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TANGAZA COLLEGE

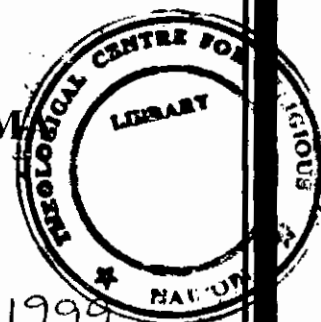
CATHOLIC UNIVERSITY OF EASTERN AFRICA

FACT FINDING REPORT:

**SMALL HOMES DEVELOPMENT PROGRAMME FOR
DISABLED CHILDREN
(CATHOLIC DIOCESE OF NAKURU)**

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ABREVIATIONS

IN THE TEXT

S.M.P – Small Homes Programs
C.D.N. – Catholic Diocese of Nakuru
N.G.Os – Non-Governmental Organizations

ON THE MAP: NAKURU DISTRICT

CCK – Cathedral Church of Christ the King
St. Jsw – St, Joseph the worker
MLN – Mlimani
HCN – Holy Cross
BHT – Bahati
KMN – Kiamaina
ST. JN US – St. Francis, Lower Sybukia
RGI – Rongai
EBG – Elburgon
MOL – Molo
NJR – Larmudiac
KMR – Kamwaura
OGN – Olengurnone
WYR – Wanyororo
KPY – Kiptangwany
NVS – Naivasha
LGT – Longonut
GLG – Gilgil

KIOBATEK DISRICT

MGO – Mogotio
ERV – Eldama Rayine

BARINGO DISTRICT

MG – Marigat
KTR – Kituro
KBT – Kabarnet
KRV – Kerio Valley
TGB – Tangelbei
KST – Kosibei
BPL – Barbello
KPN – Kipsaraman
KPT – Kaptere

TERMINOLOGIES *1. Definition of terms*

ORTHOPAEDIC – Dealing with medicine of bones and muscles and provision of boots and shoes for the disabled.

PHYSIOTHERAPY- Treatment of diseases injuries or weakness in the joints or muscles. Aid in exercises.

Disabled / Handicapped. - Not able to move easily due to a permanent illness or injury. With difficult in using certain parts of the body. Being limited.

INTRODUCTION:

A small home is a simple building constructed to accommodate between six and fifteen disabled children. The number may go as far as twenty five in some of the homes. It is a hostel type of accommodation within or very close to a primary or a secondary school. The children are looked after by a house mother creating a family like atmosphere. ✓

The community around play a very important role in the growth and sustainability of the home. The community sustains the home by getting involved in the building process, being responsible of the provision of food and other costs of running the home. It is a convenient place for children to receive regular visits from the physiotherapist and other medical personnel to ensure that they have correct treatment and equipment. ✓

Before the introduction of small homes, the children used to stay in big institutions such as Moi children's home where there was very little attention and care due to the big number. The condition of most of the children was becoming worse and there was little to be shared among themselves psychologically.

The schools near the institutions were flooded with disabled children and it was hard for such schools to participate in normal activities like other schools. Since the disabled were many, there was little competition among themselves which resulted to poor performance. This led to the rise of small homes which came up after various consultations made among interested people from different Dioceses and representatives from other social welfare organizations.

I managed to go round all the small homes in the Diocese so what I have written here is my personal experience for two full months. The methodology I used in putting down my experience was participatory observations and interviews which were directed to the co-ordinator, members of the committees the house mothers of different homes and parents of the children in the home. ✓

CHAPTER ONE

1.0 HISTORICAL BACKGROUND OF THE SMALL HOMES

The Small home programme was started in Nakuru Diocese in 1980 through the initiative of one of the Little sisters of St. Francis who identified the needs of the handicapped, the poor and needy children. Most of these children especially the handicapped were neglected and not given their rights in the society. The majority of the handicapped children come from very poor families and are not accessible to necessary resources and services. Many have a poor financial base that cannot access a handicapped, poor and needy child to the required health services, feeding, clothing and education. Most of the children were in need of specialised operations, physiotherapy and occupational therapy which could only be offered at places which were very far from where the children were staying.

Therefore the aim of the initiator of the Small Homes Programme was to mobilize the community to see the need of supporting the handicapped children to promote access to vital resources and services.

Before 1996 when the Diocese of Kericho was born, the total number of homes within the Small Homes Programme was fourteen. At present, there are six in Kericho Diocese separate from the eight in Nakuru Diocese and more are coming up.

1.1 SMALL HOMES WITHIN NAKURU DIOCESE

1. Subukia -home for mentally retarded children

This home started in 1987 with 12 children. The parents and the community around started by contributing food for the children before the programme got involved fully into the home. Since then, the programme has not had a rough time in its services because the community and the church still supports the home through small christian communities and the Catholic women group.

The school around the home has a special trained teacher for these special cases.

The co-ordinator of the small homes programme of Nakuru with the co-operation of the community and well wishers, are starting to build a new permanent home for the children.

2. Mugumo home for physically handicapped children

This home is in Larmundiac Parish at Naishi. It started with very few children but later the number increased so fast but now it houses only seven physically disabled children who are schooling in Mugumo primary. When the number was around twenty five, the home used to have two house mothers but at the moment it has only one.

At its initial stage, the home received alot of support from the parish priest and the women groups organised for a harambee to support the home. The following is a report of what was contributed during this particular harambee:

30 bags of maize, 8 bags of beans, 10 bags of potatoes, 8 trays of eggs, Ksh. 1,840 and water tank of 2,500 litres. Similar contributions were to be done every year but these plans have not materialised fully. At present, the home has five acres of land which has been planted maize and beans this year, it has two cows and it is close to a dam which can be used for irrigation in case of drought.

The land and two buildings which are being used as dormitories at the moment were donated by a white man who used to stay there. These dormitories are now old in need of repair and if possible new ones to be build for the safety of the children. The kitchen and the dining room were built recently by the community and the parents. The parents who are able make a contribution of Ksh.1,300 towards the upkeep of the home.

3. Oldonyo mara home for physically disabled

Started with 12 children whose parents paid up keep fees and those who were not able to pay money, brought food once in a while.(Three tins of maize and 1 tin of beans). The home has one cow and a few chickens for its sustenance.

4. Kiptangwany home for physically handicapped

Kiptangwany home started around 1986 with the parents of the children paying Ksh.200 for their up-keep. A poultry project was started and was supplying eggs to the children twice per week.

Two boys completed standard eight in 1986 and they were given bursaries up to form four by the municipal council of Nakuru. The councillor of the area bought school uniforms for the children in the home in January 1987.

At the moment the home uses solar energy, has water tank worth Ksh.30,000 which was contributed by the National Fund for the disabled of Kenya and it has two cows. Unfortunately, the home has the least number of children due to poor infrastructure. Infact, the Parish Priest is thinking of making part of the home a centre for mobile clinic since there is no dispensary around.

5. Menengai small home

This home is in Rongai Parish. It is the only home which houses both primary and secondary school physically handicapped children. It has only one house mother. Their small shamba produces around 30 sacks of maize and 2- 4 sacks of beans.

6. North karati

This home is in Naivasha parish and it has around 17 mentally disabled children. The teachers dealing with this children are not specially trained for these special cases but they have volunteered to help them. Very few people are interested in going for the special training. The home has two house mothers, three cows for milk and it uses biogas for cooking .

7. Shimoni

Shimoni Small Home is in Eldama-Ravin Parish with around 12 physically handicapped children. It is among the new homes in the Diocese.

8. Karirikania

This is a new home in Kamwaura Parish. A building was given to the Small Homes Programme by the community around the primary school. The building is being renovated so that admissions can be done as from January 2000. The home is in a productive area that even getting a house mother is a problem because all women around are busy with farming.

CHAPTER TWO

2.0 THE GEOGRAPHICAL LOCATION OF NAKURU DIOCESE

The small home programme covers the whole Diocese which is around 18,149 square kilometres. It is in the North-West of Nairobi and it comprises three districts within it. Namely; Nakuru, Koibatek and Baringo. This area is located in the floor of Rift Valley, it is within the Rift valley Province of Kenya and aligned in a South - North position along the Equator. The land -scape is marked by minor faults, volcanoes, lakes and residual cones. The scenery is of highland forests, with fertile lowlands for high pastures.

Population distribution is determined by the potentiality of the land. For instance most parts of District are densely populated due to the high productivity as compared to Baringo and Koibatek Districts.

Nakuru Diocese was established in 1968. It has 33 parishes and 5 deanaries. The population as recorded in 1997 is 2.5 million which is 10% of Kenya's population. 60% of the inhabitants are under 18 years' and the Catholic population is around 250,000.

2.1 THE GENERAL SITUATION

The programme's catchment area comprises of a population whose majority live in a struggle of meeting their basic needs such as food, water, shelter and security. Most of the fundamental rights such as education, health and other infrastructural support are not well taken care of in this area.

One of the major challenges in the Diocese is the efforts in community mobilization to promote responsibility of parents and guardians of the disabled children. The government seem to be realising and taking the challenge too as stated in the workshop on Disabled person's bill where the Attorney General stated that: *"Confinement of persons with disabilities will become an offence punishable by law."*¹

Due to influence from the society, many families in the recent past have kept their disabled children in isolation from the rest of the members of the society because they regard them as a bad omen. Such children end up missing out in life in terms of education, access to proper health care services and have no chance of having an integrated life with the rest of the members in the community. The Diocese has tried to improve this situation by seeing and answering the needs of the disabled children through the rehabilitation centre and the Small Homes Programme.

2.2 THE SOCIAL ECONOMIC SITUATION

Generally, Nakuru is considered to be an agricultural industrial town whose products are of great benefit to its neighbouring Districts such as Baringo and Koibatek within the Diocese and other less productive areas outside Nakuru as a diocese and as a district such as Machakos. However, a big fraction of its population comprises of poor people living in very poor conditions. It has several slums around, Kaptembwa being one of the biggest slums in which some of the small homes' clients stay.

The social economic situation was badly affected by the tribal clashes of 1992 and 1997. Some of the victims are not yet settled and there are becoming poorer each day. The S.H.P has supported some children from the families which were victims of the tribal clashes.

¹ The People. Friday, 9th July, 1999.

CHAPTER THREE

3.0 THE PURPOSE OF THE PROJECT

The purpose of the S.H.P. is to rehabilitate the handicapped children, to facilitate access to school and health care. Health care facilitates physiotherapy, occupational therapy and orthopaedic appliances.

Through the small homes, parents are helped to accept and be responsible for their disabled children. It is not easy because many parents find it burdensome to take care of their disabled children. Others feel embarrassed and stigmatised to be associated with them. The S.H.P mobilizes the communities around to see the need of supporting the disabled children.

The small homes help the disabled children to socialize and familiarise themselves with other normal children in the school. The disabled are helped to appreciate and accept themselves as important members of the community/society. It is through this acceptance that they are able to discover their own talents and use them in the development of the community.

The project aims at ensuring that the children have gone to school, others gone for training to acquire some skills that will enable them to have a sense of belonging in the society and to have a source of income for themselves. Some have been able to support their poor families with their profits from their small projects after their training. A good example is a young man called Kibet who is doing welding that has enabled him to buy a small second hand vehicle to help him reach his customers as he supplies their ordered goods.

The rights of the disabled, the poor and the needy children have been violated. The small homes programme in collaboration with the justice and peace commission in the diocese tries to identify their needs and to fight for their rights. The justice and peace commission promotes the concern for dignity, work and value of every human being regardless of his/her physical or mental state.

3.1 OBJECTIVES OF THE SMALL HOMES PROGRAMME

1. To help the handicapped children to avoid walking long distances by facilitating access to nearby schools.
2. To help them familiarise and socialize with normal children so that they can have a sense of belonging.
3. To promote parental responsibility towards their handicapped and the less fortunate children.
4. To develop strategies to address the needs of the children in the homes.
5. To make the visits of medical personnel easier.
6. To mobilise the community around the homes and where the children come from to contribute towards the upkeep of the disabled children.
7. To remove the stigma of the institutions where the children were separated from their parents. Through the small homes in the area the community can care for their children as any normal family of 6 to 15 children.
8. In line with this education and building up of a deep sense of community responsibility, the Diocese will insist that parents and neighbours have the initiative in building and maintaining the homes, while the Diocese will guide and help them.

3.2 GUIDELINES WHICH GOVERN THE START OF SMALL HOMES FOR DISABLED CHILDREN

1. A home is established when there is a felt need in the community.
2. The home should be for disabled children only.
3. The home should be a community oriented from the beginning.
4. Parents should be encouraged to visit their handicapped children as often as possible.
5. The responsibility of constructing the home, providing food and the house mother's salary is for the parents and the community. However, the Diocese subsidises 50% of the total and the rest 50% comes from the community.
6. The community input will progressively increase so that after three years it is handed over to the community.
7. Each child is expected to make a small contribution to the home.

8. A small home should be like any other home and the local community can do a lot in respect to housing e.g. by surrendering a vacant teacher's house or any building that is not in use in any convenient primary school not necessarily a catholic sponsored school.
9. The home should be convenient enough for the children to receive regular visits from the physiotherapist and other medical personnel to ensure that they have the right treatment and equipment.
10. The home should be very close to a primary school compound whereby children are looked after by a house mother who creates a family like atmosphere.
11. The age of the disabled children is from nursery to secondary school.
12. Outside contributions should not be given directly to the committees or house mothers. The Diocesan co-ordinator for the programme must always be contacted first and if she feels that the proposed donation will boost self-reliance, she will arrange for the donor to meet with responsible committee and discuss how best such aid can be used.
13. Local resource persons like head teacher, chiefs, pastors, are welcome to the committees with an aim of facilitating full responsibility to parents and local neighbours to care for their disabled children

3.3 MAJOR OBJECTIVES OF THE CO-ORDINATOR

To participate in the development

To achieve the above objectives by helping the community, parents and guardians (target groups) to identify their own problems/needs and seek for solutions through self help initiatives at community level. Some of these initiatives include growing of cash crops around the home, food crops and raising of animals like cattle and chickens to support the homes.

3.4 THE RELATIONSHIP BETWEEN THE OBJECTIVES AND THE PURPOSE OF THE PROGRAMME

The purpose of the programme is attained through the achievements of the objectives. For instance since the introduction of the small homes, there has been improved community and parental responsibility over the handicapped children.

The target group has come to realise that "*Disability is not inability*". They have been amazed by the giftedness of the disabled children and their capability of doing many great things inspite of their limitedness.

The community has helped in identifying the disabled children who have been isolated for a long time. They are also trying to advocate for equal opportunities through gender sensitization. There is improved accessibility to surgical services, education, physiotherapy and occupational therapy and orthopaedic equipment.

CHAPTER FOUR

4.0 ACTIVITIES

The nature of the work in this programme involves full rehabilitation of disabled children to behave, learn and live as normal children without isolation and receiving love and care from their parents and the society.

The programme ensures that the children are taken for surgery, orthopaedic appliances e.g special boots, crutches, wheel chairs and walkers. St. Luke's Rehabilitation centre offers facilities for orthopaedic while those in need of surgery are referred to Kijabe Hospital. The co-ordinator goes round all the homes once or twice per term accompanied by a full time physiotherapist and orthopaedic technician.

The co-ordinator informs the parents and the guardians about what the diocese can offer and what they are expected to contribute towards these needy cases. Some of the parents are very co-operative while others leave the burden to the diocese. She also makes follow-ups to those who have started their micro businesses and spares some time to attend to those who come with different problems in the office.

4.1 PROGRAMME MAIN ACTIVITIES

a) Training and education of the target group (capacity building) The co-ordinator works under the development office of the Diocese. She meets with a wide variety of people during community meetings, home visits and meetings with committees in charge of the different homes. Other times she goes to meet with Christians in the parishes to enlighten them on the need to support the less fortunate and the poor children. She collaborates with the social workers and the priests in the parishes.

b) Facilitate access to formal education and skills for gainful employment.

The co-ordinator works hand in hand with the heads of different schools to ensure that the handicapped children are well integrated in the schools and there is good relationships and socialization with the normal children. She also ensures that the parents give their expected supports in the different schools and training centres such as St Lukes Rehabilitation Centre. It is the responsibility of the the co-ordinator to look for money through project proposals to cater for the needs of the most needy cases in the homes.

c) Facilitate access to food staff and proper diet for the very poor.

The co-ordinator visits the homes every term to ensure that the children have enough food and to mobilize the parents and give their contributions needed for the up keep of the homes. She does farming to subsidice what she gets from the donors and encourages the children in the small homes and their house mothers to take care of their small gardens around the home.

d) Facilitate acquisition of orthopaedic equipment to the disabled children

The programme works with St. Luke's Rehabilitation centre which has a workshop for orthopaedic equipment to provide the children with the necessary equipment.

During the visits to the small homes, the co-ordinator moves with the physiotherapist who checks the children and instructs the co-ordinator and the house mothers on the needs of the children. He gives the directions on which children are to be taken for surgery, the ones in need of new boots and those who are required to be given exercises to improve their physical health.

e) To enhance the concern for dignity, work and value of every human being especially handicapped persons.in the society.

The co-ordinator in collaboration with social workers makes follow-ups of those who finish their trainings to help them to start their own small projects by supplying machines and the necessary tools on loan and helping them to find ways of getting other materials on their own. They also encourage those who are already getting on well with their businesses by helping them to look for market for their products.

4.2 DUTIES OF SMALL HOMES CO-ORDINATOR

1. Participate in the implementation and review of the Diocesan Mission statement: *“Fulfil the mission of Christ through evangelization of the whole person in order to alleviate human sufferings, enhance social justice and call people to the conscience reflection on the challenges of the Gospel and the teachings of the church. This means, the integration of Faith and Life.”*
2. Participate in the development, implementation and evaluation of Diocesan and Departmental strategies, policies and structures in line with Mission Statement.
3. Prepare annual plan and budget of the programme in line with the development plan in collaboration with other heads of departments.
4. Facilitate co-ordination of handicapped children between parents and the community.
5. Organise visits of physiotherapists and ensure appropriate treatment and orthopaedic appliances.
6. Assess training needs of parents with handicapped children, design and organize appropriate seminars to promote acceptance and support of these children.
7. To work with school heads to promote integration of handicapped children with normal children.
8. Liaise with the appropriate government ministries and NGOs to ensure collaboration and support of programme's related to small homes programme.
9. Liaise with other CDN departments, visit similar homes in the Diocese and outside the Diocese to support the programme of the handicapped children.
10. To undertake assignments which may be given from time to time by the Development co-ordinator.

4.3 DUTIES OF COMMITTEES IN THE SMALL HOMES

1. Oversee to the needs of the small homes (food, shelter, security, water) in collaboration with the house mother and the co-ordinator.
2. To identify the development needs, establish the priorities and the required development strategies.

3. To ensure that the handicapped children are given equal opportunities and have chances to participate in community development.
4. To help the co-ordinator and the social workers to mobilize the parents and guardians to be responsible for the handicapped children. This is to ensure that none of the handicapped children is kept in isolation or denied opportunity to education, health care or an integrated life.

4.4 ASSESSMENT OF THE ACTIVITIES AND THE IMPLEMENTATION OF THE PROJECT

The staff of the programme consists of one person alone , the co-ordinator. She is trying her level best but the work is too much for one person. she relies on the support of the committees in the homes and the social workers who are under the social welfare department so they do not give her maximum support.

The project can be more successful if she can have one or two other people to form a general committee in order to enhance the activities of the other committees in the homes or to have social workers working particularly for the small homes.

The activities mentioned above are only made lighter where the communities around the homes, the committees and the heads of the different schools have taken full responsibilities in their various duties. Some of the homes have collapsed and closed down due to the mismanagement and corruption of some of the members of the committees and the headmasters. It is quite unfortunate that some members of the committees are only after benefiting from the donations which may fall in their hands without the knowledge of the co-ordinator. There is need for serious monitoring and proper identification of the right people to be put in the committees of the small homes.

4.5 MEETING OF THE OBJECTIVES

The programme is trying its level best to ensure that all the objectives are met but there are limitations here and there. The slogan "*Disability is not inability*" is only applicable to some extent but not fully in all cases.

After going round the different schools, small homes, rehabilitation centre and the small projects run by the disabled persons, I have realised that mentally handicapped children have very few chances of being self reliant. Right from their initial stage, these children do not receive the full attention that they need due to lack of specialized teachers in this area. On the other hand, some of them may get the specialized teachers but it may take them too long to be able to do anything on their own. In the rehabilitation centre there is one boy who has been there for 6 years but he has not been able to acquire any skill that can help him. So far, I have only come across one of the products of the small home who has been helped to start a project of pigs.

CHAPTER FIVE

5.0 SOURCES OF FINANCE

Since the programme deals with the poor, destitutes and very needy cases, it relies mostly on local and foreign donors. The local donors include the Small Christian Community around the homes, women groups like the Catholic Women Association. Parents and guardians also contribute substantially to the upkeep of their children in terms of boarding expenses and sometimes food.

Other local donors include: well wishers and friends within and outside Nakuru Diocese. The following are some of these local donors:

- Uchumi Mattress Limited
- Unga Limited
- Elianto Kenya Limited
- Bidco Industry
- East African Industries
- Supa foam Mattress
- Catholic Relief Service in Nairobi
- Work Aid -provides tools and machines for those who have finished training
- Social Development Office which is under the National Fund for Disabled of Kenya.

The Programme is supported by the following foreign donors:

1. Lilian Foundations which is an organization that supports handicapped children in the developing countries.
2. Austrian Sponsorship
3. Malta Sponsorship

5.1 METHODS OF FUND RAISING

The Diocese of Nakuru has many departments such as water programme, Justice and peace, medical, Social Welfare, Agricultural Programme, Development office, Women

Programme and the Small Homes Programme. All these departments support each other through merry go rounds or other contributions whenever there is need.

The Christian in each Parish contribute towards the upkeep of the poor children in the Small Homes. Most of the parishes are very supportive and are doing commendable work. There is a feasible potential of development towards self-reliance through community conscientization and build up of local support. At least each home has a small piece of land for growing some vegetables, other food crops and some cash crops like pyrethrum. Some homes have a few cows for milk, chickens or sheep.

5.2 THE BUDGET AND ITS CONTROL

The budget of this programme is prepared by the Diocesan Small Homes co-ordinator with the help of the Project Officer of the Diocese. The Project Officer works with all departmental heads in the Diocese in collaboration with the Development Co-ordinator and the Procurator of the Diocese.

The co-ordinator rarely deals with money in cash. Whenever she needs money for school fees of the children who are sponsored or other needs of the home, she goes through the procurator who sends cheques to the various institutions. The different sponsors cater for different needs of the homes. Some send school fees, others food and there are some who send wheel chairs, machines and tools for those who have finished training to start business.

The co-ordinator receives reports from the committees in charge of the small homes concerning what they have received from local donors around the homes, foreign donors who may decide to send their donations directly to the homes, the produce from the pieces of land around the homes and the livestock. The co-ordinator sends all these reports to the project officer who in turn sends them to the procurator.

Auditing of the small homes is done together with all other departments through the Development office.

The small homes programme also has an instrument which forms an in-built mechanism for evaluation called **Participatory Planning Monitoring and Evaluation**. This mechanism monitors the progress of the project and assesses the impact of the implemented programme measures. It facilitates the identification of undesired development and problems at an early stage and enhances the initiation of remedial measures.

The budget of the Small Homes is controlled by the project officer who advises the co-ordinator on how best to spend the money and the co-ordinator ensures that all the records are well kept and seriously accounted for. All records of letters from donors, cheques and material donations are well kept with their dates of reception and all the details.

5.3 1998-2000 SMALL HOMES PROGRAMME BUDGET

PARTICULARS	1998	1999	2000	TOTAL
1.0 ADMINISTRATION				
1.1 Personnel				
Salaries and allowances	436000	522000	624600	1582600
Medical Insurance	24000	24000	24000	72000
1.2 Office Running Costs				
Stationary	30000	36000	43200	109200
Telephone and Mail	24000	28800	34560	87360
Electricity and Water	45000	51000	58050	154050
Office Space	15000	21000	16537	47287
2.0 PROGRAMME IMPLEMENTATION				
2.1 Capacity Building				
- Training and Education	210000	630000	1890000	2730000
Transport Costs				
- Fuel	180000	270000	405000	855000
- Maintenance	150000	225000	337000	712500
- Licenses and Insurance	65000	97000	146000	308750
5% Contingency	58950	95002	178984	332937
TOTAL	1237950	1995052	3758682	6991684

CHAPTER SIX

6.0 SHORT TERM STRATEGIES

Since most of the handicapped children come from very poor families which are not accessible to important resources and services, the programme is planning on how to put more emphasis on the mobilization of the target groups. The mobilization is to enable the people to identify and analyse their own problems and needs of the handicapped children. After analysing their problems and needs, they can look for solutions themselves at community level through self-help initiatives.

The programme intends to improve the community and parental responsibility towards the disabled children by ensuring that the community and committees in the small homes are able to identify the isolated handicapped children in the neighbourhood. This will be done in collaboration with the social workers in the parishes and the small Christian communities so that all handicapped children are rehabilitated and integrated in the society with their special gifts for development.

The programme is also seeing to it that equal opportunities are given to both boys and girls. The eight homes comprise of both boys and girls though in most of them, boys are the majority.

There is need for improved accessibility to surgery services, education, physiotherapy and occupational therapy. Accessibility to physiotherapy has been insufficient of late due to reluctance in government's support. Physiotherapists from government hospitals used to be provided with transport to be able to reach children in various homes and villages but it is hard for them now because the transport has been withdrawn from them. The coordinator has arranged to be going with the physiotherapist whenever she goes to visit the homes. It is not very convenient and very little is accomplished and the children are not

attended to as often as it is expected. Therefore, the programme is looking into this matter in order to improve the accessibility of the physiotherapist to the homes and schools for frequent check-ups so that the objectives can be fully met.

The programme has realised that some of the parents and guardians are ignorant and not serious about surgery and clinical services while the others see the importance of these services but cannot afford transport for their children to go to the clinic and surgery centres. In order to improve the accessibility to these important services, the programme through the co-ordinator, in collaboration with committee members, is planning for better ways of pressurising the parents who are capable and to provide means for those who are not capable. The organization will involve the Parish priests as well because most of them have been approached by the poor kids seeking for transport to the surgery and clinic centres. The house mothers are to provide clear information about the most needy cases because they are more close to the children.

The management in the committees, economic and social status within the group for self sustainability in the small homes is to be improved. Improvement in these areas has to be done through proper planning and keeping of clear records and serious monitoring of the activities done by the committees in charge of the small homes. The records will include the number of children who have passed through the homes, those still in school and their progress, clothing and provision of orthopaedic boots, reduced malnutrition, profits generated from projects and food production. This kind of records have been there but there is need for more seriousness with a view of ensuring that the small homes are smoothly run with good management and harmony.

To always have at least one or two parents of the handicapped children in the small homes committees to enhance accountability and commitment of the group in the plans and implementation of the activities of the homes.

6.1 LONG TERM STRATEGIES

To establish two more small homes in Baringo and in Olenguruone after the completion of Karirikania in Kamwaura Parish which is being renovated and Upper Subukia which is under construction. ✓

To enhance capacity building through more seminars for the target groups to increase their participation and contributions towards the constructions instead of entirely depending on foreign donors. ✓

To establish a training centre for knitting, dress making and tailoring as an income generating project for the programme as well as creating jobs for the already qualified handicapped persons.

Since its establishment in 1980, the programme and the Diocese have received some support from the government through its department of health, other NGOs and institutions such as Kenya Society for the physically handicapped, The African Research Foundation (AMREF) and the Kenya Society for the Deaf and Dumb and other state and church based organizations. Kijabe hospital of the African inland church and CDN Justice and Peace commission are some of the church based organization supporting the S.H.P through different ways. The programme is to foster more close collaboration with all these and other organizations especially the government because lack of its support has been a stumbling block to some of the donors. Some donors have withdrawn because they had offered to give 90% support as the government gives only 10% but the government did not show much interest so they had to withdraw. Therefore, the fostering of good relationship and better collaboration is to renew the relationship with the silent donors.

6.2 STRENGTHS AND WEAKNESSES OF THE SMALL HOMES PROGRAMME

STRENGTHS:

1. The programme started with one home in 1980 and it now has eight homes which were fourteen before it was separated from Kericho. Six homes are now in Kericho Diocese.
2. Several children have undergone successful operations.
3. Five homes are permanently built and the rest are semi-permanent.
4. About 100 with different problems are counselled every month.
5. Five homes are self supporting. They grow their own food and have dairy cows or chicken and at least each home has a vegetable garden.
6. Around 50 children have successfully gone through different skills training and several others have joined and are still joining. The training is normally done at St. Lukes Rehabilitation Centre which offers training in tailoring and dress making, Leather work. Others have done welding at Gilgil Polytechnic while others still have gone for secretarial, computer, arts and crafts and designing at Mwangaza and other colleges.
7. Two and half acres of land was allocated to the programme by the diocese. This and other hired pieces of land produced 100 bags of maize in 1998. More maize, beans, Irish potatoes and pyrethrum have been planted this year.
8. Ten students finished their training in 1997 and they were all given sewing machines to start their own projects. One of them is training some women in her neighbourhood in Holy cross Parish around Kaptembwa slum area. She is only able to do the training once per week so that she can be in her business the rest of the days.
9. Among the needy children being sponsored by the programme, four have finished form four and one has completed university. Several others are still in secondary and primary schools.

6.3 WEAKNESSES/CONSTRAINTS

1. Poor participation of the community. Some of the communities around the home are ignorant and not ready to support the homes. The heads of some of the schools are not co-operative.

2. Some parents are capable but are reluctant in paying the upkeep fee because they know that there are some who are being sponsored yet the sponsored ones are not capable.
3. Sometimes the children do not have enough food due to the delays of the upkeep fee and lack of support from the community.
4. There is need to construct more homes but the programme does not have enough funds.
5. Sometimes the identification of those in need of sponsorship is not properly done such that the programme ends up paying for those who are not in most need yet they are many needy ones.
6. The mentally handicapped children in most cases are not well taken care of due to lack of special trained teachers.
7. Sometimes the programme has incurred some losses here and there in the projects and in farming.

*It is very difficult to find that the
programme is able to be self-sufficient.*

CHAPTER SEVEN

7.0 RECOMMENDATIONS

The parents and guardians of the disabled children have a big role to play in the total development of the children. They can only play their role effectively with the support and encouragement of the society. Most of the parents fear to expose their children who are disabled because they are afraid of what the society or those around them will say or think about them.

One of the parents had dumped her disabled child in one of the homes and never went to visit her because she did not want to be associated with her. After being persuaded she went to see her son only to get a big surprise to realise that her daughter was far much better than many other complicated cases. This experience helped her to accept, appreciate and love her own even more.

I realised that the community mobilization being done by the co-ordinator and a few social workers is not enough. It does not always touch, transform and enlighten the parents individually. Some parents need more special attention and support through counselling and other possible ways in order to be able to cope with their disabled children whom they find as a big burden to them. For instance, a parent whose child is disabled due to attempted abortion or use of contraceptives may find it a little bit hard to expose her child compared to the one who has been deformed by an accident.

Therefore, the community around need to support the parents with difficulties in accepting their children through frequent visits to encourage them and help them in giving exercises, feeding or toilet training where necessary. Since everybody seems to be so pre-occupied with his or her personal life, it is not easy to get people sacrificing their time to be with such needy cases, so the Diocese need to respond to the need by training more people interested in this field. Instead of training the disabled persons only in leather work and dress making,

some of them who are capable can be taken for counselling causes and their services may be more effective compared to what is offered by the normal people. Their own personal experience can help them to be more competent and understanding.

Visits can also be organized through small christian communities by having more prayer meetings in such homes or planning for other visits apart from the days put aside for prayer meetings.

Children in the small homes take time to improve because those in need of exercises lack facilities and there are no trained people who avail themselves to help the children in the exercises. The small home programme works hand in hand with other rehabilitation centres like St. Luke in Nakuru Diocese but there is need of getting in touch with more other centres which are more developed. This may include continuous contact with other small homes in other Dioceses and other organizations dealing with disabled persons.

It is sad that due to ignorance, the social life of the disabled persons is not well taken care of. Quite a good number of disabled persons have messed up their lives because parents and those who take care of them assume that they do not have feelings and thirst for love and relationships like any other human being. The homes and rehabilitation centres need to provide guiding and counselling sessions to help young disabled persons to be aware of themselves as sexual beings. Self awareness will help them to have health relationships and take care of themselves.

After the proposed plan of establishing a training centre as an income generating project for the small homes has been implemented, a section should be used for counselling the disabled persons and their parents.

Though the programme is trying to be self supportive through the small projects and farming, it still has a very long way to go. Therefore, the outside support, whether technical or financial, will remain a crucial factor in spurring the self help image and initiative of the target groups.

Though there are committees in the small homes, I feel that there is need for a smaller committee to work closely with the co-ordinator. However, it might be a little bit strenuous when it comes to salary payments. I was made to understand that the Diocese has no particular source of money to pay the co-ordinator a part from the programme's proposal applications which cater for all other needs of the programme. In this case, it means that if the donors fail to respond to the proposal, the co-ordinator will not get her salary and most of the other activities are prone to collapse and the education of the poor kids may be terminated prematurely.

7.1 CONCLUSION:

Every human person is disabled in one way or another. We are all limited in different ways and we are struggling for spiritual wholeness so that we can be fulfilled as fully human and fully alive persons. Everybody seems to be struggling for some kind of perfection but it is not a guarantee that this perfection is to be achieved because of our weaknesses as human beings. However, with some good measure of self-awareness of who we are , where we have come from and where we are going, we can achieve some excellency.

It is unfortunate that those of us who are not physically disabled or mentally retarded look at the physically and the mentally disabled persons with fear, ignorance, and prejudice. We do not remember that disabled persons like anybody else, have important personhood, needs desires, rights and duties. We should also remember that any handicapping condition, whether physical, mental, social or emotional does not take away one's dignity as a human person. His/her rights do not cease being sacred and inviolable.

Ministering to the disabled persons is a great challenge to me as a social minister. I have realized that very few people have an interest in involving themselves in such challenging issues. Disability is an area of apostolate that needs a lot of courage, strong faith and hope in order to convince these less fortunate people that they are equally loved by God like any other human being.

As a social minister, I am called to be a true disciple who is known by my loving service to the poor and the weak. *“Whatsoever you do to the least of my brethren that you do unto me”*²

As a social minister, I have the responsibility of recognizing the needs of the disabled and help them to understand themselves as God’s creatures who have been created for a special purpose. Awareness is not enough. I have to help them become and accomplish that which God has created them for by providing chances where possible. By discovering their giftedness, they will be able to recognize God as their source of strength, hope and encouragement. We who are physically fit need to accept the disabled persons, give them affirmation, love, respect, appreciate their little services and help them to be more independent. Unless we have the courage like that one of Veronica who wiped the face of Jesus with the love that drives out fear, most of our disabled persons will remain inferior, rejected and out of place in the society.

I was challenged by one young man who decided to marry a physically disabled woman to prove to other people in the society that disabled people are human beings in need of love and relationship and partnership and not to remain as loners through out their life. The witnesses were amazed by the kind of love this young man had and there were several commends made by some of them: “This was a historical wedding!, That is what true love is!”

² The New Jerusalem Bible. Mathew 25:40

APPENDIX

1. REPORTS FROM SOME OF THE FAMILIES WITH CHILDREN TO BE SPONSORED

a) A Poor Family

Name of the child: Sarah Nyambura

Age: 9 Years

Address: 303 Nakuru

Family composition

Name	Sex/Age	Relationship	Occupation
1. Luke Kisia	Male/38 years	Father	Jobless
2. Jacinta Mito	Female/34 Years	Mother	Housewife
3. Elizabeth Ngalwa	Female/16 Years	Daughter	Class 8 leaver
4. David Ngure	Male/14 Years	Son	Class 6
5. Florence Kagendi	Female/12 Years	Daughter	Class 4
6. Serah Nyambura	Female/4 Years	Case	Class 2

Financial and income expenditure

The parents have no land and they are jobless. The children are in and out of school and one who finished standard eight could not continue due to their poor financial situation. Serah is physically disabled. The children's health is also very poor and they are malnourished due to poor feeding.

Conclusion: Though serah is the special case in need of attention, the rest of the members in the family also need some support to find some ways of earning a living.

b) Single mother and her daughter

Name: Theresa

Age: 10 Years

Family composition:

The mother of Theresa is a former street mother who has now been housed by the small homes programme. She is dumb and deaf and the child has picked the language of the mother. She can hear but she cannot speak and she is physically disabled.

Financial Income and expenditure:

The mother has been on the streets relying on hand outs from passers-by but she has been put where she can do some casual work to be able to feed her child.

Conclusion: This mother needs support especially for medication of her disabled child and education.

2. FINANCIAL JUSTIFICATIONS

1. Child: nr. 1 Name: Ann Njeri	
2. First assisted by SLF	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Year of birth: 1978 Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
4. Kind of handicap: Physically Handcapped	
5. Picture: <input type="checkbox"/> before assistance <input type="checkbox"/> after assistance	
6. Parent contribution: in money/in kind UPKEEP fee 6,000	
7. Description of assistance by SLF	in local currency
School fees 1998	9,750
8. Total for this child	9,750
9. After-care: <input type="checkbox"/> No <input type="checkbox"/> Yes by mediator/co-worker	

10. Short report

Njeri had some health problem for along time after form four. She underwent an operation of uterus last year she joined Secretariat training she is doing well her aim is to become a secretary.

1. Child: nr. 7 Name: Monicah Wanjiku	
2. First assisted by SLF	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Year of birth: 1979 Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
4. Kind of handicap: Physically Handcapped	
5. Picture: <input type="checkbox"/> before assistance <input type="checkbox"/> after assistance	
6. Parent contribution: in money/in kind upkeep fee 2,600	
7. Description of assistance by SLF	in local currency
Sch. fees 3rd term 1998	2020
" " 1st term 1999	3220
8. Total for this child	5,240
9. After-care: <input type="checkbox"/> No <input type="checkbox"/> Yes by mediator/co-worker	

10. Short report

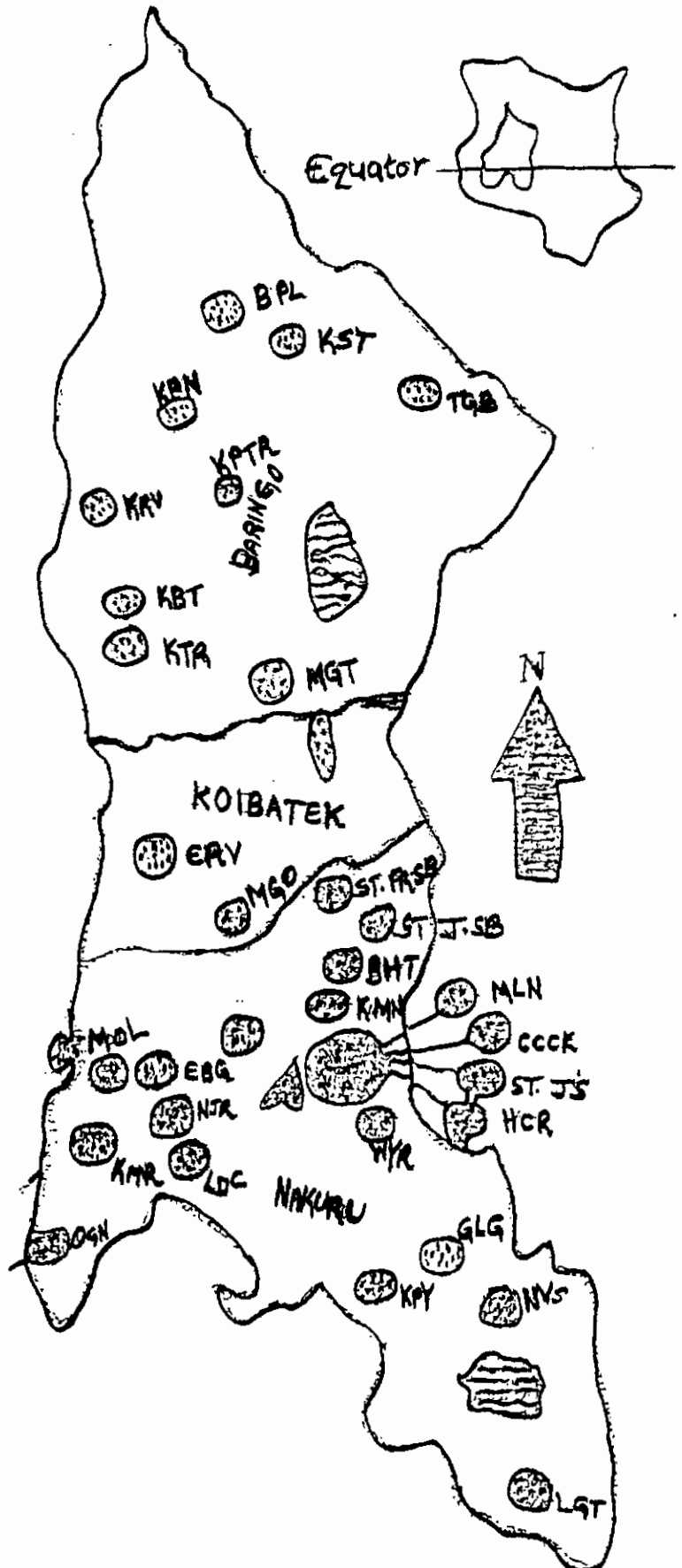
Monicah is in form 2 this year at memo sec school and very determined to complete and join a teaching college.

1. Child: nr. 11 Name: Tabitha Wambui	
2. First assisted by SLF	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Year of birth: 1978 Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
4. Kind of handicap: Physically Handcapped	
5. Picture: <input type="checkbox"/> before assistance <input type="checkbox"/> after assistance	
6. Parent contribution: in money/in kind Medical 2,000	
7. Description of assistance by SLF	in local currency
School fees	5,000

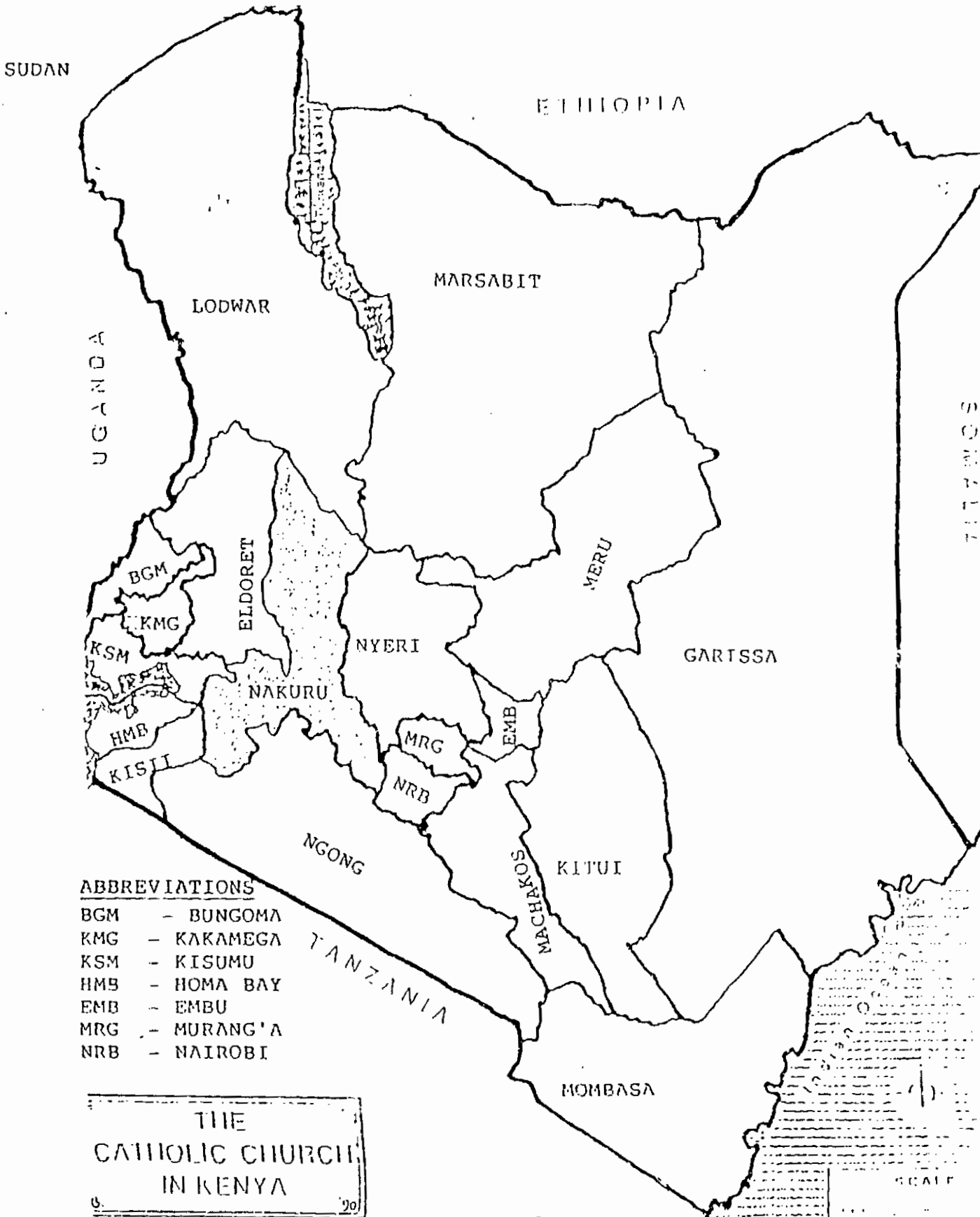
10. Short report

She is doing address making course and doing very well. Aiming to start address making project for her income.

3. a) PARISHES OF THE CATHOLIC DIOCESE OF NAKURU



b). THE CATHOLIC CHURCH IN KENYA



c) DISTRICT ADMINISTRATIVE BOUNDARIES



D. NAKURU DISTRICT: AGRO - ECOLOGICAL ZONE



LEGEND

- UH0 Forest Zone
- UH1 Sheep & Dairy Zone
- UH2 Wheat - Pyrethrum Zone
- UH3 Wheat - Barley Zone
- LH2 Wheat/Maize - Pyrethrum Zone
- LH3 Wheat/Maize - Barley Zone
- LH4 Cattle - Sheep - Barley Zone
- UM4 Sunflower - Maize Zone
- UM5 Livestock - Sorghum Zone
- UM6 Upper Midlands Ranching Zone

4. PICTURES

a) A house mother and the mentally handicapped children at Subukia Small Home .



b) *Teachers, house mother and the children at Mugumo Small Home.*



c) In the two pictures below, the children are being helped to discover and develop their talents through singing and drama.



D) In the first picture, sister Catherine (the coordinator), Mr Waitthaka (physiatherapist), a social worker and committee members of one of the homes.

In the second picture is a mixed group of protestant and catholic christians who were being mobilized to take responsibility over the handicapped children.



e) In the two pictures below, the children are being encouraged to participate in gardening at their small home and at school.



f) The following are those who have progressed in their business. The first one is Kibet who has managed to buy a second hand car from his welding products and in the second picture are Margaret and Jane doing tailoring and knitting.

