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**KOGELO EMPOWERMENT FOR ECONOMIC DEVELOPMENT ORGANIZATION**

**Email:** [**koeedo@gmail.com**](mailto:koeedo@gmail.com)

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| **FEEDING DISADVANTAGED DURING COVID-19 PANDEMIC PROJECT** | |
| **PROJECT DURATION:** | **6 MONTHS** |
| **IMPLEMENTING:** | **KOEEDO** |
| **ADDRESS:** | **EMAIL ADRESS:** [**koeedo@gmail.com**](mailto:koeedo@gmail.com) |
| **CONTACT PERSONS:**  **PATRON:** | **ROBINSON STANLEY OBADHA 0711-759-941**  **077-070-6041**  **PRAXCEDECE AURA +254 720886684**    **JOSEPH OSURA NYAGILO 0737-337-040**  **0724-799-051**  **ALOICE CHAMI +254 721554735** |
| **LOCATION OF PROJECT:** | **NAIROBI SLUMS** |
| **AMOUNT REQUESTED** | **KSH 18,004,800 USD 180048** |
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**Introduction**

3.3 million people in Nairobi City, 1.4 million live in informal settlements. Areas characterized by lack of basic services, lack of land tenure and semi-permanent housing. Underprivileged people from the city Centre to the peripheries. Average monthly income of Kes12,000 - $150. The area has land tenure in the form of Allotment Letters. Estimated population of 89,600 distributed in 22,400 Households. Most landlords are present.

**Background of the Project.**

From the point of its natural location, most vulnerable slum areas in Nairobi and devastated due to stream erosion, tidal surge and other natural emergencies.

The core idea prompting this project has been elicited from the fact that thousands of people living with HIV in slum areas of Nairobi are starving and are deprived of their basic rights as per the MDGs 1&2 (eradicate poverty and hunger). After the government directive on COVID -19, these families who live Under $1 a day, and depend on daily manual work to earn a living are now jobless because of the low season brought about by the outbreak of coronavirus, This has left thousands of support group members together with their families in dare need for foodstuff. These people can not only die because of HIV and AIDS, but by deficiency diseases which are part of the complication brought about by lack of macro and micro nutritional deficiencies in slum areas of Nairobi, crucially in their stages.

This significant and sizable population also has the responsibility to take care of the little ones who are equally at-risk impact of lack of nutritious food, the future generation has always been affected by fewer intakes of food and consequent nutritional deficiencies, which worsen their achievement of competency in the primary education level. Besides, the inhabitants of the locality have very limited awareness on issues such as legal rights, health, Hygiene, sanitation, and HIV/AIDS, etc. Low productivity and limited or no domestic economic interventions may further contribute to their vulnerability to food insecurity and overall poverty. Consequently, in this way, the cycle of poverty, food insecurity and unexpected malnutrition and health risk continues.

**Problem statement.**

The establishment of this feeding the poor in slum areas is galvanized after the government directive in the closure of enterprises and schools (meaning no Jobs) yet 70% of the population in the area are surviving on hand to mouth {casual labors}. The organization, through the Chief's Office, works closely to identify needy families who have been deeply affected. The following are the problems faced;

· Being also the closure of the schools in these areas has exposed many families and children to hunger and starving because a number of them have been surviving on the school feeding program. As per the MDGs 1 (eradicate poverty and hunger) will not be possible or practical if there is no alternative on how his families will be fed or accessing MDGs 1 right.

This case is exposing these families at risk of contracting/ spreading COVID-19, the reason for this is most of the parents or guardians will not be able to follow the directives of the Government to stay at home yet their children are starving and dying of hunger. And so are the people living with HIV.

· Lack of clean and safe water, hand Sanitizers and basic soaps to clean during this pandemic period.

· Support most vulnerable families who are under medication etc. HIV/Aids, TB and other serious illnesses with foodstuff and health accessories.

· Currently, a gathering is prohibited and this applies to markets where people could access affordable fresh food. This has complicated the life of people living with HIV/Aids and their families, girls and women in informal settlements.

**Program Goal, Objectives & Results**

**Goals**: The goal of this program is to provide food and health preventive kits for the family who are poor, orphans and vulnerable children/ families under medication during this COVID-19 Pandemic.

**Objectives**: The main objective of the program is to provide basic likelihood security for the vulnerable, especially the disadvantaged children and their parents and in addition the poor who live with HIV. This will give them hope to live for another day.

**Project Results**

· Nutritional benefits. Through a well-balanced meal, it's evidence that feeding program has a positive impact on nutrition for participating children under health risk. In some instances, parents or children who are under medication.

· Impact on Health and the link between hunger and Health. It is believed that children who are hungry or chronically malnourished are less able to survive, regardless of the setting. But the converse- that children and family in feeding and food for all programs.

· Impact on COVID-19 Prevention. The evidence strongly suggests that feeding programs can increase the rates of prevention on COVID-19, especially the vulnerable community. Feeding will help the community to follow the directive by the government to stay safe and stay at home.

· Alleviate short-term hunger in malnourished or otherwise well-nourished children people living with HIV and families during this COVID-19 pandemic.

**Program Implementation and Methodology**

The feeding program will be coordinated between KOEEDO, Chief's office and Health centers Heads and is estimated to run for the next six months. Both quantitative and qualitative methodologies are employed to identify the needy Individuals and family. The use of quantitative methods is to identify the relationship between the community inputs and achievement concerning the feeding program (FP). Apart from the data that is collected by KOEEDO, Health centers and chief’s office; specifically, for the program, raw data collected by KOEEDO field officers help provide solid evidence regarding program effectiveness.

To benefit slum girls at an average number of 6,427 of Primary schools-going age,  5,520 Secondary schools-going age and over 4,000 PLWH.  KOEEDO has adopted the following components while implementing the methodology to achieve the expected result in school feeding programs (FP);

1. Build a consensus on policy and objectives that focuses on how feeding can effectively contribute to improving health and meeting the nutrition and health needs of children and PLWH, KOEEDO through its program officers and chiefs/ Health officers usually work in closeness to agree on what ‘problems’ or ‘situations’ the feeding program will address, who the program will serve, and which program models are feasible for implementation. Community feeding programs are highly visible and as a result often have a significant political dimension, particularly since they can represent a considerable income transfer. This reality should not inhibit establishing a policy and objectives that will take advantage of the substantial potential for improving the impact of FPs .

2. Develop targeting criteria and mechanisms that concentrate program resources on high-risk children and communities. There is a built-in tendency towards universal coverage - providing meals for all children particularly in vulnerable families Furthermore, program coverage and targeting will always subject to a series of political, logistical, technical and informational constraints. Since resources are finite, particularly in the poorest families in slum areas, and that providing food is expensive, targeting is a critical element of any effort to improve the impact of an FP. Targeting is essential if the program is to reach families and communities that lack the resources to adequately provide meals for their children and PLWH.

3. Analyze and identify alternative financing and cost options for FPs.The cost of feeding programs is a major issue for the stakeholders. The feeding program of any kind is expensive. Financing may include external assistance, but in all cases, available resources, or the potential to draw on them, are required. Cost alone can indicate little about the value of an FP but, unfortunately, cost-effectiveness analyses, which assess costs relative to the impact on nutrition and outcomes, are for the most part unavailable. Nonetheless, implementing the recommendations in this guide should help to ensure that the benefit-side of the program is enhanced while controlling the cost side.

4. Elaborate appropriate guidelines for ration composition and the timing of meals. KOEEDO has established appropriate ration guidelines, for program officers and chiefs; to analyze the nutrition and health needs of children. Conditions in slums, such as the availability of infrastructure and the capacity to implement different kinds of FPs also need to be assessed. Information is also required on the community’s perceptions and capacity to participate in feeding programs.

5. Develop monitoring systems that focus on program processes, that is, how a program is functioning, and institute an evaluation system to assess the impact of the program on specific outcomes. The need to monitor and evaluate programs is not unique to FPs, but this recommendation is critical to increasing the impact of FPs. Despite experience; there is a dearth of concrete information on the functioning and effectiveness of feeding programs.

Program Sustainability

KOEEDO vision for the sustainability of its feeding program envisages the implementation of an extensive approach targeting poor, orphaned school-aged children/ individuals under the medication and are at risk in health and malnutrition.

Currently the sustainability of the program depends on continued support from friends, KOEEDO fundraising and donation of foodstuffs from local private companies. The program needs to be more fully integrated into the education system in the future and support group within the ministry system for close monitoring. KOEEDO intends to identify resources from donors, well-wishers, friends and private institutions to sustain the program.

Monitoring & Evaluation KOEEDO field program officers monitor and visit the vulnerable families at least twice per week. They monitor and speak to the families and beneficiaries, inspect documentation such as stock books, distribution lists, and the records. The removed sample is weighed and tested for value and standard by the KOEEDO field officers. KOEEDO, Chief, s and the health officers work jointly on monitoring and evaluating the program; Post-test Only Control Group and small-scale evaluation surveys are conducted to evaluate the program for both its feeding and components. Monitoring and evaluation are the responsibility of both donor and KOEEDO. Donor monitoring is effectiveness based. This is done through a report about the program to the donor. KOEEDO monitoring officers are responsible for collecting quantitative and qualitative data from the community. Neediest Families to be supported are selected based on geographical location and one gender.

**Estimated food kinds of stuff**:

500- Bags of maize @ Ksh. 3,200 per bag

300-Bags of Dry Beans@ Ksh. 6,200 per bag

100-(Jerri cans) 25 liters cooking oil @ Ksh. 2,700 per Jerri-can

500- Bags of rice @ Ksh. 9,850 per bag

1500- Kilograms of white sugar@ Ksh. 150 per Kilogram

200-Box Chocolate of cookies@ Ksh. 2,000 per box

150-Boxes of powdered milk@ Ksh. 1,500 per box

White muffins (average Ksh. 15,000

500-Bags of Green grams @ Ksh. 10,000 per bag

 50-bags Green vegetables @ Ksh. 1,500 per bag

**Additional cost**:

Transportation cost of foodstuffs to the community@ Ksh. 200 per km per ton Administrative program cost (program field officers transport costs, lunch, and breakfast, telephone) Logistical costs.

Proposed Program Budget Every Three Months

Exchange rates: 1 USD$ at Ksh. 100.00

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| NO | LINE ITEMS | No. of items | Cost per unit (Ksh) | Total cost (Ksh) | Total Unit cost (USD) |
| 1 | Transportation | - | 100,000 | 100,000 |  |
| 2 | Administration/ Logistical | - | 750,000 | 750,000 |  |
| 3 | Administration/Logistical | - | 100,000 | 100,000 |  |
| 4 | Program Staff ‘Personnel | - | 1,175,000 | 1,175,000 |  |
|  | **TOTAL** |  |  | **2,125,000** | **21,250** |
|  | **LIST OF FOOD STUFFS** |  |  |  |  |
| 5 | Maize | 500-bags | 3,200 | 1,600,000 | 16,000 |
| 6 | Dry Beans | 300-Bags | 6,200 | 1,860,000 | 18,600 |
| 7 | Cooking Oil | 100-Jerricans | 3,100 | 310,000 | 3,100 |
| 8 | Rice | 500-Bags | 9,850 | 4,925,000 | 49,250 |
| 9 | White Sugar | 1500Kgs | 150 | 225,000 | 2,250 |
| 10 | Chocolate Of Cookies | 4-boxes | 2,000 | 8,000 | 80 |
| 11 | Powder Milk | 150-Boxes | 1,500 | 225,000 | 2,250 |
| 12 | White Muffins | - | 15,000 | 15,000 | 150 |
| 13 | Green Grams | 500-Bags | 10,000 | 5,000,000 | 50,000 |
| 14 | Green Vegetables | 50-Bags | 1,500 | 75,000 | 750 |
| 15 | Supply of clean water twice a week | Donor choice | Donor choice | Donor choice | Donor choice |
| 16 | Supply of protective and cleaning accessories etc Soaps , Sanitizers and face masks | Donor choice | Donor choice | Donor choice | Donor choice |
| 17 | TOTAL |  |  | **14,243,000** | **142,430** |
|  | Contingency @ 10% |  |  | **1,636,800** | 16,368 |
|  | **GRAND TOTAL** |  |  | **18,004,800** | **180048** |



