

## **1.2 DESCRIPTION OF CHILD CARE PROGRAM**

### **1.2.1 Background**

The ARC Kenya Child Care program was started in 2005 with support for ten children and subsequently ten more were added that year and each successive year thereafter. The program has been providing social assistance to extremely poor individuals and households; families who need special care or have inability to meet their basic needs such as food. The Child Care program focus is on social assistance covering a broad range of actions including food aid, health care, education support and child protection. Home and school visits were carried out on a monthly basis but as the number of children increased, these are now done termly (every three months).

### **1.2.2 Child Care Program Objectives**

1. Promote the welfare of orphaned and vulnerable children in the community to ensure survival.
2. Encourage education to both girls and boys so that they participate in development after school
3. Promote skills for life to the vulnerable children.
4. Promote good nutrition and diet for good health of the child.

The Child Care program has a staff team of five. It has 130 children from the age of 4 – 20 (67 girls and 63 are boys). There are 92 caretakers. Jiggers' infection was a key concern when the program was started and 7 homes were improved by plastering mud floors between 2006 and 2012 in addition to other hygiene measures that were taken. From inception the children are supported in provision of clothes, shoes, school fees, medical care, school uniforms, sanitary towels for girls and weekly feeding on Saturday. Most of the food provided is produced at the ARC Kenya ARO center since 2007. There is also a small-scale training program since 2009 that offers carpentry, tailoring and computer skills catering, agriculture, knitting and crochetry. Children use the facilities twice a week on Thursday, and Saturdays and during the school holidays.

## **CHANGES**

Children said what they like about the program. (Ref. Annex 4). They also listed the following changes in their lives, and these were corroborated by their care takers:

### **Improved health and nutrition**

- Children who were sickly are now well
- Children commonly had jiggers on their feet but with the protection of shoes, and cemented floors that was no longer the case.
- Malaria is reduced because of provision of bed nets.
- Children have improved nutrition
- Children have improved appearance with better clothing and hygiene
- Children now sleeping better on mattresses with blankets instead of mats

### **Improved school retention, performance and completion**

- Some did not attend school and now they do.
- In place of handkerchiefs girls now use sanitary pads and no longer embarrassed to attend school
- At home they have replaced tin lamps and high cost of kerosene with solar lamps and can do school assignments with ease.

### **Acquisition of life skills**

- They can mend clothes, use the computer, make furniture
- Children have been helped to discover their talents
- Improved environment because of tree planting
- They have learned new things (rights)

### **Improved security and relationships**

- Physical and humiliating punishment (PHP) stopped
- Children have more secure learning environment, and have improved academic performance
- Improved care at home and in school with frequent visits for guidance and counseling from ARC Kenya