

Spring 2005

Hope: An Ethnography of an Alternative Orphan Care System in Mgange Dawida- Taita; A Case Study of the Isuwirio-Tumaini Self-Help Group

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HOPE

An Ethnography of an Alternative Orphan
Care System in Mgange Dawida- Taita

A Case Study of the Isuwirio-Tumaini Self-Help
Group

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S.I.T Kenya Coastal Cultures, Spring 2005

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Life in Taita

Taita District is a rural village in the hills of the East Coast province of Kenya. Africa. It is northwest of Mombasa, Kenya's second largest city, next to Nairobi being the first and capitol of the country. Taita's population is estimated to be around 300,000 today.¹ The last census was taken in 1989, with a projected population of 272, 064 for the year 1998, with a population growth rate of .3%. So it is estimated to be around this number presently, from my own estimate. The population for the Mgange Dawida sub-location is roughly 6,536.² Taita-Taveta is the second largest district in the East Coast province next to Mombasa being the first. Vuria Hill, which is 2,054 meters above sea-level in Taita, is the highest point in this province as well. Taita is constructed as having a very diverse landscape from low-land plains, high hills and low valleys, to the extensive Nyika plateau with Taita Hills at its center. There are numerous springs and water holes throughout as well. Heavy rainfall can be up to 1,000 mm per year, which is why there is such dark green forests, and rich vegetation. This clean environment also has an absence of mosquito's meaning that there are fewer diseases as well, such as Malaria, one of Kenya's most deadly killers.

The people of Taita are very hard working in all that they do. Their everyday lives are a struggle to meet basic needs. Because the villages are at such high elevations, people have to travel very far up hills and down valleys in order to do everyday things. There is no running water or electricity so women and children travel far to streams to

¹ Nda, Mwakio, Project Proposal: Proposed sub-district Hospital for Mgange Dawida Self-Help Group, p.3, 1989. Population pf Taita –Taveta District projected population for 1998- 272, 064.

² This information was gathered by the village elders from various sub-villages and compiled by the sub-chief of Mgange Dawida.

fetch water, carrying buckets with many gallons balanced on their heads to bring back to their homes, and taking many trips to collect enough for the whole family. Family structures are very large ranging from anywhere between 4-15 children. The “Duka’s” or stores are also very far away for many to travel to get sugar, flour, matches and cooking fat among many other things in order to cook meals.

Preparing a meal takes much time and effort in the “Jiko” or kitchen. Wood needs to be cut down from trees in order to light the fire to cook with. For example, taking up to a couple of hours total for a meal to be prepared of rice and beans for example. Children play a very large role as well. They carry water from the streams, chop and carry firewood, wash clothes and dishes, prepare meals, travel to the duka’s, and farm. All of these things in addition to attending school, if they are able to because of the high cost of secondary school fees, although primary education is free in Kenya. So, even the children have much responsibility in the community and especially in the home.

Farming being the main occupation is extremely hard and demanding labor. Other jobs are shopkeepers, and teachers of which can be counted by hand because they are of a small number. Men, women and children all help in the farming but it is mostly the men’s occupations. Taking care of the livestock of cattle and chickens, traveling far for long grazing grass, to be cut with machetes and carried back to their homes to feed them. Also, planting and harvesting of crops to sell for income and to provide basic necessity’s for the family. Many people grow various fruits and vegetables, beans, and maize to name a few. Many families have multiple farms, some nearby their homes, and some hours away in the low-lands of Nyika, because of differences in soil and larger land

available to work with. A trip to Nyika entails a whole days work, leaving early in the morning and returning late in the afternoon, having to carry heavy loads down valleys and up steep hills by foot and working by hand.

With the main mode of transportation being by foot, very few own vehicles of some sort. Traveling for instance to the nearest hospital in the Mgange Dawida sub-location, is an uphill climb for almost 2 hours for some and an hour for many. So in times of emergency people come together and will help carry someone there. For example, if an expecting mother is having a difficult birth at home and is having complications, she must go to the hospital being carried, or in some cases pushed in a wheel barrel unless someone nearby owns a vehicle.

In terms of communication, with no telephones, messages need to be relayed. Therefore, two village elders are assigned to blow a horn alerting everyone to meet at an assigned site for a gathering of the information needing to be dispersed. For instance, in cases of which someone passes away, a community project meeting, or any other community event.

The Catholic faith is very present in the Taita community. Every Sunday, the services are filled with men, women, and children singing, dancing and praying together. However, the church is more than just a place of worship for the people of Mgange Dawida. It is a gathering place for community announcements, including school matters and it holds community functions and assists with needy populations as best as it can.

Life in Taita is not easy. It is hard work and exhausting in just being able to provide necessary food for the family everyday. This is how life is, with responsibilities that need to be met in order to survive. Unlike that of most lives in America or other

developed countries where machines do all of the work and people do not have to think twice of finding food as a hardship which takes an all day effort mentally and physically in order to achieve.

Among the hardships of everyday life, people here do so much more. Especially in giving back to their own communities and helping others. Life here is a tightly-knit *geminshaft*. Everywhere you go you see people together helping one another out. It has really been one of the most friendly, peaceful and beautiful places that I have traveled to in Kenya thus far. People lending a hand to others in whatever there is to be done. All in all working together as a community and as friends.

Health and Orphan Statistics

To move on to some health facts in Taita, there are no mosquito's so therefore little to no Malaria cases. If so, it is usually the case of traveling out elsewhere and getting a mosquito bite and returning and getting sick in Taita. Malaria is more of a problem than AIDS in Kenya, because it particularly affects women and children. There is a lot of poverty, and resistance to drugs, so cases get worse and eventually lead to death. Also, pregnant women are more susceptible to contracting Malaria because mosquitos are more attracted to them.³

When talking about AIDS in Taita the same idea applies. Many people say that most cases are from people bringing the disease from elsewhere, or people leaving for a time and coming back with it, then spreading it to their wives and causing future family

³ Kadarbhai, Fatema. Guest speaker on March, 9 2005 for S.I.T Kenya Coastal Cultures Spring 2005. Topic: Muslim Women and Health/ Health.

disasters. When asked about the AIDS prevalence in Mgange Dawida, Coleman Nyange-Chairman of the Isuwirio- Tuamini Group replied, “Mainly because of the conservative ways of the people, this is how AIDS gets spread here, but there are not too many cases that I am aware of.” Overall, in Kenya 2,500,000 adults and children are living with AIDS, being most prevalent in women being 1,400,000. These statistics are very high in Africa mainly because less people are tested, there is less education, poverty, distrust, and polygamy to name a few.⁴

Along with these problems and high death rates, parents leave behind their children, and they become orphans. The dramatic increase in the number of AIDS orphans will create enormous social and economic problems for resources of poor African countries. Many of these orphans will fail to start or continue with education due to lack of school fees or due to the need to take care of their siblings. The nutritional and health status of these orphans is expected to deteriorate. Their emotional and psychological health is also expected to suffer due to the trauma of losing their parents and other difficulties they will face. These orphans are likely to grow up lacking suitable guardians and mentors and this will hinder their general development. Many of these difficulties will have a long-term impact on them, and the community as a whole will have to cope with that later in life. AIDS orphans will also further burden the meager budgets of their relatives, communities, and governments.⁵

This is a major issue in Kenya and in other developing countries in Africa. In Kenya, there is an estimated 1,700 children between the ages of 0-17 orphaned last

⁴ Hassan, Wisal. Guest lecture on March 15, 2005 for S.I.T Kenya Coastal Cultures Spring 2005. Topic: HIV/AIDS Epidemic and Pandemic.

⁵ Muraah M. William, Kiarie N. William. HIV and AIDS: Facts that Could Change your Life. 2001, Nairobi, Kenya. P.123.

year due to all types of causes.⁶ There are many orphanages in Kenya where some of these children go, and others are on the streets begging or hawking to try to get food everyday. In the S.O.S children's orphanage village in Mombasa, children are brought in and there they find a caring S.O.S mother, brothers and sisters, the shelter of a home. Now normal life can begin for them with everything that is part of it such as kindergarten, school, laughter, quarrel, and family life.⁷ As examples of institutional care structures, most orphanages are run by private donors and organizations and the Kenyan government has only one orphanage, Kabete House in Nairobi. So therefore, when looking at a traditional care structure the focus is on the family and extended families who are the primary care givers. It is a much harder strain on the relatives in many different ways to try to provide for the orphan.

Who is the Isuwirio-Tumaini Self-Help Group?

What is so impressive is how the sub-location of Mgange Dawida raises their orphans in cooperation with this traditional model. Also, the way they help with other needy and disadvantaged populations including the poor, elderly, and disabled. With everyday life being so hard already, a group of 16 people who are dedicated, motivated, and who completely volunteer their time, get together to discuss and try to figure out ways to help these populations to make sure their needs are met and that they feel loved and a part of the community. They are called the Isuwirio-Tumaini Self-Help Group of Mgange Dawida. 'Isuwirio' is the Kitaita word for 'HOPE', and 'Tumaini' is the

⁶ www.unicef.org.

⁷ [www.S.O.S childrenvillages.org](http://www.S.O.S.childrenvillages.org).

Kiswahili word for 'HOPE'. The whole idea of forming this group was created by themselves. They felt a need to help orphans in carrying out their lives within their own locality and to also help to educate victims, men, women, and children about HIV/AIDS. Many people are dying, especially breadwinners of families because of AIDS. This leads to other problems that are needed to be taken care of, leaving widows and children behind with little to no income and innumerable hardships.

They are very optimistic and hope that what they are trying to do will really help benefit the orphans, victims, and community to be more aware of these problems and to help the overall lives of them in having a better goal oriented life. This extra commitment to add to this group's lives' is extremely admirable in many ways. It is not an easy task with being very demanding of their time and energy, and adding a heavy weight on their shoulders. But because of their outstanding optimism and strength their wishes will hopefully become fulfilled.

History of the Isuwirio-Tumaini Self-Help Group

In 1996, PLAN, an international NGO, was located in Mgange Dawida. It was there for about 10 years helping the community in many different ways. They left last year and are now located in the Kilifi District of Kenya. PLAN works in partnership with children, families, and communities, to develop sustainable ways to end the cycle of poverty, because every child should have the chance to realize their potential.⁸ From talking to various villagers in Mgange Dawida many had very nice things to say about PLAN. Among all of the things that they did to install water tanks in people's homes,

⁸ www.planinternational.org.

build VAP toilets, and even build homes for some people, to name a few. Their main intention was to educate people on health issues and hygiene to prevent illnesses, and to produce healthy babies. All in all to improve the living status of the people and to eradicate poverty with education and health. In many of my interviews many people said that they helped the community tremendously. Most importantly, their influence helped in the formation of the Isuwirio- Tumaini Group.

When PLAN first arrived in Mgange, they heard of a group of traditional midwives. They wanted to interact with them and to see how they were going about their practices, and to also educate them how to handle certain situations of crisis, so births would be a lot safer. They chose them specifically because they figured they were already knowledgeable with the community and the problems that they were facing already. They heard of a woman named Odilia Mcharo, a traditional midwife, and came to her and asked her if she and the others would attend a seminar on midwifery and other health topics, to eventually teach others and spread the word. So Odilia Mcharo, Ritha Mwakisha, and Angelina Mwawughang were the 3 elders first to be trained at this seminar. They learned many things including: information on HIV/AIDS, to teach others how to care about diseases, STI information, they were asked to tell mothers about free immunizations for their children from ages 0-5 and the importance of them, and many other things. At first, they were taught how to assist a doctor or nurse in times of birth, which then lead to these other topics.

With the knowledge they received in their training, they taught others. In 2001, the 3 elders traveled by foot, village to village spreading their knowledge with others, especially to other practicing traditional midwives. On May 20th- Kori Village, May

27th- Mchana village, June 3rd- Mwambeyni village, and June 10th to Ndau, Mwangae, and Mata villages.⁹

In March 2005, with this knowledge and instruction Odilia and the other elders felt as though they could do more and wanted to help others in need in their community. A nurse from Mgange gave Odilia an idea of starting a group to spread the word of HIV/AIDS and raise the level of awareness within the community. So from this idea and from the elders' previous training they formed the Isuwirio-Tumaini Self-Help Group. To get it started the elders: Founder- Odilia Mcharo, and co-founders: Ritha Mwakisha and Angelina Mwawughang, decided that they should go to other practicing midwives in the area, and also higher educated people who have gone through secondary school or college, in order to become as strong of a group as they could to fulfill its needs and to function at its best. They figured that because they have not had a high education they needed the help from them to get things structured and arranged properly. So with this combination of intelligence from various areas, it has built a strong backbone in this group to perform its functions properly.

The Isuwirio- Tumaini Group is a relatively new group, and is just starting to progress in its efforts. Its actual starting date was in March 2005.

Composition and Dynamics of Group

Many of the women in the group are midwives who were originally taught in 2001 about midwifery practices, and how to care for needy populations and had been

⁹ Information recorded in the history section of Isuwirio-Tumaini Group notebook, written by Odilia Mcharo.

working with the elders long before the Tumaini group started. Other members have joined recently and range from organic farmers, account's clerks, former telecommunications technicians, and other types of farmers and various professions. The group consists of roughly 16 members now, 2 from each of the 6 sub-villages. To become a member of the group you must be 18 years of age. You also have to pay a one time fee of 120ksh, and 10ksh per month. This money is used as a collection fund for the group to use. For example, if they send someone to run an errand for the group, it is used for bus fare and lunch. They are opening a bank account soon for this purpose. There is a position structure as well and it includes: a chairman, vice chairman, secretary, vice secretary, treasurer, and one member who represents all of the other members. These positions were decided in February 2005, by voting and the assistant chief chaired the meeting and supervised the election. He is employed by the government and is a civil servant. He also attends other meetings for various projects such as the dispensary project in Mgange. (See Appendix 2- Structure of Committee)

The Isuwirio-Tumaini group is officially registered by the Department of Social Services in Kenya of the Taita-Taveta District. They have a registration certificate stating that the self-help group initiated this project in response to the philosophy of the self-help movement. (See Appendix 3- Certificate of Group)

The group also has a constitution , it states who they are, what they are about, laws and guidelines, objectives, and people's roles and positions to name a few. The first copy is in Swahili and the Second copy is in English. It was originally written in Swahili because they needed to write it in a language that everyone could understand, because

some of the members do not know English. They needed to create a constitution in order to be recognized by the government officially. (See Appendix 4 –Constitution of Group)

The group is very effective in all that it is trying to do. Mostly because of its smaller size and larger groups tend to be harder to work with. Everyone is very committed with volunteering their time and really gets involved with the meetings and even traveling far distances for some in order to do so. The age bracket is very diverse ranging from 23-80 years of age, 9 men and 7 women. Therefore, this is beneficial because there is much diversity, and influences from different perspectives and adds much to the group and how it functions. The chairman of the committee Coleman says, “Most importantly, the nature of the group itself is very dynamic and active in many areas.”

The group meets every Thursday at 2pm to discuss various things regarding to the groups intentions. Every meeting is recorded and sent to the government to keep for its records. They do not have an official office of any kind and use a grassy lawn outside of the church as a meeting place. They hope to have an official office sometime in the future.

Objectives and Goals of the Group

The main objectives of the group which are listed in Section 4. of the groups constitution are:

1. To eradicate poverty
2. To improve the health of Mgange community, especially with nutritional intake.

3. To create awareness to society, the importances of taking care of children and youth because they are our leaders of tomorrow.
4. To cooperate with other groups with the same objectives.

(See Appendix 4- Constitution of Group)

What they are in the process of doing know is writing a proposal to receive money from the Constituency of AIDS Committee in Wundanyi. The project objectives are:

1. To provide food and clothing to 30 orphans from 6 villages of the sub-location.
2. To provide sleeping and lighting items to each of the 30 orphans.
3. Sensitize the community and group members on HIV/AIDS.
4. Start income generating activities to sustain the group's activities.
5. Teach all group members on proposal writing.
6. Collaborate with other stakeholders with the same objectives.

(See Appendix 5- Proposal of Group) note: The Proposal is only a draft. The group is in the process of finishing it very soon. I left Mgange-Dawida while they were in the process of doing all of these things, that is why information is stated the way that is it.

A survey is going to be undertaken on the number of needy orphans plus their requirements by traveling and visiting them. The group is in the process of doing all of this, that is why most information cited is in the form of what they are starting to do and the plan for what they are in the process of forming. The group now is working with 30 orphans, (5 from each of the 6 sub-villages). There are all in all around 50 known orphans in Mgange-Dawida, but they are in the process of working

on a data collection of an actual amount. In doing this, and with the data collected, they are going to come up with a budget and add this into the proposal. Another important tool that will be used in the evaluation of the orphans is starting a log sheet for each of the orphans. This will include general information, a picture of the orphan, and a record of assistance given to the orphan, in order to keep track of making sure that each of them is getting what they need in a fair way. One copy will be given to the orphan and another to keep in a record file for the group. They are only dealing with orphans who are under the age of 17.

With the funding that they will receive they would like to provide a seminar for all of the guardians of the orphaned children together with group members in equipping them with ways for caring for the orphans. The group would also like to have video show on HIV/AIDS, drug abuse, and family health to be shown in schools and at social halls, so that the level of awareness can be raised within the community. Also to pass put informational pamphlets on these issues so that parents will have a better understanding of how to talk about these issues with their children. (See Appendix 6- HIV/AIDS Informational Pamphlets.)

The group also decided to start a fish farm and passion fruit orchid to generate income for sustaining the group's activities. They also hope to be able to use the money they will receive for secondary school fees, polytechnic, and other colleges for the orphans, along with food clothing, school uniforms and other assistance being the most necessary. In terms of spreading HIV/AIDS education the group has 3 aims: To be able help orphans left behind by AIDS victims, to help AIDS victims who are surviving not to loose hope and how to live with the disease, and to educate others

about the disease. Mainly because of discrimination that goes on with it. There is much stigma attached to AIDS victims and people fear being around them and they are treated unfairly. Also, so that people know where to go for testing, VCT's- Voluntary Counseling and Testing Centers, and other information about STI's and other diseases.

Life as an Orphan and Caretaker in Mgange Dawida

Many of the orphans in Mgange Dawida are usually left to stay with relatives, such as an auntie, or in some cases they are staying with grandparents. Mostly all are living in poor, filthy conditions, dropping out of school and taking care of siblings. Therefore, this places them in tough and struggling positions. In some cases when a child loses their parents and there are no relatives, these children are raised by their elder grandparents and in most cases grandmothers. Because of their old age and slower abilities, they may not be able to find food anymore. Then the child is at high risk nutritionally which hinders the child's overall development. Leading into severe poverty, and hindering the child's well-being psychically and emotionally.

Emily, a 16 year old orphan in Mgange Dawida, was presently living in poor conditions with her elder grandmother. Because the grandmother was very poor, she never could pay school fees for Emily and she relied heavily on her to try to make money for the two of them. Much of Emily's time was spent struggling to meet basic needs for them such as food and clothing. Coleman, the

chairman of the Tumaini Group, was living nearby Emily and her grandmother and knew of the harsh situation. He took her into his family, and basically adopted her as one of his own children. He provides food, clothing and other necessary items for her. Because she had never been to school, she agreed to start from the beginning and is now in Standard 2- primary school, eager to learn. His family also helps out the grandmother who lives nearby still, with basic needs. This is just a perfect example of how closely knit this community is in helping others. Now she is able to live a happy and less stressful life, and will have the opportunity to be educated to better help her to have a bright future.

John, an 8 year old orphan, lives with his Aunt in Mgange Dawida. This is a quite different situation as that of Emily. He has been in the care of his Auntie since a few days after he was born. His father had passed away during the time of his mother's pregnancy with him, and his mother died days after he was born, while he was still in her arms. It is uncertain what she died of, some sort of stomach illness. The Aunt and caretaker of John, Francisca Mwawasi, said that John was a very sick baby, and had bumps all over his body when he was born, and pneumonia. He was tested for HIV/AIDS, but was negative. Now he is healthy and is attending Standard 3- primary school. Francisca has 8 children of her own, plus John, making 9 children to take care of. She is very hard working and tries her best to provide for everyone. Her positive attitude helps her with her struggles day to day. This is an example of how hard it is to make sure everyone's needs are being met. It is a heavy weight for Francisca, but she manages with what little she has.

Janet Wangela, 16- years old, and her brother Bryan Sodo, 6 years old, are also orphans living in Mgange Dawida with their Aunt as their caretaker. Janet attends Standard 7, and Bryan is in Nursery school. Their Aunt has 6 children of her own and now 8 including them. So again, there is a struggle everyday for basic needs. When asked through translation from myself to Coleman, when visiting them together, I asked Janet, “If someone were willing to help you what would you need?” She replied shyly with a few seconds pause, “A sweater, a blanket and shoes, because I do not have shoes to go to school with.” This is quite clear again, that these children do not have necessities in their lives. Walking miles barefoot up and down hill to get to school is very hard, and time consuming. I left my Teva sandals for her before I left. Coleman also said to me that they obviously are in need of food, but she was probably to shy to say so.

Conclusion

All of these examples explain the need for the Isuwirio-Tumain Groups assistance. It is crucial for them to be able to get the funding requested in their proposal so that these basic can be met for these orphans and to provide better living situations for them. The fact that these children are still being raised within their own localities is great. Instead of being placed in an orphanage, a place they have never been or grew up in and having to readjust completely in a new environment. Also, relatives or a neighbor helping these children out is another great thing. As long as this group is able to progress in what it is trying to do,

hopefully these children's lives will be fulfilled and will have bright futures ahead of them. Because there is very little government support in the effort to help orphans, like in relief funds, this process is made harder and pressed on the community. What the Isuwirio-Tumaini Group is trying to do is remarkable. They are taking their own initiative to try to figure out ways to go about this problem. If it were not for this admirable team of 16, the ideas and planning of the group would never have happened. They are dedicated and most willing to do whatever it takes to make sure the children of their community are given the same opportunities as every child. Coleman Nyange, left his job in Nairobi as a telecommunications technician in Nairobi, to move back to Mgange and give back to his community. His heart is really into this group and he is most optimistic it will pull through and succeed. Founder Odilia Mcharo, feels as though, many years from now these orphans will be educated, go to colleges, and will never forget the group that helped them to do.

A. Objectives of Study

My objectives to this study were to find out how this group operated and how they provided for the orphans within its community. I really wanted to find out how it was structured and who started the idea. I had heard about the group at first, from my home stay Dad, Kibwana. I had been really interested in what the situation is like for orphans in Kenya and the orphanages here as well. I had also visited the S.O.S Children's village in Mombasa on a drop-off assignment and was interested in how these children's needs were met. I learned a lot about how S.O.S orphanages worked and wondered how orphans in Taita were being assisted. Basically to see the Urban vs. Rural ways in differences orphans were being raised in Kenya. Also, the orphanage and non- orphanage view on this.

So Kibwana told me about how there was an orphan committee here in Mgange Dawida. So I thought that I really wanted to learn more about them and what they do. Especially, because Taita is a rural village and there are no orphanages. The thought of a self-formed committee wanting to help orphans in their locality really interested me, and I wanted to meet them and learn from them.

B. Assumptions and Biases

Some biases are that I only studied and learned about how the Isuwirio-Tumaini Group raises their orphans, in this particular place only, Mgange Dawida. I did not look into how other rural villages are trying to solve this problem, and do not have information included in my paper on this. With studying this particular group, I do not have information on what other self-help groups in rural areas are doing and how they are functioning.

Language barriers when doing my research was at times very frustrating and I had to translate through people who knew English pretty well. Therefore I felt as though asking certain questions in the right way was very important, because it could easily be misunderstood and therefore lead to misinformation. I also did not think that that many people knew English and that it was going to be very difficult to interview people, but many people did and I received accurate and clear information.

I had also assumed that this group had been around along time, and were already helping the orphans in many ways. I came to find out it is a fairly new group, starting with a game plan in how to assist them and help them out.

C. Field Study Methods Employed

When conducting my research, I mostly used structured and non-structured interviews. I received great information but at times my structured interviews with questionnaires did not go to well. I was easily led astray from the questions I had planned out already. I used translators when I spoke to the elders and to the orphans and caretakers who did not speak English.

I also did much participant observation. I sat in on committee meetings, and also on the writing of the proposal. I wanted to see how these people worked together and cooperated from just observing and through doing this I learned a lot.

I also went to the lowlands of Nyika twice. Once, with my home stay family to plant beans and also with a friend's home stay family to weed maize and beans. I felt as though this was a great experience to add to my ISP research, because it enabled me to really feel compassionate in my writing about the lives of the people here and the hard work in their everyday lives. I really was able to write from experience of what it is like to go down there and farm. Simply put, letting me realize how hard the men, women, and children work.

D. Brief Statement of Findings

All in all, I received great information and had a lot of fun doing my research. I met great people and made friends with many of them. I did not really have any problems at all finding information and everyone was very helpful in assisting me.

Appendix

1. Diagram of Districts and Locations of Taita
2. Structure of Committee
3. Certificate of Group
4. Constitution of Group
5. Proposal of Group
6. HIV/AIDS Educational Pamphlets

List of People Interviewed

Viridiana Mkongo- committee member

Teodenca Mnyika- committee member

Odilia Mcharo- founder and committee elder

Ritha Mwakisha- co-founder and committee elder

Angelina Mwawughanga- co-founder and committee elder

Colman Nyange- committee Chairman

Stanley Kirigha- vice chairman of committee

Donbosco Mwasi- secretary of committee

Cassian Mandoe- vice secretary of the committee

Paula Chombo- Treasurer of committee

Kibwana Francis- St. James Primary school teacher and my home stay father

Clivon Mwasaru- translator for me, committee member, and Odilia's son

Francisca Mwawasi- orphan caretaker and mother of 9.

Janet Wangela- Orphan- 16 years old.

Acknowledgments

I would like to thank the community of Mgange Dawida for making me feel so welcome. Also I would like to thank all of the committee members in [helping assisting](#) with my interviews and taking the time to really explain things to me that I was unclear about.

My home stay family, and parents Kibwana and Lucy, for all that you have done for me to make me feel right at home. The kids, for making me laugh and being so wonderful and thank you for the sweet songs you sang to me at night.

This whole trip to Kenya in general is to be thanked, because every bit of my life is changed forever and I am so thankful for having had this experience. I feel like a stronger and more confident person because of this trip and my ISP experience in Taita.

I want to thank the 12 other students that took this trip. You have all been so great and we have had so much fun and many laughs. I feel blessed to have met you all and to have become friends with you and most importantly to have shared this experience together. It's great because the 13 of us got on a plane together as strangers to come to Kenya, and are leaving together holding hands as friends that will never be forgotten. When people say "college is the best years of your life," to me personally, I disagree. This trip has been the time of my life. And I am so happy to have had and enjoyed this "time of my life" with you all.

Most of all, many thanks to my loving family. Thank you for all of your love and support: Mom, Dad, Ti, Nana, PapaNana, Auntie Julie, Bernie, Lisa, and the kids, Rick Aaron, Leah, Matt, Marissa & baby Nathan, Auntie Peg, Jay and Uncle Tom.

All of my friends back home in Rhode Island and at UVM.

And especially to my wonderful mother, favorite teacher, and bestest friend. I do not have words to describe how wonderful that you are and how special you are to me. Thank you for being so strong and holding our family together through all that we have been through. If it were not for you, your love, support, and encouragement, I would not be the person that I am today. Thank you for being you.

Recommendations for Further Study

Some recommendations for further study would be to go back and find out the progress of this committee and what they are up to now. Have they succeeded in their plans? Are orphans being cared for the way they hoped? What has changed? What have been some challenges? Etc.

Also, go to other rural villages in Kenya and find out if they have taken self-initiative in helping their orphans? How do other communities take care of their orphans? Etc.

Constitution of the Isuwirio-Tumaini Self-Help Group

1.) Name:

The name of the Group is Isuwirio-Tumaini

2.) Address:

The address which we use now is- P.O. Box 183, Mgange 80306

3.) Beginning:

A.) People of this group have noticed the importance of teaching and to get donations for the people of Mgange Dawida sub-location of the following things:

- i. Rights of the children
- ii. To take care of them in providing a good life.
- iii. HIV/AIDS
- iv. Farming

B.) The group recognizes that to succeed in what is needed to accomplish, they need to come together to do so, as one.

4.) Objectives:

- i. To eradicate poverty
- ii. To improve the health of the Mgange community, especially with nutritional intake.
- iii. To create awareness to society the importance of taking care of children and youth because they are our leaders of tomorrow.
- iv. To cooperate with other types of groups with the same objectives.

5.) Registration:

This group will be registered by the Social Services Department

6.) Group Members:

- i. The age to be eligible to be in the group is 18.
- ii. You have to be a resident of the Mgange Dawida sub-location.
- iii. You have to be a person who will work hard with the group and be ready with anything that arises.
- iv. You have to be a good person with good manners
- v. You have to read the rules of the group to be able to follow the rules of the group

7.) To be Registered:

- i. You have to pay 10ksh a month
- ii. To be registered in the group you have to pay 120ksh, one time only.

8.) The Group:

Elected Positions

- i. Chairman
- ii. Vice Chairman
- iii. Secretary
- iv. Vice Secretary
- v. Treasurer
- vi. One Member of group who represents all other members

9.) Responsibilities of Positions:

A.) Chairman

- i. Calls all meetings and is the leader of the meeting
- ii. To be together with the group
- iii. To confirm and sign the records of the meeting
- iv. To sign checks or other important documents

B.) Vice Chairman

To Assist the Chairman. If the Chairman is absent, will take his place.

C.) Secretary

- i. To take notes at the meetings
- ii. To collect and keep important documents in a good place
- iii. To write all letters between connections and meeting
- iv. To keep groups signatures

D.) Vice Secretary

To assist the secretary

E.) Treasurer

- i. To receive money on behalf of the group
- ii. To pay money on behalf of the group
- iii. To take care of the documents to receive and pay money to the account
- iv. To keep the signatures of the group

F.) Member of the Group

To be the advisor of the group and to other committee members

10.) Election:

- i. Every member has the right to choose or to be chosen with the members
- ii. The election will be done after every 2 years
- iii. The members will decide the way of the election

11.) Meeting:

- i. The meetings are once a week to discuss the future of the group
 - ii. The meeting of A.G.M will be after one year to discuss new aims for the future with what they have learned from the past
- a.) election
 - b.) new members to register
 - c.) reporting of accounts
- iii. To call emergency meetings

12.) The Rights of the Member:

All members have a lot of rights for:

- i. To elect members
- ii. Attend meetings etc.
- iii. To have the right to check the documents to the group

13.) Money for the Group:

All members must have an account for the group

14.) Rules of the Group:

- i. All members must attend all meetings
 - ii. All members must be prompt at meeting time and place
 - iii. All members must know the aim of the group
 - iv. All members must keep the secrets of the group
- Other rules will be made after 2 years in the next election

15.) Punishment:

The punishment will be done according to the crime and the advice of the members of the group

16.) To Lose Membership:

- i. For your own choice/ not forced
- ii. If you have bad behaviour

17.) Misunderstandings:

Misunderstandings will be solved:

- i. Members of the group themselves
- ii. Members
- iii. The office of family affairs

18.) To Change the Constitution:

At the time of meeting A.G.M to be supported $\frac{3}{4}$ of the members of more.

19.) To End the Group:

- i. If the aim of the group is not being accomplished.
- ii. All members need to give permission
- iii. According to the rules of the government

20.) The Account Number:

- i. The group will have an account of keeping the money of the group
- ii. The people who have the access to the account are as follows:
 - a.) Chairman
 - b.) Treasurer
 - c.) Secretary

Translated by:

Hamisi and Tima-S.I.T: Kenya Coastal Cultures Employees/located in Mombasa

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