



Annual Report 2017

Authors: James Hennessy, Rachel Gordon & Alva Sheehy

Development Pamoja is a registered Community Based Organisation in Kenya (No. NKU/DSS/CBO/041).

Development Pamoja Ltd. is a registered Charity in Ireland. CHY No 19370.

1 MISSION STATEMENT

To relieve poverty by assisting in the establishment of viable community-based co-operative enterprises in Kenya and providing financial, technical and all relevant assistance to such community-based co-operative enterprises.

In our operation our core values are:

- Transparency in both Irish and Kenyan operations and reporting to our donors and regulatory authorities
- Ensuring collaboration with the local community on all projects
- Efficient and innovative use of funds
- To keep salary and administration costs to a minimum.
- To learn from past projects and experiences

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3 CERTIFICATION

Development Pamoja (Kenya) was registered as a Self Help Group in Kenya in June 2010 and we upgraded our status in 2011 to that of a Community Based Organisation(CBO), allowing us to work in more districts in the Rift Valley province.

Funding for the projects carried out by Development Pamoja, CBO is provided by the Irish Registered Company, Development Pamoja Ltd., incorporated in June 2010. (CRO No 487136).Charitable Exemption was granted by the Revenue Commissioners to Development Pamoja Ltd on 27/8/2012 (Charity No: CHY 19370).

Authorisation as an “eligible charity” for the purposes of Section 848A Taxes Consolidation Act 1997 (Donations to Eligible Charities and Other Approved Bodies) was granted to Development Pamoja Ltd on 30/10/2014.

Development Pamoja Ltd is registered with the Charities Regulatory Authority in Ireland (Charity No: 20075859).

4 GOVERNANCE

Development Pamoja CBO is governed and funded by Development Pamoja Ltd. The Project Co-ordinator of Development CBO reports to the board of directors of Development Pamoja Ltd.

4.1 DEVELOPMENT PAMOJA LTD. (IRELAND)

Development Pamoja Ltd. is governed by a board of directors, based in Ireland. The primary role of the board of directors is to ensure the success of Development Pamoja by directing its affairs, ensuring its principles are upheld and ensuring compliance with all legislation and regulation.

The board of directors meets quarterly and members are elected at the AGM. All members of the board serve on a voluntary basis and the current membership of the board is as follows: Rachel Gordon (Chairperson), Catherine Hennessy (Secretary), Lynn Sheehy, Thomas Cussen, Mary O'Connor, Deirdre Hennessy, Alva Sheehy and Brian Lyons.

4.2 DEVELOPMENT PAMOJA CBO (KENYA)

There are three permanent staff employed by Development Pamoja CBO to run the charity in Kenya; they are James Hennessy, Kipruto Maasai and David Okinja. There are also medical staff employed in the medical centre and a person employed to oversee the security of Development Pamoja's buildings and assets. One of our permanent staff Mary Waruguru resigned in November 2017 and we would like to thank her for her contribution to Development Pamoja since its formation.

James Hennessy is the Project Co-ordinator of Development Pamoja CBO. His two primary responsibilities are (1) the management and running of all current projects and (2) the identification and planning of future projects. He reports directly to the board of directors of Development Pamoja Ltd.

5 PROJECT UPDATES

5.1 MEDICAL CENTRE

Funded by Development Pamoja Ltd and CASA

In June 2015 we opened a Medical Centre on the grounds of our demonstration farm. We cater for a community of over 3,000 people and are the nearest medical facility for 2,000 locals. The following are the services we provide to the community:

- General consultancy (small fee €0.50 per adult and €0.20 per child)
- Vaccination programs (free - in association with the Ministry of Health)
- Ante-natal care (free - in association with the Ministry of Health)
- Laboratory services
- Family planning
- Dispensary service for low-cost medication (as close to wholesale cost as possible)
- Physiotherapy
- Occupational therapy
- Mobile outreach clinics

In May 2017 we added to our physiotherapy equipment by purchasing an exercise bike which is very beneficial. In 2018 we would like to purchase some more equipment so that we can provide a better service but this will be dependent on additional funding.

Our doctor, laboratory technician and cleaner have remained unchanged but we replaced our physiotherapist in August. (Note: the physiotherapist's salary is funded by CASA through the Disability Program and the members of the CASA program avail of her services free of charge.)

Mary Waruguru who was responsible for much of the clerical work in the medical centre resigned in November 2017. We decided to share out this work among the present staff. This situation will be monitored and if the work load becomes too onerous we will need to employ a new member of staff.

In 2017 we continued running our two mobile outreach clinics in the remote areas of Kirima and Mutukanio. These clinics have not only benefitted the communities but they have helped us greatly in establishing our reputation.



5.2 DEMONSTRATION FARM

Partly Self-Financing, with support from Development Pamoja Ltd, Electric Aid (Ireland) and CSTWF (Civil Service Third World Fund).

As is normal in an area classed as semi-arid, 2017 was a tough year for the farm. Apart from a few days of heavy rainfall in July, severe drought and soaring temperatures persisted from September 2016 to the end of 2017. The progress on each of the main components of our farm is as follows:

Greenhouse Farming

In January we collapsed the old greenhouses, to enable us to build a 300,000 litre capacity underground water tank. It was decided to position the tank here because the soil was not very productive for the last two years. We repositioned the greenhouses in July 2017. (They are now 8 m shorter due to space limitations).

In July we planted tomatoes in one greenhouse and onions in the other. The tomato harvest was good, providing us with a good income stream. The onions however were infected by blight so did not provide an income. The few onions that were harvested were used in the meals provided in both our elderly and disability programs.

The existing greenhouses are now also used to harvest rain water for the underground tank.



Open Field Farming

In previous years we successfully planted and harvested maize, beans and grass, so in 2017 we again planted these in our open fields. Unfortunately however, due to lack of rain, most of these crops failed. The maize stalks were used as fodder for the cows and we were successful with one particular fast growing maize crop used for our food aid program and for social events for the elderly and disabled groups. In 2018 we will explore and plant other maize cultivars as well as this fast-growing one to see if they prove successful in this area.

Elsewhere on the farm we planted and harvested other drought-resistant crops

such as cassava (earning a nice income). While not a very efficient use of our land (it takes a long time to mature) we have identified cassava as an excellent crop for other farmers in Sarambei who have land lying idle as it takes very little maintenance.

The planting of trees has been on-going for the past few years for a number of reasons. We hope in future years to have an orchard at the front of the medical centre. This will create a clear division between the farm and the medical centre. The trees when they mature and begin to give fruit will also provide a stable income for very little labour.

The farm now has a healthy stock of fruit trees, of which paw paw and banana do particularly well. Bananas need a lot of water but they are a real benefit in times of drought as they retain water in the ground. Both fruits provided a good income in 2017.

In 2017 we also experimented with numerous other fruit trees. We planted mangoes, oranges and more bananas and paw paw. In the past we planted trees sourced from a different area in Kenya and learned that these cultivars did not germinate well in the climate of Sarambei. This time we purchased the seedlings locally and are very happy with the results to date.



Zero Grazing Dairy Farm

Unfortunately the year started on a disappointing note with the death of one of the cows on January 1st. The cow was in calf when purchased in October 2016. Her calf was born in November 2016 and the cow died two months later from a twisted gut. Plastic and nails were found in her stomach and we believe these were ingested before we purchased her as she would not have been exposed to these materials in her feed on our farm. In March/April two male calves were born - to date all four calves born on our farm have been bull calves which is disappointing in that we cannot increase our breeding female herd organically (i.e. without having to purchase breeding females). One of our cows had numerous problems throughout the year. Every day 4-5 people were needed to lift this particular cow into a brace to enable it to eat and drink. Luckily by August she recovered. While she did produce a calf in the Spring, her milk production was only sufficient to feed

her calf and so there was no surplus available for sale.

Overall we were disappointed with the milk output from the three dairy cows. To prolong our limited hay stock we sold one cow and four calves in October and with the proceeds we purchased a Friesian heifer locally (so she was already acclimatised to Sarambei). We inseminated her in early December with an Ayrshire bull and have high hopes that she will produce a high quantity of milk when she calves in September 2018.



Grass & Hay

Following two years' experimentation, we have found that the two best types of grass for the area of Sarambei are Bomes Rhodes and Napier. The Bomes Rhodes is the best for producing hay and the Napier grass is excellent for increasing the green content in the animals' daily diet. Napier grass, however, does require water (rain) to flourish.

In early 2017 we generated income by selling numerous hay bales and also donated twenty bales to needy farmers in the area. We also sold grass seed to local farmers who, seeing its success on our farm, wished to plant Bomes Rhodes grass seed.

In 2016 and early 2017 we had problems with people grazing their animals in our meadow. To discourage this we decided to cut grass in December as well as in April. Even though the harvest in December was not huge it proved successful in preventing the aforementioned problem.



5.3 DISABILITY PROGRAM

Funded by Caring and Sharing Association (CASA) Ireland, Fr Victor Dunne and Fr. Francis McAuliffe.

All costs incurred in the disabled program continue to be funded by the Caring and Sharing Association, with the education costs funded by Fr. Victor Dunne. Fr. Francis McAuliffe also provided funding in March and again in December for the purchase of relief food. While this funding wasn't specifically for the disabled program, its members benefitted greatly from this fund.

The three Disability groups are Majani Mingi-Banita, Athina-Sarambei and Lomolo-Alphega.

In 2016 we centralised a lot of the activities which continued in 2017. We host one social a month at our medical centre which is attended by all three groups. Each group also meet separately outside of this event to discuss issues within their own groups. At the social, the participants are provided with a hot meal, free medical assistance and physiotherapy when required. Membership of the program remained fairly static throughout the year with very few new participants.

The most active of the three groups is Majani Mingi-Banita. It has the most members and they meet up regularly outside our social event. They have a table banking scheme and while we do not play any active role in this activity we do act as the bank for the group money. We are very pleased that they are such an active group. They are a registered entity in their own right and have even received a grant from a local council.

The second most active group Athinai- Sarambei also started their own table banking group, in November so no one has yet availed of any loans. This group are also a legal entity and also availed of a grant in 2017 from the County Government of Nakuru (Disability Persons Department). Development Pamoja assisted the group in writing the proposal.

The third group Lomolo/Alphega is unfortunately not very active but this is due to exceptional circumstances. In 2016 50% of the members were displaced from their village and had to leave the group including all of the office holders. They have not really recovered from this upheaval. This group, for the most part, come to the monthly meeting and avail of any other assistance provided by Development Pamoja.

As well as the monthly social we still provide free physiotherapy treatment to any members of the disability program who need to avail of the service. We pay a physiotherapist two days a week from the Disability Program funding. Not only has this service been of great benefit to the disabled but it also helps Development Pamoja to distribute the disability program funds more economically (it eliminates the costs of transporting people 40 km to Nakuru for physiotherapy).

Development Pamoja also provides free medical care at our centre and should treatment be necessary in more specialist medical centres we also cover these costs.

The education costs of a number of disabled children were funded by Fr. Victor Dunne. At the March social we had the pleasure of welcoming Fr. Dunne and his sisters, and they met those they assist.

Throughout the year we also provided numerous participants and their families with food relief. This relief was quite extensive in 2017 due to very high inflation in maize prices (a result of a poor maize yield countrywide).

At the last social held in December 2017 we provided eighty four families with a food and hygiene package which was very well received.



5.4 ELDERLY PROGRAM

Funded by Kiltegan Fathers and Development Pamoja Ltd.

In October 2016 we introduced the Elderly Program. We had identified that the elderly in Kenya face a number of issues such as lack of access to medical care, social isolation, poor nutrition and hygiene. With generous funding provided by the Kiltegan Fathers in Ireland, we now hold monthly socials for the elderly where we provide a hot meal for them and they are provided with free medical care. It is a very successful project which has a positive effect on the participants. It has grown from 60 to 90 participants and due to huge interest our hope in the future is to include deserving cases who may not have reached the age threshold. This will be dependent on future funding.

Like the disabled program, the elderly program is made up of people from different villages. The program is divided into two groups, one from Sarambei where our farm and medical centre are situated and the other with participants from the three villages we visit with our outreach health clinic.

Once a month we hire a large bus to bring participants from both groups together at our medical centre. They are provided with free medical care, physiotherapy and medication.

At this event we provide a hot meal which includes meat (an addition to their normal diet of maize and vegetables), have group discussions and provide entertainment. For example, prior to the elections in 2017 the electoral commission in Kenya came to educate the participants on how to cast their vote, while in December Fr. John Dunphy of the Kiltegan Missionaries said mass for the group and was ably assisted by the Athinai choir.

We have identified loneliness and depression as a problem in the elderly people. In 2018 we hope to improve the Elderly program by encouraging members of the groups to visit each other and we aim to provide medical treatment in their homes where necessary.

Participants from our program also meet up in their groups throughout the month. The Sarambei group have set up their own table banking group and have a monthly meeting at our medical centre. Overall we are very pleased to see the program grow in a way which is directed by the participants.

Unfortunately two members of the group died during the year and we assisted their families with their funeral costs.



5.5 EDUCATION PROGRAM

Funded by Davis family and friends



5.5.1 Davis Education Program

2017 was the third year of our education program funded fully by Anne Davis and her family and friends.

In 2017 we provided full educational support to a number of children and in other cases provided financial support to their guardians.

Of these children two were in nursery school, five were in primary school and seven in secondary. There were eight boys and six girls. For the secondary school children we paid full fees for five children, and partial fees for two of the children. For the children in primary school, we assisted with exam fees, school books, uniform, bags and other such items. Primary education in Kenya is ostensibly free but there are still costs for the students to bear. For the two nursery school children we paid exam fees for the year.

5.5.2 Other Educational Support

Development Pamoja has sponsored the education of Brian Kipchirchir since 2012 when he entered secondary school and we continue to fund his education into third level. In 2016 he started studying Economics at Egerton University. Brian's education is fully funded by a very generous donor. He is currently in second year in Egerton University.

Note: the educational support given to disabled children is covered under the Disability program.

5.6 UNDERGROUND WATER TANK

Funded by Irish Embassy Kenya and Development Pamoja Ltd. Ireland

Access to clean water is a huge problem in the Mogotio district. Both rivers in the area are used for multiple purposes; livestock drink from them and people use them for bathing, washing clothes, and as the main source of drinking water. Because of this, waterborne diseases are widespread in Mogotio. Having initially considered constructing a borehole to access fresh water, the cost was found to be prohibitive and the risk of the water being salinated (and therefore unusable) was too high. With rainwater being the most easily accessible form of clean water, we decided that rainwater harvesting would form the basis of our solution to the clean water problem.

Following a visit from the Irish Embassy in October 2015 we submitted a proposal to construct an underground water tank. Our proposal was successful and we the funding in October 2016.

The project had three stages, the building of the tank, the establishment of adequate water catchment and the building of a water kiosk.

The first stage commenced in January 2017 in a location adjacent to our medical centre (the majority of the harvested rainwater would come from the roof of the medical centre). As the greenhouses were already located here they had to be collapsed and removed. It took 11 people over 5 weeks to manually dig out the huge circular area of diameter 14m and depth 2.5m.

The building of the tank was completed by May 1st, 2017. We ran over budget for this stage of the building for the following reasons:

- On our builder's advice we changed the design of the tank from a single wall to a double wall which greatly increased the cost of the building materials.
- High levels of inflation affected the cost of cement, waterproof cement and the cost of the steel rods.
- Transport costs were higher than we expected as we could not source good quality sand locally.

The second stage of the project was to ensure good water catchment facilities. The gutters were reset/replaced around the medical centre which would be the greatest source of water for the tank. Gutters were refitted to the relocated greenhouses and because of the huge potential to harvest water we installed oversized gutters here. Gutters on all other farm buildings were replaced and underground pipes to direct the water coming from the buildings to the tank were installed. A filtration tank was also fitted to ensure high quality water.

The third stage of the project was the construction of a roadside water kiosk, with a raised water tank connected to the underground tank.

It rained throughout July and by the end of the month the underground tank was half full, holding approximately 150,000 litres of water.

Water is a valuable asset in this area and to promote its responsible use we charge a nominal amount (five shillings (€0.05) for twenty litres). We started selling water to the local community in November 2017.

While this project cost more than expected, our underground tank has the capacity to hold more water than we currently capture. As such, any new buildings in the future will allow us to increase the water supply. We now have a dependable supply of clean water for our own projects and for supply to the community.



5.7 INCOME-GENERATION

Funded by Development Pamoja Ltd. Ireland

In 2017 Development Pamoja continued to provide interest-free loans to those who wish to set up / develop a small business.

In the past two years, due to poor repayment records, we are now more selective in approving borrowers. In general, we now provide loans to those who have previously borrowed from us, have a good repayment record and require further borrowings to sustain/develop their venture. We find that those who require further loans are far more disciplined with their repayments.

5.8 COMMUNITY EVENT AREA

Funded by Development Pamoja Ltd. Ireland

In September 2017 we undertook the construction of a shaded event area on our farm which is adjacent to the dispensary. We built this to facilitate our own group meetings, various community events and to provide a comfortable shaded area near the dispensary for people to wait while patients are being cared for in the medical centre (particularly family and motorbike taxi drivers).

Prior to the construction of the above facility it was not possible to hold any group meetings when the dispensary was busy. Now, this is no longer an issue and the various community groups who ask for use of our facilities can avail of this area whether the dispensary is busy or not.

The shaded event area has been a great success and we use it to hold our own meetings for the disabled and the elderly programs.



5.9 SOLAR LAMPS

Funded by Afri Ireland and Development Pamoja Ltd.

The area where we work in Kenya is almost on the equator and therefore night and day have equal length all year long. This also means that it gets dark at about 6pm every evening. Most people in the area have no electricity, and therefore no light after 6pm.

Solar lamps are a cheap, safe and reliable way of lighting homes. They can be installed in individual homes quickly and easily and take advantage of the most abundant local resource - the sun.

A single lamp is sufficient to light each home's living space. It allows children to do homework, mothers to cook and do other chores and everyone to enjoy reading. And they can also charge mobile phones.

Between September and December 2017, with funding received from Afri Ireland we installed 41 solar lamps in homes, mainly targeting those in our disability and elderly programs and other needy people in the Sarambei area who are patients of our medical centre.

Each lamp costs 1,700 Kshs (€16) to buy and we transport and install them ourselves. We look forward to continuing this program into 2018.



5.10 OTHER PROJECTS

Funded by Development Pamoja Ltd, Ireland

As in previous years we contributed to a total of 23 community events in Sarambei and its surrounding villages. These events included fundraisers for school fees, funeral costs, marriage ceremonies, health fundraisers and graduation ceremonies. We also assisted individuals with small problems which do not specifically fit under any of our structured programs.

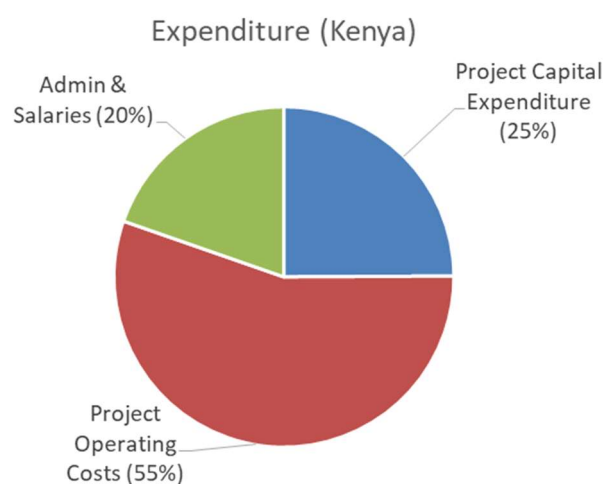
6 FINANCIAL STATEMENT

More details on the financials of each project can be provided to any prospective donor. Please feel free to contact us.

6.1 EXPENDITURE (KENYA)

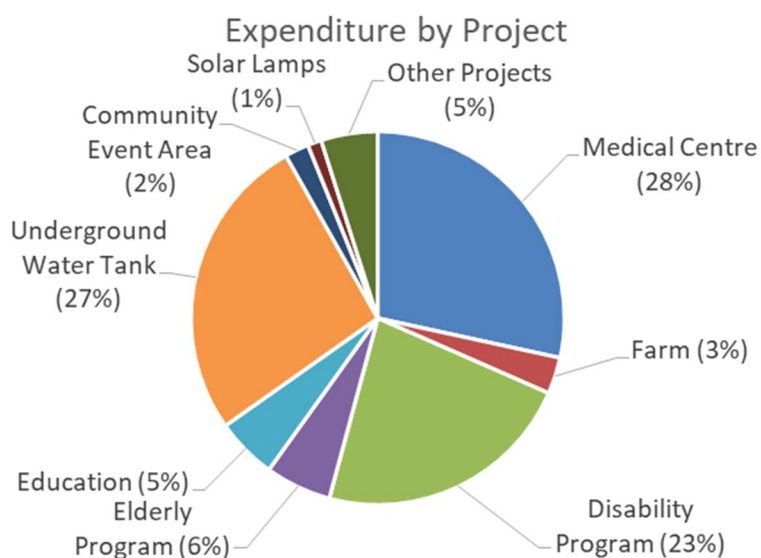
The total expenditure for 2017 includes project expenditure (capital expenditure and operating costs) and administration costs. Expenditure on projects is by far the largest cost at 80%.

Note: the salaries of the medical staff are included in the project operating costs of the medical centre (the physiotherapist's salary is covered by CASA in the disability program and the rest of the medical centre salaries are covered by the income from the medical centre).



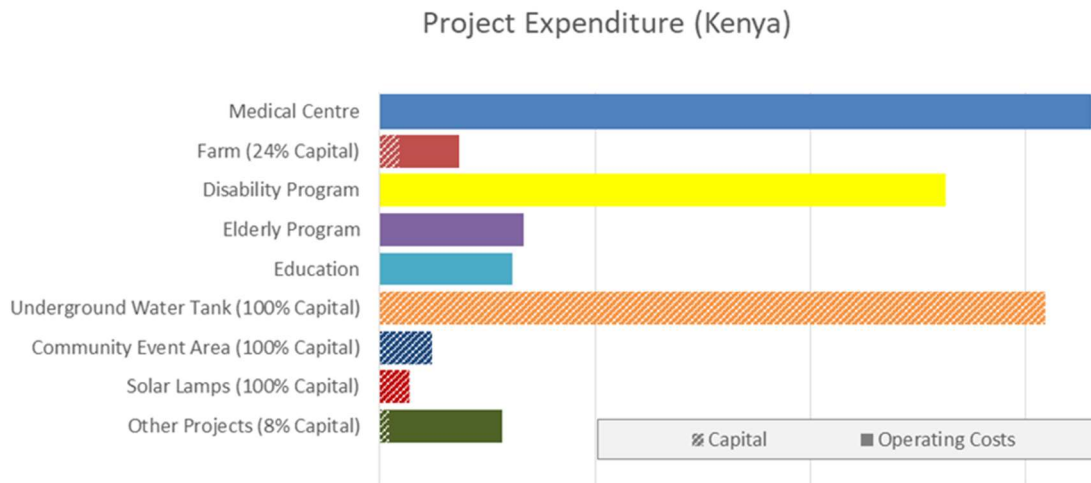
6.1.1 Project Expenditure

Total project expenditure breakdown for 2017 broken down by project is shown below.

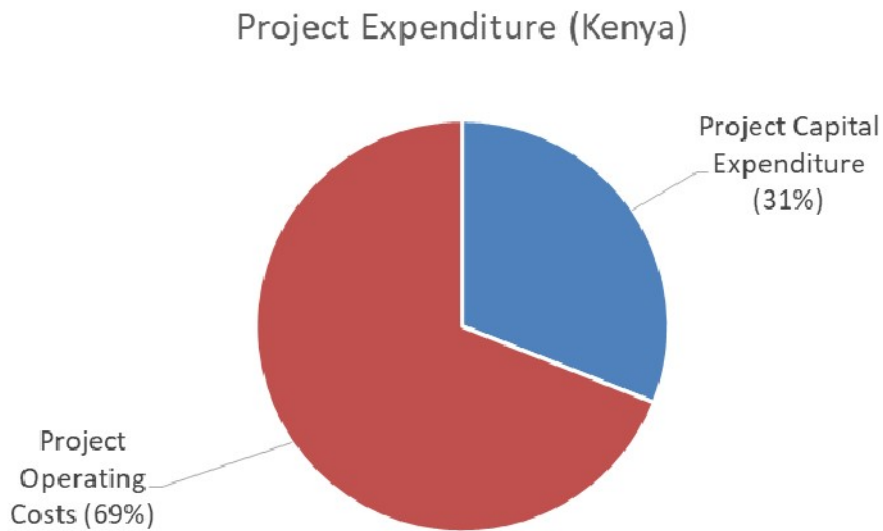


It should be noted that both the Farm and Medical Centre are also sources of income. As stated previously.

The breakdown of expenditure into capital expenditure and operating costs for each project is as follows.



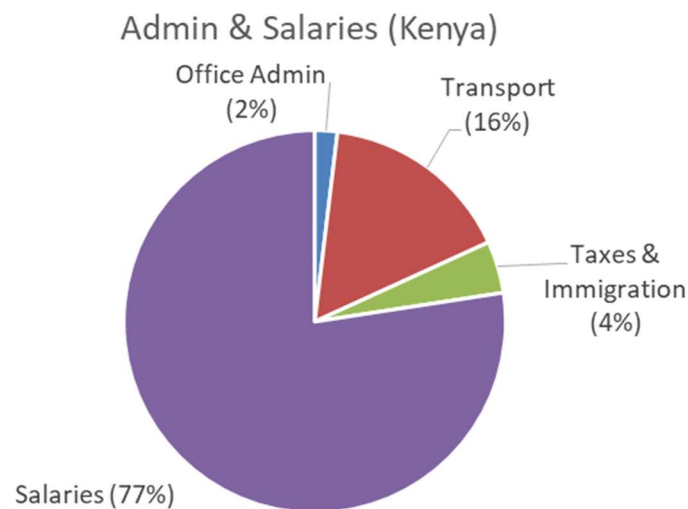
For all projects combined, capital expenditure was 31% versus operating costs at 69%.



6.1.2 Administration & Salary Costs (Kenya)

The salary costs include the 4 permanent Development Pamoja staff, one of whom resigned in November and the security person. The salaries of the medical staff are not included here and are instead part of the medical centre expenditure.

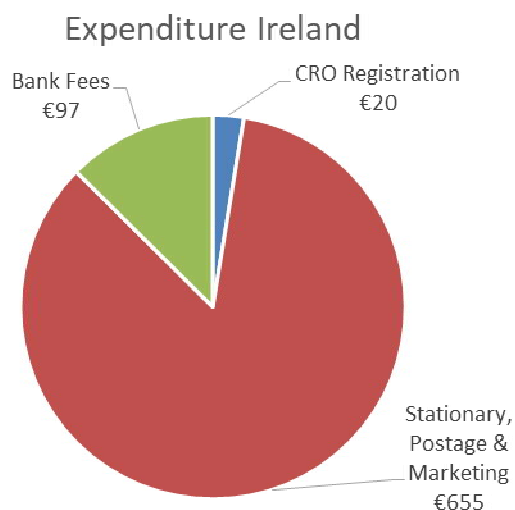
The breakdown is as follows;



6.2 EXPENDITURE (IRELAND)

Expenses in Ireland are kept to an absolute minimum and all work is done on a voluntary basis – our board members or volunteers do not receive any remuneration.

However there are some unavoidable expenses and these amounted to €772 for the 2017 financial year, the breakdown of which is as follows.



6.3 PROJECT INCOME

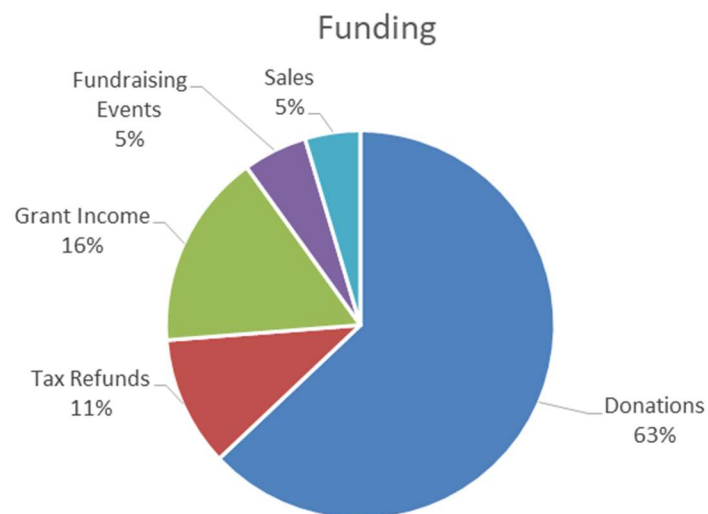
Income was generated from both our farm and our medical centre this year.

We expect the water kiosk (part of the Underground Water Tank project) to generate income in the future, however as the fee for water is nominal (to prevent wastage) this income will be low.

7 FUNDING

As can be seen from the graph below we rely heavily on donations so we would like to thank everyone who has donated to Development Pamoja during 2017.

All general donations to Development Pamoja Ltd in 2017 have been spent exclusively on project costs. None of this money was spent on staff salaries or other administrative costs (in Ireland or in Kenya) – these are funded separately, through sales or specific donations.



Note: funding graph above does not include funding from CASA who specifically funded the Disability Program. (A separate financial report is provided to CASA)

7.1 PROJECT FUNDING

The money used to implement / support our projects in 2017 came from various sources. Some funding was for specific projects. The funding for each project in 2017 was as follows:

Project	Source
1. Medical Centre	Development Pamoja Ltd and Caring and Sharing Association (CASA) Ireland.
2. Farm	Development Pamoja Ltd.
3. Disability Program	Caring and Sharing Association (CASA) Ireland, Fr. Victor Dunne and Fr. Francis McAuliffe
4. Elderly Program	Kiltegan Fathers and Development Pamoja Ltd.
5. Education	Davis family/ friends and Development Pamoja Ltd.
6. Income-Generation	Underwritten by Development Pamoja Ltd.
7. Underground Water Tank	Irish Embassy Kenya and Development Pamoja Ltd.
8. Community Event Area	Development Pamoja Ltd.
9. Solar Lamps	Afri Ireland and Development Pamoja Ltd.
10. Other Projects	Development Pamoja Ltd. and Fr. Francis McAuliffe

8 ACKNOWLEDGEMENTS

Development Pamoja Ltd. would like to thank all our sponsors, donors (including those who wish to remain anonymous) and volunteers for their help throughout 2017. In no specific order, we would especially like to thank:

- CASA Ireland
- Irish Embassy Kenya
- Afri Ireland
- Fr. Francis McAuliffe
- Fr. Victor Dunne
- The Kelly family (Kevin, Pamela & Caitrin)
- The Davis Family
- The Kiltegan Fathers
- Eithne Dunford
- Liam Barry (Fermoy Print)

9 CONTACT DETAILS

For more information or to donate please visit our website/facebook page or contact us by email.

Website: www.developmentpamoja.org

Email: devpamoja@gmail.com

Facebook: Development Pamoja Ltd.