

KENYA AIDS INTERVENTION PREVENTION PROJECT GROUP

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**HIV/AIDS SUPPORT, CARE AND EDUCATION PROGRAM
REPORT**

DECEMBER 2007

PROGRESS SUMMARY

OBJECTIVE	PLANNED ACTIVITY	ACTUAL RESULTS AS OF DECEMBER 2007	COMMENTS
Conduct a baseline survey in the target area.	<ul style="list-style-type: none"> • Development of survey tools. • Interview with communities • Focus group discussions with community groups • Key informant discussions 	Activity successfully accomplished	The findings of this survey have served as a critical tool for KAIPPG to plan its current and future interventions.
To provide educational support for 500 children affected by HIV/AIDS, in order to prepare the children to be responsible citizens	<ul style="list-style-type: none"> • Support to 500 OVC with school uniform, healthcare, counseling and feeding <ul style="list-style-type: none"> • Training of teachers and other community resource persons in holistic child care • Paying subsidies to teachers where need be • Renovation of learning facilities 	<ul style="list-style-type: none"> • 200 OVC provided with educational, medical and psychosocial support through their communities, schools and local health facilities • 30 teachers and other community resource persons trained in holistic child support • Two classes renovated at Shigap and Lung'anyiro ECD Centers • Salaries of two teachers at Shigaap and Luna'nyiro ECD Centers 	<p>Although we had planned to support 500 OVC, only 200 were actually supported due to resource limitations.</p> <p>Parents and the school committees were cooperative and supported the exercise by providing their time and supplementing our child feeding program.</p>
To address the health needs of 500 OVC through linkage to local health facilities within the area	<ul style="list-style-type: none"> • Hold meeting with heads of local health facilities • Linking OVC and CORPs to various health facilities • Provision of psychological support to OVC at community level 	<ul style="list-style-type: none"> • Meetings held with Igara, Lung'ayiro, Amukura and Mumias health facility heads agreements reached • 175 OVC linked to various health facilities • Psychological support of the OVC integrated within the holistic care package and provided on on-going basis using the trained health workers 	Activity successfully accomplished
To empower out-of school youths with life skills	<ul style="list-style-type: none"> • Vocational skills training for 100 out-of school youths 	<ul style="list-style-type: none"> • 60 out of schools youths and girls trained in knitting, crocheting, sweet 	The actual number of those trained was reduced to 60 due to resource constraints.

		making through our established community resource centers (information kiosks)	
To reduce new cases of HIV infection through enhancement of HIV prevention activities	<ul style="list-style-type: none"> • Develop health clubs in schools, churches and community 	<ul style="list-style-type: none"> • 15 health clubs of 30 members each developed. • 2,465 adults are reached with accurate information on HIV/AIDS and benefit from other HIV/AIDS services 	Activity successfully accomplished
To train 16 Trainer of Trainers and 90 care givers in home based care skills so as to enhance the quality of care and support to PLWHAs	<ul style="list-style-type: none"> • Development of training curriculum; • Community mobilization to map existing resources • Identification and orientation of trainers <p>Training of participants</p>	<ul style="list-style-type: none"> • Training conducted for 16 at community level • 120 persons from HIV/AIDS affected households recruited and underwent on-site care givers training through the field schools (NFS) 	Although we initially planned to train only 90 caregivers, it became essentially necessary to increase the number to 120 due to the high level of local demand.
To Establish demonstration gardens in 3 project sites, for training home based care workers, as well as production of nutritious foods for PLWHAS and vulnerable households	<ul style="list-style-type: none"> • Identification of the demonstration gardens • Development of the nutritional field schools • Preparation of the demo gardens • Planting in the demo gardens • Identification and development of beneficiary plots • Weekly trainings at the 4 demo sites. 	<ul style="list-style-type: none"> • 4 demonstration gardens identified. • 4 nutritional field schools (NFS) of 30 members each established • 120 plots developed in homes of OVC guardians/foster families. 	<ul style="list-style-type: none"> • Although we initially planned to set up 3 NFS of 30 members each, this number had to be increased to 4 NFS due to increased demand for services in the community.
To improve the nutritional status of 90 HIV/AIDS affected households through the purchase and distribution of assorted farm	<ul style="list-style-type: none"> • Purchase of relevant materials for the NFS. • Distribution of the materials to targeted beneficiaries. • Conduct weekly nutritional field school visits to train households on nutrition and food 	<ul style="list-style-type: none"> • 5,200 kg of assorted farm inputs and 16,000 kg of fertilizers were purchased and distributed to 120 HIV/AIDS affected households. 	<ul style="list-style-type: none"> • This activity was successfully accomplished

inputs and	production		
<p>To establish linkages between beneficiaries and each other, and to the other existing health and community support systems through conducting two broad-based participatory project review workshops.</p>	<ul style="list-style-type: none"> • Hold meetings and consultative forums with targeted partners; • Facilitate inter/intra-group visits and consultations • Link the beneficiaries to other groups and existing health and community based support system. • Conduct two broad based participatory workshops 	<ul style="list-style-type: none"> • Six consultative meetings held and proper linkages established with private Mumias Outgrowers Company and K-Rep Bank (private sector), Ministries of Agriculture and of Health, and of Education (government) and local radio stations for comprehensive provision of services to Project beneficiaries. • Inter/intra group visits and linkages strengthened. • Grouped linked with local health facilities and VCT centers • 2 project review workshops conducted with large spectrum of stakeholders at the mid and end of project 	<ul style="list-style-type: none"> • The partnership bodies were cooperative and supportive to the interventions of KAIPPG. <p>One more workshop anticipated in December to review the entire project and plan for future implementation.</p>
<p>To improve KAIPPG's capacity to document its human resource policies and procedures</p>	<ul style="list-style-type: none"> • Participatory review of KAIPPG's HR Policies and procedures. • Training of staff and board members on human resource policies and strategic plan development through a residential workshop 	<ul style="list-style-type: none"> • 8 staff, 7 board members and 10 community representatives trained on human resource policies and strategic plan development. • Human Resource manual produced. • 5-year strategic plan developed 	<p>Activity successfully accomplished</p>
<p>Project monitoring and Coordination</p>	<ul style="list-style-type: none"> • Project coordination and supervision of the on going activities by project Director. • Conduct Quarterly review meetings by project management team 	<ul style="list-style-type: none"> • 36 supervisory visits conducted by the Director within the project period to reinforce and advice on the ongoing activities <p>3 Quarterly review meetings held for all the project sites</p>	<p>Activity successfully accomplished</p>

DETAILED PROJECT REPORT

1.0 Introduction

Kenya AIDS Intervention Prevention Project (KAIPPG), a grassroots service NGO located in Mumias within Western Kenya, founded in 1995. A 9-member Board, 12 full time staff, and a large team of trained community based volunteers manage the operations of KAIPPG. Since 2000, KAIPPG has been working with communities to address the scourge and impacts of AIDS among orphans and other vulnerable children (OVC), as well as expand and diversify crop production, targeting households left most vulnerable by HIV/AIDS. For the year 2006/2007, KAIPPG implemented an extensive nutrition/food security and OVC education programs in Mumias, Teso and Busia Districts in Western Kenya for families affected by HIV/AIDS, with funding from the Allan & Nesta Charitable Trust, The Stephen Lewis Foundation and the Kenya National AIDS Control Council. This program was successful in improving the status of orphans and other vulnerable children (OVC), reducing HIV infection rates, prolonging lives of people living with HIV/AIDS (PLWHA) and restoring household food security, as well as the overall economic status of program beneficiaries. This report focuses on the progress for the last fifteen months ending December 2007.

2.0 Project Background

The high rate of AIDS related deaths in Kenya has created millions of orphans and heightened general vulnerability of children, not only from AIDS-affected households but entire communities. The food shortages among most households within Kenya has heightened the orphan crisis, which is resulting in worsening mortality and morbidity among children; high number of children exposed to starvation, social stigma, physical, sexual and emotional abuse, child labour, illiteracy, school drop out, and increasing impoverishments among the orphans and other vulnerable children (OVC). The introduction of free primary education in Kenya has not fully benefited the orphans and other children from vulnerable households since other basic OVC support mechanisms for food, healthcare and psychosocial needs are not yet fully developed. Many children are still not able to go to school due to taking care of their HIV/AIDS infected parents, inability to afford uniform or simply because of cultural reasons. The girl children are particularly at risk since many of them become heads of their households after the parents die due to HIV related courses.

Enabling such deprived children to access sustained food supply, health, basic education and training will empower them to lead responsible lives and serve as good agents of development. 68% poverty incidence in its area of operation within Western Kenya contributes adversely to the area populations' high HIV/AIDS status, low literacy levels and underdevelopment, KAIPPG sought funding from the Allan & Nesta Ferguson Charitable Trust and other donors in July 2006 to employ community-led approaches in empowering community members to take charge of their socio-economic and health destinies. This report gives a consolidation of the project activities from September 2006 to December 2007.

3.0 PROJECT ACTIVITIES & OUTCOMES

3.1 Project organization

This project began in September 2006 with identification of community-based organizations that we could partner with to implement this project. The strategic partners identified included local community based organizations (CBOs), local Ministry of Education officers, local authority

officers, primary schools and early childhood development (ECD) centres religious groups, officers of the provincial administration and a local NGOs.

3.2 Baseline Survey

KAIPPG conducted a baseline survey in Mumias, Busia and Teso Districts of Kenya to determine the current trends and characteristics of the OVC problem. The results of the survey indicated that the problem facing OVC included, trauma, personal security, property rights, lack of food, shelter, clothing, medical and educational support. The Baseline survey identified 651 children, while the committee recruited only 200 to benefit from our comprehensive care and support program.



Community mobilization workshop were conducted to discuss the outcomes of the baseline survey and to give the stakeholders an opportunity to set criteria for the recruitment of project beneficiaries. A beneficiary recruitment committee of 5 five members was set up in each of the three districts. Children were selected on the basis of their ages (3-16) and level of need (most needy first priority) and sex (priority to girls). Children recruited for primary program were aged between 6-16 years of age and while those for the early childhood program were aged 3-5 years (see full list of selected beneficiaries in annex)

3.3 Capacity Building of Teachers and other communities' own resource persons (CORPS)

In order to equip project players with sufficient skills to implement and sustain the project, KAIPPG contacted 5-day residential multi-disciplinary skill development and team building workshop. 30 participants drawn from primary schools, ECD, implementing CBOs, local churches and the local communities attended the workshop. The participants were trained in basic health education, counselling and orphan support. The training aimed at enhancing the participants' skills, knowledge and attitudes, in order for them to acquire competency in dealing with the many complex issues generated by HIV/AIDS, poverty, and malnutrition.



3.4 Direct Assistance To OVC And Wider Community

Throughout the life of the project, field workers visited the targeted OVC in their homes to train their guardians on orphans and AIDS care concepts, offer psychological support to PLWHA, distribute food supplements, clothing, beddings, drugs, money and monitor the state of the orphans and families in general. The field workers were able to make over 200 home visits reaching about 1200 households—including other vulnerable families that are not currently enrolled on the program.



3.5 Development Of School Health Clubs

One health club group comprising 30 students each was formed in 17 schools, churches and community groups. The health clubs served as avenues to help promote — in an educational environment — the health of the children and in turn the health of the general community, and also create an understanding of the ways health is guarded, maintained, and enhanced. The health clubs are being used to build the capacity of students and that of their teachers to better understand the principles of healthy living in this era of HIV/AIDS, and to implement these in their own homes and communities. Training of clubs in



Basic health concepts were continuously taught to the youths throughout the life of the project. Through drama, song, poems, quizzes, discussions and demonstrations, health clubs were able to increase the capability of members to prevent common diseases and infections from entering their homes and serve as a support network for vulnerable families. Significant improvements in enrolment and retention rates as a result of this intervention were reported in most targeted schools.

3.6 Community focused HIV/AIDS Prevention education and outreach activities through health clubs

Using the trained school health club members and other resource persons within the community, KAIPPG undertook intensive HIV/AIDS outreach activities in order to contain the current spread of HIV/AIDS among the youth and general population. The project thrust was to sow seeds for behaviour change among the youth, which reduce vulnerability to infection on the immediate and the long term among different segments of the community. HIV/AIDS prevention education focused on providing accurate facts, encouragement to know status, discussions on how different gender relations can prevent the spread of HIV infection, basic counseling, advice on viable income generating activities, and development of support systems at family and community level.

Participants used drama, songs and story telling as tools for communicating behaviour change. KAIPPG formulated the appropriate message content and delivery method per group. Working with specific groups, using strategic community events and holding one on one session, the following results were realized:

- 1,720 people referred to VCT centers in Busia hospital and Amukura health center to know their status. Of these 305 test HIV positive and become attached to our homebased care and support program, as well as getting attached to local antiretraviral treatment centers. 68 of these accept to serve as HIV/AIDS prevention advocates;
- 425 widows educated on risk cultural practices. 123 of this become prevention advocates, with 55 signing pledge forms with local the chiefs and pastors for the local churches.
- 300 youths received STI/STD treatments and counselling from Busia and Amukura health facilities. 47 of these join the peer educators groups within their localities.
- 20 testimonies from persons living with HIV/AIDS recoded on audio tapes and used by a local community radio station—SAYARE FM to educate the general public and inspire the community to go for voluntary counseling and testing as well as actively participate in HIVAIDS Prevention efforts.
- A Day Care Center established at Akobwait in Teso district where communities can easily access resource materials on various subjects, as well as fast-hand support with counseling, reproductive health education, legal aid, treatment of opportunistic infections as well as referrals to antiretroviral treatment centers.

3.7 Livelihood Support To Older Orphans

KAIPPG developed a program to develop the life skills of the out-of school youths (16-25 years) in view of their vulnerability. The life skills training are not only meant to empower they youth economically but also educate on how to overcome their various forms of vulnerabilities. A total of 60 youths were trained in vocational skills of knitting, crocheting, tree planting and sweet making. KAIPPG made effort to build the capacities of the target groups on the causes/effects of poverty and ways/means to over come them.



3.8 Development Of Nutritional Gardens

Basic training in gardening, OVC care and income-generating skills were provided to foster parents to improve their knowledge on the concept of caring for the vulnerable and income generation. The following activities were undertaken:

i. Allocation and preparation of demo plots

The KAIPPG staff in collaboration with the ministry of Agriculture and the community carried out the allocation and preparation of the demonstration plots. This collaborative approach was to ensure that the plots selected were suitable for Agricultural production, well accessible and the security guaranteed. A total of 4 demonstration plots, one per each site, were prepared. The centrality of the demo plot was a key factor to minimize the walking distance by the beneficiaries. Individual

households provided the demonstration plots. Where this was not possible, KAIPPG rented the plot for group use

ii. Acquisition and Distribution of farm tools and supplies

KAIPPG requested three local farm input stockists to put in their quotations for the supply of the required inputs. The three were Mumias Agrocare, Elohim Provisional Stores and the Mumias Farm Input Center. KAIPPG procurement sub-committee, comprising the Project Director, Project Coordinator, Administrator and Project Accountant, assessed the quotations and selected the most suitable supplier. The tables below show the farm inputs and equipment procured and distributed to project beneficiaries:

Table 1: summary of farm inputs and equipment acquired.

Item	Qty/Demo Plot	Qty/Beneficiary	Total for Demos	Total for beneficiaries	Grand total
Maize	2kg	2kg	32kg	960kg	992kg
Sorghum	1kg	2kg	16kg	960kg	976kg
Beans	1kg	2kg	16kg	960kg	976kg
G.nuts	1kg	2kg	16kg	960kg	976kg
Soya beans	1kg	2kg	16kg	960kg	976kg
Cow peas	1/2kg	1/2kg	8kg	240kg	248kg
Sukuma wiki	1 sachet	1 sachet	16 sachets	480 sachets	496 sachets
Green grams	1kg	-	16kg	-	16kg
DAP	50kg	20kg	800kgs	9600 kgs	10,400 kgs
CAN	50kg	10 kgs	800 kgs	4800 kgs	5,600 kgs

Table2: Pesticides and Equipment

Name	Unit pack	Total quantity
Agro dust	1 kg	42pcs
Karate	100 mls	49pcs
Fas ban	1 liter	4 pcs
Knapsack sprayers	18 litre	16 pcs

iii. Trainings in nutrition and crop production.

On-going trainings on nutrition, crop production and patient were conducted throughout the project period. The trainings were running concurrently on the various project sites, facilitated by the KAIPPG field staff and partners. The trainings were done according to adult learning principles and involved discussions, demonstrations and lecture.

One of the objectives of the KAIPPG program is to develop affordable and cheaply adaptable technologies in addressing community problems. KAIPPG initiated training on planting crops in the sack (sack technology)



and production of organic pest repellants using locally available materials. A US Peace CORPS volunteer attached on one of the local programs conducted the training. A total of six field staff and 22 community health workers drawn from all of KAIPPG's community groups benefited from the training. Most of the trained resource persons have already initiated these technologies in their own groups. Several families who do not have plots, or live in areas with unreliable rainfall are now able to grow kitchen gardens through the sack technology.

4.0 PROJECT CONSTRAINTS AND RECOMMENDATIONS

1. The actual funding realized for this project was far less than the budgeted. As a result the organization had great difficulties trying to cope with the large number of OVC and families in need of support. More funding is needed and more players involved in order to effectively address the OVC problem. The project needs to have continuous and sustainable funding for at least five years for it to document impact on the orphans and vulnerable children in the targeted areas
2. An effective transportation of project staff and volunteer fieldworkers to the distant project sites was still a major problem that the organization has not fully addressed. The project needs sufficient bicycles for volunteer field workers and 2 motorbikes for project staff. These will offer good backup to the existing project vehicle for effective project coordination and supervision.
3. Although there is now free education in Kenyan schools, many of the schools lack facilities such as buildings, furniture and teaching materials. A Programme to address such needs of schools should be initiated for effective participation of the school authorities in the activities of the Programme. Health clubs should be supported to conduct exchange visits so that wider spectrum of schools can learn and benefit from the clubs.
4. As nutrition is still an acute problem in many schools. As a way of motivating children to enrol into the school system. Food and drug supplies to the orphans and vulnerable children in their homes were also not adequate. Funds are needed to expand the Nutrition Programme to all families involved in the OVC project. Local clinics also need to be upgraded and equipped to assist in addressing the medical needs of the OVC
5. The catastrophic levels of poverty and disease prevalence are attributed to the widespread unemployment and lack of sustainable Income-generating activities within the communities. Income generating projects should be incorporated in the OVC Programme so that the guardians/parents and OVC themselves can raise their income level per household. In addition, the housing status of most vulnerable families are appalling, and to a large extent contribute to the rampant disease prevalence. The Programme needs to construct semi-permanent housing for the vulnerable households instead of the current grass-thatched structures.