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REPUBLIC OF KENYA

THIRTEENTH PARLIAMENT | FOURTH SESSION

THE SENATE

STANDING COMMITTEE ON LABOUR AND SOCIAL WELFARE

REPORT ON THE PETITION BY MS. BEATRICE LIKWOP CONCERNING
PEOPLE LIVING WITH INVISIBLE DISABILITIES

Rt. Hon. Speaker
You may approve for tabling
J. M. Nyegenye, C.B.S.,
Clerk of the senate/secretary, PSC
Date: 02/12/25

NOVEMBER 2025

Clerk's Chambers,
Parliament Buildings,
NAIROBI.

02/12/25

APPROVED
RT. HON. SEN
AMASON J. KINGI

PAPERS LAID	
DATE	02/12/2025
TABLED BY	Chairperson.
COMMITTEE	-
CLERK AT THE TABLE	Chemp

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LIST OF ABBREVIATIONS/ACRONYMS

COG	Council of Governors
CS	Cabinet Secretary
DTSK	The Differently Talented Society of Kenya
ECG	electrocardiogram
EEG	electroencephalogram
ICF	International Classification of Functioning, Disability, and Health (ICF)
KEMSA	Kenya Medical Supplies Authority
KNH	Kenyatta National Hospital
MTRH	Moi Teaching & Referral Hospital
NCPWD	National Council for Persons with Disabilities
NHIF	National Hospital Insurance Fund
PGH	Public General Hospital
PWD	Persons with Disabilities
UN	United Nations

PRELIMINARIES

Establishment and Mandate of the Committee

The Standing Committee on Labour and Social Welfare is established pursuant to standing order 228 of the Senate Standing Orders. The Committee is mandated to consider all matters related to manpower and human resources planning, pensions, gender, culture, social welfare, youth affairs, the National Youth Service, children's welfare, national heritage, betting, lotteries, sports, public entertainment, public amenities, and recreation.

The Committee oversees four ministries as follows –

1. The Ministry of Labour and Social Protection;
 - a) State Department for Labour and Skills Development; and
 - b) State Department for Social Protection and Senior Citizens Affairs.

2. The Ministry of Public Service, Human Capital Development and Special Programs;
 - a) State Department for Public Service and Human Capital Development; and
 - b) State Department for Special Programs.

3. The Ministry of Youth Affairs, Creative Economy and Sports;
 - a) State Department for Youth Affairs and Creative Economy; and
 - b) State Department for Sports.

4. The Ministry of Gender, Culture and Children Services;
 - a) State Department for Gender Affairs and Affirmative Action;
 - b) State Department for Culture, the Arts and Heritage; and
 - c) State Department for Children Services.

The Committee also oversees the following institutions under the State Department for Public Investments and Assets Management in the National Treasury –

- a) The department of pension;
- b) The Retirement Benefits Authority;
- c) The Local Authorities Provident Fund;
- d) Public Service Superannuation Scheme; and
- e) The Civil Servants Accident Claim Fund.

The Committee also oversees the following Commissions and State Corporations –

- a) The Public Service Commission;
- b) The Salaries and Remuneration Commission;
- c) National Gender & Equality Commission;
- d) The Commissioner of Sports & Sports Registrar; and
- e) Permanent Presidential Music Commission.

Membership of the Committee

The Committee membership is as follows –

1. Sen. Julius Recha Murgor, CBS, MP - Chairperson
2. Sen. Crystal Kegehi Asige, MP - Vice Chairperson
3. Sen. (Rtd.) Justice Stewart Madzayo, EGH, MP - Member
4. Sen. Erick Okong'o Mogeni, SC, CBS, MP - Member
5. Sen. Alexander Munyi Mundigi, MP – Member
6. Sen. Joe Nyutu, MP - Member
7. Sen. Lenku Seki Ole Kanar, MP - Member
8. Sen. Miraj Abdullahi Abdulrahman, MP - Member
9. Sen. Beth Syengo MP - Member

CHAIRPERSON'S FOREWORD

Mr. Speaker Sir,

The Petition concerning people living with invisible disabilities was reported to the Senate by the Speaker on Wednesday, 2nd October, 2024, and subsequently committed to the Standing Committee on Labour and Social Welfare for consideration pursuant to the Standing Orders.

The Petition was submitted through the Clerk of the Senate by Ms. Beatrice Likwop on behalf of persons living with invisible disabilities.

The issues raised in the Petition are as follows, that -

- a) The Government of Kenya has failed to adequately recognize and include persons living with invisible disabilities at both the national and the county levels;
- b) The Ministry of Health, Ministry of Labour and Social Protection, National Council for Persons with Disabilities (NCPWD) policies have barriers which deny people living with disabilities access to life saving essential treatments and medicines. threatening episodes;
- c) Specialised services like the EEG and ECG equipment are not available nor affordable at the grassroots;
- d) That the NCPWD and Ministry of Labour and Social Protection has inadequate programs for people living with invisible disabilities; and
- e) Corruption plays a major role in the allocation of benefits, funds, and job opportunities within relevant government bodies and stakeholder organizations such as the Red Cross and World Vision, where these opportunities are often reserved primarily for individuals with physical disabilities.

The Petitioner prays that the Senate petitions the government -

- (a) for recognition and inclusion of people living with invisible disabilities in government policies and management strategies; and
- (b) to ensure consistent supply and availability of essential medicines and treatments in referral hospitals and the requisite specialists.

The Committee held nine (9) sittings with the relevant stakeholders on various dates and received submissions on the petition, during which it observed that -

- a) Kenya's legislative and policy framework demonstrates recognition of invisible disabilities, with the Person with Disabilities Act, 2025 mandating the government to promote awareness about the rights of persons with disabilities through mass media, education systems, and public campaigns.
- b) There is lack of disaggregated data on invisible disabilities, which hampers effective planning and resource allocation.
- c) There is also lack of Public Awareness Campaigns to address misconceptions that persist about invisible disabilities (e.g., equating epilepsy with witchcraft) or Misclassification (invisible disabilities are often lumped with visible ones).
- d) While acknowledging the challenges faced by persons with invisible disabilities, there is lack of concrete action plans, measurable deliverables, and time-bound frameworks to address the issues raised from the submission from the stakeholders especially the Ministry of Labour and Social Protection, the Ministry of Health and the County governments.

The Committee recommended the following among others, that –

- a) The National and County Governments, within six months, fully implement the Persons with Disabilities Act, 2025 as it adequately addresses the concerns raised by the petitioners.

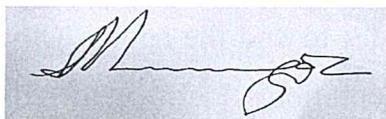
- b) The National Council for Persons with Disabilities develop guidelines for classification, registration, and support of persons with invisible disabilities within three months and report to the Committee.
- c) The National Council for Persons with Disabilities (NCPWD), within three months, in collaboration with relevant government agencies establish of a robust Monitoring and Evaluation framework to track the implementation and impact of the Persons with Disabilities Act, 2025, with a specific focus on invisible disabilities and submit an annual progress report to the Committee for review and legislative follow-up.
- d) The Ministry of Labour and Social Protection, the Ministry of Health and the County governments immediately launch targeted public education campaigns at national and county levels to raise awareness about invisible disabilities and the rights guaranteed under the law.
- e) The Ministry of Health, in collaboration with county governments, should within three months develop and implement a phased plan to provide essential services to the grassroots.

The Committee thanks the Offices of the Speaker of the Senate and the Clerk of the Senate for the support extended to the Committee in the execution of its mandate. The Committee further extends its appreciation to the Petitioner, Ms. Beatrice Likwop on behalf of persons living with invisible disabilities.

Mr. Speaker Sir,

It is now my pleasant duty and privilege, on behalf of the Committee, to present this Report of the Standing Committee on Labour and Social Welfare on the Petition concerning persons living with invisible disabilities.

SIGNATURE:



DATE: Friday, 21st November, 2025

**CHAIRPERSON: SEN. JULIUS MURGOR RECHA, CBS, MP
STANDING COMMITTEE ON LABOUR AND SOCIAL WELFARE**

CHAPTER 1: INTRODUCTION

1.1 THE PETITION

1. The Petition was reported to the Senate by the Speaker on Wednesday, 2nd October, 2024, and subsequently committed to the Standing Committee on Labour and Social Welfare for consideration pursuant to the Standing Orders.
2. The Petition was submitted through the Clerk of the Senate by Ms. Beatrice Likwop on behalf of persons living with invisible disability.
3. The issues raised in the Petition are as follows –
 - a) The Government of Kenya has failed to adequately recognize and include persons living with invisible disabilities. They are unacknowledged and excluded from government policies and management strategies. Children and adults with invisible disabilities are not represented at any level of governance, from grassroots authorities to the national government. Moreover, they exhibit behaviours, emotions, and needs that are distinct from those of individuals with physical disabilities;
 - b) That the Ministry of Health, Ministry of Labour and Social Protection, NCPWD policies have barriers which deny people living with disabilities access to life saving essential treatments and medicines which are critical for managing invisible disabilities and preventing life-threatening episodes. The attacks result in physical injuries and severely affect the individual's mental, emotional, and behavioural well-being which occasionally lead to suicides to end the agony. Others endure silent suffering, often succumbing to their conditions due to unaffordable medication. NHIF contributions have only covered registration forms, not essential treatments. Essential medicine is not available in referral hospitals;
 - c) That the undersigned requires constant essential medicine, neurologist, cardiologist services once in a year which are not available in county referral hospitals. EEG and

ECG equipment not available. The services are not affordable in private hospitals. The nearest government hospitals are MTRH and Nakuru PGH which she is unable to finance the travelling and service costs;

- d) That the NCPWD and Ministry of Labour and Social Protection have not set programs for people living with invisible disabilities. Current programs, government job slots, support, benefits, donor funds and projects are solely for people with physical disability. The criteria for financial support from the government and donor funds, as stated and enforced by the NCPWD and the Ministry, require that only persons with disabilities who are bedridden and have caregivers qualify as beneficiaries; and
- e) Corruption plays a major role in the allocation of benefits, funds, and job opportunities within relevant government bodies and stakeholder organizations such as the Red Cross and World Vision, where these opportunities are often reserved primarily for individuals with physical disabilities. The Ministry of Labour and Social Protection, PWD committee/representatives have allowed corruption to infiltrate the entire system. Applications from people with invisible disabilities are often rejected, especially if they are unwilling to engage in corruption or lack connections to sub-county authorities.

1.2 PRAYERS TO THE SENATE

- 4. The Petitioner prays that the Senate –
 - a) Petitions the government to recognize and include people living with invisible disabilities in government policies and management strategies. Sensitize society and medics to minimize stigma and discrimination;
 - b) Petitions the government to ensure consistent supply and availability of essential medicines and treatments in referral hospitals. Deploy specialists for invisible disability conditions annually in referral hospitals. Additionally,

emphasize the need for close psychological and emotional support to prevent suicide, promote interaction among persons with similar categories of disabilities, and provide reasonable financial support—up to KES 6,000—to help cover basic needs; and

- c) Petitions for the inclusion of a representative for persons with invisible disabilities to advocate for their unique needs and ensure appropriate support. The government to provide equitable access to benefits, funds, job opportunities, and programs tailored to this group. Remove all barriers that prevent individuals with invisible disabilities from receiving support and emphasize the importance of offering assistance throughout their entire journey—not just when they become bedridden.

5. Standing order 238 provides that the committee shall table its report on a Petition after consideration.

1.3 BACKGROUND INFORMATION

6. Invisible disabilities are health conditions that significantly impact daily life but are not physically apparent to others. These include mental health disorders like depression, chronic illnesses such as diabetes or fibromyalgia, neurological conditions including autism or attention deficiency hyperactivity disorder (ADHD), and pain-related disorders like arthritis.
7. While these disabilities are not visible, they cause real challenges with focus, energy, pain, or emotional regulation. A key characteristic is that symptoms often fluctuate - someone might function well one day but struggle the next.
8. Unfortunately, because these disabilities are not obvious, those affected frequently face scepticism about their condition, lack of accommodations, and social stigma,

even though their needs and limitations are just as legitimate as more visible disabilities.

9. In Kenya, individuals experiencing psychosocial crises—such as schizophrenia—are often labelled as ‘mentally ill’. They internalize this label, viewing themselves as incapable of exercising their rights.
10. Society often stigmatizes them as ‘insane,’ ‘possessed,’ or ‘bewitched. As a result, persons undergoing such mental crises are feared and believed to be dangerous to themselves and others. They are excluded and isolated from mainstream society and denied any life opportunity due to a believe that they are dangerous and fully incapable.¹
11. The United Nations highlights that individuals living with invisible disabilities in Kenya often endure extreme trauma and social ostracism, including acts such as torture, exile, forced captivity, and involuntary institutionalization.
12. Those with severe and profound conditions are frequently unaware of their rights, as their caregivers deliberately withhold this information. Meanwhile, individuals with mild to moderate conditions, although aware of their rights, often face retaliation when they attempt to assert them—this includes forced medication, as well as physical, sexual, psychological, and verbal abuse.²
13. UN further highlights that further exacerbating factors affecting those living with invisible disabilities include the unavailability of trained medical professionals citing that there are very few psychiatric medics in the whole country. Additionally, the high

¹ UN: Persons Living with Psychosocial Disabilities in Kenya
https://www.un.org/disabilities/documents/mental_disabilities_kenya.doc

² Disability Rights International (DRI). (2021). Infanticide and abuse: Killing and confinement of children with disabilities in Kenya. Disability Rights International. Retrieved from
<https://www.driadvocacy.org/reports/infanticide-and-abuse-killing-and-confinement-children-disabilities-kenya>

cost of mental institutions and medication hinders these persons from accessing medical assistance.

14. It is evident that policy makers in Kenya only recognize those with mental illness as mentally ill however they fail to recognise the disability aspect of it which the United Nations has coined the phrase '*Psychosocial disability*'. The UN recommendations on the matter are twofold³;

- i. Persons living with mental illnesses and psychosocial disabilities in Kenya, need urgent recognition as persons with invisible disabilities in order to benefit from rights currently provided for in Kenya's Persons with Disability Act, 2025; and
- ii. In order to have institutional policy that are sensitive to the special needs of persons with psychosocial disabilities, there is urgent need of sensitising professionals, policy makers, and members of the public on disability rights of persons living with mental illnesses.

15. Challenges facing people living with invisible disabilities as emphasised by the Petitioner, are very specific and unique challenges. These challenges are unique to their disability and must be acknowledged through awareness and management. Some of these challenges include but not limited to –

- a) There is a nationwide ignorance of the disability due to the invisibility of their conditions. This results in their concerns being dismissed as well as societal exclusion. Communities are quick to dismiss them and subject the individuals to torture, forced institutionalisation, degrading and inhumane treatment;
- b) Unavailability of medical professionals trained in treating psychosocial disabilities in public health facilities. This leads to high cost of medical attention

³United Nations Committee on the Rights of Persons with Disabilities. (2014). General Comment No. 1 (2014) on Article 12: Equal recognition before the law. CRPD. Retrieved from <https://www.ohchr.org/en/documents/general-comments-and-recommendations/general-comment-no1-2014-article-12-equal-recognition>

as they must rely on private medical institutions which is unsustainable and inequitable;

- c) The petitioner highlighted that the NCPWD has failed to recognize this group which has resulted in lack of access to the protections, interventions and initiatives targeted towards PWDs; and
- d) Exclusion from education and the workforce, which leads to their economic disenfranchisement. These psychosocial disabilities are often mistaken for mental illness and the lack of sensitization on the disability leads the society to avoid affording these individuals opportunities whether in the educational institutions as well as the workforce. This creates a cycle of poverty, desperation and destitution which further magnifies the condition and can lead to suicide as evidenced by the Petitioner's submissions.

1.4 LEGAL PROVISIONS

1.4.1 The Constitution

- 16. Article 10 of the Constitution provides for national values and principles of governance. It states that all state organs, state officers and public officers are bound by the principles of human dignity, equity, social justice, inclusiveness, equality, human rights, non-discrimination and protection of the marginalised, among others.
- 17. Article 27 (4) of the Constitution provides for equality and freedom from discrimination. It provides that the State or a person shall not discriminate directly or indirectly against any person on any ground, including race, sex, pregnancy, marital status, health status, ethnic or social origin, colour, age, disability, religion, conscience, belief, culture, dress, language or birth.

18. Article 43 provides for economic and social rights. It states that every person has the right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care. Everyone also has the right to accessible and adequate housing, and to reasonable standards of sanitation. Every person has the right to be free from hunger, and to have adequate food of acceptable quality.
19. The Constitution also guarantees the right to clean and safe water in adequate quantities. In addition, every individual has the right to social security and to education. Further, under Article 43(2), the State is obligated to provide appropriate social security to persons who are unable to support themselves and their dependents.
20. Article 54 of the Constitution on persons with disabilities provides that a person with any disability is entitled to -
 - (a) *be treated with dignity and respect and to be addressed and referred to in a manner that is not demeaning;*
 - (b) *access educational institutions and facilities for persons with disabilities that are integrated into society to the extent compatible with the interests of the person;*
 - (c) *reasonable access to all places, public transport and information;*
 - (d) *use Sign language, Braille or other appropriate means of communication;*
and
 - (e) *access materials and devices to overcome constraints arising from the person's disability.*

1.4.2 The Persons with Disabilities Act, 2025

21. The new Persons with Disabilities Act, 2025 explicitly defines invisible disabilities. The term disability in the Act in the preliminary states that “disability” includes any

physical, sensory, mental, psychological or other impairment, condition or illness that has or is perceived to have a substantial or long-term effect on an individual's ability to carry out ordinary day to day activities.

22. The explicit recognition of invisible disabilities in law ensures that people with invisible disabilities are entitled to the same rights, support, accommodations, and protections as those with visible disabilities. It also means that institutions—like schools, employers, and public services—are now legally required to make reasonable accommodations for people with these less-visible conditions, promote awareness, and reduce stigma.
23. Essentially, the definition of invisible disability in the Act broadens the scope of disability inclusion and brings more equity to those who often face misunderstanding or discrimination due to the "hidden" nature of their disabilities.
24. The Persons with Disabilities Act (2025) explicitly addresses the need to sensitize society and medical professionals to reduce stigma and discrimination against persons with disabilities. Under the obligations of the national government, Article 4 (d) the national government should provide facilities and infrastructure for the training of professionals in the rehabilitation and habilitation of persons with disability. In the same article, (l) the national government is mandated to ensure equity in the distribution of resources to all categories of disabilities.
25. The Act mandates both national and county governments to ensure that persons with disabilities have access to essential healthcare services, as provided under Article 24(1) and (5). These provisions guarantee the right to the highest attainable standard of health, including entitlement to free medical care and treatment in public health institutions. The Act emphasizes the development of policies and infrastructure to support the health needs of persons with disabilities, ensuring that services are inclusive and accessible.

26. The Act states that the Council shall be represented in the implementation of the National and County Health Programs under the Cabinet Secretary and County executive committee responsible for health for the purpose of—availing health services and field medical personnel to persons with disabilities at an affordable cost.
27. The Act provides incentives to the private sector that employs any persons with disabilities. Under the obligations of the national and county governments as outlined in Article 4 of the Act, the government is required to promote the inclusion and integration of persons with disabilities into the public service by ensuring that at least five percent of employment positions are reserved for them. Additionally, it must adopt affirmative action measures in public procurement by implementing preferential procurement policies for individuals or entities managed by persons with disabilities.

1.4.3 Other Statutory provisions

Social Health Insurance Act, 2023

28. This Act introduces a comprehensive social health insurance scheme aimed at providing financial protection and equitable access to healthcare services for all Kenyans, including persons with disabilities. It establishes the Social Health Authority, which manages various health funds to ensure inclusive healthcare coverage.
29. The Act establishes Emergency, Chronic, and Critical Illness Fund that covers costs associated with chronic illnesses and emergencies after the depletion of SHIF benefits. Chronic illness is defined as a condition lasting one year or more, requiring ongoing medical attention or limiting daily activities.

The Persons with Disabilities National Policy (2024)

30. The Persons with Disabilities National Policy (2024) provides a comprehensive framework to promote the rights, inclusion, and empowerment of persons with disabilities in Kenya, aligning with constitutional provisions (Article 43, 54) and international commitments like the UN Convention on the Rights of Persons with Disabilities (CRPD).
31. The policy addresses 26 thematic areas, including early identification, education, employment, health, social protection, and accessibility, with a focus on eliminating barriers such as attitudinal, environmental, and institutional discrimination.
32. It explicitly includes mental, chronic, and autoimmune illnesses under its definition of disability, recognizing "long-term physical, mental, intellectual, or sensory impairments" and highlighting the need for tailored interventions for persons with psychosocial disabilities. The policy emphasizes accessible healthcare including reproductive health services, and mandates reasonable accommodations in all sectors. For invisible disabilities, it calls for inclusive data collection and awareness campaigns to address stigma.
33. The government commits to supporting these groups through social protection programs (e.g., cash transfers) rehabilitation services, and accessible information. Additionally, it prioritizes deinstitutionalization and safeguards legal capacity for persons with psychosocial or intellectual disabilities. The policy's implementation involves multi-sectoral coordination and periodic reviews to ensure inclusivity.

CHAPTER 2: CONDUCT AND PROCEEDINGS OF THE COMMITTEE

34. This section of the report summarises the Committee's engagement with petitioners and other stakeholders relevant to the matters brought forward in the petition. In all meetings, the common denominator were the petitioners, whose interaction with other stakeholders allowed the issue to be addressed conclusively.
35. The Committee had held a meeting with the Petitioners on Tuesday, 29th October, 2024.
36. The Committee had sittings with the relevant stakeholders on various dates and received submissions on the petition.

2.1 SUBMISSIONS FROM THE PETITIONERS

37. The Differently Talented Society of Kenya (DTSK) submitted to the Senate Standing Committee on Labour and Social Welfare regarding challenges faced by persons with invisible disabilities. DTSK is a registered organization that supports persons with autism spectrum disorders and their caregivers, and they submitted their views following a petition by Beatrice Likwop on invisible disabilities.
38. The organization defines invisible disabilities as conditions that are not immediately apparent but substantially limit a person's ability to perform daily living activities, including psychosocial disabilities from mental health conditions, autism and neurodevelopmental disabilities, and progressive chronic conditions like cancer, multiple sclerosis, and epilepsy. They argue that while these disabilities aren't explicitly mentioned in current legislation, they are protected under Kenya's Constitution and disability laws.

39. DTSK presents nine key recommendations: legal recognition of invisible disabilities in legislative frameworks, disaggregated data collection during census and surveys, deployment of rehabilitation professionals to community levels, provision of essential medications at local healthcare facilities, explicit inclusion in social protection programs, expansion of assistive device policies to include communication aids, public awareness training for police and health workers, recognition of identification tools like sunflower lanyards for discreet identification of hidden disabilities, and coordination between relevant ministries and stakeholders to address systemic barriers.
40. Their submission emphasizes that persons with invisible disabilities face unique challenges in accessing services and support because their conditions are not visibly apparent, yet they significantly impact daily functioning and quality of life.

2.2 THE SUBMISSION FROM THE MINISTRY OF HEALTH

41. The Ministry of Health responded to the petition concerning persons with invisible disabilities, acknowledging the advocacy of the petitioner, Beatrice, and affirming the government's commitment to Universal Health Coverage (UHC). The Ministry of Health in the response recognized the importance of addressing the challenges faced by individuals with invisible disabilities as well as talked about long history of advocating for the rights of persons with disabilities.
42. The Ministry stated that it has been involved in assessing and categorizing disabilities since 2008, leading to the registration of over 600,000 PWDs by 2022. Further, stated that it developed a Disability Medical Assessment and Categorization Guidelines in 2022. The guidelines adopted the International Classification of Functioning, Disability, and Health (ICF) model.

43. It noted that the Disability Medical Assessment and Categorization Guidelines include domains such as physical disabilities, visual impairments, mental health disorders, and progressive chronic conditions. Which Invisible disabilities can fall into various domains, including neurological and musculoskeletal conditions under the chronic progressive disability domain.
44. In its response to the petition, the ministry stated that the ICF provides a holistic evaluation, considering mental, social, and environmental dimensions of health. The ICF emphasizes an individual's capabilities and the barriers they face, not just medical diagnoses. The ICF highlights the need for societal and environmental adjustments to support individuals with invisible disabilities.
45. The Ministry stated that the Social Health Authority has created three funds: The Primary Health Care Fund, the Social Health Insurance Fund, and the Emergency, Chronic, and Critical Illness Fund. These funds aim to expand access to healthcare services for all Kenyans and eliminate financial barriers. The funds collectively improve access to care for individuals with disabilities, including those with invisible disabilities.
46. The Ministry also specified that it established the Rehabilitation Services Technical Working Group (TWG) in 2023 to address challenges faced by persons with disabilities in accessing healthcare services. The TWG includes representatives from organizations for PWDs, government agencies, and training institutions. PWDs with invisible disabilities are encouraged to provide input to the TWG on how to improve access to healthcare and rehabilitation services.

2.2 SUBMISSION FROM THE MINISTRY OF LABOUR AND SOCIAL PROTECTION

47. The response from the State Department for Social Protection and Senior Citizens Affairs outlines the Ministry's efforts and initiatives to address the concerns raised, while also deferring some issues to other relevant ministries. In the response the Ministry stated that the Ministry of Health developed the Disability Medical Assessment and Categorization Guidelines (2022) to standardize the assessment and categorization of disabilities, including invisible disabilities. These guidelines align with the Convention on the Rights of Persons with Disabilities (CRPD).
48. It further noted that the Ministry of Health and Kenya Medical Supplies Authority (KEMSA) are better placed to provide information on healthcare accessibility, medication availability, and services under the Social Health Insurance Fund (SHIF).
49. The Ministry stated that it advocates for the reservation of 5% of casual, emergency, and contractual positions in both public and private sectors for persons with disabilities, as per the Persons with Disabilities Act (Cap 133). In addition, The Ministry runs an Education Assistance Programme to support persons with disabilities in primary, secondary, vocational, and university education, aiming to improve their employment prospects.
50. The Ministry also stated that it implements an Autism and Related Developmental Disorders Support Programme, which provides early identification, therapy, essential drugs, and adult diapers for 6,000 individuals with autism, cerebral palsy, Down syndrome, epilepsy, and intellectual disabilities.
51. The response highlighted that the Ministry administers a Cash Transfer Programme for Persons with Severe Disabilities (PWSD-CT), targeting extremely poor

households with severely disabled individuals. The program aims to improve livelihoods and mitigate the effects of disability on households.

52. The Ministry also conducts sensitization programs across the country to educate the public on disability rights, reduce stigma, and promote inclusion. This includes the International Day for Persons with Disabilities celebrated on December 3rd. A Disability Awareness Creation Booklet has been developed, and regional sensitization forums are held to educate communities on disability issues.
53. The Ministry also specified that in partnership with stakeholders, launched the NCPWD Career Portal to address barriers to employment for persons with disabilities. The portal aims to create a database of qualified candidates with disabilities and link them to potential employers, helping the government achieve the 5% employment quota for persons with disabilities.
54. The Ministry defers some issues to other ministries. It stated that various Ministries and State Departments are assigned functions based on their mandates. The Ministry of Environment is better placed to provide the environmental status of the country in relation to prevention of pollution.
55. The MLSP added that the Ministry of Health would be better placed to provide accurate information in relation to NHIF currently SHIF on the processes of accessing the universal health care and the Ministry of Lands, Public Works, Housing, and Urban Development: For data on building accessibility and health facility designs.
56. During the oral presentation by the officials as well as senators there were discussions whether individuals with invisible disabilities could be optionally identified using discreet wristbands or wearable identifiers to ensure they receive appropriate support during emergencies or episodes.

57. However, Senators stated that wearing a wristband to identify individuals with invisible disabilities can aid in emergencies but also poses risks to privacy and safety. While intended to offer protection, such identifiers may expose people to stigma, discrimination, or targeted abuse, especially in societies where these conditions are misunderstood.
58. There was also discussion on a proposal to integrate education on invisible disabilities into the school curriculum from an early age, with the aim of promoting inclusion, fostering understanding, and reducing stigma associated with these conditions.
59. The Ministry concluded by adding that significant budgetary constraints resulting from government funding cuts have impeded the effective implementation of targeted programs and support services.

2.3 SUBMISSIONS FROM THE COUNCIL OF GOVERNORS

60. The COG acknowledges that while the concept of invisible disabilities is critical, it remains relatively new in policy discourse, leading to a lack of clear direction at both national and county levels. Despite this, the COG commends the petitioner for highlighting this overlooked issue and provides a detailed report on current interventions and challenges.
61. County governments have made progress in addressing invisible disabilities through various measures. These include developing disability laws and policies that acknowledge invisible disabilities, decentralizing medical assessments to make them more accessible, and establishing mental health units and support services.
62. Awareness campaigns led by Community Health Promoters aim to reduce stigma and identify cases early. Social protection initiatives, such as disability funds and economic empowerment programs, have been implemented in counties like Wajir.

63. Additionally, counties are improving documentation through digital systems, promoting inclusive education, and providing assistive devices. Training programs for county officials and health promoters are also being conducted to enhance disability inclusion.
64. However, significant challenges persist. Policy gaps remain, particularly the lack of explicit direction on invisible disabilities. Public hospitals struggle with inconsistent medicine supplies, and budgetary constraints limit the rollout of specialized programs.
65. There is a shortage of skilled specialists, such as psychiatrists and occupational therapists, and a lack of disaggregated data on invisible disabilities. Stigma and cultural misconceptions further hinder acceptance and treatment. Another issue is the lumping of invisible disabilities with general disability categories, which leads to inadequate attention and skewed funding priorities.
66. The COG concluded by listing some recommendations to address these challenges such as institutionalizing training and awareness, reviewing national legislation to explicitly recognize invisible disabilities, and mandating the National Council for Persons with Disabilities (NCPWD) to develop specific guidelines.
67. The Committee noted that COG's submission underscored the need for coordinated efforts to ensure equitable inclusion and support for persons with invisible disabilities across Kenya, and encouraged county governments to create inclusive programs and policies, expand social protection schemes, and enhance funding for community-based rehabilitation and psychosocial support services.

CHAPTER 3: EMERGING ISSUES

69. Following comprehensive engagement with the petitioner and stakeholders, including the Ministry of Health, the Ministry of Labour and Social Protection, and the Council of Governors, the Committee identified several critical issues that require urgent attention and intervention.

3.1 RECOGNITION AND DEFINITION OF INVISIBLE DISABILITIES

70. While the Persons with Disabilities Act, 2025 explicitly recognizes invisible disabilities in its definition of disability, there remains a significant gap between legal recognition and practical implementation. Invisible disabilities—including psychosocial disabilities, chronic illnesses, neurological conditions, and mental health disorders—continue to be poorly understood by society, healthcare providers, and even implementing agencies. The Committee observed that persons with invisible disabilities face unique challenges stemming from the non-visible nature of their conditions, which often leads to their exclusion from support systems designed for persons with disabilities.

3.2 HEALTHCARE ACCESS AND SERVICE DELIVERY GAPS

71. The Committee noted significant barriers in accessing essential healthcare services for persons with invisible disabilities. These include the unavailability of specialized medical professionals such as neurologists, psychiatrists, and cardiologists in county referral hospitals; inconsistent supply of essential medications in public health facilities; lack of diagnostic equipment such as EEG and ECG machines at county level; and the high cost of accessing specialized care in private facilities. The petitioner's testimony that NHIF contributions covered only registration forms rather than essential treatments highlighted systemic failures in health insurance coverage for invisible disabilities.

3.3 DATA COLLECTION AND DOCUMENTATION CHALLENGES

72. The Committee identified a critical gap in disaggregated data on persons with invisible disabilities. Without accurate data on the prevalence, distribution, and specific needs of this population, effective planning, resource allocation, and programme design remain severely compromised. Current disability registration systems and census methodologies do not adequately capture invisible disabilities, rendering this group invisible not only physically but also statistically.

3.4 SOCIAL PROTECTION AND ECONOMIC INCLUSION

73. The Committee found that current social protection programmes, including the Cash Transfer Programme for Persons with Severe Disabilities and employment quota systems, inadvertently exclude persons with invisible disabilities. The criteria requiring beneficiaries to be bedridden with caregivers effectively disqualifies persons with invisible disabilities who, despite significant functional limitations, may not meet these narrow criteria. Similarly, the 5% employment reservation in the public and private sectors disproportionately benefits persons with visible disabilities, leaving those with invisible disabilities marginalized.

3.5 STIGMA, DISCRIMINATION, AND SOCIETAL ATTITUDES

74. The Committee observed that persons with invisible disabilities face profound stigma and discrimination rooted in misconceptions and lack of awareness. Conditions such as epilepsy, mental health disorders, and autism are often attributed to witchcraft, possession, or moral failing, leading to social ostracism, forced institutionalization, and denial of opportunities. The invisibility of these conditions makes it difficult for affected persons to seek accommodations or support without facing skepticism or accusations of malingering.

3.6 CORRUPTION AND SYSTEMIC BARRIERS

75. The petition raised serious allegations of corruption in the allocation of disability benefits, funds, and employment opportunities. The Committee noted concerns that applications from persons with invisible disabilities are frequently rejected unless they engage in corrupt practices or have connections to sub-county authorities. This systemic corruption undermines the integrity of disability support systems and perpetuates inequality among persons with disabilities.

3.7 POLICY IMPLEMENTATION GAPS

76. While the legislative and policy framework, including the Persons with Disabilities Act, 2025 and the National Persons with Disabilities Policy, 2024, provides comprehensive protections, the Committee identified significant gaps in implementation. Many provisions remain on paper without accompanying regulations, operational guidelines, budgetary allocations, or accountability mechanisms. County governments, while making commendable efforts, lack clear national direction on addressing invisible disabilities specifically.

3.8 BUDGETARY CONSTRAINTS AND RESOURCE ALLOCATION:

77. Both the Ministry of Labour and Social Protection and the Council of Governors cited budgetary constraints as a major impediment to implementing targeted programmes for persons with disabilities, including those with invisible disabilities. Funding cuts have limited the rollout of specialized services, awareness campaigns, and social protection schemes, threatening the realization of constitutional and statutory rights for this vulnerable population.

3.9 COORDINATION AND INTER-MINISTERIAL COLLABORATION

78. The Committee observed fragmentation in the delivery of services to persons with invisible disabilities, with various ministries—Health, Labour and Social Protection, Education—operating in silos. This lack of coordination results in gaps, duplication, and inefficiencies. The absence of a unified approach hampers comprehensive support that addresses the multifaceted needs of persons with invisible disabilities across health, education, employment, and social protection sectors.

3.10 MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SERVICES

79. The Committee noted the critical shortage of mental health and psychosocial support services in Kenya, with very few psychiatric professionals available nationwide. This shortage, combined with the high cost of mental health care and the stigma surrounding it, leaves persons with psychosocial disabilities particularly vulnerable. The lack of community-based mental health services means that many individuals go untreated or are subjected to harmful traditional practices.

3.11 IDENTIFICATION AND EMERGENCY RESPONSE

80. During deliberations, the issue of discreet identification mechanisms for persons with invisible disabilities arose. While tools such as sunflower lanyards or wristbands could facilitate appropriate support during emergencies or episodes, concerns were raised about privacy, safety, and the potential for such identifiers to expose individuals to stigma, discrimination, or targeted abuse, especially in contexts where invisible disabilities are misunderstood.

3.12 EDUCATIONAL INCLUSION AND EARLY INTERVENTION:

81. The Committee identified gaps in the education system's capacity to identify, accommodate, and support children with invisible disabilities. The lack of trained special needs educators, inadequate screening mechanisms for early identification, and insufficient awareness among teachers and administrators contribute to the exclusion of these children from mainstream education, perpetuating cycles of marginalization and limiting future opportunities.

CHAPTER 4: COMMITTEE OBSERVATIONS & RECOMMENDATIONS

4.1 COMMITTEE OBSERVATIONS

82. The Committee made observations on the Petition as follows –

- I. Kenya's legislative and policy framework demonstrates recognition of invisible disabilities. The Persons with Disabilities Act, 2025 and related statutory laws mark a transformative shift by explicitly recognizing and protecting the rights of persons with invisible disabilities. Additionally, the National Persons with Disabilities Policy, 2024 shows commitment by the government to provide policy direction, services, and programmes for persons with disabilities;
- II. The Person with Disabilities Act, 2025 emphasizes the government to promote awareness about the rights of persons with disabilities through mass media, education systems, and public campaigns. Without widespread awareness, many people living with invisible disabilities may continue to suffer in silence, excluded from services meant to support them;
- III. There is lack of disaggregated data on invisible disabilities, which hampers effective planning and resource allocation;
- IV. There is also lack of Public Awareness Campaigns to address misconceptions that persist about invisible disabilities (e.g., equating epilepsy with witchcraft) or Misclassification (invisible disabilities are often lumped with visible ones.); and
- V. While acknowledging the challenges faced by persons with invisible disabilities, there is lack of concrete action plans, measurable deliverables, and time-bound frameworks to address the issues raised from the submission from the stakeholders especially the Ministry of Labour and Social Protection.

4.2 COMMITTEE RECOMMENDATIONS

83. The Committee having considered the petition in accordance with its mandate recommends the following –

- i. The National and County Governments, within six months, fully implement the Persons with Disabilities Act, 2025 as it adequately addresses the concerns raised by the petitioners;
- ii. The National Council for Persons with Disabilities develop guidelines for classification, registration, and support of persons with invisible disabilities within three months and report to the Committee;
- iii. The National Council for Persons with Disabilities (NCPWD), within three months, in collaboration with relevant government agencies establish of a robust Monitoring and Evaluation framework to track the implementation and impact of the Persons with Disabilities Act, 2025, with a specific focus on invisible disabilities and submit an annual progress report to the Committee for review and legislative follow-up;
- iv. The Ministry of Labour and Social Protection, the Ministry of Health and the County governments immediately launch targeted public education campaigns at national and county levels to raise awareness about invisible disabilities and the rights guaranteed under the law;
- v. The Ministry of Health, in collaboration with county governments, should within three months develop and implement a phased plan to provide essential services to the grassroots;
- vi. The relevant oversight bodies, including the Directorate of Criminal Investigations, and Ethics and Anti-Corruption Commission (EACC), should
 - a. Conduct targeted investigations into allegations of corruption in the allocation of disability benefits, funds, and employment opportunities,

- with specific attention to discrimination against persons with invisible disabilities and report back to the Committee within three months; and
- b. Implement a public complaint mechanism, within one month specifically for persons with invisible disabilities to report discrimination or corruption in accessing services and benefits.

LIST OF APPENDICES

1. Minutes of the proceedings
2. Copy of the Petition
3. Submission from the Petitioner
4. Submissions from the Ministry of Labour and Social Protection
5. Submissions from the Ministry of Health
6. Submissions from the Council of Governors
7. Disability Medical Assessment and Categorization Guidelines, 2022

○ APPENDIX 1: MINUTES OF THE PROCEEDINGS



MINUTES OF THE EIGHTY-THIRD (83RD) MEETING OF THE STANDING COMMITTEE ON LABOUR AND SOCIAL WELFARE HELD IN CONFERENCE MEETING ROOM 1 & 2, CROWNE PLAZA, HOTEL, MACHAKOS COUNTY ON FRIDAY, 21ST NOVEMBER, 2025 AT 3.00 PM.

MEMBERS PRESENT

- | | | |
|----|-------------------------------------|----------------------------|
| 1. | Sen. Julius Recha Murgor, CBS, MP | - Chairperson |
| 2. | Sen. Alexander Munyi Mundigi, MP | - Member- <i>virtually</i> |
| 3. | Sen. Joe Nyutu, MP | - Member |
| 4. | Sen. Miraj Abdulahi Abdulrahman, MP | - Member- <i>virtually</i> |
| 5. | Sen. Beth Syengo, MP | - Member- <i>virtually</i> |

APOLOGIES

- | | | |
|----|--|---------------------------|
| 1. | Sen. Crystal Asige, MP | - Vice-Chairperson |
| 2. | Sen. (Rtd.) Justice Stewart Madzayo, EGH, MP | - Member |
| 3. | Sen. Erick Okong'o Mogeni, SC, CBS, MP | - Member |
| 4. | Sen. Lenku Seki Ole Kanar, MP | - Member |

SECRETARIAT

- | | | |
|----|----------------------|--------------------------------|
| 1. | Ms. Mwananate Shaban | - Principal Clerk Assistant II |
| 2. | Ms. Florence Waweru | - Clerk Assistant II |
| 3. | Mr. Jackson Wekesa | - Legal Counsel II |
| 4. | Ms. Nigma Adow | - Research Officer |
| 5. | Mr. Nicholas Arusei | - Audio Officer |
| 6. | Mr. Frank Mutulu | - Media Relations |
| 7. | Mr. James Ngusya | - Serjeant-at-arms |
| 8. | Ms. Cnythia Ombaka | - Office Assistant, DLS |

MIN/SEN/SCLSW/467/2025: PRAYERS

The meeting was called to order by the Chairperson at 3.17 p.m. followed by a word of prayer.

MIN/SEN/SCLSW/468/2025: ADOPTION OF AGENDA

The agenda was adopted after being proposed by Sen. Joe Nyutu, MP and seconded by Sen. Alexander Munyi Mundigi, MP, as follows –

1. Prayer;
2. Adoption of the Agenda;
3. Consideration and adoption of Petition Reports before the Committee-
 - a. Petition on People living with invisible disability.
 - b. Petition by the former employees of Kenya Co-operatives Creameries concerning the non-payment of their terminal benefits and Maziwa Sacco dues.
4. Any Other Business; and
5. Date of the Next Meeting and Adjournment.

MIN/SEN/SCLSW/469/2025: CONSIDERATION AND ADOPTION OF PETITION REPORTS BEFORE THE COMMITTEE

A. Petition on People living with invisible disability.

1. Members noted that the Petition on the plight of persons with invisible disabilities, had been referred to the Committee following its presentation to the Senate on 2nd October 2024.
2. It was recalled that the Petition had called for Government recognition and inclusion of persons with invisible disabilities in policies and strategies, improved access to treatment and psychological support, and enhanced financial and social support mechanisms.
3. The Committee had at its sitting on Friday, 14th November 2025, considered the draft report, which summarised the engagements held with the petitioner, relevant ministries, and other stakeholders. The report had outlined key concerns raised, including the absence of recognition in Government policies, difficulties in accessing essential healthcare services, corruption affecting benefit allocation, and the psychosocial impact of unaddressed invisible disabilities.
4. The Committee adopted the Report on the Petition by Ms. Beatrice Likwop concerning persons living with invisible disabilities after being proposed by Sen. Beth Syengo, MP and seconded by Sen. Joe Nyutu, MP.

B. Petition by the former employees of Kenya Co-operatives Creameries concerning the non-payment of their terminal benefits and Maziwa Sacco dues

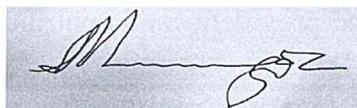
1. Members noted that the Petition concerning former employees of Kenya Co-operatives Creameries (KCC), had been referred to the Committee following its presentation to the Senate on 9th July 2024. The Petition had highlighted that the affected employees had not received their terminal benefits, outstanding Maziwa Sacco dues, or remitted pension and provident fund contributions following the KCC restructuring.
2. At its sitting on 14th November 2025, the Committee had considered the draft report, which had summarised engagements with the petitioners, relevant ministries, and other stakeholders. The report had identified key concerns, including delays in the payment of terminal benefits, gaps in the management of employee retirement contributions, and the financial impact on affected staff.
3. The Committee noted correspondence from the Ministry, Cabinet Secretary, Ministry of Cooperatives & Micro, Small and Medium Enterprises, Ref. MC&MSME/CS/Vol.11/259 dated 7th November, 2025 informing of the progress made by the Inter-Ministerial Committee in verifying and substantiating the outstanding claims of former Kenya Co-operative Creameries employees, including engagements with claimants, their legal representatives, and the collection of supporting documentation.
4. The Committee further noted the request for additional time and, to ensure a comprehensive report with clear findings and recommendations, approved an extension of one month. It resolved to direct the Inter-Ministerial Committee to finalise its work and submit the full report to the Committee by Monday, 5th January, 2026, after which the Committee would undertake a follow-up on the implementation of the recommendations.
6. The Committee adopted the Report on the Petition by the former employees of Kenya Co-operatives Creameries concerning the non-payment of their terminal benefits and Maziwa Sacco after being proposed by Sen. Beth Syengo, MP and seconded by Sen. Joe Nyutu, MP.

MIN/SEN/SCLSW/470/2025: ANY OTHER BUSINESS

There was no other business.

MIN/SEN/SCLSW/471/2025 ADJOURNMENT AND DATE OF THE NEXT MEETING

The meeting was adjourned at 4.23 p.m. the next meeting being the following day.



SIGNATURE.....
(CHAIRPERSON: SEN. JULIUS RECHA MURGOR, CBS, MP)

DATE: Tuesday, 25th November, 2025.



**MINUTES OF THE SEVENTY EIGHTH (78TH) MEETING OF THE
STANDING COMMITTEE ON LABOUR AND SOCIAL WELFARE HELD IN
LAKE NAIVASHA RESORT CONFERENCE ROOM, NAIVASHA, NAKURU
COUNTY ON FRIDAY, 14TH NOVEMBER, 2025 AT 2.00 PM.**

MEMBERS PRESENT

- | | | |
|----|-------------------------------------|----------------------------|
| 1. | Sen. Julius Recha Murgor, CBS, MP | - Chairperson |
| 2. | Sen. Alexander Munyi Mundigi, MP | - Member- <i>virtually</i> |
| 3. | Sen. Joe Nyutu, MP | - Member |
| 4. | Sen. Miraj Abdulahi Abdulrahman, MP | - Member- <i>virtually</i> |

APOLOGIES

- | | | |
|----|--|--------------------|
| 1. | Sen. Crystal Asige, MP | - Vice-Chairperson |
| 2. | Sen. (Rtd.) Justice Stewart Madzayo, EGH, MP | - Member |
| 3. | Sen. Erick Okong'o Mogeni, SC, CBS, MP | - Member |
| 4. | Sen. Lenku Seki Ole Kanar, MP | - Member |
| 5. | Sen. Beth Syengo, MP | - Member |

SECRETARIAT

- | | | |
|----|----------------------|--------------------------------|
| 1. | Ms. Mwananate Shaban | - Principal Clerk Assistant II |
| 2. | Ms. Florence Waweru | - Clerk Assistant II |
| 3. | Mr. Jackson Wekesa | - Legal Counsel II |
| 4. | Ms. Ndindi Kibathi | - Research Officer |
| 5. | Mr. Johnstone Simiyu | - Audio Officer |
| 6. | Ms. Joy Kaama | - Fiscal Analyst |
| 7. | Mr. James Ngusya | - Serjeant-at-arms |
| 8. | Ms. Caroline Mukami | - Secretary, DSEC |

MIN/SEN/SCLSW/437/2025: PRAYERS

The meeting was called to order by the Chairperson at 2.45 p.m. followed by a word of prayer.

MIN/SEN/SCLSW/438/2025: ADOPTION OF AGENDA

The agenda was adopted after being proposed by Sen. Joe Nyutu, MP and seconded by Sen. Alexander Munyi Mundigi, MP, as follows –

1. Prayer;
2. Adoption of the Agenda;
3. Consideration of the Committee Report on the Petition on People living with invisible disability.
4. Any Other Business; and
5. Date of the Next Meeting and Adjournment.

MIN/SEN/SCLSW/439/2025:**CONSIDERATION OF THE
COMMITTEE REPORT ON THE
PETITION ON PEOPLE LIVING WITH
INVISIBLE DISABILITY****A. Committee briefing**

1. The Committee was reminded of the Petition on the plight of persons with invisible disabilities, which had been committed to it following its presentation to the Senate on 2nd October, 2024.
2. Members were informed that the Petition sought Government recognition and inclusion of persons with invisible disabilities in policies and strategies, improved access to treatment and psychological support, as well as the provision of financial and social support.
3. The Committee thereafter proceeded to review the report which highlighted findings from the meetings held with the petitioner, relevant ministries, and other stakeholders, highlighting key issues including- lack of recognition and inclusion in government policies, barriers to accessing essential healthcare, corruption affecting allocation of benefits, and the psychosocial impact of unaddressed invisible disabilities.

B. Committee observations and recommendation

1. The Committee noted that Kenya’s legal and policy framework, including the Persons with Disabilities Act, 2025, and the National Policy, 2024, recognized invisible disabilities and sought to protect the rights of affected persons. However, gaps remained in public awareness, disaggregated data, and concrete, time-bound action plans to address persistent misconceptions, exclusion, and inadequate support.
2. The Committee recommended full implementation of the Act, development of specific NCPWD guidelines for classification and support, establishment of a monitoring and evaluation framework, and targeted public education campaigns at national and county levels to ensure awareness and equitable access to rights and services.

C. Committee resolution

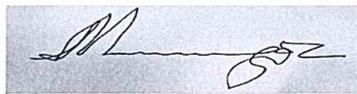
The Committee resolved to defer the adoption of the Committee Report on the Petition on People living with invisible disability until a minimum of five members are present to ensure quorum and adequate representation during consideration.

MIN/SEN/SCLSW/440/2025: ANY OTHER BUSINESS

There was no other business.

MIN/SEN/SCLSW/441/2025 ADJOURNMENT AND DATE OF THE NEXT MEETING

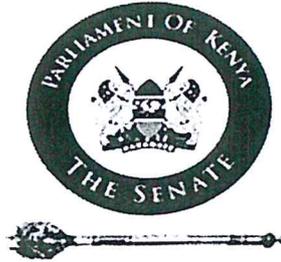
The meeting was adjourned at 4.30 p.m. the next meeting being on notice.



SIGNATURE:

(CHAIRPERSON: SEN. JULIUS RECHA MURGOR, CBS, MP)

DATE: Saturday, 22nd November, 2025.



MINUTES OF THE SEVENTY – FIRST (71ST) MEETING OF THE STANDING COMMITTEE ON LABOUR AND SOCIAL WELFARE HELD IN COMMITTEE ROOM 2, BUNGE TOWER ON TUESDAY, 29TH OCTOBER, 2024 AT 10.00 A.M.

MEMBERS PRESENT

1. Sen. George Mungai Mbugua, MP - Vice-Chairperson
2. Sen. (Rtd.) Justice Stewart Madzayo, EGH, MP - Member
3. Sen. Alexander Munyi Mundigi, MP - Member
4. Sen. Miraj Abdulahi Abdulrahman, MP - Member
5. Sen. Crystal Asige, MP - Member
6. Sen. Gloria Orwoba, MP - Member

APOLOGIES

1. Sen. Julius Murgor Recha, CBS, MP - Chairperson
2. Sen. Erick Okong'o Mogeni, SC, MP - Member
3. Sen. Mohamed Mwinyihaji Faki, CBS, MP - Member

SECRETARIAT

1. Ms. Mwanate Shaban - Senior Clerk Assistant
2. Mr. Reinhardt Choge - Clerk Assistant
3. Mr. Jeremy Chabari - Legal Counsel
4. Ms. Ndindi Kibathi - Research Officer
5. Mr. Frank Mutulu - Media Relations Officer
6. Mr. Joseph Otieno - Audio Officer
7. Mr. John Pere - Sergeant-at-Arms
8. Ms. Swaluha Yusuf - Public Communications

IN – ATTENDANCE

1. Ms. Beatrice Likwop - Petitioner
2. Ms. Alice Mundia - Differently Talented Society of Kenya
3. Mr. Macharia Njoroge - Championing for Inclusive Communities in Kenya

MIN/SEN/SCLSW/425/2024: PRAYERS

The Chairperson called the meeting to order at 10.22 a.m. followed by a word of prayer. This was followed by introductions by all present.

MIN/SEN/SCLSW/426/2024: ADOPTION OF AGENDA

The Agenda was adopted having been proposed by Sen. Alexander Mundigi, MP and seconded by Sen. Crystal Asige, MP as follows –

1. Prayers & Introductions;
2. Adoption of the Agenda;
3. **Meeting with the Petitioner and Stakeholders on the Petition concerning people living with invisible disabilities;**
4. **Consideration and Adoption of the Report on the Provision of Sanitary Towels Bill, 2024 (Senate Bills No. 7 of 2024);**
5. **Consideration and Adoption of the Report on the Sports (Amendment) Bill, 2024 (Senate Bills No. 33 of 2024);**
6. **Consideration and Adoption of the Report on the Public Fundraising Appeals Bill, 2024 (Senate Bills No. 36 of 2024);**
7. Any Other Business; and
8. Adjournment/Date of the Next Meeting.

MIN/SEN/SCLSW/427/2024 MEETING WITH THE PETITIONER AND STAKEHOLDERS ON THE PETITION CONCERNING PEOPLE LIVING WITH INVISIBLE DISABILITIES;

The Chairperson informed the Committee of the letter from the Ministry of Labour and Social Welfare requesting for a reschedule of the meeting due to other duties. He then welcomed the petitioner and other guests to the meeting and allowed them to make their presentations.

a) Presentation by Ms. Beatrice Likwop

1. Ms. Likwop began by stating that she is a resident of Narok County and has been living with complex invisible disability (status epilepticus bradycardia fibromyalgia).
2. She added that invisible disabilities included people with heart conditions, epilepsy, etc.
3. She stated that the Government of Kenya does not recognise invisible disability and has not included them in the Government policies, programs and management strategies. The Government programs only support persons with severe disabilities.
4. As a result, people leaving with invisible disability are denied access to life saving essential treatment and medicine. This then leads to physical, mental and emotional trauma.

5. She stated like in her case, she needed to see a cardiologist and a neurologist frequently and these are not available in county referral hospitals (Level 4), adding that her condition requires her to access rehabilitative care and therapy which requires specialists who are unavailable in lower-level hospitals (Level 4 Hospitals going down to the dispensary level). If she was to access the specialists at private hospitals, the cost is too high to be sustainable, therefore workers should be cascaded down to the lower-level hospitals.
6. She claims to have written to the State Department of Social Protection from 2016 to 2023 on the same but has not received any response. The Community Health Workers also do not seem to know how to recognise and handle persons with invisible disabilities.
7. The medicines are also not available in the county referral hospitals and the society does not seem to understand invisible disabilities. She called for sensitization by the government across both levels (national and county) on invisible disabilities as a large number of people do not know that these disabilities exist.
8. The government through the State department of Social Protection should be able to identify and provide stipends to persons with invisible disabilities as most of them are unable to get regular jobs owing to their conditions.

b) Presentation by Ms. Alice Mundia

Ms Alice Mundia began by introducing herself as a mother of a child with autism and is part of Differently Talented Society of Kenya, an organisation that advocates for autism awareness, acceptance and inclusion. She identified the gaps that exist in dealing with people with invisible disabilities as follows –

1. High cost of rehabilitative therapies/ interventions. These are essential for the development and wellbeing of children with autism and related developmental disabilities and they include occupational, physiotherapy, speech therapy and behavioural therapies. To counter this, she suggested that the country may adopt low priced model similar to the Kenya Institute of Special Education Model and train more professionals in rehabilitation.
2. Rehabilitative services are not available at lower levels in most sub-county hospitals, health centres and dispensaries and this is where most patients are. The therapy is mostly available in level 4, 5 and 6 hospitals across the country. She advised that the national government decentralises rehabilitative therapy and the county governments increase staffing and decentralize their services and professions to lower level hospitals. The governments can also train caregivers to enhance continuous therapy in the homes.
3. High cost of medications and supplements which include anticonvulsants, anti-psychotic medication and dietary supplements. These can be included in the Social Health Insurance Fund.
4. Difficulties in accessing assistive devices due to existing government programs domiciled in the National Council for Persons with Disabilities leaning towards

provision of mobility devices which leave out those that require communication and sensory assistive devices.

5. Access to therapy in the continuum of care in hospitals, schools and community.
6. Access to appropriate means of communication.
7. High cost of medical assessment for registration.
8. Difficulties accessing mainstream education institutions.
9. Transit challenges leading to difficulties in securing dignified employment later in life.
10. Socio-economic empowerment difficulties.
11. Societal stigma and discrimination which have risen out of community labels and misunderstandings and myths.
12. Burden of unpaid care with little community support systems like respite, tax exemptions, Health insurance.
13. Mental health issues.

c) Presentation by Mr. Macharia Njoroge

Mr. Njoroge begun by informing the Committee that he is a person suffering from Social anxiety and Social Disorder, both forms of invisible disability, and stated the following -

1. Mental health services should be deinstitutionalized by stopping construction of mental health institutions and instead move to community-based programs with a holistic multi stakeholder approach;
2. There is need for legal harmonization and constitutional reforms;
3. Work and employment safeguards should be adopted to provide reasonable support systems;
4. Enhanced social protection to provide persons with psychosocial disabilities a housing program, cash transfers and comprehensive medical coverage to cater for all medical costs;
5. Community based support services like support groups, respite centres and gardens should be developed;
6. A flexible curriculum to provide a more inclusive education system;
7. Recognition of persons with psychosocial disabilities; and
8. The government should conduct proper reintegration to society of persons with psychosocial disabilities that have been illegally detained in prisons or mental health institutions.

d) Committee Observations

1. The Committee noted that there over nine hundred invisible disabilities and that Persons with invisible disabilities need to be legally recognised and properly defined so as not to be confused with long term illnesses;
2. Acknowledged that most families have persons with invisible disabilities, and conflict arises when some conditions or disabilities are recognised as mental illness;
3. Noted that deafness and low visibility is also a form of invisible disability;

4. The National Council for Persons with Disabilities should be invited to update the Committee on the mapping of households in the counties which will guide how the Community Health Promoters will cater to persons with invisible disabilities;
5. The Social Health Insurance Fund and the Social Health Authority should be called to brief the Committee on how many disabilities are covered in Universal Health Care and to what extent; and
6. A joint sitting with the Committee on Health is required to ensure that the lower levels of hospitals offer proper services.

MIN/SEN/SCLSW/428/2024 **CONSIDERATION AND ADOPTION OF THE REPORT ON THE PROVISION OF SANITARY TOWELS BILL, 2024 (SENATE BILLS NO. 7 OF 2024);**

The Agenda item was deferred to the next meeting.

MIN/SEN/SCLSW/429/2024 **CONSIDERATION AND ADOPTION OF THE REPORT ON THE SPORTS (AMENDMENT) BILL, 2024 (SENATE BILLS NO. 33 OF 2024);**

The Agenda item was deferred to the next meeting.

MIN/SEN/SCLSW/430/2024 **CONSIDERATION AND ADOPTION OF THE REPORT ON THE PUBLIC FUNDRAISING APPEALS BILL, 2024 (SENATE BILLS NO. 36 OF 2024);**

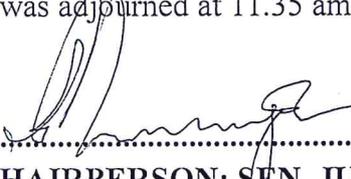
The Agenda item was deferred to the next meeting.

MIN/SEN/SCLSW/431/2024 **ANY OTHER BUSINESS**

There was no other business.

MIN/SEN/SCLSW/432/2024 **ADJOURNMENT AND DATE OF THE NEXT MEETING**

The meeting was adjourned at 11.35 am.

SIGNED..........DATE Tuesday, 12th November, 2024

CHAIRPERSON: SEN. JULIUS MURGOR RECHA, CBS, MP
STANDING COMMITTEE ON LABOUR AND SOCIAL WELFARE



MINUTES OF THE SIXTY- FIFTH (65TH) MEETING OF THE STANDING COMMITTEE ON LABOUR AND SOCIAL WELFARE HELD IN TAMANISHA BOARDROOM, SAROVA WHITESANDS HOTEL, MOMBASA COUNTY ON THURSDAY, 4TH SEPTEMBER, 2025 AT 2.30 P.M.

MEMBERS PRESENT

- | | |
|--|--------------------|
| 1. Sen. Julius Recha Murgor, CBS, MP | - Chairperson |
| 2. Sen. Crystal Asige, MP | - Vice-Chairperson |
| 3. Sen. Miraj Abdulahi Abdulrahman, MP | - Member |

APOLOGIES

- | | |
|---|----------|
| 1. Sen. Erick Okong'o Mogeni, SC, CBS, MP | - Member |
| 2. Sen. (Rtd.) Justice Stewart Madzayo, EGH, MP | - Member |
| 3. Sen. Alexander Munyi Mundigi, MP | - Member |
| 4. Sen. Lenku Seki Ole Kanar, MP | - Member |
| 5. Sen. Joe Nyutu, MP | - Member |
| 6. Sen. Beth Syengo, MP | - Member |

SECRETARIAT

- | | |
|------------------------|--------------------------------|
| 1. Ms. Mwanate Shaban | - Principal Clerk Assistant II |
| 2. Ms. Florence Waweru | - Clerk Assistant II |
| 3. Mr. Jackson Wekesa | - Legal Counsel II |
| 4. Ms. Ndindi Kibathi | - Research Officer III |
| 5. Mr. Nick Arusei | - Audio Officer |
| 6. Ms. Alice Nanyama | - Executive Secretary, DSEC |
| 7. Mr. James Ngusya | - Serjeant-at-arms |

MIN/SEN/SCLSW/361/2025: PRAYERS

The meeting was called to order by the Chairperson at 2.45 p.m. followed by a word of prayer.

MIN/SEN/SCLSW/362/2025: ADOPTION OF AGENDA

The agenda was adopted after being proposed by Sen. Crystal Asige, MP and seconded by Sen. Miraj Abdullahi, MP, as follows –

1. Prayer;
2. Adoption of the Agenda;
3. Consideration of the Committee Report on the Petition on People living with invisible disability.
4. Any Other Business; and
5. Date of the Next Meeting and Adjournment.

MIN/SEN/SCLSW/363/2025: CONSIDERATION OF THE COMMITTEE REPORT ON THE PETITION ON PEOPLE LIVING WITH INVISIBLE DISABILITY

A. Committee briefing

1. The Committee noted that the Petition on the plight of persons with invisible disabilities, which had been committed to it following its presentation to the Senate on 2nd October, 2024.
2. Members observed that the Petition sought Government recognition and inclusion of persons with invisible disabilities in policies and strategies, improved access to treatment and psychological support, as well as the provision of financial and social support.
3. The Committee observed that it had engaged the relevant Ministries on the matter and had since concluded its consideration of the Petition.
4. The Committee considered the draft petition report and made the following observations and recommendations as captured in the Report.

B. Committee comments and observations

The Committee observed the following-

1. That the legislative and policy framework, particularly the Persons with Disabilities Act, 2025 and the National Policy on Persons with Disabilities, 2024, had made deliberate efforts to recognize invisible disabilities. They noted that this was a progressive step in aligning Kenya's disability agenda with international best practice.
2. Members, however, observed that while the legal framework is comprehensive, its impact will depend on effective implementation. They pointed out the absence of clear action plans, measurable deliverables, and time-bound frameworks from the Ministries concerned, which risked rendering the progressive provisions of the law ineffective.
3. Members also emphasized the urgent need for public awareness and education campaigns to dismantle entrenched misconceptions about invisible disabilities, including stigma, discrimination, and misclassification. They agreed that the National Council for Persons with Disabilities (NCPWD) must take a lead role in spearheading such initiatives.

- 4. Further, they underscored the importance of reliable and disaggregated data on invisible disabilities, without which resource allocation and planning would continue to be inadequate. They supported the proposal for the establishment of a robust Monitoring and Evaluation framework, with annual reporting to Parliament to facilitate legislative follow-up and accountability.
- 5. The Committee observed that while the recommendations provide a clear framework for addressing the concerns of persons with invisible disabilities, they lack specific timelines for implementation. Members emphasized the importance of assigning clear, time-bound targets to ensure accountability and measurable progress.
- 6. The Committee further noted the need for consistency in terminology, observing that the report alternates between the use of “persons with invisible disabilities” and “people with invisible disabilities.”; and
- 7. Members agreed that the report should adopt a single, standardized term, in line with international best practice and the language used in the Persons with Disabilities Act, 2025, which refers to “persons with disabilities.”

C. Committee resolution

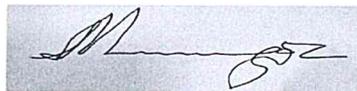
Due to lack of quorum to adopt the report, the Committee resolved to defer the adoption of the Committee Report on the Petition on People living with invisible disability to a later date.

MIN/SEN/SCLSW/364/2025: ANY OTHER BUSINESS

There was no other business.

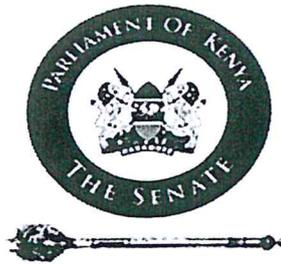
MIN/SEN/SCLSW/365/2025 ADJOURNMENT AND DATE OF THE NEXT MEETING

The meeting was adjourned at 3.30 p.m. in readiness for the next meeting.



SIGNATURE:
(CHAIRPERSON: SEN. JULIUS RECHA MURGOR, CBS, MP)

DATE: Monday, 22nd September, 2025



MINUTES OF THE SIXTY – SIXTH (66TH) MEETING OF THE STANDING COMMITTEE ON LABOUR AND SOCIAL WELFARE HELD IN DESERT ROSE ROOM, SERENA BEACH HOTEL ON SATURDAY, 26TH OCTOBER, 2024 AT 11.40 A.M.

MEMBERS PRESENT

1. Sen. Julius Murgor Recha, CBS, MP - **Chairperson**
2. Sen. George Mungai Mbugua, MP - **Vice-Chairperson**
3. Sen. (Rtd.) Justice Stewart Madzayo, EGH, MP - Member
4. Sen. Mohamed Mwinyihaji Faki, CBS, MP - Member
5. Sen. Miraj Abdulahi Abdulrahman, MP - Member
6. Sen. Alexander Munyi Mundigi, MP - Member
7. Sen. Crystal Asige, MP - Member
8. Sen. Gloria Orwoba, MP - Member

APOLOGIES

1. Sen. Erick Okong’o Mogeni, SC, MP - Member

SECRETARIAT

1. Ms. Mwanate Shaban - Senior Clerk Assistant
2. Mr. Reinhardt Choge - Clerk Assistant
3. Mr. Jeremy Chabari - Legal Counsel
4. Ms. Ndindi Kibathi - Research Officer
5. Mr. Jack Lemeteki - Media Relations Officer
6. Mr. Joseph Otieno - Audio Officer
7. Mr. John Pere - Sergeant at Arms
8. Ms. Sandra Mwandishi - Aide to Sen. Crystal Asige, MP

MIN/SEN/SCLSW/395/2024: PRAYERS

The Chairperson called the meeting to order at 11.45 am followed by a word of prayer.

MIN/SEN/SCLSW/396/2024: ADOPTION OF AGENDA

The Agenda was adopted having been proposed by Sen. Gloria Orwoba, MP and seconded by Sen. George Mbugua, MP as follows –

1. Prayers;
2. Adoption of the Agenda;
3. **Consideration of the Public Participation Matrix on the Public Fundraising Appeals Bill, 2024 (Senate Bills No. 14 Of 2024);**
4. **Briefing on the Petition on People living with Invisible Disability (Committee Paper 83);**
5. Any Other Business; and
6. Adjournment/Date of the Next Meeting.

MIN/SEN/SCLSW/397/2024 CONSIDERATION OF THE PUBLIC PARTICIPATION MATRIX ON THE PUBLIC FUNDRAISING APPEALS BILL, 2024 (SENATE BILLS NO. 14 OF 2024);

1. The Committee considered the above Bill, reviewing the objectives, background and main clauses of the Bill to re-acquaint themselves with key matters, and noted the following, That –
 - i. There are already existing laws regulating the conduct of Public officials, both Public Officers and State Officers in harambees or public fundraising; and
 - ii. These laws include the Public Officer Ethics Act (CAP 185B), the Leadership and Integrity Act (CAP 185C); and the Election Offenses Act (CAP 66).
2. The Committee considered the Public Publication matrix on the Public Fundraising Appeals Bill, 2024 (Senate Bills No. 14 of 2024) noted that -
 - i. Most of the submissions were against the Bill;
 - ii. The Public Service Commission, in their submission advised the Committee that the matters that the Bill is trying to address are already taken care of in law, and implementation is what is lacking; and
 - iii. The Bill will create a lot of bureaucracy especially at the County level since one will be required to apply at the County Executive Committee Member to get a license to conduct fundraisings.
3. The Members noted that the United States of America has a law that mandates campaign monies contributed or fundraised are available to the Public, and that the bill does not address the issue of digital fundraising;
4. The Bill does not provide a way of dealing with charity trustees, and may institute drawbacks on the freedom of assembly; and

5. The Committee resolved that the Bill should be withdrawn and the Sponsor instead strengthen existing legislation by making amendments to the Leadership and Integrity Act, the Public Officers and Ethics Act, and the Election Laws Act.

MIN/SEN/SCLSW/398/2024 **BRIEFING ON THE PETITION ON PEOPLE
LIVING WITH INVISIBLE DISABILITY
(COMMITTEE PAPER 83);**

1. The Committee was informed that a petition had been referred to it on persons living with invisible disabilities on Wednesday, 2nd October, 2024;
2. The key issues the petitioner raised in the Petition are –
 - i. The government of Kenya had failed to recognize persons with invisible disabilities in government policies and management strategies and children and adults are not represented from the ground to the national government;
 - ii. That the Ministry of Health, Social Protection and NCPWD policies have barriers denying people living with disabilities access to life saving essential treatment and medicine;
 - iii. That the petitioner requires constant essential medicine, neurologist, cardiologist services once a year that aren't available at county referral hospitals thereby incurring high travel costs to cities where the service is available;
 - iv. Current programs by the NCPWD and Social Protection's current programs, government job slots, support, benefits, donor funds and projects are solely for persons with physical disability; and
 - v. Corruption has resulted in the rejection of applications from persons with invisible disabilities especially those not willing to corrupt authorities.
3. The Petitioner's prayers are as follows –
 - i. That the government recognizes and includes persons with invisible disability in government policies and management strategies and sensitize society and medics to minimize stigma and discrimination;
 - ii. That the government oversees constant supply availability of essential medicines and treatment in referral hospitals. Relevant invisible disability specialists be in recommended hospitals. Close psychological and emotional support to prevent suicides. Give a chance and same category disability interaction. Reasonable financial support up to 6000/= can cover basic needs; and
 - iii. Persons with invisible disability to have a representative from the invisible disability category and plan for suitable support including benefits, funds, job opportunities and programs. Remove all barriers denying people with invisible disability to get support. Support people with disability during the entire journey not when bedridden.
4. The Committee was informed that the Petitioner, the Ministry of Labour and Social Protection, the Council of Governors and the County Assemblies Forum had been invited for a Committee meeting on Tuesday 29th October, 2024;

Committee Resolution

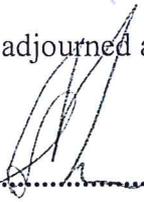
1. The Committee resolved to invite an expert in invisible disabilities as advised by the Committee members to the meeting on the Petition scheduled for Tuesday and to invite the Ministry of Health to subsequent meetings on the Petition.

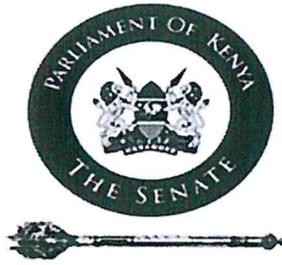
MIN/SEN/SCLSW/399/2024 ANY OTHER BUSINESS

There was no other business.

MIN/SEN/SCLSW/400/2024 ADJOURNMENT AND DATE OF THE NEXT MEETING

The meeting was adjourned at 12.44 pm.

SIGNED..........DATE Sunday, 27th October, 2024.....
CHAIRPERSON: SEN. JULIUS MURGOR RECHA, CBS, MP
STANDING COMMITTEE ON LABOUR AND SOCIAL WELFARE



MINUTES OF THE FOURTY NINTH (49TH) MEETING OF THE STANDING COMMITTEE ON LABOUR AND SOCIAL WELFARE HELD IN COMMITTEE ROOM 6, FIRST FLOOR, BUNGE TOWER ON TUESDAY, 15TH JULY, 2025 AT 11.30 AM.

MEMBERS PRESENT

- | | |
|--|----------------------------|
| 1. Sen. Crystal Asige, MP | - Vice-Chairperson |
| 2. Sen. Alexander Munyi Mundigi, MP | - Member |
| 3. Sen. Miraj Abdulahi Abdulrahman, MP | - Member |
| 4. Sen. Beth Syengo, MP | - Member- <i>Virtually</i> |

APOLOGIES

- | | |
|---|---------------|
| 1. Sen. Julius Recha Murgor, CBS, MP | - Chairperson |
| 2. Sen. (Rtd.) Justice Stewart Madzayo, EGH, MP | - Member |
| 3. Sen. Erick Okong'o Mogeni, SC, CBS, MP | - Member |
| 4. Sen. Lenku Seki Ole Kanar, MP | - Member |

SECRETARIAT

- | | |
|------------------------|--------------------------------|
| 1. Ms. Mwanate Shaban | - Principal Clerk Assistant II |
| 2. Mr. Jackson Wekesa | - Legal Counsel II |
| 3. Ms. Nigma Adow | - Research Officer III |
| 4. Mr. Nicholas Arusei | - Audio Officer |
| 5. Mr. Lomenen Junior | - Media Relations Officer |
| 6. Ms. Swaluha Yusuf | - Protocol Officer |
| 7. Mr. James Ngusya | - Serjeant-at-arms |
| 8. Ms. Zahra Mohammed | - Intern, DSEC |

INATTENDANCE

1. Cabinet Secretary, Ministry of Health
2. Principal Secretary
3. Principal Secretary State Department for Social Protection
4. Officials from the Ministry of Health
5. Officials from the State Department for Social Protection
6. Officials from the National Council for Persons with Disabilities
7. Officials from the Council of Governors
8. Ms. Beatrice Likwop - Lead Petitioner
9. Ms. Margret Sein - Petitioner
10. Mr. Issac Munga - Petitioner
11. Mr. Epharus Ndumia - Petitioner
12. Mr. Kisoso John - Petitioner
13. Ms. Veronica Wanjiku - Aide
14. Mr. Macharia Njoroge - Director, CIC
15. Ms. Faith Gatere - Differently Talented Society of Kenya (DTSK)
16. Ms. Alice Mundia - Official, (DTSK)

MIN/SEN/SCLSW/281/2025: PRAYERS

The meeting was called to order by the Chairperson at 11.26 a.m. followed by a word of prayer. This was followed by introductions by all present.

MIN/SEN/SCLSW/282/2025: ADOPTION OF AGENDA

The Agenda was adopted after being proposed by Sen. Miraj Abdullahi, MP and seconded by Sen. Alexander Munyi Mundigi, MP as follows –

1. Prayer;
2. Adoption of the Agenda;
3. Meeting with various stakeholders on the Petition concerning Persons with Invisible Disabilities (*Committee Paper No.27*);
4. Any Other Business; and
5. Date of the Next Meeting and Adjournment.

MIN/SEN/SCLSW/283/2025: MEETING WITH VARIOUS STAKEHOLDERS ON THE PETITION CONCERNING PERSONS WITH INVISIBLE DISABILITIES

A. Committee briefing

1. The Committee was briefed on Paper No. 33 concerning the Petition on the plight of persons with invisible disabilities. It was reported that the Petition had been committed to the Committee following its presentation to the Senate on 2nd October, 2024. The Petition sought Government recognition and inclusion of people with invisible disabilities in policies and strategies, improved access to treatment and psychological support, and the provision of financial and social support.
2. Apart from the Petitioner, the Committee in its earlier meetings had met the Cabinet Secretary, Ministry of Labour and Social Protection and his Principal Secretary for State Department for Social Protection on the matter.
3. The Committee in today's meeting was meeting the Ministry of Health and the Council of Governors. The Principal Secretary, State Department for Social Protection was also present in the meeting.

B. Submission by the Petitioner, Ms. Beatrice Likwop

1. The Petitioner began by stating that Invisible Disability is not easy to define, recognise or express, since it may have no apparent physical anomalies;
2. She called for the inclusion of PWD in the provision of essential services and accountability in PWD Allocation Expenditure.
3. She named the Ministry of Health, Labour & Social Protection, COG, KRA and NCPWD as the main stakeholders in the deliberations, decisions and implementations of Disability act, policies, operation guidance and accountability functions.
4. She added that some national and county government public offices that offer services to PWD are manned by non-PWD persons, and called for PWD inclusion.
5. She also advocated for the inclusion of PWD in economic empowerment programmes, stating that programs like affordable housing excludes PWD.
6. She also said that both the National and County institutions had failed to effectively manage and support persons with invisible disabilities.
7. On PWD, Assessment, registration and vetting policies, she mentioned that a huge number of PWDs had not been registered.
8. She concluded by explaining the challenges facing PWD like discriminatory assessment, registration and vetting policies and procedures, corruption by the public institutions offering the services, lack of essential drugs, gadgets, devices and welfare support, unsupportive infrastructure, insecurity and lack of employment.

C. Submissions by the Ministry of Health

Hon. Adan Duale, the Ministry of Health submitted as follows –

1. That the Ministry acknowledges the concerns raised by the Petitioner regarding the recognition and inclusion of Persons with Invisible Disabilities.
2. That Invisible disabilities include epilepsy, fibromyalgia and various mental health conditions which can impair daily functioning leading to systemic barriers, stigma and exclusion from services, accommodations, and broader societal acceptance.
3. Policies and management strategies developed and implemented by the Ministry of Health to address the above include –
 - a) Disability Medical Assessment and Categorization Guidelines (2022);
 - b) Health Financing through the Social Health Authority (SHA) which includes several targeted funds that directly benefit persons with invisible disabilities like the Emergency, Chronic, and Critical Illness Fund, the Social Health Insurance Fund and the Primary Health Care Fund;
 - c) Rehabilitation Services Technical Working Group – a multi stakeholder forum to advance access to rehabilitation services for all persons with disabilities.
 - d) Advocacy, Training and Community Engagement.
4. That the Ministry, in collaboration with other government institutions and partners, is fully committed to ensuring that persons with invisible disabilities are acknowledged in policy, enabling equitable access to essential healthcare services and providing tailored support that respects individual needs.
5. The Country is trying to move from curative health to preventive health.

D. Submissions by the Council of Governors

The Council of Governors made the following submissions in response to counties' efforts on inclusion of persons with disabilities –

1. Counties such as Nakuru, Kericho, Lamu and Samburu have dedicated disability funds.
2. Mombasa County supported its residents to renew their PWD cards at no cost.
3. Kiambu county introduced the Autism and Neuro-developmental Disabilities Program to provide assistive medical therapy devices and special education scholarships for students with these conditions.
4. Homa bay County supports children and young people (age 0-25) with disabilities through its integrated programme for persons with disabilities (IPPD which focuses on public awareness to reduce stigma, community-based rehabilitation services, psychological support and caregiver education.

E. Petitioners' comments

The Petitioners made the following comments –

1. Counties are not doing enough on invisible disabilities;
2. SHA does not fully cover for the PWDs medical requirements;
3. There are still challenges on capturing data of persons with multiple disabilities;
4. Called for more inclusion in government;
5. The need to recognise and support care givers

F. Committee observations and comments

Members raised the following concerns –

1. **Disability Data** - there seems to be inadequate accurate data on disability both at National and County level. Kenya Health Information Systems should be able to address this issue, with NCPWD providing data to ease decision making real time.
2. **Access to Special Care** - Social Health Authority (SHA) should reduce barriers in accessing healthcare, including the unavailability of essential medication and specialized treatment, particularly in public referral hospitals. Community Health Workers and specialized health workers should be provided with training to recognize and manage conditions.
3. **Affordability** – Public Health facilities should be covered under SHA
4. **National Council for Persons with Disabilities Policies and Regulations** – The Council should prioritize the development of regulations for the PWD Act, 2025.

G. Committee resolutions

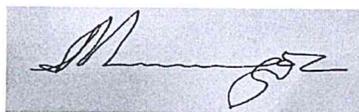
1. The Ministry of Health and the Ministry of Labour and Social Protection to develop the necessary regulations for the newly enacted laws in the Health and Social Protection sector so as to support PWDs.
2. The Committee thanked all the stakeholders and resolved to incorporate their submissions when considering the report on the matter.

MIN/SEN/SCLSW/284/2025: ANY OTHER BUSINESS

There was no other business.

MIN/SEN/SCLSW/285/2025 ADJOURNMENT AND DATE OF THE NEXT MEETING

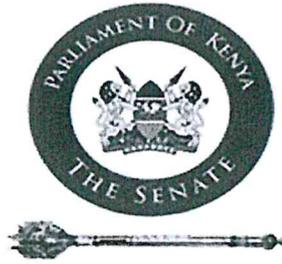
The meeting was adjourned at 13.40 p.m. with the next meeting being on notice.



SIGNATURE.....

(CHAIRPERSON: SEN. JULIUS RECHA MURGOR, CBS, MP)

DATE: Wednesday, 28th November, 2025



MINUTES OF THE THIRTY-THIRD (33RD) MEETING OF THE STANDING COMMITTEE ON LABOUR AND SOCIAL WELFARE HELD IN COMMITTEE ROOM 6, FIRST FLOOR, BUNGE TOWER ON THURSDAY, 5TH JUNE, 2025 AT 11.30 AM.

MEMBERS PRESENT

- | | |
|--------------------------------------|----------------------------|
| 1. Sen. Julius Recha Murgor, CBS, MP | - Chairperson |
| 2. Sen. Alexander Munyi Mundigi, MP | - Member |
| 3. Sen. Lenku Seki Ole Kanar, MP | - Member |
| 4. Sen. Beth Syengo, MP | - Member- <i>Virtually</i> |

APOLOGIES

- | | |
|---|--------------------|
| 1. Sen. Crystal Asige, MP | - Vice-Chairperson |
| 2. Sen. (Rtd.) Justice Stewart Madzayo, EGH, MP | - Member |
| 3. Sen. Erick Okong'o Mogeni, SC, CBS, MP | - Member |
| 4. Sen. Miraj Abdulahi Abdulrahman, MP | - Member |

SECRETARIAT

- | | |
|------------------------|---------------------------|
| 1. Ms. Florence Waweru | - Clerk Assistant II |
| 2. Mr. Jackson Wekesa | - Legal Counsel II |
| 3. Ms. Nigma Adow | - Research Officer III |
| 4. Mr. Nicholas Arusei | - Audio Officer |
| 5. Mr. Lomenen Junior | - Media Relations Officer |
| 6. Ms. Swaluha Yusuf | - Protocol Officer |
| 7. Mr. James Ngusya | - Serjeant-at-arms |
| 8. Ms. Zahra Mohammed | - Intern, DSEC |

INATTENDANCE

- | | |
|------------------------|-------------------|
| 1. Ms. Beatrice Likwop | - Lead Petitioner |
| 2. Ms. Margret Sein | - Petitioner |
| 3. Mr. Issac Munga | - Petitioner |
| 4. Mr. Epharus Ndumia | - Petitioner |
| 5. Mr. Kisoso John | - Petitioner |

- | | |
|-------------------------|--|
| 6. Ms. Veronica Wanjiku | - Aide |
| 7. Mr. Macharia Njoroge | - Director, CIC |
| 8. Ms. Faith Gatere | - Differently Talented Society of Kenya (DTSK) |
| 9. Ms. Alice Mundia | - Official, (DTSK) |

MIN/SEN/SCLSW/194/2025: PRAYERS

The meeting was called to order by the Chairperson at 11.45 a.m. followed by a word of prayer.

MIN/SEN/SCLSW/195/2025: ADOPTION OF AGENDA

The Agenda was adopted after being proposed by Sen. Alexander Munyi Mundigi, MP and seconded by Sen. Lenku Seki Ole Kanar, MP as follows –

1. Prayer;
2. Adoption of the Agenda;
3. Meeting with various stakeholders on the Petition concerning Persons with Invisible Disabilities (*Committee Paper No.27*);
4. Any Other Business; and
5. Date of the Next Meeting and Adjournment.

MIN/SEN/SCLSW/196/2025: MEETING WITH VARIOUS STAKEHOLDERS ON THE PETITION CONCERNING PERSONS WITH INVISIBLE DISABILITIES

A. Committee briefing

1. The Committee was briefed on Paper No. 27 concerning the Petition on the plight of persons with invisible disabilities. It was reported that the Petition had been committed to the Committee following its presentation to the Senate on 2nd October, 2024. The Petition sought Government recognition and inclusion of people with invisible disabilities in policies and strategies, improved access to treatment and psychological support, and the provision of financial and social support.
2. The Committee was informed that invisible disabilities included conditions such as heart disease, epilepsy, autism among others. It was noted that the Government of Kenya did not recognize invisible disabilities in its programs and strategies, focusing instead on persons with severe disabilities. Petitioners reportedly facing systemic barriers including lack of access to essential medicines, inadequate healthcare, stigma, and limited awareness among health workers.
3. Members were also informed of the need to revise the Social Health Insurance model, review the education system to enhance inclusion, and expand Social protection to offer housing, cash transfers, and full medical coverage for persons with psycho-social disabilities.
4. The Committee had previously engaged with the Petitioners on 29th October, 2024, and later sought responses from the Ministry of Health, Ministry of Labour and Social Protection, and the Council of Governors, which had since been received.

5. The Committee was further informed of apologies received submitted by the Cabinet Secretaries for the Ministries of Health and Labour and Social Protection, and further observed that no apology had been received from the Council of Governors.

B. Committee observations and comments

1. **Delays in Stakeholder Engagement-** The Committee observed that the comprehensive resolution of the Petition had been significantly delayed due to the consistent failure by the Ministry of Health and the Council of Governors to appear before it as required. It further noted that multiple rescheduling requests by these parties had hindered the timely conclusion of its deliberations on the matter.
2. **Lack of Policy Recognition-** The Committee observed that persons living with invisible disabilities were not adequately recognized within existing government policies, programs, and management strategies, which contributed to their continued exclusion from essential services and support systems.
3. **Access to Healthcare-** It was noted that persons with invisible disabilities faced significant barriers in accessing healthcare, including the unavailability of essential medication and specialized treatment, particularly in public referral hospitals.
4. **Educational Barriers-** It was observed that the existing education model did not sufficiently cater to the needs of learners with invisible disabilities, calling for a more inclusive and equitable framework.
5. **Psychosocial and Economic Vulnerability-** The Committee observed that the absence of targeted social protection mechanisms had left many individuals with invisible disabilities vulnerable to poverty, mental distress, and social isolation, underscoring the need for cash transfer programs, psychosocial support, and comprehensive medical coverage.
6. **Need for Representation and Participation-**The Committee further noted the Petitioners' call for representation of persons with invisible disabilities in decision-making platforms to ensure their voices and concerns are integrated into policy formulation and implementation.

After the briefing, the Chairperson instructed that the guests be ushered in, and a round of introductions took place. Thereafter, the Petitioners proceeded with their submission.

C. Comments by the Petitioners

1. During the meeting, the Committee was addressed by the lead Petitioner, Ms. Beatrice Likwop, who underscored the need for meaningful stakeholder engagement with persons living with invisible disabilities. She expressed concern that key government actors appeared unaware of the lived realities on the ground, and emphasized that persons with invisible disabilities face unique and diverse challenges that are often misunderstood or overlooked, even within the broader disability community.
2. A key appeal was made for the **recognition of invisible disabilities** through independent representation and tailored support mechanisms. The Petitioner highlighted the global use of the **Sunflower symbol** as an identifier for individuals with hidden disabilities, advocating for its adoption in Kenya as a practical tool for visibility and inclusion.
3. It was noted that existing disability assessment processes, particularly those administered by the National Council for Persons with Disabilities, are inadequate in addressing cases of **multiple disabilities**, as current forms only allow individuals to register under one category. This limitation excludes many individuals—such as those

with epilepsy who may also have physical impairments—from accessing the full range of necessary support.

4. The Petitioners further emphasized the critical need for **access to essential medical care**, likening the importance of medication for conditions like autism and epilepsy to that of wheelchairs for persons with physical disabilities. They called for these medicines to be made widely available at local facilities to ease accessibility.
5. Another major concern was the **centralization of vetting and assessment procedures**, which imposes logistical and financial burdens on petitioners who must travel long distances for disability evaluations. The Petitioners strongly recommended **decentralizing these services to the county level** to enhance access and equity.
6. An additional speaker, Ms. Alice Mundia, reinforced the importance of identification and recognition frameworks for persons with invisible disabilities. She also raised concerns about children with autism, some of whom are prone to wandering from home, and stressed the need for increased community awareness and responsive policy interventions.
7. The Petitioners welcomed the recent enactment of the **Persons with Disabilities Act**, viewing it as an opportunity to ensure that the concerns of persons with invisible disabilities are integrated into the regulations and guidelines that will operationalize the new law.

D. Committee resolutions

1. **Convening a Multi-Stakeholder Meeting-** The Committee resolved to convene a final multi-stakeholder meeting to deliberate on the issues raised in the Petition. It was agreed that the meeting would include representatives from the Ministry of Health, Ministry of Labour and Social Protection, the Council of Governors, the National Council for Persons with Disabilities (NCPWD), and the Petitioners.
2. **Issuance of Invitation Letters-** The Committee resolved that formal invitation letters shall be sent to the Cabinet Secretary for Health and the Council of Governors, requiring their appearance before the Committee on **Tuesday, 8th July 2025**. The letters will be strongly worded and will explicitly reference all previous correspondence and invitations issued.
3. **Consequences of Non-Attendance-** The Committee resolved that should the Cabinet Secretary for Health and the Council of Governors fail to appear on the stipulated date; the Committee shall proceed to issue summons to compel their attendance.

MIN/SEN/SCLSW/197/2025: ANY OTHER BUSINESS

There was no other business.

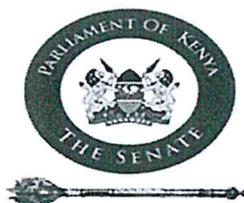
MIN/SEN/SCLSW/198/2025 ADJOURNMENT AND DATE OF THE NEXT MEETING

The meeting was adjourned at 12.45p.m. with the next meeting being on notice.



SIGNATURE.....
(CHAIRPERSON: SEN. JULIUS RECHA MURGOR, CBS, MP)

DATE: Thursday, 19th June, 2025



MINUTES OF THE TWENTY FIRST (21ST) MEETING OF THE STANDING COMMITTEE ON LABOUR AND SOCIAL WELFARE HELD IN COMMITTEE ROOM 1, FIRST FLOOR, BUNGE TOWER ON THURSDAY, 17TH APRIL, 2025 AT 11.00 AM.

MEMBERS PRESENT

- | | |
|--|--------------------|
| 1. Sen. Julius Murgor Recha, CBS, MP | - Chairperson |
| 2. Sen. Crystal Asige, MP | - Vice-Chairperson |
| 3. Sen. Alexander Munyi Mundigi, MP | - Member |
| 4. Sen. Lenku Seki Ole Kanar, MP | - Member |
| 5. Sen. Miraj Abdulahi Abdulrahman, MP | - Member |
| 6. Sen. Gloria Orwoba, MP | - Member |
| 7. Sen. Beth Syengo, MP | - Member |

APOLOGIES

- | | |
|---|----------|
| 1. Sen. (Rtd.) Justice Stewart Madzayo, EGH, MP | - Member |
| 2. Sen. Erick Okong'o Mogeni, SC, MP | -Member |

SECRETARIAT

- | | |
|------------------------|--------------------------------|
| 1. Ms. Mwanate Shaban | - Principal Clerk Assistant II |
| 2. Ms. Florence Waweru | - Clerk Assistant II |
| 3. Mr. Jackson Wekesa | - Legal Counsel II |
| 4. Ms. Joy Kyalo | - Fiscal Analyst III |
| 5. Mr. Frank Mutulu | - Media Relations Officer II |
| 6. Ms. Nigma Abdi | - Research Officer III |
| 7. Mr. Paul Katuta | - Sergeant-at-arms |

IN-ATTENDANCE

A. Petitioners- Invisible Disabilities

- | | |
|--|---|
| 1. Hon. Alfred Mutua | - Cabinet Secretary, MLSP |
| 2. Mr. Joseph Motari | - Principal Secretary, State Department for Social Protection |
| 3. Dr. Lynett Ochuma | - SDSP – Ag. Secretary, Directorate of Social Development |
| 4. Officials from the Ministry of Labour and Social Protection | |

MIN/SEN/SCLSW/122/2025: PRAYERS

The meeting was called to order by the Chairperson at 11.28 a.m. followed by a word of prayer. This was led by introductions from all present.

MIN/SEN/SCLSW/123/2025: ADOPTION OF AGENDA

The Agenda was adopted after being proposed by Sen. Crystal Asige, MP and seconded by Sen. Beth Syengo, MP as follows –

1. Prayer;
2. Adoption of the Agenda;
3. Consideration of the Petition concerning Persons with Invisible Disabilities (*Committee Paper No.16*) – Meeting the Ministry of Labour & Social Protection, Ministry of Health and the Council of Governors.
4. Any Other Business; and
5. Date of the Next Meeting and Adjournment.

MIN/SEN/SCLSW/124/2025: MEETING THE MINISTRY OF LABOUR & SOCIAL PROTECTION, MINISTRY OF HEALTH AND THE COUNCIL OF GOVERNORS.

a) Committee briefing

1. The Committee considered the brief on the petition concerning the persons with invisible disabilities; and noted that repeated last-minute rescheduling of scheduled appearances by the Ministry of Health and the Council of Governors has significantly hindered the Committee's ability to undertake a comprehensive and exhaustive consideration of the Petition; and
2. The Committee called the Office of the Cabinet Secretary for Health who committed to be present in the next meeting.

b) Submission by Petitioners

1. The Lead Petitioner, Ms. Beatrice Likwop submitted that key government actors were not in touch with the realities on the ground faced by PWDs especially Persons living with Invisible Disabilities, who are often misunderstood or overlooked, even within their own disability space;
2. She called for the Ministry of recognize invisible disabilities, calling for strategic interventions by the State Department for Social Protection to identify, manage and support persons living with invisible disabilities.
3. She acknowledged that the existing disability assessment processes by the National Council for Persons with Disabilities, are inadequate in addressing cases of multiple disabilities, since an individual can register only under one category. This excludes many individuals from accessing the full range of necessary support.
4. She strongly called for the need for access to essential medical care, which should be made widely available at local facilities to ease accessibility.

5. She also raised concerns on the centralization of vetting and assessment procedures, which imposes logistical and financial burdens on petitioners who must travel long distances for disability evaluations, and advocated for decentralizing these services to the county level to enhance access and equity.

c) Submissions by the Ministry of Labour and Social Protection

The Cabinet Secretary, Ministry of Labour and Social Protection submitted as follows –

1. Non-visible or invisible disabilities refer to a broad range of conditions that are not immediately evident to others. They encompass various chronic illnesses, disorders, and health conditions that may not have outward physical signs, for example chronic pain, mental health disorders, autoimmune diseases, neurological conditions, etc.
2. He mentioned various laws and statutes that recognize invisible disabilities like the Constitution of Kenya, Persons with Disabilities Act (Cap133) Laws of Kenya and the United Nations Convention on the Rights of Persons with Disabilities.
3. He further added that Section 4(1), (d), (i) and (ii) of Persons with Disabilities Act (Cap133) Laws of Kenya, Statute Law provides for appointment of members to the National Council for Persons with Disabilities. Sub section (d)(ii) specifically provides for one of the members to be from organizations of parents of persons with mental disabilities. In addition, over the years the membership of the Council has always consisted of one or two members drawn from organizations for invisible disabilities
4. He stated that the government of Kenya, through the Ministry of Health in collaboration with the National Council for Persons with Disabilities and other stakeholders developed **the Disability Medical Assessment and Categorization Guidelines, 2022** for assessing and categorizing disabilities in the country which aimed at providing a standard process, unified and consistent language, for conducting the assessment and categorization of persons with disabilities.
5. On access to lifesaving essential treatment and medicine, the introduction of **Social Health Authority and Social Health Insurance Fund** has provided an opportunity for all persons with disabilities to access subsidized medical services as long as they disclose status of their disability at the registration stage, but the Ministry of Health and the Kenya Medical supplies Authority (KEMSA) are better paced to provide accurate information in relation to accessibility of health facilities and services, the availability of medication and acceptable services provided under the NHIF now the SHIF scheme.
6. The National Council for Persons with Disabilities has signed a service contract with KEMSA on provision of prescribed essential medicines and diapers which will be issued through the government hospitals, private and faith-based facilities.
7. The Ministry of Health is in a better position to provide accurate information in relation to the available medical test and equipment's in each gazetted public medical health facilities at the national and county level.

8. In addition, the Ministry through the National Council for Persons with Disabilities runs the Education Assistance Programme which aims at improving persons with disabilities enrolment, retention and completion of education cycle for the eventual engagement in decent and gainful employment. The programme supports persons with disabilities from Primary, Secondary, Colleges, Vocational Training Schools and University.
9. In its efforts to improve service provision to persons with disabilities, the Ministry through the National Council for Persons with Disabilities is implementing the Autism and related developmental disorders support programme which aims at supporting persons with Autism and other related developmental disabilities (cerebral palsy, Down syndrome, epilepsy and intellectual disabilities). The Programme services include early identification and management, diagnostic tests (EEG, ECG), referral care; provision of therapy i.e., diet therapy, occupational therapy, speech therapy, essential drugs and supplies; and provision of adult diapers.
10. The Cash Transfer programme for persons with severe disabilities is also a mandate of this Ministry. The objective of the programme is to enhance the capacities of the caregivers to improve the livelihoods of persons with severe disabilities (PwSDs) and mitigating the effects of disability on the households.
11. The Ministry carries out sensitization programmes across the country, educating the public on disability rights and disability in general to minimize stigmatization and discrimination.
12. The Ministry of Labour and Social Protection through the State Department for Social Protection & Senior Citizen Affairs and the National Council for Persons with Disabilities (NCPWD) has continued to support various national and county organizations of/for persons with disabilities to conduct advocacy and awareness creation on disability issues. Celebrations of specific Disability Days and Events for both visible and none visible disabilities provide a platform for awareness creation of all types and categories of disabilities.
13. The Ministry has also developed a Disability Awareness Creation Booklet, and we continue to hold regional and county sensitization forums across the country to educate communities on disability issues.
14. Further, the Ministry of Labour and Social Protection through the State Department for Social Protection & Senior Citizen Affairs and the National Council for Persons with Disabilities developed a monograph on autism spectrum disorders and Related Development Disabilities. The monograph captures the challenges faced by persons with Autism & Related Developmental Disabilities and their families in areas such as education, socio-economic challenges, access to justice, stigma, among others. The monograph also captures various recommendations to inform the Council's Autism Support programme at the NCPWD. Among the strategies recommended include advocacy and awareness creation on Autism and related developmental disabilities.
15. Currently, the Council is implementing advocacy and awareness campaigns on Autism and related Developmental disabilities through engagement of organizations working for persons with Autism and related developmental disabilities.

16. In addition, the Ministry through its state corporations in partnership with other stakeholders developed a career portal, the NCPWD Career Portal.

d) Committee observations and comments

1. The Committee raised concerns on the registration process, the availability of essential drugs in county and national hospitals and the availability of health professionals at the grassroots;
2. The Committee also called for enhanced sensitization and public awareness creation and directed the Ministry to look into ways of identifying persons with invisible disabilities without discriminating them.

e) Committee resolutions

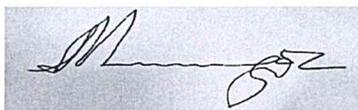
The Committee thanked the Petitioners and the Ministry of Labour and Social Protection for honouring the invite and resolved to re-invite all relevant stakeholders and the Petitioners for an engagement scheduled on Thursday, 8th May, 2025.

MIN/SEN/SCLSW/125/2025: ANY OTHER BUSINESS

1. The Committee deliberated on the Statement by Sen. Gloria Orwoba regarding the fate of the candidates shortlisted for the diaspora jobs program under the Ministry of Labour and Social Protection and resolved to meet the victims on Monday, 28th April, 2025 at 11.00 am; and
2. The Committee also resolved to hold their engagement with the Ministry of Labour and Social Protection and the National Employment Authority in Machakos County from 28th April, 2025- 1st May, 2025.

MIN/SEN/SCLSW/126/2025 ADJOURNMENT AND DATE OF THE NEXT MEETING

The meeting was adjourned at 1.16 p.m. with the next meeting being on notice.



SIGNATURE.....
(CHAIRPERSON: SEN. JULIUS RECHA MURGOR, CBS, MP)

DATE: Wednesday, 28th November, 2025

MINUTES OF THE SIXTEENTH (16TH) MEETING OF THE STANDING COMMITTEE ON LABOUR AND SOCIAL WELFARE HELD IN THE DESERT ROSE CONFERENCE ROOM, SERENA BEACH RESORT & SPA ON SATURDAY, 5TH APRIL, 2025 AT 9.30 A.M.

MEMBERS PRESENT

- | | |
|---|--------------------|
| 1. Sen. Julius Murgor Recha, CBS, MP | - Chairperson |
| 2. Sen. Crystal Asige, MP | - Vice-Chairperson |
| 3. Sen. (Rtd.) Justice Stewart Madzayo, EGH, MP | - Member |
| 4. Sen. Alexander Munyi Mundigi, MP | - Member |
| 5. Sen. Miraj Abdilahi Abdulrahman, MP | - Member |
| 6. Sen. Gloria Orwoba, MP | - Member |
| 7. Sen. Beth Syengo, MP | - Member |

APOLOGIES

- | | |
|--------------------------------------|----------|
| 1. Sen. Erick Okong'o Mogeni, SC, MP | -Member |
| 2. Sen. Lenku Seki Ole Kanar, MP | - Member |

SECRETARIAT

- | | |
|-------------------------|--------------------------------|
| 1. Ms. Veronica Kibati | - Deputy Director- HoD |
| 2. Ms. Mwanate Shaban | - Principal Clerk Assistant II |
| 3. Ms. Nigma Duale | - Research Officer |
| 4. Mr. Frank Mutulu | - Media Relations |
| 5. Mr. Jackson Wekesa | - Legal Counsel |
| 6. Mr. Patrick Mutindo | - Serjeant -at-arms |
| 7. Ms. Sandra Mwandishi | - Aide to Sen. Asige |

MIN/SEN/SCLSW/92/2025: PRAYERS

The meeting was called to order by the Chairperson at 9.36am. followed by a word of prayer.

MIN/SEN/SCLSW/93/2025: ADOPTION OF AGENDA

The agenda was adopted after being proposed by Sen. Beth Syengo, MP and seconded by Sen. Crystal Asige, MP as follows –

1. Prayer;
2. Adoption of the Agenda;
3. Confirmation of Minutes of the 13th, 14th and 15th Sittings;
4. Consideration of Matters Arising from the minutes;

5. Consideration of the Sports (Amendment) (No. 2) Bill, Senate Bills No. 45 of 2025;
6. Consideration of the Petition concerning persons living with invisible disabilities;
7. Consideration of the
8. Date of the Next Meeting and Adjournment.

MIN/SEN/SCLSW/94/2025: CONFIRMATION OF MINUTES OF THE 13TH, 14TH AND 15TH SITTINGS

1. The Minutes of the 13th Sitting held on Thursday, 20th March, 2025 at 12.00 noon. were confirmed to be a true record of the deliberations having been proposed by Sen. Alexander Mundigi, MP and seconded by Sen. Crystal Asige, MP.
2. The Minutes of the 14th Sitting held on Friday, 4th April, 2025 at 10.00 a.m. were confirmed to be a true record of the deliberations having been proposed by Sen. Crystal Asige, MP and seconded by Sen. Beth Syengo, MP.
3. The Minutes of the 15th Sitting held on Friday, 4th April, 2025 at 12.30 p.m. were confirmed to be a true record of the deliberations having been proposed by Sen. Beth Syengo, MP and seconded by Sen. Crystal Asige, MP.

MIN/SEN/SCLSW/95/2025: CONSIDERATION OF MATTERS ARISING FROM THE MINUTES

There were no matters arising from the Minutes.

MIN/SEN/SCLSW/96/2025: CONSIDERATION OF THE SPORTS (AMENDMENT) (NO. 2) (SENATE BILL NO. 45 OF 2024)

1. The Committee considered the draft Committee Report on the Sports (Amendment) Bill (Senate Bill No. 45 of 2024), and noted that the following –
 - a) That the Bill is now at the Second Reading stage in the House; and
 - b) That in its previous meeting on the matter, it had resolved to hold further consultations with the Ministry of Youth Affairs, Creative Economy and Sports to seek further clarifications on their views on the provisions of the Bill.
2. The Committee resolved to meet with the Ministry from 15th – 18th May, 2025 to iron out the issues before considering and adopting the report on the Bill.

MIN/SEN/SCLSW/97/2025: CONSIDERATION OF THE PETITION CONCERNING PERSONS LIVING WITH INVISIBLE DISABILITIES;

1. The Committee noted that a Petition concerning the Plight of Persons living with Invisible Disability was committed to the Committee on 2nd October, 2024, with the following prayers -
 - a) Petition the government to recognize and include people living with invisible disabilities in government policies and management strategies while sensitizing society and medics to minimize stigma and discrimination;
 - b) Petition the government to oversee constant supply and ensure availability of essential medicine and treatment in referral hospitals; have relevant invisible disability condition specialists every year in recommended hospitals; provide close psychological and emotional support to prevent suicides; give a chance and same category disability interaction and provide reasonable financial support up to 6000/= to cover basic needs; and
 - c) Petition for people with invisible disabilities to have a representative from invisible disability category and plan for suitable support including benefits, funds, job opportunities and programs; remove all barriers denying people with invisible disabilities to get support and support people with disabilities in the entire journey not when bedridden.
2. The Committee had held a meeting with the Petitioners on Tuesday, 29th October, 2024, and noted the following -
 - a) That invisible disabilities included people with heart conditions, epilepsy, autism etc.
 - b) That the Government of Kenya does not recognise invisible disability and has not included them in the Government policies, programs and management strategies. The Government programs only support persons with severe disabilities;
 - c) That people leaving with invisible disability are denied access to life saving essential treatment and medicine. This then leads to physical, mental and emotional trauma;
 - d) That Community Health Workers also do not seem to know how to recognise and handle persons with invisible disabilities;
 - e) That access to health care is a challenging and expensive hence the need to review the Social Health Insurance model to be more accommodative;
 - f) That there is need to review the educational model to enhance accessibility and promote equity; and
 - g) That there is need for enhanced social protection to provide persons with psychosocial disabilities a housing program, cash transfers and comprehensive medical coverage

3. The Committee noted that scheduled meetings with the Ministry of Labour and Social Protection, Ministry of Health and the Council of Governors had not taken place due to requests for postponements from all the stakeholders involved. The next meeting has been scheduled for Thursday, 17th April, 2025 as per the Work schedule adopted on 4th April, 2025.

MIN/SEN/SCLSW/98/2025: CONSIDERATION OF THE PETITION CONCERNING NON-PAYMENT OF OUTSTANDING TERMINAL BENEFITS AND MAZIWA SACCO DUES TO FORMER EMPLOYEES OF KENYA CCOOPERATIVE CREAMARIES LIMITED;

1. The Committee noted that the petition was reported to the Senate on Tuesday, 9th July, 2024, and subsequently committed to the Standing Committee on Labour and Social Welfare for consideration pursuant to the Standing Orders.
2. The issues raised in the Petition are as follows –
 - a) Upon the collapse of KCC limited and subsequent rebrand/restructure to New KCC Limited, all employees were terminated from employment and the industrial court directed that the employees be paid their terminal benefits. The Petitioners submit that the subject matter has been the basis of numerous court cases;
 - b) KCC Limited went to the extent of calculating the terminal benefits due including the unremitted Maziwa Sacco deductions as well as the unremitted pension/provident fund deductions, however upon the takeover, the funds were never paid;
 - c) In the ruling of the Labour Court by Justice Wasilwa, in Petition No. 1299 of 2013, the New KCC as well as the government were liable to settle the employees' dues;
 - d) Upon appeal by the New KCC Limited to the Court of Appeal, the decision of the Labour Court was overturned. However, the Court of Appeal made note that it would be prudent for the Attorney General to formally advise the government to clear the substantive debt;
 - e) The government managed to disburse compensation to other KCC Limited stakeholders including farmers, banks and other supply debtors. The Petitioners submit that the ongoing matter has caused pain and suffering since 1997 with many former employees dead or still suffering;
3. The Petitioners prayed that the Senate—
 - (a) investigates the matter with a view to ensure that the former KCC employees are paid –
 - (i) their terminal benefits;
 - (ii) their contributions to Maziwa SACCO;

- (iii) the provident fund dues deducted by KCC, but not remitted to the Scheme, all totalling to Kshs. 204,471,555.20 plus interest accrued since 1997 to debts.; and
 - (iv) any other relief the Senate may consider just.
 - (b) makes other recommendations it considers just and fair.
- 4. The Committee made the following observations -
 - (a) that every worker has the right to fair remuneration for work done;
 - (b) the Employment Act has adequately addressed the procedure for termination of a contract of service; and
 - (c) the applicable labour laws to this matter was reviewed in 2007.
- 5. In its undertakings, the Committee met the Petitioners on 1st August, 2024, who elaborated on the Petition and the steps they had taken from the Labour Court to the Court of Appeal, and resolved that the Petitioners –
 - a) provide a list of all workers who are demanding terminal dues from the defunct KCC limited which includes details of the benefits owed and Maziwa Sacco dues;
 - a. provide an official document of the tabulated figures of the amounts owed to the workers by KCC;
 - b) provide the gazette notice on the change of Management, and all the judgements on the matter; and
 - c) provide evidence on the other liabilities that were paid by New KCC.
- 6. The Committee also resolved to invite New Kenya Cooperative Creameries, the Attorney General, the Ministry of Cooperatives, the Ministry of Labour and Social Protection and the National Treasury to the next meeting that will also be attended by the Petitioners and their lawyer.
- 7. The Committee invited stakeholders to a meeting on Thursday, 29th August, 2024. None of the stakeholders except the Petitioners and their Lawyers honoured the meeting. During the meeting, the Committee resolved to respond to the prayers as requested by the Petitioners and to also send another invitation to the stakeholders.
- 8. The Committee has received submissions from the Solicitor General on the matter, and letters of apologies from the other institutions.
- 9. The Committee invited stakeholders to a meeting scheduled for Thursday, 19th September, 2024 to deliberate on the Petition.
- 10. At its meeting held on 19th September, 2024, the Solicitor General on behalf of the Attorney General presented a chronology of the Court cases and steps the Petitioners had taken.

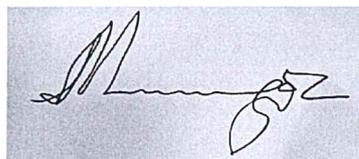
11. The SG clarified to the Committee that the petitioners had applied for review of a Court of Appeal judgement dated 10th July, 2020 but were yet to get the review 3 years on.
12. He further informed the Committee that after seeing the plight of the Petitioners the Office of the Attorney General would issue an advisory to the relevant ministries and New KCC to appear before the Committee to get to an amicable solution to the matter as expeditiously as possible.
13. The Committee received a response from the Ministry of Cooperatives stating that they were awaiting advice from the Office of the Attorney General on the matter (Appendix 2)
14. The Committee received a response on 8th October, 2024 from the Cabinet Secretary National Treasury stating that the opinion of the Ministry was due to the 2020 Court of Appeal ruling there was no legal binding on the Government to pay and therefore propose the dismissal of the petition (Appendix 3).
15. The Committee invited the relevant stakeholders including the Ministry of Agriculture and Livestock Development under whom KCC was domiciled during the period. The meeting scheduled for 28th October, 2024 did not take place and the next meeting on the matter on Monday, 5th May, 2025.

MIN/SEN/SCLSW/99/2025: ANY OTHER BUSINESS

There was no other business.

MIN/SEN/SCLSW/100/2025 ADJOURNMENT AND DATE OF THE NEXT MEETING

The meeting was adjourned at 11.23 a.m. in readiness for the next meeting.

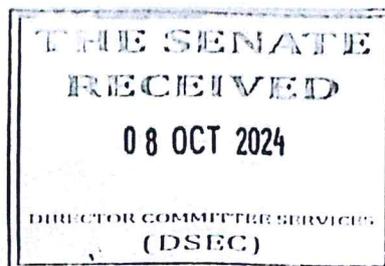


SIGNATURE.....
(CHAIRPERSON: SEN. JULIUS MURGOR RECHA, MP)

DATE: Friday, 16th May, 2025

APPENDIX 2: COPY OF THE PETITION

REPUBLIC OF KENYA



13TH PARLIAMENT | 4TH SENATE

INTERNAL MEMO

From: Director, Legislative and Procedural Services
To: Ag. Director, Socio Economic Committees
Date: 2nd October, 2024
RE: COMMITTAL OF A PETITION TO A STANDING COMMITTEE

At the Sitting of the Senate held on Wednesday, 2nd October, 2024, the following Petition was presented to the Senate pursuant to Standing Order 236 and referred to the relevant Standing Committee pursuant to Standing Order 238 (1) -

SUBJECT OF THE PETITION	PRESENTED/ REPORTED BY	COMMITTEE REFERRED TO	REPORTING DATE
Petition to the Senate by Ms. Beatrice Likwop concerning people living with invisible disability	Speaker	Labour and Social Welfare	01/12/2024

Pursuant to Standing Order 238(2), the Standing Committee is required to consider the Petition within sixty (60) calendar days from the time of reading the prayers and table its report in the Senate for consideration.

Kindly bring this matter to the attention of the said Standing Committee.

S.N. S. N. RUGE, OGW

Copies to:

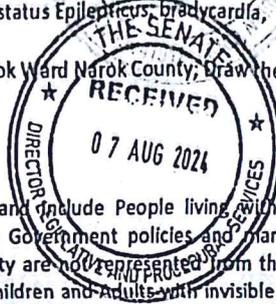
Deputy Clerk (M.A)
Deputy Clerk (E.G)

*Ms. Mwanate
Kindly deal
Hoboh
08/10/2024*

*DDSEC (WK)
Kindly deal
08/10/2024*

The Clerk of the Senate
Parliament Buildings
P.O. Box 41842-00100 Nairobi

Email: clerk.senate@parliament.go.ke



DLPs
Please deal
MA
7/8/24

RE: PETITION TO THE SENATE CONCERNING PEOPLE WITH INVISIBLE DISABILITY

I, Miss Beatrice Lkwop person living with complex invisible disability (status Epilepticus, bradycardia, fibromyalgia) Citizen of the Republic of Kenya and resident of Ilmootlok Ward Narok County. Draw the attention of the Senate to the following:

1. That, the Government of Kenya has failed to recognize and include People living with invisible disability and are not recognized and not included in the Government policies and management strategies. Children and adults living with invisible disability are not represented from the ground level relevant authorities up to the National government. Children and adults with invisible disability have different, behaviour, feelings and capability from physical disability
- 1.1 That, Ministry of Health, Social protection, NCPWD policies have barriers which deny people living with invisible disabilities access to life saving essential treatment and medicine which is the main management of invisible disability which without trigger life threatening episodes. The attacks result in body injuries, painfully affects mental, emotional and behavioural status. After effects are traumatizing which occasionally lead to suicides to end the agony. The courageous ones, painfully die silently due lack of medicine and finances to buy. NHIF contributions have been for the forms only. Essential medicine not available in Referral Hospitals
- 1.2 That, the undersigned requires constant essential medicine, Neurologist, Cardiologist services once a year which are not available in county referral hospitals. EEG, ECG equipment not available. The services are not affordable in private hospitals. My nearest government hospitals are MTRH, KNH, Nakuru. I am unable to finance travelling and services
- 1.3 That, NCPWD and Social protection have not set programs for people living with invisible disabilities. Current programs, Government job slots, support, benefits, donor funds and projects are solely for people with physical disability. Financial support, government and donor funds qualification stated and underlined by NCPWD and Social protection is that one must be bedridden pwds with care giver are the only beneficiaries
2. Corruption is the key for all benefits, funds, job opportunity slots in relevant government and other stake holders i.e, Red Cross, World Vision, are for people physical disability. Social protection, Pwd committee /representatives have allowed corruption in the whole system. Rejecting applications from people with invisible disability, those not willing to corrupt or not high authority connected to sub-county authorities

PETITION CONCERNING INVISIBLE DISABILITY

- 2.1 That, personally I have not been in contact with Community Health Promoters who wananchi appreciated with great hope to identify people with life risking conditions who are occasionally in need of emergency attention and first aid. Personally, I have not been successful in getting a red card which is a necessity for proper attention during emergency need/ First Aid when I am unconscious to avoid wrong first aid and drug injections. For rescue when in a mental challenge and not able to recognize, know my whereabouts or locate place residence
- 2.2 That, the government of Kenya has not sensitized the society about invisible disability. This has caused painful stigma and discrimination; The undersigned, society view and believe that I am evil spirits possessed. Condition has left me without a social life. No friends. I am not accepted in rental premises, no accepted in groups. The condition has restricted my normal life activities

Ms. Wacharia
Kindly review and
Facilitate
D. Chandra
8/8/24

Ms. Zechwa
Kindly process
the Petition.
A. Machau
2/8/2024

- 2.3 That, People with invisible disability are eligible to work. With essential medicine and other techniques which learnt, I am able to communicate, coordinate, walk, write and can perform light tasks which are within my ability. Can perform office duties. I have made applications for job opportunities since 2017. Honorable senate office, no hustle, no shelter, no essential medicine, no food. People do not just donate or support adults especially those physically fit but restricted by unseen disabilities
3. That, I cannot perform any work which requires body pressure, not in air polluted / low oxygen level or very humid environment. Drinks and foods restricted and without chemicals which can trigger the condition. Must avoid Sharp tools/ objects
- 3.1 That, People with invisible disability should be considered for universal health care because some conditions can be triggered anywhere, even in a public transport. In 2019 on my way from Nakuru, I recovered at Tenwek Hospital at 11:00pm, unaware of what happened, unable to pay, I was locked in till next morning when NHIF with a lot of persuasion, with a letter from NCPWD accepted approval
- 3.2 That, people with invisible disability get prompt attention/ express services in hospitals, banking halls, supermarkets and many others. The undersigned cannot seek services offered in underground floors i.e. Longisa referral hospital outpatient. Twice painfully had a traumatizing episode when on medical visit and was not allowed to use emergency wing. Twice refused services in a referral hospital, because symptoms are unseen, even after identifying my condition using NCPWD card, 1 hour later regained in the ICU.
4. That, I made the best efforts to have these matters addressed by relevant authorities in form Sub-County to the National offices : Ministry of Health, Social protection, Public Service, NCPWD, KHRC, Kenya women Association, all of which have failed give any response or any action

Petition to the Senate office by: Beatrice Likwop concerning People living with Invisible Disability
5. That, none of these issues raised in this petition is pending in any Court of Law, constitutional or any other legal body.

RE: PETITION CONCERNING INVISIBLE DISABILITY

My humble petition prayer that the Senate:

1. Petition the government to recognize and include people with invisible disability in government policies and management strategies. Sensitize society and medics to minimize stigma and discrimination
2. Petition the government to oversee constant supply and ensure availability of essential medicine and treatment in Referral Hospitals. Relevant invisible disability condition specialists every year in referral hospitals. Close psychological and emotional support to prevent suicides. Give a chance to same category disability interaction. Reasonable financial support up to 6000/- can cover basic needs
3. Petition for People with Invisible Disability to have a representative from invisible disability category and plan for suitable support including benefits, funds, job opportunities and programs. Remove all barriers denying people with invisible disability to get support. Support people with disability in the entire journey not when bedridden

Dated this 7th August 2024

Beatrice Likwop
Beatrice

Contact: 0798725330 (Voice call & WhatsApp)

**APPENDIX 3: SUBMISSIONS FROM THE
PETITIONER**

Date: 26th May 2025

Parliamentary Senate Committee

Ministry of Health – Public Health & Professional Standards, Medical Services & KEMSA

Ministry of Labour & Social Protection & Citizen Affairs

Ministry of Devolution And Planning

COG - Chairperson for Gender, Youth, Sports, Culture & Social Services

NCPWD

RE: PETITION ON GOVERNMENT FAILURE TO RECOGNIZE & INCLUDE PEOPLE LIVING WITH INVISIBLE DISABILITY IN PWD POLICIES, HEALTH MANAGEMENT AND SERVICE DELIVERY

Once again, I bring to your attention that WORLDWIDE PIDs are recognized by Sunflower LOGO and independently represented under one government umbrella body; in Kenya NCPWD with equal share of PWDs grants, benefits including employment opportunities

IDs Independent Representation under NCPWD (Sunflower Logo) always alongside (Wheelchair) for PD to manage pwd programs and services hand in hand under the directions of NCPWD. Independent Representation within NCWPD to counties, sub-counties, wards and locations to promote and facilitate easy contact, awareness and registration

Invisible Disability is not easy to define or express. It is NOT visible from the outside but limit and challenge a person's body functions restricting essential life activities

PIDs and all PWDs do not exist by mistake but by God's will like other human beings only able differently.

Every PWD lives individual unique life, able differently and experience the world differently. Person with invisible Disability has a purpose, uniqueness and value. No matter the hurdles faced, PIDs are able differently not disabled. PID missing essential drugs and care hurts the body and brain, destabilize the brain, causes traumatizing behavior and anxiety which may result in suicides or risk to lives around

Honorable chair and the committee, it is my desire to know how many PIDs and PPDs are employees of NCPWD. What is the share for non PWDs?

PWD programs and events including sports and culture be inclusive. Donations of funds be equally shared. Engage Red Cross doctors to help check vital signs and dispense individual essential drugs using current available prescriptions while NCPWD and other promoters do mobility aids and hearing aids etc

OVER 70% of PIDs live in the streets; many terminate their lives to end the agonizing life. Painfully PWD children are disowned by fathers, cared for solely by their vulnerable mothers who are also psychologically affected and may terminate the lives of such children to end stigma, discrimination and difficulties. PIDs cannot even solicit financial help, they look physically fit but their ability is different from what the society understand

*Independent Invisible Disability Representation in all Counties, Sub-counties and ward levels.

*COG and Honourable committee, PWD Services at the county levels are devastating. Corruption is the access key to all services. It is clear the law has become toothless. Offices have no official contact telephone lines. All offices use personal mobile phones.

*National Ministries have also adopted ghost e-mail as the only mode of communication and contact. Frustrating experience with Ministry of Lands. Ministry of ICT and Communication confirmed National and Local Governments unwillingness to restore telephone contacts

Ministry of Health, KEMSA, Social Protection, NCPWD

1. To meet 70% of all PWD needs, it is necessary to have PID & PPD oversight team in all boards & Committees in all government and private institutions including civic Administrations
2. Ministry of Health, KEMSA, Social protection and NCPWD, is important that you understand that 90% of PIDs require essential healthcare / medication to manage conditions' agonizing symptoms and dangers to these lives. Essential drugs and healthcare is primary drive for PIDs,

Stakeholders highlighted above, failure in your mandate to safeguard PWDs' lives has caused suicides,

Painful deaths and physical disabilities to PIDs. Examples – neurodivergent conditions

3. Deliberations and decisions on issues affecting human health MUST INVOLVE Ministry of Health, KEMSA, Social Protection and NCPWD. MUST deliberate together, decide together to save and improve the lives of Kenyans. Oversight PIDs & PPDs team be included
4. Health, Labour and Social Protection, independent PWD oversight at mashinanai to interact with PWDs, get clear pictures of PWDs mashinani lives and needs
5. Outpatient SHA contribution is a pure scam. What are the criteria used to determine individual SHA contribution. Jobless pwd without any earning contributes 550/- for hospital SHA form only is pure impunity. An able person mama mboga contributes 150/-
6. Ministry of Health, PWDs needs are individually unique. Transfer or referral cannot promptly or instantly meet the needs of the PIDs
-Availability of essential medicine in any health facilities are influenced by:
i) The length of time the patient has attended clinics in the facility
ii) The number of patients using the drugs

*Increase essential Health Funds, Ministry of Health and KEMSA, put in place local PIDs & PPDs to oversight proper accountability of essential drugs orders and dispensing. Engage and vet at one chemist in every county and Sub-counties main towns for PIDs/ PWDs essential drugs.

-Put in place strict oversight measures for accountability. Urgently restore SHA outpatient essential care. PWDs to continue attention and care at Level 5 facilities

7. NCPWD & Social protection kindly implement PID Independent Representation, enforce inclusive disability laws and policies including employment opportunities. Effective penalties for exclusion, discrimination, harassment etc. of PWDs.

8. NCPWD staff professionalism: Living with a disability is challenging. PWD on a wheelchair is not better or worse than PID on essential healthcare. Corruption in NCPWD has taken over humanity, empathy and compassion. Avoid stigmatizing and discriminating PWDs. Such statements like "You are evil spirit possessed, seek prayers and buy your gadgets" is defamatory and unprofessional
- Blocking PWD registrations without reasons is discriminative. Note: Thousands of PWDs have not be registered because of long distance registration centers, harassment and bribes
 - NCPWD, to have all PWDs on board and accounted for, NCPWD portal should be open all the time. Telephone and all other means of contact and communication be active and accessible. Currently, NCPWD portal and telephones access operate on seasons
9. NCPWD Vetting
Ministry of Health, Social Protection and NCPWD: NCPWD confirms that currently they have 9 vetting centers country wide. Voting centers are in every ward but PWD vetting centers are 9. Not realistic. NCPWD, PD vetting is not necessary, PIDs have doctors medical documents. My dilemma is working ghost PWDs obtain their KRA tax exemptions and stickers with ease while genuine PWDs have to push, to beg and appeal for years without success
- Long distance travelling is too expensive and cumbersome to PWDs. Vetting be done at the county level Referral hospitals and done monthly
10. **NCPWD, urgently provide bracelets / wrist bands for PIDs. Amend registration forms to accommodate multiple disabilities**
- NCPWD and social protection, deliberations and decisions affecting healthcare, social services including sports should have PID and PPD representatives on board to maximize PWD inclusive and equal welfare support, programs and events
11. Ministry of Labour and Social protection, NCPWD - PWDs terminating their lives are uncountable with no attention from relevant authorities. Employment discrimination and stigma have denied PWDs opportunities despite having genuine education and professional documents. Authorities given the mandate to oversight PWDs welfare are themselves not PWDs
12. Social protection, 2000/- cash transfer already on for PWDs at the end of life cannot even cover transport to the main healthcare facilities where essential care is facilitated
- Implement inclusive increase of PWD cash transfer to minimum of 10,000/- to 15000/- to cover food and transport. Vulnerable welfare support was deliberated and implemented by people who are not PWDs
 - Immediate action of PWD employment opportunities share increases to PID 15% and PPD 15% priority. PWDs on 40- 65yrs to be considered on contract basis. Oversight function is needed to check on public and private companies

*Ministry of Labour and Social protection, include PID & PPD in Public and private board and committees

13. Social isolation – Social protection put in place an all-inclusive funded PWD programs and events for interaction and sharing. Together with NCPWD, enforce stringent laws and policies which protect PWDs against intentional stigmatizing labels like evil spirit possession, wicked, discrimination and harassment in all areas including private accommodations

14. Information and communication Barriers

Communication restriction is a tool of discrimination by PWD stakeholders and representatives.

Selected groups and people have and continue to be the only to receive and use all information about

PWD. Programs are individualized, events are on selection.

15. Affordable Housing – Social protection clarify status of PWD inclusion in affordable housing program

16. Environmental Issues

- Environmental pollution affects and painfully affects PWD's vulnerable health conditions. Air and water pollution affects respiratory, cardiovascular conditions, toxic waste cause cancer and disturb mental status.
- Burning of disposable refuse is done any time anywhere .
- Public smoking ban in Kenya has not effective yet. Bus terminus and markets main dangerous places

17. COG - Transport Difficulties

- Pedestrian crossing not in rural towns
- County Councils have revoked use of marked public transport drop and pick points of upto 3kms to tap council revenue. Roads were carefully designed for the comfort of the traveller. Forced to 2kms from my destination then pay back by other means (Motorbikes) costly and more frustrating to vulnerable people. Urgent action needed by ministry of Transport through this committee. KENHA already contacted and informed-COG
- Wheelchair pathways, safe for Vision Challenged and all Kenyans

18. Services and Accessibility to Buildings

- Express Service Counters/points
- Ramps where lifts are not available
- PWD separate Washrooms

COG – County access very challenging. Vulnerable PWDs suffer more. No access to local government offices unless through bribes or by connection

ICT & Communication confirmed that all government offices in Kenya have opted out of public telephone lines restoration. Email is just a ghost means of communication, not reliable. Kenyans in mashinani are facing a lot of challenges in accessing government offices countrywide

COG – Revive and include PID in PWD sports, culture and Social events. It is an opportunity for participation & interaction

Government Administration Offices, Ministries, Corporations

It is with great concern that Administration Offices in Kenya have failed to meet their office obligations. PWDs find it so difficult to access these offices because of obstacles which are in-made

National offices to local offices, every office have office heads, deputy, departmental officers. The reality is office bearers, deputies, directors, DC, DO, chiefs, assistant chiefs are rarely available. Reasons of absence are meetings. Same scenario goes on for even months leaving people in need of services stranded and frustrated

IEBC – PID & PPD represented. Express voting points for PWDs, Expectant mothers and the aged.

- PWDs Express Service counters in public and private companies

Honourable members and stake holders we are looking forward for actions from all concerned.

1. SHA contribution to high for jobless vulnerable PWDs
2. Urgently review SHA outpatient essential care and monitor availability of services and drugs
3. Provide and monitor Essential healthcare, special clinics in county referrals on rotational basis up to 3 times a year
4. Understand PWDs challenges, healthcare needs and essential care remains at Level 5 facilities
5. PID independent representation and be identified with a Sunflower logo
6. Include PID & PPD in all boards and committees for effective support and service delivery
7. PID & PPD oversight team for PWD service and support accountability
8. Put in place tough measures to eradicate NCPWD corruption and bribery for services which favour working ghost PWDs mainly for Tax exemptions and deny same services to needy pwds. NCPWD, professionalism motivate PWDs
9. Vetting be reviewed to Monthly and done in County Referral Hospitals
10. Review and amend registration forms to accommodate multiple disabilities
11. Provide wrist Bands, mobility aids, devices and gadgets
12. Increase employment opportunity shares 15% PID AND 15% PPD. Employ PWDs in qualified positions, support entrepreneurship
13. Increase cash transfer benefits to 10,000- 15000/- to cover basic needs and transport. Social protection and NCPWD inclusive awareness programs

Beatrice Likwop



Petitioner

Contact:0798725330

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Date: 15th July 2025

Parliamentary Senate Committee

Ministry of Health – Public Health & Professional Standards, Medical Services & KEMSA

Ministry of Labour & Social Protection & Citizen Affairs

Ministry of Devolution & Planning

COG - Chairperson for Gender, Youth, Sports, Culture & Social Services

NCPWD

KRA

RE: PETITION ON GOVERNMENT FAILURE TO RECOGNIZE & INCLUDE PEOPLE LIVING WITH INVISIBLE DISABILITY IN PWD POLICIES, HEALTH MANAGEMENT AND SERVICE DELIVERY

Honourable Chair, Committee, stakeholders, Comrades and care givers present here and away. I hereby call for your attention that:

Invisible Disability is not easy to define or express. It is NOT visible from the outside but limits PID's body functions and restricts essential life activities. PIDs live with challenges including untimely life risks and sudden Unexpected Death (SUDEP). Invisible disability's wheelchair is essential medical care.

Government of Kenya do include PWDs in the budget in all stakeholders' allocations (Health- KEMSA,, NCPWD, Labour and Social protection, Education, Gender- Youth, Sports and Culture but PWDs are denied essential services. Calling for accountability of PWD allocation expenditure and by who, where

Every PWD live individual unique life, able differently and experience the world differently with individual needs, purpose, uniqueness and value. No matter the hurdles faced, Both PPDs & PIDs are able differently not disabled.

-Invisible Disability be legally RECOGNIZED, REPRESENTED independently & Sunflower LOGO adopted by NCPWD and all stakeholders. Sunflower Logo alongside wheelchair LOGO in promoting disability inclusion and equality rights

VIOLATION OF INVISIBLE & PWD DISABILITY RIGHTS

-Ministry of Health, Labour & Social Protection, COG, KRA and NCPWD are the main stakeholders in the deliberations, decisions and implementations of Disability act, policies, operation guidance and accountability functions

-It is apparent that **Stakeholders' disconnection and failure to include PPDs & PIDs in the whole process for is the main cause of misjudgement and miscalculations of PWDs needs for appropriate PWDs support. 2000/- welfare support per month at the end line of life of a PWD is shareholders' misjudgement and miscalculations. 2000/- per month cannot alleviate poverty.**

Complete absence of the stakeholders at the local ground is noticeable from low PWD REGISTRATION, awareness programs not in place. This is **Violation of PWD bill core principles to meet the needs of PWDs.**

-County PWDs officers/Staff are not PWDs. Doctors carrying out disability assessments and vetting are not PWDs

-It is important that all the stakeholders Prioritise PWDs inclusion and include professionally qualified PWD in assessments of individual needs, goals and plans to promote PWDs self-determination and participation in their navigating life

ARTICLE 57 OF DISABILITY ACT 2025

-Article 57 of Disability Act clearly shouts that PWD has no VALUE for LIFE, no freedom in Kenya. Article 57 denies PWDs' rights for welfare support, service delivery, personal and human rights when still with energy to live

-Reading Article 57 of Disability Act 2025 leaves pain on the faces of PWDs, kills the faith, hope, abilities, skills & desires of Able Differently People

-Article 57 of Disability Act 2025, injures the emotions of PWDs and erodes the positive psychological status of PWDs

- Article 57 of Disability Act 2025 favours vulnerable able people without body limitations. 70 years+, widows and widowers and single mothers but not PWDs and totally exclude out PIDs.

KENYAN DEVOLUTION ADMINISTRATIVE SYSTEM AND STRUCTURE

Some counties NCPWD offices are fully managed by people who are not PWDs, SAME to social protection offices.

-Kenyan Government Local Administrations have not adopted NCPWD, Disability Act. It is provided for shelf keeping. Disability Act participation data is doctored by Social protection and NGOs by picking local committee of 10 people and do fake reports claiming disability inclusion. Oversight system not effective.

Devolution in Kenya created a System with the National government and independent County governments with same functions without National oversight.

-Ministry of Devolution not in a position to **oversight County** public Service Delivery. 47 counties in Kenya do not function on the same constitution. A county is free to divert Health allocation fund to own priorities leaving PIDs without essential care

County Commissioners are offices are inactive which has created laxity in local Administrative office functions. Sub- County and wards are not active in PWD INCLUSIVE programs. DOs, DCCs and Chiefs are not there for the Kenyan Citizens but for their own corrupt system. PWDs rights are not in there books

MCAs, MPs, Senators are totally absent from local ground and do not recognize PWDs in their agenda and programs. All political and Administrative leaders have no space for PWDs

Stakeholders formulating, deliberating and implementing Article 57 are not PWDs. The Article is conveyed with no concern, with strength and confidence that PWDs only qualify for social protection pocket money support at the end life "Severely disable bedridden and on 24 hour care"

INCLUSION

-**PIDs** exist in Disability Act 2025 paper but NOT in actions. PIDs are excluded in main stakeholders welfare support, programs, sports, culture, gender and events. Not recognized by the leadership of Kenya

Disability Day is marked and celebrated in Kenya by donating mobility gadgets and pocket money to PPDs only. No essential drugs, no hearing devices, white cane and others

-Meagre 2000/- pocket money exclude People with invisible disability. PIDs rarely go into death beds ends but to SUDDEN UNEXPECTED DEATH (SUDEP)

It is crucial that Article 57 of Disability Act is amended to include all PWDs
Include all PWDs in welfare programs, increase 2000/- welfare Benefit to 10,000/-
Provide constant essential drugs, gadgets, devices
PD and ID awareness programs, events be properly represented by relevant PWDs

Oversight all expenditures, cap government sitting allowances and international travels. Monday to Friday all senior government officers are all in meetings, From the CS or CEO, PS, Deputy or Directors all in meetings 5 days in a week. Access to proper information from relevant offices is very difficult. E-mail is a ghost means of communication.

ECONOMIC EMPOWERMENT PROGRAMS

-PWDs are not in the Kenyan Government agenda and plans. Main targets are women and the youths in the bottom up plan. PWDs are 5 times more vulnerable than any other vulnerable person in the world.

-Affordable Housing programs and vulnerable people empowerment programs excluded PWDs in totality. The programs favour people with no disabilities which include and quote from the many programs in leadership agendas and programs: Youths, Women, Men, Boda Boda operators, Matatu operators, Bishops, Reverends and Pastors

MINISTRY OF HEALTH INEFFECTIVE & INEFFICIENT ESSENTIAL SERVICE DELIVERY FOR PIDs - NCPWD, Social Protection, COG

- All challenges PWDs go are caused by a planning system implemented by people who are not PWDs

-Stakeholders, UHC is not affordable to PWDs. Most Affected is essential care for PIDs. Shareholders shifting of responsibilities with none of the them aware or ready to act for a solution but escape through devolution. This is frustrating to PIDs and care givers

-SHA is putting lives of PIDs at risk. A contribution of 600/- and must be paid quarterly or yearly is agony for jobless PWDs with body limitations which need essential care for management. The contribution is too high for jobless PWD.

- SHA contribution without services is injustice – No essential drugs, Current SUDDEN instruction that PIDs move to level 3 & 4 is not hurting and frustrating PIDs. Essential Care has a start to a management level. A healthcare facility has to obtain a number of service users to budget for individual care of PIDs.

INVISIBLE DISABILITY AWARENESS -

Allocation for PWDs inclusive awareness is in the Kenya Government budget bill but 1% favours Physical Disability and non for Invisible Disability which violates Disability equality rights

Lack of PID community awareness ignites stigma and discrimination in the community because of lack of understanding, Cautious interaction and support because of believers and culture. ID awareness is a key to PID self-acceptance, find value

PWDs, ASSESSTMENT, REGISTRATION & VETTING POLICY & PROCESS

Thousands of PIDs have not been registered because denied PID awareness inclusion in the planning line. Thousands need counseling to enable them accept who they are. In Kenya thousands PIDs lives are lost e.g. through epilepsy, Autism, Psycho Social, suicides of the same people because Kenyan Government and stakeholders and denied attention to raise awareness, locate those help those in denial

DISCRIMINATIVE NCPWD ASSESSMENT & VETTING FORMS

NCPWD Assessment form allows ONE disability choice. Some individuals have multiple disabilities which require different needs

KRA VETTING CENTERS

-Stakeholders and KRA, **VETTING** for PDs is not necessary. (Amputees, cerebral Palsy, Crippled. Vision) vetting process create unnecessary backlog in NCPWD portal. It is a lame excuse used by NCPWD to operate NCPWD portal on seasons for their convenience not for PWDs convenience. NCPWD should be fully operational and open

Stakeholders and KRA, Assessment and Vetting doctors should be PWDs for openness and understanding.

Currently vetting centers are 9 countrywide. This is not in consideration of the travel challenges, travel and medical payments. One NCPWD officer reiterates that it is not NCPWD concern to know or feel the challenges but it is PWD's choice to make it or not – Mandera to Nakuru

NCPWD, MINISTRY OF HEALTH, SOCIAL PROTECTION & KRA ASSESSMENT & VETTING CORRUPTION

Stakeholders including KRA, while you restrict genuine PWDs' access to PWD services, you are aware of ghost PWDs with cards and are enjoying all PWDs services and ALL tax exemptions, salary tax, duty free car every 4 years, donations used inappropriately

PID ESSENTIAL DRUGS, GADGETS & DEVICES & WELFARE SUPPORT

-It is a concern that government budget allocations to relevant stakeholders, 99.9% of PIDs are not included in welfare Benefits support, grants, gadgets and devices expenditure plans. PIDs are viewed as evil spirit possessed, NCPWD staff using the same stigmatizing and discriminate statement.

PIDs registrations and verification applications are blocked or rejected by NCPWD. PIDs are denied gadgets, devices & essential medical care.

Digital Bracelets are vital for PIDs, For first Aid, healthcare when they cannot communicate, elope or lose tract and cannot be located. It is important that stakeholders take a swift action to provide digital bracelets and all other PID devices and gadgets (white cane, Hearing Aids, essential medical care with constant availability of essential drugs

ACCESSIBILITY: Infrastructure & Services

Infrastructure –Difficult access by PWDs to high rise buildings without ramps, elevators, PWD Parking. Elevators do not have voice guide

-99% of business and residential high-rise buildings have not complied with the disability act on buildings

-PWDs have no safe Pedestrian crossing, bus stops not appropriate for PWDs, sidewalks not available, foot /wheelchair bridges not in place – Discriminative transport system

-Express Service counters for PWDs not available in Kenya i.e. in Banks

-80% Call contacts not operational in the Kenyan Government Office, Corporations, SAGAs – In Government and Counties officers use personal mobile numbers. Ministry of Lands is an example. PWDs accessibility to services is very challenging

EMPLOYMENT

-Contract jobs for PWDs. PWDs are able differently, have qualifications and skills to work and earn a living. Government attention is only on those who have the strength to raise their voices, PWDs silently crying with challenges which can lead to lose of life

As an example UHC, CHPs contract jobs all favored people with are not PWDs
Plus 36-65 years PWDs be considered for contract opportunities

PWDs SECURITY

PIDs security is not in place in the Kenyan Government. Government staffs are at the front line in violating PWDs rights. Social Protection read the protection rights from the book but absent in action



Our Ref: DTSK/11/07/2025

17TH JULY, 2025

THE CLERK OF THE SENATE
P.O. BOX 41842-00100
NAIROBI

RE: SUBMISSIONS TO THE SENATE STANDING COMMITTEE ON LABOUR AND SOCIAL WELFARE ON CHALLENGES FACED BY PERSONS WITH INVISIBLE DISABILITIES

Reference is made to the letter of invitation to the labour and social welfare committee sitting dated 3rd July, 2025 vide Ref: SEN/DSEC/DISSC/SCLSW/2025/164 for the sitting scheduled on 15th July, 2025.

Our organization, Differently Talented Society of Kenya (DTSK) represented in the committee sitting is a membership psychosocial support group registered with the registrar of societies that brings together persons with autism/autism spectrum disorders (ASD) and their primary caregivers.

Due to time constraints in the senate sitting on the mentioned date we were not able to adequately outline our final submissions on the petition by Beatrice Liwop on invisible disabilities and respond to the detailed submissions made in the session.

Invisible disabilities or conditions that are not immediately apparent, often chronic and substantially limit a person's ability to perform essential functions or daily living activities while not explicitly mentioned in the current Persons with disabilities Act, 2025, the definition of Persons with disabilities in the Act encompasses both persons with visible and invisible disabilities whose rights are enshrined and protected in the Constitution of Kenya, 2010.

The broad category of persons with invisible disabilities includes;

- a) Persons with psychosocial disabilities [due to mental health conditions].
- b) Persons with autism and related neuro-developmental disabilities - Autism, Intellectual disabilities and specific learning disabilities.
- c) Persons with progressive chronic conditions - Health conditions that worsen over time, leading to a decline in health or function e.g. Cancer, multiple sclerosis, epilepsy, lupus, fibromyalgia etc.

Our prayers therefore are;

1. Recognition of Persons with invisible disabilities in requisite legislative frameworks, policy documents and in the regulations operationalizing the Persons with disability Act, 2025.



Differently Talented Society of Kenya
Autism Awareness, Acceptance and Inclusion

P.O BOX 17147 - 00100, Nairobi – Kenya

Tel: + 254 111438968 / +254 722635598 /+254 704308368

differentlytalentedociety@gmail.com, info@dtsk.or.ke, <https://www.dtsk.or.ke/>

2. Collection and disaggregation of data on persons with invisible disabilities especially as data is collected during the census or in the upcoming national disability survey.
3. Training and deployment of rehabilitative personnel to the lowest levels of care to reduce the cost of habilitative and rehabilitative therapy [Occupational therapy, Physio-therapy, Speech therapy, Dietary Interventions, Behavior therapy, Play therapy, Counselling Psychologists].
4. Provision of essential medication, food supplements and continence products at the lowest levels of the healthcare system.
5. Explicit inclusion in the existing social protection programs and other socio-economic empowerment programs. Persons with invisible disabilities experience difficulties accessing social protection programs because the “severity” of their disability cannot be visibly seen notwithstanding that invisible disabilities substantially limit a person's ability to perform essential functions or daily living activities.
6. Review the existing policy and guidelines on provision of assistive devices and technologies to include sensory and alternative and augmentative communication devices and technologies enshrined in the Persons with disabilities Act, 2025 and Article 54 of the Constitution.
7. Awareness raising and sensitization of the police, health workers and the general public on invisible disabilities - This is especially because of non-speaking or minimalist speaking children and young adults with autism or speech impairments who wander off or elope from home and get lost in the community.
8. Recognize the use of sunflower lanyards, wrist bands or digitized tools [digitized bracelets, invisible disabilities medical cards etc.] - Used to discreetly identify that someone has a hidden disability or condition and may require extra support, reasonable accommodation, understanding, or time.
9. Bring together the ministry of labour and social protection, ministry of health, the ministry of education, the council of governors and stakeholders including the organizations of persons with invisible disabilities in recognizing the unique challenges and systemic barriers faced by persons with invisible disabilities to discuss the policy direction and programmatic areas for persons with Invisible disabilities.

All support from the committee in realizing these prayers is highly appreciated by our community. On behalf of the DTSK management committee, members, persons with autism and their primary caregivers;

Yours Faithfully,

ALICE MUNDIA
CHAIRPERSON - DTSK

APPENDIX 4: SUBMISSIONS FROM THE
MINISTRY OF LABOUR AND SOCIAL
PROTECTION

APPENDIX 6: SUBMISSIONS FROM THE COUNCIL
OF GOVERNORS



COUNCIL OF GOVERNORS

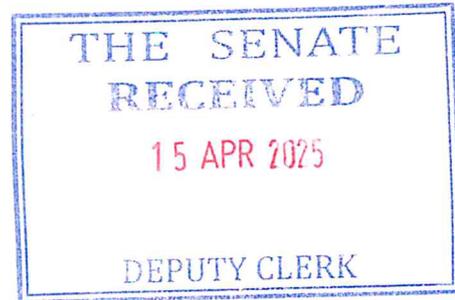
Westlands-Delta House 2nd-Floor, Waiyaki Way.
P.O. BOX 40401-00100,
Nairobi.

Tel: (020) 2403314, 2403313
E-mail: info@cog.go.ke

Ref. COG/6/10 Vol. 13 (29)

14th April 2025

J.M Nyegenye, CBS
Clerk of the Senate
P.O. Box 41842-00100
Parliament Buildings
NAIROBI



Dear Mr. Nyegenye,

REQUEST FOR A RESPONSE TO THE PETITION ON PEOPLE WITH INVISIBLE DISABILITIES

The above subject and your letter REF: SEN/DSEC/DISSC/ SCLSW/2025/48 dated 9th April 2025 refers.

The Council recognizes that the concept of invisible disabilities though critical is still relatively new in mainstream policy discourse and, as such, lacks clear and explicit policy direction at both the National and County levels.

Nonetheless, we commend the petitioner for bringing much-needed attention to this often-overlooked area of disability inclusion.

In view of the above, the Council hereby presents a report, attached here in, on the issues raised in the petition to Senate for consideration by the committee.

Yours sincerely,

Mary Mwiti, EBS
Chief Executive Officer

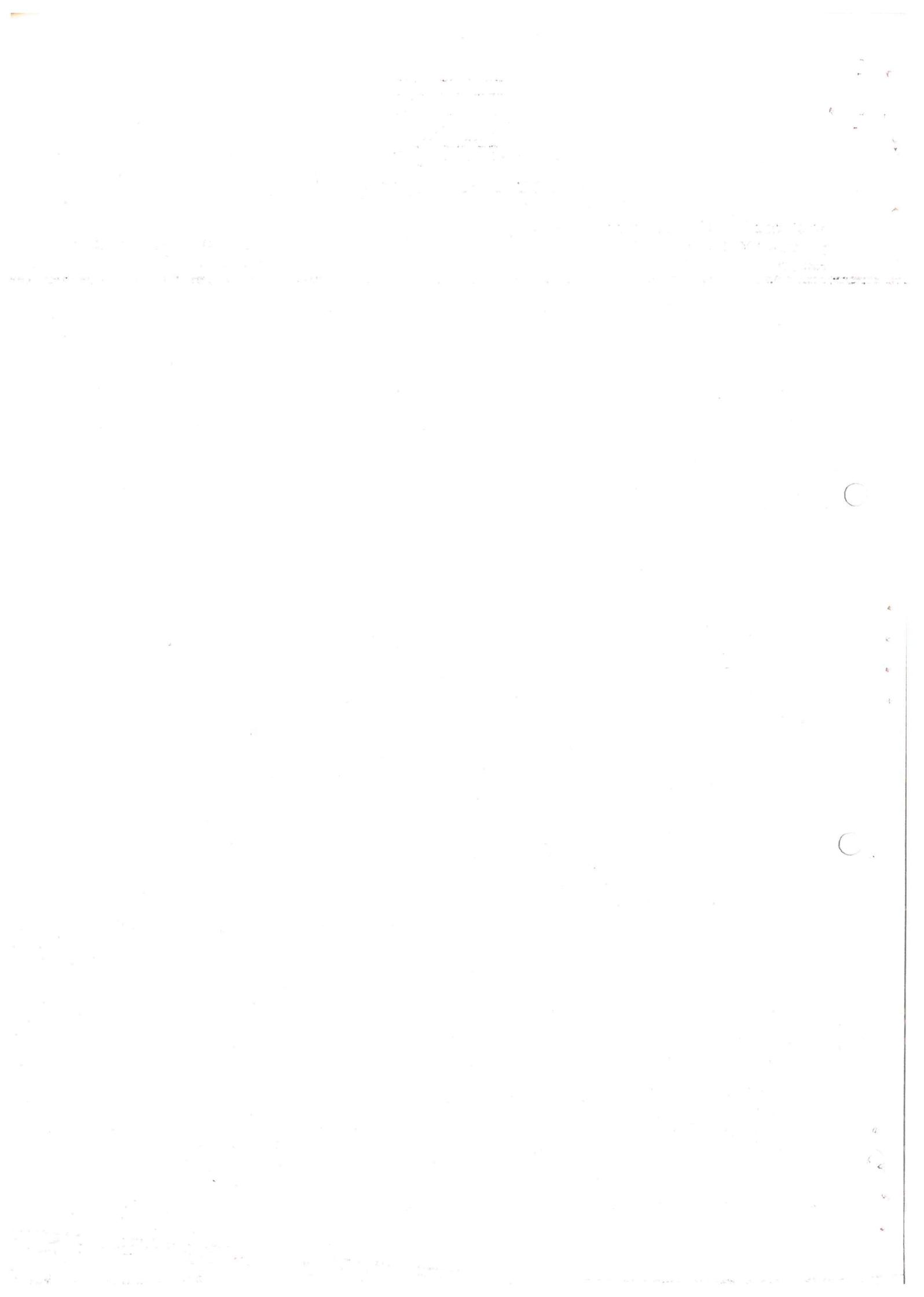
① DSKC

Kindly deal.

15/04/2025

② DSEC(VK)
Kindly deal
15/04/2025

③ Ms. Mwanate
Kindly deal.
16/04/2025





COUNCIL'S SUBMISSION ON THE RECOGNITION, ACCOMMODATION, AND INCLUSION OF PERSONS WITH INVISIBLE DISABILITIES

INTRODUCTION

The Council acknowledges receipt of the petition concerning the recognition, accommodation, and inclusion of persons living with invisible disabilities in Kenya.

At the outset, the Council recognizes that the concept of invisible disabilities though critical is still relatively new in mainstream policy discourse and, as such, lacks clear and explicit policy direction at both the National and County levels. Consequently, structured interventions targeting this category of disability have been limited across most Counties.

Nonetheless, we commend the petitioner for bringing much-needed attention to this often-overlooked area of disability inclusion.

INTERVENTIONS BY THE COUNTY GOVERNMENTS ON THE RECOGNITION, ACCOMMODATION, AND INCLUSION OF PERSONS LIVING WITH INVISIBLE DISABILITIES

County governments are increasingly addressing issues related to invisible disabilities through various policy, legislative and programmatic interventions as follows:

1. Policy and Legislative interventions

Based on the National Framework, County Governments have developed specific disability laws and policies upon which to anchor disability interventions. The policies and legislations acknowledge various forms of disabilities, including invisible disabilities, and seek to promote inclusivity and equal opportunities for all individuals with disabilities.

Counties like *Kilifi, Tana River, Lamu, Wajir, Meru, Embu, Machakos, Nakuru, Kakamega, Kisii and Nairobi* have operational PWD Acts whereas *Mombasa, Bungoma, Nandi, Kajiado, Migori and Kisumu* have operational PWD policies. The rest of the Counties including *Tharaka Nithi, Uasin Gishu, Siaya, Isiolo, Makueni, Nyandarua, Kirinyaga, Nyamira* are in different stages of development of disability inclusive laws and policies.

2. Medical Assessments

County Governments have made significant strides in improving access to healthcare services for persons with disabilities, including those with invisible disabilities. One of the most transformative developments has been the **decentralization of the disability medical assessment process.**

Previously, individuals seeking disability certification had to travel to Nairobi, a process that was burdensome for many, especially those from remote or underserved areas.

This changed following the decentralization of the Director of Medical Services' signature, which is now handled by County Medical Officers of Health. As a result, **disability assessments** can now be conducted and approved at county-level medical facilities, making the services more **accessible and efficient**.

Importantly, most counties now offer these **assessments free of charge**, removing yet another barrier that previously excluded many from formal recognition and access to services. For instance, in **Mombasa County**, residents with outdated disability certificates were supported to renew them at no cost following a change in the NCPWD certificate format.

To operationalize these changes, counties have established **disability assessment** committees which are multidisciplinary in nature. Counties like **Tana River** and **Kajiado**, have gone a step further to form disability boards that oversee the entire spectrum of disability-related issues, from assessments to rights protection and service linkage.

3. Establishment of mental units and other support services

County Governments have established mental units within most of the level 4 and level 5 facilities. **Mombasa County** for instance has a well-equipped **72-bed mental unit** capacity in the Port Reitz Sub-County that serves most of the Coastal region.

County Governments further have integrated services such as; Occupational and physiotherapy, play therapy and rehabilitation and medication and counseling.

4. Awareness campaigns and Community sensitization

Through the Community Health Promoters, County Governments are undertaking community sensitization to demystify invisible disabilities and reduce stigma as well as educate households on the medical nature of invisible disabilities, particularly those perceived as "witchcraft."

The Community Health Promoters further conduct outreach services, targeting and identification of the people with invisible disability through home visits, referrals to health facilities, mental health support services, and ensure that they adhere to clinic visits among others. Counties including *Uasin Gishu, Vihiga, Kericho, Mombasa, Kilifi, Bugoma* and *Nairobi* have integrated household-level outreaches through CHPs to identify cases early and provide psychosocial support.

5. Social protection and Economic Empowerment

County Governments have established Disability Support Funds for people with severe disabilities including those with invisible disabilities. Wajir County for instance has established the **Wajir County Disability Fund** as envisaged in the Wajir County PWDs Act, 2021 with the beneficiaries each receiving **ksh 4,000** per month.

6. Documentation

Some County Governments have come up with interventions to improve the documentation of invisible disabilities as a step towards enhanced service delivery and policy formulation. A notable example is **Murang'a County**, which has adopted the **AFYA.KE Health Management Information System (HMIS)** to digitally record cases of developmental and mental disorders.

7. Inclusive Education programmes

Counties have implemented inclusive education policies, ensuring that children with disabilities have equal opportunities in mainstream schools. This includes providing specialized teachers and assistive devices and provision of bursaries to PWD learners.

Kirinyaga, Nairobi, and Makueni Counties for instance support special school placement and collaborate with institutions like Gifted Gents and SPARK for rehabilitation and inclusive education.

8. Issuance of assistive devices

County Governments have implemented programs to provide assistive devices to PWDs including those with invisible disabilities, through various initiatives.

For instance, Nandi County, in collaboration with the organization Wheels for Kenya, donated assistive devices worth Ksh. 20 million in 2022. Further, every financial year since 2018, the County allocates ksh. 5 million for the purchase of assistive devices for PWDs.

9. Training and Capacity Building of County officials and the CHPs

The County Governments are conducting trainings for county officials including Community Health Promoters on disability inclusion, ensuring they are equipped to effectively address the needs of PWDs including those with invisible disability.

Nairobi, Kericho, Kajiado and Mombasa among other Counties have conducted comprehensive trainings on **sign language** to bridge communication barriers, especially for deaf persons.

CHALLENGES

1. **Policy gaps**- The disability facing policies in Kenya generally address the disability rights. However, there's no explicit policy direction on invisible disability.
2. Public hospitals continue to face major challenges in maintaining a **consistent supply of essential medicines**, which affects all patients, including those with invisible disabilities. For instance, County Governments had received official communication from KEMSA regarding the anticipated supply of autism and incontinence-related commodities, but the promised consignment has yet to be delivered.

3. **Budgetary Constraints**-County Governments face significant budgetary constraints, which hinder their ability to roll out specialized programs for persons with invisible disabilities, recruit and retain qualified specialists such as psychiatrists and occupational therapists, ensure consistent availability of essential medications, and sustain long-term community outreach, rehabilitation, and support services.
4. **Shortage of Skilled Specialists:** There is a notable lack of skilled specialists across the 47 Counties who are specifically equipped to diagnose, manage, and support people with invisible disabilities. These include psychiatrists, occupational therapists, speech and language therapists, behavioral therapists, and developmental specialists.
5. **Lack of Disaggregated Data:** Despite the efforts by Counties, there remains a significant gap in data disaggregation. Most counties do not have structured mechanisms to collect or analyze data specifically related to invisible disabilities. County Health Management Information Systems (HMIS), where used, tend to capture generalized disability statistics without further categorization.
6. **Stigma and Misconceptions:** Deep-rooted cultural beliefs still hinder the acceptance and treatment of these conditions.
7. **Lumping of Invisible Disabilities with General Disability Categories-** Invisible disabilities are routinely lumped together with other forms of visible disabilities, both in programming and institutional approaches leading to inadequate attention to the specific interventions required as well as skewed funding priorities, where physical disability aids are more readily procured than psychological support services.

RECOMMENDATIONS

- **Institutionalize training and awareness** on invisible disabilities across public institutions and service providers.
- **Review and amend national legislation** to explicitly recognize and protect persons with invisible disabilities.
- **Mandate NCPWD** to develop guidelines for the classification, registration, and support of persons with invisible disabilities.
- **County governments** to develop inclusive programs and county disability policies responsive to all forms of disability.
- **Expand social protection schemes** to accommodate invisible disabilities, including mental health and chronic conditions.
- **Enhance funding** for community-based rehabilitation and psycho-social support services.



COUNCIL OF GOVERNORS

Westlands Delta House 2nd Floor, Waiyaki Way.
P.O. BOX 40401-00100,
Nairobi.

24 JUL 2025

Tel: (020) 2403314, 2403313
E-mail: info@cog.go.ke

Ref. COG/2/10 Vol. 24 (27)

22nd July 2025

J.M Nyegenye, CBS
Clerk of the Senate
Parliament Buildings
NAIROBI



Dear Mr. Nyegenye,

ADDITIONAL SUBMISSIONS ON THE INTERVENTIONS BY COUNTY GOVERNMENTS ON THE INCLUSION AND ACCOMODATION OF PEOPLE WITH INVISIBLE DISABILITIES

The above subject matter refers.

During our appearance before the Senate Committee on Labour and Social Welfare on 15th July 2025, the Council committed to providing further information on the interventions being undertaken by County Governments to support persons with invisible disabilities.

The purpose of this letter therefore is to forward the additional submissions for your consideration.

Yours sincerely,

Mary Mwiti, EBS
Chief Executive Officer



② DDSEC (VK)
Kindly deal
file
25/07/2025
① DSEC
Kindly deal
24/07/2025
③ Ms. Mwanate
Kindly deal
Hobach
25/07/2025



DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY
WASHINGTON, D. C.

UNITED STATES DEPARTMENT OF AGRICULTURE
OFFICE OF THE SECRETARY
WASHINGTON, D. C.



ADDITIONAL SUBMISSIONS ON THE INTERVENTIONS BY THE COUNTY GOVERNMENTS ON THE RECOGNITION, ACCOMMODATION, AND INCLUSION OF PERSONS LIVING WITH INVISIBLE DISABILITIES

In addition to the earlier submissions, the following are further highlights of ongoing County Government interventions aimed at enhancing the inclusion of persons with invisible disabilities:

1. Medical Assessments

In **Mombasa County**, residents with outdated disability certificates were supported to renew them at no cost following a change in the NCPWD certificate format. This exercise enabled more than 700 individuals to access government support, including therapy, education support, and assistive devices.

Kiambu County on the other hand has introduced the Autism and Neuro-developmental Disabilities Program to provide medical therapy, assistive devices and special education scholarships for students with these conditions.

2. Awareness campaigns and Community sensitization

Homa Bay County supports children and young people (ages 0–25) with disabilities through its Integrated programme for persons with Disabilities (IPPD) which focuses on public awareness to reduce stigma, community based rehabilitation services, psychological support and caregiver education.

3. Economic Empowerment

The other Counties with dedicated disability funds include **Nakuru, Kericho, Lamu and Samburu**.

Notably, County Governments have put in place **Women, Youth and PWD Empowerment Fund Acts & Regulations** to provide for the establishment and management of Funds aimed at accelerating the provision of Funding to MSMEs owned PWDs by including those with invisible disabilities, Women as well as the Youth. The Counties are: Mombasa, Kwale, Kilifi, Tana River, Lamu, Garissa, Wajir, Isiolo, Meru, Tharaka Nithi, Kitui, Makueni, Kirinyaga, Kiambu, Turkana, Samburu, Trans Nzoia, Elgeyo, Baringo, Bomet, Bungoma, Migori, Kisii.

Further, the NICHE programme, currently being implemented in select counties in Kenya provides targeted cash transfers to vulnerable households especially those with pregnant women, infants, and young children alongside complementary health and nutrition education which has significantly enhanced the nutritional status, caregiving practices, and health-seeking behaviors among beneficiary communities. Critically, the programme has contributed to the **prevention of invisible disabilities**, particularly developmental disorders, by addressing key risk factors early in life, particularly, the **first 1,000 days** of a child's life is vital for healthy brain development.

4. Issuance of assistive devices

HomaBay County is also implementing a programme that supports PWDs across all 40 wards. It provides assistive devices and tools of trade (e.g. sewing machines, salon kits, cybercafé equipment), thereby strengthening mobility and economic empowerment).

Notably, all County Governments have been actively issuing assistive devices.

5. Training and Capacity Building of County officials and the CHPs

Turkana County hosted extensive training workshops for organizations to develop disability-inclusive programming, including for mental, cognitive, and developmental conditions. The County has also collaborated with Humanity and Inclusion Kenya to implement the 'In-Business Project' supporting micro-entrepreneurs with disabilities, including cognitive and psychosocial disabilities, in Kakuma and Kalobeyi.

6. Inclusion at the Devolution Conference 2025

The upcoming 2025 Devolution Conference will feature targeted engagements on disability inclusion through dedicated side events. In line with the theme of this year's conference on inclusion, the Council granted a full waiver to the National Council for Persons with Disabilities (NCPWD) to host a side event. This platform will provide an opportunity to deliberate on critical issues affecting PWDs and ensure their voices are meaningfully represented in the national discourse.



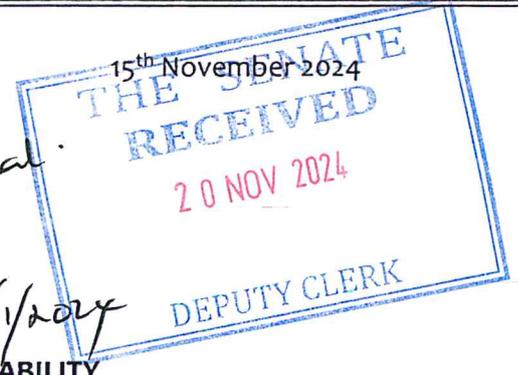
COUNCIL OF GOVERNORS

Westlands Delta House 2nd Floor, Waiyaki Way.
P.O. BOX 40401-00100,
Nairobi.

Tel: (020) 2403314, 2403313
E-mail: info@cog.go.ke

Our Ref: COG/2/10 VOL.23 (48)

*① DSEC
Kindly deal.
Eg 20/11/2024*



Mr. Jeremiah Nyegenye, CBS
Clerk of the Senate
Parliament Buildings
NAIROBI

Dear Clerk,

PETITION CONCERNING PEOPLE WITH INVISIBLE DISABILITY

The above matter refers.

The Council is in receipt of your letter dated 7th November 2024 and REF: SEN/DSEC/DISSC/SCLSW/2024/188 requesting the Council to submit a response on the above referenced and to appear before the Senate Standing Committee on to respond to issues raised in the petition.

The Council has considered the petition and would like to note as follows:

1. The Council acknowledges the issues raised within the petition as fundamental issues touching on the Bill of Rights and particularly Articles 21, 43, and 54 of the Constitution.
2. The issue of invisible disability and its recognition has yet to receive explicit policy direction. In light of this, the Council is committed to supporting a conversation on safeguarding the welfare and rights of persons with invisible disabilities within the context of devolution.

Additionally, we seek a rescheduling of the Council's appearance to a later date to allow for the participation of the Chairperson.

Please accept the assurance of our highest esteem and consideration.

Yours sincerely,

Mary Mwiti
Chief Executive Officer

*③ Ms. Mwanate
Kindly deal.
Wobati
21/11/2024*

*② DDSEC (MK)
Kindly deal
20/11/2024*

APPENDIX 5: SUBMISSIONS FROM THE MINISTRY
OF HEALTH



**MINISTRY OF HEALTH
OFFICE OF THE CABINET SECRETARY**

Telegraphic Address "Health"
Telephone Nairobi 254-020-2717077
Email cs@health.go.ke
When replying please quote:

Ref: MOH/SDMS/SENATE/VOL.IV(57)

AFYA HOUSE
CATHEDRAL ROAD
P. O. Box 30016-00100
NAIROBI

2nd June 2025

Mr. J. M. Nyegenye, CBS
Clerk of the Senate
P. O. Box 41812-00100
NAIROBI

**RE: INVITATION TO A MEETING ON THE PETITION CONCERNING
PEOPLE LIVING WITH INVISIBLE DISABILITY**

Reference is made to your letter Ref: SEN/DSEC/DISSC/SCLSW/2025/130 dated 27th May 2025 on the above subject.

Attached herewith is our response to the questions raised.


Hon. Aden Duale, EGH
CABINET SECRETARY

Encls.



MINISTRY OF HEALTH
OFFICE OF THE CABINET SECRETARY

RESPONSE TO PETITION BY MS. BEATRICE LIKWOP ON INCLUSION OF
PERSONS WITH INVISIBLE DISABILITIES

Chairperson and Honorable Members,

The Ministry of Health acknowledges the concerns raised in the Petition presented by Ms. Beatrice Likwop regarding the recognition and inclusion of persons living with invisible disabilities. We thank the Senate for its commitment to highlighting this important issue and for facilitating public discourse around the rights and dignity of all persons living with disabilities.

Invisible disabilities—such as epilepsy, fibromyalgia, and various mental health conditions—can significantly impair daily functioning, yet often remain unrecognized due to their non-apparent nature. As a result, individuals living with these conditions frequently encounter systemic barriers, stigma, and exclusion from services, accommodations, and broader societal acceptance.

Chairperson and Honorable Members,

The Ministry of Health fully recognizes the unique challenges faced by persons living with invisible disabilities, and the need for deliberate policy and programmatic interventions to eliminate systemic barriers, ensure equitable access to care, and uphold their rights and dignity. In this regard, the Ministry has developed and implemented several key policies and management



**MINISTRY OF HEALTH
OFFICE OF THE CABINET SECRETARY**

Telegraphic Address "Health"
Telephone Nairobi 254-020-2717077
Email cs@health.go.ke

When replying please quote:

Ref: MOH/SDMS/SENATE/VOL.IV(57)

AFYA HOUSE
CATHEDRAL ROAD
P. O. Box 30016-00100
NAIROBI

2nd June 2025

Mr. J. M. Nyegenye, CBS
Clerk of the Senate
P. O. Box 41812-00100
NAIROBI

**RE: INVITATION TO A MEETING ON THE PETITION CONCERNING
PEOPLE LIVING WITH INVISIBLE DISABILITY**

Reference is made to your letter Ref: SEN/DSEC/DISSC/SCLSW/2025/130 dated 27th May 2025 on the above subject.

Attached herewith is our response to the questions raised.

A handwritten signature in black ink, appearing to read 'Aden Duale', written over a horizontal line.

Hon. Aden Duale, EGH
CABINET SECRETARY

Encls.



MINISTRY OF HEALTH
OFFICE OF THE CABINET SECRETARY

RESPONSE TO PETITION BY MS. BEATRICE LIKWOP ON INCLUSION OF
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Chairperson and Honorable Members,

The Ministry of Health fully recognizes the unique challenges faced by persons living with invisible disabilities, and the need for deliberate policy and programmatic interventions to eliminate systemic barriers, ensure equitable access to care, and uphold their rights and dignity. In this regard, the Ministry has developed and implemented several key policies and management

equity and dignity in healthcare. Through sustained collaboration with the National Council for Persons with Disabilities (NCPWD), Organizations of Persons with Disabilities (OPDs), and other stakeholders, we remain dedicated to ensuring that health services are inclusive, accessible, and responsive to the needs of all Kenyans—visible and invisible alike.

I hereby submit,



Hon. Aden Duale, EGH
CABINET SECRETARY

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**MINISTRY OF HEALTH
OFFICE OF THE CABINET SECRETARY**

Telegraphic Address "Health"
Telephone Nairobi 254-020-2717077
Email: cs.medical@health.go.ke
When replying please quote:

AFYA HOUSE
CATHEDRAL ROAD
P. O. Box 30016-00100
NAIROBI

Ref: MOH/CS/VOL.IV/I52

26th November, 2024

Mr. J. M. Nyegenye, CBS
Clerk of the Senate
P. O. Box 41812-00100
NAIROBI



Dear Sir,

**RE: RESPONSE TO THE PETITION CONCERNING PERSONS
WITH INVISIBLE DISABILITIES**

Reference is made to a letter Ref: SEN/ DSEC/DISSC/SCLSW/2024/187 dated 7th November, 2024, on the above subject matter.

Attached herein is the Ministry's response for your further necessary action.

Thank you for your collaboration and continued support.

Yours Sincerely,

DR. DEBORAH. M. BARASA
CABINET SECRETARY

Copy to: **Principal Secretary**
State Department for Medical Services

Encl.

*DSEC
Kindly deal*

11/12/2024

*Ms. Mwanate
Kindly deal
11/12/2024*



**MINISTRY OF HEALTH
OFFICE OF THE CABINET SECRETARY**

**RESPONSE TO THE PETITION CONCERNING PERSONS WITH
INVISIBLE DISABILITIES**

Your letter Ref. SEN/DSSEC/DISSC/SCLSW/2024/187 dated 7th November 2024 requesting for response on the above subject matter refers. The Ministry responds as follows:

Response

INTRODUCTION

Honourable Chair and Honourable Members

The Ministry of Health acknowledges and appreciates Beatrice (Petitioner) for advocating for the recognition and inclusion of persons with invisible disabilities. This petition aligns with the government's overarching commitment to **Universal Health Coverage (UHC)**, ensuring no one is left behind. Invisible disabilities, though not immediately apparent, profoundly affect individuals' ability to engage in daily activities, access opportunities, and participate fully in society. The Ministry recognizes the need for tailored strategies to address these challenges and is committed to building a more inclusive healthcare system.

Understanding Invisible Disabilities

Invisible disabilities refer to impairments that are not immediately visible but significantly impact an individual's physical, mental, or emotional functioning.

Examples include neurological conditions (e.g., epilepsy), chronic illnesses (e.g., fibromyalgia, lupus), and mental health disorders (e.g., anxiety, depression). Unlike visible disabilities, they often go unrecognized, leading to inadequate support and frequent discrimination.

THE HISTORY OF ADVOCACY FOR PERSONS WITH DISABILITIES IN KENYA AND CONTINUED INCLUSIVITY EFFORTS

Honourable Chair and Honourable Members

Kenya has a rich history of advocating for the rights of persons with disabilities. Advocacy efforts gained momentum in the 1970s and 1980s, driven by grassroots organizations, religious groups, and civil society. These initiatives sought to create awareness about the rights and needs of PWDs, who were often marginalized and excluded from social, economic, and political opportunities. Early advocates championed education for children with disabilities and lobbied for policies to address accessibility and inclusion.

The 1990s marked a turning point, with the adoption of international frameworks such as the United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities. These frameworks inspired local advocacy, culminating in the enactment of the Persons with Disabilities Act in 2003. This legislation established the National Council for Persons with Disabilities (NCPWD), a key body that advocates for the rights and welfare of PWDs. Over time, advocacy efforts have expanded to focus on areas such as inclusive education, employment, healthcare, and political representation, reinforced by Kenya's ratification of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2008. Today, disability advocacy in Kenya continues to grow given a progressive

constitution; propelled by strong civil society organizations; robust government initiatives, and increasing public awareness of disability rights as human rights.

Some of the initiatives to ensure inclusion of PWDs include:

1. Assessment and Categorization of Persons with disabilities for purposes of registration

In 2008, the National Council for Persons with Disabilities (NCPWD) formally requested the Ministry of Health to spearhead the process of assessing and categorizing disabilities for purposes of registration. The ministry went ahead and developed an assessment tool and established assessment committees in most level 4-6 hospitals. This process facilitated the registration of over 600,000 PWDs by the NCPWD by the year 2022. Invisible disabilities including epilepsy, fibromyalgia among others being part of that number.

Despite the Act's progressive provisions, the absence of standardized assessment guidelines led to inconsistencies in identifying and categorizing disabilities.

2. Development of Disability Medical Assessment and Categorization Guidelines

To address these gaps, the Ministry, in collaboration with stakeholders, developed the **Disability Medical Assessment and Categorization Guidelines** and were finalized in 2022 enabling decentralization of the assessment process and finalization of disability assessment reports at the Counties.

The guidelines largely adopted the International Classification of Functioning, Disability, and Health (ICF) MODEL, a framework developed by the World Health Organization (WHO) to describe and measure health and disability.

These guidelines are among the first in the region to adopt such a holistic framework, reflecting Kenya's leadership in disability inclusion.

ICF consist of the following two primary parts in assessment:

a) Functioning and Disability

- **Body Functions and Structures:**

Includes physiological functions of body systems (e.g., sensory, mental, and cardiovascular systems) and anatomical structures (e.g., organs, limbs).

- **Activities and Participation:**

Refers to an individual's ability to perform tasks (activities) and involvement in life situations (participation). Examples include communication, mobility, and work.

b) Contextual Factors

- **Environmental Factors:**

External influences like social attitudes, architectural barriers, and assistive technologies that affect a person's functioning.

- **Personal Factors:**

Characteristics unique to the individual, such as age, gender, lifestyle, and education. (Note: Unlike other sections, WHO does not classify personal factors due to variability.)

Why the ICF is Crucial for Assessing Invisible Disabilities

- (i) **Holistic Evaluation:** The ICF goes beyond physical symptoms to consider mental, social, and environmental dimensions of health.
- (ii) **Functional Focus:** Emphasizes what the individual can do and the barriers they face, rather than solely relying on medical diagnoses.
- (iii) **Personalization:** This takes into account the unique interplay of personal and contextual factors in shaping an individual's experience.
- (iv) **Advocacy and Inclusion:** Highlights the need for societal and environmental adjustments to support individuals with invisible disabilities.

Inclusion of invisible disabilities in the guidelines

The Disability Medical Assessment and Categorization Guidelines categorize disabilities into different domains including:

- (i) *Physical Disabilities*
- (ii) *Visual Impairments*
- (iii) *Hearing, Speech, and Language Disabilities*
- (iv) *Mental Health Disorders, Intellectual Disabilities and Autism Spectrum Disorders*
- (v) *Progressive Chronic Conditions*
- (vi) *Maxillofacial Disabilities*

Invisible disabilities fall into any of the domains listed above:

Epilepsy and fibromyalgia that Beatrice indicated to be suffering from are explicitly listed under neurological and musculoskeletal conditions under the chronic progressive disability domain.

3. Establishment of the Social Health Authority

The social health authority, that replaced NHIF has created three funds that have in a greater way expanded the scope of healthcare services covered and shall expand access to healthcare services to all Kenyans. The funds established are:

- (i) **Primary Health Care Fund:** purchase primary healthcare services from primary healthcare facilities or a level 4 primary healthcare referral facility designated by the Authority for access to services under the Primary Healthcare Fund. Supports preventive care and early diagnosis of chronic conditions.
- (ii) **Social Health Insurance Fund:** Covers outpatient and inpatient services, including specialist consultations and diagnostics. At level 4,5, and 6 facilities
- (iii) **Emergency, Chronic, and Critical Illness Fund:** The Emergency, Chronic, and Critical Illness Fund shall be used to—ensure access to quality emergency services and critical care; ensure access to quality treatment of chronic and critical illnesses; finance the provision of emergency, chronic and critical medical care. This fund was established to provide money to pay the costs of managing chronic diseases after depletion of the SHIF and cover the costs of emergency treatment. This fund addresses **urgent healthcare needs** (e.g., accidents, natural disasters) and **long-term management of chronic illnesses**, ensuring no one is left behind during critical moments.

These funds collectively eliminate financial barriers to accessing care for individuals with disabilities including those with invisible disabilities.

4. Establishment of Rehabilitation Services Technical Working Group (TWG)

Recognizing the challenges faced by persons with disabilities in accessing healthcare services, the Ministry established the **Rehabilitation Services Technical Working Group (TWG)** in 2023.

Membership include: Organizations for PWDs, Organizations of PWDs, Government and Non-government agencies, training institution among others.

I wish to request and encourage PWDs with invisible disabilities to reach out to this TWG and submit their inputs on how access to health care and rehabilitation services can be improved to ensure inclusivity for all.

Conclusion

The Ministry of Health reaffirms its commitment to ending discrimination and ensuring the full inclusion of persons with invisible disabilities in all aspects of healthcare. By implementing progressive policies, leveraging stakeholder collaborations, and fostering inclusivity; the Ministry strives to uphold the rights of all Kenyans under the letter/ spirit of the Constitution and the principles of UHC. The Ministry welcomes further dialogue with stakeholders and remains dedicated to creating an equitable healthcare environment for all.

Honourable Chair and Honourable Members, I hereby Submit.


DR. DEBORAH M. BARASA
CABINET SECRETARY

REPUBLIC OF KENYA

Telegraphic Address
'Bunge', Nairobi
Telephone 2848000
Fax: 2243694
E-mail: clerk.senate@parliament.go.ke



The Senate
Clerk's Chambers
Parliament Buildings
P.O. Box 41842 -00100
NAIROBI, Kenya

PARLIAMENT
OFFICE OF THE CLERK OF THE SENATE

REF: SEN/DSEC/DISSC/ SCLSW/2024/187

7th November, 2024

Dr. Debra Barasa,
Cabinet Secretary,
Ministry of Health,
P.O. Box 30016-00100,
NAIROBI.



Dear Madam,

RE: PETITION CONCERNING PERSONS WITH INVISIBLE DISABILITY

The Standing Committee on Labour and Social Welfare is established under standing order 228(3) of the Senate Standing Orders. The Committee is mandated to consider all matters related to manpower and human resources planning, pension, gender, culture and social welfare, youth, National Youth Service, children's welfare, national heritage, betting, lotteries and sports, public entertainment, public amenities and recreation.

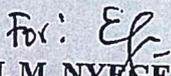
The Committee is currently considering a Petition by Ms. Beatrice Likwop concerning persons with invisible disability. At its meeting held on Tuesday, 29th October, 2024, the Committee considered the Petition and resolved to-

1. Request you to submit a comprehensive response to the issues raised in the Petition to be received on or before **Friday, 15th November, 2024**; and
2. Invite you to appear before the Committee on **Monday, 18th November, 2024** at the **Mini Chamber, First Floor, County Hall Building, Nairobi** at 2.00 pm to respond to the issues raised in the Petition.

Attached is a copy of the Petition for your reference.

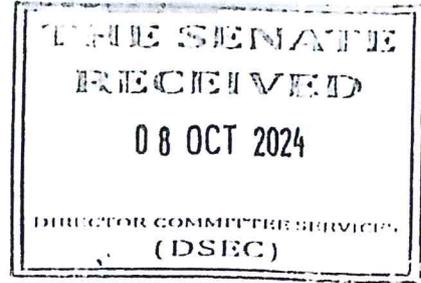
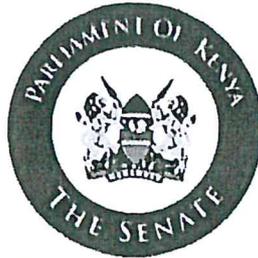
Ms. Mwanate Shaban, Senior Clerk Assistant (Cell Number- 0726953257; Email: mwanate.shaban@parliament.go.ke), is the Clerk to the Committee and is responsible for all arrangements relating to this matter.

Yours faithfully,

For: 
J. M. NYEGENYE, CBS,
CLERK OF THE SENATE.



REPUBLIC OF KENYA



13TH PARLIAMENT | 4TH SENATE

INTERNAL MEMO

From: Director, Legislative and Procedural Services

To: Ag. Director, Socio Economic Committees

Date: 2nd October, 2024

RE: COMMITTAL OF A PETITION TO A STANDING COMMITTEE

At the Sitting of the Senate held on Wednesday, 2nd October, 2024, the following Petition was presented to the Senate pursuant to Standing Order 236 and referred to the relevant Standing Committee pursuant to Standing Order 238 (1) -

SUBJECT OF THE PETITION	PRESENTED/ REPORTED BY	COMMITTEE REFERRED TO	REPORTING DATE
Petition to the Senate by Ms. Beatrice Likwop concerning people living with invisible disability	Speaker	Labour and Social Welfare	01/12/2024

Pursuant to Standing Order 238(2), the Standing Committee is required to consider the Petition within sixty (60) calendar days from the time of reading the prayers and table its report in the Senate for consideration.

Kindly bring this matter to the attention of the said Standing Committee.



for: S. N. RUGE, OGW

Copies to:

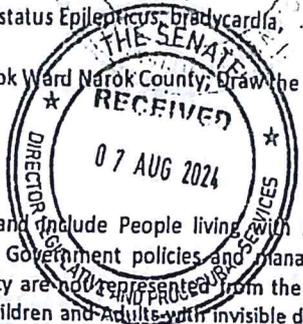
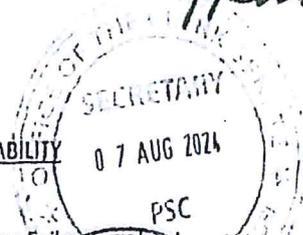
Deputy Clerk (M.A)
Deputy Clerk (E.G)

*Ms. Mwanate
Kindly deal
Hobah
08/10/2024*

*DDSEC (K)
Kindly deal
08/10/2024*

The Clerk of the Senate
Parliament Buildings
P.O. Box 41842 - 00100 Nairobi

Email: clerk.senate@parliament.go.ke



DIPS
Please deal
MA
7/8/24

RE: PETITION TO THE SENATE CONCERNING PEOPLE WITH INVISIBLE DISABILITY

I, Miss Beatrice Lkwop person living with complex invisible disability (status Epilepticus, bradycardia, fibromyalgia) Citizen of the Republic of Kenya and resident of Ilmootlok Ward Narok County, draw the attention of the Senate to the following:

1. That, the Government of Kenya has failed to recognize and include People living with invisible disability and are not recognized and not Included in the Government policies and management strategies. Children and adults living with invisible disability are not represented from the ground level relevant authorities up to the National government. Children and Adults with invisible disability have different, behaviour, feelings and capability from physical disability
- 1.1 That, Ministry of Health, Social protection, NCPWD policies have barriers which deny people living with invisible disabilities access to life saving essential treatment and medicine which is the main management of invisble disability which without trigger life threatening episodes. The attacks result in body injuries, painfully affects mental, emotional and behavioural status. After effects are traumatizing which occasionally lead to suicides to end the agony. The courageous ones, painfully die silently due lack of medicine and finances to buy. NHIF contributions have been for the forms only. Essential medicine not available in Referral Hospitals
- 1.2 That, the undersigned requires constant essential medicine, Neurologist, Cardiologist services once a year which are not available in county referral hospitals. EEG, ECG equipment not available. The services are not affordable in private hospitals. My nearest government hospitals are MTRH, KNH, Nakuru. I am unable to finance travelling and services
- 1.3 That, NCPWD and Social protection have not set programs for people living with invisible disabilities. Current programs, Government job slots, support, benefits, donor funds and projects are solely for people with physical disability. Financial support, government and donor funds qualification stated and underlined by NCPWD and Social protection is that one must-bedridden pwds with care giver are the only beneficiaries
2. Corruption is the key for all benefits, funds, job opportunity slots in relevant government and other stake holders i.e, Red Cross, World Vision, are for people physical disability. Social protection, Pwd committee /representatives have allowed corruption in the whole system. Rejecting applications from people with invisible disability, those not willing to corrupt or not high authority connected to sub-county authorities

PETITION CONCERNING INVISIBLE DISABILITY

- 2.1 That, personally I have not been in contact with Community Health Promoters who wananchi appreciated with great hope to identify people with life risking conditions who are occasionally in need of emergency attention and first aid. Personally, I have not been successful in getting a red card which is a necessity for proper attention during emergency need/ First Aid when I am unconscious to avoid wrong first aid and drug injections. For rescue when in a mental challenge and not able to recognize, know my whereabouts or locate place residence
- 2.2 That, the government of Kenya has not sensitized the society about invisible disability. This has caused painful stigma and discrimination; The undersigned, society view and believe that I am evil spirits possessed. Condition has left me without a social life. No friends. I am not accepted in rental premises, no accepted in groups. The condition has restricted my normal life activities

Ms. Maachusa
Kindly review and
Facilitate
D. Chandra
21/8/24

Ms. Zichwa
Kindly process
the Petition.
A. Maachusa
21/8/2024

2.3 That, People with invisible disability are eligible to work. With essential medicine and other techniques which learnt, I am able to communicate, coordinate, walk, write and can perform light tasks which are within my ability. Can perform office duties. I have made applications for job opportunities since 2017. Honorable senate office, no hustle, no shelter, no essential medicine, no food. People do not just donate or support adults especially those physically fit but restricted by unseen disabilities

3. That, I cannot perform any work which requires body pressure, not in air polluted / low oxygen level or very humid environment. Drinks and foods restricted and without chemicals which can trigger the condition. Must avoid Sharp tools/ objects

3.1 That, People with invisible disability should be considered for universal health care because some conditions can be triggered anywhere, even in a public transport. In 2019 on my way from Nakuru, I recovered at Tenwek Hospital at 11:00pm, unaware of what happened, unable to pay, I was locked in till next morning when NHIF with a lot of persuasion, with a letter from NCPWD accepted approval

3.2 That, people with invisible disability get prompt attention/ express services in hospitals, banking halls, supermarkets and many others. The undersigned cannot seek services offered in underground floors i.e. Longisa referral hospital outpatient. Twice painfully had a traumatizing episode when on medical visit and was not allowed to use emergency wing. Twice refused services in a referral hospital, because symptoms are unseen, even after identifying my condition using NCPWD card, 1 hour later regained in the ICU.

4. That, I made the best efforts to have these matters addressed by relevant authorities in form Sub-County to the National offices : Ministry of Health, Social protection, Public Service, NCPWD, KHRC, Kenya women Association, all of which have failed give any response or any action

Petition to the Senate office by: Beatrice Likwop concerning People living with Invisible Disability

5. That, none of these issues raised in this petition is pending in any Court of Law, constitutional or any other legal body.

RE: PETITION CONCERNING INVISIBLE DISABILITY

My humble petition prayer that the Senate:

1. Petition the government to recognize and include people with invisible disability in government policies and management strategies. Sensitize society and medics to minimize stigma and discrimination
2. Petition the government to oversee constant supply and ensure availability of essential medicine and treatment in Referral Hospitals. Relevant invisible disability condition specialists every year in referral hospitals. Close psychological and emotional support to prevent suicides. Give a chance to same category disability interaction. Reasonable financial support up to 6000/- can cover basic needs
3. Petition for People with Invisible Disability to have a representative from invisible disability category and plan for suitable support including benefits, funds, job opportunities and programs. Remove all barriers denying people with invisible disability to get support. Support people with disability in the entire journey not when bedridden

Dated this 7th August 2024

Beatrice Likwop
Beatrice

Contact: 0798725330 (Voice calls & WhatsApp)