THE GENEVA CHALLENGE 2026

Advancing Development Goals Contest · Team Africa

SEEN *and* COUNTED

A Skin-Inclusive Work Pathway for Africa's Future of Work

COUNT → INCLUDE → RECOGNISE

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Abstract

Across Africa, people living with visible, chronic skin conditions such as psoriasis are shut out of decent work by a stigma rooted in a false belief that their condition is contagious. In the largest global survey of individuals living with psoriasis, 84% of respondents reported discrimination or humiliation and 45% had been asked whether they were contagious (Novartis, 2016). Yet the same people are largely uncounted in labor and disability data and unevenly recognized in law. We call this double invisibility: hyper-visible where visibility produces exclusion, and invisible where recognition would produce protection. As hiring becomes digital, appearance-based bias risks being reproduced in automated recruitment, even as flexible and output-based work opens new routes to participation, which makes this a genuine and neglected future-of-work problem. Seen and Counted is a 12-month pilot in Nairobi, funded by the CHF 10,000 first prize and led by four African human-rights lawyers and researchers. COUNT generates a focused local baseline using validated measures and a paid Lived Experience Advisory Group. INCLUDE, the center of the project, runs a Skin-Inclusive Work Pathway: trained, paid Peer Navigators who share the condition carry workers through assessment, rights literacy and placement, while a five-commitment Skin-Inclusive Work Standard changes how employers recruit, accommodate and review digital hiring, using the compliance incentive in Kenya's Persons with Disabilities Act 2025. RECOGNIZE converts the evidence into a policy brief, a replication toolkit, and a specific ask to Kenya's disability council to name these conditions in its accommodation guidance. Worker outcomes are measured as verified employment progression, and the model is designed to travel to Nigeria and Zimbabwe. The project offers a humane, affordable and repeatable way to ensure that, as work changes, this population is finally seen as workers and counted in the systems that overlooked them.

Keywords: visible skin conditions; psoriasis; disability and work; stigma; reasonable accommodation; future of work; Kenya; SDG 10; SDG 8.

The team

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1. Introduction and the problem

In the World Health Organization's Global report on psoriasis, a South African woman describes the condition she has lived with since age 26: it began on her scalp, colleagues suggested shampoos for "the dandruff", treatment did not help, and she hid her skin under a scarf at work, feeling like an outcast (World Health Organization [WHO], 2016, p. 13). Her account is ordinary, psoriasis affects at least 100 million people worldwide (WHO, 2016, p. 1), and patients are frequently stigmatized and excluded from workplaces, with 68% in one study reporting an impact on their professional career (WHO, 2016, p. 17). The problem is not simply that people with visible skin conditions experience stigma. It is that a population already disadvantaged in conventional labour markets risks entering the future of work from an unequal starting point while remaining largely absent from the data, policies and legal guidance that could make the transition inclusive. This exclusion is not occurring in a static labour market, and it is unfolding precisely as the systems through which people enter, perform and remain in work are being transformed. Concealment is the rational answer to a labor market that punishes visible skin, and it carries the cost this proposal is built around: a worker who hides is never counted, and a worker never counted is never protected. She is easy to see and easy to overlook at once: visible enough to be stigmatized, invisible enough to be uncounted and unprotected.

Work is being restructured in the 21st Century; the World Economic Forum (2025) estimates that the share of workplace tasks performed mainly by humans will fall from about 47% in 2025 to roughly 33% by 2030 as automation and artificial intelligence advance, and that some 59% of workers will need retraining by 2030, of whom about 11% are unlikely to receive it. The Geneva Challenge frames the central task as ensuring that transitions are inclusive, that workers are supported, and that productivity gains are shared. Who stands at the front of the queue to be left behind, and who at the back is a distributional question, and therefore a question of Sustainable Development Goal (SDG) 10, reduced inequalities.

People living with visible, chronic and episodic skin conditions sit at a revealing edge of that question. Psoriasis, the index case for this project, is not cosmetic. The World Health Assembly (2014) recognized it as a chronic, non-communicable, painful, disfiguring and disabling disease, and observed that many people are harmed less by the disease than by misdiagnosis, inadequate care and social stigmatization. Its labor-market harm runs chiefly through stigma founded on a false belief in contagion. In the largest global survey of people with psoriasis, 84% reported discrimination or humiliation because of their skin, 45% had been asked whether they were contagious, and 40% had been stared at in public (Novartis, 2016). The barrier is a social response to appearance, not a limit of what the worker can do.

Seen and Counted is a 12-month labor-market inclusion pilot in Nairobi led by four African human-rights lawyers and researchers. It works through one sequence derived in section 2 from the double invisibility diagnosis: COUNT generates a focused local baseline and lived-experience evidence. INCLUDE, the center of the project, delivers a Skin-Inclusive Work Pathway that supports workers into accommodated and output-based paid work through trained, paid Peer Navigators, and equips employers with a Skin-Inclusive Work Standard. RECOGNISE turns the evidence into a policy brief, a replication toolkit, and a precise institutional ask. The pathway is the center of the project, everything else exists to build it, measure it, or make it last.

2. Conceptual framework: double invisibility

The central organizing idea of this project is the contradiction for which it is named. People with visible skin conditions are rendered hyper-visible in ways that produce exclusion, because the lesion is seen by employers, customers and, increasingly, by digital recruitment tools that read image, video and career continuity. They are invisible where recognition would produce protection, because they are largely absent from labor-force and disability statistics, unnamed in most workplace-inclusion guidance, and unevenly captured by disability law. The two invisibilities compound each other. Because the population is not counted, its exclusion is not measured; because the exclusion

is not measured, no institution is accountable for it; because no institution is accountable, the population stays uncounted.

This framing disciplines the design rather than decorating it. It requires an intervention that acts on both faces of the paradox at once: COUNT to make the harm legible, INCLUDE to reduce it directly, and RECOGNISE to make the correction endure. A project that only generates data would leave workers where they are; one that only trained workers would leave the structures intact; one that only lobbied would have nothing specific to say. Figure 1 sets out the architecture.

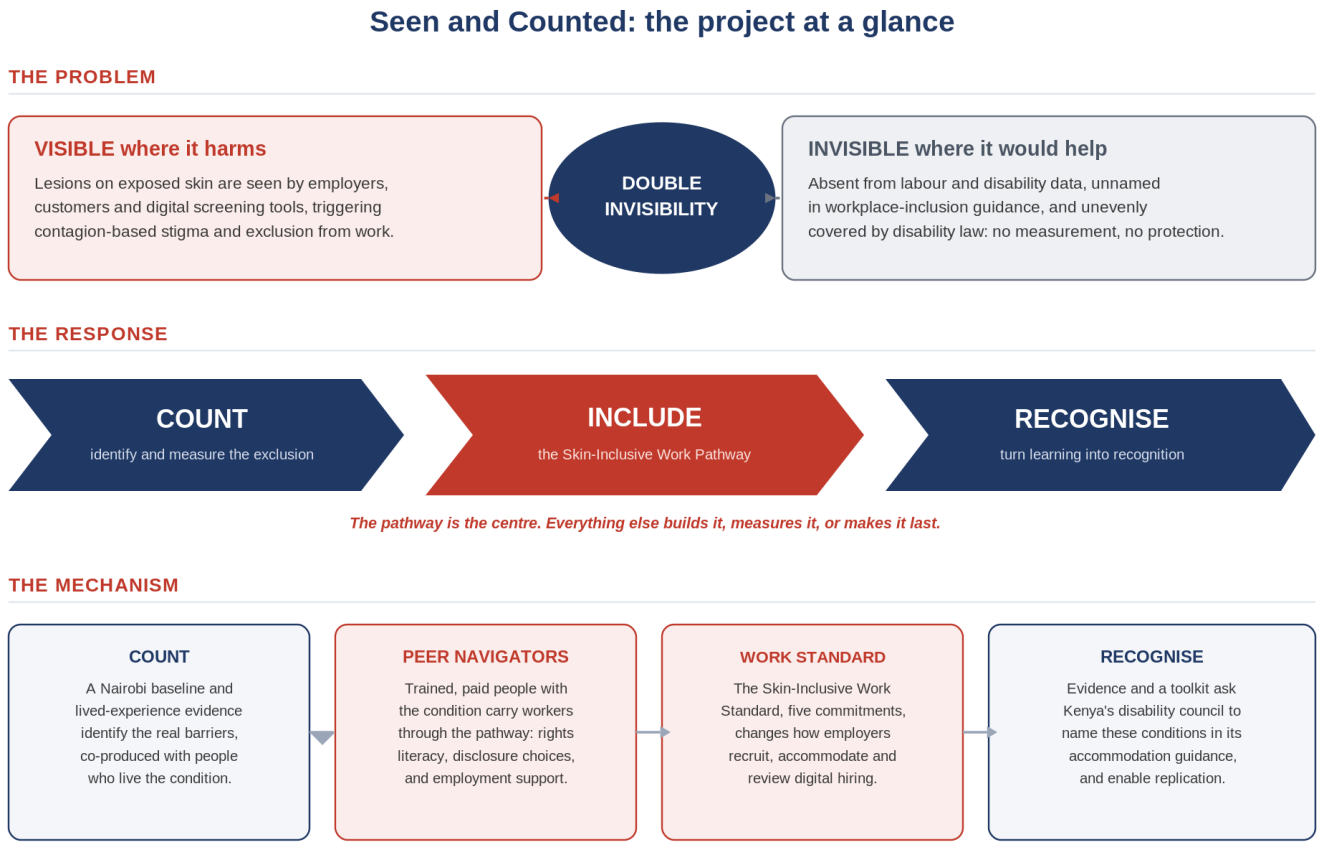

Figure 1. The problem of double invisibility, the COUNT to INCLUDE to RECOGNISE response, and the human and institutional mechanism.

3. Visible skin conditions and labor-market exclusion in African and Kenyan context

Africa is not one labor market, and the argument that follows is specific rather than continental. What the region shares is a configuration that makes appearance-based exclusion both more likely

and less visible than in high-income settings: large youth cohorts entering work, high informality, thin social protection, and weak dermatological capacity. Psoriasis affects an estimated 100 million people worldwide, with recorded national prevalence ranging from 0.09% to 11.43% (WHO 2016), and roughly a third of those affected develop psoriatic arthritis, alongside markedly elevated rates of depression and anxiety (Parisi et al., 2020). Where the condition has been measured against work, total productivity loss rises steeply with severity, reaching a substantial share of productive capacity in severe disease (Villacorta et al., 2020). These are largely high-income datasets, and this project treats them as indicating direction, not African magnitudes.

The African evidence is genuinely sparse, and that sparsity is part of the problem this project addresses. The most systematic modelling flags large parts of sub-Saharan Africa as data-poor, with prevalence extrapolated rather than observed (Parisi et al., 2020). Reported clinic-based estimates place eastern African prevalence, including Kenya, at roughly 1.9% to 3.5%, and western African figures lower, but the dermatological literature attributes much of the difference to underdiagnosis: in richly pigmented skin, psoriasis is frequently misread as tinea or non-specific dermatitis, and its erythema is harder to detect, so cases are missed (Alexis & Blackcloud, 2014). Specialist capacity compounds the gap. Dermatological services are scarce across much of the region, with WHO reporting that specialist dermatologists are unavailable to the majority of people living with psoriasis, above all in low- and middle-income countries (WHO, 2016, p. 29)".

Stigma operates through the same contagion misconception documented globally, and it bites hardest precisely where African employment is concentrated. Informal and customer-facing service work, from salons and retail to hospitality and transport, places appearance at the center of hire and daily interaction and offer the least protection when a worker is turned away. Young people, who make up the majority of new labor-market entrants, are especially exposed, because first impressions and probationary judgements weigh heavily at the point of entry, and because youth underemployment leaves little bargaining power to contest an unfair rejection. For a worker in this position, the result is not a single act of discrimination but a slow narrowing of options: fewer

callbacks, retreat into informal work, and a decision to stop disclosing, which in turn removes her from any count that might have registered the problem.

These dynamics are amplified by the structure of the Kenyan labor market. Most young Kenyans work informally, without written contracts, grievance procedures or the reporting duties that make discrimination visible, so an appearance-based rejection in a salon, a shop or a delivery service leaves no record and triggers no remedy. Youth underemployment is high, and competition for scarce formal jobs raises the cost of any characteristic an employer can use to screen a candidate out. At the same time, Kenya is one of the continent's fastest-moving digital-work markets, which is why the risks and opportunities of the transition are not abstract here: the same city that hosts a large customer-facing service economy also hosts the platforms and training programmes through which a worker might reach output-based work where appearance matters less. The pilot is designed to sit at that intersection.

Kenya is an analytically and operationally appropriate place to intervene. It combines the strongest recent disability-employment law on the continent, examined in Section 5, with the region's deepest digital-work infrastructure, examined in Section 4, and an organized patient community. Nairobi concentrates on the customer-facing service economy, the digital-work platforms, the dermatological referral capacity that exists, and the relevant public institutions in a single city, which makes a small pilot both feasible and observable. Kenya also offers a live policy vehicle: a statutory disability council with an express mandate to develop guidance and standards, which gives the project a realistic route from evidence to recognition. Nigeria and Zimbabwe, the other team members' jurisdictions, supply the comparative legal analysis and the first replication pathway, so that a Nairobi pilot is designed from the outset to travel to other African contexts rather than to stand alone.

4. Why this is a future-of-work problem

The connection to the competition theme is mechanical, not thematic, and it runs in two directions. The transformation of work simultaneously threatens to reproduce an old stigma in new systems and offers new routes around it, and the distribution of those effects depends on how the transition is governed. This is why the project intervenes on both the worker and the employer side rather than choosing one.

On the risk side, hiring is being automated. A growing scholarship shows that algorithmic recruitment systems can reproduce discrimination against disabled and chronically ill applicants, for example by penalizing the employment gaps that episodic illness produces, or by scoring facial expression, demeanor and video 'presentation' in ways that disadvantage people whose appearance departs from an implied norm (Tilmes, 2022). The evidence must be handled in tiers, and the project is explicit about which tier each claim occupies. First, and firmly established, appearance-based stigma already excludes people with visible skin conditions from employment (Novartis, 2016; Zhang et al., 2021). Second, and established in the general literature, automated recruitment can reproduce discrimination against marginalized groups (Tilmes, 2022). Third, and not yet well studied, is whether people with visible skin conditions face particular risks from these systems. The project treats this third proposition as an open question to be explored through employer practice, not a finding to be asserted, and it neither conducts nor promises an algorithmic audit.

The skills dimension sharpens both the risk and the opportunity. As tasks are automated, the premium shifts toward digital, communication and adaptable skills, and workers excluded early accumulate the employment gaps and thin references that later screening, whether human or automated, reads as risk. For a worker repeatedly turned away on sight, the cost is not only lost income now but a widening distance from the competencies the next decade of work will reward. The project's worker side therefore treats skills narrowly and practically, closing the specific gaps that keep a participant from a reachable job rather than delivering generic training, and its employer side treats adaptation as a shared task: firms that learn to recruit and accommodate this population also build the capacity to govern the digital tools reshaping their hiring. In a labor market where a

majority of workers are expected to need retraining this decade (World Economic Forum, 2025), inclusion and adaptation are not competing priorities but the same one.

On the opportunity side, the same transition can widen participation. Output-based remote and platform work is priced on delivered results rather than on how a worker looks across a desk, and it can reduce some appearance-based gatekeeping at the point of hiring while accommodating episodic flares that fixed-attendance work punishes. Kenya has the infrastructure to make this concrete. The government-backed Ajira Digital programme has trained large numbers of young people for online and digitally enabled work, and national research estimates that well over a million Kenyans already earn online (Ajira Digital Programme, 2024). The claim here is careful and specific: flexible and digital work are additional pathways to economic participation and choice, not a cure. They do not eliminate appearance-based discrimination, digital workplaces can reproduce bias, and access is unevenly distributed, since connectivity and digital skills remain lower for women and in lower-income settings (International Telecommunication Union [ITU], 2024). A remote-only strategy would relocate exclusion rather than reduce it and would risk asking visibly different workers to disappear. The project therefore pairs the digital pathway with direct work on in-person workplaces, so that appearing in public with visible skin ceases to be disqualifying. Workers receive support to navigate changing labor markets; employers receive tools to prevent an old stigma from being rebuilt into new systems of hiring.

5. Normative and legal framework

Inclusion here is an obligation, and the legal analysis is precise about where it bites and where it does not. The Convention on the Rights of Persons with Disabilities adopts an interactional model: persons with disabilities are those with long-term impairments that, in interaction with various barriers, may hinder full and equal participation (United Nations [UN], 2006, art. 1). Disability, in this view, arises where impairment meets barrier, not from impairment alone. The Convention guarantees the right to work on an equal basis in an open and inclusive labor market and treats the

denial of reasonable accommodation as a form of discrimination (UN, 2006, arts. 2 & 27), a duty the treaty body has since elaborated (Committee on the Rights of Persons with Disabilities [CRPD Committee], 2022). At the regional level, the African Charter affirms the right to work under equitable and satisfactory conditions (Organisation of African Unity, 1981, art. 15), and the Protocol to the African Charter on the Rights of Persons with Disabilities in Africa, in force since 2024 and ratified by Kenya, Nigeria and Zimbabwe (African Union, 2018), supplies a shared regional standard that lowers the cost of cross-border replication.

Kenya's Persons with Disabilities Act, No. 4 of 2025, is unusually reachable for this population. It defines disability to include any impairment, condition or illness that has, or is perceived to have, a substantial or long-term effect on a person's ability to carry out ordinary activities (Persons with Disabilities Act, 2025, Kenya, sec. 2). It requires employers of 20 or more employees to reserve at least 5% of positions for persons with disabilities, imposes a duty of reasonable accommodation, and obliges employers to report annually to the National Council for Persons with Disabilities in a form the Council prescribes. The Council, re-established as a body corporate under the Act, is empowered to develop guidelines, standards and policy, to enforce reasonable accommodation and non-discrimination, and to issue adjustment orders. Nigeria's Discrimination Against Persons with Disabilities (Prohibition) Act, 2018, prohibits disability discrimination and reserves 5% of public-sector posts, and Zimbabwe's Persons with Disabilities Act, 2025, anchored in sections 22 and 83 of its Constitution, introduces public-sector quotas and private-sector incentives.

Two features of the Kenyan regime make the recognition ask realistic. The reasonable-accommodation duty is defined broadly, covering job restructuring, modified schedules, reassignment and adjusted materials, which comfortably includes the flexible-scheduling and appearance-neutral measures this population needs. And the Council can issue adjustment orders and prescribe the employer reporting format, so it already holds the administrative levers through which a clarifying interpretation could take practical effect.

The proposal does not claim that everyone with a visible skin condition is a person with a disability. That over-claim would be both legally wrong and strategically fragile. The population instead divides into three legally distinct situations, and the double-invisibility analysis is sharper for taking them seriously. Some people have chronic, functionally limiting diseases, including psoriatic arthritis or severe, persistent involvement, that clearly falls within disability protection; their difficulty is that they are often protected without knowing it, and employers rarely recognize the duty. Others may qualify depending on the nature, duration and effects of their condition and the barriers they encounter, which is exactly where Kenya's 'perceived' language does decisive work, since a worker refused a job because an employer wrongly fears contagion is being treated as impaired and may claim protection on that basis. A third group experiences serious appearance-based discrimination that may not map cleanly onto existing disability categories at all, and their situation exposes the limits of current protection. Legal invisibility, in other words, is not uniform. It is a patchwork of unclaimed protection, unrecognized duty and genuine gaps, and each part calls for a different response: rights literacy for the first, employer guidance for the second, and institutional recognition for the third. This is the legal engine of Section 9 and Section 10.

6. Target population and pilot location

The pilot population is defined operationally so that eligibility can be applied consistently and defended under questioning. Participants are working-age adults, in the first instance aged 18 to 35 with scope to include older applicants, resident in Nairobi, who self-identify as living with a visible, chronic skin condition affecting commonly exposed areas such as the face, scalp, neck, hands or forearms, present for six months or more, and who report an associated labor-market barrier. Psoriasis is the index condition and the entry point through patient and dermatology networks; comparable conditions, including vitiligo and severe chronic eczema, are eligible where they meet the same visibility and chronicity criteria. Because underdiagnosis is common, eligibility does not require a prior formal diagnosis. Self-report is the entry route, with optional clinical confirmation offered through a prospective dermatology partner, so that undiagnosed workers are not screened

out of a project whose premise is that they are undercounted. A person becomes a participant in completing intake and consent, and the project records the condition and the barrier, not an identity, so that no one is defined by their skin.

Nairobi is the pilot site for the reasons developed in Section 3: the strongest enabling law, the deepest digital-work infrastructure, an organized patient community, and the concentration of employers, platforms and institutions in one observable setting. Two of the four team members are Kenyan legal practitioners based in the country, which makes recruitment, employer engagement and institutional access realistic within a 12-month pilot rather than aspirational. The project's ambition is expressed as local implementation with a design built to travel, not as a continental promise that a modest budget could not keep.

7. Theory of change

The causal logic follows the project's three moves and states its assumptions so they can be tested. If the project generates a credible local baseline and lived-experience evidence, then it can target the pathway accurately and give institutions something specific to act on. If it then runs the Skin-Inclusive Work Pathway on both the worker and employer sides, then participating workers gain access to accommodated or output-based paid work and participating employers change defined practices, so that measured exclusion falls for those in the pilot. If it converts that evidence into a precise institutional ask and reusable tools, then the change begins to extend beyond the pilot cohort. The short-term outcome is verified employment progression for participants and concrete practice changes in employers; the medium-term outcome is a transferable model and at least one institutional response; the long-term aspiration is that visible, chronic conditions become a recognized, counted and accommodated category in the region's labor markets.

Move	Guiding question	What it produces	Lead
COUNT	Who is excluded, and how?	A Nairobi baseline and lived-experience evidence, co-produced with people who live with the condition.	Musonza (qualitative), Silas (synthesis)
INCLUDE	How do we reduce the exclusion now?	A two-sided Skin-Inclusive Work Pathway that places workers and changes employers.	Mwashigadi (pathway and employers)
RECOGNISE	How does the change outlast the pilot?	A policy brief, a replication toolkit, and a specific ask to the disability council.	Silas (legal and policy)

Four assumptions carry the chain, and each is monitored. That employers will engage is plausible in Kenya because the 2025 Act creates a live legal duty the project helps them meet. That accommodation is affordable is supported by evidence that most workplace accommodations cost little or nothing, with a majority incurring no cost at all (Job Accommodation Network [JAN], 2024), which the pilot will test in local conditions. That flexible and digital work widens participation for some, without hiding the worker, is measured directly and paired with the in-person employer track. That a narrow recognition ask is achievable is addressed by seeking a clarifying interpretation and guidance under existing law rather than new legislation. Where an assumption fails, the monitoring framework detects it and the design adjusts; a negative finding on the digital-work assumption would itself be a useful result for the field.

8. COUNT: generating actionable evidence

The project begins with evidence because the absence of evidence is half the problem. It generates a focused local picture at a scale a four-person team can deliver well in 12 months, and its purpose

is instrumental: the evidence calibrates the pathway, seeds the institutional ask, and sets the baselines against which impact is judged. Two strands run in parallel. A baseline survey of 120 to 150 eligible participants recruited in Nairobi captures employment status, recruitment and workplace experiences, disclosure decisions, requests for and provision of accommodation, income, and access to digital work. It uses established, validated instruments so results are comparable and interpretable: the Dermatology Life Quality Index for quality of life (Finlay & Khan, 1994), the Work Productivity and Activity Impairment questionnaire for work impact (Reilly et al., 1993), and a validated stigma measure derived from the Feelings of Stigmatization instrument (Ginsburg & Link, 1989; Zhang et al., 2021). A qualitative strand of 15 to 20 semi-structured interviews captures how exclusion is experienced, negotiated and sometimes internalized, which the numbers alone cannot show.

Recruitment runs through patient and dermatology networks, a prospective clinic partner, and World Psoriasis Day outreach rather than a clinical register, so that undiagnosed and informally employed people are reached. Ethical approval is obtained through the team's academic base before any data collection; consent is informed and revocable; records are anonymized; and no clinical data are collected beyond what participants volunteer. The Lived Experience Advisory Group, described in Section 11, co-designs the instruments and interprets the findings, so that what is measured reflects what the affected community considers important. The analysis is descriptive and hypothesis-generating rather than causal, and the outputs are stated as a Nairobi baseline, not a national or continental estimate.

9. INCLUDE: the Skin-Inclusive Work Pathway

INCLUDE is the center of the project. It is a single pathway with two connected sides, joined by a common standard and carried by people with lived experience. COUNT identifies the barriers; Peer Navigators carry workers through the pathway; the Skin-Inclusive Work Standard changes employers; and RECOGNISE institutionalizes the learning.

9.1 Peer Navigators: the human hinge

The Peer Navigator is the human hinge of the model. Two to three Navigators are recruited from the Lived Experience Advisory Group: adults living with a visible skin condition who have strong interpersonal skills and the willingness to support others, selected with the Group rather than appointed over it. They receive short-structured training covering rights and reasonable-accommodation literacy, disclosure conversations and their boundaries, the basics of employment support, safeguarding, and referral, and they are paid a stipend that the budget carries rather than assuming free labor. Their functions are specific. They co-run participant recruitment, which builds trust that outside facilitators cannot; they deliver the rights-and-disclosure literacy sessions; they provide one-to-one support as a participant moves through assessment, preparation and placement; and, where a participant wishes, they help prepare for an accommodation conversation with an employer. Their role is bounded by design: Navigators are peers, not clinicians or lawyers, and they refer clinical questions to the dermatology partner and legal questions to the team. They are supervised through weekly check-ins with the operations lead, and their training materials become part of the replication toolkit, so the model can be repeated. The Navigator role is also a labor-market outcome in itself, since it is paid, skilled work performed by members of the affected population.

9.2 The worker side

The worker side follows a supported-employment logic, adapted to a low-resource setting, and serves 25 to 30 participants. Each participant moves through a defined sequence: an individual assessment of skills, goals and barriers; targeted bridging only where a demonstrated gap exists, prioritizing digital and employability skills delivered through existing free public curricula such as the Ajira ecosystem rather than a new training programme the project would duplicate; a rights-and-disclosure literacy session, led by a Peer Navigator, that equips the participant to decide whether and when to disclose and how to request accommodation, without ever instructing disclosure; structured connection to opportunities drawn from the project's employer cohort, existing digital-

work platforms and open vacancies; and follow-up at three and six months. Flexible and remote work is offered as options that some participants will value and others will not, and the choice rests with the worker.

9.3 The employer side and the Skin-Inclusive Work Standard

The employer side changes the demand for labor, and it runs on a legal incentive rather than goodwill. A cohort of six to eight Nairobi employers, prioritizing customer-facing, service and business-process-outsourcing firms already subject to the 2025 Act's duties, completes a baseline organizational assessment and then adopts the Skin-Inclusive Work Standard, a compact instrument organized around five commitments. The Standard is deliberately simple to remember and substantive enough to produce measurable change, and it integrates the future-of-work dimension as one of its commitments rather than as a separate intervention.

Commitment	What the employer does
1. Recruit on capability, not appearance	Remove unblemished-appearance and 'clear skin' criteria from customer-facing role descriptions and assess candidates on ability to do the job.
2. Correct the contagion myth	Deliver a short staff orientation, co-designed with Peer Navigators, that corrects misconceptions about contagion and appearance.
3. Accommodate chronic and episodic conditions	Adopt a written reasonable-accommodation procedure that names episodic flares and offer practical adjustments such as flexible scheduling and sensible uniform and customer-interaction policies.

Commitment	What the employer does
4. Protect disclosure and privacy	Require no disclosure of a health condition to obtain a role, and handle any disclosure confidentially, protecting worker autonomy.
5. Review of conventional and digital recruitment	Complete a plain-language review of recruitment, including whether digital tools penalize employment gaps or score appearance, and ensure a human review is available to contest an automated rejection.

The fifth commitment is where the future-of-work analysis becomes employer practice. It reframes the algorithmic question from an audit the team cannot perform into a governance review the employer can adopt and sustain, consistent with the tiered evidence set out in Section 4. Adoption of the Standard is defined so it can be verified rather than asserted: an employer has adopted the Standard when it has completed the baseline assessment, implemented at least two specified changes from a defined menu tied to the five commitments, and passed an endline verification. The incentive to participate is concrete. Adoption reduces the employer's legal exposure under the 2025 Act, supports the annual compliance report the Act already requires, and opens a motivated talent pool, and the accommodation involved is typically low or no cost (JAN, 2024). The original intuition behind a psoriasis-friendly salon is preserved here in a disciplined form: rather than building a facility the budget cannot sustain, the project turns existing appearance-sensitive workplaces into visible demonstration sites and reserves any dedicated skin-positive social enterprise for a later, separately financed phase.

In practice the two sides meet on one person's journey, the worker enters through a patient network, completes intake and a skills assessment, and works with a Peer Navigator who shares her condition to prepare for interviews and to plan whether and how to disclose. She is matched to a vacancy at a cohort employer that has removed unblemished-appearance language from its role specifications

and adopted a written accommodation procedure covering flares, or, if she prefers, she is supported onto an output-based digital contract where hiring turns on delivered work. Her situation is measured at intake and again at follow-up, and both her progression and the employer's practice change become the evidence that RECOGNISE carries forward.

10. RECOGNISE: institutional recognition

RECOGNISE converts what the pilot learns into change that can outlast it, through an ask precise enough to answer the jury's natural question, who exactly is being asked to do what. The primary addressee is the National Council for Persons with Disabilities, the statutory body established under the 2025 Act with an express mandate to develop guidelines and standards, to enforce reasonable accommodation and non-discrimination, and to prescribe the format of employers' annual disability-employment reports. The ask is that the Council issue interpretive guidance clarifying that chronic, episodic and perceived-disabling visible skin conditions fall within the Act's definition and its reasonable-accommodation duty, and that these conditions be made visible in the employer reporting format, so that a protection the law already contains is understood and applied in practice. This is a clarification of existing law within the Council's existing powers, not a request for new legislation or an outcome beyond the project's control.

The route is evidence-led. The project submits the Nairobi baseline, the pilot results, a drafted guidance note, and recommendations endorsed by the Lived Experience Advisory Group, and it engages the Council and the relevant labor authorities directly; where appropriate, it also engages the National Gender and Equality Commission on the non-discrimination dimension. Beyond Kenya, the project contributes its evidence to the World Health Organization process that recognized skin disease as a global public-health priority in 2025 (World Health Assembly, 2025), arguing that the resulting global action plan should address labor-market inclusion and not only clinical care. Success is defined in graduated and honest terms: a policy brief lodged and formally received; a documented Council response; and, at best, an amendment to guidance or the reporting format. The

reusable outputs, the Standard, the Navigator training, the instruments and the toolkit, are the durable core, so that recognition and replication do not depend on a single decision.

11. Participatory governance: the Lived Experience Advisory Group

Affected people sit inside the project's governance, not at its edge. A Lived Experience Advisory Group of six people living with visible skin conditions, gender-balanced and drawn from the pilot population, holds a defined role across the project: it co-designs the research instruments and the pathway, interprets findings, shapes the recognition recommendations, and reviews the evaluation. Members are paid stipends for their time, a cost the budget carries, because unpaid participation of a marginalized group would reproduce the inequality the project opposes. From the Group, the Peer Navigators are recruited and trained. Governance also carries an intersectional gender lens, led by the team member responsible for the qualitative strand: recruitment, disclosure and customer-facing exposure are experienced differently by women, who are over-represented in appearance-sensitive service work and who report gendered forms of stigma, so data are disaggregated by sex and age and the interviews attend explicitly to how gender shapes both the harm and the available options. Participation here is contractual, remunerated and consequential, which is what distinguishes it from tokenism.

12. Implementation and division of responsibilities

The project runs in three phases across 12 months, with evidence preceding commitment. It is credible in part because it emerges from what the four team members already do, and responsibilities are matched to demonstrated expertise. All four are legal practitioners and human-rights researchers reading for the LLM in Human Rights and Democratisation in Africa at the Centre for Human Rights, University of Pretoria, which is the team's academic base for research design and ethics. Specialist inputs the team does not itself hold, notably statistical analysis and independent evaluation, are contracted and budgeted rather than assumed.

Team member	Lead responsibility	Basis in expertise
Keziah Mwashigadi (Kenya)	INCLUDE: the Skin-Inclusive Work Pathway, employer engagement, the Work Standard and accommodation content.	Legal practitioner and human-resources specialist; founder of an employment and legal-solutions consultancy in Kenya; research on dignity and non-discrimination for persons with visible skin conditions.
Sharleen Mbirua (Kenya)	Operations, ethics and safeguarding, monitoring and evaluation, and the digital-recruitment review module.	Litigator with donor-funded project management (IKEA Foundation, ECHO-HIAS, UN Women); policy drafting; work with vulnerable populations; interest in digital rights and AI.
Theophilus Silas (Nigeria)	RECOGNISE: legal analysis, comparative disability-law analysis, the policy brief and evidence synthesis.	Prosecutor and human-rights litigator; large-scale empirical analysis of Nigerian jurisprudence; focus on equality and non-discrimination.
Rumbidzai Musonza (Zimbabwe)	COUNT qualitative strand; Lived Experience Advisory Group and Peer Navigator coordination; intersectional gender analysis.	Peace and conflict studies and development studies; feminist thought; qualitative inquiry; scholarship on stigma, culture and social norms.

Phase	Months	Core activities
1. Foundations	1-3	Confirm prospective partnerships; secure ethics approval; recruit and orient the Advisory Group; select and train Peer Navigators; finalize instruments; recruit the worker and employer cohorts.
2. Delivery	3-9	COUNT surveys and interviews; run the worker pathway (assessment, bridging, rights literacy, placement); deliver the employer Standard, orientation and recruitment review.
3. Evidence and recognition	8-12	Follow up at three and six months; endline measurement; independent review; publish the policy brief and toolkit; engage the Council and labor authorities.

Recruitment is concrete rather than gestural and workers are reached through patient networks, the prospective dermatology partner and World Psoriasis Day outreach, with Peer Navigators co-running intake; employers are approached first among those already subject to the 2025 Act's duties, for whom the Standard reduces legal exposure, and among appearance-sensitive service firms with a reputational and talent interest. Decisions are made by the four-person team by consensus, with a designated lead for each workstream holding day-to-day authority, and disagreements resolved by reference to the project's single test, whether an activity reduces double invisibility. If a prospective partner declines, the contingency is built in alternative clinics and platforms serve the same function, the cohort is sized to absorb attrition, and ethics approval gates data collection so that no participant is engaged before safeguards are in place.

13. Stakeholders and partnerships

The project distinguishes confirmed partners, of which there are currently none, from prospective partners whose interest it will secure, engagement targets for policy uptake, and public infrastructure

it will leverage. The Psoriasis Association of Kenya and dermatology clinicians are prospective partners for reach and clinical accuracy, with an interest in evidence and visibility for their constituency. A Nairobi university or research unit is a prospective partner for ethics and evaluation, gaining publications and a policy-facing dataset. Employers participate for compliance, reputation and talent. Public digital-work infrastructure such as Ajira Digital is leveraged rather than recreated. The National Council for Persons with Disabilities and the labor authorities are engagement targets for recognition, gaining low-cost delivery of duties they already hold. Because none of these relationships is assumed, the design degrades gracefully: multiple recruitment channels and a cohort sized for attrition mean that the loss of any single clinic, platform or employer does not stop the pilot.

14. Monitoring, evaluation and learning

The framework measures change rather than motion, distinguishes outputs from outcomes, and uses causal language appropriate to a pilot without a control group; it reports association and progression, not attributed impact. The worker outcome is not a single crude employment rate but a participant-specific employment-progression measure: the share of participants who achieve one or more verified positive labor-market outcomes over the follow-up period. Terms are defined so they can be verified. Paid work means any remunerated work, formal, informal or platform-based, above a modest earnings or hours threshold agreed at baseline. Employment entry means moving from no paid work to paid work; retention means remaining in paid work at the three- and six-month follow-ups; progression includes a move to more stable or better-remunerated work, an improvement in working conditions, a reasonable accommodation successfully received, or a measured reduction in reported workplace exclusion. Baselines are set at intake using the instruments in Section 8, endline is measured at month 12, and an independent light-touch evaluation guards against self-assessment bias. Learning is built in mid-pilot findings feed back into the pathway, the Standard and the recognition ask before any replication.

The framework separates the levels it measures. Inputs are the prize funds, the team's time, and the confirmed approvals and partnerships; activities are the survey, the pathway and the employer engagement; outputs are the counts of people surveyed, trained, placed and assessed; outcomes are the verified changes in workers' employment situations and employers' practices; and impact, which a 12-month pilot can only begin to approach, is the longer-term shift toward a recognized and accommodated category. Keeping these levels distinct prevents the common error of reporting activity as though it were impact, and it tells the team, and any future funder, exactly what the pilot can and cannot claim.

Level	Indicator	Baseline and target
Outputs	Participants surveyed and interviewed; Peer Navigators trained; employers assessed	0 at start; 120-150 surveyed, 15-20 interviewed, 2-3 Navigators, 6-8 employers
Worker outcomes	Participants achieving one or more verified positive employment outcomes; accommodation requested and received; change in stigma and quality-of-life scores	Baseline at intake; target a majority of the 25-30 pathway participants achieving at least one verified positive outcome; measured change on validated scales
Employer outcomes	Employers adopting the Standard (defined); specific practice changes; recruitment review completed; changes retained at endline	0 at start; target 6-8 adopt, with at least two changes each retained at endline
Institutional	Policy brief lodged and received; Council engagement; toolkit published; replication interest	0 at start; brief and toolkit delivered; at least one institution formally engaged

15. Risk analysis and mitigation

The main risks are stated with candid likelihood and impact ratings and with mitigation built into the design.

Risk	Likelihood / impact	Mitigation
Digital or flexible work does not widen participation as hoped	Medium / high	Measured directly; paired with the in-person employer track so the pathway never depends on it; a negative result is a useful finding.
Digital divide excludes the poorest participants	High / medium	In-person track and blended delivery; leverage existing public curricula and connectivity; no remote-only requirement.
Employers decline to participate	Medium / medium	Anchored in a live statutory duty; recruitment leads with compliance and reputational value; cohort sized for attrition.
Privacy or stigma harm to participants	Medium / high	Ethics approval before collection; anonymization; opt-in disclosure; safeguarding lead; Peer Navigator boundaries.
Overstating algorithmic-hiring claims	Low / medium	Evidence tiered explicitly; no audit conducted or promised; the recruitment review is an employer governance tool.
Tokenistic participation	Medium / high	Advisory Group holds paid decision roles; Peer Navigators are paid and central to delivery.

Risk	Likelihood / impact	Mitigation
The institutional ask stalls	Medium / medium	Ask is a clarification within existing powers; success defined in graduated terms; reusable toolkit does not depend on one decision.
Scope exceeds 12 months and CHF 10,000	Medium / medium	Reduced cohorts; activity-based budget; explicit exclusions and a single-city focus.

16. Activity-based budget

The budget is built upward from the activities and totals the CHF 10,000 first prize. The four team members' legal, human-resources, research and project-management work is their own in-kind contribution and is not charged. Specialist inputs the team does not provide, notably statistical analysis and independent evaluation, are budgeted as paid contracts, and the participation of affected people is paid. Figures are indicative planning estimates for Nairobi, to be confirmed with partners before implementation.

Activity	CHF	Basis
Research ethics, instrument adaptation and translation	700	Approval fees; adapting the validated instruments for the setting.
Lived Experience Advisory Group stipends (6 members, 12 months)	900	Paid participation in design, interpretation and evaluation.
Peer Navigator training and stipends (2-3)	1,300	Training plus paid delivery of rights sessions and participant support.
COUNT fieldwork (120-150 surveys; 15-20 interviews)	1,200	Enumeration support; participant airtime and transport reimbursement.

Activity	CHF	Basis
Worker pathway delivery (25-30 participants)	1,500	Facilitation using free public curricula; venue and connectivity; placement support.
Employer engagement (6-8): Standard, orientation, review	800	Design and printing of materials; employer sessions.
Statistical analysis (contracted)	700	Not assumed as free labor.
Independent monitoring and evaluation (contracted)	800	Light-touch external review; baseline and endline.
Policy brief and replication toolkit (writing, design, EN/FR translation)	700	Dissemination into national and continental channels.
Communications and World Psoriasis Day activation	400	Recruitment and outreach materials.
Coordination across three countries and contingency	1,000	Transfers, communications, and about 10% contingency.
Total	10,000	Fully allocated to the 12-month Nairobi pilot.

17. Sustainability and scalability

The project's most useful products are designed to outlast the pilot. The Skin-Inclusive Work Standard, the recruitment-review module, the Peer Navigator training and the measurement instruments are reusable tools that cost little to maintain and can be handed to patient organizations and employers. The employer cohort can seed a small peer network that continues to share practice. A credible baseline positions the team to seek follow-on funding from disability, health and labor

funders, and if the recognition ask succeeds it embeds the change in duties the state already enforces. The Peer Navigator role also demonstrates a form of paid, skilled work that can continue beyond the pilot. No single element is presented as self-sustaining; the strength is the combination.

Scaling follows evidence. The pathway is piloted in Nairobi, evaluated, refined, and then offered for replication in Nigeria and Zimbabwe, where the team's other members and the shared African Disability Protocol lower the cost of transfer. What replicates is the model, the Standard, the Navigator approach and the instruments; what stays context-specific is the legal hook, since Kenya's perception-sensitive definition, Nigeria's public-sector focus and Zimbabwe's new quota-and-incentive regime each require the recognition ask to be tailored, and the depth of digital-work infrastructure. Unit costs fall on replication because the tools already exist. The project avoids imposing a single template across a diverse continent and expresses ambition through replicability rather than through an implausible initial scale.

18. Sustainable Development Goals and policy relevance

The central development proposition is a claim about inequality: as work changes, people with visible chronic skin conditions risk being left behind because they are excluded by stigma and overlooked by data, law and workplace policy, and the project seeks to reduce that inequality. SDG 10 is therefore the anchor, through targets on social and economic inclusion irrespective of status and on eliminating discriminatory practices. SDG 8 is the principal complementary goal, since the project concerns decent work, labor-market participation and inclusive economic development; the economic stakes are not trivial, as workers with disabilities in lower and lower-middle-income countries earn on the order of a quarter less per hour than comparable workers without disabilities (International Labour Organization, 2024). SDG 3 enters naturally, because psoriasis is a recognized non-communicable disease and the health dimension connects to the World Health Organization's skin-disease agenda. SDG 4 is engaged where the project genuinely builds skills and rights literacy, through the worker pathway and employer learning. A climate connection is not forced; the

physiological links between heat, ultraviolet exposure and skin disease are real but point where the project already goes, toward flexible and indoor work, and a fifth goal would trade coherence for the appearance of breadth. The project's policy relevance is concrete: it gives a national disability institution a low-cost way to meet obligations it already holds, and it offers a replicable template for other stigmatized, episodic conditions.

19. Conclusion

The future of work will be defined less by what machines can do than by who is allowed to benefit as the rules are rewritten. People living with visible, chronic skin conditions are a small but revealing test of that question, because the same digital transition that could widen their options may also rebuild an old, contagion-based stigma into the systems that now decide who is hired. People with visible skin conditions should not lose work because their skin is visible, and they should not be invisible to the institutions meant to protect them. Seen and Counted answers their double invisibility with one disciplined sequence: count what has been overlooked, include those who are excluded through a Skin-Inclusive Work Pathway carried by people with lived experience, and recognize the barriers institutions have ignored. It is anchored in one city and one year, built on validated measures and honest evidence, led by four African lawyers whose expertise the project reflects, and designed to travel. It offers a precise, humane and repeatable way to ensure that as work changes, this population is finally seen as workers and counted in the systems that overlooked them.

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