

# ENABLING MOBILITY IN AGEING

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Addressing Policy and Systemic Barriers  
to Mobility for Older Persons in Urban Africa

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A National Review of Kenya's Ageing Frameworks  
Through a Care- and Age-Sensitive Lens

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## ABOUT THIS PUBLICATION

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**About Women Shaping Cities:** Women Shaping Cities is a Nairobi-based urban planning research and practice organisation working to advance inclusive, safe, and people-centred cities. The organisation centres the experiences of women, children, caregivers, older persons, and other often-overlooked users in how cities are planned, designed, and governed.

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**About the Study:** This report presents a policy analysis of national frameworks related to ageing, mobility, and urban development in Kenya. Using the Care & Age-Sensitive Mobility Index (CAMI), the study examines how policy frameworks enable or constrain mobility for older persons.

The approach is designed to be adaptable and can be applied in other contexts to assess how policy environments shape mobility, access, and participation across different population groups.

A second phase of this work will incorporate lived experience insights from older persons and policymakers, strengthening the connection between policy analysis and everyday mobility realities.

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**Disclaimer:** This report is intended as a policy and research resource. It does not prescribe specific infrastructure solutions but aims to inform dialogue, policy development, and planning processes. The findings are based on policy analysis and should be interpreted within this context.



## ACRONYMS

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CAMI	Care & Age-Sensitive Mobility Index
DALY	Disability-Adjusted Life Year
KNBS	Kenya National Bureau of Statistics
KeNHA	Kenya National Highways Authority
KURA	Kenya Urban Roads Authority
MoLSP	Ministry of Labour and Social Protection
NMT	Non-Motorized Transport
OECD	Organisation for Economic Co-operation and Development
OPCT	Older Persons Cash Transfer
POT	Plan de Ordenamiento Territorial
UNECE	United Nations Economic Commission for Europe
WHO	World Health Organization
WSC	Women Shaping Cities



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## EXECUTIVE SUMMARY

Kenya is undergoing a gradual demographic transition, with a growing population of older persons alongside rapid urbanisation. Increasingly, older adults are living in urban and peri-urban areas, shaped by changing family structures, migration patterns, and the need to access healthcare and essential services.

In these contexts, daily life is defined by the ability to move. Navigating public space, reaching services, maintaining social connections, and sustaining everyday routines all depend on mobility, understood here as the ability to move safely, independently, and with dignity. For older persons, mobility is not simply a matter of transport; it is a condition for independence, autonomy, and participation in society.

Kenya has established a strong normative foundation for protecting the rights of older persons. The Constitution of Kenya (2010) affirms dignity, participation, and freedom of movement as fundamental rights, shaping the country's broader ageing and social protection framework. However, while these commitments are clearly articulated, a critical dimension remains under-integrated within policy and practice: the spatial and infrastructural conditions that enable mobility.

Without this, rights risk remaining formally guaranteed but practically inaccessible. Participation may be recognised, yet difficult to realise. Independence may be valued, yet increasingly constrained by environments that do not support safe and continuous movement. In such contexts, older persons may become more reliant on caregivers, not by choice, but as a consequence of inaccessible environments, affecting autonomy, confidence, and dignity in everyday life.

### About the Report

Enabling Mobility in Old Age presents a national review of Kenya's ageing and social protection frameworks through a mobility lens. Anchored in the constitutional guarantees of the Constitution of Kenya (2010), the report assesses the extent to which mobility is recognised and operationalised as a condition for rights realisation, access, and participation.

The analysis focuses on three key instruments:

- The National Policy on Older Persons and Ageing (2014)
- The Social Assistance Act (2013)
- The Older Persons Bill (2024)

Using the Care & Age-Sensitive Mobility Index (CAMI), developed by Women Shaping Cities under the Invisible in Motion initiative, the report evaluates how these frameworks address mobility across five dimensions: safety, infrastructure, supportive amenities, participation, and data systems.

### Key Findings

The analysis reveals a consistent and systemic pattern across all frameworks. While rights and participation are strongly articulated, the physical and spatial conditions required to realise them remain largely absent from policy design. This results in a structural disconnect between policy intent and lived experience.

Specifically:

- **Participation is recognised but not spatially enabled**

While participation is a central policy objective, limited attention is given to the mobility systems required to access services, public space, and community life.

- **Safety is framed institutionally rather than experientially**

Policies emphasise protection and welfare but do not sufficiently address everyday risks in the built environment, including unsafe crossings, poor lighting, and pedestrian hazards.



## EXECUTIVE SUMMARY

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- **Mobility is assumed rather than defined**

There is minimal reference to walking as a primary mode of transport, and limited consideration of essential infrastructure such as sidewalks, crossings, and route continuity.

- **Supportive amenities are absent**

Critical elements that enable older persons to navigate public space, such as seating, shading, accessible toilets, and wayfinding, are not addressed.

- **Mobility remains invisible in data systems**

Existing monitoring and data frameworks do not capture mobility-related barriers, limiting the ability to identify, measure, and respond to access constraints.

### Overall Assessment

These findings point to a broader pattern of what can be described as “access-blind inclusion”—where participation and rights are recognised in principle, but the spatial and infrastructural conditions required to realise them are insufficiently addressed.

Across all three frameworks, the CAMI assessment produces a combined average score of 6.3 out of 25, representing approximately 25% of full mobility integration. This indicates that while Kenya’s policy environment is strong in its recognition of rights, it remains limited in translating these commitments into the physical systems that enable independence and access in everyday life.



# 1.0 INTRODUCTION

## 1.1. Context

Rights-based frameworks play a decisive role in shaping how states interpret vulnerability, allocate responsibility, and translate inclusion into practice. In Kenya, significant progress has been made in advancing the rights, protection, and social inclusion of older persons through constitutional guarantees, national policies, and legislative reforms.

In Kenya, the mandate for advancing the wellbeing of older persons is held by the Ministry of Labour and Social Protection (MoLSP). Through its policies, programmes, and institutional structures, the Ministry plays a central role in shaping how ageing is understood and addressed at the national level. At the same time, the conditions that enable older persons to move, access services, and participate in everyday life extend beyond a single sector, requiring alignment across social protection, transport, health, and urban development systems.

At the same time, Kenya is undergoing a gradual but significant demographic transition. While the population remains relatively young, the number and proportion of older persons is steadily increasing due to improved life expectancy and declining mortality rates. According to the 2019 Kenya Population and Housing Census, persons aged 60 years and above account for approximately 6% of the total population, a figure projected to rise in the coming decades (KNBS, 2019).

This transition is unfolding alongside rapid urbanisation, with growing populations in cities and peri-urban areas where access to healthcare, markets, social networks, and public services is increasingly mediated through complex mobility systems (World Bank, 2023). In these environments, the ability to move becomes central to everyday life.

Mobility is the condition through which rights are realised in everyday life.

In this evolving context, mobility is not simply a matter of transport. It refers to the ability to move safely, independently, and with dignity in order to access healthcare, social protection, markets, community networks, and public life. For older persons, mobility is shaped by changes in physical ability, walking speed, balance, sensory perception, and increased exposure to environmental risks.

The rights of older persons in Kenya are constitutionally anchored. Article 57 of the Constitution guarantees dignity, participation, and care, while Article 43 affirms access to healthcare and social security (Republic of Kenya, 2010). Kenya has also committed to international frameworks, including the 2030 Agenda for Sustainable Development and the African Union's Agenda 2063, both of which emphasise inclusive and accessible development.

Policy attention has therefore focused on strengthening income security, healthcare access, and social protection systems. However, a critical yet under-examined dimension remains insufficiently addressed: mobility.

Without the ability to move safely, independently, and with dignity, these provisions risk becoming functionally inaccessible. Cash transfers, healthcare entitlements, and legal protections cannot deliver their full impact if older persons are unable to reach the spaces where these benefits are realised. In this sense, mobility is not an additional consideration, it is a prerequisite for the realisation of rights in practice.



# INTRODUCTION

## 1.2 Problem Statement

Kenya's ageing and social protection frameworks articulate strong commitments to dignity, inclusion, and participation. The Constitution of Kenya affirms the right of older persons to fully participate in the affairs of society, while national policies and legislative instruments reinforce access to care, protection, and social support.

However, a structural disconnect persists between these commitments and the conditions required to realise them in practice.

Participation is predominantly framed as a social and institutional objective. Yet the physical environments through which participation is enacted, streets, sidewalks, crossings, service access points, and public spaces, remain largely unaddressed within ageing and social protection frameworks. As a result, the ability to move, access services, and engage in community life is often assumed rather than systematically enabled.

Where pedestrian environments are unsafe, discontinuous, or inaccessible, the implications extend beyond inconvenience. Older persons may face increased exposure to risk, reduced confidence in independent movement, and growing reliance on caregivers for routine activities. Over time, these conditions can limit autonomy, constrain participation, and erode dignity, reinforcing patterns of dependency that are not inevitable, but environmentally produced.

In this context, rights may be formally guaranteed but remain unevenly realised. Without attention to the spatial and infrastructural systems that enable mobility, participation risks becoming conditional, dependent not only on individual capacity, but on the accessibility of the environments in which everyday life unfolds.

Participation is spatially mediated, enabled or constrained by the environments in which it unfolds.

## 1.3 Purpose and Objectives of the Report

This report examines how Kenya's ageing and social protection frameworks engage with mobility as a condition for the realisation of rights in later life. While mobility is often situated within transport and infrastructure sectors, it functions as a cross-cutting enabler of independence, access, participation, and wellbeing.

The review assesses the extent to which mobility-related considerations are recognised and operationalised within ageing frameworks, with particular attention to how policy commitments translate into the physical and spatial conditions that shape everyday life. It also identifies opportunities to strengthen coherence across ageing, social protection, transport, and urban development systems.

Specifically, the report aims to:

- Analyse how key national frameworks reference mobility, safety, and access
- Assess whether these frameworks provide operational guidance for safe, continuous, and accessible movement
- Identify areas of alignment, omission, and opportunities for integration across sectors
- Generate an evidence base to support cross-sectoral dialogue and more spatially grounded policy design

This report is intended as a technical resource to support ongoing efforts to strengthen inclusive, age-responsive policy and planning. In doing so, it seeks to reposition mobility not as a sectoral concern, but as a foundational condition for independence and the meaningful realisation of rights.



# INTRODUCTION

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## 1.4 Scope of the Review

This review focuses on national-level ageing and social protection frameworks that shape Kenya's institutional commitments to older persons. It is important to note that the analysis does not capture county-level variation in policy implementation or local governance practice, which may differ significantly across Kenya's 47 counties.

The review is anchored in the constitutional framework established by the Constitution of Kenya (2010), which provides the normative foundation for the rights of older persons, affirming dignity, participation, and social protection as constitutional guarantees. Building on this foundation, the analysis assesses three key policy and legislative instruments:

- The National Policy on Older Persons and Ageing (2014)
- The Social Assistance Act (2013)
- The Older Persons Bill (2024)

The assessment focuses on policy content and institutional design. The analysis does not just look at what policies say, but also whether the systems behind them are set up to actually deliver on those commitments. It does not evaluate infrastructure delivery, implementation performance, budget allocation, or county-level execution. Nor does it assess technical standards such as road design manuals or building codes.

Instead, the review examines whether ageing and social protection frameworks provide the mandates, institutional linkages, and policy signals necessary to support mobility as a condition for rights realisation.

## 1.5 About Women Shaping Cities

Women Shaping Cities (WSC) is a Nairobi-based urban research, policy, and practice organisation working to advance inclusive, safe, and people-centred cities.

The organisation operates at the intersection of research, community engagement, and policy advocacy, with a focus on how urban environments are experienced in everyday life. Its work centres the needs of groups that are often overlooked in planning and policy processes, including women, children, caregivers, older persons, and persons with disabilities.

WSC's approach combines street-level assessments, participatory research, and policy analysis to generate evidence that informs urban planning, mobility systems, and public space design. This includes the development of tools and frameworks that bridge lived experience and institutional decision-making.

This report is part of WSC's broader **Invisible in Motion initiative**, which examines how mobility shapes access, independence, and participation across different population groups. The initiative seeks to reposition mobility as a central consideration in policy and planning, particularly for those whose needs are often underrepresented in conventional transport systems.

As part of this work, WSC developed the **Care & Age-Sensitive Mobility Index (CAMI)**, the primary analytical framework applied in this review, and introduced in detail in Section 2.



**"THE QUESTION OF AGEING IS NOT JUST ABOUT HOW LONG WE LIVE, BUT HOW WELL WE LIVE" WORLD HEALTH ORGANIZATION**





## 2.0 METHODOLOGY

### 2.1 Analytical Approach

This review adopts a care- and age-sensitive perspective, recognising that mobility is a critical condition for accessing services, participating in society, and maintaining independence in later life.

While ageing frameworks often emphasise rights, protection, and inclusion, this analysis considers how these commitments are mediated through everyday movement within the built environment. It shifts the focus from policy intent to the practical conditions that enable or constrain access in everyday life.

The approach draws on two complementary conceptual frameworks: **mobility justice** and **human-centred urbanism**.

- **Mobility justice** closely associated with the work of Mimi Sheller, examines how power, inequality, and social structures shape patterns of movement, shifting attention from transport efficiency to questions of equity, access, and lived experience.
- **Human-centred urbanism** closely associated with the work of Jan Gehl, draws on earlier ideas from Jane Jacobs, whose work emphasised the importance of street life, human-scale design, and the everyday experience of the city.

Together, these perspectives position mobility as a structural enabler of dignity, participation, and wellbeing, not only as infrastructure, but as a condition through which rights are either realised or constrained in practice.

### 2.2 Scope of Analysis

The review focuses on Kenya's national ageing and social protection architecture. As established in Section 1.4, the Constitution of Kenya (2010) serves as the normative foundation for this review, affirming dignity, participation, and social protection as constitutional guarantees.

The analysis assesses three key policy and legislative instruments against this foundation:

- The National Policy on Older Persons and Ageing (2014)
- The Social Assistance Act (2013)
- The Older Persons Bill (2024)

The analysis focuses on policy content and institutional design. It does not just look at what policies say, but also whether the systems behind them are set up to actually deliver on those commitments.

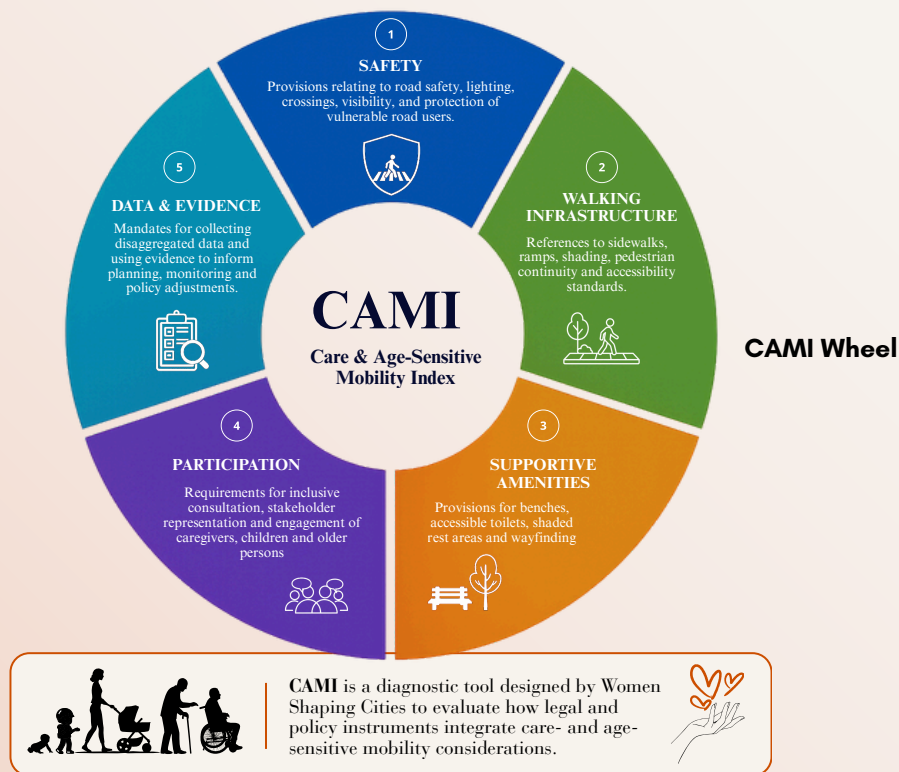


## 2.0 METHODOLOGY

### 2.3 Care & Age-Sensitive Mobility Index (CAMI)

CAMI - the Care & Age-Sensitive Mobility Index, the primary analytical framework for this review, is a structured diagnostic framework developed by Women Shaping Cities to assess how legal and policy instruments integrate care- and age-sensitive mobility considerations. CAMI looks beyond whether a policy says the right things, to whether it puts in place the standards, systems and accountability mechanisms that would make those words real in everyday life.

CAMI evaluates policy frameworks across five interconnected dimensions, each reflecting a critical component of safe, accessible and dignified mobility:



These five dimensions form a complete diagnostic, capturing the physical environment of mobility, the governance conditions that shape it, and the evidence systems that determine whether it improves over time.

#### 2.3.1 How CAMI Scores Frameworks

Each dimension is assessed on a scale from 0 to 5, reflecting not only whether mobility is referenced within a framework, but how specifically, how operationally, and with what degree of institutional accountability:

Score	Interpretation
0	No reference to care- or age-sensitive mobility elements
1	Generic or incidental mention only
2	Principles or aspirations articulated without defined actions or implementation pathways
3	Specific measures articulated, but lacking clear assignment of responsibility or resourcing
4	Measures include defined institutional responsibility and/or resource allocation mechanisms
5	Measurable targets, timelines, monitoring indicators, and enforcement mechanisms specified



## 2.0 METHODOLOGY

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### 2.3.2 CAMI Limitations

#### Methodological Limitations

CAMI is a text-based assessment tool. It evaluates what policies say, not what they do. A framework can score well on CAMI and still fail to deliver inclusive mobility in practice, if implementation is weak, underfunded or unenforced. Conversely, a framework may score poorly on CAMI but be accompanied by strong implementation guidelines or subsidiary legislation that partially compensates for what the primary instrument does not say.

#### Scope Limitations

CAMI assesses institutional design and policy orientation. It does not measure infrastructure quality, service delivery performance, user experience or on-the-ground mobility outcomes. It cannot tell you whether a street is actually safe for an older adult to walk, only whether the policy governing that street is designed with older adults in mind.

#### Subjectivity in Scoring

Although CAMI applies a structured scoring scale, the assignment of scores involves interpretive judgement, particularly for frameworks that use broad or aspirational language. Two assessors may reasonably assign different scores to the same provision. WSC has sought to minimise this through consistent application of scoring criteria and cross-checking, but the inherent subjectivity of qualitative policy assessment remains a limitation.

#### Comparability Across Contexts

CAMI was developed in and applied to the Kenyan policy context. While the framework is designed to be replicable and adaptable, direct comparison of scores across different national or institutional contexts requires careful calibration, policy systems, legislative traditions and governance structures differ significantly, and a score of 3 in one context may not be equivalent to a score of 3 in another.

#### Coverage of Dimensions

The five CAMI dimensions, safety, walking infrastructure, supportive amenities, participation, and data and evidence, reflect the priorities of the Invisible in Motion initiative and the mobility realities of caregivers, children, older adults and persons with disabilities. They do not capture every dimension of inclusive mobility, for example, affordability, informal transport systems, rural mobility or digital access to transport information are not directly assessed.

#### Baseline Nature

CAMI produces a baseline assessment at a point in time. Policies evolve, are amended and are supplemented by subsidiary instruments, meaning scores can become outdated. It is intended as a starting point for ongoing monitoring and dialogue, not a definitive or permanent verdict on any framework.



## 3.0 LITERATURE REVIEW

### 3.1 Blue Zones and Healthy Longevity

Studies associated with “Blue Zones”, regions identified for exceptional longevity, provide compelling insights into how everyday environments shape health outcomes across the life course. Popularised through the work of Dan Buettner, these regions include Sardinia (Italy), Okinawa (Japan), Nicoya Peninsula (Costa Rica), Ikaria (Greece), and Loma Linda (USA). Across these diverse contexts, research consistently highlights the role of natural, everyday movement, walking, gardening, and performing daily tasks, as a foundational contributor to longevity (Buettner, 2008; 2012). Rather than relying on structured exercise, residents in these regions live in environments where movement is embedded into daily routines, often supported by compact, walkable neighbourhoods and close proximity to essential services.

In addition to physical activity, these regions demonstrate the importance of spatial and social conditions that enable sustained engagement with community life. Streets and public spaces function not only as corridors of movement but as sites of interaction, reinforcing strong social ties and reducing isolation, particularly among older persons. The built environment in these contexts, characterised by human-scale design, accessibility, and continuity, supports mobility across age groups, allowing individuals to remain active and independent well into older age.

While Blue Zones research also points to the influence of diet, social cohesion, and cultural practices, its relevance to urban planning lies in its clear demonstration that longevity is not solely determined by individual behaviour or healthcare systems, but is deeply shaped by environments that enable or constrain everyday mobility. These findings reinforce the importance of designing cities that prioritise walkability, proximity, and inclusive access, particularly in rapidly urbanising contexts where mobility systems increasingly mediate access to health, services, and social participation.

### 3.2 Spatial Planning and Healthy Living

Urban design and public health research further reinforces the relationship between the built environment and everyday mobility, demonstrating that patterns of movement are not merely behavioural, but are significantly shaped by spatial conditions. Large-scale, cross-country studies led by James F. Sallis et al. (2016) show that individuals living in neighbourhoods characterised by connected street networks, higher residential density, and proximity to destinations are substantially more likely to engage in regular walking. These findings highlight the importance of urban form, particularly street connectivity, land-use mix, and accessibility, in enabling routine physical activity, suggesting that everyday movement is often a product of necessity and opportunity embedded within the environment rather than deliberate choice.

Complementing this, research by Takemi Sugiyama et al. (2009) provides important insights into how these dynamics play out for older adults. The study finds that features such as continuous and unobstructed sidewalks, safe and legible pedestrian crossings, manageable traffic conditions, and well-maintained public spaces are strongly associated with higher levels of walking, increased independence, and greater opportunities for social interaction. Importantly, the research underscores that both objective attributes of the built environment (such as infrastructure quality and connectivity) and subjective perceptions (including safety, comfort, and attractiveness) shape mobility outcomes.

Beyond physical activity, these studies point to a broader set of social and functional implications. Walkable neighbourhoods are associated with stronger social cohesion, reduced isolation, and improved mental wellbeing, particularly among older persons who rely more heavily on their immediate environments to access services and maintain social ties. In this sense, mobility extends beyond movement to encompass the ability to participate in everyday life.



## 3.0 LITERATURE REVIEW

### 3.3 Built Environment and Health Risks

Beyond enabling physical activity, the built environment plays a critical role in shaping risk exposure, long-term health trajectories, and the capacity for independent functioning in later life. It influences not only whether individuals are able to move, but also the conditions under which movement occurs, whether it is safe, continuous, and dignified, or fragmented, hazardous, and exclusionary.

Foundational work by the World Health Organization–led Lancet Commission on Healthy Ageing highlights the importance of supportive physical environments in maintaining what is termed “intrinsic capacity”, the composite of an individual’s physical and mental abilities, and in preventing or delaying functional decline (Beard et al., 2016). The Commission underscores that environments which enable safe, accessible, and routine movement can extend independence, reduce reliance on care systems, and enhance overall quality of life. In this framing, the ability to move safely through one’s neighbourhood is not peripheral, but central to healthy ageing.

Conversely, environments that are poorly designed or inadequately maintained introduce significant and often cumulative risks. Research by Jelle Van Cauwenberg et al. (2011) demonstrates that common features of the urban environment, including uneven walking surfaces, obstructed or discontinuous sidewalks, poor lighting, absence of curb ramps, and unsafe or missing pedestrian crossings, are strongly associated with increased fall risk among older adults. These hazards are not incidental; they are structural conditions that shape how, and whether, individuals are able to navigate public space.

Falls remain a leading cause of injury-related morbidity and mortality globally, particularly among older persons, with a significant proportion occurring in public environments where pedestrian infrastructure is incomplete or poorly maintained. The consequences extend beyond immediate physical injury. Fear of falling often leads to reduced mobility, social withdrawal, and a decline in physical and mental health, creating a reinforcing cycle of vulnerability and exclusion.

### 3.4 Mobility and Independence

Mobility is fundamentally linked to the ability to live independently. For older adults, this independence is closely tied to the ability to move safely, confidently, and without reliance on others. Research consistently shows that environments which support safe, continuous, and comfortable walking enable older persons to remain active and self-sufficient. Studies by Takemi Sugiyama et al. (2009) and James F. Sallis et al. (2016) highlight how connected street networks, accessible pedestrian infrastructure, and proximity to destinations support routine movement and independent access to services, social networks, and public life.

Where these conditions are absent, the implications extend beyond reduced mobility to a gradual loss of independence. Older adults may begin to avoid certain routes, reduce the frequency of trips, or withdraw from activities that were once part of their daily routines. As environments become more difficult or unsafe to navigate alone, reliance on caregivers often increases, not as a matter of preference, but as a necessity shaped by environmental constraints. While caregiving plays an essential role in supporting wellbeing, involuntary dependence can alter the nature of everyday life in ways that are not always fulfilling or dignifying.

Activities that were once simple, walking to the shop, visiting a neighbour, accessing healthcare, become contingent on the availability, time, and capacity of others. This dependence can lead to reduced spontaneity, social withdrawal, and a diminished sense of control over one’s own life.

Data from the World Bank’s Kenya Urban Mobility Improvement Project (2023) indicates that approximately 41 percent of all trips among low-income urban residents are made on foot, yet pedestrian infrastructure remains critically deficient. For older persons navigating environments characterised by discontinuous sidewalks, unsafe crossings, and poor lighting, the ability to move independently is significantly constrained.



## 3.0 LITERATURE REVIEW

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### 3.5 Participation and Access

Across global contexts, ageing policy frameworks consistently position participation as a central objective, emphasising the right of older persons to remain engaged in social, economic, and community life. However, emerging literature highlights a critical limitation: while participation is clearly articulated as a social goal, it is often insufficiently operationalised in spatial and infrastructural terms. Institutions such as the Organisation for Economic Co-operation and Development (2020) and the United Nations Economic Commission for Europe (2020) emphasise the need for greater alignment between social protection systems, transport planning, and urban development frameworks.

Their work highlights that participation is not achieved through policy recognition alone, but depends on the integration of mobility, accessibility, and service provision within the built environment. Where institutional silos persist, a structural gap emerges between policy intent and lived experience: rights may be formally recognised, yet environmental barriers continue to limit access to services, public space, and community life.

This disconnect has led to growing recognition of what can be described as “**access-blind inclusion**”, a condition in which participation is promoted in principle, but the spatial and infrastructural requirements necessary to enable it are insufficiently addressed. In such contexts, inclusion is framed as a social or institutional commitment, while the physical environments through which participation must be enacted remain inaccessible, unsafe, or fragmented.

For older persons, this gap is particularly pronounced. Participation often assumes the ability to move independently, to attend community meetings, access healthcare, engage in economic activity, or maintain social connections. However, where mobility systems are inadequate, these forms of participation become difficult to sustain without assistance. In such cases, participation becomes conditional, mediated by others, or altogether unattainable, reinforcing patterns of dependency and exclusion.

### 3.6 Global Case Studies: Integrating Mobility into Ageing Frameworks

Across global contexts, there is growing recognition that ageing policy cannot be addressed in isolation from the built environment. Several countries and cities have moved beyond conceptual commitments and embedded mobility, accessibility, and public space design directly into legislation, national policies, and planning frameworks.

The following cases illustrate distinct but complementary approaches to integrating mobility into ageing policy and practice. They are not presented as models to replicate, but as evidence of what becomes possible when mobility is treated as foundational to independence rather than peripheral to it.



## 3.0 LITERATURE REVIEW

### 3.6.1 Japan: Mobility as a Legal Right

Japan provides one of the most comprehensive examples of embedding mobility within ageing policy through enforceable legislation. The Barrier-Free Law (Act No. 91 of 2006) establishes legally binding accessibility requirements across transport systems, pedestrian infrastructure, public buildings, and urban environments. Rather than treating accessibility as a guiding principle, the law mandates the systematic removal of physical barriers and requires compliance in both new developments and the progressive upgrading of existing infrastructure (Government of Japan, 2006).

A defining feature of Japan's approach is its area-based planning model. Municipalities are required to develop Barrier-Free Basic Plans that focus on high-use districts, particularly around transport hubs, healthcare facilities, and key service areas. These plans coordinate interventions across streets, public transport, and buildings, ensuring that accessibility is delivered as a continuous and integrated system rather than through isolated improvements. In this framework, mobility is understood as a complete journey, requiring safe, step-free, and navigable connections from origin to destination.

The law also establishes clear standards for usability, including step-free access, tactile paving, accessible pathways, and improved pedestrian environments. Importantly, it links transport accessibility with the surrounding public realm, recognising that accessible services are insufficient if they are not connected to safe and continuous pedestrian infrastructure.

Participation is institutionalised within this process, requiring the involvement of older persons and persons with disabilities in planning and implementation. This ensures that lived experience informs the design and delivery of infrastructure. These provisions are reinforced by Japan's broader ageing-in-place strategy, which prioritises proximity to services, walkable neighbourhoods, and community-based care.

**Key Takeaway:** Mobility is legislated, coordinated, and enforced as a prerequisite for independence.

### 3.6.2 Sweden: Universal Design in Mainstream Planning Law

Sweden integrates ageing and mobility through mainstream planning systems rather than standalone ageing policy. The Planning and Building Act (Plan- och bygglagen) requires that the built environment be accessible and usable for persons with reduced mobility or orientation, making accessibility a legal requirement across all developments (Government Offices of Sweden, 2010).

Accessibility is embedded within everyday planning processes, with municipalities responsible for implementation through local development plans, public space design, and infrastructure provision. This includes attention to pedestrian continuity, safe crossings, surface quality, gradients, lighting, and wayfinding elements that directly influence independent mobility.

Rather than treating ageing as a separate domain, Sweden adopts a life-course approach supported by national disability and ageing strategies, including the National Strategy for Disability Policy (Government Offices of Sweden, 2011). This ensures that environments are designed to accommodate a wide range of users from the outset.

By embedding accessibility within core planning law, Sweden reduces the need for retrofitting and ensures that independence is supported through environments that remain usable as needs change.

**Key Takeaway:** Independence is designed into everyday environments through mainstream planning systems, rather than addressed as a corrective measure.



## 3.0 LITERATURE REVIEW

### 3.6.3 United Kingdom: Lifetime Neighbourhoods and Independence

The United Kingdom demonstrates how independence can be supported through neighbourhood-level planning. The Lifetime Neighbourhoods framework positions the built environment as a central determinant of whether individuals are able to remain active and independent as they age (Department for Communities and Local Government, 2011).

The framework emphasises walkable and connected street networks, proximity to essential services, accessible public transport, and inclusive public spaces. These elements enable individuals to carry out everyday activities, such as accessing healthcare, shopping, and maintaining social connections, without reliance on others.

A key strength of the approach lies in its focus on proximity and everyday access. Independence is shaped not only by physical ability, but by whether destinations are reachable safely and comfortably. Neighbourhood design therefore becomes critical in sustaining autonomy over time.

The framework also highlights the importance of public space and social infrastructure, including seating, safe crossings, and legible environments, in supporting confidence and reducing isolation. Importantly, Lifetime Neighbourhoods recognises the interdependence between housing, transport, and the wider environment. Accessible housing alone is insufficient if it is not embedded within a neighbourhood that supports safe and continuous movement.

**Key Takeaway:** Independence is sustained through neighbourhoods that enable everyday life across changing needs and abilities.

### 3.6.4 Colombia (Bogotá): Mobility Reform and Everyday Independence

Colombia's approach, particularly in Bogotá, illustrates how independence can be strengthened through system-wide urban mobility reform. Rather than relying on ageing-specific legislation, Bogotá has embedded accessibility and proximity within broader urban planning and transport strategies.

The Plan de Ordenamiento Territorial (POT) promotes compact, connected, and accessible urban development, with a strong emphasis on public space and pedestrian infrastructure (Alcaldía Mayor de Bogotá, 2022). This is supported by mobility strategies that prioritise walking, cycling, and public transport, alongside investments in sidewalks, crossings, traffic calming, and accessible transit systems (C40 Cities, 2019).

These interventions have reduced barriers to movement and enabled residents to carry out everyday journeys more independently. While not explicitly framed as ageing policy, they have direct implications for independence by improving access to services, social spaces, and economic opportunities.

Colombia's Política Pública de Envejecimiento y Vejez reinforces autonomy and participation as key objectives (Ministerio de Salud y Protección Social, 2015), though their realisation is closely tied to the effectiveness of mobility systems.

This case demonstrates that meaningful gains in independence can be achieved through integrated urban planning and mobility reform, even in contexts where specialised ageing policies are still evolving.

**Key Takeaway:** Independence can be enabled through system-wide mobility improvements that reduce barriers to everyday movement.



## 3.0 LITERATURE REVIEW

### 3.7 Cross-Cutting Insights and Relevance to Kenya

Across the literature, a consistent pattern emerges: independence in later life is not achieved through policy recognition alone, but through environments that enable safe, continuous, and accessible movement. Evidence from public health, urban design, and ageing research demonstrates that mobility is a foundational condition for maintaining independence, supporting participation, and sustaining wellbeing over time.

A central insight is that mobility is not simply a behavioural outcome, but is actively shaped by the built environment. Walkable neighbourhoods, connected street networks, proximity to essential services, and supportive public spaces enable routine movement and social engagement. Conversely, environments characterised by discontinuity, risk, and inaccessibility constrain mobility, often leading to reduced activity, loss of confidence, and increased reliance on caregivers.

The literature also highlights that the absence of supportive environments has cumulative effects. Beyond limiting movement, it can accelerate functional decline, increase exposure to risk, and contribute to social isolation. In this sense, mobility is closely linked not only to physical health, but also to autonomy, dignity, and the ability to live independently.

At the policy level, a recurring gap is evident. While participation and inclusion are widely articulated within ageing frameworks, the spatial and infrastructural conditions required to realise them are often insufficiently addressed. This reflects a broader pattern of “access-blind inclusion”, where rights are recognised in principle, but not fully enabled in practice. Across contexts, more effective approaches are those that translate policy intent into physical environments through coordinated planning, enforceable standards, and integrated mobility systems.

These insights are particularly relevant in the context of Kenya, where policy frameworks increasingly recognise participation and inclusion, yet the environments through which these are realised remain uneven and often inaccessible. In cities such as Nairobi, the absence of safe, continuous walking infrastructure limits the ability of older persons to move independently, often shifting everyday mobility towards reliance on caregivers.

The literature demonstrates that this gap is neither incidental nor inevitable. Independence can be actively supported through environments that prioritise accessibility, continuity, and proximity. For Kenya, this underscores the need to move beyond policy recognition towards spatially grounded approaches that not only enable movement, but also sustain independence, dignity, and participation in everyday life.



## 4.0 KENYA'S AGEING AND SOCIAL PROTECTION POLICY LANDSCAPE

This section examines how Kenya's key ageing and social protection instruments conceptualise the rights of older persons, and the extent to which these rights are translated into practical conditions for movement, access, and everyday participation. The analysis focuses on three policy and legislative instruments, read against the normative foundation established by the Constitution of Kenya (2010).

### 4.1 Constitution of Kenya: The Normative Basis for Rights

The Constitution of Kenya (2010) provides the normative foundation for this review. Article 57 recognises older members of society as a group entitled to specific rights, including participation in societal affairs, personal development, dignity, and access to care and support. These provisions are reinforced by broader constitutional guarantees, including freedom of movement (Article 39), equality and non-discrimination (Article 27), and access to healthcare and social security (Article 43).

Together, these articles establish that social protection, participation, and dignity are not discretionary policy goals, they are constitutional obligations. The Constitution therefore sets a clear rights-based framework that affirms both the inclusion of older persons in public life and the responsibility of the State to support their wellbeing.

However, these provisions remain largely normative in nature. While the Constitution defines what older persons are entitled to, it does not specify the conditions required to realise these rights in everyday life. In particular, the ability to move safely, independently, and with dignity, essential for accessing healthcare, social protection, and community life, is not explicitly articulated.

While the Constitution establishes a strong normative commitment, the extent to which these rights are realised depends on how they are translated into spatial, infrastructural, and institutional systems. In this sense, mobility is not explicitly framed as a right, but it functions as the condition through which multiple rights are realised in everyday life.

### 4.2 National Policy on Older Persons and Ageing (2014)

Building on the constitutional recognition of dignity, participation, and inclusion, the National Policy on Older Persons and Ageing (2014) provides Kenya's primary policy framework for addressing the rights and needs of older persons.

The Policy expands on constitutional principles by emphasising dignity and respect, social inclusion, access to healthcare, community participation, and protection from neglect and abuse. It also introduces the concept of "enabling environments", recognising that older persons require supportive physical and social conditions to remain active and engaged members of society. This represents an important conceptual shift, from recognising rights to acknowledging the need for conditions that support their realisation.

However, while the Policy acknowledges the importance of enabling environments, it does not define what these environments entail in practical or operational terms. There is limited articulation of how physical environments, such as streets, sidewalks, crossings, transport systems, and service access points, should be designed, delivered, or maintained to support safe and independent movement.

While the idea of an "enabling environment" is introduced, it remains conceptually defined but spatially underdeveloped. Without clear guidance on mobility, accessibility, and the built environment, the Policy stops short of translating its commitments into actionable conditions that support independence in everyday life. In this sense, the Policy reflects a broader pattern of what can be described as access-blind inclusion, where participation and inclusion are recognised in principle, but the spatial and infrastructural systems required to realise them are insufficiently addressed.



## 4.0 KENYA'S AGEING AND SOCIAL PROTECTION POLICY LANDSCAPE

### 4.3 Social Assistance Act (2013)

The Social Assistance Act (2013) shifts the focus from policy intent to programme delivery, establishing the legal and institutional framework for income support to vulnerable populations, including older persons. The Act underpins key initiatives such as the Older Persons Cash Transfer (OPCT), which aims to reduce poverty and enhance the dignity and wellbeing of older persons through direct financial support.

In doing so, the Act plays a critical role in advancing economic inclusion. It defines eligibility criteria, administrative structures, delivery mechanisms, and systems for accountability and oversight, providing a structured approach to social protection. However, while the Act strengthens financial access, it remains largely disconnected from the physical systems through which access is realised.

In practice, beneficiaries are required to navigate a range of environments to access and utilise social protection benefits. While the expansion of mobile money platforms such as M-Pesa has reduced the need for physical travel to payment points, mobility remains a critical condition for accessing goods, healthcare, administrative services, and social support systems. Older persons must still move through public space to convert, use, or benefit from these resources in meaningful ways.

Yet the Act does not address whether these environments are physically accessible, safe to navigate, or appropriate for individuals with reduced mobility. This creates a fundamental disconnect between entitlement and accessibility. While income support is provided, the ability to use and translate that support into everyday needs is not guaranteed. In contexts where mobility is constrained, older persons may rely on caregivers, face delays, or experience reduced autonomy in how benefits are accessed and utilised.

In this sense, the effectiveness of social protection is mediated by conditions beyond the scope of the Act, particularly the accessibility of streets, transport systems, and service environments. Where these systems are not supportive, financial inclusion does not necessarily translate into functional access or sustained independence.

### 4.4 Older Persons Bill (2024)

The proposed Older Persons Bill (2024) represents a significant step toward strengthening Kenya's institutional and governance framework for ageing. The Bill reinforces commitments to dignity and rights, protection from abuse and neglect, access to services, and institutional coordination and oversight. It introduces clearer structures for monitoring, accountability, and inter-agency coordination, signalling a move toward more structured and enforceable policy implementation.

In this regard, the Bill addresses a key limitation of earlier frameworks by strengthening institutional capacity and governance mechanisms.

Several provisions carry indirect relevance to mobility, including recognition of assistive devices as part of daily functioning, promotion of independent living within communities, obligations to develop infrastructure for care and rehabilitation, and reference to safe and accessible accommodation.

However, despite these advances, a critical gap persists. The Bill does not explicitly define requirements related to physical accessibility, pedestrian infrastructure, transport systems, or the built environment. Participation and inclusion remain central objectives, yet the conditions required to enable these outcomes in everyday life are not formally articulated. This results in a continued reliance on implicit assumptions, that access to services, public space, and community life is already achievable.

The Bill strengthens the "who" and "how" of governance, but leaves the "where" of access largely unaddressed. As a result, the translation of rights into lived experience remains contingent on factors beyond the scope of the legislative framework.



## 4.0 KENYA'S AGEING AND SOCIAL PROTECTION POLICY LANDSCAPE

### 4.5 Cross-Cutting Insights Across Kenya's Ageing Frameworks

Across the Constitution of Kenya (2010), the National Policy on Older Persons and Ageing (2014), and the Social Assistance Act (2013), a consistent pattern emerges in how ageing, rights, and access are conceptualised.

First, all three frameworks establish a strong normative commitment to dignity, participation, and social protection. Older persons are recognised as rights-bearing members of society, with clear entitlements to care, inclusion, and support. This reflects a well-developed rights-based foundation within Kenya's policy landscape.

Second, while these rights are clearly articulated, the conditions required to realise them are less consistently defined. Participation is framed as a social and institutional objective, but the environments through which participation is enacted, streets, transport systems, service access points, and public spaces, are not systematically addressed. As a result, mobility is implicitly assumed rather than explicitly integrated within policy and legislative design.

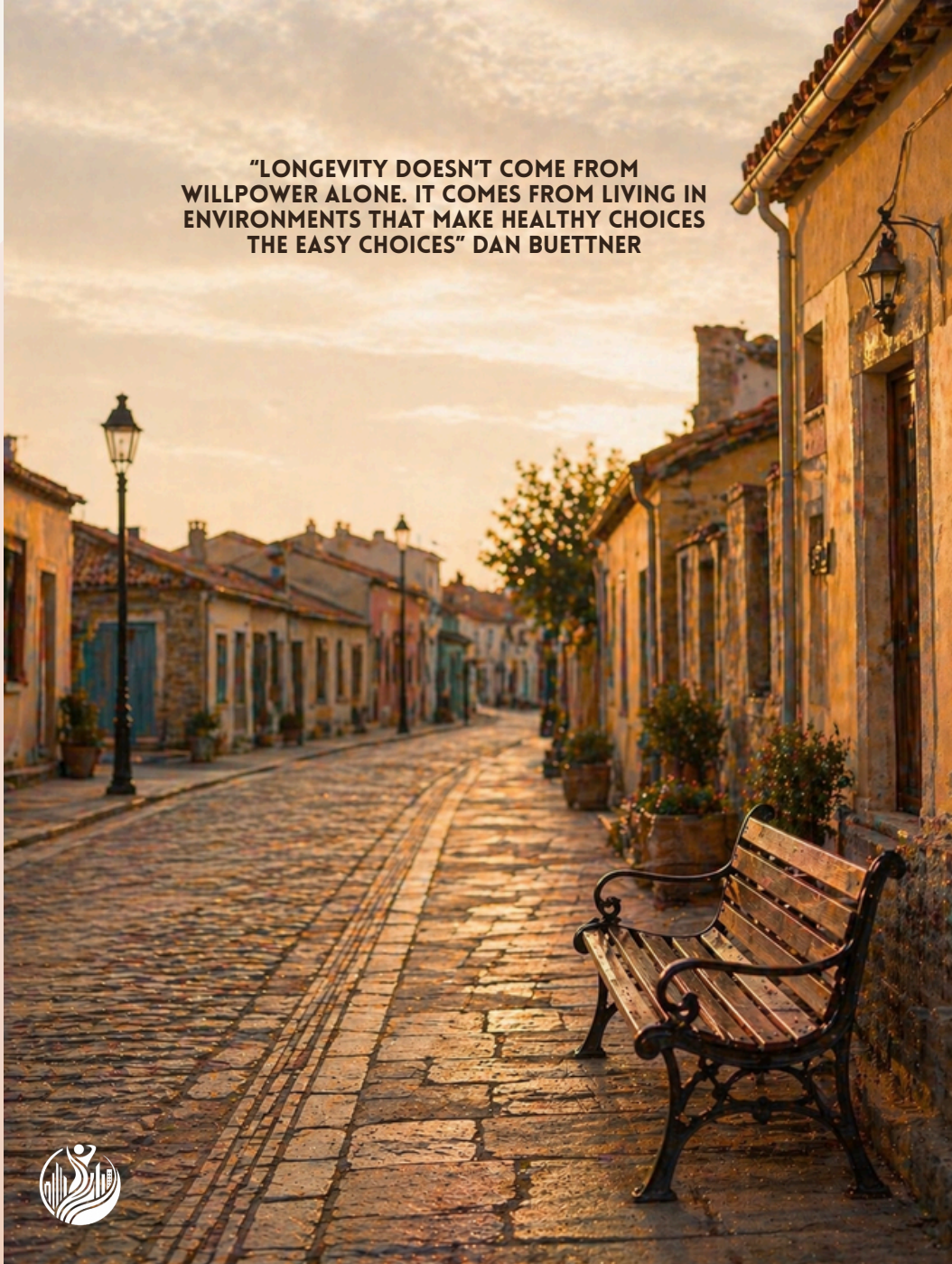
Third, the frameworks operate at different levels of abstraction, but reflect a similar gap in translation. The Constitution establishes rights but does not define their enabling conditions. The National Policy acknowledges the importance of "enabling environments" but does not operationalise them. The Social Assistance Act provides mechanisms for delivery but does not account for the physical accessibility of those systems. Together, this creates a disconnect between entitlement and accessibility.

Finally, this pattern results in a broader condition in which access to rights is mediated by factors outside the scope of the frameworks themselves, particularly the accessibility and safety of the built environment. In practice, the ability of older persons to exercise their rights depends not only on policy provisions, but on whether they are able to move safely and independently within everyday environments.

To summarise, these insights point to a structural gap across Kenya's ageing frameworks: mobility is not explicitly recognised or operationalised as a condition for access, participation, and independence. This gap limits the extent to which otherwise strong policy commitments can be realised in practice.



**“LONGEVITY DOESN'T COME FROM  
WILLPOWER ALONE. IT COMES FROM LIVING IN  
ENVIRONMENTS THAT MAKE HEALTHY CHOICES  
THE EASY CHOICES” DAN BUETTNER**





## 5.0 FINDINGS

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This chapter presents the findings of the review, drawing on both detailed analysis of individual frameworks and a structured comparative assessment using the Care & Age-Sensitive Mobility Index (CAMI).

The findings are presented in two parts. First, policy-level findings examine how mobility is reflected within each framework, highlighting key strengths, gaps, and implications. Second, a cross-framework CAMI assessment provides a structured comparison of how mobility is recognised and operationalised across all three reviewed instruments.

Together, these perspectives provide a comprehensive understanding of how mobility is currently positioned within Kenya's ageing and social protection systems.

### 5.1 Policy-Level Findings

This section presents findings from the review of individual frameworks, focusing on how mobility is articulated, implied, or omitted within each instrument.

#### 5.1.1 National Policy on Older Persons and Ageing (2014)

##### Strengths

The Policy promotes dignity, participation, and social inclusion for older persons. It recognises age-related vulnerability and addresses access to services, community-based care, and social protection mechanisms. Significantly, it introduces the concept of "enabling environments", acknowledging that older persons require supportive physical and social conditions to remain active members of society. This represents an important conceptual step, from affirming rights to recognising that conditions must exist to support them.

##### Gaps

Despite this conceptual recognition, mobility-related provisions remain limited and largely non-specific. The Policy does not provide operational guidance on walkability, safe crossings, resting points, or age-friendly street design. The idea of an "enabling environment" is not translated into defined standards or implementation pathways within transport, urban planning, or infrastructure systems. As a result, the spatial conditions affecting older persons' independence and access are not explicitly addressed.

##### Implication

The Policy establishes a strong normative foundation for age inclusion. However, integrating clear mobility and age-friendly design standards would significantly strengthen its practical impact, ensuring that commitments to dignity and participation are supported by safe and accessible everyday environments.



## 5.0 FINDINGS

### 5.1.2 Social Assistance Act (2013)

#### Strengths

The Social Assistance Act establishes the legal and institutional framework for income support to vulnerable populations, including older persons. It underpins the Older Persons Cash Transfer (OPCT), defining eligibility criteria, delivery mechanisms, administrative structures, and accountability systems. In doing so, it plays a critical role in advancing economic inclusion and providing a direct material resource to older persons living in poverty.

#### Gaps

While the Act strengthens financial access, it is entirely disconnected from the physical systems through which that access must be realised. Beneficiaries are required to travel to payment points, banking agents, healthcare facilities, and administrative offices, yet the Act contains no provisions addressing whether these journeys are safe, accessible, or manageable for older persons with reduced mobility. There is no reference to pedestrian infrastructure, transport accessibility, or the built environment. Physical access is assumed rather than assured.

#### Implication

The effectiveness of the OPCT and related social protection programmes is directly dependent on the ability of older persons to physically reach the points at which benefits are delivered. Without integrating mobility and accessibility considerations into programme design and delivery, entitlement and access remain misaligned, undermining the intended impact of social protection investment.

### 5.1.3 Older Persons Bill (2024)

#### Strengths

The Older Persons Bill represents a significant advancement in Kenya's legislative framework for ageing. It reinforces rights-based commitments to dignity, protection from abuse and neglect, and access to services, while introducing stronger institutional mechanisms for monitoring, accountability, and inter-agency coordination. The Bill also contains several provisions with indirect relevance to mobility, including recognition of assistive devices as part of daily functioning, promotion of independent living within communities, obligations to develop infrastructure for care and rehabilitation, and reference to safe and accessible accommodation.

#### Gaps

Despite these advances, the Bill does not articulate operational standards for pedestrian infrastructure, safe crossings, walking continuity, rest areas, or age-friendly public space design. Mobility considerations remain implied rather than explicitly defined. Participation and inclusion are strongly affirmed as objectives, yet the physical conditions required to realise them in everyday life are not formally specified.

#### Implication

The Bill significantly strengthens Kenya's legal framework for ageing and represents a clear opportunity for integration. Explicitly embedding age-friendly mobility standards, particularly for safe walking environments, accessible public space, and proximity to essential services, within the Bill's implementation guidelines would substantially enhance its ability to support independent living in practice.



## 5.0 FINDINGS

### 5.2 CAMI Assessment

To move beyond descriptive policy analysis, this section applies the Care & Age-Sensitive Mobility Index (CAMI) to assess how Kenya's ageing and social protection frameworks engage with mobility as a condition for access and participation. CAMI provides a structured analytical lens across five dimensions: safety, walking infrastructure, supportive amenities, participation, and data and evidence systems.

The findings are presented in two complementary formats, a qualitative summary illustrating how mobility is described and positioned across the reviewed frameworks, followed by a scoring matrix providing a comparative assessment of the degree of recognition and operational clarity.

Note: *The Constitution of Kenya (2010) is not assessed through the CAMI framework. As established in Sections 1.4 and 2.2, it serves as the normative foundation for this review rather than as an instrument subject to policy analysis.*

#### 5.2.1 Qualitative Findings

The table below summarises how each framework references mobility-related dimensions, highlighting whether elements are explicitly addressed, conceptually recognised, or absent.

CAMI Dimension	National Policy on Older Persons & Aging	Social Assistance Act	Older Persons Bill	Overall Pattern
Safety	Conceptual	Absent	Conceptual	Framed socially, not spatially
Walking Infrastructure	Implicit	Absent	Implicit	Weakly embedded
Supportive Amenities	Absent	Absent	Absent	Missing across all frameworks
Participation	Explicit	Limited	Explicit	Strongest dimension
Data & Evidence	General	Administrative	Strengthened reporting	Limited spatial indicators



## 5.0 FINDINGS

### Key Findings

The qualitative assessment reveals a clear and consistent pattern across all three frameworks.

- **Participation** emerges as the most strongly articulated dimension, reflecting a robust normative commitment to inclusion and engagement. However, this emphasis is not matched by equivalent attention to the physical conditions required to enable participation in practice.
- **Safety** is present across frameworks, but is largely framed at a conceptual level. It is positioned as a social or institutional concern, with limited reference to pedestrian environments, exposure to risk in public space, or the spatial conditions that shape everyday movement.
- **Walking infrastructure** is weakly embedded, with limited or implicit references across all three instruments. Critical elements such as sidewalks, crossings, continuity, and accessibility are not systematically addressed in any of the reviewed frameworks.
- **Supportive amenities** are entirely absent. Provisions for seating, shading, accessible sanitation, and wayfinding, essential for enabling mobility among older persons, are not reflected in any of the reviewed instruments.
- **Data and evidence** systems are present but limited in scope. Existing provisions focus primarily on administrative reporting, with no attention to spatial or mobility-related indicators that would make access barriers visible to planning and monitoring systems.

### 5.2.2 Quantitative Findings: CAMI Scoring

The scoring matrix below provides a structured assessment of the degree of recognition and operational clarity across CAMI dimensions, using the 0-5 scale defined in Section 2.3.1.

CAMI Dimension	National Policy on Older Persons & Aging	Social Assistance Act	Older Persons Bill
Safety	2	1	2
Walking Infrastructure	1	0	1
Supportive Amenities	0	0	0
Participation	3	1	3
Data & Evidence	1	2	2
Overall Score (out of 25)	7/25	4/25	8/25



## 5.0 FINDINGS

### Key Findings

The scoring reinforces and deepens the qualitative findings.

- **Participation** consistently receives the highest scores across frameworks, reflecting strong normative and policy recognition. In contrast, walking infrastructure and supportive amenities score lowest, indicating minimal or no operational attention across all three instruments.
- **Safety** is present but remains largely conceptual, with limited translation into spatial or design-related provisions. Data systems demonstrate moderate strength in the Social Assistance Act and Older Persons Bill, but are primarily oriented toward administrative reporting rather than capturing mobility conditions or access barriers.
- The Social Assistance Act records the lowest overall score (4/25), reflecting its narrow focus on financial delivery mechanisms with no engagement with the physical systems through which benefits must be accessed. The Older Persons Bill scores marginally highest (8/25), reflecting its stronger institutional provisions and indirect mobility references, though it still falls well short of meaningful integration.
- Notably, no framework scores above 3 on any individual dimension, and none demonstrates meaningful performance across all five CAMI dimensions. This underscores the absence of a fully integrated approach to mobility within Kenya's ageing policy architecture.

### Overall Score

Taken together, Kenya's three ageing and social protection frameworks achieve a combined average score of 6.3 out of 25, equivalent to 25% of the maximum possible score under the CAMI framework.

Framework	Total Score	Out of	Percentage
National Policy on Older Persons & Ageing (2014)	7	25	28%
Social Assistance Act (2013)	4	25	16%
Older Persons Bill (2024)	8	25	32%
<b>Combined Average</b>	<b>6.3</b>	<b>25</b>	<b>25%</b>

A combined score of 25% means that Kenya's ageing and social protection policy architecture is currently operating at just **one quarter** of what full mobility integration would look like. It is not a reflection of weak commitment to the rights of older persons, the frameworks clearly demonstrate that commitment. Rather, it is a measure of the structural distance between those commitments and the physical conditions required to realise them.

As the global case studies in Section 3 demonstrate, meaningful integration of mobility into ageing frameworks is achievable across a range of institutional and income contexts. The 25% score therefore represents not only a diagnosis of the current situation, but a clear indication of the policy opportunity that exists.

The findings reveal a clear and structural imbalance: strong articulation of rights and participation, but weak, and in several dimensions entirely absent, integration of the physical systems required to realise them. Closing this gap is both necessary and achievable.



**"STREETS AND THEIR SIDEWALKS, THE MAIN PUBLIC PLACES OF A CITY, ARE ITS MOST VITAL ORGANS." JANE JACOBS**





## 6.0 COST OF EXCLUSION

Mobility barriers are not merely design limitations, they are systemic failures with measurable social, economic, and institutional consequences.

Where pedestrian environments are unsafe, discontinuous, or inaccessible, the impacts extend far beyond inconvenience. They shape patterns of injury, limit access to services, increase caregiving burdens, and constrain participation in everyday life. In this sense, mobility is not a peripheral issue, it is a structural determinant of how effectively ageing and social protection systems function in practice.

The effects of exclusion are not isolated. They are cumulative, interconnected, and often invisible within policy and planning systems. When mobility is not integrated into policy frameworks, the consequences cascade across sectors, health, social protection, households, and the wider economy.

### **Increased Fall-Related Injuries and Healthcare Costs**

Falls are among the leading causes of injury and hospitalisation among older adults globally. Environmental hazards, including uneven surfaces, poor lighting, lack of handrails, missing curb ramps, and inadequate crossing time, significantly increase fall risk (OECD, 2020).

The World Health Organization identifies falls as a major contributor to disability-adjusted life years (DALYs) among older populations, with inaccessible environments compounding vulnerability and increasing long-term social protection burdens (WHO & World Bank, 2011)

Inaccessible environments therefore generate increased emergency healthcare utilisation, longer hospital stays, rehabilitation costs, and long-term disability management. From a public finance perspective, these are largely preventable costs. Investment in safe and accessible pedestrian infrastructure represents a significantly lower-cost intervention compared to injury treatment and long-term care.

In this context, pedestrian infrastructure is not only a mobility issue, it is preventive public health infrastructure.

### **Reduced Effectiveness of Social Protection Programmes**

Social protection programmes such as the Older Persons Cash Transfer (OPCT) are designed to reduce vulnerability and enhance dignity. However, their effectiveness is inherently dependent on physical access.

In practice, beneficiaries must navigate public space to access and utilise benefits, whether reaching banking agents, healthcare facilities, or administrative services. While mobile money platforms such as M-Pesa have reduced the need for travel to payment points, mobility remains essential for converting financial support into meaningful outcomes.

Where environments are unsafe or inaccessible, older persons may rely on intermediaries, delay access, or disengage from services altogether. This creates a disconnect between entitlement and usability. While benefits are delivered, the ability to translate them into everyday needs is constrained.

In this context, mobility barriers do not only affect individuals, they reduce the efficiency, reach, and integrity of social protection systems.



## 6.0 COST OF EXCLUSION

### Increased Caregiver Burden and Intergenerational Impacts

Where environments are difficult to navigate, older persons often rely on family members to support everyday movement. This dependency is not simply a personal arrangement, it represents a redistribution of time, labour, and economic burden within households.

The time required to accompany an older person to a clinic, payment point, or administrative office often comes at the expense of paid work, childcare, or other livelihood activities. This burden frequently falls on women, reinforcing existing gender inequalities and contributing to time poverty.

Research on care economies shows that when mobility barriers increase dependence, the costs are absorbed by households rather than by the systems responsible for enabling access (Razavi, 2007). This represents a hidden subsidy to underperforming infrastructure systems.

In this context, inaccessible mobility systems extend beyond ageing, they shape labour participation, household resilience, and intergenerational equity.

### Social Isolation and Declining Wellbeing

Mobility barriers significantly influence patterns of social withdrawal among older adults. When environments are perceived as unsafe or difficult to navigate, individuals may limit walking trips, avoid public spaces, and reduce engagement with community life (OECD, 2020; UNECE, 2020).

Over time, this withdrawal compounds. Reduced movement leads to physical deconditioning, which further limits confidence and capacity for independent mobility. This cycle contributes to increased isolation, declining mental health, and reduced quality of life.

Social isolation is strongly associated with depression, cognitive decline, and higher mortality risk. Evidence from longevity research highlights the importance of walkable environments and routine social interaction in supporting wellbeing and extended lifespan (Buettner, 2008; Beard et al., 2016).

In this context, inaccessible environments do not only restrict movement, they erode the conditions for a dignified and socially connected life.

### A System Under Strain: Interconnected Impacts

These impacts are not isolated, they are interconnected and mutually reinforcing. A fall leads to hospitalisation, which reduces independence, increases care needs, and places pressure on both households and health systems. Reduced mobility limits access to services, deepens isolation, and further constrains participation. Each consequence compounds the next.

Across systems, the cumulative effects are significant. Health systems face increased demand from preventable conditions. Social protection systems experience reduced effectiveness due to access constraints. Households absorb rising care burdens and economic strain. Urban systems reinforce exclusion and unequal access to opportunity.

These outcomes are not the result of weak policy ambition, rather, they reflect a structural gap. Safe and accessible mobility should therefore be understood not only as transport infrastructure, but as social protection infrastructure.



**"THE GREATEST DISEASE IN THE WEST TODAY IS  
NOT TB OR LEPROSY; IT IS BEING UNWANTED,  
UNLOVED, AND UNCARED FOR." MOTHER  
TERESA**





## 7.0 RECOMMENDATIONS

The findings of this report indicate a clear integration gap: while Kenya’s ageing frameworks demonstrate strong normative commitment, mobility remains insufficiently recognised and operationalised as a condition for rights realisation.

The recommendations below focus on three areas: policy and legislative reform, institutional coordination, and data systems. Each targets a specific, actionable shift required to translate existing commitments into practice.

### 7.1 Policy and Legislative Interventions

#### **Older Persons Bill (2024): Embed Mobility as a Legal Requirement**

- Define physical accessibility as a legal obligation for all public services accessed by older persons
- Mandate development of age-friendly mobility guidelines in collaboration with national and county governments within the urban planning, and transport units.
- Expand “independent living” provisions to include external environments (streets, public spaces, access routes)
- Include mobility indicators in monitoring and reporting requirements

#### **National Policy on Older Persons and Ageing (2014): Operationalise “Enabling Environments”**

- Define enabling environments in physical terms, including pedestrian infrastructure, crossings, public space, and proximity to services
- Adopt and localise WHO Age-Friendly Cities standards for outdoor spaces and transport
- Require accessibility criteria for service delivery environments across health, social protection, and community programmes

#### **Social Assistance Act (2013): Align Entitlement with Accessibility**

- Ensure inclusive mobile money access, including digital literacy support and alternative disbursement options
- Shift monitoring from payment receipt to service access, assessing whether beneficiaries can reach key services
- Introduce accessibility requirements for linked service points, including healthcare and administrative facilities
- Prioritise infrastructure investment in high-beneficiary areas, in coordination with county governments
- Guarantee alternative access mechanisms for individuals unable to use mobile platforms

### 7.2 Institutional and Coordination Interventions

- Establish a cross-sector Mobility and Ageing Working Group (Social Protection, Transport, Urban Planning, Health, Counties)
- Integrate ageing into transport and spatial planning frameworks, including national and county development plans
- Link age-friendly city initiatives to national policy implementation and reporting
- Designate a mobility focal point within the State Department for Social Protection

### 7.3 Data and Monitoring Interventions

- Introduce mobility indicators into national data systems, including distance to services, travel modes, and barriers
- Disaggregate data by age, gender, disability, and location
- Support civil society-led street-level mobility assessments to complement national datasets



## 8.0 CONCLUSION

Kenya has built a meaningful and progressive framework for protecting the rights of older persons. The Constitution affirms dignity, participation, and freedom of movement as constitutional guarantees. The National Policy on Older Persons and Ageing establishes a commitment to enabling environments and social inclusion. The Social Assistance Act delivers direct financial support to older persons living in poverty. The Older Persons Bill advances institutional accountability and governance. Taken together, these instruments reflect a genuine and growing commitment to ageing with dignity.

And yet, a structural gap persists.

Across the reviewed frameworks, the Care & Age-Sensitive Mobility Index (CAMI) reveals a combined average score of 6.3 out of 25, approximately 25% of full mobility integration. This is not a measure of weak intent. It is a measure of incomplete translation: the distance between rights as they are written and rights as they are lived.

That distance is navigated on foot. It is felt in the absence of a safe crossing, a shaded resting place, a continuous footpath, or an accessible entrance. It is carried by the older person who cannot reach a health facility, the caregiver who must take time away from work to provide support, and the household that absorbs the cost of systems that assume access without ensuring it.

Mobility is the infrastructure through which rights move from policy to practice. Without it, the commitments Kenya has made risk remaining formally guaranteed but practically out of reach.

This report has shown that the gap is real, measurable, and consistent across Kenya's ageing frameworks, and that it is addressable. Evidence from contexts such as Japan, Sweden, the United Kingdom, and Bogotá, alongside the World Health Organization Age-Friendly Cities framework, demonstrates that integrating mobility into policy and planning is both feasible and effective. It does not require entirely new systems, but better alignment across existing ones.

The recommendations in Section 7 identify where that alignment can begin: in the text of the Older Persons Bill before enactment; in the next review cycle of the National Policy; in the ongoing digitalisation of social protection delivery; in the mandates of transport and urban planning institutions; and in the data systems that shape what is visible, and what remains unseen in decision-making.

The CAMI framework, developed by Women Shaping Cities under the Invisible in Motion initiative, is intended to support this process. By making mobility integration measurable, it provides a structured basis for assessing policy performance and guiding reform. It is offered not as a critique, but as a contribution—towards ensuring that Kenya's commitments to older persons are realised not only in law, but in the environments through which daily life unfolds.

The pathway forward is clear. The policy moments exist. The evidence is available. When mobility is enabled, rights become accessible.



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## 10.0 SUPPORT WOMEN SHAPING CITIES

Women Shaping Cities is a women-led urban planning research and practice organisation working to advance safer, more inclusive, and people-centred cities.

Our work sits at the intersection of research, community engagement, and policy, generating evidence, shaping practice, and contributing to more responsive and equitable urban systems.

This report is part of our broader Invisible in Motion initiative, which seeks to make visible the everyday mobility realities of those often overlooked in how cities are planned and governed, including women, children, caregivers, older persons, and persons with disabilities.

We are currently advancing a second phase of this work, which will incorporate lived experience insights from older persons, policymakers, and practitioners, deepening the connection between policy frameworks and everyday mobility realities. At the same time, we are expanding Invisible in Motion across additional thematic areas, including children's mobility, caregiving, and inclusive street design.

We work with:

- Government institutions
- Development partners
- Civil society organisations
- Academic and research institutions
- Practitioners in urban planning, transport, and public policy

We are particularly interested in partnerships that support:

- Phase Two of Enabling Mobility in Ageing
- The expansion of the Invisible in Motion research programme
- Applied research and evidence generation
- Policy development and institutional strengthening
- Street-level assessments and demonstration projects
- Capacity building and knowledge exchange

As a relatively new organisation, our work is made possible through collaboration, partnership, and a shared commitment to building cities that work better for everyone.

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## NOTE FROM THE AUTHOR

I often find myself thinking about those who move through our cities with the least margin for error – children, caregivers, older persons, and persons with disabilities.

It troubles me how we treat them. Not only in the moments we witness, on the street, at crossings, or in public spaces, but also in the systems we design and the decisions we make. The exclusion is not incidental; it is embedded in how our environments are planned, prioritised, and built.

As an urban planner, I have come to see this not as an oversight, but as something that requires deliberate attention. Our profession is meant to serve the public good and shape environments that work for everyone, not just for the able-bodied, but also for those whose needs and voices rarely make it into decision-making spaces.



Cyprine Odada  
Founder and CEO  
Women Shaping Cities

This work on Enabling Mobility in Ageing, and the broader Invisible in Motion research, is an attempt to bring those realities into view. To show that what we often accept as inevitable is, in fact, a result of choices, about who we design for, what we prioritise, and what we are willing to overlook.

I think about older persons who must plan their day around whether a journey is possible. Caregivers who rearrange their lives to bridge gaps that should not exist. Children whose journey to school is marked by constant exposure to risk. And how easily independence can be reduced, leading to isolation, depression, and declining wellbeing, all shaped by the spatial and mobility decisions we make, or fail to make.

Mobility in Kenya continues to be defined almost entirely as a transport issue, largely disconnected from social protection, gender, child welfare, and ageing systems that depend on people being able to move.

This report is the first in a series of deep-dive analyses produced by Women Shaping Cities. Future phases will move from policy analysis into spatial assessment and lived experience research, deepening the connection between frameworks and everyday realities.

To the decision makers, planners, engineers, or community leaders, I hope this report invites you to see what may otherwise go unnoticed. To recognise how everyday environments shape dignity, access, and independence in ways that are often invisible in policy, and to carry that awareness into the decisions you make.

To wider community, I hope this report offers clarity and language for what is often felt but not always expressed, and the evidence to ask for more from the systems and spaces that shape everyday life.

Every decision about where a road goes, how wide a footpath is, whether a crossing is safe, or where a bench is placed reflects a set of assumptions about who cities are for, so let us design cities that centre people, that recognise care, and that make it possible for everyone to move safely, independently, and with dignity.



**"A SOCIETY THAT DOES NOT VALUE ITS OLDER PEOPLE DENIES ITS ROOTS & ENDANGERS ITS FUTURE. LET US STRIVE TO ENHANCE THEIR CAPACITY TO SUPPORT THEMSELVES FOR AS LONG AS POSSIBLE & WHEN THEY CANNOT DO SO ANYMORE, TO CARE FOR THEM." NELSON MANDELA**

