



Annual Impact Report VSO Kenya: FY 2020-21
A FAIR WORLD FOR EVERYONE



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WHO WE ARE

About VSO

VSO is an international development organization. We use the power of volunteering to bring about positive change in some of the world's poorest communities. Working in countries across Africa and Asia, our programmes focus on improving the health, education, and livelihoods of the most marginalized in society. Our networks, and our work through volunteers, means we can reach some of the most marginalised, remote, and hard to reach people, creating sustainable change, with a focus on long-term impact.

OUR VISION

A fair world for everyone

OUR PURPOSE

Creating lasting change through volunteering

OUR VALUES

Collaboration

- Empower poor and marginalised people to take charge of their own development.
- Share skills and knowledge to create long-lasting, sustainable change.
- Build collaborative partnerships that promote innovation, growth, and impact.

Knowledge

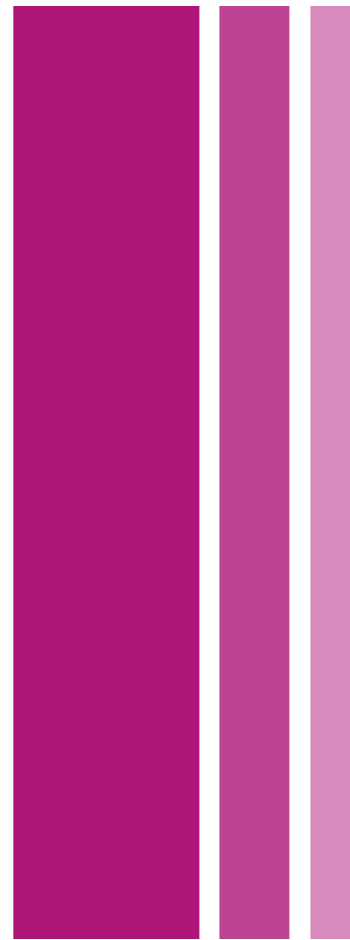
- Lead volunteering for development, setting the standard for ourselves and others.
- Use evidence and insight to guide our actions.
- Recruit the right people and work where we have the greatest impact.

Inclusion

- Stand beside and advocate for those who have been denied choice and opportunity.
- Promote diversity and equality throughout our work.
- Encourage different perspectives.

VSO in Kenya

In Kenya, VSO works in 21 counties across three core programme areas: Inclusive Education, Resilient Livelihoods/Empowered Youth for Employment and Enterprise; Inclusive Health Rights, and Inclusive Governance/Social accountability. VSO focuses on strengthening government and community structures, building the capacities of women, youth, girls and boys, and persons with disabilities to increase accessibility of communities to quality inclusive education, economic empowerment, entrepreneurial skills, health, and other social services. VSO in Kenya hosts a regional hub for East Africa, Nigeria & Ghana and recruits skilled international volunteers for VSO programmes in Africa and Asia.



Country Director's Message

The past year saw many adjustments and adaptations, majorly due to the continuing COVID-19 pandemic. As VSO Kenya, we endeavored to reach the most marginalised, vulnerable, and hard to reach children, women, youth and persons with disabilities in communities in the challenging circumstances.

We saw agency in youth, women, and leaders from the communities we work in, who chose to be change agents as the pandemic hit their communities. Education did not wait as innovation through digital learning took place throughout the year through broadcasting of lessons, in collaboration with community radios, reaching the communities with child protection messaging on COVID-19, sexual

and gender-based violence prevention to protect learners especially out of school girls as they stayed at home for months. We contributed towards healthy communities by building the capacity of health care institutions and workers in providing inclusive health services.

As you read through this report, I hope you go beyond the numbers to see the inspiring faces and stories of impact behind this annual impact report.

Thanks to you our funders, partners, staff and volunteers, we managed to make Kenya a fairer world for communities to thrive.

Asanteni sana!

George Awalla,
Country Director – VSO Kenya



RESILIENT LIVELIHOODS PROGRAMME

Improved Economic and Social Wellbeing for Youth

In FY20 the VSO Kenya resilient livelihoods program implemented interventions in partnership with the county governments and local stakeholders enabling the primary actors to have resilient livelihoods. The resilient livelihoods programme focuses interventions in three key areas: employability skill trainings of out of school and in school youth, entrepreneurship trainings and linkages to business start-up kits and grants for self-help groups – youth groups, women groups, and group of PWDs. The interventions have been designed and implemented to ensure the primary actors have the capabilities, and livelihood resilience especially with the challenging Covid-19 pandemic. Through ICS and Volunteering for development grant, primary actors have been supported to access government funds to start or expand their income generating projects, vocational training institutes have been supported to conduct institutional capacity gaps and VTI students trained and linked them to internships. We have conducted a vulnerability context analysis in some of the locations to understand the context and the vulnerability of the primary actors.



Economic Resilience Beyond Covid 19: A Case of a Youth Led Organization

Daniel Ngao is the founder of the Jiwakilishe Community Based Organization(CBO) since 2007 and registered in 2015 . The organization struggled to implement projects due to lack of partners. Fortunately, since 2017, VSO has supported them through their projects and expanded their work. The CBO has 100 members who are divided into four smaller groups focusing on climate change, technical skills work, general businesses, and non-regular members who work with the rest.

VSO strengthened the CBO's capacity through trainings to 90 members, and linkages to partner organizations. The number of members also grew exponentially and their impact in the society is recognized. Before connecting with VSO, the organization had no other partners. VSO enabled them to connect with other partners like GIZ who trained some of the members on Automobile repairs, Green Life Africa (GLA) who have helped them think broadly on climate change matters. VSO empowered the members on social

accountability, and this has made them aware of government services and follow-up and receive the support they require.

Jiwakilishe CBO members received soft skills training on life skills, financial literacy, career guidance and entrepreneurship training. Most of the members were unemployed before the training but since, 20 of the members now have running businesses. VSO supported individual members with start-up kits to develop/start businesses. The member received chicks and vaccination for poultry farmers and other businesses received some business items they needed to grow their own businesses.

The backbone of Jiwakilishe CBO is the climate change project which focuses on food security. The Agri-business project currently works around climate change through planting of trees. They grow avocado tree seedlings in nurseries, distributed to different groups and families. The goal is for the trees to start producing fruits in 7 years and the families to generate income through selling avocados. There are companies which buy avocados from farmers at fair prices therefore there is ready market in the region.

The organization does not sell the seedlings but distributes them for free. VSO provided the project with hose pipes and sprinklers to reduce the number of volunteers needed in the project.

"We will have families with sustainable livelihoods and our environment will also reap the benefits of the trees. We've encouraged members of our community to grow at least 10 avocado trees in their homesteads. We have 13000 seedlings, and the ultimate target is to have 50000 seedlings. This will increase the vegetation cover and will greatly impact our environment 7 years from today."
said Ngao.

The hardest challenge the CBO has faced is keeping members together. Each member is unique and has their own ambitions and objectives. Coming into a consensus has been a challenge that has led to losing some group members. VSO played a big role in helping them deal with this issue by sending ICS volunteers who trained the group formation and dynamics of a group. This really helped the members to focus and work towards a common vision. ***"We also learnt that sometimes it's important to have fewer but functional members than have so many but not achieving anything."*** said Ngao.

Majority of the members are youth, and their parents play a big role in supporting their work. They provide transport for them when they go for trainings. Their moral support and good will also motivates them. For the married, their partners support them in their endeavors.

Jiwakilishe CBO has no employees, and the members work on voluntary basis to minimize costs. In return their members receive benefits like trainings and linkages to support their individual businesses. Just like the support they have received from VSO.

COVID-19 Impact on the Organization

In 2020, just before Covid hit, the general business sub-group secured a loan from the Youth Enterprise Development Fund and disbursed it to its members. This greatly affected the business they had intended to fund with the loan, forcing them to close their office space. VSO came in and distributed hand washing tanks to combat COVID-19. The group adapted the technology of the stands they received and were able to

manufacture more stands which they sold to 4 schools and, they were sub-contracted to construct 140 desks for the primary school. Their welding business generated income and enabled them to clear the Youth Fund loan and a source of employment for the members. They also sold some of the seedlings to save money to secure land where they could build their own office. They now invest in agri-business to sustain their families. COVID-19 had a big negative impact in their organization.

"VSO came in when we least expected any organization to support us. VSO supported some of our members during the COVID-19 pandemic with business start-up kits to boost their businesses. It has not been easy, but we have tried to cope." Ngao reiterates.

As a result of the formation training, some members felt they needed to form a Tecno-group where they started utilizing their technical skills to generate income. Other unskilled members learnt on the job and have benefitted as well. This keeps the youth occupied and away from drugs and substance abuse.

Members enrolled in the Mshule training(done through mobile phones), developing more skills and self-development as some are in business and self-employed.

"The biggest impact the VSO ICS and community volunteers have had is the linkages they helped us acquire and the knowledge they shared with us." Ngao concludes.



Volunteering for Development: Engagement and leadership components

VSO Kenya engaged with citizens and young people through organized groups to lead their own process of change. The organized groups range from primary actor groups like farmer groups, young women self-help groups, boda-boda self-help groups and the youth for sustainable development chapter, a team of volunteer agents of change who led advocacy work within the communities. The programme used volunteering for development model to build the capacity of youth networks on social accountability leadership, youth voice, and championing rights of marginalized youth with disabilities, young women, and other marginalized groups. VSO worked with community volunteers both as change agents, community champions and research assistants in both resilient livelihoods and engagement and leadership.

Social Inclusion and Gender

The programme integrated inclusive strategies to strengthen the livelihoods of young women and persons with disability through: **Safe spaces-** platforms that enable vulnerable girls, especially young mothers, and girls out of school with activities to enable them to build the necessary foundational assets that would reduce their exclusion and **Inclusive Neighbourhood Spaces (INS)** -platforms where young women and PWDs come together to discuss their challenges and come up with solution that best suit them. INS were initiated to strengthen community support and economic inclusion of women in Siaya as well as enhance male engagement in the project. In Nandi, The INS spaces have been running for sometimes, and they have been vocal in promoting the development of deaf inclusion guidelines for Nandi County. Four inclusive neighborhood

spaces were supported with items to promote their income generating projects and increase their income levels.

Resilience

Delivered trainings to youth promote awareness of the food systems and policies and gaps and supported them to develop policy briefs to influence stakeholders. Built primary actors capacity on climate adaptation strategies and resilient agricultural farming methods to ensure communities were able to adapt post COVID and maintain their livelihoods. Responded to the emerging food security crisis in female headed households due to the COVID-19 pandemic through cash assistance and food voucher micro-grant directly reaching 155 young women aged 18 – 35 from Kilifi, Siaya and Taita Taveta counties. The young women will continue receiving capacity building training, linkages to financial services, employment opportunities, social protection programmes.

Social accountability

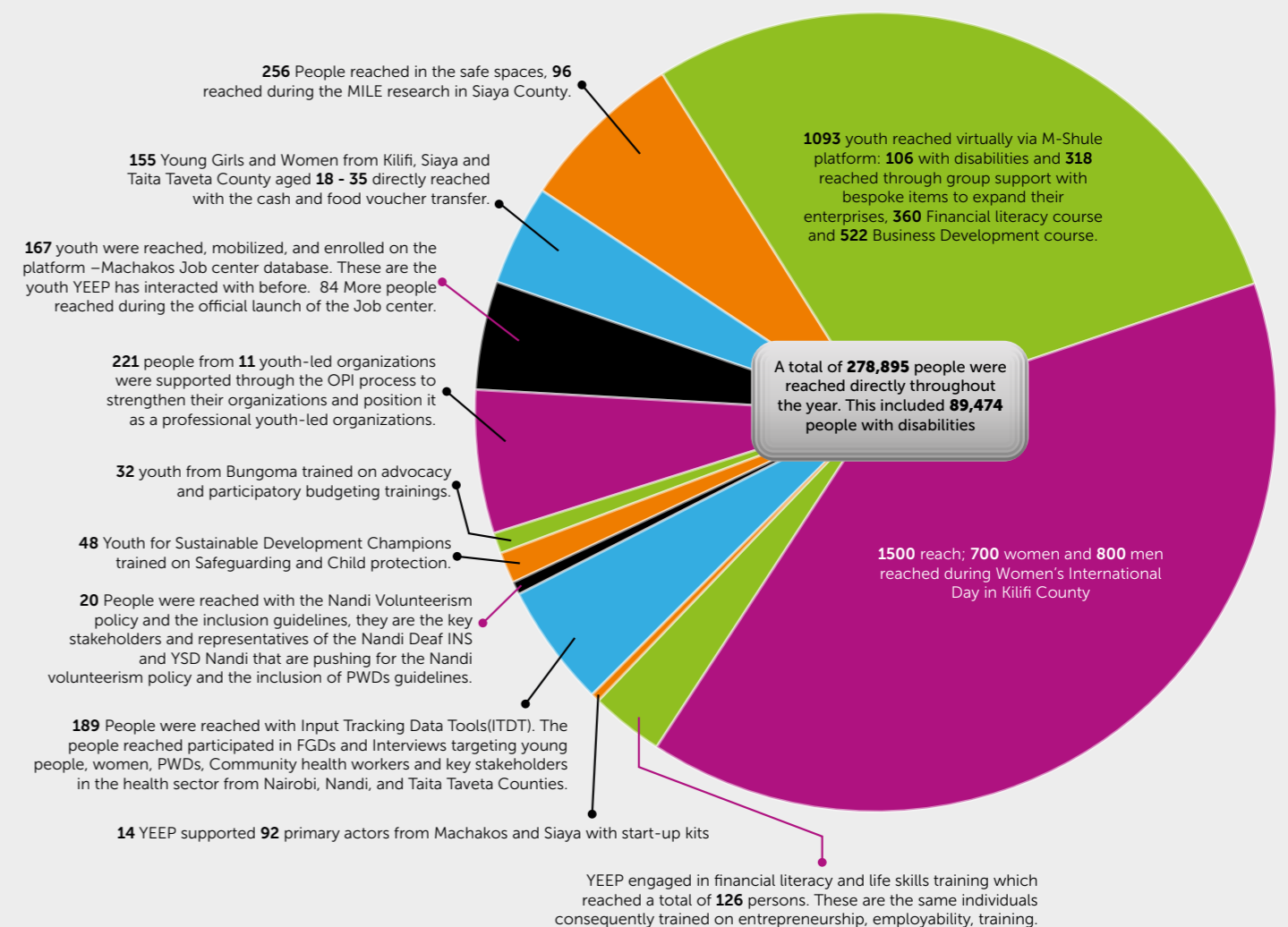
The programme engaged and strengthening youth networks, persons with disabilities and partners on social accountability supporting them to hold duty bearers to account and to voice the rights of the marginalized e.g., deaf inclusion guidelines and advocacy on county systems and plans. The youth and PWD networks have been supported to review key decision-making documents and submit a representation and their voice through memorandums to influence the decision-making process. Promoting inclusion of youth and persons with disability through the Nandi volunteering policy work. VSO worked with the youth for sustainable chapters in identifying policy gaps and promoting social accountability of county government projects through Citizen Led monitoring and submitting memorandums on government policies and Bills.

Gender-Based Violence Situational Analysis

Conducted a Gender-Based Violence Situational Analysis in four counties to support the development and incorporation of GBV prevention and response strategies to livelihood and inclusive education programmes. The objectives of the situational analysis were to: identify county-specific root causes of GBV as exacerbated by the Covid-19 pandemic; identify how GBV impacts different categories of youth, particularly girls and

young women in the project counties regarding exploitation at the workplace, unpaid care work, Sexual Reproductive Health, education, physical and emotional well-being, livelihood status, participation in and benefiting from VSO supported programs and other community development initiatives to assess the relevance and effectiveness of structures/ measures put in place within the communities to address GBV; analyze and identify ways of addressing the gendered norms that drive GBV and appropriate strategies to achieve social inclusion and gender equality.

Reach and Impact through the Resilient Livelihoods Programme



Total Reach				People with Disabilities				
Age Bracket	Female	Male	Other	Total	Female	Male	Other	Total
00-05	15,349	16,423	0	3,1817	3,538	3,775	0	7,313
06-18	66,052	70,794	0	136,846	17,268	2,057	0	19,325
19-35	15,705	21,039	0	36,744	13,827	33,582	0	47,409
36-60	15,317	21,427	0	36,744	7,199	8,228	0	15,427
60+	7,794	28,950	0	36,744	0	0	0	0
Grand Total	120,262	158,633	0	278,895	41,832	47,642	0	89,474

A total of **2,854,137** people were reached indirectly throughout the year mainly through mass media and social-media awareness and sensitization platforms. This included **87,663** people with disabilities as shown in table 3.2 below.

Total Reach				People with Disabilities				
Age Bracket	Female	Male	Other	Total	Female	Male	Other	Total
00-05	199,850	213,203	0	413,053	3,539	3,775	0	7,314
06-18	855,520	918,227	0	1,773,747	16,632	1,381	0	18,013
19-35	201,827	270,569	0	472,396	13,641	33,360	0	47,001
36-60	79,614	111,580	0	191,194	7,153	8,182	0	15,335
60+	788	2,959	0	3,747	0	0	0	0
Grand Total	1,337,599	1,516,538	0	2,854,137	40,965	46,698	0	87,663

Policy Influence and Impact

National TVET Financing Policy

VSO Kenya provided input on the national TVET Financing Policy. The policy aims at ensuring TVETs are fully financed to improve access, quality, relevant and competitive knowledge, and skills through the removal of personal and structural barriers that hinder acquisition of employable skills by youth. Feedback provided by VSO Kenya (livelihood and education teams) and Youth for Sustainable Development Networks was incorporated.

The County and Vocational Education and Training Bill

VSO Kenya also contributed and provided feedback on the TVET Bill through the TVET national working group on the following: governance of TVET by the County and National; recognition of different categories of trainee with disabilities

using the right terminologies; the use of approved curriculum; and holistic development of TVETs to equip trainees with the skills and competences required for working and living.

The Persons with Disabilities (Amendment) Bill, 2020

VSO submitted a memorandum with recommendations on measures for the prevention of disabilities and rehabilitation of persons with disability; promoting accessibility of inclusive services provided by the county government; representation of both gender for persons with disability in the counties; provision for data protection and correct usage of the database data and a penalty for the breach.

Youth-led Food system Reports

In building the voice of young farmers, and promoting strategic networks in the food system, community volunteers facilitated the youth led food systems dialogues and come up with the policy that was shared with stakeholders aimed at

strengthening the resilience of small-scale farmers while also promoting environmental sustainability. Youth for Sustainable Development Chapters were supported to collaborate with various stakeholders; government, private sector, and civil society organizations to improve young people's access to health (SRH services), livelihoods (youth employment and entrepreneurship programmes) and education (TVETS programmes and infrastructure) services.

Safeguarding

Protecting children, young people and vulnerable adults from harm is central to achieving our mission of creating a fair world for everyone. In FY 20, we facilitated a safeguarding capacity building with Youth for Sustainable Network chapters-YSDs to strengthen their safeguarding systems and processes.

The YSD chapters have projects targeting girls to ensure they continue having access to menstrual hygiene necessities including sanitary towels, and sessions on GBV, with COVID 19 having catalyzed this social vice.

Covid-19 Impact and Interventions

The Covid-19 pandemic exacerbated marginalization of already vulnerable and excluded groups in the communities. VSO Kenya focused its work to ensure the communities remained resilient by supporting the various vulnerable groups.

Worked with 180 community volunteers through the Youth for Sustainable Development chapters, increasing awareness of Covid-19 and response measures through social media campaigns and community level engagements. The #VolunteersAgainstCOVID19 hashtag cumulatively reached 548,797 with Kenya ranked as the top 4th contributor to the hashtag and a further 159,907 impressions through the hashtag #KEVolunteersAgainstCOVID19 over the same period. Detailed reports for the social media reach

can be found here. To cushion marginalized primary actors from the ranging infections in the country, the project distributed 5000 re-usable masks. The primary actors inclusive of selected health providers were identified by the project team due to their inability to afford this very important prevention gear coupled with their risk of transmitting the virus. Conducted vulnerability assessment to identify vulnerable primary actors, especially after the disruption of livelihoods by COVID, followed by group formation sessions and skills building done through Mshule, online webinars and in person trainings to build the resilience and strengthen the networks for peer support of primary actors.

To create decent job opportunities for young People, VSO Kenya supported the livelihoods of young women and youth; 415 (318 in supported in groups, 97 individual support) primary actors successfully supported with business kits and are currently doing different businesses; 256 young women in 15 safe spaces groups have continued to receive training and linkages on available opportunities in the private and government sectors e.g., Information on business funding, human rights to reduce cases of GBV, early marriages and gender inequality within the society, and SRH through the Safe and Inclusive Neighborhood spaces.

Partnerships

Our model of partnership is to ensure a transformational engagement with county governments, local civil society, volunteers, and youth. VSO Kenya supported active collaboration between youth with various stakeholders including the government, private sector, civil society organizations promoting strong youth participation and engagement in development and monitoring of policies, programmes, and services. Young people through the Youth for Sustainable Development -YDS chapters were supported to hold their leaders and governments accountable by monitoring progress towards

attainment of the SDGs regarding health (SRH services), livelihoods (youth employment and entrepreneurship programmes) and education (TVETS programmes and infrastructure) through the County Development Integrated Development Plans and VSO youth and education programmes.

Recommendations

Continuous engagement with county governments, and local civil society and volunteers and youth from the onset of project design

and implementation to own the processes, by adopting the Measuring Impact for Learning and Empowerment (MILE) which involves key project stakeholders including primary actors, the project team and VSO community volunteers.

The Youth for Sustainable Development networks are also a formidable force, hence more investment in this network is needed to achieve better outcomes in systematic changes.





DESIP team after a meeting with a section of the Turkana County Health Care Workers who had been trained on Social Inclusion to discuss the progress, gaps, and opportunities for integration of social, gender and disability inclusion in SRH/FP programming.

HEALTHY COMMUNITIES

To contribute to the national and health development agenda, VSO Kenya seeks to implement an inclusive health programme that meets the basic needs of marginalized and disadvantage groups of the community we serve so that they live with dignity, engage actively, and contribute to their community.

Delivering Equitable Sustainable Increases in Family Planning (DESIP)

VSO has been implementing the Delivering Equitable and Sustainable Increases in Family Planning (DESIP) project in Kenya. VSO aims to reduce inequalities in access to family planning by ensuring availability and demand for family

planning commodities through sustainable involvement of the private and public sectors.

The project is implemented in a consortium of 7 partners with various roles in 19 counties in Kenya (Homabay, Migori, Narok, Kajiado, Turkana, West Pokot, Elgeyo Marakwet, Garissa, Wajir, Mandera, Isiolo, Samburu, Kilifi, Lamu, Tana River, Marsabit, Baringo, Kwale, Mombasa.) These counties represent the lowest modern contraceptive prevalence rate with less than 45% of women using any modern contraceptive method. The project targets marginalized adolescents, persons with disabilities and poor rural women and funded by UKAid.

DESIP's objective is to reduce maternal, newborn and child mortality by ensuring greater and

more equitable access to and uptake of family planning information and services. This continues to be achieved by strengthening national stewardship and coordination of family planning, strengthening county capacity to plan, coordinate, budget and manage family planning services and the commodity supply chain in target counties, strengthening evidence based on innovative and effective approaches to family planning service delivery for hard-to-reach women and girls and develop evidence-based products that can be

used for learning purposes across the counties.

Our unique approach is delaying first pregnancies and enabling women to choose how to space their pregnancies to enable them gain education and skills to live healthy lives. This leads to positive social and economic outcomes for women, families, and society, reduces maternal and infant deaths and impacts on the well-being of their current and future children.

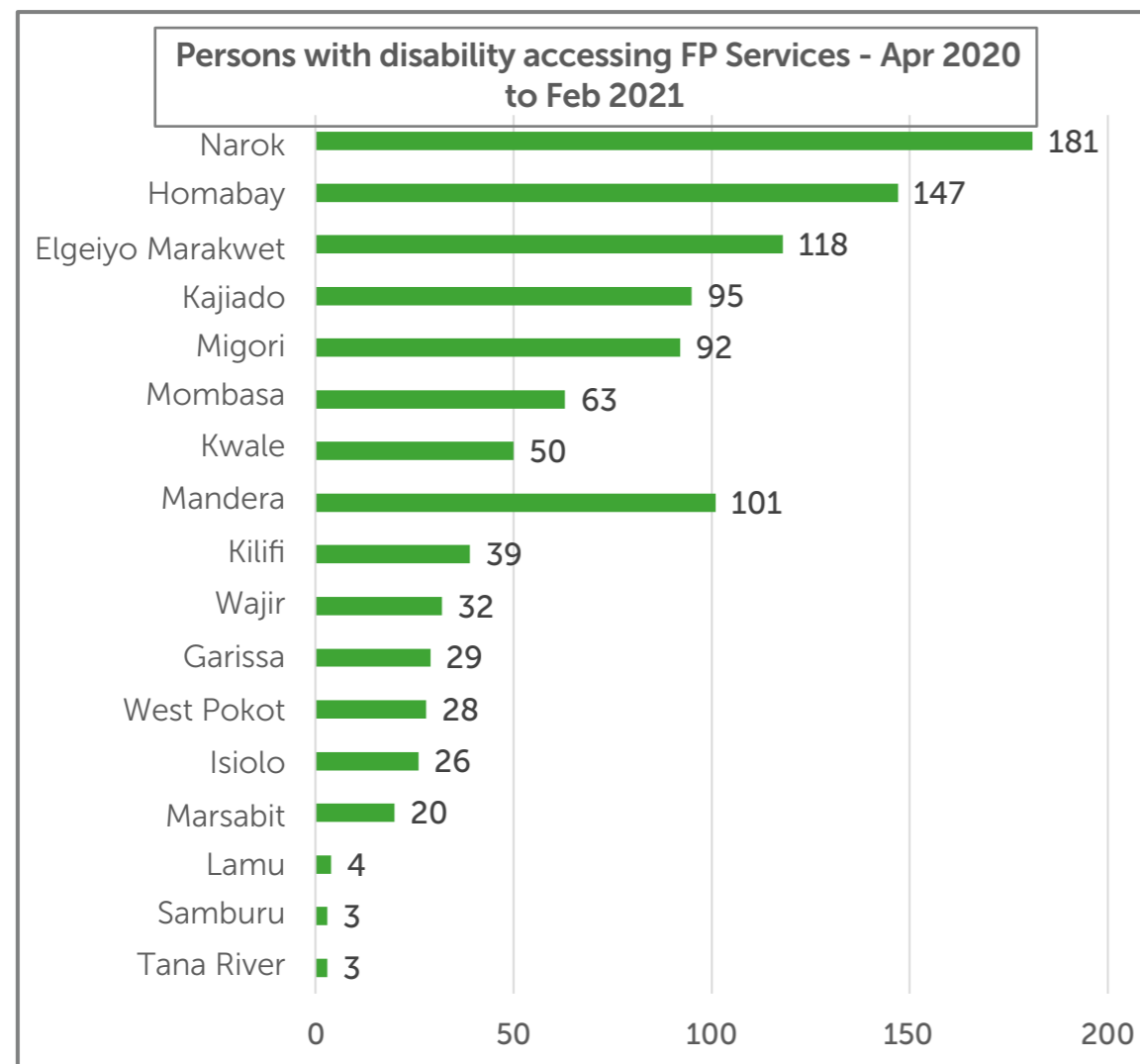


DESIP team taking the HCWs at Kanawoi Dispensary, Turkana County on the basics of the Kenya Sign Language alphabet to ease communication with Deaf clients seeking SRH/FP services.

Leaving No One Behind in Planning and Execution Of SRH/FP Information, Demand Creation and Service Delivery in Both Public and Private Health Facilities

In the second year of DESIP implementation, VSO directly reached a total of 363 health care workers, community health volunteers and DESIP partners including persons with disabilities. They were reached through interventions such as capacity building and awareness creation on Social Inclusion and Gender, safeguarding, disability inclusion, use of the Washington Group of Questions (to enable them conduct assessment of invisible disabilities among clients who visit the health facilities), and supported supervision field visits.

The table below shows the number of persons with disabilities reached with FP services from April 2020 to March 2021. Initially, there was no data of persons with disabilities receiving FP information or services. Through the SIG training, deliberate efforts have been made to reach out persons with disabilities. DESIP partners have supported health facilities to conduct outreach that help reach the most marginalized groups in the community.



VSO trained 272 health care workers, community health volunteers and partners to strengthen capacity in ensuring uptake of SRH/FP information and service among the marginalized groups.

VSO continued to support the partners in ensuring there is inclusive demand creation through development of inclusive Information, Education and Communication (IEC) materials such as the Kenya Sign Language booklet and Kenya Sign Language (KSL) Sexual Reproductive Health poster with common SRH words to help the health care workers communicate better with persons who are deaf and can have a FP of their choice.

Conducted a Social Exclusion and Gender Analysis (SEGA) to lead evidence generation on inclusion and accountability to inform programmatic decisions in 11 out of 19 counties and disseminated the findings to the partners and key stakeholders to inform interventions.

Due to the Covid-19 pandemic, VSO utilized virtual platforms for awareness creation and sensitization to DESIP partners and County health care workers on social, gender and disability inclusion in SRH/FP interventions and on embedding safeguarding practices. These forums also helped in advocacy for integration of social and disability inclusion for equitable & inclusive SRH/FP demand creation and service delivery to ensure no one is left behind. Captured valuable feedback on the successes, gaps and challenges

encountered by the partners in integrating social inclusion in project activities implementation separately with **38 participants** from four DESIP service delivery partners from AMREF, Health Rights International, Faith to Action Network and Population Service Kenya.

VSO conducted supportive field supervision visits to a total of 32 health facilities and provided on-the-job orientation to 168 (M81; F87) Health Care Workers on short- and long-term strategies of embedding social, gender and disability inclusion in SRH/FP programming. Conducted a participatory sensitization on Social and Disability inclusion to 30 HCWs from Homa Bay County who were participating in a post-partum family planning training.

The Nurse Inspiring many to Leave No One Behind

Rael Akinyi Lumumba is a Nursing Officer at Jomvu Health Centre in Changamwe Sub-County, Mombasa County. Raised by deaf parents; this triggered her passion for being a health care provider.

Growing up, Rael remembers being taken to hospital by her mother when she fell ill and the long queues to be served. It took the attention of one of the cleaning staff to realize that Rael and her mother had not been attended to. On realizing the mother was deaf; she quickly alerted the nurse who was about to finish her day's job. That experience is recurrent in the world of accessing health services. Her other colleagues have faced similar challenges, but she has been exceptional at her place of work.

The challenges that most health care providers go through when serving persons with disabilities are communication and not having a disability friendly environment and equipment.

Once, a deaf person came to the facility while Rael was off duty and the nurse on duty could not communicate with the patient. She had to request the patient to come the following day when Rael would be available since she was the only one in the facility who knew sign language. With her knowledge in sign language, she has still found it a challenge communicating certain terms when prescribing medication and family planning (FP) methods such as the coil.

Rael received an invitation through her Sub-County Coordinator for the Social Inclusion, Gender and Disability training that took place in Mombasa County. Discussions on discrimination at places of work, barriers faced by PWDs in accessing health service and the power differences in the society took place. The training clearly brought out the aspect of leaving no one behind. Through role play, the participants acted out the challenges faced at their places of work such as giving services to the marginalized. Rael's group



showcased the challenges of communicating with a deaf patient and, Rael took the opportunity to teach the participants sign language.

The training also made Rael more empathetic and sensitive to needs of PWDs. Recently, a patient who had a septic wound on a limb lost in an accident faced discrimination as no nurses wanted to dress her wound. She had also come for FP services and Rael took the liberty to dress her wound despite the reluctant attitude from the other health care providers. Later, Rael was able to link up with one of the participants from National Council of Persons with Disabilities and was able to help the patient register with the council. The patient is now in the process of getting a prosthetic.

She took the initiative sensitize her colleagues about social inclusion teaching them basic Kenya Sign Language whenever they have their Continuous Medical Education (CME). She

reprinted some sign language materials that she received during the training and placed them around the hospital.

Rael started by teaching her colleagues how to sign their names which made her colleagues very intrigued and interested in learning sign language. Since then, they look forward to every CME and they always ask "Tutafanya lini sign language?" meaning, "When will we be learning sign language?" She is often stopped by her colleagues along the corridors to ask if they are signing a certain word correctly. She has seen the enthusiasm in her colleagues in embracing social inclusion.

Soon, Rael looks forward to having all the health care providers in her facility sensitized on social inclusion. She has also started plans on sensitizing her community on social inclusion through outreaches.

“ Social inclusion was very enlightening and empowering. I left there a changed person ”

Reach and Impact Through DESIP

Through our partners, DESIP reached persons with disabilities with SRH/FP information and services. Working with Disabled Persons Organizations -DPOs, religious leaders, youth champions and Community Based Distributors (CBDs) notably increased the number of persons with disabilities and adolescents seeking SRH/FP information and services.

Increased pool of Social, Gender and Disability Inclusion advocates/champions committed to

strengthening inclusive SRH/FP information and service delivery. DESIP identified social inclusion champions in various counties and strengthened capacity of DESIP project staff in integration of social, gender and disability inclusion in SRH/FP programming; trained health care workers are mentoring their colleagues on social inclusion during Continuous Medical Education (CMEs) meetings. Partners that have previously been trained are creating more awareness on social inclusion to the health care workers by integrating social inclusion in the SRH/FP trainings.

There is increased knowledge amongst Health

Care Workers on Social, Gender and Disability inclusion in health care service delivery. Notable progress in positive attitude transformation and reduced stigma among Health Care Workers towards Persons with Disability in delivery of inclusive SRH/FP and other health services.

Progress in ownership in mainstreaming social, gender and disability inclusion in health care service delivery by the County Health Care Managers and increased interest from HCWs and other teams to learn Kenya Sign Language (KSL), because of KSL materials (poster on alphabet, poster on common word in SRH/FP and booklet) issued.

Policy and Advocacy

Enhanced the buy-in of social inclusion as a crucial aspect in prioritization and sustainability in health care programming by the national government, as the team leading in SRH/FP programming including review of MOH tools during the development of the Annual Work Plan (AWP) for the Reproductive Health/Family planning services.

Influenced the adoption of social, gender and disability inclusion as quality-of-service measures in Sexual and Reproductive Health and Family Planning service standards delivery during the revision workshop on Family Planning quality of service delivery standards organized by the DESIP project and Ministry of Health, Division of Reproductive Health.

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VSO contributed new ideas on social and disability inclusion currently used by the DESIP project which were adopted for consideration in the revised National FP CIP for 2021-2024 during the Family Planning Costed Implementation Plan (CIP) validation workshop organized by the Ministry



of Health, Division of Reproductive Health and supported by DESIP project. The CIP discussions centered on the need to improve demand and service uptake among populations with high unmet need for modern contraception through a right-based approach. Some of the ideas include the deliberate efforts to be accessible to everyone by advocating for resource allocation for renovation of health facilities for instance constructing ramps at all entrance of the facility and at the FP rooms, having adjustable examination couches and beds.

Established young mothers' clubs in various health facilities in which the participants have specific days and time when they converge together and share as well as get information and services on contraceptives and other SRH/FP issues because of continuous engagement and mentorship of our primary actors.

Through social inclusion champions, reached more adolescent girls and young women who often shy away from seeking information and services in health facilities. The champions engaged youth and adolescent groups mostly university, colleges, and high school students to take them through the available child spacing methods in hospitals, counselled them on protection against STIs/ HIV infections currently on the rise.

DESIP continues to ensure that no one is left behind, thorough development of a policy brief from the SEGA research that can be adopted at the national level for the development of inclusive Sexual Reproductive Health and Rights (SRHR) policies.

DESIP is developing a disability mainstreaming guide that will give recommendation and guidelines to National and County Government, DESIP partners and relevant stakeholders in ensuring that the SRH/FP system is inclusive by making it acceptable, accessible, available and of good quality.

DESIP has developed a Washington Group of Questions (WGs) job aid to identify persons with disability receiving SRH/FP information and services.

Collaboration and Linkages

DESIP has continued to strengthen collaboration with the National Council for Persons with Disabilities (NCPWD) in the various DESIP focus Counties and linked DESIP service delivery partners for engagement.

We have conducted mapping and identification of the various Disabled Persons Organizations (DPOs) from the DESIP Counties of operations and held a virtual meeting with 35 participants from 26 DPOs and individual organizations which advocates for the rights and welfare of Persons with Disability. Meeting discussions explored possible areas of collaboration and linkage with DESIP partners to ensure all persons with disability are mobilized and sensitized on their rights to access and utilization of SRH/FP services without discrimination. A WhatsApp group for the various DPOs and their members was formed where discussions, referrals and linkages on SRH/FP is done on a regular basis.

The Road towards Sustainability

There is need for more awareness creation and building the capacity of the health care workers and community on social, gender and disability inclusion. DESIP is looking into training TOTs at county level to cascade downwards information up to the community level.

Continuous advocacy of capturing data of persons with disability is a gap that needs to be filled and ensuring that the data collected is used for decision making at the national level and county level to ensure that resources are set aside to fulfill the leave no one behind agenda.

Increased advocacy at the national level for revision of the national tools to capture persons with disabilities. The data collection tools used in the health facilities and by partners do not capture data of persons with disabilities and as a project, there has been advocacy a When VSO is reporting on the scale and reach, data sourced from improvised partner tools and a Social Inclusion tracker.

INCLUSIVE EDUCATION

The Covid-19 pandemic created a different landscape in the education interventions during the year. Besides the planned interventions, VSO Kenya took up emergency response to reduce the impact of the pandemic on marginalized learners' education.

During the year the Inclusive Education Programme implemented different projects: Education for Life(EFL) project, Education in Emergencies Project, and the Access to Inclusive Quality Education and Transition for Children and Adolescents with Disabilities in Kenya (AQET) project.

The programme targeted marginalised learners, learners with disabilities, out of schoolgirls, teachers, parents, caregivers, education officials and general community.

Summary of Primary actors reached directly through the Inclusive Education Programme

- 1000 HHs supported with food items/ baskets to cushion them from the severe impacts of Covid-19 pandemic.
- 489 Teachers and mentors reached with training on inclusive education, teacher coaching and mentorship, the Competency Based Curriculum and development of instructional materials for children with disabilities. They also benefited from scholastic kits.
- 13574 learners reached directly with scholastic kits, hygiene kits: sanitary pads, toothpaste, petroleum jelly, a comb, and a mirror. This included 2035 out of schoolgirls who benefitted from accelerated learning program in literacy, numeracy, and life skills sessions. 800 children with disabilities who underwent medical assessment and placement

within formal learning institutions and 10,739 learners including learners within Refugee set up of Kakuma and Kalobeyei who benefitted from reading and learning materials and inclusive education.

- 1576 learners with disabilities underwent medical assessment and placement within various formal and informal learning institutions.
- 146 children with disabilities supported with assistive devices ranging from wheelchairs, braille machines and white canes.
- Sensitized 520 Community members on the benefit of girls education to enable them to participate actively in the education and protection of out of schoolgirls.
- Reached 1057 persons with disabilities among them children and youth through training, provision of learning materials, placement to TVETs and COVID 19 response aid project interventions.



Participants during the research data collection FGDs

processes, learn about existing information sources, their rights, entitlements and existing government and development partner programmes that support the wellbeing of persons with disabilities.

The Coalition aims at strengthening voices and participation of persons with disabilities in policy discussions. Through the research findings, 4 county level policy briefs and 1

national policy statement were developed for policy 'asks' and advocacy. The Coalition also seeks to strengthen the capacity of persons with disabilities to participate and proactively engage in the Voluntary National Review, to address aspects of lacking knowledge and awareness, access to safety security protection, justice and rights to ensure they are not left behind.

LEAVE NO ONE BEHIND (LNOB) INITIATIVE

The Leave No One Behind (LNOB) Initiative in Kenya is the International Civil Society Center's (ICSC) Making Voices Heard and Count Project that seeks to build the capacities of national and local level partner organizations to bring about a scalable solution for filling data gaps on marginalised groups in the monitoring and review of the Sustainable Development Goals (SDGs).

During the year, the project targeted women, persons with disabilities (PwDs), youth and grassroots Civil Society Organizations (CSOs) and Community Based Organizations for discussions on their involvement in implementation of SDGs.

As a contribution and alignment to the SDGs, the initiative focuses on reducing inequality (SDG 10), through empowerment and promotion of social, economic and political inclusion of all. Through SDG 16, the project

targets to promote peaceful and inclusive societies for sustainable development, access to justice for all and building effective, accountable, and inclusive institutions at all levels.

The project conducted research and produced a report on the drivers and level of marginalization among persons with disabilities in four counties of Kenya using quantitative and qualitative methods of inquiry to collect data. The study reached 1560 people with 518 persons with disabilities and 50.9% and 49.1% females and males respectively through Key Informant Interviews (KIIs), Focus Group Discussions (FGDs); and Household survey questionnaires.

The research provided space for marginalised persons with disabilities to share their experiences and challenges relating to inclusion and participation in development



COVID-19 EMERGENCY RESPONSE

Maintaining the Dignity for Out of School Girls to ensure Learning Continuity during Covid-19 pandemic

The Education for Life (EFL) project put adaptation measures ensuring learning continuity for out-of-school girls during the COVID-19 crisis period. These measures were adopted through participatory processes with parents/guardians, project partners, community leaders and local government actors. The project printed and provided girls with copies of workbooks in Numeracy, English and Kiswahili to facilitate home-based and peer learning.

Education Facilitators (EFs) and mentors received mobile phone data packages to enable them deliver remote sessions on Numeracy, English and Kiswahili and track girls' progress over the phone with home-learning and offer needed support since the girls' had expressed anxieties about their future.

In a phone interview, one of the girls mentioned,

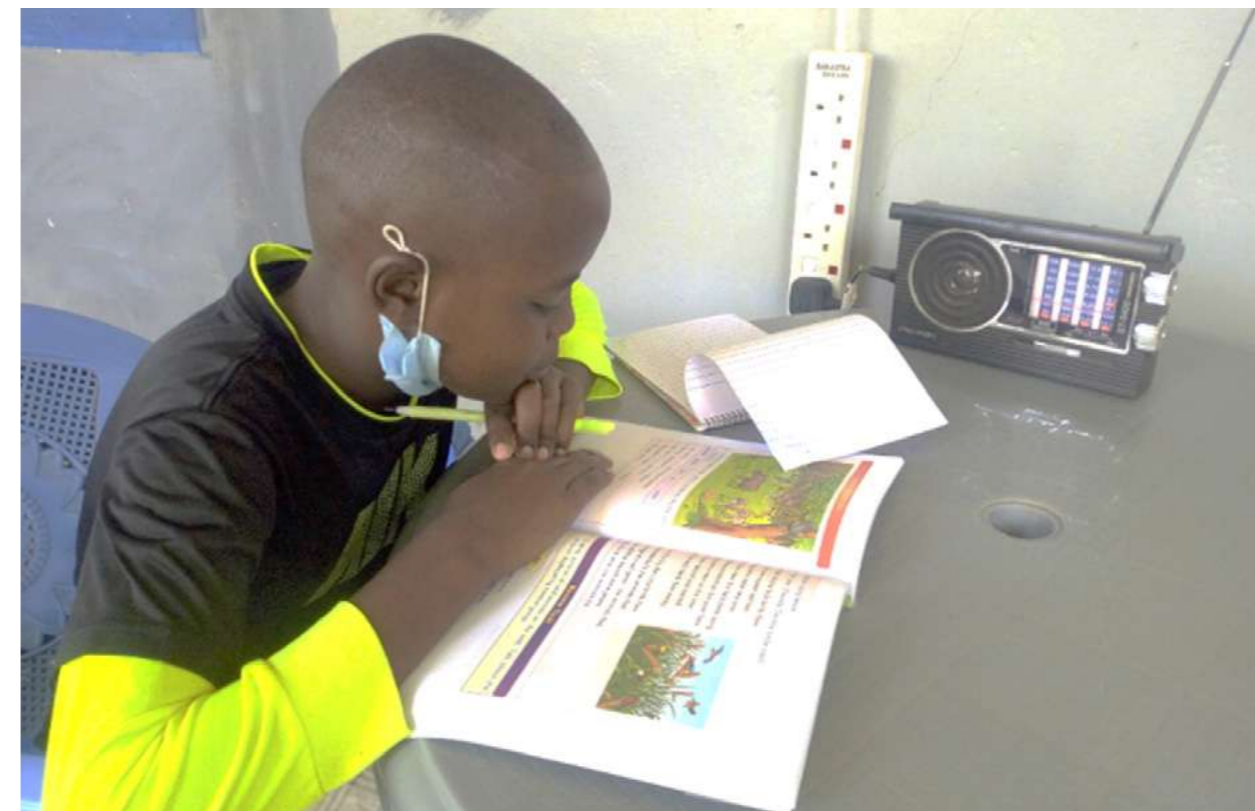
"I am becoming increasingly worried about what lies ahead of us since COVID-19 seems to be thwarting our dreams of getting education and succeeding in life". Another girl also expressed that, "My worst fear is whether we will succeed in our studies with the rising number of COVID-19 cases".



Digital Learning through Radio Lessons Rebroadcast and TV Lessons during School Closures

VSO Kenya partnered with the Kenya Institute of Curriculum and Development (KICD) to broadcast radio and TV lessons that targeted primary school learners and learners with disabilities and their parents respectively between April-December 2020.

The 2-hour long radio lessons were broadcasted every weekday at different time intervals between 9:00am-12:00pm, with over 977 lessons rebroadcasted during the period. Child protection, Covid-19 and SGBV awareness spot messages were aired during the period too.



Khena Diba listens to a radio lesson through radio Shahidi in Isiolo County.

To enhance social and disability inclusion, we developed and aired learning and disability inclusion content for learners with severe disabilities on Edu TV Channel in partnership with Kenya Institute of Curriculum Development (KICD). The TV lessons targeted children with severe disabilities, parents and teachers with knowledge and skills to support activities for daily learning (ADL) for these children. Some of the categories of disabilities for this initiative are down syndrome, cerebral palsy, and autism.



A screenshot during a SNE EDU TV lesson on how to button a shirt.

Teachers Professional Development in Kakuma Refugee Camp

Through partnership with Norwegian Refugee Council, VSO Kenya made entry into working in Kakuma refugee camp and Kalobeyi settlement scheme, deployed volunteers both national and international to support inclusive education, accelerated learning and building the professional capacity of teachers in the camps.

Through teachers' professional development initiatives in Kakuma refugee camp and Kalobeyi settlement scheme, classroom observations have been made in the accelerated education programme schools coupled with mentorship, coaching and trainings for 156 national and incentive teachers in 12 Accelerated Education Programme schools in the refugee camp reaching

1651 learners. Report from teachers indicate increased learner participation in the classroom. Positivity is also recorded in the increased number of teachers preparing lesson plans and teaching aids. Great attempts are being made to incorporate teaching and learning materials into the lessons. Psychosocial support for teachers was embedded in the mentorship, coaching and trainings.

Kakuma Case Study: Teacher professional development in Kakuma Refugee Camp

Through teacher coaches based in Kakuma Refugee Camp, incentive teachers have been mentored and coached since some are recruited and begin teaching learners without any coaching. This implies that the pedagogical processes involved are not professional and much of the teaching/learning process is through trial and error. Due to the training the teachers have shown improvements such as: An increased understanding on how to develop learning activities at the point of planning, comfort in lesson preparation by the incentive teachers, enhanced learner participation, ease in handling of large classes, varied methodologies exhibited in classes and perception change on the coaches seen as support system.

One of the greatest challenges I had as a teacher was how to handle the very large class that I had. Teaching the class was very draining and I didn't reach all my learners. With the coaching in place, I was able to learn about activity driven sitting arrangement. I have been able to group my learners and now I can reach all learners in the small groups. This has also helped enhance peer learning.'- Ms. Sylvia Nape-Level One teacher at Pokotom Primary School.



Learners celebrate after receiving textbooks at a school in Homabay County.

VSO supported over 5,000 marginalised learners with learning materials (textbooks and complimentary learning materials) to ensure continuity of learning during school closure. For learners with disabilities, like Harrison, the Twinkl material he received bridged the gap of lack of learning materials and supported the parents to engage in their children's learning at home.

The Twinkl materials also reduced the strain by parents in purchasing learning materials for learners since their livelihoods had been affected due to loss of jobs and complimented the VSO supported radio lessons that were broadcasted through the local community radio.

His family had to move out of the town they had been living in when Covid struck and had to move to their rural home.

His father says,

"Since the beginning of Covid-19, Harrison had lost touch with books, lessons and interaction when Covid-19 hit. He lost concentration in schoolwork too. Since he only speaks in English, there have been blames from neighbors who do not understand his condition.

Harrison is a very obedient boy and during the Covid season, he had a lot of challenges because he was not in school, but I am happy that the good book came to our rescue and now Harrison can concentrate, and he can even manage some of the tasks that he could not manage at that time.

When Covid hit, I lost the job that I had and had to move here. The financial constraints forced me to change schools for Hari taking him a class behind. Apart from that, Harrison has learnt to communicate because of the skills that he has been getting from the online (radio) lessons

and of course the book (Twinkl) when he is communicating with the teacher.

Something about the book that I really enjoyed is that Harrison could manipulate the diagrams, could read some of the wordings, and he could do most of the bit very well meaning this book has come to our rescue.

With that, I believe if we continue with this and

others that will be coming, Harrison will be improving day by day. I suggest that the Twinkl materials are complimented by models to enhance learning for learners like Hari."

"I have learnt about special needs education: writing, counting, coloring and drawing"-Harrison, 8 years in Grade 2 and with Autism.



Harrison joining dots while using the special needs education Twinkl Supplementary material.

Improving Learning Outcomes for Children and Adolescents with Disabilities

VSO Kenya implemented the Access to Inclusive Quality Education and Transition for Children and Adolescents with Disabilities in Kenya (AQET) project funded by Eriks Development partners to remove systemic, environmental, and attitudinal barriers. The project reached 1057 children and adolescents with disabilities in four counties/regions: Laikipia, Wajir, Kisumu, and Siaya by addressing barriers hindering access to inclusive

education including; Low levels of identification, assessment, placement, and linkages of children especially in rural areas; high household poverty compounded by high cost for access to special schools; difficulty accessing schools or learning centres (distance, lack of transportation; inaccessible infrastructure), lack of accessible learning materials, prevailing social norms (patriarchy) enhancing gender disparities in access and caregivers not confident with protection mechanism particularly girls, low access support services including assistive devices and therapy and low enrolment retention and transition through grade and level.

Conducted mass assessments for 879 children through a multidisciplinary team comprising of education officers, medical officers, and the National Council for Persons with Disabilities.

These assessments determined disabilities and informed their educational needs for appropriate placements and transition. Reached 240 teachers from 42 schools through trainings on inclusive education, the competence-based curriculum and development of instructional materials for children with disabilities. Provided assistive devices to 146 children with disabilities ranging from wheelchairs, braille machines, white canes etc and learning materials to 42 schools.

The project reached a total of 1274 people without disabilities across different age ranges and 1 million people through dissemination of Community Led Monitoring reports through media across the four AQET counties.

Improved Literacy and Numeracy Learning Outcomes for Out of School Girls

The Education for Life project targets various categories of marginalized girls between 10-19 years facing discrimination and additional barriers including girls with disability, young mothers, married, from pastoralists communities, in child or forced labor, affected or living with HIV and AIDS, orphans, heading households, or from very poor families with accelerated functional literacy, numeracy and life skills interventions to equip them with the basic skills to transition to various pathways including apprenticeship, entrepreneurship, vocational training institutions and formal education.

Girls undertook learning assessments before they joined the project and after they had benefited from the project interventions for around 3-6 months. In English literacy, overall, non-readers reduced from 35% to 5% and in Kiswahili literacy, non-readers reduced from 35% at baseline to 6%, with girls able to tackle other subtasks like letter sound, word level, paragraph level, comprehension, and composition writing. In numeracy, the proportion of non-numerate learners/marginalized girls reduced from 22% to 4%.



Education Facilitator (Janet) supports a learner at a catch-up center in the Education for Life-EFL Project.

2035 marginalized out of schoolgirls were reached with literacy, numeracy and life skills and supported with dignity and scholastic kits. 264 were people with disability. Community Volunteers (Educator Facilitators, Teacher Aides, Mentors and Community Health Volunteers) were also reached with various capacity building and strengthening interventions such as training on inclusive education, teacher coaching and mentorship and scholastic kits. Some community members were reached with male mentorship programs to enhance their awareness on the benefits of girl's education.

EFL Project reached a total of 2555 actors directly and 130595 indirectly with Covid-19 prevention awareness messages, awareness on girls education, awareness on SGBV with 2220 of them persons with disabilities.

Policy Influence

In Migori county, VSO Kenya participated in the drafting and launching of the anti-FGM policy. The policy will support the protection and safeguarding of the marginalized girls.

Transition: Out of School Girl Making Great Progress in Acquiring Tailoring Skills Courtesy of EFL Project

Upon acquiring minimum literacy, numeracy, and life skills a total of 186 marginalized girls transitioned to various pathways (Vocational Training Institutions, apprenticeship entrepreneurship and formal primary school) to acquire job and readiness skills to improve their life chances.

Fardosa Hussein an 18-year-old and a mother of 2 children. Her first born is 3 years old and the last born is 1 year old. She dropped out of school in class 8 due to lack of sanitary pads, money for paying BOG teachers, and examination fees. Coming from a very humble background made it difficult for her to achieve her dream of becoming a teacher/trainer. After dropping out of school, Fardosa decided to get married and to start a family hoping things could get better. However, since both she and her husband are jobless it was more challenging providing for their growing family. That was when she realized the need to acquire a skill that would enable her to generate income to cater for their household needs. The first opportunity that Fardosa identified in her village was need for tailoring services since none existed. However, she realized that for her to set up a tailoring shop, literacy, numeracy, and tailoring skills were key which she all lacked. When Education for Life Project opened its doors in Mwangaza village, she was skeptic to join, however, when she was informed about transition to tailoring course upon going through accelerated literacy, numeracy, and life skill sessions she felt convinced to join. After 5 months of accelerated literacy, numeracy, and life skills sessions, Fardosa was able to read, write and do basic mathematics. As a result, she was recommended to transition to Mwangaza tailoring center to acquire the skills. After 3 months of tailoring training, she has known how to fix and replace needles in the tailoring machine, bobbing, sewing shorts and long trousers, dira, kanzu, shirts, and dresses. She would like to set up her tailoring shop where she will also be able to train other girls since she is very passionate about teaching/training.

Improved Learning Outcomes and Enrolment for Children with Disabilities

Numeracy for learners increased from 14% to 41% surpassing the 39% target. Kiswahili literacy improved from 20% to 49% (28% increase) while English Literacy improved from 19% to 47% (28% increase). The youth with disability improved in self-confidence and decision making from 65% and 50% to 87% and 84% respectively.

The enrolment of children with disabilities increased by 47% to 1315 (650 boys, 653 girls). There were more girls with disability (63%) compared to boys with disability (34%) who accessed education. Similarly, the Project contributed to increased overall enrolment in schools by 15% (11% boys, 19% girls). There was also improved retention, with the number of dropout and transfers reducing by 11%. The learning materials are now more adequate. For example, during the baseline, the average textbook per learner ratio was 3.5 but it currently stands at 1.8, with most of the schools (38.9%) having one textbook per learner.

Changing Social Norms and Attitudes Towards Learners with Disabilities

Parents of children with disabilities are now active members of the Boards of Management (BOM) even in their regular schools. This has helped them transform how they perceive their children who they thought that had no academic potential. Learners now see their peers with disabilities as part of them and schools are managing education for learners with disabilities in a better manner.

As a result of the continuous sensitization, there is evidence of reduced abuse of the youth with disability. Following the community-led monitoring, training, and sensitization of BOM, 56% of the schools made improvements in their schools.

Recorded enhanced skills acquisition for adolescents' youth with disabilities with 9% now earning the minimum wage of KES 3,800, 87% (52) were supported to acquire business literacy skills.



Fardosa Hussein-GEC Girl in Isiolo county sewing a dress belonging to a client



Abdi Kassim was born partially deaf. When he was a child, he could slightly hear especially when called a loud. His parents had noticed the problem but due to poverty, they could not take him for medical check-up. This worsened the condition and by the time he was a teenager, he could hardly hear anything.

Before Abdi got the assistive device (hearing aid from VSO), he could not hear or understand anything. His family had a lot of challenges communicating with him because most of them are not conversant with the sign language, hence there was a big communication barrier. This made Kasim frustrated especially when his family could not understand him. Most of the times he could lock himself in the house and calling him either for food or waking him up could be a tussle of war as he could not hear, and the door is locked. His father attended a VSO training on basic sign language for parents with deaf children for him to be able to communicate with him better. Parents and care givers of CWDs have been trained on income generating activities which they are engaging in to take care of themselves and their children.

Abdi Osman (Kasim's guardian); 'I can't imagine the change I have seen with this boy since he received the hearing aids, it's a miracle. Thanks to VSO'

VSO Kenya supported the assessment of Kasim together with others from the EARC center in Nanyuki. The assessors were curriculum support officers (CSOs) for children with special needs from both Laikipia east and west and doctors from Nanyuki referral and teaching hospital.

As a result, both Kasim and his family have changed their attitudes towards each other because now there is better communication at home. Kasim has gained the acceptance of his friends, family, and the community, this has helped in improving his self-image and esteem, he now has a sense of belonging and identity as he no longer suffers exclusion from them.

Julia Githaiga (Kasim's Teacher); "Kasim has greatly improved his social skills, he now interacts very well with his teachers and other children at school. We are grateful"

Kassim Plays with his dogs at their home in Laikipia



Inclusion, Resilience, Social Accountability, and MILE

Inclusive Education program addressed the root cause of poverty by focusing on three areas that reliably tackle the structures, systems and conditions that keep people in poverty.

Social Inclusion and Gender: The programme has managed to reach various categories of marginalized learners, children, and youth with disabilities out of schoolgirls including young mothers, expectant mothers, girls who have undergone Sexual and Gender based violence, girls who have survived conflicts and girls with disabilities. As a result, they have been able to learn and acquire literacy, numeracy, and life skills.

Measuring Impact for Learning and Empowerment (MILE) in its implementation is key. Embraced participatory approaches in the identification and enrollment of marginalized primary actors out of schoolgirls into the project. The programme involved the community members in the identification of out of schoolgirls enabling the assessment and enrollment of the most deserving out of schoolgirls to benefit from the project improving community buy-in. Additionally, community members and males have been playing an active role in the protection and learning of out of schoolgirls.

Resilience: Providing information on Sexual and Gender Based Violence, Adolescent, Sexual and Reproductive Health and Information on Covid-19 prevention. This has enabled learners to remain safe and continue with learning amidst Covid-19 pandemic. EFL has also been providing the primary actors with dignity and scholastic kits to enable them to survive the severe impacts of Covid-19 pandemic and continue with learning.

Volunteering for Development

The programme embedded volunteering for development approach in its implementation. Worked with national volunteers, community volunteers (teachers, youth, mobilisers) to implement its activities in the regions that it was working in. The programme capitalised on the specialty of the volunteers by assigning them roles in their areas of specialization to create more impact. For instance, teacher coaches are education specialist.

Engaged media partners, government education stakeholders (national and county levels) and school heads. This has ensured multi-stakeholder cooperation especially in the emergency context.

People First Principle: Education programme ensured that primary actors are at the center of the project implementation by prioritizing their needs at every stage of the project implementation. For example, at the identification stage of neediest out of schoolgirls to be enrolled, the project engaged with the community members to help in the identification.



Citi Foundation



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