HELP 400 VULNERABLE GIRLS RETURN TO SCHOOL IN MOMBASA

Project Proposal

Submitted by:
Kenya SRH Care Organization (KESCO)

Location: Mombasa County, Kenya

Funding Requested: USD 100,000

1. Executive Summary

Education is fundamental to breaking the cycle of poverty, yet many vulnerable girls in Mombasa County remain out of school due to poverty, inadequate learning materials, poor menstrual hygiene management, gender-based violence (GBV), adolescent pregnancy, and harmful social norms.

Kenya SRH Care Organization (KESCO) seeks USD 100,000 to implement Help 400 Vulnerable Girls Return to School in Mombasa, a 12-month project that will support 400 vulnerable girls aged 12–19 years through educational assistance, dignity kits, menstrual health education, mentorship, psychosocial support, and child protection services.

Working closely with the Ministry of Education, Directorate of Children's Services, County Department of Health, schools, parents, and community leaders, the project will improve school enrolment, increase retention to at least 90%, reduce menstruation-related absenteeism, and strengthen safe, inclusive learning environments for vulnerable girls.

The project contributes to SDGs 3, 4, 5 and 10 by improving girls' access to education, health, protection, and equal opportunities.

2. Organizational Background

Kenya SRH Care Organization (KESCO) is a registered Community-Based Organization (CBO) dedicated to improving education, health, child protection, and the socio-economic wellbeing of vulnerable children, adolescents, and young women in Mombasa County.

KESCO implements community-based programmes in education, Sexual and Reproductive Health and Rights (SRHR), menstrual health, child protection, youth empowerment and community development. The organisation works in partnership with

government institutions, schools, health facilities, Community Health Promoters (CHPs) and local leaders to deliver sustainable, community-driven interventions.

KESCO maintains strong systems for financial management, safeguarding, monitoring and evaluation (MEAL), procurement, and donor reporting, ensuring accountability and effective programme implementation.

3. Problem Statement

Many girls in Kisauni, Likoni, Changamwe and surrounding informal settlements face significant barriers to education. Poverty, inadequate menstrual hygiene management, gender-based violence, adolescent pregnancy, early marriage and limited family resources continue to contribute to school absenteeism and dropout.

Girls living with disabilities, orphaned children, adolescent mothers returning to school and those from vulnerable households are particularly affected. KESCO's community experience shows that many girls leave school because they lack educational resources, protection and supportive learning environments—not because they lack the ability to succeed.

Recognizing the different needs of girls aged 12–19 years, the project will provide age-appropriate support for upper primary and secondary school learners, including tailored mentorship and reintegration support for adolescent mothers returning to education.

The project will address these barriers through educational support, menstrual health services, mentorship, psychosocial support, child protection and strong collaboration with schools, government institutions, parents and communities.

4. Theory of Change

If vulnerable girls receive educational support, dignity kits, menstrual health education, mentorship and psychosocial support;

And if schools, families, communities, and government institutions work together to create safe and inclusive learning environments;

Then school attendance and retention will improve, menstruation-related absenteeism will decrease and at least 90% of participating girls will remain in school;

Because the financial, social, health and protection barriers that prevent girls from completing their education will be addressed through coordinated community action.

5. Project Goal

To improve access to quality education and increase school retention among 400 vulnerable girls aged 12–19 years in Mombasa County by addressing the financial, health, social and protection barriers that contribute to school dropout.

6. SMART Objectives

The project will:

1. Support 400 vulnerable girls to enrol or remain in school by providing uniforms, learning materials, school supplies, and dignity kits.
2. Achieve at least a 90% school retention rate through mentorship, psychosocial support, and regular school follow-up.
3. Improve menstrual hygiene management by providing menstrual health education and promoting both disposable and reusable menstrual hygiene products.
4. Strengthen girls' confidence, leadership, life skills, and SRHR knowledge through regular mentorship and empowerment sessions tailored to different age groups.
5. Strengthen child protection systems by engaging schools, parents, communities, and relevant government departments to promote safe and inclusive learning environments.

7. Results Framework

Expected Result	Indicator	Target
Improved access to education	Girls receiving educational support	400 girls
Increased school enrolment	Girls enrolled or re-enrolled in school	400 girls
Improved school retention	Girls remaining in school after 12 months	At least 360 girls (90%)
Improved menstrual health	Girls receiving menstrual health support	400 girls
Improved life skills	Girls demonstrating improved confidence and leadership	At least 80%
Strengthened community support	Parents, teachers, and community members reached	800 participants
Improved learning environment	Schools implementing girl-friendly MHM improvements (e.g. lockable sanitation facilities, handwashing stations, and menstrual waste disposal facilities)	10 schools

8. Expected Project Outcomes

By the end of the project, KESCO expects to:

- Increase school enrolment and retention among vulnerable girls.
- Reduce menstruation-related absenteeism through improved menstrual hygiene management.
- Strengthen girls' confidence, leadership, and life skills.
- Improve safeguarding and referral systems for girls at risk of abuse, violence, or school dropout.
- Strengthen collaboration between schools, communities, and government institutions to support girls' education.
- Establish safer and more inclusive learning environments in 10 partner schools, benefiting both current and future learners.

PROJECT DESIGN AND IMPLEMENTATION

9. Target Beneficiaries and Selection Criteria

The project will support 400 vulnerable girls aged 12–19 years from Kisauni, Likoni, Changamwe, and surrounding informal settlements in Mombasa County.

Priority will be given to:

- Girls from low-income households.
- Orphans and vulnerable children.
- Adolescent mothers returning to school.
- Girls living with disabilities.
- Girls at risk of school dropout due to poverty, GBV, early marriage, or poor menstrual hygiene.

Beneficiaries will be selected through a transparent Community Beneficiary Selection Panel comprising KESCO, school representatives, Community Health Promoters (CHPs), Area Advisory Committee (AAC) members and the Directorate of Children's Services using a standardized vulnerability assessment.

10. Project Components

The project will implement five integrated components:

Educational Support

Provide school uniforms, learning materials, school supplies and other essential educational support.

Menstrual Health and Dignity

Provide dignity kits, menstrual health education, reusable menstrual products where appropriate and minor MHM improvements in 10 schools, including lockable toilets, handwashing facilities and menstrual waste disposal bins.

Mentorship and Psychosocial Support

Conduct monthly mentorship, life-skills, leadership and psychosocial support sessions, with tailored support for adolescent mothers returning to school.

Child Protection and Community Engagement

Strengthen child protection systems through community awareness, parent engagement and referral services in partnership with government institutions.

Project Coordination and Monitoring

Coordinate implementation through regular planning, monitoring, stakeholder meetings and project reporting.

11. Key Activities

- Conduct stakeholder inception and baseline assessment.
- Identify and register beneficiaries.
- Procure and distribute school supplies and dignity kits.
- Deliver menstrual health education and mentorship sessions.
- Provide psychosocial support and referrals.
- Improve MHM facilities in 10 schools.
- Conduct community awareness forums.
- Monitor school attendance and household follow-up.
- Hold quarterly review meetings.
- Conduct endline evaluation and project closeout.

12. Implementation Strategy

KESCO will implement the project in partnership with the Ministry of Education, Directorate of Children's Services, County Department of Health, schools, CHPs, parents and community leaders.

The project combines education, menstrual health, child protection, and community engagement to address barriers to girls' education while strengthening existing community and government systems.

13. Implementation Work Plan

Activity	Q1	Q2	Q3	Q4
Inception meetings and baseline survey	✓			
Beneficiary identification and registration	✓			
Distribution of school supplies and dignity kits	✓	✓	✓	✓
Menstrual health education	✓	✓	✓	✓
Mentorship and psychosocial support	✓	✓	✓	✓
MHM improvements in 10 schools	✓	✓		
Community awareness forums		✓	✓	✓
School monitoring and household follow-up	✓	✓	✓	✓
Quarterly review meetings	✓	✓	✓	✓
Endline evaluation and project closeout				✓

14. Stakeholder Engagement Plan

Stakeholder	Role
Ministry of Education	School coordination and oversight
Directorate of Children's Services	Child protection and referrals
County Department of Health	Menstrual health education and referrals
Schools	Beneficiary identification and attendance monitoring
CHPs	Community mobilisation and follow-up
Parents and Community Leaders	Support girls' education and protection
KESCO	Project implementation, monitoring, financial management, and reporting

PROJECT MANAGEMENT, ACCOUNTABILITY AND SUSTAINABILITY

15. Safeguarding and Child Protection

KESCO is committed to providing a safe, inclusive, and respectful environment for all participants and maintains a zero-tolerance policy against child abuse, exploitation, neglect, discrimination and harassment. All staff; mentors, volunteers, and contractors will sign and comply with KESCO's Child Safeguarding Code of Conduct.

A designated Safeguarding Focal Person will oversee safeguarding compliance, manage child protection concerns, and coordinate referrals through the Directorate of Children's Services (DCS), schools, health facilities and other relevant agencies. Written parental/caregiver consent and child assent will be obtained before participation in media documentation or case studies involving minors.

16. Monitoring, Evaluation, Accountability and Learning (MEAL)

KESCO will implement a robust MEAL framework to monitor progress, measure results, and strengthen accountability throughout the project.

Key activities include:

- Baseline and endline surveys.
- Monthly monitoring of school enrolment, attendance, and retention.
- Beneficiary registration and distribution tracking.
- Quarterly learning and review meetings.
- Final project evaluation.

To strengthen accountability, beneficiaries will provide confidential feedback through suggestion boxes in partner schools, Community Health Promoter (CHP) follow-up visits and teacher or mentor feedback sessions. Findings will be used to improve implementation and inform donor reporting.

17. Sustainability and Exit Strategy

The project will strengthen the capacity of teachers, school management committees, parents, and community volunteers to continue mentorship, child protection and school retention initiatives beyond the project period.

KESCO will also promote sustainable menstrual hygiene solutions, strengthen referral systems with the Ministry of Education, Directorate of Children's Services, and health facilities, and encourage community ownership to sustain project outcomes.

18. Budget Summary

Total Funding Requested: USD 100,000

Budget Category	Amount (USD)
Educational Support	50,000
Menstrual Health and Dignity	15,000
Mentorship and Psychosocial Support	10,000
Child Protection and Community Engagement	8,000
Monitoring, Evaluation and Learning (MEAL)	9,000
Project Management and Administration	8,000
Total	100,000

Budget Allocation: Approximately 92% of project funds will be invested directly in programme implementation, beneficiary support, monitoring and school improvements, while 8% will support project coordination, financial management, and donor reporting.

19. Risk Analysis and Mitigation

Risk	Mitigation Strategy
School dropout due to poverty	Continuous mentorship, school follow-up, and referrals for additional support
Low parental or community support	Parent engagement meetings and community awareness activities
GBV and child protection concerns	Safeguarding procedures and established referral pathways
Inflation affecting project costs	Competitive procurement and periodic budget reviews
Public health or climate-related disruptions	Flexible implementation planning and coordination with partners

20. Communications and Visibility

KESCO will document and share project achievements through reports, community meetings, newsletters, social media and success stories while protecting the privacy and dignity of beneficiaries.

All media documentation involving minors will require written parental/caregiver consent and child assent. Project visibility activities will comply with KESCO's safeguarding and data protection policies.