

1. Introduction

The present development engagement document details the objectives and management arrangements for the development cooperation concerning Community action for quality alternative care and protection/01.01.2017 – 31.12.2019 as agreed between the parties specified below. The development engagement document together with the documentation specified below constitutes the agreement between the parties

The SOS Børnebyerne programme has been submitted to CISU and will be financed within the current CISU pool funding arrangement. The programme has been through a comprehensive appraisal process according to the CISU procedures for programme assessment. This includes a capacity assessment cum appraisal of SOS Børnebyerne and a concept note for the programme. The final programme document has been desk appraised by two internal CISU Assessment Consultants. This assessment was based on a full programme document with supporting documents as well as the capacity assessment cum appraisal. The CISU Assessment Committee recommends the programme for final approval by the Ministry of Foreign Affairs.

Parties:

CISU and SOS Børnebyerne Denmark

Documentation:

- Community action for quality alternative care and protection, in Kenya, Rwanda, Tanzania and Zanzibar. SOS Børnebyerne Denmark, September 2016, Programme Document with annexes.
- Capacity Assessment of SOS Denmark & Appraisal of Programme Document, Dorthe Skovgaard Mortensen, Next Generation Advice, February 2016.
- SOS Børnebyerne: Management Response to Capacity Assessment cum Appraisal.

2. Background

National, thematic or regional context

The targeted countries in East Africa, Kenya, Rwanda and Tanzania including Zanzibar have all experienced significant growth in recent years. However economic growth has not benefitted the most marginalized and vulnerable groups, including children who have lost or are in risk of losing parental care.

The total number of single or double orphaned children in the target countries are 6 million. This is equivalent to between 10,2 and 12,3% of all children in the target countries. The major cause for this situation is AIDS, or extreme poverty which leads to migration and split-up of families.

Most children in Kenya, Rwanda and Tanzania who have lost parental care grow up in informal care arrangements, so-called kinship care, with relatives, grandparents or siblings.

Governments in East Africa are all pursuing an agenda of de-institutionalization of care. This is in line with the global trends stipulating that children are best cared for in their families of origin or alternatively, in family-like arrangements. The focus is on securing care within alternative care resembling normal family environments. The preferred solution is preventive measures that can help keep families together. If this is impossible, the alternatives in order of priority are placement in kinship care within the extended family, foster care and community group homes. Institutions and orphanages are the last resort. This acknowledgement has led to a search for alternatives to traditional orphanages and big institutions. Residential care centres have been closed in all countries.

All the governments in the target countries have ratified the United Nations Convention on the Rights of the Child (UNCRC) and adopted the UN Guidelines for the Alternative Care of children, the reality in the three countries is however far from meeting the needs and respecting the rights of the children.

The sector remains unregulated and challenged. Important challenges are; lack clear referral mechanism, unclear roles in case management, lack of quality assurance and monitoring mechanism. The sector is relying on untrained community volunteers and is in general lacking resources and methods to address the challenges. The general focus is reactive, only addressing the challenges for vulnerable children once families have broken apart. A further challenge is lack of cooperation between key

stakeholders including; police, hospitals, teachers and local government. The major stakeholders and implementer of alternative care services remain NGOs and faith based organisations with scattered programmes.

Vulnerable children and their families lack awareness of their rights including the rights to participate in forums that represent them. Such forums exist in all the target countries. Governments do not set aside budgets for the implementation policies at a reasonable level.

All four governments have shown an interest in improving alternative care services. SOS Children's Village's in all the target countries have experiences from working with governments and has been involved in policy processes and/or support for developing implementation plans.

Even though the overall trends on children's rights and deinstitutionalisation are similar in Kenya, Rwanda, Tanzania, and Zanzibar important contextual differences exist.

In Kenya major legislation and policies and guidelines on children are in place. This includes national guidelines on Psychosocial Support for Orphans and Vulnerable Children. Lack of clarity on responsibility exist between the responsible Department of Children Services and The National Council on Children Services leading to lack of coordination and duplication of efforts, and even conflicts. Systems for registration of informal care of orphans are in place, but most placements remain informal and without structured supervision or adequate government support. At present, no government initiative promote foster care. However government allocate substantial resources for family strengthening and preventive action. SOS Children's Villages has a close relationship with relevant government institutions and has been substantially involved in policy processes.

De-institutionalisation is high on the agenda of the Rwanda government. The *One Child – One family* campaign initiated in 1996 promoted family based care for children without parental care in post-genocide Rwanda. In recent years national policies and reforms on child rights and alternative care has been approved and implementation is in progress. The involvement of para social workers is central to the strategies, however most para social workers are not trained. Child participation is featuring prominently. The government of Rwanda is showing the way forward with strong policies, legal frameworks and elaborate strategies to carry out the reform. The Rwandan government mainly invite civil society to provide services related to the de-institutionalisation process, but also a space for dialogue. SOS Children's Villages has a close relationship with the government and experiences from participation in policy processes. The provision of documentation of best practices is seen as a strong basis for advocacy.

Tanzania legislation on children is now in line with the UNCRC and the African Charter on the Rights and Welfare of the Child. The government faces major challenge in coping with an increasing number of children at risk or children who have already lost their parents. Child headed households have been on the increase in recent years. The residential care facilities are largely run by civil society organisations. The Ministry is unable to register let alone supervise the care centres. The government has closed a number of residential care centres that were not meeting standards. However no structured de-institutionalising process is taking place. The sector remain unregulated, fragmented and under resources. SOS Children's Village is part of a government lead working group on deinstitutionalisation. Further the local government in Dar es Salam has requested SOS Children's Village for support with training and monitoring of foster families. This is seen as a major opportunity for the programme to pilot and advocate quality alternative care.

Zanzibar has very similar problems to mainland Tanzania. The legislative framework is securing the fundamental rights of the children. The general understanding of the legal framework is weak, as is the implementation. Zanzibar distinguishes itself from mainland Tanzania by the dominance of Islam. As a consequence children in need of alternative care are mainly catered for within extended families.

Besides the three programme countries the programme intends to include Ethiopia and Somaliland in the regional learning activities. The specific challenges for these countries relating to the restrictive and authoritarian situation in Ethiopia and the fragile situation in Somaliland are described.

Lessons learned and results from previous interventions:

The CISU funded interventions of SOS Children's Village has for the past seven years supported a fundamental strategic change processes and learning in the organisation. This has included a shift in the focus from working with individual vulnerable families to a focus on capacity building of partner organisations and communities. Another recent development has been an increased focus on advocacy, the development in this respect is uneven amongst the SOS organisations in the region but important lessons have been learned on how to influence policies and implementation. Based on previous experiences the present programme will focus on developing contextual relevant advocacy strategies for all SOS Children's Village organisations targeted.

In Rwanda and Zanzibar, CISU funded projects have provided trainings in child rights and child participation. SOS Children's Villages Rwanda has taken it a step further with children participating in midterm reviews and advocacy activities. Media has become a new strategic partner and will be so increasingly in this programme as evidence is collected, analysed and communicated to populations, opinion and decision makers.

The CISU projects have enabled the SOS partners to gain recognition and the ability to influence the political agenda. SOS Children's Villages Tanzania and Zanzibar are providing input to the national re-integration guidelines. SOS Children's

Villages Kenya played a key role in the development of the National Plan of Action for Children in Kenya 2015-2022. SOS Children's Villages Rwanda is supporting the de-institutionalisation process as part of a working group under the National Commission for Children. In all these countries SOS Children's Villages takes part in NGO-led child-focused working groups contributing to the Alternative reporting to the UNCRC. SOS Children's Villages' concerted efforts have led to many positive changes such as increased access to birth registration in Rwanda and improved access to health care and financial services in Jimma, Ethiopia.

Follow-up on Capacity Assessment and assessment of Management Response:

The overall conclusion of the capacity assessment was that SOS has sufficient capacity to carry out a programme agreement. The assessment had a number of recommendations in respect of the programme design. SOS Children's Village Denmark agreed to all the recommendations and has subsequently worked on integrating them into a revised programme design. It is the assessment that SOS Children's Village has been successful in this. The result has been a more focused, strategic and consistent programme framework.

Partners in the programme:

The programme partners will be: SOS Børnebyerne (SOS DK), SOS Kenya, SOS Rwanda, SOS Tanzania, and SOS Zanzibar. The partner organisations share a common outlook and strategies based on their membership of SOS International. All partners are fully autonomous national non-governmental organisations.

SOS DK has a track record of successfully implemented projects with all programme partners. SOS DK has during recent years undertaken a major change in its approach to development from service delivery to a rights based approach. The organisation has build up its professional capacity.

The experiences and strength varies between SOS Kenya, SOS Rwanda, SOS Tanzania, and SOS Zanzibar. All of them are having solid programme experiences including experiences from CISU funded projects with SOS DK. The partner's main strength is with community level support for vulnerable children and capacity building of local structures. Working on policy advocacy is more recent, however particularly SOS Kenya but also SOS Rwanda has important experiences from that area. Prioritising policy advocacy is however high on the agenda of all organisations.

Besides the MA the programme will partner with Core partners and strategic partners. Core partners are CBOs and other community structures in the programme location. A strategic partner provides strategic and technical support to special areas such as training, service delivery and advocacy. Relevant tentative core and strategic partners has been identified in the national context analysis.

Overall strategy (Intervention logic, Theory of Change or Rationale):

The programme strategy focus is on alternative care for children without parental care. Alternative care is embedded in a rights based approach and internationally recognized standards, including the UNCRC and the UN Guidelines for the Alternative Care of Children. The programme follows the UN Guidelines in seeing families as the best option for children to grow up. Alternative care must be effectuated only after all possible options to retain children in their family of origin has been exhausted. The programme supports the intentions of government policies in the target countries of moving from residential care towards quality alternative community care, known as the deinstitutionalisation process. The entire strategy is informed by the principles of the best interest of the child.

The current strategy provides the overall framework for the intervention and the concrete strategy for the first phase of envisaged two to three phases. The strategy acknowledges that securing the rights of children within alternative care is a long-term change process that cannot be achieved within the first phases of the programme.

The overall change logic of the programme is based on an expectation that intensive and comprehensive capacity development will strengthen the professional capacity of SOS staff, local core partners and para social workers. This will enable them to:

- Assess the gaps in the alternative care framework and develop and pilot strategic alternative care models that will fill the identified gaps.
- Test strategic quality alternative care services with a small sample of children in alternative community care.
- Monitor and systematically document the applied methods and tangible results of the strategic models and services which will serve as best practice examples for replication by the community care frameworks and as evidence for advocacy.

The change strategy has a strong focus on developing and testing realistic alternative care models, which can support the implementation of government strategies on alternative care. To facilitate change on the ground and create public demands and accountability from duty bearers the strategy will further include working on building community awareness on alternative care.

The development triangle is central to the strategy. The three components of the programme has been developed around; professional capacity development, Strategic service provision and advocacy. Synergy and mutual reinforcement between the

components of the project is central to the strategy. During the first phase of the programme the main emphasis will be on capacity development of SOS staff, core partners and para social workers.

Component A: Professional capacity development of the four SOS Children's Villages organisations and their local core partners to facilitate and advocate for efficient and effective alternative care and protection solutions

Capacity development is seen as the key component and a precondition for the two other components. Capacity development will focus on increasing the professional and organisational capacity to develop, manage and monitor appropriate alternative care and protection options and advocate for a sustainable alternative community care framework.

Capacity development will take place at three levels:

1. Build professional and organisational capacity and skills among SOS staff to facilitate and advocate for efficient and effective alternative care and protection solutions in the communities.
2. Develop local core partners' ability to mobilize the community and contribute to strengthening the community alternative care framework.
3. Develop the concept of para social workers by building the skills of principal and moral duty bearers (i.e. government officials and volunteers in the community) to perform their duties towards vulnerable children.

The envisaged processes includes: Capacity assessment as the foundation for professional capacity development, systematic training of SOS staff, systematic use of Training of Trainers processes with learning loops.

Component B: Piloting quality alternative care models and services

This component builds on the substantial experiences within SOS- Children's Villages and their local partners as well as the established relationship with community based alternative care structures.

The strategy will work with developing models along the alternative care continuum from preventive family strengthening, kinship care, foster care, child-headed households, community group homes and adoptions.

Civil society plays an important role in working effective in securing the rights of children in risk and needs to be part of model development.

SOS Children's Villages Regional Office will develop a tool to assess the existing alternative care framework in the selected locations to detect the level of compliance with the UN Guidelines for the Alternative Care of Children and national guidelines on alternative care. The gaps identified in the current care structures and mechanisms at location level will inform the development of appropriate care models. These models intend to strengthen the care framework strategically by suggesting and documenting concrete responses to the identified gaps. Models work to promote appropriate contextualised ways to organise and manage community care arrangements to achieve recognition of the particular practice and replication of this by the government.

Apart from the modelling based on the alternative care assessment the programme will also provide strategic services to a small sample group of 200 children (individual level) living in either kinship or foster care in the locations. These individual cases will be used strategically to document best practices in the continuum of care and at the same time feed into the model building. Strategic services will be used in evidence-based advocacy aiming to influence local and national authorities to replicate the models.

Component C: Advocacy towards relevant government bodies in order to increase commitment and resources for effective implementation of the alternative care guidelines

The advocacy strategy is closely linked to the model development. Policy influence will be informed by experiences and knowledge from working with the children, their families and communities. To secure consistent and strategic advocacy, advocacy strategies will be developed in each programme country. The focus of the advocacy strategy will be to secure increased commitments by the governments as well as resource allocations for alternative care and the implementation of the UN Guidelines for the Alternative Care of Children and corresponding national guidelines for alternative care. The programme will undertake lobby and advocacy work in close collaboration with partners.

Even though alternative care is implemented mainly by informal community based services it is important for the programme to maintain that government is the main duty bearer and remain responsible for ensuring the rights of the children. None of the governments in Kenya, Tanzania, including Zanzibar, and Rwanda are currently fulfilling their responsibility towards children without parental care.

The strategy acknowledge that evidence based lobby on its own cannot in itself create the desired change in government priorities. Other advocacy strategies are required. A particular focus within the programme will be on supporting budget tracking. This will be done in collaboration with core and strategic partners. Advocacy material will be developed based on budget analysis.

The programme promote an increased focus on external partner relations, SOS Children's Village will work with two kind of partners;

- Core partners acting as local level watchdogs and implementers. These partnerships with local community based organisations are based on mutual long term working agreements and common goals and values.

- Strategic partners, are local, national level organisations. They serve strategic and technical level resource organisations.

To support strengthen sustainability and support the immediate strategic focus of the programme the strategy will aim at developing a learning culture amongst key stakeholders in the programme. A regional knowledge hub will be established within the regional SOS-Children’s Village setup. The knowledge hub with SOS Denmark will provide considerable technical support to capacity building component. The programme work on supporting existing dynamics and create synergy and learning. Synergy will be supported; internally in SOS partner organisations, between the partner organisations, outward with other civil society organisations and upward with the rest of the SOS federation. Ethiopia and Somaliland will partake in the regional learning activities, even though no activities are supported in these countries. The programme will further draw on the extensive experience within SOS from alternative care in Latin America and Asia.

Programme objectives:

Programme objective	Children in Rwanda, Kenya and Tanzania, including Zanzibar, who have lost, or are at risk of losing parental care receive appropriate alternative care and protection that serves their best interest.	
The immediate objectives are provided for the long-term programme intervention, marked a) and for the current first programme phase, marked b). The indicators are provided for the first phase only.		
Immediate objective 1	<p>a.) Community-based alternative care professionals and volunteers provide efficient and effective alternative care and protection solutions in the programme target area.</p> <p>b.) SOS Children’s Villages and local partners have specialised capacity (skills) and determination (attitude) to facilitate and advocate for efficient and effective alternative care and protection solutions.</p>	
Outcome indicator 1.1	# of SOS staff working according to standards and guidelines set for alternative care	Target: A Total of 100 staff at IO and national level
Outcome indicator 1.2	# of SOS staff with substantial knowledge and skills to conduct policy/budget analysis and document best practice models for evidence based advocacy on alternative care	Target: A total of 100 staff at IO and national level
Outcome indicator 1.3	# of local partners demonstrating adequate skills and practices in regard to alternative care and protection	Target: A total of 10 local partners
Immediate objective 2	<p>a.) Effective models provide quality care services and protection opportunities to vulnerable children in the programme target area.</p> <p>b.) Community care structures are mainstreaming learnings from piloted strategic alternative care models and services.</p>	
Outcome indicator 2.1	# separated children identified in the SOS location having their case registered and processed according to the guidelines for alternative care	Target: Total number to be determined after the Baseline study
Outcome indicator 2.2	% children in alternative care who demonstrate well-being (physical health, development and safety; cognitive development and education; psychological and emotional development; and social development and behavior)	Target: At least 80% out of the total selected group of 200 children
Immediate	a. Relevant alternative care legislation and policies that value preventive strategies for	

objective 3	separation, community-based care and the views of the child are implemented by principal duty bearers in the programme target area. b. The government has increased commitment and resources for effective implementation of the alternative care guidelines.	
Outcome indicator 3.1	Proportion of government resources (financial/human) committed to alternative care	Target: To be determined after the Baseline study
Outcome indicator 3.2	Level of engagement of government officials in alternative care and protection	Target: Qualitative target to be determined after the baseline study
Outcome indicator 3.3	# of government led working groups/committees with active presence of SOS	Target: Participation in a total of at least 9 working groups in all four SOS locations

Key assumptions related to the programme strategy:

Immediate objective	KEY ASSUMPTION
1. SOS Children's Villages and local partners have specialised capacity (skills) and determination (attitude) to facilitate and advocate for efficient and effective alternative care and protection solutions.	<ul style="list-style-type: none"> Acquired knowledge will be applied in the programme
2. Community care structures are mainstreaming learnings from piloted strategic alternative care models and services.	<ul style="list-style-type: none"> Best practices are scalable in different contexts in the same country
3. The government has increased commitment and resources for effective implementation of the alternative care guidelines.	<ul style="list-style-type: none"> Conducive political goodwill and buy-in for engagement and coordination

Target groups:

SOS Children's Villages aims to contribute to the long-term impact for the ultimate target group - which is all children in need of alternative care - through a focused and strategic approach, which initially in the first phase includes the following primary and secondary target groups:

Primary target groups:

- 200 children aged 0 – 18 years of age (rights holders) in alternative care in the programme intervention areas. These children have temporarily or permanently lost parental care, or are in need protection because of domestic violence, abuse or neglect.
- Care givers, also called moral duty bearers, to the 200 children without parental care in Kenya, Tanzania, Zanzibar and Rwanda. The caregivers are families providing either kinship or foster care.
- 124 key SOS staff working with alternative care and advocacy at the Regional Office and in the programme countries will be involved in capacity development. Including:
- Key staff with six local core partners who will be involved in capacity development:
- 80 key local duty bearers with formal or moral authority (teachers, police, health workers, community volunteers, etc.) who will be selected and trained as para social workers.
- Advocacy target groups will include the following government categories:
 - Local administrative level: Social Welfare, Women and Children's Affairs at ward/cell/shehia level, Most Vulnerable Children's Committees, Child Protection Committees and Area Advisory Councils location level (specifically for alternative care models, monitoring and supervision of children and families)
 - Local political level: Ward/Cell/Dhehia Development Committee, Mtaa Committees (specifically for budget tracking and participation for children and vulnerable families)
 - National level: Ministries and departments responsible for children's affairs:

Secondary target groups who will contribute to the achievement of the output and outcomes of the programme:

- Strategic partners such as service providers, training institutions, advocacy partners and alliance partners.

- Most Vulnerable Children’s Committees, Area Advisory Councils and Child Protection Committees. (Specifically for local budget monitoring).
- Local leaders, including traditional and religious leaders, in the programme intervention areas. They will be reached through awareness raising.
- The community at large will be reached through awareness raising activities, especially media campaign.

Ultimate target group who will benefit from the interventions and improved alternative care practices at location level.: 14.000 children who have lost or are at risk of losing parental care in national SOS programmes in Kenya, Rwanda, Tanzania and Zanzibar and of these 3000 children who live in the locations where this programme will be implemented.

Key Output indicators:

This section provides the key output indicators for the three immediate objectives (more country-specific outputs and indicators are developed for the individual country LogFrames):

Immediate objective 1	SOS Children’s Villages and local partners have specialised capacity (skills) and determination (attitude) to facilitate and advocate for efficient and effective alternative care and protection solutions.	
Output 1.1.	# of trained trainers (ToT) with elaborate knowledge and skills related to alternative care and advocacy	Target: 24 staff at IO and national level
Output 1.2.	# of SOS staff and local partners with substantial knowledge and skills related to alternative care and advocacy	Target: 100 staff at IO and national level
Output 1.3.	# of para social workers with substantial knowledge and skills related to alternative care	Target: 80 para social workers selected from all four SOS locations
Output 1.4.	# of review workshops and status of virtual learning platform and E-library	Target: 3 physical and 2 virtual review workshops

Immediate objective 2	Community care structures are mainstreaming learnings from piloted strategic alternative care models and services.	
Output 1.1.	# of models for alternative care systematically documented for the purpose of evidence based advocacy	Target: to be developed based on the assessment
Output 1.2.	Availability and integration of quality standards	Target: Minimum quality standards institutionalised and mainstreamed
Output 1.3.	# individual cases documented e.g. by the use of real time monitoring for the purpose of evidence based advocacy	Target: 200 children, 50 from each SOS location

Immediate objective 3	The government has increased commitment and resources for effective implementation of the alternative care guidelines.	
Output 1.1.	# of available advocacy strategies (4)	Target: One advocacy strategy for each SOS partner
Output 1.2.	# of partnership MoUs (4)	Target: One MoU developed per SOS partner.
Output 1.3.	Level of budget awareness and literacy at SOS and partner level	Target: Level of awareness is high

Output 1.4.	# of government led/initiated working groups/committees with active presence of SOS (invited space)	Target: Participation in a total of 9 working groups
Output 1.5.	Scope of results from one pilot location shared/published in local/national/regional media outlets	

Monitoring & Evaluation

The M&E system has been designed to keep the programme on track, support knowledge sharing and learning and document results at different levels. The national Logframe and the Logframe for the International Regional organization provides detailed baselines, milestones and targets. The programme will report bi-annually on progress against targets. The programme will develop tools and capacity for systematic documentation of results. This includes systems to monitor results of: training/professional development, strategic alternative care models, strategic alternative care services. These systems will include quantitative and qualitative approaches. The programme has a strong emphasis on learning; the regional learning hub will be responsible for organizing and conducting two annual reviews of programme progress and major learning. Besides the ongoing monitoring an external mid-term review a final evaluation will be undertaken.

Risk analysis and risk management:

The risk matrix provides an overview of the main risk factors, likelihood, impact and mitigation strategies. With a single exception the likelihood is judged to be medium or low. The exception relates to “resistance or indifference from the authorities in relation to SOSs advocacy agenda”, in this case it is assessed that the likelihood for Tanzania is high. The impact is likewise in most instances assessed as medium. Two exceptions exist in respect of “limited voluntarism of partners cooperating around alternative care” and “Failure of caregivers to provide sufficient care” these risks are assessed to have a high impact. The mitigation strategies are concrete, relevant and with a likely fairly substantial chance of mitigating the risks. The overall assessment is that important risk factors exist, but that with the proposed mitigation strategies the likelihood of major disruptions of programme and its impact is assessed to be relatively low.

Sustainability and phasing out:

It is acknowledged that a long term sustainability in the sense that duty bearers have adopted the models presented and prioritise to offer a wide range of quality alternative care services will only be achieved after the end of phase three of the programme (9 years). However in case the funding end after the first phase substantial gains in respect of sustainable change will have occurred within SOS Children Village partner organisations as well as externally with partners. Anticipated changes includes transition in the approach and methods in addressing vulnerable children and the use of resources within SOS Children’s Villages. Further the relationship with external partners is assessed to be strengthened based on gained experiences. Further it is anticipated that preliminary but tangible results in procedures and priorities in social welfare provision will be implemented. A detailed exit strategy will be developed as part of preparation for phase two. Provided the strategy and the availability of own private funding the sustainability is assessed as good.

3. Overview of management set-up at programme level

Overall organization:

The programme will be implemented within SOS Children’s Village structures and organisations at three levels; SOS Children’s Village Denmark, SOS Children’s Village International Regional Office and SOS Children’s Village Member Associations in Kenya, Rwanda, Tanzania and Zanzibar.

SOS Children’s Village Member Association have the day to day planning and implementation responsibility including; contact with local partners, advocacy, capacity building and monitoring and evaluation.

SOS International Regional Office has an overall coordination role including consolidation of documentation and learning. Further SOS International Regional Office provides support for capacity assessment and capacity building.

SOS Children’s Village Denmark is responsible for overall programme formulation processes, monitoring and learning and will have the direct contract responsibility with CISU. SOS Children’s Village Denmark will further provide specialised technical support,

Financial Management:

The programme will follow established procedures within the SOS system, which fulfils the CISU and Danida requirements. To strengthen the financial management capacity an internal auditor will audit the programme during the first and second year of the programme. External audits will be undertaken for the programme. SOS Children's Village International has an anti-corruption strategy that covers the entire international organisation.

4. The programme budget

All figures in DKK (exchange rate at time of budgeting shall be indicated below)

Budget overview:	2017	2018	2019	I alt	Pct.
1. Programme activities	4 995 088	3 299 072	3 467 296	11 761 456	90
2. Other activities	101 329	127 838	237 550	466 717	4
3. Administration and auditing	364 200	247 300	286 000	897 500	7
Total programme budget	5 460 617	3 674 210	3 990 846	13 125 673	100
1. Programme activities divided by:					
1.A Countries/regions:					
Rwanda	641 100	413 200	420 300	1 474 600	13
Zanzibar	530 900	384 300	385 600	1 300 800	11
Tanzania	505 400	372 000	389 000	1 266 400	11
Kenya	574 700	444 200	465 300	1 484 200	13
Regional IOR	740 900	723 900	1 082 700	2 547 500	22
Global (activities relevant for all involved countries)	1 466 900	608 000	352 900	2 427 800	21
not planned (max 10% of programme activities)	312 193	206 192	216 706	735 091	6
budget margin (max 5% of programme activities)	222 995	147 280	154 790	525 065	4
Programme activities by country/region	4 995 088	3 299 072	3 467 296	11 761 456	100
1.B thematic areas/sectors					
Component 1	3 088 900	1 698 300	1 807 900	6 595 100	56
Component 2	887 900	783 600	725 500	2 397 000	20
Component 3	483 100	463 700	562 400	1 509 200	13
not planned (max 10% of programme activities)	312 193	206 192	216 706	735 091	6
budget margin (max 5% of programme activities)	222 995	147 280	154 790	525 065	4
Programme activities by themes/sectors	4 995 088	3 299 072	3 467 296	11 761 456	100
2. other activities					
Appraisals	0	0	0	0	
Supervision & monitoring	74 820	74 820	74 820	224 460	
Evaluation	0	0	109 713	109 713	
Information work in Denmark	26 509	53 018	53 018	132 544	
I alt	101 329	127 838	237 550	466 717	
3. Administration and auditing					
Auditing	7 000	7 000	25 000	39 000	
Danish administration (7%)	357 200	240 300	261 000	858 500	
Total	364 200	247 300	286 000	897 500	

5. Comments from Embassies (and response from applicant)

No comments have been received from the Embassy.

6. Overall assessment according to CISU programme guidelines

Assessment of the six criteria for the CSP incl. brief explanation of the assessment	Fulfilled	Partly fulfilled	Not fulfilled
1. Assessment of applicant's accumulated experiences and built capacity (tick appropriate box)	X		
Explanation of assessment: SOS Børnebyerne has a track record of successfully implemented projects with all programme partners. SOS DK has during recent years undertaken a major change in its approach to development from service delivery to a rights based approach. SOS Denmark has had a problem with inconsistent quality level in applications to the CSP. A new QA system has been established and implemented to take account of this weakness. The overall assessment provided in the KapApp is that SOS with partners (MA) has the capacity to develop and implement a programme of the suggested scope provided that SOS follows the recommendations provided by the KapApp and from the Assessment Committee. The management response from SOS approves all recommendations. The recommendations have been integrated into the programme document. The regional office for East Africa is seen as a cost effective resource for the development of the entire SOS set-up in the region.			
2. Assessment of programme partners: the Danish organisation, local partner organisations and cooperation between them (tick appropriate box)	X		
Explanation of assessment: The partnerships are based on a shared membership in the SOS family. This provides a shared outlook and approaches. All the participating MAs are registered as independent non-profit organisations. Two of the original six MA (Somaliland and Ethiopia) has been dropped as partners in the programme as they have not been able to fulfil the requirement for being fully independent national civil society organisations. All MA has satisfactory been able to implement projects with SOS-DK. They are all assessed to be strong in community mobilisation and providing relevant support for vulnerable children. The capacity in respect of influencing broader societal change processes through advocacy is still to be fully developed. The strengthening of the policy and advocacy work is a central part of the programme. This includes strengthening the capacity to plan and implement contextual relevant advocacy processes based on a thorough assessment of change potentials in the context. Both the SOS Somaliland and Ethiopia MA will participate in the regional learning activities. This is assessed to be relevant. Besides the MA the programme will partner with Core partners and strategic partners. Core partners are CBOs and other community structures in the programme location. A strategic partner provides strategic and technical support to special areas such as training, service delivery and advocacy. The role of the various partners is relevant in the context and described in the programme document.			
3. Assessment of target groups, relevant duty bearers and their relation to the programme (tick appropriate box)	X		
Explanation of assessment: The target group provided in the document is only describing the group involved in the the first phase of the programme. The primary target group consist of the core persons and institutions directly reached by the project. This includes representatives from the rights holders, persons providing services for the rights holders or supporting the rights holders through capacity building or advocacy on their behalf. 200 children are reached with quality alternative care by the strategic service activities. Besides the immediate benefit to this group, the strategic importance of the services is that the results from the activity will form the basis for advocacy activities. Most of the primary target group are reached through capacity building initiatives of staff in partner organisations or community volunteers. These groups will form the basis for future programme activities. This target group is relatively small but with high impact potentials in future programme interventions. The last section of the target group is termed advocacy target group and includes. This group includes relevant local and national government officials. The target groups are strategically selected and correspond well to the programme strategy. The target group will form an important basis for the subsequent phases of the programme; in case no subsequent phases will be implemented the target groups will continue to be relevant resources for the involved organisations.			
4. Assessment of the programme's strategy, coherence, relevance and expected outputs (tick appropriate box)	X		
Explanation of assessment: The strategy provides a sound and coherent framework for the programme. The strategy directly relates to the context and the change potentials in the context. The change logic is clear and consistent and appears to be realistic. The relationship between the capacity building, strategic services and advocacy is relevant. The emphasis in this first phase is on providing the foundation for the subsequent phases. This is done with a strong emphasis on capacity building of SOS and partner structures. The strategic services are relevant and directly linked to advocacy activities. Advocacy builds on existing relationships and in general seeks to utilise non-confrontational approach. The outputs are concrete and realistic.			
5. Assessment of the programme's sustainability and long-term impact (tick appropriate box)	X		
Explanation of assessment: The assessment of sustainability in the programme document is realistic. Full sustainability			

<p>will only be reached after the full programme cycle has ended. It is however argued that important changes externally but not least in the internal approaches in SOS Children's Villages will be achieved after the first phase. In case that a second phase will not be implemented. The anticipated impact after three phases are substantial at a policy and implementation level in the target countries. Further the programme will have considerable impact on SOS Children's Village capacity in the region as an important change agent within the child sector. The substantial alternative funding for SOS Children's Village provides a solid basis for sustainability.</p>			
6. Assessment of the programme's cost-effectiveness (tick appropriate box)	X		
<p>Explanation of assessment: The budget for the programme is DKK 10.501.300 of which 52% is for activity mainly organised by the partners (MA). The major part of this budget is allocated for capacity building. Expenses for strategic services are kept at a reasonable level. Advocacy expenses constitute the smallest part of the budget. The expenditures are in line with the overall strategy and activities and is assessed to be reasonable. It is anticipated that the expenses will be reversed in subsequent phases of the programme where advocacy will feature more prominently. 22% is administered by the SOS International regional office as a shared resource, mainly for capacity building of MA and learning. 27% of the budget is allocated local staff at SOS Member Association and Regional Office. These staff costs are largely related to activities. Salary levels are reasonable for well-qualified local/regional staff. The set-up with a regional office as a shared knowledge hub is assessed to be cost effective. The remaining budget is split between 3% for investments (IT furniture's) and 5% MA and Regional office admin (communication, electricity etc.) both amounts are reasonable. Technical input from SOS Denmark will be provided but is not part of the budget. Cost efficiency is deemed to be good. Cost effectiveness assessed in relation to the full programme period (Phase 1 -2) is assessed to be good.</p>			
<p>Conclusion: Approved: SOS DK has a track record with all programme partners and the Regional Office for East Africa. The overall assessment of SOS DK is that it has been through a positive development in recent years and that the SOS activities are in line with the Civil Society Policy and the CISU guidelines. SOS has strengthened the focus on capacity building and advocacy. SOS DK agreed to the recommendations from the KapApp and the recommendations have been taken account of in the programme document. The four SOS Member Associations (SOS MA) has all substantial capacity in project implementation and are strong on community mobilisation. Capacity on broader societal work including advocacy is still not fully developed. Strengthening this capacity is a central part of the programme. Besides the four SOS MA partners, the SOS organisations in Ethiopia and Somalia will be part of regional learning activities. This is assessed to be relevant. SOS MA will work with local civil society as core partners and strategic partners; this is an important new development, as it will strengthen impact on child rights organisations more broadly in the targeted countries.</p> <p>The primary target group consist of a limited number of children who are part of the group of rights holders. The remaining members of the target group are parts of the partner organisations including the local partner organisations that will be supported with capacity building. Further local and central government officials form part of the target group, as they will be reached through advocacy. The target group is consistent with the chosen strategy.</p> <p>The budget is relevant in relation to the described strategy and activities and the overall cost level is fine. Cost efficiency and effectiveness is good.</p> <p>The strategy section provides the overall strategic framework for the programme. The strategy is relevant for the described context. The change logic is clear and consistent and expected outputs realistic. The emphasis in the strategy during the first phases is on capacity development and some strategic services; this is assessed to be a relevant entry strategy. The advocacy focuses is fairly limited but will form the core part of the subsequent phases, tis approach is assessed to be relevant.</p> <p>Full sustainability will only be achieved after the third project phase. It is convincingly argued that important changes will be achieved and sustained in case no further phases are implemented.</p>			