WORLD VISION KENYA
STRATEGY 2021-2025

GOING FURTHER TOGETHER WITH HOPE AND RESILIENCE FOR CHILDREN
NATIONAL STRATEGY 2021-2025

SUMMARY STRATEGY MAP

GOAL
World Vision Kenya will contribute to improved and sustained well-being of 8,827,654 children including 2,521,600 children identified as most vulnerable children by 2025

MINISTRY IMPACT
Objective 1
Children report an increased awareness of God’s love

Objective 2
Increase in girls and boys protected from violence

Objective 3
Increase in children protected from diseases and infection (ages 0-5 years)

Objective 4
Increase in children 0-6 years old who experience quality care and education

MINISTRY FUNDING
Enhanced ministry resource and diversifications

Effective financial management

Enhanced integration with VisionFund for deeper ministry

OPERATIONAL EXCELLENCE
Effective and efficient organisational systems and structures that support organisational capacity in monitoring, evaluation, accountability and learning

Enhanced integration across ministry impact areas and leveraging on strategic partnership

Enhanced governance and organisational development effectiveness

PEOPLE, LEARNING & GROWTH
Enhanced staff performance for programme effectiveness

Engaged and motivated staff for optimal performance

Enhanced learning and organisational development effectiveness

OBJECTIVES

Objective 1: Children report an increased awareness of God’s love.

To ensure that children have improved relationship with God, enhanced self-image and esteem, enriched relationship with parents and peers, therefore generating hope for brighter futures, we will:

1. Focus on targeting the most vulnerable children through the faith leaders and faith based organisations.

2. Empower parents and caregivers with the appropriate knowledge, values, skills and behaviour to care and love children in stable and unstable contexts. This will include prioritising value based parenting competencies including those that help them protect children from all forms of violence.

3. Strengthen the capacity of the church and other faith institutions to advocate for child well-being and be more involved in designing and implementing community development projects.

4. Focus on religious programmes for children both at the church and in schools; and ensure the functionality of spiritual nurture clubs. This will include empowering church and school teachers with the required spiritual nurture of children values, knowledge, skills and approaches that will make them effective in integration of the same with life issues.

5. Sustain prayer and scripture reflection programmes at home and school.

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Objective 2: Increase in girls and boys protected from violence.

To ensure that all children are protected from all forms of violence, we will:

1. Empower children, parents, caregivers and all adult members of households with knowledge and skills to enable them take daily sustainable actions for protecting children from physical and sexual violence, child marriage, Female Genital Mutilation (FGM), child labour, child exploitation and other forms of violence.
2. Strengthen child participation platforms such as children’s clubs and assemblies so as to enable children to participate more meaningfully and be involved in decision making processes at the household, community, institutions and other levels of governance in Kenya.
3. Strengthen capacities of community-based child protection and advocacy groups/structures, churches, faith-led groups, learning institutions, government institutions and children support services. These efforts will enable the groups and institutions to enhance child participation and to provide sustainable, equitable and quality child protection monitoring, reporting and referral services, including during emergencies.
4. Continuously advocate for the implementation and enforcement of laws and policies that protect children from all forms of violence. This will include advocating for sustainable and equitable allocation of the public budget to programmes that contribute to increased protection of children from all forms of violence.

Objective 3: Increase in children protected from infection and disease (0-5 years).

To ensure that children are protected from infection and diseases, we will:

1. Contribute to improved access to adolescent responsive health services, which include both preventive and promotive services that help adolescent girls to overcome early child marriage and pregnancies, and to seek age-appropriate health services. We will also advocate for increased access to youth friendly services.
2. Contribute to improved access to health care for mothers and children through collaborations with partners and the government to implement programmes that contribute to increased access to quality health services, including adequate health supplies and staff. We will also promote good health seeking behaviour, scale up access to mental health services and strengthen community health structures.
3. Contribute to the reduced prevalence of Water, Sanitation and Hygiene (WASH) related diseases through an integrated approach, which includes the long-term sustainability of water sources, through the Integrated Water Resource Management (IWRM) approach. We will also strengthen partnerships with the Government and communities to enhance basic sanitation by promoting adoption of basic sanitation facilities, solid waste management and access to safe hygiene practices.

Objective 4: Increase in children 0-6 years old who experience quality care and education.

To ensure that all children experience quality care and education, we will:

1. Empower parents and caregivers to provide nurturing and responsive care to enhance the healthy development of the body and mind of children aged 0 to 3 years. As the first teachers of their children in life, we will also empower parents to be able to impart effective skills that will enable children to attain independence and lead healthy and successful lives.
2. Strengthen pre-primary school programmes for boys and girls (4-6 year-old) to enable them acquire the requisite competencies to transit to primary school. We will work with the government, partners and stakeholders to ensure that children access quality and prompt Early Childhood Development (ECD) education services for school readiness, as well as advocate for improved quality and access to both primary and secondary education in the country.
3. Empower parents and caregivers to accord children responsive care by ensuring that they have the resources and skills to provide safe, stable, nurturing and stimulating care. We will also endeavour-in collaboration with the government, partners and Community Based Organisations (CBOs) to equip parents with effective caregiving practices that promote the holistic development of children.
4. Advocate for, and support an integrated approach to ECD that aligns with the Nurturing Care Framework, where key supportive services and interventions will be incorporated to ensure that children (0 to 6 years old) in fragile rural areas, urban informal settlements and refugee settings receive timely and quality ECD services.
5. Empower communities to ensure children have access to food and nutrition security in an environment/family/community settings in different contexts, like the informal urban settlements, refugee setting and other fragile context, such us communities living in Arid and Semi-Arid Lands (ASALs). This will be achieved by ensuring increased access, availability, stability and utilisation of safe, diverse and nutritious food varieties through imparting skills and supporting technologies that include equipping parents with knowledge and child care practices that are significant in the first 1,000 days of child development.

CONTRIBUTION OF THE NATIONAL STRATEGY TO WORLD VISION’S ASPIRATIONS AND SUSTAINABLE DEVELOPMENT GOALS (SDGs)

<table>
<thead>
<tr>
<th>Child well-being aspiration</th>
<th>Child well-being objective</th>
<th>Common land scape issues in Kenya</th>
<th>Contribution to SDGs</th>
</tr>
</thead>
</table>
| 1. Children experience the love of God and others | Children report an increased awareness of God’s love | • 66% of children reported being engaged in spiritual activities  
• 76% of children are able to express their faith  
• 28% of children reported experiencing God’s love  
• 40% and 46% of boys and girls reported having positive and peaceful relations with their parent(s)/caregiver(s)  
• 54% of Kenyans believe that it is very hard to have a successful marriage  
• 46% of Kenyans believe that divorce is acceptable | |
<table>
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<tbody>
<tr>
<td>2. Children are cared for, protected and participating</td>
<td>Increase in children and boys protected from violence</td>
<td>• 45.9% of girls and 56.1% of boys experienced childhood violence by parents, caregivers and adult relatives &lt;br&gt; • 28.9% of girls and 37.9% of boys experienced childhood physical violence &lt;br&gt; • 15.6% of girls and 6.4% of boys experienced sexual violence before the age of 18 &lt;br&gt; • 62.6% of girls experienced multiple childhood sexual violence incidents before the age of 18 &lt;br&gt; • Childhood emotional violence by peers was found to affect 30.9% of girls and 31% of boys &lt;br&gt; • 20% of girls aged 15-19 are either pregnant or have given birth &lt;br&gt; • 23% of women aged 20-24 were found to be married or in a union before the age of 18 years. 4% had been married before the age 15 &lt;br&gt; • The national FGM prevalence for Kenya is 21% &lt;br&gt; • 11.4% of children live with disabilities - intellectual disabilities, physical disabilities and visual impairment</td>
<td><img src="image" alt="55%" /> 50% 45% 40% 35% 30% 25% 20% 15% 10% 5%</td>
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<td>3. Children enjoy good health</td>
<td>Increase in children protected from infection and disease (ages 0-5)</td>
<td>• The HIV prevalence rate is estimated to be 4.9%. This translates to about 1.5 million people living with the disease in Kenya &lt;br&gt; • Skilled child deliveries in Kenya is 65% &lt;br&gt; • Immunisation coverage for children in Kenya is 79% &lt;br&gt; • Leading causes of infant admission to health facilities include: pneumonia (17%), low birth weight (14%), birth asphyxia and trauma (12.7%), diarrhoeal diseases (6.0%) &lt;br&gt; • Direct and indirect effects and impact of COVID-19 &lt;br&gt; • 41% of people rely on unimproved water sources &lt;br&gt; • 48% of people do not have a habit of washing their hands after using the toilet &lt;br&gt; • 71% use unimproved sanitation solutions</td>
<td><img src="image" alt="50%" /> 45% 40% 35% 30% 25% 20% 15% 10% 5% 0%</td>
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<tr>
<td>4. Children are educated for life</td>
<td>Increase in children 0 - 6 years old who experience quality early childhood development, care and pre-primary education</td>
<td>• About 23% of children of pre-primary school going age are not enrolled in schools &lt;br&gt; • Gross Enrollment Rate (GER) in pre-primary schools is 77.1% &lt;br&gt; • Primary school completion rate is 84.2% &lt;br&gt; • There is poor infrastructure in ECD centers and primary schools &lt;br&gt; • Children have to walk long distances to ECD centers &lt;br&gt; • High levels of malnutrition in children - stunting (26%), underweight (11%) and body mass wasting (4%)</td>
<td><img src="image" alt="43%" /> 40% 38% 36% 34% 32% 30% 28% 26% 24% 22%</td>
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<td>5. Supporting Contributions: - These are key areas that contribute towards multiple child wellbeing objectives. They include: - Disaster Management &amp; Risk Reduction - Water Sanitation &amp; Hygiene - Livelihoods</td>
<td></td>
<td>• Child poverty rate - 42% &lt;br&gt; • Multi-dimensional poverty - 53% &lt;br&gt; • Prevalence of stunting - 29.9% &lt;br&gt; • 41% of people in Kenya rely on unimproved water sources &lt;br&gt; • 48% of people in Kenya do not have a habit of washing their hands after using the toilet &lt;br&gt; • 71% use unimproved sanitation solutions &lt;br&gt; • 68% of the population reported that they had skipped a meal</td>
<td><img src="image" alt="60%" /> 58% 56% 54% 52% 50% 48% 46% 44% 42% 40%</td>
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## TECHNICAL PROGRAMMES (TPs)

### Child Protection & Participation (CP&P)

**Objective:**
Increase in girls and boys spiritually nurtured, participating and protected from violence

**Outcomes:**
- Improved parental skills
- Increased participation of children
- Improved capacity of Churches, Faith Based Organisations & learning institutions
- Improved capacity of community advocacy groups
- Strengthened government systems & structures

**Models**
- Channels of Hope
- Community Voices and Action
- Child Protection and Advocacy
- Celebrating Families
- Building Secure Livelihoods
- Empowered World View

### Integrated Health & WASH (IH&W)

**Objective:**
Improved survival and protection of children under five years, as well as protecting adolescents and mothers from infections and diseases in Kenya by 2025

**Outcomes:**
- Improved access to responsive health services for adolescents
- Improved health care for mothers and children below 5 years old
- Reduced prevalence of WASH & environmental related diseases

**Models**
- Community Health Workers
- Impact Plus
- iWASH

### Community Engagement & Sponsorship Programme (CESP)

**Objective:**
To contribute to enhanced community engagements, community-led care and protection, as well as child participation for improved well-being of 8.8 million girls and boys within their families and communities by 2025

**Models**
- Channels of Hope
- Community Voices and Action
- Child Protection and Advocacy
- Celebrating Families
- Empowered World View

### Child Learning & House Hold Resilience (CL&HHR)

**Objective:**
To contribute to the holistic development of 358,000 children (0-6 years old) through the provision of quality care and education by 2025

**Outcomes:**
- Improved early learning opportunities
- Improved pre-primary competencies
- Improved access to food security & nutrition
- Improved responsive parental & caregiver care

**Models**
- Go Baby Go
- Learning Roots
- Nurturing Care Groups
- Building Secure Livelihoods
- Community Health Committees
- PD Hearth

## DELIVERY APPROACH

### Collaborating and advocating for broader impact
- Sustained engagement with children
- Issue based research and evidence generation
- Sustained engagement through networks and coalitions
- Linkages of local level advocacy with national and global advocacy
- Integrating gender and social inclusion in all World Vision Kenya programming

### Focus for greater impact
- Approved core project models
- Right competencies aligned to the structure
- Full integration across Technical Programmes and VisionFund Kenya
- Strengthened innovation & research
- Strengthened Monitoring Evaluation Accountability & Learning (MEAL)
- Scaling up of Information and Communications Technology (ICT)

### Living out our Christian faith and calling with boldness and humility
- Train, mentor, equip organizational leaders and staff with tools and resources
- Develop staff, partners and community competencies for the implementation of Faith & Development models and approaches
- Ensure staff, publications, programmes and fundraising initiatives consistently, clearly and contextually communicate our Christian identity and mission
- Sustain effective mutually transformative partnerships and collaborations with the church, faith-based organisations, donors and external research entities to build a credible evidence base around the impact of faith in development.
World Vision Kenya Grants (2021)
- Child Learning & Household Resilience
- Children Protection & Participation
- Disaster Management
- Faith & Development
- Integrated Health and Water, Sanitation & Hygiene (WASH)

World Vision Kenya Area Programmes 2020
- All Technical Programmes
- Child Learning & Household Resilience, Integrated Health & WASH
- Child Learning & Household Resilience
- Child Learning & Household Resilience, Protection & Participation
- Integrated Health & WASH
- Integrated Health & WASH, Child Learning & Household Resilience (HHR)
- Integrated Health & WASH, Protection & Participation
- Protection & Participation
- Protection & Participation, Children & Household Resilience
- Refugee Programmes
- Kenya counties

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