

# Interim Report I

## Adopt a Village – Osenetoi

Submitted To:  
SVQF



Reporting Period  
December 2010

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## **Abbreviations**

AAV – Adopt A Village

FTC – Free The Children

MHC – Mobile Health Clinics

SVQF – Sanam Vaziri Quraishi Foundation

## Introduction

This is a time of incredible hope in Kenya. With an overwhelming turnout this August, the people of Kenya voted for a new constitution that will introduce a bill of rights and address major issues such as the poor state of women's health, corruption in court systems and unequal government representation. With these changes comes great anticipation of a more just and fair Kenyan society.

While these monumental changes are happening at a national level, we at Free The Children are deepening our work in the Maasai Mara by focusing our efforts on our 2010 call to action: *free from*. The principle behind "free from" is the cornerstone of Free The Children's identity and mission — helping communities become free from poverty, thirst, disease and exploitation. In Kenya, we see these challenges present themselves as farmland destroyed by drought, unsanitary or unavailable drinking water that transmits illness, and severely restricted opportunities for children, especially girls. These are just a few of the reasons we continue to partner with local communities to develop solutions through Adopt a Village in the Maasai Mara region of Kenya.

With your outstanding support, over the past few months Free The Children has opened the doors to our new health centre, generously outfitted in part by SVQF, increased access to a reliable long-term source of clean drinking water for the community members of Salabwek and begun mobilizing our newest partners in the community of Osenetoi. Increased education, better access to clean water and sanitation, consistent health care and sources of alternative income will help the people of Osenetoi grow and give Kenyan children more opportunity to thrive.

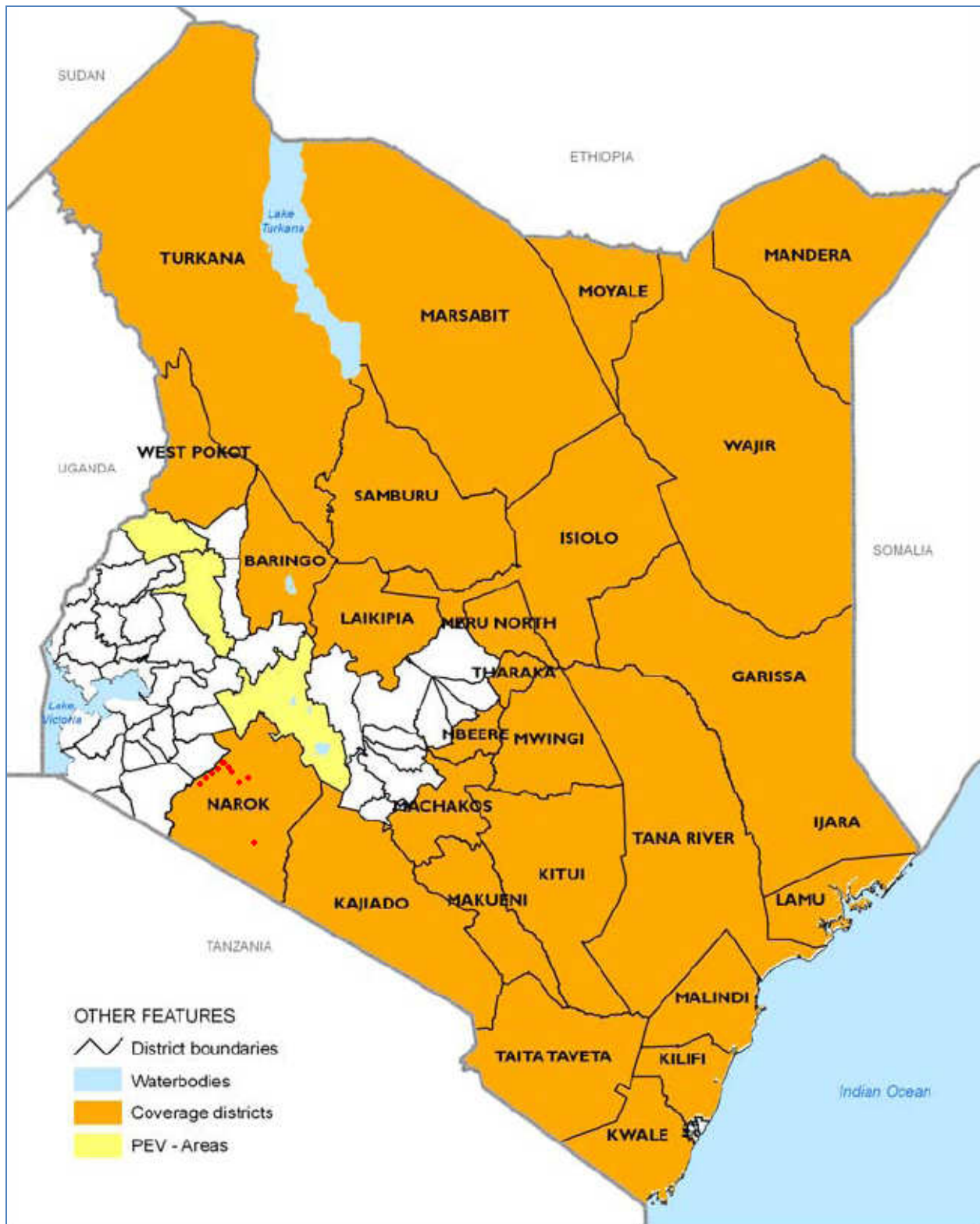


## Executive Summary

<b>Title</b>	<b>Adopt A Village</b>
<b>Country</b>	Kenya
<b>Project Goals</b>	<ul style="list-style-type: none"><li>• Provide access to quality primary education</li><li>• Provide access to clean and safe water for all community members</li><li>• Provide access to standard health care facilities and medical resources.</li><li>• Increase empowerment and independence of women</li><li>• Increase base family income through sustainable and diversified income generating activities</li></ul>
<b>Sectors of Focus</b>	Education, Water and Sanitation, Health, Alternative Income
<b>Operational Area</b>	Osenetoi, Narok South District, Kenya
<b>Project Start Date</b>	December 2010
<b>Funding Partner</b>	Sanam Vaziri Quraishi Foundation
<b>Total Budget</b>	\$250,000
<b>Fund Disbursed To Date</b>	\$75,000 USD
<b>Predicted Number of Beneficiaries</b>	Osenetoi – 2000 (Direct and Indirect)
<b>Free The Children Contact</b>	Seerat Kazmi, Program Manager

# Maps

## Kenya District Level Map





## Communities



### Osenetoi Community

Osenetoi is a rural Kenyan village situated in Lemek, a sub-location within Ololunga Division of Narok South District. The community is comprised of approximately 2000 villagers, including 260 school-going children. The area is largely populated by the Maasai, a vibrant group of semi-nomadic pastoralists. The Maasai people, native to Kenya and northern Tanzania speak the Maa language.

Because polygamy is common amongst the Maasai, the average family size is markedly high. The family unit includes the male head of household and two to three wives. Each wife in turn may have as many as seven children. Large families were traditionally considered a sign of prestige and wealth but are also valuable for carrying out household labour such as herding cattle.

With increasing demarcation of their land, the villagers are forced to become more settled and take up permanent homes. Family size has begun to decrease as a result of settlement patterns and also because the community members see the cost of education and health care as prohibitive to having children without sufficient planning. There are several challenges faced by the community members including female circumcision, early marriage, alcoholism, high unemployment rates amongst post-adolescent youth, and domestic violence. The village has faced recurring drought, with famine hitting the villagers in 1983, 1993, 2000, 2005, and 2009.



## Adopt A Village

### Education

The illiteracy rate in Osenetoi is 80 per cent amongst men and 90 per cent amongst women. Approximately 20 per cent of the village's primary school-age children are not in school. There are only five classrooms currently accommodating the 260 children who do attend school in Osenetoi Primary. Of the five classrooms, only three are permanent structures, while the other two are semi-permanent. The semi-permanent structures need to be repaired and rebuilt regularly in order to keep them in working condition. There are five educators leading classes in Osenetoi for the students. There are 134 boys and 126 girls currently enrolled at Osenetoi Primary.

There are several factors that limit the education potential of children in this community. The most common reasons include a high burden of household labour on children, such as herding cattle, early marriage and unwanted and early pregnancies. These factors in turn result in some primary school dropout.

### Health Care

Health care is a significant concern for the community members in Osenetoi. The most common health problems include exposure illness while herding cattle due to dust and rain, waterborne illness due to poor waste management and hygiene including typhoid, and upper respiratory tract infections as a result of poor ventilation in manyatta style homes. Other illnesses affecting the villagers include malaria, dysentery, pneumonia, tuberculosis, and diarrhea. Drought conditions in the village lead to poor nutrition amongst both children and adults.

The infant mortality rate in Osenetoi is 15 per cent and there is a high incidence of miscarriage. Child under-five mortality is 10 per cent. Maternal mortality is relatively low; however the most common complication resulting in death is placenta retention. This is because most women give birth at home and do not visit a hospital for a check-up after delivery. There are no health care facilities within a 10km radius of the village, nor are there any private practitioners.

### Water and Sanitation

Ill health amongst the villagers is most often a result of poor water and sanitation facilities and practices. None of the households have access to safe drinking water or proper sanitation facilities. The main sources of water for this community include rain water, shallow dams that collect water only during the rainy season, and a semi-protected spring which is a three hour walk from the village. The shallow dams are dug by the community members directly outside their homes in preparation for the rains. In the dry season, women and girls have very little time to commit toward their normal activities including beadwork, weaving and school in order to cover the long walk to collect water.

Waste management is another area for improvement amongst the villagers. There is only one latrine for the community which is owned by the chief. At the school site, there are two permanent and one semi-permanent latrine, however these are all in disrepair.

## Alternative Income

The average income for men in the community is \$40 USD per month, whereas it is only \$20 USD per month for women. Approximately 70 per cent of the villagers live on less than \$1 or \$2 USD per day. The main occupations for men are animal husbandry, and small-scale agriculture. Women mostly take up small businesses based on skilled crafts such as beadwork and weaving. Only seven per cent of the villagers operate a savings account, and 34 per cent of the villagers are in debt. The main reasons for the debt burdens include loans taken out to expand small businesses, personal household development, school fees, and the cost of livestock rearing.

The main source of food for the community members comes from livestock, household farming, and some purchase of food items at the market. Limitations to agricultural yield are the result of poor rainfall and drought. The drought in turn has led to a high incidence of livestock death. On average, 60 per cent of livestock are unable to survive drought. The only mitigation measure is to move to areas with greener pasture.

## Community Update

### Strengthening Partnerships

Since identification and selection of Osenetoi as one of Free The Children's newest partnership communities in 2010, the focus of the Kenya team has been to strengthen their ties with the local community members and village leadership. The Kenya field team met with Principal Nabaala who heads Osenetoi primary school as well as the teaching staff. The focus of the conversation was exploring their ideas of education, and what education currently looks like within their community. The conversation highlighted that education is a priority amongst the community members of Osenetoi and that parents are very invested in educating their children. The school leadership noted that the parents are eager to be involved in the projects, a key hallmark of sustainability of Free The Children projects. Both the principal and teachers also made mention of the two most significant barriers faced by the community members, namely a lack of clean drinking water and inaccessibility of routine health care.

At the end of August, the Kenya field team also met with a wider group of approximately 200 community stakeholders. This meeting broke into smaller focus groups allowing community members to discuss in detail elders' visions, women's visions, and men's visions for the community. Together we collaborated on a strategy for the community's participation and management in the upcoming projects. The parents committed to sharing their ideas and opinions in a transparent and constructive way and offered resources in support of the education projects. The women from the community began to open up conversation on sensitive cultural issues including female circumcision and early marriage.

In late fall, the community meetings continued, the next one with growing momentum had over 400 participants. The community members began the meeting in song, dance as a way to demonstrate their excitement and joy as they look forward to the success their hard work will bring them. During the meeting, they exchanged gifts amongst each other, gave speeches, shared their appreciation, and verbalized their commitments of how they would each help the community achieve its education mission.

This meeting was particularly important as it provided an opportunity for the community members to share their expectations of Free The Children with the Kenya team and so that the Kenya team could also ask the same of the community members.

The Kenya team has already identified Principal Nabaala as a key individual to ensuring our success together. He holds both the respect and trust of the community members and is willing to play an active role in achieving the community members' visions. The chairman of the school management committee has also stood out as an immediate leader. He speaks passionately about education and about the importance of parents supporting their children in their academic endeavours

## Project Status

Infrastructure development projects for the first 3 classrooms for Osenetoi primary school will begin in the new year and will near completion by July 2011. In the interim, students from Osenetoi will attend class in their old classrooms but will benefit from the provision of quality education supplies, including school kits, textbooks, and classroom-based learning resources provided to teachers as teaching aids. Students will also be able to benefit from our expanding nutrition program which not only includes a healthy midday meal to all school-going children, but now also includes a school-based agricultural education program.

With the new school term commencing in January 2011, the principal and teaching staff are looking forward to the formation of the school-based health and environment clubs. Each club will be comprised of 40 students who will serve as ambassadors and peer educators for lessons taught to them about health active living as well as environmental sustainability best practices. Each student at Osenetoi primary then serves the same role within their household, ensuring knowledge sharing amongst the entire family unit. Beginning in January, workshops on personal hygiene and sanitation including the topics of hand-washing, using soap, boiling water and using pit latrines will be held.

## Conclusion

The year ahead is an exciting one for Osenetoi. Through Free The Children's partnership with SVQF, the community members of Osenetoi will be able to enjoy the basic freedoms they have dreamt of. We look forward to continuing to share updates with you on the progress of our projects and the impact they are making over the next several years. By the end of 2011, we hope to report back to you on the completion of 3 classrooms, the launch of our mobile health clinics, health and water and sanitation workshops, and nutrition programs in Osenetoi. We will also continue to strengthen our partnerships with local community members in order to foster long-term sustainability of our projects' impacts. Thank you to SVQF for your commitment and passion to improving the lives of children around the world.

## Appendixes

### A1. Financial Report

SVQF Year 1 Adopt a Village Project Costs						
Osenetoi, Narok District (South), Kenya						
		Year 1 Units	Unit Cost (USD)	Year 1	Funds released	Funds Held
<b>Education</b>	Classroom construction	3	\$8,500	\$25,500	\$25,500	\$0
	Outfitting (desks, chairs, classroom fixtures)	3	\$2,500	\$7,500	\$7,500	\$0
	Teachers' Accommodations/staff	2	\$5,000	\$0	\$0	\$0
	Textbooks (for a class of 40)	3	\$150	\$450	\$450	\$0
	School supplies or school kit	200	\$24	\$1,920	\$1,920	\$0
	<i>Teacher Incentive Program/teacher</i>		-			
	Teacher training or workshops	2	\$1,000	\$0	\$0	\$0
	Library	1	\$15,000	\$0	\$0	\$0
Total				\$35,370	\$35,370	\$0
<b>Health</b>	<i>Mobile Health Clinic</i>		-			
	Medication/month	12x3	\$150	\$1,800	\$1,800	\$0
	Medical and General Supplies/month	12x3	\$50	\$600	\$600	\$0
	<i>Health Education Workshops</i>		-			
	Women's group health related training/month	12x3	\$5	\$60	\$60	\$0
	School health Club training/month	12x3	\$5	\$60	\$60	\$0
	Trainer Training Workshops	1	\$1,250	\$1,250	\$1,250	\$0
	Health Awareness day (full reach)	2	\$1,250	\$0	\$0	\$0
	Chimney Project (per household)	15	\$75	\$0	\$0	\$0
	Health Supplies		-			
	First Aid Kit/unit	1	\$100	\$0	\$0	\$0
	Information Resources and Educational Tools	1	\$20	\$0	\$0	\$0
	Kenya Nutrition Program (lunch/child/year)	200	\$25	\$5,000	\$5,000	\$0
Total				\$8,770	\$8,770	\$0

Water and Sanitation	Latrine construction	4x2	\$750	\$4,500	\$4,500	\$0
	Hand-washing station construction and restocking	8	\$75	\$450	\$75	\$0
	Water, Sanitation and Hygiene Education		-			
	School-based materials/month	12x3	\$5	\$60	\$60	\$0
	Women's group based materials/month	12x3	\$5	\$60	\$60	\$0
	Community based	1	\$1,250	\$0	\$0	\$0
	Water System Construction - Borehole	1	\$50,000	\$0	\$0	\$0
	Masonry Tank	1	\$5,000	\$0	\$0	\$0
Total				\$5,070	\$5,070	\$0
Alternative Income	Microenterprise development (productive resources)		-			
	Bee-keeping project/woman	18x3	\$500	\$9,000	\$9,000	\$0
	Livestock for animal husbandry (average cost per unit)	100x3	\$50	\$5,000	\$5,000	\$0
	Beadwork project/woman (average, if applicable)	100x3	\$25	\$2,500	\$2,500	\$0
	Training workshops		-			
	Materials and supplies/month	12x3	\$10	\$120	\$120	\$0
	Merry-go-round management and administration/year	3	\$1,000	\$1,000	\$1,000	\$0
Total				\$17,620	\$17,620	\$0
<b>Administration (9%)</b>				<b>\$6,015</b>	<b>\$6,015</b>	<b>\$0</b>
<b>Total</b>				<b>\$72,845</b>	<b>\$72,845</b>	<b>\$0*</b>

\*Total funds held as of December 2010 are \$2,155 USD, based on funds received in the amount of \$75,000 USD.