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| Danish organisation | 100% for Børnene |
| Title of the intervention | Better Together – Community strategies for stronger inclusion of children and youth with disabilities |
| Partner name(s) | Association for the Physically Disabled of Kenya |
| Amount applied for | 497.711 |
| Country(ies) | Kenya |
| Period (# of months) | 12 |
| If re-submission or in continuation of a previous intervention, please insert journal number |  |

**1.** **Objective and relevance (the world around us)**

Every day new cases of children being born with disabilities are found in the vulnerable slum communities in Mombasa in Kenya. Disabilities are caused by malnutrition among pregnant women, birth conditions, or living and working conditions in poor areas. The local communities are in lack of capacity to meet these rising needs of persons and especially children with disabilities. At the same time already existing parent support groups, Disabled People’s Organizations which are formed and registered by a group of persons with disabilities, and Community Based Organizations (CBOs) working in the disability area are poorly coordinated and hence work in isolation without common ground to raise awareness at sub-county and county level to change the conditions for children and youth living with disabilities. The overall objective of this intervention, therefore, is to strengthen the prevention and early identification of children with disabilities and empower selected key members of the local slum communities in Mombasa including parents of children with disabilities, and youth with disabilities to act on disability issues. To reach this overall objective we will work with two immediate objectives:

**1.** **Strengthen the capacity of 10 local communities in Mombasa’s slum areas in Kenya to assess, analyze, plan, and implement health-related development initiatives focused on prevention, early identification, and referrals for rehabilitation for people and children with disabilities.**

**2.** **Coordinate and empower youth ambassadors and selected civil society actors to advocate for duty bearers to take responsibility at the sub-county and county levels. The advocacy will focus on the inclusion of children with disabilities in health, social and educational services within the selected counties**

**2.** **Describe the context of the intervention:**

The project is set to be implemented in Mombasa County. 65 % of the county’s population is made up of informal settlements (slums). Life in urban slums is frequently characterized by lack of access to necessities, weak infrastructure and inadequate services insecurity, overcrowding, low levels of social cohesion, and exposure to multiple, interacting risks such as family separation, living and working on the streets, sexual exploitation and abuse, HIV and AIDS, and violence. For this intervention, we will target the following Mombasa slums areas: Mshomoroni, Kisauni, Vikwatani, Kongowea, Likoni, Kibarani, Mikindani, Magongo, Jomvu, Chaani, and Aldina. Population distribution and settlement patterns in the mentioned slums are influenced by proximity to vital social and physical infrastructure networks such as roads, housing, water, and electricity. Other factors that influence the settlement patterns in the mentioned slums include accessibility to employment opportunities and security. Education and health facilities are also scarcely available in these areas making the inhabitants highly prone to poverty and disability-causing disease incidences. Also, the existing structures do not have the departments, equipment, or health professionals needed to provide services to children with disabilities. Most of the health workers consist of nurses and clinical officers. They are not familiar with the different disabilities and do not know what kind of interventions are most needed or helpful in specific cases - for instance, occupational therapy, physiotherapy, or orthopedic therapy. To give a concrete example, when a child is born with a disability, the health workers who are stationed in the targeted area do not have any knowledge of the intervention of the condition - or whether the child can be referred to Association for the Physically Disabled (APDK) or County referral hospitals for early interventions. This lack of knowledge unfortunately often leads to more harm to the child.

**Mshomoroni Slum - as an example of life in the slums for persons with disabilities**

Life in Mshomoroni Slum, where the APDK team visited for a case study, unsurprisingly poses many challenges for everyone who lives there, however disabled people in these conditions obviously end up leading particularly difficult lives. This said most of the participants, the APDK team spoke to have come to live here by choice - migrating from rural areas. They come looking for work opportunities and other conveniences that urban living still provides, such as proximity to shops and other services. The rural areas they migrated from have even less opportunity, and they generally did not regret their decision to swap the different make-up of challenges they faced in rural settings for a different set of challenges in the Mshomoroni slums.

From the participants in the study, the APDK team observed common themes in the problems they faced in their lives. Mainly, the terrain in Mshomoroni is highly unsuitable for wheelchairs. A few of the major throughways have been tarmacked in the last five years, which makes life a little easier, however, many of the roads are not. Most of the homes visited were far from the road, and usually, this entailed navigating very tight alleyways of very rough ground, with drainage streams running through them. Various makeshift wooden platforms are built to hop over these streams at points, but overall, the paths to these people’s homes are simply not possible in a wheelchair, regardless of what modifications or improvements could be made to the design. Often, people with disabilities rely on others, usually a family member - if they have one, to be able to leave or return to their home. They need both them and their wheelchair to be carried to and from the wider paths. If they do not have someone to help them, or that person is not available, then they are simply housebound, and a feeling of isolation is very common. This reliance on others has an added impact on the basic privacy of individuals - they generally cannot go somewhere without someone knowing where. This is also the case for children and youth with disabilities who often face a reality where they are mostly housebound and need assistance if they want to move anywhere. Children and young people with disabilities also face issues with accessing normal education in the area. They don’t have the assistive devices to help them participate in school and besides that, they face stigma and discrimination from teachers and other students. This is often a result of ignorance, prejudices, and cultural/traditional beliefs. Without proper education - normal or special education - the children and young people with disabilities experience greater issues with accessing higher education and job opportunities leaving them in the cycle of poverty and reliant on other people's help for the rest of their lives.

**Overall issues faced by persons with disabilities in Kenya**

Current estimates for the proportion of the Mombasa Slums population with disabilities converge at five to six percent of the Mombasa County population of People with Disabilities. However, these numbers are probably encumbered with uncertainty due to the lack of universally accepted standards for categorizing disabilities and methods for collecting data that navigate potential issues of stigma. Some of the major issues that persons with disabilities in Kenya are facing are:

* Persons with disabilities are more likely to live in poverty
* People with disabilities experience stigma and discrimination which excludes them from economic and social activities and full participation in life. Women, youth, and children are especially vulnerable.
* Persons with disabilities struggle to find work. Most of them are self-employed and many lack financial literacy and management skills.
* Access to education: children with disabilities are less likely to attend and/or finish school
* Access to health care: Despite government efforts, health services and facilities and public health campaigns remain inaccessible to many persons with disabilities

**National policies already in place**

Kenya has adopted national policies suitable to address the economic, social, cultural, political, and civil rights of persons with disabilities. This involves both disability-specific policies and legislation, and disability concerns in some key mainstream legislation. However, the country has faced challenges implementing many of the provisions in legislation and policies. According to an analysis of disability-inclusive development in Kenya, this has been attributed to inadequate budgetary allocation for the implementation of these legislations and policies; lack of definitional clarity about what constitutes a disability; the non-prioritization of disability; lack of robust monitoring and enforcement mechanisms; the lack of involvement of organizations of persons with disabilities and service providers in the planning and implementation; lack of collaboration between government departments providing services and other actors; and low levels of awareness of disability and negative attitudes among some policymakers and implementers.

**5.** **Climate- and environmental conditions**

Climate change in Kenya is increasingly impacting the lives of persons with disabilities. Climate change has led to more frequent extreme weather events like droughts, which last longer than usual, irregular and unpredictable rainfall, flooding, and increasing temperatures. The effects of these climatic changes have made already existing challenges with water and food security even more difficult for the target group in this intervention. This has led to increased migration to larger urban settings in the search for sustainable livelihoods - as also documented in the case presented in this application. This intervention responds to these challenges by promoting a stronger and more visible inclusion of persons with disabilities at the community & county levels. By creating a platform for a stronger voice, it is hoped that a positive spillover effect will lead to better conditions for the target group. For example, the inclusion of persons with disabilities in current discussions on climate justice and change, where it is well documented that they have lacked representation. 100% staff will travel to Mombasa two times to ensure a solid kick-off and implementation since it has been 3 years since our last CISU-funded project.

**6.** **The partnership/collaborators (our starting point)**

**100% for the Children**

100% for the Children (100%) was established in Denmark in 2008 to work towards improving the living conditions - and strengthening the rights of the most vulnerable children and youth in Kenya and Ghana. 100% has moved from a focus on children to a strengthened youth perspective, with a focus on empowering young people to actively shape their societies through youth leadership, capacity building, campaigning and advocacy work, and peer-to-peer efforts. Youth portraits from the dumping grounds: Reframing action for Sustainable Development (CAS Ghana), Unheard Voices (CAS Ghana), the ‘I AM’ campaign (WEMA, Kenya), and Særlige fortællinger (APDK) are projects that reflect an increased Danish advocacy focus. This project can, therefore, reach and create the desired synergy with the organization’s activities both in Kenya and Ghana. 100% work closely with Danish educational institutions, which send students as interns. Most often, these students become part of the volunteer base 100% - and take part in the project work. As such, 100% has an innovative approach to couple its development efforts in Ghana and Kenya with new avenues of information work and increased popular participation in Denmark, reaching beyond normal target groups. Furthermore, 100% is actively engaged in the SDG agenda, aligning all its projects to relevant SDGs and working with its partners to strengthen this focus through youth participation in SDG efforts. 100% has two daily employees and a part-time accountant, supported by freelancing project consultants, an active board, and a broad volunteer base.

**The association for the Physically Disabled of Kenya**

The Association for the Physically Disabled of Kenya (APDK) is a non-governmental organization in Kenya. APDK was started in 1958 with the aim of enabling persons with disabilities (PWDs) to overcome their physical limitations and empowering them socially and economically to become fully integrated members of their communities. Since its inception, APDK has assisted and rehabilitated more than 600,000 persons with disabilities through a network of 10 branches and comprehensive programmers ranging from medical rehabilitation, therapeutic services, community-based rehabilitation, educational programmers, vocational training, employment, self-employment through micro-financing and provision of appliances and mobility aids. With currently over 489 employees, trainees, and Government attached personnel with a total of 226 employees being persons with disabilities; APDK provides life-changing support to persons with disabilities from the poorest families. APDK works closely with the Kenyan government including the Ministry of Medical Services, the Ministry of Public Health and Sanitation, the Ministry of Education, and the Ministry of Gender, Children, and Social Services. Besides these, they also cooperate with Faith-Based Organizations, Community Based Organizations, and other Non-Governmental Organizations to create an impact in the area of disabilities and avoid replicating the work of others.

Over the years, APDK Mombasa has benefited from the best lessons learned, experiences, and good practices in community-based interventions. In addition, APDK’s projects have greatly contributed to the National policy engagement on community inclusive actions for persons with disabilities. APDK has been implementing a community-based outreach mobile clinic services project focusing on the provision of comprehensive rehabilitation health care services covering counties of Mombasa, targeting primarily children with disabilities and their families, who live in the disadvantaged informal settlements and rural communities of the coastal region. Through the community-based project, a total of 29,169 persons with disabilities were reached of which 65 % are children (18,937), youth with disabilities 22% (6,534), and 13% (3,698) were adults from disadvantaged communities. The community-based model used in the project has shown to be successful in creating awareness of disabilities and referring people with needs to services. However, there is a high demand for rehabilitation services in the project sites due to new cases from birth or through acquired disabilities - and high referrals from the contact persons in the community thus compromising the provision of quality services. It was also noted that the Disabled People’s Organizations and Disability Networks in the project sites are not well coordinated and work in isolation. They, therefore, lack a common voice to influence the duty bearers to mainstream disability in the development agenda.

**Previously cooperation and common strategic goals**

APDK and 100% have been working together for the last 13 years assisting especially children with disabilities. In the last two-three years, the collaboration has been scaled up - and the focus on capacity building and advocacy has been strengthened. Besides the efforts 100% and the APDK coast branch (Mombasa) have pursued together, the APDK coast branch has independently been implementing community-based programs in the coast region for over 28 years targeting persons with disabilities, but with a focus on children with disabilities.

In 2019, the first CISU-funded project with the APDK branch in Mombasa (19-2426-SI-sep) was approved. The aim was to train selected female youth with disability to become ambassadors to break down stigma in their local communities. This has proven to be a success - and the female ambassadors have reported back that they have gained more self-esteem, which has empowered them to be able to speak up, so future generations of girls with disabilities do not experience the same stigmas and exclusion in school and from society. In 2021, we started a project (20-2594-MI-maj) with APDK head office in Nairobi to test lived experiences low-cost methodologies to enhance a stronger inclusion of persons, especially youth, with disabilities in the job market through three different interlinking components: advocacy, mentors, and youth ambassadors. This also proved to be a success in creating jobs and internships for youth with disabilities, as well as awareness on county and national levels. In 2022, we started a project (22-3901-CSP-UI) with the head office in Nairobi about the upcoming presidential election in Kenya, where the ambassadors from both Nairobi and Mombasa will work together to create peaceful and meaningful participation in the election for persons with disabilities. They will also hold politicians and the government accountable for specific disability areas. The intervention described in this proposal will support these joint efforts to make a long-term impact on the county and national levels and strengthen the partnership between 100% and APDK.

**Describe the contributions and roles of the partners and of any other actors**

100% for the Children is the applying Danish partner and Camilla Legendre (Daily Manager) will be the project coordinator in Denmark. Charlotte Lea Jensen (Head of Communications and fundraiser) will oversee the Advocacy Program and Intervention-related information work in Denmark. Camilla and Charlotte will participate in the advocacy camp facilitating some of the training programs in Kenya to strengthen the ambassadors and the ‘Better Together’ network in this field. Camilla and Charlotte will also both participate in a monthly Skype meeting with the partners in Kenya. This technical assistance is reflected in the Danish work hours in the budget.

APDK will be the primary Kenyan partner overseeing the project implementation and overall financial management in Kenya. They will receive narrative and financial reporting formats from 100% - and will produce quarterly status reports throughout the project period. The partners will also develop an MOU together.

**7.** **Target groups, objectives, and expected results (our intervention)**

 *Primary target group:*

100 key members of the local communities, who have been advocating for the community   development agendas will be included in this project and will be targeted through 10 sensitization trainings focusing on prevention, early identification, and referrals for rehabilitation. The members will be identified using a set of criteria focusing on choosing people with a strong position in the local communities and their ability to create an impact. These could be village leaders, village elders, religious leaders, and so forth.  Having much to say at the community level means that training/sensitizing these persons will have a direct impact on the overall capacities, beliefs, and ability to act within the selected slum communities.

The project will work with 135 health workers, who are based in sub-county hospitals within the Mombasa slums areas of Mshomoroni, Kisauni, Vikwatani, Kongowea, Likoni, Kibarani, Mikindani, Magongo, Jomvu, Chaani, and Aldina. This will primarily consist of nurses and clinical officers. The health workers, who are stationed in the targeted areas do not have any knowledge of the intervention of specific disabilities - and whether a child can be referred to APDK and/or County referral hospitals for early interventions. Training these health workers will in the end help the child in need by making sure that they receive adequate help.

50 participants from local parent support groups, DPOs and CBOs. Further, the participants from the different groups and/or organizations will be linked to each other on the sub-county and county levels. This will enable them to plan and implement community projects that support persons with disabilities and to join forces in advocacy efforts. Among the organizations that the project will work with is: 1) Vision of the blind; 2) Why not; 3) Coast cerebral palsy Foundation; 4) Community United for The Advocacy of the Child (COMUTAC), 5) SHAK Coast, and 6) the Amazing Youth Group. Smaller grassroots groups, youth groups, and parent support groups will also be invited.

10 female ambassadors and 5 male ambassadors. All young persons living with disabilities within the selected slum areas of Mombasa County. The 10 female ambassadors also took part in a small-scale intervention with 100% financed by CISU. The 5 male ambassadors will be identified during this intervention to create diversity in the ambassador group. The 15 ambassadors will be trained and take part in training the local communities, as well as the health workers. They will also play an important role in the advocacy efforts together with the civil society actors mentioned above.

*Secondary target groups:*

Government ministries on county and sub-county levels including the Ministry of Health, the National Council for persons with disabilities, the office of the county health disability representative, the Ministry of Education within the county, and the office of Social Services and Gender. They will be targeted through advocacy efforts and through multi-stakeholder forums.

At the County level, the project will work closely with the devolved functions of Health, Gender, and Social services to influence policies on inclusive budgeting and planning. In addition, the devolved function of Early Childhood Education (ECDs) will be a priority area of collaboration and engagement in the project to ensure inclusive policies are developed to address the early identification of children with disabilities for placement in mainstream and regular schools.

Also, the rest of the persons living in the selected slum areas in Mombasa County will feel the impact of the sensitization training by having key persons within their communities knowledgeable of disability issues and capable of acting on these issues. This means that we expect the rest of the persons living in the selected communities to also to some degree be sensitized to disability issues.

**The strategy:**

In Kenya, the small communities - like the slum areas picked out for this intervention - have much to say regarding how it is as a child or a young person growing up with a disability. Having little or no knowledge of what it means to live with different kinds of disabilities makes the communities incapable of acting on these matters, therefore, making life more difficult for children and young people with disabilities. The strategy of this intervention is to enable the small slum communities to act on these matters by providing key persons from the communities with the power to change beliefs - and practices by giving them the knowledge they need in order to make life more equal for children and youth with disabilities. However, not all decisions are made on the community level - meaning that even if the communities can act on disability issues, for example, identifying a child with a disability, they still need to be able to refer this child to a place for therapy. This child will also need to access quality education. Later, this child, now a young person will need a chance to be a part of the labor market creating independence and meaningfulness. All these areas will need to be decided upon and budgeted for at County and National levels.

Strengthening young people with disabilities and key actors from the CBOs, DPOs, and parent support groups' ability to advocate and lobby for mainstreaming of the disability agenda on sub-county and county levels will in the long-term lead to increased access for children and youth with disabilities to health, social and educational services. This will in the long term both prevent a rise in cases of children being born with disabilities due to increased knowledge about the reasons and strengthen the living conditions for children and youth with disabilities making it possible for them to move around as equals in society. The first immediate objective of this intervention focuses on solving some of the short-term problems here and now, while the second immediate objective has the potential for more long-term impact. Because of this, objective 2 includes more activities and takes up more of the budget. It is the coordination and strengthening of civil society and the young people with disabilities that will make the greatest impact in the long term by creating equal conditions for all persons with disabilities in Kenya.

**The intervention**

**1.1 5-day kick-off workshop for all partners**

Kick-off workshop for 100% staff, APDK Mombasa branch intervention staff, and selected youth ambassadors. At the workshop, the partners will run through the activities, implementation plan, budget, CISU guidelines, PSEAH, and other relevant ‘do no harm’ child protection policies.

**1.2 Baseline study**

During the 5-day workshop, we will also prepare all necessary material for the baseline study including questions, formats, etc. The baseline study will provide grounded data for advocacy and stakeholder engagement.

**Immediate objective 1:** Strengthen communities toassess, analyze, plan, and implement health-related development initiatives focused on prevention, early identification, and referrals for rehabilitation for people and children with disabilities.

**2.1 Sensitization trainings in 10 slum communities**

The seminar will address education and training of the community on prevention, early identification, and referrals for rehabilitation for persons and children with disabilities. Education is key to self-awareness, to the ability to know one’s boundaries and set them for others in manifold ways. Education thus plays an important role in enabling the community to prevent and conduct early identification of disabilities - and referrals of children with disabilities. Furthermore, education is also crucial for persons with disabilities in obtaining knowledge of their health. The sensitization training will also focus on disability from the perspective of other cultures by examining the values and practices of various cultures, as they relate to disability. This will allow for a deeper exploration of some of the challenges that the locals of the Mombasa slums experience, as they try to navigate social services in Mombasa County. Through the training, participants will learn about common myths and misconceptions related to people with different types of disabilities. One example of the low-cost easily applicable methodologies proposed in this project is   hearing impairments. In this case, the training will focus on making the community understand how American Sign Language (ASL) differs from Kiswahili and enable them to work with the simple basics of ASL/Kiswahili and HI Interpreters and other effective communication techniques. Sessions will be delivered to small groups (approximately 10 people) to allow for more interaction between participants and greater opportunities to incorporate hands-on learning exercises. The training is set to take 10 days covering 1 slum area per day - and will be conducted by the competent staff and stakeholders, who have skills and knowledge on the Kenyan disability agendas within the APDK Mombasa branch.

**2.2 9 Disability Awareness Seminars for health workers**

The seminars will be held at sub-county health centers in Kwashee, Mikindani, Muijabu in Magongo, Bokole dispensary, Magongo health centers, Vikwatani, Mtongwe special school, House of Hope, and the WHY NOT Center. All the locations are within the targeted areas and will have a maximum number of 15 participants per training. The disability awareness seminars are designed as a cross-disability introduction that will increase sensitivity and facilitate communication. An example of topics that will be included in the disability awareness seminars includes different types of disability, current statistics, concepts of disability, barriers, assistive devices, proper language use, and effective communication techniques. There will be an emphasis on effective cross-cultural communication and relationship-building skills. Adequate staff from APDK and ambassadors will be responsible for the seminars. This includes planning, facilitating, and evaluating the seminars.

**Expected outputs on objective 1:**

1. The selected communities have gained solid knowledge of the diversity of disabilities - and are now capable of accommodating the needs of children and youth with disabilities. They can apply low-cost community-based strategies in collaboration with county-level stakeholders to safeguard children's rights - and ensure ownership and sustainability.
2. The selected health staff now practice what they have been taught, meaning that they build their services on knowledge of different disabilities, proper language use, and assistive devices. They have also strengthened their ability to link and refer to services provided by the Government and/or civil society.

**Immediate objective 2:** Coordinate and empower youth ambassadors and selected civil society actors to advocate for duty bearers to take responsibility at the sub-county and county levels. The advocacy will focus on the inclusion of children/youth with disabilities in health, social and educational services within the selected counties.

**3.1 Identify 5 male youth ambassadors**

Select 5 male ambassadors to join the 10 female ambassadors in their advocacy work to represent a broader group of youth with disabilities. The male youth ambassadors will be selected from Mombasa County. The 5 ambassadors will be identified using the criteria and methods developed during the last two CISU-funded interventions. The criteria focus on age, residency, disability, passion, and social/communication skills. The need for including 5 male ambassadors is based on experiences collected through the two previous CISU interventions, where members from the target group and stakeholders pointed out that the gender-diverse perspective on disability was missing by having only female ambassadors. This together with the fact that not all disability issues are gender-specific - especially when it comes to equal access to education, health, and social services - has led to the decision to include 5 male ambassadors also.

**3.2 ‘Nothing for us, without us’ seminar**

In a previous small-scale intervention supported by CISU in 2019, 10 female ambassadors were trained in advocacy to be able to go out to schools and in local communities to create awareness about young females living with disabilities - and the stigma and exclusion they experience while also displaying the strengths they possess. These 10 ambassadors have worked hard to keep raising awareness ever since - and are eager to learn more and become stronger in advocacy and mobilization efforts. In this intervention, 5 male ambassadors will be included in the existing group to create a more diverse group of ambassadors.

A 3-day seminar will build the capacities among the 15 ambassadors focusing on mobilization, the Convention of the Rights of Persons with Disabilities, and lobby and advocacy strategies. The 10 female ambassadors will be responsible for sharing their knowledge and experience from the previous CISU projects with the male ambassadors. This will be part of the program. 5 staff members from APDK including the project coordinator and branch manager will participate in the seminar to facilitate the seminar and to be able to anchor the experiences in APDKs work. The ambassadors will receive a certificate acknowledging their new knowledge and competencies.

**3.3 Building the ‘Better Together’ - network**

The project will work through multi-stakeholder engagement to strengthen the capacities of the civil society to engage and enter dialogue with the duty bearers in promoting and protecting the rights of persons - and especially children with disabilities. 5 workshops are held to strengthen the collaboration and capacities within and between parent support groups, DPOs, and CBOs from 10 slum areas of Mombasa. Organizations that will participate include Vision of the blind, Why not, Coast cerebral palsy Foundation, COMUTAC, SHAK Coast, and the Amazing Youth group alongside smaller grassroots groups, youth groups, and parent support groups. In front of the 5 workshops are 4 representatives from the youth ambassador group - 2 boys and 2 girls - and project coordinator Gladys Koech from APDK Mombasa. Each workshop will have 10 participants and 5 facilitators (4 ambassadors and 1 project coordinator).

**3.4 One uniting workshop**

1 uniting workshop for all actors is held after the 5 individual workshops to build a joined force through which advocacy efforts can be raised in a common voice. The last workshop will include all 50 participants, 15 ambassadors, and 1 project coordinator from APDK. The 50 participants will receive a ‘Better Together’ certificate.

**3.5 Advocacy camp**

Advocacy efforts planned by the 15 ambassadors and the ‘Better Together’ network are put in place to work with and strengthen the capacities of the duty bearers and the co-duty bearers to meet their obligation to the right holders both in policy and legislation. A 3-day advocacy camp will be held for the 15 ambassadors, the project coordinator, and 50 participants from the ‘Better Together’ network to plan advocacy activities throughout the project period. The program for the camp will include:

1. Problem analysis and definition of objectives
2. Analysis of stakeholders and political context
3. Development of advocacy strategy
4. Development of monitoring and evaluation plan

3 core staff from APDK will facilitate the workshop. 100% staff will participate in this camp facilitating parts of the program showcasing experiences with previous projects and advocacy activities.

**3.6 Advocacy campaign**

Based on the strategy developed during the camp the ambassadors and the ‘Better Together’ network will implement their activities as planned including a plan for M&E activities both during and after the campaign. The campaign will create a space for the target groups to air out the challenges that youth and children with disabilities encounter for example neglect in decision making and inclusivity in different activities within the community. A good example is one of the ambassadors, who was impregnated and neglected by the father of her child because of her disability. The father claimed that it would be a shame to marry a woman with a disability. One of the unfortunate effects of this stigma is that the child will grow up without a father.

Therefore, the campaign is much needed, so that the community can be able to accommodate persons with disability in every aspect. Through the experience and advocacy skills learned in the previous and new interventions, the ambassadors and the ‘Better Together’ network will apply them at community, sub-county, and county levels to speak for stronger inclusivity of disabled persons.

**3.7 Develop 10 Human interesting stories (HIS), Testimonials, and personal stories involving the project beneficiaries.**

Developing the HIS, Testimonials, and personal stories of the project beneficiaries by ensuring that the stories are showing persons with disabilities in active roles, rather than passive. Recognizing their diversity and experience by including voices of children, adults, siblings, authority figures, and older persons with disabilities. The stories should also give attention to the roles that persons with disabilities play in society. Like everyone else, they have different personalities and social skills. The stories should portray them in their everyday roles, as professionals or students, and in every phase of their life. The concept of a society in which all people with or without disabilities mutually respect their personalities and individualities should be disseminated through their stories. Therefore, the stories are used during training/workshops to improve people's understanding of disabilities and persons with disabilities.

An overall focus for the stories collected is also to portray the impact created by this intervention. This means that we will collect stories from for example 1) parents of children with disabilities living in the intervention slum areas who have been able to act based on the sensitization training they have participated in, 2) women who in some way or another have delivered her child in safe surroundings, 3) young ambassadors who have been in contact with stakeholders through the advocacy activities and been able to make an impact.

**3.8 Multi-stakeholder forum**

2 multi-stakeholder forums with participants from Government ministries at county and sub-county levels including the Ministry of Health, the National Council for Persons with Disabilities, the office of the county health disability representative, the Ministry of Education within the county, and the office of Social Services and Gender. At the County level, the project will work closely with the devolved functions of Health, Agriculture Gender, and Social services to influence policies on inclusive budgeting and planning. In addition, the devolved function of Early childhood education (ECDs) will be a priority area of collaboration and engagement in the project to ensure inclusive policies are developed to address the early identification of children with disabilities for placement in mainstream and regular schools. At the stakeholder forums, MOUs will be developed with the Ministry of Health at the county level to provide clear responsibilities regarding providing the needed services and linkages for children and youth with disabilities. At the forums, representatives from the ambassador group will be present to spread their campaign in this forum also. The 10 HIS, testimonials, and personal stories will also be used during the forums to showcase the lives of people with disabilities and the impact on the communities when they receive the required help.

**Expected outputs on objective 2:**

1. The capacities and collaboration among the now 15 ambassadors have been strengthened through the training they participate in during this intervention. They are now capable of creating an advocacy strategy by themself and implementing it.
2. The synergies, capacities, and coordination between civil society actors involved in this intervention have been strengthened through the network activities.
3. The network is now coordinating initiatives together with the local communities focused on creating inclusion of children and youth with disabilities in health, social and educational services within the selected counties
4. The relationship with key stakeholders within government offices on the county and sub-county levels has been strengthened and regular meetings are taking place between the network, ambassadors, and government on budget and policies for the inclusion of children and youth with disabilities in health, social and educational services.

**Phase-out & Sustainability**

Having implemented two interventions already with APDK (one small-scale in Mombasa and one MI in Nairobi) we can document, that once we empower young persons with disabilities to speak up, they continue to do so beyond the intervention period. This means that there is grounded evidence that suggests that a strong network of civil society actors linked with experienced youth ambassadors are strongly expected to continue their advocacy and lobbying efforts since it is mostly capacities they have needed. Also, from the previous interventions with APDK, we have seen how the learning points from previous CISU interventions have been rooted in APDK’s overall strategy making it possible for them to also share the insights and methods with the 10 APDK branches in Kenya. As such, the previous CISU interventions have enabled a strong local leadership for APDK.

**8.** **Intervention-related information work in Denmark (Charlotte)**

All 100%´s projects include a Danish component sharing information about our interventions in the South to Danish members, followers, donors, etc. Launching of this intervention, progress, and results will be shared on both social media, 100% website, and in newsletters as an ongoing activity during the whole project period (4500 followers). A special focus for this intervention's information work will be on the Government's responsibility for creating access to education, health, and other social services for children with disabilities. We will use stories from the Better Together network to showcase how the ambassadors and other civil society actors hold stakeholders accountable through their campaigns. Charlotte Lea Jensen will assist the ambassadors and the network in creating the campaign material and will adapt selected parts, so it speaks to the Danish audience. We will also use the 10 HIS, testimonials, and stories developed in this intervention to showcase the impact. Charlotte Lea Jensen will be responsible for creating information material, coordinating with the local project coordinator and the ambassadors, and updating social media, webpage, and newsletters.