

# **Action Planning**

for

## **OVC in Dandora, Nairobi**

Prepared by  
**Dandora Liaison Group (DLC)**

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**Front Page Photo: A child scavenging for food at Dandora Dump Site, the biggest dump site in Kenya**

# 1.0 INTRODUCTION

## 1.1 BACKGROUND

Low-income settlements and slum areas in Kenya continue to be the epicenter of HIV/AIDS, alcoholism, and a general sense of hopelessness despite concerted efforts by a range of stakeholders to address the social maladies. HIV/AIDS and alcoholism have, individually and collaboratively, increased the mortality and morbidity of Kenyan males, majority of who are parents with young children under the age of 14 years. These children usually bear the brunt of the harsh economic and social realities once their parents die or become incapacitated because of alcoholism. The situation is worse in slum environments due to the high number of HIV-related deaths and alcoholism. In Dandora, for example, six in every ten children are confronted with poverty and livelihood insecurities triggered by the twin problems of HIV/AIDS and cyclic parental alcoholism, according to a recent research study undertaken by UNICEF Kenya Country Office. Another study conducted by AMREF shows that HIV/AIDS and alcoholism in semi-urban environments in Dandora continue to negatively impact the daily life of young children by increasing their victimization and marginalization. This population group best suits in the category of orphaned and vulnerable children (OVC).

Multiple stakeholders and government agencies have shown willingness in addressing the challenges facing vulnerable children and youth in slum environments. However, responses and interventions targeted at these children often fail to bear fruit, in large part due to the invisible nature of the population group in areas that score highly in lawlessness, hopelessness, and misery. Moreover, most of the approaches are uncoordinated and ill-defined, making it increasingly difficult to effectively respond to the multiple and complex challenges that face OVC. Other children with needs have been sucked into the quagmire either because their parents have become chronic alcoholics or due to the harsh economic realities existing in slum environments.

The present document provides a blueprint to achieving protection, education, health, and emotional support for OVC and other needy children in a concrete and reliable way through the implementation of a four-point action plan developed by the Dandora Liaison Group in partnership with the Cities of Peace International and other stakeholders.

## 1.2 THE CONTEXT

The Dandora Liaison Group, hereafter referred to as DLG, consists of representatives (liaisons) from five slum environments in Dandora codenamed as Dandora Phase 1,2,3,4, and 5. The five liaisons purpose to work with OVC and local communities through collaboration and interconnection with other stakeholders and partners for the betterment of the targeted population group. DLG's mission is to work across local communities to ensure OVC and other needy children are facilitated to meet their educational, social, and healthcare needs through partnerships and collaborations. The group's main vision is to seek a world of hope, peace, inclusion, and social justice, where poverty and other social maladies have been overcome and all children live with dignity and security.

The five liaisons that make up the group are as follows:

1. Dishon Otiende – Phase 1 Dandora liaison – Tel. 0795 399511
2. Bonbian Onyango – Phase 2 Dandora Liaison – Tel. 0727 673615
3. Jane N. Mihango – Phase 3 Dandora Liaison – Tel. 0725 380927
4. Diana Jomo – Phase 4 Dandora Liaison – Tel. 0713 039836
5. Dinah Atieno – Phase 5 Dandora Liaison – Tel. 0722 918564



**Members of the Dandora Liaison Group**

## **1.3 PROBLEM DESCRIPTION**

Just a few years ago, it was almost impossible to imagine the tragedy of children grieving for dying or dead parents stigmatized by society through association with HIV/AIDS and then plunged into economic crisis and insecurity due to their parents' death. Likewise, it was difficult to conceptualize a society in which parents of young children become chronic alcoholics due to the harsh economic and social realities on the ground. Yet, today in most informal urban settlements across Kenya, these harsh realities are experienced almost daily, leaving the OVC population group at the crossroads. In Dandora slums, just as is the case in other informal settlements across Kenya, the twin social challenges of HIV/AIDS and chronic parental alcoholism have exposed OVC to heightened levels of poverty and hopelessness, which in turn increases their vulnerability and social disadvantage. Just recently, DLG performed a baseline study which showed that a significant proportion of OVC are scavenging for food at Dandora Dumping site despite the obvious health and security risks posed by such environments (see front photo). Moreover, most of these children lack adequate social and economic protection due to the absence of one or both parents, making it increasingly difficult to enroll in school or cater for their healthcare expenses. Real-life interactions with these children also show high incidences of emotional instability due to absence of affective relationships with significant others. DLG has identified an urgent need to address these challenges with the view to ensuring that OVC and other vulnerable children are provided with opportunities to improve their health, well-being, and livelihoods.

## **1.4 NOTED CHALLENGES**

Frequent interactions with the Dandora wider community have provided DLG with an enabling environment to understand the challenges that make it difficult for community-based organizations (CBOs) and faith-based organizations (FBOs) to address the needs and expectations of OVC and other needy children. These challenges are summarized as follows:

- (1) Limited resources to support community-level services and support systems
- (2) Uncoordinated and ill-defined programs targeting vulnerable children
- (3) Failure to adapt to prevailing conditions
- (4) Weak monitoring and evaluation systems
- (5) Lack of active participation from local communities

## 1.5 AIMS AND OBJECTIVES

DLG aims to partner and collaborate with like-minded entities with the view to achieving protection, education, health, and emotional support for OVC and other needy children in the local community. The specific objectives of the liaisons anchor on the following:

- (1) To provide targeted interventions geared towards increasing the social and economic security of OVC and other needy children;
- (2) To increase the enrollment of OVC in learning institutions across the wider Dandora community;
- (3) To expose the population group to targeted interventions and collaborations aimed at improving their health and well-being ; and
- (4) To increase their resilience by supporting them emotionally and spiritually.

## 2.0 TARGET INTERVENTIONS

### 2.1 BACKGROUND

DLG has designed and implemented several programs and interventions targeting vulnerable children, having identified the problems and challenges that continue to negatively impact this demographic in Dandora. The interventions follow a four-point plan of action envisaged by the liaisons and implemented in close collaboration with key interest groups and decision makers. As already indicated in the document's purpose statement, the four main areas are as follows: increasing the social and economic security of vulnerable children; increasing enrollment in learning institutions; improving their health and well-being; and supporting them emotionally and spiritually to increase their resilience. The ensuing sections provide an illumination of what DLG is doing to support OVC and other needy children in the four critical areas.

### 2.2 OVC Social and Economic Security

The safety and security of children is of paramount importance in any contemporary society. Yet, vulnerable children in slum dwellings have minimal protection against violence, exploitation, neglect and abuse. In Dandora, for example, a significant proportion of OVC have been going to work or scavenge for food at Dandora Dumping Site, which exposes them to attacks from slum urchins as well as physical and sexual exploitation. Having identified this challenge, DLG has engaged the local administration and church-based welfare groups in providing social support and care services while providing vouchers and food subsidies to high-risk groups. For example, the liaisons engage in weekly sessions with the local administration and church officials to provide food subsidies sourced from well-wishers and support OVC through home-based care.



**DLG members with community members providing social support to OVC**

This particular intervention has not only helped to identify and reduce vulnerability in the target demographic but also to lessen the financial and social barriers that force vulnerable children to scavenge at the dump site. The program is bearing fruit since the number of OVC who scavenge for work and food at the dumpsite has reduced by over 30 percent. However, limited resources at the community level remain a major hindrance.

### **2.3 OVC Enrollment in Learning Institutions**

All OVC must be provided with an opportunity to access quality education services and also to complete schooling in readiness for their future careers. Yet, in Dandora and other informal settlements across the country, government agencies have been unable to guarantee vulnerable children equal access to educational opportunities. In recognition of this particular challenge, DLG has engaged in advocacy work aimed at highlighting the needs of these children to bring on board donors such as DREAM, the Equity Wings to Fly Program, and the Desai Foundation. The liaisons have used this framework not only to increase enrolment of vulnerable children in learning institutions but also to sustain them through primary school. Liaisons have also collaborated with well-wishers in the community to support school feeding programs aimed at keeping OVC at school. However, challenges remain as advocacy work in Kenya is complex owing to lack of funding opportunities, the high stigmatization and negative labeling of OVC in the community, and multiple competing interests that need to be fulfilled to keep these children at school.



**DLG Members with students in one of the informal learning institutions in Dandora**



## 2.4 OVC Health and Well-Being

All children must have equal access to quality preventative and curative healthcare services irrespective of their families' social economic standing or societal endowment. Yet, this is not the case in slum environments like Dandora, where children and young people must compete with adults to access limited and often constrained healthcare services. More importantly, vulnerable children living in slum environments do not have access to a balanced diet, which in turn exposes them multiple ailments due to nutritional deficiencies. Having observed these challenges at the local level, DLG has borrowed heavily for the Community Care Coalition (CCC) project model to join key community stakeholders (church elders, community nurses, administration officials, teachers, and local businessmen) in capacity building for OVC health and well-being. Specifically, the collaborative has strengthened community-led care provided by home visitors at the community level. Moreover, the liaisons often volunteer in schools to provide vulnerable children with life skills for good health and well-being. Furthermore, the liaisons use advocacy to mobilize community resources toward supporting the healthcare needs of OVC. However, resource constraints and limited support from government agencies continue to limit the success of this intervention.



**Nutritional support for OVC, courtesy of DLG and well-wishers**

## 2.5 OVC Emotional and Spiritual Support

The chronic crises affecting OVC in Dandora and its environs not only affect their emotional stability but also trigger serious mental health issues. DLG have realized that most of these children are not in their right frame of mind due to the multiple challenges occasioned by HIV/AIDS, alcoholism, and high poverty levels in the slum environment. Owing to limited resources, DLG undertakes weekly focus group discussions with the most vulnerable children with the view to reinforcing their coping mechanism and resilience through social and spiritual support. In these sessions, children are encouraged to talk about their problems openly and also to use simple teachings structured around the bible to cope in the face of adversity. However, this program is still in its nascent phase and liaisons are experienced difficulties sustaining the program due to lack of quality, cost-effective psychological support services in slum areas.



**Feeding program to improve OVC health and Well-being, courtesy of DLG and well-wishers**

## 3.0 ACTION PLANNING

### 3.1 BACKGROUND

DLG realizes that the interventions discussed in the previous sections are neither adequate nor sustainable in the long-term, in large part due to lack of funding, apathy to assist OVC from the local communities, and minimal support from government agencies. Yet, the liaisons feel obliged to continue assisting OVC in school and home environments. To target and streamline resources to meet the needs and expectations of vulnerable children, DLG proposes to implement an all-inclusive program referred to as the “Winds of Change for OVC” (WoC-OVC) to cater to the four points – social and economic security of OVC, enrollment of OVC in school, OVC health and Wellbeing, and OVC emotional and spiritual support. The challenges facing OVC, in the view of the respective liaisons, will greatly decline if the already running interventions are harnessed and streamlined into WoC-OVC.

### 3.2 PROGRAM STRUCTURE

WoC-OVC will assume a centralized approach to OVC care to reduce costs while maximizing efficiency and effectiveness. The particular components of the program include supervised daycare for school-aged OVC in schools and daycare center across Dandora; nutritional assistance; direct household support through material support; skills-building and psychosocial counseling for the most vulnerable children; school fee waivers and school uniforms, and family outreach through home visits. These particular components are discussed as follows:

**Supervised daycare:** Exposing OVC to supervised care in school environments will not only increase their social security but also increase class attendance while reducing OVC school dropout rate. Liaisons aim to partner with teachers in daycare centers and primary schools in Dandora to supervise OVC and provide a reference point for immediate communication and interaction, which in turn reduces stress levels and increases their well-being due to the love and concern shown by others.

**Nutritional assistance:** This component will not only address the economic segregation of OVC but also improve their health and well-being through proper dietary habits. Here, the liaisons

aim to partner with well-wishers to purchase fortified porridge flour, fruits and vegetables to be consumed by the children during lunch break.

**Direct household support:** This component aims to deal with the economic security of OVC by providing care and services at the household level. Many OVC fail to attend school due to financial problems at home, and hence the desire by the respective liaisons to use advocacy and capacity building to bring in partners and sponsors who can provide direct material and non-material assistance to households with OVC.

**Skills-building and psychosocial counseling:** This component aims to increase OVC resilience while addressing their psychological and spiritual needs. Respective liaisons aim to partner with like-minded players to recruit nursing assistants, psychologists, and social workers who will be moving from school to school addressing the psychological and spiritual needs of OVC and other needy children.

**School fees waivers and school uniforms:** The main object of this collaborative is to increase the enrollment of OVC in learning institutions across the wider Dandora area. The plan is to engage the liaisons, community mobilizers, administration officials, and church organizers in advocating for waiving of school waivers and school uniforms for OVC who cannot afford to pay. Sponsors will also be asked to directly assist schools with learning materials, staff salaries, and other expenses so that the institutions are able to waive school fees for vulnerable populations.

**Family Outreach:** Liaisons will partner with sponsors, the Ministry of Health, and the Ministry of Education to design and publish flyers and brochures stressing the importance of good nutrition, the need to accept OVC and their conditions, the need to enroll in school, and the need to support OVC emotionally and spiritually. These outreach programs aim at creating awareness at the local community, which in turn will change the perceptions people have on OVC and other vulnerable children.

### 3.3 DURATION

DLG aims to run the WoC-OVC program for five years to make a long-term positive impact on the target population. The program will be implemented holistically using a centralized approach to reduce wastage and enhance effectiveness and efficiency. DLC hopes to make a meaningful impact on the lives of OVC by the third year of program implementation.

### 3.4 MONITORING

A baseline survey will be conducted prior to the implementation of the plan to develop pertinent data on OVC in the local neighborhoods. A pre-test post-test design will be used to measure program changes at six months, twelve months, eighteen months, and twenty-four months. Revisions and additions will be made after two years to incorporate new trends and dynamics.

### 3.5 BUDGETING

The table below condenses the proposed budget for the WoC-OVC program based on the four-point plan elements and the ensuing sub-components. It is the hope of the liaisons that this particular program will attract funding from global agencies and organizations that work tirelessly to achieve protection, education, health, and emotional support for OVC and other needy children.

TABLE: Proposed Budget for WoC-OVC Program

No	Item/Component	Program Components	App Amount
1	OVC Security	<ul style="list-style-type: none"><li>• Supervised daycare</li><li>• family outreach</li><li>• direct household support</li></ul>	\$12,000
2.	OVC Health and Well-being	<ul style="list-style-type: none"><li>• Nutritional assistance</li><li>• family outreach</li><li>• skill-building and psychosocial support</li></ul>	\$15,000
3.	OVC Education/Enrollment	<ul style="list-style-type: none"><li>• Supervised daycare</li><li>• school waivers and school uniforms</li><li>• family outreach</li></ul>	\$20,000
4.	OVC Emotional/Spiritual Support	<ul style="list-style-type: none"><li>• Skill-building and psychosocial support</li><li>• direct household support</li><li>• supervised care</li></ul>	\$13,000
Total			\$60,000