

# SECOND QUARTER GENERAL PROGRAMME REPORT OUTLOOK FOR YOUNG MOTHERS KENYA.

APRIL – AUGUST 2011.

## 'IT'S BABY BOOM TIME'

In a conversation with one of the young mothers over lunch break session in the **social Kibanda**, the young mother commented that "I had never expected my life to be this different because my family background has not been able to make my life any different like Young Mothers Kenya has done."

This is the picture that every young mother depicts once she steps feet inside the compounds of the now fully established 'village paradise' called Young Mothers Kenya. The **17** young mothers already enlisted in the programme have every reason to smile and bounce, their plight have been addressed and at least somebody cares about their situation.

A look at the **10** newborn babies with smiling, gorgeous and shiny faces explains the full contentment the young mothers could be having in the aftermath of their difficult period of having to grapple with the reality of underage pregnancy and the stigma that goes with it .

While the newborn babies are showing positive healthy signs, their mothers have not been left behind either, proud of the most immediate care accorded to them in all the aspects of their lives ranging from medical, nutrition, psychosocial counseling, shelter, security and skills building among others, the capacity of the young mothers have since taken a positive turn as every new day dawns.

## NEW ENTRANTS / NEW DEVELOPMENTS

Within the second quarter, there were new developments considerable for comment and more so the new entrants in the family of the Young Mothers Kenya.



Victor at one month old.

In the second quarter, **5** new babies were born, **Imran, Ishmael, Mwanakombo, Victor and Joyce**, this spelled a new beginning for Young Mothers Kenya because it heralded (brought) the strength of the "baby boom" period for the programme.

Other things to note within the period was the installation of electricity to full capacity by the **Kenya Power & Lightening company** to the Home, this was after a long wait due to logistical reasons .

Other new developments include:

1. The completion of the main kitchen house and the washrooms in a state of the art condition and their eventual use by the young mothers.
2. The eventual introduction of the Tailoring class lesson to train the young mothers interested in dressmaking.
3. The engagement of a personal nurse who will be specifically assigned to monitor and observe the young mothers from within the compounds on a routine basis.



Installation of electricity power by the power company

4. The installation of the **beamer receiver** facility (with DSTV receiver channels) for entertainment for the young mothers.
5. Purchase of a motorcycle for field work duties.
6. Engagement of an additional teacher to facilitate capacity building of the girls in class and social skills.

So far, at the time of filling this report, **17** young mothers have been admitted to the programme, 10 of them have babies so far, the others are in the 'waiting list' for delivery.

It has been an eventful quarter for the organization in many ways, the increase in admission of the young mothers and the delivery of babies marked a new turn in the process of project development, from here we were able to determine the reality and magnitude of the work on the ground as we strategize for the future of the young mothers and their babies, the cost propositions of maintaining and sustaining the needs of the project increases every single time due to the new developments arising from new admissions and new births.



A reproductive health nurse giving health lessons to the young mothers and the staff.

The medical conditions of all the girls attest to the care and capacity they have been given by the organization in terms of their medical conditions, all of the girls have the best of their health due to standardized health care provision the Young Mothers Kenya is providing them, the feeding programme is absolutely fabulous, taking into consideration the rule of the balanced diet to accustom them to their pregnancy and lactating conditions.

## CHALLENGES

It won't be a complete report if we don't mention the challenges and difficulties that arises In the course of project development and management, this includes,

- Foremost is the cost of running the project, this has been compounded by the rising cost of basic commodities and services that are ideal and mandatory to the care of the young mothers, the rate of inflation has risen **16%** high within the short period of between **January to August** rendering the Kenyan Shilling without strong value hence the rise in prices of food and other items.
- The cost of running the medical programme is overwhelming, while we appreciate the Government policy of subsidized costs in maternal health care service provision, this is sometimes a only on paper policy because the quality of service provision by the government hospitals in basic health care is sometimes worrying, this sometimes forces health consumers to look for health care services from private health care services providers who are expensive but offers quality service. at the same time , the subsidized cost in State hospitals is variant with the nature of medical attention required, longer hospitalization means higher hospital bills, special cases the same , therefore it depends with the situation arising.
- In a short while, we shall be phasing out the first group of the young mothers who have attained the mandatory age of phase out, the challenge is what next for them and the organization, while the organization has put strategic mechanisms to reintegrate them back to their families, their capacity of adhering to the strategies developed by the organization still requires a lot of follow up and strengthening to fully empower them. So



It's meal time for the young mothers

far there are about 5 young mothers who will be preparing for reintegration back to their families within a short period of less than one year.

- Covering the larger working mandated area that has **4 districts** is challenging and in most cases the areas are located in rural community backgrounds where most of the pre-adolescent pregnancy cases occurs, the areas are far out of reach and the community dynamics (mentality and mind set) makes it even more difficult at times to help deserving cases.

## PLANS IN THE PROCESS.

- Determining the career prospects and futures for the young mothers through developing partnerships and networking with ideal institutions and facilities that can help build and develop their capacities.
- Opening a mini pharmacy or obstetric clinic within the compounds of Young Mothers Kenya that will act as an emergency hold for gynecological observation and management of the young mothers and their babies.
- Additional training facilities and tools for the young mothers to enhance their capacities e.g. tailoring sewing machines , learning materials and structuring a spacious room/s for their trainings lessons.
- Continuing with the field work programme that will ensure an all round recruitment and admission of vulnerable young mothers to the programme to replace the exiting ones and add more to adjust to the required number of young mothers required at any given one time.
- Carrying out feasibility research to determine the prospects of establishing the phase 2 programmes for young mothers between the ages of 18 and 21 years within the next 2 years subject to the performance of the current programme for the underage young mothers.
- Develop a long term self sustainability measures that will ensure the project stands on its own long after the exit of external funding.



Martha showing off her model dress from her tailoring class.

## CONCLUSION

We look forward to a more rewarding working relationship with our donor partners and as well we do want to appreciate their role and contributions towards ensuring that Young Mothers Kenya meets and achieves its objectives.

Thank you so much, Asante Sana, Danke suhn.



Mr. Raimund Marz, the president of Africachild village ,familiarizing with the young mothers at the MCL kibanda

## APPENDIX

### OUR NEW CLIENTS FROM THE LAST WORKING QUARTER

1. Mwnajuma Mwinyi, 17 years and mother to Imran about 5 weeks old so far, has been raped twice and forced to drop out of school, after procuring pregnancy, she wants to go back to school and then do business. (mother to Imran)
2. Uba Juma, 15 years of age, dropped out of school in grade 6 and the mother to Khadija, 3 days old as at now, wants to pursue a career in the hotel industry.

3. Mwanahamisi Suleiman, 15 years of age, was married to a 70 year old man until the children department of Kwale district rescued her from the illicit marriage and took the matter to court where she was placed under our care by the Magistrate's court, she is due anytime as we file this. She is academically challenged but wants to pursue business in her life.
4. Nelly Jelegat, 17 years of age and a class 8 drop out from school, she is 7 months expectant, she was staying with her aunt in one of the slum villages of Diani when she met a man who impregnated her, she wants to do business.
5. Doris Oketch 17 years of age, and has completed her high school, she has a 3 day old baby and wants to pursue career in beauty therapy. ( mother to phelesia)
6. Mwari Mwainzi, 15 years old, 6 months pregnant dropped out of school in class 5, one of the latest inclusion to the programme, still undergoing counseling therapy because she was faced with the risk of early marriage planned by her family.
7. Christine Auma, 17 years of age, had been exposed to early marriage and with a 3 year old baby at that early age, she conceived another one within that short period, she is a class 8 drop out and wants to pursue hair dressing and beauty career.
8. Mmejuama, 16 years of age, by the time of writing this was the latest inclusion into the programme; she is 6 months pregnant and is still under counseling therapy to offset the stigma she is undergoing due to the pregnancy.
9. Lucy Wanja, 17 years of age and with a 4 weeks old baby, she is a class 8 drop out and wants to pursue beauty therapy training and foreign languages. Currently recuperating from an obstetric surgery she went through during delivery. (Mother to Ishmael)