

**READYAIDERSFOUNDATION.**

*TouchOne,TouchAll.*

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**THE CLEAN PLATE NUTRITION PROJECT FOR CHILDREN WITH  
DISABILITIES**

**IN**

**NAIROBI COUNTY, TANARIVER COUNTY, KISUMU COUNTY,  
MACHAKOS COUNTY AND MOMBASA COUNTY.**

**FOR 3YEARS (OCTOBER 2021 TO OCTOBER 2024)**

**PRESENTED BY READY AIDERS FOUNDATION**

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## 1.1. EXECUTIVE SUMMARY

### 1.1.1. PROBLEM

The world health organization(WHO) estimates that disability prevalence is at 15% of the world population. According to the 2019 Housing and population Kenyan census, 2.2% (0.9 million people) of Kenyans live with some form of disability. Recently, there has been an increase in number of children being born with different disabilities and disorders which disrupt their growth and development. Among the key disabilities noted in many children include cerebral palsy, Autism spectrum disorder, Attention deficit disorder, intellectual disabilities among others.

In Kenya, more than a quarter of children under the age of five, or two million children, have stunted growth. Stunting is the most frequent form of under-nutrition among young children. If not addressed, it has devastating long-term effects, including diminished mental and physical development. In addition, 11 per cent of children are underweight, with four per cent wasted. Wasting and severe wasting are linked to increased and preventable deaths among young children. This is according to the UNICEF organization.

When it comes to children with disabilities, it gets even more complex while discussing nutritional needs. This is because every disability is unique and affects each child differently. This project aims at making sure that children with disabilities from low income areas are able to access nutritious foods that fit their dietary requirements and looks into what is available locally and within the cultural setting of the child and the family they come from.

### 1.1.2. SOLUTION

Ending malnutrition in children with disabilities in Kenya will go a long way in ensuring they grow up to be healthy young adults who are able to lead productive lives with less complications and strains caused by the long term effects of malnutrition. The beneficiaries of the project will be children with special disabilities especially those coming from low income families living in places such as Nairobi county, Tana river county, Kisumu county, Machakos county and Mombasa county. We are targeting these counties because in them we have already rolled out free therapy services for the same population of children,

### 1.1.3. ORGANIZATION AND EXPERTISE

The Clean Plate nutrition project for children with disabilities will go a long way in ensuring children from low income/rural areas in Tana River, Nairobi, Machakos, Kisumu and Mombasa counties. We will be able to do this by enrolling families with children who have disabilities to our program and providing them with monthly supplies of nutritious foods for a period of time and later in the project engaging them in income generating activities which will give them enough money to afford and buy these nutritious foods for themselves in future. During this project the community engagements will ensure awareness on disabilities is created and emphasis on nutrition to all community members is made, thus bringing out the reasons as to why we should be entrusted with the project.

## 1.2 INTRODUCTION TO THE READY AIDERS FOUNDATION.

Ready Aiders Foundation is a registered nongovernmental organization (N.G.O) that aims to create awareness and interventions for persons living with Disability and empower women.

### **Our history**

Ready Aiders Foundation was founded in the year 2014 in Dagoretti high school in response to the plight of the especially needy students who could not afford their shopping, pocket money and their transport to and from school, this was when the founding team members were students in the school in their final year. The organization operated a school club that promoted charity and compassion.

Ready Aiders has since been extended to other members of the larger community and special focus given to persons with disability and women. This came after the founding team realized that each family can relate to a disabled member and that over the year's persons with disability have been neglected, abandoned, mistreated and abused and that women haven't been afforded enough empowerment opportunities to bring the change that society much desires.

On 12th May 2015 Ready Aiders Foundation was registered as a society under the Societies Act law of Kenya and on 22nd September 2020 it became registered as Non-governmental organization (NGO) in Kenya with the N.G.O board.

## **Our Mission**

- Our mission is to create awareness as well as seeking and promoting solutions to the challenges faced by persons with disability and women.

## **Our Vision**

- We envision a society that fully understands, accepts, integrates and empowers persons with disability and gives more opportunities to women to empower themselves and be the drivers of change in their communities.

## **Our objectives**

- To support persons with disability by providing them with assistive devices, therapy services, economic empowerment programs, education and learning programs and feeding programs.
- To establish strong community partnerships and links that enhance women empowerment.

## **Our current Active projects and Activities.**

- Free therapy projects for children with disabilities in Kajiado, Mathare and Kawangware
- ICT Center and Digital Library for girls in Mathare
- The Light, Mr. and Miss Autism Kenya event
- Food drives to help feed families with disable children

## **1.3 PROJECT NAME MEANING AND PHILOSOPHY**

Clean according to oxford learner's dictionary is something that is free from dirt or unwanted matter. In relation to nutrition, clean foods are those foods that provide maximal nutritional benefits. The idea here is to consume foods that would improve the length and quality of an individual life. People who are differently abled often suffer from "secondary conditions" such as fatigue, weight problem and constipation, that limit a person's enjoyment of life and physical activities. Incorporating a proper nutrition can help improve their secondary conditions and prevent additional conditions from developing thus coming up with the term the clean plate.

The clean plate Nutrition project aims at reaching out to families of children with disabilities and have a direct impact on their development and growth by ensuring they get the correct nutritious food on their tables, not just food but nutritious food thus having the name "The Clean Plate". It recognizes the importance on nutritious food in child development and most importantly the adverse effects malnutrition can have on children and especially those with disabilities.

## 2.1 THE PROBLEM STATEMENT

Among the most troubling questions for parents and families who have children with special needs is about their dietary requirements depending on the disability they are living with. This question however for the same families but coming from low income/rural areas is not often asked due to the fact that most of those families cannot afford nutritious foods for their children. When children with disabilities grow up without the correct nutritious foods they end up sometimes with the following lifestyles complications depending on the disability they are living with.

**Obesity:** Children with limited mobility or those who have conditions like Down Syndrome can have low muscle tone or bone issues, thereby making it harder keep their weight down. It is vital to establish good eating habits from the start, limiting the children's experiences with sugary, salty and processed foods so that they can develop a taste for fresh, seasonal foods.

**Being Underweight:** Children with special needs can be underweight because of various problems, including difficulties with swallowing. Some kids can have a particularly speedy metabolism, caused by conditions such as cerebral palsy, where muscular spasms burn up a significant number of calories. Swallowing problems (dysphagia) are an issue which needs to be diagnosed by a therapist.

**Having a Complex Relationship with Food:** Often, a child with special needs may face specific barriers to having a healthy relationship with food. For instance, a child with autism spectrum disorder may have an intensely negative reaction to particular textures, tastes or colors. Children with Down syndrome, meanwhile, may prefer softer foods because of difficulties encountered when chewing or swallowing. If a child refuses to eat items outside a select list of foods, the importance of a good supplement may come into play. Many parents report that simply getting their child to eat at all is a big achievement and this should remind us that nutrition should be approached on a step-by-step basis, and that every 'small victory' should be celebrated to the full.

There is a big informational gap when it comes to nutrition for children with special needs. Various researches have shown that faster achievement of milestones can be linked to good nutrition in children and that malnutrition is the leading causative for stunted growth in regular children and in children with disabilities it has more severe effects.

This is because malnutrition negatively impacts physical and mental development, intellectual capacity, productivity, and the economic potential of an individual. As a consequence, economic stability is threatened, making a country more vulnerable to poverty. Poverty contributes to the problem of food insecurity which is referred to as a “resourced-constrained” or “poverty related” condition. Although the populations affected by poverty and food insecurity overlap; it is important to note that not all people living in poverty are food insecure and that this problem also exists in people living above the poverty line. Moreover, poverty also contributes in creating conditions of micro-nutrient deficiencies and hidden hunger.

These factors exacerbate the issue of malnutrition and makes individuals more vulnerable to other health concerns. Irregular and unstable food supply along with low quality of food due to insufficient or inadequate nutrient intake can compromise immunity and make individuals more susceptible to infections. Additionally, if infected, matters tend to become worse because infections may further reduce nutritional and health status, thereby aggravating malnutrition and reinforcing its cycle with poverty .

A vicious cycle exists through which both poverty and malnutrition fuel and reinforce each other . Globally, the poorest countries are the countries bearing the highest burden of malnutrition. malnutrition is also a consequence of poverty, as poverty increases food insecurity and hidden hunger; which contributes to the problem of malnutrition. This makes both these elements a cause and a consequence of each other.

The Lancet Nutrition Series (27) modeled the effect of 10 evidence based nutrition specific interventions on lives saved in the 34 countries that have 90% of the world's children with stunted growth.

Ending poverty in all its forms is the first of the 17 Sustainable Development Goals (SDGs) and ending hunger, reducing food insecurity and improved nutrition and agriculture is the second goal. Furthermore, at least 12 of the 17 goals contain indicators that are highly relevant to nutrition. Poverty and malnutrition are deeply interrelated, with each fueling the other and hence it is imperative to tackle both issues simultaneously rather than in parallel silos. A two-way link exists, with both elements being the cause and consequence of each other. This vicious cycle remains a prime public health concern and immediate strides need to be made against it. For a sustainable improvement in nutritional outcomes, the battle against poverty and malnutrition has to be fought on all fronts, to achieve a healthier and more equitable society.

### 3.1. PROJECT DESCRIPTION

### 3.2. GOAL AND OBJECTIVES

1. provide communities with correct information on the nutritional value of foods, food quality and safety, methods of preservation, processing and handling, food preparation and eating to help them make the best choice of foods for an adequate diet both for the child with disability and the whole family in general.

#### **How we plan to achieve this goal**

- Create infographics that will be used to spread information
  - Employ nutritionist to give direct nutritional counseling and advice
  - List down the foods enjoyed by each community and educate them about their nutritional values and how to combine them to achieve balanced diets.
2. To establish income generating project which focuses on teaching skills that assist the family to get out of poverty so as to enable them afford nutritious meals.

#### **How we plan to achieve this goal**

- The parents in the project will be involved in soap making and tailoring skills
  - The parents in the project will form groups and we will give them loans to do table banking
3. To improve the small scale gardening skills of family members by providing them with seeds and plants for nutritious foods so that they can be able to grow them and harvest them for home consumption.

#### **How we plan to achieve this goal**

- Identification of foods that can be grown in small scale and using sacks
  - Provision of seeds
  - Provision of agricultural advice and supervision by a qualified agricultural officer
4. To establish a food bank to store collected food donations for monthly supplies to families before they can stand on their own and be able to get the foods independently.

#### **How we plan to achieve this goal**

- We intend to collect food donations from fresh food markets and supermarkets
  - We will supply families with nutritious food for a select period of time based on the needs assessment of the family.
  - We will set up a food bank in all the counties for the public to donate food stuffs.
  - We will run an online fundraise annually to help buy the foods that we don't have in our food banks
5. To increase awareness on the nutritional needs for children with disabilities.

## **How we plan to achieve this goal**

- Create awareness through the nutrition clinics on the foods that are favorable for each child's case
- Demystify myths on nutrition in relation to disabilities
- Create a list of foods to try and put it on our website and social media for easier access by the parents and caregivers.

### **3.3. PROJECT ACTIVITIES**

#### **The project will be executed in the following areas;**

1. Nairobi county; Mathare Constituency
2. Tana River County;
3. Mombasa County
4. Kisumu county
5. Machakos County

In all the counties and constituencies, we have identified local churches to work with and to act as our host whenever we are having a project.

The churches and Mosques that we will work with in the constituency levels will help by creating awareness of the project to their members who will in turn

invite nonmembers.

The counties and constituencies above are pilot and have been selected based on the ties we already have and the availability of volunteers from the community.

In the next phase of the project we will enroll more counties and constituencies into the nutrition project.

### **3.4. PROJECT RESULTS**

The project is expected to create awareness on disabilities by providing nutritious and affordable foods to families and caregivers with children with special needs. They will also be empowered to take part in income generating activities which will enable them to stick to the right foods according to the clean plate nutrition project.

### **3.5. PROJECT TIMELINES**

The project will begin in 1<sup>st</sup> October 2021 and run until 1<sup>st</sup> October 2024(Three years)

The three years' duration will be enough to implement all the goals and the activities listed under them and assess results of the project in the communities that will have piloted it. The nutrition clinics will be held every Saturday of the year beginning as from 2<sup>nd</sup> October 2021 at the selected locations.

### 3.6. MONITORING AND EVALUATION

The project will be monitored every three months and evaluation will be done at the end of every six months' period. During the evaluation there will be questionnaires and interviews done on the beneficiaries and select community members and stake holders.

### 3.7. SUSTAINABILITY

The indicators for the success of the project involves; reduction of stunted growth in the children enrolled in the project, adoption of healthy lifestyles by family members and the community's enrolled in the project, reduced hospital visits due to cases of malnutrition and families in the project being able to afford two meals a day. The project will be made sustainable through community engagement in the awareness on disabilities.

### 3.8 BUDGET

#### PROJECT BUDGET FOR ONE YEAR 1<sup>ST</sup> OCTOBER 2021 TO 1<sup>ST</sup> OCTOBER 2022

ITEM	NOTES	QUANTITY	COST IN KSH/U.S \$
<b>Administration cost</b>	<ul style="list-style-type: none"> <li>Office work</li> <li>Setting up the nutrition clinics</li> <li></li> </ul>	n/a 5 clinics in the five counties (This will basically involve renovating a container and using space provided by our host to put the container )	50,000ksh  1,000,000ksh  <b>Subtotal for Administration cost</b> <b>1,050,000 ksh</b> <b>10,500 U.S \$</b>
<b>Transport cost</b>	<ul style="list-style-type: none"> <li>Allowances given to project staff/volunteers for transport</li> <li>Buying a food van to help collect food donations and deliver to families</li> </ul>		150,000ksh  850,000ksh  <b>Subtotal for transport cost</b> <b>1,000,000ksh</b> <b>10,000 U.S \$</b>
<b>Setting up table banking for the parents</b>	<ul style="list-style-type: none"> <li>This is to ensure that they are able to borrow money at no interest and boost their</li> </ul>	For the ten groups each will get 50,000ksh	<b>Subtotal for table banking</b> <b>500,000ksh</b> <b>5,000 U.S \$</b>

	already existing business .		
<b>Salaries</b>	<ul style="list-style-type: none"> <li>For the people involved with the direct implementation of the project .</li> </ul>	<ul style="list-style-type: none"> <li>5 nutritionists (22,000ksh per month)</li> <li>5 office admins from the local community (12,000ksh per month)</li> <li>10 volunteers from the community (8,000 per month )part time basis</li> </ul>	1,320,000 ksh  720,000 ksh  960,000 ksh  <b>Subtotal for salaries</b> <b>3,000,000ksh</b> <b>30,000 U.S \$</b>
<b>Home gardens</b>	<ul style="list-style-type: none"> <li>Setting up home gardens for 150 families across the 5 counties</li> </ul>	<ul style="list-style-type: none"> <li>Each county will have 30 home gardens for 30 families.</li> <li>Each home garden will cost 10,000ksh to set up</li> </ul>	<b>Subtotal for Home gardens</b>  <b>1,500,000 ksh</b> <b>15,000 U.S\$</b>
<b>Food stuffs</b>	<ul style="list-style-type: none"> <li>Buying food for families</li> <li>The food stuff will including Cooking oil, Wheat flour ,rice ,maize flour and potatoes and vegetables.</li> </ul>	<ul style="list-style-type: none"> <li>Each family identified to be extremely needy will receive food worth 2,000ksh per month</li> <li>We target 100 such families across the five counties of operation</li> </ul>	Subtotal for food  2,400,000ksh  24,000 U.S\$
<b>BUDGET GRAND TOTAL</b>		The total budget for operation for the first year of the project .	<b>GRAND TOTAL</b> <b>8,730,000 KSH</b> <b>87,300 U.S \$</b>

## 4.0 CONCLUSION

Children with disabilities need our support, love care and empowerment. Their most urgent needs though are those that touch on their health directly and gives them a chance to live healthy lives just like their counterparts who are not disabled. The attention that they require when it comes to diet has pushed us to come up with this nutrition project which will reach out to all community members but give special attention to children with disabilities in those communities. The food banks, the table banking and food donations that we will run will transform lives not only of the children under the project but also of their family members.

## 4.1. CONTACT DETAILS

**To support this project in any way please reach out to us through the following contact persons**

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