

PAPERS LAID	
DATE	28.4.2026
TABLED BY	Sen. Stewart Mubayo on behalf of Chairperson.
COMMITTEE	Health.
CLERK AT THE TABLE	Mr. Mbayo.

PARLIAMENT
OF KENYA
LIBRARY



REPUBLIC OF KENYA

THIRTEENTH PARLIAMENT

THE SENATE

STANDING COMMITTEE ON HEALTH

REPORT OF THE STANDING COMMITTEE ON HEALTH ON ITS
CONSIDERATION OF THE HE AUTISM MANAGEMENT BILL, 2025
(SENATE BILLS NO. 19 OF 2025)

Clerks Chambers,
Parliament Buildings,
NAIROBI

APPROVED
RT. HON. SEN
AMASON J. KINGI

April, 2026

Rt. Hon. Speaker
You may approve for tabling
J. M. Nyegenye, C.B.S.,
Clerk of the senate/secretary, PSC
Date: 22/04/26

A.G. DC
Forwarded and recommended
for approval and tabling
22/04/26

23/4/26

TABLE OF CONTENTS	
TABLE OF CONTENTS	1
LIST OF ABBREVIATIONS	2
PRELIMINARIES	3
Establishment and Mandate of the Committee	3
Committee Membership	3
CHAIRPERSON’S FOREWORD	4
CHAPTER ONE	6
1. INTRODUCTION	6
1.1. Background	6
1.2. The Problem that the Bill Seeks to address.	7
1.3. Overview of the Bill	7
CHAPTER TWO	10
2. STAKEHOLDER SUBMISSIONS	10
CHAPTER THREE	34
3. COMMITTEE OBSERVATIONS AND RECOMMENDATIONS	34
3.1 Committee Observations	34
3.2 Committee Recommendations	37
3.3 Committee Stage Amendments	41

LIST OF ABBREVIATIONS

ADHD	:	Attention-Deficit/Hyperactivity Disorder
ADLs	:	Activities of Daily Living
APHRC	:	African Population and Health Research Center
ASD	:	Autism Spectrum Disorder
BCBA	:	Board Certified Behavior Analyst
IEPs	:	Individualized Education Plans
KICD	:	Kenya Institute of Curriculum Development
KISE	:	Kenya Institute for Special Education
KMTC	:	Kenya Medical Training College
KOTA	:	Kenya Occupational Therapists Association
MCH	:	Maternal and Child Health
MoE	:	Ministry of Education
MoH	:	Ministry of Health
NCPWD	:	National Council for Persons with Disabilities
NHIF	:	National Health Insurance Fund
NSK	:	Neurodivergents Society of Kenya
OTCK	:	Occupational Therapist Council of Kenya
PWD Act	:	Persons with Disabilities Act, 2025
SHA	:	Social Health Authority
SHIF	:	Social Health Insurance Fund
SLPA	:	Speech Language Pathologists Association
SNE	:	Special Needs Education
UNCRPD	:	United Nations Convention on the Rights of Persons with Disabilities
WHO	:	World Health Organization

PRELIMINARIES

Establishment and Mandate of the Committee

The Standing Committee on Health is established pursuant to standing order 228 (3) and the Fourth Schedule of the Senate Standing Orders and is mandated to *consider all matters relating to medical services, public health and sanitation.*

Pursuant to Standing Order 228(4), the Committee is specifically mandated to-

- 1) *investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration and operations of the Ministry of Health and its departments;*
- 2) *study the programme and policy objectives of the Ministry of Health and its departments, and the effectiveness of the implementation thereof;*
- 3) *study and review all legislation referred to it;*
- 4) *study, assess and analyze the success of the Ministry of Health and departments assigned to it as measured by the results obtained as compared with their stated objectives;*
- 5) *consider the Budget Policy Statement in line with the Committee's mandate;*
- 6) *report on all appointments where the Constitution or any law requires the Senate to approve;*
- 7) *make reports and recommendations to the Senate as often as possible, including recommendations for proposed legislation;*
- 8) *consider reports of Commissions and Independent Offices submitted to the Senate pursuant to the provisions of Article 254 of the Constitution;*
- 9) *examine any statements raised by Senators on a matter within its mandate; and*
- 10) *follow up and report on the status of implementation of resolution within its mandate; and*
- 11) *follow up and report on the status of commitments made by the Cabinet Secretaries in their response to questions under Standing Order 51C*

Committee Membership

The Committee is comprised of the following members-

1. Sen. Jackson K. Arap Mandago, EGH, MP	-	Chairperson
2. Sen. Mariam Sheikh Omar, MP	-	Vice-Chairperson
3. Sen. Justice (Rtd.) Stewart Madzayo, EGH, MP	-	Member
4. Sen. Ledama Olekina, CBS, MP	-	Member
5. Sen. Richard Onyonka, MP	-	Member
6. Sen. Tabitha Mutinda, CBS, MP	-	Member
7. Sen. Hamida Kibwana, MP	-	Member
8. Sen. Joseph Githuku Kamau, MP	-	Member
9. Sen. Vincent Kiprono Cheburet Chemitei, MP	-	Member

CHAIRPERSON'S FOREWORD

The Autism Management Bill, 2025 (Senate Bills No.19 of 2025) was published in the Kenya Gazette Supplement No. 163 of 2025 on 26th September 2025. The Bill was introduced in the Senate by way of First Reading on 26th November, 2025 and thereafter stood committed to the Committee on Health for consideration.

The principal object of the Autism Management Bill, 2025, is to provide for an integrated and coordinated approach to the management of autism in Kenya. The Bill seeks to establish a comprehensive legal framework for early screening, diagnosis, management and support of persons with autism spectrum disorder (ASD), while promoting public awareness, research, and the allocation of adequate resources towards autism programs

In accordance with the provisions of Article 118 of the Constitution and standing order 145 (5) of the Senate Standing Orders, the Committee through public advertisements that appeared in the *Daily Nation* and *Standard* newspapers that appeared on Wednesday, 3rd December, 2025 invited the interested members of public to submit any representations that they may have on the Bill by way of written memoranda. The memoranda were to be received by the Senate on or before Monday, 22nd December, 2025 at 5.00 p.m. At the close of public participation period, the Committee received written memoranda from thirty - five (35) different stakeholders. These submissions and proposed amendments were prepared into a comprehensive matrix for Committee consideration.

During its consideration, the Committee observed that, the Autism Management Bill as currently drafted adopts a predominantly medical and welfare-oriented approach to autism, without adequately grounding it in the constitutional rights framework or Kenya's obligations under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). The Bill does not explicitly prohibit discrimination against persons with autism in education, healthcare, employment, or access to public services and does not frame autistic persons as rights-holders. This is inconsistent with Article 27 and Article 54 of the Constitution and with the CRPD's social model of disability.

The Committee observes that there is need to have a legal provision that makes it a duty of healthcare facilities, education institutions and community health promoters to identify, refer and assist parents to register children with autism within a specified period after diagnosis and identification. Consequently, the Committee noted that there is need for criminalization of the habit or parents concealing persons with autism as to deny them the benefits provided under this law or any other law.

That the Bill recognizes only "medical practitioners" and does not mention occupational therapists, speech and language therapists, physiotherapists, clinical psychologists, behavioral therapists, or special needs educators who are critical experts in the management of autism. This is a significant gap, as effective autism management requires multidisciplinary, and interdisciplinary approach.

Kenya's current workforce of approximately 900 occupational therapists is far insufficient, and the Bill misses an opportunity to mandate the expansion of this workforce and its integration into autism service delivery at both national and county levels. According to APHRC research data, occupational therapy (38.7%) and speech therapy (35.3%) are the most recommended interventions for autistic children, yet availability does not meet demand and cost is a primary barrier.

The Committee further observed that while the Bill references "community-level caregiver support groups," it does not define the role of caregivers, provide for caregiver training frameworks, establish respite care services, or guarantee psychosocial or financial support for caregivers. Given the research evidence that the vast majority of caregiver-parents experience significant mental health burden, financial stress, and social isolation, the absence of structured caregiver support provisions is a critical gap.

The Committee observed that the Bill's financing provisions use aspirational language without establishing specific, enforceable budget lines, ring-fenced allocations, timelines for implementation, or reporting obligations. The Bill does not mandate coverage of evidence-based autism therapies under the SHA/SHIF or require insurance providers to cover autism interventions, diagnostic assessments, or assistive communication devices. Without such provisions, the Bill's objectives will remain inaccessible to the majority of Kenyan families who cannot afford private autism care.

In light of the Committee analysis and the extensive views received from stakeholders, the Committee is satisfied that the Autism Management Bill, 2025 addresses a critical gap in the legal and policy framework on autism in Kenya. Accordingly, the Committee recommends that the Senate approves the Autism Management Bill, 2025, subject to the amendments set out in this report.

As I conclude, I wish to sincerely thank the Office of the Speaker and the Office of the Clerk of the Senate for the support extended to the Committee in execution of its mandate. I also wish to extend my gratitude to the Committee members for their diligence, commitment and insightful contributions throughout consideration of this Bill.

It is now my pleasant duty, pursuant to standing order 148 (1) of the Senate Standing Orders, to present the Report of the Standing Committee on Health on its consideration of the Autism Management Bill, 2025 (Senate Bills No. 19 of 2025).

Signed.....



Date.....

21/4/2025

SEN. JACKSON K. ARAP MANDAGO, EGH, MP,
CHAIRPERSON, STANDING COMMITTEE ON HEALTH.

CHAPTER ONE

1. INTRODUCTION

- 1) The Autism Management Bill, 2025 (Senate Bills No. 19 of 2025) was published in the Kenya Gazette Supplement No. 163 (Senate Bills No. 19) on 26th September, 2025. The Bill was introduced in the Senate by way of First Reading on 26th November, 2025 and thereafter stood committed to the Standing Committee on Health for consideration. A copy of the Bill the Bill Digest are attached to this report as *Annex 2 and 3*.
- 2) The principal object of the Autism Management Bill, 2025, is to provide for an integrated and coordinated approach to the management of autism in Kenya. The Bill seeks to establish a comprehensive legal framework for early screening, diagnosis, management and support of persons with autism spectrum disorder (ASD), while promoting public awareness, research, and the allocation of adequate resources towards autism programs.
- 3) In compliance with the provisions of Article 118 of the Constitution and Standing Order 145 (5) of the Senate Standing Orders, the Committee proceeded to undertake public participation on the Bill. In this regard, the Committee published an advertisement in the *Daily Nation* and *Standard* newspapers on 3rd December, 2025 inviting members of the public to submit written memoranda to the Committee on the Bill. A copy of the advertisement has been attached to this report as *Annex 4*.
- 4) At the close of public participation period, the Committee received written memoranda from thirty-five (35) different stakeholders. These submissions and proposed amendments were prepared into a comprehensive matrix for Committee consideration. The matrix of stakeholder submissions is attached to this report as *Annex 5*.

1.1. Background

- 5) According to World Health Organization (WHO) Autism Spectrum Disorders (ASD) also referred to as Autism refers to a diverse group of conditions. They are characterized by some degree of difficulty with social interaction and communication. Other characteristics are atypical patterns of activities and behaviours, such as difficulty with transition from one activity to another, a focus on details and unusual reactions to sensations.
- 6) The abilities and needs of autistic people vary and can evolve over time. While some people with autism can live independently, others have severe disabilities and require life-long care and support. Autism often has an impact on education and employment opportunities. In addition, the demands on families providing care and support can be significant. Societal attitudes and the level of support provided by local and national authorities are important factors determining the quality of life of people with autism.

1.2. The Problem that the Bill Seeks to address.

- 7) According to the National Council for Persons with Disability (NDPWD) Analytical Monograph on Autism (2024), approximately 75 million people worldwide have autism spectrum disorder, representing 1% of the global population. The WHO estimates that one out of 59 children are born with autism and related developmental disabilities, making this a significant public health concern that requires dedicated legislative attention.
- 8) According to a report done by the Autism Society of Kenya in the year 2007, about one in every 25 children suffer from autism. This accounts for about 4% of the general population in Kenya. Since there is no central data collection center for autism cases in Kenya however, the statistics are not quite accurate and therefore affecting the policy and budgetary issues towards autism in Kenya.
- 9) The challenges surrounding management of autism in Kenya include late diagnoses, a shortage of trained professionals, limited access to specialized education and therapeutic services, and inadequate data on autism prevalence. There is no comprehensive legal framework specifically addressing the needs of persons with autism, resulting in poor service delivery and insufficient coordination between national and county governments.
- 10) Currently, persons with autism are covered under the general provisions of the Persons Living with Disability Act, 2025 (Act No. 4 of 2025), which provides for the rights and protection of persons living with disabilities. However, this legislation does not provide specific provisions for the unique diagnostic, management and support needs of persons with autism spectrum disorder. The lack of autism-specific legislation has resulted in inadequate specialized services, poor diagnosis, and insufficient training for medical practitioners and caregivers dealing with autism.
- 11) Kenya adopted the World Health Organization's 2014 global Autism Resolution titled "Comprehensive and Co-ordinated Efforts for the Management of Autism Spectrum Disorder," which was co-sponsored by 50 states and supported by all 194 WHO member countries. To give effect to this international commitment and address the gaps in domestic legislation, this Bill seeks to establish a comprehensive legal framework specifically for autism management.
- 12) The Bill is anchored in Article 43(1)(a) of the Constitution which guarantees every individual the right to the highest attainable standard of health.

1.3. Overview of the Bill

- 13) The Bill seeks to provide for the comprehensive management of autism (ASD) in Kenya, covering early screening, diagnosis, treatment, support services, data collection, training, public awareness, and resource allocation at both national and county levels.

- 14) Clause 4 mandates the National Government to-
- a) develop, establish, coordinate and monitor the implementation of national standards and policies relating to autism;
 - b) formulate and monitor a National Autism Strategy that aligns with international best practices;
 - c) establish National Diagnostic Centers in all existing referral hospitals to ensure early detection and management of autism;
 - d) undertake capacity building through continuous training of medical practitioners and caregivers;
 - e) promote public awareness by undertaking continuous public education and sensitization campaigns to eradicate stigma and foster inclusivity;
 - f) promote research and innovation and establish linkages with international research agencies;
 - g) develop a framework to increase accessibility of affordable medical services for persons with autism;
 - h) in collaboration with county governments and non-state actors, develop a national database of persons with autism for planning purposes;
 - i) provide technical assistance and capacity building to county governments; and
 - j) ensure that education and information on autism prevention, treatment and management forms part of healthcare services.
- 15) The Bill further requires the Cabinet Secretary to set aside specific allocations from the national health budget to support autism prevention activities including early screening programs, diagnostic infrastructure, training, and public awareness campaigns.
- 16) Clause 5 mandates County Governments to-
- a) implement national standards and policies relating to autism;
 - b) formulate and monitor a county autism strategy aligned with the national strategy that aligns with the national strategy;
 - c) Establish County Diagnostic Centers in Level 4 and 5 hospitals for early detection and management of autism;
 - d) Establish community-level caregiver support groups;
 - e) establish a county database of persons with autism and share this information with the national government for purposes of planning and share the information with the national government for purposes of updating the national data base; and
 - f) put in place measures for accessibility of affordable medical services for persons with autism within county hospitals.
- 17) Further, county governments are required to set aside specific allocations from county health budgets to support autism prevention and management activities.

Establishment of Autism Units

- 18) Clause 6 of the Bill requires both the Cabinet Secretary and each county executive committee member to establish autism units within the Ministry of Health and the relevant county department dealing with public health matters and to ensure diagnostic centers are staffed with trained professionals and appropriate diagnostic tools.
- 19) These autism units shall be responsible for-
 - a) Collecting and collating data on autism prevalence at national and county levels;
 - b) establishing and updating national and county databases;
 - c) coordinating all autism programs including training and public awareness campaigns; and
 - d) performing other duties as directed by the Cabinet Secretary or county executive committee member.
- 20) County autism units are further required to periodically share data with the National Government for updating the national database.
- 21) The Bill requires the National Government and county governments, in collaboration with stakeholders, to-
 - a) promote public awareness about the causes, means of prevention, treatment and management of autism through comprehensive nationwide education and information campaigns;
 - b) conduct education and information campaigns in schools, institutions of learning and communities throughout Kenya;
 - c) provide training, sensitization and awareness programs on the prevention, treatment and management of autism to medical practitioners, community and social workers, educators, and other stakeholders;
 - d) ensure the involvement and participation of individuals and groups affected by autism in education and information programs; and
 - e) ensure that information provided covers support, attitudes towards affected persons, and psychological support for caregivers.
- 22) Clause 8 of the Bill mandates the Kenya Institute of Curriculum Development (KICD) to ensure that autism awareness is integrated in both pre-service and in-service teacher training and develop a training curriculum to be integrated into syllabuses on the management of autism to ensure care of persons with autism is taught at all levels of education.
- 23) The Bill provides that in addition to its specific provisions, persons with autism shall enjoy all the rights, protection and privileges provided for under the Persons Living with Disability Act, 2025, and other relevant laws

CHAPTER TWO

2. STAKEHOLDER SUBMISSIONS

24) This Chapter presents the Committee's analysis of the Autism Management Bill, 2025 (Senate Bills No. 19 of 2025), incorporating views obtained through public participation from thirty-five (35) stakeholders, including professional medical bodies, civil society organizations, disability rights advocates, occupational therapists, legal practitioners, parents and caregivers of persons with autism, autistic adults, patient advocacy organizations, and individual citizens. A summary of the submissions is provided below.

2.1. TITLE OF THE BILL

25) The Kenya Occupational Therapists' Association (KOTA) submitted that the title of the Bill should be amended from "Autism Management Bill" to the "Neurodevelopmental Conditions Management Bill, 2025." KOTA's justification is that autism and other neurodevelopmental conditions, including Attention-Deficit Hyperactivity Disorder (ADHD), dyslexia, dyspraxia, dyscalculia, and Tourette syndrome share common barriers in screening, diagnosis, management, education, and social inclusion.

26) KOTA submitted that limiting the title solely to autism risks marginalizing these related conditions and may lead to over-diagnosis of autism where other conditions are not recognized. This position was also supported by Margie N. Koech an occupational therapist and stakeholder by the name Alfred Gicheru Mazerah.

27) The Neurodivergents Society of Kenya (NSK) and Andy Speaks 4 Special Needs Persons Africa submitted that the Bill should establish a multi-sectoral national coordinating mechanism involving Ministry of Health, Ministry of Education, Ministry of Labour & Employment, Ministry of Social Protection, National Council for Persons with Disabilities, Autistic-led organizations, Caregiver associations, Kenya Occupational Therapists Association (KOTA), Occupational Therapist Council of Kenya (OTCK), Speech & Language Pathologists Association (SLPA). Balance investments between education, community support, and rehabilitation.

28) They further proposed introduction of mandatory inclusive-education standards at county level. NSK's justification is that current provisions assign autism management solely to Ministry of Health, lacks inter-ministerial coordination, creates fragmented, siloed service delivery and focuses heavily on diagnostic centres instead of comprehensive support ecosystems.

2.2. DEFINITIONS (CLAUSE 2)

Definition of "Autism"

- 29) Calvince Omondi, a Special Education Teacher and Practitioner, submitted that the definition of autism in Clause 2 should be expanded to include, recognition of autism as a spectrum with varying support needs; explicit inclusion of co-occurring conditions, noting that 70% of autistic people have mental health conditions; a definition of "appropriate support" and "reasonable accommodations"; use of age-inclusive language covering lifespan needs; and recognition of autism as a neurodevelopmental rather than purely medical condition.
- 30) Mr. Omondi's justification is that the Bill provides a minimal definition, referencing only "autism spectrum disorder (ASD)", and does not reflect legislative provisions in the UK and US which have comprehensive legal frameworks for ASD, thus failing to address comorbidities that complicate interventions.
- 31) Kimberly Wanjiru Njau, a Parent of child with autism, submitted that Clause 2 should expand the definition of autism as a neurodevelopmental condition and not a disease or mental illness, and should recognize autism as a spectrum with varying support needs across the lifespan. Ms. Kimberly further submitted that definitions should be included for early intervention, reasonable accommodation, Individualized Education Plans (IEPs), learning support or shadow teachers and behaviour support with appropriate safeguards.
- 32) The justification is that the current definition is insufficient in the Kenyan context, where autism is frequently misunderstood, mislabeled as mental illness, or attributed to poor parenting or superstition.
- 33) The Neurodivergents Society of Kenya (NSK) and Andy Speaks 4 Special Needs Persons Africa submitted that the definition should be broadened to cover neurodevelopmental disability within the autism spectrum, including common comorbid conditions. NSK proposed a rights-based definition aligned to United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) Article 1, with additional definitions for: supports, reasonable accommodation, independent living, education support, caregiver, multidisciplinary team, habilitation and rehabilitation. NSK's justification is that the current definition defines autism strictly as ASD, ignoring comorbidities such as ADHD, epilepsy, intellectual disability, learning disabilities and does not align with the UNCRPD or the PWD Act definition of disability.
- 34) Michael Amara, a county occupational therapist from Kisumu County and the KOTA submitted that a definition of "occupational therapist" be added, meaning a person who, having successfully undergone a prescribed course of training in a training institution, is a holder of a certificate issued by that institution and is registered under the relevant Act (CAP 253H). The justification is that occupational therapists are an integral component of multidisciplinary interventions in autism spectrum disorder.

- 35) Melba Katindi, an Advocate of the High Court of Kenya and a Managing Partner at the Katindi & Company Advocates, submitted that the definition of autism should be reframed to read: "Autism means a lifelong neurodevelopmental condition characterized by differences in social communication, sensory processing, behaviour, and cognition, which may manifest across a broad spectrum of abilities and support needs and which shall be recognized and addressed within a rights-based, person-centred and neurodiversity-affirming framework."
- 36) The justification is that the current definition of autism is purely medical with no recognition of autism as a neurodevelopmental variation or rights-based perspective.

Definition of "Persons with Autism"

- 37) Fed Oinga Oyagi an adult with autism, submitted that "Persons with autism" should be defined to include children, adolescents and adults, whether diagnosed in childhood or adulthood.
- 38) The justification is that the Bill does not explicitly recognize adults with autism, including individuals who were not diagnosed in childhood, were misdiagnosed or masked symptoms due to social, cultural, or economic factors, or are only discovering their neurodivergence later in life. This omission risks excluding adults from diagnostic services, support programs, data collection, and policy planning.

Definitions of "Caregiver" and "Inclusive Education"

- 39) Melba Katindi further submitted that "Caregiver" should be defined as a parent, legal guardian, family member, or any other person who provides ongoing, substantial support for the daily care, wellbeing, development, or inclusion of a person with autism, and includes persons providing emotional, social, educational, or practical support, whether on a permanent or temporary basis. The justification is to formally recognize the essential role of caregivers in autism management and support.
- 40) Melba Katindi further proposed that "Inclusive Education" be defined as an education system, philosophy, and practice that ensures equal access, participation, and achievement for all learners, including learners with autism, through the provision of reasonable accommodation, individualized support, accessible learning environments, and appropriate teaching methodologies, within mainstream educational settings. The justification is to ensure a comprehensive understanding of inclusive education that supports all autistic learners.

Definition of "Neurodevelopmental Conditions"

- 41) Alfred Gicheru Mazerah, a Concerned Kenyan with lived experience of neurodevelopmental disability, submitted that a new definition under Clause 2 be inserted to include "neurodevelopmental conditions" as encompassing Attention-Deficit/Hyperactivity Disorder (ADHD), specific learning disorders (including

dyslexia and dyscalculia), developmental coordination disorder (dyspraxia), Tourette syndrome, and such other conditions as may be classified under ICD-11 or its successor.

- 42) The justification is that this anchor the Act in internationally recognized diagnostic classification systems and avoids repeated legislative amendments as science evolves.
- 43) Alfred Gicheru Mazerah also proposed insertion of a new interpretive clause immediately after Clause 1 to read: "This Act shall be interpreted and applied in a manner consistent with the Constitution of Kenya and Kenya's obligations under the United Nations Convention on the Rights of Persons with Disabilities, including the principles of dignity, non-discrimination, autonomy, equality of opportunity, accessibility, and full and effective participation in society." The justification is that CRPD-compliant interpretation clauses are standard in modern disability legislation and ensure implementation respects rights, not charity or medical control.

Multidisciplinary Professional Definitions

- 44) Margaret Thongori submitted that the definition provisions should be expanded to explicitly include all licensed professionals involved in multidisciplinary autism management, including: Occupational Therapists, Speech and Language Therapists, Clinical Psychologists, Counselling Psychologists, Psychiatrists, Paediatric Neurologists, Special Needs Educators, and Behaviour analysts/therapists. The justification is that the current restrictive definition excludes crucial professionals who form the backbone of autism assessment, therapy, and long-term management.

OBJECTS OF THE BILL (CLAUSE 3)

Removal of "Prevention of Autism" Language

- 45) The Neurodivergents Society of Kenya (NSK) and Andy Speaks 4 Special Needs Persons Africa submitted that "prevention of autism" language should be removed entirely from the Bill and that the objectives should be expanded to cover inclusive education, habilitation and rehabilitation services, community-based support, caregiver support, anti-discrimination protections, inclusive employment pathways, and public accessibility and accommodations. NSK's justification is that the current provisions are focused almost entirely on screening, diagnosis, and medical management. Including "prevention of autism" language is scientifically inaccurate and discriminatory.
- 46) African Population and Health Research Center (APHRC) submitted that the objective statement should be revised to exclude prevention. APHRC noted that autism is a neurodevelopmental disability rather than a disease or illness, and research evidence shows that ASD presents difficulties in social communication/interaction and restrictive and repetitive behaviour patterns.

APHRC further submitted that sensitization, awareness and training programs should focus on the provision of care and support services including therapy and education services.

- 47) Sanaipei Ntimama, a Co-Founder Kalel ABA Program and a Mother of 8-year-old with ASD, submitted that, in terms of language, the Bill should note that there are no known causes of autism and there is no medical means of prevention of the condition. She submitted that the Bill should avoid using language about 'prevention' of autism as this is scientifically inaccurate.
- 48) Samwel Maina Wangari, a parent of autistic child from Kiambu County, submitted that references to 'prevention of autism' should be removed and replaced with language that focuses on early identification, support, inclusion, and accommodation. The justification is that autism is not a disease and cannot be prevented. Using this language increases stigma and may harm autistic children and their families and could lead to bad policies and directives that do not protect the child or the parents.

Expansion of Objectives to Include Rights-Based Framework

- 49) Melba Katindi submitted that the objects of the Bill should be reframed to adopt a rights-based, neurodiversity-affirming approach, proposing that the objects read: "The objects of this Act are to promote the dignity, autonomy, and social inclusion of persons with autism; ensure access to coordinated screening, diagnostic, therapeutic, educational, and support services; prevent exclusion and rights violations; and support caregivers, community participation, and lifelong inclusion." The justification is to clarify that the purpose is not prevention of autism, but prevention of exclusion, neglect, and rights violations.
- 50) Dr. Ann Kioi, a Healthcare Professional, Author and Mother of two autistic children, submitted that Section 3 should be expanded to expressly include long-term, multidisciplinary intervention and caregiver support as core objectives of the Act. The justification is that autism management does not end at diagnosis. Families experience the greatest strain in the months and years that follow, when structured intervention and guidance are absent.

Amendment to Clause 3(a) — Inclusion of Late Diagnosis

- 51) Fed Oinga Oyagi submitted that Clause 3(a) should be amended to read: "...provide a framework for integrated approach towards the early and late screening, diagnosis, management and support of persons with autism." The justification is that while early screening is essential, repeated emphasis on early detection without corresponding provisions for late diagnosis creates a structural bias against adults. Autism is a lifelong neurodevelopmental condition, and diagnosis at any stage of life remains clinically valid and beneficial.

- 52) Alfred Gicheru Mazerah submitted that Clause 3(a) should be amended by inserting after "persons with autism" the words: "and to recognise and provide a policy pathway for addressing related neurodevelopmental conditions, including Attention-Deficit/Hyperactivity Disorder (ADHD), specific learning disorders (including dyslexia and dyscalculia), developmental coordination disorder (dyspraxia), and Tourette syndrome." The justification is that international experience demonstrates that autism policy is most effective when situated within a broader neurodevelopmental and rights-based framework.

Amendment to Clause 3(d) — Expansion of Training Scope

- 53) APHRC submitted that the objective in Clause 3(d) should be revised to include teachers and parents as additional groups to undergo continuous training in addition to medical practitioners and caregivers. The justification is that children and youth with autism spend most of their time either at home or in school, therefore there is a need to build capacity of teachers and parents in care and support services within these contexts. APHRC's own study shows skills gaps and a need for trained teachers and empowered parents.
- 54) Michael Amara submitted that Clause 3(d) should be amended to read: "provide for continuous training for medical practitioners, Occupational Therapists and caregivers in relation to autism." The justification is that occupational therapists play a critical role in autism management and should be included in training provisions.

2.3. FUNCTIONS OF THE NATIONAL GOVERNMENT (CLAUSE 4)

Minimum Autism Service Package

- 55) Dr. Ann Kioi submitted that a new subsection should be inserted under Section 4 to mandate the Cabinet Secretary responsible for health to develop and gazette a Minimum Autism Service Package including: screening and diagnosis; multidisciplinary intervention services; caregiver training and psychosocial support; and education support linkages. The justification is that in the absence of national standards, services remain fragmented, inconsistent, and dependent on geography or income. Families are left to 'figure things out' on their own, often at great emotional and financial cost.

Multidisciplinary Coordinating Mechanism

- 56) The Coalition of Parents, Caregivers, Professionals, Disability Rights Advocates and Persons with Lived Experience on Neurodivergence submitted that a multidisciplinary, representative national team should be explicitly provided for in the Bill, comprising developmental pediatricians, neurologists, behavioural experts, speech and occupational therapists, educators, parents, self-advocates, disability rights advocates, and professionals with lived experience.

- 57) The Coalition further submitted that formulation of the National Autism Strategy should be led by professionals with experience in population health and international best practice, but who are grounded in Kenya's cultural, institutional, and resource realities.
- 58) The Neurodivergents Society of Kenya (NSK) submitted that a multi-sectoral national coordinating mechanism should be established involving the Ministry of Health, Ministry of Education, Ministry of Labour and Employment, Ministry of Social Protection, National Council for Persons with Disabilities, Autistic-led organizations, Caregiver associations, Kenya Occupational Therapists Association (KOTA), Occupational Therapist Council of Kenya (OTCK), and Speech and Language Pathologists Association (SLPA). NSK submitted that investments should be balanced between diagnostics, education, community support, and re/habilitation, with mandatory inclusive-education standards at county level.

National Autism Strategy — Timelines and Accountability

- 59) Melba Katindi submitted that the Cabinet Secretary should be mandated to develop national autism service standards (screening, therapy, education support) and publish a National Autism Strategy within 180 days of enactment, with ring-fenced funding subject to annual reporting to Parliament. The justification is that without enforceable national standards, there is a risk of fragmented services, inconsistent quality of care, and long delays, leaving caregivers to bear the burden of navigating complex systems alone.
- 60) Alfred Gicheru Mazerah submitted that Clause 4(1)(b) should be substituted with a provision requiring the Cabinet Secretary to formulate and monitor a National Autism Strategy and a complementary National Neurodevelopmental Conditions Strategy addressing autism, ADHD, specific learning disorders, developmental coordination disorder, and Tourette syndrome, in alignment with international best practices. The justification is that international practice (CRPD, WHO) encourages integrated strategies to avoid fragmentation of services and ensure equity across neurodevelopmental populations.
- 61) Alfred Gicheru Mazerah also submitted that a new sub-clause should be inserted under Clause 4 and Clause 5 requiring the Cabinet Secretary and County Executive Committee Member to table an annual report before Parliament or the County Assembly respectively, detailing allocations, expenditures, and outcomes under the Act. The justification is that international best practice requires monitoring, evaluation, and reporting to ensure accountability and effective use of public funds.

Diagnostic and Therapy Standards for National Centres

- 62) Fed Oinga Oyagi submitted that national diagnostic centres should provide autism screening and diagnostic services for adults, including late-diagnosed individuals. The justification is that the Bill assumes diagnosis occurs exclusively through public health screening pathways and assumes autism to be a childhood condition,

with most provisions implicitly oriented toward early childhood intervention. This creates a risk of inconsistent diagnoses across counties and dismissal of adult cases due to lack of clinician training or standardization.

Amendment to Clause 4(1)(j) — Language Correction

- 63) Christopher Mutunga and Anyes Nyaga, Parents of child with autism, submitted that Clause 4(1)(j) should replace "prevention, treatment and management" with "detection and management." The proposed wording ensures that education and information dissemination on the detection and management of autism and the care of persons with autism shall form part of healthcare services by healthcare providers. The justification is that the section assumes that autism is a disease that can be prevented and treated which is not true since no one can predict whether a child will be born with ASD.

Amendment to Clause 4(2) — Deployment of Occupational Therapists in Schools

- 64) Constanza Wairimu Muriuki, a parent and caretaker of child with autism, submitted that occupational therapists and caretakers should be deployed in public learning institutions to lift the burden of occupational therapy charges which is part of the learning process. She further submitted that caretakers who help learners with activities of daily living (ADLs) while at school should be deployed, and that the Cabinet Secretary, Ministry of Education, should be actively involved in budget allocation for upgrading and maintenance of Autism units in public schools and to ensure special needs teachers are well placed. The justification is grounded in the Persons with Disabilities Act 2025 Part III, Section 20(6), which states that children with disabilities shall not be excluded from free and compulsory early childhood, primary or secondary education.

Amendment to Clause 4(d) — Inclusion of Occupational Therapists in Capacity Building

- 65) Michael Amara submitted that the responsibilities of the national government should include "undertake capacity building for various stakeholders including continuous training of medical practitioners, Occupational Therapists and caregivers." The justification is that capacity building for occupational therapists is essential for quality autism management services.

Amendment to Clause 4(g) — Inclusion of Therapy Services

- 66) APHRC submitted that Clause 4(g) should be revised to include therapy services in addition to medical services. The justification is that therapy service provision is an important aspect of the achievement of developmental milestones for children with autism. APHRC's study shows occupational therapy (38.7%) and speech therapy (35.3%) are the most recommended but availability does not match demand. Parents cited high cost as the main challenge limiting access.

2.4. FUNCTIONS OF COUNTY GOVERNMENTS (CLAUSE 5)

- 67) Dr. Ann Kioi submitted that Section 5 should be expanded to require county governments to ensure access to multidisciplinary intervention services directly or through accredited providers and to assign each diagnosed child an individualized care and intervention plan, coordinated through the county autism unit. The justification is that counties are required to diagnose but are not clearly obligated to ensure post-diagnosis intervention and follow-up. Diagnosis without an intervention pathway leaves family distressed and directionless.
- 68) The Coalition of Parents, Caregivers, Professionals, Disability Rights Advocates and Persons with Lived Experience on Neurodivergence submitted that Clause 5 should place significant responsibility on county governments with clear guidance and support, including developing aligned county autism strategies, community-level caregiver support groups, and decentralized services to address rural and low-income inequities.
- 69) Melba Katindi submitted that minimum service requirements should be introduced for counties, requiring counties to integrate autism services into County Integrated Development Plans. The justification is that most families cannot access county-level services due to lack of trained personnel, facilities, or adequate funding, forcing reliance on costly private care or total exclusion.
- 70) Fed Oinga Oyagi submitted that county diagnostic centres shall offer autism diagnostic services for both children and adults, and establish referral pathways for adult assessments. The justification is that the Bill assumes autism to be a childhood condition, with most provisions implicitly oriented toward early childhood intervention.

Amendment to Clause 5(1)(f) — Nutritional Interventions

- 71) Christopher Mutunga and Anyes Nyaga submitted that Clause 5(1)(f) should emphasize affordable supplements and autism-friendly diet to parents/caregivers to support their diet monitoring to enable autism individuals to avoid hyperactivity triggering diets, and that the clause should not be limited to general medical services but specifically address nutritional and dietary interventions. The justification is that the clause is ambiguous since it does not specify whether the affordable medical services are for which ailments, since autism is a spectrum not a disease.
- 72) Dr. Ann Kioi submitted that Clause 5(1)(f) should be further strengthened to ensure adequate support for expensive treatment and medication for autistic persons, including government subsidies or other forms of support to alleviate the financial burden on families caring for autistic children. The justification is that many autistic children require ongoing medication, such as Risperidone, Concerta, Epilim, Lamictal, which are extremely expensive and often unaffordable for many families.

Amendment to Clause 5(2) — Budget Allocation

- 73) Christopher Mutunga and Anyes Nyaga submitted that the County Executive Committee Member should set aside specific allocation from the county health budget to support autism activities including early screening programs, diagnostic infrastructure, supply of autism diet related supplements, training of professionals and caregivers, and public awareness campaigns. The justification is that nutritional interventions and dietary support should be explicitly recognized in budget allocations.

2.5. AUTISM UNITS (CLAUSE 6)

- 74) The Neurodivergents Society of Kenya (NSK) submitted that Autism Units should be redesigned as Multidisciplinary Support and Resource Centres, not medical units. NSK proposed that occupational therapy, speech and language therapy, physiotherapy, behavioural support, psychosocial services, and caregiver training should be mandated for inclusion. The justification is that units are currently located only within health departments, reinforcing a medical model, with no mention of multidisciplinary teams and no reference to rehabilitation frameworks or community-based programmes.
- 75) Hannah Rise Autistic Community-Based Organization submitted that there should be stage-based pathway curriculum in all early childhood learning centres tailored to children with autism spectrum disorder (individualized educational plans). The justification is that every child with autism is unique with their own strengths, challenges and learning styles, and an individualized education plan ensures that educational programming is tailored to meet the specific need of each student.
- 76) APHRC submitted that a new clause 6(2)(e) should be added to provide that "the autism unit shall act as a respite centre for parents and caregivers." The justification is that since ASD presents in a diverse range of ways, caring for children with autism may be challenging due to their broad spectrum of needs. APHRC research shows that a majority (94.9%) of parents need psychosocial support. They report caring for a child with autism is costly (21%), stressful (20%), emotionally challenging (17%), and physically exhausting (15%).
- 77) Alfred Gicheru Mazerah submitted that Clause 6(2)(c) should be amended to read: "co-ordinating all autism and related neurodevelopmental programs in the area of operation, including training, research, and public awareness campaigns." The justification is that this improves efficiency by leveraging the same infrastructure to support closely related neurodevelopmental conditions, consistent with WHO recommendations on integrated service delivery.

Autism Management Centres

- 78) Margaret Thongori submitted that "Diagnostic Centres" should be replaced with comprehensive "Autism Management Centres" (AMCs), which must provide: early screening and diagnosis, intervention therapies, parent/caregiver training,

counselling and psychosocial support, school transition support, assistive technology services, and vocational preparation. The justification is that autism requires lifelong support — not only diagnosis. Limiting these facilities to diagnostics minimizes the broader needs of autistic persons and their families.

- 79) Margaret Thongori further submitted that enforceable compliance clauses, timelines, and sanctions for failure to operationalize autism management centres, autism units, and data systems should be included. The justification is that the Bill assigns duties to national and county governments without specifying deadlines, penalties, or performance audits, creating a risk of non-implementation.

2.6. EDUCATION AND INFORMATION (CLAUSE 7)

- 80) Alfred Gicheru Mazerah submitted that Clause 7(4) should be amended to read: "ensure the meaningful involvement and participation of individuals and groups affected by autism and other neurodevelopmental conditions, or their caregivers, in the education and information programs." The justification is to align with CRPD Article 4(3): participation of persons with disabilities in decision-making ('nothing about us without us').
- 81) Christopher Mutunga and Anyes Nyaga submitted that Clause 7(3) should provide sponsored training, sensitization and awareness programmes on the detection and management of autism to other stakeholders involved in the dissemination of information to the public on autism detection and management. The justification is that awareness programs need to address the broader community and multiple stakeholders.
- 82) APHRC submitted that sensitization, awareness and training programs should focus on the provision of care and support services including therapy and education services. The justification is that autism is a neurodevelopmental disability rather than a disease or illness, and that awareness programs should be focused accordingly.
- 83) Michael Amara submitted that occupational therapists should be added to the list of groups to receive training, sensitization and awareness programs on the detection and management of autism. The justification is that occupational therapists need specific training and recognition in autism detection and management.
- 84) Dr. Ann Kioi submitted that Section 7 should be amended to require inclusion of caregivers and persons with autism in awareness initiatives and to link awareness campaigns to measurable outcomes, including stigma reduction and early help-seeking. The justification is that awareness activities are not required to include caregivers or persons with lived experience, nor are outcomes defined. Stigma is a major barrier to care and social inclusion.

2.7. KENYA INSTITUTE OF CURRICULUM DEVELOPMENT / EDUCATION (CLAUSE 8)

- 85) The Coalition of Parents, Caregivers, Professionals, Disability Rights Advocates and Persons with Lived Experience on Neurodivergence submitted that the Bill should not be limited to childhood and school-age interventions but must explicitly provide for lifelong support, including vocational training, supported employment, independent and assisted living options, ageing-related care, and long-term rehabilitation services. The justification is that early intervention is not only essential for individual well-being but also represents a long-term cost-saving investment for families, communities, and the State.
- 86) Dr. Ann Kioi submitted that the Bill should include provisions for special education and training for autistic children, tailored to their unique needs and abilities. She further submitted that the Bill should make provisions for special examination arrangements for autistic children, including oral examinations as an alternative to traditional written assessments for autistic learners who demonstrate significant difficulties with written assessments. The justification is that traditional written exams disproportionately disadvantage autistic learners who have high cognitive abilities but struggle with handwriting, processing written text, or time-bound testing.
- 87) Hannah Rise Autistic Community-Based Organization submitted that autism spectrum disorder specific provisions should have a clause under the Persons Living with Disability Act 2025 of Kenya, just like other disabilities enjoy singular recognition without being generalized, to ensure autism-specific provisions are complementary with existing disability legislation and given appropriate recognition.
- 88) Alfred Gicheru Mazerah submitted that Clause 8(1)(a) should be amended to read: "ensure that autism and other neurodevelopmental conditions awareness, including ADHD, specific learning disorders, developmental coordination disorder (dyspraxia), and Tourette syndrome, is integrated in both pre-service and in-service training." The justification is that international education standards emphasise inclusive education addressing diverse learning and developmental needs, not single-condition awareness.
- 89) Dr. Ann Kioi submitted that Section 8 should be expanded to require development and implementation of Individualized Education Plans (IEPs) for learners with autism. The justification is that the Bill does not impose obligations on schools to implement individualized supports for learners with autism.

Mandatory Individualized Education Plans and School Inclusion

- 90) Kimberly Wanjiru Njau submitted that the Bill should explicitly provide for mandatory Individualized Education Plans (IEPs) for learners with autism; reasonable accommodations in all learning institutions; regulation of learning

support/shadow teachers including qualifications, safeguarding, and clarity on payment responsibility; and a formal complaints and escalation mechanism for parents when schools fail to comply. The justification is that the Bill does not impose enforceable obligations on schools to include and support learners with autism. In practice, parents are forced to privately fund learning support or accept exclusion.

- 91) Albert Wanjeri, Rights-Based Advocate, submitted that IEPs should be required for autistic learners in public schools; that pre-service and in-service teacher training on autism should be mandated; that the Basic Education Act should be aligned with these provisions; and that reasonable classroom accommodations including sensory supports and flexible assessments should be provided. He further submitted that Care Units in schools should be established with at least 10 schools per county staffed by trained caregivers or specialists, with minimum county service standards to ensure equitable access regardless of location.
- 92) Beatrice Namunyak John (Health Economics and Policy, Caregiver and Autism Advocate) submitted that the Bill should include practical guidelines for inclusive education, teacher training on individualized learning approaches, and clear pathways for school acceptance of autistic children, regardless of developmental milestones like toileting. The justification is that current educational practices often present barriers including school ultimatums and stigma that prevent autistic children from being admitted.

Teacher-Student Ratios and Structured Learning

- 93) Pauline Wamukowa, a Director, Mali Therapy Center for Kids with Autism, submitted that every established learning support for children on the spectrum within public and private schools should be staffed by a Special Needs Education (SNE) teacher who possesses cross-disciplinary competencies in every grade from pre-primary to Grade 9. Learning support departments should be equipped with a speech therapist, occupational therapists, and BCBA trained therapists such that morning lessons continue seamlessly followed by therapy in the afternoon. She submitted that the Bill should specify a maximum ratio of 7 pupils per teacher within an autism unit to ensure that the educator can manage the diverse sensory and behavioural needs of each learner effectively.
- 94) Betty Jean Nyambura, a Director, St Albans Autism Centre, submitted that the trainer-student ratio should be one-on-one, and that three students should be handled by a teacher, a therapist, and a caregiver. She submitted that the training hours should be 8am to 4pm Monday to Friday with structured activities with parents over the weekend, and that children aged 3-5 years should be in a centre where they receive therapy (speech, sensory, applied behaviour modification, occupational therapy) plus education running concurrently. Betty Jean further submitted that toilet training should be a mandatory part of the training and that in 24 months of training the child should have completed pre-primary education and be ready for integration to regular school.

Teacher Training and Digital Tools

- 95) Nyaga Alex Muthuma, Founder GrowBright App, submitted that teacher training institutions should introduce compulsory foundational special needs education units, noting that no teacher should enter a classroom unprepared to support all learners. He further submitted that Parliament and relevant ministries should support inclusive education reforms, integrate assistive digital tools into classrooms, and explore funding pathways for innovations like GrowBright that address gaps in teacher competence and learner communication. The justification is that many regular teachers are not equipped with foundational skills needed to support learners with disabilities.
- 96) APHRC submitted that a new clause 8 (2)(a) should be added to read: "The Ministry of Education shall ensure the learning institutions are well resourced (both infrastructural, teaching and learning resources and trained personnel) to support the educational and learning needs of learners and trainees with autism." The justification is that APHRC's study shows the high cost of education was the most cited challenge by parents of children with autism, with most parents citing being required to pay extra fees and costs related to expensive resources and shadow teachers, as well as a shortage of trained teachers.

2.8. TRAINING, PROFESSIONAL STANDARDS AND WORKFORCE DEVELOPMENT

- 97) Sanaipei Ntimama, Co-Founder Kalel ABA Program, Mother of 8-year-old with ASD, submitted that training should be mandatory for all officers of the State Department for Children Services, Kenya Police Force, State Department for Correctional Services, and all Medical Personnel (Doctors, Dentists, Nurses) so they know how to manage a child with ASD when they report to a medical institution. The justification is that the Bill needs to expand the range of professionals and service providers who need training in autism recognition and management.
- 98) The Occupational Therapists, KUTTRH submitted that occupational therapy must be explicitly recognized as an essential, standalone component of screening, early intervention, treatment, and long-term support for persons with Autism. They submitted that the Bill should mandate rapid onboarding of occupational therapy as a degree course in all major universities in Kenya, from undergraduate levels to masters and PhD level, with ongoing training while in service. The justification is that the current number of hired occupational therapists is 900, which is extremely low to support the management of this class of patients.
- 99) Margaret Thongori submitted that the Bill should include a statutory requirement for KMTC to develop specialized higher diploma-level autism training programs specifically for Occupational Therapists, Speech and Language Therapists, and Community health workers, including: autism assessment frameworks, behavioural intervention techniques, sensory integration therapy, communication intervention

skills, family-centred autism care, and assistive technology use. The justification is that KMTC trains the majority of health workers and should be mandated to develop specialized autism programs to increase the national workforce competent in autism management.

- 100) The Occupational Therapists, KUTTRH further submitted that the Bill should provide for adoption of internationally accepted, nationally standardized, evidence-based screening and assessment tools with occupational therapists at the centre of the diagnostic process and ensure training of public health workers on proper screening and referral pathways. They also proposed that the government set up fully equipped and staffed sensory integration units within occupational therapy departments. The justification is that standardized tools ensure quality and consistency of diagnosis across the country.

2.9. HEALTH INSURANCE COVERAGE AND FINANCING

- 101) Calvince Omondi (Special Education Teacher and Practitioner) submitted that a new section on "Health Insurance Coverage" should be added to: require all health insurance providers to cover autism screening, diagnosis, and treatment; mandate coverage for evidence-based interventions including behavioural therapy, speech therapy, occupational therapy, and psychological services; prohibit discrimination or coverage denial based on pre-existing autism diagnosis; and set minimum coverage levels for instance Ksh 500,000-1,000,000 annually for therapeutic services. The justification is that in comparison to US legislation which dramatically improved access to services through insurance mandates, Kenya's Bill needs similar provisions to ensure affordability.
- 102) Sanaipei Ntimama submitted that families need to be able to access insurance policies that can cushion the cost of therapies, and that tax exemption should be considered for the importation of assistive devices and materials. She also submitted that access to services under SHA/SHIF should be explored and that inclusion of specialised treatments such as Stem Cell Therapies in medical insurance policies for those who would like to take their children abroad for such treatments should be considered. The justification is that each child needs speech and language therapy, occupational therapy, physical therapy, hearing tests, medical and therapeutic assessments, and special dietary requirements, none of which are covered by medical insurance and services are only available to the few who can afford private classes.
- 103) KOTA submitted that SHA and insurance coverage should be required for neurodevelopmental condition services. The justification is that the Social Health Authority (SHA) and insurance providers should cover neurodevelopmental condition services across outpatient, inpatient, and school-based settings to ensure financial accessibility.

- 104) The Occupational Therapists, KUTTRH submitted that while the Bill already proposes allocation of resources for Autism programs, it should further require dedicated funding for occupational therapy services and complementary services like speech therapy and behaviour modification therapy in government institutions. Moreover, insurance companies should be mandated to cover such services which are often excluded. The justification is that occupational therapy and related services are essential but often excluded from insurance coverage, creating financial barriers for families.
- 105) Margaret Thongori submitted that a National Autism Fund should be created to ensure predictable, protected financing for autism management centres, training, and compelling medical insurance firms to cover autism interventions, awareness, and community support. The justification is that current financing language is vague and risks inconsistent implementation.
- 106) Beatrice Namunyak John submitted that the Bill should include measures to make diagnosis and therapy affordable and widely accessible, including subsidies, public service coverage, or partnerships with trained professionals in every county. The justification is that formal diagnosis is currently limited to KISE and KNH with long waiting times, while private practitioners charge high fees with assessments costing up to KES 10,000 and therapy sessions ranging from KES 2,500 for 45-60 minutes.

2.10. RIGHTS OF PERSONS WITH AUTISM (CLAUSE 9)

- 107) Alfred Gicheru Mazerah submitted that Clause 9 should be amended to read: "persons with autism and other recognised neurodevelopmental conditions shall enjoy all the rights, protection and privileges as provided for under the Persons Living with Disability Act, 2025 and other relevant laws." The justification is to ensure equal legal protection and prevent interpretive exclusion of non-autism neurodevelopmental disabilities.
- 108) Albert Wanjeri, Rights-Based Advocate, submitted that the Bill should be explicitly anchored in Article 27 of the Constitution (Equality and freedom from discrimination) and Article 54 (Rights of persons with disabilities). He submitted that the law should clearly recognize autistic persons as rights-holders, not merely recipients of care or welfare, and should expressly prohibit discrimination based on autism in education, employment, healthcare, housing, and access to public services. The justification is that autism is not only a medical condition; it is a lifelong neurodevelopmental difference that raises fundamental issues of equality, dignity, access to services, education, employment, and social inclusion.
- 109) Albert Wanjeri further submitted that the Bill should provide lifespan support covering childhood, adolescence, adulthood, and ageing; adult diagnostic and mental health services; vocational and skills training pathways for autistic youth and adults; and employment inclusion measures including tax incentives for employers, supported employment models, and public sector autism employment

targets or quotas. He also submitted that harmful, abusive, or unscientific practices should be prohibited, including punitive or "conversion therapies," with an ethical oversight and accreditation mechanism for autism services.

- 110) Albert Wanjeri further submitted that clear complaints and redress mechanisms should be established; penalties should be provided for discrimination or denial of services; autism-related consultation and hospital visit charges should be capped at KSh 1,000 maximum; and autism services should be integrated into NHIF/SHIF/SHA/Taifa Care full benefit packages. He submitted that annual reporting to Parliament should be required for at least five years and that the Courts and Kenya National Commission on Human Rights should be empowered to enforce rights.
- 111) Jonathan Cheruiyot Metet (Disability Inclusion Advocate, Technical University of Mombasa) submitted that all Persons with Disabilities should be considered within a unified legal and policy framework to avoid direct or indirect discrimination. Disability-specific needs should be addressed through reasonable accommodation within mainstream systems with sufficient budgetary allocations, and institutional frameworks should promote inclusion rather than segregation.

2.11. CAREGIVER SUPPORT

- 112) Beatrice Namunyak John submitted that the Bill should explicitly mandate community-based caregiver support programs, psychosocial services, and practical training, recognizing the heavy burden families carry and the critical role caregivers play in early intervention. The justification is that caregivers of autistic children face immense challenges and many parents experience social isolation, high stress, and even depression due to lack of accessible support networks.
- 113) Christopher Mutunga and Anyes Nyaga submitted that families with children with autism require more resources to hire caregivers and the government should consider some cash transfers/tax exemptions to support these parents to hire caregivers. The justification is that the economic burden on families with children with autism is substantial and requires financial support mechanisms.
- 114) Samwel Maina Wangari submitted that the Bill should include: respite care services, mental health support for caregivers, financial support or tax relief measures, and workplace flexibility and protection for caregivers. The justification is that caregivers face emotional, physical, and financial exhaustion, and support groups alone are not sufficient.
- 115) Hannah Rise Autistic CBO submitted that psycho-social support should be provided to families of children and persons with autism, noting that parent focused intervention can significantly improve parents' mental well-being and their autistic children's behavioral/emotional problems.

- 116) Margaret Thongori submitted that guaranteed caregiver support should be introduced, including counselling, respite care, financial assistance, and workplace protections. The justification is that caregiver burnout and financial strain are significant but not adequately addressed.
- 117) Irene Kimani, a parent and caregiver of a child on the autism spectrum from Kajiado County, submitted that the Bill should formally recognize caregivers and provide structured caregiver education, psychosocial support, and linkage to social protection mechanisms. She further submitted that autism units should actively inform caregivers and families of existing rights and entitlements under the Persons Living with Disability Act, 2025, including social protection, education support, medical cover, tax reliefs, and affirmative action opportunities. The justification is that caregivers face significant mental health challenges and financial stress, and formal recognition and support mechanisms are essential for the wellbeing of both caregivers and autistic persons.

2.12. DATA MANAGEMENT, PROTECTION AND SCREENING

- 118) Dr. Ann Kioi submitted that subsections should be added to Section 6 to define minimum data elements to be collected; require informed consent and confidentiality safeguards; and mandate periodic analysis and publication of anonymized data for planning and budgeting purposes. The justification is that the Bill does not specify data standards, privacy safeguards, or how the data will be used to improve services. A database must not only store information but actively inform workforce planning, school placement, and service expansion.
- 119) Hannah Rise Autistic CBO submitted that a policy should be enacted to protect how data of children and persons with autism spectrum disorder is shared and protected, noting that persons with autism and their families have been used as objects of charity by charitable organizations, and the policy should aim to strengthen the protection under the Data Protection Act.
- 120) Milton Onyiro, a parent from Mombasa County submitted that any autism data collected must respect privacy and consent, in line with the Data Protection Act, and that autistic persons should be protected from discrimination in healthcare, education, and public services.
- 121) Oliver Ngeta submitted that the Government of Kenya can implement universal early screening for ASD at 18-24 months, with targeted screening at key milestones (e.g., entry to primary school, transitions between classes), and that primary health care workers should be trained to recognize red flags (e.g., limited joint attention, reduced pretend play, language delay) and to refer promptly. He further submitted that a publicly funded, timely diagnostic pathway should be available to all children, regardless of socioeconomic status, with multidisciplinary diagnostic teams (pediatricians, child psychologists, speech language therapists, occupational therapists, and education specialists) to conduct

assessments with time targets: initial assessment within 3 months of referral, and comprehensive diagnosis within 6-12 months.

- 122) Margaret Thongori submitted that mandatory national screening protocols should be mandated in MCH clinics at birth, 6, 12, 18 and 24 months, and at school entry. She further submitted that real-time reporting should be mandated from public and private health facilities, schools, rehabilitation centres, and social services with mandatory reporting requirements. The justification is that although early detection is a stated objective, the Bill lacks concrete screening schedules.
- 123) Albert Wanjeri submitted that routine developmental screening and referral should be mandated at maternal and child health clinics and immunization visits (both public and private health facilities); autism screening should be integrated into the Community Health Strategy; referral pathways that do not rely solely on specialists should be established; parents and caregivers should be formally recognized as co-therapists; and government-funded caregiver training programmes should be provided across all counties.

2.13. SERVICE STANDARDS AND TIMELINES

- 124) Calvince Omondi submitted that a new section on "Service Standards and Timelines" should be inserted establishing: a maximum 3-month or appropriate timeline waiting time from referral to diagnostic assessment; a post-diagnostic support package to be offered within a specific timeline; annual reporting on waiting times by county and national governments; and penalties or intervention mechanisms for areas failing to meet standards. The justification is that there are no specific timeframes for diagnosis, assessment, or service delivery, leaving a huge gap in the operationalization of the Bill.
- 125) Kimberly Wanjiru Njau submitted that the Bill should establish a national autism screening and referral pathway linking community health services, hospitals, and educational placement; clearly specify which professionals are authorized to screen, assess, and diagnose autism; and introduce reasonable timelines or maximum waiting periods for diagnosis. The justification is that parents currently face fragmented systems, inconsistent diagnostic recognition, and prolonged delays.
- 126) Oliver Ngeta further submitted that every diagnosed learner should have an Individualized Supports Plan (ISP) developed by a multidisciplinary team, detailing: communication goals, social skills targets, sensory accommodations, academic accommodations, behavioural supports, and family training and caregiver support, with ISP reviews to occur at least twice per year.

2.14. EMPLOYMENT, TRANSITION TO ADULTHOOD AND INDEPENDENT LIVING

- 127) The Coalition of Parents, Caregivers, Professionals, Disability Rights Advocates and Persons with Lived Experience on Neurodivergence submitted that the Bill must explicitly provide for lifelong support including vocational training, supported employment, independent and assisted living options, ageing-related care, and long-term rehabilitation services. The justification is that the Bill's narrow focus on children fails to respond to the realities of autistic persons as they transition into adulthood.
- 128) Sanaipei Ntimama raised the question of what life will look like for a neurodivergent child once they age out from the schooling system, and submitted that the Bill needs to address the transition to adulthood and post-secondary education and support services, including whether the Government will aid get into colleges for their preferred skills, and whether families will be assisted in looking after them financially.
- 129) Oliver Ngeta submitted that transition planning should begin no later than age 14 and be reviewed annually, focusing on: education opportunities (including higher education and technical training), vocational training and supported employment options, independent living skills, and transportation and community participation. He also submitted that a National Transition and Employment Service (NTES) should be established to assist with job placement, internships, apprenticeships, and supported employment, with employers to be encouraged to hire individuals with ASD through incentives such as tax relief, subsidies, and recognition programs.
- 130) The Autism Helping Hands Foundation submitted that policies should be adopted to actively employ qualified persons with autism within the public sector; income earned by employed persons with autism should be exempted from taxation; and incentives should be provided to private employers who hire individuals on the autism spectrum. For individuals with severe autism who are unable to work independently, structured income support to one parent or primary caregiver should be considered.
- 131) Milton Onyiro submitted that affirmative action policies, quotas, or reasonable accommodations should be introduced for employing persons with autism in the public sector, and that affordable housing schemes or supported living arrangements, including semi-independent and assisted-living options for adults with autism, should be provided.

2.15. AUTISM-FRIENDLY ENVIRONMENTS AND PUBLIC SPACES

- 132) Sanaipei Ntimama submitted that autism-friendly spaces such as sensory/quiet rooms should be established at places like airports, train and bus terminals, hospitals, churches, malls and shopping centres, government offices (Huduma Centres, immigration offices), and entertainment centres such as stadiums. She further submitted that private entities such as children's playgrounds and play areas should be encouraged to set aside time per month for children on the spectrum.
- 133) The justification is that autistic individuals benefit from sensory-friendly environments to manage sensory sensitivities and reduce anxiety in public spaces.
- 134) Sanaipei Ntimama also submitted that internationally acknowledged programmes like the Hidden Disabilities Sunflower Programme should be incorporated into the framework to promote inclusion, awareness and acceptance.
- 135) The justification is that the Hidden Disabilities Sunflower is a globally recognized symbol for non-visible disabilities including autism, and wearers benefit from help being offered to make their daily living easier.
- 136) Noah Amolo, a father of an 11-year-old autistic son submitted that autistic children should be granted priority service in clinics for all non-emergency ailments, similar to how expectant mothers or persons with disabilities receive priority. He further submitted that all medically-necessary tests should be subsidized or provided free when a child presents a valid National Disability Card indicating Autism.
- 137) The justification is that children with autism often struggle with sensory overstimulation, long queues, and unpredictable environments in health facilities, which often trigger extreme distress, meltdowns, or shutdowns.

2.16. NUTRITIONAL INTERVENTIONS IN AUTISM MANAGEMENT

- 138) Dr. Sarah Cherere Obara submitted that among the ASD Interventions, nutrition is a critical component that needs to be put on board at this inception phase. She submitted that research on nutrition interventions supports improvements in non-verbal intellectual ability, autism diagnostic observation schedule severity, reduced inflammation, communication, stereotypical behaviour and aggressiveness, hyperactivity and tantrums, ADHD, gastrointestinal symptoms, cognitive sociability, restrictive repetitive behaviour, and nutrition status.
- 139) The justification is that children and adolescents with autism suffer from altered sensory processing and behavioral rigidity including allergies, aversions, feeding problems, and GI problems leading to high prevalence of malnutrition.

2.17. ASSISTIVE TECHNOLOGY AND INNOVATION

- 140) Daveson Ndirangu, an occupational therapist, submitted that the Bill should integrate 3D printing for personalized sensory tools: precision customization of toys with specific tactile densities for different sensory seeking patterns; anatomical scaling for custom-contoured pencil grips and eating utensils; local production in County Autism Units to replace expensive imported equipment; and rapid adaptation as a child's sensory needs evolve. The justification is that autism is a diverse spectrum and 'one-size-fits-all' therapeutic toys often fail. 3D printing offers a revolutionary solution for customization and affordability, and by producing these tools locally in County Autism Units, expensive imported equipment can be replaced with low-cost alternatives.
- 141) Nyaga Alex Muthuma submitted that Parliament and relevant ministries should integrate assistive digital tools into classrooms and explore funding pathways for innovations that address gaps in teacher competence and learner communication. Oliver Ngeta submitted that access to assistive communication devices, apps, and other AAC tools should be made affordable and accessible to all.

2.18. GOVERNANCE, ACCOUNTABILITY AND INTER-MINISTERIAL COORDINATION

- 142) Inclusive Pathways Hub (IPH) submitted that a National Autism Council should be established including MoH, MoE, MoSD, NGOs, and parent advocates, requiring collaboration between ministries to streamline assessments, school placement, therapies, and data management. The Bill should mandate the Ministry of Education to publish guidelines on autism-inclusive school environments. The justification is to ensure coordinated and effective service delivery across sectors.
- 143) Inclusive Pathways Hub further submitted that county governments should receive dedicated funding for autism programmes annually, with subsidies available for low-income families to access therapy, medication, assistive technology, and specialized schooling. Schools should receive grants for sensory rooms, learning support materials, and training of Learning Support Coordinators, Special Educational Needs Coordinators, and inclusive assistants.
- 144) Inclusive Pathways Hub submitted that an accreditation framework should be created for professionals working with autistic learners — therapists, shadow teachers, behaviour specialists, etc. — requiring ongoing professional development and monitoring of practice standards in schools.
- 145) Inclusive Pathways Hub submitted that schools and health facilities should be required to submit annual reports on: number of children assessed, services provided, and accommodation implemented. A complaint and redress mechanism should be established for parents facing discrimination or denial of services, with clear penalties for institutions that refuse admission or fail to provide reasonable accommodation.

- 146) Margaret Thongori submitted that the Bill must require the Cabinet Secretary to integrate health, education, and social protection systems for comprehensive autism management, including: inclusive education models, Individualized Education Plans (IEPs), transition planning for school-to-work, social protection cash transfer programs, and workplace accommodations. The justification is that autism affects learning, social functioning, employment, and community inclusion, and without this integration, autistic persons will continue to fall through systemic gaps.
- 147) Samwel Maina Wangari submitted that the Bill should require: regular reporting to Parliament on implementation, monitoring to ensure counties comply, and clear timelines and transparency on funding and services. The justification is that without accountability, families may not see real change.

2.19. GENERAL AND CROSS-CUTTING ISSUES

- 148) An anonymous stakeholder submitted that in law, autism should be recognized as a condition and not a disease, and should be included under disability laws. Individuals living with autism should not be discriminated against in education, employment, healthcare, churches, barazas, and other settings. Caregivers should be allowed to represent persons living with autism whenever representation is deemed necessary and this should be anchored in law. The justification is that legal recognition is fundamental to ensuring protection and non-discrimination of persons with autism across all life domains.
- 149) The Coalition of Parents, Caregivers, Professionals, Disability Rights Advocates and Persons with Lived Experience on Neurodivergence submitted that the Bill should be comprehensively revised to adopt inclusive, neurodiversity-affirming language, explicitly recognize autism as a disability, and consider broader terminology such as 'neurodivergent persons,' which affirms diversity rather than deficit. The justification is that stigma often begins in the law itself; a rights-respecting and inclusive statute sets the foundation for inclusive attitudes, ethical practice, and meaningful support across society.
- 150) Alfred Gicheru Mazerah submitted that the Bill, being targeted at autism specifically, would benefit from being part of a broader policy framework for neurodevelopmental conditions in Kenya, and proposed a policy pathway for addressing related neurodevelopmental conditions to ensure no person is left behind due to a diagnostic label that falls outside the narrow scope of the current Bill.
- 151) Margie N. Koech (Occupational Therapist) submitted that a dedicated chapter on rehabilitation should be included in the Kenyan Constitution reflecting contemporary understandings of rehabilitation, moving away from colonial perspectives that view rehabilitation through a deficit lens.

She submitted that a more holistic and empowering approach should be embraced that supports individuals in reaching their full potential.

- 152) Sanaipei Ntimama submitted that a seat on the board of the National Council of Persons with Disabilities should be allocated for a Parent/Caregiver to make sure they are included in policy making and execution. Albert Wanjeri submitted that meaningful participation of autistic adults, parents, guardians, caregivers, and rights and autism organizations on all autism-related boards, committees, and advisory bodies at national and county levels should be mandated. The justification is that those with lived experience must be central to policy-making and governance.
- 153) Irene Kimani submitted that the Bill currently emphasizes diagnostic centres and should be expanded to designate Autism Diagnostic, Treatment and Management Centres to ensure access to ongoing therapeutic and support services beyond diagnosis. She further submitted that the Bill should mandate the recruitment, employment, and deployment of trained special needs teachers, speech therapists, occupational therapists, and other autism-related professionals, leveraging the existing pool of trained but unemployed personnel. The justification is that without qualified professionals deployed across schools and autism centres, the Bill's objectives cannot be realized.
- 154) An anonymous stakeholder submitted that the scope of the Bill should be expanded to cover Neurodevelopmental Disabilities (NDDs), with autism listed as one of the categories, or that the Bill should expressly provide for inclusion of other NDDs such as ADHD, Intellectual Disability, Developmental Delay, Cerebral Palsy, Specific Learning Disabilities, and Communication Disorders. The justification is that focusing exclusively on autism risks marginalizing related conditions which face similar challenges in screening, diagnosis, management, education, and social inclusion, contrary to CRPD, WHO classifications, and the Persons Living with Disability Act, 2025.

CHAPTER THREE

3. COMMITTEE OBSERVATIONS AND RECOMMENDATIONS

3.1 Committee Observations

155) Having considered the Autism Management Bill, 2025 (Senate Bills No. 19 of 2025), and submissions from stakeholders, the Committee made the following observations —

1. That the Bill as currently drafted adopts a predominantly medical and welfare-oriented approach to autism, without adequately grounding it in the constitutional rights framework or Kenya's obligations under the UNCRPD. The Bill does not explicitly prohibit discrimination against persons with autism in education, healthcare, employment, or access to public services and does not frame autistic persons as rights-holders. This is inconsistent with Article 27 and Article 54 of the Constitution and with the CRPD's social model of disability;
2. That the Bill is heavily focused on early childhood and screening in children, with no provision for adults with autism. This omission is particularly significant given that many Kenyans with autism are diagnosed in adulthood, or have not been diagnosed at all, and that autism is a lifelong condition requiring support across the full lifespan including in adolescence, adulthood, employment, independent living, and ageing;
3. That there is need for the Bill to have a provision that makes it a duty of healthcare facilities, education institutions and community health promoters to identify, refer and assist parents to register children with autism within a specified period after diagnosis and identification. Consequently, the Committee noted that there is need for criminalization of the habit of parents concealing persons with autism as to deny them the benefits provided under this law or any other law.
4. That the Bill recognizes only "medical practitioners" and does not mention occupational therapists, speech and language therapists, physiotherapists, clinical psychologists, behavioral therapists, or special needs educators who are critical experts in the management of autism. This is a significant gap, as effective autism management requires multidisciplinary, and interdisciplinary approach. Kenya's current workforce of approximately 900 occupational therapists is far insufficient, and the Bill misses an opportunity to mandate the expansion of this workforce and its integration into autism service delivery at both national and county levels. According to APHRC research data, occupational therapy (38.7%) and speech therapy (35.3%) are the most recommended interventions for autistic children, yet availability does not meet demand and cost is a primary barrier;

5. That the Bill creates autism units located inside health ministries and mainly framed around coordination, data, training, awareness and diagnostic support. However, there is a need to create a National Autism Council to provide a permanent, cross sector institution with a clear legal mandate to coordinate autism policy, standards, data, services, advocacy and accountability across health, education and social protection. A council model would therefore create an institutional home for sustained stakeholder participation.
6. That the Bill's education provisions under Clause 8 are narrow, limited to curriculum integration of autism awareness in teacher training, and do not impose enforceable obligations on schools regarding inclusive education. There is no provision for Individualized Education Plans (IEPs), learning support or shadow teachers, sensory accommodations, alternative assessment arrangements, class size limits within autism units, or a complaints mechanism for families whose children are excluded or inadequately supported. It basically ignores the widely recognized concept of reasonable accommodations. This leaves autistic learners without effective legal protection of their right to inclusive education under Article 54 of the Constitution;
7. That while the Bill references "community-level caregiver support groups," it does not define the role of caregivers, provide for caregiver training frameworks, establish respite care services, or guarantee psychosocial or financial support for caregivers. Given the research evidence that the vast majority of caregiver-parents experience significant mental health burden, financial stress, and social isolation, the absence of structured caregiver support provisions is a critical gap;
8. That the Kenya Institute of Special Education (KISE) be designated as the lead national institution for developing and delivering standardized training programmes for caregivers, including parents and guardians, of persons with autism, in collaboration with the Ministry of Health, county autism units and National Council of Persons with Disabilities (NCPWD). Consequently, KISE should develop accredited short courses and modular programmes (face-to-face and online) for caregivers on autism understanding, daily management, communication, behaviour support, and education support.
9. That the Bill's financing provisions use aspirational language without establishing specific, enforceable budget lines, ring-fenced allocations, timelines for implementation, or reporting obligations. The Bill does not mandate coverage of evidence-based autism therapies under the SHA/SHIF or require insurance providers to cover autism interventions, diagnostic assessments, or assistive communication devices. Without such provisions, the Bill's objectives will remain inaccessible to the majority of Kenyan families who cannot afford private autism care;

10. That the Bill assigns significant responsibilities to both national and county governments but does not establish implementation timelines, performance benchmarks, a monitoring and evaluation framework, annual reporting requirements to Parliament or County Assemblies or a clear redress mechanism for families denied services. Without these mechanisms, the risk of non-implementation is high;
11. That while the establishment of national and county diagnostic centres is a commendable provision, the Bill does not define the scope of services to be provided beyond diagnosis, does not mandate multidisciplinary staffing, does not specify minimum service standards or standardized diagnostic protocols, and does not require post-diagnostic support packages. Diagnosis without follow-on intervention pathway leaves families without direction and results in poor outcomes;
12. That the language of “prevention of autism” appearing throughout the Bill is the single most significant substantive concern raised by stakeholders, including healthcare professionals, researchers, parents, and persons with lived experience of autism. The Committee is of the view that this language must be removed entirely and replaced with language focused on identification, screening, community awareness, stigma reduction, and support.

3.2 Committee Recommendations

156) The Committee makes the following recommendations-

1. That, the definition of Autism of Autism Spectrum Disorder be amended to –
 “Autism” or “autism spectrum disorder (ASD)” means a lifelong neurodevelopmental condition, characterized by differences in social communication and social interaction, sensory and information processing, behaviour, and cognition, which presents across a broad spectrum of abilities, strengths, and support needs, and which —
 - (a) manifests differently across individuals, including differences in verbal and non-verbal communication, sensory sensitivities, patterns of behaviour, and ways of experiencing and engaging with the world;
 - (b) may co-occur with other neurodevelopmental conditions or comorbidities, including but not limited to attention deficit hyperactivity disorder, epilepsy, anxiety disorders, and specific learning disabilities;
 - (c) is present across the lifespan of a person, from childhood through adulthood, and may be identified at any stage of life; and
 - (d) is not a mental illness.
2. That clause 2 of the Bill be amended to include the following definitions –
 - (a) “Caregiver” means a parent, legal guardian, family member, or any other person who provides ongoing, substantial support for the daily care, wellbeing, development, or inclusion of a person with autism, whether on a permanent or temporary basis.
 - (b) “Inclusive Education” means an education system, philosophy, and practice that ensures equal access, participation, and achievement for all learners, including learners with autism, through the provision of reasonable accommodation, individualized support, accessible learning environments, and appropriate teaching methodologies.
 - (c) “Individualized Education Plan” means a documented plan developed collaboratively by a multidisciplinary team, parents, and, where appropriate, the learner, setting out tailored educational goals, support strategies, reasonable accommodations, and review timelines for a learner with autism.
 - (d) “Multidisciplinary team” means a team of professionals from two or more disciplines involved in the assessment, diagnosis, intervention, or support of a person with autism, and shall include, but not be limited to, medical practitioners, occupational therapists, speech and language therapists, clinical psychologists, special needs educators, behavioural therapists, and physiotherapists.
 - (e) “Occupational Therapist” means a person duly registered under the Occupational Therapists Act (Cap. 253H) as an occupational therapist.

- (f) “Persons with autism” includes children, adolescents, and adults with autism, whether diagnosed in childhood or adulthood.
 - (g) “Reasonable accommodation” means necessary and appropriate modification and adjustments, not imposing a disproportionate burden, to ensure a person with autism can exercise their rights and fundamental freedoms on an equal basis with others.
3. That the Bill be amended to include an Application section and provide that the Bill shall be interpreted and applied in a manner consistent with the Constitution of Kenya, 2010, the Persons with Disability Act and Kenya’s obligations under the United Nations Convention on the Rights of Persons with Disabilities, including the principles of human dignity, non-discrimination, autonomy, equality of opportunity, accessibility, and full and effective participation and inclusion in society.
 4. That all references to “prevention of autism” in Clause 3 and throughout the Bill be deleted and replaced with language focused on identification, stigma reduction, support, and inclusion.
 5. That the object clause of the Bill be amended to include the following –
 - (a) Provision of inclusive education, habilitation, and rehabilitation services for persons with autism across the lifespan of a person;
 - (b) Protection of the rights of persons with autism from discrimination in education, employment, healthcare, and access to public services;
 - (c) Support for caregivers of persons with autism, including psychosocial services, training, respite care, and financial relief mechanisms; and
 - (d) Promotion of transition support, vocational training, supported employment, and independent living for autistic adolescents and adults.
 6. That Clause 4(1)(b) of the Bill be amended to require the Cabinet Secretary to develop, publish, and table before Parliament a National Autism Strategy within one year of the coming into force of the Act, developed through a consultative process involving autistic persons, caregivers, professional associations, and relevant government agencies.
 7. That the Bill be amended to provide that the Cabinet Secretary responsible for health develops a Minimum Autism Service Package within twelve (12) months of commencement of the Act, covering –
 - (a) Standardized, evidence-based screening and diagnostic protocols;
 - (b) Multidisciplinary intervention services including occupational therapy, speech and language therapy, physiotherapy, and behavioral support;
 - (c) Post-diagnostic support packages; and
 - (d) Caregiver training and psychosocial support

8. That the Bill be amended to require capacity building for various stakeholders including continuous training of medical practitioners, occupational therapists, speech and language therapists, physiotherapists, special needs educators, and caregivers.
9. That the Bill be amended to require the Cabinet Secretary to table an annual report before Parliament detailing allocations, expenditures, service coverage metrics, workforce deployment, and outcomes under this Act. The same should be replicated in county governments.
10. That clause 8 of the Bill which deals with education be amended by –
 - (a) the insertion of a new sub-clause under Clause 8 requiring all public and private schools to develop and implement Individualized Education Plans (IEPs) for all learners with autism, prepared by a multidisciplinary team in consultation with parents or caregivers, and reviewed at least twice per school year;
 - (b) expansion to require all learning institutions to make reasonable accommodations for autistic learners, including sensory-friendly classroom adaptations, flexible and alternative assessment arrangements, visual learning supports, and access to in-school therapy services;
 - (c) insertion of a provision expressly prohibiting schools from refusing admission to, or excluding, learners with autism on account of their diagnosis, perceived severity, developmental milestones (such as toileting), or disability-related behaviour, in line with Article 54 of the Constitution. Clear penalties should be established for non-compliance;
 - (d) insertion of a new section providing for structured transition planning for autistic learners to begin no later than age fourteen (14), covering pathways to further education, vocational training, supported employment, independent living, and community participation;
11. That the following be incorporated in regard to access to healthcare-
 - (a) the Social Health Authority (SHA) and all licensed insurance providers to include autism screening, diagnosis, and evidence-based therapeutic interventions (occupational therapy, speech and language therapy, behavioural therapy, physiotherapy) in their standard benefit packages;
 - (b) Prohibition of discrimination against or exclusion of persons with autism from health insurance coverage;
 - (c) Government subsidies or social protection cash transfers for low-income families to access therapy, medication, and assistive communication devices; and
 - (d) Tax exemptions on importation of autism-related assistive devices and therapeutic materials.
12. That the Bill be amended to –

- (a) provide for government-funded caregiver training programmes in all counties;
 - (b) provide for psychosocial support services and mental health care for caregivers;
 - (c) provide for structured respite care services;
 - (d) provide for workplace flexibility protections and protection from employment discrimination due to caregiving obligations; and
 - (e) provide for financial support mechanisms
13. That new clauses to be inserted in the Bill to guarantee continuity of care and support for autistic adults, including –
- (a) Vocational skills training and supported employment pathways;
 - (b) Incentives for private employers who hire persons with autism;
 - (c) Affirmative action targets for employment of persons with autism in the public sector; and
 - (d) Affordable and assisted living options for autistic adults who require supported independent living.
14. That the regulations under Clause 10 provide for the establishment of a multi-sectoral National Autism Advisory Committee comprising representatives of autistic persons, caregiver and parent associations, occupational therapists, speech and language therapists, and other allied health professionals, special needs educators, disability rights advocates, the National Council for Persons with Disabilities, and the Cabinet Secretaries for Health, Education and Labour and Social Protection. The committee should be Committee should be mandated to participate in the formulation of all national autism strategies, policies, and standards.
15. That the Bill be amended to ensure that all references to “Diagnostic Centres” be replaced with “Autism Diagnostic and Management Centres,” which shall be mandated to provide –
- (a) Early screening of Autism
 - (b) Intervention therapies including occupational therapy, speech and language therapy, physiotherapy, and behavioural support;
 - (c) Parent and caregiver training and psychosocial support;
 - (d) School transition support and education coordination and
 - (e) Respite care services for caregivers.

20th April, 2026

The Clerk of the Senate,
Parliament Buildings,

NAIROBI.

**RE: COMMITTEE STAGE AMENDMENTS TO THE AUTISM MANAGEMENT BILL
(SENATE BILLS NO. 19 OF 2025)**

NOTICE is given that the Chairperson of the Senate Standing Committee on Health, Sen. Jackson Mandago, EGH, M.P, intends to move the following amendments to the Autism Management Bill, 2025 (Senate Bills No. 19 of 2025) at the Committee Stage –

Clause 3

THAT clause 3 of the Bill is amended by—

- (a) Deleting paragraph (e) and substituting therefor the following new paragraph –
 - (e) promote public awareness about autism, reduce stigma and discrimination, foster social inclusion, and ensure access to information relating to autism in accordance with the provisions of the Access to Information Act;

Justification

The amendment to paragraph (e) deletes the words “prevention of autism” to correct a scientifically inaccurate formulation that autism can be prevented.

CLAUSE 4

THAT clause 4 of the Bill is amended in subclause (1) –

- (a) by deleting paragraph (b) and substituting therefor the following new paragraph –
 - (b) formulate, publish, and table before Parliament a National Autism Strategy within twelve (12) months of the coming into force of this Act, developed through a consultative process involving autistic persons, caregivers, professional associations, and relevant government agencies, and aligned with international best practices;
- (b) by deleting paragraph (d) and substituting therefor the following new paragraph –
 - (d) undertake capacity building for various stakeholders including continuous training of medical practitioners, occupational therapists, speech and language therapists, physiotherapists, special needs educators, and caregivers;



(c) paragraph (j) by deleting the words “the prevention,” appearing immediately after the words “dissemination on”.

(d) deleting paragraph (g) and substituting therefor the following –

(g) increase accessibility of affordable medical and therapeutic services, including occupational therapy, speech and language therapy, physiotherapy, and behavioural support, for persons with autism;

Justification

The amendments seek to provide for a period of the preparation of the Autism Strategy for tabling before parliament. The amendment further provides for the continuous training of stakeholders involved in autism management. It also ensures accessibility not only to medical care but also therapeutic services which are necessary in the management of Autism.

Clause 5

THAT clause 5 of the Bill is amended –

(a) in subclause (1) by inserting the following new paragraphs immediately after paragraph (f) –

(g) integrate autism services into the County Integrated Development Plan and allocate dedicated and ring-fenced budget lines for autism programs;

(h) provide or facilitate access to respite care services for caregivers of persons with autism.

(b) Inserting the following new subclause immediately after subclause (2) –

(3) The county executive committee member shall table before the County Assembly annually a report detailing allocations, expenditures, service delivery outcomes, and any challenges in implementation under this Act.

Justification

The amendments seek to ensure that the county governments set aside budgetary allocations towards autism programs and also provide for a reporting mechanism to the County Assembly.

Clause 7

THAT clause 7 of the Bill is amended –

- (a) in subsection (1) by deleting the words “means of prevention” appearing immediately after the words “about the causes”;
- (b) by deleting subsection (3) and substituting therefor the following new subsection –

(3) provide training, sensitization and awareness programmes on the causes, treatment and management of autism to —

- (i) medical practitioners;
- (ii) community and social workers;
- (iii) caregivers;
- (iv) educators; and
- (v) other stakeholders involved in the dissemination of information to the public on autism prevention, treatment and management.

Justification

The purpose of the amendment is to delete the use of the word prevention of autism which is clinically incorrect and to include caregivers to the list of persons to undergo continuous training on autism matters.

NEW CLAUSES

New Clause 6A

THAT the Bill is amended by inserting the following new clauses immediately after clause 6 —

Establishment
of the National
Council of
Persons with
Autism

6A. (1) There is hereby established a council to be known as the National Council of Persons with Autism.

(2) The Council shall be a body corporate with perpetual succession and a common seal, and shall be capable, in its corporate name, of —

- (a) suing and being sued;
- (b) taking, purchasing or otherwise acquiring, holding, charging and disposing of movable and immovable property;
- (c) borrowing and lending;
- (d) entering into contracts; and
- (e) doing or performing all such other things or acts for the proper discharge of its functions under this Act or any written law, as may be lawfully done or performed by a body corporate.

(3) The Council shall be the principal statutory body responsible for the co-ordination, oversight, implementation, and enforcement of the provisions of this Act.

Headquarters
of the Council

6B. (1) The headquarters of the Council shall be in Nairobi.

(2) The Council shall establish regional offices and decentralise its services to such other parts of the country as it considers necessary, in accordance with Article 6(3) of the Constitution.

Functions of
the Council

6C. The functions of the Council shall be to –

- (a) co-ordinate and oversee the implementation of this Act by national and county governments, government agencies, health facilities, schools, and other institutions;
- (b)
- (c) advise the Cabinet Secretary on the formulation of policy, legal and administrative measures, guidelines, strategies, and standards relating to autism management;
- (d) formulate and monitor the implementation of the National Autism Strategy developed under this Act, in collaboration with the national and county governments;
- (e) establish and maintain a national autism database, and co-ordinate with county autism units to ensure the regular collection, analysis, and publication of disaggregated data on the prevalence, diagnosis, and outcomes of autism in Kenya;
- (f) ensure that autism screening, diagnostic, therapeutic, and educational services are accessible, equitable, and of consistent quality across all counties;
- (g) advise on and enforce accessibility, reasonable accommodation, and non-discrimination for persons with autism in relation to health services, education, employment, housing, and access to public services;
- (h) co-ordinate the provision of assistive devices and other assistive technologies to persons with autism registered with the Council;
- (i) establish and maintain linkages with local, regional, and international organisations, research institutions, and bodies concerned with autism research, policy, and best practice;
- (j) receive, investigate, and determine complaints from persons with autism, caregivers, and families regarding denial of services, discrimination, or failure by any institution to comply with this Act;
- (k) conduct and publicise research on any matter relating to the rights, wellbeing, and management of persons with autism;
- (l) undertake, facilitate, and co-ordinate public awareness and education campaigns on autism across all counties;
- (m) advise the Cabinet Secretary and county executive committee members on any national, regional, or international agreements and treaties relating to autism and neurodevelopmental conditions;
- (n) work with the Social Health Authority, licensed insurance providers, and the national government to ensure the implementation of health insurance coverage for autism services as required under this Act; and
- (o) perform such other functions as may be assigned to the Council under this or any other written law.

Establishment
of Committees

- 6D. For the better performance of its functions under this Act, the Council may —
- (a) constitute committees consisting of its members and other persons with relevant expertise; and
 - (b) co-opt experts, where appropriate, to serve on such committees for a renewable period of one year, and may assign to any committee such functions of the Council as it may determine.

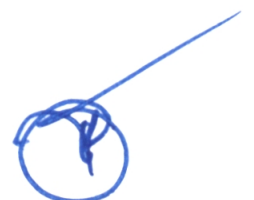
Composition of
the Council

- 6E. (1) The Council shall comprise of the following members —
- (a) a Chairperson, who shall be a person with knowledge and experience in autism management, disability rights, or neurodevelopmental conditions, and who shall be appointed by the President on the recommendation of the Cabinet Secretary following a competitive and transparent selection process;
 - (b) the Principal Secretary in the Ministry responsible for matters relating to health, or a representative duly appointed in writing;
 - (c) the Principal Secretary in the Ministry responsible for matters relating to education, or a representative duly appointed in writing;
 - (d) the Principal Secretary in the Ministry responsible for matters relating to labour and social protection or a representative duly appointed in writing;
 - (e) the Principal Secretary in the Ministry responsible for matters relating to finance, or a representative duly appointed in writing;
 - (f) one person nominated by the Council of County Governors to represent county governments;
 - (g) two persons with autism;
 - (h) one person representing the parents or caregivers of persons with autism;
 - (i) one registered occupational therapist, nominated by the Kenya Occupational Therapists Association;
 - (j) one registered speech and language therapist, nominated by the Speech and Language Pathologists Association of Kenya;
 - (k) one registered special needs educator, nominated by the Kenya Institute of Special Education; and
 - (l) the Executive Director of the Council, who shall serve as the Secretary to the Council.

(2) the members under 6E (1) (f) to (k) shall be appointed by the Cabinet Secretary through a notice in the Kenya Gazette.

Qualification
of the
Chairperson
and members
of the Council

- 6F. (1) A person shall be qualified for appointment as a chairperson of the Council if the person —
- (a) is a Kenyan citizen;
 - (b) holds at least a first degree from a university recognised in Kenya;
 - (c) has knowledge and at least ten years' working experience, of which not less than five years shall be in matters relating to autism, neurodevelopmental conditions, disability rights or health management;



- (d) has demonstrated commitment to the rights and inclusion of persons with disabilities or neurodevelopmental conditions; and
- (e) meets the requirements of Chapter Six of the Constitution.

(2) A person shall be qualified for appointment as a member of the Council if the person —

- (a) is a Kenyan citizen;
- (b) has knowledge and at least five years' working experience, of which not less than three years shall be in matters relating to autism, disability, health, education, or social protection; and
- (c) meets the requirements of Chapter Six of the Constitution.

(3) A person shall not be qualified for appointment as Chairperson or a member if such person —

- (a) has been removed from office for contravening the provisions of the Constitution or any other law;
- (b) is a serving public officer, save for Principal Secretaries serving in ex officio capacity;
- (c) is a member of a governing body of a political party;
- (d) is a Member of Parliament or a member of a county assembly;
- (e) has been convicted of a felony and sentenced to a term of imprisonment;
- (f) has been convicted of an offence under this Act;
- (g) has been removed from office on account of abuse of office;
- (h) is adjudged bankrupt or has entered into a composition scheme or arrangement with creditors; or
- (i) is disqualified under the provisions of any other written law from appointment as such.

Tenure of
office of the
chairperson
and members
of the Council

6G. (1) The Chairperson and members of the Council shall hold office for a term of five years and shall be eligible for re-appointment for one further term.

(2) A member may —

- (a) at any time resign from office by notice in writing to the Cabinet Secretary, or in the case of the Chairperson, to the President; or
- (b) be removed from office by the Cabinet Secretary if the member —
 - i. has been absent from three consecutive meetings of the Council without the permission of the chairperson, or in the case of the chairperson, without the permission of the Cabinet Secretary;
 - ii. is adjudged bankrupt or enters into a composition scheme or arrangement with the creditors;
 - iii. is convicted of an offence involving fraud or dishonesty;
 - iv. is convicted of a criminal offence and sentenced to a term of imprisonment;
 - v. is found to have acted in a manner prejudicial to the aims and objectives of this Act;

- vi. fails to comply with the provisions of this Act relating to disclosure of interest as provided under the First Schedule to this Act; or
- vii. is otherwise unable or unfit to discharge his or her functions as a member of the Council.

(3) The First Schedule shall apply with respect to the conduct of the business and affairs of the Council.

Procedure for
appointment of
members of the
Council

6H. (1) Whenever a vacancy occurs in the office of the Chairperson or a member, the executive director shall forthwith notify the Public Service Commission accordingly.

(2) The Public Service Commission shall, within a period of fourteen days from the date of the occurrence of the vacancy, by notice in two daily newspapers of national circulation and its official website and the website of the Ministry responsible for matters relating to disability, declare the vacancy and invite applications from persons qualified under this Act within a period specified in the notice.

(3) The Commission shall consider all applications submitted under subsection (2) and, within a period of fourteen days from the expiry of the period specified in the notice issued under that subsection, forward names of persons nominated for appointment to—

- (a) the President, in the case of the Chairperson, or
- (b) the Cabinet Secretary in the case of a Member.

(4) The appointment under this section shall be by notice in the *Gazette*.

The Executive
Director of the
Council

6H. (1) The Council shall appoint an Executive Director through an open, transparent and competitive recruitment process.

(2) The Executive Director shall be the secretary to the Council.

(3) A person shall be qualified for appointment as the Executive Director of the Council if the person —

- (a) is a citizen of Kenya;
- (b) holds at least a degree from a recognised university;
- (c) has at least ten years of proven work experience, of which at least three years shall be at senior management level in a public or private institution;
- (d) has at least five years' experience in matters relating to autism, neurodevelopmental conditions, disability management or Health policy; and meets the requirements of Chapter Six of the Constitution.

(4) The Executive Director shall hold office for a term of four years, renewable once.

(5) The Executive Director shall be responsible to the Council for the day-to-day management of the affairs of the Council and shall perform such other functions as may be conferred by this Act or any other written law.

Removal from
office of the
Executive
Director
Remuneration
of the
Chairperson
and members
of the Council

6I. The Executive Director may be removed from office by the Council in accordance with the terms of the contract of service and the Employment Act.

6J. The Chairperson and members of the Council shall be paid such sitting allowances and expenses as may be approved by the Cabinet Secretary on the advice of the Salaries and Remuneration Commission.

Staff of the
council

6K. The Council may appoint such staff as may be necessary for the proper discharge of its functions under this Act, on such terms and conditions as the Council, in consultation with the Salaries and Remuneration Commission, may determine.

Funds of the
Council

6L. The funds of the Council shall consist of –

- (a) funds appropriated by Parliament for the purposes of the Council;
- (b) such moneys as may accrue to or vest in the Council in the exercise of its powers or performance of its functions;
- (c) grants and donations; and
- (d) such other funds as may be provided for in any written law.

Annual Report

6M. (1) Within three months after the end of each financial year, the Council shall prepare an annual report and submit it to the Cabinet Secretary.

(2) The annual report shall —

- (a) provide a comprehensive account of the activities, programmes, and plans of the Council during the year;
- (b) set out the status of implementation of the National Autism Strategy, including progress against targets, by both national and county governments;
- (c) include an analysis of the national autism database, including disaggregated data on prevalence, diagnosis, services accessed, and outcomes;
- (d) report on the number of complaints received, investigated, and determined, and the outcomes thereof; and
- (e) contain a financial statement in respect of the year.

(3) The Cabinet Secretary shall, within two months of receiving the annual report, cause it to be tabled before the National Assembly and the Senate.

(4) The annual report shall be published on the Council's website and publicised in such other manner as the Council may determine.

Justification

The purpose of the amendment is to establish the Autism Council as the primary body responsible for all matters pertaining to autism and ensure that persons with autism have an opportunity to make decisions on matters affecting them through their representation to the council.

New clause 8A

Training of
Caregivers by
the Kenya
Institute of
Special
Education

8A. The Kenya Institute of Special Education shall, in consultation with the Cabinet Secretary and relevant professional bodies, develop training modules for the training of autism caregivers, including —

- (a) parents and guardians of persons with autism;
- (b) community-based caregivers and social workers; and
- (c) residential and institutional care staff providing support to persons with autism.

Justification

The amendment empowers the Kenya Institute of Special Education to come up with training modules for caregivers of persons with autism.

New clause 9A, 9B and 9C

THAT the Bill is amended by inserting the following new clause immediately after clause 9 –

Health
insurance
coverage

9A. (1) No insurer providing health insurance, including the Social Health Authority shall —

- (a) refuse to enroll, cover, or renew coverage for a person on the ground that the person has autism; or
- (b) refuse to cover, limit, or impose conditions on the treatment, therapy, or management of autism or any condition arising as a comorbidity of autism, solely on the basis of the autism diagnosis.

(2) Nothing in subsection (1) shall be construed to prevent an insurer from applying standard actuarial principles or clinical criteria that are applied equally and without discrimination to all policyholders, provided such criteria are not applied in a manner that has the effect of singling out autism as a basis for exclusion.

Financial
support

9B. The Cabinet Secretary responsible for matters related to social protection may on application of a parent or guardian who has full custody and care of a person diagnosed with autism for their basic needs, grant a long-term social assistance monthly cash transfer of such amount as may be prescribed by the Cabinet Secretary in accordance with the Social Assistance Act.

Concealment
of Persons
with Autism

9C. (1) A parent, guardian, next of kin or a person in charge of institution of persons with Autism shall not knowingly conceal such person in such a manner as to deny any such person the opportunities and services available under this Act or any other law.

(2) A person who contravenes subsection (1) commits an offence and is liable on conviction to a fine not exceeding one million shillings or to imprisonment for a term not exceeding one year or to both.

Justification

The purpose of the new clauses 9A and 9B is to curb discrimination on health insurance coverage on the basis of autism diagnosis and provide for financial support to parents and guardians of persons with autism. The new clause 9C on the other hand seeks to criminalize the concealment of persons with autism in a manner that denies them the benefits provided by the government and limit their rights under the constitution.

New Schedule

THAT the Bill is amended by inserting the following new schedule immediately after clause 10 –

SCHEDULE

PROVISIONS AS TO THE CONDUCT OF BUSINESS AND AFFAIRS OF THE COUNCIL

1. The Council shall meet at least four times in every year, and not more than three months shall pass between one meeting of the Council and the next.
2. Notwithstanding paragraph (1) the Chairperson may, on his own motion and shall, upon request by a member, convene a special meeting of the Council at any time when he or she deems it expedient for the transaction of the business of the Council.
3. The chairperson may on his or her own motion, or upon request by a member, call a special meeting of the Board of the Council at any time, where he or she considers it expedient for the transaction of the business of the Council.
4. Except in the case of a special meeting, or unless three quarters of members agree, at least fourteen days' written notice of every meeting of the Council shall be given to every member of the Council by the chief executive officer.
5. The quorum at a meeting of the Council shall be at least two thirds of the members of the Council.

6. The chairperson shall preside over all meetings of the Council at which he or she is present, and in the absence the chairperson, the vice chairperson shall preside and in the absence of both, the members of the Council present shall elect from amongst themselves, a person to preside over the meetings of the Council.
7. The decisions of the Council shall be decided by a majority of the members present and voting, and in the event of equality of votes, the chairperson or person presiding shall have a casting vote.
8. The proceedings of the Council shall not be invalidated by reason only of a vacancy among the members or a defect in the appointment or qualification of a member.
9. Subject to this Schedule, the Council may determine its own procedure and the procedure for any committee of the Board and for attendance of any other persons at the meetings and may make standing orders in respect thereof.
10. A member of the Council who has a direct or indirect personal or pecuniary interest in a matter decided or under consideration by the Council shall—
 - (a) as soon as reasonably practicable, disclose, in writing, to the Council the full and accurate details of the interest;
 - (b) not participate in any discussion by the Council relating to that matter;
 - (c) not vote in relation to that matter; and
 - (d) be absent from the meeting room when any such discussion or voting is taking place.
11. If a member of the Council makes a disclosure of interest and complies with requirements of subsection (1) in respect of a proposed contract —
 - (a) the contract shall not be voided; and
 - (b) the member is not liable to account to the entity for any losses that may be incurred upon entering into the contract.
12. If a member of the Council fails to make a disclosure of interest or fails to comply with any other requirement of subsection (1) in respect of a proposed contract, the Council shall void the contract.
13. Where a member of the Council has or acquires a personal or pecuniary interest, or is or becomes the holder of an office, such that makes it reasonably foreseeable that a conflict might arise with his or her duties as member of the Board of the Council, the member shall as soon as is reasonably practicable, disclose to the Council, in writing, of the full and accurate nature of the interest.
14. A disclosure under this schedule shall be recorded in the minutes of the Council.

Justification

The purpose of the schedule is to provide for the manner of conduct of the business of the council



Clause 2

THAT clause 2 of the Bill is amended –

- (a) Deleting the definition of the word “Autism” and substituting therefor the following –

“Autism” means a lifelong neurodevelopmental condition, characterised by differences in social communication and social interaction, sensory and information processing, behaviour, and cognition, which presents across a broad spectrum of abilities, strengths, and support needs, and which —

- (a) manifests differently across individuals, including differences in verbal and non-verbal communication, sensory sensitivities, patterns of behaviour, and ways of experiencing and engaging with the world;
- (b) may co-occur with other neurodevelopmental conditions or comorbidities, including but not limited to attention deficit hyperactivity disorder, epilepsy, anxiety disorders, and specific learning disabilities;
- (c) is present across the lifespan of a person, from childhood through adulthood, and may be identified at any stage of life; and
- (d) is not a mental illness;

- (b) By inserting the following new definitions in a proper alphabetical sequence –

“caregiver” means a parent, legal guardian, family member, or any other person who provides ongoing, substantial support for the daily care, wellbeing, development, or inclusion of a person with autism, whether on a permanent or temporary basis;

“inclusive education” means an education system, philosophy, and practice that ensures equal access, participation, and achievement for all learners, including learners with autism, through the provision of reasonable accommodation, individualised support, accessible learning environments, and appropriate teaching methodologies;

“Individualised Education Plan” means a documented plan developed collaboratively by a multidisciplinary team, parents and, where appropriate, the learner, setting out tailored educational goals, support strategies, reasonable accommodations, and review timelines for a learner with autism;

“Multidisciplinary team” means a team of professionals from two or more disciplines involved in the assessment, diagnosis, intervention, or support of a person with autism, and shall include, but is not limited to, medical practitioners, occupational therapists, speech and language therapists, clinical psychologists, special needs educators, behavioural therapists, and physiotherapists;

“occupational therapist” means a person duly registered under the Occupational Therapists Act (Cap. 253II) as an occupational therapist;

“persons with autism” includes children, adolescents, and adults with autism, whether diagnosed in childhood or adulthood;

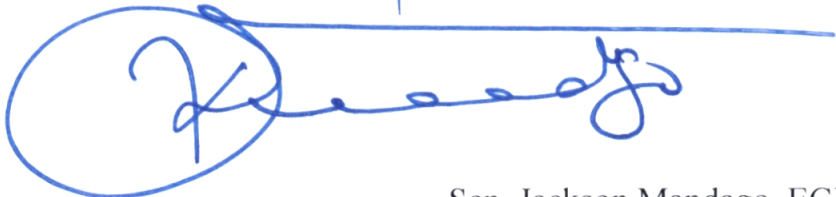
“reasonable accommodation” means necessary and appropriate modification and adjustments, not imposing a disproportionate burden, to ensure a person with autism can exercise their rights and fundamental freedoms on an equal basis with others;

Justification

The amendments

provide clear definitions that give legal effect to the Bill’s provisions and align Kenya’s autism legislation with international best practice.

Date 21/04/....., 2026.

A handwritten signature in blue ink, which appears to read 'Jackson Mandago', is written over a horizontal line. The first letter 'J' is circled.

Sen. Jackson Mandago, EGH, M.P
Chairperson, Senate Standing Committee on Health.

Annex 1:

Minutes of the Committee Sitings



13TH PARLIAMENT 15TH SESSION

MINUTES OF THE SEVENTEENTH (17TH) SITTING OF THE STANDING COMMITTEE ON HEALTH HELD ON, TUESDAY 31ST MARCH, 2026 AT 11.00 PM IN COMMITTEE ROOM 6, BUNGE TOWER

MEMBERS PRESENT

- | | |
|---|--------------------|
| 1. Sen. Jackson K. Arap Mandago, EGH, MP | - Chairperson |
| 2. Sen. Mariam Sheikh Omar, MP | - Vice-Chairperson |
| 3. Sen. Richard Onyonka, MP | - Member |
| 4. Sen. Tabitha Mutinda, CBS, MP | - Member |
| 5. Sen. Joseph Githuku Kamau, MP | - Member |
| 6. Sen. Hamida Kibwana, MP | - Member |
| 7. Sen. Vincent Kiprono Chemitei Cheburet, MP | - Member |

ABSENT WITH APOLOGY

- | | |
|--|----------|
| 1. Sen. Justice (Rtd) Stewart Madzayo, EGH, MP | - Member |
| 2. Sen. Ledama Olekina, CBS, MP | - Member |

SENATE SECRETARIAT

- | | |
|-------------------------|---------------------------|
| 1. Mr. Humphrey Ringera | - Senior Research Officer |
| 2. Mr. Amos Kiangwe | - Senior Clerk Assistant |
| 3. Mr. David Ngamate | - Clerk Assistant |
| 4. Mr. Gilbert Juma | - Legal Counsel |
| 5. Ms. Lilian Onyari | - Fiscal Analyst |
| 6. Mr. David Munene | - Research Officer |
| 7. Mr. Ian Otieno | - Audio Recording Officer |
| 8. Mr. Jack Lemeteki | - Media Relations Officer |

MIN/SEN/SCH/084/2026

PRELIMINARIES

The Chairperson called the meeting to order at twenty- five minutes past eleven o'clock and the proceedings commenced with a word of prayer followed by a brief introduction of those present.

MIN/SEN/SCH/085/2026**ADOPTION OF THE AGENDA**

The agenda of the meeting was adopted as listed below upon being proposed by Sen. Hamida Kibwana, MP and seconded by Sen. Joseph Githuku, MP.

1. Preliminaries;
 - a) *Prayer*
 - b) *Introductions*
2. Adoption of the Agenda;
3. Confirmation of Minutes;
4. Matters arising;
5. Consideration and Adoption of Committee Report on the Autism Management Bill, 2025(Senate Bills No.19 of 2025) (*Committee Paper No. 171*);
6. Any other Business; and
7. Adjournment/Date of the Next Meeting

MIN/SEN/SCH/086/2026**CONFIRMATION OF MINUTES**

1. The Minutes of the 13th meeting held on Thursday, 19th March, 2026 were confirmed as a true record of the proceedings having been proposed by Sen. Tabitha Mutinda, CBS, MP and seconded by Sen. Hamida Kibwana, MP; and
2. The Minutes of the 16th meeting held on Thursday, 26th March, 2026 were confirmed as a true record of the proceedings having been proposed by Sen. Hamida Kibwana, MP and seconded by Sen. Mariam Sheikh Omar, MP

MIN/SEN/SCH/087/2026**MATTERS ARISING FROM PREVIOUS MINUTES**

There were no matters arising.

MIN/SEN/SCH/088/2026**CONSIDERATION AND ADOPTION OF COMMITTEE REPORT ON THE AUTISM MANAGEMENT BILL,2025(SENATE BILLS NO.19 OF 2025) (COMMITTEE PAPER NO. 171)**

1. The Secretariat presented the Committee Report on the Autism Management Bill, 2025 (Senate Bills No.19 of 2025) as contained in *Committee Paper No. 171* for consideration and adoption.
2. During its consideration the Committee observed that-
 - a) there is need to have a legal provision that makes it a duty of healthcare facilities, education institutions and community health promoters to identify, refer and assist parents to register children with autism within a specified period after diagnosis and identification;

- b) the Bill as currently drafted, adopts a predominantly medical and welfare-oriented approach to autism, without adequately grounding it in the constitutional rights framework or Kenya's obligations under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). The Bill does not explicitly prohibit discrimination against persons with autism in education, healthcare, employment, or access to public services and does not frame autistic persons as rights-holders. This is inconsistent with Article 27 and Article 54 of the Constitution and with the CRPD's social model of disability;
- c) the Bill is heavily focused on early childhood and screening in children, with no provision for adults with autism. This omission is particularly significant given that many Kenyans with autism are diagnosed in adulthood, or have not been diagnosed at all, and that autism is a lifelong condition requiring support across the full lifespan including in adolescence, adulthood, employment, independent living, and ageing;
- d) it recognizes only "medical practitioners" and does not mention occupational therapists, speech and language therapists, physiotherapists, clinical psychologists, behavioral therapists, or special needs educators who are critical experts in the management of autism. This is a significant gap, as effective autism management requires multidisciplinary and interdisciplinary approach;
- e) the provisions under Clause 8 are narrow, limited to curriculum integration of autism awareness in teacher training, and do not impose enforceable obligations on schools regarding inclusive education. There is no provision for Individualized Education Plans (IEPs), learning support or shadow teachers, sensory accommodations, alternative assessment arrangements, class size limits within autism units, or a complaints mechanism for families whose children are excluded or inadequately supported. It basically ignores the widely recognized concept of reasonable accommodations. This leaves autistic learners without effective legal protection of their right to inclusive education under Article 54 of the Constitution;
- f) the Bill references "community-level caregiver support groups," it does not define the role of caregivers, provide for caregiver training frameworks, establish respite care services, or guarantee psychosocial or financial support for caregivers. Given the research evidence that the vast majority of caregiver-parents experience significant mental health burden, financial stress, and social isolation, the absence of structured caregiver support provisions is a critical gap;
- g) the Kenya Institute of Special Education (KISE) should be designated as the lead national institution for developing and delivering standardized training programmes for caregivers, including parents and guardians, of persons with autism, in collaboration with the Ministry of Health, county autism units and National Council of Persons with Disabilities (NCPWD);

- h) that there is need for the Bill to have a provision that makes it a duty of healthcare facilities, education institutions and community health promoters to identify, refer and assist parents to register children with autism within a specified period after diagnosis and identification. Consequently, the Committee noted that there is need for criminalization of the habit of parents and or guardians concealing persons with autism as to deny them the benefits provided under this law or any other law.
3. Upon deliberation the Committee expressed satisfaction with the Autism Management Bill, 2025 and acknowledged that the proposed law will address a critical gap in the legal and policy framework on autism in Kenya. Accordingly, the Committee recommended that the Senate approves the Autism Management Bill, 2025, subject to the amendments set out in its report.
4. The Committee Report on its consideration of the Autism Management Bill (Senate Bills No. 19 of 2025) was unanimously passed after being proposed by Sen. Mariam Sheikh Omar, MP and seconded by Sen. Tabitha Mutinda, CBS, MP.

MIN/SEN/SCH/089/2026

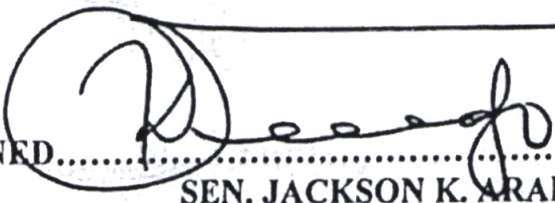
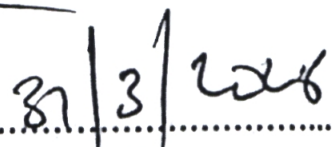
ANY OTHER BUSINESS

1. The Committee was informed that the invitation letter to the Chief Executive Officer of the Social Health Authority (SHA) to attend the meeting of the Committee scheduled to take place on Thursday 23rd April, 2026 had been sent to her office and further that the Chief Executive Officer was required to share the operational report on SHA in advance for perusal and advance reading; and.
2. Members were requested to confirm their attendance of the Committee activities scheduled to take place during the recess and most specifically the oversight visits to Nakuru, Baringo, Elgeyo Marakwet, Uasin Gishu and Nandi Counties from Sunday 13th April to Saturday, 18th April, 2026.

MIN/SEN/SCH/090/2026

ADJOURNMENT

There being no other business, the meeting ended at fifteen minutes past one o'clock. The next meeting shall be held by notice.

SIGNED.......... DATE..........
SEN. JACKSON K. ARAP MANDAGO, EGH, MP
(CHAIRPERSON, COMMITTEE ON HEALTH)



13TH PARLIAMENT | 5TH SESSION

MINUTES OF THE THIRTEENTH (13TH) SITTING OF THE STANDING COMMITTEE ON HEALTH HELD ON, THURSDAY 19TH MARCH, 2026 AT 12.00 NOON IN COMMITTEE ROOM 4, BUNGE TOWER

MEMBERS PRESENT

- | | |
|--|---------------|
| 1. Sen. Jackson K. Arap Mandago, EGH, MP | - Chairperson |
| 2. Sen. Justice (Rtd) Stewart Madzayo, EGH, MP | - Member |
| 3. Sen. Richard Onyonka, MP | - Member |
| 4. Sen. Tabitha Mutinda, CBS, MP | - Member |
| 5. Sen. Hamida Kibwana, MP | - Member |
| 6. Sen. Joseph Githuku, MP | - Member |

ABSENT WITH APOLOGY

- | | |
|--------------------------------------|--------------------|
| 1. Sen. Mariam Sheikh Omar, MP | - Vice-Chairperson |
| 2. Sen. Ledama Olekina, CBS, MP | - Member |
| 3. Sen. Vincent Kiprono Chemitei, MP | - Member |

SENATE SECRETARIAT

- | | |
|-------------------------|---------------------------|
| 1. Mr. Humphrey Ringera | - Senior Research Officer |
| 2. Mr. Amos Kiangwe | - Senior Clerk Assistant |
| 3. Mr. David Ngamate | - Clerk Assistant |
| 4. Mr. Gilbert Juma | - Legal Counsel |
| 5. Mr. David Munene | - Research Officer |
| 6. Mr. Ian Otieno | - Audio Recording Officer |
| 7. Mr. Jack Lemeteki | - Media Officer |
| 8. Ms. Yvonne Momanyi | - Legal Intern |
| 9. Mr. Ham Juma | - Legal Intern |
| 10. Mr. Ibrahim Odindo | - Serjeant – at Arms |

INATTENDANCE

- | | |
|------------------------------|------------------------------------|
| 1. Dr. Sylvia Moraaa Mochabo | - Neurodivergents Society of Kenya |
|------------------------------|------------------------------------|

- | | |
|--------------------------|--|
| 2. Mr. Paul Mugi Kithaka | - Neurodivergents Society of Kenya |
| 3. Ms. Tabitha Tharao | - Neurodivergents Society of Kenya |
| 4. Mr. Daniel Sanoe | - Deputy Director, Programs - Kenya Institute of Special Education |
| 5. Mr. Henry Eshitubi | - Lecturer, Kenya Institute of Special Education |
| 6. Ms. Nadia Muthoni | - Communications Officer,
Kenya Institute of Special Education |
| 7. Ms. Emily Limisi | - Assistant Director, Disability Services
National Council for Person with Disabilities |
| 8. Ms. Ivy Mbinya | Senior Disability Services Officer
- National Council for Person with Disabilities |

MIN/SEN/SCH/061/2026

PRELIMINARIES

The Chairperson called the meeting to order at twenty-five minutes past eleven o'clock and the proceedings commenced with a word of prayer followed by brief introduction of those present.

MIN/SEN/SCH/062/2026

ADOPTION OF THE AGENDA

The agenda of the meeting was adopted as listed below upon being proposed by Sen. Hamida Kibwana, MP and seconded by Sen. Richard Onyonka, MP.

1. Preliminaries;
2. Adoption of the Agenda;
3. Confirmation of the previous Minutes;
4. Matters arising;
5. Consideration of the Autism Management Bill, 2025 (Senate Bills No.19 of 2025) (Committee Paper No.166);
6. Any other Business; and
7. Adjournment/Date of the Next Meeting

MIN/SEN/SCH/063/2026

CONFIRMATION OF THE MINUTES

The Minutes of the 5th meeting held on Thursday, 19th February, 2026 at 11.00 a.m. were confirmed as a true record of the proceedings having been proposed by Sen. Hamida Kibwana, MP and seconded by Sen. Richard Onyonka, MP.

MIN/SEN/SCH/064/2026

MATTERS ARISING FROM THE MINUTES

There were no matters arising from the above minutes.

MIN/SEN/SCH/065/2026

CONSIDERATION OF THE AUTISM MANAGEMENT BILL, 2025 (SENATE BILLS NO 19 OF 2025) (COMMITTEE PAPER NO. 166)

1. The Chairperson invited the National Council for Person with Disabilities (NCPWD) to make their presentations.

However, the Committee observed that NCPWD was represented by the Deputy Chief Executive Officer instead of the substantive Chief Executive Officer. Upon deliberation, the Committee declined the representation and directed that it would only receive submissions from the CEO.

2. The Chairperson thereafter invited the representatives from Neurodivergent Society of Kenya led by Dr. Sylvia Mochabo to clarify their submissions and presented supplementary information as requested by the Committee. The Committee was consequently informed that:
 - a) That Autism is regarded as mental condition rather than a disability;
 - b) That there were provisions in the Bill that require substantial amendment;
 - c) That the Bill in its current form is inadequate, overly medicalized, and inconsistent with the human-rights model of disability;
 - d) That the Bill lacks cross-sectoral integration, including education, social protection, rehabilitation, livelihood access, and anti-discrimination measures;
 - e) Key provisions duplicate existing laws (Persons with Disabilities Act, Mental Health Act) without strengthening them or addressing real systemic gaps;
 - f) Terminology used (“management”, “prevention”) is stigmatizing and aligned with outdated medical frameworks, not contemporary disability inclusion standards;
 - g) The Bill introduces risks of segregation, compulsory medicalization, and bureaucratic structures that do not reflect lived realities; and
 - h) The Bill was developed without meaningful consultation, thereby violating Article 10 of the Constitution (public participation)
3. The Committee was further informed that the Bill should undergo substantial clause by clause amendment on the following areas:
 - a) Clause 2: Interpretation that the definition to cover Broaden definition to cover *neurodevelopmental disability within the autism spectrum* including common comorbid conditions.
 - b) Clause 3: Objects of the Bill that ignores education, and focuses mostly on screening, diagnosis and medical management.
 - c) Clauses 4 and 5 on the Responsibilities of National and County Governments that negates multi sectoral approach to the management of Autism.
 - d) Clause 6: Establishment of Autism centres that are embedded in Community structures.
 - e) Clause 7: Education and Information asserting that the Bill provides for “awareness campaigns” and does not address real barriers. Noting that the Bill has no reference to inclusive pedagogy, classroom accommodations, assistive devices, IEPs, sensory-friendly environments, or transition programs.
 - f) Clause 8: That teacher training and Syllabus was not competency based and that the it should Include autism in pre-service training, continuous professional development, and licensing frameworks.

- g) Clause 9: Relationship with the Disability Act that the Bill does not clarify harmonization with the new *Persons with Disabilities Act, 2025*. That the Bill should be fully aligned and not in contradiction with the Persons with Disabilities Act, 2025
- h) Clause 10: Regulation-making powers should be multi-sectoral rather than vested entirely on the Cabinet Secretary.

Deliberations and Resolutions

4. Upon deliberations following the submissions of the stakeholders, the Committee the Committee resolved-
- a) To seek submissions from the Cabinet Secretary, Ministry of Education on the implementation status of the Sector Policy for Learners and Trainees with Disabilities; and;
 - b) To undertake a multi-sectoral approach in processing the Autism Management Bill, 2025 (Senate Bills No. 19 of 2025) by engaging the Ministry of Education, Ministry of Labour and Social Security and Ministry of Finance

MIN/SEN/SCH/066/2026

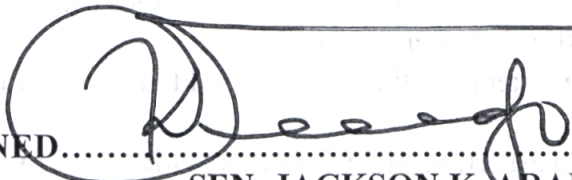
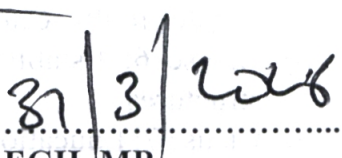
ANY OTHER BUSINESS

The Committee resolved to hold a two-day retreat in Kiambu County from Sunday 22nd March 2026 to consider the Committee Reports on the Assisted Reproductive Technology Bill, 2022 (National Assembly Bills, No. 61 of 2022) and the Petition by the Kenya Union of Clinical Officers.

MIN/SEN/SCH/067/2026

ADJOURNMENT

There being no other business, the meeting ended at five minutes past two o'clock in the afternoon. The next meeting shall be held on notice.

SIGNED.......... DATE..........
SEN. JACKSON K. ARAP MANDAGO, EGH, MP
(CHAIRPERSON, COMMITTEE ON HEALTH)



13TH PARLIAMENT | 5TH SESSION

**MINUTES OF THE SIXTH (6TH) SITTING OF THE STANDING COMMITTEE
ON HEALTH HELD ON THURSDAY, 12TH MARCH, 2026 AT 11.00 AM AT
COMMITTEE ROOM 6, BUNGE TOWER, PARLIAMENT BUILDINGS**

MEMBERS PRESENT

- | | |
|--|--------------------|
| 1. Sen. Jackson K. Arap Mandago, EGH, MP | - Chairperson |
| 2. Sen. Mariam Sheikh Omar, MP | - Vice-Chairperson |
| 3. Sen. Justice (Rtd) Stewart Madzayo, EGH, MP | - Member |
| 4. Sen. Richard Onyonka, MP | - Member |
| 5. Sen. Tabitha Mutinda, CBS, MP | - Member |
| 6. Sen. Joseph Githuku Kamau, MP | - Member |

ABSENT WITH APOLOGY

- | | |
|--------------------------------------|----------|
| 1. Sen. Ledama Olekina, CBS, MP | - Member |
| 2. Sen. Hamida Kibwana, MP | - Member |
| 3. Sen. Vincent Kiprono Chemitei, MP | - Member |

SENATE SECRETARIAT

- | | |
|-------------------------|---------------------------|
| 1. Mr. Humphrey Ringera | - Senior Research Officer |
| 2. Mr. Amos Kiangwe | - Senior Clerk Assistant |
| 3. Mr. David Ngamate | - Clerk Assistant |
| 4. Mr. Gilbert Juma | - Legal Counsel |
| 5. Ms. Lilian Onyari | - Fiscal Analyst |
| 6. Mr. David Munene | - Research Officer |
| 7. Mr. Joseph Otieno | - Audio Recording Officer |
| 8. Mr. Jack Lemeteki | - Media Officer |
| 9. Mr. Ibrahim Odindo | - Serjeant at Arms |
| 10. Mr. Ham Juma | - Legal Intern (DLS) |
| 11. Ms. Yvonne Momanyi | - Legal Intern (DLS) |

MIN/SEN/SCH/031/2026

PRELIMINARIES

The Chairperson called the meeting to order at fifteen minutes past eleven o'clock and the proceedings commenced with a word of prayer followed by brief introduction of those present.

MIN/SEN/SCH/032/2026

ADOPTION OF THE AGENDA

The agenda of the meeting was adopted as listed below upon being proposed by Sen. Tabitha Mutinda, CBS, MP and seconded by Sen. Richard Onyonka, MP.

1. Preliminaries;
2. Adoption of the Agenda;
3. Confirmation of the previous Minutes;
4. Matters arising;
5. Consideration and adoption of the Committee Report on the County oversight and networking engagement in Kiambu County;
6. Consideration of the Autism Management Bill, 2025 (Senate Bills No.19 of 2025) (*Committee Paper No.165*);
7. Any other Business; and
8. Adjournment/Date of the Next Meeting

MIN/SEN/SCH/033/2026

CONFIRMATION OF THE MINUTES

1. The Minutes of the 3rd meeting held on Thursday, 19th February, 2026 at 11.00 am were confirmed as a true record of the proceedings having been proposed by Sen. Mariam Sheikh Omar, MP and seconded by Sen. Tabitha Mutinda, CBS, MP;
2. The Minutes of the 4th meeting held on Tuesday 24th March, 2026 at 11.00 am were confirmed as a true record of the proceedings having been proposed by Sen. Vincent Kipronon Chemitei, MP and seconded by Sen. Mariam Sheikh Omar, MP;

MIN/SEN/SCH/034/2026

**CONSIDERATION AND ADOPTION OF THE
COMMITTEE REPORT ON THE COUNTY
OVERSIGHT AND NETWORKING IN KIAMBU
COUNTY (COMMITTEE PAPER NO. 164)**

1. The Secretariat presented the Committee Report on oversight visit to Kiambu County that took place on 10th November, 2025 as contained in *Committee Paper No. 164* for consideration and adoption; and
2. Following consideration, the Committee report was adopted without amendments after being proposed by Sen. Tabitha Mutinda, CBS, MP and seconded by Sen. Justice (Rtd) Stewart Madzayo, EGH, MP.

1. The Committee was informed that the consideration of the Autism Management Bill, 2025 (Senate Bills No. 19 of 2025) has commenced during the previous Committee meeting. During the said meeting, the Committee had further commenced consideration of the stakeholder submissions contained in the matrix as contained in Committee Paper No. 165;
2. The Committee considered the matrix on stakeholder submissions and observed that, the Autism Management Bill does not seek to replace the protection in the Persons with Disabilities Act, 2025. The Bill is designed as a targeted, sector specific supplement that fills the gap left by the PWD Act, 2025 by not providing for autism's unique diagnostic, clinical and support needs. Indeed, the PWD Act, 2025 currently covers persons with autism under general provisions but lacks autisms specific provisions;
3. The Committee further observed that the Autism Management Bill, 2025 seeks to address overlap with existing legislation through complimentary clause rather than seeking to replace or conflict with the existing framework. The Autism Management Bill, 2025 addresses educational primarily through a public health and awareness lens;
4. However, the Committee observed that several provisions on the Bill address subject matter that the PWD Act already covers under its general framework. For instance, Autism Bill clauses 4 (c), 4 (g), 5 (c), 5 (f) and 6 mandates establishment of diagnostic centers at referral hospitals and country level 4 and 5 hospitals, establishment of autisms units and measures for affordable medical services for persons with autism. On the other hand, PWD Act section 24 (right to health) already provides that, persons with disabilities have the right to the highest attainable standard of health without discrimination and that persons with disabilities are entitled to free medical care and treatment in public health institutions;
5. Several provisions in the Autism Management Bill, 2025 address issues that are already substantively covered, or directly mandated by existing national policies and strategies. The Committee observed that the Bill would therefore benefit from explicit cross-referencing to these instruments to ensure coherence, avoid duplication of structures and anchor implementation within the existing policy ecosystem.
6. Following its deliberations, the Committee resolved-
 - a. to seek submissions from the Cabinet Secretary, Ministry of Health and Cabinet Secretary, Ministry of Education on the provisions of the Autism Management Bill, 2025 (Senate Bills No.19 of 2025); and
 - b. to invite the Chief Executive Officers of the National Council of Persons with Disabilities (NCPWD) and Kenya Institute for Special Education (KISE) to a meeting of the Committee to deliberate on the provision pf the Autism Management Bill, 2025 (Senate Bills No.19 of 2025);

MIN/SEN/SCH/036/2026

ANY OTHER BUSINESS

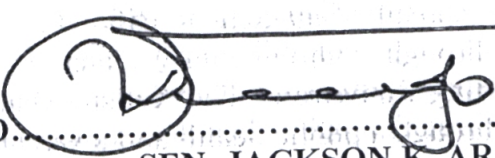
Members confirmed their attendance to the Committee activities scheduled for the weekend being oversight visit to Lamu County on Friday 13th and Saturday 14th March, 2026 and the working retreat on Monday 16th March, 2026 in Kiambu to consider the Assisted Reproductive Technologies Bill, 2022 (National Assemblies Bill No. 61 of 2022).

MIN/SEN/SCH/037/2026

ADJOURNMENT

There being no other business, the meeting ended at one o'clock. The next meeting shall be held on notice.

SIGNED.....



DATE.....

24/3/2026

SEN. JACKSON K. ARAP MANDAGO, EGH, MP
(CHAIRPERSON, COMMITTEE ON HEALTH)



13TH PARLIAMENT | 5TH SESSION

**MINUTES OF THE FIFTH (5TH) SITTING OF THE STANDING COMMITTEE
ON HEALTH HELD ON THURSDAY, 5TH MARCH, 2026 AT 11.00 AM AT
COMMITTEE ROOM 6, BUNGE TOWER, PARLIAMENT BUILDINGS**

MEMBERS PRESENT

- | | |
|--|--------------------|
| 1. Sen. Mariam Sheikh Omar, MP | - Vice-Chairperson |
| 2. Sen. Justice (Rtd) Stewart Madzayo, EGH, MP | - Member |
| 3. Sen. Richard Onyonka, MP | - Member |
| 4. Sen. Hamida Kibwana, MP | - Member |

ABSENT WITH APOLOGY

- | | |
|--|---------------|
| 1. Sen. Jackson K. Arap Mandago, EGH, MP | - Chairperson |
| 2. Sen. Ledama Olekina, CBS, MP | - Member |
| 3. Sen. Tabitha Mutinda, CBS, MP | - Member |
| 4. Sen. Joseph Githuku Kamau, MP | - Member |
| 5. Sen. Vincent Kiprono Chemitei, MP | - Member |

SENATE SECRETARIAT

- | | |
|-------------------------|---------------------------|
| 1. Mr. Humphrey Ringera | - Senior Research Officer |
| 2. Mr. Amos Kiangwe | - Senior Clerk Assistant |
| 3. Mr. David Ngamate | - Clerk Assistant |
| 4. Mr. Gilbert Juma | - Legal Counsel |
| 5. Ms. Lilian Onyari | - Fiscal Analyst |
| 6. Mr. David Munene | - Research Officer |
| 7. Mr. Joseph Otieno | - Audio Recording Officer |
| 8. Mr. Jack Lemeteki | - Media Officer |

MIN/SEN/SCH/025/2026

PRELIMINARIES

The meeting was called to order at twenty-five minutes past eleven o'clock and the proceedings commenced with a word of prayer followed by brief introduction of those present.

MIN/SEN/SCH/026/2026

ADOPTION OF THE AGENDA

The agenda of the meeting was adopted as listed below upon being proposed by Sen. Richard Onyonka, MP and seconded by Sen. Justice (Rtd) Stewart Madzayo, EGH, MP.

1. Preliminaries;
2. Adoption of the Agenda;
3. Confirmation of the previous Minutes;
4. Matters arising
5. Consideration of the Autism Management Bill, 2025 (Senate Bills No.19 of 2025) (*Committee Paper No.165*);
6. Any other Business; and
7. Adjournment/Date of the Next Meeting

MIN/SEN/SCH/027/2026

CONFIRMATION OF THE MINUTES

Confirmation of Minutes was pended to the next Committee Meeting.

MIN/SEN/SCH/028/2026

**CONSIDERATION OF THE AUTISM
MANAGEMENT BILL, 2025 (SENATE BILLS
NO.19 OF 2025) (COMMITTEE PAPER NO. 165)**

1. The Secretariat presented the Autism Management Bill, 2025 (Senate Bills No.19 of 2025) as contained in *Committee Paper No. 165* for consideration.
2. The Committee was informed that the Autism Management Bill (Senate Bills No. 19 of 2025) was read a First Time in the Senate on Wednesday, 26th November, 2025, and thereafter stood committed to the Committee on Health for consideration.
3. The Committee was informed that in accordance with the provisions of Article, 118 of the Constitution and standing order 145 (5) of the Senate Standing Orders, the Committee invited interested members of the public to submit any representations that they may have on the Autism Management Bill (Senate Bills No. 19 of 2025) by way of written memoranda. The memoranda were to be received on or before Monday, 22nd December, 2025 at 5:00 p.m.
4. The Committee was further informed that by close of the public participation period a total of sixty-six (66) submissions had been received on the Bill. These submissions into a matrix for the Committee's consideration.
5. The Committee observed that the principal object of the Autism Management Bill, 2025, is to provide for an integrated and coordinated approach to the management of autism in Kenya. The Bill seeks to establish a comprehensive legal framework for early screening, diagnosis, management and support of persons with autism spectrum disorder (ASD), while promoting public awareness, research, and the allocation of adequate resources towards autism programs.

6. The Committee observed that according to WHO Autism spectrum disorders (ASD) also referred to as Autism refers to a diverse group of conditions. They are characterized by some degree of difficulty with social interaction and communication. Other characteristics are atypical patterns of activities and behaviours, such as difficulty with transition from one activity to another, a focus on details and unusual reactions to sensations. The abilities and needs of autistic people vary and can evolve over time. While some people with autism can live independently, others have severe disabilities and require life-long care and support.
7. The Committee further observed that autism often has an impact on education and employment opportunities. In addition, the demands on families providing care and support can be significant. Societal attitudes and the level of support provided by local and national authorities are important factors determining the quality of life of people with autism.
8. The Committee observed that according to the National Council for Persons with Disability Analytical Monograph on Autism (2024), approximately 75 million people worldwide have autism spectrum disorder, representing 1% of the global population. The WHO estimates that one out of 59 children are born with autism and related developmental disabilities, making this a significant public health concern that requires dedicated legislative attention.
9. The Committee further observed that according to a report done by the Autism Society of Kenya in the year 2007, about one in every 25 children suffer from Autism. This accounts for about 4% of the general population in Kenya. However, since there is no central data collection Centre for autism cases in Kenya, the statistics may not quite accurate and therefore affecting the policy and budgetary issues towards autism.
10. The Committee observed that the challenges surrounding management of Autism in Kenya include late diagnoses, a shortage of trained professionals, limited access to specialized education and therapeutic services, and inadequate data on autism prevalence. There is no comprehensive legal framework specifically addressing the needs of persons with autism, resulting in poor service delivery and insufficient coordination between national and county governments.
11. The Committee observed that currently, persons with autism are covered under the general provisions of the Persons Living with Disability Act, 2025 (Act No. 4 of 2025), which provides for the rights and protection of persons living with disabilities. However, this legislation does not provide specific provisions for the unique diagnostic, management and support needs of persons with autism spectrum disorder. The lack of autism-specific legislation has resulted in inadequate specialized services, poor diagnosis, and insufficient training for medical practitioners and caregivers dealing with autism.

12. Upon deliberations, the Committee observed that there is need to carry out benchmarking visits both locally and internationally to acquaint itself with how different institutions, other parliaments and governments have structured similar frameworks in practice, including how they design autism strategies, regulate diagnostic centres, set staffing norms, integrate autism in teacher training and health curricula and run national databases.

MIN/SEN/SCH/029/2026

ANY OTHER BUSINESS

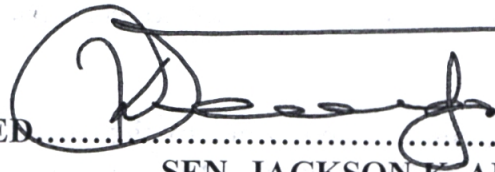
Committee resolved to fast-track consideration of the pending legislative business especially that which is subject to timelines provided under the Standing Orders such as the two (2) Bills which are already listed in the Order Paper for Second Reading.

MIN/SEN/SCH/030/2026

ADJOURNMENT

There being no other business, the meeting ended at one o'clock. The next meeting shall be held on notice.

SIGNED.....



DATE.....

19/3/2026

SEN. JACKSON K. ARAP MANDAGO, EGH, MP
CHAIRPERSON, STANDING COMMITTEE ON HEALTH

Annex 2:

The Autism Management Bill, 2025
(Senate Bills No.19 of 2025)

SPECIAL ISSUE

Kenya Gazette Supplement No. 163 (Senate Bills No. 19)



REPUBLIC OF KENYA

KENYA GAZETTE SUPPLEMENT

SENATE BILLS, 2025

NAIROBI, 26th September, 2025

CONTENT

Bill for Introduction into the Senate —

PAGE

The Autism Management Bill, 2025 257

THE AUTISM MANAGEMENT BILL, 2025
ARRANGEMENT OF CLAUSES

Clause

- 1–Short title.
- 2–Interpretation.
- 3–Objects of the Act.
- 4–Responsibilities of the National Government.
- 5–Responsibilities of the county governments.
- 6–Establishment of autism units.
- 7–Education and information.
- 8–Teacher training and syllabus.
- 9–Provisions of the Persons Living with Disability Act.
- 10–Regulations

THE AUTISM MANAGEMENT BILL, 2025**A Bill for****AN ACT of Parliament to provide for an integrated and coordinated approach on the management of autism; and for connected purposes****ENACTED** by the Parliament of Kenya, as follows —

1. This Act may be cited as the Autism Management Act, 2025.

Short title.

2. In this Act-

Interpretation.

“Autism” means the Autism Spectrum Disorder (ASD);

“ Cabinet Secretary” means the Cabinet Secretary responsible for matters relating to health;

“medical practitioner” means a person duly registered under the Medical Practitioners and Dentists Act as a medical practitioner; and

Cap 253.

“executive committee member” means the county executive committee member responsible for matters relating to health.

3. The objects of the Act are to—

Objects of the Act.

- (a) provide a framework for integrated approach towards the early screening, diagnosis, management and support of persons with autism;
- (b) promote access to quality and affordable diagnostic and management services for persons with autism;
- (c) to provide for the development of a national information management system for autism;
- (d) provide for continuous training for medical practitioners and caregivers in relation to autism;
- (e) promote public awareness about the causes, management and means of prevention of autism and to ensure access to information relating to autism in accordance with the provisions of the Access to Information Act ;

- (f) provide for the support of persons with autism and care givers of persons with autism;
- (g) ensure allocations of adequate resources to programmes geared towards the diagnostic, management and support of persons with autism; and
- (h) promote research and dissemination of information on the causes, diagnostic and management of autism.

Cap 7M

4. (1) For the realisation of the objectives set out under section 3, the National Government shall —

Responsibilities
of the National
Government.

- (a) develop, establish, co-ordinate and monitor the implementation of national standards and policies relating to autism;
- (b) formulate and monitor a National Autism Strategy that aligns with international best practices;
- (c) establish National Diagnostic Centers in all existing referral hospitals in order to ensure early detection and management of autism;
- (d) undertake capacity building for various stakeholders including continuous training of medical practitioners and care givers;
- (e) promote public awareness by undertaking continuous public education and sensitisation campaigns to eradicate stigma, promote understanding of autism, and foster a more inclusive society;
- (f) promote research and innovation and establish linkages with international research agencies for the adoption of best practices on autism detection, management and support;
- (g) develop a framework to increase accessibility of affordable medical services for persons with autism;
- (h) in collaboration with the county governments and other non-state actors, develop a national data base to ensure that accurate figures of persons with autism are obtained in the country for purposes of planning;

- (i) provide technical assistance and capacity building to county governments; and
- (j) ensure that education and information dissemination on the prevention, treatment and management of autism and the care of persons with autism shall form part of health care services by healthcare providers.

(2) The Cabinet Secretary shall set aside specific allocation from the national health budget to support autism activities including early screening programs, diagnostic infrastructure, training of professionals and caregivers, and public awareness campaigns.

5. (1) For the realisation of the objectives set out under section 3, the county governments shall—

Responsibilities
of the county
governments.

- (a) implement the national standards and policies relating to autism;
- (b) formulate and monitor a county autism strategy that aligns with the national strategy;
- (c) establish County Diagnostic Centers in all existing county level 4 and 5 hospitals in order to ensure early detection and management of autism;
- (d) establish community-level caregiver support groups;
- (e) establish a county database to ensure that accurate figures of persons with autism are obtained in the county for purposes of planning and share the information with the national government for purposes of updating the national data base;
- (f) put in place measures for accessibility of affordable medical services for persons with autism within the county hospitals.

(2) The county executive committee member shall set aside specific allocation from the county health budget to support autism activities including early screening programs, diagnostic infrastructure, training of professionals and caregivers, and public awareness campaigns.

6. (1) The Cabinet secretary and each county executive committee member shall—

Establishment of
Autism units.

- (a) establish an autism unit within the ministry of health or the relevant county department mandated to deal with matters relating to public health; and
 - (b) ensure a diagnostic centre is staffed with trained professionals and appropriate diagnostic tools.
- (2) An autism unit shall be responsible for—
- (a) collection and collating data on autism prevalence at the national and county level respectively;
 - (b) establishing and updating the national and county database respectively.
 - (c) Co-ordinating all the autism programs in the area of operation including training and public awareness campaigns; and
 - (d) perform all such other things or acts as directed by the Cabinet secretary or the county executive committee member.
- (3) The county autism units shall periodically share data with the national government for purposes of updating the national database.

7. The national government and county governments, in collaboration with stakeholders shall through the autism units—

Education and information.

(1) promote public awareness about the causes, means of prevention, treatment and management of autism through a comprehensive nation-wide education and information campaign.

(2) conduct education and information campaigns in schools, institutions of learning and in all communities throughout Kenya.

(3) provide training, sensitization and awareness programmes on the prevention, treatment and management of autism to—

- (a) medical practitioners;
- (b) community and social workers;
- (c) educators; and
- (d) other stakeholders involved in the dissemination of information to the public on autism prevention, treatment and management.

(4) ensure the involvement and participation of individuals and groups affected by autism in the education and information programs.

(5) Ensure that the information provided under this section covers issues such as support and attitudes towards affected persons and psychological support for care givers.

8. (1) The Kenya Institute of Curriculum Development shall —

Teacher training and syllabus.

Cap 211A

(a) ensure that autism awareness is integrated in both pre-service and in-service training.

(b) develop a training curriculum to be integrated into syllabuses on the management of autism in order to ensure the care of persons with autism is taught at all levels of education.

9. In addition to the provisions of this Act, persons with autism shall enjoy all the rights, protection and privileges as provided for under the Persons Living with Disability Act, 2025 and other relevant laws.

Provisions of the Persons Living with Disability Act.

10. The Cabinet Secretary may, in consultation with the Council of Governors, make regulations for the better carrying out of the provisions of this Act.

Regulations.

MEMORANDUM OF OBJECTS AND REASONS

Statement of the Objects and Reasons for the Bill

The principle object of the Bill is to provide for the diagnostic, management and support of persons with autism. The Bill is anchored in Article 43(1)(a), of the Constitution which guarantees every individual the right to the highest attainable standard of health.

According to the Analytical Monograph on Autism conducted by the National Council for Persons with Disability (NCPWD)(2024), it is estimated that nearly 75 million people have autism spectrum disorder, which represents 1% of the world's population. The World Health Organization (WHO) estimates that one out of 59 children are born with Autism and related Developmental Disabilities with Kenya having an estimated 402.57 per 100, 000 persons with autism. Despite these numbers, autism awareness, diagnosis, and support systems remain limited in Kenya, with challenges such as late diagnoses, a shortage of trained professionals, and limited access to specialized education. On May 30, 2014 the WHO passed the first ever global Autism Resolution dubbed the "Comprehensive and Co-ordinated Efforts for the Management of Autism Spectrum Disorder." The resolution was cosponsored by 50 states and received the support of all of the 194 member countries at the annual assembly of the WHO. Kenya therefore adopted this important instrument.

To support the early detection component, the Bill provides for the establishment of regional autism diagnostic centers within existing public hospitals. These centers will be staffed with trained professionals and outfitted with appropriate diagnostic tools. the Bill also mandates the National government and the county government to establish autism units which will be responsible for co-ordinating autism activities and collecting and maintaining data, which will aid in national policy development and service planning.

In recognising the importance of capacity building, the Bill mandates training programs for key stakeholders. Medical practitioners will receive specialised training on autism recognition and management. Teachers and education officers will be equipped with autism-inclusive teaching strategies, and autism awareness will be integrated into both pre-service and in-service teacher training. Caregivers, including parents and guardians, will also receive training and psychosocial support, while county governments will be responsible for establishing community-level caregiver support groups.

The Bill mandates the National Government and county governments through the autism Units to oversee implementation and co-ordination

efforts. The National Government will develop national policies, set implementation standards, co-ordinate among government and non-government stakeholders, and promote research and innovation on autism. The County government will implement the policies within counties.

In addition to direct support measures, the Bill addresses the importance of public awareness. It mandates that both national and county governments undertake continuous public education and sensitization campaigns to combat stigma, promote understanding of autism, and foster a more inclusive society.

To finance its objectives, the Bill obligates the National and the county governments to ensure allocations of adequate resources to programmes geared towards the diagnostic, management and support of persons with autism.;

Finally, the Bill empowers the Cabinet Secretary responsible for matters related to health to make regulations to operationalise the provisions of the Act.

Statement on the delegation of legislative powers and limitation of fundamental rights and freedoms

The Bill propose to delegate legislative powers to the Cabinet Secretary in charge of matters related to health to develop regulations for the better carrying out of the provisions of the proposed law. The Bill does not limit fundamental rights and freedoms.

Statement of how the Bill concerns county governments

Under paragraph 2 of Part 2 of the Fourth Schedule to the Constitution, county health services including promotion of primary health care are devolved functions. The Bill provides for the management and support of persons living with autism.

Statement that the Bill is not a money Bill within the meaning of Article 114 of the Constitution

This Bill is not a money Bill within the meaning of Article 114 of the Constitution.

Dated the 12th February, 2025.

KAREN NYAMU,
Senator.

Annex 3:

The Bill Digest

PARLIAMENT OF KENYA
THE SENATE
SENATE BILLS DIGEST
THE AUTISM MANAGEMENT BILL, 2025
(SENATE BILLS NO. 19 OF 2025)

Sponsor: Senator Karen Nyamu, M.P
Date of Publication: 26th September, 2025
Date of First Reading: 26th November, 2025
Committee referred to: Standing Committee on Health
Type of Bill: Ordinary Bill

1. PURPOSE OF THE BILL

The principal object of the Autism Management Bill, 2025, is to provide for an integrated and coordinated approach to the management of autism in Kenya. The Bill seeks to establish a comprehensive legal framework for early screening, diagnosis, management and support of persons with autism spectrum disorder (ASD), while promoting public awareness, research, and the allocation of adequate resources towards autism programs.

2. BACKGROUND OF THE BILL

What is Autism?

According to WHO Autism spectrum disorders (ASD) also referred to as Autism refers to a diverse group of conditions. They are characterized by some degree of difficulty with social interaction and communication. Other characteristics are atypical patterns of activities and behaviours, such as difficulty with transition from one activity to another, a focus on details and unusual reactions to sensations. The abilities and needs of autistic people vary and can evolve over time. While some people with autism can live independently, others have severe disabilities and require life-long care and support. Autism often has an impact on education and employment opportunities. In addition, the demands on families providing care and support can be significant. Societal attitudes and the level of support provided by local and national authorities are important factors determining the quality of life of people with autism.

What problem is sought to be addressed by the Bill?

According to the National Council for Persons with Disability Analytical Monograph on Autism (2024), approximately 75 million people worldwide have autism spectrum disorder, representing 1% of the global population. The WHO estimates that one out of 59 children are born with autism and related developmental disabilities, making this a significant public health concern that requires dedicated legislative attention. According to a report done by the Autism Society of Kenya in the year 2007, about one in every 25 children suffer from Autism. This accounts for about 4% of the general population in Kenya. Since there is no central data collection Centre for autism cases in Kenya however, the statistics are not quite accurate and therefore affecting the policy and budgetary issues towards autism in Kenya. The challenges surrounding management of Autism in Kenya include late diagnoses, a shortage of trained professionals, limited access to specialized education and therapeutic services, and inadequate data on autism prevalence. There is no comprehensive legal framework specifically addressing the needs of persons with autism, resulting in poor service delivery and insufficient coordination between national and county governments.

What does the law currently provide?

Currently, persons with autism are covered under the general provisions of the Persons Living with Disability Act, 2025 (Act No. 4 of 2025), which provides for the rights and protection of persons living with disabilities. However, this legislation does not provide specific provisions for the unique diagnostic, management and support needs of persons with autism spectrum disorder. The lack of autism-specific legislation has resulted in inadequate specialized services, poor diagnosis, and insufficient training for medical practitioners and caregivers dealing with autism.

Why the Bill

Kenya adopted the World Health Organization's 2014 global Autism Resolution titled "Comprehensive and Co-ordinated Efforts for the Management of Autism Spectrum Disorder," which was co-sponsored by 50 states and supported by all 194 WHO member countries. To give effect to this international commitment and address the gaps in domestic legislation, this Bill seeks to establish a comprehensive legal framework specifically for autism management.

The Bill is anchored in Article 43(1)(a) of the Constitution which guarantees every individual the right to the highest attainable standard of health.

3. OVERVIEW OF THE BILL

What does the Bill regulate?

The Bill provides for the comprehensive management of autism (ASD) in Kenya, covering early screening, diagnosis, treatment, support services, data collection, training, public awareness, and resource allocation at both national and county levels.

Responsibilities of the National Government

Clause 4 of the Bill mandates the National Government to –

- (a) develop, establish, coordinate and monitor the implementation of national standards and policies relating to autism;
- (b) formulate and monitor a National Autism Strategy that aligns with international best practices;
- (c) establish National Diagnostic Centers in all existing referral hospitals to ensure early detection and management of autism;
- (d) undertake capacity building through continuous training of medical practitioners and caregivers;
- (e) promote public awareness by undertaking continuous public education and sensitization campaigns to eradicate stigma and foster inclusivity;
- (f) promote research and innovation and establish linkages with international research agencies;
- (g) develop a framework to increase accessibility of affordable medical services for persons with autism;
- (h) in collaboration with county governments and non-state actors, develop a national database of persons with autism for planning purposes;
- (i) provide technical assistance and capacity building to county governments; and
- (j) ensure that education and information on autism prevention, treatment and management forms part of healthcare services.

The Bill further requires the Cabinet Secretary to set aside specific allocations from the national health budget to support autism prevention activities including early screening programs, diagnostic infrastructure, training, and public awareness campaigns.

Responsibilities of County Governments

Clause 5 of the Bill mandates county governments to –

- (a) implement national standards and policies relating to autism;
- (b) formulate and monitor a county autism strategy aligned with the national strategy;

- (c) establish County Diagnostic Centers in all existing county level 4 and 5 hospitals for early detection and management of autism;
- (d) establish community-level caregiver support groups;
- (e) establish a county database of persons with autism and share this information with the national government; and
- (f) put in place measures for accessibility of affordable medical services for persons with autism within county hospitals.

County governments are required to set aside specific allocations from county health budgets to support autism prevention and management activities.

Establishment of Autism Units

Clause 6 of the Bill mandates both the Cabinet Secretary and each county executive committee member to —

- (a) establish an autism unit within the ministry of health or the relevant county department dealing with public health matters; and
- (b) ensure diagnostic centers are staffed with trained professionals and appropriate diagnostic tools.

Autism units shall be responsible for —

- (a) collecting and collating data on autism prevalence at national and county levels;
- (b) establishing and updating national and county databases;
- (c) coordinating all autism programs including training and public awareness campaigns; and
- (d) performing other duties as directed by the Cabinet Secretary or county executive committee member.

County autism units are required to periodically share data with the National Government for updating the national database.

Education and public sensitization

The Bill requires the National Government and county governments, in collaboration with stakeholders, to —

- (a) promote public awareness about the causes, means of prevention, treatment and management of autism through comprehensive nationwide campaigns;
- (b) conduct education and information campaigns in schools, institutions of learning and communities throughout Kenya;

- (c) provide training, sensitization and awareness programs on autism to medical practitioners, community and social workers, educators, and other stakeholders;
- (d) ensure the involvement and participation of individuals and groups affected by autism in education and information programs; and
- (e) ensure that information provided covers support, attitudes towards affected persons, and psychological support for caregivers.

Teacher Training and Syllabus

Clause 8 of the Bill mandates the Kenya Institute of Curriculum Development to –

- (a) ensure that autism awareness is integrated in both pre-service and in-service teacher training; and
- (b) develop a training curriculum to be integrated into syllabuses on the management of autism to ensure care of persons with autism is taught at all levels of education.

Complementarity with Existing Disability Legislation

The Bill provides that in addition to its specific provisions, persons with autism shall enjoy all the rights, protection and privileges provided for under the Persons Living with Disability Act, 2025, and other relevant laws

Regulations

The Bill empowers the Cabinet Secretary, in consultation with the Council of Governors, to make regulations for the better carrying out of the provisions of the Act.

4. CONSEQUENCES OF THE BILL

The Bill, once enacted, will establish a comprehensive legal and institutional framework for the management of autism in Kenya. It will ensure early detection and diagnosis of autism through the establishment of diagnostic centers at national and county levels. The Bill will facilitate access to affordable and quality diagnostic and management services for persons with autism, while ensuring adequate training for medical practitioners, teachers, and caregivers.

The Bill will promote public awareness and reduce stigma associated with autism, fostering a more inclusive society. It will establish robust data collection systems to inform policy development and planning. The Bill will also ensure dedicated budgetary allocations for autism programs at both national and county levels, guaranteeing sustainable support for persons with autism and their caregivers.

By aligning Kenya with international best practices and the WHO's global autism resolution, the Bill will position the country as a leader in autism management in the region while fulfilling constitutional obligations under Article 43(1)(a) regarding the right to health.

5. WAY FORWARD

What next?

The Bill was Read a First Time in the Senate on 26th November, 2025. Pursuant to standing order 145 of the Senate Standing Orders, the Senate Standing Committee on Health shall facilitate public participation and shall take into account the views and recommendations of the public when the committee submits its report to the Senate.

What is expected of members of the public

Members of the public are expected to present their views to the Senate Standing Committee on Health for consideration.

Note:

1. This Digest reflects the Bill as passed by the National Assembly and does not cover any subsequent amendments to the Bill made thereafter.
2. The Digest does not have any official legal status.

Annex 4:

Advertisement as published in the
Media

National News

No justice Petitioners said victims' cases were mysteriously dropped or settled without their involvement

Report exposes UK soldiers shocking conduct in Kenya

Inquiry revealed disturbing accounts of rape, sexual assault and violent behaviour

BY SAMWEL OWINO

A parliamentary inquiry has uncovered shocking allegations of sexual abuse, human rights violations and ical behaviour by British soldiers training in Kenya.

The report details multiple instances of misconduct, environmental negligence and disregard for Kenyan law by personnel from British Army Training Unit in Kenya (Batuk).

The investigation was conducted by the National Assembly's Defence, Intelligence and Foreign Relations Committee in response to petitions and complaints from Kenyans, particularly commu-

nities in Laikipia and Samburu counties near training grounds.

The inquiry revealed disturbing accounts of rape, sexual assault and violent behaviour by soldiers, as well as maiming and deaths due to negligent handling of military explosives.

The United Kingdom (UK) High Commission responded with a statement expressing regret that its submission was not incorporated into the report's conclusions, affirming its readiness to investigate allegations under its jurisdiction.

"Where new allegations have come to light in the Committee's report, we stand ready to investigate those under our jurisdiction fully once evidence is provided," reads the statement.

It added: "The UK highly values its defence relationship with Kenya, which delivers a broad programme of cooperation in training, education and capability development to counter shared security threats together."

According to the committee, Batuk submitted unsigned documents through the Ministry of Diaspora Affairs on October 22.

In one case, Robert Swara Seuri, an employee at the Ole-Naishu Range, is reported to have died after unknowingly carrying home an unexploded ordnance from a Batuk range. A child, Lisoka Le-sasuyan, lost both arms and an eye

after encountering another unexploded ordnance.

The report also details public indecency by soldiers, including exposing themselves.

"Witnesses described frequent altercations involving Batuk soldiers in bars, social venues and town centres often involving intoxication, disorderly conduct and in some cases violent or sexually aggressive behaviour. It was submitted that some soldiers were implicated in sexual assaults and physical confrontations occurring in entertainment establishments," reads the report.

Witnesses reported multiple incidents of sexual misconduct, with many victims' cases mysteriously dropped or settled without their involvement.

"Community witnesses reported multiple incidents of rape and sexual assault perpetrated by Batuk soldiers, many involving young local women," reads the report.

It adds: "Many submissions re-



British Army soldiers during training in Lolldaiga, Laikipia County, on November 14, 2022. FILE INATION

vealed that Batuk has on diverse occasions failed to comply with court orders on compensation arising from accidents and environmental degradation linked to its activities."

Despite these allegations, the committee found no evidence of Batuk members being prosecuted in Kenya for serious crimes committed on Kenyan soil. Alleged offenders are often repatriated or internally disciplined by the UK military, creating what witnesses described as a "culture of impunity". Residents also reported respiratory issues, miscarriages, and live-

stock deaths due to toxic fumes and leftover military waste.

The committee has recommended that the Ministry of Defence, in consultation with the Attorney-General, should amend the Kenya Defence Forces Act to include a visiting forces code of conduct, zero-tolerance provisions for gender-based violence, environmental obligations, and civilian oversight mechanisms.

They also want the ministry to negotiate with the UK government on mechanisms to hold Batuk soldiers accountable for child support obligations.

Where new allegations have come to light in the Committee's report, we stand ready to investigate those under our jurisdiction

UK High Commission



REPUBLIC OF KENYA



THIRTEENTH PARLIAMENT | FOURTH SESSION

THE SENATE

INVITATION FOR SUBMISSION OF MEMORANDA THE AUTISM MANAGEMENT BILL, 2025 [SENATE BILLS NO. 19 OF 2025]

The Autism Management Bill, 2025 [Senate Bills No. 19 of 2025] was read a First Time in the Senate on Wednesday, 26th November, 2025 and committed to the Standing Committee on Health for consideration.

The Committee is required, under standing order 145(5) of the Senate Standing Orders, to facilitate public participation on the Bill and to take into account the views and recommendations of the public when the Committee makes its report to the Senate.

The Bill seeks to provide for an integrated and coordinated approach to the management of autism in Kenya. The Bill further seeks to establish a comprehensive legal framework for early screening, diagnosis, management and support of persons with autism, while promoting public awareness and allocation of adequate resources towards autism programmes.

In accordance with the provisions of Article 118 (1) (b) of the Constitution and standing order 145(5) of the Senate Standing Orders, the Standing Committee on Health now invites interested members of the public to submit any representations that they may have on the Bill by way of written memoranda.

The memoranda may be submitted to the Clerk of the Senate, P.O. Box 41842-00100, Nairobi, hand-delivered to the Office of the Clerk of the Senate, Main Parliament Buildings, Nairobi or emailed to: clerk.senate@parliament.go.ke and copied to: healthcommittee.senate@parliament.go.ke, to be received on or before **Monday, 22nd December, 2025 at 5.00 p.m.**

The Bill and a digest that summarizes the contents and context of the Bill may be accessed on the Parliament website at: <http://www.parliament.go.ke/the-senate/house-business/bills>.

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



TENDER NOTICE

KCA University (KCAU), is a Premier Private University with campuses in Ruaraka (Main), Kitengela, Nairobi CBD, and Western Campus Kisumu, delivers tertiary education to over 25,000 learners. We invite bids from eligible candidates for the following tenders.

NO	TENDER DESCRIPTION	CLOSING/OPENING DATE AND TIME
1	KCAU/NCB/004/2025: Proposed Renovation Works to Tuition Complex, at KCA University Main Campus, Ruaraka, Nairobi County (Phase I)	16 th December, 2025 11.00 AM
2	KCAU/NCB/005/2025: Proposed Renovation Works to Tuition Complex, at KCA University Main Campus, Ruaraka, Nairobi County (Phase II)	16 th December, 2025 11.00 AM
3	KCAU/EOI/006/2025: Expression of Interest for Provision of Consultancy Services for the Development of a Master Plan for L.R. No. Kajiedo Kaputei North 1762 and L.R. No. 33987 Kanyakwar, Kisumu County for KCA University	16 th December, 2025 11.00 AM

Tender documents detailing the requirements of the above tenders may be obtained from the KCA University website <http://www.kcau.ac.ke/tenders>

HOW TO APPLY

Interested bidders are required to submit their tender documents in the designated tender box at the Supply Chain Management Office, Main Campus, Ruaraka. Ensure that the tender numbers are clearly marked, and addressed to:

The Vice Chancellor & CEO
KCA University,
P.O Box 56808 - 00200,
Nairobi, Kenya.

For inquiries, please contact us at: 0710 888 022 / 0734 888 022 / 020 8070406 or email us at supplychain@kcau.ac.ke

The tenders will be opened immediately thereafter in the presence of the those who have submitted bids or their representatives at the KCA University Library Boardroom at 11.00 a.m. local time.

KCA University reserves the right to accept or reject any bid in whole or in part at its discretion. Any canvassing or giving of false information will lead to automatic disqualification.



NATIONAL ENVIRONMENT MANAGEMENT AUTHORITY

P.O. Box 67839-00200, Nairobi, Kenya.
Tel: 0724253398, 0725019046, Email: info@nema.go.ke, Website: www.nema.go.ke

ENVIRONMENTAL IMPACT ASSESSMENT STUDY REPORT FOR THE PROPOSED RESIDENTIAL APARTMENTS DEVELOPMENT ON PLOT 1, R.N.O. NAIROBI BLOCK 38/42 ALONG PROF. WANGARI MAATHAI ROAD, NAIROBI COUNTY.

Pursuant to Section 59 of the Environmental Management and Coordination Act CAP 357, the National Environment Management Authority (NEMA) has received an Environmental Impact Assessment Study Report for the above proposed project.

The proponent, **Fugwangwela Investment Company Limited**, proposes to construct a 22 Storey (3No. basement, ground plus 22 floors) building block comprising a total of 440 apartments units (264No. one bedroom units and 176No. two bedroom units) 193 vehicle parking spaces, utility rooms, swimming pool, lobby/health centre, playground, underground water tanks/stores, associated facilities and amenities on plot 1, R.N.O. Nairobi Block 38/42 along Prof. Wangari Maathai Road, Nairobi County.

The following are the anticipated impacts and proposed mitigation measures:

Negative Impacts	Mitigation Measures
Noise and vibrations generation	- Apply for a License from NEMA whereby maximum permissible noise levels are to be exceeded - Prescribe appropriate noise reduction measures e.g. restricted working hours and transport hours and noise buffering. - Install portable barriers to shield compressors and other small stationary equipment where necessary and locate stationary noise sources as far from existing sensitive receptors as possible. - Use quiet equipment (i.e. equipment designed with noise control elements such as mufflers). - Ensure use of well serviced vehicles and equipment. - Limit trucks and other small equipment to minimize idling time and switch off idle engines whenever possible.
Air pollution (dust and exhaust emissions)	- Provide 2.4-meter-high hoarding along site boundary - Provide effective dust screen, sheltering or netting where a scaffolding is erected around the perimeter of the building under construction, from the ground floor level of the building up to the highest level of the scaffolding. - Water all active construction areas when necessary. - Cover all trucks hauling soil, sand and other loose materials or require all trucks to maintain at least two feet of freeboard. - Down wash of trucks tyres prior to departure from site - Vehicle idling time shall be minimized.
Waste generation	- Use of durable, long-lasting materials that will not need to be replaced as often, thereby reducing the amount of construction waste generated over time. - Provide facilities for proper handling and storage of construction materials to reduce the amount of waste caused by damage or exposure to the elements. - Use of building materials that have minimal packaging to avoid the generation of excessive packaging waste. - Use of construction materials containing recycled content when possible and in accordance with accepted standards. - Adequate collection and storage of waste on site and safe transportation to licensed disposal sites and disposal methods at designated area shall be provided.
Health and safety risks/hazards	- Enhance security by ensuring guards are posted around the project site and the strategic placement of security lights around the site. - A roster of all construction workers shall be kept. - Unattended public access to the construction site shall be restricted and only one entry/exit point shall be used. - Appropriate health and safety measures shall be implemented. - Warnings and signs should be placed in appropriate places. - Ensure safety education/training of the construction workers. - Appropriate Personal Protective Equipment shall be worn at all times by all within the construction site including visitors. - Install proper fire management equipment and emergency response systems/strategies.
Increased water demand	- Promote awareness on water conservation - Install water meters where applicable - Determine the monthly water consumption and its cost - Identify activities and areas that cause high consumption - Install water-saving devices in the appropriate places (flow regulators, water flow sensors, self-closing taps, low-flush toilets, etc.) - Regularly maintain plumbing fixtures and piping in order to avoid losses - Replace defective seals and repair damage to water pipes
Increased energy demand	- Identify and use areas/equipment/systems having minimum energy consumption; - Install energy efficient lighting in common areas such as staircases and driveways; - Use alternative energy e.g. solar power for water heating.
Traffic and obstruction along access road	- Ensure that the Entry/Exit to the project site is located where it will cause minimal traffic along adjacent roads - Ensure all construction vehicles to and from the construction site use the designated Entry/Exit to the project site - All transportation of construction raw materials and excavated materials are to be conducted at traffic off peak hours only - Sensitize truck drivers to avoid unnecessary road obstruction - Cover all trucks hauling soil, sand and other loose materials to avoid spillage and dust emissions that may interfere with smooth motoring. - Other mitigation measures are outlined within the report

A full report of the proposed project is available for inspection during working hours at:

1. Principal Secretary
State Department for Environment and Climate Change,
Ministry of Environment
Climate Change and Forestry,
NHIF Building, 12th Floor
Rugati Road, Upper Hill
P.O. Box 30129 - 00100,
Nairobi,
Nairobi County.

2. Director General
National Environment and
Management Authority (NEMA),
P.O. Box 67839-00200, NAIROBI.

A copy of the EIA report can be downloaded at www.nema.go.ke

NEMA invites members of the public to submit oral or written comments within thirty (30) days from the date of publication of this notice to the Director General, NEMA to assist the Authority in the decision making process for this project. Kindly quote ref. No. NEMA/ENVIS/SR/00305

Comments can also be e-mailed to info@nema.go.ke

DIRECTOR GENERAL

This advertisement is sponsored by the proponent.

REPUBLIC OF KENYA



THIRTEENTH PARLIAMENT | FOURTH SESSION

THE SENATE

INVITATION FOR SUBMISSION OF MEMORANDA THE AUTISM MANAGEMENT BILL, 2025 (SENATE BILLS NO. 19 OF 2025)

The Autism Management Bill, 2025 [Senate Bills No. 19 of 2025] was read a First Time in the Senate on Wednesday, 26th November, 2025 and committed to the Standing Committee on Health for consideration.

The Committee is required, under standing order 145(5) of the Senate Standing Orders, to facilitate public participation on the Bill and to take into account the views and recommendations of the public when the Committee makes its report to the Senate.

The Bill seeks to provide for an integrated and coordinated approach to the management of autism in Kenya. The Bill further seeks to establish a comprehensive legal framework for early screening, diagnosis, management and support of persons with autism, while promoting public awareness and allocation of adequate resources towards autism programmes.

In accordance with the provisions of Article 118 (1) (b) of the Constitution and standing order 145(5) of the Senate Standing Orders, the Standing Committee on Health now invites interested members of the public to submit any representations that they may have on the Bill by way of written memoranda.

The memoranda may be submitted to the Clerk of the Senate, P.O. Box 41842-00100, Nairobi, hand-delivered to the Office of the Clerk of the Senate, Main Parliament Buildings, Nairobi or emailed to: clerk.senate@parliament.go.ke and copied to: healthcommittee.senate@parliament.go.ke, to be received on or before **Monday, 22nd December, 2025 at 5.00 p.m.**

The Bill and a digest that summarizes the contents and context of the Bill may be accessed on the Parliament website at: <http://www.parliament.go.ke/the-senate/house-business/bills>.

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



THE SIGALAGALA NATIONAL
POLYTECHNIC
Skills to transform livelihoods



6TH GRADUATION CEREMONY

Sigalagala National Polytechnic is pleased to inform all graduands, students, staff, parents and the general public that the **6th graduation ceremony** will be held on **Friday, 5th December, 2025**. The venue is the graduation square, starting at **8:00am** at the **Main Campus**.

Graduation fee

All graduands will be required to pay a non-refundable graduation fee of ksh.3000 (three thousand only) payment made through:

1. ABSA bank kakamega branch A/C No: 0098043551
2. Equity bank kakamega branch A/C No: 0500277394606

Deadline for payment is **28th November, 2025**

Direct cash payments to the college will not be accepted. Students, parents, guardians are advised NOT to use any other mode of payment, such as direct cash to staff, money transfer to personal phone numbers/ accounts, paypal accounts or another platform. The college shall not be liable for any revenue lost through such modes of payment and the graduands shall bear full responsibility.

Graduation gown

Graduation gown shall be collected from the respective department offices from **Tuesday, 2nd to Wednesday, 3rd December, 2025** and returned by **Tuesday, 9th December, 2025**. A penalty of ksh 500 (five hundred) per day will be charged for late returns.

Graduation Book

Graduation book will be issued on rehearsal day which will be on **Thursday, 4th December, 2025**.

Rehearsals

Rehearsals will be held on **Thursday, 4th December, 2025 at 2:00 p.m.** at the TSNP graduation square (main campus). This is mandatory for all graduands

Photos and Videos of the Graduation

All persons attending the graduation ceremony will be deemed to have consented to have their photos/videos captured during the ceremony. These images may be used in college documents and various publicity platforms.

Enquiries

For more information on the graduation, training programmes, intakes and application procedure, please visit the college website at www.sigalagalapoly.ac.ke, email registrar@sigalagalapoly.ac.ke call us on 0725663322 or 0793600519

Chief Principal
The Sigalagala National Polytechnic

Buying or selling a car?



Advertise in **The Standard** and get real value!

I&M Building, Banda Street, Ground floor

classifiedads@standardmedia.co.ke

0719 012 555

@AdsCentre

Annex 5:

Matrix on Stakeholder Submissions



THE SENATE

MATRIX

THE AUTISM MANAGEMENT BILL, 2025

(SENATE BILLS NO. 19 OF 2025)

Stakeholders:

1. Beatrice Namunyak John - Masters Student (CUEA) Health Economics & Policy, Caregiver and Autism Advocate
2. Council of County Governors
3. Commission on Revenue Allocation
4. Daveson Ndirangu - Occupational Therapist, AVI Disability and Rehab
5. Calvince Omondi - Special Education Teacher and Practitioner
6. Kimberly Wanjiru Njau - Parent of child with autism
7. Neurodivergents Society of Kenya (NSK) and Andy Speaks 4 Special Needs Persons Africa
8. Michael Amara - County Occupational Therapist, Kisumu County, Kenya Occupational Therapy Association (KOTA) National Secretary
9. Melba Katindi - Advocate of the High Court of Kenya, Managing Partner Katindi & Company Advocates
10. Fed Oinga Oyagi - Adult with autism
11. Alfred Gicheru Mazerah - Concerned Kenyan with lived experience of neurodevelopmental disability
12. Dr. Ann Kioi - Healthcare Professional, Author and Mother of two autistic children
13. APHRC (African Population and Health Research Center) - Dr. Fridah Kiambati, Dr. Silas Onyango, Dr. Symon Kariuki, Alvin Kimani, Moses Ngware.
14. Coalition of Parents, Caregivers, Professionals, Disability Rights Advocates and Persons with Lived Experience on Neurodivergence – Convenor: Ivy Kihara (Human Rights Lawyer)
15. Hannah Rise Autistic – CommunityBased Organization (Violet Kangogo, Treasurer)
16. Christopher Mutunga and Anyes Nyaga - Parents of child with autism
17. Constanza Wairimu Muriuki - Parent/Caretaker of child with autism
18. Albert Wanjeri - Rights-Based Advocate

THE SENATE STANDING COMMITTEE ON HEALTH

19. Mercy Kemunto Kaunda, Claudius Chepkemoi, David Gichimu, Jared Obuya, Geoffrey Mugendi, Juliana Burungu - Occupational Therapists, KUTTRH
20. Pauline Wamukowa - Director, Mali Therapy Center for Kids with Autism
21. Dr. Sarah Cherere Obara - Clinical Nutritionist and Researcher
22. Margie N Koech - Occupational Therapist
23. Nyaga Alex Muthuma - Founder Grow Bright App
24. Sanaipei Ntimama - Co-Founder Kalel ABA Program, USIU-Africa, Mother of 8-year-old with ASD
25. Furaha Centre Meru/Furaha Szczescie International - Occupational Therapists and Caregivers, Compiled by Jadlyne Makena
26. Betty Jean Nyambura - Director St Albans Autism Centre
27. Samwel Maina Wangari - Parent of autistic child (Kiambu County)
28. Autism Helping Hands Foundation - Linet Atieno Ouma & Douglas Otieno
29. Inclusive Pathways Hub (IPH) - Jennifer Ondiek, Lead Consultant
30. Jonathan Cheruiyot Metet - Disability Inclusion Advocate, Technical University of Mombasa
31. Margaret Thongori
32. Oliver Ngeta
33. Milton Onyiro - Parent, Mombasa
34. Irene Kimani - Parent and caregiver of a child on the autism spectrum, Kajiado County
35. Kenya Occupational Therapists Association (KOTA)
36. Dominic Kipkirui - Occupational Therapist, Pwani Occupational and Hand Therapy Services
37. Noah Amolo - Father of an 11-year-old autistic son

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
Clause 1	Beatrice Namunyak John – Master’s Student (CUEA) Health Economics & Policy, Caregiver and Autism Advocate	The Bill should prioritize accessible, adequately staffed diagnostic and therapy centers nationwide, with clear timelines and targets, to ensure children can access early interventions during the critical window of the first five years of life when neuroplasticity is highest	Autism prevalence is on the rise, yet access to diagnosis and therapy remains severely limited in many counties. For instance, Machakos Level 5 Hospital has only one speech therapist. Research consistently shows that interventions are most effective during the first five years of life	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
	Daveson Ndirangu - Occupational Therapist, AVI Disability and Rehab	Integrate 3D printing for personalized sensory tools; Precision customization of toys with specific tactile densities for different sensory seeking patterns; anatomical scaling for custom-contoured pencil grips and eating utensils; local production in County Autism Units to replace expensive imported equipment; rapid adaptation as a child's sensory needs evolve.	Autism is a diverse spectrum and 'one-size-fits-all' therapeutic toys often fail. 3D printing offers revolutionary solution for customization and affordability. By producing these tools locally in County Autism Units, we can replace expensive imported equipment with low-cost alternatives	Agree
Clause 2	Calvince Omondi - Special Education Teacher and Practitioner	Expand section 2 of the bill to broaden the definition of autism to include: recognition of autism as a spectrum with varying support needs; explicit inclusion of co-occurring conditions (70% of autistic people have mental health conditions); definition of "appropriate support" and "reasonable accommodations"; use age-inclusive language covering lifespan needs and recognition of autism as neurodevelopmental rather than purely medical condition	The bill provides minimal definition of autism, referencing only "autism spectrum disorder (ASD)". Looking at legislative provisions in UK and US which have comprehensive legal frameworks for ASD, it is important to strengthen deeply the definition and scope of autism. This would help in avoiding clustering the condition as 1 but rather a band and their needs are varied. Co-morbidity is known to be complicating the interventions for special services and its inclusion would help in focusing the services better.	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
	Kimberly Wanjiru Njau - Parent of child with autism	Expand Clause 2 to define autism as a neurodevelopmental condition, not a disease or mental illness; recognize autism as a spectrum with varying support needs across the lifespan; include definitions for early intervention, reasonable accommodation, Individualised Education Plans (IEPs), learning support or shadow teachers, and behaviour support with appropriate safeguards.	This definition is insufficient in the Kenyan context, where autism is frequently misunderstood, mislabelled as mental illness, or attributed to poor parenting or superstition. A comprehensive definition is essential to establishing the correct legal and conceptual foundation	Agree
	Neurodivergents Society of Kenya (NSK) and Andy Speaks 4 Special Needs Persons Africa	Broaden definition to cover neurodevelopmental disability within the autism spectrum including common comorbid conditions. Include a rights-based definition aligned to UNCRPD Article 1. Add definitions for: supports, reasonable accommodation, independent living, education support, caregiver, multidisciplinary team, habilitation & rehabilitation	The current definition defines Autism strictly as ASD, ignoring comorbidities (ADHD, epilepsy, intellectual disability, learning disabilities). Does not align with the UNCRPD or the PWD Act definition of disability. Excludes recognition of neurodiversity and lived experience	Agree
	Michael Amara - County Occupational Therapist, Kisumu	Add definition: “occupational therapist” means a person who, having successfully undergone a prescribed course of training in a	Occupational therapists are integral component of multidisciplinary interventions in autism spectrum disorder	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
	County, KOTA National Secretary	training institution, is a holder of a certificate issued by that institution and is registered under this Act; (CAP 253H).		
	Melba Katindi - Advocate of the High Court of Kenya, Managing Partner Katindi & Company Advocates	Provide a clear, inclusive, and rights-based definition of autism: “Autism” means a lifelong neurodevelopmental condition characterised by differences in social communication, sensory processing, behaviour, and cognition, which may manifest across a broad spectrum of abilities and support needs, and which shall be recognised and addressed within a rights-based, person-centred and neurodiversity-affirming framework.	The current definition of autism is purely medical with no recognition of autism as a neurodevelopmental variation or rights-based perspective. The section must provide clear definitions to avoid medicalized framing	Agree
	Melba Katindi - Advocate of the High Court of Kenya, Managing Partner Katindi & Company Advocates	Define “Caregiver” as: a parent, legal guardian, family member, or any other person who provides ongoing, substantial support for the daily care, wellbeing, development, or inclusion of a person with autism, and includes persons providing emotional, social, educational, or practical	To formally recognize the essential role of caregivers in autism management and support	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
		support, whether on a permanent or temporary basis.		
	Melba Katindi - Advocate of the High Court of Kenya, Managing Partner Katindi & Company Advocates	Define “Inclusive Education” as: an education system, philosophy, and practice that ensures equal access, participation, and achievement for all learners, including learners with autism, through the provision of reasonable accommodation, individualized support, accessible learning environments, and appropriate teaching methodologies, within mainstream educational settings.	To ensure a comprehensive understanding of inclusive education that supports all autistic learners	Agree
	Fed Oinga Oyagi - Adult with autism	“Persons with autism” includes children, adolescents, and adults, whether diagnosed in childhood or adulthood.	The Bill does not explicitly recognise adults with autism, including individuals who were not diagnosed in childhood, were misdiagnosed or masked symptoms due to social, cultural, or economic factors, or are only discovering their neurodivergence later in life. This omission risks excluding adults from diagnostic services, support programs, data collection, and policy planning.	Agree
	Alfred Gicheru - Mazerah	Insert a new definition under Clause 2: “neurodevelopmental	This anchors the Act in internationally recognised diagnostic classification	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
	Concerned Kenyan with lived experience of neurodevelopmental disability	conditions” include Attention-Deficit/Hyperactivity Disorder (ADHD), specific learning disorders (including dyslexia and dyscalculia), developmental coordination disorder (dyspraxia), Tourette syndrome, and such other conditions as may be classified under ICD-11 or its successor.”	systems and avoids repeated legislative amendments as science evolves.	
	Alfred Gicheru - Mazerah - Concerned Kenyan with lived experience of neurodevelopmental disability	Proposes insertion of a new clause immediately after Clause 1 to read: “This Act shall be interpreted and applied in a manner consistent with the Constitution of Kenya and Kenya’s obligations under the United Nations Convention on the Rights of Persons with Disabilities, including the principles of dignity, non-discrimination, autonomy, equality of opportunity, accessibility, and full and effective participation in society.”	CRPD-compliant interpretation clauses are standard in modern disability legislation and ensure implementation respects rights, not charity or medical control.	Agree
Clause 3	Neurodivergents Society of Kenya (NSK) and Andy	Remove “prevention of autism” language entirely.	Current provisions are focused almost entirely on screening, diagnosis, and medical management. Include	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
	Speaks 4 Special Needs Persons Africa	Expand objectives to cover: inclusive education, habitation & rehabilitation services, community-based support, caregiver support, anti-discrimination protections, inclusive employment pathways, public accessibility and accommodations	“prevention of autism” language which is scientifically inaccurate and discriminatory. Ignores education, rehabilitation, social protection, employment, community inclusion, and independent living.	
	Dr. Ann Kioi - Healthcare Professional, Author and Mother of two autistic children	Expand Section 3 to expressly include long-term, multidisciplinary intervention and caregiver support as core objectives of the Act.	The section is broad but does not explicitly define autism management as a continuum of care extending beyond diagnosis. Autism management does not end at diagnosis. Families experience the greatest strain in the months and years that follow, when structured intervention and guidance are absent. Without continuity of care, early diagnosis alone does not translate into improved outcomes.	Agree
	Melba Katindi - Advocate of the High Court of Kenya, Managing Partner Katindi & Company Advocates	Reframe objects to adopt a rights-based, neurodiversity-affirming approach: “The objects of this Act are to promote the dignity, autonomy, and social inclusion of persons with autism; ensure access to coordinated screening, diagnostic,	To clarify that the purpose is not prevention of autism, but prevention of exclusion, neglect, and rights violations. Should explicitly include inclusive education, transition support, and adult services as core objectives	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
		therapeutic, educational, and support services; prevent exclusion and rights violations; and support caregivers, community participation, and lifelong inclusion”		
	Fed Oinga Oyagi - Adult with autism	Amend Clause 3(a) to read: “...provide a framework for integrated approach towards the early and late screening, diagnosis, management and support of persons with autism.”	While early screening is essential, repeated emphasis on early detection without corresponding provisions for late diagnosis creates a structural bias against adults. Autism is a lifelong neurodevelopmental condition, and diagnosis at any stage of life remains clinically valid and beneficial.	Agree
	Alfred Gicheru - Mazerah - Concerned Kenyan with lived experience of neurodevelopmental disability	Amend Clause 3(a) by inserting after “persons with autism” the words: “and to recognise and provide a policy pathway for addressing related neurodevelopmental conditions, including Attention-Deficit/Hyperactivity Disorder (ADHD), specific learning disorders (including dyslexia and dyscalculia), developmental coordination disorder (dyspraxia), and Tourette syndrome.”	International experience demonstrates that autism policy is most effective when situated within a broader neurodevelopmental and rights-based framework. Many Kenyans with other neurodevelopmental conditions face comparable challenges but currently lack recognition and structured support within law or policy. Kenya, as a State Party to the CRPD, has an obligation to ensure non-discrimination, reasonable accommodation, participation of persons with disabilities in decision-making, and access to inclusive services across the lifespan.	Reject

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
Clause 3(d)	APHRC (African Population and Health Research Center) - Dr. Fridah Kiambati, Dr. Silas Onyango, Dr. Symon Kariuki, Alvin Kimani, Moses Ngware	Revise the objective to include teachers and parents as additional groups to undergo continuous training in addition to medical practitioners and caregivers	Children and youth with autism spend most of their time either at home or in school, therefore a need to build capacity of teachers and parents in care and support services within these contexts. Evidence from APHRC study shows skills gaps and a need for trained teachers and empowered parents	Agree
	Michael Amara - County Occupational Therapist, Kisumu County, KOTA National Secretary	Amend to: “provide for continuous training for medical practitioners, Occupational Therapists and caregivers in relation to autism”	Occupational therapists play a critical role in autism management and should be included in training provisions	Agree
Clause 4	Dr. Ann Kioi - Healthcare Professional, Author and Mother of two autistic children	Insert a new subsection under Section 4 to mandate the Cabinet Secretary responsible for health to develop and gazette a Minimum Autism Service Package including: screening and diagnosis; multidisciplinary intervention services; caregiver training and psychosocial support; education support linkages	The section does not require the national government to define minimum service standards for autism care across the country. In the absence of national standards, services remain fragmented, inconsistent, and dependent on geography or income. Families are left to ‘figure things out’ on their own, often at great emotional and financial cost	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
	Coalition of Parents, Caregivers, Professionals, Disability Rights Advocates and Persons with Lived Experience on Neurodivergence - Convenor: Ivy Kihara (Human Rights Lawyer)	A multidisciplinary, representative national team be explicitly provided for in the Bill, comprising developmental pediatricians, neurologists, behavioural experts, speech and occupational therapists, educators, parents, self-advocates, disability rights advocates, and professionals with lived experience	To ensure inclusivity in governance and institutional design while formulating the National Autism Strategy	
	Coalition of Parents, Caregivers, Professionals, Disability Rights Advocates and Persons with Lived Experience on Neurodivergence - Convenor: Ivy Kihara (Human Rights Lawyer)	The formulation of the National Autism Strategy be led by professionals with experience in population health and international best practice, but who are grounded in Kenya's cultural, institutional, and resource realities	"Best practice" be clearly contextualised to ensure accessibility, affordability, and equity, rather than uncritical adoption of models from high-income settings	Agree
	Hannah Rise Autistic - Community-based Organization (Violet Kangogo, Treasurer)	Ensure access to affordable and appropriate medical services and therapies (e.g speech and occupational therapies in referral hospitals)	Speech therapy addresses challenges with language and communication. Occupational therapy is one of the most impactful therapies that uses day to day activities to help children on the autism spectrum	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
	Hannah Rise Autistic - Community-based Organization (Violet Kangogo, Treasurer)	Initiate a mandatory autism training for medical practitioners to improve their understanding of autistic children and persons, needs and challenges	This shall provide skills and knowledge necessary for humanized care, holistic support and effective communication	Agree
	Hannah Rise Autistic - Community-based Organization (Violet Kangogo, Treasurer)	Ensure children with autism have access to stage-based pathway curriculum tailored to their individual need (individualized educational plan)	Every child with autism is unique with their own strength, challenges and learning styles. An individualized education plan ensures that educational programming is tailored to meet the specific need of each student.	Agree
	Hannah Rise Autistic - Community-based Organization (Violet Kangogo, Treasurer)	Establish affordable autism learning units within the existing normal school, in every ward and equip the units with therapy rooms and resource centers, managed by qualified staff.	Inclusive education plays a vital role in the development and growth of autistic children. It promotes an environment where students with autism can learn alongside their peers in mainstream schools	Agree
	Hannah Rise Autistic - Community-based Organization (Violet Kangogo, Treasurer)	Provide psycho-social support to families of children and persons with autism	Parents focused intervention can significantly improve parents' mental well-being and their autistic children's behavioral/emotional problems	Agree
	Hannah Rise Autistic - Community-based Organization (Violet Kangogo, Treasurer)	Ensure persons with autism spectrum disorder get appropriate assessment and support in the Judicial system	Caregivers of autistic people often provide genuine explanations for behaviors linked to autism but these are dismissed as excuses by those who misunderstand autism	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
	Hannah Rise Autistic - Community-based Organization (Violet Kangogo, Treasurer)	Provide financial support to persons with autism spectrum disorder to cushion the extra challenges that come with autism	Persons with autism spectrum disorder and their families often have a variety of additional expense required to meet their unique needs	Agree
	Hannah Rise Autistic - Community-based Organization (Violet Kangogo, Treasurer)	Provide caregivers financial support to the families of children and persons with autism spectrum disorder	Parents and caregivers devote their lives to caring for these children. In most cases, these parents get too overwhelmed by the needs of these children and tend to forget their wellbeing.	Agree
	Hannah Rise Autistic - Community-based Organization (Violet Kangogo, Treasurer)	Enact a policy to protect how data of children and persons with autism spectrum disorder is shared and protected	Children and parents with autism spectrum disorders have been used as objects of charity by charitable organizations. The policy should aim to strengthen the protection under the data protection act.	Agree
	Melba Katindi - Advocate of the High Court of Kenya, Managing Partner Katindi & Company Advocates	Mandate development of national autism service standards (screening, therapy, education support). Require the Cabinet Secretary to publish a National Autism Strategy within 180 days of enactment. Allocate ring-fenced funding subject to annual reporting to Parliament.	Without enforceable national standards, there is a risk of fragmented services, inconsistent quality of care, and long delays. This leaves caregivers to bear the burden of navigating complex systems alone	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
	Fed Oinga Oyagi - Adult with autism	Ensure that national diagnostic centres provide autism screening and diagnostic services for adults, including late-diagnosed individuals.	The Bill mandates the establishment of diagnostic centres but does not define diagnostic protocols or minimum standards. This creates a risk of inconsistent diagnoses across counties and dismissal of adult cases due to lack of clinician training or standardisation.	Agree a
	Alfred Gicheru - Mazera - Concerned Kenyan with lived experience of neurodevelopmental disability	Substitute Clause 4(1)(b) with: “formulate and monitor a National Autism Strategy and a complementary National Neurodevelopmental Conditions Strategy addressing autism, Attention-Deficit/Hyperactivity Disorder (ADHD), specific learning disorders (including dyslexia and dyscalculia), developmental coordination disorder (dyspraxia), and Tourette syndrome, in alignment with international best practices;”	International practice (CRPD, WHO) encourages integrated strategies to avoid fragmentation of services and ensure equity across neurodevelopmental populations.	Agree
	Alfred Gicheru - Mazera - Concerned Kenyan with lived experience of neurodevelopmental disability	Insert a new sub-clause under Clause 4 and Clause 5: “The Cabinet Secretary and County Executive Committee Member shall table an annual report before Parliament or the County Assembly respectively	International best practice requires monitoring, evaluation, and reporting to ensure accountability and effective use of public funds.	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
		detailing allocations, expenditures, and outcomes under this Act.”		
Clause 4(1)(j)	Christopher Mutunga and Anyes Nyaga - Parents of child with autism	Replace “prevention, treatment and management” with “detection and management”. Proposed wording: ensures that education and information dissemination on the detection and management of autism and the care of persons with autism shall form part of health care services by healthcare providers.	The section assumes that autism is a disease that can be prevented and treated which is not true since no one can predict whether the child will be born with ASD	Reject
Clause 4(2)	Constanza Wairimu Muriuki - Parent/Caretaker of child with autism	Deploy occupational therapists and caretakers in Public learning institutions to lift the burden of occupational therapy charges which is part of the learning process. Deploy caretakers who help the learners with activities of daily living (ADLs) while at school. Cabinet Secretary Ministry of Education should be actively involved in budget allocation for upgrading and maintenance of Autism units in Public Schools and to ensure special needs teachers are well placed.	According to the Persons with Disabilities Act 2025 Part III Section 20(6) Children with disabilities shall not be excluded from free and compulsory early childhood, primary or secondary education. There are parents that are so burdened financially such that they are not able to take their children to school	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
Clause 4(d)	Michael Amara - County Occupational Therapist, Kisumu County, KOTA National Secretary	In responsibilities of national government include “undertake capacity building for various stakeholders including continuous training of medical practitioners, Occupational Therapists and caregivers”	Capacity building for occupational therapists is essential for quality autism management services	Agree
Clause 4(g)	APHRC (African Population and Health Research Center) - Dr. Fridah Kiambati, Dr. Silas Onyango, Dr. Symon Kariuki, Alvin Kimani, Moses Ngware	Revise to include therapy services in addition to medical services	Therapy service provision is an important aspect of the achievement of developmental milestones for children with autism. APHRC study shows occupational therapy (38.7%) and speech therapy (35.3%) are the most recommended but availability does not match demand. Parents cited high cost as the main challenge limiting access (33.3% “not accessible and costly”, 30.8% “accessible but costly”)	Agree
Clauses 4 & 5	Neurodivergents Society of Kenya (NSK) and Andy Speaks 4 Special Needs Persons Africa	Establish a multi-sectoral national coordinating mechanism involving Ministry of Health, Ministry of Education, Ministry of Labour & Employment, Ministry of Social Protection, National Council for Persons with Disabilities, Autistic-led organizations, Caregiver associations, Kenya Occupational	Current provisions assign autism management solely to Ministry of Health. Lacks inter-ministerial coordination (Education, Social Protection, Labour). Creates fragmented, siloed service delivery. Focuses heavily on diagnostic centres instead of comprehensive support ecosystems	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
		Therapists Association (KOTA), Occupational Therapist Council of Kenya (OTCK), Speech & Language Pathologists Association (SLPA). Balance investments between diagnostics, education, community support, and re/habilitation. Introduce mandatory inclusive-education standards at county level.		
Clause 5	Dr. Ann Kioi - Healthcare Professional, Author and Mother of two autistic children	Expand Section 5 to require county governments to ensure access to multidisciplinary intervention services directly or through accredited providers and assign each diagnosed child an individualized care and intervention plan, coordinated through the county autism unit.	Counties are required to diagnose but are not clearly obligated to ensure post-diagnosis intervention and follow-up. Diagnosis without an intervention pathway leaves families distressed and directionless. Counties must move from 'identifying children' to supporting their development over time	Agree
	Coalition of Parents, Caregivers, Professionals, Disability Rights Advocates and Persons with Lived Experience on Neurodivergence - Convenor: Ivy	Clause 5 should place significant responsibility on county governments with clear guidance and support to counties in developing aligned county autism strategies, community-level caregiver support groups, and decentralised services to address rural and low-income inequities	Counties must be supported, not merely mandated to meet these obligations	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
	Kihara (Human Rights Lawyer)			
	Melba Katindi - Advocate of the High Court of Kenya, Managing Partner Katindi & Company Advocates	Introduce minimum service requirements for counties. Require counties to integrate autism services into County Integrated Development Plans	Most families cannot access county-level services due to lack of trained personnel, facilities, or adequate funding. This systemic gap forces reliance on costly private care or total exclusion.	Agree
	Fed Oinga Oyagi - Adult with autism	County diagnostic centres shall offer autism diagnostic services for both children and adults, and establish referral pathways for adult assessments.	The Bill assumes diagnosis occurs exclusively through public health screening pathways and assumes autism to be a childhood condition, with most provisions implicitly oriented toward early childhood intervention.	Agree
Clause 5(1)(f)	Christopher Mutunga and Anyes Nyaga - Parents of child with autism	This clause should emphasize on affordable supplements and autism friendly diet to parents/caregivers to support their diet monitoring to enable autism individuals avoid hyperactivity triggering diets. The clause should not be limited to general medical services but specifically address nutritional and dietary interventions.	This clause is ambiguous since it does not specify whether the affordable medical services are for which ailments since autism is a spectrum not a disease	Reject
	Dr. Ann Kioi - Healthcare	Clause 5(1)(f) should be further strengthened to ensure adequate	Many autistic children require ongoing medication, such as Risperidone,	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
	Professional, Author and Mother of two autistic children	support for expensive treatment and medication for autistic persons. The bill should provide for government subsidies or other forms of support to help alleviate the financial burden on families caring for autistic children.	Concerta, Epilim, Lamictal etc which are extremely expensive and often unaffordable for many families. Without such provisions, many families will be forced to choose between their child's health and well-being and other essential expenses	
Clause 5(2)	Christopher Mutunga and Anyes Nyaga - Parents of child with autism	The county executive committee member should set aside specific allocation from the county health budget to support autism activities including early screening programs, diagnostic infrastructure, supply of autism diet related supplements, training of professionals and caregivers, and public awareness campaigns.	Nutritional interventions and dietary support should be explicitly recognized in budget allocations	Agree
Clause 6	Neurodivergents Society of Kenya (NSK) and Andy Speaks 4 Special Needs Persons Africa	Redesign Autism Units as Multidisciplinary Support and Resource Centres, not medical units. Mandate inclusion of occupational therapy, speech and language therapy, physiotherapy, behavioural support, psychosocial services, and caregiver training.	Units are located only within health departments, reinforcing a medical model. No mention of multidisciplinary teams (OT, SLT, physiotherapists, psychologists, special educators). No reference to rehabilitation frameworks or community-based programmes	Agree
	Hannah Rise Autistic - Community-based	Have stage-based pathway curriculum in all early childhood learning centers tailored to	Every child with autism is unique with their own strength, challenges and learning styles. An individualized	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
	Organization (Violet Kangogo, Treasurer)	children with autism spectrum disorder (individualized educational plans).	education plan ensures that educational programming is tailored to meet the specific need of each student.	
	Alfred Gicheru - Mazerah - Concerned Kenyan with lived experience of neurodevelopmental disability.	Amend Clause 6(2)(c) to read: “co-ordinating all autism and related neurodevelopmental programs in the area of operation, including training, research, and public awareness campaigns;”	Improves efficiency by leveraging the same infrastructure to support closely related neurodevelopmental conditions, consistent with WHO recommendations on integrated service delivery.	Agree
Clause 6(2)	APHRC (African Population and Health Research Center) - Dr. Fridah Kiambati, Dr. Silas Onyango, Dr. Symon Kariuki, Alvin Kimani, Moses Ngware	Add a clause 6(2)(e) to read : “The autism unit shall act as a respite center for parents and caregivers”	Since ASD presents in a diverse range of ways, caring for children with autism may be challenging due to their broad spectrum of needs. APHRC research shows majority (94.9%) of parents need psychosocial support. They report caring for a child with autism is costly (21%), stressful (20%), emotionally challenging (17%), and physically exhausting (15%).	Agree
Clause 7	Alfred Gicheru - Mazerah - Concerned Kenyan with lived experience of neurodevelopmental disability	Amend Clause 7(4) to read: “ensure the meaningful involvement and participation of individuals and groups affected by autism and other neurodevelopmental conditions, or their caregivers, in the	Aligns with CRPD Article 4(3): participation of persons with disabilities in decision-making (“nothing about us without us”).	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
		education and information programs.”		
Clause 7(3)	Christopher Mutunga and Anyes Nyaga - Parents of child with autism	Provide sponsored training, sensitization and awareness programmes on the detection and management of autism to other stakeholders involved in the dissemination of information to the public on autism detection and management.	Awareness programs need to address the broader community and multiple stakeholders	Agree
	APHRC (African Population and Health Research Center) - Dr. Fridah Kiambati, Dr. Silas Onyango, Dr. Symon Kariuki, Alvin Kimani, Moses Ngware	Revision of the statement to exclude prevention. Focus sensitization, awareness and training programs on the provision of care and support services including therapy and education services	Autism is a neurodevelopmental disability rather than a disease or illness. Research evidence shows that autism spectrum disorder (ASD) is a neurodevelopmental disability that presents difficulties in social communication/interaction and restrictive and repetitive behavior patterns	Agree
	Michael Amara - County Occupational Therapist, Kisumu County, KOTA National Secretary	In the list of groups to receive training, sensitization and awareness programs on the detection and management of autism, add: (b) Occupational Therapists to the list after (a) Medical practitioners.	Occupational therapists need specific training and recognition in autism detection and management	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
Clause 8	Coalition of Parents, Caregivers, Professionals, Disability Rights Advocates and Persons with Lived Experience on Neurodivergence - Convenor: Ivy Kihara (Human Rights Lawyer)	The Bill should not be limited to childhood and school-age interventions, but must explicitly provide for lifelong support, including vocational training, supported employment, independent and assisted living options, ageing-related care, and long-term rehabilitation services	Early intervention is not only essential for individual well-being but also represents a long-term cost-saving investment for families, communities, and the State. The Bill's narrow focus on children fails to respond to the realities of autistic persons as they transition into adulthood	Agree a
	Dr. Ann Kioi - Healthcare Professional, Author and Mother of two autistic children	The bill should include provisions for special education and training for autistic children, tailored to their unique needs and abilities	Autistic children have unique learning needs that require tailored educational programs to help them reach their full potential. The absence of such provisions in the bill will likely result in autistic children being continuously marginalized and excluded from mainstream education.	Agree
	Dr. Ann Kioi - Healthcare Professional, Author and Mother of two autistic children	The bill should make provisions for special examination arrangements for autistic children, including oral examinations as an alternative to traditional written assessments for autistic learners who demonstrate significant difficulties with written assessments	Traditional written exams disproportionately disadvantage autistic learners who have high cognitive abilities but struggle with handwriting, processing written text, or time-bound testing	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
	Hannah Rise Autistic - Community-based Organization (Violet Kangogo, Treasurer)	Autism spectrum disorder specific provisions should have a clause under the Persons Living with Disability Act 2025 of Kenya just like the other disabilities enjoy singular recognition without being generalized.	To ensure autism-specific provisions are complementary with existing disability legislation and given appropriate recognition	Agree
	Alfred Gicheru Mazerah - Concerned Kenyan with lived experience of neurodevelopmental disability	Amend Clause 8(1)(a) to read: “ensure that autism and other neurodevelopmental conditions awareness, including ADHD, specific learning disorders, developmental coordination disorder (dyspraxia), and Tourette syndrome, is integrated in both pre-service and in-service training.”	International education standards emphasise inclusive education addressing diverse learning and developmental needs, not single-condition awareness.	Agree
Clause 9	Alfred Gicheru Mazerah - Concerned Kenyan with lived experience of neurodevelopmental disability	Amend Clause 9 to read: “persons with autism and other recognised neurodevelopmental conditions shall enjoy all the rights, protection and privileges as provided for under the Persons Living with Disability Act, 2025 and other relevant laws.”	Ensures equal legal protection and prevents interpretive exclusion of non-autism neurodevelopmental disabilities.	Agree
New Section (Health	Calvince Omondi - Special Education	Add new Section “Health Insurance Coverage” to: Require all health insurance providers to	In comparison to US legislations which dramatically improved access to services through insurance mandates,	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
Insurance Coverage)	Teacher and Practitioner	cover autism screening, diagnosis, and treatment; Mandate coverage for evidence-based interventions including behavioral therapy, speech therapy, occupational therapy, and psychological services; Prohibit discrimination or coverage denial based on pre-existing autism diagnosis; Set minimum coverage levels for instance Ksh 500,000-1,000,000 annually for therapeutic services”	Kenya's bill needs similar provisions to ensure affordability. This bill is largely contextualized in terms of health and so medical support that may come with Autism needs to be taken care of adequately	
New Section (Service Standards & Timelines)	Calvince Omondi - Special Education Teacher and Practitioner	Insert new section “Service Standards and Timelines” that establishes: Maximum 3-month or appropriate timeline waiting time from referral to diagnostic assessment; Post-diagnostic support package to be offered within a specific timeline; Annual reporting on waiting times by county and national governments; Penalties or intervention mechanisms for areas failing to meet standards;	There are no specific timeframes for diagnosis, assessment, or service delivery. This leaves a huge gap in the operationalization of the bill. As proposed in the NICE guidance (UK), it is important to establish clear timelines to bridge the gap between detection and inception of support or interventions	Agree: This can be addressed through regulations

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
		Regular audit and quality assurance of diagnostic services.		
General Comments	Anonymous Stakeholder	In law, autism should be recognized as a condition and not a disease. It should be included under disability laws. Individuals living with autism should not be discriminated in education, employment, healthcare, churches, barazas, etc. Caregivers should be allowed to represent persons living with autism whenever representation is deemed necessary and this should be anchored in law.	Legal recognition is fundamental to ensuring protection and non-discrimination of persons with autism across all life domains	Agree
	Anonymous	Implement mandatory screening for children aged 18-24 months. Provide training for nurses, caregivers, teachers, and clinical officers. Make diagnosis affordable and accessible all over urban areas, cities and rural areas.	Early identification and diagnosis is critical for timely intervention and improved outcomes	Agree
	Anonymous	Provide individualized education plans (IEPs); provide trained special needs education (SNE); provide learning aides and assistive tools; cap class size with autistic learners; establish autism	Inclusive education is essential for the social and academic development of autistic learners	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
		learning unit within normal schools in all the 1450 wards with therapy and resource center managed by occupational therapist assisted by SNE and caregivers; KICD to develop and implement curriculum that supports people living with autism in all faculties from basic education, tertiary and university		
	Albert Wanjeri - Rights-Based Advocate	The Bill should be explicitly anchored in Article 27 of the Constitution (Equality and freedom from discrimination) and Article 54 (Rights of persons with disabilities). The law should clearly recognize autistic persons as rights-holders, not merely recipients of care or welfare. It should expressly prohibit discrimination based on autism in education, employment, healthcare, housing, and access to public services.	Autism is not only a medical condition; it is a lifelong neurodevelopmental difference that raises fundamental issues of equality, dignity, access to services, education, employment, and social inclusion. The Bill should therefore move beyond a narrow medical model and fully reflect the human rights framework	Agree
	Albert Wanjeri - Rights-Based Advocate	Mandate routine developmental screening and referral at maternal and child health clinics and immunisation visits (both public and private health facilities);	Early identification and support significantly improve lifelong outcomes and reduce long-term public costs. Caregivers are essential partners in intervention	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
		integrate autism screening into the Community Health Strategy; establish referral pathways that do not rely solely on specialists; formally recognize parents and caregivers as co-therapists; provide government-funded caregiver training programmes across all counties		
	Albert Wanjeri - Rights-Based Advocate	Require Individualised Education Plans (IEPs) for autistic learners in public schools; mandate pre-service and in-service teacher training on autism; align with the Basic Education Act; provide reasonable classroom accommodations, including sensory supports and flexible assessments; establish Care Units in schools with at least 10 schools per county staffed by trained caregivers or specialists; set minimum county service standards to ensure equitable access regardless of location	Many autistic children are excluded from school or pushed out due to lack of support. Inclusive education is a rights imperative and requires structural support	Agree
	Albert Wanjeri - Rights-Based Advocate	Provide lifespan support covering childhood, adolescence, adulthood, and ageing; adult diagnostic and mental health	Autism is lifelong, yet most policies focus only on children. The Bill must address the complete lifespan	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
		services; vocational and skills training pathways for autistic youth and adults; employment inclusion measures including tax incentives for employers, supported employment models, and public sector autism employment targets or quotas		
	Albert Wanjeri - Rights-Based Advocate	Prohibit harmful, abusive, or unscientific practices, including punitive or “conversion therapies”; establish an ethical oversight and accreditation mechanism for autism services; provide statutory guidance on evidence-based interventions and assistive and augmentative communication methods; require mandatory transition planning during adolescence.	To protect families from exploitation and harm, the Bill must regulate interventions and ensure they are evidence-based and ethical	Agree
	Albert Wanjeri - Rights-Based Advocate	Establish clear complaints and redress mechanisms; provide penalties for discrimination or denial of services; cap autism-related consultation and hospital visit charges at KSh 1,000 maximum; make consultation and referral mandatory, not discretionary; guarantee public	Rights must be enforceable to be meaningful. Clear accountability mechanisms and financing are essential to ensure services reach all persons with autismre	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
		funding for early intervention including speech therapy, occupational therapy, behavioural support and specialist referrals; integrate autism services into NHIF/SHIF/SHA/Taifa Care full benefit packages; require annual reporting to Parliament for at least five years; empower the Courts and Kenya National Commission on Human Rights to enforce rights		
	Albert Wanjeri - Rights-Based Advocate	Mandate meaningful participation of autistic adults, parents, guardians, caregivers, and rights and autism organisations on all autism-related boards, committees, and advisory bodies at national and county levels	Those with lived experience must be central to policy-making and governance	Agree
	Mercy Kemunto Kaunda, Claudius Chepkemoi, David Gichimu, Jared Obuya, Geoffrey Mugendi, Juliana Burungu - Occupational Therapists, KUTTRH	Occupational therapy MUST be explicitly recognized as an essential, standalone component of screening, early intervention, treatment, and long-term support for persons with Autism. Occupational Therapists are central to sensory integration, promoting engagement in activities of daily living, behavioral support, and	Management of autism goes beyond early screening and diagnosis, hence the need to recognize the core role that occupational therapists play in their management. The current number of hired occupational therapists is 900, which is extremely low to support the management of this class of patients	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
		development of functional independence.		
	Mercy Kemunto Kaunda, Claudius Chepkemoi, David Gichimu, Jared Obuya, Geoffrey Mugendi, Juliana Burungu - Occupational Therapists, KUTTRH	The Bill should mandate rapid onboarding of occupational therapy as a degree course in all major universities in Kenya, from undergraduate levels to masters and PhD level. Moreover, ongoing training while in service to cadres allied to management of these patients should be done	There is a critical need for training occupational therapists to meet the demand for autism management services	Reject: Occupational therapy is already a recognized cadre under the Occupational Therapists (Training, Registration and Licensing) Act
	Mercy Kemunto Kaunda, Claudius Chepkemoi, David Gichimu, Jared Obuya, Geoffrey Mugendi, Juliana Burungu - Occupational Therapists, KUTTRH	While the bill already proposes allocation of resources for Autism programs, it should further require dedicated funding for occupational therapy services and complementary services like speech therapy and behavior modification therapy in government institutions. Moreover, insurance companies should be mandated to cover such services which are often excluded.	Occupational therapy and related services are essential but often excluded from insurance coverage, creating financial barriers for families	Agree
	Mercy Kemunto Kaunda, Claudius Chepkemoi, David Gichimu, Jared Obuya, Geoffrey	The Bill should provide for the adoption of internationally accepted, nationally standardized, evidence-based screening and assessment tools with	Standardized tools ensure quality and consistency of diagnosis across the country	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
	Mugendi, Juliana Burungu - Occupational Therapists, KUTTRH	occupational therapists at the center of the diagnostic process and ensure training of public health workers on proper screening and referral pathways		
	Mercy Kemunto Kaunda, Claudius Chepkemoi, David Gichimu, Jared Obuya, Geoffrey Mugendi, Juliana Burungu - Occupational Therapists, KUTTRH	The bill proposes establishment of autism centers in various parts of the countries. Propose that the government sets up fully equipped and staffed sensory integration units within occupational therapy departments. In cases where the departments do not exist, they should be urgently set up with the sensory integration units as part of the plan.	Sensory integration is a core occupational therapy service essential for autism management	Agree
	Mercy Kemunto Kaunda, Claudius Chepkemoi, David Gichimu, Jared Obuya, Geoffrey Mugendi, Juliana Burungu - Occupational Therapists, KUTTRH	Propose the government to place and direct the private schools to hire Occupational Therapists to support learners while in the school setting. Moreover, they should mandate establishment of sensory integration units to promote sensory modulation and regulation and ultimately promote learning.	School-based occupational therapy services support inclusive education and optimal functioning in the school environment	Reject: The government can only compel public entities.
	Kimberly Wanjiru Njau - Parent of child with autism	The Bill should establish a national autism screening and referral pathway linking	The Bill does not provide a clear national screening, diagnosis, and referral pathway. Parents currently face	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
		community health services, hospitals, and educational placement; clearly specify which professionals are authorised to screen, assess, and diagnose autism; introduce reasonable timelines or maximum waiting periods for diagnosis.	fragmented systems, inconsistent diagnostic recognition, and prolonged delays	
	Kimberly Wanjiru Njau - Parent of child with autism	The Bill should explicitly provide for mandatory Individualised Education Plans (IEPs) for learners with autism; reasonable accommodations in all learning institutions; regulation of learning support/shadow teachers including qualifications, safeguarding, and clarity on payment responsibility; a formal complaints and escalation mechanism for parents when schools fail to comply.	The Bill does not impose enforceable obligations on schools to include and support learners with autism. In practice, parents are forced to privately fund learning support or accept exclusion	Agree a
	Kimberly Wanjiru Njau - Parent of child with autism	The Bill should rebalance its focus to prioritize service availability, affordability, and accountability rather than placing significant emphasis on awareness and sensitisation campaigns alone.	While awareness is important, Kenya's primary challenges relate to service availability, affordability, and accountability, not awareness alone	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
	Pauline Wamukowa - Director, Mali Therapy Center for Kids with Autism	Every established Learning support for children on the spectrum within public and private schools should be staffed by a Special Needs Education (SNE) teacher who possesses cross-disciplinary competencies in every grade from pre-primary all the way to Grade 9. Learning support departments should be equipped with a speech therapist, occupational therapists and BCBA trained therapists such that the morning lessons continue seamlessly followed by therapy in the afternoon. Therapy and education must be integrated for optimal outcomes.	Inclusive education moves away from segregation due to disability to building capacity where the environment is adapted to the child rather than the child being forced to fit the environment. Therapy and education must be integrated for optimal outcomes	Agree
	Pauline Wamukowa - Director, Mali Therapy Center for Kids with Autism	The Bill should specify a maximum ratio of 7 pupils per teacher within an autism unit to ensure that the educator can manage the diverse sensory and behavioral needs of each learner effectively.	The effectiveness of autism therapy is predicated on individualized attention	Reject: This can be addressed through regulations
	Pauline Wamukowa - Director, Mali Therapy Center for Kids with Autism	The legal framework should guarantee consistent specialized support from Pre-Primary through to Grade 9 in well capacitated	Autism management is a lifelong journey. Learners on the spectrum require stability during critical developmental transitions	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
		environment. It ensures that the transition from early years to Junior School remains stable, catering to the learner's need for long-term therapeutic intervention		
	Pauline Wamukowa - Director, Mali Therapy Center for Kids with Autism	The Bill should advocate for the implementation of integrated therapy that prioritizes routine but also allows the children to join other students in extracurricular activities without shutting them out to build their social skills. This structure is vital for maintaining the focus and attention required for these learners to meet their educational milestones.	Learners with autism thrive on predictability and structured environments	Agree
	Pauline Wamukowa - Director, Mali Therapy Center for Kids with Autism	The Bill should formalize the increase in the centers for screening and assessment in the 47 counties.	KISE is currently unable to meet the screening and assessment needs of the 47 counties effectively	Agree: this is already provided for in the Bill
	Neurodivergents Society of Kenya (NSK) and Andy Speaks 4 Special Needs Persons Africa	Primary Recommendation: That the Bill be WITHDRAWN to allow for comprehensive, inclusive, and structured consultation with autistic persons, caregivers, disability organizations, professionals, and relevant ministries before being re-introduced in a revised form.	The Bill in its current form is inadequate, overly medicalized, and inconsistent with the human-rights model of disability. The Bill lacks cross-sectoral integration including education, social protection, rehabilitation, livelihood access, and anti-discrimination measures. The Bill was developed without meaningful consultation,	Reject

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
		Secondary/Alternative Recommendation (if not withdrawn): That the Bill undergo substantial clause-by-clause amendment as detailed in submissions.	thereby violating Article 10 of the Constitution (public participation)	
	Dr. Ann Kioi - Healthcare Professional, Author and Mother of two autistic children	Add subsections to Section 6 to define minimum data elements to be collected; require informed consent and confidentiality safeguards; mandate periodic analysis and publication of anonymized data for planning and budgeting purposes	The Bill does not specify data standards, privacy safeguards, or how the data will be used to improve services. Families are often repeatedly assessed with no visible system learning. A database must not only store information but actively inform workforce planning, school placement, and service expansion	Agree
	Dr. Ann Kioi - Healthcare Professional, Author and Mother of two autistic children	Amend Section 7 to require inclusion of caregivers and persons with autism in awareness initiatives and link awareness campaigns to measurable outcomes, including stigma reduction and early help-seeking	Awareness activities are not required to include caregivers or persons with lived experience, nor are outcomes defined. Stigma is a major barrier to care and social inclusion. Messages are most effective when delivered by families who have lived the reality, not only institutions	Agree
	Dr. Ann Kioi - Healthcare Professional, Author and Mother of two autistic children	Expand Section 8 to require development and implementation of Individualized Education Plans (IEPs) for learners with autism	The Bill does not impose obligations on schools to implement individualized supports for learners with autism	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
	Christopher Mutunga and Anyes Nyaga - Parents of child with autism	Families with children with autism require more resources to hire caregivers so the government should consider some cash transfers/tax exemptions to support these parents to hire caregivers	The economic burden on families with children with autism is substantial and requires financial support mechanisms	Agree
	APHRC (African Population and Health Research Center) - Dr. Fridah Kiambati, Dr. Silas Onyango, Dr. Symon Kariuki, Alvin Kimani, Moses Ngware	Add a clause 8(2)(a): “The Ministry of Education shall ensure the learning institutions are well resourced (both infrastructural, teaching and learning resources and trained personnel to support the educational and learning needs of learners and trainees with autism”	Autism being a spectrum presents with a range of educational needs. APHRC study shows high cost of education was the most cited challenge by parents of children with autism. Most parents cited being required to pay extra fees and costs related to expensive resources and shadow teachers. Shortage of trained teachers was another key challenge	Agree
	Dr. Sarah Cherere Obara - Clinical Nutritionist and Researcher	Among the ASD Interventions NUTRITION is a CRITICAL COMPONENT that needs to be put on board at this inception phase. Research on nutrition interventions supports improvements in non-verbal intellectual ability, autism diagnostic observation schedule severity, reduced inflammation, communication, stereotypical behavior and aggressiveness, hyperactivity and tantrums,	Research indicates nutrition interventions lead to significant improvements in autism symptoms. Children and adolescents with autism suffer from altered sensory processing and behavioral rigidity including allergies, aversions, feeding problems, and GI problems leading to high prevalence of malnutrition	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
		ADHD, gastrointestinal symptoms, cognitive sociability, restrictive repetitive behavior, and nutrition status.		
	Beatrice Namunyak John - Master's Student (CUEA) Health Economics & Policy, Caregiver and Autism Advocate	The Bill should explicitly mandate community-based caregiver support programs, psychosocial services, and practical training, recognizing the heavy burden families carry and the critical role caregivers play in early intervention.	Caregivers of autistic children face immense challenges and many parents experience social isolation, high stress, and even depression due to lack of accessible support networks	Agree
	Beatrice Namunyak John – Master's Student (CUEA) Health Economics & Policy, Caregiver and Autism Advocate	The Bill should include practical guidelines for inclusive education, teacher training on individualized learning approaches, and clear pathways for school acceptance of autistic children, regardless of developmental milestones like toileting.	Current educational practices often present barriers including school ultimatums and stigma that prevent autistic children from being admitted. Specific challenges such as toilet or potty-training delays can result in exclusion from schools	Agree
	Beatrice Namunyak John – Master's Student (CUEA) Health Economics & Policy, Caregiver and Autism Advocate	The Bill should encourage funded research initiatives, data collection, and evidence-based policy development to guide effective interventions and measure impact	There is a significant lack of local research and empirical data on autism in Kenya, hindering policy planning and resource allocation	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
	Beatrice Namunyak John - Master's Student (CUEA) Health Economics & Policy, Caregiver and Autism Advocate	The Bill should include measures to make diagnosis and therapy affordable and widely accessible, including subsidies, public service coverage, or partnerships with trained professionals in every county	Currently, formal diagnosis is limited to KISE and KNH with long waiting times. Private practitioners charge high fees with assessments costing up to KES 10,000 and therapy sessions ranging from KES 2,500 for 45-60 minutes. Families face prohibitive financial burdens.	Agree
	Margie N Koech - Occupational Therapist	The proposed bill should be revised to encompass all neurodevelopmental conditions (ADHD, Dyslexia, Developmental Coordination Disorder, Cerebral Palsy, Microcephaly, among others) rather than limiting legislation solely to autism.	Neurodevelopmental disorders such as ADHD, Dyslexia, and others also impact many individuals and their families across Kenya. By limiting the proposed legislation solely to autism, we risk marginalizing these other conditions. Such segregation would result in increased tendency to over-diagnose autism	Agree
	Margie N Koech - Occupational Therapist	A dedicated chapter on rehabilitation should be included in the Kenyan Constitution reflecting contemporary understandings of rehabilitation, moving away from colonial perspectives that view rehabilitation through a deficit lens. Embrace a more holistic and empowering approach that supports individuals in reaching their full potential.	This forward-thinking framework would ensure equitable rights for individuals with neurodevelopmental conditions and promote a broader understanding of disability and rehabilitation as essential components of public health and social integration	

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
r	Nyaga Alex Muthuma - Founder GrowBright App	With inclusion already implemented nationwide, teacher training institutions should introduce compulsory foundational special needs education units. No teacher should enter a classroom unprepared to support all learners. This policy shift would significantly improve Kenya's progress toward equitable education.	Many regular teachers are not equipped with the foundational skills needed to support learners with disabilities. They struggle to calm autistic learners during meltdowns, cannot use simple assistive strategies, and lack basic communication methods such as visual cues or structured routines	Reject: This is beyond the scope of the Bill.
	Nyaga Alex Muthuma - Founder GrowBright App	Parliament and relevant ministries should support inclusive education reforms, integrate assistive digital tools into classrooms, and explore funding pathways for innovations like GrowBright that address gaps in teacher competence and learner communication	Technological tools can support inclusive education and address gaps in teacher competence and learner communication	Agree
	Sanaipei Ntimama - Co-Founder Kalel ABA Program, USIU-Africa, Mother of 8-year-old with ASD	Who will provide the requisite training to all these different groups and how will we ensure that those who are trained are trained to international standards. The Kalel ABA Program is an Internationally certified program that is willing to work with the Government and County	The Bill recognises the need for capacity building and identifies the need for early diagnosis and early screening by medical practitioners and for education officers to be equipped with autism-inclusive teaching strategies. Training must be to international standards	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
		Governments to train teachers; caregivers; community health and social workers to recognise and manage the signs of Autism early on in a child's life.		
	Sanaipei Ntimama - Co-Founder Kalel ABA Program, USIU-Africa, Mother of 8-year-old with ASD	Training should be mandatory for all officers of the State Department for Children Services, Kenya Police Force, State Department for Correctional Services, and all Medical Personnel (Doctors, Dentists, Nurses) so they know how to manage a child with ASD when they report to a medical institution.	The Bill needs to expand the range of professionals and service providers who need training in autism recognition and management	Agree a
	Sanaipei Ntimama - Co-Founder Kalel ABA Program, USIU-Africa, Mother of 8-year-old with ASD	Families need to be able to access Insurance policies that can cushion the cost of therapies. Tax Exemption should be considered for the importation of assistive devices and materials. Will the Government be able to allow parents to access these services under SHA/SHIF? Inclusion of specialised treatments such as Stem Cell Therapies in medical insurance policies for those who	Each child needs speech and language therapy, occupational therapy, physical therapy, hearing tests, medical and therapeutic assessments, and special dietary requirements. None of these are covered by medical insurance and services are only available to the few who can afford private classes	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
		would like to take their children abroad for such treatments.		
	Sanaipei Ntimama - Co-Founder Kalel ABA Program, USIU-Africa, Mother of 8-year-old with ASD	Incorporate internationally acknowledged programmes like the HIDDEN DISABILITIES SUNFLOWER PROGRAMME into the framework to promote inclusion, awareness and acceptance	The Hidden Disabilities Sunflower is a globally recognised symbol for non-visible disabilities including autism. Wearers benefit from help being offered to make their daily living easier. This has increased awareness of the challenges adults and children with hidden disabilities can face.	Agree
	Sanaipei Ntimama - Co-Founder Kalel ABA Program, USIU-Africa, Mother of 8-year-old with ASD	In terms of language, please note there are no known causes of Autism and there is no medical means of Prevention of the condition	The Bill should avoid using language about 'prevention' of autism as this is scientifically inaccurate	Agree
	Sanaipei Ntimama - Co-Founder Kalel ABA Program, USIU-Africa, Mother of 8-year-old with ASD	Autism friendly spaces such as sensory/quiet rooms should be established at places like airports, train and bus terminals, hospitals, churches, malls & shopping centres, government offices (Huduma Centres, immigration offices), and entertainment centres such as stadiums. Encouragement of private entities such as children's playgrounds and play areas to set aside time per	Autistic individuals benefit from sensory-friendly environments to manage sensory sensitivities and reduce anxiety in public spaces	Agree: There is need for reasonable accommodations.

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
		month for children on the spectrum.		
	Sanaipei Ntimama - Co-Founder Kalel ABA Program, USIU-Africa, Mother of 8-year-old with ASD	Fully equipped and funded Early Intervention Centres should be established countrywide with trained personnel offering all the therapies needed to help those diagnosed with ASD.	Early intervention services are critical for improving developmental outcomes	Agree
	Sanaipei Ntimama - Co-Founder Kalel ABA Program, USIU-Africa, Mother of 8-year-old with ASD	What will life look like for a neurodivergent child once they age out from the schooling system? Will they be offered assistance by the Government to get into colleges for their preferred skills. Will their families be assisted in looking after them financially?	The Bill needs to address the transition to adulthood and post-secondary education and support services	Agree
	Sanaipei Ntimama - Co-Founder Kalel ABA Program, USIU-Africa, Mother of 8-year-old with ASD	A seat on the board of the National Council of Persons with Disabilities should be allocated for a Parent/Caregiver to make sure we are included in policy making and execution	Parents and caregivers would appreciate being more involved in the making of any laws regarding their children. They live with this condition daily and know better than anyone else what their children need	Agree
	Furaha Centre Meru/Furaha Szescie	Effective assessment, intervention, and long-term support cannot be achieved	Autism Spectrum Disorder is a complex neurodevelopmental condition that affects multiple domains of functioning	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
	International Occupational Therapists and Caregivers, Compiled by Jadlyne Makena	- through a single-discipline approach. The Bill should explicitly recognize and institutionalize multidisciplinary and interdisciplinary service delivery models, with occupational therapy clearly included as a core service alongside speech and language therapists, counsellor/psychologists, psychiatrists, paediatricians, special educators, physiotherapists, social workers, and behavioral specialists.	including communication, sensory processing, motor skills, cognition, social participation, and daily living skills. Occupational Therapy plays a critical role by addressing sensory integration, functional independence, participation in education and work	
	Furaha Centre Meru/Furaha Szescie International Occupational Therapists and Caregivers, Compiled by Jadlyne Makena	- The Bill should acknowledge co-occurring neurodevelopmental conditions explicitly. Promote integrated neurodevelopmental services rather than siloed diagnoses. Support flexible service pathways based on functional needs, not diagnosis alone	Autism Spectrum Disorder often co-occurs with ADHD, Intellectual Disability, Language and communication disorders, Learning disabilities, Sensory processing differences, and Anxiety and other mental health conditions. Many children and adults present with overlapping diagnoses and intervention plans must reflect this complexity.	Agree
	Furaha Centre Meru/Furaha Szescie International	- Legislation should move beyond diagnosis and clinical management to include functional outcomes, community inclusion,	Occupational therapy emphasizes participation, independence, dignity, and quality of life across the lifespan	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
	Occupational Therapists and Caregivers, Compiled by Jadlyne Makena	school and workplace accommodations, and family and caregiver support		
	Betty Jean Nyambura - Director St Albans Autism Centre	A system where children with autism can be diagnosed during post-natal clinic visits especially in the first two years (6months-24 months) when symptoms like lack of eye contact can be a real concern.	Early diagnosis enables early intervention which is critical for outcomes	Agree
	Betty Jean Nyambura - Director St Albans Autism Centre	The children 3-5 years old should be in a centre where they receive therapy (speech, sensory, applied behaviour modification, occupational therapy) plus education running concurrently.	Integrated therapy and education during the critical ages 3-5 produces better outcomes	Agree: This can be effectively addressed through regulations
	Betty Jean Nyambura - Director St Albans Autism Centre	Integration into the regular classroom has challenges of overburdening the regular teacher, increased frustration for both the student and the teacher, low self-esteem for the learner and even segregation leading to loss of interest in education. A better approach is specialized centres with proper staffing	Unplanned inclusion without proper support can be harmful to both the child and the teacher	Agree: inclusive education with specialized education plans is needed. Schools must make reasonable accommodations.

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
	Betty Jean Nyambura - Director St Albans Autism Centre	Trainer student ratio should be one on one, equal ratio. Three students should be handled by a teacher, a therapist and a caregiver. Each of these persons has a specific role to play.	The effectiveness of intervention depends on adequate staffing ratios to provide individualized attention	
	Betty Jean Nyambura - Director St Albans Autism Centre	The training hours should be 8am to 4pm Monday to Friday and structured activities with parents over the weekend.	Intensive, structured, and consistent training is more effective than minimal interventions	This can be addressed through regulations
	Betty Jean Nyambura - Director St Albans Autism Centre	Toilet training should be a mandatory part of the training and trainers should work with targets of max three months.	Toilet training is an important life skill and activity of daily living	This can be addressed through regulations or other administrative measures
	Betty Jean Nyambura - Director St Albans Autism Centre	In 24 months of training the child should have completed pre-primary education and is ready for integration to regular school, having attained expressive speech. This will ensure the country will have zero autistic adults.	Intensive early intervention can enable significant progress and integration	This can be addressed through regulations.
	Betty Jean Nyambura - Director	Meals should be provided and children trained to feed themselves. Activities for daily	Functional independence in ADLs is a critical outcome of autism intervention	This can be addressed through regulations.

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
	St Albans Autism Centre	living (ADLs) should be part of the program.		
	Betty Jean Nyambura - Director St Albans Autism Centre	Vigorous advertising to educate the society on the symptoms/signs of autism, that autism is not contagious and it's not a curse, where to get help and reduce stigma.	Stigma and misconceptions are major barriers to help-seeking and acceptance	Agree
	Betty Jean Nyambura - Director St Albans Autism Centre	Abolish one hour per week therapy sessions and instead have daily minimum 5 hours therapy sessions. Therapy is a lifestyle not a sometimes thing. This will help the children recover quickly and relieve the stress and mental pain on the parent.	Intensive therapy is more effective than sparse interventions. Autistic children are most of the time very gifted and they are our future scientists and inventors. Investing in their development is investing in the future of our nation	Agree: This can be addressed through regulations
	Coalition of Parents, Caregivers, Professionals, Disability Rights Advocates and Persons with Lived Experience on Neurodivergence - Convenor: Ivy Kihara (Human Rights Lawyer)	The Bill be comprehensively revised to adopt inclusive, neurodiversity-affirming language, explicitly recognise autism as a disability, and consider broader terminology such as 'neurodivergent persons,' which affirms diversity rather than deficit	Stigma often begins in the law itself; a rights-respecting and inclusive statute sets the foundation for inclusive attitudes, ethical practice, and meaningful support across society. The Bill's use of non-neuro-affirming language consistently frames autism through the lens of pathology rather than human diversity	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
	Samwel Maina Wangari - Parent of autistic child (Kiambu County)	Remove references to 'prevention of autism' and replace with language that focuses on early identification, support, inclusion, and accommodation	Autism is not a disease and cannot be prevented. Using this language increases stigma and may harm autistic children and their families. Should the Bill retain this language, it could lead to bad policies and directives that do not protect the child or the parents	Agree
	Samwel Maina Wangari - Parent of autistic child (Kiambu County)	The Bill should clearly require: Inclusive education in mainstream schools, Reasonable accommodation, Individual Education Plans (IEPs), Classroom support such as aides or assistants (shadow teachers).	Many autistic children are excluded or unsupported in schools. Awareness alone is not enough without practical support in classrooms	Agree
	Samwel Maina Wangari - Parent of autistic child (Kiambu County)	The Bill should include: Respite care services, Mental health support for caregivers, financial support or tax relief measures, Workplace flexibility and protection for caregivers.	Caregivers face emotional, physical, and financial exhaustion. Support groups alone are not sufficient	Agree
	Samwel Maina Wangari - Parent of autistic child (Kiambu County)	The Bill should require: Regular reporting to Parliament on implementation, monitoring to ensure counties comply, Clear timelines and transparency on funding and services.	Without accountability, families may not see real change	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
	Autism Helping Hands Foundation - Linet Atieno Ouma & Douglas Otieno	Establish autism screening and diagnostic units at sub-county and county referral hospitals. Integrate autism screening into routine maternal and child health services. Provide early intervention services, including speech therapy, occupational therapy, and behavioural support. Ensure these services are free or heavily subsidized, especially for low-income families. Subsidize essential medications and therapeutic interventions where medically required.	Early diagnosis and intervention are critical in improving outcomes for children with autism. Autism should be supported by the Government in a manner comparable to other long-term developmental and health conditions	Agree
	Autism Helping Hands Foundation - Linet Atieno Ouma & Douglas Otieno	Implement nationwide autism awareness campaigns. Disseminate accurate information through government websites, health facilities, schools, churches, media outlets, and community forums. Partner with registered organizations and foundations whose core mandate is autism support. Grant tax exemptions and incentives to organizations working primarily in autism awareness, care, and advocacy.	There is currently limited public awareness of autism in Kenya, contributing to stigma, delayed diagnosis, and social exclusion	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
	Autism Helping Hands Foundation - Linet Atieno Ouma & Douglas Otieno	Establish specialized autism units within public schools. Train, recruit, and retain teachers qualified in special needs education, including speech and occupational therapists. Develop adapted curricula that cater to varying levels of the autism spectrum. Introduce vocational training at an earlier age, recognizing that many autistic individuals learn effectively through observation and repetition.	Access to inclusive and appropriate education remains a major challenge for children with autism. Government-recognized certificates and diplomas should be tailored to autistic learners	Agree
	Autism Helping Hands Foundation - Linet Atieno Ouma & Douglas Otieno	Adopt policies to actively employ qualified persons with autism within the public sector. Exempt income earned by employed persons with autism from taxation. Provide incentives to private employers who hire individuals on the autism spectrum. For individuals with severe autism who are unable to work independently, consider employing or providing structured income support to one parent or primary caregiver.	Many autistic individuals who acquire skills face barriers to employment. This would enable families to provide full-time care while maintaining economic stability	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
	Autism Helping Hands Foundation - Linet Atieno Ouma & Douglas Otieno	Establish specialized caregiver training programs. Formally recognize caregiving as a skilled and essential role. Provide psychosocial support services for caregivers. Create certification pathways that professionalize caregiving and expand employment opportunities.	Caregivers play a central role in the wellbeing of autistic individuals but are often unsupported. Recognizing and supporting caregivers will improve care quality while increasing national capacity	Agree
	Inclusive Pathways Hub (IPH) - Jennifer Ondiek, Lead Consultant	Standardized national screening guidelines should be developed and adopted across schools, ECD centers, and health facilities. The Bill should require multi-disciplinary assessment teams, including educational psychologists, speech therapists, and occupational therapists. Provide funds for county-level assessment hubs, especially in rural areas. Schools should be mandated to notify parents early when developmental concerns are observed.	To ensure coordinated and comprehensive identification and diagnosis across the country	Agree
	Inclusive Pathways Hub (IPH) - Jennifer Ondiek, Lead Consultant	Require all schools (public and private) to establish minimum SEN structures including: A trained SEN/Learning Support teacher, Individualized Education	To ensure all autistic learners have access to appropriate support and are not excluded from mainstream education	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
		Plans (IEPs), Reasonable accommodation, Sensory-friendly adjustments. All teachers should receive continuous professional development on autism. Shadow teachers and inclusive assistants should undergo certified training and operate under school supervision. Schools should support structured transitions (ECD → Primary → High School → Vocational training or adulthood).		
	Inclusive Pathways Hub (IPH) - Jennifer Ondiek, Lead Consultant	Schools must be prohibited from refusing admission based on autism or perceived severity, in line with Article 54 of the Constitution. Sensory needs must be recognized, with guidelines on classroom adaptations, reduced overload, and personalized behavior plans. The Bill should protect learners from harmful or outdated practices, e.g. forced isolation or punishment for behaviors arising from sensory dysregulation.	To ensure autistic learners are protected from discrimination and harmful practices in schools	Agree
	Inclusive Pathways Hub (IPH) - Jennifer	Establish a National Autism Council including MoH, MoE,	To ensure coordinated and effective service delivery across sectors	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
	Ondiek, Lead Consultant	MoSD, NGOs, and parent advocates. Require collaboration between ministries to streamline assessments, school placement, therapies, and data management. The Bill should mandate the Ministry of Education to publish guidelines on autism-inclusive school environments.		
	Inclusive Pathways Hub (IPH) - Jennifer Ondiek, Lead Consultant	County governments should receive dedicated funding for autism programmes annually. Subsidies should be available for low-income families to access therapy, medication, assistive technology, and specialized schooling. Schools should receive grants for sensory rooms, learning support materials, and training of LSCs, SENCOs, and inclusive assistants.	To ensure resources are available to support implementation of autism programs	Agree
	Inclusive Pathways Hub (IPH) - Jennifer Ondiek, Lead Consultant	Create an accreditation framework for professionals working with autistic learners — therapists, shadow teachers, behavior specialists, etc. Require ongoing professional development and monitoring of practice standards in schools.	To ensure quality of services provided by professionals	Agree: some of these professionals such as occupational therapists are already regulated by law.

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
	Inclusive Pathways Hub (IPH) - Jennifer Ondiek, Lead Consultant	Schools and health facilities should be required to submit annual reports on: Number of children assessed, Services provided, Accommodation implemented. Establish a complaint and redress mechanism for parents facing discrimination or denial of services. Introduce clear penalties for institutions that refuse admission or fail to provide reasonable accommodation.	To ensure accountability and enforcement of the Bill's provisions	Agree: although reporting to parliament should be at the county or ministerial level.
	Jonathan Cheruiyot Metet - Disability Inclusion Advocate, Technical University of Mombasa	Ensure that all Persons with Disabilities are considered within a unified legal and policy framework to avoid direct or indirect discrimination. Disability-specific needs should be addressed through reasonable accommodation within mainstream systems with sufficient budgetary allocations. Institutional frameworks should promote inclusion rather than segregation.	Singling out one disability category for separate administrative, institutional, or legislative treatment—without equivalent provisions for others—risks creating unequal protection and unintended exclusion	Agree: The Bill provides for complementarity with the Persons with Disability Act.
	Margaret Thongori	Expand the definition to explicitly include all licensed professionals involved in multidisciplinary	The current restrictive definition excludes crucial professionals who form	Agree

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
		autism management, including: Occupational Therapists, Speech and Language Therapists, Clinical Psychologists, Counselling Psychologists, Psychiatrists, Paediatric Neurologists, Special Needs Educators, Behaviour analysts/therapists.	the backbone of autism assessment, therapy, and long-term management	
	Margaret Thongori	Replace “Diagnostic Centres” with comprehensive “Autism Management Centres” (AMCs), which must provide: early screening & diagnosis, intervention therapies, parent/caregiver training, counselling & psychosocial support, school transition support, assistive technology services, vocational preparation.	Autism requires lifelong support—not only diagnosis. Limiting these facilities to diagnostics minimizes the broader needs of autistic persons and their families	Agree
	Margaret Thongori	Add enforceable compliance clauses, timelines, and sanctions for failure to operationalize autism management centres, autism units, and data systems.	The Bill assigns duties to national and county governments without specifying deadlines, penalties, or performance audits. This creates a risk of non-implementation	Agree
	Margaret Thongori	Include a statutory requirement for KMTC to develop specialized higher diploma-level autism training programs specifically for:	Kenya Medical Training College (KMTC) trains the majority of health workers and should be mandated to develop specialized autism programs to	Agree: The committee however is of the view that the training should be undertaken by KISE.

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
		Occupational Therapists, Speech and Language Therapists, Community health workers. Programs should include: autism assessment frameworks, behavioural intervention techniques, sensory integration therapy, communication intervention skills, family-centred autism care, assistive technology use.	increase national workforce competent in autism management	
	Margaret Thongori	The Bill must require the Cabinet Secretary to integrate health, education, and social protection systems for comprehensive autism management. This includes: inclusive education models, Individualised Education Plans (IEPs), transition planning for school-to-work, social protection cash transfer programs, workplace accommodations	Autism affects learning, social functioning, employment, and community inclusion. Without this integration, autistic persons will continue to fall through systemic gaps	Agree
	Margaret Thongori	Mandate national screening protocols in MCH clinics at birth, 6, 12, 18 & 24 months, and school entry.	Although early detection is a stated objective, the Bill lacks concrete screening schedules	Agree: this however can be addressed through regulations
	Margaret Thongori	Create a National Autism Fund to ensure predictable, protected financing for autism management	Current financing language is vague and risks inconsistent implementation	Partly agree: there is need for insurance coverage for

THE SENATE STANDING COMMITTEE ON HEALTH

CLAUSE	STAKEHOLDER	PROPOSAL	REASONS	RESOLUTION
		centres, training, and compelling medical insurance firms to cover autism interventions, awareness, and community support.		persons with Autism to alleviate the financial burden.
	Margaret Thongori	Mandate real-time reporting from public and private health facilities, schools, rehabilitation centres, and social services with mandatory reporting requirements.	The Bill requires databases but lacks provisions for compulsory reporting from all facilities	Agree
	Margaret Thongori	Introduce guaranteed caregiver support, including counselling, respite care, financial assistance, and workplace protections.	Caregiver burnout and financial strain are significant but not adequately addressed	Agree
	Oliver Ngeta - Contributor on Kenya Autism Management Bill	The Government of Kenya can implement universal early screening for ASD at 18–24 months, with targeted screening at key milestones (e.g., entry to primary school, transitions between classes). Primary health care workers to be trained to recognise red flags (e.g., limited joint attention, reduced pretend play, language delay) and to refer promptly.	Early identification of ASD improves communication, social functioning, academic achievement, and independence	Agree