

2022 Christmas Appeal.

The Rehema Early Intervention Centre

The Rehema Centre is an Early Intervention Centre for children with complex medical needs in rural Kenya. It provides a caring nurturing space for both the mother and child. During a 12 week term the child is assessed and a physio program established to maximise their potential. The Centre is also a place of respite, where families living with disability come to together and find peer support and community. The Centre opened in May 2021 and is fully equipped and functioning, but going forward it will cost £7000 a year. Our small charity cannot find this from our current budget, and although we have come so far to have opened, without new funding this cannot be sustained.

Can you help us keep the Centre running? A regular monthly donation of £6 from 100 people can achieve this. You would be supporting a very marginalized community whose voice is rarely heard. Thank you for your kindness in cond.

You can read more about the Centre and why it is so desperately needed below....

Background: Challenges facing the disabled community in Meru County, Kenya

Rural life in Kenya is frequently hard regardless of whether you are disabled or able bodied. With recurring droughts and subsequent famines many parents struggle to feed children, and many children drop from school due to lack of fees. But set within these already challenging conditions, children living with disability also frequently face isolation, abandonment, acute malnutrition, minimal access to medical services, and in many cases, are living in extreme poverty and squalor.

Children living with disabilities can develop very severe complications as their families frequently receive no medical support, and they no access to physiotherapy advice on issues such as positioning. Visiting physiotherapists comment that they see children in Tigania West with degrees of disability that in the UK are now rarely seen- through education and access to early intervention techniques these degrees of severity are avoided in the developed world.

Stigma is also great in the community. With many people believing that disability is the cause of curse or sin, it leads to the children being hidden, this further contributes to the lack of support they receive. Since 2012 Friends of Kianjai Kenya (FKK) have been working alongside SN teachers and health professionals to improve outcomes for these children. We have introduced Community Workshops to educate parents and the wider community that disability is nobody's fault, and that genetic and medical complications have caused the disability in the vast number of cases. In addition, FKK run mobile physio clinics, Mother to Mother playgroups, and feeding programs. To encourage self-reliance and sustainability 17 irrigated farms have been built at special units to enable the feeding of special needs children to be provided for by their local communities.

Prepared by Caroline Newton, Chair of Friends of Kianjai Kenya

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These projects have significantly improved outcomes for the SN community across Tigania West, but for some children with high levels of need more is needed to relieve their pain and bring dignity and hope into their lives.

Children such as Martin, who have Cerebral Palsy affecting all 4 limbs and has severely limited mobility, lies in the dirt for hours at a time unable to change his position. He has no assisted aids, and his mother has received no education on how to support him or how to change his position throughout the day.



Traditionally the parents and guardians of SN children have received no education or support on how to care for their child. This has been hugely stressful and often overwhelming for the parents involved. We believe that through a child specific health and education program, parents and guardians of special needs children will be able to support their children to lead meaningful lives despite their physical and mental limitations.

The Rehema Centre: Enabling children and empowering parents.

In 2012 in the name of the Rehema Community -Based Organisation three acres of land was purchased at Kitheo, on which to build the Centre. Set into an acre of garden it now comprises of a large therapy room and office, an adapted toilet/shower block and a substantial fully equipped kitchen. Two further acres of land are farmed with cows and arable crops and there is a workshop to manufacture assisted aids.

In May 2021, supported by funds received from the Rotary Club of Lincoln Lindum the Early Intervention Centre opened its doors to 12 children with complex needs

The **Early Intervention Centre** provides a base where these children can come to be assessed and to have an intervention plan and home program established. Typically, a child will attend for a 12-week term, 5 days a week, 8.30 to 5pm. Each child receives an initial assessment and an intervention program is established. They receive daily physio support in a caring nurturing environment.

Where needed an Orthotist will measure the child for an assisted aids eg standing frame/seats, and where possible these will be made at the APT workshop (see Appendix 1) that is sited at Rehema. Many of these children are incontinent and have had no support to remediate this. Where appropriate the child is supported to use a commode and return home with one made at the APT unit.

In addition, each child is seen by a nutritionist and where necessary receives nutritional supplements. The children receive enriched morning porridge and a cooked lunch at the Centre.

During this 12-week period the mother's situation can be assessed, and a **personal support plan prepared**. Typically, these mothers come from extremely poor backgrounds, they need educating in matters of family health, hygiene, family planning, and simple budgeting. During the 12-week course parents will receive workshops to educate in these areas. In addition, most parents have a complete lack of understanding of their child's disability and need to be made aware that the condition has a medical cause and is not the result of personal sin or curse. When they understand this fact, huge emotional guilt can drop away. It is our intention that at the end of the 12-week term **the mother and child are equipped with education and resources that will improve their ongoing physical and emotional well-being**.

In addition to educating the mother and child, the work of the Rehema Centre can significantly support the professional development of local Health Care Practitioners. **Physiotherapists and Orthotists from Mikunduri and Miathene Hospitals have already benefited from significant capacity building due to visits from overseas professionals**. This is particularly important in the area of paediatrics. As mentioned above recently visiting English physiotherapists have observed and commented that the cases in Tigania West are rarely now seen in the UK and developing countries - through educating local medical professionals in early intervention techniques and referral on to specialists the degree of physical deformities can be greatly reduced.



Physiotherapist Lynn Johnson is shown here with a child with scoliosis (curvature of the back) which is quite severe. This in UK would be either braced or corrected surgically. These deformities only get worse as the child grows especially during puberty and results not only in very poor posture but also crushes one side of the lungs

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and makes the child/person very susceptible to chest infections. Children entering the early intervention centre will have access to interventions to enable conditions such as this to be remediated.



Martin (pictured above in the dirt) is shown here sitting in his home, his mother was shown how to prop him up using pillows that they owned. This was the first time Martin had sat in the family home, later his mother told us that this was also the first time his father had spoken to Martin for years. Simply raising his position to sitting had helped to normalize his place in the family. This is a small example of how educating parents on simple interventions can have a significant impact on the quality of life of a child.

Thank you for taking the time to read these children's stories. If you are able to support us with a regular monthly donation to keep the Rehema Centre running that would be hugely appreciated.

Rehema Early Intervention Services:				Annual Revenue Budget					
	Daily Fee	20	Currency Exch	135	KES/£				
				Year 1	Sterling	Year 2	Sterling	Year 3	Sterling
			Weeks						
INCOME	Subscription Fees payable per child - 12 children	240	36	8640	8640	8640	8640	8640	
	reduction in fees/ takeup	60%			(5184)	(5184)	(5184)	(5184)	
	TOTAL INCOME			3456	£26	3456	£26	3456	£26
EXPENDITURE			mths						
Staff	Senior Care Giver (including 6% NSSF)	11700	12	140400	(140400)	(140400)	(140400)	(140400)	
	Care Giver 1 (Including 6% NSSF)	10600	12	127200	(127200)	(127200)	(127200)	(127200)	
	Care Giver 2 (Including 6% NSSF)	10600	12	127200	(127200)	(127200)	(127200)	(127200)	
	Cook (500KES per day)	10000	9	90000	(90000)	(90000)	(90000)	(90000)	
			wks						
Direct	Food Costs per week - 12 children plus staff (year 1)	6400	36	230400	(230400)	(230400)	(230400)	(230400)	
	Firewood, Soap, Super Bright, Gas	1700	36	61200	(61200)	(61200)	(61200)	(61200)	
	Physiotherapist allowances (2 days per week)	3000	36	108000	(108000)	(108000)	(108000)	(108000)	
	DayCare consumables	500	36	18000	(18000)	(18000)	(18000)	(18000)	
	TOTAL DIRECT COSTS			(902400)	(£6684)	(902400)	(£6684)	(902400)	(£6684)
	Gross Surplus /			(898944)	(£6659)	(898944)	(£6659)	(898944)	(£6659)
Overhead:	Office costs (record-keeping etc)			5000	(5000)	(5000)	(5000)	(5000)	
	Repairs & Renewals of Equipment			10000	(10000)	(20000)	(20000)	(20000)	
	Licences, Assessment & Certifications			10000	(10000)	(10000)	(10000)	(10000)	
	Insurance			10000	(10000)	(10000)	(10000)	(10000)	
	Carer Training Visits			60000	(60000)	(60000)	(60000)	(60000)	
	Family Support Visits & Travel			30000	(30000)	(30000)	(30000)	(30000)	
	Miscellaneous			25000	(25000)	(25000)	(25000)	(25000)	
	TOTAL OVERHEADS			(150000)	(£1111)	(160000)	(£1185)	(160000)	(£1185)
	Net Surplus / (Deficit)			(1048944)	(£7770)	(1058944)	(£7844)	(1058944)	(£7844)
	Monthly deficit to fund the activity				(£647)		(£654)	(£654)	(£654)
	Cost per child per 12 week course				(£216)		(£218)	(£218)	(£218)
	Notes								
	<> It is anticipated that the food will be supplemented from Rehema Farm produce and volunteer labour will come from parents								
	<> Most families are very poor so a daily fee is unrealistic for each child. A nominal amount of 20KES per day will be requested to enhance engagement, however a 60% subsidy recognises the realities								
	<> The scenarios above assume 3 terms of 12 weeks each.The Centre is planned to be used for other activities for the families during the holidays								
	<> Exchange rate used above is 135KES which represents a mid point. Currently (Feb 2021) the rate is very high at 145KES/£								

As outlined in the budget above the cost per child per twelve week intervention is £216. This gives a total budget of £7770. In the first year we have received donations of £1200, and £5000 towards the launch of this project, leaving a total of £1570 for FKK to find from the main budget. To ensure the sustainability of the project we are proposing building up a broad base of monthly supporters willing to donate a monthly amount. Maybe along the lines of '£6 provides a child with physiotherapy, morning porridge and a hot lunch for a week'.

Going forward the £1200 donation has been offered annually for the foreseeable future, this leaves £6570, which if donors give £6 monthly ie £72 pa would require 91 donors. The advantage of a broad base of financial support is that the future of the service is more firmly secured rather than relying on large one off donations. FKK would look to ask our church based supporters and those on our email base, approx 200, to contribute to this venture.

Appendix I. **The Rehema Respite and Outreach Centre – Manufacturing Assisted Aids on site.**

Our APT Workshop

Many of the children we support require an assisted aid to function at their highest capability. This aid might be a standing frame to aid mobility, a commode to develop continence or a wheelchair. Even a small wedge to encourage changes in posture can make a real difference, however purchasing these aids a third party is extremely expensive and can take an exceptionally long time.

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In February 2016, a workshop was opened on the land to manufacture assisted aids. Using Appropriate Paper Technology (APT), a method developed by Cerebral Palsy Africa, cardboard and newspaper is used to carefully construct a chair or standing frame that is a therapeutic aid for a child.



The workshop.



The team prepare the cardboard.



An orthotist cuts out a chair from board, based on a child's measurements.



Glue and paper applied to the chair



Eudias comes for a chair fitting.

Nancy at home with her chair