



WATOTO WENYE NGUVU INTERNATIONAL ORPHAN CARE

P.O. Box 3368-01002, Madaraka, Thika. Tel: 0202022765, Website: www.watotowenyenguvu.org

(Empowered Children)

Assisting Vulnerable Children in Kenya



1. Mother and her children rescued from the streets of Nairobi, here she was at children office.



2. Here at Kusitawi during the process of rehabilitation, she is taking her children to Kusitawi Village Day care .



3. She is now doing her exam in Pastry.

ABSTRACT

Progress report about our fourth quarter activities and YTD use of funds.

**WWN FOURTH QUARTER
PROGRESS REPORT
2025.
TO THE
BENJAMIN FOUNDATION**



Director's Report to Donors

Warm greetings from **Watoto Wenye Nguvu (WWN)**.

On behalf of the Board, Management, staff, and the wider Ngoliba Ward community, I wish to sincerely thank you for your invaluable partnership and support throughout the year. Your commitment has played a critical role in advancing the **Ngoliba Ward Comprehensive Project**, particularly in strengthening **Mother and Child Health interventions** and improving access to essential services.

Key Achievements – Mother and Child rehabilitation

During the reporting period, the project recorded significant milestones aimed at improving the health, dignity, and wellbeing of mothers and children within the community. Through integrated community trainings, outreach sessions, and household-level engagement, we have strengthened awareness and adoption of:

- Maternal and child health best practices
- Improved nutrition and hygiene
- Positive parenting and family care
- Early health-seeking behaviour among caregivers

These interventions have contributed to improved community knowledge, reduced vulnerability, and enhanced protection of children, especially those from high-risk households.

Water Infrastructure Repair and Restoration

A major achievement this year was the **successful repair and full restoration of the community water system**. We are pleased to report that the water infrastructure is now fully operational and capable of **pumping 30,000 litres of water per hour**.

This milestone has had an immediate and transformative impact by:

- Improving access to clean and safe water for households.
- Supporting maternal and child hygiene and sanitation.
- Reducing time spent by women and children fetching water.
- Enhancing the functionality of community and institutional facilities.

The restored water supply is a critical enabler of health, dignity, and long-term community resilience.

We remain fully committed to prudent financial management, transparency, and impact-driven programming. As we move into the coming year, we aim to consolidate these gains, scale community ownership, and deepen the integration of health, water, and social protection interventions for sustainable outcomes.

Once again, we are deeply grateful for your trust and partnership. The progress achieved would not have been possible without your support. We look forward to continued collaboration as we work together to transform lives and build resilient communities.

With sincere appreciation,

Yours faithfully,

Elizabeth M Gitau

Executive Director



General: Interventions report 2025

2. Mother and Child rehabilitation.

1. Introduction

The Kusitawi Village Mother and Child Programme continue to play a critical role in promoting the safety, health, dignity, and socio-economic wellbeing of vulnerable mothers and children within the community and unsafe environment. The program inspired by the new care reforms changes that advocates against separation of mothers and their children and envisions by 2032 to have met deinstitutionalization of children.

The mother and child rehabilitation program is anchored on **rescue, rehabilitation, resocialization, and reintegration**, while strengthening community-led initiatives that support child protection, education, health, and livelihoods. This report highlights key achievements, success stories, and integrated community interventions implemented, with particular emphasis on activities in Ngoliba Ward community led pilot project.

The target group is mothers who are in the streets, mothers in conflict with law (petty crime or child neglect) gender-based violence and traumatized mothers who are in need of psychosocial support.

2. Rescue Interventions

The programme successfully conducted rescue of 193 mothers and children exposed to neglect, abuse, severe poverty (street), and psychosocial distress. Through close collaboration with community leaders, children office and probation officer these mothers and children are placed in Kusitawi for a period of 6 months .

Rescued beneficiaries were provided with immediate protection, including safe shelter, food, clothing, love and care, and medical care. Mothers in crisis situations were supported to ensure their safety and stability, laying the foundation for effective rehabilitation and recovery.



Figure 3 rehabilitation process from rescue

3. Rehabilitation Support

Rehabilitation focused on restoring the physical, emotional, and psychological wellbeing of both mothers and children. Services provided included medical treatments at Ngoliba health centre and Thika Level 5 for specialized treatments, nutritional support, trauma-informed counselling, and continuous psychosocial follow-up. We also have mothers who were referred to psychiatric treatment in Mathari National Hospital.



4. Beneficiary at Thika level 5 hospital because of malnutrition

A key success story is that of a young mother who was rescued while experiencing severe post-partum depression (Acute depressive disorder). At the time of intervention, mother had deteriorated to the extent of refusing to eat and was unable to care for herself or her children. Through sustained counselling, medical attention, nutritional rehabilitation, and consistent emotional support, mother gradually recovered. Her mental and physical health significantly improved, enabling her to resume normal functioning. After gaining sense of self mother is enrolled in Hair and Beauty skill class which will sustain her after reintegration. Her journey demonstrates the importance and effectiveness of integrated mental health and rehabilitation services under the programme and is one among many successful cases we have had positive results in the rehabilitations.

5. Daycare Services for Rescued Children

The programme strengthened **daycare services for rescued children** to provide a safe, nurturing, and child-friendly environment. Children in daycare received age-appropriate early childhood stimulation, meals, health monitoring, and protection.

These services enabled mothers undergoing rehabilitation or engaging in income-generating and skills-building activities of hair and beauty, Fashion and Design and Food and Beverage production to do so without compromising the safety and wellbeing of their children. The daycare initiative has significantly contributed to improved child development outcomes and maternal empowerment.





4. Resocialization and Reintegration

Resocialization interventions focused on restoring dignity, rebuilding confidence, and strengthening social and family relationships. Mothers were engaged in mentorship, peer support groups, and parenting sessions aimed at improving coping skills and community interaction. They are also involved in dancing competitions, cooking activities and general cleaning activities as part of the resocialization where they freely interact and learn from each other.

Reintegration was conducted in a structured and monitored manner to ensure sustainability. Njeri (not real name) was successfully reintegrated back into her community after demonstrating stability and improved wellbeing. Follow-up visits continue to ensure long-term success for both mother and child. School-going children were reintegrated into formal education, with particular support extended to learners attending **Matathia Primary School**. This included provision of basic learning materials, counselling support, and coordination with teachers to facilitate smooth transition and retention in school.

36. Community Comprehensive Development Project

The programme supported a range of **community-led initiatives in Ngoliba Ward**, demonstrating strong local ownership, collaboration, and sustainability.

6.1 Career Talks for Learners

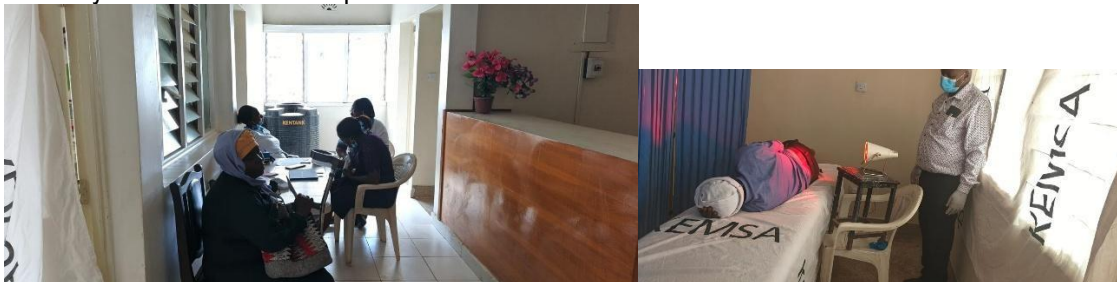
A major activity implemented was a **career talk forum targeting Form Three students and Grade 9 learners**. The sessions aimed to inspire learners, expose them to diverse career pathways, and promote informed educational and life choices. A career trainer of teachers on the new curriculum from Muranga teachers training college facilitated the training. Professionals from various sectors engaged learners through interactive discussions and mentorship.

The activity reached **over 500 learners**, resulting in increased motivation, awareness of career opportunities, and strengthened commitment to education.



6.2 Weekly Physiotherapy Sessions for Persons with Disabilities (PWDs)

The programme lead by thematic area of health and PWDS supported **weekly physiotherapy sessions for Persons with Disabilities (PWDs)** in Ngoliba Ward. 24 beneficiaries attended this bi-monthly therapies. These sessions enhanced mobility, physical strength, and overall quality of life for PWDs while reducing caregiver burden. The initiative also increased community awareness on disability inclusion and the importance of continuous rehabilitative care.





6.3 School Feeding Programme

A school feeding programme was implemented in **four schools within Ngoliba Ward**, targeting vulnerable learners. The programme improved school attendance, concentration, and retention by ensuring children received nutritious meals during school days. Teachers reported improved learner participation and reduced absenteeism, contributing positively to overall learning outcomes.



6.4 Permaculture Trainings

The programme facilitated **permaculture training sessions** for community members to promote sustainable agriculture, food security, and environmental conservation. Participants gained practical skills in kitchen gardening, soil conservation, and climate-smart farming practices. These trainings contributed to improved household nutrition and income resilience, particularly for vulnerable families.





WATOTO WENYE NGUVU INTERNATIONAL ORPHAN CARE

P.O. Box 3368-01002, Madaraka, Thika. Tel: 0202022765, Website: www.watotowenyenguvu.org

(Empowered Children)

Assisting Vulnerable Children in Kenya



WATOTO WENYE NGUVU INTERNATIONAL ORPHAN CARE

P.O. Box 3368-01002, Madaraka, Thika. Tel: 0202022765, Website: www.watotowenyenguvu.org

(Empowered Children)

Assisting Vulnerable Children in Kenya



6.5 Meetings with Key Stakeholders

Regular meetings with key stakeholders were convened in Ngoliba Ward, bringing together community leaders, government officers, educators, health workers, and programme partners. These meetings strengthened coordination, improved referral pathways, and enhanced collective ownership of interventions targeting mothers, children, and vulnerable groups.



7. Conclusion

The Mother and Child Programme has demonstrated significant progress through a holistic approach that integrates rescue, rehabilitation, resocialization, reintegration, and community empowerment. The successful recovery of mothers, reintegration of children into schools such as Matathia Primary, establishment of daycare services, and diverse community-led initiatives in Ngoliba Ward underscore the programme's impact.



8. Way Forward

- Expand mental health and psychosocial support services for mothers.
- Scale up daycare and school feeding programmes.
- Strengthen disability inclusion through sustained physiotherapy services.
- Expand permaculture trainings to additional households.
- Continue engaging key stakeholders to enhance sustainability and impact.

3. Alternative Care

Some of the cases which has been handled in the community has successfully settled due to the cooperation of the beneficiaries and extended family members. A case to highlight where a child was left in the house by her mother but was attached to a close relative.

Challenges: due to economic hardship some families are not ready to take extra responsibilities in taking care of their extended members.

Solution: economic empowerment intervention and social ownership.

5. Desks

The provision of 35 (thirty-five) school desks to the two primary schools has helped to ease the congestion of children per desk hence enhancing conducive learning environments.

11. College

School fees payment for a full semester and attachment fees which have been paid on time making sure the beneficiaries undertake their studies without interruption. Two of the beneficiaries will complete and graduate next 2026.

Challenges High need for college with insufficient funds.

Solutions more funds to be fundraised to accommodate more students.

12. University

Over expenditure is due to high number of referrals in the community. We were able to assist 9 more beneficiaries than the budget.

Success. Some of the one-time beneficiaries were able to resume back to school after dropout due to school fees. Christopher has graduated with degree in education of arts.

Challenges we have two drop out that is Daniel Mbithi and Antony Gitau.

Solutions refer them to counselling and follow ups.

14. Health Care

Our beneficiaries who were sick and fragile have fully recovered after our intervention and they are productive member of the community.

Challenges some of the beneficiaries prefer over the counter medicine without proper prescription attracting more health complications which are expensive to treat.

Solution sensitization on importance of hospital visits and effects of over-the-counter medicines.

15 Major operations

The referred beneficiaries have benefited some still undergoing therapy others are recovering after operation.

Challenges misinformation and cultural beliefs that they are bewitched.

Solution, continue awareness and counselling for those with colonic diseases.



16. SHIF (SHA)

Under expenditure is due to low number of beneficiaries assisted who did the registration and government policy of annual premium payment there was also increment on the premium from 3600 to 6000 annually.

Success beneficiaries who have benefited with SHA are able to access medical services. One of the beneficiaries benefited with SHA underwent eye operation successfully.

Challenges. SHA is not covering some health expenses.

Solution, refer to health interventions and also involve community members for assistance.

17. Mother and Child

Under expenditure we offered group based and few one-on-one trainings. Most of the trainings were done in the community minimizing transport cost and other expenses.

Success increased number of beneficiaries attending to the hospital and mothers are able to seek help early to avoid postpartum problems.

Challenges; cultural practices and religion beliefs making them not to go to the hospital.

Solutions refer for counselling.

20. Malaria

Success through sensitization and trainings community and families have embraced the use of treated mosquito nets and majority of the beneficiaries sleeps under the net.

Challenge in our working area we experience rural migration from areas which are prone to malaria necessitating high provision of nets for prevention purposes.

Solution enhances awareness on the importance of preventive measures.

21. Nutrition

Under expenditure due to group-based approach we were able to train more beneficiaries. We also used locally available resources with the community to carry out the training.

Success beneficiaries acquired knowledge on health feeding, malnutrition and they have put in practice what they learnt by cooking balanced diet, maintaining food hygiene and using available resources.

Establish kitchen gardens to make sure they have organic vegetables.

Challenge economic hardships lead to inadequate supply of health and balanced food to the family.

Solution more follow ups and refer them to community health promoters for education and food supplements.

22. Seed capital

There have been reported business growth for the entrepreneurs who received the seed capital boost where they are now earning an income to sustain the family especially in school fees payments for their children.

Challenge the market is unstable making it difficult for small scale traders to thrive and expand.

Solution train on how to adapt to market dynamics and sustain growth

23. Microloan

Success groups who took loans have boosted their business and they are repaying the loan well. two groups have completed to repay their loan and were refunded their saving to be borrowing among themselves.

Challenge due to economic hardships members have faced challenges to repay their loan within the specified period.

Solution train on the importance of loan repayment, saving.



24. Entrepreneurship training

Vendors, small business and the ones who want to start small business were trained on financial literacy (business ideas, business diversification, saving and loans, book keeping and value addition).

Challenges due to stiff competition and economic constraints small business and starting businesses are struggling to thrive.

Solutions train community members to understand the market trends so that they can survive.

25. Small Scale Farming training

Under expenditure. We invited beneficiaries at kusitawi farm for training where we were able to reduce cost of training material.

Success some farmers who have benefited have started practicing what they learnt.

Challenge low rainfall experienced throughout the country affecting their farms.

Solution sensitizes and trains on the importance planting drought resistance crops.

26. Individual Counselling

Over expenditure- there have many cases in the community in need of counselling due to mental health issues rise, family conflicts, parental issues etc. This has doubled the targeted numbers that attracted the higher expenditure in the outsourcing of part time counselor.

Success. Beneficiaries have regained self-worth and stable mental state after counselling and are productive members of the community and are living a fulfilling life.

Challenge there is high neglect in the mental psychological issues mixed with cultural beliefs that escalates a minor problem to a complex and even leads to death.

Solution. Close follow ups, psycho-education to the support system education in collaboration with community stakeholders and government agencies.

27. Group/Family counselling.

Family counselling have promoted unity, acceptance, and collaboration among the family who initially could not agree or hold effective discussion.

Challenges. It is difficult to unite or getting them together for a session due to personal differences they hold against each other.

Solution. Design different approaches in dealing with such cases like mediation and personalized counselling on issues affecting them.

28. Career guidance

Success After the new curriculum trainings on career pathways the students successfully selected their schools based on their performances. This relieved the parents the confusion they have in selecting the schools for their children.

Challenges new curriculum is not clear on transitioning to senior school and the career pathway.

Solutions. Incorporate the government officers in awareness and sensitization for parents on the new curriculum.

29. Group Talks.

Primary school going pupils have reported a positive change in their behaviors and refrained from harmful activities such as premarital sexual behavior, school dropout, drugs and substance abuse that could endanger their lives after various group talks that were held in Magana and Kilimambogo primary.

Challenges tight school schedule has been a hindrance accessing the targeted group. Most of the pupils are exposed to harmful or unregulated social media content/information

Solutions we collaborate with parents and schools heads to help the vulnerable pupils/students. Sensitization on social media regulation to parents.



30. House Rehabilitation

Over expenditure we were able to rehabilitate 6(six) houses to vulnerable families providing shelter and a place to call home this relieved families from harsh condition especially during rainy seasons.

Success an old woman who had no roof over her and could experience more security threats has now a secure home where she comfortably reside with her grandchildren.

Challenges there is high cost of construction materials and for temporary walls built cannot with stand rain season and are in bad shape after few years.

Solutions. mobilize materials in kinds from other family members and community.

31. Clothes assistance

Success we were able to provide clothing to 237 beneficiaries dignifying their life style and general community acceptance from improved personal grooming. We were able to achieve this number compared with budget of 100 beneficiaries because of donation in kind received from the community.

32. Equipment Support.

Under expenditure is due to buying house utensils, beds (second hand), mattresses solar lights etc. in bulk and wholesale prices.

Success there is reported and observable improvement in personal hygiene, self- esteem and general health stability as result of provision of equipment support especially those how have received bed and beddings, there were sleeping on the floor.

Challenges most of families are faced with various issues making it difficult to prioritize between the basic needs and basic household equipment hence making the need high in the community.

Solution. empower them economically through other interventions.

33 Parenting

Success due to the training the families have strongly bonded and they have taken n up the family responsibilities.

A challenge there have been weak link for men attending the trainings.

Solution: proposed men training on parenting and mental health.

34. Legal documents

Under expenditure is due to lack of required documents to facilitate the acquiring the IDs, Birth certificate and birth notification.

Success those beneficiaries who were able to acquire document there were able to get job, children register for exams etc.

Challenges most of the beneficiaries lack relevant documents to facilitate processing of other documents like birth certificates and IDs.

Solution: -create awareness on importance of acquiring the document at the right time.

35. Cash transfer

Over expenditure is due to high need in the community driven by high cost of living and unemployment.

Success, we provided emergency cash transfer to the needy community members who immediately got relieved from the pressing issues surpassing the targeted number.

Challenges too high rate of inflation and economic instability in the country affecting the community members.

Solution. Refer them psychosocial support and other economic empowerment interventions and discuss on how they can effectively use the money given.



D. pictures



1. Women Self- help group receiving 10 chicken each for rearing- economic empowerment Ngoliba Ward.



WATOTO WENYE NGUVU INTERNATIONAL ORPHAN CARE

P.O. Box 3368-01002, Madaraka, Thika. Tel: 0202022765, Website: www.watotowenyenguvu.org

(Empowered Children)

Assisting Vulnerable Children in Kenya