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# Plan's CCCD approach

Country study PLAN-Kenya

Part of Strategic Evaluation Study on CCCD

Fannie de Boer, MPH, MHE

Capacity Development & Institutional Change Programme  
Wageningen UR, Wageningen  
October 2009



Wageningen International



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## Executive Summary

The field study for Kenya, a part of the strategic formative evaluation on CCCD, was carried out August 16-23, 2009. This country study aimed at studying CCCD as an approach for development and how it was applied by Plan Kenya.

This executive summary covers the main findings and recommendations of the field study in Kenya. Detailed findings and recommendations concerning Plan Kenya are described in this report. Findings and recommendations when relevant are incorporated in the synthesis report: Strategic Evaluation Study on CCCD for Plan NLNO. After the introduction the report starts with an overview on the country context and Plan Kenya. The third chapter presents how Plan staff and partners view CCCD, fourth chapter is on how CCCD works in practice, chapter 5 looks in more detail on partnerships. The report ends with a summary of the findings and recommendations.

CCCD was introduced in Kenya in 2004. Programmes undertaken by Plan Kenya do take child centredness and community development as their main point of departure. Plan Kenya is in the process to transform the organization from a service delivery development organization towards a rights based organization. This will take some time and staff considered the organization to be in transition. There are a couple of reasons why CCCD in Kenya is still in the process of being integrated:

- CCCD is launched in 2003 as a framework and presented to Plan staff without any other capacity development and supportive material, it was open for staff to give their own interpretation;
- New staff has not been schooled in CCCD (there was a high turn-over in staff in 2006 and 2008);
- Staff is very committed towards improving the situation of children but might meet circumstances which makes them feel obliged to address immediate needs (service delivery) instead of using a rights based approach. In addition also communities request assistance with addressing their immediate needs;
- Changing from attending to the direct needs of children towards a rights based approach needs quite a change in attitude from the staff. Insufficient emphasis has been placed towards changing the attitude of all staff.

Efforts have taken place in Plan Kenya to integrate CCCD in their activities. In 2005 Country Program Outlines (financial year 2006-2010) had to be developed which gave a boost to incorporate the CCCD framework. To what extent this has been done and how it worked out in practice shows a huge variety. Some of the CPOs are still focusing on service delivery. In other CPOs it showed that the analysis of the situation and activities planned from a right-based perspective. Lack of leadership on CCCD (there is no focal point within Plan Kenya to ensure the adoption of CCCD within the system) was identified as a barrier to the adoption of CCCD. For a solid embedding of CCCD in Plan Kenya it will be crucial to create and strengthen leadership on CCCD together with capacity building of staff and of the community on CCCD.

The formation of partnership is an important element of CCCD. This study looked at some of the partnerships in which Plan Kenya is involved. In the Framework of Partnerships (Plan; 2003) a partnership is defined if there is a strong collaboration implied. Other forms of collaboration are described as “strategic alliances”, “contracts”, “joint ventures” or “networks”. The two partners visited expressed their appreciation on how Plan Kenya operated in the partnership. In their opinion they held



similar views on the approach for development (CCCD) as Plan Kenya. and planning, and implementation of the activities are based on the strength of each partner. In both cases a memorandum of understanding was signed making explicit the roles and responsibilities of Plan Kenya on one side and the partner on the other side.

The ground rules for partnerships with the community (CBOs) were less clear. It seemed that the CBO was more seen as a delivery agent (assisting in building classrooms, water and sanitation for schools etc.) for the community than as a development partner of Plan.

## Recommendations

### On understanding of CCCD

1. Increase of capacity for staff on what the CCCD approach means and how to apply for development processes
2. Awareness raising campaigns for community based organization and communities on CCCD and its relevance for development.

### On CCCD in practice

3. To encourage the creation of leadership on CCCD within Plan Kenya like has been done in Plan Bangladesh
4. Practical training on CCCD for new staff
5. To create awareness on CCCD for the community
6. To develop in close collaboration with field staff a framework on how to incorporate a rights based approach within the sponsorship programming

### On partnerships

7. To develop a local framework on the establishment of partnerships with the community, based on equality and involvement of the youth.
8. To strengthen CBOs to play their role as partners in development.

## Acronyms

ARV	Anti retroviral drugs
CBOs	Community based organisations
CCCD	Child centred community development
CSP	Country Strategic Plan
CPO	Country Programme outline
DA	Development Area
ECCD	Early childhood care and development
GoK	Government of Kenya
IGA	Income generating activities
INGO	International Non Governmental Organisation
NGO	Non Governmental Organisation
OVC	Orphans and vulnerable children
PLAN-IH	PLAN International Headquarters
Plan-K	Plan Kenya
Plan NLNO	Plan Netherlands
PLWHA	People living with HIV/AIDS
RBA	Rights based approach
RESA	Regional office for Eastern and Southern Africa
SACDEP (NGO)	Sustainable Agriculture and Community Development Programme
STD	Sexual transmitted diseases
ToR	Terms of reference
VTC	Voluntary Testing and Counselling

## **Introduction to this Study**

Plan NLNO commissioned a strategic formative evaluation to Wageningen International with the aim to provide insights into the understanding of the Child Centred Community Development (CCCD) approach within Plan world-wide. The evaluation comprised of two phases.

### **Phase 1**

- Literature research concerning CCCD and related topics;
- Interviews with Plan staff at different levels on CCCD (CCCD champions);
- Field study in 2 countries (Bangladesh and Kenya);
- Final report on the findings and suggestions on improving CCCD and capacity needs for CCCD implementation.

In the 2<sup>nd</sup> phase an international workshop is foreseen on the results of the findings.

This report presents the findings of the field study in Kenya and forms an integral part of the report on the whole study.

The report is organised in four chapters, chapter 1 Plan Kenya (country context); chapter 2 The CCCD approach as implemented in Plan Kenya; chapter 3 Partnerships and; chapter 4 Conclusions and recommendations.

### **Aim and Methodology**

The field study was conducted between August 16 – August 23, 2009 in Nairobi and a field visit was made to Machakos. For the itinerary please see Annex 2. People interviewed were Plan staff at regional office (RESA), at country office (CO), at programme level (DA) and with partners of Plan (at community level, at district level and at national level). The following methodologies were used: key informant interviews (Plan staff, partners) focus group discussion (CBO) and tools like designing an elevator pitch on “selling” the CCCD approach, road journey to obtain insight on the history of CCCD, SWOT (strengths and weaknesses) of CCCD and grading the existing programmes to what extent CCCD was incorporated.

The aim of the consultancy was to understand perspectives on and practice in CCCD at four different levels: at Plan CO, Plan DA level, partner level and at beneficiary level. The Plan of Action for the field study is attached (Annex 1).

# 1. Plan Kenya

This chapter provides a brief introduction with regard to Kenya as a country and Plan Kenya programmes as related to the observations and findings of this field study.

## 1.1. Country Context for Kenya

### 1.1.1. Population and Geography

Kenya covers an area of about 583,000 square kilometres with a population of 35.6 M. and is projected to reach 46.2M by the year 2015 (figures Human development report, 2007/8). Kenya has a GNP per capita of US\$ 1240 (2005) and ranks 148<sup>th</sup> amongst the 174 poorest countries in the world (HDI, 2007/8). About 80% of the country's population live in rural areas. The country has a varied climate, ranging from tropical to temperate. Approximately 20% of the country's land area is arable while the rest is classified as arid and semi-arid lands.

### 1.1.2. Political and Administrative System

Kenya attained independence in 1963. The political system is a presidential democracy modelled after the British parliamentary system. The disputed presidential elections in 2007 led to a power sharing arrangement between the newly created position of Prime Minister and the President (National Accord and Reconciliation Agreement, 2008).

In 2004 a draft constitution has been written with a focus towards decentralisation. According to this draft constitution, local authorities will be responsible for the provision of social services, maintenance of local infrastructures, promotion of cultural activities and promotion of participatory democracy within the local community. Overall, there is in the proposed constitution broad consensus that state powers and functions should be devolved to local level in order to involve the people.

Different funds are available to support development activities at local level like:

- Local Authority Transfer Fund (LATF);
- funds of the Kenya Local Government Reform Programme with as goal to enable financially local authorities and enhancing participation of Kenyans in the local decision-making process;
- Constituency Development Funds (CDF) was established under the CDF act (2003). CDF gets 2.5% of the government revenue. The fund is governed by a weak legal framework making it vulnerable to manipulation by the constituency elite under the influence of the sitting member of parliament.

Other types of decentralized funds are the roads maintenance levy fund, secondary school education bursary, rural electrification programme levy fund, constituency AIDS control fund, free primary education fund (to support poor pupils), poverty alleviation fund, youth enterprise fund and community development trust fund.

These funds make it possible that the community can access money at local level for development purposes.

Other legislation which has been enacted and is of importance for PLAN are the free primary education act (2003) and Kenya's Health Policy framework (1994).

## **1.2. Activities of Plan Kenya**

Plan International started its activities in Kenya in 1982 with the first child sponsorship activities in Embu. Plan's vision today is of a world in which all children can realize their full potential in societies that respect people's rights and dignity. Plan aims to contribute to this through sponsorship and development activities. The vision of Plan Kenya is laid out in the Country Strategic Plan (CSP) 2006 – 2010, which is centred on children in five main themes.

The current CSP covers to 2010 and Plan Kenya is in the process to write up the next CSP. This field study will use the country program outline (CPO) from 2006 – 2010 as a basis for the findings. The approach for developing the current CSP was the child centred community development planning process. For the development of the CSP other external people (UN organisations, other NGOs, Government staff and RESA) were involved.

From the analysis of the baseline, community consultation and other additional studies, the following issues were considered to be the main barriers preventing children from realizing their full potential in Plan Kenya development areas (DA):

- High morbidity and mortality for mothers and children;
- Inappropriate reproductive health practices resulting in Sexual Transmitted Diseases (STD), HIV/AIDS, poor family planning practices and harmful cultural practices;
- Low psychosocial development status of children under 6 years and inappropriate care for children with special needs;
- High drop-out in the formal school system;
- Low participation in health issues among school aged children and youth;
- Lack of suitable conditions for healthy growth and development due to inadequate access to basic services (safe water, hygiene, sanitary facilities, poor housing and essential services);
- High level of food insecurity and income poverty;
- Low participation of children, women and CBOs in the development and building relationship activities.

This analysis led to the formulation of 5 country programmes focusing on the following themes: child survival, child protection, education, child participation, youth economic empowerment, HIV/AIDS prevention and sanitation:

- Healthy family for child survival and development

Plan Kenya seeks to reduce the incidences of childhood diseases, increase the access to quality prenatal, delivery and post natal care for women, improve the knowledge of mothers and positively influence change in sexual behaviour practices in relation to STD, HIV/AIDS, use of contraceptives and change in cultural practices (female genital mutilation, early child

marriages and widow inheritance) and increase access to early childhood care and development (ECCD) for children under 6 years of age.

- Friendly and healthy learning environment

The focus of this programme is on improving completion of primary education particularly for the girl child, increase access to post primary school education, improve quality of formal education and increase access to adolescent health information and services particularly that relating to sexual and reproductive health.

- Family and community basic services

This programme aims at increasing access to safe water, basic hygiene, sanitary facilities and essential services (focus on the construction and rehabilitation of water systems, environmental sanitation and home improvement).

- Family livelihood

Under this programme the issue of food insecurity and increase of family incomes will be addressed. Main focus to support sustainable agricultural production including environmental resource management, access to financial services and promotion of relevant vocational training for youths and adults.

- Social and cultural development of the child

This programme is directed towards mobilizing and organising CBOs in order to increase their participation in development activities. Capacity building, gender equity, child participation and rights of the child will be key issues to address.

The five programmes are undertaken in 19 projects in 13 districts situated in three regional regions of Kenya namely coastal area, Eastern area and central/Nyanza.

Plan's approach is based on participation of children, working with and through partners such as CBOs, Government of Kenya, and other NGOs.

## 2. Understanding Of CCCD

In this chapter the understanding of CCCD by different stakeholders has been explored. The elevator pitch as a tool has been instrumental to identify the different perceptions on CCCD. Plan CO staff has been asked to tell in two minutes how to “sell” CCCD. Key issues like: creating opportunities that children can realize their full potential, child rights based approach, partnerships for development, advocacy and participation of all stakeholders leading to empowerment of children, communities and institutions were mentioned as “selling points” for CCCD. In addition a strengths/weaknesses analysis has been made with Plan staff.

### Understanding of CCCD by CO staff

CCCD in key words:

children to realize their full potential, based on the rights of the child, partnerships for service delivery (involvement of community, NGO, specific stakeholders, GoK, policy development, advocacy, monitoring, participation of all stakeholders, empowerment of children, communities and institutions and the analysis of the root causes of poverty.

### Understanding of CCCD at DA level

Empowerment of the community, children, adults and disabled for their development, service delivery to children, active participation of everybody and to be partners for development, enhance decision-making opportunities for development, children/community decide what to do - priorities are set by them. In short: CCCD approach is about development with adults and children as active partners, reflecting the shift from needs based approach to a rights based approach involving right holders and duty bearers (staff DA Machakos).

### Community level (CBO in Kithyoko)

The following elements of CCCD were mentioned and appreciated at community level: more involvement of community members, strengthening of the CBO and the systematic approach of identification of key developmental issues, ways of problem solving, identification of possible resources.

The community was less involved in forming partnerships (with Plan or other possible partners) and to what extent all community members and especially children participated in the decision-making could not be assessed.



In general there is a good understanding on CCCD by Plan staff. The CBO in Kithyoko viewed Plan more in its traditional role of an agent for service delivery.

Looking at the different elements of the CCCD approach and how they are valued (based on the strengths and weaknesses mentioned) within Plan Kenya is illustrated in the following table.

*Table 1: levels of understanding on CCCD within Plan Kenya and partners.*

Levels CCCD Elements <sup>1</sup>	Plan CO staff	Plan Machakos staff	Partners visited	CBO
<b>Child Rights</b>	Central	Central	Central	Children were seen as recipients
<b>Non-discrimination</b>	Preference for sponsor children	Same as CO	Yes for Child Line Assumed for SACDEP	Assumed, but also preference for sponsor children
<b>RBA</b>	Awareness but not always applied	Same	Yes for Child Line Assumed for SACDEP	Not applied
<b>Partnerships</b>	Strong focus	Strong focus	Applied	Not applied
<b>Multi-level</b>	Weak	Weak	N/A	N/A
<b>Participation of children/youth</b>	Strong focus in grant supported interventions, less in sponsorship interventions	Same as CO	Strong focus	No
<b>Social Mobilization</b>	Seen as important	Same as CO	Plan's activities in this field were highly appreciated	Seen as important
<b>Advocacy</b>	Important but there as a limited scope for advocacy in Kenya	Same as CO	Child Line did advocate with GoK for including costs in the regular budget and scaling-up	Could not be assessed
<b>Accountability</b>	Limited (financial accountability) towards partners and beneficiaries	Same as CO	Accountability is incorporated in the MoU down and upwards	There is good financial accountability in place

Although the data does not allow for more than a rough comparison on the understanding of CCCD but it do illustrate that there is a variation between the different groups. Especially CBOs did not work much with CCCD. It may be that they were introduced in theory to CCCD,

<sup>1</sup> These nine elements of CCCD are taken from the draft 'CCCD Assessment Tool' prepared for the Program Committee Meeting of 18 September 2009.

but at least it was difficult for them to apply it. They viewed the assistance of Plan still as service delivery and their role being an agent to delivery these services to the community.

That CCCD empowered the people to look beyond Plan's assistance shows the following success story as told by Plan Machakos staff members.

Masulo (community in the development area) received support with the rehabilitation of the primary school (classrooms, water and sanitation) but needed in addition a day secondary school. Secondary schools are not included in the activities of Plan. The CBO, after training of Plan, lobbied successfully for funds at district level to establish a secondary school. The secondary school has been built and forms a part of the secondary school system of GoK.

Plan supported the Makuthui youth group with training in life skills and income generation. The youth got involved in HIV/AIDS programming and lobbied successfully with the Constituency Aids Control Council for assistance in VTC and IEC materials.

#### Findings and Recommendations on Understanding of CCCD:

Interpretation on CCCD varied within the staff and between staff and community. Some of the staff was conversant with rights based approaches and were looking to implementing the activities using a CCCD approach. On the other hand I met also staff who told me that there will be always a need to address the immediate needs of the children.

The community viewed child centredness as aiming interventions at children. Participation of children in the development process was not seen as crucial. The remark has to be made that the community visited was supported by funds from sponsor children and no grant supported interventions were taking place.

#### Recommendations:

- 1 Increase of capacity for staff on what the CCCD approach means and how to apply for development processes;
- 2 Awareness raising campaigns for community based organization and communities on CCCD and its relevance for development.

### **3. CCCD in Practice**

This chapter summarises Plan Kenya's perspective on CCCD and its impact on programming as described by various stakeholders. For the results different tools has been used like the elevator pitch "to sell" CCCD (to identify their main perceptions on CCCD), a road journey map to identify the history of CCCD with its ups and downs and, a strengths/ weakness analysis in addition to focus group discussions and interviews.

#### **3.1. From a Service Delivery Organisation towards a Right Based Approach; The Bumpy road of Adoption of CCCD**

CCCD was introduced in Kenya in 2004. Staff received a general introduction on the new development approach, Child Centred and Community Development, without any supporting material. As was explained by one of the DA staff members: CCCD was to be adapted to local circumstances by each staff member, no additional material was developed for that reason.

In 2005 new CPOs had to be made for the years 2006 – 2010. This offered a chance to develop the country programme outline using a CCCD lens. Looking at the CPO for livelihood for the year 2004 – 2006 programme objectives were focusing on outputs for households (financial services, increased agricultural production for own consumption and for sale) and in particular for those households with sponsored children. In the CPO livelihood for 2006 – 2010 the programme was aiming at increasing food production by means of strengthening Farmer Field School and Junior Life School, capacitate CBOs to manage their natural resources, increase income generation and access to financial services. As one can observe attention shifted from service delivery towards creating an enabling environment where the community could develop their own strategy to improve. A development of going towards a right based approach instead of focusing on the needs of the households of the sponsored children.

The CPOs 2004 – 2006 were developed with a clear focus on service delivery for sponsored children and their families. In the CPOs 2006 -2010 the focus was directed to the community as a whole and developing an enabling environment for the households to make their living and to live healthy, which is more in line with the CCCD approach.

A staff member described it as follows: Plan is in a transitional stage, going towards a more right based but it was difficult to change the mindset of staff as well as of the beneficiaries.

Looking at the history of the introduction of CCCD, staff members described it in three distinct time periods

Plan staff of Machakos described the period 2004 -2005 as follows:

- Staff had inadequate skills on CCCD
- There was low awareness on right based approaches
- Programmes were focusing on the needs of the households
- The formation of CBOs was at inception stage
- Projects were Plan managed

In 2006 a restructuring in the administrative set-up was implemented. Responsibilities and duties were transferred to the DAs and new technical staff was recruited (at DA level) to assist the communities in the implementation of the programmes. The role of technical staff at CO level changed from being implementers into being advisors for the DA staff. This change in organizational structure and responsibilities caused leadership conflicts and staff changes within Plan. Quite some technical staff left and new technical staff at DA level was recruited. This caused a dip in the adoption of CCCD (new staff was not exposed to CCCD training). However, the start of new staff, new ideas and new ideas gave a positive input to experiment with other approaches like CCCD.

The period 2006 -2007 was described as follows:

On the positive side:

- CCCD takes off
- Adequate budget at DA for programmes
- New ideas and strategies
- More partnerships
- 

On the negative side:

- Slow take off of adoption of CCCD due to new staff
- Low CBO capacity

2008 became a difficult year for Plan Kenya. There were major budget cuts which led to all to distrust by the community. Plan could not keep their promises towards the community, which resulted in frictions with the community. Volunteers, who play a crucial part in the follow-up of the programmes for sponsored children, did not receive any fringe benefits and left the organization. In addition, during this time the tribal animosity related to the elections started. Programmes had to be redesigned to cater for the decrease in funding and to adapt to the new political situation. On the positive side some new projects (focusing on good governance and a special programme for the disabled) started during this time supported by grant money. These programmes gave the implementation of CCCD a boost.

Plan staff at Machakos described the current situation (2009) as follows:

Positive:

- Emphasis on partnership
- More devolved funds
- Enhanced CBOs capacity

Negative:

- Involvement of children is not strong.

But there good hopes for beyond 2009...

Looking at the history as drafted by Plan staff, the following figure can be distilled from the different remarks made on favourable or hindering factors for the full integration of CCCD in programming.

*Figure 1: Factors identified by Plan Kenya staff on promoting or hindering factors for the incorporation of CCCD*

	<b>Plan internal</b>	
<b>Favorable to CCCD</b>	<ul style="list-style-type: none"> <li>- training of staff in 2005 in CCCD</li> <li>- devolution of mandate and responsibilities closer to the field (from CO to DA)</li> <li>- drafting new CPOs in 2005, CCCD used as a guiding framework</li> <li>- increase of grant funded projects based on CCCD approach</li> <li>- new staff recruited with new ideas</li> <li>- sponsor money available to address some of the needs of the community</li> <li>- sharing of experiences with CCCD plan-wide</li> </ul>	<b>Unfavorable to CCCD</b>
	<b>Plan external</b>	
	<ul style="list-style-type: none"> <li>- the devolution of powers was seen by CO staff as a hindering factor for the adoption of CCCD</li> <li>- budget cuts in 2006/2008 affected the relationship with the community</li> <li>- high turn-over of technical staff</li> <li>- no training on CCCD for new staff</li> <li>- lack of leadership on CCCD</li> <li>- depending on sponsor funded projects</li> <li>- experience on rights based approaches/CCCD is not a selection criterion for new staff</li> <li>- short time allocated to spend the budget</li> </ul>	
	<ul style="list-style-type: none"> <li>- after signing the children's act by GoK it was easier to discuss child rights with Government</li> <li>- devolution of powers by GoK, availability of funds for development at district level</li> <li>- GoK is willing to partner with communities</li> </ul>	<ul style="list-style-type: none"> <li>- children are overburdened in schools, less opportunities to interact with school children on CCCD</li> <li>- attitude of the community, community prefers service delivery</li> <li>- cultural practices-participation of children, youth and women is not favoured</li> <li>- climatic changes require an immediate response (food aid, seeds etc.)</li> <li>- hardship due to poverty-communities are surviving and do not have time/energy to put into development</li> <li>- conflicting approaches by other NGOs- they work on a needs-based agenda.</li> </ul>

The upper right quadrant of the figure illustrates factors which hampers the adoption of CCCD while they are in the reach of Plan Kenya to address (to a certain extent).

### **Change in administrative set-up**

In 2006 a restructuring of the staff took place and putting the DA level in the forefront of the local activities (bringing the staff where the action is). This move of turning the CO theme leaders more in the role of facilitators was difficult for the theme leaders. Their new role, to be at more distance of the clients, was hard to accept for some of them and they left the organisation.

Recommendation:

The new role of the theme leaders should be discussed, at CO level as well as DA level. A clear description of roles and responsibilities should be determined for staff at CO level and at DA level.

### **Budget cuts**

Budget cuts during the process are always difficult. The effects of the budget cuts for the community should be discussed with the community and a revision of the plans has to be made with full participation of the community what are their new priorities.

Recommendation:

The effects of budget cuts and its implications should be discussed with the community and their development plans should be revised to determine new priorities.

### **High turn over of technical staff**

The high turn over of technical staff was mainly caused by the change in orientation (from service delivery to rights based, from implementer of activities to facilitator of development processes) and due budget cuts. A good orientation on the "new approach" (CCCD), could have maybe prevented some of the frustrations.

Recommendation:

(Re)-orientation on CCCD and its implications for development for existing and new staff.

### **Leadership on CCCD**

Within Plan Kenya there is no focal point for carrying CCCD forwards, everybody is expected to incorporate CCCD in their activities. By creating the role of a leader on CCCD (and recognized by management and Plan staff) and giving this person the space to operate, could increase the advancement of CCCD.

Recommendation:

Management should look into the possibility to create a leaders role on CCCD, similar what has happened in Bangladesh.

### **Depending on sponsorship and selection of new staff**

See the synthesis report page 23.

### **Short time span to spend budget**

Financial procedures within Plan Kenya makes budget available for three months time slots. Within this time frame staff has to spend this budget for the purposes indicated. However, applying a rights based approach it is hard to estimate the time when the community is ready to undertake the activities envisaged. After three months the funds will go back to CO, people expressed their feeling of pressure to spend the money even if the community was not ready to undertake the activities planned.

Recommendation:

Make before disbursement of funds good arrangements when the funds are needed and make them available for a longer time span.

## **3.2. CCCD and programming**

Developing new CPOs for 2006 – 2010 offered a good opportunity to assess the situation using the CCCD approach. As stated above, analysis of the situation and identifying interventions were more in line with CCCD. In the interventions more attention was paid to create an enabling environment where the community could exercise their rights. However, staff identified that with the implementation there are two pathways, programmes based on sponsor funding (less rights based approach) and grant funded programmes which were more successful to incorporate CCCD.

### ***3.2.1. Programmes based on sponsor funding***

Traditionally these programmes supported the households and communities of the sponsor children. Currently the focus is placed on improving the living conditions at community level by delivering services (class rooms, water supply, sanitation) at community level. CBOs are strengthened and are instrumental in determining the needs, with a focus on the children, at community level. In Kithyoko (a sponsor supported community, with around 2000 sponsored children) the support of Plan started in 2005 with a training of the CBO on project planning and CCCD. The CBO (representing 9 communities, members were elected from existing community groups, including youth) were able to obtain funds for the rehabilitation of existing and building new class rooms, water supply and sanitary facilities at the school, boreholes in the community, furniture for the schools, seeds, impregnated mosquito nets, introduction of goats.

The emphasis of the project is still very much on service delivery, something which will be hard to beat. Expectations on both sides (sponsors and the sponsored children and their families) do expect a certain level of services for the community and the families.

A giant step has been made to direct the focus from support for selected children and their families towards the community. Sponsor children are now called the ambassadors for development in their community. The CBO felt they were with the support of Plan empowered and were able to draft projects to access additional funds (CDF; see 1.1) to improve their living standards. Taking in account the different elements of CCCD (child rights, non discrimination, RBA, partnerships, multi level, participation of children/youth, social mobilization, advocacy and accountability) the focus of the CBO and Plan was on improving the facilities and services used by children and there was not much evidence on addressing rights based issues etc.. For Plan field staff it seemed difficult to work with CCCD in combination of sponsor supported projects. In the opinion of staff, the CCCD approach was difficult to combine with programmes funded by sponsorship.

### ***3.2.2. Programmes based on grant funding***

The inclusion of the CCCD approach in grant supported projects varies also but in general there is more attention for rights based approaches. E.g. projects like “Harnessing information and communication technology for community health”, aiming at making school children, teachers and CBOs computer literate, children’s views, needs and rights were at the centre of the activities (AfriAfya mid-term evaluation; 2007).

The multi-country programme on: “Reducing community vulnerability to HIV/AIDS” aims in Kenya at: strengthening community organisations with increased access and quality of services for children and adults affected by HIV/AIDS. This project focuses on reducing stigma, improved knowledge about prevention and transmission of HIV/AIDS, awareness campaigns in the community, promotion of home based care by community members and income generating activities for PLWHA. According to the mid-term review the main emphasis was on networking, building alliances, involvement of children and community members, including marginalised groups (PLWHA) To what extent this project involved children as actors in the development process could not be assessed.

As a reaction on the drought of 2005/2006 Plan Kenya with grant funding developed and implemented a project on Emergency Relief (KEN 0115). The project focus was on school feeding, food for work and seeds distribution in selected areas. The internal evaluation demonstrated that the project was timely and successful for the part of school feeding, children stayed in school. There was not much collaboration with other NGOs in that area. There was a “sort” of collaboration with the CBOs, mainly in the implementation of the programme. Participation of children in the decision making (implementation, monitoring and reporting) was not existent. One of the observations was that in this intervention (emergency response) the rights of children may be violated or denied (children get only food if their parents were contributing, in some schools children had to miss class because cooking duties).



Rights based approaches do differ also in grant funded projects. But overall there are more opportunities to incorporate CCCD in grants funded projects. Also Plan Kenya should make a decision to embark in the future on projects like the emergency response (a field where Plan has limited experience) themselves or lobby for a partnership to implement such a programme, which is more in line with CCCD.

The difference between grant funded projects and sponsor funded projects was described by one of the CO staff members  
... for grant funded projects development is a process while for sponsorship (funded projects) development is an event ...

### ***3.2.3. Grading existing programmes***

Based upon analysis of the different country programmes (household economy, HIV/AIDS, civil society, education and health) CO theme leaders were requested to assess the different country programmes to what extent the programmes incorporated CCCD. The assessment scale was from 1 (non CCCD) to 10 (CCCD) and what was the explanation of their grades. As criteria for their assessment they could apply to what extent the different elements<sup>2</sup> of CCCD were incorporated in the programme. This was an open session, the theme leader of the programme in general took the lead in suggesting a grade and the reasons for this grade were discussed in the group, resulting in a final vote based on consensus.

The following results were mentioned:

#### **Enabling household economic security 3**

Explanation: it mainly focuses on provision of goods (seeds) and services (micro finances). Rights issues are not addressed like right to land (which is sensitive in Kenya), market access, protecting internal markets (trade liberalization), no links with established cooperatives, fair trade, strengthening farmers organisations etc.

#### **Prevention, care and support for persons affected by HIV and AIDS 4**

Explanation: On the positive side in new communities (Bondo) one of the interventions aimed at strengthening partnerships between communities and GoK on the distribution of ARVs and VTC for adolescents. The introduction of income generating activities and teaching life skills specifically for youths, helped to mitigate the effects of HIV/AIDS on youths.

But the feeling of the theme leaders was that the project is led by charity and emotion. The community looked for support only to Plan and did not lobby for additional funds. Also the targeting caused some problems. Initially it was developed that OVCs will get full support while other beneficiaries should contribute to the costs. In practice it resulted in or everybody received full support or everybody had to pay – hence the focus of the project get diluted.

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<sup>2</sup> Child rights, non-discrimination, RBA, partnerships, multi-level, participation of children/youth, social mobilization, advocacy and accountability

## **Development of civil society**

**6**

Explanation: The programme is good on information sharing of stakeholders, recognizing rights specially for women and the recognition of partnerships like CBOs, child line, CRADLE etc.

The programme has been implemented with less involvement of stakeholders than anticipated. Training was mainly for CBOs and volunteers assisting with the sponsor kids.

## **Right to education**

**4**

Explanation: The programme was mainly delivering services: upgrading classrooms, latrines, water facilities, solar energy, 2<sup>nd</sup> hands computers. The selection of the schools to be improved was not based on the needs of schools in the different development areas but on the presence of sponsor kids in the school.

Formation of partnership was not included like with parents on i.e. the maintenance of the new facilities. Activities are not directed to create a conducive learning environment on the schools. Schools were not adapted for disabled kids. In the view of the CO staff Plan took the role of the parents as duty bearer to create a conducive environment for learning.

## **Healthy and empowered communities**

**4**

Explanation: Broadly the CPO complements Government role in provision of health services both preventive and curative so it is highly needs based, interventions implemented under grant funded projects have not been sustained after donor funds or replicated/ scaled up. Some interventions focus on training Government medical staff, Government staff are paid allowances to perform their duties e.g. during community outreach work. Though, there have been successes with the Government adopting some of the learnings from Plan interventions, not much has been done with health rights e.g. holding government accountable for low immunization coverage.

The majority of the programmes are mainly aiming at service delivery (health, education, hiv/aids and livelihood), the reasons why they scored low. In the view of the CO theme leaders, still lots of work have to be done to make Plan Kenya project more "CCCD proof".

Looking at the different reasons stated for the low score of the programmes, staff considered the following as key issues in CCCD: addressing/assistance in the enforcement of the rights of the people (education, land, health etc.); non-discrimination (areas with sponsor children are favoured above non sponsor children areas, exclusion of disabled children in some of the projects (access to rehabilitated schools is not possible for disabled children), participation (of children, of stakeholders), information sharing (downwards and upwards), emphasis on empowerment and the need for partnerships for sustainability.

Unfortunately due to time constraints the same exercise could not be done with the DA staff nor with the community.

Findings and Recommendations on CCCD in practice

The drafting of new CPOs (2006-2010) offered a good opportunity to work with the CCCD framework.

Bringing the “powers” closer to the field resulted in the adoption of CCCD by field staff

The need for an enabling environment (political, administrative) is crucial for the acceptance of CCCD by all stakeholders.

Recommendations:

1. to encourage the creation of a focal point on CCCD within Plan Kenya like has been done in Plan Bangladesh
2. practical training on CCCD for new staff
3. to create awareness on CCCD for the community
4. to develop in close collaboration with field staff a framework on how to incorporate a rights based approach within the sponsorship programming

## 4. Partnerships

The focus of this chapter is on partnerships (one of the key elements within CCCD) and how Plan Kenya is dealing with this. Two NGO partners of Plan Kenya have been interviewed i.e. Child line and SACDEP. A questionnaire has been filled by one of the partners (Child line) and by Plan staff (about their partnership with SACDEP).

Plan Kenya does not have its own policy on Partnerships and uses the general Plan policy on partnerships (2003). Partnership has been described as follows:

A partnership can only be called a partnership if close collaboration is implied. The term “partnership” is only used by Plan if most or all of the following principles are applied:

- Congruity of vision, goals, interests and values
- Long-term commitment
- Reciprocal rights and obligations
- Trust and respect
- Sustainable results

Source: Plan’s Partnership Policy 2003

This vision has been used to assess the partnerships with the two NGOs.

### 4.1. NGO partners

Plan Kenya is moving from an implementing agency towards a facilitating role and supporting partners to implement activities, in line with CCCD framework. Plan Kenya has formed partnerships with other NGOs like SACDEP and Child Line, both included in this field study. For the field study, use has been made of a short questionnaire<sup>3</sup> (one reporting on the relation with SACDEP from Plan side and the other from Child Line with its relation to Plan). In addition an interview has been held with the managing staff of the two NGOs.

#### Partnership with Child Line

The Child Line initiative was developed by three organizations: Plan Kenya, SOS children’s village and Kenya Alliance for the Advancement of Child Rights. There is a 5-year agreement between Child Line Kenya and the Department of Children’s Services (GoK). Plan Kenya has representation on the Board which gives this partnership a more equal footing.

Child telephone helpline enable children and young people to contact someone in an emergency or non-emergency situation.

Plan Kenya with other public and private partners launched Child Line Kenya, a 24 hour telephone helpline, with a toll free number -116- in March 2008. The service, delivered by the GoK in partnership with Child Line Kenya, provides both preventive and support services through referrals and school outreach services. The Department of Children’s Services provides personnel to manage rescue operations, court procedures and preparation of children’s cases.

Adapted from: (2008) Plan: Learn without fear; the global campaign to end violence in schools

<sup>3</sup> US department of Health. The Child Care Partnership Project; How are we doing? A self-assessment tool for partnerships

#### Partnership with SACDEP

SACDEP is a Kenyan NGO and working on sustainable agriculture based on the following principles: economic feasibility, environmentally friendly, social justice and culturally acceptable. SACDEP is working with Plan Kenya in Machakos on the establishment of orchards in 2006. The partnership with Plan was based that they had the same principles in serving the community, focus on children and their families and full participation of the community. In the partnership each of them had their own role, Plan did the community mobilization and SACDEP was involved on establishing in a sustainable way orchards for own consumption and for sale.

Adapted from: [sacdepkenya.org](http://sacdepkenya.org)

## 4.2. Effect of CCCD on Plan's partners

Looking at the questionnaires the following observations can be made.

**Clear goals:** For the two partnerships, Child Line and SACDEP, clear goals were set as a guiding framework with full involvement of the stakeholders. Goals and approaches are incorporated in the MoU. Both partners under scribed the CCCD approach, focusing on child centredness and community development and attention to a right based approach.

**Measuring progress:** Both partners felt that the whole development of the activities was done on equal footing using the strengths of each organisation. Partners were selected on their strengths to address the problems identified. From the partner side there was a need expressed for more technical assistance on designing and implementing a M&E system to measure progress. From the side of Plan Kenya it was mentioned that performance tracking of the partnership was weak.

**Stakeholders and their involvement:** Membership of the partnership was diversified enough for the activities foreseen. However more effort is needed to include the communities in the decision-making process and making it easier for the community to be involved (selection of the right time, place etc.). According Plan (related to the partnership with SACDEP) there were good possibilities for the partners to interact with each other and using their strengths, for Child Line this could have been better.

**Visibility:** For the visibility of the partnership Plan commented that there was no communication plan nor the resources to communicate the results obtained but involvement of the champions at community level was widely done. For Child Line there was an existing communication plan, including finances for such events, their problem was related to the difficulty to organise successful awareness events to increase support for the partnership.

**Governance structures:** Both partnerships are aware of financial accountability, a fiscal agent has been appointed in charge of the budgeting process. Also ground rules were formulated and adhered to.

**Flexibility:** Child Line mentioned to adjust their programming on changing conditions was a lengthy process to reach consensus. For Plan in its relation to SACDEP was this easier and scored on flexibility high.

Win-win for all partners: In general the partners viewed their partnership as very valuable and partners were contributing (time, money), however with a multi-partnership (Child Line) this varied between the different partners.

**Sustainability:** With regard to sustainability, reflection moments were built in to review the activities, financial accountability is in written form and other resources has been identified. Success stories are shared with others as a means in communicating progress.

The two partners interviewed viewed their collaboration as a real partnership in the sense of sharing a similar vision, sharing a similar approach to development and building on each competencies. The two partnerships reviewed were of quite different order. The partnership with SACDEP was of short duration, the advantage of SACDEP was that it was located in the area, and even after the financial arrangements with Plan Kenya were terminated, the beneficiaries were included in the normal follow-up activities of SACDEP in this area.

The partnership with Child Line was of an other order, Child Line was in discussions with the GoK and other funders on the possibility to scale up to other parts of Kenya. In the near future costs for the child help line will be incorporated in the national budget, some of the costs are already covered by government, which will make it a sustainable operation.

### **4.3. Partners at Community Level**

Plan is committed to enhance CBO capacities, strengthen links with stakeholders, including GoK at district and national levels to address issues affecting children (CPO 2005; development of civil society). Plan Kenya's definition of a CBO is:

“CBOs are locally formed non-profit making organisations for the purpose of community development. CBOs vary in terms of capacity, knowledge, record-keeping skills, and project implementation experience. Based on these characteristics, CBO groups are categorised into four grades: A - Maturity Stage – highly competent, almost independent; B – Development Stage – competent to discharge numerous responsibilities; C – Take Off Stage – developed management and operating systems are in place; and D – Inception Stage – newly emerged CBO or experienced ones that currently have limited capacity and systems. For Grade D categorised CBOs the approach will be for Plan Kenya to coach, mentor, and support the federation of interest groups. Therefore, the partnership will take the basis of a Plan administered programme.”

The CBO visited partners with Plan since 2005. The Board is elected from representatives of neighbouring communities, representing different interest groups (youth, farmers, women etc.). Planning, prioritising activities and budgetary processes are the responsibility of the CBO. The CBO visited in Kithyoko partnered with Plan with support of sponsor funding, all observations have to be viewed in this light (see also the discussion of 4.2.1).

The CBO mentioned that they were grateful for the training Plan had provided and felt themselves empowered. They were successful in accessing additional funds for their plans from the district funds. Activities undertaken with support from Plan were: rehabilitation of schools, water and sanitation improved for schools, provision of mosquito nets, seeds, introduction of goats, school feeding programme etc. Most of the activities were directed to improve the situation for sponsor children at community level. The CBO depended on the support of Plan. In this case, the collaboration between Plan and the CBO is that the CBO functions as a delivery agent for the community and was not a partner in development.

Findings and recommendations on Partnerships

Partnerships created along the lines of a common vision, goal and interest and building on each other strengths were working to the satisfaction of both (Plan Kenya and SACDEP/Child Line). Plan Kenya showed to be able to build strong partnerships with NGOs to implement good projects. The NGOs involved felt they were partners in development.

Partnership with CBO was weak and in fact this did not reflect a partnership. The relation between the CBO and Plan started in 2005, but it was still in the take-off stage. The partnership with the CBO was more of contracting, the CBO functioned as a delivery agent for Plan's activities.

1. to develop a local framework on the establishment of partnerships with the community, based on equality and full involvement of women and youth.
2. to strengthen CBOs to play their role as partners in development

## References

### Internal

Plan Kenya, 2005 Country Program Outline Healthy and empowered communities

Plan Kenya, 2005 CPO Right to education

Plan Kenya, 2005 Enabling household economic security

Plan Kenya, 2005 CPO Development of civil society

Plan Kenya, 2005 CPO Prevention, care and support for PLWHA

2007 AfriaFya mid-term evaluation

INTRAC, 2009, Plan International: Development of a Civil Society Strategy.

Country report Plan Kenya

2007 Plan/Burnet Programme Reducing community vulnerability to HIV/AIDS; mid-term review

2007 Internal evaluation of emergency relief project Ken 0115

### External

Care and Oxfam, 200. Rights-based approaches learning project

UNDP, 2007. Human Development report 2007/2008

US department of Health. The Child Care Partnership Project; How are we doing? A self-assessment tool for partnerships.



## **Annexes**

Annex 1      Terms of Reference

Annex 2      Itinerary

Annex 3      Persons Met

# Annex 1: Terms of Reference

## ***Introduction***

PLAN NLNO has in co-ordination with PLAN IH commissioned Wageningen International to carry out an independent formative evaluation study to get systematic insight in the preconditions for appropriate functionality of CCCD and strengthen common understanding. As part of the evaluation two field exercises will be implemented. For more information reference is made to the ToR of the strategic evaluation mission. One of the countries selected for the field validation exercise is Kenya.

The evaluation has a clear forward-looking focus, attempting to provide strategic insights that Plan Netherlands, and possibly other offices in Plan, can use to identify appropriate future strategies to strengthen partnership and collaboration in CCCD.

The country exercise will take place at four levels:

- The Country Office – overall strategic outlook
- The Programme Unit (one or two to be chosen) – application of CCCD strategies in particular settings
- Plan partners – understanding role of partners in developing and implementing CCCD (part. partnership and ownership)
- Beneficiaries/clients/community partners – understanding of CCCD and impact of CCCD (‘the difference CCCD makes for them as compared with ‘former’ Plan projects).

The consultant will seek to understand perspectives on and practice in CCCD at those four levels. At the country level, the focus will be on the overall strategic outlook at programme unit level at the application of CCCD strategies in a particular setting, and at Plan partner level, the focus will be on understanding the role of partners in developing and implementing CCCD (including partnership/ownership issues). The understanding of CCCD and its impact will be the focus as beneficiary level.

## ***Key themes to be explored***

### **1. The Understanding and Perception of the CCCD approach**

- a. What is the perception of CCCD?
- b. How has CCCD changed Plan’s programme and what is the importance of this?
- c. What have been the main CCCD events/stepping stones in the organisation (tracking the general development of introducing/operationalising CCCD)
- d. Capturing CCCD enablers/disablers

### **2. Strengths and Weaknesses of the CCCD approach**

- a. What has been working particularly well? What is that people are proud of? How could the wider PLAN organisation benefit of this experience?

- b. What have been the challenges? How have these been addressed and what has been the level of success of these efforts?

### **3. CCCD as an approach to development**

- a. stocktaking of what CCCD has brought to the programme
- b. Documentation of lessons learned
- c. Documentation of good practise
- d. Capturing CCCD enablers/disablers ~ PLAN internal/external matrix

### **4. CCCD capacity development needs**

- a. These will partly come out of the strengths/weaknesses analysis
- b. Issues will be explored that have come out of the strengths/weaknesses expressed by staff at IH, NLNO, RO, CO

### **5. Exploration of particular issues (in line with key challenges identified in discussions with Plan IH, NLNO, Regional staff)**

- a. CCCD as a rights based approach. Mapping out concept, framing of operational response and practise.
- b. Partnerships at various levels: regional (at the level of the Regional Office); national or in-country; locally. Coherence of these partnerships in terms, for example, lobby and advocacy.
- c. Participation and child rights.
- d. Pre-PALS and PALS PM&E system to monitor programme implementation and critical aspects of CCCD (such as nature/level of participation, capacity building, partnerships, lobby&advocacy) as well as to measure impact (both outcome and process).
- e. Inclusion and focus on vulnerable groups.
- f. Need for capacity building for applying RbA – how is this being done/operationalised?
- g. How is the role of NLNO perceived? What are the strong points? What about ‘partnering’ and ‘building capacity of CSOs’

These themes will be explored mainly through semi-structured interviews, sometimes with individuals, sometimes as group discussions.

#### ***Draft agenda for the visit***

1. Meetings at the Country Office with key staff involved in the development of, strategizing for and M&E of CCCD – two days
2. Visit to one or two representative programme units (bearing in mind time limitations) and meetings with same kind of staff as met at country level, but now at programme unit level – two days

3. Meeting a number of key partners that Plan works with, preferably different in nature of partnership/length of partnership to discuss CCCD-related matters – one day (possibly part of PU visit)
4. Meeting with senior staff when back from the field, to discuss tentative findings for cross-check and complementation – one day

One reserve day to allow for flexibility.

### ***Collection of relevant materials***

To allow for focused discussions and further exploration after leaving Kenya, it would be helpful if the following types of documents would be available. If they (or part of them) could be sent by email before the visit, that would be wonderful!

At Country level:

- Country Strategy Paper and policy docs
- CCCD strategy and operational docs/guidelines/training materials
- Lessons learned, best practise (if such docs are available)
- Organogram and reporting structures (role of CO in PM&E)
- Assessments and project documents
- Lists of partners/partnerships (if possible with brief description of partner)
- Recent and current innovations related to CCCD

At PU level:

- Project proposals, evaluations
- Organogram and reporting structures (role of CO in PM&E)
- CCCD operationalisation-related documentation

Evaluator

Mrs. Fannie de Boer will represent Wageningen International as consultant in this mission.

## **Annex 2: Itinerary**

August 16	Flight Amsterdam Kenya
August 17	Discussion with staff CO, making of the programme for the visit
August 18	Session with theme leaders Plan CO, departure to Machakos
August 19	Visit DA Machakos, return to Nairobi
August 20	Discussions staff CO, discussions RESA
August 21	Visit partner Child Line, discussions staff CO
August 22	Reporting
August 23	Return flight Nairobi – Amsterdam

## Annex 3: Persons Met

Benson Kingoo	Technical advisor M&E
Kenyata Maitha	Technical advisor
James Mwangi	Technical advisor
Frank Marita	Technical advisor
Bwibo Adieri	Technical advisor
Lilly Omondi	Head DA
DA Machakos	
Evangeline Ngunjiri	Area manager
Francis Ngungi	Plan facilitator
Agnes Kagenda	Plan facilitator
Grace Wamira	Plan facilitator
Jane Waraga	Plan facilitator
Charles Muriu	Plan facilitator
Francisca Wanbui	Plan facilitator
Lucy Muraguri	Plan facilitator
Jediel Muthuri	Plan facilitator
Catherine Kithingi	Plan facilitator
Maryann Muchene	Plan facilitator
Stephen Matei	Resource mobilisator
Ali Mohamed	Technical advisor education
Franklin Mwirichia	M&E facilitator
CBO Kithyoko	
John Mutinda	Sponsorship coordinator (Plan)
Stephen Mo Muomo	Chair person
Gidiem Wambua	CBO member
Fredrick N. Kasusya	CBO member
Julius Katiwa	CBO member
Winfred Mwanzia	Community development facilitator
Rose Muinde	Community development facilitator
Mary Musyoka	Community development facilitator
Elisabeth Muthusi	Community development facilitator
Victoria Mwaniki	Community development facilitator
Partners	
Matura Shikuku	Programme assistant SACDEP
Irene K. Nyamu	National Coordinator Child line
Regional Office RESA	
Krista Krufft	Regional officer Resource mobilisation
Ellen Tombo	Regional officer Advocacy
Amsalu Negussie	Regional officer WATSAN