

JIRANI

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A publication of Compassion International Kenya

Releasing children from poverty
Compassion[®]
In Jesus' name

Empowered To Contribute

Have I not commanded you? Be strong and courageous. Do not be frightened, and do not be dismayed, for the LORD your God is with you wherever you go."

Joshua 1:9



Our Mission



Releasing Children from poverty in Jesus' name

Our Vision



As a result of our ministry to children in poverty, Compassion will be trusted by the Church worldwide as the leading authority for holistic child development and will be the global benchmark for excellence in child sponsorship.

Core Values



Integrity

Discernment

Dignity

Stewardship

Excellence

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In Focus

Creating a Fairer, Healthier World For Children



Dr. Ednah Akinyi -OJEE

**Pediatrics and Child Development
Gertrude's Children Hospital**

On this occasion, the World Health Organization calls for urgent action to eliminate health inequities and mobilize action to attain better health for all and leave no one behind. We are all called to support in promoting health equity.

The COVID 19 pandemic has glaringly exposed the inequities that have always existed. Health is a fundamental human right. Every person deserves to live a healthy life regardless of where they were born, grow or live, age, gender, ethnicity, disability, economic situation, or employment.

Progress in tackling health disparities has been slow worldwide, marking this as a very important day to focus on how we can better our health (WHO, 2021).

1. What trends have been noted in children's health in the past years?

What I have observed is there has been a lot of improvement in child survival in low- and middle-income countries. But there is still a lot of work to be done. We are focusing heavily on survival of children under 5 years as this determines whether they will continue to grow and reach adolescence or adulthood.

Close to this, is the infant mortality rate (children under 12 months).

We have had a decline of 50% in the past years, but the death rate of new-born in Kenya still very high. This is one of the biggest drives for the under 5 mortality rate. The Infant mortality rate is currently at 51 per 1000 lives and we are aiming to bring it down to 25 per 1000 lives.

2. What should caregivers look out for to ensure they catch diseases and other illnesses early?

Different stages have different things to look out for:

New born

In this period, there are newborn danger signs that caregivers should look out for.

The signs include:

- One of the common signs is whether a child is not able to breastfeed. We see a lot of mothers coming to hospital when it's too late. When the baby is not able to breastfeed, many caregivers substitute breastmilk with porridge, water, or a salt and water solution which only compounds the problem
- If the baby is not breastfeeding the best thing to do is to seek care either through a community health worker or go to the nearest facility.

- Another danger sign is when the baby is cold. A cold baby simply means that they are not able to maintain their body temperature which is not a good sign.
- A baby who is excessively drowsy or sleeping too much.
- If the baby is breathing too fast, not breathing or if they are convulsing.

Infancy- 1-12months

The caregiver should keenly monitor the baby's weight. If the baby is not gaining weight as expected, this should not only concern the health worker but also the caregiver.

Factors that can contribute to this are:

Underlying illness that prevent proper weight gain. A lot of children who are born with heart problems are among those who do not gain weight properly. Heart problems that are not corrected within the first 6 months of life can cause the death of the baby.

Often times, If the mother breastfeeds the child and the baby is sweating profusely, or is tired, many mothers assume that the child does not want to feed when in fact there could be a problem. The baby may be using too much effort and oxygen to get the nutrients that they need to function and that ultimately makes them not feed well.

Another reason could be HIV maternal child transmission. When the child has been infected with HIV, he/she may not gain the appropriate weight. The baby may also develop signs of other illnesses. E.g TB, malnutrition.

Developmental milestones are also important to monitor and track during the infancy stage. E.g. by 6 weeks a baby should be able to support their neck, should be smiling and interacting, by 3 months the baby should be able to interact by following sounds and movements and at 4-6months, they should be seating. If these milestones are delayed and the child is not active, the caregiver should seek medical advice.

When the caregiver introduces complimentary feeds at 6 months and the baby begins to react to it. E.g. the baby's skin begins to change, they develop eczema, itchiness or change in the eyes.

Under 5-Toddlers

At this stage there are certain milestones, they should be able to achieve like walking, speaking, crawling. If not, this could point to a whole spectrum of diseases like autism, deafness, or other diseases that hinder development. It is important for caregivers to be keen on these milestones during this stage in order to identify potential risks.

Adolescence

For adolescence, anything related to depression and mental health issues is key during this stage. Caregivers, teachers, medical professionals, and other child centered organizations can use the HEADSS tool. This tool can be used to assess whether the child is depressed or developing depression.

It is important to note that not all the questions apply to every child. One needs to customize the tool depending on the environment, age and different demographics.

Some of the assessment questions include:

Home

- Who lives with the young person? Where?
- What are relationships like at home?
- What do parents and relatives do for a living?
- Ever institutionalized? Incarcerated?
- Recent moves? Running away?
- New people in home environment?

Education and employment

- School/grade performance--any recent changes? Any dramatic past changes?
- Favorite subjects--worst subjects? (include grades)
- Any years repeated/classes failed?
- Suspension, termination, dropping out?
- Future education/employment plans?
- Any current or past employment?
- Relations with teachers, employers--school, work attendance?



Activities

- On own, with peers (what do you do for fun? where? when?)
- With family?
- Sports--regular exercise?
- Church attendance, clubs, Church Partners?
- Hobbies--other activities?
- Reading for fun--what?
- TV--how much weekly--favorite shows?
- Favorite music?
- Does young person have car, use seat belts?
- History of arrests--acting out--crime?

Drugs (asked by a medical practitioner)

- Use by peers? Use by young person? (include tobacco, alcohol)
- Use by family members? (include tobacco, alcohol)
- Amounts, frequency, patterns of use/abuse, and car use while intoxicated?
- Source--how paid for?



Sexuality (asked by a medical practitioner)

- Degree and types of sexual experience and acts?
- Number of partners?
- Masturbation? (normalize)
- History of pregnancy/abortion?
- Sexually transmitted diseases--knowledge and prevention? Contraception? Frequency of use?
- Comfort with sexual activity, enjoyment/pleasure obtained? History of sexual/physical abuse?
- Suicide/Depression
- Sleep disorders (usually induction problems, also early/frequent waking or greatly increased sleep and complaints of increasing fatigue.

3. What advice would you give to an organization like Compassion to ensure children's development and growth is on track?

I'd say partnerships is important in the healthcare space. To partner with programs that are aimed towards improving child health e.g. immunization, HIV programs, Women's empowerment.

Being part of the community awareness can go a long way in driving change. There is need to empower vulnerable communities to take control of their healthcare journey. E.g. through NHIF

Dr. Ednah Akinyi -OJEE
Pediatrics and Child Development

Powering Universal Health Coverage

By Leah Bett



Let's work together towards good health and well-being for all.

Access to healthcare is not a reality for many patients and families across the country. In some instances, specialized medical attention is almost a preserve of the rich in society. There have been cases where families have lost what little property, they have to take care of the medical needs of one family member. Health, which is a basic need, should be accessed by all. Universal health coverage (UHC) is defined as ensuring that all people have access to needed promotive, preventive, curative and rehabilitative health services, of sufficient quality to be effective while also ensuring that people do not suffer financial hardship when paying for these services.

Unfortunately, for most families of average and low economic status, uptake of NHIF is based on the “presence” of an illness in the family and payment is done hurriedly with the hope of benefiting from the medical scheme. This is usually disappointing because it requires at least 60 days for the premium to mature.

As one of the focus areas in its Health Strategy, Compassion International partners with Churches in the communities it serves to support UHC. It currently involves promoting all NHIF products and monitoring the uptake of NHIF for pregnant mothers (Linda Mama), AfyaEdu and children with chronic illnesses. Whereas the uptake is still low, this article highlights a few sampled case studies of children and youth who have benefited from NHIF.

“ *Health care financing is one of the main pillars of UHC. In Kenya, the National Health Insurance Fund (NHIF) contributes to this pillar. Other financing sources include ‘out of pocket expenditure, government subsidies and donor funding. NHIF, therefore, supports the demand side of health care access. The supply side is dependent on the availability of medical facilities, human resource for health and the availability of drugs.*





John*(not his real name) is a 12-year-old boy who was diagnosed with a type of cancer that is still under management and is currently undergoing chemotherapy. Luckily, the Frontline Partner Church where John is registered had assisted his family to enrol John into NHIF. He has had several admissions into the hospital where NHIF has either partly or wholly cleared the bill. This article highlights one such episode. In mid-February 2021, John incurred a total bill of Ksh. 254,427.00, that was cleared by NHIF.

Mark* (not his real name), was diagnosed with a congenital heart condition in early 2017 known as the Double Outlet Right Ventricle (DORV), where the two great arteries (Aorta and Pulmonary Artery) originate from the Right Ventricle.

If left untreated, it may lead to heart failure, amongst other complications. Owing to the complexity of Mark's condition, the cardiologists advised that

his treatment required highly specialized equipment and specialists and hence referred Mark to India.

While the treatment was successful, it came with very high-cost implications. Mark is born in a family of four with an average income of Ksh. 6,000.00 in a good month, earned from selling woven baskets at the market and casual jobs. It barely met their basic needs, let alone paid for Mark's much-needed healthcare. Fortunately, Mark's father had registered for the National Hospital Insurance Fund for the whole family. An application was made for NHIF support, and it was all joy and relief when a commitment of Ksh. 500,000.00 was made towards the final bill.

The family has continued to use this cover not only when Mark goes for the review clinics but also the rest of the household members.

Rose* (not her real name), a 20-year-old youth, has been having bone complications at the knee for a long time and had undergone a surgical procedure about five years ago. She has since been going for physiotherapy sessions and other scheduled reviews. Due to these complications, one limb has been significantly shorter than the other and had adversely affected her mobility as she grew taller. The orthopaedic surgeon recommended corrective osteotomy, a procedure to correct the knee deformity and lengthen the limb. The total cost of the procedure was Ksh. 282,956.31. Of this, the NHIF paid a total of Ksh. 140,000.00 leaving a balance of Ksh. 142,956.00, which was a great relief not only to the family but also to the church.



Treatment Abroad By Leah Bett

Many children and youth have also benefited from **treatment abroad**. Since October 2019, five children have received medical treatment in **India**, with NHIF support of Ksh. 500,000.00 per child. That is Ksh. 2,500,000.00 from a combined premium of Ksh. 30,000.00 for one year. **Baby X** demonstrates this.

Baby X, one of a family of 5, lives in one of Kenya's informal settlements. They live in a single room mud house, deep in the slum. Families in this locality hardly find enough money to take care of basic needs. Baby X's home locality has no running water and sewage system. Illicit drugs peddling and insecurity is commonplace. In January this year, Baby X was diagnosed with a congenital abnormality. After considering Baby X's age and complexity of her condition the best option was corrective surgical abroad. Now the hard work of looking for funds to facilitate the transfer began.

The total estimated cost of this intervention was Ksh. 1,783,385.00. A proposal was developed to raise Ksh. 1,483,385. We hoped that the National Health Insurance Fund (NHIF) would cater for a further Ksh. 300,000 - for which we promptly appealed. On February 16, 2021, we were pleasantly surprised to receive a letter from NHIF with a commitment of Ksh. 500,000.00 to support Baby X's treatment abroad.

This was clearly beyond our expectation and gave us the much-needed breathing space as we allocated funds to support the various processes around the travels, surgery, and future monitoring.

Ksh 500,000

Amount NHIF supports patients for treatment abroad

Despite the delay due to COVID-19 restrictions, Baby X travelled to India for the surgery and is now back in the country enjoying a new lease on life.

In conclusion, *Medical Insurance Works!* The case studies highlighted are just a few, but we hope they demonstrate this. We want these testimonials to go out to every corner of our country, to every FCP and Caregiver! By increasing coverage of health services and reducing the impoverishment associated with the payment of these services, we can improve health outcomes and tackle poverty.



INFRASTRUCTURE

Investing in Green Infrastructure for Safe Water Access



According to a report compiled by the Marsabit County's steering group, over 90% of Marsabit's population faces food and water shortage. Water scarcity has always resulted in skirmishes among local pastoralist communities who get sucked into the struggle for grazing resources.

PCEA Boru Haro Program Center in Saku Sub County is about 7 kilometres from Marsabit town. The centre is amongst 12 church programs of the Marsabit cluster. Since 2015 when the partnership with Boru Haro Church began, there has been tremendous growth in ministry and infrastructural facilities. Since there is no piped water, borehole or well in Boru Haro village, the villagers must travel between 7 to 12 kilometres to fetch water. Previously, the centre would store water harvested during the rainy season in four – 10,000 litres tanks.

It proved to be unreliable, so the centre resorted to getting water 7 kilometres away at Ksh. 1,200 per program day for 600 litres of water. With the support of Compassion in partnership with Living Water, the church was able to dig a 115-meter deep borehole to address the water scarcity within the area. The consistently available water will serve 328 beneficiaries, 250 pupils and over 1000 community members.

The program will also significantly reduce the costs of buying water by Ksh. 144,000 annually. The money saved will go to support Holistic Child development.

Reducing the time spent walking long distances to fetch water will enable caregivers to focus more time on income-generating activities. It will also go a long way in reducing clashes within the region.

The water will also at some point be bottled – value addition – and will be sold to raise more money to support the ministry to children and youth. The church will also initiate farming activities at the church as a caregiver empowerment program.





A New Beginning for the Samini Family

Our project has been of tremendous benefit to many families, exemplified by the testimony of the Samini family. It is a family of sixteen children. Five were lost as infants, leaving eleven who managed through the hard way. Living from hand to mouth made it difficult for the family to afford the funds to keep the children in school. The family also had no home to accommodate them all. All they had was a small temporary, makuti thatched house with neither beds nor beddings.

The family had a small half-acre piece of land, which was too small to provide enough for the children at the end of each harvest season. The father suffered from frequent swelling of his legs when exposed to cold or concrete; a part of his daily work as a casual labourer. None of the children had shoes or sandals unless they borrowed from a friend. Two meals a day was a miracle and a dream come true to this family. Despite it all, the Samini still maintained a smile and willingness to be better someday. In November 2019, the humbleness and welcoming spirit of this family turned into a blessing.

Through our program, EAPC Ebenezer Matanomanne, potential sponsors met the Samini family. None of the sponsors could hold their tears as they listened to the narrations that the mother gave. It was a sad story to find out that little children had not eaten anything for a day now. *“Hope is the thing with feathers That perches in the soul, and sings the tune without the words, And never stops at all” (Emily Dickinson).*

In December 2019, the sponsors requested to recruit three children from this family at once. The family and the church received the news in jubilation.

Amani Samini 10-years, Emmanuel Samini 8-years and Mkombozi Samini 6-years were recruited, registered and sponsored. In January 2020, the children enrolled in school as beginners regardless of their ages.

Education breeds confidence, confidence breeds hope and, hope breeds peace. Two months later, due to Covid-19, the schools were closed indefinitely. The schools closed before they could fully comprehend their meaning.

The church intervened and employed a private tuition teacher who met the children at their home five times a week. For six months, the children received tuition and, when the schools re-opened in January 2021, all of them successfully transitioned. In July, Amani Samini, Emmanuel Samini and Mkombozi Samini will join grade 3, grade 2 and grade 1 respectively. The children also have new school uniforms, shoes and bags. The youngest boy, Julius Samini, is four years old. He has also been enrolled in school and, the church has assumed the responsibility of supporting him. The children are doing mat making as part of their skills at the program. Amani is the best in his mat making class.



The sponsor gave a large donation that was used to construct a permanent home. The family now has a new bed and beddings as well as clothes for changing. Through additional donations, the family now has a cow that is yet to conceive. The look at home is now totally different compared to before. The sponsors were a Godsend who intervened at the very time of need. The joy and happiness that has dressed this family are beyond explanation and words. To God be the glory.



Income Generation

Boosting Women's Economic Empowerment



Meeet Saraphine Nabwire Adhiambo a caregiver at Christian Teaching Ministries Murumba CDC who is known for her hard work. She is a mother of three, Joyce a student at Bunyore Girls High school, Joybishel Nafula, a sponsored child learning at Sega Girls Boarding Primary School and Bravin Owino, a pupil at Bishop Manguya Academy. Saraphine started learning her tailoring skills at the nearby shopping centre immediately after giving birth to Joyce, her firstborn child.

Every morning and evening, with the hope of completing her tailoring course, she rode a bicycle to and from her tailoring class, with Joyce tied on her back. In 2018, she came to the program and requested to supply school and program uniforms. A group of five caregivers came together and formed a group of tailors. As a way of empowering caregivers, the group was awarded a tender to supply school and program uniforms. Since then, Saraphine has been receiving uniform tenders at the program.

From the Ksh. 70,000 she has received since 2018, Saraphine has invested Ksh. 50,000 in a cereal business. In 2019 she received a tender to supply cereals to the nearby high school that earned her Ksh. 112,000 in a month. To support her businesses, Saraphine purchased one motorcycle at Ksh. 95,000 and also to start a boda-boda business. Besides the motorbike, she has purchased a cow and a posho mill on hire purchase that she operates by herself. She is yet to complete the payments for the Posho mill, which cost Ksh.15,000 and earns her Ksh.1,000 per day, on average. Through her businesses, Saraphine can pay school fees for her three children and meet other family needs.



Kshs **70,000**

Amount Saraphine received in 2018 and has invested it in Cereal business.

Kshs **112,000.**

Amount Saraphine received as profits in a month in 2019 when she received a tender to supply cereals to the nearby high school.

Kshs **95,000**

Saraphine bought with a motorcycle and ventured in boda-boda business Besides the motorbike, she has purchased a cow and a posho mill on hire purchase that she operates by herself.



Education

The First Step Towards Greater Educational Access

Kajiado County in Kenya is semi-arid and predominantly populated by the Maasai. Along the Emali-Kajiado Road is a trading centre with a few buildings housing various small businesses – tailors, welders, and a few provision stores. The town is called Imaroro where the PEFA Imaroro Church Is located.

Working with parents in the community, the church supports 300 children, ranging in age from the time they are in the womb to young adults. Textbooks are vital for students, and yet they remain out of reach of many learners. The annual cost of buying textbooks is about USD.150 per child – an amount that is steep for most parents.

In 2016, parents whose families are part of the Program decided to build a resource centre that could host centre activities. They pooled their resources, donating supplies, their time, and money. After three years, the building was complete. When it opened, the centre received funds to help furnish it and purchase the resources they needed. Among the resources purchased included textbooks—a valuable need for any school-going child in Kenya.

“Through the government, children have access to textbooks in their schools, but they are not enough”, says Gladys, a staff member at the program centre. She added, “The child to textbook ratio is 3:1. We have provided a wider variety of textbooks.”

It was a huge relief for the children to have a place where they could access books and learn at their own pace. Staff have already reported an improvement in the children’s academic performance..



“Having access to textbooks has been a great boost to the children who previously had to borrow books from others or miss out. “With access to textbooks, grades have improved and we have particularly noticed this in the language subjects”, says Gladys.



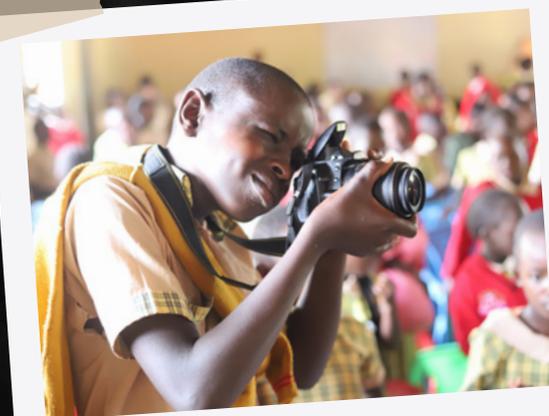
Visual Story Telling:

Our Journey to Photography

In December 2020 the ACK Budokomi set up a photography club to empower their children and youth. It was considered a particularly high-risk venture because of the expense and delicacy of the cameras. The church has a centre based school program where most of the children learned. This made it easy to introduce the skill during games time. However, the club started with very few interested students.

Younger students do not quite understand what they want yet, so the club facilitators had to walk them through and encourage them to take the class. Here is a positive testimony from one of our students who took the photography class.

“ *My name is Felix Okumu. I am in Grade 4. Since the introduction of photography in our school, I have enjoyed the learning process. I have also gotten an opportunity to take good pictures of my friends I want to be a professional photographer soon.*”





Child Protection

Equipping for impact



The protection of children is a concerted effort that requires the participation of the whole society. As a ministry, Compassion is committed to mobilizing, equipping, and empowering neighbours towards building a community of child advocates. The provision of learning resources (both manual and digital) and providing training opportunities at different levels has been an ongoing effort. It is in line with Compassion's approach to child protection, which commits the most resources to the active prevention of child abuse.

One such initiative is the Child Protection Subject Matter Consultants (SMACs) training. The idea was informed by the 2019 formation of Child Protection Champions teams to provide surveillance during the national sports and talents events and ensure the safety of beneficiaries. The current training is supposed to equip two church program staff from each Cluster, identified as passionate and committed to championing the protection of children, with additional knowledge and skills on the spectrum of child protection matters.

In turn, the trained and certified SMACs will provide basic support to other staff in their Cluster, champion the implementation of the Child Protection strategy, and drive the networking and advocacy agenda in their clusters. Since September 2020, 60 church staff have enrolled in the seven-course training program. By building the capacity of this team, we believe every Cluster will be well supported on child protection matters and that this initiative can mobilize more people at the Cluster level and in the community to enhance the protection of all children and youth. Two Child SMACs in the ongoing training had this to say:

"The training has enabled me to understand the legal aspects of child protection. I am now aware of the procedures to follow if I want to lodge or appeal a case in the different courts. I also have a clearer understanding of the child protection standards and policies. If abuse occurs, I fully understand the steps to follow, the reporting processes with the government agencies and how to log/update the child abuse cases in the Ethics Point.



I have also learnt that children who are abused and neglected need different interventions and psycho-social support. I am now able to plan well at my church for such children. I now understand how to mobilize and form alliances with other stakeholders within the region. I have also been providing support towards the formation of a multi-stakeholder committee for my Cluster.

For so long, we have been engaging counsellors to counsel children, even though some of them were unable to compile a comprehensive report. This training has put me in a position to identify the right child therapist for different needs and what information should be included in the report as he/she compiles for the child.

I have also learnt the roles of the agencies in the Children's department including, the Sub County Children Officer (SCCOs), Department of Children Services (DCS), National Council of Children Services (NCCS), County Children Coordinator (CCC), and Director of Public Prosecution (DPP), and the Children Officer's role as a link between the child and the Police. The Children Officers provide care and protection to the children. Lastly, I have managed to train a group of caregivers and beneficiaries as TOTs in child protection to train the caregivers in their respective villages."

Eddah Ochola (PD- Kiembeni Baptist Church) - CP SMAC

"As a Program Director, I appreciate that the CP SMACs certification programme was beneficial to me in the following ways:

- 1. Improved confidence in legal processes on child protection.*
- 2. Improved counselling skills on handling abuse cases.*
- 3. Increased networking ability*
- 4. Improved knowledge on referral processes."*

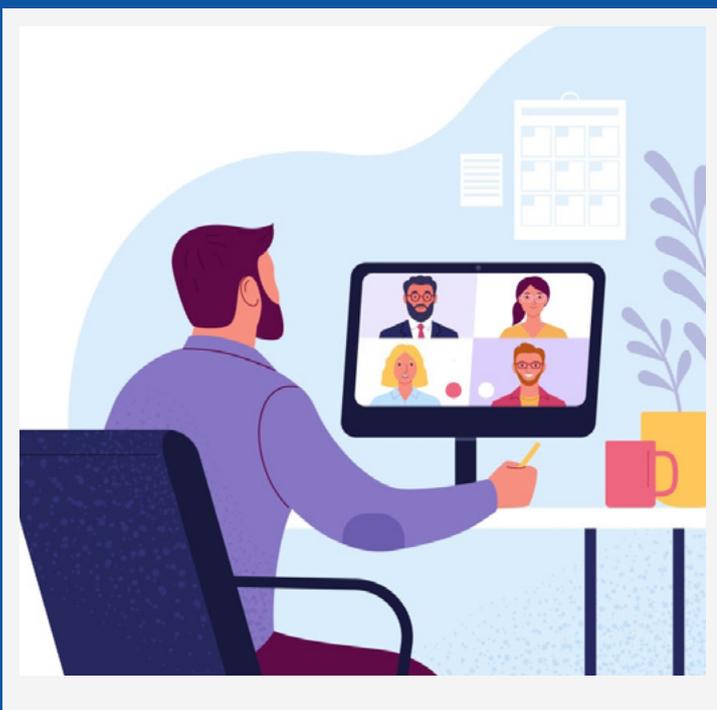
Fred Maingi (Program Director - MCK Isiolo) - CP SMAC

By Jael Kamakil

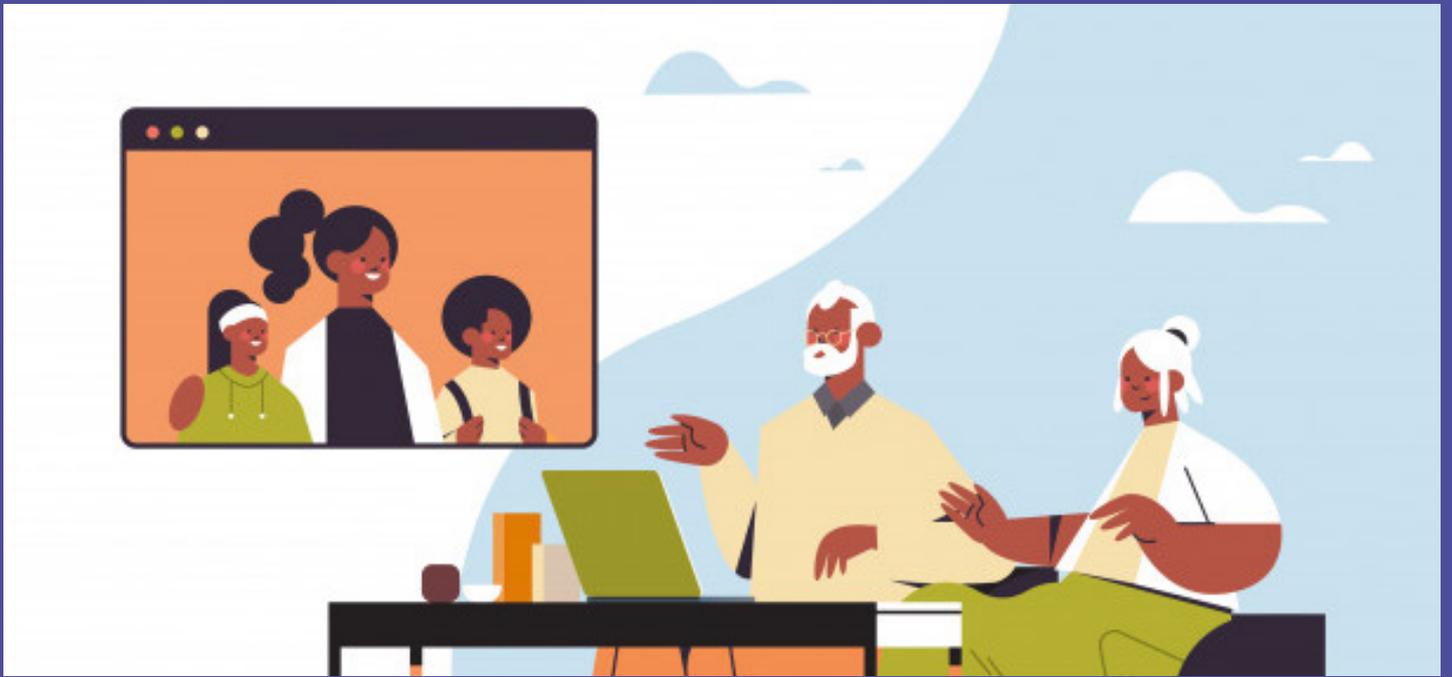


Innovation

Leveraging on Technology To Stay Connected



In these unusual times, we are finding ways to stay connected with loved ones and colleagues, and preserving a sense of community. Since our physical movements became constrained, a lot of our daily rituals now take place in the virtual domain. Developing digital connections which support meaningful human interactions are now more important than ever. Though restrictions on travel have limited movement locally and globally, it has not stopped us from connecting individuals virtually, regardless of their location. We have come up with innovative ways to keep our church partners, sponsors and stakeholders engaged and connected.



Virtual Sponsor Visits

In the age of COVID-19, many people have turned to technology and so have we. The supporter engagement team trained selected church partners on conducting the virtual visits and trips, created the virtual visits checklist with the church partners and contracted outside service providers to make the process smoother. Even though there have been challenges experienced in the online environment, like unreliable internet connection or the fact that Church Partner staff are not conversant with basic videography skills, technology has proven to be an invaluable means of bringing people together.

Technology has delivered an incredible range of benefits such as reducing the number of hours taken during physical visits from 6 hours to 1-2 hours but still ensuring impactful moments. It has made it possible to reach more people within a shorter period. For example, in two hours, guests can interact with the national director, alumni, beneficiary and their family, Church Partner staff and the pastor. It has also gone a long way in reducing the number of hours the Trips and Visits Specialist (TVs) would follow up on expenses and accounting for the costs since the costs have significantly reduced.

The virtual visits have facilitated new sponsorship sign-ups and follow up inquiries on funding commitments to help beneficiaries and their families overcome a given need. While we do not know what tomorrow might bring, we know that change is sure to come, and we have the tools that can help us change along with it.

Beneficiary Letter Portal

Due to Covid-19 restrictions on movement, children and youth may be away from home or a church partner. The Beneficiary Letter Portal is an initiative to improve sponsor experience through online letters. This new portal is an age-appropriate online (web and mobile) tool for children and youth to write to and receive letters from their sponsors.

The portal also addresses communications delays that arise when students attend educational institutions, such as boarding schools or universities away from their home Frontline Church Partner.

By Lauryn Ayoti



Youth Business Challenge



Young people are determined to work hard to build the world they want to live in by acknowledging activities outside traditional organizational-instructed opportunities and breaking away from popular thought. Compassion understands that young people represent the essence of economic development. When we support our youth through career support, we not only grow and nurture young talent, we also lay the foundation for a brighter future.

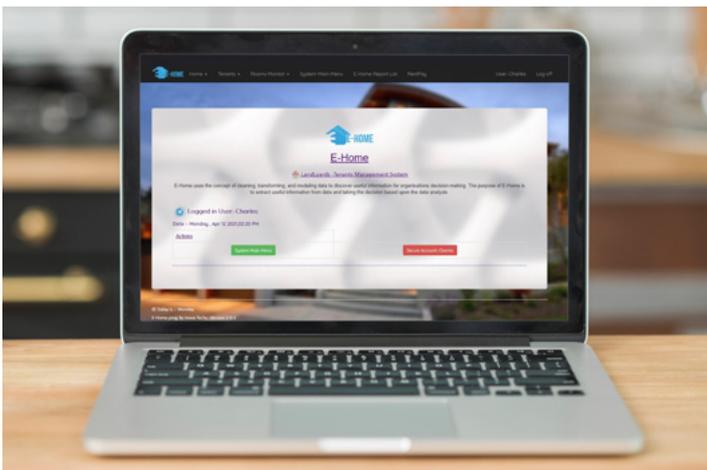
The youth business challenge brought together idealistic young people between the ages of 18-21 years who are passionate and ready to contribute to change if the world will let them. During this virtual event held from the 13th to 16th April, 30 youth with business ideas and 30 with businesses were invited to pitch to a panel of 5 judges: Webstar Ireri, Confrey Alianji, Gladwell, Daniel Kamau and Beatrice Maina via zoom. The judges selected 20 youth with the best business and 10 youth with the best business ideas. Compassion invested ksh.450,000 to these businesses.

Charles Mburu

Developed a Landlord-Tenant System Management App.

One of the biggest challenges for the youth today is standing out amid the noise. Charles Mburu, a fourth-year university student, has made his vision into a reality. Charles was motivated by the need he saw in his community to develop E-Home, an app that enables landlords to track the availability of their properties and tenant payments. Through the app, tenants can submit feedback and recommendations. There was a gap in the efficient management of properties. Charles learnt how to develop an app on YouTube.

He is keen to bring innovative solutions to the table and mentor his team to be entrepreneurs and test opportunities that may enable them to achieve financial independence. He believes that when we open our minds, our ideas will be just as expansive. E-Home has the potential to make real estate management more efficient and transparent. You can check out his system or request a demo by going to his website www.inova.co.ke





Dominic Ajul:

Tapped into Real Estate as an Investment Vehicle

With assignments, classes, and exams to focus on, you'd think starting a business in college would be the last thing on a student's mind. Yet more and more of them are finding ways to combine their studies with becoming an entrepreneur. From a young age, Dominic Ajul loved the elements of design and construction in real estate. Dominic's entrepreneurial journey started with him supplying construction raw materials when he joined university.

While the lows were painful, the highs are exhilarating. Dominic was persistent in realizing his dream of one day constructing his house and renting it out. Through the help of the Compassion Leadership Development Initiative (CLDI), Dominic was able to raise enough capital to begin the construction of 2 houses in Siaya County, which he is on track to rent out. The program which supports university students provided the environment that fostered the emergence of breakthrough ideas. While he may not be a real estate mogul,

Dominic is learning and planning his next venture and is looking forward to a bright future doing what he loves.

From these two examples, it is clear that by supporting young people, we also benefit. It's time to rally around the younger generation.



SnapShots

NGO Week

The NGO Week took place from 12-16 April and centred around NGOs' involvement in the sustainability of livelihoods. The virtual event explored topics around Covid-19 and how NGOs are navigating, the future of development, the role of the profit and the charitable sectors and how NGOs can partner with county governments.

Compassion International has been recognized in terms of funds invested in programs for children and youth.



New Staff

This month, we are excited to welcome

***Douglas Moseti** to the
Compassion family!*

***H**e is a born-again Christian who serves in the Church of Nazarene, where he was brought up and taught in the ways of Light. He joined us on April 1, 2021, from Generation Kenya, an organization whose mission is to transform education in employment systems to prepare, place, and support young people into life-changing careers.*

He worked at Generation for five years as the organization's Operations Manager. Before that, he worked with CAP Youth Empowerment Institute as Special Programs Manager.

Douglas holds a master's and bachelor's degree in Religious Studies from Africa Nazarene University and is currently pursuing a master's in business administration (MBA) at the same University.

He is married and blessed with two amazing children (Nadia and Jeremy). When he is not passionately pursuing excellence and growing his networks within the youth development space, he enjoys community service, cooking, and spending time with family.



Speak up for those who cannot speak for themselves, for the rights of all who are destitute. Speak up and judge fairly; defend the rights of the poor and needy.
(Proverbs 31:8-9)



**FOR ANY
FEEDBACK OR
COMMENTS PLEASE
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