FINAL REPORT

Reporting Partner: Kisumu Medical and Education Trust (KMET)

Country: Kenya

No. and Title: KCO/KMET/EYP/2012/145
Active Inclusion in Education for the Most Vulnerable Children

Implementation Area: Informal Settlements in Kisumu City, Kenya.

Reporting Period: September 2011-March 2012
# Table of Contents

i. Executive Summary ........................................................................................................... 5

II. RESOURCES ..................................................................................................................... 5

III. RESULTS ......................................................................................................................... 5

1 Key Activities Undertaken and Achievements ................................................................. 6

1.1 Output 1: Increased access to early childhood development and education (ECDE) .......................................................................................................................... 6

1.1.1 Baseline Survey and Launch ....................................................................................... 6

1.1.2 Nyanya (Grandmother) Clubs ................................................................................. 6

1.1.3 Capacity Building ....................................................................................................... 7

1.1.4 Model ECDE Centres ............................................................................................... 7

2 Output 2: Improved primary school access, retention and completion rates among marginalized children ................................................................. 8

2.1 The Technical Working Group (TWG) ........................................................................ 8

2.2 Identification, enrolment and retention ...................................................................... 8

2.3 The Mentorship Program ............................................................................................. 9

2.4 Teen mum support groups .......................................................................................... 9

3 Output 3: Strengthened sustainability of basic education interventions for MVCs ........ 10

3.1 Sensitization and awareness creation ......................................................................... 10

3.2 Social transformation strategies .................................................................................. 10

4 Implementation Constraints, Lessons Learned and Emerging Issues .......................... 11

4.1 Constraints .................................................................................................................... 11

4.1.1 Nationwide Teachers Strike ..................................................................................... 11

4.1.2 City Education Program ......................................................................................... 11

4.1.3 School term Dates ................................................................................................... 11

4.1.4 National Election ..................................................................................................... 11

4.1.5 Post-Election Phenomenon ..................................................................................... 11

4.1.6 One month delay in Fund disbursement ................................................................. 11

4.2 Lesson Learnt ................................................................................................................ 12

4.3 Emerging Issues ........................................................................................................... 12

5 Key Partnership and Collaboration ................................................................................ 13

6 Future Work Plan ............................................................................................................. 14

6.1 Priority Actions ............................................................................................................. 14

7 Financial Implementation ................................................................................................. 14
List of Tables
Table 1: Roles and responsibilities of stakeholders .................................................................6
Table 2 Training offered to different categories of beneficiaries .............................................7

List of Figures
Figure 1: Nanga ECDE classroom after renovation .................................................................7
Figure 2: Nanga ECDE classroom before renovation ...............................................................7
Figure 3: PICD session ............................................................................................................10
Figure 4: Kisumu County Governor committing to .................................................................11
Figure 5: Linkages of partners and stakeholders .................................................................13
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECDE</td>
<td>Early Childhood Development Education</td>
</tr>
<tr>
<td>MVC</td>
<td>Most Vulnerable Children</td>
</tr>
<tr>
<td>IEC</td>
<td>Information, Education and Communication</td>
</tr>
<tr>
<td>MOEST</td>
<td>Ministry of Education, Science and Technology</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>KCEN</td>
<td>Kisumu County Education Network</td>
</tr>
<tr>
<td>MCI</td>
<td>Millennium Cities Initiative</td>
</tr>
<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
</tr>
<tr>
<td>KMET</td>
<td>Kisumu Medical &amp; Education Trust</td>
</tr>
<tr>
<td>TWG</td>
<td>Technical Working Group</td>
</tr>
<tr>
<td>DCE</td>
<td>Directorate of City Education</td>
</tr>
<tr>
<td>CORPs</td>
<td>Community Own Resource Persons</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations International Children's Emergency Fund</td>
</tr>
<tr>
<td>MEO</td>
<td>Municipal Education Office</td>
</tr>
<tr>
<td>TWG</td>
<td>Technical Working Group</td>
</tr>
<tr>
<td>PICD</td>
<td>Participatory Integrated Community Dialogue</td>
</tr>
<tr>
<td>SMA</td>
<td>Social Mobilization and Advocacy</td>
</tr>
<tr>
<td>PE</td>
<td>Primary Education</td>
</tr>
<tr>
<td>SACCO</td>
<td>Savings and Credit Cooperative Society</td>
</tr>
<tr>
<td>IGA</td>
<td>Income Generating Activity</td>
</tr>
<tr>
<td>SMC</td>
<td>School Management Committee</td>
</tr>
<tr>
<td>TOR</td>
<td>Terms of References</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
</tr>
<tr>
<td>CCE</td>
<td>Community Capacity Enhancement</td>
</tr>
<tr>
<td>QUASO</td>
<td>Quality Assurance and Standards Officer</td>
</tr>
<tr>
<td>PCA</td>
<td>Partners/Partnership Cooperation Agreement</td>
</tr>
<tr>
<td>PPP</td>
<td>Public Private Partnership</td>
</tr>
</tbody>
</table>
i. Executive Summary

The goal of the Active Inclusion Project is to ensure that the most vulnerable children (MVC) living in 5 informal settlements in Kisumu Municipality are able to access and complete 9 years of basic education at early childhood development (ECDE) and primary school levels. The 12,700 targeted MVC will include in-school children who are at risk of dropping out and out-of-school children. The project is designed to complement the Kisumu Municipal Education office’s efforts to achieve the Millennium Development Goal Number 2.

The Active Inclusion Project has 3 components: 1) Early Childhood Development and Education (ECDE); 2) Primary Education; and 3) Social Mobilization and Advocacy (SMA) components. The goal of the ECDE component was to improve access early childhood development and education for all children ages 4-5 years living in 5 informal settlements in Kisumu Municipality. The ECDE component targeted identification and enrollment of 3900 of the most vulnerable children. The Primary Education (PE) component also targeted 3900 MVC for identification, enrollment/re-enrollment. In addition it was anticipated that the PE component would facilitate retention of 4,900 children who constitute the number retained during the pilot phase in 2011. The total beneficiaries of the PE component were thus expected to be 7800 children (5460 girls and 2340 boys). Furthermore, the PE component was to facilitate identification, re-enrollment and retention of girls and teenage mothers who had dropped out of school. Opportunities for remedial classes would be offered to 60 teenage girls/mothers to enable them to eventually sit for the Kenya Certificate of Primary Education (KCPE) examination.

It was planned that the SMA component would employ social transformation strategies to mobilize stakeholders, facilitate active community involvement, and strengthen partnerships. The goal of this component was thus to enhance ownership, and resource mobilization for project sustainability. This component would also facilitate participatory monitoring and evaluation of the entire project.

II. RESOURCES

The total budget approved for this project amounted to KES1,152,656 of which KES19,547,756.00 was UNICEF contribution.

III. RESULTS

Project start up and implementation was delayed from June to August 2012 due to prolonged administrative processes. Upon commencement, the project implementation was again affected by the month-long teachers’ strike in September as well as political campaigns for the March 2013 General Elections. The interruption caused by the petition of the disputed election results also caused further delays. A no-cost extension of 4 months (from May 30th 2013 to September 30th 2013) was sought and approved to allow KMET complete planned project activities. Planned activities were therefore to be completed by September 30th 2013. None-the-less the project was able to achieve the objectives of the 3 components. At the ECDE level 4,269 (2741 girls and 1528 boys) of the most vulnerable children were identified, enrolled and retained in the 30 centres. The Primary Education (PE) component which targeted 3900 MVC for identification, enrollments/re-enrollment surpassed this goal by 212 MVC. Furthermore, the PE component facilitated identification, re-enrollment and retention of 2622 girls and teenage mothers. Opportunities for remedial classes were offered to 60 teenage girls/mothers. Out of these 10 were enrolled for the 2013 Kenya Certificate of Primary Education (KCPE) examination. To date the enrolment of out-of-school and in-school MVC stands at 13,281 MVC which has surpassed the baseline target of 12,700 MVC.
1 Key Activities Undertaken and Achievements

1.1 Output 1: Increased access to early childhood development and education (ECDE)

Output Statement: Increased access to early childhood development and education (ECDE) for 3,900 children (2730 girls and 1170 boys) ages 4 to 5 years in 5 informal settlements in Kisumu Municipality

1.1.1 Baseline Survey and Launch

KMET worked with 30 centers to facilitate increased access to ECDE. Of the 30 centers, 19 were attached to schools where KMET had already been working since 2012. Additional new stand-alone centers were recruited in 2013 after KMET conducted a baseline survey. The survey mapped out 11 new centers. The survey involved the target communities in developing the criteria used for identifying the MVC. An MVC database has been developed and is regularly updated and shared with the Municipal Education Office (MEO) and other relevant stakeholders. The pre-intervention status of the MVC has been documented via video recording and will be compared with the end-term situation for visual impact monitoring. KMET launched the ECDE component of the project in October 18th 2012 at a ceremony involving the MEO, UNICEF, stakeholders, 30 schools and target communities. KMET used the ceremony, held at the Manyatta Primary School, for awareness creation, dissemination of the baseline results and clarification of roles and responsibilities of key partners.

Table 1: Roles and responsibilities of stakeholders

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Roles and Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents and Caregivers</td>
<td>To provide for the child’s basic needs (nutrition, shelter, clothing) and protect child’s rights</td>
</tr>
<tr>
<td>Community Own Resource Persons – CORPs</td>
<td>Mobilize and sensitise communities, develop proposals, monitor community activities Identification of MVCs, mobilize resources, door to door visits.</td>
</tr>
<tr>
<td>Municipal Education Office</td>
<td>Implementation of the project, provision of support supervision, school spaces for MVC, ECDE teachers’ training and provision of remedial class teachers.</td>
</tr>
<tr>
<td>KMET</td>
<td>Resource mobilization, funds management, implementation, support supervision and capacity building (community capacity enhancement)</td>
</tr>
<tr>
<td>Ministry of Health</td>
<td>Monitor health indicators of the MVCs, provision of health services (Deworming, provision of vitamin A supplement), offer technical assistance during capacity building e.g. training the nyanyas</td>
</tr>
</tbody>
</table>

1.1.2 Nyanya (Grandmother) Clubs

KMET identified 54 grandmothers dubbed ‘Nyanyas’ and trained them on early childhood care. The nyanyas were facilitated to form two ‘Nyanya’ clubs. The nyanyas are currently taking care of 64 children between age 1 to 3 in community settings whose parents have to go to work. Two community day-care centres have been supported with material and equipment including bedding, indoor play materials, kitchen utensils, toiletries and washing equipment. It is anticipated that these Nyanya Clubs will eventually become chamas/self-help groups for sustainability.

These Nyanya Clubs have also been linked to micro-finance institutions including KMET SACCO to enable them access affordable loans as well as receive technical assistance in running their micro-enterprises.
1.1.3 Capacity Building

Training was provided to three categories of stakeholders: 32 ECDE teachers, 54 caregivers/grandmothers/family members and 60 community members. This training program was aligned with the First Dakar Goal of Expanding and improving comprehensive early childhood care and education especially for the most vulnerable and disadvantaged children.¹

Table 2 Training offered to different categories of beneficiaries

<table>
<thead>
<tr>
<th>Category of beneficiary trained</th>
<th>Number trained (disaggregated by sex)</th>
<th>Topics covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregivers, nyanyas and Families</td>
<td>54</td>
<td>Child health, nutrition, social and intellectual stimulation, emotional support, cultural values and norms, maintenance of clean and safe environment, access to health services, social stimulation, cultural values and norms, attitude change tools</td>
</tr>
<tr>
<td>ECDE Teachers</td>
<td>32</td>
<td>Intellectual and social stimulation, education, emotional support, and development/improvisation of learning materials, hygiene and sanitation.</td>
</tr>
<tr>
<td>Communities</td>
<td>60</td>
<td>Trained on facilitating community conversations (dialogue) and attitude change processes, identification and utilization of financial resources, group savings and loans (GS&amp;L), income generating activities (IGA), and small business selection and management (SBSM)</td>
</tr>
</tbody>
</table>

1.1.4 Model ECDE Centres

KMET has offered support to communities in each of the 5 informal settlements to each upgrade one (1) community-based facility into a model ECDE institution. The model centers are located at Kodiaga Prisons, Nanga, Obunga, Obwolo and Tido schools and are serving as centres of excellence to the other 25 target ECDE centers in Bandani, Nyalenda, Obunga, and Manyatta respectively. In addition, these centers are points of access to learning materials for the local children. The model ECDE centers are also focal points around which services benefiting caregivers, households, and individual children are organized and delivered. The centers are also being used as gathering points for community meetings, teacher in-service training, and provision of health services. The health services include growth monitoring, provision of Vitamin A supplementation and immunization in collaboration with Concern Worldwide and the Ministry of Health (MoH). Children at 4 of the 5 model centres (Nanga, Obwolo, Kodiaga and KMET) are provided with porridge made from enriched flour. The communities around the centers use the facilities for forums for discussion on MVC education policy leading to advocacy actions on relevant ECDE policy change. Community skills training sessions were also be hosted at the centers. Prominent among these were: training on identification and management of IGA. Five registered groups were able to develop business plans that qualified them to receive grants from KMET. The grants worth a total of KES 900, 000 were disbursed to the 5 ECDE for IGAs ranging from poultry keeping to school feeding programs.

Output 2: Improved primary school access, retention and completion rates among marginalized children.

Output Statement: The Primary Education (PE) component also targeted 3900 MVC for identification, enrolment/re-enrolment. In addition it was anticipated that the PE component would facilitate retention of 4,900 children who constitute the number retained during the pilot phase in 2011. The total beneficiaries of the PE component were thus expected be 7800 children (5460 girls and 2340 boys).

2.1 The Technical Working Group (TWG)
KMET worked with already existing school communities to enhance the quality of basic education offered to the most vulnerable children (MVC) through improved community and stakeholder participation. For sustainability purpose, a 13-member Technical Working Group team (TWG) was formed to oversee the enrolment and retention of out-of-school and in-school MVCs process. Initially the plan was to form a 9-member TWG but we realised that a smaller committee would exclude key stakeholders such as the Ministry of Health and the Children Department.

The TWG comprised of representatives from Municipal Education office, a representative of the 30 school management committees (SMC), the Millennium Cities Initiatives, the Ministry of Health, the Children Department, and KMET, a representative of the CORPs, a representative of the Head teacher, a representative of the County Education Office, and a representative from the County Government. Training was offered to the TWG on leadership in the areas of: motivating community and teacher involvement, developing authentic participation in decision-making forums, enhancing stakeholders’ communication and contact, providing rewards and incentives for teachers, and mobilizing resources.

The TWG held quarterly meetings to review and plan program activities. A key responsibility of the TWG was to facilitate effective community/caregiver participation in the project. The Terms of Reference (TOR) for the TWG members is attached in the appendices.

2.2 Identification, enrolment and retention
Implementation activities carried out in 2012/2013 resulted in identification and retention in school of 4112 against a target of 3900. Of this number 2822 girls, 1110 boys and 180 teenage mothers. KMET was able surpass the targets for girls by 152 girls and by 120 for teenage mothers. However the 1170 target for boys was missed out by 60. Informal interviews with parents, caregivers and CORPs revealed that out-of-school girls were more willing to re-enrol than the boys who were more likely to be engaged in some form of non-formal employment. Many of the out-of-school boys are reportedly engaged in scrap metal and used plastic collection and sale, matatu touting, boda-boda taxi operations, sand harvesting and fishing. KMET set up a remedial school for teen mums who were keen to complete their primary education. Currently we have a total number of 45 teenage mothers enrolled for the classes of which 10 are registered for KCPE 2013. The remedial catch up classes are conducted a team of professional teachers who were vetted and interviewed by the Municipal Education Office in collaboration with KMET. The classes run for 2 hours during week days from 4-6pm and 9am-4pm on Saturday. The teenage mothers’ children also receive day-care services offered at the centre under the care of trained caregivers/nyanyas.
2.3 The Mentorship Program

(Click on the sub-heading above to access the Mentorship Rapid Assessment Report)

A mentorship program involving 57 professional, respected and reputable women was initiated within the 19 school communities. The mentors were identified after the advertisement of the positions using a criteria developed by the TWG. Each of the mentors has signed a commitment form that outlines their roles and responsibilities. The mentors were trained in two batches and covered three main topics: How to become a good mentor; How to identify and refer mentees; and Basic skills in mentoring. The schools refer the mentees to KMET who then match them to mentors with relevant experiences and skills. The mentors meet the mentees for an hour each week. A total of 123 girls have been matched to mentors. Due to high demand for mentorship for the boy child a total of 62 boys have also been matched.

The key issues being addressed during the mentorship sessions are low self-esteem, peer pressure, indecision on career choices and decision making in general. At the planning phase, it had been anticipated that KMET would produce 3 types of mentorship materials; manuals, leaflets and posters for use to support girls to pursue their goals. KMET was only able to produce the mentorship manual due to escalating printing cost. The production of the manual was preceded with a rapid assessment of the mentees and mentors needs. The women conducted mentorship sessions within the 19 target schools once a week during the school calendar.

A peer-to-peer mentorship program was initiated in which 38 patrons were trained to spearhead club activities and also older girls were guided to be peer mentors for the younger ones. This program helped in modelling and role-modelling of the vulnerable girls. The peer mentors were orientated, inducted and facilitated to hold mentorship sessions throughout the school calendar. The mentors shared issues of self-esteem, assertiveness, decision making, peer pressure and career development. A total of 38 patrons and 285 pupils representing 19 schools were trained on peer education and club formation. The main objective was to help patrons become knowledgeable with their roles and responsibilities and introduce the patrons and peer educators/ mentors in the facilitation of sessions in forming peer mentorship clubs.

2.4 Teen mum support groups

KMET facilitated formation of 4 teen mum support groups attracting a total of 64 teen mums from Obunga, Nyalenda and Bandani informal settlements to share experiences, life challenges and changes of early motherhood. The members engage in dialogue that provides support beyond the family and friends. The groups help the mothers to cope better and feel less isolated through connection with others facing similar challenges. They also provide practical advice and tips to help in coping with their various situations and find solutions among themselves to enable them deal with loneliness and isolation, sense of empowerment & control, life skills, dialogue, distress, depression and anxiety.
3 Output 3: Strengthened sustainability of basic education interventions for MVCs

**Output Statement:** Strengthened sustainability of basic education interventions for MVC in 5 informal settlements through partnerships between 30 communities and 16 stakeholders

### 3.1 Sensitization and awareness creation

Two sensitization and awareness creation meetings were conducted to discuss the progress of various school communities that were engaged in the previous year with a view to spell out the roles and responsibilities of various stakeholders and community participation. The project sustainability was also a major part of the sensitization elements discussed through the strategy of Community Conversations.

The KMET education forum was held to create a platform for sharing on educational matters mobilization of resources on education, child rights to basic education and sharing of strategies to strengthen networks. It had a theme of promoting access in basic education through partnerships which brought several stakeholders from the county government, City education office, Ministry of health. Civil societies, Community based organizations and NGO partners to join in efforts to move county education a notch higher. The idea of private public partnership was also stressed so as a key strategy in strengthening education of the Most Vulnerable Children.

### 3.2 Social transformation strategies

The program adopted two social transformation strategies; Participatory Integrated Community Development (PICD) and Community Capacity Enhancement (CCE) approach. This was for the purpose of mobilizing the community and change their attitude towards development. This increased community involvement in advocacy and lobbying for improved access to quality basic education for the Most Vulnerable Children in Kisumu Municipality and create ownership of the project at the community level. This process encouraged communities to generate solutions and took actions to reduce poor qualities of teaching and learning that lead to poor performance in school, this was conducted through weekly meetings.

Four caregivers review meetings were conducted throughout the project period. This offered avenues for parents and caregivers continuous education on child health and education sessions.

Two joint stakeholders meetings were held to share on the successes and challenges experienced by the project. This meetings had participants from the MEO, School communities, private sectors and other NGOs dealing with basic education and girl child issues. Review meetings between KMET, UNICEF and MEO were also conducted for the purposes of monitoring and evaluation.

Enrolment campaigns were conducted and IEC materials (2200 brochures and 3000 fliers) distributed to disseminate information on MVC education through 2 roadshows within the five informal settlements in Kisumu Municipality.

Advocacy training on child rights and protection was facilitated to TWG, SMC, CORPs, local leaders (political and religious) and pupils. The training enhanced involvement of the community in advocating for improved access to education for the out-of-school and in-school MVC. Advocacy action plans were developed to address issues such as low teacher-pupil ratio, lack of school feeding program, school dropout, child labour, child abuse, drug abuse, teen pregnancies and truancy.
A documentary has been developed covering the plight of out-of-school and in-school MVC, with a focus on the young children and teenage mothers’ through-out the implementation period. This will further be aired in the national television to spur debate on the issues affecting the MVC especially in urban informal settlements.

As part of the lobbying and advocacy, KMET successfully secured the commitment of the Kisumu County Government and other stakeholders to support the education of the most vulnerable children in the county. Governor Jack Ranguma led the leaders in signing a commitment.

(Click on Figure 3 -right- to access the commitment document)

4 Implementation Constraints, Lessons Learned and Emerging Issues

4.1 Constraints

4.1.1 Nationwide Teachers Strike
The teachers strike in September 2012 interfered with the project activities in the focal persons (CORP) some of whom are teachers could not be found within the schools and so the school communities could not even hold their regular community meetings to enable us focus on the project activities.

4.1.2 City Education Program
As a partnership with the Municipal Education Office, the Active Inclusion project relies heavily on the participation of the Ministry of Education. KMET is complementing the work of Municipal education towards the attainment of MDG 2 and this therefore implies that we have to plan together with the Ministry so as to fit in their programs for the term. KMET had to postpone a significant number of activities in order to fit within the MEOs work plans. These included: ECDE teachers training; Children’s advocacy training; Review meetings with MEO; Kisumu Municipal Education Day Forum; PICD training for the QUASOs and head teachers, and Education stakeholders’ forum.

4.1.3 School term Dates
The school term dates that are packed compounded with the school closures we have to wait until school re opens so that we can conduct project activities which directly relate to the pupils e.g. advocacy training

4.1.4 National Election
The month of March 2013 greatly impacted on the project due to the uncertainty of the outcome of the elections and school communities were hesitant to hold meetings to be reached or even to be consulted over their way forward and in some cases preferred to attend the campaigns where they receive handout rather than their community meetings.

4.1.5 Post-Election Phenomenon
Following the election mood in march most of the community members who since suffer from the election fever took a little longer to resume their normal community meeting and a few still suffer the handout issue.

4.1.6 One month delay in Fund disbursement
KMET PCA the start date was in May 2012 though we received the first tranche disbursement in July 2012 and this led to the delay of a major activity baseline survey which was to be the initial entry point for most of the project activities especially under the ECDE component. Despite the fact that we conducted a few activities.
4.2 Lesson Learnt

a) Grants were not the best way to maintain groups. It was therefore proposed that the groups to be given start-up capital or be boosted to initiate business plans and this were for accountability.

b) Active community involvement identification, enrollment and retention of out-of-school MVCs at the ECDE and primary school levels increases access to education.

c) Sensitizing teachers, parents/caregivers, education officials, children on the needs of MVC improves their involvements in promoting access and retention

d) ECDE interventions for MVC are difficult to sustain unless the welfare of teachers is addressed i.e. trained teachers did not feel motivated to share new knowledge and skills with their colleagues and also low remuneration.

e) Information on what ECDE constitutes is still wanting in many schools since most ECDE centres focus on preparing children for primary education rather than the holistic development of the child which involves nutrition, health growth and development, child protection and sanitation

f) It is critical to secure written commitments by partners involved in MVC identification to ensure they play their roles effectively i.e. Some members of the TWG offered very limited Technical assistance to the project citing work overload

g) Financial support to communities strengthens their capacity to support the MVC e.g. through setting up school feeding programs i.e. Nanga, Pandpieri

h) Human resource (trained Nyanya) improves access to services for MVC who are of school going age for ECDE and have not yet joined.

i) Teen mums are willing to continue with formal education if given appropriate opportunities

4.3 Emerging Issues

a) There are as many out-of-school MVC among boys as with the girls after awareness campaigns many boys turned up to be enrolled for the catch-up classes citing the hidden school levies that the parents needed to meet, the cost of school admission, buy uniforms and stationery as their main reason for dropping out of school.

b) High enrollment rate leading to overcrowded classrooms leading to decrease in pupil teacher ratio

c) Dependency syndrome and over expectation of school community with little understanding of partnership and comparison with other organizations that give handouts.

d) The viewing of MVCs identified by school communities as KMET children hence some guardians/caregivers tend to abandon their responsibility

e) Most of the ECDE structures are dilapidated and preferences is given to primary section rather than ECDE section especially in integrated schools

f) Most ECDE centres do not have feeding program due inadequate funds to offer the services which is to be majorly generated from the parents/guardians/caregivers.

g) Inadequate supervision of teachers in the ECDE by the education office leading to the laxity in the implementation of the holistic ECDE curriculum.

h) While the government provides free primary education there are gaps that need to be filled in order to make education more sustainable. This therefore calls for support and continued advocacy and empowerment of communities to care for their most vulnerable children.
5 Key Partnership and Collaboration

During the implementation of the Active Inclusion Project, KMET collaborated and worked with both state and non-state actors. The state actors included the Ministries of Education, Health and the Department of Children.

The Ministry of Education was responsible for overall program implementation including operationalization of relevant policies on MVC education, provision of technical assistance and monitoring of activities at school level.

The Ministry of Health provided health and nutrition expertise as well as outreach services to children in the schools.

The Children Department conducted awareness and sensitization forums on the right of the children. In addition, this department monitored and acted on cases of child rights abuse.

The non-state actors who included international and local NGOs as well as community based organizations (CBOs), provided psycho-social and material support to the beneficiaries in addition to technical advice to KMET.

The schools, through their management committees (SMCs), provided learning spaces and staff for the remedial catch up classes. All these stakeholders were represented in the TWG.

Communities ensured sustainability by ensuring active involvement in identification, enrolment and retention of MVCs in schools. Figure 4 below indicates the linkages that KMET forged with these partners and stakeholders.

![Figure 5: Linkages of partners and stakeholders](image)

| MOEST – Ministry of Education, Science and Technology |
| MOH – Ministry of Health |
| KCEN – Kisumu County Education Network |
| MCI – Millennium Cities Initiative |
| CEO – Chief Executive Officer |
| KMET – Kisumu Medical & Education Trust |
| TWG – Technical Working Group |
| DCE – Directorate of City Education |
| CORPs – Community Own Resource Persons |
| UNICEF – United Nations International Children’s Emergency Fund |
6 Future Work Plan

a) Using the two strategies, Participatory Integrated Community Development (PICD) and Community Conversation Enhancement (CCE) for Sustainability
b) Continuous Enrollment, re-enrolment and retention of the Most Vulnerable Children in and out of school.
c) Track and up-scale the Mentorship program and strengthen mentorship sessions
d) Lobbying with UNICEF on behalf of MVCs to solicit funding in order to enhance their retention and completion of basic education.
e) Involve all stakeholders so as to create a platform for resource mobilization
f) Strengthen Public Private Partnership (PPP) in Education

6.1 Priority Actions

a) Mentorship session
b) Children Advocacy issues especially on child labour (sand harvesting, scrap metal and plastic collections, fishing, vending by girls and sub-employment by the municipal workers to clean the municipal)
c) Sustainability of the remedial classes to enable the teen mothers acquire basic education
d) Sustainability of the Nyanya clubs to provide stimulation, smooth and effective transition of the child from community based day-care centres to the Early Childhood Development and Education centres.

7 Financial Implementation

- See attached report.