Wema CENTRE

*Love Never Fails*

# TRANSITIONAL STRATEGIC PLAN 2025-2027

• HEALTHCARE • EDUCATION • PROTECTION

**My goal has always been to transform the lives of street connected children in particular — to ensure they have food, shelter, education, healthcare, and a genuine chance at a better life. I want to see every child and vulnerable person we reach wearing a smile that reflects hope, dignity, and restored self-worth."**

**— Lucy, Founder of Wema Centre**

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# ACKNOWLEDGEMENT

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**Lucy Yinda, HSC**
***Founder, Wema Centre Trust***

# FOREWORD

I am delighted to present the Wema Centre Trust Strategic Plan 2025 – 2027. The Strategic Plan outlines Wema's strategic vision, mission and ambitions as well as the intervention strategies for reaching the same. The strategic focus areas are largely informed by the lessons learnt conclusions and recommendations from the analysis of Wema's operating context as well as a reflection on the organisational past performance and track record.

Street-connected children and families often lack access to their fundamental rights, such as shelter, food and clean water, healthcare, education, protection from abuse and exploitation. Children living on the streets are highly vulnerable to child labor, sexual exploitation, human trafficking and violence by authorities or gangs. Street families are also affected by poor sanitation and hygiene, high exposure to communicable diseases (e.g. TB, HIV/AIDS) and substance abuse. To address these challenges, it is imperative that government and organizations like Wema design programs to help uphold their rights.

Wema will also be transitioning from a Centre that provides residential care and shelter for street connected children to a healthcare and rehabilitation centre for street connected families and local communities. The transition aligns with the National Reform Care Strategy implemented by the Government of Kenya which aims to transition children from institutional care to family and community-based care.

Wema continues to emphasize the need for government, local civil society organizations, academia, corporate and individuals to come together and support programs that provide access to healthcare, mental health services, addiction recovery programs, safe spaces and advocacy to help reduce the risks faced by this vulnerable group.

**“Wema will also be transitioning from a Centre that provides residential care and shelter for street connected children to a healthcare and rehabilitation centre for street connected families and local communities.**

As we step into the new direction, Wema's strategic plan is anchored on four (4) strategic focus areas namely:

1. Healthcare and Rehabilitation Services
2. Education and Skills Development
3. Safety, Protection and Care Support
4. Institutional Development and Sustainability

Wema recognizes that providing support to street families requires joint efforts for the work to be impactful and sustainable. We shall work with multiple stakeholders in pursuit of diverse strategies across different levels and sectors. We shall use these partnerships to scale models that have been proven to work.

Our initial gratitude goes to partners, collaborators, street connected families and local communities who continue to subscribe to our vision, for their continued moral, financial and/or material support. We look forward to vibrant collaborations as we work to deliver the goals contained herein.

**Name Here**
***Chairman, Board of Directors***

*Former street-connected children, now healthy and full of joy, singing and dancing together happily*

# EXECUTIVE SUMMARY

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# ACRONYMS

| | |
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| **CBC** | Competency Based Curriculum |
| **CCI** | Charitable Children Institution |
| **CLM** | Community led monitoring |
| **CRC** | UN Convention on the Rights of the Child |
| **CSC** | Community Score Cards |
| **CSOs** | Civil Society Organizations |
| **CSR** | Corporate Social Responsibility |
| **DCS** | Directorate of Children Services |
| **EE&A** | Environmental Education and Awareness |
| **FGD** | Focus Group Discussions |
| **FGM** | Female Genital Mutilation |
| **HR** | Human Resource |
| **IGA** | Income Generating Activities |
| **KII** | Key Informant Interviews |
| **KNBS** | Kenya National Bureau of Statistics |
| **M&E** | Monitoring and Evaluation |
| **MEAL** | Monitoring, Evaluation, Accountability, and Learning |
| **MEL** | Monitoring, Evaluation and Learning |
| **NCCS** | National Council for Children's Services |
| **NEMIS** | National Education Management Information Systems |
| **NGO** | Non-Governmental Organization |
| **PESTLE** | Political, Economic, Social, Technology, Legal and Environment |
| **SDGs** | Sustainable Development Goals |
| **SFRTF** | Street Families Rehabilitation Trust Fund |
| **SWOT** | Strengths, Weakness, Opportunities and Threats |
| **UNICEF** | United Nations Children's Fund |

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# CHAPTER ONE

# ABOUT WEMA CENTRE TRUST

The Wema Centre is a Local Non-Governmental Organization, Empowering Street Children and Communities in Bamburi, Mombasa since 1993. Wema Centre Trust addresses the needs of street-connected children and local communities through a variety of programs which include rescue, shelter, rehabilitation, psychosocial support, health services, education, vocational training, family tracing, and social reintegration.

This holistic strategy is designed to reunite families, empower them through education and vocational training, provision of healthcare and rehabilitation services, protection and care support and ultimately break the cycle of vulnerability, ensuring that both children and their families can transition towards a more stable and self-reliant future.

> **"Wema Centre Trust will continue to offer education, skills development, protection, and care for street-connected children as part of its strategic plan**

Recognizing the dynamics of development practice and in order to improve service delivery, Wema will also be transitioning from a Centre that provides residential care and shelter for street connected children to a healthcare and rehabilitation centre for street connected families and local communities in Mombasa and other urban areas. The transition plan aligns with the National Reform Care Strategy implemented by the Government of Kenya which aims to transition children from institutional care to family and community-based care. The strategy emphasizes on tracing, reintegration, and transitioning of children from institutions to family and community settings.

*An aerial view of the Wema Centre, Bamburi Mombasa*

Wema Centre Trust will continue to offer education, skills development, protection, and care for street-connected children as part of its strategic plan. Strengthened efforts in the next two years will be channeled on reunification and reintegration of the street connected children in residential care to family and community based care. In line with its new strategic direction, Wema Centre Trust aims to become a thought leader in empowering street-connected families and local communities to live healthy and dignified lives by supporting access to holistic healthcare and rehabilitation services. A guiding framework for this transition will be developed and implemented as part of the plan.

*Below Photo: H.E. Mrs Tessie Mudavadi and Madam Lucy Yinda pose for a photo with the children and staff at the Wema Centre in Bamburi*

## 1.1. Our Vision and Mission

### Vision:

A society free of street connected and vulnerable children

### Mission:

To advocate for, rehabilitate and integrate street-connected and vulnerable children through holistic care and support into stable families and communities

*Vulnerable children at the Mwakirunge dumpsite pose happily for a photo, their bright smiles reflecting resilience and innocence despite the harsh challenges and disadvantages they face daily.*

## 1.2. Our Value Statement

### Compassion

We believe that every individual has the right to dignity and care.

### Justice

We believe in fairness, equity, and the protection of every street connected and vulnerable child's inherent rights.

### Inclusivity

We endeavor to create spaces where every individuals feel seen, respected, and valued.

### Respect

We recognize the inherent dignity, worth, and potential of every individual regardless of their background or circumstances.

### Integrity

We are committed to promoting honesty, transparency, accountability and ethical behavior in everything we do.

**A brand to move the world for the right to dignity for every street connected child and family.**

## Our brand platform

**We are facing a global crisis affecting street-connected children and families.**

Yet we have the power to create a better world for every child. Change starts with us — and with love.

## Our approach

The scale of the challenge is immense. That is why we embrace a three-pronged approach: intervention, innovation, and the engagement of all stakeholders to drive the transformation we urgently need. Only by working together can we turn the tide.

We will move forward with courage and determination to transform the lives of the underprivileged. People power lies at the heart of everything we do and will be essential to our success. We will inspire and mobilise a movement of advocates committed to meaningful change.

Building on our strong legacy of collaboration with like-minded organisations and individuals, we will continue to challenge ourselves and our partners to go further, do better, and create lasting impact across Mombasa and beyond.

Together, we will make a difference.

# 1.3. Our Brand

## The Old Identity

The original Wema Centre logo concept was inspired by the transformation journey of a girl named Amina, who had been living on the streets. In the background, she is portrayed as untidy, unkempt, dirty, and sad — symbolising the harsh realities, neglect, and vulnerability faced by children living in street situations. In the foreground, she is depicted transformed through the care, support, and rehabilitation provided by Wema Centre: clean, healthy, confident, and happy **(with a smile)**. The logo therefore represented hope, restoration, dignity, and the life-changing impact of Wema Centre's interventions.

However, the logo is now over thirty years old, creating the need for a rebrand that aligns with Wema Centre's new strategic direction. While the logo served the organisation well for many years, it became visually busy, with excessive detail that made reproduction across modern digital and physical platforms difficult, especially at smaller sizes.

In addition, the imagery focused only on girls, which over time created a misrepresentation of Wema Centre's work, as the organisation had expanded its interventions to include boys as well. The use of the Times New Roman typeface also projected a formal and rigid image that lacked warmth and relatability. Furthermore, the colour palette lacked consistency and sufficient contrast, limiting the overall visual impact and cohesion of the brand identity.

The organisation therefore sought to move towards a more contemporary logo approach that is cleaner, simpler, and more iconic. This direction allows for easier and more consistent application across various media and branded materials while still preserving the core values and transformational mission of Wema Centre.


*The graphic representation reflects Amina's journey and significance as the first girl with whom Madam Lucy began the mission of transforming the lives of street-connected children.*

> **While the logo served the organisation well for many years, it became visually busy, with excessive detail that made reproduction across modern digital and physical platforms difficult, especially at smaller sizes.**

## The New Identity

The new Wema Centre logo reflects the organisation's transformation journey while placing greater emphasis on the positive outcome — **a happy smile** symbolising hope, healing, and the restoration of dignity. The smile is also designed to resemble **a love heart**, directly connecting to Wema Centre's slogan, *"Love Never Fails."*

The new design adopts a more inclusive and universal symbol that represents the wider diversity of people served by Wema Centre, including boys, girls, men and women of different age groups. This aligns with the organisation's new strategic direction and creates a more adaptable and timeless identity.

The simplified and iconic design follows modern branding trends, making the logo easier to reproduce consistently across digital and physical applications, especially at smaller sizes.

The name Wema is presented in a handwritten-style font resembling a child's handwriting, giving the brand a warm, authentic, and relatable feel while maintaining a strong connection to children, who remain central to Wema Centre's mission and strategic focus.

The colour red represents love, passion, compassion, and restored joy, reinforcing both the heart symbol and smile concept. Blue provides balance by symbolising trust, stability, hope, and professionalism. Together, the two colours communicate a brand that is caring and compassionate, yet credible, dependable, and impactful.

The contrast of red and blue also introduces a sense of renewed energy and boldness into the brand identity, helping to inspire confidence, dynamism, and forward momentum within the management and staff.

***The smile graphic represents every transformed life — boys, girls, men, and women whose lives have been touched directly or indirectly through Wema Centre's interventions and support programmes.***

> **This visual tension between warmth (red) and stability (blue) reinforces a culture of action and purpose, encouraging the organisation to engage the new strategic direction with clarity, courage, and determination.**

## 1.4. Geographical Scope

Wema Centre has been operating in Mombasa, one of Kenya's largest cities with a population of around 1,553,460 as at 2025. Many live-in abject poverty and life is especially risky for children and young people living on the streets. Many have lost their parents or have escaped from abusive homes, and have travelled from other parts of the country in search of work. They work in hazardous conditions like on the huge Mwakirunge rubbish dump and are sexually exploited or engage in sex work, or get by with petty crime. In city centre areas like Makadara city, police and the authorities regularly conduct illegal clean-up operations in order to maintain Mombasa's image as a cosmopolitan tourist city[1].

*A photo of the iconic elephant tusks along Moi Avenue in Mombasa CBD, portraying the picturesque and vibrant character of the city.*

*A photo of a garbage pile at the Mwakirunge dumpsite, depicting the harsh underbelly of Mombasa where, in stark contrast to the city's beauty, this environment serves as home for many vulnerable families and children.*

1 https://www.childhope.org.uk/our-work/projects/rebuilding-the-lives-of-street-children-in-mombasa/

2 National Census on Street Families 2018

Wema Centre Trust will be expanding their geographical scope to other urban areas in Kenya where there is high prevalence of street connected families. According to the National Census on Street Families conducted by Kenya National Bureau of Statistics (KNBS) and United Nations Children's Fund (UNICEF) in 2018, there were 46,639 individuals registered as "street families"—those living or connected to the streets with majority residing in urban areas.

In urban areas, street connected families are often imprisoned with no just reason, often in a mixed gender and mixed age centres, and with no consideration for their protection. The study highlighted that most street connected children in urban areas ended up in streets for one or more of the following reasons; low family income, homelessness, neglect and abuse. This problem may be associated with parents' drug addiction and alcoholism, or negligence, school failure, natural disasters, HIV/AIDS and refugee problems[2].

Wema Centre Trust will explore pathways of providing support and care to street connected families and local communities as they transition in the new strategic direction. Wema will continue working in partnership with government agencies and partners to ensure that street connected families in Mombasa and other urban areas are referred for assistance during the implementation of this strategic plan and beyond.

*Children at the Mwakirunge dumpsite play with discarded plastic materials collected from the garbage, using them as makeshift toys despite the hazardous environment and health risks surrounding them.*

**46,639**

**Individuals registered as "street families" — those living or connected to the streets, majority residing in urban areas**


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2

# CHAPTER TWO

# SITUATIONAL ANALYSIS

Wema Centre Trust achieved significant success in rehabilitating vulnerable children and preparing them for independent living in the previous strategic plan. Majority of the street connected children who arrived at the Centre malnourished and traumatized received remedial education and psychosocial support, later integrating into mainstream education and vocational training.

Wema Centre Trust has also achieved substantial progress in enhancing the health and education of children under its care. The rescued street connected children who were initially unhealthy or living with HIV received treatment and care. The Centre's approach has been holistic, emphasizing not just care, but empowerment through skills development. Notably, a number of children exited the Centre after securing employment, which marks a major achievement in promoting self-reliance and dignity among formerly at-risk children.

## 2.1. Programs Performance Analysis

The section below provides an indepth analysis of how the different programs performed and achievements that demonstrate Wema's success in promoting development of street connected children. The Wema Centre Trust reached 1,291 street connected children in the period under review, through various programs as detailed below:

### 2.1.1 Formal Education

WEMA Centre's formal education program promotes the welfare of street connected children by ensuring they have access to knowledge and skills that can improve their standards of living, later in life. An integral component of the program is the remedial class which provides a safe transitional space for rescued street connected children to learn to read and write before being enrolled in schools within the community, for formal education3. A total of 464 street connected children were impacted through this program in the course of the implementation of the previous strategic plan.

3 Wema Centre Trust 2023 Annual Report 4 WEMA Centre Trust Annual Report 2021 5 WEMA Centre Annual Report 2022

# 464

## Street connected children impacted through the formal education program

In 2021, through the support of our donors Street Families Rehabilitation Trust Fund, Funds for Action Through Educate (FATE) and Terres Des Hommes Denmark, WEMA supported 148 rescued street connected children (SCC) and vulnerable children and youth to access quality formal education. As a result, there was increased participation of the targeted 148 street connected children in quality formal education systems[4].

In 2022, Wema Centre, through the support of its Donors, individual and Corporate Sponsors were able to support 107 (33 boys; 74 girls) rescued street connected children to access primary, secondary and tertiary education. Through the Higher Education support, former street connected children have the opportunity to enroll and complete certificate, diploma, and or degree courses at university/college. As a result, many of the Wema care leavers are self-reliant and become role models in their communities. In 2022, 7 youth (2 males; 5 females) were supported to access tertiary education, and saw four out of the seven graduates[5].

In 2023, the program enrolled 96 children into various institutions: Primary Education a total of 73 (20 boys, 53 girls); Secondary Education a total of 15 children (3 boys, 12girls); Tertiary Institution a total of 8 (5 boys, 3 girls); and WEMA Remedial a total of 14 (8 boys, 6 girls). Each group successfully transitioned to the next education level, maintaining a strong foundation for further education and access to income generating and or career pathways[6].

In 2024, WEMA enrolled a total of 113 children in Formal Education. This includes 25 new rescues, 15 girls and 10 boys, in primary level education. First cohort of 14 (7 girls and 7 boys) new rescues were enrolled in Term 2 and second cohort of 11 (8 girls and 3 boys) new rescues were enrolled in Term 3 to six different schools. Wema Remedial classes supported 32 (15 boys; 17 girls) in 2024. 4 boys successfully completed pre-primary education transitioning to Grade 1[7]. In January 2025, WEMA enrolled 6 children (2 girls and 4 boys) to formal education[8].

4 WEMA Centre Trust Annual Report 2021
5 WEMA Centre Annual Report 2022
6 WEMA Centre Trust Annual Report 2023
7 Board Progress Report October-December 2024
8 Board Progress Report January 2025

### 2.1.2 Youth Skills Empowerment

The WEMA Vocational Skills training project targets vulnerable/street connected youth whose ability to access and complete even basic education was limited due to their level of vulnerability. The project aims to enhance their ability to quickly access livelihood opportunities in Catering & Housekeeping and Tailoring & Dressmaking. A total of 278 street connected children were impacted by this program in the previous strategic plan.


*Young girls pose for a photo alongside their tutor Catherine Musangi herself a former alumni of Wema Centre after a tailoring session as part of the vocational training programme.*

In 2021, The Wema Centre Trust held its 25th annual Vocational Skills Training graduation ceremony on where 36 students (8 boys and 28 girls) celebrated the completion of their coursework in Catering and Housekeeping and Tailoring and Dressmaking. The project later enrolled 50 new beneficiaries in October 2021. As a result of these interventions, 21 (16 girls and 5 boys) Wema vocational skills training graduates were employed in hotels, hospitals and private businesses in Mombasa and Kilifi County[9].

**278**

**Street connected children impacted through the youth skills empowerment program**

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*A computer lesson in progress at the vocational training computer lab, with students receiving guidance from their tutor during the class.*

In 2022, 22 students (3 males and 19 females) graduated from our vocational skills training program. The program also introduced screen printing as a short course. The Safaricom Funded Ndoto Zetu Program supported the Centre's Computer Literacy Project with 10 new desktops. Through this support, the program certified 35 youth (24 female's and 11 males). The resident students at the Centre also benefited from the donated desktops. The trainer held sessions with the children during the holidays and they accessed them to facilitate completion of projects and homework under the Competency Based Curriculum[10].

The year 2023 marked the 27th annual graduation ceremony for our vocational skills training students. 58 youth celebrated with their families and friends as they received course Certificates in Tailoring & Dressmaking and Catering & Housekeeping keeping. In 2024, 77 youth (23 males and 54 females) were enrolled in Catering & Housekeeping and Tailoring & Dressmaking throughout the year, and 70 youth (21 males and 49 females) graduated.

> **"Empowering young minds is the key to unlocking a future built on innovation, compassion, and resilience."** — Unknown

9 WEMA Centre Trust Annual Report 2021
10 WEMA Centre Trust Annual Report 2022

### 2.1.3 Outreach, Rescue and Reunification

WEMA's street outreach and social work team addresses the immediate needs of street connected children through rescue, rehabilitation, and reintegration, into society. The outreach team targets separated and unaccompanied street connected children along with children in need of protection from abuse for rescue, such as children living in the dumpsite. Wema's street outreach activities provide a safe space for Wema social workers to engage with street connected children, youth and families through sports and recreation, informal education, food distribution, Counseling and provision of First Aid. A total of 549 street connected children were impacted by this program in the previous strategic plan through rescue, rehabilitation and reunification initiatives.

*Mary Randu reunited with her family after Wema Centre social workers were able to trace her relatives*

In 2021, through these interventions, WEMA managed to successfully rescue 31 (7 boys and 24 girls) street connected children in need of emergency assistance. Through the support of donors and well- wishers, WEMA were able to rehabilitate 117 children (90girls and 27boys). The Centre was also successful in reunifying 29 children (2 boys and 27 girls)[11].

**549**

**Street connected children rescued, rehabilitated and unified with families**

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In 2022, the team reached 354 street connected persons through outreach activities with 254 (147 girls and 107 boys) being street connected children. The interventions also facilitated the rescue of 13 children (2 boys; 11 girls) and 24 children went for home visits which led to the reunification of 15 (2 boys; 13 girls) children[12].

In 2023, WEMA rescued 42 children (19 girls and 23 boys) into the transitional residential care (home) for rehabilitation. Further Wema reunified 45 children (24 girls and 21 boys) with families. The rescue, rehabilitation and reunification activities were designed to purposefully ensure that children in our care have the opportunity to grow up in a safe and loving family set up[13].

In 2024, WEMA conducted a Christmas Food Basket Distribution at Mwakirunge dumpsite, reaching 30 families with nutritional assistance and supported the reunification of 23 children (16 girls and 7 boys) in line with National Care Reform Strategy[14]. Since the beginning of 2025, WEMA has admitted 10 children (6 girls and 4 boys) and reunified 6 children (2 girls and 4 boys).

### 2.1.4 Residential Care and Psychosocial Support Psychosocial Support

The Wema Psychosocial support program promotes the healthy physical, mental, emotional and social development of the children in our care. Through counselling, sports and various performing arts, children are empowered to cope with stress factors, make effective decisions, build and nurture their self-image as well as relationships with others. All resident children have access to counselling services, which include, family therapy sessions, individual therapy sessions and group therapy sessions. There are currently five families undergoing family therapy, eight children receiving individual therapy sessions and all age groups are receiving group therapy sessions all geared towards healing, regaining well-being and setting goals[15].

**All resident children have access to counselling services, which include, family therapy sessions, individual therapy sessions and group therapy sessions.**

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*Cucu Alice at the Thika Centre shares a light moment with one of the beneficiaries of the programme*

## Talent Development

The Center has a boys and girls football teams who engage in sporting events aimed at providing psychosocial support and improving the mental health of rescued and street connected children. In 2022, the 'Wema Stars' Football team participated in a total of 15 football matches against different teams within Kisauni Sub-County-winning most of the matches[16]. In 2023, the girls under 15 team participated in the Mombasa Football extravaganza hosted by Glad's House Kenya in August. The teams also played friendly matches against SOS Children's villages, Kashaniunder girls under 15 team and Bamburi under 13 and under 15 boys team[17]. In 2024, the teams participated in Sports Festival held at Shanzu Teachers Training College grounds and WEMA upgraded the playground through the support of Rotary Club of Napa Sunrise[18].

*The Wema Centre football team celebrates their victory after emerging as the county football champions*

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In 2022, The Centre engaged a music and drama trainer who conducted numerous training sessions with the Wema children's choir, which also includes boys. Additionally, the children were trained in traditional dance, modern dance and acting resulting in the children performing in different internal and external events[19]. In 2023, the centre engaged IMANI School of Music to train the children on BASS band, how to read music, and playing different music instruments. The children received training in traditional dances including Pokomo Miri dance and Borana dances. In 2023, the choir performed in various events such as Aga Khan Academy Christmas Carols on 24th November 2023 and WEMA's Annual Gala Dinner on 2nd December 2023[20]. In 2024, the choir performed at Wema's Annual Gala dinner, and during the annual National Child Justice Service Month at Tononoka Court Users Committee[21].

## Residential Care and Support

Wema's residential care program provides shelter, nutrition and health care services to all rescued children in our charge. In 2023, the program was most fortunate to receive the donations from Damen Shipyards which included two containers, fully furnished and converted to dorms that can fit 8 children each, one container to function as an office and rehabilitation of the toilets and washrooms for boys and girls[22].

*Susan Akinyi, the resident mother matron, poses with some of the happy and healthy children as they enjoy playing with their toys in one of the dormitories under the residential care programme in this file photo*

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*– Motherhood oozes from her every pore*

As at January 2025, WEMA had a total resident population of 104 children (36 boys and 68 girls). All the resident children received access to health care and nutrition across the year. Children aged 10- 16 years have been taught how to crochet, screen print and make soap. The social work team organize fun days each quarter where the children had friendly intra dorm games where they build their communication and collaboration skills.)[23].

**104**

**total resident population at Wema Centre as at January 2025**

### 2.1.5 Institutional Strengthening

In the course of implementation of the previous strategic plan, Wema supported various interventions aimed at enhance the institutional capacity of the organization to deliver its mandate. On administration, Wema supported the finance department to possess the necessary technical skills and foundational knowledge required for operationalizing key functions, particularly in finance and administration. These included financial systems management, administrative coordination, and a basic understanding of current practices.

*Edwine Ochieng of Move On Africa Consultants facilitates a strategic planning brainstorming session with Wema Centre board members and management team.*

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*Wema Centre founder madam Lucy Yinda together with the board members, management and staff pose for a group photo after a successful strategic planning session.*

Wema also ensured that they recruited competent board members with relevant skills and specialized knowledge in areas such as governance, human resources, and policy development. The board members actively participate in the governance structure by engaging in various committees that directly impact critical organizational functions. These include strategic finance and fundraising, legal policy and human resource (HR), and the child welfare and programs committee.

On resource mobilization and promoting organization sustainability, Wema established social enterprises to generate income and provide development opportunities to the communities they are serving. In 2023, through the support of Farm of Soul-USA, the Centre upgraded its farming techniques and equipment. This move has since improved productivity, supporting their nutrition program consistently with fresh produce. Most notably, our improved farming activities have exposed the children to hydroponic farming techniques such as cone farming, wall gardening and green house trough farming.

*Richard a staff at Wema Centre with fresh vegetables harvested from the greenhouse taking them to the kitchen.*

*Chicken at the re-introduced poultry farm at Wema Centre*

Wema re-introduced Poultry farming in February 2023. The project purchased 300 layer chickens in a bid to boost our nutrition program and the surplus eggs sold for income. Wema's Tailors produce top quality garments and other tailored items, generating income to support our programs. The Wema Tailors project also provides a learning environment that absorbs the best students from the Vocational Skills Tailoring class.

On capacity strengthening, Wema Centre Board of Directors, Social Workers and Administration team participated in a National Care Reform Strategy 2023 and Children's Act 2022 sensitization workshop organized by the Wema Board. The workshop helped the Wema team understand what the National Care Reform Strategy 2023 and Children's Act 2022 requirements, develop plans to strengthen programs/activities that empower families and focus on alternative care services for children and identify gaps in the Care reform strategy and develop an advocacy strategy for how the gaps can be addressed[24].

**The Wema Tailors project also provides a learning environment that absorbs the best students from the Vocational Skills Tailoring class.**

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## 2.2. Challenges and Lessons Learnt

### Challenges

1. **Limited funding and financial support:** WEMA programs depend on funding and the funding is not infinite. The donor landscape is consistently changing and priorities are shifting. For example, funding for CCIs has significantly reduced as government advocates for family and community- based care. There has also been limited efforts by the government to support reunification interventions. Sustainability was a major concern, as the institution relied heavily on donor funding, gala dinners, and other small-scale income-generating events such as marathons, which could not cover operational and programmatic costs.

2. **Inadequate policy implementation and coordination:** Poor policy implementation by government has been a challenge in providing holistic care to vulnerable children. For example, to access birth certificates has been a challenge and this has forced WEMA to get court committal orders to support children get this basic legal document. Another challenge was the government policy on how long a child could be kept at the Centre, which contradicted the long-term care model often needed in street rehabilitation

3. **Retention of children in rehabilitation programs:** A significant number of children often ran away or reverted to their former street lifestyles. There has also been reported cases of children supported through formal education dropping out and going back to the streets. Street children form strong bonds and informal "families" on the streets. Being isolated from these networks in centers may make them feel lonely or alienated. Older street youth also discourage or intimidate those in rehab from reintegrating.

### Lessons Learnt

1 **Strengthening partnerships and collaborations:** Partnerships and working collaborations with local duty bearers, CSOs, government and local communities were the cornerstone of implementation of activities in the previous strategic plan. Review of past performance reveals that it is important to build and expand partnerships through collaborating with a wider range of stakeholders, the organization was better positioned to mobilize resources, scale interventions, and access technical support, thereby strengthening the overall effectiveness of its mission.

2 **Skill sharing and mentorship:** Promoting the participation and the inclusion of successful former beneficiaries in the organization's operations and leadership was framed as both symbolic and practical symbolic in demonstrating transformation, and practical in leveraging lived experience expertise to support the design and implementations of programs. These individuals now serve in leadership roles such as on the board and are actively contributing to the growth and sustainability of the home.

3 **Strengthening governance and leadership structures:** There is need to diversify and strengthen leadership and governance structures. There has been strategic effort to expand board membership and trustee involvement by bringing in

individuals from varied backgrounds and areas of expertise. This expansion was seen not only as a governance strengthening measure but also as a way to broaden the organization's capacity and networks. There is recognition that a more diverse board brings richer perspectives and enhances decision-making, especially in complex environments.

## 2.3. Institutional Capacity Analysis

The section below provides insights of Wema's Institutional Capacity through an analysis of the organization's strengths, weaknesses, opportunities and threats (SWOT).

**Table 1: SWOT Analysis**

| Strengths | Weaknesses |
|---|---|
| • Committed, skilled, experienced and mission- driven staff. This is key in supporting Wema's work with vulnerable children and families.<br>• Competent expertise and skills in board to drive the organization's strategic direction. This will be key in supporting the organization governance and transition process.<br>• Strong financial management systems in place to support management of finances and program funding.<br>• Strong partnerships with government, local actors and communities. This is key in strengthening the Wema's legitimacy, reputation in the sector and to identify pathways for mobilizing resources for program implementation<br>• Existing internal skills on grant acquisition and proposal development which will be key in promoting resource mobilization for programs through proposal development and identification of new funding opportunities. | • Performance appraisals and feedback and limited skills development opportunities for staff. Performance appraisals and skills development will be prioritized in this strategic plan under institutional development and sustainability.<br>• Limited diversification of funding sources and weak financial forecasting and planning. The board and staffs will diversify their resources mobilization through strengthening the social enterprise, establishing a business development department to support grant acquisition and identifying potential donors to support their programs.<br>• Limited succession planning within the organization leadership. Wema will develop a clear succession plan that promotes cohesive transition of staff and board members in leadership positions. This will be also be key in guiding onboarding processes and ensuring that there is skills and knowledge transfer as new team members join |

| Opportunities | Threats |
|---|---|
| • Wema will promote skills development, well- being and retention programs for staff and board members to ensure they are supported to deliver the strategic plan<br>• Hire Focal Point Persons to support M&E, and Business Development. These departments will support resource mobilization, monitoring, evaluation and learning during implementation of the strategy. An M&E framework will be developed and staff trained on how to utilize it<br>• Wema will strengthen resource mobilization through expanding into CSR, diaspora, and local foundations. The organization will also train multi-departmental teams on grant writing and create contingency reserves and investment plans for sustainability purposes.<br>• Wema recognizes that technology is an enabler in service provision and they will prioritize the upgrading of IT systems and train staff in utilization of digital tools (Canva, CRM, etc.)<br>• Wema will engage in local and high-level advocacy and policy influencing as a thought leader on provision of holistic support to street connected families. Wema will participate in TWG, national and regional policy convenings to advise governments and agencies on how to support street families. | • Change in government policy direction forcing the centre to halt or transition their programs which might affect impact. Wema will conduct scenario planning to ensure that they align their programs and services with government policy direction.<br>• Donor fatigue or shift in funding priorities can also affect Wema's work. There can also be loss of donors and support due to transition in focus areas. Wema will communicate with existing donors and also identify other potential donors who can support the transition and strategic direction.<br>• Wema understands that exchange rates and inflation shocks can affect project budgets. Quarterly reviews will be conducted to help adjust forecasts and avoid shortfalls. Wema will also build a realistic contingency buffer based on inflation forecasts and adjust each project cost component using an annual inflation rate<br>• Political and civil unrests which might affect implementation of activities. Wema will ensure that all safeguarding measures and protocols are observed when planning project activities. |

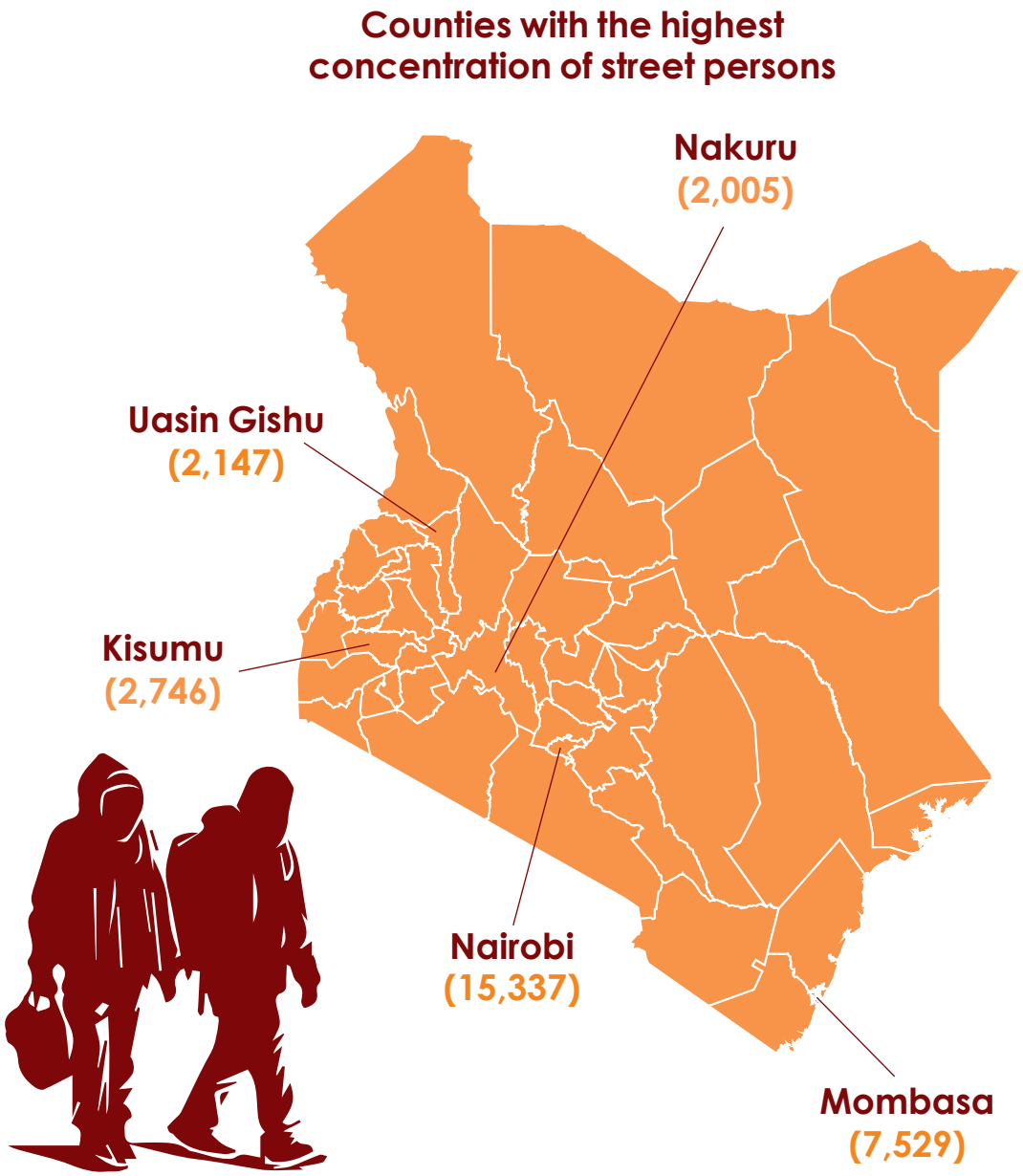
## 2.4. Operating Landscape Analysis

Globally, the menace of street families is a major societal issue that results from socioeconomic challenges and natural factors such as population growth, poverty, famine, war, urbanization, parent death or divorce, mistreatment by parents or relatives, tribal displacement, insufficient food at home, or influence from friends can push children to live and work on the street[25]. According to UNICEF, in Africa, even though the problem is a relatively recent phenomenon, streetism is a complex problem since there are more than 30 million street children on the continent[26].

25 Aptekar & Stoecklin, 2014; Njine, 2016
26 Dankwa, 2018

In Kenya, the National Census on Street Families 2018 conducted by the KNBS and UNICEF established that an approximate of 46,639 individuals were living on the streets across the country.

The counties with the highest concentrations of street persons are Nairobi (15,337), Mombasa (7,529), Kisumu (2,746), Uasin Gishu (2,147) and Nakuru (2,005). In Kenya, these children are referred as "Chokaras" and are characterized with wearing dirty clothes, sniffing glue and sleeping on the streets[27]. Despite efforts by local government, nongovernmental organizations, and community-based organizations to address this problem, most children who receive services end up returning to the streets[28].




27 https://mtotonewsblog.wordpress.com/2022/04/12/kenya-has-15752-children-living-on-the-streets/

28 Johanna K. P. Greeson, John R. Gyourko, Sarah Wasch, Christopher S. Page: A qualitative study of a family strengthening program in Kenya, Vulnerable Children and Youth Studies (2024).

## The section below provides an analysis of key issues affecting street connected children and families in Kenya

### Poverty and Income Inequality


In Kenya, high poverty levels and unemployment are major causes of street families. Inflation in has a profound impact on households and their ability to afford basic needs like health, education and food for children. The lack of proper funding by the Government to social safety programs also have direct implication on street family's initiatives. Wealth disparities mean poor communities often lack quality schools, health services, clean water, and other essential infrastructure. These systemic inequalities keep families trapped in poverty, with limited upward mobility. Many street families migrate from rural areas to urban centers (like Nairobi, Kisumu, or Mombasa) in search of better livelihoods. When cities fail to provide affordable housing and jobs, families end up living on the streets or in informal settlements[29].

### Access to Protection and Care Support

In Kenya, street connected children are still considered to be illegal, discriminated against in their attempts to access services and treated with violence and contempt by state authorities and members of the public. This legal status results in children in street situations being systematically discriminated against as though they are breaking the law. Sexual exploitation is a common experience amongst street children, as is physical violence from security authorities, engagement in some of the worst forms of child labour, and petty crime for the purposes of gaining income for food and shelter30. Without adequate protection, street-connected children and families are exploited by adults who take advantage of their vulnerability. This can include forced labour, sexual exploitation, and trafficking[31].

29 Florence Kanorio Kisirkoi 2016: Education Access and Retention for Street Children: Perspectives from Kenya
30 Ways of Coping: Children growing up on the streets of Nairobi | Toybox 2017
31 https://www.streetchildren.org/news-and-updates/what-risks-do-street-children-face/

## Access to Education

Access to education and skills development for street connected children and families is still a challenge in Kenya. Free Primary Education was declared by the Kenyan government in January, 2003, however access to basic education for street connected children has still persisted. This has mainly been attributed to the failure to address the specific and unique learning needs of this category of children. Many street-connected youth lack birth certificates, national IDs, KCPE/KCSE certificates, or school transfer records. Without documentation, they're locked out of both formal public and donor-supported programs[32].

## Rehabilitation and Integration

In response to the escalating problem of street children, several governmental and non-governmental agencies have devised interventions to rehabilitate and reintegrate them back into society or assist them in starting an independent life[33]. Alternative solutions, such as kinship care, Kafala, foster care, temporary shelter, guardianship, adoption, and institutional care, are usually applied if the child cannot re-join his or her natural family. However, reintegration is prone to challenges like unsafe families to return to, relapse, stigma, and poverty. Street connected children and youths are also so accustomed to the dangerous lifestyles in the streets and they struggle to cope and settle in family and community setups. [34]

32 Aptekar & Stoecklin, 2014 ; Petersen et al., 2014
33 Kaime-Atterhög et al., 2017
34 Delap & Wedge, 2016; Friberg & Martinsson, 2017; Njine, 2016

## Access to Healthcare

Street connected families in Kenya are subject to human rights violations and experience tremendous stigmatization, social exclusion and discrimination, all of which have an impact on their health and wellbeing. This marginalized group disproportionately experiences preventable morbidities including but not limited to: a heightened prevalence of human immunodeficiency virus (HIV) and sexually transmitted infections, post-traumatic stress disorder, and negative sexual and reproductive health outcomes. Street connected families in Kenya also succumb to death prematurely through preventable causes of mortality. Many street families also do not have national ID cards or birth certificates, which are often required to access public health services. Without documentation, they're excluded from programs like SHIF (Social Health Insurance Fund)[35].

## Drug and Substance Abuse

Drug and substance abuse is a menace in the coastal region where Wema operates. This has led to increased number of street and vulnerable children who engage in drug and substance abuse. Many refuse to be rescued or rehabilitated. Stereotyping of street and vulnerable children because of intoxication has also rendered them vulnerable to hostility from community members. Street connected children and families are also discriminated when accessing basic services like rehabilitation services from the existing health centres because of stigma. Faced with high levels of poor psychosocial health due to the harsh life they face in the streets, substance use often remains the last bastion for most of these children[36].

35 L. Embleton, P. Shah, A. Gayapersad, R. Kiptui, D. Ayuku and P. Braitstein 2020: Characterizing Street-Connected Children and Youths' Social and Health Inequities in Kenya: A Qualitative Study 2023

36 O'gallo Brian Ochieng' 2022: A Study of the Relationship between the Quality of Social Support System and Drug Use among Street Children in Starehe Sub-County, Nairobi County Kenya

## Access to Legal Documents

Access to identification and legal documents is also another key challenge affecting street connected children and families. Children from street families are twice as likely to go unregistered at birth. This is most often explained by the remote location of registration centres and unaffordable registration prices. In addition, parents of street connected children are uneducated and are generally not informed of how important the birth registration process will be for their child's future well-being. These children without a legal identity often fall off the community radar and fall prey to prostitution, slavery and exploitation[37]. The recent pronouncement by the government under the Finance Bill 2024 to charge citizens registration and replacement of IDs further exacerbates the plight of vulnerable demographics like street connected youths and families[38].

## Climate Change and Environmental Factors

Climate change affects street families in Kenya in many serious and direct ways. Since they live without stable housing and often rely on informal work or begging, they are highly vulnerable to environmental changes. Floods and heavy rains during erratic weather patterns destroy makeshift shelters and force constant relocation of street families. Fluctuating weather patterns expand the range of diseases like malaria, dengue, and chikungunya. Poor sleeping conditions and exposure make street families easy targets for infection. Street families also often rely on informal jobs (waste collection, washing cars, selling items), many of which are affected by bad weather or climate-related disruptions[39].

37 UNICEF, 2020

38 Johanna K. P. Greeson, John R. Gyourko, Sarah Wasch, Christopher S. Page: A qualitative study of a family strengthening program in Kenya, Vulnerable Children and Youth Studies (2024).

39 Elishah Mwangi: The Impact of Climate Change on Street Children: Mount Kenya Times 2023

## 2.5. Policy and Legal Framework Analysis


Kenya is party to several international and regional conventions and legal instruments that protect the rights of street families, particularly children. The UN Convention on the Rights of the Child (CRC) is a key document, with General Comment 21 providing specific guidance on children in street situations[40]. Other relevant instruments include the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, and regional charters like the African Charter on the Rights and Welfare of the Child.

Kenya's policy and legal framework for protecting street connected children and families centers around the rehabilitation and reintegration of individuals and families living on the streets, with a focus on prevention, rescue, and sustainable livelihoods. Key national policies and frameworks supporting protection of street connected children and families include the Children Act, 2022, The National Care Reform Strategy 2022-2032, The National Policy on Rehabilitation of Street families 2023, Sexual Offences Act 2006, National Child Protection Policy, Counter-Trafficking in Persons Act (2010), Street Families Rehabilitation Trust Fund and the National Policy on Family Promotion and Protection 2023.

- **Street Families Rehabilitation Trust Fund:** The government of Kenya established the Street Families Rehabilitation Trust Fund (SFRTF) that aims to enhance and support the growth and development of children, young people and their families by facilitating access to justice, education, health, and their psychosocial and economic support[41]. However, uncoordinated and unstructured interventions have hampered the effective design of

40 The UN Convention on the Rights of the Child (CRC)
41 Ministry of Labour and Social Protection
42 https://eastleighvoice.co.ke/street%20families%20rehabilitation%20trust%20fund-unicef/165847/new- push-to-rehabilitate-street-families-as-population-census-begins-june-29
43 https://eastleighvoice.co.ke/street%20families%20rehabilitation%20trust%20fund-unicef/165847/new-push-to-rehabilitate-street-families-as-population-census-begins-june-29

strategies programmes and the implementation of interventions supported by SFRTF[42]. The absence of a robust legal framework, particularly within the Local Government Act, hinders the SFRTF's ability to enforce regulations and ensure accountability. There is also a lack of comprehensive and reliable data on the number and demographics of street families makes it difficult to plan and implement targeted interventions[43].

- **The National Policy on Rehabilitation of Street Families 2023:** The National Policy on Rehabilitation of Street Families, launched in 2023, provides a comprehensive framework for addressing the needs of street families in Kenya. It aims to create a country free of street families by offering sustainable solutions through coordinated interventions and strategies. The policy focuses on a comprehensive approach to rehabilitation, addressing various needs like housing, education, healthcare, and social integration[44] and directly aligns with Wema's interventions. However, previous uncoordinated interventions have hampered the development of effective strategies. County chapters under the policy are mandated to coordinate and domesticate the policy at the local level but this has been very limited due to lack of resources[45].

- **The National Care Reform Strategy 2022-2032:** The National Care Reform Strategy 2022-2032 is a strategic framework guiding the interventions of organizations like Wema in transitioning children from institutional care to family and community-based care. This strategy focuses on preventing separation, strengthening families, and providing alternative care options. However, implementation of the National Care Reforms by the government is still not well understood and this might affect how organizations like Wema and other Charitable Children Institution plan for the future. There are also growing concerns in the child protection sector over the feasibility of implementation of care reforms without strong communal and family-based structures.


- **Kenya Universal Healthcare Coverage Policy 2020-2030:** The constitutional right to access to quality healthcare services without financial hardship is provided for in the Kenya Universal Healthcare Coverage Policy 2020-2030[46]. However, street connected children and families face inequities that hinder access to healthcare services. Low awareness of their own health and medical status, coupled with an absence of relevant healthcare information, result in poor exposure to and uptake of medical interventions. Due to their vulnerable situation, majority of them are also not covered under the SHIF scheme supported by the government. Some counties also offer fee waivers for street-

44 The National Policy on Rehabilitation of Street Families 2023

45 https://eastleighvoice.co.ke/street%20families%20rehabilitation%20trust%20fund-unicef/165847/new- push-to-rehabilitate-street-families-as-population-census-begins-june-29

46 Kenya Universal Healthcare Coverage Policy 2020-2030

47 Education News Hub+3BioMed Central+3Scribd+3.

connected children in public hospitals, but availability is inconsistent and not widely known[47]. These gaps in policy implementation strengthens Wema's resolution to transition to a centre that provides holistic healthcare and rehabilitation services of street connected children and families.

- **National Housing Policy 2016:** In Kenya, everyone's right to access adequate housing and basic shelter is enshrined in the National Housing Policy 2016 and also the Children Act (2022), the National Policy on Rehabilitation of Street Families 2020 and other various policies but there is no specific legislation or policy that caters to the right of street connected families to access housing or shelter. In contrast to the existing policies, the discourse around the affordable housing programme in Kenya contravenes the vulnerability principle provided for under the housing policy because street connected families as vulnerable groups cannot meet the criteria of affordable housing.

  The programme targets income earners, but street connected families do not earn income that can qualify them for the programme, and it also requires registration documents like national identity cards which most street connected families lack.[48]

- **Role of County Governments:** There are also institutional and coordination challenges affecting how different government institutions provide care and support to street connected children and families. For example, despite the Children Act 2022 having clear provisions on the role of County Governments, there is limited programming and resource support by County Governments on supporting rehabilitation of vulnerable, street connected children and families. There is also limited evidence to substantiate if County Government have designed action plans to domesticate national strategies and policies to fit and address child protection issues in their context.

The existing policy and legal framework in Kenya provide opportunities for Wema to engage in advocacy and policy influencing to address the different challenges faced by street connected children and families. Over the years, Wema has strengthened and increased working relationship and engagement between Government in policy review, development and implementation.

48 Leah Alexis Ndimurwimo; Esther Nasimiyu Wanjala; Asande Felix Makori: A critique of the efficacy of the right to shelter for street children in Kenya; 2024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# CHAPTER THREE
# STRATEGIC OBJECTIVES

## 3.1. Strategic Focus Areas

These are the 4 Strategic focus areas for Wema Centre Trust: The first is Healthcare and Rehabilitation Services, the second area of focus is Education and Skills Development, the third, Safety, Protection and Care Support and the fourth area is Institutional Development and Sustainability.

# 1 STRATEGIC FOCUS AREA 1: HEALTH CARE AND REHABILITATION SERVICES

*Wema Centre outreach programme official Alex checks up on Ali Bakari Katana who had been suffering from an irreducible inguinal hernia, a painful condition he had endured for six long years before Wema intervened and took him to hospital*

Accessing healthcare is a major challenge for street families in Kenya, including street children, due to a complex web of structural, social, and economic barriers. These challenges contribute to poor health outcomes, chronic illnesses, and heightened vulnerability to disease and exploitation. Street families face significant barriers in accessing healthcare, including affordability, lack of awareness, and inadequate healthcare provider support.

The current healthcare services in Kenya are expensive and this limits access to vulnerable communities like street connected children and families. Street children and families often cannot afford consultation fees, medication, diagnostic tests, and hospital admission. Many public hospitals have hidden costs despite being "free" or subsidized. Addressing these challenges requires a multi- faceted approach involving improved access to free or low-cost public health systems, increased awareness campaigns, and tailored interventions that address the unique needs of this population.

> **"Wema Centre Trust seeks to be the first organization providing holistic and accessible healthcare and rehabilitation services to street connected children, families and local communities**

As part of transitioning their operations in the next two years, Wema Centre Trust seeks to be the first organization providing holistic and accessible healthcare and rehabilitation services to street connected children, families and local communities. This will be achieved through development of a framework that will guide the organization on how to provide healthcare and rehabilitation services for street connected children and families and provision of rehabilitation services and primary healthcare including immunization for children, treatment of common illnesses, maternal healthcare, family planning, nutrition, drug and substance abuse rehabilitation, HIV testing and counselling, mental health and treatment support for survivors of GBV.

**Strategic Goal:** Street connected children, families and local communities' access holistic healthcare and rehabilitation services.

Table 2: Healthcare and Rehabilitation Services

| Focus Area | Outcome Indicator | Illustrative Activities |
|---|---|---|
| **Primary Healthcare Services** | Proportion of street connected children and families reporting improved health outcomes and reduction in disease incidences | • Provision of immunization for children<br>• Treatment of common illnesses (e.g. malaria, cough, diarrhea)<br>• Maternal and child health (antenatal care, safe delivery)<br>• Family planning services<br>• Health education and nutrition<br>• HIV testing and counseling<br>• Sexual reproductive healthcare<br>• Physical assessment and treatment for GBV survivors |
| **Rehabilitation Services** | Proportion of street connected children and families rehabilitated and reunified in communities | • Comprehensive intake assessments<br>• Development of personalized treatment plans<br>• Medication-assisted treatment and detoxification<br>• Group and individual counselling support<br>• Individual, group and family therapy<br>• Psychoeducation and Life Skills Training<br>• Art, Music and Sports Therapy<br>• Establish partnerships with organizations supporting rehabilitation for learning |

# 2 STRATEGIC FOCUS AREA 2: EDUCATION AND SKILLS DEVELOPMENT


*Children at the Wema Centre library receiving tutorial from one of the teachers at the centre.*

Street connected children in Kenya face numerous, interrelated challenges that limit their access to education and skills development. These barriers go beyond physical access to schools and they are rooted in poverty, stigma, policy gaps, and unstable living conditions. Most street connected children do not have birth certificates or school records, which are often needed for school enrolment and official exams. Formal schooling in Kenya often follows a rigid curriculum that does not cater to older or over-age learners, children with learning gaps, or those who have been out of school for years. There are also few remedial or bridging programs exist to help reintegrate street-connected children.

Wema will support access to education and skills development for street-connected children through provision of formal education from primary to university, vocational skills and training, skills and talent development and mentorship programs. This will be achieved through supporting enrolments, provision of remedial

> **“ Wema Centre will support access to education and skills development for street-connected children through provision of formal education**

classes and learning materials for rehabilitated street connected children. Wema will also pursue partnerships with schools and learning institutions that can provide scholarship and learning opportunities for street connected children.

**Strategic Goal:** Wema provides relevant education and skills development opportunities that facilitates growth and development of street connected children

**Table 3: Education and Skills Development**

| Focus Area | Outcome Indicator | Illustrative Activities |
|---|---|---|
| **Formal Education** | Proportion of street connected children and youths supported by Wema accessing and completing formal education | • Provision of remedial classes<br>• Enrolment of children in formal education<br>• Provision of school fees and scholastic materials<br>• Identification of scholarship opportunities<br>• Partnership with schools for scholarships |
| **Vocational Trainings Skills** | Proportion of street connected children and youth supported by Wema accessing, completing vocational training and engaging in livelihood development opportunities | • Registration and setup of the centre as a TVET institute<br>• Hire trainers for the TVET institute<br>• Identify job placement opportunities and support youths to access them<br>• Establish partnership with employers for job placements |
| **Talent Development and Sports** | Proportion of street connected children supported by Wema accessing jobs and livelihood development opportunities | • Support children and youths to participate in sports and performing arts events including purchase of equipments |
| **Mentorship and Coaching** | Proportion of children/ youths reporting improved behaviour, personal growth and development | • Develop an Exit Strategy for Children when Transitioning to Adults<br>• Life skills development trainings<br>• Career guiding and counselling services |

# 3 STRATEGIC FOCUS AREA 3:

# SAFETY, PROTECTION AND CARE SUPPORT

*Madam Lucy Yinda, founder Wema Centre comforts one of the beneficiaries, as Susan Akinyi a board member and alumni of Wema Centre looks on*

Street connected children in Kenya face a wide range of protection issues that threaten their safety, development, and basic rights. These children live in vulnerable conditions with little or no adult supervision, making them highly susceptible to abuse, exploitation, and neglect. Street connected children in Kenya are at high risk of physical violence from peers, the public, and law enforcement. Sexual abuse, including rape and exploitation (especially of girls), is common and often goes unreported due to fear or lack of access to justice.

In the next 2 years, Wema Centre Trust will continue supporting community outreach to street connected children, rescue, and rehabilitation and reunification programs in line with National Reform Care Strategy. Wema will continue supporting interventions focusing on provision of shelter, nutrition and health care services to all rescued children in our charge. Diversification of focus areas will also include programming around GBV, livelihood development as a way of strengthening child protection and improving the livelihood of vulnerable young people.

**Strategic Goal:** Wema provides holistic protection and care services to street connected children and facilitate their reintegration and reunification

**Table 4: Protection and Care Support**

| Focus Area | Outcome Indicator | Illustrative Activities |
|---|---|---|
| **Community Outreach** | Proportion of street connected children reached, supported and are reporting increased awareness on their rights | • Conduct outreach programme on street connected children<br>• Establish working relationships with social workers and community health volunteers<br>• In school and out of school programs on child rights and responsibilities<br>• Trainings on child rights and reporting<br>• Strengthening of case management systems<br>• Sensitization on referral pathways for child protection reporting |
| **Rescue, Rehabilitation and Reunification** | Proportion of children rescued, rehabilitated, reintegrated and reunified | • Carry out rescue program targeting street children<br>• Conduct rehabilitation of street connected children<br>• Support reunification of children who have been rehabilitated with their families<br>• Family strengthening and empowerment<br>• Train and capacity building on family tracing and reunification for staff |
| **Psychosocial Support** | Proportion of children and youths reporting improved physical, mental and emotional health | • Strengthen the capacity of staff on healthy physical, mental, emotional and social development<br>• Conduct counselling services to street connected children |
| **Nutrition** | Proportion of children and caregivers reporting improved consumption of nutritious food and improved health outcomes | • Trainings on proper dieting and nutrition for children<br>• Development of manuals and learning materials on nutrition for children |
| **Gender Based Violence** | Proportion of children, youths reporting improved awareness and access to GBV services | • Training children and staff on GBV<br>• Referral of legal aid services to GBV survivors |

# 4 STRATEGIC FOCUS AREA 4: INSTITUTIONAL DEVELOPMENT AND SUSTAINABILITY

*Edwine Ochieng of Move On Africa Consultants facilitates a strategic planning brainstorming session with Wema Centre board members and management team.*

Institutional capacity development is critical to ensure that Wema Centre Trust has strengthened internal capacities and governance structures to support program delivery. This can be achieved through designing interventions that support the internal capacity strengthening of staff and improving the governance and leadership structures within the organization. The organization will focus on capacity building for staff members on leadership, governance, and sustainability of the organization. Key focus areas on institutional development will be on governance and leadership, human resource, resource mobilization and grant acquisition, monitoring and evaluation, social enterprise development, risk monitoring enterprise.

**Strategic Goal:** Wema enhances the institutional effectiveness, growth and sustainability of the organization

**Table 5: Institutional Development and Sustainability**

| Focus Area | Outcome Indicators | Illustrative Activities |
|---|---|---|
| **Governance and Leadership** | Proportion of board and staff reporting strengthened capacities in governance and leadership | • Review and development of organizational policies, manuals and strategies<br>• Develop a new organization governance structure |
| **Financial Management** | Proportion of staff reporting improved financial practices and management | • Training staff in financial management practices<br>• Conduct audits and financial reviews |
| **Human Resource** | Proportion of staff reporting improved working conditions and internal capacities strengthened | • Conduct Organization Capacity Assessment (OCA)<br>• Conduct Training Needs Assessment<br>• Conduct internal trainings and capacity development for organizational staff<br>• Review of salaries to be market-friendly<br>• Hire a Focal HR, M&E,IT and Resource mobilization personnel<br>• Support exchange learning and benchmarking visits for staff |
| **Resource Mobilization and Grant Acquisition** | Proportion of increased funding received from partners and allies | • Develop a resource mobilization strategy<br>• Train staff on resource mobilization and grant acquisition |
| **Monitoring and Evaluation** | Proportion of staff reporting improved M&E practices and reporting mechanism within the organization | • Develop a monitoring and evaluation framework<br>• Train staff on the developed framework |
| **Social Enterprise Development** | Proportion of staff reporting increased resources and revenue to support the sustainability of the organization | • Trainings on tailoring<br>• Training on poultry and food farming<br>• Trainings on record keeping and digital marketing<br>• Development of a marketing plan for products and services provided<br>• Trainings on Marketing and Product Development<br>• Support access to devolved funds like Youth, Women Fund for youth IGAs |
| **Risk Monitoring Enterprise** | Proportion of staff reporting improved risk mitigation strategies and practices in the organization | • Development of an Enterprise Risk Management and Organization Compliance Plans<br>• Training of staff on risk enterprise management and compliance plans |

## 3.2. Strategic Implementation Approaches

### 1. Training and Capacity Strengthening

Wema Centre will invest in training and capacity strengthening of its staff members to enhance analytic and methodological skills needed to support them in the development of strategies, plans, and conducting monitoring and evaluation for our programs. Wema will also design and invest in tailored capacity-building initiatives aimed at strengthening the knowledge and expertise of social and health workers, local leaders, government agencies, and partners on policy and structural issues around street connected children and families. Wema will develop internal training programs and engage consultants in capacity strengthening on key areas like fundraising, advocacy and lobbying, research, donor engagements, HR, IT to ensure that staff and volunteers have relevant and improved skills to deliver their programs.

### 2. Research and Evidence Generation

Wema Centre recognize that research and evidence generation are fundamental to understanding and addressing various challenges affecting street connected children and families. Research will provide credible evidence and insights into policy issues on access to care, protection and development opportunities for street connected children and families. The research will also identify systemic barriers and support evidence-based advocacy for better access of holistic support in rehabilitation and reunification of street connected children and families. Documenting best practices and knowledge management will be critical in informing development of inclusive strategies to support street connected children and families.

### 3. Advocacy and Policy Influencing

Wema Centre will engage in advocacy and policy influencing to address structural changes on access to healthcare, education and skills development, care and protection of street connected children and families. Wema Centre has built a legacy as a recognized thought leader on providing care and support to street connected children and has existing capacities to influence policy reforms where necessary. The organization will support efforts to identify ways of influencing policy at the national and county levels by including decision-makers, gathering and producing credible evidence, promoting the new evidence among peer organizations, and disseminating that evidence to institutions mandated to facilitate change. This will be achieved through development of an advocacy and policy influencing strategy that will provide a structural framework for the organization to engage in advocacy and policy influencing.

## 4. Communications and Media Engagement

Wema Centre acknowledges that effective communication and media engagement are critical for any organization supporting vulnerable children and families in Kenya, as they directly influence the organization's ability to raise awareness, mobilize resources, advocate for change, and build trust. Street connected children and families often remain invisible to society. Strategic communication will help shed light on their struggles, rights, and the systemic issues contributing to their situation. Media stories, social media campaigns, and documentaries will help to humanize these vulnerable group and generate empathy among the public. We have developed a comprehensive communications and media strategy to guide our storytelling and ensure our narratives are delivered with clarity, consistency, and impact.

## 5. Partnerships and Collaboration

Wema Centre will continue to build working partnerships with CSOs, healthcare service providers, the government and other like-minded organizations. Collaboration will be at the heart of the strategy. Wema Centre will prioritize building strong partnerships, fostering coordination, and establishing networks. Engaging stakeholders will be fundamental, and we will adhere to global, national, and organizational operational standards. Wema Centre will also strengthen their participation in structured coalitions and platforms like technical working groups at the county and national level to provide advisory on matters concerning street connected children and families.

## 6. Community Outreach and Medical Aid Camps

Wema will conduct ccommunity outreaches and medical aid camps for street families to address the severe health disparities and social exclusion faced by one of the most vulnerable populations. These initiatives will play a crucial role in improving the quality of life, health outcomes, and dignity of street-connected children and families. Wema's community outreach and medical aid camps will provide free medical check-ups, treatment for infections, wounds, respiratory issues, vaccinations and preventive care and mental health support. The medical aid camps will also offer health talks and materials on hygiene and sanitation, sexual and reproductive health, substance abuse and mental health, nutrition and empower street connected children and families with knowledge that helps reduce risky behaviour and encourages healthier choices.

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# CHAPTER FOUR

# IMPLEMENTATION AND COORDINATION

## 4.1. Management and Coordination

This strategic plan highlights the strategic direction for the organization in the next two years as the centre transitions into a healthcare and rehabilitation centre. The plan will form the basis upon which specific operational plans will be developed by the management and approved by the board in the next two years. The implementation of this strategic plan will require proactive leadership, management and a committed team to handle strategic growth and the transition during the planned period.

**Role of Board:** The Wema Board will create a Transition Board Committee that will provide leadership and guidance in this transitional strategic plan. The board will be tasked with providing oversight and support to the management in winding down its current operations to give way to the new setup at the end of this two-year Strategic plan. The Wema Board will meet on a quarterly basis, during which they will receive reports from the Transition Board Committees, as well as program, financial, human resource and resources mobilization updates and discuss any issues that may have arisen over the ending period.

*The Wema Centre founder, Madam Lucy Yinda, together with members of the transition committee, pose for a group photo following a successful strategic planning session.*

**The Transition Board Committee** will be tasked with imparting leadership and governance (policy, oversight and strategic guidance) during the setup of the Wema Healthcare and Rehabilitation Centre that is set to commence operations by the beginning of 2028. The Transitional Board Committee will also be responsible for the establishment of a new Wema Healthcare and Rehabilitation Centre Board and that will develop the framework and blueprint for the Wema Healthcare and Rehabilitation Centre.

The Transitional Board Committee members will be drawn from the existing Board as well as different professional fields that are relevant to Wema Centre's new strategic direction. It will operate through various Board Committees which will support coordination of key governance functions like human resource, resource mobilization, programs and finance, and will have the overall responsibility of setting policies to be executed by the management team headed by the Executive Director.

**Role of Staff:** The management is headed by the Executive Director who provides the overall oversight for the organization programs. The management team comprises of the Executive Director, Chief Executive Officer, Program Manager, Programme Coordinator, Heads of Departments, Finance & Administration and Interns and Volunteers. The management team also have diverse professional backgrounds and expertise to support the organizations activities. The management team oversees all day-to-day affairs of the organization, including project development, fundraising and implementation. The management team is responsible for implementing the Wema Centres strategy and board directives.

## 4.2. Organization Structure

Wema Centre Trust has a well-defined organizational structure, with clear segregation of duties between the BOD and the Management team. *Annex 1* presents the organogram for Wema Centre Trust in this transition strategic plan. The organogram will be revised and improved when Wema transitions after two years.

## 4.3. Stakeholder and Partnership Analysis

To implement the strategic objectives identified in this transitional strategic plan, Wema Centre Trust will work with different stakeholders and partners based on the strategic area in which they have influence and interest. A robust partnership and stakeholder mapping exercise was conducted in the development of this strategic plan which helped to map partners from government, private sector, research, media, academia, donors and actors. Wema Centre will also establish partnerships with non-conventional partners in the human rights, environment, and climate change sectors to identify areas of synergies on providing support to street connected children and families. The matrix below highlights the key stakeholders that WEMA will pursue working collaborations with during the implementation of the identified programme interventions in this strategic plan.

**Table 6: Stakeholder Analysis**

| Category | Areas of Partnership |
|---|---|
| **INGOs/NGOs/CSOs**<br>Funds for Action Through Educate (FATE), UNICEF, Terres Des Hommes Denmark, Gates Foundation, World Vision, Child Fund, TRU International), Farm of Souls, CAF America etc. | • Support funding of activities within the programmes<br>• Partnership in implementation of child protection and safeguarding programs<br>• Joint proposal development on community outreach and skills development for street connected children<br>• Joint proposal development and research on rehabilitation of street connected children and families<br>• Joint partnership in policy influencing and advocacy on supporting street connected children and families<br>• Provision of scholarship and education support for street connected children |
| **Government Departments**<br>(Ministry of Health, Education, Labour and Social Protection, County Governments) | • Referrals of cases to public healthcare facilities<br>• Partnerships in community outreach and medical aid camps<br>• Provision of healthcare materials and human resource<br>• Partnerships in policy and strategy development<br>• Joint research on provision of healthcare and rehabilitation for street connected families<br>• Provision of formal education and vocational skills training for street connected children and youths<br>• Provision of education materials to street connected children and youths<br>• Placement of rehabilitated street connected children and youths in public schools and education facilities<br>• Provision of temporary residential care to street connected children and families<br>• Development of local frameworks and strategies to support street connected children and families<br>• Support in rescue, rehabilitation, reintegration and reunification of street connected children and families<br>• Provision of scholarship and education opportunities for street connected children and youths<br>• Development of joint proposals and partnerships in delivery of programs |

| Category | Areas of Partnership |
|---|---|
| **Cooperate and Private Sector**<br>ABSA, Kikwetu Flowers Ltd, Stanbic Bank, Equity Bank, Alba Petroleum, Alpha group, BAC engineering services, Habib Bank AG Zurich, Coca cola, DFS Express Lines, DTB Bank, Express Line, Freight Forwarders Kenya Limited, Galana Oil, Grain Bulk Handlers, ICEA Lion, James Finlays Mombasa, Kenya Ports Authority, Kocela Limited, Mabati Rolling Mills, Mini bakeries, MJ Clarke, KCB Bank, Neptune hotels, Safaricom Foundation, Mpesa Foundation, Venus tea brokers, Supply linkages, Trans East limited, Zamara, Zola East Africa Ltd and others. | • Support fundraising efforts during activities like Gala Night and Wemathon<br>• Provision of welfare materials and education materials to street connected children and youths<br>• Referral and creation of job and internship opportunities for youths engaged in vocational training<br>• Provision of training and skill development in entrepreneurship |
| **Academia**<br>Busy Bee School, The Nyali School, Educaid Academy, St. Annes Primary School, Oswal Academy, Aga Khan Academy, Shree Swaminarayan Academy, Technical University of Mombasa and others. | • Provision of education opportunities and materials for street connected children and youths<br>• Support cross learning and exchange programs for street connected children and youths<br>• Provision of education scholarships and placements<br>• Research and evidence generation on provision of healthcare and rehabilitation services for street connected families |
| **Media**<br>AKCMO, Pwani TV, Baraka FM, Pilipili FM, Pwani FM, Radio Rahma, Free FM, Nation Media Group, Royal Media, Capital FM and others. | • Promoting Visibility of Wema's work<br>• Partnerships in media outreaches and awareness campaigns |
| **Community**<br>Street connected children and families, Alumnus, Social Workers, Health Workers, Policy Makers, Community Leaders, Duty Bearers | • Awareness creation and information sharing<br>• Partnerships in design, implementation and monitoring of programs<br>• Support in strategy development and review<br>• Joint partnership in advocacy and policy influencing<br>• Partnership in community outreaches |
| **Wema Team**<br>Board members, Staff, Volunteers, Interns | • Resource mobilization for programs<br>• Awareness creation and information sharing<br>• Support in design, implementation and monitoring of programs<br>• Strategy development and review |

## 4.4. Risk and Mitigation Analysis

This analysis recognizes that Wema Centre Trust programs may be affected by uncertainties, threats, risks and planning for such scenarios through identifying mitigation measures in key in strategic planning. The matrix below shows the various risks that are likely to affect the implementation of this strategic plan, implication on programmes and the mitigation measures.

### Risk Analysis Matrix

**Table 7: Risk and Mitigation Analysis**

| No. | Threat: | Implications: | Mitigation Measures: |
|---|---|---|---|
| 1 | **Interference by the politics** | The envisaged changes to the political situation may either cripple or strengthen WEMA operations. | WEMA will follow keenly the political developments and will, alongside peers, make appropriate decisions to mitigate any negative impacts. |
| 2 | **Changing donor environment** | The funding landscape is changing fast and becoming more competitive with local NGOs, INGOs, SINGOs and private sector competing for the same basket of resources from the same donors. | WEMA will capitalize on its good reputation and ensure it remains competitive and attract funding and other resource. |
| 3 | **Changes in legislation** | Changes in parliamentary legislation impact the organization's operations and mandate. | WEMA will be monitoring legislative developments to ensure that the organization remains effective and compliant. |
| 4 | **Security Risks** | High incidences of attacks on staff and personnel promoting the rights of children can affect the performance of WEMA | WEMA will keep abreast of any security concerns affecting children centres and providing the more needed legal aid to them. |
| 5 | **Slow intervention from collaborative government agencies** | The slow response experienced from law enforcement especially in volatile areas of Kenya. This has continued to have a negative effect on the operations of the organization. | WEMA will ensure continuous advocacy on the performance of law enforcement and legal provision service units. |

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# CHAPTER FIVE

# RESOURCE MOBILIZATION AND SUSTAINABILITY

## 5.1. Resource Mobilization Strategy

The main goal of the resource mobilization strategy is to establish a coherent and efficient method for mobilizing resources to support implementation of the strategic plan and expanding the resource base to ensure sustainable resource availability for implementation of the identified Strategic Focus Areas. The organization will mobilize resources for its programs through the below approaches:

- **Engagement of Local Actors,** beneficiaries and stakeholders in the programmes especially CSOs like World Vision, Child Fund, Terre Dess Hommes through their service provision and or in-kind donations which will form part of the financing the project. The organization will also reach out to non-conventional local actors like local distribution and manufacturing companies who promote CSR programs and services aligned with its vision and mission.
- **Grants:** Wema Centre Trust understands that grants are beneficial for nonprofits because they provide the opportunity for additional funding and they will invest in proposal writing for grants and funds from INGOs and Multiagency donors like Gates Foundation, UNICEF whenever they share funding opportunities. This will be achieved through strengthening the business development department and ensuring that proposal opportunities are identified routinely and applications made.

*An aerial vies of the sprawling Mwakirunge dumpsite in Mombasa*

- **Corporate and Individual Philanthropists:** Philanthropy is gradually growing in Kenya. Wema Centre Trust will explore how to access these individuals and win them over to support its programmes. The organization will explore the local scene and cultivate relationships with local companies and foundations operating in the country to acquire support and resources for its programmes.





- **Foundations:** There are foundations established locally by businesses. These present a potential funding source for the organization in the country. In addition, there are also international foundations that support development work, and the organization will be keen to approach them so as to increase their resource base.

- **Social Enterprise:** Wema Centre Trust will strengthen its existing social enterprise initiatives like tailoring, craft making and fish farming through strengthening the business and market aspect of the products and services designed and offered by the impacted communities as a major source of unrestricted funds for implementation of the organization's programs. Wema will also identify new pathways of generating income through identifying projects that will help the organization gain profits while also creating job opportunities for the young people engaged in their programs.

- **Organizing Social Events:** Wema Centre Trust will continue organizing fundraising events like Wemathon, Wema Gala Dinner, and Retreats to raise funds from cooperates, companies, CSOs, government, philanthropist. These events will be held and organized in partnership with key stakeholders who have a resource base and can raise monies to support the organization programs. Another significant social event on the Wema Centre calendar is the Wema Birthday Celebrations.

WEMATHON FUN DAY!

Wemathon is one of the flagship fundraising initiatives of Wema Centre and has been running successfully for over 30 years, bringing together schools, families, corporates, and the wider Mombasa community in support of vulnerable children.

Held annually in May on a Saturday, Wemathon is designed as a vibrant family fun day featuring a variety of activities including walks, runs, cycling, Zumba, treasure hunts, team-building challenges, and many other engaging experiences for all ages. Participants compete for exciting prizes, trophies, and certificates, creating an atmosphere of fun, unity, and purpose.

Over the years, many schools and thousands of school children across Mombasa have actively participated in the event, making it one of the most anticipated community activities on the calendar. Corporate organizations also play a key role by supporting Wema Centre through sponsorships and by fielding teams to take part in the activities.

Wemathon continues to grow tremendously and is steadily becoming one of Mombasa's iconic community events. With increasing participation and support each year, Wema Centre is now working towards expanding Wemathon into an even bigger platform that will attract participants from across Kenya and internationally.



FOOD/FUN
WALK/RUN/
CYCLE
TREASURE
HUNT
TEAM
BUILDING






# The Wema Gala Dinner

This is one of Wema Centre's signature annual fundraising events, held every last Saturday of November. Over the years, it has grown into one of the notable social and charitable calendar events in Mombasa, bringing together corporate organizations, philanthropists, partners, and friends of Wema Centre for an evening of networking, entertainment, and giving.

The Gala Dinner provides an opportunity for individuals and companies to support Wema's programmes through direct donations, sponsorships, and the purchase of corporate tables for staff and guests. The event also features fundraising activities such as live auctions of items and experiences generously donated by sponsors, including products and services such as Kenya Airways flight tickets and hospitality packages.

Beyond fundraising, the dinner serves as a platform to share the impact of Wema Centre's work, celebrate milestones, strengthen partnerships, and inspire greater community involvement in transforming the lives of children in need.

Moving forward, Wema Centre plans to elevate the Gala Dinner experience by making it more engaging, interactive, and impactful.

Future improvements will include enhanced storytelling and multimedia presentations, expanded auction and sponsorship opportunities, digital giving platforms, donor recognition experiences, corporate engagement activations, and additional fundraising initiatives aimed at increasing both participation and overall support for the Centre's programmes.



# WEMA BIRTHDAY CELEBRATIONS

Wema Centre Birthday is an annual celebration that brings together the birthdays of all children under our care while also marking the anniversary of Wema Centre. The event serves as a joyful moment of unity, recognition, and inclusion for vulnerable and street-connected children from Mwakirunge dump site and other parts of Mombasa.


The celebration features music, dance, games, mentorship, and entertainment activities, while also providing children with a platform to showcase their unique talents and skills through performances similar to a talent show. Beyond celebration, the event helps nurture confidence, creativity, and a sense of belonging among the children.


Over the years, we have been privileged to receive support from valued corporate partners and sponsors including La Fattoria Resort, Coastal Bottlers, and other well-wishers who have contributed towards making the celebrations memorable and impactful.

Moving forward, Wema Centre seeks to enhance future birthday celebrations by making them more interactive, inclusive, impactful, and professionally organized. The vision is to expand the event into a larger child-centered experience that incorporates talent development, mentorship, psychosocial support, recreational activities, and stronger community engagement, while creating more opportunities for partnership and sponsorship.


STREETS
OF HOPE
Centre
LOVE NEVER FAILS

## 5.2. Sustainability

Wema Centre Trust acknowledges that having a sustainability plan is crucial because it ensures that the organization can continue delivering impact over the long term, even in the face of funding changes, staff turnover, or shifting political environments. Sustainability plan will be supported through:

- **Strategic Partnerships with the Private Sector and other organisations:** There is a strong belief in the potential of developing strategic partnerships with private sector actors such as supermarkets, pharmacies, and schools. These partnerships can be structured around everyday consumer purchases where a small percentage of proceeds is directed to Wema Centre Trust, creating a sustainable funding stream.


*Irene Mkavita, a street-connected paraplegic, benefited from a new wheelchair provided free of charge through a partnership between Wema Centre and Hope Mobility. This is an example of the impactful partnership opportunities that Wema Centre seeks to continue exploring in order to improve the lives of vulnerable and street-connected children and youth.*

- **Expanding Traditional Donor Base and Grant Development:** Wema Centre has historically relied on traditional donor networks, which have served the organization well, but there is a consensus that these avenues are currently underutilized. A more dynamic engagement of the technical team is suggested, with efforts aimed at mapping out possible donor institutions and developing tailored proposals that align with current donor trends and priorities.
- **Scaling Up The Social Enterprise:** Wema Centre Trust has initiated some income-generating activities (IGAs), but these have primarily been internally focused to meet the center's own needs. IGAs such as poultry, pig farming, tailoring, and agriculture should be expanded for commercial gain to support the center financially. Additionally, long-term investments like real estate development are potential avenues to generate resources for sustainability, especially where Wema Centre has unused land.

6

CHAPTER SIX

# MONITORING, EVALUATION AND LEARNING

Monitoring, Evaluation and Learning (MEL) will be an essential and critical component for the systematic implementation of this strategic plan. A MEL strategy will be developed to provide an effective framework, designed to measure progress towards the achievement of the overall goal and objectives of this plan. The MEL framework will monitor the resources invested, the activities undertaken and work implemented, services delivered as well as evaluate outcomes achieved and long-term impacts achieved by the different components of this strategic plan.

## 6.1 Development of MEL Framework

A robust monitoring and evaluation (M&E) framework will be established and will be essential in enhancing Wema objectives to systematically monitor the progress of its programs and the attainment of desired outcomes. The objective of the MEL framework will be to furnish comprehensive technical assistance in project management and evaluation, thereby reinforcing the implementation of Wema programs and guiding further development of the organization's vision.

The section below provides an overview of how Wema will deploy the different components of the developed MEL Framework;

- **Monitoring:** Wema will conduct Results-Based Monitoring (RBM) which focuses on measuring outputs, outcomes, and impacts aligned with the strategic objectives and use key performance indicators (KPIs) to track progress. Wema will also conduct regular (monthly, quarterly, or bi- annual) meetings to review progress against targets, identify challenges and risks and adjust priorities or timelines. This approach will encourage cross-departmental collaboration and accountability.
- **Evaluation:** Wema will conducted routine and mid-evaluation to assess whether the strategic plan is being implemented as designed with a key focus on identifying challenges, gaps, and needed adjustments. Wema will also support outcome and impact evaluation which focuses on the longer-term results of strategic initiatives and measures how well the plan has contributed to desired outcomes and impacts. Stakeholder feedback and participatory evaluations involving staff, beneficiaries, partners, and donors will be conducted to collect qualitative insights on effectiveness, relevance, and satisfaction of programs.
- **Learning:** Wema Centre Trust will promote participatory knowledge generation (through evaluations and research) and taking learning forward to inform improvements in current and future programme design and MEL processes. Wema will design mechanisms for reflection and adaptive learning through activities that promote reflection on data and findings, such as pause and reflect sessions, quarterly learning meetings and learning workshops or retreats. Wema will promote learning to ensure that data and evidence generated through monitoring and evaluation are not just collected but used to improve programs, decision-making, and strategy.

## 6.2 Components of the MEL Strategy

Wema considers that the MEL components are the basic elements for the successful implementation of this plan. The rationality behind this integration is based on the following key assumptions:

- MEL helps develop an understanding for project managers and other stakeholders (including donors) who need to know the extent to which their projects or programs are meeting their objectives and leading them to their desired effects.
- MEL helps build greater systems of transparency and accountability in terms of use of project resources – financial, human and others.
- MEL systems-based information generated provides project staff with a clearer picture of the state of affairs during the implementation of this plan.
- During the implementation of this plan, an MEL framework will be developed to help identify good practices and derive lessons from operational experiences and help improve the overall performance of this plan.
- The developed MEL framework will give direction to Wema while planning for future programmes and projects'

## 6.3 Monitoring, Evaluation and Learning Reporting Framework

The following strategies will be embraced to ensure the MEL process is smooth:

- The MEL department and the programme coordinators and heads of programs with the help of the finance team will be required to develop yearly operational plans. These plans will include activities, budgets, indicators and means of verification
- The MEL department with the help of the programme coordinators and heads of programs will track results based on the operational plans developed. This will be done on a monthly basis to review the projects/ activities.
- All the programme coordinators and heads of programs are charged with continuous monitoring of the respective programmes/ projects that they are overseeing and will be providing monthly reports to the secretariat who will draw up a comprehensive report, which will be shared with the Executive Board.
- There will be annual reflection and quarterly review meetings between the staff and the finance team. During these meetings, operational plans for the next year will be developed in relation to the outcomes of the meeting.
- The programme coordinators and heads of programs teaming up with MEL department and the finance team will prepare an annual report, comprising of the financial status and accounts of the achievements, lessons learnt and challenges during implementation of activities during that year. This report will be shared with partners and stakeholders.
- An external consultant will be contracted to assess the impacts achieved through the implementation of this plan and support in the formulation of a new plan with findings from the impact assessment carried out.

*Two girls who are beneficiaries of Wema Centre's rescue and rehabilitation programme are seen happily cleaning and grooming a young girl who was brought to the centre following an outreach activity at the Mwakirunge dumpsite recently.*


KIZINGO

## Annex 1: Wema Centre Trust  Organogram

# Annex 2: Strategic Implementation Matrix

| Strategic Focus Area 1: Healthcare and Rehabilitation Services | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Strategic Goal:** | **Wema transitions to be a centre that provides holistic and accessible healthcare and rehabilitation services for street connected children and families.** | | | | | | |
| **Outcome Performance Indicator:** | • Proportion of street connected children and families reporting improved health outcomes and reduction in disease incidences<br>• Proportion of street connected children and families rehabilitated and reunified in communities | | | | | | |
| **Interventions** | **Key Activities** | **Output Indicators** | **Target** | **2025** | **2026** | **2027** | **Indicative Budget (Ksh)** |
| **Primary Healthcare Services** | Provision of immunization for children | No of children immunized | 20 | | | 20 | 200,000.00 |
| | Treatment of common illnesses (e.g. malaria, cough, diarrhoea) | No of people treated | 30 | | | 30 | 200,000.00 |
| | Maternal and child health (antenatal care, safe delivery) | No of children and mothers supported | 60 | | | 60 | 250,000.00 |
| | Family planning services | No of youths, families and individuals reached | 50 | | | 50 | 250,000.00 |
| | Health education and nutrition | No of people reached | 50 | | | 50 | 200,000.00 |
| | HIV testing and counselling | No of people tested & counselled | 30 | | | 30 | 200,000.00 |
| | Sexual reproductive healthcare | No of youths and people reached | 50 | | | 50 | 200,000.00 |
| | Physical assessment and treatment for GBV survivors | No of survivors supported | 50 | | | 50 | 200,000.00 |
| | Renovation of Centre infrastructure and facilities | Amount utilized to renovate and equip | 1 | | | 1 | 2,000,000.00 |
| | Purchase of Medical equipments and materials | Amount of equipment and materials purchased | 1 | | | 1 | 3,000,000.00 |
| **Rehabilitation Services** | Comprehensive intake assessments and development of personalized treatment plans | No of children and youths with treatment plans | 50 | | | | |
| | Medication-assisted treatment and detoxification | No of children and youths treated | 50 | | | | 250,000.00 |
| | Individual, group and family therapy support | No of individuals, groups and families supported | 50 | | | | 50,000.00 |
| | Psychoeducation and Life Skills Training | No of children, youths and adults trained | 50 | | | | 50,000.00 |
| | Support Art and Music Therapy | No of children and youths supported | 100 | | | | 1,000,000.00 |
| | Purchase of drugs and clinical equipments | Cost of drugs and clinical equipments | 1 | | | | 1,500,000.00 |
| | | | | | | **Total** | **9,500,000.00** |

| Strategic Focus Area 2: Education and Skills Development | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Strategic Goal:** | **Wema provides relevant education and skills development opportunities that facilitates growth and development of street connected children** | | | | | | |
| **Outcome Performance Indicators:** | • Proportion of street connected children supported by Wema accessing and completing formal education<br>• Proportion of street connected children and youth supported by Wema accessing, completing vocational training and engaging in livelihood development opportunities<br>• Proportion of street connected children supported by Wema accessing jobs and livelihood development opportunities<br>• Proportion of children/youths reporting improved behaviour, personal growth and development | | | | | | |
| **Interventions** | **Key Activities** | **Output Indicators** | **Target** | **2025** | **2026** | **2027** | **Indicative Budget (Ksh)** |
| **Formal Education** | Provision of remedial classes | No of children accessing remedial classes | 70 | 20 | 50 | | 700,000 |
| | Enrolment of children in formal education | No of children enrolled | 15 | 1 | 14 | | 375,000 |
| | Fees and scholastic materials | No of children and youths supported | 110 | 110 | 107 | 107 | 23,621,952 |
| | Identification of scholarship opportunities | No of children supported through scholarships | 50 | 5 | 25 | 20 | |
| | Partnership with schools for scholarships | No of partnerships established | 3 | 3 | 3 | 3 | |
| **Talent Development and Sports** | Support children and youths to participate in sports and performing arts events including purchase of equipments | No of children and youths supported | 200 | 101 | 99 | | **2,000,000** |
| **Vocational Training** | Registration and setup of the centre as a TVET institute | TVET registered and setup | 1 | | 1 | | **3,500,000** |
| | Hire trainers for the TVET institute | No of trainers hired | 5 | | 5 | 5 | 3,924,000 |
| | Identify job placement opportunities and support youths to access them | No of youths supported to access jobs | 50% | 33 | 150 | 150 | |
| | Establish partnership with employers for job placements | No of partnerships established and youth placed in jobs | 10 | 3 | 4 | 4 | |
| **Mentorship and Coaching** | Develop an Exit Strategy for Children when Transitioning to Adults | **An exit strategy developed** | 1 | | 1 | | |
| | Life skills development trainings | No of trainings conducted | 24 | | 12 | 12 | 480,000 |
| | Career guiding and counselling services | No of sessions provided | 12 | 6 | 6 | 6 | |
| | | | | | | **Total** | **34,600,952** |

| Strategic Focus Area 3: Safety, Protection and Care Support | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Strategic Goal:** | **Wema provides holistic protection and care services to street connected children and facilitate their reintegration and reunification** | | | | | | |
| **Outcome Performance Indicators:** | • Proportion of street connected children reached, supported and are reporting increased awareness on their rights<br>• Proportion of children rescued, rehabilitated, reintegrated and reunified<br>• Proportion of children and youths reporting improved physical, mental and emotional health<br>• Proportion of children and caregivers reporting improved consumption of nutritious food and improved health outcomes<br>• Proportion of children, youths reporting improved awareness and access to GBV services | | | | | | |
| **Interventions** | **Key Activities** | **Output Indicators** | **Target** | **2025** | **2026** | **2027** | **Indicative Budget (Ksh)** |
| **Community Outreach** | Conduct outreach programme for street connected children | No of outreaches conducted | 168 | 3 | 11 | | 6,720,000 |
| | Establish working relationships with social workers and community health volunteers | No of collaborative actions conducted | 10 | 2 | 4 | 4 | |
| | In school and out of school programs on child rights and responsibilities | No of schools visited | 70 | 30 | 40 | | 280,000 |
| | Trainings on child rights and reporting | No of trainings conducted | 6 | 2 | 2 | 2 | 30,000 |
| | Strengthening of case management systems | No of systems strengthened | 1 | | 1 | | 200,000 |
| | Sensitization on referral pathways for child protection reporting | No of sensitization conducted | 6 | 2 | 2 | 2 | 330,000 |
| **Rescue, Rehabilitation and Reunification** | Carry out rescue program targeting street children | No of children and youth rescued | 70 | 20 | 50 | | 175,000 |
| | Conduct rehabilitation of street connected children | No of children rehabilitated | 101 | 89 | 58 | 28 | 15,300,000 |
| | Support reunification of children who have been rehabilitated with their families | No of children reintegrated and reunified | 70% | 10 | 31 | 30 | 1,065,000 |
| | Family strengthening and empowerment | No of families empowered and strengthened | 50 | | 25 | 25 | 2,500,000 |
| | Train and capacity building on family tracing and reunification for staff | No of trainings conducted | 5 | 1 | 2 | 2 | |
| **Psychosocial Support** | Strengthen the capacity of staff on healthy physical, mental, emotional and social development | No of trainings conducted | 8 | | 4 | 4 | 160,000 |
| | Conduct counselling services to street connected children and youth | No of children and youth counselled | 110 | 110 | 110 | 110 | 1,800,000 |

| Interventions | Key Activities | Output Indicators | Target | 2025 | 2026 | 2027 | Indicative Budget (Ksh) |
|---|---|---|---|---|---|---|---|
| **Nutrition** | Trainings on proper dieting and nutrition for children | No of trainings | 8 | | 4 | 4 | 40,000 |
| | Development of manuals and learning materials on nutrition for children | No of manuals and materials developed | 1 | | 1 | | |
| **Gender Based Violence** | Training children and staff on GBV | No of trainings conducted | 8 | | 4 | 4 | 40,000 |
| | Referral of legal aid services to GBV survivors | No of referrals | 60 | 20 | 20 | 20 | |
| | | | | | | **Total** | **28,640,000** |

*A street-connected boy undergoes grooming and treatment for lice removal after being brought to Wema Centre following an outreach activity at the Mwakirunge dumpsite.*

| Strategic Focus Area 4: Institutional Development and Sustainability | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Strategic Goal:** | Wema enhances the institutional effectiveness, growth and sustainability of the organization | | | | | | |
| **Outcome Performance Indicators:** | • Proportion of board reporting strengthened capacities in governance and leadership<br>• Proportion of staff reporting improved financial practices and management<br>• Proportion of staff reporting improved working conditions and internal capacities strengthened<br>• Proportion of increased funding received from partners and allies<br>• Proportion of staff reporting improved M&E practices and reporting mechanism within the organization<br>• Proportion of staff reporting increased resources and revenue to support program implementation<br>• Proportion of staff reporting improved risk mitigation strategies and practices in the organization | | | | | | |
| **Interventions** | **Key Activities** | **Output Indicators** | **Target** | **2025** | **2026** | **2027** | **Indicative Budget (Ksh)** |
| **Governance and Leadership** | Review and development of organizational policies, manuals and strategies | No of documents reviewed and developed | 1 | 1 | | | 300,000 |
| | Develop a new organization governance structure | Governance structure developed | 1 | | 1 | | |
| **Financial Management** | Training staff in financial management practices | No of trainings conducted | 1 | | 1 | | |
| | Conduct audits and financial reviews | No of audits and reviews conducted | 3 | 1 | 1 | 1 | 600,000 |
| **Human Resources** | Conduct Organization Capacity Assessment (OCA) | No of OCA conducted | 1 | 1 | | | |
| | Conduct Training Needs Assessment | No of TNA conducted | 1 | 1 | | | |
| | Conduct internal trainings and capacity development for organizational staff | No trainings conducted | 15 | 5 | 5 | 5 | |
| | Review of salaries to be market- friendly | No of reviews conducted | 1 | 1 | | | |
| | Hire a Focal HR, M&E,IT and Resource mobilization personnel | No of personnel hired | 4 | | 4 | | 3,600,000 |
| | Support exchange learning and benchmarking visits for staff | No of exchange learning conducted | 5 | 1 | 4 | 4 | 100,000 |
| **Resource Mobilization and Grant Acquisition** | Develop a resource mobilization strategy | Strategy developed | 1 | | 1 | | 300,000 |
| | Train staff on resource mobilization and grant acquisition | No of staff trained | 11 | | 11 | | |

| Interventions | Key Activities | Output Indicators | Target | 2025 | 2026 | 2027 | Indicative Budget (Ksh) |
|---|---|---|---|---|---|---|---|
| **Monitoring and Evaluation** | Develop a monitoring and evaluation framework and train staff | Framework developed | 1 | 1 | | | 300,000 |
| | | No of staff trained | 11 | 11 | | | |
| **Social Enterprise Development** | Trainings on tailoring | No of youths trained | 192 | 22 | 70 | 100 | |
| | Training on poultry and food farming | No of staff trained | 5 | | 5 | | |
| | Trainings on record keeping and digital marketing | No of trainings conducted | 3 | 1 | 1 | 1 | 30,000 |
| | Development of a marketing plan for products and services provided | No of plans developed | 1 | 1 | | | 200,000 |
| | Trainings on Marketing and Product Development | No of trainings conducted | 1 | 1 | | | 10,000 |
| | Support access to devolved funds like Youth, Women Fund for youth IGAs | No of trainings conducted | 3 | 1 | 1 | 1 | 15,000 |
| **Risk Monitoring Enterprise** | Development of an Enterprise Risk Management Plan, Organization Compliance and Training Staff | No of plans developed | 1 | 1 | | | 300,000 |
| | | | | | | **Total** | **5,755,000** |
| | | | | | | **Total Cumulative Budget** | **78,495,952** |

*Street-connected children receive clean clothes during a clothing distribution exercise at Wema Centre following an outreach activity at the Mwakirunge dumpsite.*

# The Mnara wa Afya Project

## An initiative under Wema Centre's Strategic Focus Area 1: Healthcare and Rehabilitation Services for Street-Connected Children and Families

The project will be established at Mwakirunge Dumpsite in Mombasa, one of the largest dumpsites in the region and home to many vulnerable families and children living in extremely difficult conditions.

The idea for Mnara Wa Afya was inspired by a recent visit to Mwakirunge by Madam Lucy, during which she interacted with Maimuna, a self-appointed Community Health Volunteer serving the dumpsite community with very limited training and support. Through these interactions, several urgent challenges emerged, including limited access to healthcare services, lack of national identification documents, and inability for many residents to register for the Social Health Authority (SHA), which restricts access to government health facilities.

Due to the transient nature of life at the dumpsite — especially during rainy seasons when families are frequently displaced — many residents lose their medical records, prescribed medicines, and other essential health documentation. The community also faces a severe lack of reliable health information and awareness.

*Maimuna, the self-appointed Community Health Volunteer at Mwakirunge Dumpsite, has become a beacon of hope within the community, dedicating herself to supporting vulnerable families and advocating for better health and hygiene practices.*

Additional challenges include inadequate sanitation facilities, lack of access to clean water, and exposure to toxic smoke from burning waste, which contributes to

respiratory illnesses. Cases of tuberculosis (TB), HIV, skin infections, burns, cuts, and other health complications are common within the community. Children are also forced to study and spend much of their time in unsafe, dirty, and hazardous environments.

To address these challenges, Wema Centre plans to establish Mnara Wa Afya as a safe and accessible community health and support hub within the dumpsite.

The centre will serve multiple purposes, including:

- A safe space for storing community medical records and medicines
- A health information and awareness centre
- A first-response point equipped with basic medicines and first aid supplies
- A safe learning and child-friendly environment for children
- A satellite outreach centre for Wema Centre activities in Mwakirunge
- An emergency support and referral point for the community

*Wema Centre team taking measurements at the proposed site of the Mnara wa Afya facility at Mwakirunge*

*Wema Centre team distributing food stuffs to the community at Mwakirunge dumpsite.*

*Madam Lucy, together with board members, pose with Maimuna outside the proposed site for the Mnara wa Afya facility structure.*

The facility will include access to clean water through a water tank and improved sanitation through the construction of clean toilet facilities.

In line with sustainability and cost-effectiveness, the structure will be professionally constructed using recycled materials, allowing it to blend naturally within the dumpsite environment while demonstrating innovative and environmentally conscious building practices.

Wema Centre also plans to support Maimuna through formal training as a Community Health Volunteer, enabling her to manage and coordinate activities at the centre more effectively and sustainably. To maximize impact, Wema Centre intends to partner with government agencies, healthcare providers, corporates, and other organizations to strengthen the centre's health services and reach.

The name *"Mnara Wa Afya"*, which translates to *"Lighthouse of Health,"* symbolizes hope, guidance, safety, and direction. Just as a lighthouse guides people through danger toward safety, *Mnara Wa Afya* seeks to become a beacon of hope, health, dignity, and transformation for the Mwakirunge community.

*This is the makeshift structure that children at the Mwakirunge dumpsite use as a safe space for play, learning, and shelter.*

*Adults at the Mwakirunge dumpsite earn their livelihood through scavenging and recycling waste from the garbage site.*

> **"Mnara Wa Afya seeks to become a beacon of hope, health, dignity, and transformation for the Mwakirunge community**


REAL MADRID

# Wema Centre Clinic


SONY
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# Wema Centre Communication Strategy

# Pictorial of Facilities at Wema Centre


As lorries arrive at the Mwakirunge dumpsite carrying waste from Mombasa City, the Wema Centre bus also arrives — carrying something entirely different: hope, opportunity, and the promise of a brighter future for vulnerable and street-connected children.