

# Annual report, April 2002 - March 2003



## SAINT MARTIN

Catholic Social Apostolate

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# Preface

We are grateful and sincerely happy to present to you this annual report of Saint Martin Catholic Social Apostolate, which covers the period 1<sup>st</sup> of April 2002 to 31<sup>st</sup> of March 2003.

We hope you will read with interest what follows: comments, figures, indicators, achievements and constraints. We would, however, also wish you would be able to read between the lines, all what is behind these figures and data. Behind all these are the people: there are the volunteers and staff who try their best in promoting solidarity, there are our communities who are growing more and more in the same solidarity and finally, there are the beneficiaries of the different programmes, with all their problems and complexities they face on daily basis.

We would also wish that, while reading this report, you remember that our organisation is a **Social Apostolate** and not only an organisation for social services, easily presentable through indicators, results and achievements. Being a social apostolate, we realise that we have not been able to present the most important and significant indicators that can measure our output: the indicators of love, generosity, solidarity, patience, capacity of sharing, compassion and self-giving.

How can we show the love of a family that is fostering a child from the street? How can we explain the tireless work of a mother who accepts to live with a child victim of HIV/AIDS that is an abandoned orphan. How do we present a family that accepts to open the doors of their house to a disabled girl and that considers her as their own daughter and sister? It is spontaneous to recall the words of St. Paul (1 Cor. 13):

***“Love is patient and kind; it is not jealous or boastful or arrogant. Love is not rude or selfish or irritable; love does not keep a record of wrongs; love is not happy with evil, but rejoices in truth. Love never gives up; and its faith, hope and patience never fail. Love is eternal. These three remain: faith, hope and love: but the greatest of these is love”***

**Fr. Gabriele Pipinato**  
Director

**Mrs. Ans van Keulen**  
Vice-Director

Nyahururu, 17-04-03

# 1. Introduction

The year 2002 will be remembered in Kenya for its December General Elections that brought into power a new government with a new president. This replacement of the government led to several changes, already soon felt in St. Martin-CSA, such as the free education policy. These changes brought about by the new government installed new hopes in the people for a better future.

The year 2002 in St. Martin-CSA brought a number of developments: new programmes were established, income-generating projects were initiated, the community involvement increased as well as the staff employed. The infra-structural facilities also developed together with this increase of activities.

This annual report outlines the wide variety of activities that St. Martin-CSA undertook in the financial year 2002. The report starts with a general chapter on managerial issues, followed by a chapter for each individual programme. Also two cases are presented to illustrate the work St. Martin-CSA did the past year.

## 2.1 Infrastructure

### **Office facilities**

In the financial year 2002, several infra-structural projects were undertaken to cater for the growing demand for office space. The main office building of St. Martin-CSA was extended with an additional wing, in which 4 of the 5 programmes were housed. The original wing remained as the administrative block. The new wing became ready in February 2003 and holds 8 offices, 2 counselling rooms, a boardroom and a meeting hall.

The branch office constructed in Ng'arua (serving Kinamba, Sipili and OI Moran parishes) was extended with an additional office room and staff and visitors toilets to house the Community Programme for HIV and AIDS. The Community Programme for Disabled Children already had an operational office and physiotherapy room in this branch office.

A second branch office was started in North Kinangop to serve Engineer and Ndunyu Njeru parishes. Only the Community Programme for HIV/AIDS has extended its operations to these parishes. North Kinangop Catholic Hospital provided the office facilities.

### **Transport facilities**

Transport facilities increased with the growing number of activities in the field and the expansion of the programmes. Motorcycles (4) were purchased for field staff in order to economise on the expenses made on fuel and maintenance. By the end of this year St. Martin-CSA availed of 5 motorcycles. Also 2 bicycles were purchased to cut down on local transport costs.

One van was replaced, while an additional two vans were bought as well as a Landrover pick-up to replace the Ford pick-up (which was borrowed from Padova Catholic Fathers), bringing the fleet of cars to a number of 8 (table 2.1.).

## 2.2 Staffing

### **Permanent staff and casual workers**

In the financial year 2002 a number of 17 new positions were created, which brought the total number of permanent staff to 52 (annex 1). An additional number of 9 people

worked for St. Martin on casual basis, bringing the total to 62 (table 2.2.).

Several new positions were created at the administrative level (assistant accountant and assistant secretary) in order to cater for the growing administrative demands of the organisation. Also some additional supportive staff members were employed, such as drivers.

A department for Public Relations was started with a Public Relations Officer to promote and strengthen the communication with the outside communities as well as with financing partners and supporters. This department will also strengthen the identity and image of the organisation.

The activities in the field of already established programmes were expanded to other areas and strengthened by the employment of additional social workers as well as counsellors.

In June 2002 the programme of Micro-Credit took off after 2 years of preparatory work and feasibility studies. A co-ordinator and social worker were employed. The programme staff was strengthened with the presence of an Italian volunteer from the Missionary Office in Padua, who took the position of Assistant Co-ordinator. This volunteer will also work part time to strengthen the Public Relations with Italy and particularly the supporting groups in Padua.

In December 2002 a Centre for Legal Support 'Bega kwa Bega' ('Shoulder to Shoulder') was attached to the Community Programme for Active Non-Violence and Human Rights. A Community Lawyer was employed to set up and run the activities of this Centre.

During the period of reference St. Martin-CSA lost 2 of its staff members, while also a volunteer from Mission & Youth from the Netherlands died through an accident.

It was recognised in the Management Board that the management team of St. Martin-CSA, currently consisting of 2 members (i.e. the Director and Vice Director) urgently needed strengthening to cope with the growing management demands. At the same time it was recognised that it would be desirable to search candidates from inside (among staff and volunteers) as to ensure

the new team member would enter with the right spirit that would comply with the organisation's identity. As by the end of the financial year 2002, no decisions were reached.

### **Regular volunteers**

In the period under reference a total of 12 regular volunteers<sup>1</sup> worked in the different programmes (table 2.3.). These volunteers worked 1-5 days per week alongside teachers and field staff, providing a great additional input. The position of regular volunteers in St. Martin-CSA was streamlined through a policy document (see 2.3.). This policy had to address issues of misconceptions and expectations on the side of the volunteers, which could never be met.

A seminarian worked fulltime in the non-formal school, while on a pastoral attachment.

### **Volunteer committee members**

Each programme was managed by a committee consisting of 11 volunteers (community representatives), while the Management Board was giving direction to the organisation as a whole (annex 1). As such, the communities had a direct stake in the management of St. Martin-CSA. These committees met on a monthly basis.

In the financial year 2002, 3 committees were dissolved and re-constituted as their term in office was expired: Management Board, Community Programme for HIV/AIDS and the Community Programme for Active Non Violence and Human Rights. A number of five members were replaced in these committees. In other committees some members were added since some seats had become vacant. By the end of the period under reference, a number of 5 seats had not been filled.

With the expansion of the HIV/AIDS programmes, 2 new committees were formed, called 'base groups', in Ng'arua and North Kinang'op zones, consisting of 14 and 11 members respectively. These base groups have been given the tasks of planning and monitoring of activities at the local level and of awareness-raising in their localities.

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<sup>1</sup> Regular volunteers are people who volunteer in St. Martin-CSA programmes according to a set time schedule and a specified set of duties.

## **2.3 Policy development**

Various policies were developed, passed and effected by the Management Board in the period under reference in order to regulate operations and events in St. Martin-CSA. These included:

- ? Policy document describing the '*Governance of St. Martin-CSA*'. This document outlines the constitution, decision-making power as well as the roles and tasks of various bodies and offices.
- ? Policy document on '*St. Martin-CSA Medical Scheme*'. This describes the regulations for using the medical fund for in-patient and outpatient bills of staff.
- ? Policy document on '*Regular volunteers in St. Martin-CSA*'. This document makes clear the recruitment of volunteers and the terms and conditions of volunteering. It also stipulates that volunteers are to have a jobdescription, are to sign a Memorandum of Understanding, spelling out their availability among others and can volunteer only for a maximum duration of 1 year.
- ? Policy document on '*Death cases among staff*'. This outlines the provisions in case a staff member will pass away.

St. Martin-CSA developed a handbook for volunteer committee members, in order to inform members on what they can expect from the organisation and what is expected from them as a committee member. It describes issues of the organisation's identity, structure, roles and tasks of the committees etc.

## **2.4 Identity and public relations**

The importance of strengthening the organisation's identity and to make insiders share the same mission and philosophy (known as 'the spirit of St. Martin-CSA') was recognised again this year. This was emphasized to staff, volunteers during various occasions, such as St. Martin's day and retreats as well as during training courses and activities organised by the various programmes.

A Public Relations department was established to strengthen communication with outsiders. Several materials, such as calendars, diaries, brochures and t-shirts

were produced and distributed to make St. Martin-CSA known well. Also a quarterly newsletter is in development. St. Martin-CSA has been represented in NGO and government networks.

## 2.5 Community involvement

Much work was done in order to strengthen the community-based approach of the organisation. The Programmes for Street Children and for Active Non-Violence and Human Rights re-directed their approach in order to involve more community volunteers in their activities as it had already been done by the Programmes for Disabled Children and HIV/AIDS.

In the period under reference 475 community volunteers worked in their neighbourhood on behalf of one of the programmes. Through their generous contribution and involvement they were able to assist many beneficiaries and formed as such the heart of the organisation (table 2.3).

The community donated generously in cash and kind to the organisation. The latter donations included: food, clothes, livestock etc. Also a 'harambee' (fund-raising) was organised for the Programme of Street Children in order to raise funds for the construction of 2 new classrooms and a new centre for the street girls (Ksh. 1,500,000/= was raised).

Much effort was put in awareness-raising to the community in order to make them understand the work and mission of St. Martin-CSA and to make them support the initiatives in the community. Such awareness was mainly created on Sundays in different churches in the target area (Catholic as well as Protestant). Many committee members volunteered to do this work. Also awareness was created to Protestant pastors belonging to the National Council of Churches in Kenya (NCCK) as well as to members of the muslim community of Nyahururu. This strengthened the relationship between St. Martin-CSA and the protestant churches as well as with other religions.

## 2.6 Capacity building

Several training courses were held in order to build the capacities of staff and volunteers, among which a counselling

course and a Training of Trainers Course for Self-help Groups (table 2.4.).

St. Martin-CSA highly values the upgrading of staff, particularly those working at the higher levels to improve performance and management skills. Three co-ordinators were sent to Bangladesh for a post-graduate diploma on 'Organisation and Management of NGOs', while one was sponsored to undertake a Masters Degree in the USA on 'International and Intercultural Management'. An assistant occupational therapist was sent to the Medical Training College for a three years course on Physiotherapy.

## 2.7 Sustainability

In the period under reference, St. Martin-CSA embarked on several income-generating activities in order to become more self-sustaining in the future. Several properties were bought for investment: an office building in Nyahururu town ('Boston House') as well as 10 acres of land with a large house in Thiru. The former has 21 office rooms and 7 shops for rent, from which a monthly income was derived. The latter could be developed into a training facility in the future. Also a curio shop for tourists and visitors was started. This shop was temporarily housed in the St. Martin-CSA main office but will be moved to one of the central shops in Boston House next year. Also 2 other plots were purchased: one in Maina to build the new centre for street girls and a commercial plot in Nyahururu town for investment.

## 2.8. Other activities

In June 2002, a project was started to commemorate the late Marleen Bannink, a volunteer from the Netherlands that died in a road accident. This 'Marleen project' involved the training of St. Martin-CSA beneficiaries on leatherwork skills. A teacher was hired, while 10 students started the training. After completion of the course, 5 continued to be prepared by the teacher for work in a leather workshop. Two other students of the course were assisted to start alternative projects because they lacked the talent for leatherwork or had physical impairments.

## 2.9 Finances

St. Martin-CSA received sponsorship during the past financial year from different financial partners, totalling to Ksh. 23,899,637/= (table 2.5). Wellwishers from abroad donated: Ksh. 19,552,831/=

Local contributions were done by local sponsors (Ksh. 704,918/=) as well as beneficiaries (Ksh. 1,048,097/=).

Total expenditures amounted to Ksh. 37,681,064/=. Part of this, was made in form of investments: Ksh. 12,538,725/= (properties).

## 2.10 Future plans

### **Financial management**

- ? Employ an accountant to be in charge of the full financial administration.
- ? Re-structure the department (including job descriptions) and improve working systems.

### **Community based approach**

- ? Develop a system of regular community contributions, involving all areas as well as different churches.
- ? Organise a course on the community-based approach for staff and volunteers.
- ? Work out strategies to motivate community volunteers (e.g. Organise a St. Martin's Volunteers' Day in different zones).

### **Human resource management**

- ? Develop systems for job evaluation, staff appraisals and staff inductions.
- ? Prepare a handbook for staff members, addressing issues of mission/philosophy, community-based approach, structures, policies etc.
- ? Make a long-term strategic plan for human resources, addressing the issue of staff sustainability and capacity development.
- ? Strengthen the management team with two more staff, either through promotions or recruitment. Develop proper division of roles and tasks.
- ? Build capacities of staff and volunteers:
  - 1) training on leadership and financial management;
  - 2) training of trainers/facilitators for senior staff and volunteers;
  - 3) identifying training opportunities to upgrade staff.

- ? Develop a salary structure and system of promotions and incentives.

### **Mission/identity**

- ? Develop strategies on who to educate, when and how on the 'spirit of St. Martin-CSA'.
- ? Work out strategies to involve the Catholic priests and church leaders more actively.
- ? Organise St. Martin's Day and retreats.

### **Income-generation and assets**

- ? Move the curio shop to Boston House, combine with a Catholic Bookshop and employ a shop keeper.
- ? Do a feasibility study for opening of a cafeteria in Boston House for tourists and visitors.
- ? Identify opportunities for accommodating small groups for training or meeting in one of the new properties.
- ? Build a dormitory for training in Tabor Hill Spirituality Centre.
- ? Recruit a manager for the income generating projects.

### **Public Relations**

- ? Promote local donations, through the system of 'friend', 'supporter', 'sponsor' and 'donor'.
- ? Publish a quarterly newsletter, 2004 diary and calendar.
- ? Establish good relationships with the local government administration, different churches, other local NGOs.

## Statistics

Table 2.1. Transport facilities as per March 2003

Type	Number
Toyota vans	3
Land rovers	3
Toyota landcruiser (ambulance)	1
Suzuki	1
<b>TOTAL</b>	<b>8</b>
Yamaha/Suzuki motorcycles	5

Table 2.3. Volunteer workers as per March 2003

Type	Number
Committee members	61
Base group members	25
Regular volunteers	
CPD	4
CPHAADA	1
CPSC	7
Community volunteers	
CPD	230
CPHAADA	215
CPANVHR	30
<b>TOTAL</b>	<b>573</b>

Table 2.2. Staff employed as per March 2003, the level, function and numbers.

Level	Function	Number
<u>Management</u>	Director	1
	Vice-Director	1
<u>Supporting</u>	Accountant	1
	Ass. Accountant	1+1
	Cashier/storekeeper	1
	Secretary	1
	Ass. Secretary	1
	Public Relations O.	1
	Transport officer	1
	Driver	1+2
	Office attendant	1
	Watchman	1
	<u>Programme</u>	
CPSC	Co-ordinator	1
	Ass. Co-ordinator	1
	Social worker	2
	House parents	3
	Teachers (centres)	3
	Teachers (NFS)	3
	Watchman	2
CPD	Co-ordinator	1
	Social workers	2+2
	Physiotherapists	3
CPHAADA	Co-ordinator	1
	Social workers	1+2
	Counsellors	1+2
CPANVHR	Co-ordinator	1
	Social workers	2
	Community lawyer	1
CPSMC	Co-ordinator	1
	Ass. Co-ordinator	1
	Social worker	1
<b>SUBTOTAL</b>		<b>52</b>
Casuals	Watchmen	2
	Drivers	3
	Cook	1
	Office attendants	2
	Gardener	1
<b>TOTAL</b>		<b>61</b>

Table 2.4. Capacity building in St. Martin-CSA from 01-04-03 until 31-03-03

Period	Course	No. part.	Facilitat.
21-01-02 until 15-02-02	Counselling	4 <sup>2</sup>	KAPC
07-04-02 until 27-04-02	Counselling	18	St. Martin-CSA
18-09-02 until 21-09-02	Training of Trainers for Self-Help Groups I	21	St. Martin-CSA
02-10-02 until 05-10-02	Debriefing of counsellors	15	St. Martin-CSA
22-10-02 until 25-10-02	Training of Trainers for Self-Help Groups II	21	St. Martin-CSA
13-01-02 until 10-08-02	Postgraduate diploma: 'Organisation and Management of NGOs'	1	BRAC Bangladesh 'Global partnership'
28-08-01 until 25-05-02	Masters degree: 'International and Intercultural Management'	1	SIT USA 'Global Partnership'
18-01-02 until 18-08-03	Postgraduate diploma: 'Organisation and Management of NGOs'	2	BRAC Bangladesh 'Global partnership'
Sept. 02 until Aug. 05	Diploma 'Physiotherapy'	1	Medical Training College Nairobi

Table 2.5. Annual financial report for St. Martin-CSA (1<sup>st</sup> of April 2002 until 31<sup>st</sup> of March 2003)

INCOME		EXPENDITURES	
<b>Funding partners</b>		<b>Staff salaries</b>	4,961,451.00
AES	11,842,697.80	<b>Running costs<sup>3</sup></b>	5,683,628.10
CUAMM	5,983,094.00	<b>Training costs</b>	1,453,143.00
Fontana Foundation	2,193,850.00	<b>Direct assistance to beneficiaries (medical and schooling)</b>	4,490,171.00
Cordaid	1,707,944.00		
Missionary Office Padua	1,406,935.00	<b>Constructions</b>	1,772,139.00
Others	765,117.00	<b>Assets/equipments<sup>4</sup></b>	17,728,966.00
SUBTOTAL	23,899,637.80		
<b>Well wishers Europe</b>	19,552,831.10	<b>Others</b>	1,591,566.30
<b>Local well wishers</b>	704,918.00		
<b>Contributions beneficiaries</b>	1,048,097.00		
<b>Profit from projects</b>	393,146.00		
<b>Others</b>	600,322.65		
<b>TOTAL</b>	<b>46,198,952.55</b>	<b>TOTAL</b>	<b>37,681,064.40</b>

<sup>2</sup> The 4 people trained by KAPC became the trainers in the indoors counselling course.

<sup>3</sup> Including: fuel and maintenance, meals and accommodation, public transport, telephone/water/electricity, stationary, consumables.

<sup>4</sup> Properties acquired were worth: Ksh. 12,538,725/=.

# 3. Children with disabilities

## 3.1 Introduction

The Community Programme for Children with Disabilities (CPD) completed the second year of a three-year phase under the sponsorship of CUAMM Italy, in this year under reference. A midterm Participatory Evaluation Process (PEP) was done between October and November 2002 to assess progress.

After the evaluation exercise, there was encouragement in that the various components of the programme were evaluated to be on the right track. The perception on disabilities was seen to be improving, from denial and unacceptability to acceptance and improved care for the disabled children. Parents in support groups for the disabled children started receiving loans from the savings and micro-credit programme. It was also found that the Traditional Birth Attendants (TBAs) were doing a commendable job in assisting expectant mothers who could not access maternity facilities, in this way preventing disabilities occurring at birth.

The fact that St. Martin works with communities irrespective of religious backgrounds was also positive in our work.

## 3.2 Context

The current AIDS pandemic is wrecking havoc to communities indiscriminately. Many orphans were left, some with relatives who may be poor or unwilling to take good care of them. The programme referred the children to HIV/AIDS programme for other assistance or the A.N.V. and Human Rights programme for legal issues related to property inheritance.

An impending Disability Bill, which aims to constitutionalise the rights of the disabled, was not tabled in parliament in the past year. The current parliament did not nominate any disabled person. The rights of the disabled have thus not yet been strongly considered by the government.

The gap between the haves and have nots is still wide. (10% rich people own 85% of Kenya resources while 90 % of the poor populations survive on the 15% of the remaining resources according to an economic report in one of the dailies). This leaves the majority poor, worrying and

straining for daily living. This created a big disadvantage to the disabled children since they are not considered in sharing the little that is available.

## 3.3. Objectives

The Community Programme for Children with Disabilities achieved most of the objectives set for the programme in the past one year.

*Objective 1: 400 disabled children of the targeted area will have been physically rehabilitated in 3 years time.*

The children that were fully rehabilitated are **102** of the 134 targeted in the past year while those under rehabilitation are **298**. This means that the programme was in line with achieving its set target.

*Objective 2- 600 Parents, 400 church leaders and 200 volunteers of the targeted area will have increased awareness of proper management of disabilities.*

In the year under reference, there were several trainings for parents with disabled children. So far, **233** parents were trained in management of various types of disabilities (See table 3.2). There were several awareness sessions done by management committee members in the target area. A total of **108** churches were visited.

*Objective 3- 20 support groups of parents of disabled children in the targeted will have successfully implemented a project in support of their children.*

The programme formed 18 support groups. The programme handed over nine (**9**) support groups to the savings and micro-credit programme in the year under reference while the social workers were preparing **9** other support groups. Some of these parents have started poultry projects while others sheep or goat projects.

*Objective 4- 150 Traditional Birth Attendants (TBAs) will have been trained on safe deliveries.*

**77** TBAs were trained in the last year. The trainings were aimed at equipping TBAs with modern techniques of deliveries. (See table 3.3).

## STATISTICS

Table 3.1 Distribution of type of disabilities among the newly screened cases

Pathology	Number
Cerebral Palsy	52
Delayed Milestones	17
Spina Bifida	6
Epilepsy	8
Hydrocephalus	5
Deformities	40
Birth defects	11
Bone infection	2
Muscle dystrophy	3
Burns	11
Visual impairment	9
Hearing impairment	13
Learning difficulties	7
Mental handicap	5
Multiple disabilities	14
Other	44
<b>TOTAL</b>	<b>247</b>

Table 3.2 Training of parents (type and number)

Type of disability	Number of courses	No. of parents trained
Management of Cerebral Palsy	3	37
Management of physical handicap	3	66
Management of epilepsy	3	30
Management of mental handicap	3	44
Management of hearing impairment	1	20
Management of learning difficulties	3	36
Management of visual impairment	-	-
<b>TOTAL</b>	<b>16</b>	<b>233</b>

Table 3.3 Number and distribution of trained TBAs

Zone	Number trained
Igwamiti	28
Oljabet	22
Mailo Inya	18
Nyahururu	9
Kinamba	-
Olmoran	-
<b>TOTAL</b>	<b>77</b>

## 3.4 Activities

### 3.4.1 Planned versus realised activities

#### Medical and Social Rehabilitation

##### Physiotherapy

To achieve physical rehabilitation, **7** clinics and **14** sub centres were opened in the programme's area of operation. By doing so, children were able to attend clinics near their homes thus cutting down costs. These clinics were organised by the physiotherapy department.

The number of children followed this year by physiotherapy was **408**. Total number of physiotherapy treatments done was **2,034**. Number of new children screened this year was **247**. See Table 3.1 for the pathologies identified by the programme.

##### Training

29 Community Rehabilitation Workers (C.R.W) were recruited among the active volunteers and underwent a 3-weeks training course (against a target of 25). They were trained to identify and manage disabilities. They helped to train parents and assisted the children attain the activities of daily living. Once qualified, they worked under the supervision and guidance of the physiotherapists.

##### Home visits

The number of home visits done by the social worker and the physiotherapist to follow-up on cases were **142**. The physiotherapy centres and sub centres were also visited 21 times. 43 visits were made to some special units.

##### Training of parents

The programme invited parents of disabled children for training. There were 12 training courses planned each programme year, but this period 16 courses were done. This increased the set target of 200 parents to 233 parents. (See table 3.2). The trainings were based on the specific training needs e.g. cerebral palsy, hearing impairment, etc. They were two to three day residential training courses. The parents were trained on recognition, causes, prevention and management of the disability. The courses were conducted by competent facilitators from the ministry of education or ministry of health. Follow-up visits to the trained parents were done and it was established that the parents had improved care for their disabled children.

### **Awareness raising component**

The members of the management committee had set aside every third Sunday of the month to visit church communities to create awareness on the proper management of the disabilities. A total of **108** churches were visited within the year. Local church leaders' seminars were done at Ol moran (46 participated) and Ng'arua (70 participated).

### **Support groups**

The programme targeted to work with seven groups during the year however, the programme managed to work with nine. The parents support each other psychologically and work together to improve the welfare of their children. All groups have regular monthly meetings either at a central ground or at individual parents home on a rotational basis. Basic group trainings were carried out as per their individual needs e.g. Leadership, constitution making, bookkeeping etc. Emerging challenges were tackled e.g. drop-out in groups, a rush in securing loans while groups are not properly formed etc. The groups have different group projects like poultry keeping (8 groups), goat keeping (3 groups) and other merry go round. (See also chapter 7.)

### **Traditional birth attendants component**

The TBA's are mothers who have been trained on how to assist other mothers during deliveries. They were selected in areas where medical facilities are not available or are at long distances. The programme selected those who were already conducting traditional deliveries in the community. A regular TBA follow-up was put in place. The already trained TBAs met at prescribed intervals to share their experiences. This two-day forum was used as a refresher course. The programme drafted a M.O.U with the District Hospital, which is due for signing to facilitate a convenient relationship of medical trainers for the T.B.As. Identification badges were designed which will be used by the TBAs. They will be renewable every year. The TBA's are doing a commendable job in the community. "We are impressed by the way the trainees have conducted deliveries in our maternity ward during the practicum." Said a midwifery nurse at the district hospital.

### **3.4.2 Other activities**

- ? Rural Eye Clinic treated 20 children.
- ? The programme facilitated the donation of 22 wheelchairs to needy children by Jaipur (The Lions Club Nairobi).
- ? Placement of disabled persons for training at Marleen Leather work project (2) and knitting project in Nyahururu (3).
- ? 44 cases of cleftlip/hairlip surgeons were operated at North Kinangop and Consolata hospitals
- ? 18 ENT needy children were treated (8 surgeries been done) at the Consolata hospital.
- ? Involved in KAWA CBO groups at Kinamba and Sipili

### **3.4.3 Constraints and Recommendations**

#### **Constraints**

- ? Low contribution from beneficiaries especially in hospital operations and Ol'kalou Disabled Home School fees. This is due to ignorance or neglect and poverty.
- ? Infrequency in taking children to the physio clinics.
- ? Low turnout of parents to the trainings.
- ? The community-based approach of St. Martin has not been fully internalized by some people.
- ? Movement of volunteers from CPD programme to other programmes of St. Martin.
- ? Irregular field reports by the TBAs and CRWs.
- ? Few volunteers in some areas of operation.
- ? The professionals contacted by the programme do not have the spirit of self-giving.
- ? Support group savings are low. This may be due to lack of conviction as to the usefulness of the savings.
- ? It is still not clear to the programme who is to replenish the TBA kits.
- ? The physiotherapy clinics have not been equipped.
- ? Lack of MOU with some collaborators.

#### **Recommendations**

- ? Encourage and promote community participation in raising funds for the disabled children. Encourage the community to volunteer and assist educate individuals through single part sponsorship.
- ? More awareness needs to be created so that parents appreciate physiotherapy as a useful intervention.

- ? The programme needs to adapt to new training strategies e.g. have a one-day training with the parents in their home areas as opposed to centralized venues.
- ? Have regular awareness creation forums. Extend awareness to barazas, churches etc. Follow-ups are quite necessary so that it does not become a one-time affair.
- ? The St. Martin programmes should have a uniform approach towards volunteers. Some of CPD volunteers claim that they are not paid allowances (Lunch and travel) like in other St. Martin CSA programmes.
- ? There needs to be regular reporting by the TBAs and CRWs (Monthly reports should be submitted on time). Devise a report collection system from the field.
- ? More volunteers need to be recruited to cover areas where there are few especially in Ng'arua.
- ? Promote through posters and awareness the St. Martin Spirit. The spirit of volunteerism be encouraged even among professionals e.g. nurses, doctors and teachers through continuous education in professional forums. The community to be constantly reminded of the essence to be 'your brothers keeper'.
- ? Encourage some parents support groups to save more. Have exchange visits to the parents who have started activities e.g. poultry, goats.
- ? Ways and means of replenishing the T.B.A should be addressed with all the relevant persons i.e. TBAs, Ministry of Health, community and beneficiaries.
- ? Physio- clinic in the community should be equipped to facilitate good service to the communities. It will also reduce transportation costs since the programme could use motorbikes, bicycles, and public transport to the clinics.
- ? Develop a MOU with all collaborators.

### 3.5 Organization

#### 3.5.1 Staffing

The programme hired two social workers, a community mobilizer to collect debts and two occupational therapist trainees. In March this year, one social worker Mr. Julius Mwangi passed away.

The staff underwent several trainings during the year e.g. participatory training for self help groups, counseling, active non-violence and human rights. The coordinator attended a Postgraduate Diploma course on NGO leadership and management in Bangladesh,

while an OT trainee was sent for physiotherapy training at the Medical Training Center in Nairobi. There were several exposure visits to Dar-e-salaam Tanzania, Kumi Uganda and Kibwezi Kenya.

#### 3.5.3 Networking

The programme managed to work in relationship with the following government sectors.

- ? Ministry of Health – Nyahururu District Hospital. The MOH Nyahururu and the staff assisted the programme through attending to the disabled children referred by the programme to them. Many times they waived the medical bills incurred for the children whose parents could not pay. They also assisted in training TBAs.
- ? Education Office – Nyandarua and Laikipia. Many disabled children were referred to special schools for special needs. The E.A.R.C. at Olkalou assisted in the assessment of the children. The Programme referred many children to special units which are operated by the government.

In the past one year the programme collaborated with various other organizations (annex 2).

#### 3.6 Impact

- ? The programme had the following impact: 141 children were medically rehabilitated while 251 children were socially rehabilitated.
- ? Parents were contributing though in small amounts towards the rehabilitation of their children. This signified a change in attitude towards the disabled.
- ? Some CRW/TBA started to bring in records of their activities on monthly basis.
- ? Trained parents were seen to take better care of their children after training. This improved the children's status.
- ? The continuity of the parents support groups was positive.
- ? Enrolment and sustainability of disabled children in special units was seen to be constant. The community stepped up assistance to the units.

#### 3.7 Future Plans

The programme intends to undertake the following plans in the next one year:

- ? Replacement of a social worker in Ng'arua office.
- ? Follow up the rehabilitation of 250 disabled children through medical and social intervention
- ? 200 parents, 200 church leaders and 100 volunteers to receive awareness seminars on management of disabilities.
- ? Entrench good management of the existing parents support groups and encourage improved savings.
- ? Establish five playgrounds for disabled children.
- ? Recruit and train more volunteers and have regular volunteers meetings at Parish level.
- ? Continue training and follow up of TBAs. Ensure regular reporting of field activities by the TBAs and make monthly reports to the M.O.H
- ? Plan for an exposure visit to a community based organisation for staff and management committee.
- ? Make a MOU with Kikuyu Hospital and Consolata hospital.

George Muriu, had a urological problem. He was of school going age but dropped out of school. He was very lonely, because he was always wet and smelling. He did not have control of his urine. Everybody kept away from him. The teachers asked him to leave school to seek treatment, because they found the smell of urine unbearable. The volunteers in his village reported the matter to the Community Programme for the Disabled. Since George's father was a Seventh Day Adventist by faith, he had negative views about Catholics, thus could not accept any discussions from the volunteers or the Small Christian community. The Small Christian community used George's grandmother to organise to raise funds to take him to

hospital. His operations at Kenyatta National Hospital totalled to Kshs.130,000. The community and the social worker organized a harambee (fundraising) that raised Kshs. 45,000.00, the programme advanced the remaining money. It has not been possible yet to organise a second harambee in the community, to cater for the remaining money. The boy regained 80% urine control after the operations. Full control can only be gained through physiotherapy. He now regularly attends the programme's clinic. George is back to school and does not smell. He has had both medical and social rehabilitation. George is one of the many children who have been helped through community participation.



George Muriu at home (second from right), visited by a volunteer social worker (left)

## 4.1 Introduction

In the Community Programme for Street Children and Non-Formal School, this period under reference (April 2002 – March 2003) formed the last year of a three years phase in partnership with Cordaid Netherlands.

In this period under reference the programme was able to successfully rehabilitate **17** street children, while **8** new arrivals to the streets were saved by way of returning them back home immediately. **132** children were prevented from going to the streets by offering non-formal education.

It is also good to note that it is in this period that the new government introduced the free primary education policy and made the move to remove children living in the streets from the streets. This had its impact on the number of children in the non-formal school (NFS) as well as the number of children in the streets of Nyahururu town.

## 4.2 Context

The coming of a new government administration into power had a significant impact on the programme. The introduction of free primary education in January 2003 made formal education accessible to many parents who could not afford it before. This, as a result, made it possible for many non-formal school parents to enroll their children in formal schools. **43** children in the non-formal school joined various formal schools within and around Nyahururu, leaving behind **80** children who could not easily join primary schools for various reasons.

The poor state of the economy contributed considerably to making most of the people to live below poverty line. Poverty in families results in marital problems that destabilize children's education as well as mental growth. This made many children to leave home to the streets and increased school dropouts of children who searched for employment as housemaids and herds boys. Such children have a high risk of going to the streets. Some children become drug peddlers. During the period under reference, the programme encountered such mentioned cases.

Over the same period, the government had still not come up with solutions for the people who had been retrenched from the

government. As a result of unemployment, children continue to suffer for their parents are unable to provide for their basic needs.

Corruption still maintained the wide gap between the rich and the poor. With the new government that has made the fight against corruption as one of its priorities, good hopes exist that the situation will improve.

HIV/AIDS in the target areas has and still continues to wipe out families at an alarming rate. Orphaned children are left with their weak grandparents, who can hardly take care of the said children. In some cases, the said children are tested HIV positive. These orphans often become school drop-outs. Due to hunger, desperation and lack of care, they end up in the streets. Others are involved in cheap labour, as they become breadwinners of their families. Children from single parents are mostly hit. Well-wishers from the community assist where they can, but most of them are also financially unstable.

It is important to note in this case that a great number of the pupils in the non-formal school are raised by their grand parents. These constitute over 50% of the children.

## 4.3 Objectives

The Community Programme for Street Children and Non-Formal School managed to attain most of its objectives, set for the year under reference.

*Objective 1: 75 rehabilitated street children, permanently removed from the streets of Nyahururu in 3 years time.*

The programme targeted to rehabilitate **25** children each programme year. In the period under reference, the programme removed **49** children from the streets. Out of these **49**, **24** are still in the centres and in the process of rehabilitation (table 4.1.).

Out of the remaining **25** children, **17** went successfully through rehabilitation and were re-integrated back into the community. **8** were fresh arrivals in the streets, who only stayed a few days the centres before being taken back home (table 4.2.).

All successfully rehabilitated children joined formal schools. One child was enrolled in a polytechnic. The children were either placed

in the classes they dropped out from or one class behind. All did well in school.

During the period under reference, **18** children went back to the streets from the centres. **2** already reintegrated children also ran back to the streets. Over the same period **7** earlier re-integrated children went back to the centre as well as **3** who were still under rehabilitation.

*Objective 2: Increased awareness among 1,000 parents of Nyahururu slums on the problems making children to run to the streets (in 3 years time).*

Awareness-raising to parents slowed down during the period under reference, awaiting the new programme phase in which a new more individual approach will be adopted.

This period **192** parents, were reached against a target of 332. Among these were 70 N.F.S. parents and 122 parents who were individually counselled and through small group awareness.

*Objective 3: Increased awareness among 150 teachers of public primary schools in Nyahururu on the risks in schools, making children to run to the streets (in 3 years time).*

Awareness-raising among teachers continued. As a result **80** primary school teachers were reached against a target of 50 per year (table 4.3.).

*Objective 4: 125 children from financially disadvantaged families of Nyahururu slums having received non-formal education and as such prevented from running to the streets (in 3 years time).*

Up to December 2002, **132** children benefited from non-formal education, while attending lessons in the school.

With the opening of the school year in January 2003, **43** children were able to move to formal primary schools within and around Nyahururu, facilitated by the free primary education policy and urged to do so by the NFS. **80** Children were left behind due to several reasons (see 4.4.)

## STATISTICS

Table 4.1. Children under rehabilitation

Centre	Number
Drop-in centre for boys	8
Rehabilitation centre for boys	9
St. Rose Rehabilitation centre for girls	7
<b>TOTAL</b>	<b>24</b>

Table 4.2. Children successfully rehabilitated and re-integrated in the community

Placement	Number
Re-united with parents	8
Joined relatives	3
Placed with foster parents	5
Fresh arrivals	8
Host parents during school holidays	1
<b>TOTAL</b>	<b>25</b>

Table 4.3. Awareness-raising to teachers

School	Number
Gikingi Primary School	2
Thama Primary School	1
Maina Primary School	1
Kwanjora Primary School	16
Madaraka Primary School	4
Schools where children were taken	56
<b>TOTAL</b>	<b>80</b>

Table 4.4. Drop-out in Non-Formal School and the reasons

Reason for dropping out	Number
Lack of parental care and guidance	3
Parents left with children	2
Child Labour	2
Joining relatives far away	5
Going to the streets	2
Age factor (child feels too old)	2
Disinterest of the child	1
<b>TOTAL</b>	<b>17</b>

## 4.4 Activities

### 4.4.1 Planned versus realised activities

#### **Street work**

Day and night street visits were done by social workers and assistant co-ordinator as planned. Friendships were established with the street children and sick children (**83** during this year) were provided with medical care at the dispensary. Complicated cases were referred to District General Hospital. Fresh arrivals were detected in the streets, who were returned to their homes immediately in order to prevent them from becoming real street children (**8** in total). Genuine street children were identified, to whom counselling and spiritual formation were given.

Various activities were organised for the street children, such as football, storytelling, educative video shows. These activities acted as therapy to their mind. The football club established for the street children created an opportunity for the social worker to counsel the big boys on the streets. It also helped to reduce idleness as well as to nurture the football talent among these big street boys. Also education on personal hygiene was done. The street children were fed once in a month during which time they also bathed themselves and washed their clothes.

**18** street boys and girls over the age of 18 were assisted to obtain national identity cards.

#### **Rehabilitation**

The Drop-In Centre (D.I.C.) for boys and the St. Rose girls' centre continued to receive children from the streets as planned. Their rehabilitation process was directed by setting individual children's objectives in which the children were involved (child centred planning). Each child was assisted to understand his/her weaknesses better and to make appropriate decisions about the future.

Some rehabilitated children stayed longer in the centre than the proposed period of 4 – 6 months duration before re-integration. This was caused by the long duration of searching for foster parents and relatives willing to stay with the children. Some children required more time to open up than anticipated earlier.

The following activities were part of the rehabilitation process:

- ? Counselling.
- ? Non-formal education and preparation of the children to join formal schools.
- ? Farming such as vegetables and flower growing, rabbit, poultry and goat keeping. Also a zero grazing unit was established to train children on good cattle rearing practices.
- ? Recreation activities included games, trips, crocheting, needlework, art and craft and educative video shows. These activities intrigued the children's creativity kept them busy.
- ? Emphasis was put on important Christian religious values (human values) and social norms. This helped the children to re-integrate back into the community.
- ? Household activities, such as cooking, cleaning and washing clothes were done to give the children a sense of participation and responsibility.

A new centre for girls was constructed with funds from the community. The girls now occupy a well-constructed centre on a spacious land with enough room for their recreational activities.

#### **Re-integration**

During the period under reference, the social workers were able to make **76** home visits and **153** follow-up visits to children already placed with families. Home visits were made to establish the situation at the homes of the children who were under rehabilitation and to identify the reasons for going to the street. Parents and relatives, with whom the children were going to stay, were counselled before and after the children's re-integration. These parents were also guided on how to uplift themselves economically by introducing them to save little by little, search for manual work or start small businesses. Foster parents were prepared in all aspects in order to receive the rehabilitated children with tender loving care in their homes. For this purpose also a 4-days workshop was held, attended by already fostering as well as potential foster parents.

Among the fostered children were orphans, children with homes that were not conducive (e.g. marital problems) and finally children who refused to go home for various reasons (for instance when a father sexually abused the child).

New potential foster families were identified (10), while 5 of them received a foster child during this period.

Before re-integrating the child, the social workers identified suitable schools where they could join. Criteria when selecting a school were: distance, fees and quality of education.

Social workers, centre staff and co-ordinators met fortnightly to look into the progress of the children in the centres and back home and to discuss their future prospects.

#### **Awareness raising component**

Awareness-raising sessions were done in schools, churches and slum areas, with the emphasis that "prevention is better than cure". Particularly in the schools of some management committee members much awareness was created to teachers and parents. In addition, the committee continued awareness-raising in all churches in Nyahururu town and the surrounding areas. N.F.S parents and guardians had sessions on responsible parenthood, how to discipline offending children and how to make children appreciate learning. Teachers from N.F.S also made visits to the slums.

The programme identified community volunteers who assisted in awareness raising, especially in the slums. It was proposed for the next phase to penetrate deeper into the slums and to focus on the most problematic parents.

#### **Non-Formal School (NFS) component**

At the start of the year 2003, the school made concerted effort to ensure that children from NFS, capable of joining formal schools did so, in accordance with the new government move of free and compulsory education for all children. The communities within and around Nyahururu town were mobilised to donate schools uniforms for these children, while school administrations were requested to admit the children without uniforms, while waiting for the parents to obtain them. A number of 43 children joined the formal schools.

The school remained with 80 children, who could not attend formal schools due to various reasons. Many were over aged to fit in formal schools, since they would have to mix with much younger children. Some other children needed rehabilitation first before they would be able to re-integrate in formal schools, while some others were not (yet)

able to get used to the vigorous timetable and strict authority in formal schools. There were also some children remaining in the NFS because of food. These would have dropped out from formal school because of hunger since their parents could not provide them with sufficient food.

The challenge the school now faces is to adapt the programmes to suit the needs of the children that remained behind in the school. Emphasis needs to be put on vocational training.

During the past year the NFS organised various extra curriculum activities beside from the formal lessons in order to create a sense of participation, responsibility, and creativity, to develop the talents of the children and to have some recreation. These included:

- ? Games (ball games, athletics).
- ? Clearing of compound and the new grazing unit.
- ? Farming (drip irrigation, poultry keeping, organic farming).
- ? Home science (cookery, needlework, crotchet).
- ? Art and craft activities (paper and wood craft, sisal work).

During the year 2002, 17 children dropped out of the NFS for different reasons (table 4.4.).

The children were fed on a daily basis. A balanced lunch was provided consisting of what was locally available (maize, beans, potatoes and vegetables). The local community often provided food though insufficient. A cook, together with the parents (in shifts), prepared the food. Parents were responsible for firewood provision.

The parents were also involved in farming activities at the N.F.S. Food, grown in the school farm, was used to feed the children. This motivated parents and enhanced their commitment towards school matters. Some parents met their monthly contributions to the school by working for pay in the shamba.

#### **4.4.2 Other Activities**

- ? Awareness was created in churches on the plight of the street children as well as on the need for the community to contribute (2 Catholic and 4 Protestant churches). Some churches were visited

- twice. The impact was good with the Christians donated food and clothing.
- ? The programme liaised with the community programme for Savings and Micro Credit to train parents of NFS on Micro Enterprise Development and self help group (SHG) formation (see 7.).
  - ? The programme received doctors from North Kinangop Catholic Hospital, who provided free medical check ups to children in the centres and NFS.
  - ? A policy document and curriculum was developed by the street programme committee for the NFS. However, this document was not found applicable after the introduction of the free education policy by the new government and need to be adapted to the needs of the children that remained in the school.
  - ? In a 4 days workshop a new strategic programme plan for three years was developed, which took effect in March 2003.

#### **4.4.3 Constraints and recommendations**

- ? Social workers were not able to do adequate follow-ups to the large number of children that were already rehabilitated and re-integrated. It was recommended to recruit more contact persons living close to the children and to prepare them properly to monitor the children's progress.
- ? Some children remained in the centre after having been rehabilitated and could not be fostered or taken to relatives because of their age. It was recommended to put them in local boarding polytechnics and find willing families to host them during holidays.
- ? Unrealistic expectations concerning assistance that the programme could give, was observed among natural parents, relatives and foster parents. It was recommended to provide clear information on parents' responsibilities and that of the programme.
- ? The programmes encountered difficulties with other programmes in Nyahururu that use different approaches that conflict with those used in the programme. There is need for more collaboration at the implementation level.
- ? NFS parents, who are extremely poor, considered food a priority to education of their children. It was recommended to give more emphases to income-generating activities.

- ? Some programme committee members (volunteers) were not very active in the field. There is need to follow them up or replace where necessary.
- ? The programme did not yet identify ways of assisting street youth beyond 15 years of age. It was recommended to consult similar programmes on the same and to start small pilot activities.
- ? Staff changes in St. Rose rehabilitation centre hampered the continuity of the rehabilitation process of the girls. It was recommended to take into account the stability of new staff, while in the recruitment process. Also smooth co-ordination of the programme was hampered due to staff changes. The return of the assistant co-ordinator from study leave will improve the situation.

## **4.5 Organisation**

### **4.5.1 Staffing**

In the period under reference, the programme maintained the same number of positions. However, some changes were experienced due to leaving of staff. The newly employed co-ordinator was terminated in April 2003 because of fraudulent behaviour while still under probation in April 2003. In order to fill the post, the teacher of St. Rose Rehabilitation Centre was promoted to take up the position. In turn a teacher from the NFS was transferred to fill the new vacancy in the girls centre. Additional changes in this centre occurred due to the resignation of the housemother. A new mother was recruited.

New changes in the co-ordinator's office happened at the start of the year 2003, when the assistant co-ordinator left for further studies to Bangladesh (see 1.1.). He will be expected to return in the course of the year 2003. His place was temporarily filled by a volunteer university graduate.

The work at the non-formal school was strengthened by the input of 6 volunteer teachers, while also a seminarian on attachment made an important contribution.

### **4.5.2 Networking and collaboration**

The programme collaborated with other St. Martin-CSA programmes in various ways:

- ? The Active Non Violence and Human Rights Programme created awareness to the children in the streets on non-violent

behaviour. The same programme organised meetings for NFS parents to discuss domestic violence. These were trained on conflict resolution methods, especially on domestic violence. Also individual home visits were done where violence was too rampant. In Madaraka and Kwanjora Primary Schools joint training courses were done on paralegal, child rights and responsibilities, alternatives to corporal punishment and principles of active non-violence.

- ? HIV+ street children and those in centres received counselling, medical provisions and free HIV/AIDS test from HIV/AIDS programme. The same programme conducted awareness activities for children in the streets on drug abuse and HIV/AIDS.
- ? The Community Programme for Savings and Micro-credit organised parents of the NFS into small SHGs.

The programme also collaborated with various government bodies in Nyahururu town and received assistance from the same. These included the District Children's Officer, Nyahururu District Hospital, the Chiefs and the formal school head teachers.

The programme liaised with other organisations that work for and with street children, orphans and youth at risk in Nyahururu, such as Shuhudia Street Children Programme and the Child Welfare Society of Kenya. Ideas were shared, approaches streamlined and overlapping of activities avoided. The efforts of the programme to collaborate were appreciated by other stakeholders. Not all stakeholders, however, have adopted "Best Practices in working with street children", leading to conflicting strategies in town.

The programme continued networking with organisation outside Nyahururu for exchange of expertise (annex 2). This was done through exposures by staff and committee members as well as through involvements of partners in workshops.

#### **4.5.3 Capacity Building**

The capacities of staff and management committee were built through courses such as mentioned under 2.1. In addition the following specific courses were done:

*'Alternatives to corporal punishment'* (all staff and volunteers, 1 day)  
*'TOT paralegal'* (1 staff member, 5 days)  
*'New Children Act'* (2 staff, 2 days)  
*'Community Service Order'* (1 staff, 2 days)  
*'Conflict resolution, transformation and Human rights'* (2 staff, 2 days)

An exposure of 3 days to various street children programmes in Nairobi and Machakos was done by 3 staff and 9 committee members.

#### **4.6. Impact**

From a head count in the streets in March 2003, it was observed that the number of street children in Nyahururu town did not significantly reduce the past year, despite of the fact that the programme removed 49 children from the streets. This trend is different from the previous years when a reduction of over 60% was achieved between 1999 and 2001 (figure 4.1.).

The impact of the programme can be noted, however, in the origin of the children: many children included in the head count came from other major towns like Nairobi, Nakuru, Nyeri, Maralal and Nyanyuki and did not originate from Nyahururu and surroundings. In fact, children from schools and slums, where the programme had been active, were few. Also the number of children below 15 years that were targeted by the programme reduced.

Also the new government policy to remove children from the streets increased the influx of children from other towns. This move created "fear" in some children, making those from large towns to move to smaller towns, like Nyahururu, and some children from around to hide locally from the authorities.

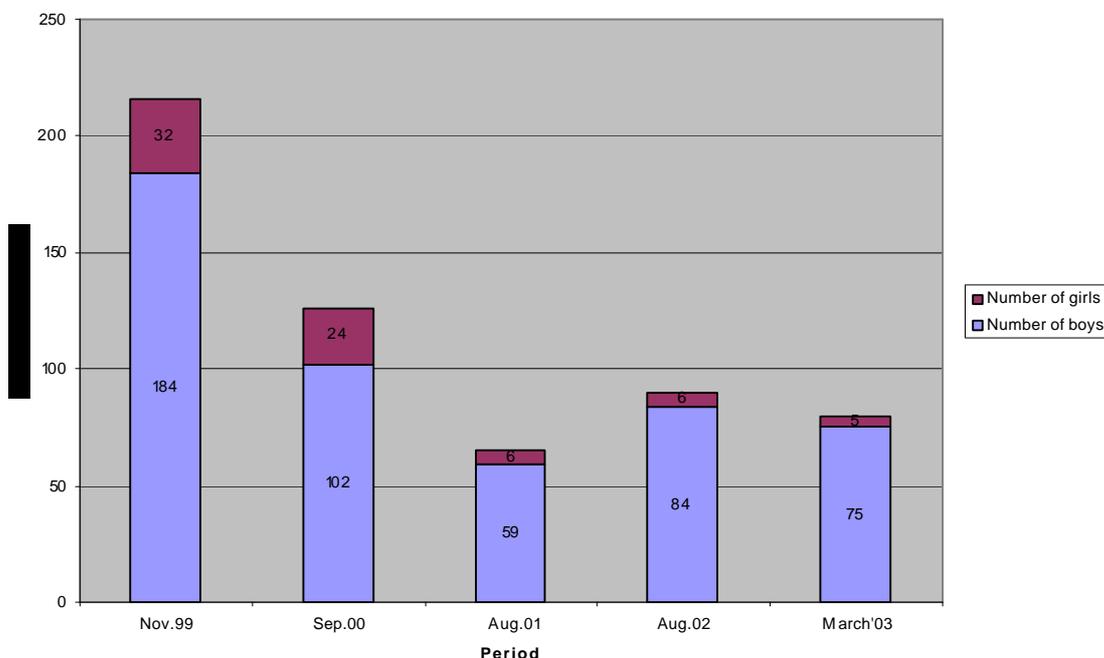
In the period under reference, prevention of new street children coming to the streets went on. This has most likely contributed to the decline in children from around. Fresh arrivals were identified and taken back home. A good number of children, who could have ended up as street children, were taken care of in time. The non-formal school also contributed in ensuring that children stayed in school that could otherwise be in the streets.

Awareness-raising in schools also had an impact. Teachers demonstrated a clear understanding of problems making children

run to the streets, were more co-operative and ready to keep children in school despite their difficult backgrounds. There is a marked

decline in the number of children going to the streets from local primary schools.

**Figure 4.1. Number of children in the streets of Nyahururu town, as per different years**



#### 4.7. Future plans

The programme will start to implement a new 3 years strategic plan, with new targets as well as approaches. A major shift to make is to build a capacity in the community of volunteers able to address issues making children to run (back) to the streets. The programme will also intensify the work with the parents, focusing on a limited number with (potential) street children. Also schools in problematic areas will be targeted through empowerment of the teacher-counsellor in the schools.

##### **General**

- ? Conduct a final evaluation and re-direct the programme according to the recommendations made.

##### **Rehabilitation component**

- ? Rehabilitate 25 children and re-integrate them back into the community by continuation of street work, rehabilitation in the 3 centres and home visits.

- ? Recruit 30 volunteers and train them during a series of 2 courses of each 2 days.
- ? Identify 20 contact persons and train them in a course of 3 days.
- ? Mobilize the communities through the church network for identifying suitable foster parents.
- ? Organise a 3 days workshop for foster parents.
- ? Design strategies to rehabilitate street children above 15 years.
- ? Involve children in extra curriculum activities to expose their different talents and abilities.
- ? Organise courses and exposures for teachers and house parents to improve on the rehabilitation process.
- ? Conduct in -servicing of all teachers.

##### **Awareness raising component**

- ? Recruit an additional social worker to work with the parents of the programme.
- ? Mobilise community leaders and organise a one-day workshop to train

them on the identification of parents at risk of having their children in the streets.

- ? Identify 50 parents with potential street children, train them during 2 workshops on issues that make their children to go to the streets. Conduct home visits after for individual guidance and counselling.
- ? Recruit a teacher counsellor of 12 public primary schools and hold a counselling course with them, focusing on potential street children. Organise a one-day training for all teachers in at least five of the schools.

### ***Non-Formal School Component***

- ? Prepare a strategic programme plan for the school, focusing on the new situation after the introduction of free primary education. Develop a new curriculum in line with the strategic plan.
- ? Continue non-formal education, while introducing various vocational lessons to identify the talents of the children.
- ? Continue with guidance and counselling of the parents through workshops and individual sessions and home visits. Focus on issues affecting the children in their homes, such as marital problems, child abuse, alcoholism, economic hardships etc.
- ? Collaborate with the programme for Savings and Micro-credit to form more self-help groups, based on neighbourhood. Train the groups on group organisation and management in preparation of joining the micro-credit programme.
- ? Start a school committee consisting of teachers and parents.
- ? Explore different ways of giving incentive to staff and volunteers e.g. training/courses, exposures, outings etc.

## 5.1. Introduction

This period under reference formed the second year of a three years strategic plan of the Community Programme for Active Non-Violence & Human Rights .

The programme started a one-year financial partnership with PAT Italy on July 1<sup>st</sup> 2001 with the aim to prevent and control the problem of violence and injustice through awareness raising in schools, churches, security stations, political institutions and slums and through the provision of seminars and workshops on Active Non-Violence and Human Rights. At the same time, it aimed to provide legal advice and civic education to its beneficiaries.

This report gives a narrative and financial account of the activities done this second year.

In January 2003, the programme identified a new financing partner (AMA-Netherlands). In a new work plan an additional project on legal support was included besides from the already existing components on domestic, institutional and political violence. Also a new component on community capacity was added to make the programme more community based.

Through programme quarterly reviews and assessment through home and field visits, a clear impact was observed in the number of parents and youths experiencing domestic violence, visiting ANV office to narrate their practical experience on the application of ANV methodology to solve domestic violence and seek further advice. 50% report a success in domestic violence resolution through application of ANV methodology.

In the period under reference (April 2002 to March 2003) the programme was able to raise awareness on Active Non-Violence and Human Rights to church leaders, local chiefs, security persons, youth-out-of-school, youth leaders, secondary school teachers and students and parents at risk of domestic violence. Also several cases of human rights violation and counselling were successfully attended to by the programme. Also other groups outside the target area benefited from ANV training and civic education.

## 5.2. Context

This second year of the programme coincided with the year of general elections in Kenya and with the constitutional review process. Kenyan politics had assumed a style in which people were pursuing a political career and seeking leadership through violent means like encouraging ethnic clashes, causing violent demonstrations during campaigns and giving money and other hand-outs to the electorate in order to gain votes from them.

At the same time, the constitutional review process was going on in Kenya. These two issues required the ANV programme to actively participate in civic education and in the constitutional review process as well as in the presentation of memoranda to the Constitution of Kenya Review Commission. ANV training courses were adjusted to pay attention to the same and programme activities increased.

In Nyahururu the HIV/AIDS scourge dramatically affected families, leaving orphans behind. Many orphans were left with grandparents, uncles and other relatives who are poor or not willing to take good care of them. Sometimes they even desire to take their property. As such, the programme was required to intervene and assist in cases of inheritance and succession and to ensure justice and non-violence to children.

During this first and second year of the ANV programme, Kenya's economic growth rate recorded negative trends. The majority of the Kenyans live below the poverty line and are therefore only concerned about their immediate basic needs like food. This makes it difficult for ANV to mobilize them for training due to general lack of interest and apathy in the community. The poverty level also aggravates violence in the communities.

## 5.3. Objectives

The programme achieved all objectives, as set for the year under reference

*Objective 1: 210 parents at risk of domestic violence in the target area will have increased awareness of proper conflict resolution in the context of the changing lifestyle (in 3 years time).*

In the period under consideration, the programme managed to train 74 parents at risk of domestic violence (those who attended both orientation and follow-up seminars). This was more than the targeted 70 parents. Most beneficiaries of these trainings so far were women, because in most cases they are the victims of domestic violence and thus show more interest to the trainings than men do (table 5.1).

*Objective 2: 12 secondary schools at risk of institutional violence, teachers and students will have been trained on the ways of preventing and controlling violence (in 3 years time).*

The programme targeted to train 3 schools at risk of institutional violence and peace building every year. During the period under reference, the programme completed training courses in 4 institutions (table 5.2).

*Objective 3: 27 out of school youth groups will have increased awareness of how to solve both domestic and political violence in the context of the changing lifestyle (in 3 years time).*

The programme aimed at training 9 youth-out-of-school groups every year. In the period under reference, the programme managed to train 12 groups, with a total of 450 participants (table 5.3).

*Objective 4: 220 stakeholders dealing with emerging issues of justice and peace will have increased awareness on how to prevent and control political violence (in 3 years time).*

During the period under reference, the programme had planned to train 74 stakeholders in justice and peace. The programme managed to train 282 stakeholders in justice and peace in an orientation workshop. Among these 282 participants, 76 successfully completed the training through attendance of a three days basic workshop. The programme was not able to reach all the categories of beneficiaries, since it did not train any politician and managed to train only 4 security officers (table 5.4)

## STATISTICS

Table 5.1: Training sessions on domestic violence, conducted for parents in slums

Place	Men	Women	TOTAL
Orientation seminar			
Maina\Siberia village	6	51	57
Gatero village	18	12	30
Follow-up training			
Maina\Siberia village	18	20	38
Gatero village	16	20	36

Table 5.2: Training sessions conducted in institutions of learning

	Students	Teachers
Orientation seminars (2)		
Gatero Girls Secondary School	450	4
Ndururumo Secondary School	600	2
Laikipia High School	250	3
Egerton University - Laikipia Campus	70	1
TOTAL	1,370	10
Basic workshops Teachers		10
TOTAL		10

Table 5.3: Training sessions (orientations) conducted for the youth groups

Locality	Men	Women	Total
Kigumo	25	9	34
Olmoran	38	39	77
Gatundia	10	8	18
Kwangara	9	9	18
Karaba	23	21	44
Losogwa	13	22	35
Kinamba(2 gourps)	49	96	145
Muthengera	27	2	29
Nyahururu	17	3	20
Sipili	6	3	9
Olkalou	12	9	21
TOTAL	229	221	450

Table 5.4.: Training sessions conducted for stakeholders for justice and peace

Orientation Seminar	Church Leaders	Security Persons	Youth Leaders	Total
Nyahururu	20	3	34	77
Sipili	15	-	25	40
Kinamba	11	-	37	48
Igwamiti	19	1	25	45
Marmamet	17	-	8	25
Olmoran	22	-	25	47
Total	104	4	154	282
Basic workshop (for all the target areas)	34	2	40	76

Table 5.5: Number of cases handled by Bega-kwa-Bega Legal Support

Type of case	Number
Domestic Violence	6
Inheritance & Succession	1
Human Rights Violation	1
Counselling	5
<b>TOTAL</b>	<b>13</b>

*Objective 5: 30 community volunteers will have been empowered on how to deal with issues of justice, peace and human rights (in 1 year time).*

This project is relatively new, since it was started in January 2003. Therefore it is too early to measure achievements against the objective.

*Objective 6: 50 survivors of human rights violation will have been assisted through counseling and/or legal aid (in one year time).*

In this component, the programme has been able to successfully attend to 13 legal and/or counselling cases as shown by the table below, in a period of 3 months (table 5.5).

## 5.4 Activities

### 5.4.1 Planned versus realised activities

#### **Domestic Violence Component**

##### *Mobilization*

The co-ordinator, community lawyer, social volunteers and a few committee members took part in mobilization which entailed: identifying the community leaders, leaders of

small Christian communities and local administrators who in turn assisted in identifying parents at risk of domestic violence, and those who had already suffered from domestic violence. The next step was to invite the identified parents into a training session and to organize for the venue.

##### *Training*

The training was organized into 2 phases as planned. The first phase, an orientation seminar, took between 3 to 5 hours and was mostly an introduction aimed at identifying the main domestic problems that the parents were facing. The next phase was a follow-up seminar, which lasted for about 5-8 hours and focused on the details of domestic violence prevention, causes, solutions, methods of conflict resolution using participatory approach.

##### *Home visits*

Home visits were carried out after the 2 training sessions, in order to follow up on the application of the skills learned during the training sessions. This also enabled the programme to receive feedback from other members of the family, including children and the spouse, who did not attend the training. During the home visits guidance and counseling was offered to needy cases. During the period under reference, home visits were carried out for 30 parents earlier trained on domestic violence.

##### **Institutional violence component.**

In this component, training was organized in three phases: an orientation seminar, follow-up training and a 3-days basic workshop for a selected group of interested students. A 3-days basic workshop was also organized for the secondary school teachers in order to enable them continue advocating for active non-violence lifestyle in their schools as well as assisting the programme to continue the contact with the school. 3 secondary schools and 1 university campus were trained on ANV and peacebuilding this period.

##### **Youth out-of-school component**

The participants for this component were drawn from various youth organised groups like: football clubs, non-formal associations, pool clubs, volleyball clubs, touts associations, drivers associations, young women/men groups and hawkers associations. Training was organized in three phases: an orientation seminar, follow-up training and a 3-days basic workshop.

The latter was organized for group leaders and those members who showed keen interest in ANV lifestyle and who wished to act as community volunteers and peer educators. 12 organized youth groups received training on ANV and peace building in the period under reference. The programme did not manage to train the drivers, hawkers and touts, as planned, since their mobilization was difficult. However the mobilization for the said groups is in process and the programme hopes to train them during the next programme year.

#### **Political violence component**

Training was organized in three phases: an orientation seminar, follow-up training and a 3-days basic workshop. Participants were drawn from parish leaders, justice and peace commissioners in parishes, political party leaders, youth leaders and security persons. Mobilization was done with the assistance of parish priests, local administration and political leaders. In this component, only orientation seminars were done. Political party leaders and security persons were merely absent from the said training sessions (See Constraints).

#### **Community capacity building component**

This component aims to build a network of volunteers in the community to support the initiative of active non-violence and legal aid in the community. This work is being implemented by the legal support desk, which is part of the programme, and is referred to as "Bega kwa Bega" (Shoulder to Shoulder) Legal Support.

In the 3 months, the project has been in assistance, it managed to raise awareness on the need for community legal support in 9 local Churches, both Catholic and Protestant, reaching approximately 1,200 people. Secondly, the programme managed to identify 30 community volunteers to be trained later in the programme year as paralegals.

#### **5.4.2 Other activities**

During the period under review a considerable number of groups were trained outside the target area in addition to those planned for this year. Also additional training activities were done related to civic education (table 5.6.).

#### **5.4.3. Constraints & Recommendations**

##### **Constraints**

It was very difficult to mobilize the security persons and the political leaders to join in training sessions. One reason is that the disciplined forces in Kenya work under very strict government rules and thus fear to join others in training such as ANV and human rights. On the other hand, the politicians seem not to be interested in ANV trainings perhaps because they feel that it does not benefit them immediately since their main interest is only to be elected and be in power. At the same time, the politicians and the security persons do not like to be mixed with other people in such trainings, perhaps for fear of direct challenge from other participants.

The programme was also not able to adequately address issues related with human rights violations of criminal nature. This is because the programme lacked a trained staff or a volunteer in legal skills. This situation improved with the employment of a community lawyer towards the end of last calendar year.

##### **Recommendations:**

The programme should consider organizing separate trainings for politicians and security persons, instead of mixing them with other stakeholders of justice and peace.

#### **5.5 Organisation**

##### **5.5.1 Staffing**

Due to increased activities and demand, the programme employed 2 social workers in October 2002. A community lawyer was employed at the end of year 2002 in order to start a legal help-desk

##### **5.5.2 Networking and collaboration**

The programme worked into close contact with several government bodies and persons. These included the welfare officers, who participated in mobilization, training and home visits of the domestic violence and youth-out of school components.

Through the Nursing officer, the programme accessed free treatment of victims of sexual violence (rape).

## STATISTICS

Table 5.6: Training sessions for mixed groups outside the programme target

Venue	Activity	Men	Women	Total
Shemani Catholic Church	Civic education	30	20	<b>50</b>
Ngomongo Village	Civic education	35	25	<b>60</b>
Kware & Gathara-ini Villages	Civic education	Aprox.70	Aprox.40	<b>110</b>
Oljabet A.I.C Church	Civic education	Aprox.60	Aprox.80	<b>140</b>
Community Programme for Street Children & Non-Formal School teachers	Awareness on alternative methods of corrective control rather than punishment	11	5	<b>16</b>
Kinamba Polytechnic	Basic awareness on ANV, methodology.	17	12	<b>29</b>
Centre for Inservice of Christian Education Teachers	Basic workshop on ANV methodology.	11	9	<b>20</b>
Igwamiti Location	Awareness on domestic violence	-	Aprox.80	<b>80</b>
Ndururi, Sipili, Ngumo, and Karago-ini secondary schools	Training on institutional violence	Aprox. 450	Aprox.350	<b>800</b>
Community Programme for Street Children & Non-Formal foster parents	Basic wareness on domestic violence and child rights	7	17	<b>24</b>
Laikipia Campus Gender Centre	Awareness on domestic and sexual violence	15	25	<b>40</b>
Gatero Girls & Nyahururu Boys Secondary Schools	Training of peer counsellors on basic counselling skills	22	20	<b>42</b>
Kwanjora Primary School	Awareness on alternative methods of corrective control rather than punishment	5	11	<b>16</b>
<b>Total</b>		<b>733</b>	<b>694</b>	<b>1,427</b>

Table 5.7: Courses conducted for ANV staff & volunteers

Course	Duration	Participants	Facilitator/Host
Trainer of Trainers Course	3 weeks	1 social worker	PASADA-Dar es Salaam
Methods of Conflicts Resolution	2 days	Co-ordinator, 2 social workers, community lawyer & 3 ANV members	Centre for Conflicts Resolution Kenya
Traumatic Counselling & Helping Skills	5 days	Co-ordinator	USAID & United States International University-Nairobi
Legal Support Sensitization	1 day	Co-ordinator, Community lawyer, 2 social workers, 5 committee members	Kitale Catholic Justice & Peace Commission
Children's bill workshop	2 days	1 committee member	Children Department
Counselling evaluation & debriefing	2 days	Co-ordinator, 1 social worker, 1 committee member	Federation of Women Lawyers in Kenya
Legal Awareness	3 days	2 Social volunteers, 6 management committee members	"Kituo che Sheria" (Legal Advice Centre)
Counseling	1 month	Social Worker & one committee member	St. Martin CSA

The chiefs assisted in organizing awareness raising sessions in the slums and in identification of parents at risk of domestic violence. They also intervened in cases of domestic violence through offering advice, reconciliation and referrals. Some participated themselves in ANV seminars.

The Kenya Police intervened in cases of criminal offences, which were usually violent in nature, e.g. rape cases and cases of domestic violence causing physical harm. A few (4) have participated in ANV seminars so far.

The programme continued to network with other St. Martin C.S.A programmes and other organizations (annex 2). The latter assisted in tackling emerging issues on human rights and constitution review. Most of the above organizations acted as referral point for programme beneficiaries. For example women and girls, who suffer from domestic and or sexual violence, were referred to FIDA for litigation without charge.

### **5.5.3 Capacity building**

During the period under review, several training courses were provided to staff members and volunteers in order to build capacities and skills. Some important training sessions carried out were: counselling course, legal awareness, strategic planning and proposal writing (table 5.7)

## **5.6 Impact**

Through home visits the co-ordinator and the social workers assessed the impact of ANV trainings on domestic violence. They realized that about 50% of parents who attended ANV trainings report a positive impact of the said trainings on reduction of domestic violence. A number of spouses, of those who attended ANV trainings narrated how they realized a change in behaviour of their spouses. Likewise, children narrated how their parents treat them before and after trainings. For instance, among 30 home visits conducted by the programme in a target slum area, 3 women reported that their husbands stopped beating them after the trainings. In addition, one husband who attended the ANV trainings, reported to have stopped drinking after being trained on how to prevent and control domestic violence. He

said that he realized that drinking makes him beat his wife and neglect the children. The wife also confirmed this information. Several parents and youth visited ANV office for further advice on ANV lifestyle whenever they experienced domestic and other forms of violence.

In addition, visits to the six schools and one university campus where ANV trainings were offered revealed that ANV trainings had an impact to both students and teachers. The general agreement among the teachers and students interviewed is that the incidents of violence in the school actually reduced. Several schools invited the ANV trainers themselves, after they realized the considerable behavioural change among the students.

Among the youth-out-of-school trained by the programme, general apathy was observed to go down. Among 10 parents interviewed by the programme 7 have reported positive change among their sons and daughters. They reported that, their children's general inclination towards violence reduced as a result of ANV trainings. On political violence, the programme also received feedback from some members of public including the politicians and government officers. 1 Divisional Officer and 3 local chiefs (who have also attended ANV trainings) were interviewed by the programme management committee members and said that the programme played an important role in sensitising the youth on how to avoid violence during general elections. The programme also played a role in raising awareness to people to actively participate in elections and the constitutional review. 90% of the groups in the community, who were trained by the programme on how to write and present a memorandum to the Constitution of Kenya Review Commission, actually presented one. At the same time, fewer incidences of election violence were reported in the programme target areas as compared to other years, though generally, in the last year's general elections very few incidences of election violence were reported in Kenya.

## **5.7 Future Plans**

The programme plans to undertake the following in the second year.

### ***Domestic violence component***

- ? Mobilizing and training 75 parents in slum areas at risk of domestic violence.
- ? Carrying out home visits in villages where the parents have already been trained on domestic violence.

### ***Institutional violence component***

- ? Training 4 secondary schools on institutional violence.
- ? Recruiting volunteer teachers from the schools where ANV trainings has taken place to assist in establishing ANV clubs in the schools..

### ***The youth out-of -school component***

- ? Mobilizing and training 10 youth groups of the youth out of school.

### ***Political violence component***

- ? Mobilizing and training 100 stakeholders of justice and peace and security persons.

### ***Community capacity building component.***

- ? Training 30 community volunteers on paralegal skills.

### ***Legal support***

- ? Provide counselling and legal assistance to 50 survivors of human rights violations.

## David Makara

On Friday the 4<sup>th</sup> of April the State withdrew a case at the Nyahururu Law Court of robbery with violence against David Makara Ngure, a volunteer social worker with St. Martin C.S.A HIV/AIDS programme. He is also the secretary of the Nyahururu Parish Catholic Youth.

Mr. Makara and the co-accused Stanley Mungai Mbugua and Johnson Ndiragu were accused of having robbed one Henry Muthoka of Ksh. 6880.00 (Six thousand eight hundred and eighty eight shillings) on the 15<sup>th</sup> of December 2002. On the fateful day Mr. Makara was shot by the Nyahururu police and grievously injured, as a result of which his right arm was amputated.

Makara's long walk to freedom began when the Community Programme for Active Non-violence and Human rights took up the case and later invited Mr. Victor Kamau and Mr. Joseph Kibugu who are advocates and volunteered to assist. The advocates informed the C.I.D Director Mr. Daniel Ndugu of the brutality their client had suffered in the hands of the Nyahururu police. The C.I.D. then conducted a thorough independent investigation. The results of the investigation were forwarded to the A.G's Office. Based on the C.I.D report the Director of Public Prosecutions Mrs. Unittah Kidula withdrew the case.

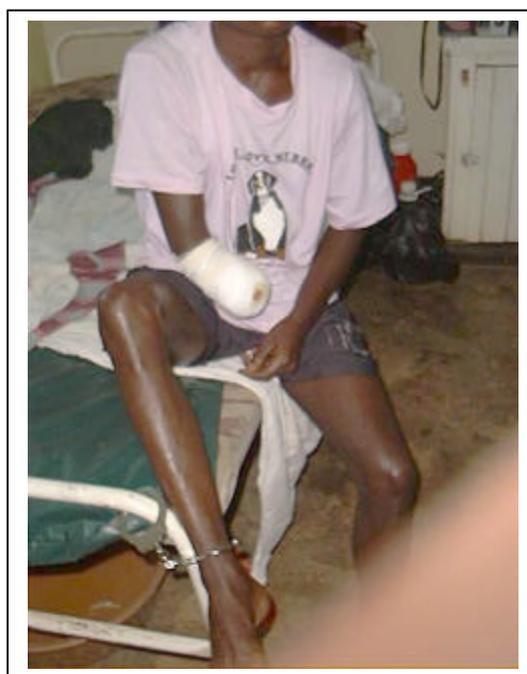
David Makara is 23 years old, he was a street child who had been rehabilitated and later joined a secondary school in Nyahururu. The communities in Nyahururu were very concerned about Makara's case. On the 18<sup>th</sup> of December after his shooting and arrest, while Makara was chained in a hospital bed at the Nyahururu district hospital, 9 staff members of St. Martin CSA were arrested in Nyahururu town while going to give a press statement on the case. They were detained for a day in the police remand and later released on cash bail. The nine were later acquitted after the prosecution withdrew the case.

The police tried to implicate Makara on robbery and denied having shot him innocently. According to David, who lives with his parents at Mwireri village in the outskirts of the town, on the fateful day he had gone to collect some videocassettes at a video library within one of the estates in Nyahururu town. While Makara was in this shop a policeman entered and picked on him

and said, " *Hata wewe ulikuwa nao*" (Even you are one of them). And so David was arrested. He was arrested along with two other people in an apparent police swoop and bundled into a police vehicle.

Along the way to the Nyahururu police station, David, was promised freedom by one of the arresting officers on condition that he bought it with money. He gave the officer seventy shillings and on arrival at the station, he was advised by the officer to go away. Just outside the gate, an officer pursued him and without even asking him to surrender, fired three times, hitting him on the arm and just above the hip joint. The police officer, who shot David, left him for the dead and returned to the station. However, David managed to crawl to the Nyahururu district hospital just across the road. The assailant officers went in search of Mr. Makara at the hospital where he had been admitted. The nurses and hospital staff restrained the visibly agitated and arrogant officers from harming him further.

Justice has been done and the tormentors of Mr. Makara have been brought to book and investigations are underway to hold them accountable for their act. The community in Mwireri is being mobilized to raise funds to cover some of the costs incurred in the process of his release.



David Makara tied to the hospital bed with a handcuff.

## 6.1. Introduction

In the past year, the programme completed a 1-year pilot project in Nyahururu Parish funded by Fontana Foundation (July 2001 – June 2002). Evaluation of the activities of this project was done in August 2002. This evaluation process enabled the programme to refocus its activities.

After the evaluation of the one-year pilot project, the programme adopted a three-year strategic plan (July 2002- June 2005). This programme was funded by AES from Italy. The target area for the programme for three years was expanded to include 9 parishes of the Catholic Diocese of Nyahururu. In the past year, the programme already started in 6 of them. For this reason, the programme opened 2 other branch offices: one in Ng'arua and one in North Kinangop each with a social worker and a counsellor.

## 6.2. Context

During the period under reference, the government set out a programme to disburse funds to the grassroots, donated by the World Bank for fight against HIV/AIDS. The body used existing organizations (N.G.Os, C.B.Os and other organized groups that were registered with the social services). Also the St. Martin HIV/AIDS programme submitted a proposal to strengthen the already existing activities.

The year also witnessed a remarkable change in the political arena, since the 3<sup>rd</sup> Multi-party general elections were held that brought in a new government. The new government policy of free and compulsory education system enabled some of our beneficiaries (orphans) to access free education. This reduced the programme budget to a certain degree, as there was less school fees to be paid. However, these orphans still had access to the programme to borrow books. The secondary school orphans continued to receive programme support.

Gender laws and laws touching on HIV, especially the ones dealing with confidentiality, that was being debated by the eighth parliament were postponed. So far, no laws have been passed even after debates were started.

Improved road network in the programme target area, particular between Nyahururu and North Kinangop, made it easier for the programme to monitor regularly and network with the 2 additional outreach offices.

## 6.3. Objectives

### ***Achievements of the 1-year pilot project In Nyahururu (July 2001 until June 2002)***

The programme recruited and trained 72 community volunteers (against a target of 50), who were able to assist 70 PLWAs in their neighbourhood with home-based care (100 were targeted). These PLWAs also received counselling from the office.

A number of 83 orphans were identified (against a target of 50), were settled in the community and were assisted on the side of education where necessary.

Two self-help groups of PLWAs were formed, as was targeted, as well as 7 HIV/AIDS youth clubs (against a target of 5).

### ***Achievements towards the objectives of the 3-years programme (July 2002 until June 2005)***

Reported below are the achievements made during the first 9 months of this 3-years programme, meaning that the first year had not yet been completed by the end of March 2003.

*Objective 1: Twenty (20) Anti-HIV/AIDS clubs will have been empowered to educate their peers on how to prevent HIV infection and how to live with PLWAs in three years time.*

Four anti HIV/AIDS clubs were expected to have been formed in the 9 months. The programme trained 40 teachers from various schools in Igwamiti and Kinamba Parishes, who will form the anti HIV/AIDS clubs later in the programme year. One club has been formed so far.

*Objective 2: 300 persons (volunteers, teachers and representatives from groups such as Catholic Men Association e.t.c) will have been empowered to educate their peers on how to prevent HIV infection and how to live with PLWAs (in three years time).*

A number of 47 persons were trained on Home Based Care (H.B.C.) and HIV/AIDS information. Facilitation and training skills were also given to them. This enabled the volunteers to give adequate and effective service to the beneficiaries and it also helped them in formation of Anti- HIV/AIDS clubs in schools. During the reporting period, the programme expected to train 70 community representatives.

*Objective 3: Six hundred (600) PLWAs in the target area will have received Home Based Care, continuous counselling and support from the community (in three years time).*

53 new PLWAs received H.B.C and continuous counselling (against a target of 150 in 9 months time). The reason for not reaching the target is that after opening up in new areas, it takes considerable time for people to know the programme and for PLWAs to feel confident to visit the office. More PLWAs are expected to come up the rest of the programme year. Combined with the PLWAs already registered with the programme before, a number of 220 were assisted.

*Objective 4: 8 self-help groups of the PLWAs in the target area will have successfully started activities in support of their members and/or their families (in three years time).*

No new self-help groups have been formed so far. Currently, the programme is working out the modalities of splitting the two already existing groups. This is because they are too general, each with thirty members, thus unmanageable. The reasons that make the groups to perform poorly is that the members are not able to pass decisions that are favourable to all. It is therefore hoped that the groups will be split to form smaller more manageable groups of about five members in a group. The members of one group will come from the same locality or neighbourhood for easy arrangement of meetings and other activities.

*Objective 5: One hundred (100) orphaned children in the target area will have been placed successfully with relatives, foster parents or elsewhere (in 3 years time)*

86 orphaned children in the target areas were identified and were placed with relatives, foster parent and guardians and assisted on the side of education, where required. This is much higher than the target

of 25 children in 9 months period. Combined with the orphans that were already registered with the programme a total of 169 were assisted.

*Objective 6: 60 HIV+ orphaned and abandoned children in the target areas will have been cared for in a special home.*

The project of building the orphans' home in North Kinangop did not take off in the past year. It was decided that community mobilisation needed to be given priority in the newly opened area, in order to make the project community-based. Presently, dates have been set for the harambees to raise funds for the home. The construction of the home is scheduled for June 2003, and is expected to be complete early 2004.

## **6.4 Activities**

### **6.4.1 Planned versus realised activities**

#### **Awareness raising component**

In order to facilitate the formation of Anti HIV/AIDS youth clubs, teachers and patrons were identified from schools that were identified in the target areas, after which they were invited for training. The trainings were carried out during weekends so that the teacher could be available. After the training they were expected to form the clubs in their respective schools. The programme staff carried out follow-ups in schools to ensure that the formation of clubs had started and also to encourage the club to educate their peers.

#### *Training of trainers (T.O.T)*

Representatives from different groups (i.e. church groups, youth groups, schools) were trained as trainers and were empowered to create awareness to the groups they came from.

#### *Volunteers*

Volunteers were recruited from the small Christian communities. This was done through awareness-raising activities in their local churches. These volunteers were trained in the courses as shown in table 6.1.

## STATISTICS

Table 6.1 Trainings done for volunteers

Training	Duration	Participants
Home based care/ HIV information	3 days	139 community volunteers
Self help group	3 days	38 community volunteers

Table 6.2 Awareness raising conducted by the programme

Categories	Number of Venues	Number of Participants
Schools -Primary	17	2532
Secondary	16	3483
Churches	40 Centers	4562
General Community	33 Centres	4902
<b>TOTAL</b>	<b>106</b>	<b>15,479</b>

Table 6.3 Assistance to beneficiaries

Activity	Number of beneficiaries
Voluntary Testing & Counselling	301
Continuous Support Counselling	155
Home Visits	269
<b>TOTAL</b>	<b>725</b>

Table 6.4: Other activities

Activity	Number of Participants
Awareness on abortion to schools	300
Awareness on HIV/AIDs to mixed groups (community & schools outside target area)	2034
Home visits to PLWAs (outside target area)	10
Counselling on Drugs Abuse	10
<b>TOTAL</b>	<b>2384</b>

### *Awareness-raising by the programme*

The programme staff and committee members also raised awareness in schools and different communities. Over 15,000 people were reached and were given information on HIV/AIDS (table 6.2.). The awareness resulted in over 300 people coming to the office for voluntary testing and counselling VCT (table 6.3.).

### **PLWAs component.**

The programme staff, in conjunction with the community volunteers, carried out home-based care, continuous counselling (155 sessions) and community mobilization towards the assistance of PLWAs. They also did home visits (269 in total). These home visits were intended to provide a follow-up counselling and care for PLWAs. In visiting the PLWAs, the programme was able to identify their problems and mobilize the community to assist them in various ways e.g. food donations (table 6.3.).

The programme also established three counselling units. One in each operational areas (North Kinangop, Ngarua and Nyahururu). As such the program was able to perform counselling sessions adequately (table 6.3.). The programme also provided drugs, both the common ones and the anti-retroviral drugs (the latter only for special cases such as pregnant women and rape cases) with minimal prices through the mission hospital/dispensaries in Nyahururu, North Kinangop and Kinamba.

In addition, the PLWAs were active in two self-help groups through which they were given group therapy and through which they were contributing small monthly amounts towards their medical care.

### **Orphan component**

The community volunteers were trained in identification of orphans. Through awareness the programme was able to receive foster parents. The programme assisted the orphans to continue with education and mobilized the community to assist them in material requirements. Follow-ups to the orphans' homes were carried out to check on their health and also for counselling and moral support to the foster family.

### **HIV + Orphans home component**

See under 'Objectives'.

### **6.4.2 Other activities**

During the period under review, some activities were carried out outside the programme target areas (geographic, scope and people). Examples are: Some schools and communities outside the target area, invited the programme for awareness raising on HIV/AIDS. Also abortion awareness was done in some schools (table 6.4).

A total of twenty home visits were carried out outside the target regions.

Committee members and staff attended the participatory evaluation process that was carried out on the 21<sup>st</sup> August to 27<sup>th</sup> August 2003. This was done for the one-year pilot project.

AMKA Anti-HIV/AIDS club organized a 25 km walk to raise funds for the PLWAS medical fund. They raised over six thousand shillings.

### **6.4.3 Constraints & Recommendations**

#### **Constraints**

PLWAs self-help groups were not as active as expected. Most of the PLWAs seem to be too hopeless to think about helping themselves economically. In addition to this, those, who joined a group, had already developed AIDS in many cases, making the drop-out of members also a problem.

Limited medical funds as well as no grants were disbursed this 9 months period. Proper strategies to do so were lacking but are now under development.

The number of PLWAs in the programme is not accurate. This is because deaths of the PLWAs are not reported on time in the office.

#### **Recommendations:**

Divide the existing PLWA groups into smaller manageable groups, based on neighbourhood. At the same time, increase group and individual counselling as to make PLWAs more positive about their future. It is also important to only encourage PLWAs to join the groups who have already started to live positively with HIV/AIDS. In addition, it is recommended that the social workers pay more attention to the formation and management of self-help groups.

The programme should fasten the process of working out strategies to disburse medical fund to PLWAs (perhaps through the groups).

Volunteers should be well sensitised on the importance of reporting to the programme the status of the PLWAs.

### **6.5. Organisation**

#### **6.5.1. Staffing**

Due to increased activities and expansion to new parishes, the programme employed 2 social workers and 2 counsellors towards the end of year 2002, who were deployed to the outstations in Ng'arua and North Kinangop.

The co-ordinator of the programme went to Bangladesh in January 2003 to do a post-graduate diploma on 'Organisation and Management of NGOs'. The chairman of the Ng'arua base group, working with the MOH, was deployed by the government to the programme to be the interim co-ordinator.

#### **6.5.2 Networking**

The programme continued to network with other St. Martin C.S.A programmes and other organizations such as Partners for Progress Nyahururu, Ministry of Health, Catholic Dispensary, North Kinangop Mission Hospital, Ngarua Mission Hospital, Karatina Home Based Care and Counselling Clinic, District Aids Control Council and Ministry of Health (annex 2).

#### **6.5.2. Capacity building**

During the period under review, several training courses were provided to staff members and volunteers in order to build capacities and skills. Some important training sessions carried out were: counseling course, strategic planning and proposal writing.

### **6.6. Impact**

The impact of the first year proposal was revealed quite clearly by the participatory evaluation process carried out towards the end of year 2002. First, awareness raised in Nyahururu parish managed to reach 16,315

people. Among 10 people (selected through random sampling) interviewed by the evaluation team, it was concluded that the awareness raised by the programme realised some impact in the community. For instance, most respondents 70% reported that through the awareness raised, they were made well conversant with the modes of HIV transmission, methods of prevention and care for PLWAs. This enabled them change their attitude towards PLWAs and change their own behaviour to avoid infection. The programme also succeeded in mobilising the community to assist PLWAs and orphans, through waiving of school fees by head teachers and provision of material needs by the community. This was shown by the 83 orphans that were assisted through the programme of whom 82 of them were successfully placed with relatives, while 1 was fostered. At the same time, a total of 72 community volunteers were trained on home based care and were active in the community in assisting PLWAs.

In addition, as a result of awareness on HIV/AIDS, an increasing number of people visited the HIV office for voluntary counselling and testing. Also, a total of 70 PLWAs come in the open and was active in awareness-raising in the community under community programme for HIV/AIDS.

## 6.7. Future Plans

### Awareness raising component

- ? Train 118 community volunteers on home-based care, HIV information and management of self-help management. The said community volunteers are usually involved in awareness raising.
- ? Awareness raising in Igwamiti, Mairinya, Kinamba and Ndonyu-Njeru parishes on HIV/AIDS to communities and schools.
- ? Mobilisation of the community to assist the orphans and PLWAs.
- ? Organizing a drama for HIV/AIDS awareness raising to be done by anti-HIV/AIDS clubs.

### PLWAs component

- ? Train 15 PLWAs on home based care and management of self-help groups.
- ? Continue with counselling, home-based care and self-help group organisation for 220 PLWAs already registered with the programme.

- ? Develop strategies to disburse medical funds and grants for income-generating activities.

### Orphans component

- ? Continue identification of new orphans and continue the support (medical care, education, placement) to the 169 orphans registered with the programme.
- ? Construction of HIV+ orphans home in North Kinangop to accommodate 60 orphans.

## 7.1 Introduction

This reporting year was the first year of operation for the Community Programme for Savings and Micro-Credit. The year witnessed remarkable change in the political history of the country, since the 3<sup>rd</sup> multi-party general election brought a new government in place.

The programme continued collecting savings from its clients. In the last quarter of the year some loans were given out. This was a great milestone for the programme, since it took three quarters of the year to do group formation. So far, the clients are paying the loans without problems. A proper loan administrative system was put in place to follow-up our clients.

This reporting year also witnessed great staff changes because all the three staff in the programme joined the organization during this time. Major achievements made were due to the dedicated work by the programme staff, the volunteer spirit of committee members and collaboration with other programmes of St. Martin CSA.

## 7.2 Context

The new government's policy of free compulsory education system led to some of our clients in the non-formal school to remove their children from this school. This affected the programme's work because the common place for meeting with the parents was the school, and those who removed their children from the school could now not easily be reached. The programme strategised to be meeting with the parents in their villages out of the school. This made it possible to work with parents, who removed their children from the non-formal school but who were still interested to continue with the self-help group.

## 7.3 Objectives

The Community programme for savings and micro-credit managed to attain some of the objectives it planned during the past year.

*Objective 1a- Seven CPD support groups will have been well organized with regular savings by 31-03-2003*

There are nine (9) CPD support groups well organized with regular savings. The groups

were trained on various self-help group formation topics such as group constitution, leadership, organization of meetings, record keeping and project planning. This was done during the several field visits that were made to the groups.

Most groups keep proper minutes and accounting records. It is however important to mention that some groups do not keep proper records as required. All the groups wrote by-laws and they even revised them to include a clause for loan management in line with the loans policy.

An additional number of 11 groups only made savings with the programme, among which 8 that are still working under the CPD programme and 3 non-formal parents groups.

The total savings of all groups with the programme was at 4/4/03 was Kshs.113, 160. (See table 7.1). This money will be deposited in a separate account for the group savings in the bank.

*Objective 1b - Seven CPD parents from a support group will have received a loan for income generating activity by 31-03-2003.*

The programme started giving loans to groups by January 2003. This was after a whole year formation. All groups were invited to a participatory workshop in September 2002 where the basic principles of saving and micro-credit were discussed. In this workshop, participants were introduced to the concept of a savings and micro-credit organization and how it operates. After this workshop, the management committee members formulated a loans policy, which were shared with all the groups through training. The policy documents and other loan processing procedures were translated in Kiswahili for easier understanding.

The first loans were disbursed in January 2003. So far, 11 loans have been given to the CPD parents of Kshs. 3,000 each. This is more than the set target of seven clients. Four other loans totaling to Kshs.7, 400 were approved but not collected by the beneficiaries. It is important to note that Kshs. 3,000 was loaned to two members (Kshs. 1,500 each) of the Non-Formal Parents Maina group. This money was from their own savings. The groups are repaying the loans well without any default cases so far. (See table 7.2 and 7.3)

## STATISTICS

Table 7.1 Total Savings by the groups as at 04/04/2003

(1 Euro=82 Kenya shillings)

Group	Amount (Kshs)
Inactive members	2,510.00
St. Dorcas	4,000.00
CPD Mother's group	4,523.00
St. Peters Gituamba	17,093.00
St. Francis	2,735.00
Mwiruti	7,160.00
St. Lwanga	6,250.00
Ngaidethia	9,579.00
NFP Maina	4,885.00
NFP Mwireri	2,808.00
NFP Losogwa	800.00
NFP Town	350.00
Mbarakira	4,850.00
St. Anthony	8,181.00
Gathanji	3,603.00
Mary Magdalene	7,053.00
Kiriita	1,070.00
Manguo	11,070.00
Kiheo	6,050.00
CPD Shamanei	1,000.00
Ol jabet	3,340.00
Mwenje Disabled Children Welfare	2,450.00
Kiandege	1,800.00
<b>TOTAL</b>	<b>113,160.00</b>

Table 7.2 Loans disbursed January-April 2003

Group	Loans (no. and amount)
<i>January 2003</i>	
St. Peters Gituamba	2 loans of Kshs. 3,000.00
<i>February 2003</i>	
Mwiruti	1 loan of Kshs. 3,000.00
Ngaidethia	2 loans of Kshs. 3,000.00
Non-Formal Parents (Maina)	2 loans of Kshs. 1,500.00
<i>March 2003</i>	
Mbarakira	1 loan of Kshs. 3000.00
St. Lwanga	1 loan of Kshs. 3000.00
<i>April 2003</i>	
Mary Magdalene	1 loan of Kshs. 3,000.00
St. Anthony	2 loans of Kshs. 3,000.00
Ngaidethia	1 loan of Kshs. 3,000.00
<b>TOTAL</b>	<b>13 loans Kshs. 36,000.00</b>

Table 7.3 Loan Repayments by Period

Group and period	Repayment
<i>March 2003</i>	
Non formal Parents (Maina)	Kshs. 250.00
St. Peters Gituamba	Kshs. 1,100.00
<i>April 2003</i>	
Mwiruti	Kshs. 550.00
Non-Formal Parents (Maina)	Kshs. 250.00
Ngaidethia	Kshs. 1,100.00
<b>TOTAL repayments</b>	<b>Kshs. 3250.00</b>

*Objective 2- Three People Living with Aids (PLWA) support groups will have been well organized with regular savings by 31-03-03*

The programme did not work with the PLWA groups. According to the social worker of the HIV/AIDS programme, there is only one PLWA self help group that is active. This is the group in Nyahururu parish. The programme is in the process of helping the HIV/AIDS programme formulate strategies of helping their support groups be self-reliant. The programme will meet with the HIV/AIDS programme staff and volunteers to find a way of working with the support groups.

*Objective 3- Four non-formal school parents (NFP) groups will have been well organized by 31-03-03*

As mentioned earlier, working with the non-formal school parents was a challenge from the beginning but more so, after the advent of the free primary school education. This was because organizing these parents without a central point of reference i.e. the school was not easy. Furthermore, because of their nature, these parents tend to be unreliable in attending school activities and other functions. Amazingly, one out of the three groups we had in Maina was an exception. They members meet every Friday at one of the member's houses, drink tea together and contribute some money for merry-go-round (Shs. 50) and savings (Shs.10). Two members of this group received a loan on 21-02-03 to start a small grocery business near their homes. One is apparently successful and has managed to repay the loan for the first two weeks. The other had problems in managing herself and her business and this is to be followed up

closely by the social worker. However, she also paid the loan.

## 7.4. Activities

### 7.4.1 Planned versus realized activities

- ? *Setting up an administrative system for the group savings and credit.* This activity was done and there is an administrative system in place for both savings and credit. The programme operates a database for the management of members, management of savings, management of loans, and management of forms (documents) used by the programme. The database is updated on a regular basis. The programme has individual group files for savings and for loans, where appropriate.
- ? *Train 14 CPD groups on organization and management (constitution, leadership, book-keeping, project planning and management, organization of meetings) in collaboration with the CPD social workers.* The nine (9) groups, the programme worked with, were trained on the topics as was planned. The reason for not training the 14 groups was because the 9 groups were fully handed over by the CPD programme to our programme, while the other groups were being trained by the social worker CPD.
- ? *Follow up and evaluate group progress.* There were follow-up visits to the groups especially for groups that had some problems.
- ? *Prepare 14 CPD groups to access credit.* 9 CPD groups were prepared to access credit. This was done by involving the group in formulation of rules and guidelines for loaning through a participatory workshop held in September 2002. Also trainings sessions were carried out for the groups to understand what was contained in the various loan documents, e.g. the loan application and agreement forms and the loan policy. Groups were also trained on loan management. Members from eight groups already applied for loan.
- ? *Formulate programme approach and regulations in collaboration with the beneficiaries.* The programme developed much in terms of approaches and strategies due to the input that the

beneficiaries gave. This happened during the workshop we organized in September 2002 and also during regular fieldwork. They contributed in ideas that could assist the organization grow such as interest rate and management of loans.

- ? *Develop Knowledge and expertise in the programme of savings and micro-credit and network with other organizations.* Since the inception of the programme, much knowledge was developed in the programme. These included organizing trainings, managing groups, managing savings and loaning. Expertise was also developed in these fields by the programme staff and management committee members. There was no networking done in the past year by the programme with other organizations. This was because the focus was put in developing the programme itself.
- ? *Come up with recommendations for future programme development.* This was done with the help of the management committee members, the staff and the beneficiaries themselves. Ideas on how to manage the savings, loans and general programme were developed from time to time.
- ? *Train four (4) NFP groups and three (3) PLWA groups on group organization and management.* The trainings to the NFP groups were mainly focused on group organization. No trainings were conducted to the PLWA groups.

### 7.4.2 Other activities

- ? One group of the Active Non-violence and Human rights programme opened an account with the programme.
- ? The programme also participated in the participatory evaluation process of the CPD programme in November 2002.

### 7.4.3. Constraints and Recommendations

It was difficult for other programme staff of St. Martin-CSA to relate well with the programme since they did not fully understand its nature and operations. This manifested itself particularly during awareness creation about St. Martin-CSA, when staff was not in the position to answer questions from the public. The programme recommends focusing on the relationship between the Micro-Credit programme and

the groups, irrespective of which particular St. Martin programme they belong to. This is for the staff and the groups to understand that the programme has its own policies and regulations that will be followed, irrespective of the nature of the group. Also awareness needs to be done to St. Martin staff to make them fully understand the programme.

Some St. Martin-CSA programmes did not do sufficient groundwork to ensure that their groups were well organized before they could be handed over to the micro-credit programme. The programme suggests that the respective programmes should put more effort in helping groups to get well organised and to follow-up until the groups are mature to work with the Micro-Credit programme.

The programme is intending to work with other beneficiaries from St. Martin by the help of the social workers in other programmes.

The programme intends to work with volunteers in support groups of the beneficiaries.

## **7.5. Organization**

### **7.5.1 Staff changes**

The programme employed a coordinator (July 2002), and a social worker (November 2002). There is also a volunteer staff sponsored by the missionary office Padova Italy, who works as an assistant coordinator (March 2003). Currently there is a graduate on attachment. There are ten (10) management committee members in the programme, three female and seven male.

### **7.5.2 Networking**

The programme has only networked with the other programmes of St. Martin-CSA, e.g. CPD and NFS. There was no networking with other organizations. However, the social worker visited some local micro-finance organizations in town such as K-REP Bank and Faulu to learn how they operate.

## **7.6. Impact**

It is not possible to judge how far the programme moved towards its goal, since the programme only started giving loans the last four months of the period under reference. We hope that the programme will be able to assess its impact at the end of this the coming year.

## **7.7. Future Plans**

The programme is intending to takeover nine (9) groups from the CPD programme.

## ANNEX 1: LIST OF MANAGEMENT COMMITTEE MEMBERS, STAFF AND REGULAR VOLUNTEERS

### St. Martin CSA

#### Trustees

1. Bishop Luigi Paiaro
2. Fr. Borsa Sandro
3. Fr. Gabriele Pipinato

#### Management Board

1. Irene Njeri Wamithi
2. Raphael Kang'ethe
3. Jervasio Gatero
4. Paul Kariuki
5. Fr. Peter Mbaaro
6. Stephen Waweru
7. John Kariuki
8. David Ndegwa
9. John Mwangi
10. Sr. Magdalene Wanjiru Mwangi

#### Directors

1. Fr. Gabriele Pipinato
2. Ans Van Keulen

#### Sectetariat

1. Cecilia Ndegwa
2. Elishiba Wanjiku
3. Janet Wangui

#### Accounts Office

1. Stephen Gikonyo
2. Esther Wachira
3. John Maina
4. James Mbuthia

#### Public Relations Office

1. Rahab Bwire

#### Security Department

1. Thomas Lusimba
2. Stephen Munyoki (Casual)
3. Salvatore Kariuki (Casual)
4. Daniel Abukutsa (Deceased)
5. Joseph Kinyua
6. John Mwaura

#### Drivers

1. Martin Wamugunda
2. Mark Kame
3. Martin Kiguru
4. Samuel Njage
5. Naftali Wagura (Casual)
6. Joseph Lukio (Casual)
7. Peter Gichohi (Casual)
8. Elijah Maikia (Casual)

#### Support staff

1. Alice Wangeci (Casual)
2. Loise Wanjiku (Casual)
3. Francis Kimondo (Casual)
4. Ernest Onyango (Casual)
5. Paul Nderitu (Casual)

### Community Programme for the Disabled Children

#### Management Committee

1. Francis Thuku
2. Paul Kariuki
3. Jane Matu
4. Jacinta Wanjiku Kiboi
5. Charles Njiiri Wamathai
6. Mary Kiboi
7. Titus Ndogo
8. Peter Wakahora
9. Mary Murage

#### Staff Members

1. Thomas Kihara
2. Julius Mwangi (Deceased)
3. Peter Ndegwa
4. Mary Kihara
5. Rachael Wachera
6. Peter Gichuru
7. Paola Pipinato
8. Monica Mbuthia
9. Charles Mathenge
10. David Wanderi
11. Josephine Mureithi

#### Regular Volunteers

1. Peninah Wanjira
2. John Mureithi
3. Francis Thuku
4. Tobias Kamau

### Community Programme for Street Children and Non-Formal school

#### Management Committee

1. Benson Maina
2. Jervasio Gatero
3. James Mwangi Njoroge
4. Rachael Wanjiru
5. James M. Ndegwa
6. Jacinta Gatiba
7. Damaris Njeri Mwai
8. Mary Wahome
9. Joseph Mwangi
10. Samuel Murage
11. Julius Karanja

#### Staff Members

1. Sr. Mary Mwangi
2. Raphael Kariuki
3. Agnes Gicheru
4. Priscilla Ndogo
5. Paul Mbuthia
6. Samuel Ndiritu
7. James Ndiragu
8. Peter Messo
9. Jane Kamau
10. Alice Wagaki (Casual)
11. Joan Kahihu
12. Susan Gichohi

*Regular Volunteers*

1. Sammy Nyutu
2. Eliud Murage
3. Nancy Njeri
4. John Mwaura
5. Ruth Amina
6. Simon Maina

**Community Programme for Active Non-Violence and Human Rights**

*Management Committee*

1. John Kariuki
2. James Ndun'gu
3. Joseph Wanjohi
4. Zackary Onkware
5. Ben Muthoga
6. Phylis Nyambura
7. Leah Ndiritu
8. Maureen Njage
9. Judy Wanjiku
10. Sammy Wanyoike
11. David Kamanda

Priscilla Ndogo (in attendance)

Albert Mwangi Githuku (in attendance)

*Staff Members*

1. Francis Mugo
2. Esther Maina
3. Nathan Kirwa
4. Philip Lumumba

**Community Programme for HIV/AIDS Alcohol and Drug Abuse**

*Management Committee*

1. Fredrick Kiguru Mwangi
2. Lucy Marietta
3. Margaret Kuguru
4. John Mwangi Wainaina
5. Wanjiku Chiuri
6. Michael Munene
7. Benson Mbuthia
8. Ann Kariuki
9. Deacon James Maina
10. Charles Mathenge
11. Mwai Kibiru

*Base group members Ng'arua*

1. Peter Kariuki
2. Benson Mbuthia
3. Emmanuel Mwangi
4. Mary Waithaka
5. Ann Kariuki
6. Isaac Kigo
7. Grace Wanjiru Muthara
8. Joseph Waiganjo
9. John Wamaguru
10. Sophia Njeri Chege
11. John Kibuthu
12. Magdalene Thuni

*Base group members North Kinangop*

1. Peter Wahungu

2. Sr. Anna Cecilia Wambeti
3. Moses Kamau
4. Peter Kangiri
5. Bismac Maina
6. James Ngatia
7. Charles Mathenge
8. Monica Njohi
9. George Matu
10. Sr. Pascalina Chemtai
11. Margaret Waruru

*Staff Members*

1. Thomas Sangoro
2. Peter Kariuki (Interim Coordinator)
3. Eston Wahome
4. Martha Githinji
5. Francis Gitonga
6. John S. Maina
7. Peter Mwaura Karanja
8. Nancy K. Nyaga

*Regular Volunteer*

1. Winnie Gitau

**Community Programme for Savings and Micro-Credit**

*Management Committee*

1. Margaret Wambui Mugo
2. Nderitu Macharia
3. Bernard Mwai
4. Stephen Waweru
5. Mary Muthoni Njau
6. Peter Oketch Olongo
7. Leonard Miano Mwangi
8. Ignatious Wan'gombe Ndiritu
9. Lucas Ngaruiya Gathui
10. Waithera Njogu

*Staff Members*

1. Joyce Omondi
2. Mary Muthoni Munyi
3. Laura Di Lenna

## ANNEX 2: LIST OF COLLABORATORS

### Community Programme for the Disabled Children

- ? The Ministry of Health - Nyahururu district hospital, K.N.H. Nakuru provincial hospital, and various dispensaries in the area of jurisdiction.
- ? Ministry of Education - District Education Officer (DEO)- Nyandarua & Laikipia, EARC - Ol'kalou
- ? Nyahururu Catholic dispensary and the North Kinangop Mission Hospital
- ? Disabled children's Homes both in Ol'kalou and Naromoru
- ? Rural Eye clinic- Dr,Donato for eye screening and treatment
- ? Jaipur (Nairobi Rotary club) for wheel chairs
- ? K.A.W.E.
- ? Liliane Foundation in sponsoring some children
- ? Cuamm

### Communtiy Programme for Street Children and Non Formal School

- ? Pandipieri Street Children Center
- ? Creative Learning Centre (Nairobi)
- ? SNV Street Children Programme
- ? National children in need Network (NCNN) (Nairobi)
- ? St. Gerald Boys Centre (Mweiga)
- ? International Justice Mission (Nairobi)
- ? Mulleys Children family (Matuu)
- ? Mukuru Promotion Center Nairobi
- ? Imani Rehabilitation Center
- ? St. Charles Lwanga (Nairobi)
- ? Morning Start Rehabilitation Center (Eldoret)
- ? District children Officer (Nyandarua)
- ? Nyahururu District Hospital
- ? District forest Officer
- ? Chiefs
- ? Formal School Teachers

### Community Programme for Active Non-violence and Human Rights

- ? Federation of Women Lawyers in Kenya (FIDA-Kenya): Gender mainstreaming/sensitization, legal awareness, women rights, property ownership, succession and referrals of survivors of domestic violence for counseling and legal redress.
- ? Kenya Human Rights Commission: Human rights education & advocacy, civic education, intervention on human rights violation of criminal nature through referrals.
- ? Catholic Justice and Peace Commission & National Council of Churches of Kenya: civic education, peace building, legal education (justice & peace) and elections violence monitoring.
- ? Legal Advice Centre (Kituo cha Sheria): legal education, human rights advocacy, and referrals for victims of human rights violation for legal redress.
- ? International Justice Mission: Legal intervention (through investigation, education and representation), training on counseling of torture victims and legal rights.
- ? Chemchemi ya Ukweli (Wellspring of Truth): Active Non-violence Training, human rights advocacy and peace building.
- ? Local government and community leaders

### Community Programme for HIV/AIDS Alcohol and Drug Abuse

- ? Partners for Progress Nyahururu
- ? Ministry of Health
- ? Catholic Dispensary Nyahururu
- ? North Kinangop Mission Hospital
- ? Ngarua Mission Hospital
- ? Karatina Home Based Care and Counseling Clinic
- ? District Aids Control Council
- ? Board of Governors and Head teachers of different schools.
- ? Ministry of education
- ? Charity Medical Clinic (Dr. Ruiru)
- ? Asumbi Treatment Centre
- ? Hope of African Children Institute (HACI)
- ? Child Welfare Association Nyahururu

### ANNEX 3: LIST OF ABBREVIATIONS

A.D.L	Activities of Daily Living	T.B.As	Traditional Birth Attendants
A.N.V	Active Non-Violence	U.D.P.K	United Disabled Persons of Kenya
C.S.A	Catholic Social Apostolate	V.I	Visually Impaired
C.P.D	Community Programme for the Disabled Children	W.O.	Welfare Officer
C.P.S.C	Community Programme for Street Children		
C.P.H.A.A.D.A	Community Programme for HIV/AIDS alcohol and Drug Abuse		
C.B.O	Community Based Organization		
C.B.R	Community Based Rehabilitation		
C.P	Cerebral Palsy		
C.R.W	Community Rehabilitation Workers		
CUAMM	Collegio Universitario Aspiranti Medici Missionari (University College for Missionary Doctors)		
C.K.R.C	Constitution of Kenya Review Commission		
C.I.S.R.E.T	Center for In-service of Christian Education Teachers		
C.W.A	Catholic Women Association		
C.M.A	Catholic Men Association		
D.I.C	Drop in Center		
D.O	District Officer		
D.C	District Commissioner		
E.C.E.P.	Ecumenical Civic Education Programme		
E.A.R.C	Education Assessment Resource Centre		
E.N.T	Ear Nose and Throat		
FIDA	Federation of Women Lawyers		
HIV/AIDS	Human Immuno-deficiency Virus/Acquired Immune Deficiency Syndrome		
K.A.P.C	Kenya Association of Professional Counselors		
K.A.W.E	Kenya Association for the Welfare of Epileptics		
K.N.H	Kenyatta National Hospital		
K.H.R.C	Kenya Human Rights Commission		
M.O.H	Ministry of Health		
N.F.S	Non-Formal School		
O.T	Occupational Therapy(ist)		
P.E.P	Participatory Evaluation Process		
S.C.P.	Street Children Programme		
S.H.G	Self Help Group		