

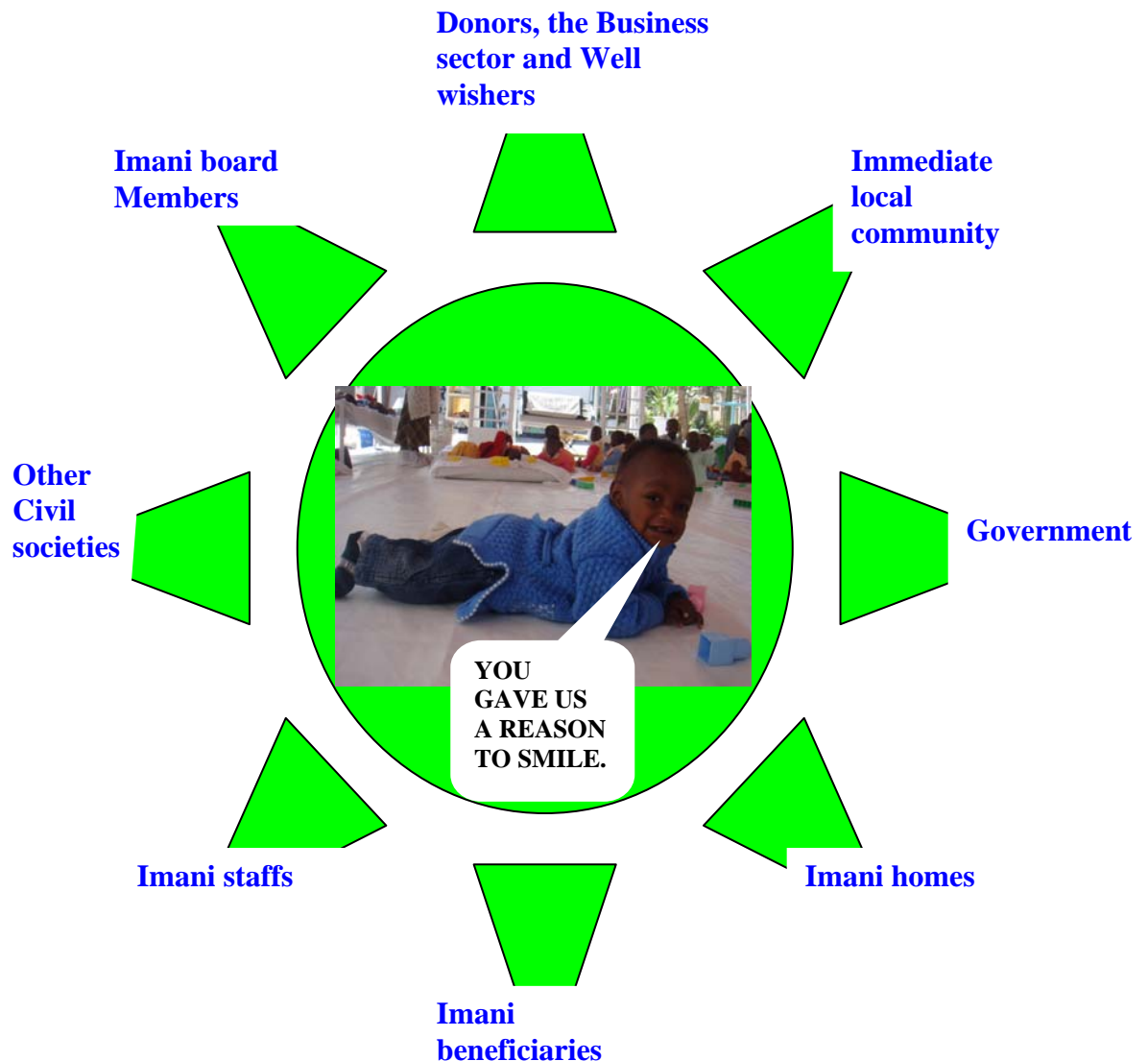
# IMANI REHABILITATION AGENCY.

P.O BOX 71589 – 00610, NAIROBI –KENYA.

TEL: 782608 / 0722 838289.

FAX: 782608

EMAIL: [imani@wananchi.com](mailto:imani@wananchi.com)



**Annual report January-  
December 2009**

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## Message from Director's Desk

### Greetings from Imani family!

It is my pleasure to inform you that we have come to the end of year 2009 successfully. During the year we remained more focused on our vision- **to contribute into a society where all children will lead a dignified existence with just and equal access to opportunities in life.** This year we experienced peaceful environment unlike the previous years and thus our programs were not affected much by political hiccups.

High cost of living has been a global phenomenon; here at imani it has hit us with full force since majority of our programs depends on consumable goods. Food stuffs cost was very high making us spend huge amount on these items. Majority of the areas that serve as national food basket were the most hit by the 2007/2008 post election violence. As a result majority of these areas had not yet stabilized to be in a position to produce enough food for the country. Rains were also unreliable especially in the first half of the year and thus vast of our people had no food. Faced with the above challenges we had to mobilize our big children – above 14 years to participate in fasting ( only 1 breakfast in a week) to save food baskets to feed few people. Something the children embraced with good spirit. We also mobilized our local market sellers to be giving us food baskets once in a week and which made them more involved in the program activities.

Our reintegration program was a success story in the year. 41 Children were reunited with their families in different parts of the country, and 25 children were adopted. During year 2009 we registered the highest number of adoptions and all were local adoptions. This was quite commendable and sign that the society owns these children. This has been attributed to lobbying and awareness campaign of sensitizing the community that the best place for a child is a family as opposed to institution.

Throughout the year, we continued to reinforce our networking tools by working closely with the Government of Kenya, through the provincial administration and other state organs. Locally we also worked hard to establish cordial relation ships with other civil societies and the cooperate sector.

Healthy care has been a major challenge in sub Saharan Africa and especially tropical counties. We have worked tirelessly hard to ensure our children are disease free by having high standards of hygiene and baby immunization where applicable. Unfortunately 4 of our children have been experiencing chronic and even acute illness and which called for foreign medical treatment.

The Imani paternity is proud for having worked with you in her endeavor to transform the lives of different people; I wish to extrapolate my sincere heart felt gratitude for the continued support you have accorded us. We have been able to make a difference in the lives of many children and families through you.

Yours sincerely

**Faith Wanjiru**  
**Director-Imani Children's Home**

### **IMANI VISION:**

To contribute into a society in which all children will lead a dignified existence with equal and just access to opportunities in life.

### **IMANI MISSION:**

Imani shall endeavor to improve the situation of children in need of care and protection, guide the re-integration process into society and in addressing the factors leading to their situation.

### **Imani objectives includes:-**

- To provide parental care and guidance to the children at Imani children's homes.
- Rehabilitation and reintegration of the children back to their families and community.
- To provide primary health care to the children of Imani children's home.
- To provide quality education to the children at Imani children's home.
- Capacity building Imani.
- Preventive activities in the community.

### **PROJECT SUMMARY.**

Since inception our overall objective has been provision of parental care and guidance to the orphans and vulnerable children, administering quality education, rehabilitating and reintegrating them back to the society while at the same time addressing and alleviating factors occasioning their state.

From January to December of this ending year 2009, we have managed to administer the above programs effectively well. Statistically, over this period we registered a total of 92 new admissions where boys and girls were 50 and 42 respectively. In the year 2008 we had a total admission of 69 where 40 were boys and 29 were girls. The trend shows that we had more admissions than previous year and which was a direct impact of hunger. With due regards foster care and adoption totaled to 25 where 14 were boys and 11 were girls. During this period we had three grand adoption ceremonies where we officially handed over these children to their respective parents.

Out of our reliable statistics we have come to the conclusion that majority of our new admissions especially the age of 0-2 year have very low immune system due to the adverse conditions these children's have been exposed to. It is unfortunate that during this period we lost 12 children, 5 been boys and 7 been girls. **What was too apparent was that all were new admissions.**

Reintegration been one of our key objective and the best viable exit strategies we managed to re unite 41 children with their families where 25 were boys and 16 were girls. On education front majority of our children showed improved performance both in internal and national examinations. This can be attributed to good study environment from the new established environment.

### Summarized data for the reporting period January – December 2009

Item	Boys	Girls	Total
<i>Number of <b>NEW CHILDREN</b> admitted</i>	50	42	92
<i>Number of children who were <b>ADOPTED</b></i>	14	11	25
<i>Number of children who were <b>RE- INTEGRATED WITH THEIR FAMILIES.</b></i>	25	16	41
<i>Number of <b>DEATHS.</b></i>	5	7	12
<i><b>NUMBER OF CHILDREN WHO REMAINED UNDER PERMANENT care in all our centers by December 2009.</b></i>	127	100	227

### Main contextual and organizational changes.

Peace and stability is paramount for any economic, political and humanitarian activity to thrive. Relative to the previous reporting period, this period we actually enjoyed relatively stable condition after the coalition Government appeared to have settled a few political issues. The political elite appeared to have sorted out the issue that only affects them directly whilst other issues affecting common citizens remained unsorted. This solution is temporal since the pertinent issues that led to clashes are yet to be addressed

.Vast of Kenyans are languishing in poverty and the level of inequality between the haves and have-nots continue to widen. There is an urge to address humanitarian aid to majority of the populist in Kenya.

Increasing Inflation rates escalated by mild shortage of food stuff make the cost of living high for common citizens who even live below a dollar per day. Actually for the last six months Kenya has been surviving on imported maize which is a staple food. Once this food is imported it reaches to the common citizens at an exorbitant price which is not affordable to many. The government tried to subsidize this food but it was not sustainable. It became apparent that the common people need some help. We tried to reach out as many people we could but the resources restrained us. Other humanitarian aids such as the Red Cross partnered with the local media and reached a good number of people.

On a different note health care remains to be a major challenge in Kenya. Financing health care by the common people is a hard nut to crack. Majority of the people affected and infected by HIV/AIDS find it hard to seek for medical attention. Access to ARVS in the rural areas remains a may hem. Consequently the rate of children abandoned and orphaned keeps on increasing. As a matter of concern we need stern measures to be put in place to curb the situation. In addition this period we experienced several outbreaks of severe diseases such as cholera, swine flu case was also reported.

These are some of the apparent issues that we have faced in our process of implementing our programs. Despite of the many challenges we afforded to remain focused on our mission and vision.

## **1) TO PROVIDE PARENTAL CARE AND GUIDANCE TO THE CHILDREN OF IMANI CHILDREN'S HOME.**

### **a). Rescue activities.**

#### **i) Child abandonment.**

The rate of babies' abandonment was very overwhelming. In 2009, the category of children with the highest number of admission was the abandoned children. They ranged from a day old to 3 years. However we also rescued the lost and found children and whom we managed to trace and rejoin them with their families.



#### **A dilemma.**

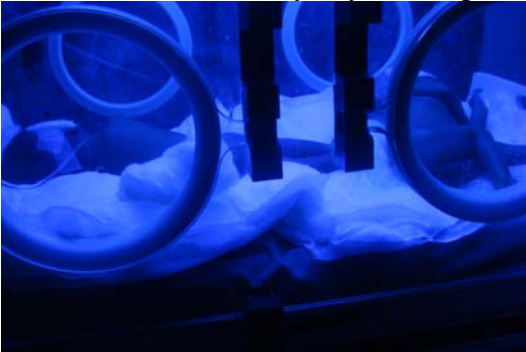
Please Kenyatta hospital help us to save the life of 2 male babies who we found abandoned early in the morning. This was in sewer waters' at a place normally referred to as car wash and neighbors our Imani B home. They were in one paper bag, bloody, and with pieces of cotton wool sticking on their skin. They are freezing and we have tried to warm them with hot water bottles included in their clothing but it is not working. Around this area it rained cats and dogs the whole of last night and it could be that they were rained on. They are weighing 1.7 Kgs and 1.65 kgs respectively. Kindly help to restore their lives.



Worse still, most of the abandoned babies that we rescued were in pathetic situations. Infact at the verge of life and death. This is mostly as a result of the political instabilities that the whole country faced last year. Especially in our neighboring Soweto slums, and Dandora many girls and women were raped and they ended up conceiving unwanted pregnancies and which they had to abandon or abort later.



Others seemed to be premature babies on admission to our care. We therefore had to have them admitted for many days in hospitals and which has turned out to be very expensive.



Even after incubating baby Shadrack and Meshack in a National hospital they didn't make it far, for their lives had been threatened.

Baby Nice is also one of the abandoned babies of the year. With a severe spinal bifida he was mercilessly abandoned on a clinics waiting desk.



Other places where innocent lives were rescued were from bus stations, road sides, near our gates, near schools and even in churches.



## ii).child abuse.



A 4 years old and a 6 year' sibling sister were sexually molested by their biological father. Cases of child sexual abuse and child pornography were extremely high in the society. At our Imani Ngong reception centre we rescued 4 sexually abused children. Among them, one was a 3 years' old boy. Psychological counseling has been a major element for them to be able to move on. Out of the 4 we have been able to reunite 2 with responsible guardians.

## iii). imprisoned families.



Under our rescue were also children of the imprisoned parents. After the sentences the parents were re united with their children.



## iv). Absolute Poverty

We also responded to the plight of a 6 year's old boy whose only care givers are the grandparents, in old age and with the grandfather (breadwinner) sustaining blindness.



Jiggers had infested the family leaving the members bedridden and providing for the child had become a dream task. As a result the life of the boy was at great risk.



Through community resource mobilization we managed to attack the severe jiggers' infestation, to save the whole family and to even mobilize a source of living for the whole family. Through Imani and the community the child's life was restored.

The local people helping to put up a small structure for rearing domestic animals ( chicken and goats) for the family and which is also foreseen to be a good source of income for the family to be able to bring up the boy holistically.



### **Prevention of family disintegration.**

Of a different note is that we prevented children from being separated with their biological parents. Having worked very closely with the community we received information of victims of child abandonment and in a network with the local administration we managed to rehabilitate the mothers and to rejoin the children back to their biological families rather than having the mothers in jail and the children in children institutions.



At the left are some of the mothers who have been caught throwing away their babies.



Reuniting a baby and the mother, with their family after addressing the root cause of the child abandonment.

In 2009, 10 children with similar stories were rescued. Among them 9 are successfully rejoined with responsible family members.

### **b) Children motivation.**

Children improved extremely through different forms of motivations and which was also based mostly on different individual likes and dislikes.

#### **1). Parties.**

This was one form depending on the progress made, or effort of an individual child.



**Recognizing the best improved children in behavior and discipline.**

### **ii).Outings / trips**

Children who excelled in various areas also went for outings. Among the places visited were animal's orphanage, and giraffe centre. Such trips motivated many others to pull up their socks.

Below: - during a trip to Tsavo national park.



(Above our children at Tsavo national park)

### **iii).Out door activities**

This included children development activities including play activities. The children participated in different games and play activities like foot ball, volley ball and table tennis.

### **c) Small families.**

In the small family units children needs were best met.



The small groups were based on age, sex and of importance are the needs of the children as individuals.

#### **d) Children responsibilities.**

As way of nurturing our children we made sure that our children grew up as responsible citizens. We achieved this by ensuring that all the children have a parent figure and who guides them in something and that every child was answerable in something depending with capacity. Through this, different skills and talents were motivated in children and this has been one of the ways through which they become responsible adults. Some of the responsibilities that the children took other than academics were: child care, painting, food preparation, cooking, housekeeping and cleaning, gardening, animal care among others.



Children helping to prepare food.

## **2. PREVENTIVE ACTIVITIES IN THE COMMUNITY.**

### **A. NET WORKING ACTIVITIES.**

During this reporting period we successfully continued working with various organizations and state agencies as a whole. We enjoyed massive support from these like minded organizations some of them were not our first time to corroborate together. They include; The children department, Kenya network of women with HIV / AIDS, Woman fighting aids in Kenya, Media – Citizen Television, hospitals, public and private schools, churches, airlines, child life trust, various police stations, the business sector, adoption societies and other civil societies . In this endeavor we were able to safe guard the rights of the children and to promote their welfare within the community. Of importance is that we were even able to refer cases for specialized interventions.

#### **Case study 1:-**

*The girl was born on 22<sup>nd</sup> August 1993 at Kayole – Soweto slum by a single mother by the name Agnes. The mother was desperate and she turned into drinking illicit brews. She*



*became addicted, with no fixed abode until a sister who was staying at far migori offered to assist her raise her daughter.*

*We met this mother way back in 2002 when her young boy- then 3 years was rescued by police while they found him scavenging at the night for survival, and they brought him to Imani children's home. It was while we were following up the family that we happened to meet this lady who then had turned completely to alcohol. We continued staying with her boy.*

*To day this same mother has reformed. She is no longer taking alcohol. She got married sometimes back but it didn't last for long as the husband abandoned her and the son. She is still struggling to make ends at Soweto slums.*

*Worse still her young 15 years old daughter became pregnant after a rape. Still in class 7 but waiting to become a mother. After the realization of the girl's status, the aunt demanded her to go back to the mother at Soweto slums. The mother is still living in absolute poverty and unable to address the new challenges which have evolved.*

*Having approached us for help with her daughter we were able to get a teenage mothers home where her need was met. Were it not for the successful network this young mother could have died together with the baby. She gave birth through caesarian section, to a premature baby.*

Aside is the innocent life, now stable and with the mother in a dressmaking class.



#### ***The 540 airline:***



The fly 540 airline contributed greatly to the success of the Malindi project as they accorded the management free flights. Only the taxes were charged and this made it easier to manage the Malindi project.

*Vegpro, Fresh n' juice, and Indu farm.*

On a daily basis the above said food production companies donated food stuffs (vegetables and fruits) for the children.

Were it not for different areas of networking we could not have made it.

#### **b).Community participation.**

##### **i. Information sharing.**

Through the community members we were able to trace some of the victims of child abandonment and in a network with the community members rejoin and monitor the children in a vicious circle.



##### **ii).Voluntary activities.**

Mothers from the community were of much help during the whole year period. They participated in taking care of the babies and in taking them to health centers for routine check ups.



A mother from the community taking a baby to hospital.

International volunteers were also not exception. They too played a big role especially in direct baby care. In every quarter we were able to work with not less than 6 volunteers. This was made possible by networking with organizations like ICYE, and CIVS and who connects volunteers all over the world with charitable institutions. Through them many children were happy.

##### **iii). Food baskets from the community.**

(‘Marikiti’ market program)

The local traders from 'Marikiti' market also gave us assorted vegetables on weekly basis. This was through a weekly lobbying exercise for the same and which made the community members to become more in touch with what is happening in the community. Through this lobbying program they felt they have a role to play in protecting the children wellbeing.



### **C).FAMILIES EMPOWERMENT PROGRAM.**

In our pursuit to make a difference on the lives of our people, family empowerment program has been very instrumental. This is a proactive program that entails the grass root activities of working with the community as a whole. In 2009 136 children benefited from this program, on the same note 24 families were empowered on different capacities. Our community empowerment program was tailor made to suit beneficiaries' capability and cultural background. The main role of this program was to try as much as possible to reach out destitute people on their rural setting. As a result many families majority of them been affected by HIV/AIDS got empowered to earn their living. This translates to fewer children been abandoned or orphaned. Trough this program we have been able to make a drastic change to many families, same thing the community is really appreciating. It is our wish to scale up this program so that many people may be reached in the future.

### **CASE STUDY 1.**

FAMILY NAME: - MARGRET'S FAMILY.

NATURE OF THE FAMILY: - SINGLE PARENT FAMILY.

PLACE OF RESIDENCE: - MAJENGO MAPYA.

NUMBER OF CHILDREN: - 3

### **BRIEF BACK GROUND.**

The above mentioned family is a family of a 33 years old single mother. Her names are Margaret Njeri. She was previously married and living with the husband at Nakuru. However in 2006 she separated with her husband. They had 2 male children, now aged 16 years and 11 years respectively. This 1<sup>st</sup> born child is in form 2 while the 2<sup>nd</sup> one in class 4. They are able to attend school through support of school bursaries. They are also in day schools and therefore after school they are with the mother in their rented single room within Majengo mapya – a small slum area near Malindi town.

After separating with her husband at Nakuru, she landed in Malindi through futile arrangements that she made with a boyfriend. The boy friend called her through a mobile phone and informed her that he was staying in Malindi and where he was also working. He promised her heaven, invited her to Malindi and if that was not enough he promised to marry her once she travels to Malindi. He told her immediately she alights at Malindi to keep him as he will be hanging around eagerly waiting to receive her.

As she got set for the long journey of more than 900 kilometers, she informed her friend on the other side. As she and the children were on the way they also communicated quite well. On arrival at Malindi – It was a great shock of her life for immediately she alighted at the last bus stop she tried to call as they had agreed but to a great amazement her friend's phone was off (he could not be reached) and that was the end of the heavenly promises.

She got stranded with her children, in a big dilemma wondering what to do next. She approached a certain old woman asking her for a place to sleep for the night. The old mother empathized with her and so offered her a place to sleep.

The following morning Margaret moved and decided to rent a house as she had few cents with her.

Up to date she has neither heard nor seen him. It still remains a painful dream.

Having no other alternative other than to struggle and make ends meet for her children she also managed to start a small income generating activity. She would make fruits pudding and from the sales she would get something for the children. As life was also taking its course, she also conceived another baby with a man she wouldn't like to remember or imagine how he was as she says that they only met once in a club.

This pregnancy disturbed her much and she never accepted it at any time. She was not able to maintain her small business as most of the times she stayed indoors. She never wanted anyone to know about her status including her own children.

When the day came for her to deliver she went to the public hospital and where she was admitted and finally delivered safely. Even at this time she did not accept her baby. After discharge she didn't know where to take the baby. She knew very well that her children will never understand her getting another baby despite all the problems they have. She therefore decided to do away with the baby to avoid much more problems. On her way home from the hospital, she by passed a very old couple and she requested them to keep watch of her baby as she gets something from the next shop. She disappeared and never went back as the poor couple waited in vain.

A few months after, and after forgetting what she has done she went to Malindi town and it happened that the couple she abandoned the baby to saw her from a distance. They screamed and people got hold of her. She was taken to the children department where she was charged with child abandonment. She didn't agree at first that the baby was hers until measures to ascertain the truth were taken. Poverty caused her to abandon and to even deny her own blood. The baby is now 5 months.



With an economical empowerment the above said desperate mother can have means to feed her 2 children and even accept the unwanted one. According to her, if empowered to have a small kiosk of charcoal selling, she believes that she can make more sales through the business as we are approaching the rainy season. Again most households are nowadays depending on charcoal for their cooking.

### **AFTER**



**I am very grateful for out of this I can now make my life and that of my children. I wish I knew that GOD is going to bless me; I wouldn't have left my child out. I am eagerly waiting to accept my child back and may God help me.**



After.

### **d). Giving a smile by donating a wheel chair to a child with cerebral palsy.**

A vital element during the outreach program was also to let the community understand that children with disabilities are equally important and thus a way of preventing stigma from their communities.



### 3).REHABILITATION AND REINTEGRATION OF THE CHILDREN BACK TO THE COMMUNITY.

Ideally once a child has been admitted in children's institution it is quite apparent that it comes a time when that particular child has to exit the institution. Here in Kenya the law has various provisions on exit strategies which can be exploited. These avenues are;

- Family re-union
- Child adoption
- Foster care program
- Graduation from the institution( for children who are about 18 years, fully equipped and with enough capacity to lead a self reliant life
- Referral to other specialized organizations in relation to the child's special needs

Interestingly we exploited all the above avenues.

#### **a). FAMILY RE UNION.**

Family reunion remained to be one of the most crucial appeals for us from the community we worked with. Often we have been mobilizing communities to own these children and in 2009 we witnessed a paradigm shift. Interestingly, a good number of children have been assimilated back to the community. These did not come through a silver plate; it was after rigorous pursuit through family tracing and counseling programs. Over this period of 1 year we were able to successfully reunite **fourteen families**. **Demographically 11 boys and 3 girls.**





## ii) Case follow ups.

Of importance also, are follow ups of the children progress after a re union was made. A reunion can only be termed as successful if the family adapts and settles well after receiving its new members. During this reporting period we were able to carry out 55 case follow ups and we are really overwhelmed to report successful progress for 53 of the previously rejoined children. However, 2 families still had issues with the children and thus called for more measures in the best interest of the children.



(It is in a family unit that the children experience strong ties of social warmth).



## B). ADOPTIONS / FOSTER CARE:

Over this reporting we were able to host 3 adoption ceremonies. The events were colorful and served as an awareness tool to prospective parents. In this occasion we were able to bring together prospective parents and those who had successfully undergone the



adoption process. By so doing parents shared their challenges and experiences they encounter in this program. Still this occasion sensitized the community that child adoption is the norm rather than been a taboo.



**(Handing over children to prospective parents)**



**(A get together for adopted children)**

**ii) Capacity building sessions for adoptive parents.**



(Through capacity building forums for parents they shared experiences and built each other. Such forums were of much benefit to the children as the parents got more know how of handling them better).

#### **4).TO PROVIDE GOOD QUALITY EDUCATION FOR THE CHILDREN AT IMANI CHILDREN'S HOME.**

As they say 'education is the key to success' here at Imani education is paramount to our children. It is quiet apparent that unless we equip our children academically they may end up with no sustainable future. Education has been attracting global attention in the recent past and it has remained the only cash crop in our country Kenya. As a matter of fact, the government of Kenya has been in the forefront to ensure equal opportunities to education but this has not been actualized in factual terms. In account of year 2009 we have made milestone through your continued support. In deed our educational programs are tailor and customized to fit our children's needs, market and capabilities. Over this reporting period our education program has been impressive and quite commendable since we had no major set back unlike the same reporting period last year when we had political flare-ups. High cost of living has been the trend especially food stuff, as a result fees hiked translating to blotted educational budget.

Our students seemed to have benefited from the conducive learning environment in the whole year resulting to improved performance at large. On the other hand the government of Kenya promised free primary education and secondary education which was conceptualized to be tuition waiver thus all the other requirements were to be met by the parents. This explains why there have been no major changes on our educational budget not withstanding that some of our children who have exceptional performance attend private sponsored schools.

In our endeavor to deliver quality and superior education to our children, remedial studies were incorporated to our daily chore. We offered remedial studies to our children on daily basis .Some of our local institutions where they attended conducted these studies and which made the children improve tremendously. Internally we also helped the kids to conduct their revision and revise for their examinations. On the same note we wish to reiterate that we kept close monitoring to our students performance and awards were advanced to best children. It is apparent that for any excellent academic performance to be manifested facilities ought to be put in places and which was our quest and it's a dream that was actualized in 2009. Through great works of well wishers we had 2 libraries in place and all furnished with a wide variety of textbooks. The children therefore had no reason to fail.

##### **4.1 EDUCATION**



Imani A  
library /  
computer lab.

### **Computer room.**

The new face for our computer rooms is awesome courtesy of swift Global and Chris Ferguson foundation from Fabiola. The children can now learn computer skills with ease. The administration office is well networked with internet services which has improved the access points for these services. This is actually a state of the heart computer lab for the children at Imani children's home.



### **SCHOOLS IN INDOOR FOSTER CARE PROGRAM.**

8 private primary academies sponsored a total of 24 children in their schools. This has contributed effectively to our mission statement and for which we really appreciate.

### **Special education.**

5 children attended special education programs based on their needs. The needs ranged from inability to hear to academic difficulties.

### **Vocational training.**

4 children attended vocational trainings from the local polytechnics. They are ones with learning difficulties but with skills that can be motivated.

## **4.4 STATISTICS.**

We were able to sponsor following numbers of children in education, in different classes and in different schools.

I. Early childhood education (baby class, nursery and pre unit).

	<b>BOYS</b>	<b>GIRLS</b>	<b>Totals.</b>
<i><b>NEW children that were enrolled in preschool in 2009</b></i>	<b>15</b>	<b>23</b>	<b>38</b>
<i><b>The number of year 2008 children who CONTINUED with education in 2009</b></i>	<b>14</b>	<b>16</b>	<b>30</b>
<i><b>The number of children who COMPLETED pre school in 2009</b></i>	<b>8</b>	<b>6</b>	<b>14</b>

<i>The number of children who have <b>DROPPED OUT</b> of pre school in 2009</i>	4	5	9 Because they were adopted and so left our education program.
<i>The number of children that were in pre school in 2008 and were <b>PROMOTED</b> to join primary school in 2009.</i>	8	10	18

*Ii. Primary school.*

	BOYS	GIRLS	Totals.
<i><b>NEW</b> children that were enrolled in primary school as in 2009</i>	12	10	22
<i>The number of year 2008 children who <b>CONTINUED</b> with in 2009</i>	51	24	75
<i>The number of children who <b>COMPLETED</b> primary school in 2009</i>	2	-	2
<i>The number of children who have <b>DROPPED OUT</b> of primary school in 2009</i>	3	None	3
<i>The number of children in primary schools in 2008 and were <b>PROMOTED</b> to secondary schools in 2009</i>	6	2	8
<i>The number of children in primary schools in 2008 and were <b>PROMOTED</b> to vocational training in 2009</i>	5	None	5

**iii. Secondary school.**

	<b>BOYS</b>	<b>GIRLS</b>	<b>Totals.</b>
<i><b>NEW</b> children that were enrolled in secondary school in 2009</i>	<b>6</b>	<b>2</b>	<b>8</b>
<i><b>CONTINUED</b> with education in 2009</i>	<b>7</b>	<b>5</b>	<b>12</b>
<i>The number of children who <b>COMPLETED</b> secondary school in 2009</i>	<b>2</b>	<b>2</b>	<b>4</b>
<i>The number of children who <b>DROPPED OUT</b> of secondary school in 2009</i>	<b>None</b>	<b>None</b>	<b>None</b>
<i>The number of children in secondary schools in 2008 and who were <b>PROMOTED</b> to university, college, vocational training, polytechnics, in 2009</i>	<b>4</b>	<b>1</b>	<b>5</b>

**iv. Vocational training.**

	<b>BOYS</b>	<b>GIRLS</b>	<b>Totals.</b>
<i><b>NEW</b> youths who were enrolled in vocational training in 2009</i>	<b>5</b>	<b>1</b>	<b>6</b>
<i>The number of year 2008 youths who <b>CONTINUED</b> with vocational training in 2009</i>	<b>2</b>	<b>1</b>	<b>3</b>
<i>The number of youths who <b>COMPLETED</b></i>	<b>2</b>	<b>1</b>	<b>3</b>



vocational training in 2009			
<i>The number of youths who DROPPED OUT of vocational training in this reporting period.</i>	None	None	None
<i>youths who were employed / started businesses in 2009 after graduating. The number of</i>	7	2	9

**v. Special Education.**

	Boys	Girls	Totals.
<i>The number of children who were enrolled in pre primary, primary, secondary and vocational training in 2009 – with disabilities.</i>	-	1	1

**vi. Training.**

	Men	Women	Totals.
<i>The number of staffs, board members, management staff who were trained to build their capacity in as at June 2009</i>	6	15	21
<i>The number of trainings organized for the staffs, board of governors, management staff-to build their capacity as at June 2009</i>	6	6	(in all the trainings, men and women shared).

❖ **Giving back after graduating.**

**5 of the 2008 Imani graduates came back home to work for a period of 1 year. They also saved money for their college education in year 2010.**



Motivating one of the most active boys in the Imani work study program.

The boys are also the members of the After Imani boy's project in Kibera.

**5).TO PROVIDE PRIMARY HEALTH CARE TO THE CHILDREN IN IMANI CHILDREN'S HOME.**

Health care remains to be the most crucial parameter especially to children. We tried to maintain highest standards of hygiene given that several out breaks were reported in our county ranging from cholera to swine flu. In this reporting period cleanliness measures were beep up and no risk was taken. Fortunately none of this out break was reported in our family. The professional doctors who have been too instrumental to us continued to support us. Unfortunately some of our children in the baby unit were diagnosed with Rota virus but the doctors moved swiftly to counter it before it was fully blown up. Immunization was administered to all the kids less than nine months and as required. Over this period our visiting doctors continued to serve the children regularly and worked hand in hand with the nurse.

On a different note other medical providers such as sisters of mercy, the little of these ministry continued to support us where need arose. We continued to give immunization and deworming to the children at the most appropriate time .Health care provisions remains a great challenge especially in sub-Saharan Africa .We really tried to maintain our home with the highest standard of hygiene and health care facility through your continued support.

Special medical issues has paused huge challenge to us as we have experienced serious medical cases which you are aware of (bladder extrophy, crons). These children have been under going medical check up and also further referrals which have been costing fortune.

**A). HOSPITAL ADMISSION.**

**IN 2009** hospital admission remained relatively stable. Majority of our children were out patient with no serious cases except the ones with long term illness. There were several out breaks and we tried to liaise with doctors on call to treat our children. They

ensured stable condition. Rota virus was diagnosed among our children but we had to vaccinate all our children below the age of 6 months.

We also undertook serious campaign against measles in collaboration with health officers; We also had pneumonia cases but were controlled though it claimed life of two babies. This was occasioned by the cold July –August season and having babies abandoned on the cold for long before a Samaritan gets them.

### **FUNDRAISING DINNER.**

In the mid of year 2009 , the board members organized a medical fund raising dinner and which raised about Kshs 1 million. The auspicious event did not only raise funds but it also helped us build our public relations with the community at large. It was a very good session for increasing our base for networking. We thus made contacts for new people and corporate entities that we wish to work with even in the future. The funds went directly to medical kit.



Children also took part in the fundraising

### **HEALTH**



Mathias went back to India for review and possible closure of the colostomy twice in 2009 i.e. in January and November. However it was found out that he sustained many wounds in his digestive system and no surgery would have been successful then. He also completed TB treatment, with noticeable improvement. Despite that he is a happy boy and back to school like any other.

Castro also went for medical intervention in Germany and where he might stay for not less than half a year.



**Castro leaning on a wall. It is very difficult for him to stand without support and Only the toes hold the ground while standing or walking.**

Doctors think something can be done to make a difference.

In July Wambui and Joseph had to go for medical treatment in Italy, the journey was successful. This was also an outstanding medical issue that we had since a year ago. The 2 were born with a bladder extrophy- a condition characterized by lack of distinct female or male organs.



Joseph & Wambui with their Doctors at Italy

Joseph under  
going surgery



#### **b). Feeding.**

In our endeavor to maintain high health standard, proper feeding is mandatory. We gave our children well balanced diet through consultation with qualified nutritionist. We tried as much as we could to provide to these children good feeding program prescribed by our visiting nutritionist. Supply of fresh fruits and vegetables remains a huge challenge in sub Saharan Africa. Despite this challenge our community has been very supporting in donating.

#### **C). Visiting doctors**

In order to maintain proper health care within our home we established cordial relationship with medical paternity. We had visiting doctors who always carried medical check ups on our children. During their visit they consulted with our nurse on various medical requirements of the children. These doctors helped us maintain our children health and also advised us on the way forward in times of out breaks.

#### **d) Medical laboratory.**

Over the years it has been our quest to have a sustainable medical facility within our home to detect minor illnesses. During year 2009 our medical laboratory was furnished and our children are enjoying the facility. One of the greatest challenges is equipping it to be state -of -the- art.

#### **e) Children and the HIV/AIDS.**

HIV/AIDS is a global catastrophe. Same times mothers fail to accept their babies when they come to realize they are HIV positive. As a result they abandon them in their place of birth especially the hospital. We among others then take charge of these babies by putting them under our nutrition program .We strongly believe that not all the children born with this disease can survive but we strive to ensure they live happily longer. Though some succumb to death majority survive. It is our sole mandate to ensure that all the children under our premises have parental care and guidance. Also through our out reach program we reach out many destitute families with infected children. We mobilize

them to give these children the required diets. Of concern is that in 2009 we admitted so many babies who were HIV exposed.

#### **F). DEATHS:**

During this reporting period it is absurd that we lost 12 children. It so happened that all were from the new admissions. After careful examination we were persuaded to believe that the mortality among new admission is due to poor immunity and bad condition these children have been exposed prior to their admission in the home. Although we offer them proper diet and medical examination on their first days at our home some end up succumbing to death. Among these were 5 boys and 7 girls. May Almighty God rest their souls in eternal peace.

### **6.0 Capacity building in Imani.**

Capacity building is a continuous process that gives organization an edge to position them selves in a platform where they can weather un foreseen changes in the operating environment. We do extend our capacity building activities to both our staff and the beneficiaries. Over the reporting period we have been attending various seminars and work shops which have really helped us in improving our skills. This avenue gives us a platform to inculcate new ideas and improve our way of thinking. Under this program we were also able to achieve the following.

#### **Sewing centre**

Through our capacity building initiative, we managed to establish a sewing centre .This facility is been used to train our staff and other students we attend in the Kasarani program. Through this initiative we equip them with skills and which are of benefit to the children. To implement this program we erected semi permanent canopy at our centre which serve as class room and practical rooms.



#### **Child care training program**

Imani has continued to offer baby care training as part of our capacity building initiatives to our mother's .Also mother who complete the training course are employed in other child care protection units or are better able to protect the children in the community. This means our training program benefits percolates to individual child even outside Imani. In addition we also assimilate some to our home when we are faced with staff shortage.

This program has brought tremendous cost cutting measures. To mention but a few we are currently baking bread within our premises instead of buying bread ,dress making



instead of buying uniforms ,massaging babies and all this is a product of our child care training program.

### **Livelihood programs**

#### **(Animals farm)**

- **Chicken**

As a means of cutting operational cost, we continued to expand our income generating activities IGA's through chicken rearing. As we had reported early this was a program we were rolling out. After a thorough economic feasibility study we have realized that rearing our own chickens is cost effective than purchase of meat or eggs.

- **Cows – B and Malindi**

In addition we introduced a new breed of cows at our rescue centre at Malindi. This supplied children at Malindi with milk. The animal farm at Imani B remained productive. It has been fruitful and we really enjoyed what it has been providing.

### **VOLUNTEER STAFFS.**

Heart of compassion to the little angel babies draw attention to the whole globe. Surprisingly, many people both local and multinational have been offering their service to these kids. Over this period we enjoyed massive support from our esteemed volunteers especially in the baby unit. They have been very cooperative and we wish the spirit will continue. Once volunteers come to our home we don't just assign them responsibilities but we also seek to establish unique abilities they have. We appreciate diversity and we receive volunteers irrespective of their origin or color. These volunteers have witnessed that once you come to Imani you can't leave the same way. There is a lot value addition in their lives.



**Volunteers during a fair well party at Imani children's home. They serve for a period of 1month to 1 year depending with the programs they work with.**

### **7.3 IMANI BOARD.**

The board members held their elections in the beginning of the year. The Imani – Nairobi board selected new leaders of the board. Here are their names and positions in the board in the ending 2009.

#### **IMANI NAIROBI BOARD MEMBERS.**

<b>NAMES</b>	<b>POSITION</b>
<b>1) MR. BENSON GIKANDI</b>	<b>CHAIRMAN</b>

2) MRS. ROSEMARY MATHENGE	SECRETARY
3) MR. KARANJA MWANGI	FUND RAISER
4) MRS. SUSAN KARIUKI	”
5) MR. -----MBAI	
6) MRS. JACINTA MBURU	”
7) MR. JOSEPH KARANU	MEMBER
8) HON. MARTHA KOOME	MEMBER
9) MRS. ANN NGARE	MEMBER
10) MRS. ANGELINE KAMAU	MEMBER
11) MRS. MARY MWANGI	MEMBER
12) MR. JULIUS KAMAU NGOTHO	MEMBER
13) FAITH WANJIRU	MEMBER
14) JULIUS IRUNGU	MEMBER
15) TABITHA WANGARI	MEMBER
16) HARRISON MAKENGA	MEMBER

### **MALINDI BOARD**

<b>NAMES</b>	<b>POSITION</b>
LAWRENCE KAKWIRI	SECRETARY
REUBEN KARISA	MEMBER
RASMUS DECHE MWATSUMA	MEMBER
SALIM SWAALEH	MEMBER
ELIZABETH TUVA	TREASURER
MANSOUR MOHAMMED	CHAIRMAN
JULIE KAZUNGU	MEMBER
MARIA NJAMBI	MEMBER

### **A.O.B**

#### **• BUILDING AND CONSTRUCTION**

Imani B kitchen is almost done and we hope by early year 2010 it will be in use.

#### **IMANI A / B LIBRARY**

Our library is in place and the children are enjoying the facility as a whole. Children conduct their studies well and comfortably. Also we had our library connected with computers something the children enjoyed much. Technological advancement is crucial and we are happy our children have the facility in place.

### **OPENING OF THE KASARANI PROJECT.**

Our 3<sup>rd</sup> welfare programme was officially opened. The After Imani girl's house in Kasarani operated for the whole of 2009. The girls in college and without any other alternative exit strategy enjoyed their stay at Kasarani. The kasarani house also served as a capacity building centre for child care givers.





Joining hands.



(Opening of the Kasarani house).



**Giving hope amidst despair.**



**WATER PURIFICATION.**

Towards the end of year 2008 we had our 3 boreholes water - tested the chemical content. The result was that it contained very high levels of fluoride and which needed immediate purification as it was affecting the children teeth and the bones. We have since then been able to install purifying machines in 2009 and which was equally a very

expensive exercise. The fluoride levels were also confirmed and found to be fit for the children consumption.

On a different note, we experienced major blows during July and November when our borehole at Imani A broke down, we were forced to transfer our children to Imani B and restoring the systems was quite expensive.

- **Opening of Imani Malindi**

Imani Malindi was officially opened on 22<sup>nd</sup> August 2009 and the occasion was graced by Fly 540 Company. Majority of our children from Imani Nairobi attended and entertained the guest.

- **X- mas wedding.**

**As it has been the norm the get together party for all the children in Imani homes and friends took place on the 12<sup>th</sup> December. The occasion was also graced by a wonderful wedding of one of the Imani beneficiaries.**

### **1. CHALLENGES.**

- The exit plan for the children with multiple disabilities because the community is very reluctant to foster / adopt them.
- Financial budget deficit is great challenge and we are mobilizing resources to wards sustainability
- Hunger which has contributed to so many children being abandoned as a result of lack of family food basket.

- 

### **2. FUTURE PLANS**

- A community clinic and library at Imani B project.
- Having an income generating activity for the project to be self sustainable.

## **VOTE OF THANKS.**

To achieve the various activities we had networks and partners at different levels and who included TDH, ICS, FEMI, WERELD KINDEREN, WILDE GANZEN, FOUNDATION IMANI, foundation the children department, adoption societies;- QUACK FOUNDATION Kenya Christian homes, Kenyans to Kenyans and the Child welfare society of Kenya, the area advisory committee, African chapter for prevention and protection of child abuse and neglect ( APPCAN), Red cross society of Kenya, local administration, health facilities, academic institutions, VEGPRO, Luxman bay construction co., Child life trust, Sarakasi trust, Fresh 'n' juice, INDU farm, Learning institutions, Health facilities, Media, the juvenile court, WELLWISHERS and the churches.

To all our networks, we really appreciate your kind support in bringing a smile in life of many children and families in need.

Bravo again for making a choice to contribute into a society where all children will lead a dignified existence while growing up, with an equal and just access to opportunities in life.

God bless you all.  
All the days of your life.

