



Tumaini Children's Home Sirio School

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The Management Committee

COPING MECHANISMS AT TUMAINI CHILDREN HOME

DUE TO THE CORONA VIRUS PANDEMIC:

Since the Corona pandemic struck Kenya in mid-March, the home has seen various changes. With April came a lock down at the home in order to protect the children due to the rising number of Covid 19 cases in both the county and country. The advice from the children's department was to have resident staff at the home.

CHANGES:

Staff and Home Infrastructure.

An assessment was made based on health of the staff, staff with children or family at home to take care of thus could not be resident staff. Twelve staff members could be resident but two were on normal leave. From the total twenty staff at the home eight could not be resident and had to be out due to Corona pandemic. The situation necessitated the care givers to be locked down in the home. The following measures were taken:

- Meals are provided to the staff resident and those on duty. The food cost exponentially increased.
- Since the resident staff cannot go out to purchase personal items these are also provided;
- Accommodation has been arranged in the dormitories.
- Since they cannot use their NHIF cards provided by our out-patient clinic including their treatment costs. On an average this medical cost is approximately Kes. 30,000/= per month.
- It doubled our staff costs per month, an eventuality we had never prepared for. The staff are expecting a bonus at the end of the year which should be an extra month salary in December for Christmas.

Those who were non-resident were requested to proceed on their annual leave. This was not a good scenario as it became difficult for the resident staff. Immediately a restructuring of the home infrastructure had to be undertaken. The home was demarcated as areas for resident staff with resident children and that for nonresident staff. The clinic, administration area, parking area and the upstairs Tazama, Volunteers and the verandah was demarcated by closing the gate upstairs between the verandah and the dormitories. A gate at the car-park leading to the play field was installed. A partition was set up from the end of the playfield to the boundary wall. A gate was installed so that the play field area became isolated. Along the boundary wall a path was constructed to walk from the car park onwards to the back of the home, open kitchen and laundry area. Another partition and a gate was created between the corridor, laundry and the open kitchen. In essence the resident staff and children were separated from non-resident. In May all staff was recalled back. The non-resident staff was required to come in, wash up, change clothes and work in their designated areas without intermingling with children and resident staff.

- ❖ JM {Senior mother}, EM, EB, RM, JW, EA and FJ became resident care givers;
- ❖ LM shared the office with N. She assumed her role as social worker, keeping children's files, medical records and taking them to the clinic and hospital for monitoring. She assists in the clinic reception in the mornings.
- ❖ DM and EW resident cooks for the kitchen;
- ❖ S and BN open area kitchen cooks;
- ❖ MK deployed to non-resident clinic and office area for cleaning assignment;
- ❖ A and D were non-resident and were assigned to work in the laundry area only;

- ❖ The van was grounded and sent for major repairs. Ramadhan the driver had no work and had to be laid off with full dues paid;
- ❖ M the cleaner had to be laid off with full dues;
- ❖ E due to her health proceeded on her annual and accumulated leave from May and since she was not conducive she was laid off end August with all dues paid;
- ❖ JK is still managing the upstairs;
- ❖ A is resident and multi tasks;
- ❖ J is multitasking as van driver when the van is needed maybe once a week and also manages the school compound;
- ❖ At Sirio School from 1st June, 2020 all staff were laid off with full dues and the school property is up for sale as it has been a liability rather than an income generating project;
- ❖ K is the only staff re-employed at the home in place of E and also as liaison for the school. He is also assisting the 3 children at MV Shah in their online learning;
- ❖ Once the schools open we shall have to seek schools for our children which should not be a problem;
- ❖ At the out-patient clinic we are managing with locum clinical officers. At present they are in demand as County Governments are not employing Doctors allegedly cost factor whilst on the other hand monies are lost through corruption. Few patients are seen and the CO undertakes lab tests on CBC, Urine and Rapid tests only. For biochemistry my clinic lab is providing free service when samples are brought there.
- ❖ At Tazama we had no sponsored students from Sir Yusuafali Charitable Trust and neither did we have enrolled students. Had to close the centre and laid off ES with all her dues paid.

Learning for the children has been via Whatsapp. The teachers send the assignments and exam papers and they are downloaded and the children are supervised while they do the assignments and then the teachers send the mark list and we send the results back via Whatsapp. In essence caregivers have also become teachers.

Medical and Social: Leah who is our social worker cum mother is also assuming the role of the matron. This is so because we are minimizing contact with the clinic people in case of any person infecting them so that they don't spread to the home. We are giving out their meals and all to the clinic so that they don't come to the home side, In case of a child getting sick, one care giver takes the child to the clinic and after being attended to, they sanitize before coming back to the home.

Visitors are not being allowed to the home. This was a directive from the children's department but after further consultation with various home managers and the Kisauni Children's officer, we agreed to set aside an area where the donors can bring the donations and we receive. The parking has been set aside to receive the donations which are scarce since the economy is also being affected thus people are not bringing donations.

Since the children are at home and they are in need of care and protection, their safety has to always be considered thus we have opted to:

- 1: Buy stock to last the whole month to feed the children in the home. This will limit travel every week to buy provisions and also ensure enough food in case of a lock down. The vegetables and fruits are supplied to the home every Saturday so no trips to Kongowea Market.
- 2: All staff members before coming to the home are to change clothes and sanitize then attend to their normal duties. Each member is carrying an extra pair of clothes to ensure this rule is followed.

3: The reception area i.e. the two front offices are out of bounds for all and in the event that the children need anything, either N or L attend to them from the playground area or dining hall. This is to prevent the children from crowding in one area and we need to obey the social distance rule.

4: Since the public sector is more liable to spread the disease for many people are coming into contact with the surfaces, we have opted to be using the van for any official duties instead of exposing the children to the virus. For personal errands, we are advising to take precautions inclusive wearing of masks and sanitizing properly. Masks and sanitizers have been provided for.

5: Spraying of all surfaces is done with 0.5% chlorine and especially the gates to sterilize them. We are hoping this will also reduce the chances of contamination.

6: Visitors to the home are limited. If on official duties, they are to come to the office only. No one from outside is allowed to come into contact with the children.

CONCLUSION

We are trying our level best to keep the children and staff safe in these tough times. Some hard decisions had to be implemented at a cost but better done than not. Currently some financial overlaps have occurred but will soon be able to allocate them.

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- ❖ Our Local Administration Endowment Fund. Thanks to donors for their lump sum contributions to the fund.
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Dr. Varinder Singh Sur

Managing Trustee & Chair Management Committee.