



Overview of this Children's Home

Background & Mission

Garden of Hope Home is situated in Ngong Sub-County within the county of Kajiado, Kenya. It started in 2004 as a feeding program for children in the nearby slums of Gichagi and later transitioned into a children's home, owing to the need. The home cares for orphaned, destitute and abandoned children who come from various counties in Kenya, with most of them from Kajiado County (Maasai Community). Children are referred to the home through the Ngong Sub-County Children's Office. Some of the children have been rescued from early marriage and other forms of abuse.

As time went on, Director Pauline realized there were many children who were not going to school, so she started a school for them in a rented premises. Later, with the help of well wishers, she was able to purchase land where the school was moved to and a home started to help the neediest of the children, most of which had been orphaned. Initially, they had donors from Ireland who assisted in raising funds to build the classrooms and dormitories for the children. However, at some point in 2018, the donors stopped their support, leaving the management to source for funds locally.

Currently the home is serving 17 boys and 32 girls to a total of 49 children. Their mission is to care for orphaned and vulnerable children, alleviate their suffering, and not allow them to be corrupted by the world.

Recent Accomplishments

- Formalized a partnership with Weza Care Solutions for capacity building and training.
- Set up a separate room for the toddlers with an assigned caregiver.
- Commenced training the staff on trauma informed care and self care.
- Hired a counselor, social worker, 3 caregivers and a matron to enable segregation of duties.
- The borehole water was finally tested for safety
- Acquired a water filtration machine.
- Received 9 displaced or abandoned children and were able to reunify all with family.
- Achieved 100% committal of children through the court.
- Completed application of birth certificates for all children and are now awaiting issuance by the relevant government office.
- Held birthday celebrations for all children who had birthdays.



The Thrive Assessment

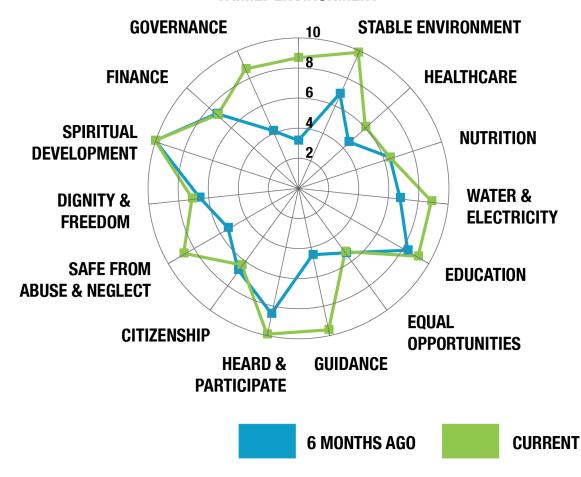
What is the Thrive Assessment?

In 1959, the United Nations (UN) adopted the Declaration of the Rights of the Child, which defines children's rights to protection, education, healthcare, shelter, nutrition and more. We have codified all 13 Rights, as well as a Finance Standard and a Governance and Human Resource Standard, resulting in a total of 15 standards. These standards ensure that children receive care that truly helps them to thrive, now and in the future.

The Thrive Assessment will be administered every 6 months with each partner home to chart the progress of each standard. Our team works with caregivers to outline next steps which and compiled into an Improvement Roadmap.

Current Thrive Scale

FAMILY ENVIRONMENT



Strategic Initiatives

EDUCATION FEES

PROJECT DESCRIPTION	While the children in primary school are attending Garden of Hope School, the home is struggling with raising fees for those in high school and Vocational training. They are seeking support by paying fees for 8 children at Kes. 20,000 Per child a term, which runs for 3 months (commences in January, May and September).
ESTIMATED FUNDING	\$160,000 KES per term \$1,114 USD per term

FUNDING FOR TRANSITION TO ADULTHOOD OR FAMILY REUNIFICATION

PROJECT DESCRIPTION	Garden of Hope is the first home that the specific government children's office places abandoned children due to its proximity to the offices. After tracing the families, these children are required to be reunified, and the home finds itself struggling with funds for family tracing and home visits to reunify them. They are seeking financial support to enable the task which in the end is left to them by the government.
ESTIMATED FUNDING	\$10,000 KES per month. \$70 USD per month

CHILDREN'S HEALTH COVERAGE

PROJECT DESCRIPTION	The home does not have income flow into their bank account, hence struggling to raise funds to secure a medical cover for the children. In case of emergencies at times the director finds herself borrowing money from online lending platforms in order to save a situation. She aspires to secure the National Health Insurance Fund (NHIF)@Ksh.500 for a group of 3 children every month (for the total 49 children, it will cost Ksh.8000 monthly)
ESTIMATED FUNDING	\$8000 KES per month \$56 USD per month



Right to Live with Family

SURVIVING

SUSTAINING

THRIVING

Over the past 6 months, the home has been privileged to hire additional staff including a social worker, a counselor, a matron and 3 additional caregivers. 8 Children aged 4 years and below are now being housed in a separate room with a caregiver assigned specifically for their care. The rest of the children have 3 caregivers including 1 male who cares for the boys while the other 2 care for the girls. There are a total of 49 children in the home. The children are getting consistent attention from the caregivers at least 5 days a week. There are proper records of each child's background information and connections for those with known families. Every child in the home has their records from the children's office, which is where they are referred from. The caregivers have commenced their trauma informed care training, which they hope to happen on a quarterly basis. The home has an in-house plan for onboarding and evaluating caregivers. Sibling bonding is encouraged as they get chances to sit and play together. The social worker is working on possibilities to ensure reunification of the children with family. There are plans in place where the counselor sits with caregivers to evaluate them on the care they are giving to children, and this is planned to happen every month. In cases where family members have been identified, the home allows them visitation to the institution. Additionally, some children get to visit home during holidays, depending on the circumstances. The home's desire is to keep up with the strategies that have been put in place to ensure the children get quality care during the time they are under its care as they are prepared for reintegration into families.

Provide continuous training for the caregivers.



Right to a Stable Environment

SURVIVING

SUSTAINING

THRIVING

House rules are consistent and the children understand that they are loved. Children are also corrected with love once found in the wrong. Consequences for infractions are positive discipline based and often involve short-duration time out. So far, children are not called by their nicknames and are able to have downtime when they engage in unstructured play. There are family groups based on age or interest where they eat, play and work together. Caregivers on the other hand meet every month with the counselor and social worker to discuss behavioral ideas to help effectively teach and discipline the children under their care. Through consistent substitution, caregivers get rest on weekends under rotational terms, and some days the cook steps in for a caregiver. The home has replaced 2 caregivers since the beginning of the year, hence the staff turnover during the last 6 months has been slightly above 20%. Discussions are carried out by all staff every 2 weeks on creating a good environment for the children and incorporation of family values. The children have joint activities with caregivers, including some in their family groups where the older ones engage

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in baking as a way of enhancing their skills. In addition to baking, children get to celebrate each other's birthdays and a common midyear celebration for those who do not know their specific birthday.

Continue with the current practices.



The children do not receive annual well checks but when sick, they are attended to. They are planning for the children to attend a community medical camp organized by a faith based organization (Karen community church) at a nearby school soon. The home has not yet documented the children's standard vaccinations for lack of details, as most of them are referred from the children's office without proper documentation. Soap and water are readily available and a sink near the dining hall is used. Children are always reminded to wash their hands after visiting toilets and before eating, as well as the need to be well groomed. They have identified a hospital where children could receive care in case of emergencies, but without a specific pediatric physician assigned. Adolescent girls have access to feminine hygiene products in sufficient quantities with their disposal method being in pit latrines. These products are obtained through donations and purchasing, when needed. The girls are taught about the basics of menstrual hygiene by the counselor who also invites girls from the community to learn together. There are no plans in place to receive annual vision and dental examinations due to current financial constraints, however, cases are addressed as they occur. No lice cases have been identified, although ringworms reoccur and are quickly treated through medicated soaps and bee oil from herbal shops. The children do not have a specific medical file other than their main file which includes medical documentation. The first aid kit is not fully stocked and the home does not have an emergency medical fund, but the children are able to see doctors and get medical treatment when required. For training on how to care for children with special medical conditions, the home avails themselves whenever the government organizes for them. Owing to unavailability of funds, the children have not been able to receive orthodontics treatment. Traditionally, the children brush their teeth once in the morning and some older ones are spotted brushing in the evening too.

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The children are well fed with what is available and are assured of at least 3 appetizing meals a day. The food is cooked in a hygienic manner and a refrigerator is available for storage purposes where necessary. The kitchen and food storage areas are free from toxic substances and pests are fumigated in case they are spotted. Cleanliness is observed in all areas, but the kitchen is not 100% ventilated because the smoke accumulates. However, the home is currently awaiting the support of a donor who has promised to upgrade the facility. Proteins [beans and green grams] are alternated daily, while meat is cooked when available. Greens and fruits are also served when available. The home does not have the support of a nutritionist and the cooks have not been trained, but they are evaluated and certified by the ministry of health annually.

Maintain the	plan of having	the ventilation	and smoke issue	addressed.
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- Pursue a promised donation for upgrading of the facility.
- Keep rapport with donors who donate food items.



Right to Safe & Adequate Water & Facilities

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The facility was recently inspected and tested by the Kenya Water Institute to evaluate the safety of water, and fluorine was detected. Subsequently, a purifying machine has been installed, courtesy of a volunteer from Germany who managed to fundraise 600,000 shillings while on a 3 months internship in the home. There is a safe disposal method for sewage, hence no contamination. All bathrooms have functioning light bulbs and there are plans to upgrade them. There is no documented emergency plan in case of fire, but for loss of electricity or water they can access a generator and a nearby borehole. Despite fluoride having been found, the water is safe for drinking. There are no functional shower heads as the children take baths from buckets. However, they are anticipating an upgrade soon from a donor who was referred from St.Paul's home. Security lights are adequate and wired in a safe manner, but there are no smoke alarms and no fire drills have been conducted. There is no annual written plan to address property maintenance, but every case is addressed as it occurs. Training on the importance of safe and adequate intake of water is conducted in-house.

	Maintain	the	plan	for	upgrading	the	bathroom	facilities
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Obtain a smoke alarm.



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All children of school age are attending school and activities are being conducted to improve their literacy. The home is privileged to have a school on-site where all primary children attend. Children 11 years and over are able to read and write, and those 9 and older can do basic addition. Through coordination with the Kenya Institute of Special Education, children with learning disabilities can also be identified and supported. For the younger children, they have reading time on Saturday, which aids in their understanding. Appropriate books for the children are available, as well as internet and computer access. Fortunately, a program known as Ttatt will soon be offering education materials and 27 tablets with free internet. Additionally, children have a teacher from the school who tutors them on school days whereas they do their homework with their teachers. There are story books that the children have read and exhausted, hence the home appeals for donations. Currently, there is no one on one interaction at home but from the report, children from the home are thriving more in their various classes.

Plan for an overhaul of the books by sourcing donations.

Right to Equal Opportunities

SURVIVING

SUSTAINING

THRIVING

The home does not have a dedicated space for each child to store personal items, but they are waiting for a donation that was promised a few months ago by a donor wishing to install wardrobes in the dormitories. All children have equal educational opportunities with access to teachers and school materials. The children receive guidance from all staff in the home and teachers from the school who also act as role models. For instance, one male teacher has taken up the role of mentoring the boys by ensuring maintenance of cleanliness in their dormitory to ensure they live well. The home has no physically challenged children at the moment and there are no measures in place to accommodate them as far as structures are concerned. There is a plan in place to transition children to independent living regardless of gender, handicap or family history. Children have previously been supported for job searches and accommodation rent for 3 months prior to independence. However, the home is currently struggling financially and has yet to find a place for those who recently completed high school and college. The home desires to continue this support and is therefore seeking donor funds for transitioning of the current group.

	Maintain the	plan of so	urcing finan	cial assistan	ce for tran	nsitioning (older a	adolescents [.]	to adulthood
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Follow up on the promised installation of wardrobes.



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The home has job descriptions that they use while looking for caregivers and other staff. The caregivers are evaluated periodically to determine if they are quality mentors and model respectful behavior as they offer care to the children. The home has a counselor who is providing psychological and therapeutic service to the children consistently. Those over 11 years have received education on sexual behavior while the caregivers receiving training on the same topic is work in progress. The 9-11 year old children have also received basic education on sexual behavior, which is offered by the social worker, counselor and teachers from the school. The children are exposed to different tasks and skills in regard to expanding their interests for future careers. There is no written transition plan for adulthood, but the children are well mentored in preparation for independent living and there is consistent communication with those enrolled in vocational training.

Continue with the current practices.



Right to Be Heard and Participate in Decisions

SURVIVING

SUSTAINING

THRIVING

The children are able to decide what they want to do with their free time and if they express needs, they are addressed. An opportunity to verbalize their opinion on menu planning is given, with consideration for raw materials taken into account. The children also get to choose what they want to wear and the younger ones are guided in dressing. Children are always mentally prepared on healthcare procedures prior to their administration and individual development plans have been implemented for each child and are updated monthly.

Continue with the current practices.



Right to Be Prepared for Citizenship

SURVIVING

SUSTAINING

THRIVING

The children do not have birth certificates yet, but the necessary forms have been filled and are now being processed by the government. The caregivers have started being trained on how to help children practice responsibility. Age appropriate chores are given to the children and the home observes national and local holidays such as attending events for the national day of the African child. The home is a clean environment and they get to participate in nonroutine activities outside the home every Sunday (hiking of the nearby Ngong hills, football,

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visiting supermarkets, etc). The children have someone who can teach them how to do budgets and also receive guidance on governing ethics. They do not participate in community service, but major events are discussed with them at home.

- Follow up on obtaining birth certificates with the government agency.
- Consider community service activities that the children might participate in.



SURVIVING

SUSTAINING

THRIVING

The home's security, though not 100%, does provide some protection for the children. A few cases of intrusion through the back fence have been observed and addressed accordingly. There are separate sleeping facilities for boys and girls. The staff have not yet received formal training on positive discipline techniques, but have been learning in-house and hope to receive training sessions with Kutoa project. The home has policies that enforce no one on one time between individuals and has implemented the child protection policy to ensure that children are not abused. The caregivers received one session of training on recognizing abuse and they are in a position to evaluate signs of neglect. Abuse and reporting methods are discussed with children 5 years and above and the home ensures that appropriate staff members accompany children on off-campus outings. There is a visitor policy in place and they allow visitors on weekends. The home has not yet established a process for checking the background of staff and visitors, but some options have been identified. The children are allowed to walk around the home and are never left in cribs or highchairs for long hours. Intake assessments are done by the Kenya Institute of Special Education (K.I.S,E), doctors, the counselor and social worker to evaluate a child's need to work through trauma and receive counseling as needed.

Seek ways of reinforcing the back fence to curb trespassers.



SURVIVING

SUSTAINING

THRIVING

Children are bathed daily, taught how to take care of themselves, and allowed to do as much as possible for themselves. The home also encourages kindness amongst themselves. Currently, the home does not have enough beds and younger children are sharing, however, the home is looking forward to donations from appeals already made. They have adequate clothing and undergarments for each child. Consequences for infractions are discussed with the children ahead of time and corrected with love. Bed linens are cleaned every weekend and when soiled. All children have toothbrushes which are changed once in a while. The children have lacked towels for a while and the home is still sourcing funds to purchase one for each one of them. In most cases, The children make their own toys using local materials

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because the young ones are not able to handle the purchased ones. Children are allowed to speak their native language, but do not do so often. Extra chores and work for extra privileges is permitted for the older children, especially cleaning dormitories and helping out with cooking. During Valentine's Day this year, the older girls were able to help in selling flowers where they earned some money for themselves. This type of activity is encouraged for those who have completed college and vocational training as part of preparing them for transition to adulthood.

Seek funding for replacement of beddings and towels for all children.



SURVIVING

SUSTAINING

THRIVING

The children have an opportunity to be part of a spiritual community and can participate in church roles to exercise their spiritual learning. They are free to practice communal prayer, learn and participate in religious holidays. They have spiritual material and religious books accessible and a quiet place available for prayer and meditation.

☐ Continue the current practices.



SURVIVING

SUSTAINING

THRIVING

The home has a form of tracking income and expenses and records maintained for review by one of the board members with accounting skills. Income tax filing is happening according to the government requirements. Receipts for all purchases are kept for the creation of loss and profit statements every 3 months. Although there are not enough funds currently, no misuse has been identified. The home does not have an annual budget and bank accounts aren't reconciled monthly since there is no flow of income. However, funds that come in are used for the intended purposes, therefore leaving no account balances. The home has a segregation of financial duties, depending on donations that come their way. There is an auditor who validates the books annually.

Develop a finance policy.

க்க Governance and Human Resource Standard

SURVIVING

SUSTAINING

THRIVING

Land has been secured under the home's name and cannot be removed or sold for personal gain. Orientation of caregivers is done by the social worker prior to assuming duties. The home has a written organizational chart that outlines delegation and supervision of duties. Regular meetings are held for the staff to address processes every two weeks. The home has job descriptions outlining responsibilities, but they have not yet scheduled weekly staff meetings to provide guidance pertaining to each staff's position. Instead, meetings happen monthly or when an issue arises, but there are plans of starting them. The home has an active board of directors which meets biannually. The caregivers have not attended formal training on caring for the sick, but they hope to acquire that with planned training in the future. Inhouse training is done to facilitate child participation and the home ensures employee files are kept securely.

Schedule weekly staff meetings to provide the caregivers with guidance and support pertaining to their positions.

Current **Improvement Partners**



Child in Family Focus

Child in Family Focus - Kenya champions family-based care for Orphaned and Vulnerable Children through Supporting National Care Reform efforts.

The organization engages, enlightens and empowers Charitable Children's Institutions and families for life-changing outcomes through offering technical support in project reviews, organizational capacity development and mentoring on transitioning models of care for OVC.

At Child in Family Focus, all is done to God's glory - pressing toward the mark for the prize of the high calling of God in Christ Jesus. (Philippians 3:14)

> For a list of projects and opportunities to coordinate on go to www.ACHF.org/Projects

