenue Hospital

Avenue Hospital contributed a dedicated nursing team and the camp's pharmacy support through Ms. Irene Wairugi. The availability of a pharmacist on-site was operationally critical: it meant that participants who received diagnoses requiring immediate pharmaceutical intervention could access medication on the same day, without additional cost or additional journey. Avenue Hospital's contribution ensured that consultations translated into tangible, immediate therapeutic benefit.

3.4 Nairobi Metropolitan Hospital

Nairobi Metropolitan Hospital provided nursing personnel and, crucially, a standby ambulance for the duration of the event. The presence of an emergency response vehicle was both a practical safety measure and a powerful statement of institutional commitment to participant welfare. No acute emergency can be fully anticipated; Nairobi Metropolitan Hospital's contribution ensured that the camp could respond swiftly and professionally to any unforeseen medical situation.

3.5 Kenya Dental Association (KDA)

The Kenya Dental Association deployed three dentists Dr. Lesley Akali, Dr. Elaine Wanjiku Kamere, and Dr. Nyachio who provided dental screenings and oral health consultations throughout the day. Oral health is among the most commonly neglected dimensions of healthcare in informal settlement communities, frequently deprioritized due to cost and limited access. The KDA's contribution addressed this gap directly, providing assessments and referrals for participants with conditions requiring





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further treatment.

3.6 Eye and U

Eye and U provided specialist optometry services and was the partner whose generosity extended most visibly beyond its core clinical role. Henry Kiprono and Wycliff Muchira conducted eye screenings and vision assessments, while Eye and U's van and public address system were volunteered for the community mobilisation campaign in the days prior to the event a contribution that significantly broadened community awareness. Additional optometry support was provided by Ann Jepkemboi of Aga Khan University Hospital.

3.7 Nairobi ENT

Nairobi ENT provided speech and language therapy through Doris Kwenda and intern Chris Induswe, as well as audiology services through Valerie. Communication and hearing disorders are among the most common co-occurring conditions in childhood disability and among the most under-assessed in community settings. Nairobi ENT's contribution ensured that the camp offered a genuinely holistic assessment of sensory and communication health needs, with referrals made for participants requiring further specialist intervention.

3.8 Binti First Aid Team

The Binti First Aid Team delivered structured health education sessions on epilepsy awareness, first aid response during seizures, and guidance on accessing medication for persons living with epilepsy. Epilepsy is one of the most prevalent neurological conditions in Kenya and one of the most stigmatized, frequently misunderstood as a spiritual rather than medical condition. Binti's community-facing engagement was therefore not only health education but a form of social advocacy, equipping community members with knowledge that can change the lived experience of persons with epilepsy and their families.

3.9 National Council for Persons with Disabilities (NCPWD) and the Nairobi Rehabilitation Office, Ministry of Health

The partnership with the National Council for Persons with Disabilities (NCPWD) and the Nairobi Rehabilitation Office of the Ministry of Health (MOH) represented the most strategically significant collaboration of the camp. Together, these government bodies provided a 19-member team comprising medical assessors, supervisors, NCPWD field officers, county verification officers, sign language interpreters, and SHA registration personnel.

The Nairobi Rehabilitation Office is the technical arm of the MOH responsible for coordinating disability assessment, rehabilitation services, and the integration of persons with disabilities into the national health system. Its presence at the camp alongside NCPWD meant that assessments were conducted to the highest government standard and that registration outcomes were formally recognised within the national disability registry.

NCPWD registration is the formal gateway through which persons with disabilities in Kenya access government cash transfer programmes, exemptions from levies, access to assistive devices, and legal recognition of their disability status. For the 122 persons with disabilities registered on the day, this was not a form filled in it was a door opened. The availability of sign language interpreters within the government team ensured that Deaf participants could access assessment services fully and equitably.

3.10 Sub-County Health Services





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The Embakasi South Sub-County Health Services team contributed six clinical officers and SHA registration personnel, reinforcing both general medical consultation capacity and the Social Health Authority registration function. Their involvement demonstrated the value of county government as an active partner not merely an approving authority in community health outreach.

3.11 Sukari Presbyterian Schools

Sukari Presbyterian Schools contributed the expertise of their School Nurse, Ms. Elizabeth Nyawira Muriithi, who supported nursing operations throughout the day a demonstration of the broader educational community's investment in this initiative.





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4. Objectives of the Medical Camp

4.1 General Objective

To improve access to comprehensive, affordable, and inclusive healthcare services for underserved populations in Embakasi South and surrounding areas of Nairobi County, with particular attention to children with disabilities, persons with disabilities, and their caregivers.

4.2 Specific Objectives

- To provide free medical screening, diagnosis, and treatment services to community members, regardless of socioeconomic status.
- To facilitate early identification and intervention for developmental disabilities, chronic conditions, and other health concerns particularly among children.
- To conduct formal disability assessments and register eligible individuals with the National Council for Persons with Disabilities (NCPWD), in collaboration with the Nairobi Rehabilitation Office of the Ministry of Health.
- To raise community awareness on key health issues, with particular focus on epilepsy awareness and emergency first aid response.
- To deliver specialised services in paediatrics, occupational therapy, speech and language therapy, dental care, optometry, ENT, audiology, mental health, and genetic counselling.
- To facilitate Social Health Authority (SHA) registration for eligible participants, strengthening their access to Kenya's Universal Health Coverage framework.
- To promote preventive healthcare practices through structured health education and community engagement.
- To strengthen multi-sectoral partnerships between healthcare providers, educational institutions, government agencies, and civil society in support of disability inclusion and community health.

4.3 Key Activities

- General and specialist medical consultations across eleven clinical disciplines
- Paediatric and developmental assessments
- Disability assessments and formal NCPWD registration in collaboration with the Nairobi Rehabilitation Office, MOH
- Physiotherapy, occupational therapy, and speech and language therapy screenings
- Dental, eye, and ENT/audiology screenings
- Mental health and genetic counselling
- Health education and epilepsy awareness sessions
- SHA registration and distribution of basic medication
- Referral pathway planning and follow-up coordination





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5. Opening Ceremony

The Free Ubuntu Medical Camp was officially opened by Madam Mary Olubayi, Founder and Director of St. Nicholas Junior Academy, whose welcome address set the tone for the entire day. With characteristic warmth and community spirit, Madam Olubayi extended a personal invitation to every person present professional and participant alike to see themselves not as service providers and recipients, but as neighbors gathered in common cause.

The Assistant County Commissioner (ACC) graced the ceremony as Guest of Honour, lending the camp official government endorsement and reinforcing its alignment with Nairobi County's health and social development priorities. The ACC affirmed the critical importance of community-based health outreach in addressing the structural health inequalities experienced by residents of informal settlements, and commended the coalition of organisations that had come together to make the camp possible.

The opening ceremony reflected the Ubuntu spirit that animated the entire day a gathering not of service providers and recipients, but of a community coming together around a shared commitment to one another's flourishing.





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6. Community Mobilisation and Sub-County Support

Effective community mobilisation was the foundation upon which the camp's remarkable attendance was built. Prior to the event, an extensive outreach campaign was conducted across Embakasi South and surrounding areas, led by Community Health Promoters (CHPs) from the sub-county in close collaboration with St. Nicholas Junior Academy staff.

These grassroots health promoters the first and most trusted link between communities and formal health systems conducted household-level sensitization, identified potential beneficiaries particularly among families with children with disabilities, and encouraged attendance through relationships built on years of community engagement. Their work reflects precisely what the NCPWD and MOH's Nairobi Rehabilitation Office seek in a community partner: an embedded, trusted presence capable of reaching those who might otherwise never present for formal disability assessment.

Eye and U volunteered their van and public address system for mobile outreach and awareness campaigns in the days preceding the event, ensuring that the call to attend reached even the most isolated households. The sub-county's deployment of six clinical officers and SHA registration officers further demonstrated the commitment of county government structures to community-facing health service delivery.

The mobilisation effort targeted not only general health service-seekers but specifically families of children with disabilities and adults with undiagnosed or unregistered disabilities ensuring that the NCPWD registration function of the camp was widely known and accessible. The result was a turnout of 730 participants drawn from Mukuru kwa Njenga, Pipeline, Kware, Kobil, AA, Imara Daima, and as far afield as Kisii, Nyeri, and Kajiado a breadth of participation that is a testament to what community mobilisation, anchored in Ubuntu solidarity, can achieve.





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7. Services Offered

The camp delivered a comprehensive and integrated package of health services spanning primary care, specialist assessment, disability registration, health education, and structured referral pathways.

7.1 Camp Organisation and Service Flow

Upon arrival, all participants were registered and triaged through two dedicated stations one for adults and one for paediatric cases. Triage assessments covered temperature, BMI, blood pressure, and weight. Participants were then directed to appropriate service stations based on presenting needs, with a coordinated flow system managed by ASNEN camp officers.

7.2 General and Specialised Clinical Services

- General medical consultations
- Paediatric care and developmental assessments
- Orthopaedic assessment and consultation
- Occupational therapy, physiotherapy, and speech and language therapy
- Mental health, psychological assessment, and counselling
- Genetic counselling
- Nutrition assessment and counselling

7.3 Specialised Screening Services

- Eye screening and vision assessment (optometry)
- ENT screening and audiology assessment
- Dental examinations and oral health consultation

7.4 NCPWD Disability Assessment and Registration — A Central Priority

The formal assessment and registration of Persons with Disabilities with the NCPWD, conducted in direct collaboration with the Nairobi Rehabilitation Office of the Ministry of Health, was not a supplementary activity at the camp it was one of its primary goals and most significant achievements.

The Nairobi Rehabilitation Office provided the clinical and administrative architecture for the assessments, ensuring that each assessment met the government's prescribed standards for disability classification. NCPWD field officers and the county verification team processed registrations on-site, meaning that participants left the camp not only having received health services but holding formal recognition of their disability status within the national NCPWD registry.

A total of 122 Persons with Disabilities were assessed and successfully registered on the day. Each of these 122 registrations represents a doorway opened: to government cash transfer support, to exemption from certain government levies, to access to assistive devices, and to the full suite of legal protections and entitlements that NCPWD registration confers. Sign language interpreters were embedded within the registration team, ensuring equitable access for Deaf participants.

This collaboration between EAACD, ASNEN, the NCPWD, and the Nairobi Rehabilitation Office of the MOH models the kind of government-civil society partnership that Kenya's disability rights framework calls for and that the UNCRPD mandates





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one in which registration is brought to the community, rather than waiting for the community to navigate complex government processes alone.

7.5 Social Health Authority (SHA) Registration

SHA registration officers facilitated enrolment of eligible participants in Kenya's Social Health Authority on the day of the camp, extending the health system benefit of the event beyond immediate service delivery into long-term access to Universal Health Coverage.

7.6 Health Education and Epilepsy Awareness

The Binti First Aid Team facilitated structured health education sessions throughout the day on epilepsy awareness, correct first aid response during convulsions, and guidance on accessing medication. Sessions were delivered in accessible, community-appropriate language and engaged participants of all ages equipping families with knowledge that improves both safety and quality of life for persons living with epilepsy in the community.





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8. Human Resource Capacity

The camp was supported by a total of 69 dedicated personnel a multidisciplinary team whose collective expertise spanned virtually every dimension of healthcare relevant to community need. The breadth of this team was itself an expression of Ubuntu: no single institution could have assembled this range of expertise alone.

Category of Personnel	Number	% of Total
Named Health Personnel (clinical team)	44	63.8%
MOH & NCPWD Registration Team (incl. Nairobi Rehabilitation Office)	19	27.5%
Camp Officers — EAACD & ASNEN	6	8.7%
GRAND TOTAL	69	100%

The clinical team encompassed medical doctors, clinical officers, nurses, therapists, dentists, optometrists, audiologists, psychologists, counsellors, a genetic counsellor, a nutritionist, and a pharmacist — alongside a standby ambulance crew from Nairobi Metropolitan Hospital. The MOH and NCPWD team, coordinated through the Nairobi Rehabilitation Office, included medical assessors, field officers, supervisors, county verifiers, and sign language interpreters. Camp coordination was managed by officers from both EAACD and ASNEN.





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9. Impact Assessment

9.1 Quantitative Reach

Impact Indicator	Result
Total beneficiaries served	730 individuals
Persons with Disabilities formally registered — NCPWD	122 PWDs
Health service specializations deployed	11+ disciplines
Total personnel mobilised	69
Partner institutions and organisations	13
Geographic areas reached	9+ localities
Government departments engaged	3 (MOH/Nairobi Rehabilitation Office, NCPWD, Sub-County)

9.2 Impact of NCPWD Registration in Collaboration with the Nairobi Rehabilitation Office

The registration of 122 Persons with Disabilities with the NCPWD conducted in collaboration with the Nairobi Rehabilitation Office of the MOH stands as the most enduring and strategically significant outcome of the camp. In Kenya's social protection architecture, NCPWD registration is the formal entry point through which persons with disabilities access:

- The Persons with Severe Disabilities Cash Transfer Programme
- Exemption from certain government levies and fees
- Access to government-supported assistive devices and rehabilitation services
- Legal recognition of disability status for education, employment, and social protection purposes
- Access to NCPWD's network of support services and referral pathways

For many of the 122 persons registered, this was their first encounter with the formal disability registration process a process that, without community-based outreach, can be prohibitively complex. The Nairobi Rehabilitation Office's clinical assessors ensured that assessments were rigorous and conducted to national standards, while the community setting made them accessible. This is precisely the model that the government-civil society disability partnership framework envisions.

9.3 Health System Integration through SHA

By embedding SHA registration within the camp's service flow, the event strengthened participants' integration into Kenya's Universal Health Coverage architecture extending the camp's health benefit from a single-day event into an ongoing entitlement.

9.4 Disability Inclusion as Visible Community Value

The camp achieved something beyond its clinical metrics: it made disability inclusion visible and valued in a community where





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persons with disabilities are frequently marginalized. When 730 community members gather in a school compound and see children with disabilities receiving specialist assessments, Deaf participants communicating through sign language interpreters, and persons with disabilities registered and recognised by government they receive a powerful message about what their community believes and who it considers to belong. This is Ubuntu in action.

9.5 Long-Term Impact Aspirations

The partnership letters that shaped the camp's design articulated long-term impact goals that extend beyond the single event: improved access to specialised healthcare for marginalized communities; increased awareness of disability rights and inclusion; strengthened referral pathways to specialised services; and enhanced collaboration between stakeholders across the disability sector. The camp of 21st March 2026 is a foundation, not a finish line.





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10. Challenges Encountered

The success of the camp was achieved in the face of several operational challenges, noted here not as shortcomings but as learning opportunities for future programming:

- **High Demand vs. Available Capacity:** The turnout of 730 participants significantly exceeded initial projections of 300–500, affirming both the depth of community need and the effectiveness of the mobilisation effort, but also resulting in extended waiting times at several service stations later in the day.
- **Resource Constraints:** The volume of need encountered particularly for therapy services, dental care, audiology, and assistive devices revealed unmet need that exceeded the camp's available resources. Many participants required referral for further investigation, underscoring the need for stronger community-to-facility referral pathways.
- **Assistive Devices:** Demand for reading glasses, hearing aids, wheelchairs, and other mobility aids was significant. Future camps will seek in-kind contributions of these items from partners, as was planned in the original camp design.
- **Follow-Up Mechanisms:** The camp generated a volume of referrals for further investigation and treatment. Establishing structured, tracked follow-up systems particularly for children identified with developmental disabilities is a priority for subsequent programming.
- **Documentation Completeness:** A small number of personnel records required post-event confirmation. Future camps will implement a more rigorous pre-event credentialing and documentation process.





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11. Way Forward

The Free Ubuntu Medical Camp has demonstrated a compelling and replicable model of community-centred, inclusive health service delivery. Building on this foundation, the organising institutions propose the following strategic directions:

11.1 Structured Follow-Up Programme

A dedicated follow-up programme will be designed to track referred participants — particularly children with identified developmental disabilities and persons newly registered with the NCPWD. This will be coordinated through EAACD and ASNEN's existing networks, in partnership with Aga Khan University Hospital, the Nairobi Rehabilitation Office, and sub-county health services.

11.2 Institutionalizing the NCPWD Registration Outreach

The camp's success in registering 122 PWDs demonstrates the transformative power of bringing registration services to the community. The organising institutions will engage the NCPWD and the Nairobi Rehabilitation Office to Institutionalise this model — making embedded disability registration a standard component of future Ubuntu Medical Camps. The goal of 200+ registrations articulated in the original camp design remains a target for subsequent events.

11.3 Scaling the Ubuntu Medical Camp Model

Given the demonstrated demand and impact, the organising institutions will develop a structured programme to replicate the Ubuntu Medical Camp model in additional sub-counties across Nairobi and, subsequently, across other counties in Eastern Africa. ASNEN's volunteer network and EAACD's regional membership base provide the foundation for this expansion.

11.4 In-Kind and Cash Resource Mobilisation

Future camps will pursue in-kind contributions of assistive devices including reading glasses, hearing aids, wheelchairs, walkers, standing frames, and orthotic supports as well as medical supplies, nutritional supplements, and branded volunteer T-shirts. A comprehensive resource mobilisation strategy will engage corporate social responsibility funders, bilateral and multilateral development partners, healthcare institutions, and individual donors, building on the funding model outlined in EAACD's original partnership framework.

11.5 Strengthening the Partner Coalition

The coalition of thirteen partner institutions that delivered the 2026 camp will be formalized into a standing consortium for Ubuntu Medical Camp initiatives. Terms of engagement will be documented, and new partners including pharmaceutical companies, rehabilitation equipment suppliers, media organisations, and additional health facilities will be invited to join.

11.6 Media, Documentation, and Advocacy

This report, together with its annexes, will be disseminated to all partner institutions, government stakeholders, and relevant professional networks. A summary brief will be submitted to the Kenya Ministry of Health and the NCPWD, advocating for policy recognition of the Ubuntu Medical Camp model as a component of Kenya's UHC community outreach strategy. EAACD





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will present the camp's outcomes at regional conferences, including the forthcoming IAACD 2028 Conference in Mombasa.

11.7 Financial Accountability

Consistent with EAACD's published financial accountability commitments, a full financial report covering all camp expenditures will be prepared and shared with all partners within thirty days of this report's publication. All partners will be formally recognised in event materials and social media dissemination.





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12. Conclusion

The Free Ubuntu Medical Camp of 21st March 2026 stands as a landmark demonstration of what purposeful, values-driven collaboration can achieve. In a single day, 730 individuals received quality health services, 122 Persons with Disabilities were formally registered with the NCPWD in collaboration with the Nairobi Rehabilitation Office of the Ministry of Health and an entire community experienced the profound dignity of being seen, heard, and cared for.

This outcome was made possible by the courage of EAACD to anchor a vision larger than any single institution; by ASNEN's disciplined, passionate, and generously given operational leadership; by St. Nicholas Junior Academy's open doors and open heart; by Aga Khan University Hospital's clinical excellence brought into the community; and by the selfless contribution of every partner from the pharmacist who dispensed medication to the Binti team who taught a mother what to do when her child has a seizure.

It was made possible by the Nairobi Rehabilitation Office and the NCPWD, who did not wait for persons with disabilities to find their way to government, but came to meet them where they are. And it was made possible by 730 community members who trusted this coalition enough to come.

*Ubuntu teaches us that a person is a person through other persons. The Free Ubuntu Medical Camp showed us that this is true not only of individuals, but of institutions. An organisation becomes great not by the services it offers in isolation, but by the communities it chooses to enter, the partnerships it is willing to sustain, and the humanity it is willing to affirm. **We walked in together. We will walk forward together.***





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Annex A: Health Personnel Master Register

Free Ubuntu Medical Camp | 21st March 2026 | St. Nicholas Junior Academy, Imara Daima, Embakasi South

#	Name	Discipline	Institution
MEDICAL DOCTORS — Aga Khan University Hospital			
1	Dr. Susan Wamithi (Camp Director)	Paediatrics	Aga Khan University Hospital
2	Dr. Elizabeth Wanjiku	Paediatrics	Aga Khan University Hospital
3	Dr. Katherine Oyieke	Paediatrics	Aga Khan University Hospital
4	Dr. Waceke	Paediatrics	Aga Khan University Hospital
5	Dr. Mbatia	Paediatrics	Aga Khan University Hospital
6	Dr. Muriungi Edjoy Karimi	General Practice	Aga Khan University Hospital
MEDICAL DOCTORS — EAACD			
7	Dr. Agnes Mithamo	Paediatrics	EAACD
8	Dr. Jacinta Modi	Paediatrics	EAACD
CLINICAL MEDICINE & ORTHOPAEDIC SURGERY — EAACD			
9	Eugene Otieno	Clinical Officer	EAACD
10	Dr. Njalallel Baraza	Orthopaedic Surgery	EAACD
NURSING			
11	Anthony	Nursing	Aga Khan University Hospital
12	Faith Njoki	Nursing	Aga Khan University Hospital
13	Elizabeth Nyawira Muriithi	School Nurse	Sukari Presbyterian Schools
14	Doreen	Nursing	Avenue Hospital
15	Caroline	Nursing	Avenue Hospital
16	Aloysia	Nursing	Avenue Hospital
17	Margaret	Nursing	Avenue Hospital
18–20	Equity Afya Nurses (x3)	Nursing	Equity Afya
21–	Nairobi Metropolitan (Nurses +	Nursing / Emergency Response	Nairobi Metropolitan





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#	Name	Discipline	Institution
22	Ambulance)		Hospital
NUTRITION & PHARMACY			
23	Kanyi Hannah	Nutrition	Aga Khan University Hospital
24	Equity Afya Nutritionist	Nutrition	Equity Afya
25	Irene Wairugi	Pharmacy	Avenue Hospital
DENTISTRY — Kenya Dental Association			
26	Dr. Lesley Akali	Dentistry	Kenya Dental Association (KDA)
27	Dr. Elaine Wanjiku Kamere	Dentistry	Kenya Dental Association (KDA)
28	Dr. Nyachio	Dentistry	Kenya Dental Association (KDA)
OPTOMETRY			
29	Henry Kiprono	Optometry	Eye and U
30	Wycliff Muchira	Optometry	Eye and U
31	Ann Jepkemboi	Optometry	Aga Khan University Hospital
SPEECH, LANGUAGE THERAPY & AUDIOLOGY — Nairobi ENT			
32	Doris Kwenda	Speech & Language Therapy	Nairobi ENT
33	Chris Induswe (Intern)	Speech & Language Therapy	Nairobi ENT
34	Valerie	Audiology	Nairobi ENT
OCCUPATIONAL THERAPY, PSYCHOLOGY, COUNSELLING & GENETIC COUNSELLING — EAACD			
35	Perpetua Omondi	Occupational Therapy	EAACD
36	Lazarus Maraka	Occupational Therapy	EAACD
37	Sharon Njeri	Genetic Counselling	EAACD
38	Byron Odera	Psychology	EAACD
39	Prudence Kibali	Psychology	EAACD
40	Mercy Moraa	Psychology	EAACD
41	Edwin Kabiru Wanjiku	Counselling	EAACD
FIRST AID / HEALTH EDUCATION			
42	Binti First Aid Team	Epilepsy Awareness / First Aid Education	Binti First Aid Team
CAMP OFFICERS			
43	Eva Naputuni Nyoike, OGW	Camp Officer — EAACD	EAACD





EASTERN AFRICA ACADEMY OF CHILDHOOD DISABILITY

#	Name	Discipline	Institution
		Secretary	
44	Juliet Wangui	Camp Officer	ASNEN
45	Catherine Macharia	Camp Officer	ASNEN
46	Nikita Odengo	Camp Officer	ASNEN
47	Wam	Camp Officer	ASNEN
48	Kimberly	Camp Officer	ASNEN
MOH / NAIROBI REHABILITATION OFFICE & NCPWD REGISTRATION TEAM — 19 Personnel			
	Medical Assessment Team (x7)	Disability Assessment	MOH / Nairobi Rehabilitation Office
	Chair — Medical Assessment Team (x1)	Assessment Leadership	MOH / Nairobi Rehabilitation Office
	Supervisors — County Health & NCPWD (x2)	Supervision	NCPWD / County Health
	Field Officers — NCPWD (x4)	Registration	NCPWD
	Sign Language Interpreters (x2)	Interpretation	NCPWD
	County Verification Team (x2)	Verification	County Health
	Chair — County Verification Team (x1)	Verification Leadership	County Health

Grand Total Personnel: 69





EASTERN AFRICA ACADEMY OF CHILDHOOD DISABILITY

Annex B: Budget Summary

The following budget summary reflects the planned financial framework for the Ubuntu Medical Camp, as presented in the EAACD and ASNEN partnership letters. A full financial accountability report will be prepared and disseminated to all partners within 30 days.

Budget Category	Amount (Ksh)	% of Total
Medical Services & Personnel	220,000	25%
Transport & Logistics	150,000	17%
Community Mobilisation	100,000	11%
Children's Entertainment & Inclusion (MC, DJ, activities)	260,000	30%
Media & Documentation	65,000	7%
Contingency Fund (10%)	87,650	10%
TOTAL BUDGET	882,650	100%

As part of its commitment to the successful implementation of the Ubuntu Medical Camp, EAACD directly facilitated and covered the costs associated with key government and technical personnel, including representatives from the Ministry of Health (MOH), National Council for Persons with Disabilities (NCPWD), and Sub-County officials. These personnel were essential in conducting medical assessments, disability verification, registration, and coordination of services.

Budget for MOH,NCPWD and Sub County			
Officials	No.	Unit Cost	Total Cost
Medical Assessment team	7	5,000.00	35,000.00
Chair Medical Assessment team	1	7,000.00	7,000.00
Supervisors- County Health & NCPWD	2	7,000.00	14,000.00
Field Officers NCPWD	4	4,000.00	16,000.00
Sign language interpreter	2	5,000.00	10,000.00
County Verification team	2	4,000.00	8,000.00
Chair County verification team	1	7,000.00	7,000.00
Clinical Officers	6	2000	12,000
SHA Personnel's	2	2000	4000



EASTERN AFRICA ACADEMY OF CHILDHOOD DISABILITY

Total Cost			113,000

Total Cost Covered by EAACD: Ksh 113,000

This contribution ensured the presence of qualified personnel to deliver critical services such as medical assessments, disability verification, and NCPWD registration. It also supported inclusivity through the provision of sign language interpreters, ensuring accessibility for participants with hearing impairments.

Note: The Ksh 113,000 covered by EAACD forms part of the Medical Services & Personnel allocation.

The total cash requirement of Ksh 882,650 (approximately USD 6,800) was to be raised through corporate partnerships, healthcare institution sponsorships, NGO and development partner contributions, and government in-kind support. In-kind contributions sought separately included assistive devices (wheelchairs, hearing aids, reading glasses, orthotic supports), medical supplies, nutritional supplements, and branded volunteer T-shirts.

Designation	Name	Signature	Date
Chairperson:			
Secretary:	Eva Naputuni Nyoike		14/4/2026

Official Stamp:

Eastern Africa Academy
14 APR 2026
of Childhood Disability



✉ eaacd.group@gmail.com