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| Danish organisation | 100% for Børnene |
| Title of the intervention | Breaking the Silence Phase II: Consolidating the impact of SRHR in educational settings and securing sustainable community structures through civic youth engagement in Machakos and Baringo counties. |
| Partner name(s) | Positive Life Kenya (lead Kenyan partner)Help Mission Development Service and Periamma |
| Amount applied for | 2.578.433,53 |
| Country(ies) | Kenya |
| Period (# of months) | 30 |
| If re-submission or in continuation of a previous intervention, please insert journal number | 18-2229-MI-jun19-2448-UI-sep |

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

This intervention is the continuation of CISU-financed intervention: Breaking the Silence: Youth advocates for the right to sexuality and civic engagement (Journal number: 19-2448-UI-sep). In the previous project, we set out to strengthen Sexual and Reproductive Health and Rights (SRHR) and civic education in selected schools in urban and rural Kenya to provide the students with the needed knowledge and skills necessary to think critically and independently and make informed decisions regarding SRHR. A strategic decision back then was to test out the methods in both rural and urban settings to see if the method Active Assessment was adaptable to areas with different dynamics in terms of religion, households, culture, and traditions.

**Key results and grounded learnings from the previous project (19-2448-UI-sep shaping the new phase**

**We successfully managed to institutionalize the method of Active Assessment in all 34 schools. We also found that the methods included were adaptable to both urban and rural settings, thereby scalable and possible to transfer to other contexts in the future**. The partners managed to strengthen the teachers’ ability to teach 9 selected SRHR topics through active assessment exercises. Studies carried out by the partners in the global south – Positive Life Kenya (PLK) and Help Mission Development Services (HMDS) showed that prior to the training of the teachers only 2 % of the teachers felt capable of teaching SRHR topics. After the training, all teachers (100 %) answered that they could facilitate classes, where the 9 selected SRHR topics would be taught through active assessment methods.

**As an outcome of the institutionalization of the method of active assessment, the partners observed that students had been empowered to a degree, where they are now capable of expressing their own opinions and seeking help when needed** in SRHR issues. Students also began to reach out to peers, teachers, and local partners about personal issues that, before the intervention, had been kept silent. We have examples of students, who have talked to their peers about the importance of attending a hospital. Some students have come forward talking to their teachers about their sexual feelings, which was not possible to talk about beforehand. Others have talked of experiencing rape and domestic violence at home.

**School club members have successfully engaged with their local communities, stakeholders, and radio stations about issues of importance to them**. By receiving skills in addressing stakeholders, airing their voices, and advocating for change the school clubs’ members conducted community forums and talked in radio programs about the importance of SRHR - and addressed the underlying issues caused by poor sexual and reproductive health in marginalized communities towards local leaders and stakeholders. The school club members also became strong in peer-to-peer education.

**The Kenyan digital ambassadors gained new global perspectives and shared experiences on digital behavior, SDGs and SRHR through talking to Danish youth**. The Danish and Kenyan youth shared names on different online platforms and therefore now have a global community, wherein they can seek information, share experiences, ask questions, etc.

**The partners in the global south, Positive Life Kenya (PLK) and Help Mission Development Service (HMDS) have taken a position as experts in providing SRHR knowledge through youth-inclusive methods in educational settings** and have built a network to support their initiatives to work for better sexual and reproductive health in the marginalized communities Machakos (urban) and Baringo (rural) county. This is achieved by successful capacity building of the partners, as well as their approach to implementing the project. Both partners enjoy the trust and support from the schools, communities, and county governments. In Machakos, the County Government together with the Ministries of Education and Health have endorsed the interventions given at the school levels. The Baringo County Government too has expressed that the project was supplementing what they are doing, which was very much welcomed, and they have suggested using some of the youth from the project in their own activities. This would allow for an experiences and knowledge with youth outside the school system.

**Through engaging with stakeholders, we found that the weaknesses in structures designed to advance SRHR are compounded by a lack of prioritization and implementation at the national level, with the government not following through on the international and regional obligations and commitments that they have made**. In the previous project, we therefore used the available National Days to articulate ‘Breaking the Silence' SRHR issues. This has given the Kenyan partners recognition at the County level for leadership in these activities. Both country representatives have expressed commitment to the continuation of the project.

**Challenges and gaps arising from the previous project to guide the new phase**

Some messages conveyed to students by teachers were reportedly fear-inducing and judgmental or focused on abstinence, emphasizing that sex is dangerous and immoral for young people. Also, a small study done among the project schools showed that even though the Active Assessment methods are to strengthen the trust between teachers and students, students still feel that teachers contribute negatively to the emotional safety of students in the school. It was widely observed that some teachers lacked the professional competence to observe requisite norms, such as privacy, confidentiality, and empathy when handling sexuality matters or student concerns.

Further, the partners also found that the teachers themselves carry traumatic experiences with them into the classroom - and that it can be very difficult for the teachers to know how to respond to traumatic, harmful, and personal stories that the students bring forward. In the next phase, it will therefore be important to incorporate policies that protect and prepare the teachers on how to create a safe space and handle acute matters of distress among the students until they can receive help from appropriate authorities.

The partners also observed a knowledge gap between students and parents, where students now know substantially more about sexual and reproductive health making it difficult for the parents to inform, support, and guide their children. It also makes it difficult for parents to know when and how they should react to issues related to SRHR. The next phase will therefore have to empower the parents too, so they can protect their children's sexual and reproductive health and rights.

There is also a gap between the schools and the communities. Most SRHR-related issues arise in the local communities thereby making the communities co-responsible. The previous project primarily being implemented in educational settings left a gap between community responsibility and better sexual and reproductive health among young people. In the next phase, it will be important to empower the communities to be pioneers for better SRHR.

With these points of departures our aim, in this intervention, is to secure the sustainability of the model (active assessment) developed in the last project by embedding it in local sustainable structures while at the same time ensuring the local communities' support.

**The overall objective of the intervention:**

To advance quality reproductive health education and further strengthen the impact of civic education to make SRHR accessible by making crucial knowledge and capacities accessible to young persons in Kenya.

**Outcomes to be achieved within this intervention:**

1. A sustainable model for delivering quality SRHR education with Active Assessment methods has been consolidated and is embedded in local sustainable structures in Baringo (rural) and Machakos (urban) building on teacher-to-teacher methods.
2. The local communities within Machakos and Baringo counties have gained insight into the risks, gaps, and responsibility areas related to poor sexual and reproductive health among youth in their communities. They now take responsibility for changing this by supporting this project and other initiatives directed towards improved SRHR.
3. Advocacy efforts toward improving Sexual and Reproductive Health and Rights among youth in the marginalized communities in Machakos County and Baringo County have been implemented. This has led to communities taking responsibility for risks and gaps related to SRHR and for the two counties to have agreed on integrating ‘Week Sex’ into 49 schools.

When we refer to local communities in this project it is the formal and informal settlements within Machakos County and Baringo County consisting of both municipalities, towns, and more informal settlements like slums. Common to them all is that they are bound together within one community by structures related to schools, decision-making processes (like for example chief barazas that will be explained later in the activity section), constituencies and sub-county offices. In this intervention, we will expand our activities to reach 49 schools in both Baringo and Machakos. We will also move beyond the schools and work with the local communities surrounding the schools.

**Context: Current sexual and reproductive health situation among youth in Kenya**

This intervention takes place in a stable context. There are 10.9 million adolescents and young people aged 15 – 24 years in Kenya. This is close to 20% of Kenya’s total population. This is key demography, whose health status directly affects the socioeconomic status of the country. Even though the Kenyan government has stated the importance of this age group contributing positively to the development of the country - the youth are often held back due to poor reproductive health status. This is reflected in numbers from 2020 where adolescents aged 10-19 years contributed to 15 percent of all new HIV infections. In 2021, approximately 317,644 pregnancies were reported among adolescents who sought ante-natal care in various health facilities across the country (Source: United Nations Population Fund (UNFPA). Sexual debut is early in teenage life (47% of women and 55% of men between the ages of 18–24 years reported sexual intercourse before the age of 18 years), and unprotected sexual activity is common among the youth and continues, as they transition to adulthood. Their rate of contraceptive use is low, translating to a high unmet need for contraceptives. Population Service Kenya has identified this as one of the priority target audiences in dire need of tailored interventions that address their unique needs. This is because addressing their Sexual Reproductive Health needs would significantly improve the national SRH indicators and guarantee a healthy future generation. This youth is at high risk of unintended pregnancies, new HIV infections, unsafe abortion, and sexual and gender-based violence including Female Genital Mutilation (FGM). This became very visible during the Covid-19 pandemic, which amplified this development - and thus the need for youth-led SRHR approaches.

Pregnancy among adolescents aged 15–19 years continues to be a significant problem in Kenya, with a teenage pregnancy rate of 18% and an adolescent birth rate of 96 per 1,000 women. Covid 19 pandemic has caused a 40% increase in teenage pregnancy, with 152,000 Kenyan girls becoming pregnant during a three-month window since the pandemic began Studies have documented that adolescent pregnancy, whether intended or unintended, increases the risk of maternal mortality and morbidity, including complications of unsafe abortion, prolonged labor and delivery, and sepsis during the postnatal period. Studies have shown that women who become mothers in their teens are more likely to drop out of school and have reduced career progression and economic empowerment, perpetuating the cycle of poverty. Adolescents also experience a high rate of violence, with the 2019 report on violence against children indicating that sexual violence was experienced by 15.6% of females and 6.4% of males before the age of 18 years in Kenya. During covid 19, sexual and gender-based violence, including physical and psychological abuse and other forms of abuse, increased and placed girls, women, and young people at high risk of physical and mental trauma, disease, and unintended pregnancies. To address some of these challenges, Kenya developed a National Adolescent Sexual and Reproductive Health policy to guide the implementation of interventions aimed at assisting the country to achieve its development goals. Despite this legal framework, implementation of adolescent sexual and reproductive health (SRHR) services has been weak, and, consequently, barriers to access and use of SRH services among adolescents and youth continue to exist. Constitutionally, abortion is illegal unless the health or the life of the woman is at risk. Despite this, unsafe abortion is rife among adolescents and youth and underreported. The constitution also stipulates 18 years as the legal age of marriage and consent to sex however, 23% of Kenyan girls are married before their 18th birthday and 4% are married before the age of 15.

**Urban (Machakos) and rural (Baringo) context - description of the strategic decision to be present in both contexts and an analysis of the specifics of each area.**

In the previous projects, one of our strategic goals was to develop a methodology for providing quality SRHR education that could work in both rural and urban settings. The methodology, therefore, needed to be adaptable to different contexts and therefore also different SRHR-related issues. Our strategic goal was met by the fact that the methods introduced showed to be highly relevant in both Machakos (urban) and Baringo (rural). In this intervention, we will continue to pursue our strategic aim of **developing a sustainable low-cost mode**l to deliver SRHR education in both urban and rural settings. This also spills over to our overall objective of embedding the model in local community structures, thereby securing advanced quality reproductive health education - and further strengthening the impact of civic education to make SRHR accessible by making crucial knowledge and capacities accessible to young persons in Kenya.  This project will therefore still be implemented in both urban (Machakos) and rural (Baringo) contexts. Below is therefore an analysis of the specific characteristics for each context related to SRHR among youth.

**Machakos County**

Machakos county is a heavily challenged urban slum area outside of Nairobi.  It has a total population of 1,098,584 people. The population of the county is young, with approx. 40 % of the population is below the age of 15. The county's HIV prevalence is 5%. Mlolongo town is located along the busy Mombasa highway – 19 kilometers from the Capital city of Nairobi. The town is the main stopover for long-distance trucks transporting goods and cargo from the port of Mombasa to the greater East Africa countries e.g., Tanzania, Uganda, Zambia, Rwanda, and DRC Congo. Poverty rates in Mlolongo are approx. 61% and continue to be aggravated by pressure on land due to the high population of in-migrants, who come to look for work. Most of the inhabitants in the area are unemployed and those that manage to find work generally earn less than the US $2-3 a day selling fruits and vegetables or working as casual unskilled laborers. In the absence of viable income activities, theft, child prostitution, illiteracy, and diseases fuel the cycle of poverty. The high demand for sex from truck drivers facilitates a fast track for women and young teenage girls into commercial sex work to supplement their family’s income.

The youthful population has implications on the County’s health and development agenda, as it puts increasing demands on the provision of services including health and education. One of the main areas of concern in Kenya is the sexual and reproductive health (SRHR) of adolescents and the extent to which their SRHR needs are met. The youth in Machakos face numerous health challenges during their transition to adulthood. These challenges include, among others, limited access to sexual and reproductive health information and services. Unmet SRHR needs among adolescents may contribute to sexually transmitted infections (STIs), including HIV, and unintended pregnancies. Additionally, poor sexual and reproductive health outcomes can especially impact the status of young women, as they may face stigma from the community as well as diminished educational and employment opportunities. As Kenya undergoes rapid urbanization, these strains are increasingly felt in urban populations. In Machakos, many adolescents live in numerous informal settlements or slums. Adolescents living in the slums face a distinct set of challenges, as they transition to adulthood in a hostile environment characterized by high levels of unemployment, crime, poor sanitation, substance abuse, poor education facilities, and lack of recreational facilities. While much has been done to provide insights into adolescents’ SRHR outcomes in the country, little attention has been paid to understanding and meeting the SRH challenges and needs specific to adolescents living in resource-poor urban settings, such as the slums of Machakos county.

**Baringo County**

Baringo County is situated in the Rift Valley Region and occupies an area of 11,015 square kilometers. The population size of the county is estimated at 666,673 people. Those aged below 49 years account for over 60% this shows that Baringo County is a youthful county. The youthful population size calls for increased provisions of services including education and health, thus interventions for sexual and reproductive health. Baringo County is among the marginalized counties in Kenya with a poverty incidence of 52.2% against 45.2% nationally. Baringo County has most of its population (89%) living in rural areas. It is one of the counties which severely are suffering from the harsh climate with severe drought, which has caused a very extreme pasture deficit with livestock death. Many don’t have the ability to feed themselves, attain quality health, and educate children. Most inhabitants in the project area are engaged in charcoal burning, casual labor, and animal rearing as the main economic activities. There is no stable income, and the youth unemployment rate is high. Most youth and particularly girls are tempted to be engaged in unsafe behaviors such as unprotected sex to meet their needs such as sanitary towels, underwear for their survival which is a health risk and thus exposing them to HIV/AIDS, sexually transmitted diseases (STDs), sexually transmitted infections (STIs) and earlier pregnancies. HIV/AIDS infections, teenage pregnancies, and gender-based violence (GBV) incidences are on rising in the county and they affect the youth mostly. On teenage pregnancies and earlier marriages, it has been observed that Baringo County has some of the highest cases in the country, and stakeholders are called upon to work together in finding lasting solutions.

Adolescent youth in Baringo faces a lot of challenges during the transition period from childhood to adulthood; including harmful traditional practices, limited or no access to sexual reproductive health information and services, and traditional myths and misconceptions associated with it. This has led to a rapid increase in sexually transmitted diseases, sexually transmitted infections (STIs), and earlier and unplanned pregnancies among school-going children. During Covid 19, many young girls (aged between 10-19) in Baringo County got pregnant and most of them dropped out of school (It is estimated that in the period March 2020-January 2021 more than 150.000 girls in the age group 10-19 reported being pregnant in Kenya). The consequences of becoming a mother at such a youthful age are quite evident. Besides dropping out of school and thus getting no education, she is exposed to stigmatization both by the family and the local community, she may end up getting married at a youthful age, and then there is a high probability that she will be exposed to violence and sexual abuse. This is also a contributing factor to little knowledge among youth in rural Baringo on SRHR.

**Describe how this intervention will strengthen society organizing to advance social justice**

Empowerment starts with the right to decide. By mobilizing young people to engage with their respective communities, this intervention will create a space to provide equal information on SRHR education, which hopefully will strengthen community engagement and resilience in accommodating supportive structures and joining forces with the youth. The target group in this intervention will gain insights into equality issues and rights, which will strengthen their rights awareness in terms of community engagement- and thereby their visibility and inclusion in decision-making processes.  As such, the intervention sparks conversations on gender, norms, and sustainable development, which will enable the target group to address and mobilize their peers in reproductive health issues.

**Climate- and environmental conditions**

Climate change disproportionately threatens the most vulnerable girls and women, as structural gender inequality often makes girls and women more vulnerable to the harms of climate change, such as food insecurity or displacement from natural disasters that create significant barriers to education and increases the risks for unwanted pregnancies and domestic violence. This intervention responds to these very real challenges in Kenya, where many vulnerable families are forced to leave the northern parts of Kenya due to the imminent humanitarian catastrophe. Through this project, we will gain knowledge on how to provide quality SRHR education through low-cost methods that can then be integrated into climate change responses in the future both in the urban and rural settings.

1. The partnership/collaborators (our starting point)

This intervention is a continuation of a previous CISU-funded development project (18-2229-MI-Jun and (19-2448-UI-Sep) both centered around SRHR education among youth in Machakos County and Baringo County - and implemented by 4 partners (100% for the Children, Periamma, Positive Life Kenya and Help Mission Development Service). 100% for the Children (100%) being the Danish applicant and Positive Life Kenya (PLK) being the lead Kenyan partner. The partners have been in a strategic partnership for more than 4 years, where SRHR education for youth has been identified by the partners, as a key common intervention area in the partnership.

**100% for the Children (100%)** was established in 2008 and started by providing access to basic services like health and education to marginalized children and youth in Kenya. Over the years, the organization has increasingly worked to give children influence in decision-making processes through advocacy and capacity building. 100% has moved from a focus solely on children in difficult circumstances to a strengthened youth perspective, with a focus on empowering young people from marginalized areas to actively shape their societies through youth leadership, capacity building, campaigning and peer-to-peer efforts, etc. In recent years, 100% has aligned its work within the frame of child protection focusing on education, reproductive health, and female entrepreneurship. 100% is also active in engaging the Danish Public in development work through several platforms: 1) Collaborating with Copenhagen University College (Københavns Professionsskole) to send interns (social workers)  to partners in Kenya and Ghana; 2) Collaborations with Danish civil society,  which is not engaged in Development work to display our work to new Danish target groups and 3) Co-creation of educational material with higher learning institutions and facilitation of friend schools between Kenyan and Danish public schools.

**Positive Life Kenya (PLK)** will be the lead Kenyan partner overseeing the project implementation and overall financial management in Kenya. PLK´s offices are in Machakos County, Mlolongo town. Project activities and support services are fused in the 7 forgotten slums of Mlolongo. They are huge slums with a population of over 3 million people. Positive Life Kenya (PLK) works in this area, where the organization runs several rights-based empowerment projects, such as Life skills programs in reproductive health in schools, counseling services, and economic empowerment programs for marginalized women, weekly house visits to vulnerable community members, and several female empowerment projects and advocacy projects for women and girls’ rights. The organization's legitimacy is high both among the primary beneficiaries and the community at large - and PLK is recognized as a strong advocate on rights issues emerging from the communities.

**Periamma:** The predecessor to Periamma – InterAid Denmark - was established in 1986. In January 2012 InterAid Denmark merged with Periamma, which took over the existing partnerships in Kenya, Thailand, and Uganda. Periamma has worked in the ASAL (Arid- and Semi-Arid Land) region in Kenya since 2004 – and holds together with its partner organization Help Mission Development Services (HDMS) a high legitimacy in the area and is a trusted organization in the communities.  Over the years, the organization has increasingly worked to support education, hygiene, and sanitation. Concurrently, the organization focuses on life skills projects, aiming to improve living conditions for children and the youth in rural areas through training, education, and facilitation. The objective is to empower young people to have increased knowledge about topics that shape their daily lives by teaching and training boys and girls in topics related to sexuality, including sexual and reproductive health, free from coercion, discrimination, and violence.

**Help Mission Development Service (HMDS)** is situated in Nakuru county working in the poor rural environments of Baringo and Nakuru Counties. HDMS has six permanent staff members and four volunteers including two from Denmark. HMDS staff have experience gained from more than 10 years of girls´ guidance and counseling in different areas of Laikipia, Baringo, and Nakuru Counties on different topics of Sexual reproductive health rights such as early pregnancy, FGM, forced marriages, HIV and STIs, and life skills in general through girls’ clubs in 38 schools. Those are both primary, secondary and Youth Polytechnics. The organization holds a high degree of legitimacy and has an in-depth knowledge of the cultural norms, and socio-economic realities, which form the communities.

**The Center for the Study of Adolescence:** The Center for the Study of Adolescence (CSA) is an indigenous, and independent, non-profit organization established in 1988 by a group of Kenyans committed to the fight for adolescent health. CSA is a leading national organization dedicated to the promotion of the health, and development of young people, through research, technical assistance, advocacy, and capacity building. The Center aims to address adolescent health, and related issues in Kenya through research, capacity building, and advocacy. Our main objective is to create resources and options, and improve access to safe, affordable, and sustainable services, in partnership with key stakeholders. The activities of the center are broadly clustered into the following programs: Reproductive Health, Gender and HIV/AIDS; Social Policy, Advocacy, and Networking; Research and Publications, and Capacity building of individuals and organizations.

**Other strategic partners**

**SOS Children’s Villages.** SOS will assist in training 100%, PLK and HDMS in Child Protectionmechanisms focusing on 3 key action areas: 1) Risk mapping, 2) Safe space policies, and 3) complaint mechanisms. The tools will be taught as a positive discipline.

**Rural Education for Empowerment Program (REEP)**. Ghana is a civil society organization creating possibilities for girls’ education and rural development in Northern Ghana. REEP has been in partnership with 100% for more than 10 years. REEP focuses on Quality Education and is an active advocate for girls’ education and Gender and Sexual Reproductive Health Rights Education. REEP organizes community forums and forum theaters in rural communities to create a space to talk about girls' rights to education. REEP reaches about two million people across the northern region of Ghana through radio talk shows and other platforms.

**SOAR.** The organization is based in Morocco and focuses on girls' empowerment based on the idea that empowered girls lead to empowered women, able to lift their families, their communities, and ultimately their nations. The organization bases its work on the SOAR solution, which is to provide local female facilitators with all the tools they need to empower squads of teenage girls to identify and address community issues that they deem valuable through community engagement.

**Describe any previous acquaintance or cooperation between the partners**

This intervention is a continuation of two previous CISU-funded projects (18-2229-MI-Jun and 19-2448-UI-Sep) both centered around SRHR education among youth in Machakos County and Baringo County - and implemented by 4 partners (100% for the Children, Periamma, Positive Life Kenya and Help Mission Development Service). 100% for the Children (100%) being the Danish applicant and Positive Life Kenya (PLK) being the lead Kenyan partner. Throughout the partnership different areas of SRHR has been explored, which have informed the partnership, as SRHR issues differ in urban and rural setting. The partners have also engaged in exchanging staff for strengthen human resource in the individual offices. The partners have worked together for more than 4 year – and have made a common strategic decision to focus on SRHR education.

**Describe the contributions, roles and responsibilities of the partners and other actors.**

**Partners in Kenya**

PLK will remain the lead Kenyan partner and oversee the overall project implementation and will have financial responsibility in Kenya. HMDS will report to PLK on a quarterly basis. PLK will be responsible for gathering all information to present in shared progress reports for 100% every quarter. The project coordinators in PLK and HMDS are responsible for adapting the individual activities to the conditions present in each setting (rural and urban), while at the same time making sure that overall project objectives are met. The advocacy officer in PLK is responsible for coordinating advocacy activities by the youth ambassadors in Machakos and Baringo and the advocacy done by the selected community and religious leaders as described in activity 3.2. There will be monthly meetings on zoom with 100% to asses data and share information. This gives the opportunity to also direct Kenyan partner to relevant courses offered by CISU and Globalt Fokus. PLK and HDMS will develop an internal MOU to manage expectations and roles between the partners. Furthermore, two M&E officers (one being Carsten Leblond Willersted from Periamma, who resides in Kenya) have been appointed from both Machakos (urban) and Baringo (rural). Their role is to ensure systemically conduct outcome harvesting. Finally, the partner will develop job descriptions for all paid staff to ensure smooth implementation and overview.

**100% Role and Added Value**

While the partners in Kenya are responsible for the direct project- implementation and financial monitoring on the ground, 100% has the overall responsibility for managing the project, building the capacity of partners, monitoring progress, and finally documenting and communicating results to CISU and the Danish public. 100% sees its own role in the partnership, as a facilitator helping to build the capacity of partners, introduce partners to new networks, disseminate knowledge, facilitating sharing of learning and best practices between partners, and introduce new (creative) innovative approaches - and quickly respond to our partners’ needs. 100% also adds value through advocacy and popular engagement in Denmark, which enables us to send Danish interns to our partners in Kenya through a solid and fruitful collaboration with Copenhagen University College (Københavns Professionsskole) - and display our partners' work on various Danish platforms, which includes Danish pupil schools and the private sector.

**Danish payroll costs**

Apart from Danish payroll costs to ensure effective narrative and financial monitoring of project activities - and information-work towards the Danish public. There are also Danish payroll costs regarding knowledge exchange workshops, as this is deemed an important next step in the partnership to strengthen local leadership through sharing of best practices and learning methodologies in community engagement on SRHR youth issues. This will be done with partners in Ghana and Morocco. It will be the Danish staff, who facilitate these workshops, as they have the current relationship with the strategic partners. It is also the most cost-effective solution.

DK partner project support cost. There have been added 2 smartphones to the Danish cost. 100%´s camera equipment is quite outdated, and the organization is dependent on strong visual material for SOME platforms, 100% website, and newsletter. Therefore, smartphones with strong cameras have been prioritized. Furthermore, it is also our experience that photos are more authentic and spontaneous with smartphones, as they are less intrusive for the target group compared to the camera. 100% has also put a new laptop on the budget to contain the elaborate photo and film material collected through 10 years.

There are also substantial payroll costs to the partners in the global south. This is mainly due to the urban and rural focus of the intervention, which requires partners in each context. It has also been a strategic choice among the partners to focus on M&E, which has increased the payroll, but also will ensured a strengthen data and knowledge base for future advocacy efforts.

**Describe how the intervention will contribute to developing the relationship and collaboration between the partners.**

The partners have often used the motto: “Nothing for us, without us” in youth-led advocacy campaigns. This motto in many ways sums up the approach to strategic partnership. The partner´s experience has been that sustainable development is best achieved when the target groups themselves are empowered to drive change and join forces with local organizations to form alliances with joint advocacy, sharing of knowledge, and a readiness to take joint action. The partners in this intervention have built a strong partnership over the past 4 years, where the partners complement each other and together hold a high degree of legitimacy towards the target group and the communities where they interact. The partners possess the required technical and administrative capacity and have a broad network of collaborative local partners. Furthermore, the partners have the capacity to disseminate experiences and learnings within the partnership and conduct effective youth-led advocacy at the local and county levels. By working together for several years, the partners have gained a deep understanding of each other’s strengths and weaknesses as organizations, and we utilize this knowledge to support and complement each other.  By working in both Machakos and Baringo for years, we have gained in-depth knowledge about the socio-economic realities on the ground, enabling us to engage in more meaningful and relevant dialogues within the partnership, ultimately achieving better results for our target group in both the urban and rural setting. In this current intervention, the partners embark on securing community support for an improved SRHR youth environment. This new element ensures continuous development in the strategic partnership collaboration, as the partners together will explore methodologies for community support systems with integrated child protection policies and a common advocacy strategy for the urban and rural settings to achieve a joint SRHR strategic focus in Kenya.

**Describe how the intervention will contribute to strengthening the partners’ relations to other actors**

County government: With a strong focus on M&E, data collection, and evidence-based advocacy. This intervention will contribute to creating visibility and recognition for the partners both from like-minded NGOs and from the county government, as trusted partners, which can provide data on target groups and areas, where very little data currently exists.

Other actors, national and international networks: In this intervention, the Kenyan partners' relationship with 100% strategic partners in Ghana and Morocco will be substantially strengthened through knowledge exchange workshops on community engagement in SRHR issues. This will be followed up by digital meetings throughout the project period to consolidate the partnerships. Furthermore, both PLK and HDMS will be able to share their knowledge on developing child protection policies and creating safe spaces in educational settings with the Danish Child Protection Network (<http://childprotectionnetwork.dk/>), where 100% is on the Steering committees. The network comprises organizations from Africa and Asia - and as such, this intervention will provide PLK and HDMS with a voice in a global network of NGOs. Finally, both partners will collaborate with actors such as SOS Children's village and The Reproductive Health Network Kenya throughout the intervention.

1. Target groups, objectives, strategy, and expected results (our intervention)

**Primary target groups**

**Schools**

As in the previous project one of our primary target groups is schools and specifically students and teachers. In this project, we will work directly with **98 teachers** and **5880 students**. Out of them, 30 teachers and 1800 students will be new in this project targeted through the adding of new schools as described further down in activity 1.2. All students and teachers will come from 49 schools placed in Machakos County and Baringo County, where 26 will be in Machakos and 23 will be in Baringo. Out of the 5880 students **120 will be involved as ambassadors,** a new function for the young people to take compared to the previous project.

**Nurses**

**2-4 government nurses** will be directly involved in the project activities within this project. They will receive information about the methodologies behind the project (Active Assessment, You decide, etc.) based on capacity building by volunteer Marie Bang (retired nurse). The nurses will act as a support system and entry point at the schools to baseline information about SRHR and as a referral point to services at the county government level.

**Parents**

In total **1728 parents** will be directly engaged in this project through parent meetings and community consultations. This is a new primary target group compared to the previous project.

In Mlolongo, we will target 864 parents of children and youth attending school in one of the schools that have been a part of the prior and this intervention. They will be targeted through 36 meetings with 12 participants at each meeting per year adding up to a total of 72 meetings over the two-and-a-half-year project period. We will also target 864 parents in Baringo County through the same number of meetings and participants as described above. In Baringo, a special emphasis will be placed on traditional beliefs and cultural practices related to SRHR being one of the risks in this area.

**Stakeholders and duty bearers**

We will directly involve stakeholders at three levels in this project: community, organizational, and county.

Community level

Stakeholders at the community level will include chiefs, village elders, religious leaders, local politicians, and the Motorbike Community (men who often purchase sex from young women at the community level). These stakeholders will be targeted and involved in defining solutions to SRHR issues and risks through community consultations, chief barazas and advocacy activities carried out by the ambassadors.

Directly involved in carrying out advocacy activities at the community level are **4 religious’ leaders in Baringo** and **4 community leaders (chiefs, village elders) in Machakos**.

Organizational level

At this level we will involve the **Reproductive Health Network Kenya (RHNK)** in the community consultations. RHNK is a not-for-profit organization that was borne out of the need to bring together public and private trained reproductive health providers committed to the provision of comprehensive Sexual and Reproductive Health and Rights, advocacy, and service provision. The **International Center for Research and Development (IRCD)** will also be involved in the community consultations.ICRD is a leader in International Development and Research based in Nairobi, with expertise in training, research, and organization development. Both actors will intake a supporting role in the community consultation in regard to reaching the output set out in activity 2.5.

County-level

In our advocacy activities we will directly target and involve stakeholders/ duty bearers at sub-county and county offices from the **Ministry of Health, Ministry of Education, Ministry of Youth Affairs, Social Office, and Children’s Office**. They will be involved through the advocacy activity stakeholder meetings described in activity 3.3.

**Implementing partners**

The project will directly build **10 staff** from the Kenyan implementing organizations to integrate and implement child protection mechanisms. 6 staff members will be from PLK, and 4 staff members will be from HMDS.

**Secondary target groups**

Besides the students directly involved, students outside the classes involved, attending the same school, and the youth living in the same small communities will also benefit from the knowledge being gained among the primary group. The secondary target group also includes out-of-school youth, who will indirectly be affected by the knowledge being shared within the selected schools, but also by the strengthening of the local communities. We have documented evidence of how the young people we work with as peer-to-peer educators spread the knowledge that they have gained to younger students, friends, and others on their own initiative.

Many stakeholders bear the responsibility for young people’s access to sexual and reproductive health in both direct and indirect ways. Even though not all are directly targeted through the activities planned for in this project, they will still be affected by the mapping, information, and implementation of the activities. These stakeholders include other big and small civil society organizations working in this or similar fields for example:1) Collaborative Center for Gender and Development (CCGD); 2) Kenya Red Cross; 3) Africa Gender & Media Initiative Trust and Oterit women groups, but also national government offices. Even though the intervention targets the county level in this project, our expectation is that the national offices of the Ministry of Education, Ministry of Health, Ministry of Youth Affairs, as well as other actors on the national government level will receive information about this project through their county offices.

The two organizations REEP and SOAR will also gain knowledge on how to provide quality SRHR education in schools both in urban and rural areas, as we will gain insight into their areas of expertise. This will allow us all to learn and develop new methods that will reach our target groups in more effective ways.

**Target groups inclusion and involvement**

Students and teachers in the previous projects received the necessary knowledge and skills by attending training sessions with staff from PLK and HMDS. In this phase, they will act as co-implementers in many of the activities. They have gained the needed capacity to train others, pass on knowledge and engage with stakeholders on their own. Further, feedback from students, teachers, and members of the local communities has guided this phase assuring that it in fact deals with some of the needs identified by the beneficiaries themselves. This is a direct result of the work done in the previous project, where PLK and HMDS were the primary implementers responsible for all knowledge sharing and capacity building. Moving forward with the teachers and youth ambassadors as co-implementers further strengthens the sustainability of this project's methods.

The youth ambassadors play a significant role in many of the activities within this intervention. Through outreach meetings, they will engage directly in getting young persons to express their opinions and feelings by using their own experiences, as a mobilization tool. This will be done both at the school and community levels. They also have a key role in the advocacy activities especially on the community level, because they as community members are best placed to engage and mobilize their co-members. The youth ambassadors will use their own stories, experiences, and issues as foundations for the work. These are new experiences for the target group - and thus new skill sets in rights mobilization, advocacy, and accountability, which will benefit the target group beyond this intervention.

Students and teachers from all 68 schools in this project will be directly involved in identifying risks within their schools and communities. They will also have the main role in defining what a safe space is and how we can create policies that assure this in the classrooms.

As young people step forward as champions of their own rights, the role of PLK and HMDS changes - and they will move into the roles of facilitators of youth-led change. PLK and HMDS will, however, remain advocates of better SRHR in both rural and urban settings towards institutional actors. PLK and HMDS have gained the legitimacy of the cause by working in the SRHR field intensively for the past 6 years collecting ground knowledge and data from communities and target groups, which often remain invisible in government statistics. Through community relationship-building they continue to be very respected among the target group - and through their provision of important data to county government, they have increased their visibility and have been recognized as valuable partners by the counties.

**Strategy**

**The overall objective of the intervention is** to advance quality reproductive health education and further strengthen the impact of youth civic education to make SRHR accessible to young persons in Kenya. The overall aim is justified by the structural barriers of unmet SRHR needs among adolescents, which have been described in detail in the context analysis. The previous intervention (19-2448-UI-sep), its pathways to change and underlying assumptions have all proven valid. However, based on previously listed results and learnings during 2019-2022, the partners have decided to extend the scope from primarily promoting SRHR education for youth in educational settings - **to closing the gap -** by also including the purpose ofensuring the local communities' support to improved youth SRHR education and knowledge.

The foundation of the strategy is therefore to build a low-cost sustainable model, whereby we can provide quality SRHR education through active assessment methods in schools by passing them on from teachers to teachers, a model which can address and overcome the SRHR issues experienced by youth in both urban and rural settings. A prerequisite for developing such a model and creating a stronger impact on - a short- and long-term basis - is that those young persons can convert their newly achieved knowledge to actions in their everyday lives. At the heart of the **Theory of Change of this intervention is therefore the strengthening of the local community’s knowledge and capacity** to enhance young persons' sexual and reproductive health and rights.

We plan to reach this aim by employing new methods of capacity building, community sensitization, and mobilization and by addressing key stakeholders through advocacy efforts. The reasoning behind this is the assumption that stronger community support for enhanced SRHR among youth will enable the youth themselves to act on the SRHR knowledge, they have gained in schools - making them capable of protecting their own rights and making informed, independent decisions about their sexual and reproductive health. If youth are better recognized in their communities, by the religious institutions, by traditional leaders, and even better seen and heard within their family structure - it is the assumption that those could be positive civil societal forces to change attitudes among elected duty-bearers, specifically and most likely on the county level, which is more accessible for PLK and HDMS.

The change we wish to create is: **On the individual level:** youth develop increased agency and voice in their local community and beyond and develop leadership capacity. **On the organizational level:** PLK and HMDS’s roles in providing evidence-based data documentation of the SRHR situation in Machakos and Baringo to the county level - and the broader community and advocating for better SRHR protection of youth will increase access to SRHR for the youth. In the long-term perspective, this will contribute to the removal of SRHR barriers, which will increase the well-being among the beneficiaries. **On the community level:** Changed and more supportive attitudes towards young people and their right to SRHR education and knowledge – and the youth’s ability to perform their roles as changemakers in a stronger and more cohesive civil society. **Changes at the county level:** SRHR policies in Machakos and Baringo county have received increased attention, as duty bearers and other stakeholders act in response to young people’s advocacy and peer-to-peer mobilization.

This integrated youth-led methodology is expected to build coherence and balance between capacity building, advocacy, networking, and strategic deliveries - thus representing **the development triangle** in that a line of training leads to the necessary capacity building that provides evidence-based advocacy activities targeting selected duty-bearers at community and county level.

**Result frame and expected outputs**

**Outcome 1: A sustainable model for delivering quality SRHR education with Active Assessment methods have been consolidated and is embedded in local sustainable structures within Baringo and Machakos building on teacher-to-teacher methods.**

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| **Output** | **Activities** | **Indicators** | **Means of Verification** |
| 1.1 A low-cost sustainable graduation system has been established. | 1.1 Consolidation of a graduation system  | By the end of 2024 68 teachers at 34 schools can conduct SRHR education through Active Assessment methods independently. | a. Number and list of graduated schools Machakos and Baringo county |
| 1.2 A comprehensive and scalable “train the trainer” (teacher to teacher) component has been tested and established in selected schools - and can be scaled up to cover the county in both Machakos and Baringo. | 1.2 Train new schools in Active Assessment and SRHR education | By the end of 2024 a minimum of 30 teachers at 15 new schools have received training in Active Assessment and SRHR topics through teacher-to-teacher methods. | a. List of teachers trained and certified, b. Monitoring reports from PLK and HMDS on the progress and quality of the training. |
| 1.3 The ambassadors are capable of mobilizing and engaging their local communities in critical SRHR issues. | 1.3 Youth ambassadors conducting outreach meetings | By mid-2025, 120 ambassadors have conducted 196 outreach meetings at 49 schools and surrounding communities. | a. Quality review reports from PLK and HMDS, b. Attendance lists from the outreach meetings |

**Outcome 2: The local communities within Machakos and Baringo counties have gained insight into the risks, gaps, and responsibility areas related to poor sexual and reproductive health among youth in their communities. They now take responsibility for changing this by supporting this project and other initiatives directed towards improved SRHR.**

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| **Output** | **Activity** | **Indicators** | **Means of Verification** |
| 2.1 Child protection mechanisms have been incorporated into the implementation of this project and partners and have been cascaded to teachers and used by the staff from PLK and HMDS. | 2.1 A capacity-building workshop on child protection mechanisms have been conducted. | By the end of 2024, a minimum of 10 staff from PLK and HMDS are trained in child protection and can facilitate risk mapping and safe space workshops with students and teachers in selected schools.  | a. Post-training evaluation by SOS facilitators, b. Risk mappings of the selected schools and c. Safe space policies developed in the selected schools.  |
| 2.2 A comprehensive report on risks related to SRHR in 49 schools and the surrounding local communities have been developed. The report has been used to inform community consultations, parent meetings, and advocacy work. | 2.2 Risk mapping: create child protection awareness in the schools and local communities in Baringo and Machakos County | By mid-2025 risk mappings have been carried out with a minimum of 5880 students. | a. Letters and drawings identifying risks have been made by the students b. Workshop evaluations by PLK and HMDS have been developed and shared with 100%.  |
| 2.3 Students and teachers are protected when they engage in SRHR education.  | 2.3 Safe space workshops | By mid-2025, 49 schools have participated in safe space workshops with PLK and HMDS. | a. 49 Safe space policies - 1 for each school have been made. b. Workshop evaluation by PLK and HMDS have been developed.  |
| 2.4 Important baseline knowledge on how to strengthen SRHR in educational settings has been obtained for partners to bring forward to the county level.  | 2.4 Test out school nurses at selected schools | By the end of 2024, we have gained insight into youth SRHR behavior, challenges, and constraints at the school level through a report developed by the nurses and PLK/HMDS. | a. Number of visits done by nurses at schools, b. A report with baseline information about SRHR health has been made. c. A report with follow-up information on progression in SRHR health |
| 2.5 A Conceptual framework that more clearly defines the relationships between community involvement and SRHR has been developed. Through the consultations, we have also ensured strategic community participation at critical points throughout the life of the project. | 2.5 Consultations on how to close the gap in community involvement in SRHR | By mid-2025, 12 community consultations addressing risks and gaps at the community level related to SRHR have been held. | a. Conceptual framework has been developed. b. Flexible indicators developed at the consultations and c. Final report from CSA |
| 2.6 We have gained the parents' full support for integrating SRHR education into the school curriculum. We will also have mobilized this support when needed in relation to the community and advocacy work. | 2.6 Parent meetings | By mid-2025 a minimum of 1728 parents are knowledgeable about SRHR. By mid-2025, a minimum of 1728 parents can act on SRHR issues faced by their own children. | a. Number of meetings, b. Attendance lists, c. Impact stories from the M&E officers, d. Pre -and post-meeting questionnaires, and e. Meeting minutes |
| 2.7 Selected community leaders have been sensitized to SRHR issues which have made them more aware of how to protect and promote SRHR. Foundations have been laid for a strategic involvement of chief barazas in the advocacy work towards county officials. | 2.7 Gain access to chief barazas | By the end of 2024, PLK and HMDS have gained access to 16 chief barazas in Machakos and Baringo. | a.Number of SRHR cases referred to authorities have increased by 20% and b. Visible female representation in the Chief Barazas documented by attendance lists.  |
| 2.8 Co-creation between the NGOs is obtained by sharing best practices and learning methodologies from Kenya with like-minded partners in Ghana and Morocco.  | 2.8 Co-creation with selected NGOs to strengthen local leadership and SRHR education | By mid-2025, a minimum of two pieces of training, 1 with SOAR and 1 with REEP have been held where best practices and experiences have been shared. | a. Training reports by 100%  |

**Outcome 3: Advocacy efforts toward improving Sexual and Reproductive Health and Rights among youth in the marginalized communities in Machakos County and Baringo County have been implemented. This has led to communities taking responsibility for risks and gaps related to SRHR and for the two counties to have agreed on integrating ‘Week Sex’ into 49 schools**.

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| Output | Activity | Indicators | Means of Verification |
| 3.1 Week Sex has given the schools a sense of how SRHR education can be prioritized throughout a school year. The results from these tests have influenced county-level stakeholders to allow Week Sex at 49 schools. | 3.1 Testing ‘week sex’ at selected schools | By the end of 2024, Week Sex has been implemented in 4 schools, and experiences have been collected in a paper used to inform the advocacy activities carried out by PLK and HMDS. | a. Thematic material for each year's Week Sex and b. A position paper with experiences from the test |
| 3.2 Youth ambassadors, church leaders, and community leaders have raised awareness and mobilized targeted stakeholders to act towards SRHR problem areas. As a result, we see a strategic cohesion between the intervention at the school and community levels. | 3.2 Community-level advocacy efforts - advocacy campaigns | By mid-2025, a minimum of 3 advocacy campaigns have been implemented, 1 by the ambassadors, 1 by religious leaders in Baringo, and 1 by key community leaders in Machakos. | a. Advocacy strategy paper developed by the ambassadors, b. Campaign material distributed in the communities, c. 8 radio shows, and articles, and d. The number and names of religious and community leaders agreeing to be champions for SRHR |
| 3.3 Advanced SRHR among youth have been registered at 4 schools and it has been agreed at the county level that it can be rolled out in all 49 schools.  | 3.3 County-level advocacy efforts - stakeholder meetings | By the end of 2024, a concrete plan on how to roll out Week Sex at 49 schools has been developed and carried forward to identified stakeholders at the county level.By mid-2025, the county government in Machakos and Baringo have given written approval to roll out Week Sex at all 49 schoolsBy the end of 2024, county officers have agreed to have meetings with PLK and HMDS for them to share the paper with experiences and recommendations for advancing quality SRHR education in classrooms in Kenya. | a. Approval letter/document, b. The number of meetings and names of county officers attending, c. Meeting minutes from PLK and HMDS, d. The recommendation paper, and e. Reports on the number of dropouts, teenage pregnancies, and other SRHR-identified issues |

**Activities**

**Outcome 1: A sustainable model for delivering quality SRHR education with Active Assessment methods have been consolidated and is embedded in local sustainable structures within Baringo and Machakos building on teacher-to-teacher methods.**

We will use this intervention to anchor a model whereby schools graduate once they can conduct SRHR education through Active Assessment methods by themselves and where teachers from the graduated schools train new schools to use the methods. By embedding this model in the two counties, schools will be able to continue passing on the knowledge and methods introduced by 100%, PLK, and HMDS to more and more schools giving more students access to SRHR knowledge and skills. In our efforts to embed this model into local sustainable structures we have worked with the new school reform in Kenya to make sure that we join forces with the national development direction for the school systems while at the same time building on the foundation we laid in the previous project (19-2448).

**1.1 Consolidation of a graduation system** *(Covered by budget lines 1.1.1 - 1.1.4)*

In the previous project (19-2448-UI-sep) 34 schools have been included and selected teachers have been trained in the methods of Active Assessment and SRHR topics. In the final period of that project, the teachers from all 34 schools went through a certification process. This means that most of the schools from the previous project are now ready to stand on their own feet regarding facilitating SRHR education through Active Assessment methods. Because of this, we want to consolidate a graduation system where the schools in the previous project would be graduated and therefore no longer receive the same amount of support from this project.

We estimate that all 34 schools from the previous project during the two-and-a-half-year period for this intervention will be ready to be graduated. This is based on the certification process that has been ongoing at the end of the previous project. We will use the following criteria to decide when a school is ready to graduate: the teachers' ability to 1. create a safe space, 2. conduct SRHR education through Active Assessment methods, 3. respect child protection mechanisms such as confidentiality, and the last post most importantly 4. to pass on their knowledge to new teachers. Follow-up visits will be conducted during the project period so that once a school has graduated, they will receive a follow-up visit after graduation. These visits will be conducted by staff from PLK and HMDS all trained in Active Assessment and SRHR subjects.

**1.2 Train new schools in Active Assessment and SRHR education** *(covered by budget lines 1.2.1 - 1.2.5)*

Building a sustainable model for cascading SRHR education to all students in the marginalized communities we work in requires that some of the primary target groups have the capacity to undertake the implementation of activities on their own. To make sure that this is reached within the model we have built, part of the graduation process will include training of trainers done by the teachers. 68 teachers have already received the necessary training in Active Assessment and carried out SRHR education for the past 3 years. If they can pass on their knowledge to new teachers then PLK and HMDS will only have to step in to make quality insurance and assist the schools thereby making the school implementers themselves no longer dependent on PLK, and HMDS to the same degree.

Using the introduction of new schools as part of building a sustainable model embedded in local structures further put pressure on us to not only replicate what we did in the last project but to take advantage of the resources already invested in the previous project and build from that. This combined with the new school reform in Kenya wherein it has been decided that primary schools will now also have a secondary school (junior school) has made us decide that the new schools introduced in this project will be the secondary schools added to the primary schools we have already worked with. This means that the teachers are on the same premises which makes it easier for teachers trained in the last project to conduct training for selected new teachers at the secondary level.

Through the method training of trainers, teachers from the last CISU-funded project will target new teachers from the secondary level for them to be capable of conducting SRHR education through Active Assessment methods. In Machakos County, as part of the former project, we will have 9 Secondary schools within the premises of Primary Schools. In Baringo county, we have 6 primary schools identified for junior secondary schools.

**1.3 Youth ambassadors conducting outreach meetings** *(covered by budget lines 1.3.1 - 1.3.4)*

In the previous project selected schools developed school clubs that gave some of the older students a chance to engage further in SRHR topics and civil society engagement. These students will soon graduate from secondary and vocational schools. In this new project, we intend to use these former club members as ambassadors. The ambassadors will be key in the implementation of core activities within the project. They will take part in planning community consultations, and parent meetings, and are the primary advocates on a community level. In total they will carry out 196 outreach meetings at the 49 schools and surrounding communities to share their experiences, talk about the importance of SRHR and motivate other young persons to get engaged.

In total, we will work with 120 ambassadors. The 120 ambassadors will include an equal number of boys and girls for them to address SRHR issues from a gender-neutral and gender-sensitive perspective. Among the 120 ambassadors selected, 15 were trained as digital ambassadors in the last project and therefore also have knowledge of the Sustainable Development Goals, Digital platforms, and contact with Danish youth. The ambassadors will not need any further training since they have learned to address sensitive subjects, connect with civil society and stakeholders, and speak up during the school clubs in the previous project.

**Outcome 2: The local communities within Machakos and Baringo counties have gained insight into the risks, gaps, and responsibility areas related to poor sexual and reproductive health among youth in their communities. They now take responsibility for changing this by supporting this project and other initiatives directed towards improved SRHR.**

**2.1 Capacity building workshop on child protection mechanisms** *(covered by budget lines 2.1.)*

Child protection mechanisms had been discussed during the previous project, but it did not receive the attention needed when working with children and youth as a primary target group. The teachers were taught how to facilitate instead of teaching and how to make room for the student’s own opinions. However, we did not make room for activities focused solely on how we protect both the teachers and the students when they enter sensitive subjects such as SRHR. In a small study done by PLK in Machakos County they also found that even though the teachers use Active Assessment methods, the students still feel that the teachers affect their mental health in a negative way. From the teachers' perspective, we also saw during the training how discussing SRHR matters could make them relive traumatic experiences from their own life or they could feel embarrassed or uncomfortable when discussing specific SRHR topics. Based on these experiences we seek to strengthen our child protection mechanisms in this project by building the capacity among the implementing partners to analyze, plan and implement child protection structures.

Therefore, SOS Children’s Villages will facilitate the training where PLK and HMDS will learn about specific and easy-to-implement exercises and structures whereby we can include and protect our primary target groups and especially children, youth, and teachers.

The workshop will be a 5-day session. The first three days will investigate child protection mechanisms and the partners will be provided with information about methods that can easily be implemented within this project, including how to facilitate risk mapping with children and youth, how to facilitate workshops around safe space creation with both students and teachers, and how to enhance complaint mechanisms in the project. The last two days will center around recognition as a fundamental value when working with especially children and adolescents and methods to handle acute cases of children having experienced traumatic events like rape, FGM, abuse, etc. The training will be based on methodologies like ‘Anerkendende samtaler med børn’, ‘Talking to children about domestic violence and abuse’, and ‘You decide/ Du bestemmer’. Prior to the training Marie Bang and Charlotte Lea Jensen (100%) will select and develop a catalog with the most relevant methods from the above-mentioned methodologies and then we will together with the implementing Kenyan partners contextualize them during the workshop.

**2.2 Risk mapping: create child protection awareness in the schools and local communities in Baringo and Machakos County** *(covered by budget lines 2.2.1 - 2.2.2)*

In collaboration with the students and the teachers from all the schools included in this new project we will do a risk mapping of both the school they attend and the local community they live in to get an overview of some of the potential risks and dangers they encounter in relation to SRHR. This is to include these risks in our planning and implementation and to address them through advocacy efforts. Risk mapping can include different methods whereby we ask the students and teachers to map the potential risks and dangers they encounter in a safe and protective way. This means that especially students, answer this in a way where they remain protected and to some degree anonymous. This could happen by writing a letter to a future student and drawing a map of the school and their local community where they put dangers.

**2.3 Safe space workshops** *(covered by budget lines 2.3.1 - 2.3.2)*

A returning issue in the previous project was to create a safe space for the students and the teachers where they feel safe, protected, and respected. For many years the teachers have been taught to be authority leaving little room for inclusive methods. Further, discussing sensitive topics such as SRHR can make the teachers feel uncomfortable and make them relive their own experiences and traumas We also saw that some teachers still preach abstinence making the students hold back to share information and questions openly. Because of this, we seek to create a safe space for both the teachers and the students by hosting workshops for them separately. At these workshops, we will base the definition of what creates a safe space on what the teachers and students believe and build a ‘safe space policy/agreement’ that protects both groups.

**2.4 Test out school nurses at selected schools** *(covered by budget lines 2.4.1 - 2.4.2)*

We want to test out a new method, whereby school nurses will visit selected project schools 4 times per term. During these hours the school nurse will be available for the students to come forward with the issues they need help with whether it be physical, social, or psychological. Being a nurse, the person will be able to talk with the student in a safe space and also to some degree help them directly with health issues (provision of condoms, minor infections, and so on).

**2.5 12 Consultations on how to close the gap in community involvement in SRHR** *(covered by budget line 2.5.1)*

PLK, 100%, and HMDS will bring together experts from a wide range of organizations working with youth including reproductive health youth Network (RHN), ICRD, CSO, Ministry of Health, Ministry of Education, Ministry of youth affairs and selected members of the local communities. Together, they will develop a process to help close the gaps in our understanding of community involvement for advanced SRHR in the marginalized communities in Machakos and Baringo counties.

Participants in the consultation will be charged with two inter-related tasks: to examine the existing research on the value of community involvement interventions in SRHR  programs, and the gaps in empirical evidence, and to suggest ways to build on and strengthen impact research and program evaluation of SRH programs that involve communities; and to examine the state-of-the-art of SRHR programs with substantial community involvement interventions, including promising practices and emerging issues.

**2.6 Parents meetings** *(covered by budget lines 2.6)*

In the previous project parents weren't a part of the primary target group. One of the things we gained insight into during the evaluation of that project was how important it is to include parents in the activities to make sure that they understand the importance of SRHR, critical independent thinking, and civil society engagement making them capable of taking the discussion at home, supporting their children and youth and protecting them against SRHR risks in the society. Because of this insight we have included them as a new primary target group in this intervention. We seek to target the parents through separate parent meetings.

At the meetings, we will talk with the parents about the importance of SRHR. We found in the previous two projects that many parents believe that teaching SRHR at schools means promoting sex. Therefore, we find it necessary to have a discussion with the parents about why SRHR is important to learn at the school level, and how it can protect their children from harm, early pregnancies, poor health, etc. We also seek to use the meetings to empower the parents so that they are capable and feel safe about discussing these matters with their children. A final topic for the meetings will also be the referral systems to inform them about referral points, services, and the system so they can guide their children if they encounter SRHR-related issues. PLK and HMDS staff will be responsible for facilitating these meetings.

**2.7 Gain access to 16 chief barazas** *(covered by budget line 2.7)*

Chief barazas are meetings called by the chiefs either in response to an issue that has arisen or to pass through a certain directive by the government. They are made up of Nyumba Kumi elders & other opinion leaders and community health workers. There is no specific number of people to be in the meeting nor is there any schedule of meetings. They are prompted by events when they arise. Mostly conflict resolution, peaceful co-existent, and enforcing government policies. Throughout the project period, we will target 16 chief barazas - 8 in Machakos and 8 in Baringo. Each year we will attend 4 chief barazas picked out when we see any issues regarding SRHR being raised. We will also target highly esteemed members of the chief barazas in order to involve them in our community consultations, sensitize them on SRHR matters and youth participation in decision-making processes and work together with them on closing the gap in community involvement on SRHR issues.

**2.8 Co-creation with selected NGOs to strengthen local leadership and SRHR education** *(covered by budget lines 2.8.1 - 2.8.2)*

REEP is a long-time partner of 100%. The organization shares the same thematic focus on women and girls empowerment, as the partners in Kenya. REEP has expressed a strong wish to learn about the active assessment methodology implemented in rural educational settings in Kenya (Baringo county), as REEP also operates in educational settings, where SRHR education is very fragile. The 100% team will conduct the workshop in connection with a monitoring trip (21-3779-CSP-MI) to Tamale. In this sense, there will not be any additional costs for travel expenses.

SOAR is a potential new 100% partner, which has reached out to 100% through a Danish capacity initiative funded by Global Focus (Tell2Act), where several like-minded smaller Danish NGOs participate. Like REEP, SOAR focuses on the empowerment of young women and girls. SOAR has expressed great interest in exchanging knowledge with 100%, where they learn more about SRHR education and engagement in educational settings. In return, SOAR will share their knowledge on the innovative community strategies, which they have initiated to strengthen and maintain girls' empowerment and engagement at the community level. The anticipation is that this exchange workshop would be the starting point for a stronger collaboration between the organizations. The workshop will be conducted in Morocco at the beginning of this intervention so that learnings and best practices obtained can be embedded from the start - and so that a foundation of continuous knowledge sharing between the partners throughout the intervention period is established.

**Outcome 3: Advocacy efforts toward improving Sexual and Reproductive Health and Rights among youth in the marginalized communities in Machakos County and Baringo County have been implemented. This has led to communities taking responsibility for risks and gaps related to SRHR and for the two counties to have agreed on integrating ‘Week Sex’ into 49 schools.**

**3.1 Testing ‘week sex’ at 4 selected schools** *(covered by budget line 3.1)*

In Denmark the calendar week 6 has been dedicated to SRHR and named Week Sex. This week all Danish schools will discuss and engage in matters related to a specific topic within SRHR. This places a lot of focus on quality sexual education and the issues young people face in relation to SRHR, identity, sexuality, etc. We want to test if it is possible to create something alike in Kenya.

In Baringo, Mogotio Day Township secondary school and Mogotio Vocational Training have agreed to test out ‘week sex’. In Machakos Athi River Youth polytechnic and Athi River primary school have agreed to test ‘week sex’. The schools will be schools from the previous project that have had school clubs running so that they are familiar with SRHR and Active Assessment methods and so that the students are empowered to speak about these subjects. We will test it in the first 1,5 - 2 years of the project and will pick out a theme for each time based on all the material we have collected during the pilot and the previous development project and with the inclusion of the youth themself. The experiences from this test will be used in the advocacy efforts in the final 0,5-1 year of the project as a way of showing government stakeholders how sexual education and SRHR can be included in a school year and receive appropriate attention.

**3.2 Advocacy efforts at two levels**

**In this project, we plan to carry out advocacy activities at two levels: community and county**. At the community level, the advocacy work will be planned and implemented primarily by young people (ambassadors) with the help of religious and community leaders and supported by the advocacy officer at PLK. At the county level, it will be appointed staff from PLK and HMDS will use the evidence base built through previous projects and this project to influence decision makers at sub-county and county offices. The overall issue we want to address through our advocacy efforts at both levels is the poor sexual and reproductive health among youth in Machakos and Baringo leading to rising cases of HIV, STIs, unintended and early pregnancies, and breaches of young persons' SRH rights. Our advocacy efforts will target the causes stemming from the community and county level to make identified stakeholders take responsibility and suggest sustainable solutions to ending this problem in the future.

**3.2.1 Community-level advocacy efforts - advocacy campaigns** *(covered by budget lines 3.2.1 and 3.2.3)*

In this project, one of our objectives is to get community structures including stakeholders at this level to support the movement toward better sexual and reproductive health. **Therefore, our advocacy aim at the community level is to get key stakeholders to realize the importance of better SRHR in their communities and to take responsibility for the actions that can be made on this level to reach the long-term goal of giving access to SRHR to all young persons in Kenya.** To do so we plan to carry out 3 advocacy campaigns:

1) Defined, planned, and implemented by the ambassadors. This campaign will include the knowledge gained from the risk mapping done with students and teachers. Based on the SRHR risks identified at the community level they will select how, where, and whom will be targeted. Based on previous analyses carried out in the last project they will most likely target chiefs, village elders, religious leaders, local politicians, and Motorbike Community (being men who often purchase sex by young women at the community level). The ambassadors will also engage with local media 8 times through radio and articles, 2. An advocacy campaign in Baringo with the help of 4 religious’ leaders. This is a method most relevant in Baringo, a more conservative area where churches play an important role in defining attitudes, opinions, and actions. With the knowledge from the previous project, we know that cultural and religious practices are one of the main issues in rural Kenya and we also know that including religious leaders to change perceptions is key and 3. An advocacy campaign in Machakos with the help of 4 selected chiefs/village elders. This is a method most relevant in urban Kenya. Religious beliefs are diverse in the urban setting and therefore more emphasis will be placed on key leaders on the community level that have the chance to influence community members.

**3.2.2 County level advocacy efforts - stakeholder meetings** *(covered by budget line 3.2.2)*

At the county level PLK and HMDS will target sub-county and county offices within the Ministry of Health, Ministry of Education, Ministry of Youth Affairs, Social Office, and Children’s Office through 16 stakeholder meetings where they will address the overall issue and present the solutions developed through the previous and this project. Prior to the meetings, PLK and HMDS will prepare a position paper with learnings and recommendations on how to provide quality education on SRHR in educational settings. The paper will include a detailed model that explains how we have institutionalized SRHR education with active assessment methods in the schools and build a sustainable model for passing on this to new schools through teacher-to-teacher methods. It will also show the mapping of risks related to SRHR in schools and communities done by teachers and students. Week Sex and the experiences from the 4 schools that have tested it out will be used to showcase a low-cost way of integrating SRHR attention throughout a school year. A direct aim for this will be to get both Baringo County and Machakos County to agree on integrating ‘Week Sex’ in all 49 schools.

**Sustainability and lasting improvements**

In the previous intervention supported by CISU, we managed to institutionalize a method whereby quality SRHR education could be delivered in classrooms through active assessment methods. Sustainable structures were started in the previous project and in this project, we will consolidate these models and embed them in local community structures, thereby assuring overall sustainability. Means of reaching include new collaborations with parents, leaders at the community level, and stakeholders at the county level. The foundation for these collaborations was laid in the previous project. In this intervention, they will be strategically through advocacy efforts at the community and county levels.

Youth ambassadors: Youth trained in the previous project through school clubs’ intake a role as ambassadors in this project cascading their knowledge and experiences to younger students and using their new advocacy and civic engagement skills to mobilize their local communities to work together to secure better SRHR. Introducing the youth, as co-implementers means that they have not only acquired new needed skills, but also know how to put them to use. Previous 100% projects with the youth-ambassador methods have shown us that once youth have received these skills and learned how to use them, they will continue to do so even after the project ends.

Developing a sustainable low-cost model: 68 teachers received training in active assessment methods and 9 selected SRHR topics in the previous project. In this intervention, they will learn how to become trainers of trainers thereby giving them the opportunity to pass on their knowledge. If we succeed with this, we will have created a sustainable model whereby teachers pass on their knowledge to new teachers, who then deliver quality SRHR education to their students in both rural and urban settings. This will be reinforced by the advocacy work carried out by both the ambassadors and the Kenyan partners, where relations and networks with county offices and ministries built in the previous project will help assure that SRHR education is integrated into at least 49 schools in Machakos and Baringo counties. By moving the activities within this intervention beyond the educational settings, we also enhance the sustainability of the project, because it will secure local leadership by making key community members engaged and responsible for pushing for better SRHR for young persons in their communities.

Capacity Building of partners in the Global South: The capacity building and support of PLK and HMDS and their increased interlinkage to the county level will enable them to become strong, sustainable CSOs with the ability to empower youth and effectively advocate for their SRH rights. This is, among others, reflected in the diversified funding base, which PLK has obtained through a strengthen capacity. It will also empower them to be catalysts of change contributing to a stronger civil society within their counties. Finally, by the end of this project, the experiences and models collected will have been passed on to other actors in the SRHR field through the co-creation component.

**Possible conditions (risks) that can hinder or delay the fulfillment of the objectives and what possible solutions are available to mitigate these risks.**

As we have completed 2 prior projects in SRHR, many of the possible risk factors in relation to working with the subjects of this intervention are anticipated and taken care of. However, an overall risk that surfaced during the implementation of the previous project was the risks that children and youth can face when they begin to speak about SRHR issues. These risks are both on the individual and community level. On the individual level, we risk encouraging young people to speak about SRHR issues but fail to protect them properly afterward. This can potentially put them in a more vulnerable position. On the institutional/community level, we risk that teachers share the personal information shared with them to parents or others without consent from the child/young person, thereby also causing more harm. To address these risks, we have added child protection mechanisms to this project through capacity-building of PLK and HMDS. We have also added workshops with teachers and students, which focus on safe space policies. By these means, we believe that we are better equipped to protect our primary target group and follow the do-no-harm principle.

One possible factor that can hinder or delay the fulfillment of the intervention is if county responsible for education or some of the key community leaders display resistance against the project implementation. To mitigate this risk, we plan to include parents and community leaders directly in the activities making sure that they understand and support the need for strengthened SRHR in Machakos and Baringo. Likewise, to avoid creating a gap between the parents and our messages/work, we will also use workshops to introduce recognition as a fundamental value, when entering dialogues. This way, we hope to secure a respectful tone that will invite parents and community leaders in instead of pushing them away.

**Monitoring and Evaluation**

In the partnership, M&E systems have the dual purpose of demonstrating progress and results through monitoring and improving efforts through evaluation and learning. To improve the knowledge management foundation initiated in the partnership, we will continue to improve data collection, baseline studies, and learnings through monitoring, reviews, and evaluations to inform the intervention and guide adjustments. This is also reflected in the budget, where resources have been put into M&E systems. This will grow and sustain PLK and HDMS's increasing legitimacy towards stakeholders at the county level.

**Monitoring, Quality control, and Evaluation**

100% will conduct annual monitoring visits, including interviews with beneficiaries, peer educators, project staff, local authorities, and other external stakeholders, as well as financial and administrative checks of data quality. Furthermore, 100% monitors progress based on narrative and financial reporting from partners every 3 months, which are followed up with online meetings, where partners discuss feedback, program progress, risk assessment, changes in context, and learnings. Besides the narrative reports, all partner organizations share a google doc, where all reports, accounts, project pictures, etc are shared.  Evaluation takes part throughout the intervention. The key functions of evaluation are to continuously improve our efforts, document results, be accountable to target groups, and local communities, and enhance organizational learning. In addition to our continuous efforts, we also have specific procedures for systematicreview and quality control. These are as follows:  1) **Project coordinator and M&E officer conduct continuous quality control** with the peer ambassadors and “train the trainer” staff through monthly meetings. They provide input and advice and ensure that data collection is conducted properly and that all learning is documented and applied; 2) **Project coordinator and M&E officer conduct consultation meetings** with community representatives, local authorities, and target groups. They will ensure continuous data collection; 3) **Continuous collection and review of impact stories** contribute to evaluation because it provides data on impact and outcomes that can be used to help assess the performance of the intervention and to engage the Danish public and 4) **A midterm and final review** will be conducted with an in-depth analysis of project progress using the Center for Adolescent Study (CSA), which is one of the most experienced consultancy companies on Reproductive health for young people in Kenya.

**4.** **Project-related information work in Denmark**

Women Deliver 2023 will take place in Rwanda and that year's theme is SPACES, SOLIDARITY, AND SOLUTIONS, with 5 overall objectives 1. Catalyze Collective Action to Advance Gender Equality, 2. Hold Leaders Accountable, 3. Empower the Feminist Movement, 4. Reframe Who Leads, and 5. Create Space. Having been implementing projects related to SRHR and gender equality for the past 5 years we have collected experiences with community-level models to provide children and youth with the skills and knowledge they need in order to take control of their own lives where co-creation and local leadership stands at the front. At the Women Deliver conference 2023, we, therefore, seek to share this knowledge by hosting a concurrent session, where we will host an interactive workshop whereby participants will gain insight into issues faced by girls relating to SRHR (create space for the youth to gain knowledge and air their thoughts), our community-level model to spread awareness (find sustainable solutions), our method using the youth themselves as advocates and our linkages between Danish and Kenyan youth to create insight and perspective. 6.000 people will attend physically and more than 200.000 will join online for Women Deliver 2023. We will also attend 1-2 conferences in Denmark centered around sexual and reproductive health to link and share the knowledge, we have gained from our previous and this intervention with what we found out at the Women Deliver conference. Throughout this project, we will work to collect and consolidate information about community-level sustainable solutions to creating access to sexual and reproductive health and rights for youth living in marginalized communities, and then we will share it with the Danish Public.

Danish civil society organizations: We will link up with Sex og Samfund, a Danish organization to learn and share experiences, particularly around week sex.

Danish pupils in public schools in Fredensborg: Over the next 1,5 years 100% is conducting an engagement project with 7 schools, where the aim is to engage the pupils in the SGDs.  We will include results and impact stories from this intervention to promote solidarity between girls from different contexts on SRHR matters.

SoMe platforms: The number of followers on 100% of social media channels is steadily increasing. 100% currently has 4500 followers on Facebook, Instagram, and LinkedIn. Our quarterly newsletter is sent to 1200 subscribers. Through these platforms, we will share and showcase engaging stories and data about this intervention.

**5.** **Supplementary financing**

**NOTE: reply only if supplementary financing is included in the intervention.**

There is no supplementary funding.