

Warmond,24th of November 2022

**ANNUAL REPORT 2022**

This report will give you an overview of the activities that took place in 2022.

**Partnership Wezacare/PIP:**

Following the partnership agreement between **Weza Care** Solutions and Foundation PIP, the first responsibility of PIP was to train the staff of **Weza Care** in the PIP Methodology. Before the above was achieved, PIP was mandated to come up with training Modules, which was not limited to basic counselling module, the advanced level module, TOT(Train of Trainers) module and the budgetary allocation for the same. Apart from that, PIP had to come up with a promo letter, highlighting the training content. **Weza care** ,on the other hand, was developing their own curriculum and now being enhanced by **PIP’s** curriculum, they would invite the **PIP** team to give their input on the curriculum by being part of their piloting trainings in the field.

**PIP** trained the **Weza Care** team and 3 other street-connected organizations(Agape, KUAP and Blue Cross) in a **5 days course Basic Level training** from **21/02/2022 to 25/02/2022**.In total 12 trainees participated in the training.

**PIP** trained on mutual agreement 8 participants in a **4 days Advanced Level training course** that took place from **28/03/2022 to 31/03/2022**. The head of the counselling department, due to sickness was offered the whole course separately on a later date by George.

**PIP** made their own arrangements for the trained counsellors who passed the two courses and theoretical exams for a one day supervision. **PIP** organized in total **3** supervisions for the different organizations.

**PIP** trained only the **Weza Care** staff (2) in a 3 days TOT course from 21/06/2022 to 23/06/2022. They both passed as being qualified TOTPIP trainers, except that they will be mentored by the PIP team because it’s still new and asks for a lot of practice to transfer the Methodology.

**Way Forward Weza Care/PIP:**

**An email form the Project Manager:**

*“Following our conversation when we met on 26th September, Jonathan and i have had a discussion about how to move forward  in Weza Care's partnership with PIP and we  propose the following actions for your consideration as the next steps in moving the partnership forward:  
  
1. Invite Mark Buyu (PIP trainer) to TOT trainings on* ***Weza Care*** *Curriculum  
2.  Integrate Mark Buyu (PIP trainer) to travel with the training team for partner trainings scheduled in Q4 possibly starting with training at  Springs of Life Tongaren next week, as well as other partner training scheduled this quarter including partner training in Meru and Kiambu. Mark could also benefit from this process to begin learning the* ***Weza Care*** *curriculum and how to teach it from the* ***Weza Care*** *training team and also gradually begin facilitating training sessions alongside the* ***Weza Care*** *trainers. This could be the initial phase of the affiliate training program or a pathway to onboard Mark and later George (PIP Program Manager/ Trainer) into the training team (including possibly filling two open slots to recruit two trainers for* ***Weza Care's****Nairobi office).*

*3. Integrate the PIP curriculum into the* ***Weza Care*** *training catalogue so Mark and the* ***Weza Care*** *training team can teach both the* ***Weza Care*** *curriculum as well as the PIP curriculum.  
4. Mark also has a background in data collection for pre and post-training surveys and can set up a database for measuring/ evaluating quality assurance issues for continuous improvement and impact, and case studies. His skill set could be a valuable asset in the curriculum development process. He can also spend time in the office with the training team and provide value to the curriculum development process to help Fastrack the development of new courses in the pipeline as a paid contractor.  
We highly value* ***PIP*** *as a partner and would like to continue strengthening our collaboration for the benefit of Kenyan children, families, and communities”.*

**PIP** was asked to take part in two Basic Level trainings with the **Weza Care** curriculum in the field. The role they were asked to play was being an observer and they were asked without any preparation in advance to take one subject to explain. **Weza Care** also invited the **PIP** team for a 2 days meeting to get to know the **Weza Care** structure better, etc.

**Way forward:**

**Weza Care** like to continue with the PIP team in 2023,developing further on the Curriculum catalogue and are very much interested in Mark’s capability for dada collecting and setting up a data base for measuring/ evaluating quality assurance issues.

**National Care Reform:**

Care reform is a change process within the systems and mechanisms that provide care for children separated from their families or at risk of separation. It consists of three pillars, all of which need to function and fulfil their purpose for care reform to be holistic and sustainable.

1. Prevention of separation and family strengthening; 2. Alternative care; 3. Tracing, reintegration and transitioning to family and community-based care.

The care reform process changes the attitudes and practice of duty bearers and other stakeholders towards family and community-based care solutions and away from institutional care as a primary response. It strengthens duty bearers’ accountability in meeting their obligations to ensure children’s rights are met. It involves the meaningful participation of children and young people. It will result in more children in Kenya living safely, happily and sustainably in families and communities where their best interests are served.

The Strategy’s **goal** is to **transition** from a system of care where many children and young people are living in institutional care, or are unaccompanied or separated, to a system which allows children to live safely, happily and sustainably in family and community-based care. The expected overall result of the Strategy is that by 2031 most children and young people in Kenya will live safely, happily and sustainably in family and community based care. The Strategy is guided by principles which champion the best interests of the child; family being the best environment for a child; addressing the causes of family separation and institutionalization; prioritizing the most vulnerable; doing no harm; meaningful child and youth participation; dignity, respect and non-discrimination; sustainability; the duty of the State to protect child rights; the importance of the Kenyan context; a collaborative and inclusive process; institutions as key partners; and care reform as a journey.

The Government want all organizations trained in their guidelines to achieve those goals. It implies for **Weza Care** and even **PIP**  that they are obliged to be trained by trained people from the government and that you as an organization needs to pay for all the costs for this 5 days training.

**Weza Care** has invited **PIP** take part in this TOT training that is scheduled for halve of January 2023.

Remand Manager also has tried to organize a training with the help of our George, but it never took place because the invited organizations have not budgeted for the 2 days training.

**Workshop Alternative Care Association platform:**

The **PIP** went to Nairobi(July 2022) to participate in a workshop, organized by a platform( that we are a member of) to be informed about the care reform strategy. **Outcome:** The participants were help to understand the content of the care reforms strategy for children in Kenya, the provisions in the newly signed children act, the role of the government in the implementation strategy in care reform and our role as non-governmental actors in this process.

**Mutual Learning Platform online:**

Mutual Learning believes in connecting care practitioners worldwide to inspire each other and mutually transform towards high quality family and community based care. We facilitate collaboration, dialogue and the exchange of experiences with an international community, through a digital platform and Zoom sessions. It will also give Foundation PIP an opportunity to connect with international similar minded organizations, to share, what they have and believe in, as a component in making changing the way we care a success.

The pilot is for 6 months with twice a month a zoom session for two hours. In between you are asked to prepare yourself with the documents/articles that are available on the platform. A forum ‘platform’ makes it possible to start discussions on topics that transferred, share, exchange documents, articles, video’s that you think can be relevant to the discussed topics.

So far it has been a very inspiring way of connecting and mutual way of learning .I gave a presentation on the topic child/family assessment which triggered the executive director of Hope of Homes. He wrote a recommendation letter to his colleague in Nairobi (Member of the Association Alternative Care Platform with the following text:

**“*PIP*** *has a really solid methodology for a holistic counselling approach for practitioners to interact with families. I thought you could have a conversation with the people on the ground and see if we can join efforts in talking to the government. I imagine the government will need a lot of practical examples of good practice on how to do things and the CSOs in Kenya are the best to provide that learning! So, if you have the time, please reach out to Charlotte and she can put you in touch with her team on the ground. And we see how we take it forward.”*

The Annual Alternative Care meeting will take place on the 2nd of December in Nairobi. The **PIP**

Team will be present and arrangements will be made to meet the representative of Hope of Homes.

**Aim:** To help him understand the need of our assessment gatekeeping tool to prevent the unnecessary separation of children from families.

**Reintegration/Collaboration Remand:**

Five children (two girls; three boys) have been reintegrated back to the community with the psycho social and financial support of **PIP**.**PIP** has offered to do whole assessment process with a selected child which Remand agreed on.

The collaboration between PIP and Remand has become unclear not knowing why the manager is not communicating with me or updating me of what is taken place in the ‘social welfare world.’ George will try to find out what could be the underlying meaning of the neglect.

**ICS Project ‘Heel de Mens’:**

**PIP** reached out to ICS if they would be interested in follow-up/supervision meeting for their trained frontline workers. Director ICS explained that they had no budget although they might see for **PIP** an opportunity to work with VACiS programme. The message they gave was that if **PIP was** willing to organize and pay for everything that they might think about a second ‘round’of training. We left it at that.

**IVTG PROJECT:**

PIP has a request from this organization to collaborate in:

“We(IVTG) would be glad to collaborate in the following areas;

1. Funding of Design and  implementation of IVTG SCHOOL **guiding and counselling programme that focus on wellness of staff, parents and learners -**

2. Funding of Capacity building and training of staff and **community members** where our schools are domiciled in **PIP  counselling technique**

3. **Work together to generate data and evidence based results on how the programmes improve learners' well- being, academic performance and their future success**.

The three broader areas of cooperation will help IVTG to achieve its Strategic goals of improving learning within their schools.”

The team will pay the founder a visit on the 24th of November. The outcome will be shared in the zoom meeting on the 28th .

**Attached you find the strategy plan of IVTG.**

**Training Kisumu Polytechnic:**

The training all prepared for May was postponed indefinitely due to government directive regarding the renewal of performance contracts of all teachers. They never approached PIP again.

**Research Proposal:**

It has been a long term desire for **foundation PIP** model to be recognized and accepted across the board, as a model that can be used and reduplicated by different stakeholders. For this vision to be realized the model needs to be subjected to a research to find out its suitability and what should be improved to make it even more relevant in addressing the psycho-social /mental health gap.

***Attached you will find a proposal from a consultant (we met in the ICS project).***

**Tax:**

This will be cleared at the beginning of December

**Finances:**

**PIP** is supported by two big donors (one for PIP and one for the education of 3 children). **Weza Care** paid all the costs for our trainings(except for the 3 supervision meetings) and paid for the trainings that Mark and George joined.

**2023:**

* **Partnership Weza Care: What can we expect?**
* **Collaboration Hope of Homes/Government: What can we expect?**
* **Partnership Remand?**
* **Collaboration IVTG?**
* **Collaboration Wilde Ganzen?**
* **Training Hub for organizations that want to be trained in the PIP Methodology (donors?)**
* **Future PIP Office**