

PROJECT PROPOSAL

PROJECT TITLE:

SUSTAINABLE SCHOOL FEEDING PROGRAM IN WESTERN KENYA

Kisumu Medical and Education Trust (K-MET)
P. O. Box 6805, 40103
Kisumu

Contact Person:

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Proposal Sent To:

One Village At A Time (OVAAT).

AMOUNT REQUESTED:

Kenya shillings One Million five hundred and five thousands, seven hundred only. (Kes. 1,505,700.00)

US Dollar Fifteen Thousands Only (US Dollar: 17,929)

1.0 Introduction and Background

Organizational Background and Capacity

Kisumu Medical and Education Trust (KMET) was conceptualized in 1995 and registered as an NGO in 1996. K-MET **envisions** communities with accessible quality reproductive health (RH) services where every child is wanted. The K-MET **mission** is to promote development in underserved communities through innovative health education programmes. The **goal** of the Trust is to integrate RH into core community development activities. Practicality and innovativeness are the core values that govern KMET activities.

Currently, KMET runs 17 different interlinked programmes that are empowering communities economically with an integral project of comprehensive reproductive health and family planning education. K-MET has several partners who offer technical support and funding. Among them are one village at a time (OVAAT), the Ministries of Health and Education, International Planned Parenthood Federation, Concern Worldwide, PharmAccess International, Ipas, Child At Venture, Giveaway to Freedom; Population Council and American Jewish World Service. K-MET continues to develop new partnerships and funders. We have also established a countrywide network of health providers that are currently in 5 provinces. KMET has developed partners in consortia who are working on similar problems so that we can share best practices, and new techniques/technologies.

In the education sector, KMET has gained valuable experience in implementing a program targeting enrolment and re-enrolment of a total of 4,703 primary school age children. The education project works in 19 communities in the rural and informal settlements of Kisumu, Busia and Siaya Counties (new county) in Western Kenya.

Project Summary

This one year proposed project will identify 1,500 pupils in pre-school and lower primary classes 1,2 and 3, 1,000 adolescent girls and boys and enrol them into feeding and youth support programs respectively in three schools namely; Nambale AC, Nang'eni AC and Nina primary schools in Western Kenya. The school community will be sensitised on importance of provision of quality education to pupils and parents/guardians roles in ensuring pupils get quality education through participatory integrated school feeding (PICD). 18 community members will benefit from the loaning scheme as away of sustaining the project through offering financial and in kind support to the program.

The project will contribute to a number of results including: Higher school completion rates, Improved nutrition and health status, Improved social and emotional behaviour, Improved parent-child relationship, early stimulation, intellectual development; an enhanced self esteem among adolescent girls; preparation and keeping the children at par with children from more affluent neighbourhoods who pass through nursery education and community economic empowerment.

Situation Analysis of Education

The Free Primary Education (FPE) initiative has shown a dramatic increase in school enrolment by about 70% (1.5 million) in Kenya. Within Kisumu East county has a total population of 131,366 children below 5 years amongst the children, it is estimated that a total of 6,236 children have never attended school though they of school going age. Consequently there is rapid drop out of 31,118 children enrolled earlier amongst the ages of 3-5 years according to opendata.go.ke 2011. Resulting to consequences and challenges; for instance, some of the newly enrolled students for free primary education were over- aged children who had never attended ECD Education (UNESCO 2005). Low enrolment or access to ECD is largely attributed to;

- **Lack of feeding programs**

A significant number of pre-primary schools in Western Kenya do not have feeding programs. Monthly statistical returns provided by schools show that in May/June 2006, only 44.3 percent of the 1,404 primary schools in Western Kenya had school feeding programs, 47.8 percent did not, and 7.9 percent did not provide data. Institutions with feeding programs typically offered children enriched porridge (*uji*) and/or milk.

The World Food Programme (WFP), the main UN agency providing school feeding in Kenya, estimates that it costs about Kshs. 15.20 to feed a pupil per day [\$0.19]. WFP has committed to feeding 500,000 children in urban informal settlements, but most of this support has been allocated to children in Nairobi slums. According to Ministry of Education (MEO) informants, in 2006, 2,279 primary schools in Western Kenya did not receive any school feeding assistance from WFP or the government. Thus, orphaned and the Most Vulnerable Children (MVC) are unlikely to access basic school education.

- **Other Barriers to Accessing basic primary education**

- Lack of sanitary pads for adolescent girls hence missing school during menses.
- Lack of schools and long distances to the nearest schools make children not access ECD schools.
- Lack of understanding of the importance of schooling (i.e. the basic right of every child to get education)
- Rampant abject Poverty resulting to Child labor (i.e. children collecting scrap metal to sell to metal dealer)

Project Goal: Reducing the impact of low education levels in rural schools over communities in Western Kenya.

Project general Objectives:

- Increase access to quality basic education by 5% in 3 rural schools in Western Kenya by the end of 2012.
- Increase the income-level of school community in 3 rural schools from 2% to 10% by the end of 2012.
- Decrease dropout rate of girls from 15% to 5% in 3 rural schools in Western Kenya by the end of 2012.

Expected Results

In the long run, access to basic education in Western Kenyan rural schools will promote:

- Improved nutrition and health status
- Improved social and emotional behavior
- Improved parent-child relationship
- Increased ECD and lower primary pupils enrolment and retention
- Improved school achievements and parents/guardians participation,

Implementation Strategies and Lessons Learned from KMET Education interventions.

A. Implementation Strategy

OVAAT will provide funding totalling to US dollar 5,000.00 during the first quarter of the year 2012, i.e. January February and March. The second and third disbursement of US dollar 5,000.00 per term to the schools will be subject to participation and contribution of parents to the program. If the feeding programme succeeds in Nambale Ac, OVAAT will exit by the end of 2012 then top up on loans.

Baseline Survey

A baseline survey will be conducted to find out how many pre-school age, lower primary school age and adolescent girls and boys are out of school due to poverty, lack of feeding program or Reproductive health related issues in rural Western Kenya. This will project both the expected enrolment of MVCs in ECDs and lower primary school and adolescent boys and girls retention in school in 2012.

Participatory Integrated Community Development (PICD) /Community Conversations Process

The PICD process will be implemented by the PICD Facilitators for a period of 6-weeks as the community entry exercise. This will be done during regular community meetings. Each community group will be taken through a process that explores and modifies attitudes that impede access to and development in basic education. The groups will then be facilitated to conduct a situation analysis of PICD and primary school enrolment in their village, upon which they will set community education priorities that will be translated into an action plan. This PICD process will include sensitizing leaders and achieving buy-in by members of the community to ensure community ownership of the project. A Project Committee will be formed for the purposes of overseeing and verification of enrolment of pupils in ECDs and primary schools. To ensure sustainability, a 10-day workshop will be conducted for a team of 10 Community Conversations Facilitators to spearhead community conversations on education during and after the project life.

Collaboration and Partnerships

There will be a project launch to encourage target communities to enter into partnerships with relevant governmental and non-governmental stakeholders. All stakeholders will be invited to participate. Partnerships will be sought with:

- The Ministry of Education and Health
- Leonard Cheshire Disability (for inclusive education and Child to Child issues)
- World Food Program
- UNICEF
- The Constituency Development Fund
- The County Administration
- The Ministry of Public Health and Sanitation

- Local financial institutions
- Local Churches, Women & Youth groups
- Ministry of Youth and Sports
- Ministry of Gender and Social Development
- Children department

These partnerships would be for purposes of mobilizing resources and enhancing sustainability of the interventions.

Targeting Strategies

The program will focus on MVCs in Nambale & Siaya Counties of Western Kenya. Vulnerability is measured by the experience of poverty along three dimensions: **deprivation, exclusion and vulnerability**.

The project defines the MVC as those children facing Deprivation, Exclusion and Vulnerability (DEV Framework). The DEV framework is based on solid research whose findings revealed that poor children are not only deprived of essential material conditions and services, which is the focus of most approaches to child poverty alleviation. According to children, they also describe their experience of poverty in terms of exclusion—they feel excluded on the basis of age, gender, class, caste, etc. They go further, to describe their experience of poverty in terms of feeling vulnerable to threats in their social and physical environments. Examples of these dimensions of experiences of poverty are: Not having enough food to eat (deprivation), not remaining in school for girls because of their gender (exclusion), anticipating being orphaned due to parents' HIV/AIDS (vulnerability)

Direct Target	2500 pupils (1,380 girls and 1,120 boys)
Indirect Target	5,000 community members in Nambale and Siaya Communities 3,500 school-going children in Siaya and Nambale
Proposed advocacy participants	Ministry of Education at County level Local Authorities 5 chiefs and 12 assistant chiefs 6 CDF committees Ministry of Youth and Sports and children department Ministry of Gender and Social Development

B. Lessons Learned

Some of the lessons K-MET has learned as a result of its years of community service include;

- Community participation and planning at every stage of the project creates a sense of ownership and sustainability of the intervention.
- Misconception by parents that they have minimal responsibility for their children once they enrol them in school
- Enrolment drives putting more strain on already overstretched school facilities, giving the indication that there is need to target rural areas where there is under enrolment.
- Continuous update of the MVC database is important at the community level and Municipal Education Office to strengthen partnership, monitoring and evaluation of projects.
- Enhanced community advocacy capacity increased access to services and facilities due to these communities

Sustainability

The project will be maintaining the outcomes, goals and products, institutionalizing the process through the development of broad-based partnerships that foster collaboration, involvement of all stakeholders: parents/guardians/grandmothers, pupils, politicians, community leaders, school administrations and provincial administration. The project will also develop an outreach plan to share resources and expertise. At the community level continuous community conversations will enhance more dialogue and action taking on education matters which will ensure a demand seeking behaviour for target communities to the government and non-governmental partners. Community microfinance is also believed to be a powerful sustainability tool towards a community/school school feeding program in Western Kenya

MANAGEMENT AND COORDINATION ARRANGEMENT

Coordination

K-MET's Executive director will direct the program activities in close collaboration with OVAAT director. The Program Manager will work closely with the Nutrition Project Officer, the OTP nurse, Adolescent sexual reproductive health officer, loans manager and the 2 PICD Project Facilitators. The involvement of the PICD facilitators is a strategy towards enhancement of integration of feeding program in the two counties.

FUND MANAGEMENT ARRANGEMENT

The funds management will specified in the memorandum of understanding document.

MONITORING, EVALUATION AND REPORTING

Monitoring

In implementing the project in Western Kenya, KMET will work very closely with the Ministry of Education, Ministry of Health and other local institutions. KMET will participate and share experience on the programme at stakeholders' forum. The project will be monitored through a participatory monitoring and evaluation framework covering the entire project cycle. K-MET and Community Implementation Committee will be responsible for the day to day monitoring of programme activities as we integrate complaint response mechanism within the project to ensure timely feedback from all partners in the communities served. The baseline data collected during the PICD and CCE process will be used to develop some community indicators for the project. KMET will submit monthly and quarterly financial and activity reports to UNICEF.

Evaluation

There will be field visits mid and at the end of the project life for the purposes of evaluation on the impact achieved by the project. This will be partaken by K-MET, UNICEF, MoE and the community.

Proposed Budget for Sustainable school feeding program in Western Kenya.

Project Title: Sustainable school feeding program in Western Kenya					
Partner Name: KISUMU MEDICAL & EDUCATION TRUST (KMET)					
Project Duration:12 months					
Project Start Date: 5 th January, 2012					
BUDGET HEADING	UNIT	No: OF UNITS	COST PER UNIT	TOTAL COST KES	PARENTS/GUARDIAN S CONTRIBUTION
Direct Costs					
1. Staff Costs					
KMET Executive Directors Time @ 2%	Months	12	5,000.00	60,000.00	-
K-MET Nutritionist time @ 10%	Months	12	10,000.00	120,000.00	
Sub total				180,000.00	0
2. Project Inputs					
Nutri flour	Kg	6,750	120	810,000.00	810,000.00
Sanitary Pads	Packets of 6 pieces	514	350	180,000.00	-
Loans fund	Pax	18	5,000.00	90,000.00	
PICD -Community Conversation Enhancement training	Sessions	10	18,600.00	186,000.00	-
Nutritionist facilitators airtime	Months	12	1,000.00	12,000.00	-
Sub total				1,188,000.00	
4. Monitoring and Evaluation					

Review meeting (Including UNICEF, MoE, DICECE, Community rep)	1	1	10,000.00	10,000.00	-	
Sub total			10,000.00	10,000.00	-	
Total						
7. INDIRECT COSTS						
Bank Charges	Sessions	3	1,000.00	3,000.00	-	
Transport -Where is perdiem??	Sessions	4	11,125.00	44,500.00	-	
Communication and internet	Sessions	4	1,000.00	4,000.00	-	
Stationery	lump	3	1,500.00	4,500.00	-	
Sub total				56,000.00		
TOTAL PROGRAME COSTS				1,434,000.00		
5% overhead				71,700.00		
	Total Budget			1,505,700.00		
	Total in USD @ 84 ksh/dollar			17,925.00		