END OF PROGRAMME REPORT – FOR GDF MULIT-COUNTRY PROGRAMMES

Programme information -Summary

Programme title:	Enabling development of community support and care systems for inclusion of persons with disabilities across the life cycle
Countries	Colombia and Kenya
Overall programme duration:	31 months (NCE to 15 December 2025)
Budget:	299,980 USD
Overall programme focal persons:	
All PUNOs focal points:	
OPDs and Gov focal points	N/A
Reporting period (including dates):	January 2024-December 2025
Short description of the programme:	Building on the conceptual and normative framework proposed by [redacted] in its recent report to the Human rights council (A/HRC/52/52), this project seeks to contribute to change by clarifying the demand from an OPD perspective, developing an assessment tool to improve concrete understanding of the normative framework and its implication at country level and to support elaboration of costed policy scenarios exploring viable pathways for progressive development of community support and care systems in Kenya and Colombia.
Target groups[1]	Persons with disabilities with higher support needs and their families, in particular members providing care and support
Thematic focus2：	Primarily: Independent living, National Disability Policy and/or Law OPDs capacity building, social protection, and to a lesser degree Disability assessment and referral services, Deinstitutionalization

Introduction

The purpose of this report – which is consistent with the UNDG Standard Progress Report format – is to provide information on the progress made by the project towards the realization of its stated objectives. In keeping with the UN system on-going efforts to strengthen result-orientation, the report should focus on systemic, structural transformation rather than process,

highlighting how the different elements of the result chain described in the approved project document contributed to advance the rights of persons with disabilities in keeping with the Convention on the Rights of Persons with Disabilities. [1]

Reporting teams are encouraged to attach annexes containing additional relevant information (including assessments, evaluations and studies undertaken or published) and share videos, photographs (high resolution image files) or other multi-media materials illustrating the work and impact of the project. It is recommended, however, that all annexes be clearly referenced, using footnotes or endnotes within the body of the narrative.

Please note the report should be accessible.[2]

1.Progress towards impact and specific outcomes

Using the table format provided below, please provide information on the progress towards impact and the achievement of outcome indicators that took place during the reporting period. Please make sure to capture, in your description, relevant shifts in capacity development as well as in the wider disability inclusion agenda and implementation of the SDGs in the country. Where it has not been possible to collect data on indicators, additional narrative information should be provided detailing why that was the case and what plans have been put in place to ensure that the relevant data will be provided.

[1] The following definitions, which are based on the UN Development Group Harmonized RBM Terminology, were used in the "Template for Programme Proposals", utilized by UN Country teams to developed the approved project documents:

- Impact: Positive and negative long-term effects on identifiable population groups produced by a development intervention, directly or indirectly, intended or unintended. These effects can be economic, socio-cultural, institutional, environmental, technological or of other types.
- Outcome: The intended or achieved short-term and medium-term effects of an intervention's outputs, usually requiring the collective effort of partners. Outcomes represent changes in development conditions which occur between the completion of outputs and the achievement of impact.
- Outputs: The products and services which result from the completion of activities within a development intervention.

[2] **Prior to the submission of this report, please check that the document is accessible to persons using screen readers.** In a window system it is possible to do this by going to the File Menu, clicking Check for Issues and then Check Accessibility. If errors, warnings and tips show up in the report of the accessibility checker, please follow the instructions in the checker to make the necessary corrections. On a Mac, click on review and select check accessibility. When the document is accessible the checker will display a report stating *"No accessibility issues found. People with disabilities should not have difficulty reading this document."* Please see Windows Accessibility Checker ; Apple Mac Accessibility Checker for more information.

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Impact statement
The project contributed to strengthening the enabling environment for disability-inclusive care and support systems by advancing policy development, planning tools, and public financing pathways in Colombia and Kenya. In both countries, it helped move care and support for persons with disabilities higher onto the policy agenda and laid important foundations for future service expansion, budget allocation, and subnational implementation. At global level, the project also helped establish a stronger normative and analytical benchmark for assessing disability-inclusive care and support systems in line with the CRPD.
Please provide narrative description on the contribution towards the stated impact
The project's contribution to impact has primarily been at the level of systems strengthening, policy development, and institutional readiness rather than direct service delivery. In Colombia, support to the development of national policy on care and disability helped advance government efforts to better recognize and frame the care and support needs of persons with disabilities within broader care system reforms. In parallel, the adaptation and application of a local tool for the territorialization of care and support, building on the global tool developed by [redacted] has already started to translate this policy work into practice. Its use in two municipalities is contributing to more context-specific planning and provides an operational bridge between national policy aspirations and local implementation. In Kenya, the project supported the development of a costed policy scenario for care and support systems for persons with disabilities. This represents an important step in moving from broad policy commitment toward more concrete planning and budgeting. While these are still early stages, the work has contributed to wider national and local processes on care and support and has helped the creation of a new budget line within the [redacted] for care and support. This is a significant institutional development, as it creates a basis for future resource allocation and more sustainable government-led action. Although the project has not yet resulted in direct large-scale expansion of services, it has generated important upstream results that are necessary preconditions for future impact. In both Colombia and Kenya, the activities helped shape broader reform processes, strengthen government ownership, and create practical entry points for subsequent investment and implementation of community-based care and support systems for persons with disabilities. At the global level, the project also made a substantive contribution through the development of [redacted] assessment tool on care and support systems from a disability perspective and in alignment with the CRPD. This tool is helping to set a new benchmark for assessing care and support systems in a way that more fully captures disability inclusion. It complements existing scorecards and assessment approaches developed from a gender equality and care economy perspective, while filling an important gap on disability-responsive analysis. As such, it has the potential to influence future policy design, monitoring, and comparative learning across countries. Overall, the project has helped lay the policy, analytical, and financing foundations for more inclusive and community-based care and support systems for persons with disabilities, with promising signs of continued uptake and institutionalization in both country contexts.

Reporting on Impact Indicators

Indicator*	**Start level** (Beginning of the project reporting period)*	**Target***	**End level** (End of the project reporting period)*	**Means of Verification**
[…]	[…]	[…]	[…]	[…]

Indicator*	Start level (Beginning of the project reporting period)*	Target*	End level (End of the project reporting period)*	Means of Verification

Outcome 1

National stakeholders, particularly duty bearers and rights holders in Colombia and Kenya, strengthened their knowledge and engagement to advocate for and co-develop more disability-inclusive and gender-responsive community support and care systems. Through participatory dialogue, joint analysis and tool development, the programme contributed to greater shared understanding of the human rights, gender and cross-sectoral dimensions of care and support, while also generating practical tools and methodological learning with relevance beyond the two countries.

Please provide narrative description on the progress made to achieve outcome 1

The programme contributed to Outcome 1 by strengthening knowledge, dialogue and joint problem-solving among rights holders, duty bearers and other key stakeholders in Colombia and Kenya. Its approach combined participatory consultations, technical exchanges and co-development of practical tools, helping stakeholders better understand the requirements of disability-inclusive and gender-responsive community support and care systems in line with the CRPD.

In Colombia, the programme contributed to a growing shared understanding among organizations of persons with disabilities, care and support givers' groups and national government entities responsible for care, disability, and child and adolescent policies of the need to better align and harmonize their approaches to care and support system development within a human rights framework. It helped foster a more common vision around the need for an inclusive and transformative social protection system that can support the development of care and support arrangements while promoting greater synergy and complementarity across sectors. At the same time, the programme also helped reveal that, despite growing convergence, stakeholders continue to approach the issue from different institutional and thematic starting points. For example, while the CONPES on the National Care Policy became more disability-inclusive, public communication around its launch in early 2025 remained focused primarily on women care and support givers rather than also addressing the needs and rights of persons requiring care and support. In this context, the programme's support to sustained engagement across the unpaid care, disability and gender agenda was both timely and important.

The programme also contributed to strengthening the role and visibility of representative organizations in Colombia. [redacted] helped further elevate the leadership of organizations such as [redacted] and [redacted] which are now increasingly recognized as key actors in promoting community care and support networks and in facilitating dialogue and advocacy in both national policy development and local technical assistance processes. This represents an important contribution to strengthening the voice of rights holders in ongoing reform efforts.

In Kenya, the programme supported a series of workshops and consultations that led to strong consensus among national OPDs, the [redacted] other government ministries and key NGOs on the need to develop a community-based care and support system that addresses the needs of both persons requiring care and support and those providing it. This process helped stakeholders better understand the cross-sectoral nature of care and support and the importance of coordinating formal and informal support mechanisms in ways that respond to the realities of persons with disabilities and their care and support givers. However, the interventions selected by stakeholders for the policy scenarios combined community-based approaches with

Indicator*	Start level (Beginning of the project reporting period)*	Target*	End level (End of the project reporting period)*	Means of Verification
some residential interventions, particularly around the vocational rehabilitation centres. This reflected limited confidence among care and support givers in the mainstream provision of disability support within education and vocational training, as well as gaps in respite care and community-based support services. The initial costing and the revision provided a reality check as to what is feasible at scale. The process therefore strengthened both conceptual clarity and practical ownership among national actors responsible for future policy and system development. At the global level, the programme also contributed to Outcome 1 through development of the Country Assessment Tool. The tool was drafted and piloted in Kenya which generated useful methodological learning and practical content that can support countries in identifying legal, policy and system gaps related to disability-inclusive and gender-responsive care and support. Alongside this, the programme is generating knowledge on participatory approaches to the development of costed policy scenarios, with the potential to inform broader guidance for other low- and middle-income countries and contribute to global debates on the care economy and universal social protection. Overall, the programme made a meaningful contribution to strengthening the knowledge base, relationships and practical tools needed for national stakeholders to advocate for and begin co-designing more inclusive and gender-responsive community support and care systems.				

Reporting on outcome indicators

Indicator*	Start level Baseline (Beginning of the project reporting period)*	Target*	End level End line (End of the project reporting period)*	Means of Verification
[…]	[…]	[…]	[…]	[…]
[…]	[…]	[…]	[…]	[…]

** Please provide sex disaggregation here.*[3]

[3] As relevant and appropriate, kindly please also disaggregate by type of disability, ethnicity, age, rural/urban location.

Outcome 2. Gaps in setting up building blocks towards CRPD compliant and gender responsive national community support and care systems are identified and addressed.
Key gaps in the policy, financing and implementation foundations required for CRPD-compliant and gender-responsive community support and care systems were more clearly identified and, in part, addressed in Colombia and Kenya. Through support to policy alignment, participatory costing and practical planning tools, the programme helped define feasible pathways for the progressive development of community support and care systems adapted to each national context.
Please provide narrative description on the progress made to achieve outcome 2

The programme contributed to Outcome 2 by helping national stakeholders identify critical gaps in the legal, policy, financing and implementation foundations needed to develop disability-inclusive and gender-responsive community support and care systems, and by supporting initial measures to address those gaps. Given the limited availability of established models in low- and middle-income countries, the programme focused on building the policy, planning and financing foundations required for progressive reform.

In Kenya, the participatory development of costed policy scenarios, led by the Department for Social Development within the [redacted] made a substantial contribution to identifying gaps and defining practical options for reform. The process examined the current state of play, the key demands of persons with disabilities and care and support givers, and proposed interventions across eleven thematic areas: government awareness raising, inclusive early childhood care and development, assistive technologies, measurement frameworks, housing, cash transfers, transport, concessions and discounts, paid human support, legal capacity, and deinstitutionalization. This helped generate a more comprehensive understanding of the building blocks required for a CRPD-compliant and gender-responsive care and support system.

The Kenya process directly informed public consultations on both the National Disability Policy and the draft National Care Policy, as many stakeholders engaged in the project were also key participants in these policy dialogues. The process also helped inform OPD and partners' advocacy related to the Persons with Disabilities Act 2025. The costed scenarios also fully informed the design of a pilot initiative under the joint programme on unpaid care, gender and disability currently being implemented. Beyond policy influence, the process contributed to early institutional and financing advances by providing a basis for the [redacted] to begin operationalizing the scenarios through government systems and budgets. This includes plans to integrate the proposed caregiver allowance and the expansion of the Persons with Severe Disabilities Cash Transfer into the Medium-Term Expenditure Framework; implement tax relief for parents and guardians of persons with disabilities; promote universal design in public transport; formalize the Circles of Care model as a core social development function; and progressively integrate respite care into existing social development centres and Vocational Rehabilitation Centres, beginning with refurbishment of two VRCs in FY 2025/26.

In Colombia, the programme aimed to complement national efforts to develop the National Care Policy and the National Disability Policy. In 2023, the emphasis was on consultations with persons with disabilities, including children and youth with disabilities and care and support givers, to ensure that their perspectives informed policy development. In 2024, the focus shifted towards more direct technical support to the Care and Disability Directorates of the [redacted] This contributed to the inclusive framing of the care policy [redacted] and helped strengthen dialogue between public policy processes on care and disability. Regarding the disability policy, the programme supported a multi-stakeholder workshop on the action plan for the National Disability Policy, which, while not exclusively focused on care and support, addressed issues relevant to both persons with disabilities and those who support them. The programme also supported targeted technical recommendations for the care policy, especially on the creation and expansion of care services and infrastructure to promote autonomy, independent living and community inclusion.

More broadly, the programme contributed in Colombia to stronger alignment across three key policy frameworks: the National Care Policy, the emerging National Disability Policy, and the reform of policy for Children and Adolescents. Together, these frameworks increasingly recognize the rights of persons with disabilities, the need for human and technological support systems, the role of social protection in enabling independent living, and the importance of inclusive early childhood and community-based support. The programme also supported the [redacted] in advancing efforts to shift away from

institutional care towards community-based support and prevention of family separation. These developments are important in addressing gaps in the policy architecture for CRPD-compliant and gender-responsive systems, especially for children with disabilities and for families, particularly women, who continue to bear a disproportionate share of unpaid care responsibilities.

At the same time, progress in Colombia has been affected by broader political constraints facing the government and the [redacted] which have slowed further development and adoption of the disability policy and implementation. Despite this, the programme supported more operational progress through the development of an exploratory roadmap and related tools for the territorialization of care and support systems. This roadmap helped identify and value key institutional capacities required for local management and later served as an important basis for the subsequent development of [redacted] local management model for inclusive and transformative care and support systems. It has also informed [redacted] online training on inclusive local management, helping translate national policy discussions into more practical approaches for technical assistance.

Overall, the programme helped both countries move from broad recognition of the need for community support and care systems towards a more concrete understanding of the legal, policy, financing and operational building blocks required. While implementation remains at an early stage, the programme made a meaningful contribution to identifying and beginning to address the foundational gaps that must be tackled in order to develop CRPD-compliant and gender-responsive community support and care systems over time.

Reporting on outcome indicators

Indicator*	**Start level** Baseline (Beginning of the project reporting period)*	**Target***	**End level** End line (End of the project reporting period)*	**Means of Verification**
[…]	[…]	[…]	[…]	[…]
[…]	[…]	[…]	[…]	[…]

2. Progress towards specific outputs

Please complete by indicating what was achieved on each output and report against the output indicators. In the narrative, please describe any challenges during the output delivery. The narrative could include any qualitative results from the output activities that were completed, contextual specifics e.g. who are the beneficiaries? What are the intervention types? Any unexpected / unplanned results?

Output 1.1: Capacity of national stakeholders enhanced for better understanding of the rights, needs, normative standards and policy issues framing the development of inclusive and gender responsive community support and care systems.

Output 1.1 was substantially achieved with strengthened the understanding of government actors, OPDs, civil society, and care and support givers regarding the rights, needs, normative standards, and policy issues framing inclusive and gender-responsive community support and care systems demonstrated by the work they have done in their respective role in policy related process reflected in outcome 2. In Colombia, activities engaged more than 200 participants, supporting national policy processes on care and disability, while also producing practical tools and training resources to promote autonomy, independent living, and community-based support. In Kenya, a participatory process engaging over 120 participants at national and local levels—linked to the national assessment and costed policy scenarios—enhanced understanding of care and support system components, disability inclusion, and gender equality. However, some stakeholders, especially care and support givers of children with complex needs, still saw center-based residential solutions as partially viable, reflecting ongoing challenges in fully shifting confidence toward inclusive community-centered approaches due to the current lack of effective support. Overall, the output enhanced national stakeholders' capacity, to engage more effectively in policy advocacy and designing inclusive care systems, while identifying gaps in addressing diverse support needs, strengthening local implementation, and envisioning a multi-stakeholder-supported community care and support system.

Brief narrative description on completion of output

The output was largely completed through tailored consultation, capacity-building, and policy support processes in Colombia and Kenya, with each country adapting activities to its policy context and implementation realities.

In Colombia, the project shifted from a training model to a consultation-based approach in order to directly inform the development of the national care and disability policies. In 2023, this included a one-day multi-stakeholder workshop with 48 participants from 36 government and civil society entities, a national hybrid workshop with 125 participants from the disability community across the country, including remote areas, and two workshops organized as part of the official consultation process on the care policy with OPDs and children with and without disabilities. In 2024, the project complemented these efforts through more targeted technical and capacity-building support, including a multi-stakeholder workshop on the action plan for the National Disability Policy, a webinar with territorial disability committees on promoting autonomy and independent living, and a national hybrid event led by [redacted] on deinstitutionalization and inclusion of children with disabilities. The project also supported development of an online self-training course on strengthening families of persons with disabilities for use by public officials and service providers, as well as methodological tools that later informed a broader agenda of technical assistance at national and territorial level.

In Kenya, initial activities in 2023 were more limited and included a one-day national workshop and a session on emerging issues during the National Disability Conference, which brought together more than 150 in-person and over 100 virtual participants. Most implementation took place in 2024, with some delay due to human resources and contractual issues. The original training design was adapted into a more participatory process closely linked to the [redacted] tool piloting and the development of costed policy scenarios. This process, agreed with the [redacted] included 4 national-level workshops and meetings—2 breakfast meetings with a core stakeholder group, a 3-day national validation workshop, and a 2-day consolidation workshop—as well as online technical meetings to prepare consultation tools. It also included 7 focus group discussions across four counties with grassroots OPDs, care and support givers, and persons with disabilities, involving 126 participants in total across workshops and FGDs. This process strengthened the capacity of stakeholders to better understand the building blocks of care and support systems, their links to disability inclusion and gender equality, and the need to better connect formal and informal support mechanisms. At the same time, it highlighted important gaps, especially the underrepresentation of care and support givers of adults with high support needs and the need for more practical attention to local implementation. Overall, the output strengthened the capacity of government, OPDs, civil society, care and support givers, and other stakeholders in both countries to engage more substantively in the development of inclusive and gender-responsive community care and support systems, while also surfacing key issues for further work.

Reporting on Output 1.1 Indicators

Indicator	**Start level*** Baseline (Using information from the situational analysis)	**target**	**End level**	**Means of Verification on**
[…]1.1.1 # of trainings (disaggregation by type of capacity building) developed and delivered in the [redacted] programme. (Disaggregated by topics)	0	4	Colombia: 1 Workshop with national disability council included ministries disability focal points 3 Consultations with persons with disabilities, care and support givers, service providers and children. A national disability policy action plan workshop 1 webinar for local authorities 1 hybrid national event with [redacted] Kenya 1 introductory workshop in Kenya one session in national disability conference on care and support system 7 focus groups discussion 1 national C&S system assessment validation workshop 1 national costed policy scenarios consolidation workshop	Colombia: Workshops with the Vice-Presidency of the Republic and the National Council on Disability Evidence links: Colombia consultation evidence folder Workshop with the community with disability and care givers Official consultation workshop on the care policy with with leaders of Organizations of people with disabilities (OCt. 30 2023) and with groups of children (with and without disabilities) November 2, 2023 Related evidence: OPD and families session deck; community workshop systematization; press/social media reference Link: Webinar: Recomendaciones para impulsar la autonomía y vida independiente de las PcD a nivel territorial

				Related evidence: concept note on inclusive social protection; consultation evidence folder Hybrid event "Que Nadie se Quede Atrás" desinstitucionalización e Inclusión Kenya: Consolidated report on the costed scenarios Report on the disability policy action plan workshop Attendance list and report on demand
[…]1.1.2 # of participants (disaggregated by type of stakeholder[5]) disaggregated by sex, disability ,rural/urban participating in capacity building activities funded or provided by [redacted] programmes	0	80	*Total 332* *Women: 201* *Men 131* *2023 Total 206* *Women 128 Men 78* -Government bodies 54 - NHRI- 2 -UN agencies 12 - Civil Society 75 - OPD: 62 *2024: 126* *Women 73 Men 53* 30 OPDs (10 M/20F) 57 GOV (26M/31F) 15 NGOs (12M/5F) Others 24 (7M/17F) *Focus group Kenya 80* *Women 49 men 31* OPDs grassroot 31 (16 M/15F) Care and support givers and persons with disabilities 49 (15M/34F)	[…]

1.1.3 # and % of participants reporting increased knowledge or capacity to design or revise policies or systems to be more disability inclusive.	0	65	Evaluation have not been carried out. Focus was on consultation and co production	
1.1.4 # of OPDs (disaggregated by type umbrella-disability specific-women-underrepresented other) that benefitted from capacity building activities funded by [redacted] programmes to strengthen the capacity of organizations of persons with disabilities				

Output 1.2a: A Report on key findings, lessons learned and recommendations for policy makers, OPDs, and service providers and OPDs from 2 national costed policy scenarios in Kenya and Colombia for progressive development of gender responsive and CRPD compliant community support and care systems is produced and disseminated
Due to delays in finalizing the Kenya costed policy scenarios, and the focus on completing activities of pilot under the joint programme on unpaid care, gender and disability, the overview report has not yet been completed.
Brief narrative description on completion of output
[…]

Reporting on Output 1.2 Indicators

Indicator*	**Start level** Baseline (Beginning of the project reporting period)*	**Target***	**End level** End line (End of the project reporting period)*	**Means of Verification**
[…]	[…]	[…]	[…]	[…]

[…]	[…]	[…]	[…]	[…]

Output 1.2b: The Community Support and Care System Assessment Tool is developed and piloted, particularly to address gaps in achieving the precondition of support for disability inclusion
The Country Assessment Tool was successfully finalized and published following several rounds of consultation, piloting and revision. Building on initial conceptual work led by [redacted] and partners, a consultant was engaged to develop the full draft of the tool, with inputs gathered from civil society organizations, UN agencies, service providers and the [redacted] The tool was designed in alignment with the [redacted] in order to facilitate more integrated and inclusive assessment of care and support policies and systems from both gender and disability perspectives. The Country Assessment Tool also includes a scoring template that consolidates all policy areas, indicators, and assessment questions in a flexible, Excel-based format. The template can be adapted to the specific policy areas under review and allows users not only to record scores, but also to provide brief justifications and cite the sources used to verify each assessment. The Tool and its accompanying Excel scoring template and an explanatory video can be found here: Disability Care and Support Systems: Country Assessment Tool | [redacted]
Brief narrative description on completion of output
In 2023, [redacted] working closely with the Community 2030 network of partners, advanced the conceptual foundations of the Community Support and Care System Assessment Tool through preparation of the [redacted] report A/HRC/55/34, broad stakeholder consultations, and initial drafting of the tool. Supported by the [redacted] and informed by a globally disseminated questionnaire, this process helped identify key policy areas and promising practices on care and support systems. [redacted] also carried out accessible global consultations with OPDs from all regions, with participation from 38 OPDs across 27 countries and six regions, alongside other civil society actors, to validate policy areas, capture diverse perspectives, and reflect concerns about the treatment of disability within broader care economy debates. Building on these activities, a consultant was engaged to prepare the first full draft of the Country Assessment Tool, which was then further refined through consultations with civil society, UN agencies, service providers and the [redacted] From August to October 2024, the draft Community Support and Care System Assessment Tool was piloted in Kenya by [redacted] providing the baseline for the development of the costed policy scenarios and generating practical feedback from stakeholders on its structure, usability and relevance. Based on this feedback, the tool was revised and professionally translated into Spanish to support further review and adaptation. Following the Kenya piloting, the tool underwent an in-depth technical review in Geneva with [redacted] and organizations of persons with disabilities. It was then translated into Spanish and a validation workshop took place in Colombia in March 2025, complementing the activities of the joint programme on 'Unpaid care, disability and gender transformative approach'. This process generated valuable additional feedback, including from government counterparts, and helped strengthen the tool's relevance and applicability across diverse contexts. After completion of [redacted] peer review and internal clearance processes, the manuscript was finalized and approved for publication. The tool has now been published, providing governments and partners with a practical resource to assess gaps and readiness for developing CRPD-compliant and gender-responsive community support and care systems. Final editing, proofreading, design and translation into Spanish and Portuguese helped ensure the quality, accessibility and consistency of the published product. The publication of the tool represents an important milestone for the project, transforming the methodological work, consultations and country piloting into a concrete global public good that can inform national policy dialogue, system assessment and future reforms in low- and middle-income countries.

Reporting on Output 1.2b Indicators

Indicator	**Start level** Baseline (Beginning of the project reporting period)*	**Target***	**End level** End line (End of the project reporting period)*	**Means of Verification**
1.2.1 1 knowledge product developed, piloted and disseminated to the relevant stakeholders to inform inclusive practices	0	Disability Care and Support Systems Country Assessment Tool published	Disability Care and Support Systems Country Assessment Tool published	Disability Care and Support Systems: Country Assessment Tool | [redacted]
1.2.2 1 of knowledge products developed that address gaps related to inclusion of women and girls with disabilities and/or underrepresented groups of persons with disabilities (disaggregated by thematic focus)	N/A			
1.2.3 # actors involved in developing and testing of knowledge products (disaggregated by actor (GOV/NGOs/OPDs/Other	0	20 stakeholders at national level +15 OPDs Global and 5 UN Global	*Total: 96* *62 women & 34 men* GOV :31-20F&11M OPD :27-19F&8M NGOs: 8-4F&4M UN : 30-19F&11M Global: 19 1 OPD: 1F 2 NGO: 1F-1M 7 UN entities : 10F-6M Kenya: 44 (2024) GOV-12F & 7M OPDs 10F & 6M NGOs: 2F-2M Others UN: 3F-2M Colombia: 33 (2025) GOV: 8F-4 M OPDs:8F-2M NGOs:1F & 1M	Global reviewer list available upon demand

			Others (UN):6F & 3M	
1.2.4 # of stakeholders reporting increased or strengthened policies and systems as a result of [redacted] funded KM tools (disaggregated by stakeholder)	[…]	[…]	[…]	[…]

Output 2.1: National Stakeholders in Colombia and Kenya strengthen policy frameworks towards development of gender responsive and disability inclusive community support and care system through participatory development of costed policy scenarios.
Output 2.1 progressed differently in Colombia and Kenya in line with policy timing and national context. In Colombia, the project shifted from costed scenarios to direct technical support so that the emerging care and disability policies better reflected disability-inclusive, gender-responsive, and age-sensitive care and support systems. In Kenya, the project supported a government-led, highly participatory process that produced and launched costed policy scenarios, directly informing national policy consultations and providing an initial practical, budget-informed roadmap for community care and support. The process was widely recognized as an important step in acknowledging unpaid care, especially by women and girls, as a shared social responsibility requiring public financing. A key limitation is that the scenarios focus mainly on children and youth with disabilities as well as care and support givers, with further work still needed on independent living options for working-age adults and older persons themselves.
Brief narrative description on completion of output

Output 2.1 was advanced in different ways in Colombia and Kenya, reflecting country context and policy timing. In Colombia, strong political momentum around development of the national care and disability policies led to a shift away from preparing costed policy scenarios as initially envisaged. Instead, the project focused on ensuring that both policies more fully reflected the requirements of disability-inclusive, gender-responsive, and age-sensitive care and support systems, drawing on consultations, policy dialogue, the initial [redacted] assessment, and technical engagement in policy working groups.

In Kenya, the project supported the participatory development and launch of costed policy scenarios in October 2025. These were developed through a government-led, multi-stakeholder process involving OPDs, counties, persons with disabilities, care and support givers, service providers, key ministries and institutions—including the [redacted] and [redacted] as well as development partners. The scenarios directly informed public consultations on both the national disability and care policies and examined gaps and priority demands across eleven thematic areas, resulting in a practical, budget-informed roadmap for disability-inclusive and gender-responsive community care and support.

Stakeholders, including [redacted] and senior government leadership, recognized the process as strongly participatory and as an important step in acknowledging unpaid care—especially by women and girls—as a shared social responsibility requiring policy attention and public financing. [redacted] role was not to cost the national policies themselves, which remain insufficiently specific for that purpose, but to support the [redacted] in facilitating a broad consultative process through which stakeholders could define, prioritize, and build consensus around the services and benefits reflected in the scenarios.

The resulting report marks an important first step by the Government of Kenya, under the leadership of the [redacted] particularly the [redacted] and the [redacted] in translating stakeholder priorities into costed programmes with potential for integration into national budgeting. The costed scenario process instead ran in parallel with, and contributed to, the finalization of the the national disability policy disability policy and adoption of the Persons with Disabilities Act 2025Act. It also makes a direct contribution to their implementation by estimating the costs of community-based care and support for persons with disabilities. By clarifying both the requirements and financing implications of such systems, it provides a basis for policy and budget decisions that can expand integrated support across the life course, strengthen inclusion of children with disabilities, improve coordination of targeted interventions, and reduce the disproportionate caregiving burden borne by women and girls. The costed policy scenario were launched in November 2025 in an event gathering 42 participants (22 Government - including 2 from [redacted] and [redacted] 12F/10M, 8 NGOs, 4F/4M, 8 OPDs, 8F, and 4 UN, 2F/2M).

A key caveat is that the costed policy scenarios focus mainly on children and youth with disabilities and their care and support givers, although some measures—particularly cash transfers, concessions, and elements of the Circle of Care model—could also benefit working-age adults and older persons with very high support needs. Further work is needed to identify interventions more closely aligned with independent living for working-age adults and older persons, reflecting both stakeholder priorities and the difficulty of moving beyond child- and family-focused approaches.

It is also important to note that the project did not seek to cost the national disability policy or the Persons with Disabilities Act, as these were not sufficiently specific for that purpose.

Finally, [redacted] did not determine the content of the scenarios beyond providing technical input, evidence, and reflection on existing practices. A core objective was to enable stakeholders themselves to define priorities and agree on interventions before costing. As a result, some initial options—particularly those linked to vocational rehabilitation centres—were not fully aligned with a strong community inclusion approach, but reflected genuine concerns of care and support givers, especially single mothers, about the lack of effective respite and support options. Once the costing showed that some options and parameters were fiscally unrealistic in light of current disability-related public expenditure, revisions were made to improve affordability; these also strengthened the scenarios' CRPD alignment and contribution to inclusion.

Reporting on Output 2.1 Indicators

Indicator*	**Start level** Baseline (Beginning of the project reporting period)*	**Target***	**End level** End line (End of the project reporting period)*	**Means of Verification**
2.1.1 # of national regulatory frameworks and systems changes targeted by the [redacted] program (National policy (ies), strategy (ies) regulations…)	0	2 costed policy scenarios are developed	1 costed policy scenarios developed	Department of Social Development Costed Policy Scenario
2.1.2 # type of change (development/revision/reform) in legal frameworks and systems	0	2 countries have draft national policy documents contributing to development of inclusive and gender responsive community support and care systems	National care policy and decree influenced in Colombia, National disability Policy influenced in Kenya + creation of budget line to support development of community and support crated under DSD	[redacted]

3. Equality between men and women

Please describe how the programme ensured equality between men and women by responding to the questions below.

How did the programme consider differences in the barriers faced by men and women with disabilities?
The programme systematically integrated a gender lens across consultations, workshops, assessments and policy dialogue, with specific attention to how gender norms shape both the provision and receipt of care and support. Women with disabilities, including women leading OPDs, were well represented in consultations and contributed perspectives both as rights holders and, where relevant, as care and support givers. In Kenya, the assessment and costed policy scenarios process highlighted that disability-related caregiving continues to be treated largely as women's work, reflecting entrenched social norms, limited professionalization of care, and weak incentives and support for care and support givers. These findings helped clarify that gender-responsive disability support requires not only better services, but also greater redistribution of care responsibilities, including stronger engagement of men.
In what way did the programme advance gender equality?
The programme was designed to support the development of disability-inclusive and gender-responsive care and support systems, with particular attention to reducing gender inequalities in unpaid care and improving recognition, support and redistribution of caregiving responsibilities. The [redacted] assessment tool integrated gender equality considerations across all indicators, while the Kenya process generated concrete recommendations to promote greater involvement of men in care provision, including through care and support giver allowances, professionalization of care services, respite support, and efforts to address stigma around male care and support givers. In Colombia, [redacted] contributed to stronger recognition within policy discussions of the specific risks faced by girls and adolescent girls in the care agenda, including domestic child labour, school dropout and child marriage, which helped strengthen the gender dimension of the emerging care policy.

How have the specific actions undertaken by the programme contributed directly to the empowerment of women and girls with disabilities? Please include here baseline and end line data on how women with disabilities were included and impacted while implementing the project. Kindly note that in the expenditure section below projects are requested to state the overall funding spent on these activities.
As the programme focused primarily on policy development, assessment and costing, it did not include dedicated empowerment interventions targeting women and girls with disabilities at individual level. Its contribution was therefore mainly indirect: by ensuring their participation in consultations and by promoting policy and system reforms that better recognize their rights, needs and roles within care and support systems. In particular, the programme helped elevate attention to the disproportionate unpaid care burden borne by women and girls and to the need for services and measures that protect their rights and expand their opportunities.
How did women with disabilities and women led OPD groups (informal/formal) participate in the implementation?
Women with disabilities and women-led OPDs participated actively in implementation, where they were intentionally included in key informant interviews, focus group discussions (which in Colombia included girls with disabilities) and, in Kenya, in the broader consultation process for the costed policy scenarios. Women also represented the large majority of care and support givers participating in focus group discussions, and women-led grassroots OPDs were well represented. Key OPDs supporting the overall process in both countries were led by female care givers of young person with. More broadly, across both countries, women with disabilities and women leaders of OPDs helped shape discussions on policy priorities, care needs, and practical reform options, ensuring that gendered experiences of disability and caregiving informed programme implementation.

4. Full and effective participation of persons with disabilities

Please describe how the programme ensured the full and effective participation of persons with disabilities and their representative organizations by responding to the questions below.

How did the programme consider the barriers faced by persons with disabilities for effective participation?
The program aimed to ensure effective participation of persons with disabilities in program activities by addressing often considering various barriers to creating a more inclusive environment. In both countries, the program provided reasonable accommodation for communication, such as sign language interpreters during workshops and ensure that facilities where workshops are held were accessible, including ramps, elevators, and accessible restrooms.
How were persons with disabilities involved in the programme's governance as well as in the planning, implementation, monitoring and evaluation phases?
In Colombia, key organizations from the disability community were engaged to help lead dialogue, consultation, and advocacy processes related to the formulation of public policies. [redacted] and [redacted] which represent some of the most marginalized persons with disabilities and work in national OPD networks, played a strategic role in national disability policy spaces. Through the programme, their advocacy and technical assistance capacities were further strengthened. In Kenya, the programme worked closely with the [redacted] the umbrella body of OPDs, and their member the Kenya Association for the Intellectually Handicapped [redacted] which was actively involved in planning, mobilization, and implementation of programme activities as part of the national technical working group alongside [redacted] the [redacted] (DSD), and the [redacted] This helped ensure that persons with disabilities were meaningfully involved throughout the process and that their perspectives informed the development of the costed roadmap for community support and care systems. In addition, during the validation and dissemination of key findings from the [redacted] assessment of Kenya's readiness to implement community support and care systems, the programme engaged 16 organizations of and for persons with disabilities. These included [redacted] Association for the Physically Disabled of Kenya [redacted] (DTSK), [redacted] (DSSK), [redacted] (CIC-K), [redacted] and [redacted]
How have the specific actions undertaken by the programme contributed directly to the full and effective participation of persons with disabilities?

At this stage, the programme has contributed mainly to the meaningful participation of persons with disabilities in policy development and reform processes. It is still too early, however, to assess how far these efforts will translate into implementation of care and support systems that effectively strengthen participation and inclusion in community life.

Please use the table below to summarize the details of OPDs the programme has engaged with.

Name and Type of OPD (Umbrella, regional, national, specific disability type)	**Overall OPD leadership** (disaggregated according to sex and type of disability)	**OPD representatives engaged in the programme (**disaggregated according to sex and type of disability)
Red latinoamericana de personas con discapacidad y sus familias, national		
[redacted] regional	[….]	[….]
[redacted] national		
[redacted] national		
[redacted] national		
[redacted] national		
[redacted] national		
[redacted] national		
[redacted] national		
[redacted] regional		
[redacted] national		
Mesa de Trabajo en Discapacidad y Derechos Humanos, national		
[redacted] global		

[redacted]national		
[redacted] [redacted] national		
[redacted] national		
Mesa de Trabajo en Discapacidad y Derechos Humanos, national		
[redacted] national		
[redacted] national		
[redacted] [redacted] national		
[redacted] [redacted]regional		
[redacted] global		
[redacted] national		
[redacted] national		
[redacted] [redacted] national		
[redacted] [redacted] global		
[redacted] national		
[redacted] [redacted]national		
Coalition Nationale des Associations des Personnes Handicapées [redacted] national		
[redacted] regional		
[redacted] [redacted] [redacted]national		
[redacted] [redacted] regional		
[redacted] [redacted]global		
Uganda Federation of the Hard of Hearing, national		

[redacted]		
Uganda Federation of the hard of hearing [redacted] national		
[redacted] regional		
[redacted] national		
[redacted] global		
[redacted] regional		
[redacted] global		
International Federation of Spina Bifida and Hydrocephalus		
[redacted]		
[redacted]	[….]	[….]
[redacted]	[….]	[….]
[redacted]		
[redacted]		
[redacted]		
[redacted]		
Red de la mujeres con discapacidad Colombia		
[redacted]		
[redacted]		
[redacted]		
[redacted]		

CIC-K [redacted]		
[redacted]		
[redacted] (Association of the Physical Disabled of Kenya)		
[redacted]		
[redacted]		
[redacted]		
[redacted]		
[redacted]		

5. Ensuring the inclusion of marginalized and underrepresented groups of persons with disabilities

Please describe how the project ensured inclusion of marginalized and underrepresented groups of persons with disabilities by responding to the questions below.

How did the programme consider and identify marginalized and underrepresented groups of persons with disabilities? for example by considering type of disability, gender, age, location, minority status or other contextually appropriate demographic factors.
The programme made a deliberate effort in both countries to include groups of persons with disabilities and their care and support givers who are often underrepresented in policy processes, particularly those with higher support needs. Specific attention was given to engaging organizations of persons with intellectual disabilities and their families, given that their care and support needs are often overlooked in disability policy debates that tend to focus more on physical, mobility or sensory impairments. In Kenya, the programme also engaged organizations and stakeholders representing or working with persons with albinism, persons with autism and their families, and persons with deafblindness and other complex support needs, including through collaboration with Sense International. Efforts were also made to capture perspectives beyond major urban centres, including through consultation processes in more marginalized counties in Kenya as well as online outreach in Colombia.
In what way did the programme advance equity regarding rights and needs of most marginalized groups?
The programme's focus on community care and support systems inherently emphasized the needs of persons with disabilities who require higher levels of support and who are often least visible in mainstream policy frameworks. In both countries, the policy dialogue, assessment work and emerging recommendations helped bring greater attention to the rights, support needs and service gaps affecting these groups, thereby contributing to more equitable policy discussions and proposals.
How have the specific actions undertaken by the programme contributed <u>directly</u> to the inclusion of marginalized and underrepresented groups of persons with disabilities?
At this stage, the programme's contribution has been primarily at the level of participation and inclusion of their issues in care as well as disability policies and planning processes rather than direct inclusion outcomes in services or community life. It has helped ensure that the concerns of some marginalized groups and their care and support givers were better reflected

in consultations, assessments and policy discussions, but it is still too early to assess how far this will translate into concrete improvements in inclusion on the ground.
How did marginalized and vulnerable persons with disabilities and these groups led by marginalized and vulnerable persons with disabilities (informal/formal) participate in the implementation?
Marginalized and underrepresented groups participated mainly through consultations, workshops and focus group discussions, including through targeted outreach at local level. In practice, however, representation was often mediated through parents, care and support givers and representative organizations, particularly for persons with very high support needs. Further effort is needed to ensure stronger direct participation of persons with deafblindness and of persons with very high support needs across different impairment groups, whose perspectives are still too often represented indirectly through parents or care and support givers. Going forward, this will require more tailored support measures, stronger engagement with service providers organizations, and investment in consultation methods that enable direct expression of views wherever possible.

Please use the table below to list the type of marginalized and underrepresented groups of persons with disabilities who were included so far in programme implementation.

Type of Marginalized or Underrepresented group
Persons with intellectual disabilities and their families
Persons with deafblindness, complex and/or high support needs needs
Albinism
Persons with Autism and their families
Youth with disabilities

6. Partnership-Building

Please provide a narrative on how the programme has contributed to greater UN inter-agency collaboration to advance the rights of persons with disabilities in the country.
In Colombia, [redacted] coordinated rapid feedback on the care system decree in April 2024. In Kenya, [redacted] systematically invited relevant UN agencies to project activities. [redacted] and [redacted] also worked closely together on piloting and review of the Country Assessment Tool.
Please describe the different stakeholders (for example Government departments, UN entities, OPDs and Civil Society) involved and how they worked together.
In Colombia, the main government counterparts were the Directorates for Care and Disability within the [redacted] which lead the development of the national care and disability policies, as well as the [redacted] which leads the welfare system for children, adolescents, and families, with key disability organizations, including [redacted] and [redacted] playing an important role in dialogue, consultation, and advocacy. The programme placed strong emphasis on dialogue between these authorities and OPDs through workshops, consultations, and policy discussions. Across the project period, [redacted] also worked to connect products generated under different initiatives in order to consolidate a more coherent agenda of technical assistance on inclusive care and support systems at national and territorial level. In Kenya, the lead government counterpart was the [redacted] within the [redacted] and Senior Citizen Affairs of the Ministry of Labour and Social Protection. Other government actors engaged included the [redacted] Office of the Deputy President – Intergovernmental Relations, National Gender and Equality

Commission, [redacted] and the [redacted] among others. National OPDs, led by [redacted] and the umbrella body [redacted] were closely involved, alongside NGOs such as [redacted] and Sense International, which also supported focus group discussions and broader consultation processes. DSD fostered open communication and collaborative working methods, ensuring meaningful consultation of stakeholders at every stage. While this considerably lengthened the process, it helped build consensus, strengthen ownership, and create a network of stakeholders committed to a common goal.

In both countries the co-leadership of [redacted] in Kenya and [redacted] in Colombia also facilitated consensus building, as both organizations were well placed to articulate the perspectives of persons with intellectual disabilities and their families. A continuing challenge, however, was that consultation formats were not always sufficiently inclusive of persons with very high support needs themselves, whose views were still often mediated through parents or care and support givers.

At global level, development of the Community Support and Care System Assessment Tool brought together several UN entities, notably [redacted] and [redacted] as well as OPDs and civil society organizations, helping to build inter-agency collaboration around disability-inclusive care and support systems.

7. Creation of knowledge products

How has the programme contributed to generating new knowledge on how best to promote the rights of persons with disabilities to support national level policy and system changes?
[…]
Please also describe in this section any unique expertise and products developed by the programme that could be used to support other countries within a south-south cooperation framework
[…]

Please list type of knowledge products the programme has developed using the table below .

Name of product and type of product (report, guidelines, assessments etc**)**	**Purpose** Describe what was the purpose of the product	**Process** Describe who participated in the development of product (OPDs, NGOs, Academia etc.) and the different stages of development	**Link /attachment**	**Accessible formats**	**Validation** Has the product been validated by national actors. If yes by whom?
Disability Care and Support Systems: Country Assessment Tool	Assessing readiness of countries to implement care and support policies and systems in line with CRPD	Based on initial activities and the [redacted] reports on care and support in 2023, a first draft underwent broad consultations with civil society, UN agencies, service providers, and the Global [redacted] Disability Fund. The draft was piloted in Kenya in the costed policy scenarios process. These insights informed a second round of revisions which led to the fial draft which was validated in Colombia in 2025	Disability Care and Support Systems: Country Assessment Tool | [redacted]		In 2024, the tool was piloted by [redacted] in Kenya, generating practical feedback on its structure, usability, and relevance. A validation of the latest version was carried out in Colombia in 2025
Instrumento de valoracion de capacidades territoriales para la gestión de sistemas de cuidado inclusivos y transformadores	Assessing capacities of local authorities with management of care and support systems	The tool was developed by [redacted] on the basis of the [redacted] initial questionnaire and involved a team of expert from OPD and academia.	Instrumento para la evaluación de capacidades institucionales para la gestión territorial de un Sistema de	[…]	The instrument has been used as a pedagogic tool in interaction/training with local authorities in Colombia

			Cuidados inclusivo y transformador		

8. Communications materials

Communications Plan: Was there a communications plan/strategy developed? (If so, kindly share this) What communications strategies did the project adopt? Was the communication guidance shared by the TS useful or would you have any recommendations?
No communication plan was developed. The project focuses mostly on direct support to national government led activities therefore they lead communication.
Branding: Were there any visual assets developed? (For example, banners, notebooks, social media cards).
[…]
Dissemination: What tools work best for communication and dissemination, and what don´t? (For example, dissemination across social media platforms, which platforms have worked best from your experience and why do you think that is the case) Have you collaborated with any 'influencers' or organizations in the country for cross-promotion of the project, civil society or partner organizations? If yes, could you share their handles? Is there a dedicated webpage section or Flickr album.
[…]
Media: Has there been any media coverage? If yes, what were the main obstacles when liaising with the media? Has there been any media request for interviews?
[…]

Please also list the type of communications material using the table below.

Name of Product	Type of Product (Toolkit, Video, Poster, publication etc.)	Purpose	Dissemination	Links/ Attachments	Language	Accessible formats
[…]	[…]	[…]	[…]	[…]	[…]	[…]
[…]	[…]	[…]	[…]	[…]	[…]	[…]
[…]	[…]	[…]	[…]	[…]	[…]	[…]

9. Challenges

Please describe any major challenges that arose during the programme implementation and how this affected the programme implementation.
A major implementation challenge—and at the same time an important strategic opportunity—was the shift in political momentum and policy timing in Colombia. As national processes on the care policy and disability policy accelerated, the programme had to adjust its sequencing and activities in order to provide timely support to these policy windows. This meant changing the initial plan to start in Kenya and shifting in Colombia from formal training workshops towards consultations, technical inputs, and direct support embedded in official policy development processes. While this affected the original activity design and some planned indicators, it enabled the programme to make a more direct contribution to emerging national policy frameworks.

In Kenya, implementation also faced delays, particularly in 2024, due to human resource and contractual issues, which slowed the start of field activities. In response, the programme adapted its approach, moving from a narrower training-based design to a more integrated and participatory process linked to the [redacted] assessment tool piloting and the development of costed policy scenarios. Although this extended timelines, it ultimately strengthened government ownership, stakeholder participation, and the relevance of outputs.

In Colombia, the lead government counterpart, the [redacted] faced a constitutional challenge related to questions over the legality of its creation, which created some uncertainty regarding future implementation. Despite this, [redacted] and other agencies maintained steady engagement and support to the Ministry throughout the project.

A broader challenge in both countries was that some persons with disabilities, especially those with very high support needs, including some persons with deafblindness, were still often represented indirectly through parents, care and support givers or organizations rather than through direct participation. This reflects wider structural barriers in consultation processes and highlights an area for further improvement. In both countries, the consultation process also showed that some stakeholders, especially care and support givers, continued to see centre-based solutions as viable, reflecting limited confidence in currently available community-based support options. In Kenya, this influenced the initial content of some proposed interventions and required subsequent technical revision to improve alignment with CRPD principles and fiscal realism.

Please could you share what action you took to address identified challenges?

The programme addressed these challenges primarily through adaptive implementation. In Colombia, activities were adjusted to respond to the policy window and requests from government counterparts, shifting from the original training-based approach towards more direct support to consultations, policy dialogue, and technical inputs for the national care and disability policies. In Kenya, delays linked to human resource and contractual issues were addressed by adapting the workplan and integrating activities more closely with the [redacted] tool piloting and the development of costed policy scenarios, which helped maintain momentum and relevance.

In response to the challenges faced by the [redacted] in Colombia, the project sustained its engagement and support to this key counterpart while also consolidating the technical foundations of a broader assistance agenda. This included linking consultations, policy inputs, methodological tools and training products developed through different initiatives in order to strengthen continuity between national policy support and subsequent territorial technical assistance.

To address participation gaps, the programme also relied on targeted outreach and partnership with OPDs, care and support givers' groups, and specialized organizations to broaden representation, including at subnational level. At the same time, where consultations revealed proposals that were not fully aligned with community inclusion or were fiscally unrealistic, technical feedback and revision process were used to strengthen both CRPD alignment and feasibility. Overall, flexibility in implementation, close coordination with government, and iterative consultation were the main measures used to respond to emerging challenges

10. Project follow up and Sustainability

Please provide an overview of initiatives planned by various stakeholders in order to follow up on activities initiated by the programme.

A number of follow-up initiatives are already planned or underway by different stakeholders in both countries, as well as at global level.

In both countries, the processes and products generated by this project have contributed directly to the design of the pilots under the Joint program on unpaid care gender and disability. In Kenya the pilot is directly led by DSD as a proof of concept of several elements of the costed policy scenarios.

In Kenya, the [redacted] (DSD) and other government actors intend to build directly on the costed policy scenarios and the report *Investing in Disability Inclusive and Gender-Responsive Care Systems across the Life Cycle in Kenya*. Planned follow-up includes embedding key measures in government systems and budgets, notably through efforts to integrate the proposed care and support giver allowance and the expansion of the Persons with Severe Disabilities Cash Transfer into the Medium-Term Expenditure Framework (MTEF). DSD is also planning to operationalize elements of the scenarios through implementation of provisions of the Persons with Disabilities Act 2025, including tax relief for parents and guardians of persons with disabilities and greater attention to universal design in public transport. In addition, DSD is pursuing follow-up on specific service models identified through the process, including formalization of the Circles of Care model under its community mobilization mandate and progressive integration of respite care into existing social development centres and vocational rehabilitation centres, starting with refurbishment of two VRCs in FY 2025/26. The costed scenarios have also directly informed the design of the pilot initiative under the joint programme on unpaid care, gender and disability, which will provide an immediate platform for testing and refining some of the proposed approaches.

In Colombia, follow-up is expected mainly through ongoing policy processes and institutional uptake of the tools and recommendations supported by the programme. The project has already contributed technical inputs to the development of the National Care Policy and the National Disability Policy, and these frameworks are expected to remain the main vehicles for taking

forward the programme's work on disability-inclusive, gender-responsive and age-sensitive care and support systems. Additional follow-up is likely through the [redacted] particularly in relation to deinstitutionalization, prevention of family separation, and strengthening community-based support for children with disabilities and their families. The exploratory roadmap and related tools developed under the project created a basis for identifying and valuing capacities needed for local management, and this work later informed the development of [redacted] local management model for inclusive and transformative care and support systems. Together with the online self-training course and other products generated under related initiatives, this has helped consolidate a stronger technical assistance agenda at national and territorial level.

At global level, follow-up will build on the publication of the Disability Care and Support Systems: Country Assessment Tool developed by [redacted] and partners. The tool, together with its scoring template and explanatory materials, provides a concrete global public good that can continue to inform country assessments, policy dialogue, and inter-agency support beyond the life of the project. The work also feeds into the wider joint programme on unpaid care, disability and gender-transformative approaches, helping connect this project's outputs to a broader multi-country agenda.

Please outline how the medium-to-long term sustainability of the work initiated by the project will be ensured after the end of the Project.

The medium- to long-term sustainability of the work will depend mainly on the extent to which the programme's outputs are embedded in government policy frameworks, public financing processes, institutional mandates, and practical tools that continue to be used after project closure.

In Kenya, sustainability is strengthened by the fact that the costed policy scenarios were developed through a government-led, participatory process under the leadership of the [redacted] particularly the [redacted] with active involvement of the [redacted] OPDs, counties, and other ministries and agencies. This has created significant ownership of both the process and the results. Sustainability is further supported by the links between the scenarios and the Persons with Disabilities Act 2025, the emerging disability policy framework, and the national budget process. If key measures are progressively integrated into the MTEF, budget lines, and departmental functions, they will move from project-supported proposals into regular public systems. The fact that the scenarios have already informed the next joint programme pilot also provides an immediate pathway from analysis to implementation.

In Colombia, sustainability rests primarily on policy influence, institutional uptake, and integration into existing national and subnational processes. The programme has contributed to stronger alignment across the care, disability, and child policy agendas, and these processes are likely to continue beyond the project. Sustainability is also supported by practical outputs, including the exploratory roadmap and related tools, the online self-training course, and the strengthened role of national disability organizations such as [redacted] and [redacted] in ongoing advocacy and technical dialogue. Continued uptake by the [redacted] and [redacted] will be important to translating this work into longer-term change. The fact that [redacted] has progressively connected products from different projects into a more coherent technical assistance agenda further strengthens the prospects for continuity, even amid challenges affecting the institutional stability of the [redacted]

Supporting evidence: Exploratory Roadmap Document

Finally, the publication of the [redacted] Country Assessment Tool strengthens sustainability at a broader level by ensuring that the project leaves behind a reusable methodology that can continue to guide country dialogue and reform efforts. While sustained progress will still require political commitment, public financing, and continued technical support, the project has established policy, institutional, and methodological foundations that are likely to outlast the project period.

11.Risk Reporting

Please describe any risks experienced during the programme's implementation and how these were managed.

Type of risk* (Contextual, programmatic, institutional)	Risk	Occurrence (Y/N)	Impact on result	Mitigation strategies	Risk treatment owners
[...]	[...]	[...]	[...]	[...]	[...]
[...]	[...]	[...]	[...]	[...]	[...]

* Please specify here the type of risk and refer to the following definitions:
Contextual: risk of state failure, return to conflict, development failure, humanitarian crisis; factors over which external actors have limited control.
Programmatic: risk of failure to achieve the aims and objectives; risk of causing harm through engagements.
Institutional: risk to the donor agency, security, fiduciary failure, reputational loss, domestic political damage etc.

12. Detailed expenditure in relation to sections 3, 4 and 5 above

Category	Activity (please describe)	Budget Allocated	Total Expenditure
Direct impact on empowerment of women and girls with disabilities			
	[…]	[…]	[…]
	[…]	[…]	[…]
Full and effective participation of persons with disabilities/ OPD capacity building	Consultation workshops for care and disability policies in Colombia	19000 USD	19000 USD
	Consultation workshop with OPDs and care and support givers	10402 USD	10402 USD
	[…]	[…]	[…]
Direct reach/inclusion of marginalized and vulnerable groups			
		[…]	[…]
	[…]	[…]	[…]
Accessibility costs	Interpretation sign language Kenya and Colombia	1300 USD	1300 USD
	[…]	[…]	[…]
	[…]	[…]	[…]

13. Life stories and testimonies

Life stories

Please include areas of interest that would have the potential to develop into a case study or human story. Please kindly provide a brief description with a few lines including the context and background and then lead into the interaction with the Joint Programme, followed by the resulting success. The GDF TS will review them and follow up on the selected case study if any. Has the program identified individuals to be interviewed? If yes, kindly provide details of these individuals.

Testimonials

Please include testimonials from key programme partners obtained during the reporting period. Testimonials are short, pithy quotes from individuals who have engaged with the joint programme at any level that capture their experiences in memorable ways. Please kindly share a few different testimonials from diverse partners (OPDs, Government, UNCT, …) at all levels (head of state, ministers, chief of staff…).

Name	Sex	Designation and Organization	Is this a testimony from a person with a disability? If so, what kind of disability do they have?[4]	Testimony	Photo Shared (Y/N)[5]	Consent for Use of Photo obtained (Y/N)	Photo Caption	Photo Credit
[…]	[…]	[…]	[…]	[…]	[…]	[…]	[…]	[…]
[…]	[…]	[…]	[…]	[…]	[…]	[…]	[…]	[…]
[…]	[…]	[…]	[…]	[…]	[…]	[…]	[…]	[…]

[4] Efforts should be made to capture the voices of persons with different types of disabilities including a balance between men and women with disabilities.

[5] If yes, please share the photo in a high resolution image file given they have shared consent to their photograph being used in GDF publications and communications materials including website. For photos of children due protocols should be followed for ensuring safety and obtaining consent.

14. Photos depicting Project related impact and outcomes[6]

Please share photos depicting programme in high resolution image files with appropriate consents of subjects having been taken as well as with the associated credits and along with permission for use in GDF publications and communications materials including website. Please refer to the GDF photography guidelines which have been shared with the country teams already.

Photo No.	**Photo description for use in alternative text for images to enable persons with visual impairments using screen readers to understand and perceive the image.**	**Consent for Use of Photo obtained (Y/N)**	**Photo Caption**	**Photo Credit**
[…]	[…]	[…]	[…]	[…]
[…]	[…]	[…]	[…]	[…]
[…]	[…]	[…]	[…]	[…]
[…]	[…]	[…]	[…]	[…]
[…]	[…]	[…]	[…]	[…]
[…]	[…]	[…]	[…]	[…]

[6] Please see Annex 5 GDF Quality Assurance Framework photography notes.