TCI GLOBAL Fellowship Report

By: Njoroge Samuel Macharia
**Background**

**Briefly explain why did you apply for the fellowship grant? What is the situation of persons with psychosocial disabilities in your country?**

I applied the TCI Fellowship in the category of National leaders who are already part of or leading a DPO of persons with psychosocial disability and significantly contributing to national, regional and global advocacy. By then, I was working at I was affiliated to Users and Survivors of Psychiatry in Kenya and there were challenges that affected the growth of the movement including the emergence of Covid 19 and was further complicated by the termination of donor funding. The opportunity served as a moment of renaissance that would eventually see the realignment of the movement in Kenya and also lay the platform for TCI.

The main objective was to amplify the voices of persons with psychosocial disability in Africa in terms of inclusion in the community livelihoods at the different levels of participation: Law and Policy formulation, implementation and monitoring and Evaluation.

This objective was to be navigated under the following specific objectives;

1. To establish and consolidate the movement of TCI and mobilize with persons with psychosocial disability in Africa.
2. Strengthen the technical capacity of organizations persons with psychosocial disabilities in Africa and liaison with key stakeholders.
3. Ensure meaningful participation and inclusion of persons with psychosocial disabilities in all areas of their lives;

**The following expectations were derived from the objectives**;

1. Amplify the involvement and impact of TCI global as a regional capacity building organization.
2. Enhanced capacity on implementing advocacy objectives individually as well as for the local and regional DPOs.
3. Networking with the international and regional human rights-based institutions in the implementation of inclusive advocacy objectives.
4. To represent TCI in the Bridge/CRPD capacity building initiatives on African Programs.
5. To lay the benchmark of future advocacy initiatives by integrating all the shared and upcoming experiences with the different stakeholders.
After the fellowship program how confident do you feel? To what extent the fellowship program has built your and your organizations capacity?

Under the fellowship, Championing for inclusive communities was formed. It is a membership of persons with lived experiences with psychosocial disability.

Under this formation, grassroots organisations have an umbrella body at the national level. It served as a great milestone in the revival of a fading movement of persons with psychosocial disability in the country.

**EXPECTATION 1**

**Amplification of the involvement and impact of TCI Global as a regional capacity building organization.**

Under this expectation, I was able to organise the first ever sub-regional OPD capacity building workshop and stakeholders meeting in Addis Ababa Ethiopia in July 2022. CIC-K assisted in the mobilization of both the stakeholders and OPD leaders in the region among other logistics. ‘Addis declaration‘ was coined as a result and it entails a blueprint of barriers to exclusion of persons with psychosocial disability and the possible interventions that were shared with the stakeholders. TCI developed a documentation that will be used for reference and also it gave TCI the entry point as a regional movement that advocates for the inclusion of persons with psychosocial disability IN Africa.

Present at the meeting were OPD representatives from Kenya, Uganda, Malawi, Zambia, Ethiopia and Rwanda. Therefore, TCI has been grounded for advocacy initiatives among the countries in the East and Central Africa region, a great millstone in the movement for persons with psychosocial disability globally.

TCI also made a country mission in Kenya in early August and conducted an OPD capacity building workshop and a stakeholders’ consultative forum. I played a central role in the organizational logistics for these events. The experience, together with contributing through presentations enhanced the levels of self confidence and formation of networks with Stakeholders OPD leaders in the country and in the region.
EXPECTATION 2

Strengthen the technical capacity of organizations persons with psychosocial disabilities in Africa and liaison with key stakeholders.

The Kenya Country Mission by TCI set the stage for new OPDs and individuals to enhance their advocacy strategies by shifting from the medical to a Human Rights Paradigm. Under CIK -K, new leadership and was established. There was a follow up on the performance of these organizations and there is a consolidated report that was shared wit the TCI secretariat on the various activities and experiences that the said individuals and organizations continue being involved in. The grassroots-based organizations also set the entry point for CIC-K to advance with the capacity building initiatives in the grassroots or at the county level. Already CIC -K has affiliates in Nairobi, Kisumu, Nakuru, Nyeri and Kiambu.

Some of the leaders are already engaging local leaders in raising funds for sustainable livelihood programs like chicken and pig farming.

A group from Nairobi is also offering an alternative form of therapy to medication. They conduct nature walks/support group meetings on a monthly basis and talk about CRPD based advocacy as well.

EXPECTATION 3

Networking with the international and regional human rights-based institutions in the implementation of inclusive advocacy objectives.

CIC K has already engaged the following organizations in various platforms:

- In June,2022, CIC held a Deinstitutionalization consultative meeting with its own members and made a report on the recommendations that was presented to the TCI secretariat.
- This was followed by a more inclusive meeting with other stakeholders under the Validity foundation and the Kenya National Commission on Human Rights.
- CIC launched an access to justice manual for persons with psychosocial disabilities in May with ICJ Kenya.
- In the same month, I conducted an access to justice training with the Kibera Court Users Committee with ICJ Kenya.
- I was also invited to speak during the award giving ceremony for poetry on mental health by the Kenya National commission on Human Rights.
• I trained journalists on disability compatible reporting on mental health to journalists under the Kenya National Commission on Human Rights.
• In June, attended a TCI/VALIDITY and PANPPD Webinar on Deinstitutionalization guidelines and articulated on common barriers and responses to the guidelines.
• In July, I visited the Network of National Human Rights Institutions (NANHRI) to have a dialogue on partnership that included the East Africa Sub-Regional Meeting.
• I have been having a dialogue with the Human Rights Watch on partnering in joint activities on the state of torture and shackling on persons with psychosocial and intellectual disability in the country.
• Currently-K has engaged Validity Foundation, Justice Defenders, Chair of the UN Committee AGAINIST Torture on joint interventions on human rights abuses on persons with psychosocial disability.

**EXPECTATION 4**

**To represent TCI in the Bridge/CRPD capacity building initiatives on African Programs.**
In March 2022, I attended the second module of the Bridge CRPD/SGDs training in Nairobi as a TCI fellow. This is when I also made my commitment to Teopista. The from Uganda that TCI will make a country Mission in Uganda and it happened the same tear in early August. Fre, from Ethiopia also committed to introducing the Ethiopian organisation of persons with psychosocial disability and this was actualised during the Sub-region capacity building workshop in Addis, late July.

**EXPECTATION 5**

**To lay the benchmark of future advocacy initiatives by integrating all the shared and upcoming experiences with the different stakeholders.**
During the Kenya Country Mission TCI facilitated a capacity building workshop that was attended by over 15 OPD leaders. The event was concluded with a half day stakeholders’ meeting that was attended by participants from the following institutions that laid the foundation of TCI/CIC advocacy framework within the country.

- United Disables Persons in Kenya (UDPK) -and also supported the logistics.
- Sightsavers
- Validity Foundation
- Human Rights Watch International.
• Kenya National Commission on Human Rights.
• CBM global on disability
• Ford foundation
• International Commission of Jurists (ICJ Kenyan Chapter).
• The probation department of Judiciary
• University of Nairobi Law school.
• Kenya Association of the Intellectually Handicapped (KAIH)
• Office of the Ombudsman (Judicial Service Commission)
• Ministry of Education (Special Needs Department)
• Psychiatric Disability Organization (PDO).

I have already been engaging some of these organisations in some activities while discussions are ongoing for long term partnership with others.

In February 2022, I participated in the recruitment process of the Inclusive Features Bridge IT academy by conducting oral interviews on youths with disability who were pre-qualified and were to join National Industrial Training Institute and enroll in a Diploma course in IT. The program was under Sightsavers and I have been involved in a similar role this year.

In March 2022, I participated in a High-Level Workshop “Donor Investment in OPDs at the Country Level and GDS consultation” that was organised by Global Action on Disability (GLAD) Network Secretariat.

UDPK, ADF, IDA had planned the meeting that aimed to identify the strengths and challenges that Kenya committed during Global Disability Summit. I represented TCI Global.

I attended Theory of Change Workshop at Four Point Sheraton, hosted by Cheshire Disability services at Four Points Sheraton Nairobi to represent the movement of Persons with psychosocial disability.

In May 2022, I participated in a Learning and exchange workshop that was organized by IDA and UDPK at Ole Sereni, Nairobi. I represented TCI Global.

In June 2022, I joined a team from the cross-disability movement to carry out accessibility audit at the International Committee of Red Cross (ICRC) Kenyan delegation. I represented TCI and persons with psychosocial disability to evaluate attitudes among other staff behaviours that may form an exclusive environment.
In June 2022, I signed a partnership working MOU with United Disabled Persons of Kenya (UDPK) over the upcoming events that included the TCI country Mission.

I trained OPD leaders on peer self-advocacy at Sports View Hotel Kasarani an event that was organized under UDPK in July 2022.

In August 2022, facilitated a discussion on Global Equity on Health at 4 points Sheraton hotel Nairobi.

**Briefly explain how this fellowship opportunity has supported your work over the year and also list down major achievements you have achieved under the fellowship cycle?**

Before I started the fellowship, the movement for persons with psychosocial disability in Kenya was fading. The donor had pull off and this was further complicated by the emergence of Covid 19, There were restrictions in movement and physical meetings hence most of the engagements were suspended or terminated. There was a crisis in leadership and a huge vacuum as far as the movement ids concerned.

Pan African organisation of Persons with Psychosocial Disabilities was also having a leadership and organisational crisis and no activities were effectively taking place.

Six months into the program, most of these issues had been addressed and the momentum for advocacy in Kenya and Africa was rekindled.

OPD and stakeholder networks had been established with the cross-disability movement and Human Rights organisations. The platform for advocacy was reinstated and with even a bigger magnitude due to the regional and international engagement.

The moment also created a self awareness opportunity on my self-advocacy and leadership skills by facilitating an automatic self evaluation through the engagements. I was able to Identify my strengths as well as the threats that existed.

TCI was always providing the necessary support and accommodations, and even leading in negotiations with some of the organisations like Sightsavers and Validity foundation.

These milestones were timely, CIC-K is now a registered NGO and is affiliated to United Persons with Disabilities IN Kenya (UDPK) the umbrella body for the cross-disability movement. CIC K is also a member of the TCI led sub-region movement that was found under the Addis Declaration.
Briefly explain the way forward and sustainability plan or plan of action of the organization after completion of the fellowship grant?

Currently CIC Kenya has a developed a concept note and a tentative budget that will oversee the implementation of some of the advocacy activities for the next one year. CIC-K will continue applying for donations and forming more partnerships both locally and internationally.

The organisation targets to build a profile from activities that will be supported by TCI through DPO capacity building grant. Validity Foundation has also committed to partner in access to justice advocacy programs for the next one year.

CIC-k will also seek local partners as a fund-raising strategy. A strategic plan will be developed for the next five years together with a communication, due diligence and financial policy to meet the donor requirements.

Briefly describe if there were any learnings for you during this fellowship period which you would like to share with us.

First, I learned about team-work, an attribute that has sustained TCI from its foundation. The movement in Africa could not progress since leaders acted as gatekeepers, blocking self-advocates and OPDs from progressing. learnt how to form partnership and using an open-door policy of welcoming new concepts and embracing diversity.

Lived and shared experiences have also played a great role in the articulation of issues. This opened the door for sharing and making a comparative analysis of aspects like how colonialism and neo-colonialism has contributed to the development and practice of institutional discrimination, use of coercive forces, derogatory treatment and exclusion of persons with psychosocial disability from the mainstream community in Kenya and Asia-Pacific region.

I learned that the commonwealth countries (former British colonies) enacted mental health laws that established mental health laws that facilitated institutionalization. The practice of coercion, degrading and derogatory treatment of mental health patients was supported by these laws for instance incarceration and seclusion.

This finding will create synergies while advocating for Deinstitutionalization of mental health and instead promote inclusion and service provision within communities.
I also learned to prioritize my advocacy within thematic areas and institutions that can embrace and influence change and avoid rigid establishments, but at the same time making very clear statements on what inclusion entails.

Please write about any challenges and difficulties you faced during conducting various activities in the fellowship period. Also, describe if any solutions or suggestions were utilized to address these.

The fellowship period happened immediately after the emergence of Covid-19 and the world was really affected economically and socially. I was personally undergoing a very difficult moment during the period. Most of the networks and opportunities had disengaged and everything had to start on a new page. The donors had shifted their usual focus into other areas.

Personal needs went above the provided stipend and this elevated so many restrictions that affected personal development.

The gatekeepers in the movement kept on negatively affecting fellowship activities and plans and I had to work on a stronger resolve to move on.

Registering CIC-K as an NGO was also not a walk in the park. There were enemies within who negatively influenced the membership from progressing. They were strategically serving the political interests of some gatekeepers who felt that TCI/CIC would threaten their dominance and they have always maintained a status quo. I practiced patience and every moment I faced a challenge was a learning moment. I remained positive and objective. I also received back-up from the majority and finally there was an interim board that facilitated the registration process. By focusing on the big picture the process became unstoppable.

ANNEXURES

Share some pictures/media clippings IEC materials of activities carried out during the grant period?

https://sightsavershh-my.sharepoint.com/:v:/g/personal/zchowdhury_sightsavers_org/Ebzn-A1OPStCru1iyWqDk04B0LV5U0u0ly92eozllHi6qw?e=PiPE77

A video caption on what is inclusion in an IDA conference at Ole Sereni.
CIC Kenya Certificate of Registration by the NGO Coordination Board

Engaging youths with psychosocial disability/university students in an FGD on inclusion of persons with psychosocial disability in the Inclusion to Employment program by UDPK in January, 2022.
I officially introduced my fellowship status to UDPK leadership for technical support in February, 2022.

I attended Bridge /SGDs workshop in Nairobi as a TCI Fellow together with my colleague, Dorothy Nakato from Uganda.
Involved in an awareness creation advocacy activity with the youth in a religious organization.

I launched an access to justice manual for persons with psychosocial disability under ICJ-Kenyan Chapter in May 2022
I trained a Nairobi Court Users Committee on the access to Justice Manual in May 2022.

Posing with Self-advocates and staff from the Kenya National Human Rights Commission after a stakeholder’s consultative forum in their offices.
Contributing to a learning and exchange program at Ole-Sereni that was supported by the International Disability Alliance.

I participated in work and employment workshop for persons with psychosocial disability under Sightsavers in Nairobi.
Participated in the accessibility assessment exercise at the International Committee of the Red Cross Nairobi Delegation Headquarters in June. The assessment also comprised of parameters that elevate barriers on persons with psychosocial disability.

CIC-K held a meeting to discuss the CRPD Committee Deinstitutionalization Guidelines and gave its own recommendations.
Articulating on issues affecting persons with psychosocial disability in the East African Sub-region during the subregional workshop that was held in Addis Ababa.

Posing for a photo with TCI members from Asia -Pacific during the Kenya Country TCI mission.

"The presence of a mental health condition does not show the absence of a fulfilled life."
#mentalhealth

Stakeholders’ group photo during the launch of WhatWENeed policy paper.
CIC-K/TCI WHATWENEED CAMPAIGN IN KENYA.

INTRODUCTION

Championing of inclusive communities in Kenya was once an idea that was mooted by Elizabeth Ombati (Chairperson) and Njoroge Samuel (director) in April 2022 during a Strategic Planning meeting by TCI Global in Bangkok Thailand. Under the TCI Fellowship program, CIC has transited into a national movement for advocating for the rights of persons with psychosocial and neurodiverse disabilities. The main objective is to advocate for the inclusion of persons with psychosocial disability in all areas of socio-economic activities, opportunities and services. For a long time, persons with psychosocial disability have been marginalized on the basis of the much-hyped stereotype of ‘inadequate mental capacity and ability’ which has denied them the right to legal capacity to be recognized on an equal basis with other persons. These perceptions are social constructs that are based on social learning and mostly embedded in cultural and religious beliefs.

Both the mental health act (1989) and the Mental health amendment act (2021) facilitates institutionalization of persons with psychosocial disability whereby individuals are removed from the community where they should receive support and care like healthcare, social protection, education, sexual and reproductive healthcare, psychosocial support and other alternatives to mainstream mental health system.

TCI facilitated the first ever Sub-region OPD Capacity building workshop for OPDS and Stakeholders consultative forum in Addis Ababa in July 2022 which was followed by TCI country missions in Kenya and Uganda in early August.

CIC K actively participated in the two events and has generated a reflection of the activities from the participants, in the form of individual and OPD activities which forms part of WHATWENEED campaign by TCI Global. Some individuals have shared their real-life experiences and how these experiences have inspired them to become self-advocates while others have developed leadership positions in the movement. CIC membership embraces both individual and OPD membership and will be partnering with other stakeholders in building the capacity of OPDs nationally and beyond under the TCI umbrella.

Samuel Macharia Njoroge.

I was diagnosed with a substance use problem at the age of 25. I was subjected to a private psychiatrist who administered heavy medication and electroconvulsive therapy. Then I was admitted into a rehabilitation center in quick succession and held there for three months. I had no prior experience and that was a very traumatizing experience especially because of the way information spread within the neighborhood, extended family circles and friends.

It became worse in the next ten years when I lost my social capital and basic rights to privacy, employment and autonomy. My life was subjected to a revolving door between mental health institutions, police cells, prisons and religious institutions.
My real journey in recovery began when I started my own family and also joined a peer support group. I heard other people share their stories. I got inspired and it gave me a lot of hope. I started dealing with low self esteem by volunteering in community advocacy projects. With time I started working for Users and Survivors of Psychiatry and finally enrolled for a Psychology degree and graduated in 2028. I have been involved in capacity building workshops for OPDs, establishment of peer support groups and research initiatives for the inclusion of persons with disabilities in the communities and access to justice for persons with psychosocial disabilities. I had a fellowship opportunity with International Disability Alliance (IDA) and TCI Global. Currently I am a Director at CIC K and pursuing my Master of Psychology Degree.

ROBERT OMONDI, POET, MEMBER, CIC-K

Robert narrates a dehumanizing situation that faced his close friend and room-mate at the university and the memories prompted him to write a poem that won the best price from the Kenya National Commission on Human Rights in 2020.

“After receiving many missed calls from neighbors and eventually when i could call back, all I did was fear for my friend. He had experienced an episode which could be easily managed however the surrounding community posed a potential danger to him putting his rights at risk and vulnerable to their beliefs and "solutions".

Rushing back home, I found a door locked with double padlocks and inside, I saw him there tied to a bed. Later on, I would find him taken to prayer den, sprinkled with salt, soaked in oil and very exhausted from all the shouting and beatings.

This time the dad was there and both just broke down into tears, highlighting the human in Him despite the animal treatment. Nobody deserves that.

Going back a bit, I'm the only one whom he could be calm with, which just showed the natural reaction to being understood versus the reaction when being attacked and aggravated, they had termed him aggressive which was totally not the case, actually it was the reverse. Even going beyond this horrific experience, after being diagnosed, he could only take his medicine when I’m around, nobody else would convince him, and again I say, it’s about the understanding and care.

The whole experience made me see how communities need to be sensitized collectively because both men and women, children and youths, all participated in discriminating him and dehumanizing his situation”.

TABITHA K. MWANGI, Mental Voices Africa, MEMBER CIC.

Tabitha underwent traumatic experiences in Europe while living with a family that had offered to support her pursue higher education. She travelled back to Kenya and worked in the hospitality industry. She even won recognition as the best member of staff at some point only
to be laid off in two weeks’ time after getting into a crisis. She has been subjected to both the mental health system and the traditional healers. The experiences inspired her to become a self-advocate and trains members of the community especially on the intersectionality’s in marriage, motherhood, gender-based discrimination and psychosocial disability.

Tabitha is very passionate on advocating for the inclusion of persons with psychosocial disability and she participates in most of the CIC K events and activities as a volunteer. She is also an official f a youth organization that advocates for sustainable livelihoods for youths with psychosocial disability.

Tabitha appeared on a national broadcaster, Citizen TV speaking on the barriers and risks that faced persons with psychosocial disability during the emergence of Covid 19 in 2020. She is also captured during a community sensitization event on the barriers that face women and girls with psychosocial disability in the pre and postnatal phase of delivery including lack of adequate and inclusive Sexual and reproductive health Education.

Paul-ADVOCATE.

Since I was diagnosed with a mental illness 30 years ago, I have faced numerous barriers in life. I had just joined the university to study law. I could not concentrate in class neither get along well with the classmates. I felt that the environment was very hostile for me. I finally managed to graduate but I attribute this to a support system that I developed with time from some classmates and lecturers who understood my situation and offered support and accommodations. During a crisis I would be granted more time to submit my work and I would also sit special papers when I able to. it became worse every time I had a crisis. I changed doctors several time and, in most cases, it would end up with an admission. I briefly worked as a magistrate but was shortly fired due to a misunderstanding, whereby I was profiled. I did not get the necessary support and accommodations to defend my case. I re-established my private practice a remote town from the city. I would travel to the city once every moth for the injection and other prescription medications, and this was always a very expensive for me especially during the in-patience admission. I did not have and insurance scheme that would support may treatment and had to meet all the expenses. I would really sufferer from the side effects of the injections and the medicine and this lowered my work-rate and social life.
About three years ago, a local government hospital near where I live established a mental health clinic. I visited the clinic once and the staff told me that I did not need all that heavy medication and the injection. I actually take one tablet and no injection. My work-rate has really improved and I feel energized to move on. I have not had a major relapse for the last five years since I stopped the heavy medication. I am able to live peacefully and recently I visited the home of my wife with friends and relatives for a traditional ceremony of a wedding.

I wholly support inclusion of services in the community where one does not overspend on the available resources, and possibly encounter complexities like being institutionalized.

**PHYLIS MWANGI, TEAM LEADER, Mind Safari Movement, Member, CIC-K**

Phyllis is a woman with psychosocial disability and the founder of Mind Safari Movement whose main objective is hosting Green Therapy Events i.e., Nature Walk, Talk, Learn and Fun Therapy in the forests which promotes mental health for all in the community; this is towards raising awareness on mental health in order to prevent stigma and discrimination. The group is involved in the following activities:

- Walk, talk, learn and fun.
- Media and Social media shows\interviews
- Group discussions\Tuchape story

*MSM promotes Article 8 of CRPD* - Raising Awareness among other articles.

**Walk, talk, learn and fun**

During the walks apart from having fun MSM enlightens the participants on mental health, psychosocial disability and disability rights.

In collaboration with other stakeholders leads the participants in the exploration of diverse topics like demystifying mental health, destigmatizing mental health in order to address the major challenges of stigma, stereotypes and discrimination in the society that hinder individuals from seeking help when needed.

To encourage people to normalize seeking help and speaking about their challenges the group facilitates a group discussion tagged as Tuchape story. This way, people learn from each other and those with lived experiences share their stories which help the rest to gain more insight.
On the left is an informal peer support group (Tuchape story) while on the right Is Phyllis participating in an event during the world suicide prevention day.

MSM nature walk that attracts diverse categories of individuals

John Mark Njoroge, Law student at Kenyatta University, Intern CICK

Johnmark is inspired by family experiences with psychosocial disability to become a disability rights lawyer. He is very keen on access to justice and the formation of an inclusive society. His perceptions are reflected in the following poem.

**SHED THE STIGMA, SHAME AND FEAR**

In Kenya, society views mental illness
As something that's brought on by evil will
They say it's caused by witchcraft, a curse
But the truth is far from this verse

Mental health is something we all possess
But for some, it's a battle they must confess
The weight of the world can feel crushing, overwhelming
Leaving them feeling lost, their heart palpitating

But these struggles aren't the result of a spell
They're the result of life's trials, hardships that fell
They're caused by trauma, by stress and by pain
They're not something that can be cured by a vial of potion or a lock of mane

So let's change the way we think and we speak
About mental health and the ones who seek
Help and support, love and understanding
Because everyone deserves a chance at expanding

Their minds and their hearts, their spirit and soul
We all deserve to feel whole
So let's shed the stigma, the shame and the fear
And embrace those struggling, with love and with cheer
MAUREEN GIKONYO, PROGRAMS OFFICER CITIESRISE, TREASURER, CIC-K.

Maureen is a dedicated mental health advocate based in Kenya. She is the current Youth Coordinator- cities RISE. Her core duties at cities RISE entail assessing the needs of the youth leaders’ network globally, connecting them to experts’ professionals and leaders and supporting youth initiatives related to mental health, informing youth strategy and ensuring the inclusion of youthful voices in cities RISE programs including research and advocacy. She is also a co-founder and co-lead of Youth for Mental Health Kenya, youth led and youth focused network focused on transforming the state of youth mental health in Kenya and beyond through research, intergenerational dialogues, mental health integration and community innovative responses. Youth for Mental Health currently hosts over 15 youth-led organizations in Kenya focusing on youth mental health. Maureen is an active CIC Member and the organizations Treasurer and board member.

Maureen is particularly passionate about transforming and empowering communities as well as ensuring persons with lived experiences are fully included on the basis of equality and non-discrimination including the meaningful participation of young people in the society. She is also currently a member of the lived experience council of Healthy Brain Global Initiative (HBGI). As part of deepening her knowledge on advocacy, she was selected, attended and completed the Bridge SDG-CRPD Module 1 training by the International Disability Alliance. Additionally, Maureen holds a Bachelors’ degree in special needs education, with her specialization being emotional and behavioral variables.

KIAMBURU COUNTY

BERNARD MUMO BOARD MEMBER, CIC K

Bernard Mumo from Kenya, Nairobi. I am male, 31 years old born in Limuru, Central Province. He is an Entrepreneur and Mental Health Advocate. He was diagnosed with schizoaffective condition in 2018 at Kamili Organization, Lower Kabete Clinic. This was after experiencing a lot of episodes from the first encounter in 2013. It was after loss of many things and living in denial that prompted him visit to a psychiatrist on a voluntarily level.

After, a five (5) year struggle with the episodes, he later accepted himself and dedicated to help other people experiencing the same problems on how to accept themselves through the help of caregiver support system and therapy sessions. So, he joined therapy group sessions once a week for three months consequently with people with lived experiences and started the healing and learning journey process that he had committed himself to.
He began building networks and appreciating his condition that led him to join other supportive groups that involved mental health awareness and advocacy. I joined different groups that were supported by various organizations on financial boost, mental wellbeing and advocacy.

Currently he acquired many skills and opportunities in promoting mental health awareness, stop stigma and end discrimination through community projects. He has organized, planned and executed many mental health events in churches, malls, slums, chief camps, universities, markets and police posts in Nairobi County. I have also attended many workshops of health stakeholder’s meetings where I give my views on policy making changes and proposals. He also attends online and physical seminars on quality rights, CRPD and SDGs forums for empowerment in my doings.

In his hometown he has a Community Based Organization in which he is a Co-founder that deals with youth empowerment activities to reduce the rate of mental health problems in the community that has been propelled by drug abuse cases. He also holds mental health talks to youths in churches and school in my community. Finally, he engages the youths on a one-on-one conversation on matters concerning mental health maintenance and business opportunities as a way of giving back to the community.

Currently, he is a Certified mental health trainer by an organization based in Nairobi, Kenya and a board member with CIC-Ke which is a new platform to contribute in policy-making decisions.

MACHAKOS COUNTY

ANGELICA SYOMBUA, CHAIRPERSON, CREATE MACHAKOS SELF HELP GROUP, BOARD MEMBER CIC-K.

Angelica Syombua is a woman with psychosocial disability and an active OPD leader and CIC member from Machakos county. She has worked as a volunteer self-advocate for persons with psychosocial disability and her work is now recognized and she is getting nominations from civil society organizations working in the region to share and lead with her experiences.

Create Machakos is a community-based organization that conducts anti stigma campaigns within Mutituni and Mua areas of Machakos County. They work closely with the local health institutions, religious organizations, CSOs, and other OPDs for the inclusion of persons with psychosocial disability in the community. They visit the homes of the members and interact with the caregivers to engage the support systems and identify the barriers and support needs, helping the families in finding solutions and the available opportunities.

In the process, they create safe spaces in terms of giving support to persons during difficult times like when going through a crisis by having the opportunity to listen, support and make referrals to hospitals, police, gender office and support groups near the person at that moment and doing follow ups.
They are also engaged in the political process like inclusive elections, county budget meetings and affirmative actions provided for the marginalized groups for instance appointment to represent women with psychosocial disability at the county government departments.

Angelica has been nominated as a member of the County Anti-corruption Civilian Oversight Committee and during the Kenya 2022 general election, she was assigned the role of an election observer overseeing two sub counties Machakos subcounty and Kalama Subcounty in Machakos county as a representative of persons with disabilities.

I was also involved in a training by the EACC in church clusters in Machakos as a representative of persons with disabilities. She is also a beneficiary of the In Business initiative by Light for the World received training on improving how I do business and a growth kid worth 20 thousand Kenya Shillings.

As a member of the Kenya Network of women and girls with disabilities in Kenya was involved in activities on gender-based violence as a champion and sexual reproductive health Rights activities as a representative of the championing for inclusive communities.

Create Machakos engaging a Church leaders’ group on the inclusion of persons with psychosocial in the community.
Inspired by the advocacy strategy of CIC and after attending the Kenya Mission capacity building workshop by TCI, Dan found Spring of Hope Center, a CBO based in Nyeri county. The group is composed of men in recovery from substance use and psychosocial disability. It is a peer support group model that is supported by basic farming activities like poultry rearing, growing vegetables and with a long-term plan in pig farming. The group is backed up by the county government of Nyeri and they have been supplied with the seed resources for start up. CIC is looking forward to coordinating more capacity building initiatives with the group like human right -based self-advocacy, financial literacy and entrepreneurship. The group is in the process of formal registration.

Some of the prospects for CIC is to launch a rights-based advocacy in the larger part of Nyeri county through the self-advocates that will be trained from the group. Other opportunities are facilitating stakeholders’ consultative forums and engagement for the inclusion of persons with psychosocial disability.
Spring of Hope Members during a peer support group in Nyeri. The forum is aiming at ending societal stigma and focus on social -economic model of a right based self-advocacy for running a sustainable livelihood.

**KIAMABARA MENTAL DISABILITY SELF HELP GROUP, a CIC affiliate OPD.**

Kiamabara self-help group is based in Nyeri County, Mathira Sub-County. The group is composed of users of mental health services and their caregivers. They meet every first Thursday of the month at Kiamabara Health Center. The group is registered under the Ministry of Gender and Social Services. The group is currently being supported by the Nyeri County Government with a poultry farming project.

CIC Kenya will be conducting an anti-shackling campaign through OPD capacity building initiatives with several cases already identified among other human right abuses on persons with psychosocial disability. Other advocacy initiatives will be channeled through the group to cover the western part of Nyeri county.

The group is also engaged in tree planting for environmental conservation and to mitigate in the process of climate change which is an effective alternative therapy to medication and a back-up to peer support.
NAKURU COUNTY

JOYCE MUGURE, Team Coordinator at Psychiatry Disability Organization, Board MEMBER, CIC.

Joyce is a woman with psychosocial disabilities. She is a mental health researcher and has worked with international organizations like Stema health and Realizing Human Rights and social justice (York University). She is the founder of Smart Young Mothers initiative where she supports women living with disabilities and volunteering at Psychiatric Disability Organization as an advocacy team coordinator. Her work has seen her selected for young women with disabilities leadership program by ADF and being featured in a number of newspapers including Daily nation and the business daily.

Getting her diagnosis after many years of struggling to understand herself she joined a support group where she learnt to manage her condition and inspired her passion for mental health and

Poultry farming project by Kiamabara Mental Disability Self-Help group.
human rights advocacy and become vocal about disability inclusion and promoting the UNCRPD based advocacy.

Joyce conducting a training session on mental wellness at Psychiatry Disability organization (PDO) IN Nakuru.
Transforming Communities for Inclusion (TCI)

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