

ANNUAL REPORT 2018

INTRODUCTION

CHILD A STREET CHILDREN PROJECT IN KENYA.

AIM IS TO REUNITE THE STREET CHILDREN WITH THEIR FAMILIES.

This being the 22nd year in operation, CHILD has rehabilitated a number of 735 Children in the centre up to date 99% of them joining school while 1% going back to rural Areas .More than 1750 families have benefited by rescuing their children from ending on street through counselling, guidance and follow up.

The number of street children in our country Kenya is increasing daily due to poverty level, peer, pressure, breakdown of homes/families sexual physical and emotional abuse, domestic violence abandonment, neglect of parents ,death of parents and Political crisis has also lead so many children on streets . Nairobi being the capital city we have more than 250000 street children in Kenya. Kangemi slum among the leading where CHILD project is located. Street children definition has now changed, they are no longer homeless kids instead they leave their homes to go out to beg for food since having a meal is a problem.



The Kenyan economy has deteriorated and the poor families continue to suffer .The parents send their children on street to provide the daily needs since unemployment is on higher rate.

When the children go out to beg, they enjoy staying away from home sleep out at night which becomes routine and glue sniffing is introduced as a street culture. In this place the children are inadequately neither protected nor supervised and are object to abuse, neglect, exploitation and murder. Glue sniffing makes them not to feel the hardships of street life most of these children are orphans and from single parent.

CHILD project takes these children from street, bring them to the centre for rehabilitation.

We get to know the parents/guardians .The needs of these street families are so many beyond food and education but due to financial challenges we consider the most needy cases.

CHILD gives food aid to the sick at least once though in truth most of them need it a lot more than that. The parents struggle the whole day to feed their own children, send them to school and pay house rent which is very expensive.

The community at large appreciates child's work and very much ready to work with us. They help us locate where the children come from so we rescue them on time. We work hand in hand with the police, teachers. Chief administration, remand homes and neighbouring NGO .With all this we interact with their families or relatives to ensure the child is back home and school.

CHILD activities are: **Teaching, counselling, field work, home visits, health education, school visits, Medical help, vocational training, Video show and tours.**

Children go out on street to beg, steal, and collect metal and plastic scrapes for sale, to get something to eat, bet, watch video and buy drugs. The project age limit is from 6 to 15 years. Age15 to 20 years join vocational training get skills become self independent.

The project was founded by Frigga & Poul Hansen in the year 1997 during their stay in Kenya. The project has continued very well and with enough confidence, Frigga decided to give it to Kenyans in the year 2013. With so much support and advice, the project is still on up to date. Thank you so much Frigga Hansen and all the well wishers **Mrs. else Kruse, Poul skallerup** and **Saint Vincent group** not forgetting Maria christeen who have visited the centre always when she is in Kenya. She is a blessing to our project and her friend Lilly from Ethiopia. We appreciate each and every support and efforts focused towards this project. These poor, sick, vulnerable and wasted Children need your help.

FACTS AND FIGURES 2018

		<u>BOYS/ GIRLS</u>	
B/ forward from	2017	24	14-10
New admissions	2018	24	11-13
Joined school	2018	24	14-10
Back to rural	2018	3	2-1
Total rehabilitated		27	16-11
Trained		7717	
Meals		8435	
Sunday school		1686	
Parents meeting		26	
Food helps		24	
Treated		30	
De-worming		100	
Hair cut		248	
Staff meeting		12	
Museum		3	
Video show		12	
Vocational trainings	Trained	6270	
	Meals	6270	

FIELD WORK

CHILD major activities are to go out on street every morning to look for Children loitering on streets. This marks the beginning of child daily routine work. Bring all the street children we meet to the centre. During this time we are able to identify those Children who do not go to school and neither do they go home in the evenings.

We stop the children, talk to them in a friendly manner and they show us where they spend the day and sleep at night. Some resist coming with us to the centre but later on they come with friends who joined earlier.

HOMEVISIT



This is done immediately a child agrees to take us home. During this time we visit home with the company of the child and mostly we get the parent or guardian at home either sleeping, drunk or out there doing casual work. The parents / guardian are very co-operative. We talk with the 'parent in the absence of the child to know why the child is on street we do much of counselling to see that the child is back home and not sleeping on the streets. After this we ask the child to bring the parent to the centre for more information and counselling and so the project expects the child to be coming to the centre to spend the day while go home in the evening

NB Kangemi consists of 9 highly populated slum villages where these children are found.

The home visit is done twice a month and where need be.

CHILDREN READY FOR FOOTBALL



TEACHING AT THE CENTRE

THESE CHILDREN ARE VERY BUSY LEARNING TO READ AND WRITE



Teaching and counselling is done daily as the centre is open from 8.00 am to 4.00 pm. The Children come to the centre everyday Monday to Friday 8:00am to 4:00pm Saturday 8am to 12pm.and on Sunday 8am to 10am for Sunday school service. During this time, we identify whether the child knows how to read and write. At the centre the children are taught how to read, write, draw, sing, pray and discipline.

The Children are very much interested to know how to read, write and to make drawings. These Children behave very well in their new environment but others are not able to stay at the centre the whole day. At the centre they get breakfast and lunch in between and play football. After the

children learn how to read and write, we enrol them to public schools to continue with their education and that means the child is fully rehabilitated and ready to cope with other Children in schools. More than 1000 children have passed through this centre. NB: The project caters for all the expenses to make sure the children are enrolled in public schools.

HEALTH EDUCATION

CHILD project gives health education to both child and parent. This needs communication that can help to create awareness on the dangers of street life and common communicable diseases. Hygiene, drug abuse, domestic violence, early pregnancies, HIV /AIDS, Tuberculosis, Deworming / Skin infections, Malaria is also given during this session.

The parents are taught on: Family planning, Domestic violence, HIV AIDS, Tuberculosis, Malaria, Cancer, Human rights, STDS etc.

This has lowered the risk of infection and transmission although stigma is still high in Kenya

The project advice those who are sick to visit the health centre always when they feel sick and the project takes care of buying the drugs as prescribed at the health centre.

NB: video show is given during this health education to help them understand well. Kangemi URBAN SLUMS program provide this services and also give sanitary towels to our mothers and girls. The project appreciates the good work.

SCHOOL VISITS



During this time we visit all the schools we have enrolled our Children to see how they are doing e.g. Their academic performance, cleanliness, attendance, discipline, problems they face at school and at home. We were monitoring 181 as per 2018. 10 of these have sat for their final primary level Kenya Certificate of Primary Education exams for 2018, Remain 171 children. 2019 we have enrolled 21 children total of 192.

These children who have cleared with their primary level will join vocational courses in March 2019.

NB: If we don't get the child in school, we visit the home to know the problem to avoid the child going back to street, so by this we are able to rescue them on time.

The school teachers are very co-operative, they understand these Children very well, where they come from, how to relate with them, create good environment for them to stay. Much thanks to the head teacher of Kangemi primary school Mrs. Mudaki who is the only Head teacher now accepting our children to join public school. The rest complain the children are over age and will be indiscipline in school.

The project provides books, uniforms, bags, shoes and school fees for the Children to be enrolled in school.

PARENTS MEETING

We invite the parents to the centre after every two weeks so we can be able to talk more about their families, common communicable diseases, progress of rehabilitated children, and know how they are relating with teachers. During this time we have a profile form where we take in all the details required including health to know if a child is sick or have a long term illness before we keep him or her to at the centre.

SUNDAY SCHOOL

The Children attend Sunday school service at the centre on Sundays from 8:00am to 10:00am, breakfast is provided to them. They read the bible, sing and make drawings and colouring.

All Children in the community are welcomed during this time.

CHRISTMAS PARTY





MEDICAL CARE

The project provides medical help in buying drugs to the sick parents and children as prescribed at the public health centre.

During weekend they visit private hospitals and we assist where possible especially on accidents. The Children are de-wormed after every three months at the centre.

VIDEO SHOWS

Video show is also given in collaboration with Kangemi Urban Slums Program. Children really enjoy watching and this helps them get clearly and not easy to forget what they have learnt. We once had a team of nurses who came to talk about cancer.

TOURS

Tours are also given to our Children in case we get a chance to visit a place like museum if fee is waived. If we get other institution to waive we would like to take these children places within our county like Animal orphanage, giraffe centre, Bomas of Kenya, Parliament, and many more sites.

FOOD HELP

This is done where need be and if the parent is sick and cannot be able to work to feed the children. This is mostly done during home visit as we assess the situation at home. Our country right now is facing economic crisis, food is very expensive people have to rely on one meal per day.

Children at the centre enjoy meal and they feel lucky to have a meal because most of them survive on one meal that we offer them during the day. Some come with tins to put part of their share to their younger ones at home. Food is a major problem in our country reasons behind being the Crop production is low, lack of employment, lack of income, political crisis and Weather changes.

Millions of people are suffering from persistent hunger and under nutrition.

In Kenya we face difficult choices due to budget, resource constraints, price subsidies, employment programs, and feeding schemes.

The poorest are hit hardest by food insecurity problems and this leads to human suffering example: diminished work performance, school performance, and insufficient income earning decisions. Emergency relief programs target the hardest hit. Credit to the poor to stabilize consumption and promote self employment through vocational trainings and start up small businesses can also improve household food security. Foods help to the needy families, Feeding program to children at the centre and in vocational trainings is all CHILD project can assist.

STAFF MEETING

Staff meeting is held every month to help us plan how to run the project in a smooth way to discuss on new issues arising with our Children and parents. This has brought efficiency in our work.

VOCATIONAL TRAINING

CHILD once again started vocational training in helping the big boys and girls gain skills. The project has **Hair dressing** and **Tailoring courses**. Previously **81** young girls and boys had benefited from these courses 24 in apprentice 34 in hairdressing 23 in tailoring. Most of them have secured something to earn a living.

NB; The program once again started in February 2017. 92 students have benefited in 4 semesters where first semester started in February 2017 up to July. Second semester started in August to January 2018. Third semester February to July fourth semester august to February 2019. 41 out of 56 students in hairdressing have already secured jobs and they are earning income. They are very happy for the help the project has given 15 are doing it at home they still get some income. Tailoring students 36 in number are working in kangemi and Westland's market and some 4 of them have already started their own and already have machine. Those employed are paid in commission according to the work they are given. mostly they do repairs and fix the new clothes to gain enough experience that's when they will stitch the whole cloth and by that time their salary will be constant not by commission. We have started with one boy in mechanic course December 2018. looking forward for more in apprenticeship. The big street boys are interested in other courses like mechanic, welding, carpentry and others. The project is very glad for the donation.

Most of these girls in vocational training have been at the centre when they were young and have reached level 8 in Kenya education. Others are enrolled case by case. Many of them have been abused sexually and become pregnant and this worsens their problem because they have to feed

their children. They are very much willing to get skills, earn so they can be able to take care of their children and families.



HIV / AIDS

HIV AIDS has claimed many lives leaving the children with no option but to join streets. The project has mothers living with HIV/ AIDS. The mothers get ARVs at the health centre free of charge.

The project does much of counselling and emphasis on every new parent to get tested and know her status. The challenge is that they do not have adequate food to eat and money to buy drugs when prescribed for opportunistic infections.

NB: Other common diseases affecting our children and parents are common colds, coughs, tuberculosis, malaria, typhoid, and STDs.

New drug in market to prevent HIV/AIDS to those who are not infected. The drug is known as kinder dose or prep “a number of 27000 patient are on the dose from kangemi where the research project is located most of our parents in the project are in the group.

2018 We had 2 children at the centre on ARV .This children have to come with the drugs at the centre so they can take after we give them breakfast since they leave home in the morning on an empty stomach.

CANCER

Cancer has become very common in Kenya since preventive measures are not absorbed in our country even after creating much awareness. Diet is also a problem and population has gone up where out of 7 people 5 have cancer, while more than 50000 people are diagnosed annually with cancer here in Kenya. The poor people suffer most because they cannot afford early screening if one gets to see symptoms, Medication of the cancer diseases starting with testing, operation, chemotherapy, and radiation is very expensive and the (NHIF) National Hospital Health Insurance Fund does not cater for this disease.

The poor people in Kangemi die so first since they only take pain killers to ease the pain.

Many of the patients believe its witchcraft and solely depend on herbal drugs and witch doctors.

That is the reason the project would very much like to have a cancer café to get more information, create awareness on cancer disease.

CASE STUDY



Above are the project family whom their mothers had been ill and bedridden for over one year. The mother of 5 girls lived in kibagare village Kangemi. Two of her daughters were rescued by the project and taken to school. The mother was HIV positive and always complications out of tuberculosis later on the diagnosed stomach cancer.

All this time the mother said she doesn't have a husband and that the man died long ago. We had visited the mother one week before her death and found her critically ill. We went to catholic sister just nearby who helped with the car and took her to the hospital only to be told to go back home and wait for her death. One week later the mother passed on.

The police took the body to the mortuary with no relative showing up. The children said they know nobody within Nairobi. Funeral arrangements started and day three the husband came and said he wants to bury her wife. The children know him as their father and so things started becoming easier only that evening the sister to the deceased came to Nairobi from rural for funeral arrangements and when we sat down with the sister from catholic she decided to provide a school van which was to carry the body, children and their belongings to rural home. We were happy for the burden was over. The project decided to make new clothes for the children to wear on the burial day since we have a tailoring training this was easy and fast .When the day came to get the body out of mortuary the elder sister went and took the van and the driver and went to the mortuary telling others to wait at home they will come and pick them and as their customs the body was to come and spend the night there while people view then they travel the next morning .The elder sister did not do that, instead they took the body and went to rural leaving even the children behind. The next day the children came to the office and told us the whole story and we paid for their transport to follow the body so they can bury their mother. The father was with them and left immediately to rural only to find that they had already buried reason being the husband could not be allowed to bury the deceased because he had not paid any dowry. As per now the children are at rural stranded .we are yet to know the way forward for these children.

CHILDS VISITORS 2018 VERY BLESSED



Maria Christeen at the Centre



Lilly and her friend at the Centre Came with cooked lunch and snacks for the children.



Frigga Hanssen outside the centre with Children

WAY FORWARD

1. To get funds to rent a bigger premises to avoid congestion and to rehabilitate as many children on street as possible. 2018 December we vacated to new premises still along Marenka road Kangemi where we have both children and vocational trainees under the same roof.
2. The government or a well wisher to donate a piece of land for us to construct our own centre.
3. To get funds to enroll the rehabilitated children to join schools to avoid them going back to the streets.
4. To cater for food for the bed ridden, drugs for opportunistic infections for those living with HIV AIDS and other chronic infections.
5. To have a cancer café where we can create awareness about cancer since it's now an epidemic.
6. To continue with vocational training and apprenticeship courses.

CHALLENGES

1. The vocational trainees come with their siblings, the children get tired and want to sleep or drink something. They only share lunch with their parents. They keep them at their back to sleep also to avoid congestion.
2. The big street children are much on drugs and betting clubs
3. This year we have had several accidents with our children most of them breaking their arm and leg.
4. We are forced to go beyond the number due unavoidable circumstances the children are facing.
5. The food prices went high which affected our budget.
6. We have relocated several families to rural home.
7. We had too many occasions which needed parent's participation.
8. Holiday was on 3 months maternity leave replacement was done to assist the other staff.

ANTONY KAMAU

This boy has been sniffing glue ever since the project started and last year he was knocked by a car and taken to hospital and the doctor threatened him, if he sniff he will just die since the glue cannot go hand in hand with medicinal drugs the boy stopped sniffing and the other boys helped him so much during healing process he is no longer sniffing and promises that he will never again he is very sorry for himself having wasted more than 20 years on street and sniffing he has no parents both died when he was still young from HIV who were among our first parents in the project.

CHILD project take this opportunity to place in record our hearty thanks to all the well wishers who have made this project a success, and ask others to join hands in supporting this project to enable us reach many more vulnerable children.

ALL ARE WELCOME

GOD BLESS YOU ALL

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