**PROJECT PROPOSAL**

**TITLE:** **ORPHANS AND VULNERABLE CHILDREN CARE SUPPORT PROJECT.**

**DURATION:** 15 YEAR STRATEGY FOR THE ORPHANS AND VULNERABLE CHILDREN IN DIANI DIVISSION

SUBMITTED BY: DANIEL ONCHANGU EXECUTIVE DIRECTOR DIANI COMMUNITIES DEVELOPMENT FOUNDARION

P.O BOX UKUNDA DIANI DIVISSION MSAMBWENI

DISTRICT SUB-COUNTY, MUKONO DISTRICT, KENYA

TEL: +254736547901/+254202697238/+254712201937

E-MAIL: dianiorphans@gmail.com

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**PROJECT AREA BACKGROUND INFORMATION**

**INTRODUCTION**

The education of world’s children is high on the global agenda. In the context of education for all (EFA), all children should receive free, good quality education. The reality is that million of the world’s children are too poor to benefit from declaration, unless there are special interventions that target their development. Unfortunately, such children do not form a special social category in poverty eradication intervention programmes. Thus, their inclusion in the achievement of EFA appears to be a hit-or-miss phenomenon .Recognizing the central role of poverty eradication in wider global agendas and acknowledging the need to reach out to poorest children with their objective to break the poverty cycle for them, DICOD embarked on a program of education orphans, and poverty eradication.

The project aims at solving the problems hidden by the fact the orphans and vulnerable children are invisible; yet by the very nature of their situation, they are included among those that are classified as disadvantaged and poor in Kenya. Children are subsumed within the poverty categories most often referred to such as households, communities people-which means there is a high tendency to focus adult –related poverty while children program are ignored, partly because children have little power and influence within a group that contains adults.

Finding reflect that children in abject problem can recognized by rather elementary (as opposed to sophisticated) criteria. Top of the list is absence of basic necessities such as shelter, food, clothing and water. Equally importance the ‘human condition’ in terms of physical health and parental care and protection. Schooling is high on the list as a critical criterion in determining who is extremely or modestly a vulnerable and disadvantage child.

While there seems to be national consensus among donors, the public sector and civil society that the government has made commendable progress in implementing PEAP (poverty eradication action plan) as flexible as possible, does not address many of the development challenges Disadvantage children face today. It would take lobbying and advocacy interventions to ensure that needs and demands of children in abject poverty are met.

The UNESCO 2003 study on children abject poverty in Kenya that: 111 health and inadequate health service remain critical challenges for children in abject poverty .This are aggravated by the living conditions of children in almost the districts studied.

On a positive note, over three quarters of those who fell sick sought some kind of modern treatment; very few resorted to traditional healers.

School –related cost s have been major obstacle for children in abject poverty to access education.

PROJECT PROFILE LOCATION:

Organization was formed mainly to focus on communities’ people development in various aspects for self empowerment especially orphans children and women. The foundation is based in Diani Division. Msambweni District, coast province in Kenya.

**GOAL**

Dicod foundation has very strong goal of improving the quality of life of the vulnerable children and orphans through providing education, giving care, love and support. Additional, it promotes empowerment of community people in various areas affecting humanity.

**MISSION:**

To translate the lines of marginalized people especially the ones who have lost the dear ones and have no one to take care of them.

**GUIDING PHILOSOPHY**:

The philosophy and experience of Dicod foundation is based on the reality that every human being is a unique individual and that we all have a right to good health and basic needs and should access means to comfortable life in one way or another.

**CORE VALUES ARE:**

Equality for all: God made all people equal; our organization is committed to a development process that promotes equality. Rights and dignity for all. Dicod foundation in and Right and dignity of people especially believe in and strive to uphold the rights and dignity of all people especially in the rural communities.

Stewardship: Dicod believes in God to protect the dignity of every body to be exploit the earthy goods in accordance with God‘s Law and individual order.

Institutional partnership in development: Dicod welcome and respects on going International initiatives and national policies to take care and give support to vulnerable children and disadvantage people fight poverty, ignorance and diseases such as Malaria, immunisable diseases and HIV/AIDS. Our activities will be unison and collaborate with other stakeholders.

**STATEMENT OF THE PROBLEM:**

Due to increasing deaths of people as a result of HIV/AIDS so many children have been left as orphans with no body to take care of them and giving them support .Most of the children are left with their poor grand parents and some are left homeless hence ending up on street.

Only 11% of urban birth and 3.4% of rural birth are registered, meaning that the majority of children are denied this basic right. Approximately 96% of the poor, the majority whom are women. UNICEF project document (2003) on orphans and vulnerable children indicates that Approximately 1, 2 million of children in Kenya are orphaned and, of these, 80% come from poor families.

The child-headed household trend in Kenya is such that rural areas have 50 .9% of which 39.6% are male –headed household.

Children’s vulnerable to poverty, adversity and HIV/AIDS is largely contextual but also indicative of the widespread situation in protection them.

Kenya currently has over 1.2 million orphans children, the majority of whom were orphaned by HIV/(AIDS Kenya poverty report ,2003). The number is expected rise in the next decade and this will increase the risk of children turning to the streets, and becoming beggars and thieves.

The rise in the proportion of child-headed households and child laborers s means a rise in percentages of the illiterate ,early pregnancies ,and related consequences such as infant and maternal mortality rates , increase incidence of those who are infected by sexually transmitted disease (STDs) and drug abuse .while the Government will continue to increase spending on reproductive health services, it will also be losing valuable human resources .The cycle of child poverty will thus be passed on to next generation and become chronic . It is evident that the HIV/AIDS scourge is increasingly taking its toll on those who should otherwise be enjoyed childhood in Kenya.

A large proportion of deprived children have acquired psychopathological behavior, increasingly becoming involved in crime, drug abuse and violence. Many , too, are vulnerable to HIV/AIDS and yet enter the labour market at very young ages ,all of which seriously affected their growth and well-being .children under this category experience extreme poverty ,which is compounded household ,community and national poverty on children poverty confirmed that children are a vulnerable category of the population , and that policy and institutional frameworks are taking longer to cope this changing source of crisis and adversity .a link between large/polygamous families with poverty , and the high level of household population (six to eight members), increase the difficulty of providing adequate courageous and quality of public services such as education, health and housing for families ,especially for children .poor health reduces the productive capacity of household and limits children’s access to their basic needs.

The magnitude and complexity of problem of children in abject poverty in Kenya is large and growing, and cannot be ignored when designing national development and poverty reduction strategies. Unfortunately , children and young people continue to be marginalized in spite of interventions, especially where assumptions are made interventions that address adult and household needs are also good for all children ,including boys and girls of schooling –going and non-school going ages. This party explains why child poverty is underrepresented in most studies on poverty in Kenya.

**JUSTIFICATION:**

The rationale for carrying out this study on children in abject poverty in Kenya is based on the problems resulting from the fact that children in poverty are invisible, yet they constitute a disproportionally large section of the (poor) population. Children are subsumed within the most referred to poverty categories: household, communities and people; yet among these they always occupy a position of least power and influence and focus tends to concentrate on adult-related poverty. Children are vulnerable to shocks adversity and, consequently, are hardest hit by poverty. Give that childhood is the crucial developmental periods in an individual’s lifetime, any damage at this can lead to perpetuations of the cycles of poverty, result in intergenerational and/or chronic poverty. Intervention such as universal primary education and childcare militate against the monumental odds.

**PROGRAMME DISCRIPTION:**

This program is already running in Diani location but the children who number up to 150 are living in homes of their guardians and other people who endeavored to give them care. The focus of Dicod now is acquiring land and establishes a rehabilitation centre for these children, a home as well as a primary school. In this program, Dicod – also seeks to provide logistics to these children.

The reasons as to why we are advocating a rehabilitate centre are: the problem we are facing these children are in other people’s homes. For example the logistics give to them are some times take away from them , they are denied to go to school and when they fall sick medication is not the society.

**PROGRAMME PURPOSE:**

The purpose of this program is to reduce the suffering of the orphans and vulnerable children, build their capacity through giving them love, care, education and simple activities to do so that they become productive in the society.

**SPECIFIC OBJECTIVES:**

1. To improve the quality of life of the orphans and vulnerable children by establishment a permanent home, school and health care centre for them.
2. To train care givers in care giving , skill to enable these children get adequate care, love and support
3. To provide adequate education to these children to make them good citizens and have a better future through good education right \from a tender age.
4. To create awareness to the community and the outside the world they need to protect and support the vulnerable children and the orphans as well as protecting their rights.

**Characteristics of children poverty in key domains**

**Personal, emotional and spiritual well-being**

* Lack of guidance, care and love
* Not having the
* Means to get what one want
* Inability to solve daily problems, both as a result of lack of money as well as lack of initiative and innovation that result from financial poverty (‘poverty of mind’)
* Being depended on others
* Lack of religious grounding
* Discrimination and deprivation
* Alcohol abuse by parents

**Physical well-being**

* Lack of access to health care (medicine, immunization)
* Vulnerable to disease, especially HIV/AIDs and malaria

**Family and social well-being**

* Lack of one or both parent s
* Being force to live on the street because parent cannot support all/any of children
* Family breakdown
* Polygamous family
* Household with many children and with no use of family planning
* Inability to enroll in school or to purse education on an ongoing basic as a result of school costs, uniform, book, pens, etc.
* Lack of protection from abuse, exploitation

**Financial and material well-being**

* Lack of money , clothes food ,a accommodation, material good such as bicycle, book bedding ,cooking
* Lack of land
* Lack of skills
* Lack of opportunities and source of income
* Child labour exploitation
* Lack of access to transport and communication facilities.

 **Political well-being:**

* Lack of freedom of speech
* Living in a war-affected area
* Lack of security

**Environmental well-being**

* Living in an area susceptible to land slides, floods and drought
* Lack of clean and safe water
* Lack of latrines

Source: silent majority: Child poverty in Kenya.

**LOGICAL FRAMEWORK:-**

|  |  |  |  |
| --- | --- | --- | --- |
| Narrative statement | Objectively verifiable indicators | Means/sources 0f verification | Important assumption |
| Overall goal:Improved quality of life orphans &Vulnerable children |  -Improved Nutritional status for children -good shelter For theChildren-good quality Self –SustainingEducation -ImprovedHealthstandards | -primaryHealth careResorts fromHealthWorkersHealthCenters and Clinic -schoolReport from Teachers andHeadteachers | Support from Donors and other NGO`s or funders guaranteed  |
| Result 1 |  |  |  |
| Essential logical:Support. | -The project requires vehicles to pick and deliver project material and equipments. Essential materials for the project need to be procured in good time -Needs to be equip care giver with skill to give quality care to the children.  | Check logbook and mileage register Review repairs and procurement receipt sReview training record and conduct field | Support from Donors and other NGO`s or funders guaranteed |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| RESULT IV PLANNING AND MANAGEMENT | -Project plans(annual operational plans)are formulated documented and regularly reviewed monthly meetings with all the resource, persons and support staff | Review reports produced. | Support from Donors and other NGO`s or funders guaranteed |
|  | Progress report are compiled ,Documented and circulated on a regularly basic e.g. quarterlyRegular consultative meeting with all stake holders held at division sub-county level  | Review minutes of the meetings | Support from Donors and other NGO`s guaranteed |
|  |  |  |  |

**FOUNDATION STRUCTURE**

DONOR

GENERAL ASSEMBLY OF MEMBERS

PROGRAMME OFFICER

LEVEL OF 5 PROJECT INSTRUCTION RESOURCE REASON

FINANCIAL CONTROLLER

CO

PROJECT DIRECTOR

CONSULTANT

PROTECT COMMITTEE

EXECUTIVE DIRECTOR

B.O.D

VOLUNTARY WORKERS

Dicod –carries out activities to ensure good life to these children on but some are

Insufficiently done due to poor funding .These include the following:-

1. Providing essential logistics to these children like clothes, foods, blankets, mosquito nets, utensils, mattress, and e.t.c.

2. Providing scholastic materials like books, pen, pencils, and papers

3. Medical examination by our collaborating doctor

4. Visiting the children in there respective school.

5. Providing games equipment to these children like balls, jersey, net e.t.c.

**FRAMEWORK:**

 **The frame work for this project is as follows.**

Once implemented the project is targeting 1000 children of which 800 families will be represent .these will be orphans and vulnerable children from poor families. this idea is to provide a happy life to these children and to eradicate poverty from their families indirectly through providing sustainable education to these children.

|  |  |  |  |
| --- | --- | --- | --- |
| **PHASE** | **UNIT DESCRTIPTION** | **ASSUMPTION** | **PROJECTED COST (US $)** |
| 1 | **ACQUISTION OF LAND CONSTRUCTION OF THE SCHOOL** | Adequate funding from anticipated donors, community and well-wishers. | 176, 471 |
|  | When land is acquired, this phase will also include reconstruction of the school i.e. classrooms, library laboratory computer room as well as equipping it with the facility like desks, science equipments, vocation equipment dependent on the subject course to be taught.  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 2 | **CONSTRUCTION OF A HOME AND THE PLAY CENTRE** | Adequate funding from anticipated donors, community and well-wishers. | 294,118 |
|  | This phase will involve construction of a home centre for children. The home shall be equipment s and materials required for children day to day activities. |  |  |
| 3 | **CONSTRUCTION OF A HEALTH UNIT** | Adequate funding from anticipated donors, community and well-wishers. | 470,588 |
|  | -this will offer: General health care to children, mothers and entire community. -Maternity services -dental and minor surgical operator services  |  |  |
| **TOTAL>>>>>>>>>>>>>>** | **>>>>>>>>>>>>>>>>>>>>** | **>>>>>>>>>>>>>>>>** | 941,177 |