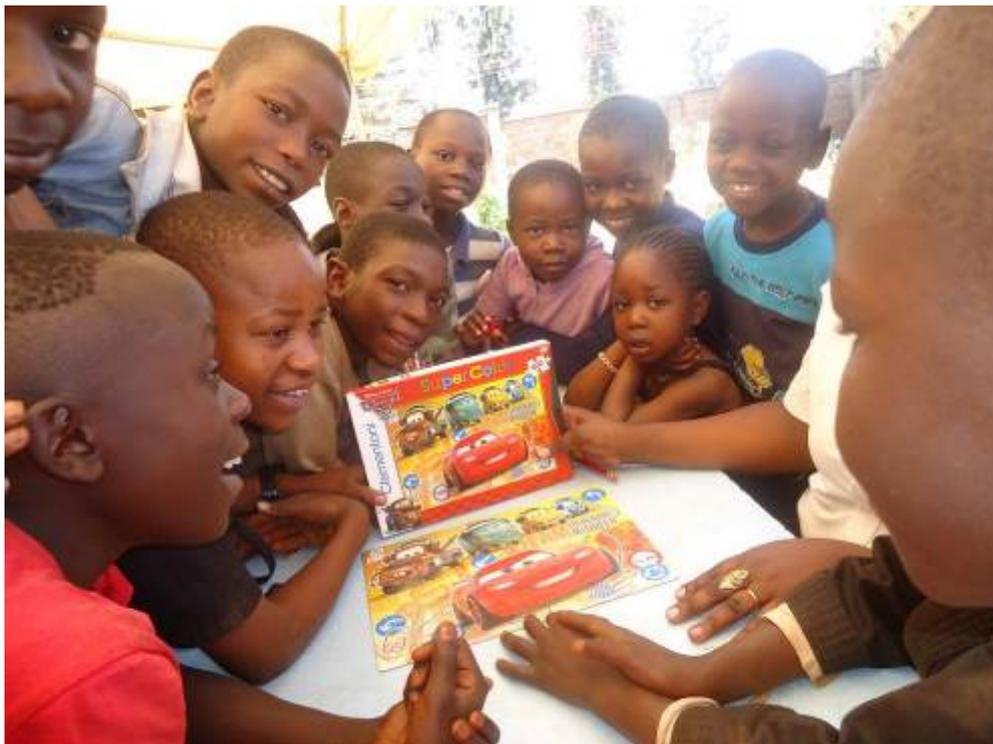


**AVSI FOUNDATION IN KENYA**

**Capacity Statement on Orphan and Vulnerable  
Children (OVC) and Protection Sector**



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## Contacts:

Andrea Bianchessi

Country Representative, P.O. Box 759 – 00618, Thika rd, Exit 8

St. Kizito Building, Ruaraka, Nairobi - KENYA

Office: +254 - 721537657

Mobile: +254 - 706 055037

Email: [nairobi@avsi.org](mailto:nairobi@avsi.org); [andrea.bianchessi@avsi.org](mailto:andrea.bianchessi@avsi.org)

## 1 Introduction

AVSI Kenya has gained significant experience providing direct and indirect (through CBOs) support to highly vulnerable children and their households through an integrated approach that enhances locally available resources through a collaborative way of working together to support each child within his/her household. As a result, children and households are cared for in a personalized and loving way and this makes all the difference.

AVSI has been developing several projects for OVCs with different donors (USAID, UNICEF, Italian Cooperation, and private donors). AVSI was a Track 1 PEPFAR OVC partner and a few of AVSI's traditional and on-going partners have benefited in some way from APHIA Plus. AVSI would like to share a brief overview of its method and the OVC "infrastructure" in Kenya and its potential for outreach.

AVSI currently serves 29,310 beneficiaries and if extra funds are available, this reach could be tripled to reach over 87,930 children. The approaches used by AVSI ensure that the local implementing organizations grow in attention to quality of change and positive impact and not just receive inputs.

## 2 History and background

The AVSI Foundation is a non-profit, non-governmental organization, founded in Italy in 1972 and presently active in over 30 countries worldwide, with over 100 development cooperation projects. AVSI's mission is to support human development in developing countries according to the social teaching of the Catholic Church, giving special attention to education as a cross cutting issue in all focus areas and the promoting the dignity of every person.

In Kenya, AVSI has been operating since 1986 and has been implementing care and support for vulnerable children and households since 1995. AVSI's focus is to promote and improve dignified living conditions for HIV/AIDS orphans and other vulnerable children and adolescents (OVC); to build up the responsibility and capacity of families, communities and CBOs to take care of their OVC and support their growth and to reinforce quality services access and provision for the OVC.

Since the onset of the project, AVSI has embraced a family-centered and community-based model of care and support for OVC that relies on each individual child as an entry point to the family. This approach recognizes that each child, despite his/her condition, is unique, valuable and with particular needs. It recognizes that the family is central for the growth, education and development of the child and that the community plays a vital role in nurturing the child.

AVSI offers each child a package of services ranging from direct services for the individual child to indirect services whose benefit extends to the entire family and community at large. Thanks to the USAID/PEPFAR funded OVC project (Track 1) which AVSI carried out from 2005-2010, we have been able to streamline the objectives and tools of the *OVC Empowerment Network*, AVSI's on-going program of support funded by private donors. Thanks to UNICEF projects, AVSI started up the approach of strengthening community systems for effective child protection.

To achieve these objectives, AVSI works in partnership with competent community based organizations and associations who are responsible for direct implementation of the program

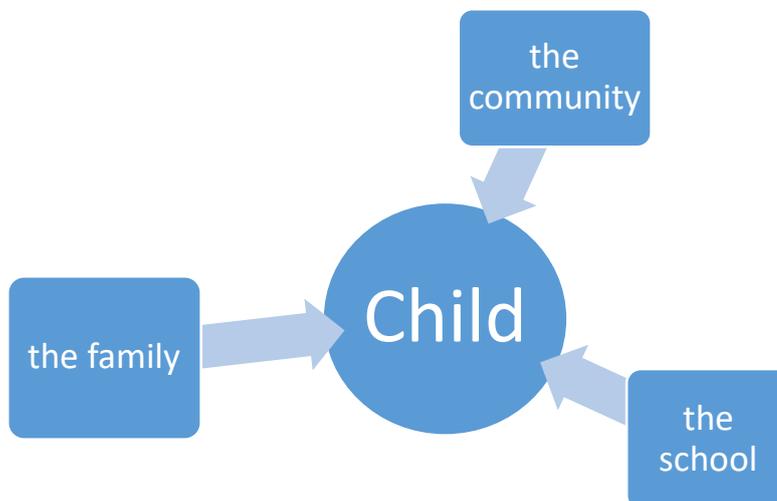
in their communities using the needs approach methodology. The partnership is based on the tenet that development projects are based on real partnerships among all entities active in the particular field, including institutions that are public and private, local and international, thereby avoiding duplications and promoting synergies to optimize available resources for sustainability as well as enhance impact to the beneficiaries.

APHIA Plus has worked with some of the AVSI partners in the field of education, Healthcare, Child protection, shelter and care, Food and Nutrition and economic empowerment among other intervention areas. They include the Salesians of Don Bosco (SDB), the Evangelizing Sisters of Mary (ESM), and Excel Bamboo Preparatory School (WAI). The partners gained from support of learning materials including school uniforms, school fees payment for the OVCs, supply of blankets, mattresses bar soaps and water guard for water treatment and distribution of food for nutritional support and health care to the HIV/AIDs victims.

### 3 Method

AVSI has been carrying out projects targeting OVCs, their families, communities and the schools they attend in view of building a solid network for the efficient and effective delivery of service to the OVC and their families. For this reason, AVSI has been working with a network of 29 partners consisting of NGOs, CBOs, FBOs, schools, VTIs and government ministries in particular ministry of education as well as the Ministry of Labour and the Department of Children Services.

AVSI considers the needs of OVC at all levels- at home, in the community and in the school:



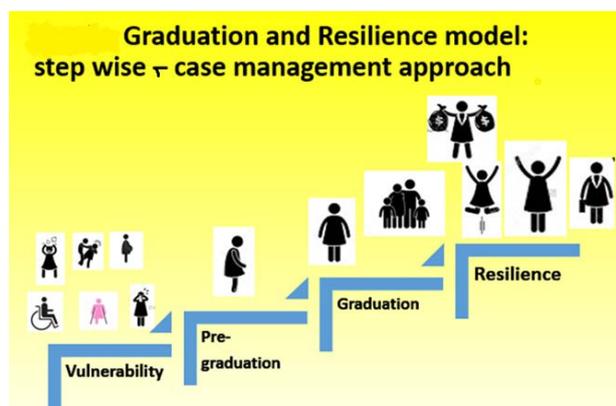
**Education, family and community (safe environment)** are central in AVSI OVC programs. AVSI define education as an awareness of reality, and a process of self-discovery. Education is therefore critical towards self-reliance, and an individual’s ability to pursue an active role in the community and in civil society. The family is a critical unit for proper growth and integral survival for everyone, young and old. The community is a necessary environment of interaction for protection, psychosocial support, political, economic as well as continuity for the future generation.

AVSI Kenya has gained **significant experience** providing direct and indirect support (through CBOs) to highly vulnerable children and their households through an integrated approach that enhances locally available resources through a collaborative way of working together to support each child within his/her household. As a result, children and households are cared for in a personalized and loving way which makes all the difference. In the entire OVC focused project, AVSI's concern for **quality** and keenness in delivering services that give a **holistic positive change** to the life of the OVC spurred a steady involvement of local people and groups in its projects.

Currently AVSI is applying the graduation model in its programming. The model aims to support the vulnerable households to overcome poverty through applying a combination of interventions related to social assistance, livelihoods support and microfinance that leads to household resilience at the time of graduation. The model employs specific criteria to determine the level of vulnerability through administering a household vulnerability assessment tool (HVAT). Thereafter necessary interventions are mapped out.

Graduation model approach

- Capacity building – linked to educating and accompanying towards making individuals become protagonists
- Recognition of individual capacities and strengths as a starting point. Household development plans are made with the household starting from beneficiaries resources (despite the level or kind of vulnerability) and then going to needs and what the project can provide.
- Recognition that human needs are varied and cannot be provided by AVSI alone and therefore within the point on subsidiarity - mapping and linking beneficiary needs to other service providers within the same space
- Recognizing and starting from a positive: each beneficiary no matter their level of vulnerability is considered a value and as such is engaged (is at the center) starting with any resources they have (even being willing to participate) towards graduation
- Recognition that individuals are unique and different and therefore providing for multiple pathways that beneficiary households can utilize in their transition from vulnerability to graduation and resilience



A summary of the activities to support, create an enabling environment /network for the delivery of services for the OVC in the last 20 years.

- a. **Contribute to the access to quality education and substance of regular school and attendance and improved completion rates** for orphan and vulnerable children. Education is both the right step and the first step on the path to development as it forms the building blocks to poverty reduction, improvement of quality of life, eradication of child labor, promoting democracy and peace tolerance (UNICEF, 2001). AVSI views education as an awareness of reality, and as a process of self-discovery. Education is therefore critical towards self-reliance, and an individual's ability to pursue an active purpose in the community and in civil society. AVSI develops a package called education for protection:
- partial school fees
  - school supplies and uniforms
  - enrichment and remedial activities
  - teacher capacity building for humane approach to children living in difficult circumstance
  - adult literacy courses
- AVSI has also started-up 12 schools and rehabilitated 26 schools in community without adequate educational services.
- b. **Linking OVC to service through partnership networks and strengthening of community systems.** Partners have been reached/ selected partly because of their presence at the grassroots level and their capacity to link those who are most vulnerable and living in informal areas, without access to essential services.
- c. **Health care.** AVSI values the linkage of all OVC to health services. Agreements have been made with hospitals and dispensaries that are able to give essential services free of charge. At the same time campaigns are carried out in conjunction with NHIF to be able to encourage care givers to enroll in order to improve their knowledge of this important service. Communities are informed on various health issues hence make prevention possible, as medical check-ups, de-worming and vitamin "A" campaigns, HIV/AIDS Prevention and Education on health issues, such as hygiene, nutrition.
- d. **Creation of child friendly spaces.** AVSI supports the creation of Child Friendly Spaces (CFS) within the schools and community where children have free access and feel safe from vulnerabilities. The spaces are used as safe nets where children meet the Social Workers, get sensitized on various protection issues; referrals are made where need be and children are engaged in various recreational and rehabilitation activities-games, music and dance, art therapies and educative sessions on identified thematic areas. Identified mentors and role models and engaged to share experiences and educate children on various protection issues.
- e. **Providing of Psychosocial support to children and their families.** Some of the activities carried out with OVCs and caregivers include counseling, sport, art therapy, music and dancing. AVSI also works with school to equip teachers with psychosocial trauma counseling skills and provide an enabling environment for children. A manual has been developed by AVSI to extensively prepare Social workers and care givers to be able to deliver this service and have the capacity to accompany vulnerable households ref. to <http://www.avsi.org/pubblicazioni-e-documenti/pubblicazioni/pubblicazioni/> and <http://www.avsi.org/2012/11/14/do-you-want-to-play-with-me-didactic-games-for-childrens%E2%80%99-wellbeing-2/>.

- f. **Livelihoods and Economic empowerment for families and older OVCs.** This a sustainability activity in which all the children finishing secondary school or those unable to transition to secondary have a chance to learn a skill or a trade hence increase their capacity to take care of themselves and the families. AVSI has created and sustained growth of groups and Sacco's over the years. These have become a learning field for all other groups. Currently the methodology used to reach in rural Meru a Sacco of 700 vulnerable parents and 500 families able to supply on a daily basis to supply milk is being documented.
- g. **Agri-business nutrition and food security.** The link between nutrition, general health and education is one of fundamental value. Good nutrition which is an aspect of food security provides the foundation for good health at the poor household level which is crucial to education as it enhances child retention in school. In recognition of this important relationship, AVSI implemented programs that ensure adequate nutrition, particularly for the most vulnerable and those who suffer from a compromised immune system due to HIV/AIDS, or are facing starvation as a result of food scarcity induced by poor and unfavorable weather conditions. Projects undertaken in the effort to help proceed with food security includes food support, small scale irrigation, water supply for animals and domestic use as well as kitchen gardens with all partners.
- h. **Capacity building** for partners and caregiver has always been given precedence. AVSI invests its time and resources towards building the capacity of its partners and teachers in order to offer quality services to our clients over the long term. This is in line with the aspect that AVSI's client's needs are dynamic in nature and a holistic approach is significant. AVSI organizes training and seminars for caregivers, families, teachers, social workers, partners, administrators and the community at large to enhance their care for OVCs. The caregivers are trained on issues that often afflict children from households affected by various social issues for instance on methodological observation of OVC in order to appropriately intervene, educational methods that put the child as well as the social worker the Centre as per AVSI's approach, thus enhancing the relationship between the child and the educator.

#### 4 Geographical Areas of intervention and implementing partners

AVSI Foundation Kenya is implementing projects in different parts of Kenya directly and through collaboration with CBOs. The collaboration has facilitated the delivery of quality services with tangible impact on the beneficiaries in the target areas, due to the close relationship of the CBOs with beneficiaries. The approaches used by AVSI ensure that the **local implementing organizations** grow, in attention to quality of change and positive impact. Furthermore these implementing partners are selected looking at the presence in the community and their ability to reach the least and last person, in essence their ability **to cover the last mile**,<sup>1</sup> in the area of operation. Furthermore the social workers and care givers are given relevant training that enable them to effective follow up the OVC and ensure the

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<sup>1</sup> The last mile is the

delivery of timely, relevant and evidenced based intervention.<sup>2</sup> Currently, the AVSI foundation in Kenya is operating with **29 partners spread over in 11 counties**. With this approach we can say that AVSI is the organizations that cover the last mile able to reach the hard to reach, marginalized people as well as build networks that ensure vulnerable person are able to connect with available resource both from local government as well as from the CSOs.

The following table and map indicate the various project areas and the list of implementing partners of the project initiatives in the respective regions. The list also reflects the estimate number of OVCs and caregivers that directly benefits from the project initiatives through the partners.

AVSI through the private resources of the *OVC Empowerment Network* project is currently reaching **19,882 OVCs** and **9,428** caregivers both directly and indirectly and through sub-grants to the implementing partners. The **potential capacity** of each partner to reach more OVC households, based on internal capacity and need in the immediate context is of **50,613 OVCs and 22,914 caregivers**.

As the map indicates, AVSI has a foothold in the marginalized areas in both urban and rural parts of Kenya in need of greater intervention to better the livelihood of needy OVCs and their households with an aim to reach sustainability and to strengthen family resilience towards difficult conditions.

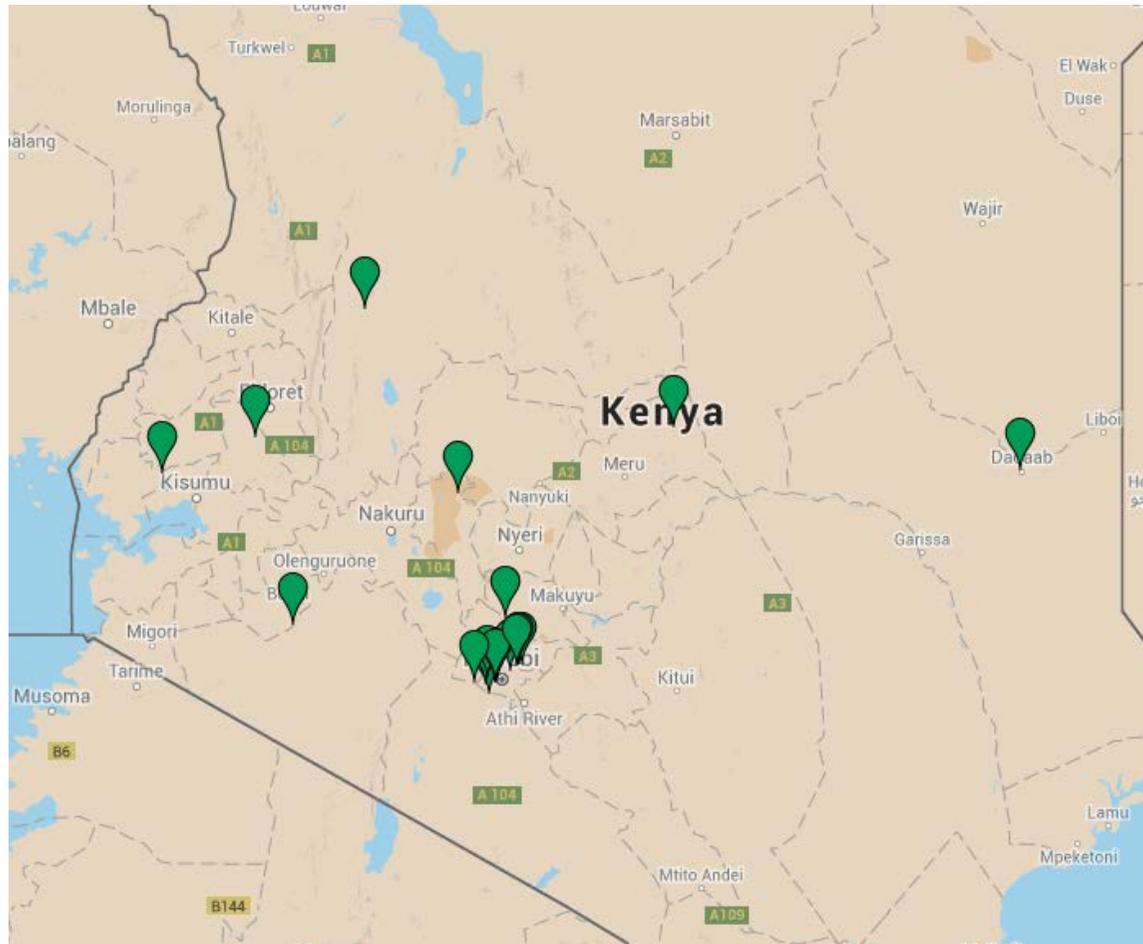
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<sup>2</sup><http://www.avsi.org/2012/11/14/the-helping-process-for-vulnerable-children-training-module-for-social-workers/>

County	Sub-county (and specific location)	Partner	Current No. of OVCs and caregivers reached both directly and indirectly	Approximate potential capacity based on current situation
Nairobi	Langata Sub-county (Kibera slums)	Watoto Wa Lwanga –Kibera slums (WAT)	599 OVCs 166 caregivers	1,797 OVCs 498 caregivers
		Ushirika Educational Centre –Kibera slums	24 OVCs 20 caregivers	72 OVCs 60 caregivers
	Langata Sub-county (Kuwinda slums)	Salesians of Don Bosco –Kuwinda slums (SDB)	1,326 OVCs 235 caregivers	3,978 OVCs 705 caregivers
	Dagoretti Sub-county (Waithaka)	Excel Bamboo Preparatory School (WAI)	189 OVCs 112 caregivers	567 OVCs 336 caregivers
	Dagoretti Sub-county (Gatina, Ngando, Kawangware, Riruta)	Amka Health Project (AMK)	558 OVCs 112 caregivers	1,674 OVCs 336 caregivers
	Mathare Sub-county, Ruiru Sub-county and Langata Sub-county respectively (Huruma, Mathare, Githurai & Kibera)	AVSI Social workers: Huruma, Mathare, Githurai and Kibera slums	3,308 OVCs 1967 caregivers	9,924 OVCs 5,901 caregivers
Kajiado	Kajiado North Sub-county (Ongata Rongai, Kandisi, Langau, Ngoroi, Gataka, Nkaimurunya)	Evangelizing Sisters of Mary (ESM)	3,318 OVCs 2,000 caregivers	9,954 OVCs 6,000 caregivers
	Kajiado North Sub-county (Kibiko)	Shelter Children’s Home (SMB)	592OVCs 233 care givers	1,776 OVCs 699 caregivers
	Kajiado North Sub-county (Olkeri)	Missionary Sisters of Catechism (OLK)	37 OVCs 40 caregivers	111 OVCs 120 caregivers
Kiambu	Kiambu township (Kiamumbi)	Maria Immaculata Children Foundation (KIA)	26 OVCs 15 caregivers	78 OVCs 45 caregivers
	Ruiru Sub-county (Kahawa Sukari)	St. Joseph Kahawa Sukari (SJC)	777 OVCs 462 caregivers	2,331 OVCs 1,386 caregivers
	Juja Sub-county (Gachororo)	Dominican Sisters (JUJ)	181 OVCs 109 caregivers	543 OVCs 327 caregivers

<b>Narok</b>	Narok West-Subcounty (Mulot)	Missionary Sisters of Catechism (MOT)	1,445 OVCs 319 caregivers	4,335 OVCs 957 caregivers
<b>Siaya</b>	Gem Sub-county (Yala)	Jina Educational Volunteers Association (JEVA)	226 OVCs 136 caregivers	678 OVCs 408 caregivers
<b>Nandi County</b>	Chesumai Sub-County (Kokwet, Kosirai, Mutwot, Kamoiywo)	Lymyo Nandi	1,668 OVCs 660 caregivers	5,004 OVCs 1,980 caregivers
<b>Meru North</b>	Igembe North (Mutuati and others villages)	Bosco Boys Association (MUT)	1,699 OVCs 616 caregivers	5,097 OVCs 1,848 caregivers
<b>Nyandarua</b>	Ndaragwa Sub-county (Ndaragwa)	Baldo Children's Home (BCH)	713 OVCs 326 caregivers	2,139 OVCs 978 caregivers
<b>Baringo County</b>	Baringo North Sub-county (Kolowa-Tiaty)	Incarnate Ward Sisters (IWS)	185 OVCs 110 caregivers	555 OVCs 330 caregivers
<b>Garissa</b>	Dadaab and Fafi Sub-county	AVSI social workers	3011 OVCs 1790 caregivers	9,033 OVCs 5,370 caregivers
<b>Nairobi</b>	Kibra Sub-county in Lindi, Lainisaba and Sarangombe	AVSI	5740 OVCs 1913 caregivers	17,220 OVCs 5739 caregivers
<b>Totals</b>			<b>25,622 OVCs and 11,341 caregivers</b>	<b>76,866 OVCs and 34,023 caregivers</b>

## Partners` Mapping



(Ctrl+Click on the map to see the Interactive Map)

## Other Stakeholders

- AVSI has been working with the Ministry of Labour, Social Security and Services (MLSSS) in particular with Department of Children’s Services. Participating in various working groups and forums such as World Orphans day and contributing to development of Children Agenda forum, making SDGs work for the Kenya Children.
- AVSI has been working also with Ministry of Education (MoEST), with the departments of Quality Assurance and Standards, Adult and Continuing Education and with Kenya Institute of Curriculum Development.
- At county level, AVSI and their partner works with County government and the devolved offices of Ministries, with public and non-profit services (hospital, dispensaries, schools, etc.) and local NGOs. AVSI has a MoU with County Meru.
- AVSI has a relationship with international institutions and donors like BPRM, European Union, Italian Cooperation, UNHCR, UNICEF, USAID, and Switzerland Cooperation.

Currently AVSI Kenya is planning to expand to Turkana and Mandera counties within this year. In Mandera County, we will partner with NEPAD for teacher training and bringing back to school out of school children.

While in Turkana County, AVSI will extend the partnership on livelihood where AVSI Partners Salesians of Don Bosco is carrying out vocational training as a response to need of youth to gain a meaningful skill for accessing the work arena. AVSI will partner with JRS to reach the children and their families who have disabilities.

## AVSI’s Main Project (Current and Past) and Results

AVSI’s main current and past project track records and achievements in Kenya:

Since 2011, AVSI is carrying out the ***OVC empowerment networking*** project, financed by private donors, with an annual budget of 900,000 USD that reach 19,882 OVCs and 9,428 caregivers, with the following results:

- 100% of 2927 children directly supported with all services have completed school in 2015 which 92% with regular assistance;
- 62.25 % of 10,200 children and adults improved their food and nutrition intake as well as cooking skills.
- 370 caregivers bettered their economic situation, leading to improved well-being for 2407 children and adults.
- **8601** children and families improved their health through treatment, sanitization activities, referrals and home based care.

The USAID/PEPFAR co-funded program “Increased Care and Support for OVC in the Great Lakes Region” program and the AVSI Distance Support Program—with 20 implementing partners, over 5 years (2005-2010), with a budget of approximately \$14,000,000 offered long-term support to over **16,596** Orphans and Vulnerable Children (**OVCs**), **5,233 Households** and **636 caregivers** as well as their communities. The aim was to improve their psychosocial well-

being and enhance academic progress, while strengthening the coping capacity of the children's families, caretakers affected and infected by HIV/AIDS, and local organizations to respond to their needs and adequately provide school requirements (uniforms, books, fees etc.). After-school recreational and educational activities enhanced the well-being of children, while training and adult education classes as well as IGA support programs helped to improve the economic status of the child's family. The results are the following:

- 2,353 children have been able to complete primary, secondary and vocational training schools, 56% of the target children in respect to the national rate of 40%;
- 101 savings and loans groups with 2,197 members have been initiated and have realized a savings of Ksh. 6,988,769 (69,887,69USD);
- Establishment of a dairy cooperative that has 25 collection centers in total of 500 households and a school supplying milk on a daily basis.
- 29 partners consisting of CBOs, FBOs, and NGOs have been capacity build and are able to effectively deliver service to OVCS, their families, the community. Majority of them are able to manage donor funds, from AVSI as well as bigger donors.
- Community based projects have been established and sustained. The water projects in Nandi and Mutuati currently serve 6,849 persons.
- Partnerships with other organizations to establish of learning institutions including three primary schools, two secondary schools, 3 vocational institutions a total of 10,359 children and youth.
- Other institutions rehabilitated and have up to date supported 14,633 youth and children.

Furthermore, AVSI carried out projects with UNICEF for protection and creation of child-friendly spaces for children living in Nairobi, Mathare and Kibera in informal settlements:

- *Strengthening Protective Environment in Nairobi's Urban Informal Settlements* (01/04/2013 -> 31/03/2014; 84,696.53 USD) and
- *Enhancing protection for Children in Kibera* (15/08/2012 -> 15/11/2012; 2,434,688 KES).
- AVSI is carrying out a project to support vulnerable households in Kibra sub-county through Nilinde project. AVSI as a sub-grantee to Plan International will make a significant contribution to the improved and sustained capacity of the Kenyan social service system (both public and private) at the local level to respond to the needs of the most vulnerable segment of the population and to invest in human, social, and economic development. AVSI will accompany and economically empower 1,913 vulnerable households and reach 5,740 highly vulnerable children along a path towards greater stability, resilience and graduation from direct project support. This pathway will lead to improved health outcomes, welfare and protection of the most vulnerable children, youth, and caregivers as well as increased strength of a network of existing essential service providers made up of CSOs, community volunteers, and local service providers such as schools.

## 5 Projects in other countries showcasing AVSI experience

### A. SCORE Project in Uganda

Sustainable Comprehensive Response (SCORE) in Uganda is a USAID funded project aimed at improving lives of over 125,000 Vulnerable Children and their Households in 35 districts

across Uganda. The project is carried out in a consortium composed of TPO, CARE and FHI 360 and other local organizations. The main **goal** of the program is to decrease the vulnerability of critically vulnerable children and their households and to achieve different objectives including: the improvement of the socio-economic status of vulnerable children households, better food security and nutrition status, greater availability of protection and legal services for vulnerable children and their household members, and capacity-building of vulnerable women and children and their households to access critical services. This is an integrated, market-based approach tailoring support to vulnerable children and their households (HH) to improve their socio-economic status by increasing household financial resources, and to promote socio-economic skill base and facilitate market inclusion.

SCORE has reached a total of 58,084 vulnerable people with one or more OVC Core Program Areas. SCORE has achieved nearly all its quantitative work-plan targets often greatly surpassing them. SCORE supported the creation of **626 Village Savings and Loans Associations**, involving a total of **16,762 members**, of which 8,427 are members of vulnerable households. **More than 1,000 youth** have already been identified by SCORE implementing partners as needing job placement support through an apprenticeship, and 863 have been placed. SCORE supported farming and has provided horticulture training a total of **14,232 families**. These activities are proving very useful in rural and urban settings, as a dietary diversification strategy and for income generation/savings promotion. An estimated **69 thousand** people have benefited from behavior change communication in the areas of nutrition and food preparation. About **2,500 community group members**, LCs, police officers, health workers and teachers have been oriented on child protection issues of relevance to their area using a curriculum tailored to their roles, and on referral pathways that they have a duty to contribute to. In SCORE-project areas, **302 schools** have received capacity building and other initiatives to promote safety, protection, development and wellbeing for children. The implementing partners of SCORE have carried out a total of **20,138 home visits** to beneficiary households. SCORE has actively engaged **18,412 beneficiary and non-beneficiary households** from the same communities in dialogues and workshops aimed to strengthen their knowledge and skills in a wide range of areas, encompassing parenting and life skills, education, hygiene, sanitation, shelter and water. SCORE maintained close coordination with the Ministry of Gender, Labor and Social Development and regularly involving its representatives in monitoring activities through SCORE Zonal Meetings.

SCORE has identified and adopted strategies and made corrections to its programmatic posture in order to better address them and to continue providing quality, sustainable multi-sectorial interventions to reduce the vulnerability of Ugandan children and their families.

## **B. OVC program in Brazil**

Urban upgrading and resettlement in Salvador de Bahia- Brazil, is a World Bank funded project aiming at changing the quality of life of people and moving them from the favelas (shanties that are constructed overwater) to the land.

AVSI has had a relationship with the World Bank since the mid-1990s, specifically through its contribution of financial and technical resources to a large program of urban upgrading in Brazil. Based on a method initially used in the city of Belo Horizonte, AVSI was asked to begin a small pilot program in Salvador de Bahia in 1994 with 15,000 families, which grew into a highly significant long-term effort of roughly \$10 million dollars that reached 500,000

households. Reflection upon this case shows that even technical experts at the highest levels, such as the staff of the World Bank, can recognize that the growth of a city, its services and facilities, is made possible and sustainable through the method of encounters and collaboration among people- government or institutional officials or community members.

### **C. OVC in Project in Ivory Coast**

AVSI first started in Cote d'Ivoire in 2008, following the opportunity offered by PEPFAR/USAID to expand a successful model being implemented in Kenya, Rwanda, and Uganda to care for orphans and vulnerable children with a strong emphasis on the involvement and capacity-building of local groups and governmental bodies.

AVSI began offering the same package of activities—guaranteeing access to and attendance at school, access to healthcare and other educational activities, psychosocial, nutrition, child protection and economics, capacity building in form of income-generating activities and training for the caretakers and community to which the children belong—accepting the challenge of adapting to a new context and a large number of beneficiaries while still maintaining its method of building networks and relationships with each individual child and family, and with the surrounding community and associations.

These activities are directly implemented by AVSI through social workers and with the full involvement of beneficiaries and local partners. The project involves 28 social center and local associations. The total beneficiaries are 21,450 children and 7,150 families, with an expanded number of local partners assisting and being strengthened through the program. This came as a result of success the phase one.

In two years, AVSI reached 10,700 children with their families and community in neighborhoods on the outskirts of the urban areas of Abidjan and Bouakè, involving a dozen local organizations—state-run community centers and small local non-profits.

## **6 Office organization, Organization structure, capacity and management**

AVSI Foundation Kenya's head office is situated in Nairobi. There is a team of 35 qualified and dedicated personnel both in the office and in the field and another approximately over 170 staff working for the partners to implement AVSI activities. The Kenya office is headed by a Board of Directors. The country representative is Andrea Bianchessi, who has extensive experience in international cooperation and project implementation in marginalized areas and emergency situations.

AVSI's implementing partners also have great experience. The partnerships are fundamentally based on the fact that each has their area of expertise, including the CBO at the grassroots level who are the first line of support for the families and community because they are part of the community, and world relief have expertise in agriculture, emergency relief and community mobilization.

AVSI has expansive experience in the field of project implementation and has shown that realization and success of projects goes beyond the money factor. It requires the heart, love, patience and the strength given by an encounter with the Christian experience that enables the person to serve all human beings of every creed, color and language.

In addition, the internal controls of AVSI in terms of activity implementations, financial, procurement and management activities are regulated by detailed procedures laid down in AVSI operational manual that is reviewed on timely basis by AVSI. All the financial management activities including payment processes and managerial accounts are reviewed by senior management before payments are made and reports submitted to donors.

Project funded activities are reviewed by external auditors and AVSI has a general audit conducted annually to ensure proper funds management. HACT Micro Assessment Report on AVSI by UNICEF in the year 2011 rates the risk level of AVSI as moderate in relation to project funding and management of funds. This is an indication that AVSI has a good capacity to manage big projects successfully with minimal supervision.

## **7 Monitoring and Evaluation**

To ensure quality standards in its programs, AVSI works with a team of highly trained and dedicated staff persons who oversee project implementation to the end. Occasional capacity building trainings and meetings are organized to update its staff on M&E. In addition, AVSI has standard training curriculums as well as monitoring and evaluation tools and methods that have proven to be inclusive and robust. It also has a database that collects child and family information which contributes significantly to programming (data collection, compilation, analysis, evaluation and storage).

AVSI's organizational structure provides for program quality guidance and reporting in accordance with donor requirements. In all its projects, AVSI involves all the stakeholders that include the Government, private organizations, NGOs, CBOS and FBOs and local communities. Occasional meetings are organized to discuss implementation progress and address areas of concerns throughout the project life cycle.

AVSI, alongside its partners, has developed a set of M&E tools to support the project implementation and for summative data collection for all its programs. Regular analysis of performance and data allows for a continuous fine-tuning of project activities, associated budgeting, and staffing plans to ensure the set objectives are implemented to achieve the overall goal of the programs.

Regularly, baseline conditions are recorded for a given program, allowing for future evaluations to be conducted. AVSI utilizes reports from external consultants, field project staff and implementing partners as additional sources of information for program evaluation, including assessment of the quality of services provided and the impact of training activities. The core indicators for monitoring and evaluating project implementation are often derived by analyzing program tasks and deliverables. Taking these indicators as the core of the M&E system, local project management teams elaborate other indicators through participatory mechanisms to capture the full social, economic and personal impact of AVSI interventions. Such program indicators often vary from project to project.

## Annex I – Implementing partners

### **AMK - AMKA HEALTH PROJECT - Dagoretti Sub-county- Nairobi County**

Amka Health Project is a home-based care program, run by the Sisters of St. Joseph of Tarbes. It is located in Dagoretti sub county, Nairobi County. AVSI in Kenya started the collaboration with AMKA Health Project in 2005 and with the AVSI's support the project managed to help 34 children in primary, secondary school and Vocational Training Institutes; the support given to the Orphans and Vulnerable Children includes education, emotional and spiritual guidance. Sr. Christine Nyaga is the reference point for this project. The objectives of AMKA Project are: offering home-based care for sick people infected by HIV/AIDS, counselling, provide direct care and support for Orphans and Vulnerable Children (education, health care), whose parents are sick, sensitize people affected or infected by HIV/AIDS, initiate IGA (Income Generating Activity) for self-sustenance among infected and affected people.

### **BCH - BALDO CHILDREN`S HOME - Ndaragwa Sub-county, Nyandarua County**

The Baldo Children`s Home is hosting 110 children and kids, is located in the Central Province, in Ndaragwa Sub-county-Nyandarua North County, about km 210 from Nairobi. Many of the beneficiaries are former street children, abandoned babies, and orphans through HIV/AIDS and sexually abused children, rescued and admitted to this home. The aim is to improve their lives to feel part of the society through education for a better future. The home is run by the Congregation of the Little Daughters of St. Joseph. The Sisters are also assisting other needy children living in the surrounding villages. The Home is affiliated to Ndaragwa Primary School and many children are attending this school, where we renovated five classrooms, and also the nearby public secondary schools. Through this project, the Congregation supports these children and youth in their education, Health Care, Therapeutic feeding, Psychosocial/emotional support. Baldo Children`s Home promotes also Income Generating Activity for the families, with *Mother Impolita* self-help group.

### **ESM – EVANGELIZING SISTERS OF MARY- Rift Valley, Kajiado County**

The Congregation of “Evangelizing Sisters of Mary” was founded in 1975 by the Combonian Fr. Marangoni and Bishop Sisto Mazzoldi, AVSI in Kenya collaborates with the Evangelizing Sisters since 2005. The project, named Fatima Rehabilitation Childcare Centre, is located in Ongata Rongai, Kajiado County, about km 50 from Nairobi, and is actually directed by Sr. Mary Wambui. The Sisters are supporting orphans and vulnerable children and families mostly from Kware slum. The Sisters assist the OVC (Orphans and Vulnerable Children) by providing them with education, promoting school attendance from Nursery school up to the secondary, Vocational training and Career guidance, improvement of Health Care Status, improvement of Food and Nutrition Intake and development of Child Friendly Spaces. They are also encouraging training for OVC’s parents with the aim of promoting IGAs (Income Generating Activity) and improving the families’ sustainable livelihoods.

***IWS – INCARNATE WORD SISTERS – Baringo North Sub-county- Baringo County***

The Mission run by the Incarnate Word Sisters is situated in Baringo County, about km 500 from Nairobi, it is now directed by Sr. Esther Wamoro. This is a poverty-stricken area with a scarce population characterized by high level of illiteracy and widespread malnutrition due to the difficult living condition of the place. The Sisters are working mainly in four nursery schools built by the mission, namely; Apakiso, Lomortom, Incarnate Word and Chesanayan. AVSI in Kenya started to collaborate with the Incarnate Word Sisters in 2005. The Sisters are supporting Orphans and Vulnerable Children of different ages, mainly focusing on the education of the youngest who are attending nursery and primary school. They are supporting children on education, daily food, a good environment, medical care and home visits. On the side of IGAs (Income Generating Activity), the Sisters are helping groups of women in tailoring and promoting goat rearing. This year the Sisters have come up with a sustainable project for their children, the bee keeping, the production of honey aims to boost the Mission financially.

***JEV – JINA EDUCATIONAL VOLUNTEERS ASSOCIATION.-Gem Sub-county- Siaya County.***

The Jina Educational Volunteers Association is a registered association which operates in Jina Sub location. It was started in 2005 because the number of orphans and needy children in the community was on the rise due to HIV/AIDS pandemic and poverty, hence most of them dropped out of school due to insufficient funds to finance their education. The Association was founded by a group of working class and businessmen. It works in collaboration with Jina sub parish church and the local community. The objectives of JINA are to ensure that: no orphan or vulnerable child in the community stays out of school due to lack of school fees and to educate the community on HIV/AIDS so as to prevent more deaths arising from the disease. Currently, JEVA is supporting 63 children, both orphans and vulnerable. JEV sets up meetings to parents' and caregivers' economic improvement. In fact, JEV encourages income generating activities like chicken, goat, and fish farming, greenhouse production, creation and selling of soap. In addition, they give emotional support to sick children or parents with AIDS. AVSI in Kenya started the collaboration with Jina in 2007 and Mr. Cornelius Omondi Oloo is actually the person in charge for this project.

***JUJ – DOMINICAN SISTERS IN JUJA - JUJA Sub-county, Kiambu County***

The Juja Project, a faith-based organization, started in 1999 thanks to the effort of Louise Radlmeier, a German Dominican Sister. Nowadays, Sr. Louise Radlmeier, still the project's director, is running an orphanage in Juja, Kiambu County, about km 20 from Nairobi. The project supports Sudanese, orphans and abandoned children at the centre. The main aim is to provide holistic care to the vulnerable children, as food, shelter, medication, education, clothing and Christian values. Juja Project, in 2015, has 50 beneficiaries, 17 of them staying with their parents/guardians. The families are assisted with food and shelter at the centre and the children are going to school. AVSI, since 2005, is helping the Dominican Sisters to assist many children and the youth who are living in this area by supporting their education, food supply for their families and purchasing of school uniforms.

***MOT – MISSIONARIES SISTERS OF CATECHISM–Narok West sub-county- Narok County.***

This Congregation has been present in Mulot since 1988, when Sister Angela de Los Angeles Vasquez founded it, and now run Sister Lydia Aura. Mulot is a village in the Rift Valley, Narok County. They follow the children and their families through home visits, training of leaders of the different groups like youth, catechists, families and women groups. The project also invests its efforts in the fight against the FMG (Female Genital Mutilation), which is causing delay in the emancipation and the self-esteem of the women in the area. They are working in collaboration with 17 women groups of development and started a polytechnic for girls where they learn dressmaking, embroidery, knitting, home economic and Christian values. They also collaborate with Lillian's Foundation in order to give care to over 70 special needs children. They help in taking them to the hospitals for medication, operations, follow ups and also pay school fees in special schools. AVSI is supporting many children in this project, especially girls in their education through school fees, uniforms, textbooks and food support as well as capacity building for the educators. AVSI in Kenya started the collaboration with Sisters of Catechism in 1999.

***MUT – DON BOSCO ASSOCIATION, MUTUATI– Igembe North Sub-county, Meru County.***

Mr. Cyprian Kaliunga is leading this local association placed in Mutuati, Meru County. AVSI in Kenya started the collaboration with Don Bosco Association in 1999 and the Educator in charge is Purity Nkatha. MUT does many activities as the Primary school named S. Riccardo Pampuri, with 350 children. This local association is very active, and provides different kinds of support for the children, parents and the community like direct assistance: school fees, uniforms, bags, shoes and text books; Support to quality education: rehabilitation of classes in different schools; Community project: rehabilitation of houses and water supply. In addition, MUT bought solar lamps for all their supported children in upper primary and secondary school; this activity was very exciting both for the children and their parents because the families have access to adequate clean and reliable light in comparison to paraffin lanterns that they have been using at home. Now, the children are able to do their homework with ease, and their parents can read. In addition, training for parents as adult literacy are offered and training to support them with Income Generating Activities as bananas, potatoes and passion fruits farming and selling. Moreover, MUT mobilizes money to the parents to buy sewing machine and some cows. Thanks to this initiative a group of them has founded the biggest dairy society with almost 700 members. They have also created solidarity groups to save money. MUT helps the families to build pit latrines and to rehabilitate both crumbling schools and homes.

***NAN – LYMNYO NANDI SELF HELP GROUP-Chesumei Sub-county, Nandi County.***

This Self Help Group was officially registered in 2005. The purposes of this initiative is to directly support children by providing them with school fees, uniforms and rehabilitate classrooms in different schools in the area to reduce the poverty levels in the community. They are also proposing teachers and headmasters' training to improve the quality of their teaching methods. The parents of the children are also involved in business skills trainings and income generating activities. The group is also promoting sensitizations on HIV/AIDS awareness and behavior change. They have started a water supply project through pipes system which has involved the community in paying a quote. The local school and the dispensary are beneficiaries of this intervention and neighbors have received clean and safe

water. The organization has more of 300 children whom they are supporting and in making regular follow ups but their projects involve many children and member of the community; an important initiative is the community library under construction: the library will hopefully serve over 900 students and 250 community members. The library is a crucial facility as it gives room for children to get an opportunity to revise and research, to access books of various kinds, borrow these books and use them to revise. AVSI in Kenya started the collaboration with Lymyo Nandi in 1999 and now, the Educator in charge is Mr. Hillary K. Moindi and now this group is very big; in fact, the general population beneficiaries reach 5,000 people.

***SDB – SALESIAN OF DON BOSCO - Langata Sub-county-Nairobi County.***

The *Bosco Boys* initiative started in 1990 with the purpose of provide education to former street children and youth, rescued from Nairobi streets. The initiative started in Don Bosco Kariua, but due to the increase of the children in need, they were forced to transfer to Langata in 1997. Nowadays the activities are run in three centers namely Langata, Kuwinda and Kariua, all of them in Nairobi. Nowadays the project’s director is Fr. Joseph Minja. The Salesians take care of about 330 former street children and orphans, and AVSI help them through the Distance Support, since 1999. The Bosco Boys project aim is to provide home, basic human needs, spiritual nourishment and above all a family atmosphere to needy children who formally lived or are currently living in the streets. Emphasis is laid on education because it is seen as a necessary tool in preparing street children to become self-reliant, it allows them to become independent citizens capable of making a positive change in society.

***SJC – ST. JOSEPH KAHAWA SUKARI, KAHAWA WENDANI -Nairobi County.***

The Catholic Parish of St. Joseph is situated in Kahawa Sukari in the urban area of Nairobi city, run by the Missionaries of St. Charles Borromeo. SJC implements different programs which take care of orphan and vulnerable children, Youth and people with AIDS through the support of specialized team constituted by Social Workers, Nurses, Physiotherapists, and Counselors. Under their supervision, there is: a kindergarten “Emanuela Mazzola” with 90 children and the Primary School “Urafiki Carovana”, a dispensary, center for disabled children, with the project named “Ujiachilie” with more than 50 persons abled differently and a meeting point for AIDS sick people. They organize seminars to create awareness on different issues of life mostly what affect the adolescents, self-esteem, and alternative counseling. They organize trips, sports, movies and Christmas plays. They organize seminars for the parents as most of them are HIV positive and training on the topics relating to HIV, for example: how to deal with opportunistic diseases, counseling and nutritional support. AVSI in Kenya started the collaboration with SJC in 2004.

***SMB– SIMBA VILLAGE SHELTER CHILDREN R. C.- Kajiado West Sub-county Kajiado County***

Shelter Children’s Rehabilitation Centre (Simba Village) is a charitable organization registered in 1997 as a shelter children’s rehabilitation center. The center was established by a group of women who started to take care of some orphans in their area. It has a vision of empowering the children to fulfill their potential. The objectives of the organization are to provide shelter, food, clothing, education, recreational activities, counseling and healthcare services for the children in the centre through their programs like: educational programs, rehabilitation, psycho-social programs and health care. SMB organizes various activities for their children like farming, which involves vegetables, maize, tomatoes, beans, onions, maize, cabbages and

potatoes or they can take care of their cows and fishes. The Director of the project is Mrs. Mary Muiruri and the Educator in charge is Mary Sindani. At the moment, almost 112 children from the streets who are orphans, destitute or abandoned are living in the house. AVSI in Kenya started the collaboration with the Simba Village in 2005.

#### ***WAI – EXCEL BAMBOO PREPARATORY SCHOOL-Dagoretti Sub-county- Nairobi County***

This initiative started from the friendship among seven teachers, who were helping one another in saving some money under the name of Excel Bamboo Company. In 2003, they decided to start a School named Excel Bamboo Preparatory School and to collaborate with AVSI in 2005. Later, three of the original members left and the remaining four members became the chief's executive of the school. The school includes pre-primary and primary classes. It is located in Nairobi County, Dagoretti Sub-county and Waithaka Location. The aim of Excel Bamboo School is to help the poor children by providing comprehensive education for pupils from less fortunate backgrounds such as orphaned and vulnerable children, especially those who are orphans due to HIV/AIDS or whom whose parents are sick. Recently, the school started a vegetable garden to give the possibility to parents of farming. Most children can go to school and receive scholastic material such as uniform and books and are fed during lunch. They organize training to start income generating activities to support their family encouraging them to share the skills with their neighbors in order to improve the status of their community. The person in charge of the project is Mrs. Peris Muraguri.

#### ***WAT – WATOTO WA LWANGA CHILDREN ORG. – Langata Sub-county, Nairobi County***

Watoto Wa Lwanga, that means 'The children of Lwanga', is a non-profit children's organization created in 1991 by the Brothers of St. Charles Lwanga, a Catholic community, and it is among the oldest development organization in Kenya focusing on street children rehabilitation and community empowerment. By establishing schools and rehabilitating street children, Watoto wa Lwanga has transformed the lives of thousands of children in Nairobi's slums. AVSI has been collaborating with Watoto wa Lwanga since 1995. The Project, headed by Hillary Kazoora, is running in three different schools with the AVSI collaboration: St. Charles Lwanga Primary School of Kibera slum, rehabilitated in 2004, St. Martin, in Kariobangi slum since 2005. The third school is namely Boys Town, in the suburbs of Nairobi. There, the Brothers take care of street children, orphans or children with sick parents. The Boys town has a kitchen, a library and a little farm. Their aim is give the children a quality education that includes: health and well-nourishment, healthy, safe, protective environments and gender-sensitive, and provide adequate resources and facilities. Content that is reflected in relevant curricula and materials for the acquisition of basic skills, especially in the areas of literacy, numeracy and skills for life, and knowledge in such areas as gender, health, nutrition, HIV/AIDS prevention and peace. The main activities for this purpose include: provision of basic learning materials, like textbooks, and payment of school fees, vocational training for both pupils and teachers, career guidance, reading activities for children, psycho-social support for the learners through counseling, group therapy and individual therapy, provision of both preventive and curative medical care in addition to mental health care.

#### ***GCM - GREEN CARD MTAANI –Kibera Nairobi County***

Green Card Mtaani Association, born in 2011 in the heart of Kibera slum, Fredrick Juma, a former football/soccer player, founded the initiative with the main goal of improving the living conditions of many families in Kibera through different activities, especially sport.

“Green card” is awarded to the player that has positive behavior during the football match, Green Card’s headquarter’s office is made up of two containers and is located in a very poor and rundown area in the heart of Kibera. The project compound acts as Resource Centre where children, youth and the community at large use as recreational place, study library for students, meeting place for caregivers/ groups. It is also a place where children and youth are mentored and talent tapping through sporting sport activities among other. The project runs St. Mary Primary School, which is at its initial stages with first 5 primary classes.

### ***Ushirika Project –Kibera Nairobi County***

Youth Development Forum (YDF) was founded in January 1998 and is registered by the Department of Culture and Social Services. It is an innovative community based Organization working with children and youth in Kibera. YDF Focuses on empowering young people living in Kibera, school dropouts, victims of substance abuse, orphans and vulnerable children and youth affected or infected by HIV/AIDS. The Youth Development Forum endeavors to serve the interests of young people with special emphasis to girls, encouraging their active participation in the construction of a Kibera based on the values of human rights, democracy and mutual understanding. YDF offices are Located in Kibera Laini Saba.

Main activities of the organization are Education, nutrition, sports, economic empowerment and Youth programs such as teen star support clubs and Ghetto art promotion youth groups Ushirika Children Centre has 395 children currently with classes from nursery to eight, this included ECD (Early Childhood Development) who also come from poor families and young single mothers of Kibera.

### ***Nerkwo-Elgeyo Marakwet County***

The project is run by Sisters of the Adoration of the Blessed Scarament. The congregation work is mainly centered in rural villages among the poor and needy family/communities. Their overall goal is to give the children the love, care and protection they need from their early childhood. Nerkow Project is located in in Marakwet west. Here they run a home of physically handicapped children , Promote the welfare of women in the community and the surrounding villages, take care of the sick in collaboration with local dispensaries and health centers. The Sisters also run a primary school Immaculate Heart of Mary-Nerkwo

### ***KIB – AVSI EDUCATORS– Kibera Slum, Nairobi County***

KIB Project owes its name to the geographical area in which it takes place: the Kibera slum, in Nairobi. Nowadays, Kibera has about one million inhabitants and it is one of the biggest in the world. People live in small houses, most of them roofed and walled with iron sheet, they usually don’t have toilet facilities and running water. AVSI in Kenya has been implementing activities for Orphans and Vulnerable Children in Kibera Slum directly through its Social Workers since 1996 and this project is directed by Mrs. Romana Koech, manager of DSP program for AVSI. Children are identified in the slum in collaboration with the social networks present, (parishes, local Congregations and Schools). AVSI promotes the Little Prince Primary and Nursery School where about 300 vulnerable children are attending. The activities involving families and guardians are: Income Generating Activity and capacity building, Adult Literacy, School Feeding program, Health Education, HIV Sensitization.