Good Start Challenge

REIMAGINING SUPPORT FOR DISPLACED MOTHERS & CHILDREN

EKISIL COMMUNITY BASED ORGANIZATION
Grassroot change for Global Impact.

EKISIL CBO

COMMUNITY · SOLAR
·DIGITAL. DIGNITY.HOPE.

EKISIL SOLAR DIGITAL SAFEHUBS.

ETHIOPIA & KENYA

2 Operational Safehubs

1560+ Mothers Reached

1467+ Mothers Screened

423+ Children screened

68% At-risk children improved MUAC scores.

Operating in Lowarengak at Turkana-Ethiopia Border & Kakuma Refugee Camp

Good Start Challenge

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Good Start Challenge

Who We Are & What We Do

EKISIL CBO is a community-led organisation operating at conflict-affected and displacement settings in Ethiopia and Kenya.

- Founded by frontline practitioners to support displaced and marginalized communities.
- Provides integrated community support services in maternal and child wellbeing, livelihood, and learning support services.

https://ekisilcbo.org/

EKISIL Solar Digital SafeHubs are community-owned, solar-powered hubs that bring together parenting support, maternal and child wellbeing services, trauma counselling, digital learning, livelihoods training and referral pathways for displaced mothers and children

—all within one trusted space co-designed with the communities we serve.



Problem 1/2

Displaced Mothers Are the World's Most Forgotten Caregivers

123.2M
People forcibly displaced globally (UNHCR 2024)

38.8M
IDPs in Sub-Saharan Africa — 46% of global total

80%
Of all displaced are women and children

A GROWING CRISIS IN AFRICA

- ✓ 8 of 10 most neglected displacement crises globally are in Africa yet receive the least targeted support (***Norwegian Refugee Council, 2025***).
- ✓ East & Horn of Africa hosted 5.4M refugees and 18.8M IDPs by mid-2024 including Ethiopia-Turkana border & Kakuma Refugee Camp where EKISIL operates.
- ✓ Yet support for parental wellbeing remains limited despite mothers being the primary caregivers for children.

➢ **Africa's Displacement Crisis Is Also a Parenting Crisis**

❖ **What We Witnessed in Ethiopia-Turkana Border (Lowarengak and Todenyang).**

❖ ***Mothers fleeing conflict arrived with:***

- ❖ Trauma and Emotional distress,
- ❖ No parenting support systems
- ❖ No safe spaces for peer support,
- ❖ Limited systems to monitor Mother & Child wellbeing
- ❖ No digital access to information and services
- ❖ Few livelihood opportunities

➢ **The Invisible Burden**

❖ Humanitarian systems support survival. Few support parental wellbeing.

❖ Yet when mothers struggle, children's health, safety, nutrition, learning and long-term development are all affected.

Problem 2/2

Existing systems leave critical gaps.

Challenge	Impact on Mothers & Children
Lack of parenting support and mother circles/peer to peer parenting support	Increased stress, isolation, emotional exhaustion
Siloed fragmented humanitarian services.	Mothers must move between disconnected providers and services
Limited mental health services	Trauma remains unattended
Information blackout/off-grid/no electricity/digital learning	Mothers must make life or death decisions about infants with zero health guidance, awareness or support.
No economic pathway	Barriers to formal employment. No income means no food, no stability hence deepening a cycle of poverty that directly worsens child outcomes.
The generational cost	Children of traumatized, unsupported mothers face developmental delays, malnutrition and insecure attachment. A generation at risk becomes the next generation of crisis.
No routine child wellbeing monitoring	Malnutrition, hypothermia-because of extreme hot climate, and preventable illness go unnoticed. .
Weak host-displaced integration	Increased social tension and exclusion

Why Existing Solutions Are Not Enough

Most interventions:

- focus on one issue at a time,
- are externally driven,
- are difficult to sustain,
- lack community ownership,
- and rarely integrate parenting wellbeing with child wellbeing.

There is **no** widely deployed, community-run infrastructure model that combines:

- Solar power
- Community support
- psychosocial support,
- parenting support,
- child wellbeing screening,
- digital learning,
- emergency maternal support,
- and livelihoods under one roof.

That is the gap EKISIL fills.

INTRODUCING: EKISIL SOLAR DIGITAL SAFEHUBS

Solution 1/4

EKISIL SAFEHUBS

- EKISIL SafeHubs are solar-powered, community-owned support spaces that integrate parenting support, child wellbeing, psychosocial care, digital learning and livelihoods support for displaced mothers and children.
- **We currently operate:**

1. An EKISIL safehub at the Ethiopia-Turkana border
2. An EKISIL safehub at Kakuma Refugee Camp.



What Happens Inside a Safehub?-

Parenting & Emotional Support

- Mother circles-These are peer-to-peer parenting sessions
- Guided storytelling
- Parenting discussions
- Peer emotional support
- "I Need Help" placard system for distress signal.

Child Wellbeing Support

- Middle Upper-Arm Circumference (MUAC) nutrition screening
- Weight tracking
- Temperature checks
- Early triage referrals

Psychosocial Care

- Trauma counselling
- Group healing sessions
- Tele-counselling support

- **Digital Learning**
- Solar-powered TV learning
- Audio-visual parenting content
- Offline accessible educational materials

Economic Resilience

- Income-generating skills
- Starter kits
- Market linkage support

Emergency supplies

- Diapers
- Maternity pads
- Baby clothes and essential items

Emergency supplies are for mothers in acute need during sessions-ensures that mothers stay throughout the session.

1 Safehub. 6 Integrated Services

Two Safehubs — Built With Communities

From Concept to Proof of Scale

Solution 2/4

Safehub 1 —Ethiopia-Turkana Border

Our founding site. Mothers fleeing active conflict at the Ethiopia-Turkana border. Where we developed and tested every element of the bundled care model through iterative co-design.

- Displaced Ethiopian, Turkana & Pokot displaced mothers
- Church partner donated land (MOUs signed) — zero rent cost
- First site for Mother Circle Cards and 'I Need Help' placards
- First MUAC + improvised weight + temperature protocol
- First Group Tele-Counselling sessions conducted
- 3-month tracking protocol developed here

Safehub 2 — Kakuma Refugee Camp

Expanded to serve one of Africa's largest refugee camps (200,000+ residents). The land donation partnership model replicated successfully within weeks — a proof-of-scale milestone.

- Mothers from South Sudan, DRC, Somalia, Ethiopia, Burundi & Rwanda.
- Full bundled model: Mother Circles, AV content, tele-counselling, mother & child screening.
- Signed MOUs with more RLOs for referrals & land donation for future safehubs.
- 3-month tracking protocol operational.

Both SafeHubs were designed, constructed and operationalised within the Good Start Challenge period.

Our Bundled Care Model: Why IT Matters

Displaced mothers do not experience problems separately.
Trauma affects parenting. Poverty affects nutrition.
Stress and Isolation affects wellbeing.

Therefore, solutions **MUST** also be integrated.

Our Innovation
Instead of building another standalone programme, EKISIL created a replicable “community wellbeing infrastructure” model.



Solution 3/4







Triage screen adapted for privacy.

We designed these MotherCircle cards to guide our learning sessions with the mothers and make the discussions structured, safe, and objective.

We designed these placards for **distress signal**. A mother can use the “I Need Help”, and facilitator use the “Need Help?”placards.



We adapted these MUACs to track nutrition status of babies aged 6-59 months old.

- The UNICEF Mid-Upper Arm Circumference (MUAC) measuring tape is a simple, low-cost, and life-saving tool designed to rapidly assess nutritional status and screen for acute malnutrition.
- It is primarily used by health workers and family members in communities and clinics to detect wasting in vulnerable populations. **For extreme malnutrition, we refer to clinical partners.**



Tailoring machines for income-generating skills’ training and also for making emergency clothes.

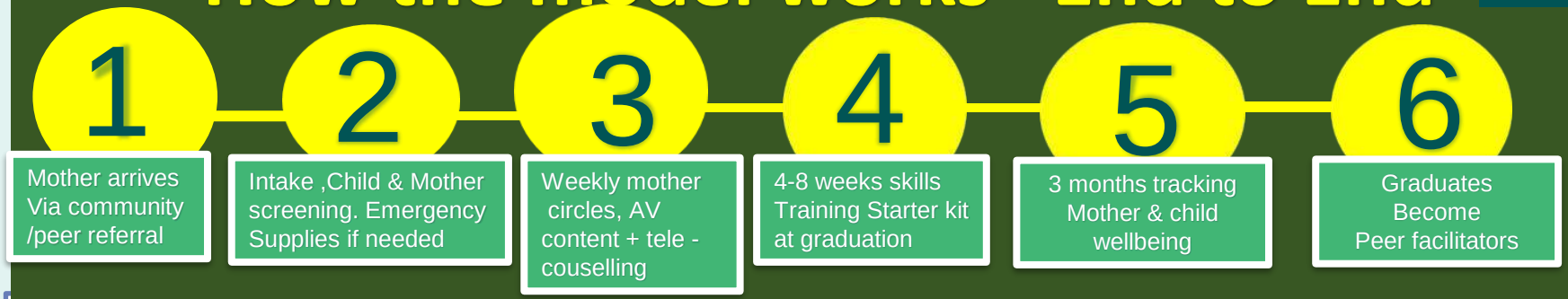
Group tele-counselling sessions- In partnership with trauma counsellors. We provide live local-language translation.



Improvised Weight measurement “pouch” and scale. Installed at entry of safehub for tracking baby weight.

How the model works –End to End

Solution 4/4



What We Built During the Good Start Challenge

Before the Challenge

- One emerging safehub concept
- Small-scale support activities
- Limited operational systems

During the Challenge

- **BUILT, EQUIPPED, AND USER-TESTED 2 SAFEHUBS**
- **OPERATIONALIZED** two functioning safehubs,
- **REFINED** our bundled care model,
- **DEVELOPED** Mother Circle tools & structure and tested it,
- **INTRODUCED** structured child wellbeing tracking,
- **TESTED** tele-counselling support,
- **STRENGTHENED** community co-design,
- **BUILT** a stronger monitoring framework,
- **MOBILIZED** stakeholder support & partnerships in Ethiopia and Kenya
- **SECURED** community-donated land for current and future SafeHub expansion & signed MOUs.
- and **REFINED** our scale strategy through **Spring Impact** and **BIT Support**

We entered with a **concept**. **NOW,** we have a **proven, community-owned and replicable model serving** displaced mothers across two diverse locations→ more than 400km apart.

User co-design shaped every element —from Mother Circle card design to the improvised baby weighing system to the 3-month tracking protocol.

Every adaptation was driven by a mother's voice.

More Than a Safe Space. A Complete Support System.

Unique Selling Point 1/2

Feature	Typical Humanitarian Response	EKISIL Safehub ✓
Service Delivery	Single-sector programmes	Integrated maternal, child, psychosocial, digital, and livelihoods support
Location	Urban centres, formal camps	Remote conflict-border communities AND refugee settlements
Power dependency	Grid dependent	100% solar-powered — fully off-grid, always
Community Role	Beneficiary model — top-down	Co-designers, land partners, and peer facilitators, community-run from day one
Child focus	General household support	Routine child wellbeing screening and tracking (MUAC, weight, temperature and referral tracking)
Sustainability	Donor-led implementation	Community-owned infrastructure and local leadership
Peacebuilding and Social Cohesion	Serves Communities separately	Creates trusted spaces where mothers from conflict-affected and displaced communities learn, heal and build relationships together.
Replication model	High-Cost Expansion	Community donated land and low-cost deployment
Evidence Generation	Limited longitunal caregiver data	3-month mother-child tracking protocol

A scalable ecosystem for parental wellbeing in displacement and conflict-affected settings.



Kakuma safehub



Ethiopia-Ke Border safehub

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Our Innovation Is the Integration — Six Dimensions of Novelty

Unique Selling Point 2/2

Process Innovation

A 6-service bundled care model in a single community space.
Mother-targeted support.
Designed for mothers in displacement and conflict-affected settings.
The first of its kind at **African** conflict borders.

Offering Innovation

Solar-powered screens offer Audio-Visual (AV)content delivery brings maternal health information to mothers who have never owned a smartphone.
Works in any off-grid zone.

Network Innovation

Church and community-based partnerships unlock communities where no NGO has ever operated. Trust built in days, not years.



Experience Innovation

Mother Circle Cards and 'I Need Help' placards are co-designed tools making sessions psychologically safe, trauma-informed, and culturally resonant across all literacy levels.

Reach Innovation

The only model that simultaneously screens children (MUAC, weight, temperature) while supporting their mother's physical health screening and mental health — treating the mother-child dyad, not the individual.

Evidence Innovation

The 3-month mother-child tracking protocol generates longitudinal wellbeing data rare in conflict-border contexts — critical for evidence-based scale and policy influence.







Storytelling in Mother Circles, AV content designed for engagement, and peer-facilitated sessions all embody creativity, collaboration, iteration, joy and active caregiver engagement.

Beneficiaries & Users 1/2

Primary Users — Displaced & Refugee Mothers

- ✓ Mothers with children aged 0–6 years
- ✓ Widowed, single, adolescent and first-time mothers
- ✓ Displaced by conflict, climate shocks and ethnic violence
- ✓ Ethiopia-Turkana border communities & Kakuma/Kalobeyei
- ✓ 10+ nationalities represented

Secondary Users — Host Community Women

- ➢ Turkana women sharing scarce resources
- ➢ Facing economic stress and weak access to health services
- ➢ Included to reduce tensions and strengthen social cohesion

Beneficiaries — Children 0–6

- ❖ Nutrition screening
- ❖ Growth monitoring
- ❖ Early developmental support
- ❖ Child protection referrals
- ❖ Early health-risk identification

Saba Dawit Ashenafi— 24, displaced mother of six, fled fighting in Omorate, Ethiopia.-(**shared with consent)

"I walked for four days with my children after fleeing conflict at the Turkana-Ethiopia border. When I arrived in Lowarengak, EKISIL SafeHub, they checked my children's health, gave me information and support, enrolled me to a Mother Circle program, and helped me regain stability as a mother during one of the hardest moments of my life."

Nadine & Mariana- Refugee mothers from Burundi and Rwanda, respectively

"We first joined EKISIL during a community meeting at Kakuma Refugee Camp, where mothers were asked what a SafeHub should provide. We later joined the program ourselves, graduated as peer facilitators, and today we support other displaced mothers inside the SafeHubs — just as we were once supported."

The Compounding Disadvantages Our Mothers Face

Beneficiaries & Users 2/2

Mothers Need Dedicated Support

A Mother in Displacement Carries Multiple Burdens

She is expected to:

- emotionally regulate children,
- secure food,
- maintain safety,
- navigate trauma,
- and sustain family wellbeing.
- Survive broken community support systems

Yet she often receives **little** direct emotional or parenting support herself.

Why Supporting Mothers Changes Child Outcomes

Research consistently shows:

- parental mental wellbeing affects child development,
- maternal stress affects nutrition and attachment,
- and caregiver support improves long-term resilience outcomes.

EKISIL focuses on mothers because strengthening the caregiver strengthens the child.











Alignment with Good Start Challenge: Sub-Saharan Africa strand — communities affected by displacement. EKISIL serves the most extreme versions: active conflict borders AND Africa's largest refugee camps.

Mothers and Communities Co-Designed Every Element of the SafeHub Model

Activity	#Involved	Key Insight
Community co-design workshops	60+ mothers	Safety first, then mental health, then income — in that order
Mother Circle pilot sessions	130+ mothers	Storytelling is the primary therapeutic tool; placard system for quick distress signal born here
Child health screening sessions	30+ children	MUAC + weight + temperature is the minimum viable screening protocol
Focus groups (community leaders)-comprising of National Police Reservists for security concerns, Public Administration and Church leaders)	30 leaders	Church missions operate in the more remote areas such as Todonyang, no NGO or government presence, thus they are a key access channel. They hold land in trust for community members.
Audio Visual (AV) content feedback sessions	35+ mothers	Local language videos more effective than all print materials combined due to high literacy levels
Tele-counselling pilot	20+ mothers	Hesitancy overcome when volunteer introduced by church leader
Income skills training pilots	20+ women	Beadwork, weaving, beauty therapy, and tailoring as most marketable skills. Starter kits preferred.
Home visits and SafeHub observation	19+ mothers	Mothers struggled to remain in sessions due to diaper, sanitary pad and clothing needs- Emergency dignity kits integrated into SafeHub services.

EKISIL engaged over 350 mothers, children and community stakeholders through co-design workshops, pilot activities, user testing, home visits and community consultations across Northern Kenya, Southern Ethiopia and Kakuma Refugee Camp. Their feedback directly shaped the final SafeHub model.

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Every Iteration Was Driven by a Mother's Voice

→ Mother Circle Cards Redesigned

First version text-heavy. Mothers requested picture-based cards across languages and literacy levels. The images added are culturally relevant.

→ Child Health Screening Added

We planned to focus on mothers only. Mothers told us: *'You cannot help me if you ignore my child, Plan something to check if my child is well and growing well*.' We built the MUAC + weight + temperature protocol in direct response.

→ 3-Month Tracking Built

Mothers asked for follow-up. 'We need someone to check on us.' The entire longitudinal tracking system was co-designed in direct response to this request.

→ "I Need Help" Placards Added

Not in the original design. A mother in Lowarengak said she wanted to signal distress without speaking when overwhelmed. The placard system was born from that single conversation.

→ Tele-Counselling Delivery Changed

Initially we planned via smartphones. But we realized mothers had none. Pivoted to TV screens in the safehub — more accessible, more communal, and can serve many mothers at once.

→ Emergency Supplies Added

A simple adaptation: emergency dignity kits. By meeting urgent practical needs, mothers could stay, participate, and benefit fully from SafeHub services.

UNEXPECTED INSIGHT...

When designing our SafeHubs, one question kept coming up:

How do you create trust in communities affected by conflict?

In Lowarengak safehub, mothers from Dassanech, Nyangatom,Turkana and other cross-border communities sit together in the same Mother Circles. In Kakuma Refugee Camp, mothers from more than ten nationalities learn and heal together. Many arrive carrying grief, displacement, and loss. Most have lost husbands and homes to conflict. Others find themselves sharing space with mothers from communities they once *feared or distrusted.*

Inside the SafeHub, a different identity takes centre stage:

MOTHERHOOD.

Through shared learning, storytelling, and peer support, mothers begin to see one another not as rivals, but as **caregivers** with the same hopes for their children.

The result is more than wellbeing. SafeHubs rebuild trust, strengthen social cohesion, and create peaceful spaces where mothers and children thrive together.

Connection to the User 3/4

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💡 **FUN FACT:** In many African communities, grandmothers traditionally sat with new mothers on **woven mats**, sharing wisdom on nurturing and raising children. We recreated this familiar feeling of care, trust, and belonging inside our SafeHubs.

✨ Our spaces blend African culture with climate-smart design:

- **African Ankara/Kitenge interior decor** create warmth, identity, and familiarity for mothers and children.
- **Solar-powered hubs** harness the abundant desert sun in off-grid communities.
- **Traditional African-woven mat ceilings** naturally reduce excess heat, creating cooler child-friendly spaces while remaining eco-friendly and locally inspired.

🌍 ***The result: Safe spaces that feel culturally familiar, emotionally comforting, and environmentally responsive.***

From Participant to Leader

- Many of our facilitators are mothers who first entered SafeHubs seeking support..eg. **Nadine & Mariana** first attended our community engagement meetings at Kakuma Refugee Camp, and enrolled in our program and graduated.
- After participating in Mother Circles, they completed facilitator training and now welcome, guide, and support newly displaced mothers.
- **The strongest evidence of trust is when beneficiaries choose to become builders of the solution.**



Nadine was once a Participant, now a Facilitator.
(So far, 80 mothers have graduated).

From User Engagement to Community Ownership

- ❑ As mothers experienced the benefits of SafeHubs, they became ambassadors for the model within their communities.
- ❑ Through stakeholder engagement meetings involving mothers, community leaders, churches, local administrators, and refugee representatives, the SafeHub expansion model evolved into a **Community Land Partnership Model**.

Evidence of community demand:

✓ Donated land secured through signed MOUs for **FUTURE** SafeHubs:
Kangaten (1)
Kalobeyei (1)
Kakuma (2)
Lowarengak (2)
Kibish (1)

✓ Expansion pipeline established across border and displacement settings through community engagement meetings.

✓ Growing waitlist of host and displacement-affected communities requesting SafeHubs.

The Strongest Validation Comes From Mothers

87%
Session return rate — fully voluntary.

60%
New enrolments via peer referral

80
Mother graduated as Peer Facilitators

4+
Languages translated: Swahili, Daasanach, Spoken Amharic, Turkana.

100%
Endorsed by nearby organizations

Testimonials shared-(with due informed consent)

Note: Evidence from baseline/endline assessments and 3-month tracking of a cohort of the first 56 mothers, supported by Behavioral Insights Team(BIT).

"My husband was killed in the war at the border so I fled with my 4 children. Before EKISIL, I was alone with my pain. Now I have sisters who understand. My baby is gaining weight as I can see how they track it for me every visit. I am learning to make things with my hands. For the first time, I feel like a person and I can even support other mothers with knowledge and skills.
Akai Awoi Achia— Displaced mother, Lowarengak safehub

I am a refugee single mother in Kakuma Refugee Camp, and I have been feeling isolated and not "seen" as a mother. I am only 18 years and I miss my village, my grandmother and aunties who would often teach us how to look after a child. I am so happy because when I joined the Mother Circle, I gained other grandmothers and aunties and I learned a lot about being a mother and taking care of my child. I love the sessions because we talk about taking care of our babies and no one judges you if you don't know something".
The trivia session during the Mother Circle sessions is my favourite part.
Feza Ramadhani- Refugee mother, Kakuma Safehub



Host community women REQUESTED their own safehub, and secured community land for future safehub construction — after seeing the impact on displaced mothers — validating the concept we are developing about safehub integration model and proving organic community demand.

Solution Theory of Change 1/1

Good Start Challen

If We Build Safe Spaces, Then Mothers Heal. If Mothers Heal, Children Thrive.

INPUTS

- Solar-power
- Community land partnerships
- Trained facilitators & peer mothers
- Volunteer therapists
- Digital AV content
- Mother Circle curriculum
- Child screening tools (MUAC, weight, temperature)
- Emergency dignity kits
- Starter livelihood kits

ACTIVITIES

- Weekly Mother Circles
- Peer support & storytelling
- Tele-counselling & referrals
- Child nutrition & health screening
- Parenting education
- Emergency support provision
- Skills training & livelihoods
- 3-month follow-up tracking

OUTPUTS

- ✓ Mothers enrolled
- ✓ Children screened
- ✓ Support sessions delivered
- ✓ Tele-consultations completed
- ✓ Referrals made
- ✓ Facilitators trained
- ✓ Starter kits distributed

SHORT-TERM OUTCOMES (0-6 months)

Mothers
Reduced trauma and isolation
Improved parenting confidence
Increased social support
Improved health and nutrition knowledge
Children
Nutrition risks identified early
Growth and health monitored
Improved caregiver-child bond

LONG-TERM OUTCOMES (6-24 months)

Sustained mental wellbeing
Economic self-reliance
Improved nutrition outcomes for children
Stronger attachment for children
Children meeting developmental milestones
Reduced neglect and health risks
Community-run hubs
Displaced + host integration

IMPACT

- Resilient mothers
- Thriving children
- Self-reliant families
- Community-owned SafeHubs
- Social cohesion
- Replicable model
- Policy influence at national level
- Embedded in displacement response

CHILD PATHWAY ➡ ***child impact is an explicit and primary outcome node. In addition to the child wellbeing protocol (MUAC, weight tracking and temperature checks), children also benefit because*** **Supporting mothers improves child nutrition, bonding, protection, and development.**

The Logic of Change — Why Safehubs Work

Solution Theory of Change 2/2

IF → Mothers access a safe, trusted SafeHub...

...where they receive peer support, counselling, parenting guidance and practical assistance, THEN →maternal stress decreases, confidence grows, and caregiver-child attachment strengthens. RESULT →better parenting, improved child wellbeing, and healthier child development.

IF → Mothers gain practical livelihood skills...

...and access starter resources and market opportunities, THEN →household stability and income improve. RESULT →children benefit from improved nutrition, care, and protection.

IF → SafeHubs are community-owned...

...through land partnerships, peer facilitators, solar infrastructure and cross-sector collaboration,THEN →support remains trusted, accessible and affordable.RESULT →SafeHubs become embedded in displacement response systems and replicate across conflict-border communities.

Key assumptions:

- ✓ Community ownership remains strong
- ✓ Health referral pathways remain functional
- ✓ Expansion sites remain available
- ✓ Local maintenance capacity is sustained
- ✓ Multi-partner delivery model remains active

Risk Mitigation :

- ✓ Beneficiaries become peer facilitators and leaders
- ✓ Health facility partnerships
- ✓ Signed land MOUs for future safehubs and waitlist
- ✓ Solar-powered infrastructure
- ✓ Cross-sector partnership network and continuous multi-stakeholder engagement

Our Evidence Framework

Pre/post wellbeing surveys

Adapted WHO-5 + PHQ-4. Measures maternal mental health at intake and at 8 weeks.

MUAC + weight + temperature screening

WHO-standard field nutrition tool. Every child at intake and monthly.

Mother Circle observations

Qualitative — engagement, emotional safety, participation and distress signals.

Focus group discussions

User experience, perceived impact, barriers to attendance, cultural appropriateness.

3-month individual tracking

Longitudinal maternal mental health and child nutrition per mother-child pair.

Case study documentation

Individual change stories from crisis arrival through stabilisation and economic self-reliance.

Validated indicators:

- ✓ Maternal Wellbeing →WHO-5 Wellbeing Index & PHQ-4
- ✓ Child Nutrition→ MUAC (WHO standard)
- ✓ Weight-for-age trends ·
- ✓ Self-reported parenting competence scale
- ✓ Income generated (KES/month)
- ✓ Attendance and return rates

Evidence Cohort
56 mothers and 54 children tracked over 3 months
Measurement Points

- Baseline (enrolment)
- Endline (8 weeks)
- Follow-up (3 months)

- Evidence generated through baseline/endline assessments, BIT-supported behavioural insights research, focus group discussions and 3-month mother-child tracking.

The Numbers Tell One Story. The Mothers Tell Another. Together, They Are Undeniable.

Evidence of Impact 2/4

78%
Mothers reported reduced stress & anxiety after 8 weeks of Mother Circle participation

(Maternal Wellbeing Evidence)

82%
Said they felt "less alone" and "more able to cope" after joining the programme

(Maternal Wellbeing Evidence)

85%
Correctly identified infant danger signs after AV content sessions (vs. **23% at intake**)

(Behavior Change Evidence)

71%
Reported increased confidence in their ability to care for their child.

(Maternal Wellbeing Evidence & Behavior Evidence)

Economic Impact Evidence

- 30+ women completed income generating skills training during the challenge
- Average earning KES 2,000–2,200 in 2 months from initial sales
- 100% of starter kit recipients began producing goods within 2 weeks
- Products reaching local markets, including Kakuma.

Behavior Change & Engagement Evidence

- 87% return rate → mothers came back without being paid.
- 60% of new enrolments via peer referral
- 65% reported improved sleep quality
- Host community women requested their own safehub

Based on baseline/endline assessments, BIT-supported behavioural insights research and 3-month tracking of 56 mothers.

The Evidence Validates our Theory of Change- Why the Model Works

✓ Integrated support delivers more impact than single services
✓ Solar-powered learning reaches mothers without internet
✓ Mother Circles build confidence, belonging and peer support
✓ Community facilitators sustain participation and trust
✓ Trusted local partnerships unlock access in hard-to-reach areas
✓ Child screening + caregiver support improves wellbeing outcomes
✓ Livelihood pathways strengthen household resilience

Saving the Next Generation — One Screening at a Time

Evidence of Impact 3/4

A mother who is mentally stable, supported and informed is a better caregiver. Every improvement in maternal mental health generates a direct, measurable improvement in child outcomes.

423+
Children screened across both safehubs

22%
Of children identified at risk of acute malnutrition (SAM/MAM)-referred to clinical partners.

68%
Of the tracked cohort of referred children showed MUAC improvement within 6 weeks.

Health Triage Impact

Temperature screening identified **14 children** with fever requiring urgent attention during the challenge period. All 14 were referred and received treatment.

Without the safehub screening → these cases would have gone undetected. This is the power of a community-based triage system.

Weight Monitoring→Growth monitoring

Improvised weight tracking system enables consistent monitoring of infants. Mothers trained to interpret weight trends and act on warning signs.

Low-cost innovation with direct child survival impact — no specialist equipment required. Designed by the community, for the community.

Mama Sekado) — Kakuma safehub

19, from DRC, first-time mother. "I arrived afraid to speak to anyone. Through counselling and Mother Circles, I found confidence, friendship, and support. Today I know I am a good mother."

✓ Attended counselling.
✓ Attended Mother Circles
✓ Child gained 500g
✓ Remained actively engaged.

Based on routine screening and 3-month follow-up of 54 children identified through SafeHub services.

Evidence of Impact 4/4



We learn together and everyone participates. Here, every mother has a voice.-(Strength-Based Approach.





Health Screening Sessions. Every mother is included.

Through Tele-counseling, mothers receive world-class counselling for advanced trauma by trauma counsellors from across the world.

Learning through Play: We learn through motherhood songs and stories. We bust motherhood myths. We dance. We have practice sessions.







Graduation Day Joy. Claudine among other refugee mothers are part of the total of 80 mothers in 3 cohorts who have graduated as peer facilitators.



"MotherCircles gave me confidence."-Mama Sekado.- shared with consent

Mothers just being mothers. Peer Support.





Mothers patiently wait for their session.

Good Start Challenge

Ethics & safeguarding

Safety Is Not an Add-On. It Is Built Into Every SafeHub.

User Risks

- Child protection concerns and safeguarding incidents
- Gender-based violence (GBV) and exploitation risks
- Trauma, stress and psychosocial vulnerability among displaced families
- Exclusion due to language, literacy, nationality, lack of baby-related supplies, or emotional trauma
- Misuse or unauthorised disclosure of personal information

Safety & Protection

- Safeguarding policy reviewed and strengthened during the challenge
- All staff and volunteers trained on safeguarding standards
- Child protection referral pathway established at each SafeHub
- GBV-sensitive design with private intake and referral processes
- No photography or data collection without informed consent.
- Risk register maintained and reviewed monthly.

Updated during the challenge: Safeguarding policy reviewed and strengthened • Child protection referral pathways formalised across both SafeHubs • Staff safeguarding procedures standardised • Child Safeguarding Policy Highlights and Consent materials translated into **Kiswahili and 2 local languages**-user targeted (Spoken Amharic, Turkana).

Privacy, Dignity & Inclusion

- Women-only safe spaces with female facilitators
- Services regardless of nationality, religion, or documentation
- **Strength-based**: MotherCircle discussions start from what mothers know and can do.
- 'I Need Help' placards — for distress signal
- Services available regardless of nationality, religion or documentation status
- Sessions delivered in local languages to reduce barriers to participation- active translation during sessions when language barrier exists.
- Community data anonymised before reporting
- Access to participant records restricted to authorised EKISIL personnel.
- Mental Health first aid protocol in place
- No forced participation in any part of solution
- Emergency supplies introduced as part of solution-Provided on a need-basis during sessions

Scale Strategy

Ambition

A safehub within reach of every displaced mother

Transforming how Africa supports displaced mothers and children through a scalable network of community-owned SafeHubs.

Phase 1- (2026-2027) -Scale and Systemise

✓ Expand from 2 to 8 operational SafeHubs (6 permanent, 2 mobile)
✓ Reach 12,000+ parents and 6,000+ children
✓ Launch SafeHub Toolkit, digital referral system & social franchising model
✓ Formalise government, humanitarian & cross-border partnerships
✓ Validate permanent and mobile SafeHub models across diverse settings.
Outcome: Proven Multi-site SafeHub model fully ready for replication.

Phase 2- (2028-2029)- Replicate through Partners

✓ Train NGOs, CBOs & community operators
✓ Expand through partner-led SafeHubs
✓ Establish county co-delivery agreements
✓ Expand to refugee camps & border displacement corridors
✓ Strengthen shared referral & data systems
Outcome: Partner-led SafeHub replication established.

Phase 3-2030-Embed into Systems

✓ Integrate SafeHubs into child wellbeing & social protection frameworks
✓ Secure government & partner co-financing
✓ Embed SafeHub standards into local service systems
✓ Position SafeHubs as recognised parenting-support infrastructure
Outcome: SafeHubs embedded within displacement response and child wellbeing systems.

2030 Impact

🏠 30 SafeHubs 🌍 4 countries 🏕️ 5+ refugee camps 🤝 25 partners
🤱 75,000+ parents 👶 45,000+ children

Success means SafeHubs become a recognized part of displacement response→ owned by communities, supported by partners, and embedded in public systems.

Scale Strategy

Pathway to Scale 1/2

We Scale Deep, Then Out, Then Up — Rooted, Not Rushed

Phase 1: Scale Deep- Standardize the Model

✓Standard SafeHub Toolkit
✓ Operating Standards
✓ Facilitator Certification
✓ Safeguarding Framework
✓ Referral Network
✓ Digital M&E System

Result: A replication-ready model that can scale without losing quality or community trust..

Phase 2: Scale Out- Replicate Through Partners

✓ Partner Implementation Model
✓ SafeHub Replication Toolkit
✓ Refugee Camp Expansion
✓ Shared Data & Referral Systems
✓ Regional Delivery Network

Result: SafeHubs expand beyond EKISIL's direct delivery capacity

Phase 3: Scale Up- Influence Systems

✓ Government adoption and co-financing pathways
✓ Integration into child wellbeing and social protection frameworks
✓ Embedding SafeHubs within refugee and displacement response systems
✓ Humanitarian and county government implementation partnerships
✓ Evidence, advocacy and policy dissemination

Result: SafeHubs become recognised parenting-support infrastructure within public and humanitarian systems.

Safehub Replication Standard — Every safehub must have:
1. Community co-design completed 2. Trained facilitators in place 3. Safeguarding system operational 4. Referral pathways mapped 5. Solar and digital infrastructure installed 6. Monitoring system active

Growth is only successful when quality, trust and community ownership scale alongside reach.

Scaling Without Losing the Soul

Maintaining Quality, Trust and Community Ownership at Scale

Risk at Scale	Control Mechanism
Financial sustainability	Income generation, partner contributions and government co-financing
Loss of community trust	Community co-design and local partnerships at every site
Facilitator quality declines	Standardised training, certification and refresher training
Impact dilution	Common toolkit, operating standards and central M&E system
Cultural mismatch	Local language delivery and community co-design before launch
Safeguarding failures	Mandatory safeguarding standards and referral pathways

Quality Assurance Framework: *All SafeHubs operate under ONE:*
✓ SafeHub Toolkit ✓ Training Curriculum ✓ Safeguarding Standards ✓ Referral System ✓ Monitoring & Evaluation Platform ✓ Replication Standard.

We will not measure success just by the number of SafeHubs built, but by the number of Mothers and Children receiving high-quality, locally owned parenting support through SafeHubs that communities, partners and governments can sustain beyond EKISIL.

Good Start Challenge

Scale Strategy

Doers & Payers 1/4

From EKISIL-Led to System-Owned

Stage	Main Doers	Main Payers	EKISIL Role
Now: 2 SafeHubs	EKISIL team, trained mothers, volunteer health workers, church/community partners	Good Start grant, in-kind land, volunteer time, early hub income	Direct delivery + learning
Award Year: 8 SafeHubs	EKISIL + certified peer facilitators + local CBOs and current delivery partners + health/referral partners	Good Start winner award, in-kind land, CSR, early government engagement	Systemise model + coordinate quality
2028–2029: Partner Scale	CBOs, NGOs, refugee camp actors, community facilitators	International grants, humanitarian partners, CSR, hub income	Train partners + manage toolkit and M&E
2030+: System Adoption	Government, humanitarian agencies, certified local partners	Government co-financing, donor pooled funding, hub income, CSR	Steward standards + evidence + policy adoption

The key transition: EKISIL does less direct delivery over time, while communities, partners and governments become the primary doers and payers.. EKISIL shifts from direct provider to model steward: training doers, coordinating quality, and unlocking payers.

Who Pays — Current & Future Funding Model

Current Payers

Source	Type	Status
Good Start Challenge	Grant	Active
Church/community partners	In-kind land and space	Active
Volunteer medical and counselling professionals	In-kind expertise	Active
Hub income activities	Earned income	Early stage

Future Diversified Revenue Mix by 2030

35%
International Grants and Humanitarian Funding

20%
Governments co-financing

15%
Hub-income generating activities includes:
•Retail and craft sales
•E-commerce marketplace sales
•Sales generated from Solar Energy.

10%
Corporate CSR & local business sponsorship

20%
Community in-kind contributions, including land

By 2030, at least 55% of operating costs will be covered locally through government co-financing, hub income and in-kind community support — making SafeHubs affordable for parents while reducing dependence on a single donor.

Low Cost by Design. High Impact by Necessity.

Doers & Payers 3/4

Why SafeHubs Stay Affordable at Scale

✓ **Community-donated land and space** reduce infrastructure costs
✓ **Peer facilitator model** lowers staffing costs while strengthening local ownership
✓ **Solar-powered operations** reduce recurring energy expenses in off-grid communities
✓ **Hub-based earned revenue** (retail sales, e-commerce and solar energy services) generates unrestricted income
✓ **Shared digital systems** improve efficiency across multiple SafeHub locations

55%

Local sustainability contribution at maturity from:
in-kind support + hub income + co-financing

6

1 SafeHub delivers 6 services:

- 👵 Parenting support
- 💻 Digital learning
- 🩺 Child health screening
- 💙 Psychosocial support
- 💼 Livelihood skills
- 🔗 Referral pathways

Maximum

Impact by combining six essential services within one community-owned platform, reducing duplication while improving outcomes for parents and children.

Cost-Effective Infrastructure

Community Land Partnership Model
Land Cost = **€0**
Permanent Solar-Powered SafeHub
Set-up≈ **€4,000**

Includes:

- Construction using local materials
- Solar power system
- Furnishings and learning equipment
- **Local artisans and labour**

SafeHubs are designed to scale without becoming cost-prohibitive—combining community assets, local leadership, earned income and strategic partnerships to maximise impact per euro invested.

1 Platform, Multiple Outcomes.

The EKISIL Community Wellbeing Model: Built for Scale

Doers & Payers
4/4



MOU signing for land-use donation between EKISIL CBO & Action for Refugee Life (AREL) at Kakuma Refugee Camp. Donated land for future safehubs, adding to our growing list of 7 sites donated across Southern Ethiopia and Northern Kenya.

Proven & Replicable

✓ Built and operationalised 2 SafeHubs in under **5 months**.
✓ Standardised model, safeguarding systems and implementation toolkit already developed.
✓ Community-owned infrastructure removes major expansion barriers.
✓ Designed for replication across conflict-affected border regions.



COMMUNITY VALIDATION

✓ **7 donated SafeHub sites secured** across Northern Kenya and Southern Ethiopia.
✓ Communities, refugee organisations and local leaders are actively requesting SafeHubs.
✓ Donated land demonstrates community ownership, trust and demand.



Beyond Kenya & Ethiopia: Vision 2035: A Regional Network of Community-Owned SafeHubs.



Multiple Pathways to Scale

Direct Scale
EKISIL establishes and operates SafeHubs.

Partner Scale
Partners provide facilities. EKISIL provides the model, training and quality assurance.

Government Scale
Existing public infrastructure adopts and delivers the EKISIL model.

Scale Strategy

Scale Readiness Analysis 1/2

We have proven the Model. Now we Scale.

Assessing our readiness for replication, adoption and sustainable growth.

READY NOW

✓ Replication sites identified,MOUs signed, Replication standards in place.
✓ Community land partnership model proven
✓ Safeguarding and referral systems operational
✓ Core delivery model tested across two SafeHubs

Community Land Partnership Model

- Donated land for future safehubs secured through signed MOUs-Kangaten (1), Kalobeyei (1), Kakuma (2), Lowarengak (2), Kibish (1) for future safehubs.
- Pipeline established across border and displacement settings, including community engagement meetings for future safehubs.
- Waitlist of host communities requesting SafeHubs

READY WITH WINNER'S AWARD

✓ SafeHub Toolkit finalisation
✓ Peer facilitator certification programme
✓ Digital M&E and referral platform
✓ Partner implementation systems
✓ Cross-site quality assurance framework.
✓ E-commerce model of selling crafts developed.

LONGER-TERM

Government co-financing
✓ Policy integration
✓ Humanitarian system adoption.

In just **5 months**, using the €50,000 Good Start Challenge finalist award, EKISIL established and operationalised 2 SafeHubs in two distinct contexts, 400km apart (Ethiopia-Turkana border and Kakuma Refugee Camp). We secured **7 future expansion sites** through community land partnerships, reached **1,560 mothers**, and refined a replication-ready model. The remaining barriers to scale are operational and systems-related, **not** proof-of-concept related.

Scale Readiness Analysis 2/2

We Know the remaining GAPS. We have a PLAN to CLOSE them.

Scale Assumption	How We Will Test It	Timeline
Partners can deliver SafeHubs without reducing quality	Pilot partner-led implementation using common toolkit, safeguarding and M&E systems	M1–M6
SafeHubs can maintain consistent quality across multiple locations and contexts.	Apply the SafeHub Replication Standard, shared M&E platform and quarterly quality reviews across all new hubs.	M1–M9
Government actors will support co-delivery and co-financing	Formal engagement with county/regional governments, cross-border stakeholders and humanitarian partners to pilot integration, co-delivery and financing pathways.	M3–M12
Hub-based income can contribute to sustainability	Expand e-commerce and solar energy services; monitor revenue contribution	M1–M12
Digital systems can support multi-site operations	Deploy centralised M&E and referral platform across all SafeHubs	M1–M3

The critical insight: Our remaining barriers to scale are operational, not conceptual. We have proven the model works. The Winner's Award enables us to close the final gaps and transition from proof-of-concept to sustainable scale.

Team Structure & Delivery Model

Team 1/2

EXECUTIVE BOARD
Governance • Safeguarding Oversight
Financial Accountability • Strategic Direction

CENTRAL SUPPORT & SCALE TEAM

Head of Programmes & Scale Lead
- Organisational strategy
- Resource mobilisation
- Govt & donor engagement
- Scale leadership

Programmes & Learning
- SafeHub implementation
- Staff & facilitator training
- Quality assurance
- Monitoring & adaptation

Finance & Administration
- Financial management
- Compliance & reporting
- Procurement & operations

Community Partnerships & Advocacy
- Stakeholder engagement
- Referral networks
- Government integration
- Systems change

SAFEHUB DELIVERY TEAMS

SafeHub Coordinator
- Daily operations
- Community mobilisation
- Volunteer coordination

Community Health Officer
- Child wellbeing monitoring
- Caregiver support
- Referrals & case follow-up

Livelihoods Officer
- Skills development
- Economic empowerment
- Pathways to livelihoods

Peer Facilitators
- Mother Circles facilitation
- Outreach & onboarding
- Peer mentoring & support

COMMUNITY PROJECT COMMITTEES-Women Leaders • Elders • Refugee/Displaced Representatives • Faith Leaders • Local Stakeholders

Community ownership • Local accountability • User feedback • Safeguarding support • Conflict-sensitive guidance • SafeHub sustainability







A Community-Led Team Built for Scale

Team 2/2

Our Greatest Assets: Community Leaders and Peer facilitators (4 are Graduates of the EKISIL Programme and refugee or displaced mothers.)

They lead Mother Circles, welcome new mothers and conduct peer outreach. Their lived experience helps build trust, strengthen participation and ensure every SafeHub remains responsive to the realities of the communities it serves.

COMMUNITY CONNECTION

- **Multilingual team: Swahili, English, Kirundi, Turkana, Congolese, Somali, Amharic & Nyangatom**
- **Community committees provide continuous user feedback and local accountability**
- **Extensive frontline experience serving displaced and refugee communities**

Scale Capacity Required	Year 1 Response	Timeline
Evidence and Learning	Engage part-time M&E Officer to strengthen outcome measurements across safehubs	Months 1–2
Financial Management at Scale	Engage certified accountant	Month 1
Government & Systems Integration	Engage Advocacy Officer	Month 3
Facilitator Pipeline	Train 15 additional Peer Facilitators, 5 Community Leaders	Months 2-4

During the Challenge, EKISIL strengthened its delivery model by formally integrating Community Project Committees and Peer Facilitators alongside professional SafeHub teams. The Head of Programmes serves as Scale Lead and led stakeholder engagement across Ethiopia and Kenya, the development of EKISIL's strategic plan, and the establishment of two operational SafeHubs within four months.

Resources Required to Deliver Our 2030 SafeHub Vision

Phase	Time-line	Investment Required	Key Expenditure
Phase 1: Scale Deep – Standardise the Model	2026–2027	**€200,000**	Expand to **8 operational SafeHubs (6 permanent, 2 mobile)**, including construction of 4 new permanent hubs and deployment of 2 mobile hubs; develop the SafeHub Toolkit, facilitator certification, safeguarding framework, referral network, and digital M&E system.
Phase 2: Scale Out – Replicate Through Partners	2028–2029	**€450,000**	Implement the Partner Implementation Model, deploy the SafeHub Replication Toolkit, expand into refugee camps and border displacement corridors, strengthen shared data and referral systems, and establish a regional delivery network.
Phase 3: Scale Up – Influence Systems	2030+	**€800,000**	Enable government adoption and co-financing pathways, integrate SafeHubs into child wellbeing and social protection systems, strengthen humanitarian implementation partnerships, and scale evidence generation and policy dissemination.

How we will finance scale

To Achieve a network of 30 SafeHubs across 4 countries, reaching 75,000+ parents and 45,000+ children.

Winner's Award

Launches the first phase of scale, strengthening the existing model and expanding to 8 operational SafeHubs while generating evidence for replication.

Strategic Funders

Target maternal and child health, refugee wellbeing, displacement, and early childhood development funders to support expansion.

Co-Investment Partners

Churches, NGOs, refugee agencies, and local governments contribute land, facilities, staff, referral pathways, and community mobilisation.

Government and System Adoption

Long-term sustainability through integration into county, refugee, and social protection systems, supported by co-financing and implementation partnerships.

Strategic Assets Already Mobilised for Scale

Resources 2/2

Critical resources for expansion have ALREADY been SECURED, REDUCING the COST and RISK of scaling.

🏠 Community-Led Land Partnerships

- Active Signed land-use agreements for SafeHub locations in Ethiopia and Kenya, including in border communities.
- Community-contributed land removes the largest infrastructure barrier to scale.
- More locations remain on a waiting list for future expansion.

🤝 Government & Local Leadership Buy-In

- Active partnerships with regional governments, county governments, refugee settlement leadership, and community structures.
- Local ownership accelerates site identification, mobilization, and sustainability.

👩‍❤️‍👩 Trained Community Workforce

- ❖ SafeHub facilitators, Mother Circle leaders and community volunteers already mobilised.
- ❖ Replicable workforce model developed & deployable.
- ❖ Volunteer specialists provide trauma counselling and tele-counselling support.

📚 Proven SafeHub Toolkit

- ✓ Standardised SafeHub model and implementation manuals already developed.
- ✓ Ready-to-use curricula, safeguarding tools, referral systems, and monitoring templates.
- ✓ Enables rapid, low-cost replication with consistent quality.

Active MOUs for land donations secured for future safehubs

Ethiopia & Kenya - (Border communities /Refugee Camps/Settlements) →Total of 7 sites.
Kangaten (1), Kalobeyei (1), Kakuma (2), Lowarengak (2), Kibish (1).

By securing LAND, COMMUNITY OWNERSHIP, IMPLEMENTATION SYSTEMS, and DELIVERY TEAMS **UPFRONT**, we have SIGNIFICANTLY REDUCED the COST, RISK and COMPLEXITY of scaling SafeHubs across conflict-affected border regions.

Partnerships Are Our Primary Scaling Asset

Trust, community ownership & long-term relationships

Partnerships 1/2

Partner	What They Do	Stage	Value to EKISIL safehubs	How We Work Together
Local Churches & Community Institutions (Kenya & Ethiopia)	Land stewardship and community mobilisation	CURRENT	✓ Donated land for current and future safehubs. ✓ Serve as community trust channels and anchor local ownership.	MOUs, land partnerships, community engagement and SafeHub hosting
Kakuma Camp Administration & Refugee Leadership	Refugee governance and coordination	CURRENT	Operating permissions, referrals and community access.	Regular coordination and implementation support
Community Health Volunteers (CHVs)	Community health and family support	CURRENT	Child wellbeing referrals and family follow-up.	Referral pathways and joint case support
Volunteer Doctors & Therapists	Health and mental wellbeing services	CURRENT	Specialist support and tele-counselling	Volunteer service roster and referrals
Southern Ethiopia Regional & Border Leadership	Local government and community coordination	CURRENT / EMERGING	Cross-border expansion support and legitimacy	Stakeholder engagement and site identification discussions
National Police Reservists & Local Security Agencies	Community security and access support in conflict-active areas	CURRENT	Safe movement, emergency response and access to stranded mothers in remote areas	Coordinate movements, receive security updates, and support emergency pickups where needed.

These partnerships enabled us to establish 2 operational SafeHubs, secure 7 future expansion sites and begin building a cross-border model serving diverse communities across Kenya and Ethiopia.

Good Start Challenge

Building the Ecosystem Needed for Scale

Partnerships 2/2

Target Partner	Type	Stage	Value	Engagement Strategy
Turkana County Government- Kenya	Government	PRIORITY Y1	Policy integration, co-financing and sustainability	Build on existing County engagement and SafeHub integration discussions
Ethiopia Regional Authorities- Ethiopia	Government	PRIORITY Y1	Replication in border communities and regional ownership	Build on **existing** stakeholder engagement and site partnerships
UNHCR & Humanitarian Agencies	Multilateral	Y1	Child protection referrals, legitimacy and scale support	Leverage existing refugee settlement relationships
Universities & Research Institutions	Research	Y1–Y2	Independent evaluation and evidence generation	Impact studies and learning partnerships
Foundations & CSR Partners	Funding	Y1–Y2	Growth capital and strategic support	Partnership and grant engagement

Our next partnerships focus on embedding SafeHubs within systems that support children and caregivers long after grant funding ends.

Good Start Challenge

12-Month Winner's Award Roadmap

Implementation plan 1/2

Activity	M1–M3	M4–M6	M7–M9	M10–M12
Recruit M&E, Advocacy, Safeguarding & Programme Support Staff for new safehubs	•			
Continue Operations at Existing SafeHubs (Kakuma & Lowarengak)	•	•	•	•
Refine & Standardise the SafeHub Toolkit, Operations Manual & Social Franchising Framework	•	•		
Train 15 Peer Facilitators & 5 Community Leaders	•	•		
Deploy Digital Child Wellbeing Tracking & Referral System	•	•		
Construct & Equip 4 New Permanent SafeHubs on Secured Community Land	•	•		
Deploy 2 Mobile SafeHubs in Hard-to-Reach & Conflict-Affected Communities		•	•	•
Community Co-Design, User Testing & Service Refinement at New Sites			•	•
Expand Mother Circles, Child Development & Tele-Counselling Services Across All SafeHubs	•	•	•	•
Formalise Government, Humanitarian & Cross-Border Partnerships (Kenya & Ethiopia)		•	•	•

Every Year 1 Investment Accelerates Tested Regional Scale

Implementation plan 2/2

We BUILD a replicable model

Operations manual, digital M&E, peer facilitator pipeline and government relationships are enabling conditions without which responsible scale is impossible.

We EXPAND reach

4 new permanent SafeHubs and 2 mobile SafeHubs extend services to conflict-affected, displaced and hard-to-reach communities.

We STRENGTHEN Sustainability

Government engagement, community land partnerships and livelihoods pathways reduce long-term dependence on grant funding.

We GENERATE Evidence

Multi-site implementation and the Year 1 Impact Report provide the proof needed for future funding, policy influence and regional replication.

From a proven Ethiopia-Kenya model to broader East African expansion and system adoption.

Mothers remain at the **CENTRE of EVERY** SafeHub through monthly Mother Circles, community co-design reviews, peer-led facilitation and ongoing child wellbeing tracking. Feedback from caregivers continuously informs programme improvements and expansion.

How €200,000 Accelerates Scale

Budget

The €200,000 winner's award will enable EKISIL to establish and equip 4 permanent SafeHubs and 2 mobile SafeHubs across conflict-affected border communities, refugee settings and displacement-affected regions in Northern Kenya and Southern Ethiopia.

Funding will support SafeHub infrastructure, community-based facilitators, trauma counselling, safeguarding, monitoring and evaluation, and direct service delivery. By leveraging community land partnerships, EKISIL can direct the majority of funding toward parenting support, child wellbeing services, health screening, psychosocial support, digital learning, livelihoods pathways and referral services, while generating the evidence required for sustainable scale and future government adoption.

EXPECTED RESULTS: Measurable, Meaningful Change.

Expected Results 1/2

€200,000 → 4 NEW permanent SAFEHUBS, 2 MOBILE SAFEHUBS.
8 TOTAL OPERATIONAL SAFEHUBS.

8
Total Operational Safehubs

(6 permanent, 2 mobile)

12,000+
Parents & Caregivers Reached & Supported

6000+
Children Reached & Supported Through our Child Wellbeing program

800+
Mother Circle Sessions Delivered

560
Women completing Livelihood & Income Skills Training

20+
Peer facilitators and Community Leaders trained and leading services across new sites

€11
per direct beneficiary reached

User Engagement Strategy:
800+ Mother Circle sessions, peer-led support groups, community dialogues, home visits, CHV referrals, livelihoods training and child wellbeing tracking will engage over 12,000 caregivers throughout the year.

Good Start Challenge

How We Will Measure Success

Expected Results 2/2

Indicator	Tool	Baseline	Year 1 Target
Maternal mental health (stress/anxiety)	Adapted WHO-5 + PHQ-4	Wellbeing assessed at intake for all participating mothers	**≥70% report improved wellbeing after 8 weeks**
Parenting confidence	Self-reported parenting competence scale	Parenting confidence assessed at intake	**≥75% report increased parenting confidence**
Health-seeking behaviour	3-month follow-up survey	Care-seeking practices recorded at intake	**≥70% regularly seek healthcare when needed**
Social connectedness	Mother Circle participation survey	Social support and connectedness assessed at intake	**≥85% report reduced isolation and stronger support networks**
Child nutrition (MUAC)	MUAC screening (WHO standard) & referral tracking	Nutritional status screened at intake and follow-up	**100% of identified at-risk children referred for appropriate care**
Women generating income	Livelihood participation and income tracking	Livelihood status recorded at intake	**560+ mothers engaged in income-generating pathways**
Safehubs Operational	Programme records	2 safehubs currently operational	**8 safehubs operational and serving mothers and children (6 permanent, 2 mobile)**

Aligned with EKISIL's Theory of Change, our digital monitoring system tracks wellbeing, participation and outcomes across all SafeHubs, generating evidence for continuous improvement and regional replication.

The Safehub Is Not a Building. It Is a Beginning.



Link to Video: https://youtu.be/GLVLGFJk5S4



"There is no other place in this region, on either side of the border, where displaced mothers can simply walk in and find this kind of parenting support, safety and belonging. We were so grateful for EKISIL that we even made a song for the team. Every mother deserves a SafeHub like this."
Saek— Mother & Safehub participant, Lowarengak SafeHub.

እያንዳንዱ ሴፍሃብ የለውጥ ዘር ነው፤ አንዲት እናትን፣ አንድ ልጅን፣ አንድ ማህበረሰብን በአንድ ጊዜ ይለውጣል።
Translation: *"…Every safehub is a seed of transformation. For one mother, one child, one community at a time…" -— Fr. Cheska Mitiku- Community Leader & Missionary at Catholic ministry for the Daasanach, South Omo Ethiopia.*

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