

**ANGLICAN CHURCH OF KENYA
NAROK INTERGTARED DEVELOPMENT PROGRAM**

HISTORY

NIDP is a development arm of the Anglican Church of Kenya Kericho diocese. It forms the new Kericho diocese Christian Community Services (KCCS) together with a similar project –Transmara Rural Development Project (TRD) in the larger Transmara district.

The Anglican Church in Narok started in 1978 under the diocese of Nakuru, Njoro parish. Narok was reached as a missionary area under the leadership of Rev. Philip Kanuna, vicar in charge of Njoro Parish. The ACK St. Lukes Church, where NIDP offices are housed, was then started under a tree outside the District Commissioner’s offices in the same year.

In 1979, a white missionary, Nil Watson, an agriculturalist, under the support of Tear fund UK and through Church Missionary Society visited Narok for a few months to survey the area for further engagement and left. He later came back in 1980 and started development work in Narok as he supported the church work. In the same year, Tearfund UK funded construction of a permanent house for Mr. Watson, St. Lukes Church and purchase of a SWB vehicle that he used for the church and development work within the district.



Watsons photo



1st office,

He initiated four growth centers” at Olendeem, Enoorbarbali, Olkeri and Oldoroko. These were development focal points in the area. In a growth centre there was a multipurpose church building that served as a church, nursery/ preschool and community meetings hall. There was also a house for the field officer/ evangelist. During this time the activities at the growth centers included the following:

- i. Evangelism and church planting.
- ii. Livestock improvement.
- iii. Primary education improvement.
- iv. Water and sanitation.
- v. Food security.
- vi. Human primary health education.

In the year 1983 another missionary, Sue Henry, joined him under the same Tearfund UK support. Sue was a nurse by profession and she initiated the health program. She started this at Olendeem, one of the growth centers where she was providing basic health services including health education especially on hygiene, treatment of minor illnesses, immunization and trained Community Health Workers (CHWs). She also organized village bible studies sharing the good news of salvation in the village. She was operating from Narok town and in 1984, Tearfund UK funded construction of Olendeem dispensary and a nurse's house and she moved to stay at Olendeem. Sue worked under the leadership of Watson.

There were local people working together with the two missionaries as Tearfund also focused on creating employment opportunities to the local communities. They included among others, Stephen Naikumi-Field officer/ evangelist

- Joseph Nkukuu- Field officer/ evangelist
- Stephen Kion- Artsan
- Josephine Masitoi- Nursery school teacher
- Guardian Garro-A pastor from Kajiado Church Army/ a field officer.
- John Nteri
- Joyce Kamoiru

Watson served until 1984 having served for five years and initiated the four growth centers, and left for UK and handed over to Mr. George Ferguson, another missionary, to continue with the church and development work. Ferguson served for three months within the same year and left for UK.

By this time the mission work was well established and churches were planted in the growth centers and the development work was ongoing.

In 1985-1992 Dr Charles Rufuata a veterinary Doctor was employed by the diocese of Nakuru to work as a development manager, it was during this time when Church Province of Kenya –CPK (now ACK) Narok Integrated Development Program was officially formed. Dr Rufuata took over from George Ferguson to continue with the development work. Dr. Rufuata established more growth centers at Oloika, Olkuseroi, Tikako, Entontol, Nturumeti and Nkareta in Narok district.

During all this time, development work faced a lot of resistance since the local communities were nomadic pastoralists. Literacy levels were very low and the community was not freely willing to take their children to school. Wildlife menace was a great threat to human life, quality shelter was a problem since the community lived in manyatta (Maasai traditional houses) with poor ventilation and lived with the calves and rams in the houses. Human diseases were rampant and accessing health facilities was very difficult. Communities could walk over 80km to access a health facility and there was no food security as the people relied on livestock for food.

Dr. Rufuata served for a period of seven years as the program manager and a vet. Doctor. He was remembered for his diligent work and the big heart for the people. He individually supported two blind boys by educating them and one of them is now a teacher in special education. He worked together with Rev. Kamau who was the vicar in charge of Narok Missionary Area since December 1983 to 1991. He handed over the program work to Mr. Justus Kinyua in 1992

Mr. Kinyua continued to offer leadership in implementing development work in Narok. During his time, the program worked closely with the Ministry of agriculture. He worked together with Rev. Samuel Wamae who served between 1991 to 1995 and later joined by the late Rev. Daniel Letiwa who served between 1995 to 1998.

He also worked with the missionary nurse, Sue, who was still working at the Olendeem dispensary. She left the country in 1994 having served for ten years in difficult environment. Her work is remembered especially by the people at Olendeem and the young boys that she taught how to shower using leaky tins. Through her evangelism work, people came to know the Lord including Mzee Moses Naikumi who until now is a strong Christian.

In 1998-2000 the late Mr. Geoffrey Mwandime took over from Justus Kinyua as N.I.D.P program manager. New intervention on income generating activities was started though unsuccessful due to lack of entrepreneurship skills and illiteracy among the community members. Health outreach services were intensified under the late nurse Alice Katunge. HIV and AIDs was by now a national disaster and the awareness campaigns were started by the Ministry of Health and other NGOs. NIDP started HIV awareness campaigns that were incorporated in the mobile health clinics. The stigma was extremely high and this faced a lot of opposition.

During this time, community contributions in projects were initiated to enhance ownership of the development work since the community had become quite dependant. The community could now pay a small fee for the health services provided and could make a contribution towards any project in their village e.g. Constructions of dams, classrooms etc. The preschool teachers initially employed by NIDP were laid off and the county council of Narok took over the remuneration of these teachers.

Between 1978-1977 the development approach used the church as the entry to the community. In every focal center an Anglican church was first established, followed by development activities. Development work started in the growth centers and expanded to sub growth centers. This was influenced by the local leaders who could appreciate the work and invite NIDP to expand to their areas.

In 1999, Tearfund conducted a survey to establish the best development approach. The objective of this survey was to re-design the program approach to development. Between the years of 1984-1999, the program approach used was top bottom where the community had a small or no room to decide their development needs but the missionaries and the church did it for them. It was realized that sustainability could be hard to achieve and the locally available resources could not be utilized for the benefit of the community.

The late Mwandime handed over the management of NIDP to Rev Josephat Ng'ang'a in year 2000. In the same year Tearfund supported a pilot of a new development approach, participatory evaluation (PEP). This approach was aimed at empowering communities to own development through enhancing wholistic and sustainable development work.

The process enabled the community to reflect on their past, present and their desired future. The community realized how rich they were in terms of resources and the ability God had bestowed upon them. Through this process drastic developmental changes were realized among the communities and this was replicated in many countries as a good practice e.g. Uganda, Tanzania and Southern Sudan.

As a result, more partners were attracted to support the work of NIDP e.g. Tearfund Netherlands, United Churches, Community Habitat Fund, St Johns Nairobi and National Aids Control Council.

In 2000-2004 NIDP mainly supported the community prioritized needs and raised funds towards supporting realization of the community dreams. Some of the prioritized community projects that were implemented include construction of schools, drilling of boreholes, livestock improvement, renovation of cattle dips, improvement of shelters, improvement of infrastructure, dam excavation, empowerment of social groups, forming development committees, improvement of food security and HIV/AIDS mitigation.

Dr. Raphael Kinoti, a vet doctor, took over the management of NIDP from Rev Ng'ang'a in 2004 until 2006. He continued with the implementation of PEP and initiated the component bible study to compliment PEP. The approach was introduced to four other areas- clusters, within the district, i.e. Murua, Sonkoro, Nchorra amboli and Ongata Naado. He also led the establishment of a community based dispensary at Nturumeti. The dispensary was constructed as a response of the Nturumeti community prioritized need number 2, health. Dr. Kinoti also initiated the staff devotions on Mondays and Fridays

In 2006-2010, Mrs. Catherine Mwangi took over from Dr. Kinoti as the first female program manager in NIDP. She led in supporting the PEP process and responding to the community needs. In 2006, an OVC project was initiated at Sakutiek supporting 1100 children through the support of Community Habitat Fund under the CDC funding. The project supports the OVCs in basic health, education, shelter, psychosocial support and economic empowerment. The funding for this project was taken over by Catholic Relief Services (CRS).

In the same year, seven Tearfund supported partners, NIDP being one of them, came together and formed a consortium called Christian Partners on AIDS in Kenya (CPAK). The aim was to build a strong team that would be able to fund raise to broaden the funding base and improve sustainability. Through Tearfund, CPAK members won a funding from PEPFAR/USAID in 2008 to implement a HIV prevention project through PMTCT (prevention of mother to child transmission of HIV), behavior change communication in schools and communities and HIV counseling and testing (HTC).

In 2009, a guest house was constructed, ACK Living Wells Conference Center, as a sustainability project of NIDP. This was a renovation of a hall that stood idle in the compound. The hall had been put up in year 2004 with aim of establishing a school but this did not succeed.

An Evaluation on PEP was conducted in the year 2010 that indicated a lot of success. However, the church seemed to lose ownership and it was recommended that PEP process change to Church Community Mobilization Process (CCMP) as the new approach to development. This was to start in the year 2011 January at the diocesan level.

Some of the major achievements between 1978-2010 were:

- Started 24 nursery schools, 20 primary schools and one secondary school.
- Improved food security.
- Built a permanent office and equipped it.
- Livestock improvement
- Started 35 churches
- Community empowerment/capacity building
- Organizational growth in terms of staffing, motor vehicles, motorcycles.
- Improvement of education sector
- HIV/AIDS mitigation
- Support for orphans and vulnerable children
- Staff capacity building
- Expansion of the program from focal areas to districts

However, there were a number of challenges that were encountered:

- Global warming and climate change
- Environmental degradation
- HIV and AIDS pandemic
- Harmful cultural practices e.g. FGM(female genital mutilation)
- Illiteracy
- Poor quality of livestock
- Poor infrastructure



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- Lack of sufficient finances to address the challenges in vast area of operation.