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# ASSESSMENT OF THE NYUMBANI VILLAGE PROJECT

**NOVEMBER 22, 2011**

This publication was produced for review by the United States Agency for International Development. It was prepared by Nicky Davies and Thomas Maina, through IT Shows, Inc.

# ASSESSMENT OF THE NYUMBANI VILLAGE PROJECT



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Contracted under USAID/Kenya, Office of Population and Health, Contract # AID-623-C-10-00003, Support to USAID Health Implementation Framework

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## ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
APR	Annual Program Report
ART	Anti-retroviral Therapy
CBO	Community-based Organization
CCC	Comprehensive Care Center
CHW	Community Health Worker
CS	Child Survival
CT	Counseling and Testing
DEO	District Education Officer
DH	District Hospital
DTC	Diagnostic Testing and Counseling
EID	Early Infant Diagnosis
FBO	Faith-based Organization
FP	Family Planning
GOK	Government of Kenya
HAART	Highly Active Anti-retroviral Therapy
HBC	Home-based Care
HC	Health Center
HCM	Health Communications and Marketing
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
IEC	Information, Education and Communication
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MOA	Ministry of Agriculture
MOE	Ministry of Education
MOH	Ministry of Health
MOPHS	Ministry of Public Health and Sanitation
MOYA	Ministry of Youth Affairs
OVC	Orphans and Vulnerable Children
OPH	Office of Population and Health
PAC	Post -abortion Care
PEPFAR	President’s Emergency Plan for AIDS Relief
PDA	Program Development and Analysis
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother-to-child Transmission
PNC	Post-natal Care
PSS	Psychosocial Support Services
PWD	People with Disability(-ies)
RH	Reproductive Health
STI	Sexually-transmitted Infections
TB	Tuberculosis
USAID	United States Agency for International Development
USG	United States Government
VCT	Voluntary Counseling and Testing
VHC	Village Health Committees

## EXECUTIVE SUMMARY

This report provides:

- a brief introduction to the Nyumbani village project,
- identification for strategies and approaches that are either unique or critical to the achievement of the outcomes,
- primary quantitative and qualitative impact data for OVC, grandparents and community members benefitting for the Nyumbani project,
- costing analysis,
- identification of Nyumbani project achievements, missed opportunities, challenges and lessons learned,
- recommendations for the enhancement, scale-up and replicability of the Nyumbani village model.

The Nyumbani village model can be seen as a pilot to ascertain whether it is feasible and cost effective for similar purpose built villages should be scaled-up or replicated to care for OVC and destitute grandparents as part of Kenya's response to the growing orphan crisis. The assessment team reviewed secondary documentation and spent one day at the Nyumbani head office and five days at Nyumbani village gathering primary data to contribute to their analysis.

The assessment team concludes that there are **six key strategies and approaches** which need to be highlighted as they have helped the Nyumbani village project achieve key outcomes to date. They include:

1. Clear procedures are used for targeting, selecting and recruiting OVC and grandparents infected and affected by HIV and AIDS with community and local government involvement which will effectively achieve the targeted 1,000 OVC and 100 grandparents to be housed in Nyumbani village by end of December 2012
2. Strives to provide a comprehensive package OVC care including some components of very high quality, particularly education, shelter and care, and health
3. Provision of a family-based setting for OVC care including keeping large numbers of siblings together
4. Expected self-sustainability for all Nyumbani village program costs by 2018
5. Strong foundation of community and Government engagement and involvement
6. December 2012 targets for number of adults from surrounding communities to have benefitted from Nyumbani village project have already been achieved

The **impact** of the Nyumbani village project on the village OVC, grandparents and surrounding community members was established through the use of survey questionnaires, focus group discussions and key informant interviews. The impact data showed good results for OVC apart from sexual and reproductive health and some psychosocial aspects concerning their separation from the relatives, friends and village of origins. For grandparents the impact results were good, particularly for psychosocial well-being although little impact for health was established (the grandparents are however very elderly). For the surrounding community, qualitative impact data showed that benefits have been achieved in terms of increased food security and economic empowerment, and health, however much of the economic empowerment is through casual labor which will reduce over time rather than sustainable empowerment opportunities.

The **costing analysis** exercise established that the economic cost per OVC (cost per unit per year) is US\$1,613 and the financial cost per OVC is US\$1,589 (calculated for period of January to December 2010). It should be noted that these unit costs are underestimations as they do not included the cost of donated drugs and other medical supplies, and land (1,000 acres). The financial cost for Nyumbani village estimates what the

project paid for salaries, goods and services. Donated goods that included the car, equipment and seconded staff represented the economic costs or imputed costs of the project. These are added to the financial cost to establish the economic cost per unit.

In terms of **sustainability**, the Nyumbani village project aims to be 60% self-sustaining by December 2012. The village is currently 11% self-sustaining and is very unlikely to achieve 60% self-sustainability by the end of December 2012. The village is however likely to be 100% self-sustaining by 2018 if current sustainability plans are implemented effectively and if market prices are stable (particularly for Melia hard wood which would bring in the bulk of the finances to achieve 100% self-sustainability). The Nyumbani village project is therefore vulnerable between December 2012 and 2018. During this time Nyumbani village will be reliant on its existing donors (or replacements) continuing their current level of support and the 32% of operational costs provided by USAID to be covered as USAID agreement ends in December 2012.

The **recommendations** provided within the report mainly address specific lessons learned and challenges that the assessment team identified during the assessment process. They aim to enhance the programming aspects of the village, organisational development, community involvement and Government engagement, and sustainability.

The assessment team **recommendations regarding scale up** are that if Nyumbani village is to scale up its activities to reach more OVC this would best be achieved through an expanded outreach program to support OVC in their communities of origin. This will help the Nyumbani village's sustainability by helping to address the needs of surrounding communities as well as allow Nyumbani village project to reach more OVC, more cheaply. This recommendation is based on the analysis that even if the finances for the unit cost can be sourced from private donors or funded by the sustainability program from 2018, and even if more OVC and grandparents could theoretically be enrolled into the village, none of the Nyumbani village staff support the expanded enrolment of more OVC and grandparents into the village. In fact, some said that fewer OVC and grandparents would be more viable to achieve good quality care and support, and indeed a slower pace of enrolment might be advisable. In addition to this there are limited economies of scale to be achieved. If fixed costs were to remain constant, costs related to expanding home care offer very limited scope for economies of scale and to a less extent this is true for educational support interventions. With fixed cost percentages of below 44% for all departments this means that all have limited scope of economies of scale. Nyumbani project's fixed costs, as percentage of the total costs, are 27%. This means for each additional OVC recruited, they would cost 73% of the unit cost.

The Nyumbani village project compares favourably to other programs providing institutional care for OVC but is relatively expensive in terms of cost per unit compared to other community-based OVC programs. As with other institutional OVC care approaches, Nyumbani is not a cost-effective model for the Kenyan government to **replicate**, or for donors supporting Government OVC programming, to reach the high numbers of OVC in Kenya. External, private donors who would not otherwise provide money to the Government of Kenya may wish to replicate this model to achieve some of the high quality benefits for relatively few children. For these donors, aside from the challenge of sizeable initial capital costs and length of time before the village is likely to be self-sustaining, a large area of land also needs to be donated or purchased to support such a model; in many provinces of Kenya this may not be feasible. In addition to this, the replication of the Nyumbani village model requires incredible ambition, charisma, contacts and drive to mobilize the same degree of community involvement, donor support, government engagement and private donations that have made the Nyumbani village project viable. These factors should not be underestimated by those wishing to replicate such a model.

# I. INTRODUCTION, PURPOSE AND METHODOLOGY

## A. INTRODUCTION

USAID Kenya and Children of God Relief Institute (COGRI) have a 4-year Cooperative Agreement worth US\$2,000,000 to contribute towards the operational costs of the Nyumbani Village Project. The Nyumbani village aims to establish a self-sustaining, community-based, residential village that will accommodate both those infected and affected by HIV and AIDS. Although the village started in 2006, the objectives within the cooperative agreement are being implemented over a four year period with a goal of housing approximately 1,000 double-orphaned children and 100 grandparents who have lost their security in society due to the premature deaths of their own children. Nyumbani village provides a family-like structure for the orphaned children under the stewardship of grandparents and ensures parenting, health care and education services, either within the village, or outside. Nyumbani village is registered as a Children's Home and its operations and services are guided by the Children's Act 8, 2001. The vision of Nyumbani (COGRI) is 'Sustainable communities for children infected and affected by the HIV pandemic inspired by Christian compassion'. Its mission is 'to provide quality comprehensive care and support to the HIV infected and affected children, families and communities in a sustainable manner.'

Most agree residential orphanages are unsuitable and advocate care in the community. However in some cases there is no one to care for the orphans in the traditional extended family setting. The Nyumbani village project in Kwa Vonza, Kitui district is the first village of its kind to be developed in Kenya (see Annex A for aerial photograph). It can therefore be seen as a pilot to establish whether it is feasible to create a self-sustaining, purpose built multigenerational village that can provide good quality, cost-effective care for orphans and vulnerable children (OVC) and grandparents that have lost their security). Currently another village is at the planning stage in Mombasa, spearheaded by the Catholic Archdiocese. This assessment of Nyumbani village is therefore timely to inform the potential for such a village to be replicated and scaled up.

## B. PURPOSE OF THE ASSESSMENT

The purpose of the assessment was to evaluate the model employed by COGRI's Nyumbani village in identifying, targeting and serving OVC. The assessment provides specific technical guidance and recommendations to inform Nyumbani's potential plans for scale up and replicability. The assessment reviews the technical approaches used in the Nyumbani village model and their contribution towards the well-being of the OVC. In addition to this the program effectiveness, efficiency and outcomes, as well as the potential for replicability, scale-up and sustainability are assessed.

## C. ASSESSMENT METHODOLOGY

### I. Evaluation Schedule

The evaluation of the Nyumbani village project was conducted on behalf of USAID Kenya and the project implementing partner, COGRI. The evaluation was conducted by a 3-person evaluation team consisting of team leader Nicky Davies (British, UK based), and Thomas Maina (Kenyan, Nairobi based). A third team member was originally recruited to the team but did not stay with team beyond the preparation stage due to unforeseen circumstance. Administrative support was provided by IT SHOWS. The evaluation team had three days to read background information concerning Nyumbani village provided by Nyumbani/COGRI and USAID. Some preliminary work on costings data was undertaken with COGRI during this period through the Nairobi-based team member. The team spent one day at Nyumbani head office and was based in Kitui for five days to conduct field research in and around Nyumbani village.

## 2. Evaluation Approach

The following approach was used to understand the village model sufficiently to identify effective strategies to achieve outcomes, identify missed opportunities, ascertain impact data, establish cost effectiveness and to make recommendations for enhancing, scaling up or replicating Nyumbani village. The team collected qualitative and quantitative data from Nyumbani village staff using key informant interviews (including manager of all ‘units’, program manager, and COGRI Executive Director). Focus group discussions were conducted with a random sample of age groups of children and young people above 8 years of age. These included children in education, as well as young people who have finished education but not yet relocated, and young people who have relocated from the village. Focus group discussions were also conducted with a random sample of village grandparents (sometimes referred to as caregivers). Impact data was generated using a quasi-experimental approach. Quantitative impact data was generated using a survey questionnaire for children, young people and grandparents from within the village. This data was compared to a control group made up of children and grandparents recruited since April 2011. This control group answered the questions as if they were still back in their village of origin. Some survey questions used were drawn from the Tanzania Kwa Wazee project evaluation titled ‘*Salt, soap and shoes for school*’ (see Annex K - Bibliography).

To ascertain community and government involvement and engagement key informant interviews were also conducted with local Government ministry officials (District Children’s Office, District Youth Office, District Education Office), and Chief and councilor representatives from Kwa Vonza and Kwa Mutonga. Focus group discussions were also conducted with community leaders and members in Kwa Vonza and Kwa Mutonga, and a group of community member ‘outgrowers’ attached to the sustainability program. A full list of those interviewed as part of the assessment is included in Annex B.

Survey questionnaires were completed by the follow groups:

Nyumbani village grandparents	Nyumbani village vocational students	Nyumbani village 8-13 age group	Nyumbani village 14-18 age group	Control group 8-13 age group	Control group 14-18 age group	Control group grandparents
37	25	30	30	20	20	7

Focus group discussions or key informant interviews (\*) were conducted with the follow groups:

Kwa Vonza assistant chief, councilor and community representatives	Kwa Mutonga chief and community representatives	Outgrowers	Nyumbani village 8-13 age group	Nyumbani village 14-18 age group
6	5	21	16	16
Nyumbani village grandparents	Nyumbani village vocational students	Nyumbani village relocated young people	Nyumbani village young people ready for relocation	Local government officials*
16	18	5	6	9

An explanation of the methodology for the costings analysis can be found in summary in Section IV and in full in Annex C.

### 3. Evaluation Limitations

- The original assessment design was planned for a three-person team including a team member with local knowledge of OVC programs and monitoring and evaluation (M&E) expertise. Although the remaining two team members were able to achieve all planned activities for the field trip, the quality of some impact data suffered from unrefined survey questionnaires (hence lack of impact data for health for OVC) and to some extent the quality of recommendations concerning reference to other effective approaches used by OVC programs in Kenya.
- There was insufficient time to determine the full economic costs associated with the operationalization of the Nyumbani village. It is important therefore that the unit costs presented in this evaluation be presented with the important caveats attached to give a realistic perspective to those considering replicating this model.
- The control group for the children and caregiver surveys was limited as it was a proxy control of recently recruited grandparents and OVC who were asked to reflect back between 3 and 6 months to before they arrival in the village. Although this control worked relatively well the control group was relatively small, and being newly recruited into the village, they were less confident than others who are more accustomed to such tasks.
- The main language spoken by the grandparents and 8-13 age group of OVC is KiKamba. Unfortunately the local consultant could not speak KiKamba. This made translation issues difficult, particularly concerning the quality of the survey questionnaires, for which the translation was rushed and could not be checked. All focus group discussions with these groups had to be translated by Nyumbani staff which may have affected some of the responses given. Fortunately all young people over 14 could be interviewed with a mixture of English and Swahili without the presence of Nyumbani village staff.

## II. UNIQUE STRATEGIES AND APPROACHES

The following unique strategies and approaches have contributed to the Nyumbani project outcomes.

**Clear procedures are used for targeting, selecting and recruiting OVC and grandparents infected and affected by HIV and AIDS with community and local government involvement which will effectively achieve the targeted 1,000 OVC and 100 grandparents to be housed in Nyumbani village by end of December 2012.**

All OVC that have been recruited are double orphans (the team is aware of one early exception where the surviving parent had abandoned his children to remarry). Whether they are affected or infected by HIV and AIDS is established via proxy indicators. If it is known that the OVC is not directly affected by HIV and AIDS they are not selected on the grounds that their place can easily be taken by a child equally vulnerable, who is directly affected by HIV and AIDS. There is a well understood process for OVC selection including three visits prior to completing the recruitment process (apart from rescue cases when the child is immediately taken to Nyumbani village). Local clan/community is asked whether they agree with the selection and the local chief writes a letter to Nyumbani village confirming his agreement. At this point a property handling form is completed, signed with the chief, and lodged with the Land and Surveys Office within the Ministry of Land. A full explanation of this process is included in Annex D.

Nyumbani village currently houses 822 OVC and 80 grandparents. Systems are successfully in place for Nyumbani to be able to recruit and house 1,000 OVC and 100 grandparents by the end of December 2012 (which would be 178 new OVC and 20 grandparents plus the replacement of any OVC or grandparents that leave between now and then).

**Strives to provide a comprehensive package of OVC care including some components of a very high quality, particularly education, shelter and care, and health**

The package of social services to be provided for OVC is defined inconsistently and in little depth within the Nyumbani village design agreement, annual work plans and reports. However, when considering the Kenya Government's agreed 6+1+1 package for OVC programming (including food and nutrition, education, health, psychosocial (PSS), shelter and care, child protection, household economic strengthening and coordination of care) the team found that based on the data from surveys, focus group discussions and key informant interviews, that Nyumbani village is providing a comprehensive package of OVC care. Although some areas are stronger than others and some strategies to provide these achievements may have some problems attached, the OVC in Nyumbani village do receive a 'one-stop-shop' of OVC services, some to a quality that could not have been achieved if they had been supported in their original communities i.e. quality of education and vocational training, care and support for adults and children living with HIV living in the village, and shelter (considering the immediate facilities such as access to well water or rain water collection, area for food preparation and clothes washing, environmental hygiene, etc.). This is discussed in greater detail in Section V.A.

**Provision of a family-based setting for OVC care including keeping large numbers of siblings together**

Although Nyumbani village is an institution with staff, rules, offices and schedules great efforts are made to provide a family-based experience for the care of OVC in a village context. Through this model, the OVC funds are used to support the family structure, which is widely accepted as a more sustainable approach for OVC care. The idea of grandparents joining the village with at least two biological grandchildren and then being "blended" with non-biological children seems to work on the whole and allows for a family-based upbringing for all OVC (see V.A.3 for challenges). This approach also allows OVC siblings to stay together. An 'extended family' is also realized as household are grouped into 'clusters' of four with a communal area to

nurture close bonds and facilitate shared activity (some have a volley ball line, each cluster area has a communal area for washing clothes and food preparation etc.). Although 10 children per grandparent can seem a large number to constitute a family, large families are typical in the Kamba community with most families having at least 6 children. In addition the grandparents need to provide parenting and spiritual guidance for the children, maintain the household and kitchen garden rather than provide a full package of resources for 10 children. An attempt is made to ensure a range of ages within the household to replicate a family and a hierarchy of responsibilities and chores. Chores are an important part of family life and the children are expected to wash clothes, prepare food, clean the house etc. as other children are in rural Kenyan families.

### **Expected self-sustainability for all Nyumbani village program costs by 2018**

Nyumbani village has a detailed, well thought through and elaborate medium to long term sustainability plan that if well followed and monitored can help them achieve self-sustainability by 2018. Nyumbani village developed a plan to grow Melia hard wood trees, which although they take 10 years to grow, will generate enough income to more than cover the cost of the village. This approach was developed through consultation with experts in this field both within and outside the Kenya, and through working with the government departments that are responsible for hard wood development. The plan to achieve long term self-sustainability is commendable especially in an environment where many other development organizations rarely develop effective long term sustainability plans.

### **Strong foundation of community and Government engagement and involvement**

The Nyumbani village project succeeded in starting with strong commitment and involvement of local community members in surrounding villages and local government ministries and District Officer. Nyumbani is still reaping the benefits of this strong foundation and needs to pay close attention to maintaining these relationships as the Nyumbani village becomes fully operational. The local government and community members interviewed all showed their great appreciation for Nyumbani village project and readily and easily listed the following benefits that they feel the surrounding communities have received: care and support for the OVC from their communities, employment from casual labor (construction and sustainability program), support for destitute grandparents who would otherwise have died, demand for goods and services from surrounding villages, technical expertise from the sustainability program and access to land, access to a nearer and cheaper clinic, access to Lawson High School and Nyumbani Polytechnic, spiritual guidance and availability of food that can be bought from Nyumbani village farm.

### **December 2012 targets for number of adults from surrounding communities to have benefitted from Nyumbani village project have already been achieved**

By the end of 2012 it was planned that 5,000 adults and 3,000 children would benefit from regular healthcare, food security, access to education, vocational training opportunities and upgraded standard of living. As of November 2011 6,374 adults and 2,152 children from surrounding community have received one or more of these benefits. For the adults the main areas of benefit were healthcare, casual labor and voluntary counseling and testing (VCT). For children, the main direct benefits were healthcare and education. It should be noted that a large percentage of children counted are those receiving indirect support as members of families with increased food security through the outgrowers initiative, and children living in families in the surrounding communities with HIV positive parents. The table below shows those receiving the direct services and those indirectly benefitting. Indirect benefits are however very important (e.g., to be a child in a house of an Nyumbani outgrower who grows and sells vegetables can mean the child is provided for in terms of school fees and material support, and better nutrition to support school learning).

It is not clear in the original proposal whether the intention was that adults and children in the community were to receive the full package of support (regular healthcare, food security, access to education/vocational training opportunities and upgraded standard of living). The team has taken the view that this is does not need to be the case. In some Nyumbani village documentation the 5,000 target referred to numbers of adult

community members accessing health care from Nyumbani village; if this is the case then Nyumbani village may come close to achieving this target by December 2012.

**Table 1: Number of local community members benefitting from Nyumbani village from January 2009 until November 2011:** (estimates of indirect beneficiaries are calculated based on estimates of one adult and 6 children benefitting per household).

<b>Benefit</b>	<b>Direct beneficiaries</b>	<b>Indirect beneficiaries</b>	<b>Total direct and indirect beneficiaries</b>
Healthcare:	3,392 adults	N/A	3,392 adults
Clinic	848 children		848 children
VCT	1059 adults	N/A	1059 adults
	1 children (PITC)		1 children
Health: Homecare	66 adults	66 adults	132 adults
	2 children	394 children	396 children
Economic empowerment/food security: outgrowers growing vegetables	47 adults	47 adults	94 adults
		282 children	282 children
Improved food security: perimeter Shambas	82 adults	82 adults	164 adults
		492 children	492 children
Education	43 primary	N/A	133 children/young people
	17 secondary		
	73 polytechnic		
Training: community health workers	15 adults	N/A	15 adults
Employment: Casual labor	1,476 adults	Not counted*	1,476 adults
Employment: Staff	42 adults	Not counted*	42 adults

Indirect targets were not counted for these employment opportunities as the use of the money earned was not established directly by the assessment team, unlike for the outgrowers.

The original plan was that by December 2012 2,000 households in neighboring communities would have increased food production, nutrition and agro-income security through low cost integrated sustainable/organic farming techniques linking market gardens, livestock production, food processing and marketing enterprise. The team has established that 168 households have registered for such an opportunity with 120 actively reaping the benefits (outgrowers and perimeter shamba users). This is an outcome that needs further attention and effort.

### III. OVERALL ASSESSMENT OF THE IMPACT OF THE NYUMBANI VILLAGE ON THE OVC, CAREGIVERS AND COMMUNITY

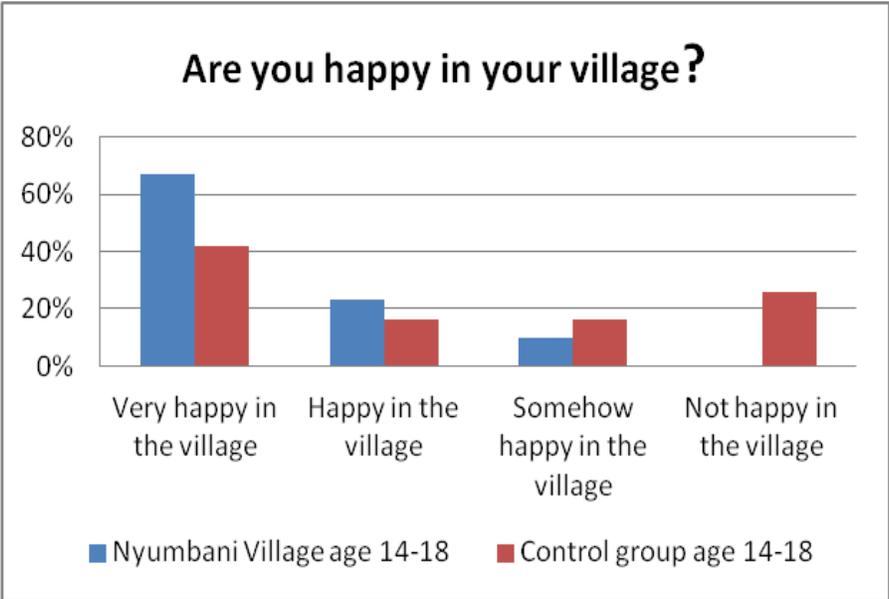
An attempt has been made to establish the impact of the Nyumbani village project on the OVC following the 6+1+1 categories and minimum standard of care package for OVC as established by the Kenyan Government.

#### A. IMPACT ON OVC

##### I. Psychosocial Well-being of OVC

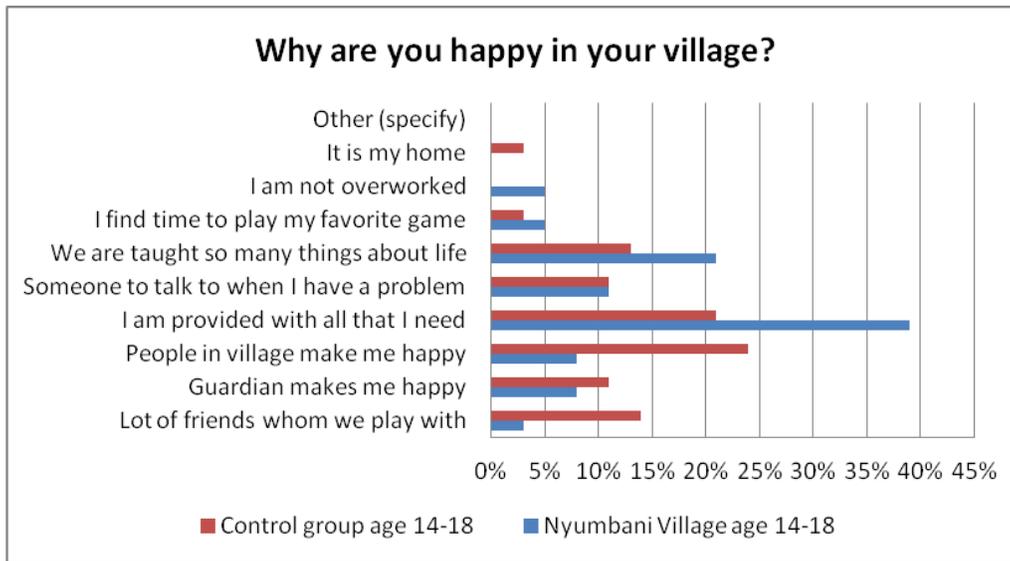
Ninety percent (90%) of the young people surveyed are happy or very happy in Nyumbani village (see Graph 1). Of the control group the young people had mixed feels about their village with 42% very happy, 16% happy, 16% somewhat happy, and 26% not happy.

Graph 1: OVC – Are you happy in your village?



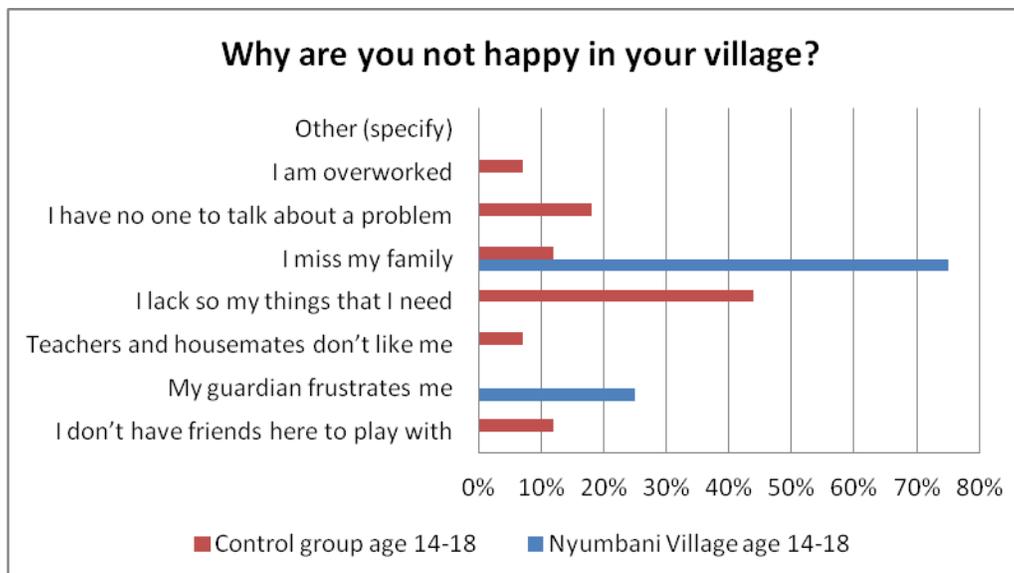
For the Nyumbani village young people, the main reasons cited for being happy (see Graph 2) are that all the things that they need are provided, they are taught many things, have someone to talk to, and grandparents, teachers and people in the village make them happy. For the control group the things that made them happy were the people in the village, they're provided with all that they need, lots of friends to play with, someone to talk to with a problem, taught many things about life and their guardian made them happy.

**Graph 2: OVC – Why are you happy in your village?**



When asked why they were not happy (see Graph 3) Nyumbani village young people said that they missed their family (mixture of deceased parents and lack of access to relatives) and were frustrated with their grandparents. Although not represented in this graph, the next graph shows that they feel they are missing some things they feel they need in Nyumbani village. The control groups’ main reasons for not being happy were lack of things they need (44% of answers), followed by lack of someone to talk to about their problems, lack of friends (mainly lack of time to play with friends), missing deceased parents, being overworked and disliked by teachers.

**Graph 3: OVC – Why are you not happy in your village?**

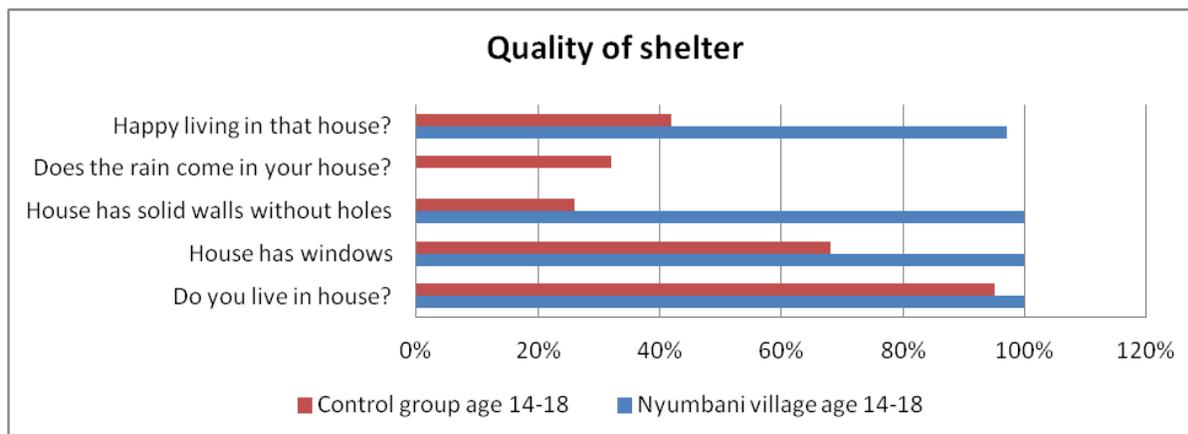


The Nyumbani village young people and control group were asked if they had friends in the village and whether they were happy with their guardians/grandparents. Although both groups enjoyed plenty of friends, only 21% of the control group responded that their guardians made them happy whilst 97% of the Nyumbani grandparents made the young people in their care happy. The Nyumbani village young people and control group were also asked if they feel there is something that they miss in the village (anything lacking). 33% of 14-18 years old and 29% of 8-13 years olds from Nyumbani village said that there were things missing or not adequately provided for including clothes, shoes, bus for tours, chapati, fruit and meat, and permission/ possibility of visiting home. Some respondents said that the grandparents they live with use bad language with them and do not treat them well (3 young people out of 30). By contrast, in the control group 63% of 14-18 year olds and 55% of 8-13 year olds said things were missing from their villages including free primary school education / school fees / uniforms, pens, books, lack of contact with relatives, missing deceased parents, property stolen, lack of time to spend with friends and adequate shelter, clothes and shoes, entertainment, food, love, and health care.

## 2. Shelter for OVC

The Nyumbani village OVC have excellent shelter with a house with solid walls, protection from the rain and windows. 97% are happy living in their house (the one person who said not may not have been referring to the structure). Of the control group, 95% lived in a house, 68% of which had windows, however 26% had holes in the walls and in 32% of cases they were rained on inside the house. 42% of the control group was happy living in their house (see Graph 4). Note: Some Nyumbani village 14-18 year olds suggested that the outside cooking area should have a cover as cooking is difficult when it rains.

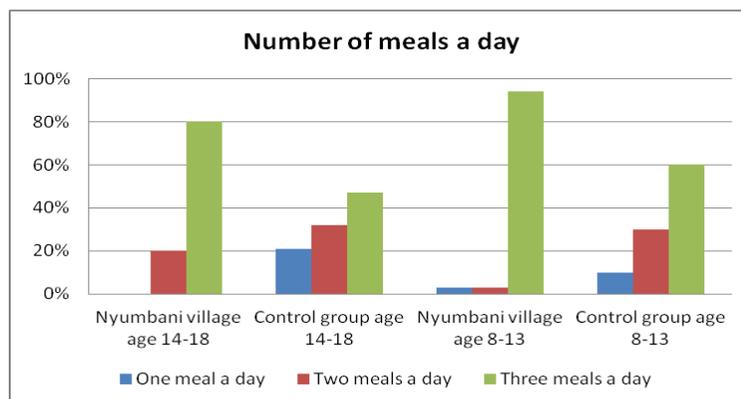
Graph 4: OVC – Quality of shelter



## 3. Food Intake for OVC

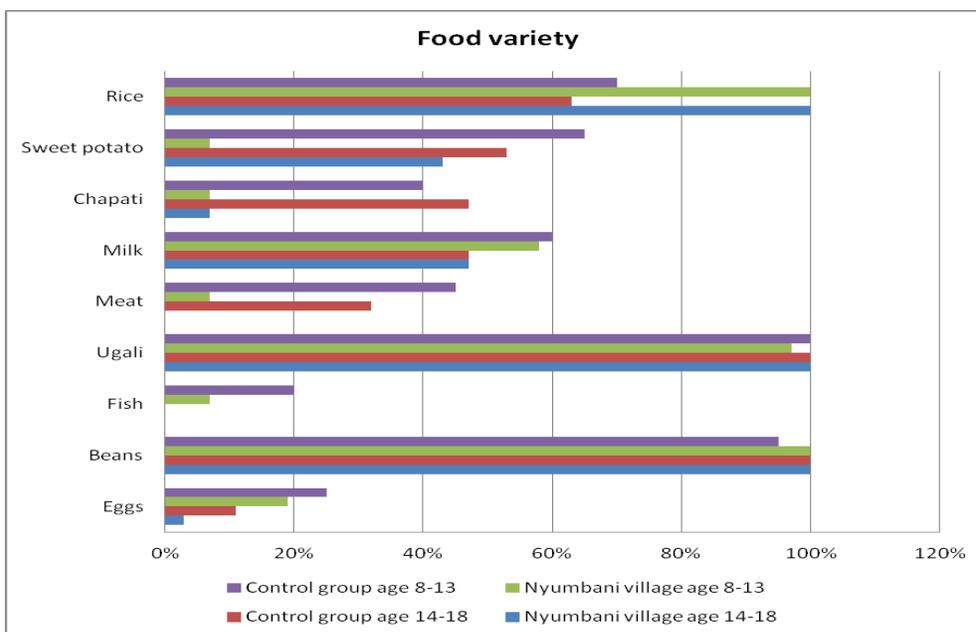
Eighty percent (80%) of Nyumbani village children age 14-18 and 94% age 8-13 receive three meals. By contrast 47% (aged 14-18) and 60% (aged 8-13) of the control group reported having three meals a day, 32% and 30% respectively two meals a day, and 21% and 10% only having one meal a day (see Graph 5). Although it may be important to follow up why some of the Lawson High School young people are not receiving three meals a day, generally the Nyumbani village children and young people receive three meals a day compared to 60% or less amongst the control group (for whom the older OVC receive significantly fewer meals a day).

**Graph 5: OVC – Number of meals per day**



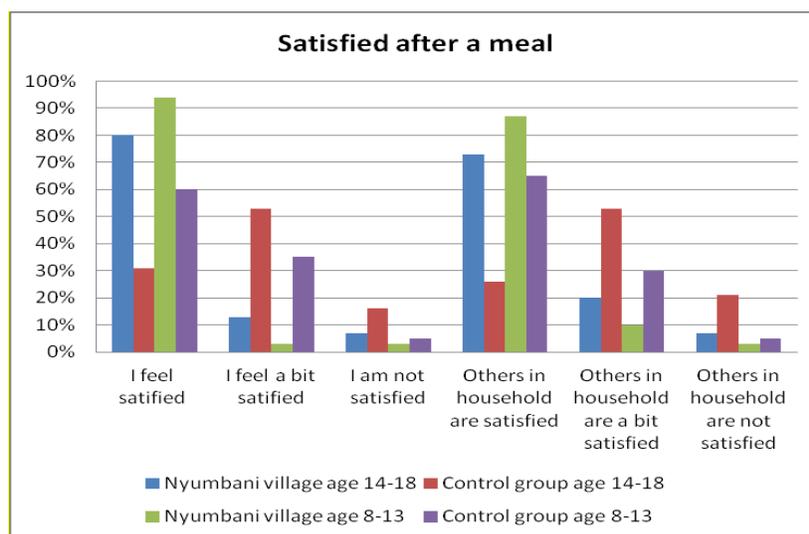
Overall the control group indicated that they consumed a greater variety of foods from the list provided in the graph below (see Graph 6). The control group consumed more meat, eggs and chapati. These correlate with the three foods mentioned by the Nyumbani village young people during focus group discussions that used to be more readily available in Nyumbani village when there were fewer people. They also mentioned that these were foods they used to eat in their villages (although of course with limited quantity and number of meals). The HIV positive OVC and grandparents in Nyumbani village receive extra food including eggs, milk and meat and this many account for the variation between the 8-13 age group and 14-18 age group below (most HIV+ children at Nyumbani are under 14 years of age). It may also be that sweet potato is served more at Lawson High School for lunch.

**Graph 6: OVC – Food variety**



As the following graph shows (see Graph 7), the Nyumbani village 8-13 year olds nearly always feel satisfied after meals with this being true for slightly fewer 14-18 years olds. Others in the Nyumbani village households seem to have fared similarly but slightly worse than the 14-18 year olds. Amongst the control group the 14-18 age groups were only satisfied 31% of the time compared to the 60% of the 8-13 year olds and others in the household fared similarly.

**Graph 7: OVC – satisfied after a meal**



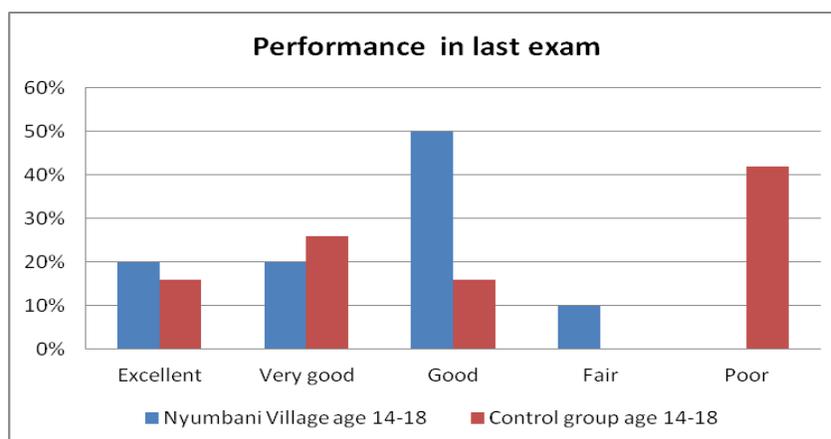
Overall, Nyumbani village is largely able to provide OVC and grandparents with enough food for regular meals, and children and household members are more satisfied after meals. There are some incidences where the children from Nyumbani village said that there was not enough food to go around. The food variety provided at Nyumbani village is relatively limited compared to outside (for those foods listed), although from the team’s observations it is clear that the children in Nyumbani village are likely to consume more vegetables and a greater variety of vegetables than OVC outside the village. All food groups are represented within the food package provided so food variety is more of a psychological issue than one of nutrition.

#### 4. Education of OVC

**School attendance:** All Nyumbani village 14-18 and 8-13 year olds reported attending school regularly unless they were sick. For the 14-18 age control group 11 out 19 (58%) said they attended school, 6 (32%) said they sometimes missed school due to sickness, and 5 (26%) said they were sent home from school for school fees. Eight out of the 19 (42%) said they did not attend school. Five out of the 8 said the main reason was lack of money for school fees, 2 said they were abused by the other students, and one was sick. Overall 42% of the 14-18 year olds from the control group did not attend school prior to joining Nyumbani and 53% missed schooling due to lack of school fees. For the 8-13 year old control group all said that they have attended school at some time, 70% said they sometimes missed school due to sickness, and 30% said they were sent home from school for school fees.

**Quality of schooling:** 93% of Nyumbani village 14-18 year olds are happy with the teaching they receive with lack of revision time and/or books being the problems cited by 2 students surveyed. By contrast only 42% of the 14-18 year olds in the control group were happy with their teachers in their village schools. The main problems cited for schooling amongst the control group were teachers not explaining clearly or only a few pupils allowed to ask questions, and not enough time to revise (likely due to chores at home). The 14-18 age group of children were asked to score their level of success in their last exams (see Graph 8). The Nyumbani village students fared better overall (it should be remembered that this was a subjective question and it is likely that Nyumbani students have higher aspirations and expectations of what would score as excellent or very good as Nyumbani teachers are likely to have higher expectations of them). Of the 8-13 year old age group from Nyumbani 80% were happy with their performance at school and 93% were happy with their teachers. From the control group 85% were happy with their performance considering the constraints they faced and 85% were happy with their teachers.

**Graph 8: OVC – Performance in last exam**



Improved education is provided through a package of provisions for OVC including good shelter and care, sufficient food, encouragement, high school attendance and good quality teaching. Nyumbani village can and does provide this and has and will reap the benefits in attainment of high educational standards.

## 5. Health of OVC

No true OVC health impact data was successfully collected through the surveys. However all OVC and grandparents within the Nyumbani village have free access to healthcare via the Nyumbani clinic. By contrast, the surveyed control group showed that 32% (6 out of 19) 14-18 year old young people from outside the village said they were not taken to be treated by a doctor because there was no money for treatment (21%) or no-one to take them (11%). Assuming Nyumbani village OVC are encouraged and supported to access the clinic services, their health and ability to achieve success in life should be improved (particularly for children living with HIV and those receiving counseling).

## 6. Life Skills and Reproductive Health

To establish the impact of sexual and reproductive health work the assessment team asked the 14-18 Lawson High School students, Nyumbani village vocational students studying at Nyumbani Polytechnic and a control group of 14-18 year olds a series of true or false questions concerning transmission of HIV. 93% (28 out of 30) of the Nyumbani students choose the correct answers compared to 58% (11 out of 19) from the control group. However only 40% of the Nyumbani village vocational students selected the correct answers. It should be noted that on balance the children within the 14-18 age group from Nyumbani village are older than those included in the control group. This demonstrates that the Nyumbani students attending Lawson High School have accessed information concerning HIV transmission; however this has not been so successful for young people living in Nyumbani village who attend the Polytechnic.

True or false questions asked<sup>1</sup>:

1. HIV positive people should not be allowed to stay together with those who are HIV negative
2. I cannot have friends who are HIV positive
3. People who are HIV positive should use separate eating utensils to prevent infections

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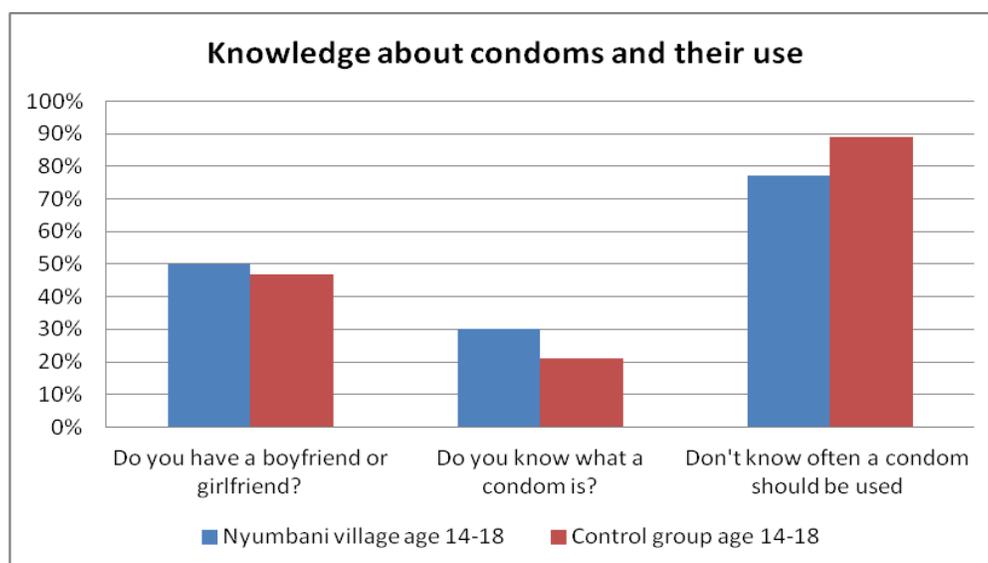
<sup>1</sup> The assessment team is aware that these questions should have been posed in the 'correct' form to prevent reinforcement of false statements. Nyumbani staff might want to give a quick refresher of HIV transmission routes in the near future to ensure no misinformation has been reinforced.

4. HIV/AIDS can be transmitted through greeting of an HIV positive person

5. HIV/AIDS can be transmitted through sexual intercourse

When asked whether it not right to have sexual intercourse before marriage only 1 young person from the Nyumbani village 14-18 year age group surveyed and one from the control group for this age said false. The 14-18 year age group of young people from Nyumbani village and the control group were asked if they had a boyfriend or girlfriend, know what a condom is, and how often a condom should be used during sexual intercourse. These questions were clarified with the students e.g. what constitutes a boyfriend/girlfriend as opposed to a friend of the opposite sex, the word condom was translated, and the frequency of condom use when having sex intercourse was explained in relation to the other possible answers which were *All the time, sometimes, very rarely, or never/not at all*. Two young people from Nyumbani village and two from the control group said that condoms should never be used; in all cases it is suggested that this is on religious grounds. The results from the survey are shown below in Graph 9 indicating that 50% of Nyumbani village 14-18 year olds surveyed had a girlfriend or boyfriend, 30% don't know what a condom is and 77% don't know how often a condom should be used for sexual intercourse. The comparison with the control group shows that Nyumbani village has had little impact in terms of teaching young people how to protect themselves from STIs (including HIV infection) and pregnancy other than to promote abstinence which is clearly not working; this was confirmed during focus group discussions.

**Graph 9: OVC – Knowledge about condoms and their use**



It is of concern that so few young people, especially young people from Nyumbani village who should receive HIV prevention information, do not know what a condom is or don't know how frequently condoms should be used. Although there is a rule of no sexual activity in the village, these young people can return home for the holidays and are indeed being encouraged to do so. The combination of lack of knowledge concerning condoms and lack of access to condoms is worrying. Although a high percentage of young people state that it is not right to have sexual intercourse before marriage it is clear from the focus group discussions and indiscipline data that some young people are sexually active both whilst at Nyumbani village and during the holidays back in their village. 36% of young people surveyed from the Polytechnic had previously had sexual intercourse. Of the 8 that

During a focus group discussion one girl within the 14-18 year age group said *"No-one her says about condoms, we should be told how to use them even if we don't plan to – who knows the future"*.

choose to have sexual intercourse (one case was forced sex) only 6 knew what a condom was or how often it should be used. These young people need to be able to protect themselves.

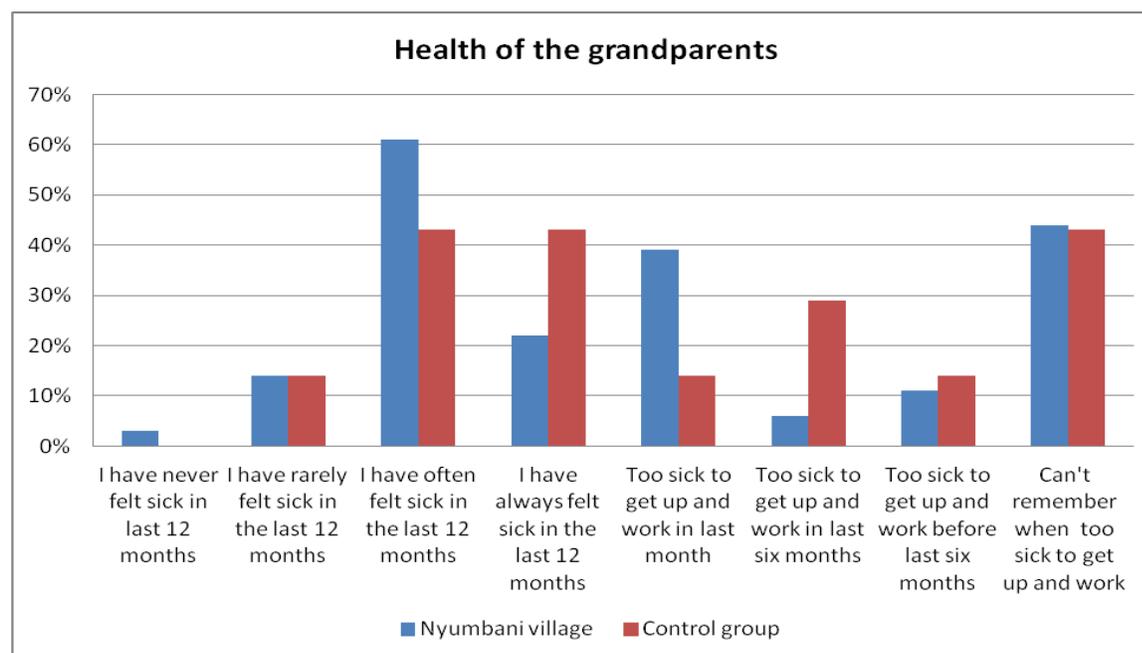
## B. IMPACT ON GRANDPARENTS/CAREGIVERS

### I. Health of Grandparents

The Focus group discussions have, however, revealed that the package of care and support provided by Nyumbani village has prolonged the life of some grandparents. This has not only resulted in improved quality of life for them in the senior years and extended their lives, but also ensured that their biological orphans have a caring relative for as long as possible. Some grandparents did mention that they needed some dentistry work which they have not been able to access.

The impact data below (Graph 10) for the health of grandparents shows little difference overall in the health of the Nyumbani village grandparents and the control group. It is possible that this is due to the small size of the control group or due to translation issues, but more likely, simply that the grandparents are all elderly and prone to sickness and feeling tired. There is a possibility that since the social workers are over-stretched looking after 28 households each, that the grandparents are not adequately checked and mobilized to attend the clinic as necessary. The following high scoring on psychosocial impact data and food and nutrition data means that these issues are very unlikely to be contributing factors in grandparents feeling sick, or too sick to get up and work.

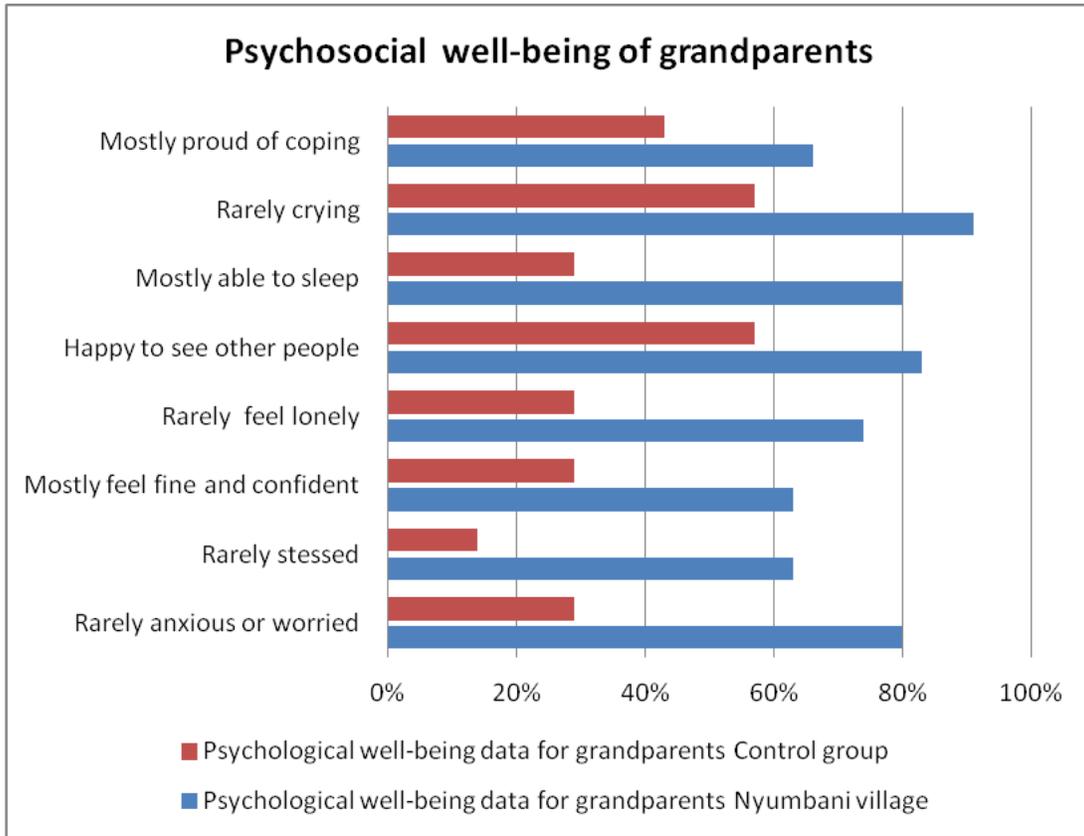
Graph 10: Health of the grandparents



### 2. Increase Psychosocial Well-being of the Grandparents

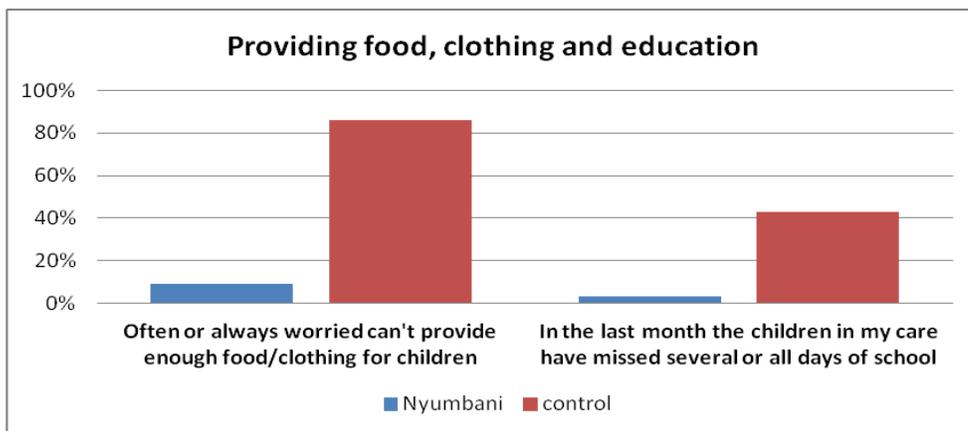
The following psychosocial well-being data was gathered from the Nyumbani village caregivers and control group. The data (see Graph 11) showed that the grandparents that had lived in Nyumbani village for at least 18 months felt significantly less anxious and stressed and had less difficulty sleeping. They were rarely lonely and less prone to crying. They were also significantly more confident and more proud of the way they are coping with the care of the OVC in their household.

**Graph 11: Psychosocial well-being of grandparents**



The survey also revealed that the Nyumbani village grandparents were significantly less worried about providing enough food and clothing for the OVC in their care, and were able to ensure their children went to school (see Graph 12). Amongst the control group lack of school fees and health of the grandparent were given as the main reasons for children missing school.

**Graph 12: Grandparents concerns**

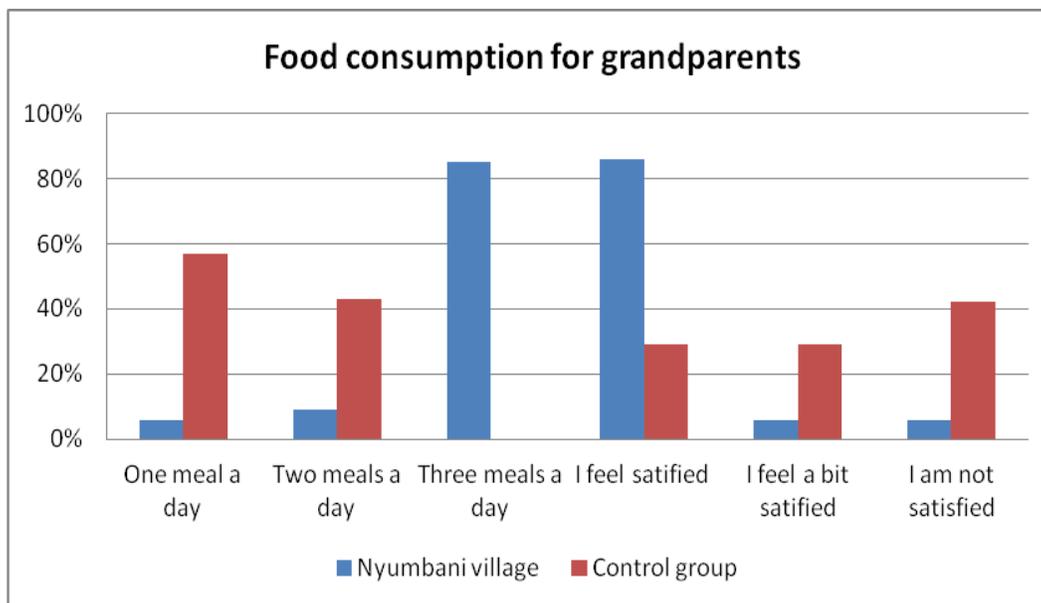


### 3. Food Intake of Grandparents

Some 89% of grandparents from Nyumbani village have 3 meals a day and 86% are satisfied after their meals. In contrast none of the control group had 3 meals a day with 43% having two and 57% having only one meal

a day. The Nyumbani village grandparents were satisfied after a meal 86% of the time whilst the control group were satisfied 29% of the time, and not satisfied 42% of the time (see Graph 13). The cases of Nyumbani village grandparents not eating three meals a day and not fully satisfied correlated with two or three grandparents that also had health problems.

**Graph 13: Food consumption for grandparents**



#### 4. Shelter for Grandparents

All Nyumbani village grandparents are well housed. This implies that they are protected from damp and dirt, noise which interrupts sleep, and anxiety and stress. These factors are likely to contribute to better health (and prolonged life) and psychosocial well-being. By contrast the control group showed that 71% lived in a dwelling where the roof let the rain in and the walls were not solid and had holes or gaps.

### C. IMPACT ON THE COMMUNITY

The following impact data is mainly drawn from focus group discussions with local Government ministries, chiefs and councilors, community leaders and community members in Kwa Vonza and Kwa Mutonga, and from a focus group discussion with 21 community outgrowers. In addition to this the team gathered verification information from Nyumbani village staff. The impact data is therefore primarily qualitative data.

#### I. Increased Food Security and Economic Empowerment

There are 47 outgrowers growing vegetables at Nyumbani village with land, water and technical know-how provided. The outgrowers interviewed told the team that they had gained confidence, independence and their own source of income through the scheme. The money raised has helped many to pay for school fees and materials for their grandchildren, provided improved food security for their households, enough money over time to buy a cow or goats, and enabled them to access microcredit facilities to open small kiosks. The implied impact is therefore better school achievement by children, empowerment of women, and improved quality of life and nutrition for those in these households in the surrounding communities. These families also have more spending power which benefits the immediate local economy.

In addition to the vegetable outgrowers, 82 members of the community utilize Nyumbani village rain-fed perimeter shamba land which increases food security under normal none drought conditions.

Focus group discussions revealed the importance of the economic empowerment created by Nyumbani village for the people in Kwa Vonza and Kwa Mutonga through casual labor (1,476 community members have benefitted) and staff positions at Nyumbani (42 community members benefitted). However in the future, this impact may fall as 43% of casual labor was for village construction which should be complete by December 2012.

## 2. Health Care

Some 3,392 adults and 848 children from the surrounding communities have accessed clinic services. We know from focus group discussions that the clinic is appreciated by the community and is considered to be nearer, cheaper and provides a better standard of care than alternative local clinics. Although the impact cannot be established it is likely that some percentage of these clients may not have accessed these services elsewhere or have received lower quality care at a higher price.

Forty-five families with 46 adults living with HIV and 1 child living with HIV have access to ARV drugs, weekly visits from a Nyumbani counselor and 15 Nyumbani trained Community Health Workers for drug adherence, psychosocial support and access to support groups. Although food security is not in place, these measures will have achieved some health and psychosocial well-being impact for these people living with HIV and their families in the surrounding communities.

Twenty VCT camps have been conducted in the surrounding communities since March 2010. Coupled with the on-going work of the Community Health Workers and Nyumbani counselor, 1059 adults and 1 child have received VCT /PITC during this time. Good quality VCT should result in decreased HIV transmission and increased access to appropriate health care and support which is available from Nyumbani village clinic and elsewhere.



Outgrowers from the surrounding community have been growing vegetables at Nyumbani village since 2007 with land, water, and technical know-how provided. They grow kale, onions, tomatoes, spinach, etc.

## IV. COSTING ANALYSIS

The objective of the cost analysis was to estimate and analyse how much it costs Nyumbani village to deliver a comprehensive package of services to the OVC. The costs associated with OVC service provision by Nyumbani village project were therefore gathered to generate cost estimates that can inform the *scale-up, management, and sustainability* of Nyumbani village project. The Nyumbani village project provides a number of different OVC services that are grouped by different intervention area or departments including home care, medical care, school education, polytechnic education and sustainability program. Within these departments the standard 6+1+1 package for OVC programming are all present (food and nutrition, education, health, psychosocial (PSS), shelter and care, child protection, household economic strengthening, and coordination of care).

### A. COSTING APPROACH

Since OVC projects/programs are similar to other category of projects, the **standard costing methodology** was applied in this cost analysis. Cost data for the year 2010 (January to December) was extracted from financial records, equipment inventories, and interviews with key program staff. Cost data was therefore collected to facilitate estimation of the full costs of goods and services used to implement the OVC programs or interventions from the perspective of Nyumbani village. The analysis did not therefore attempt to capture the costs of USAID, COGRI or others to manage the program above the Nyumbani village project.

Costs were then estimated for each OVC service, including direct and indirect labor, annualized costs for capital items, donated items, utilities, and office supplies. This was then broken down by programmatic or intervention area. Cost data for each programmatic/intervention area was collected and categorized according to the standard costing resource types as follows:

- Labor-personnel
- Materials
- Utilities
- Equipment/furniture
- Transport
- Building (office space)
- Land
- Administration
- Training (project staff training)

Cost data on labor was composed primarily of the programmatic technical and administrative staff as well as the estimated cost of seconded instructors to the Nyumbani polytechnic school. Supplies and material costs included a wide range of items based on the emphasis of each program intervention. Items that include school uniforms, books, bedding as well as sewing materials were included under the material costs.

Utility costs were based on electricity, telephone and water expenditures. Equipment and furniture costs included items such as desks, computers, tables, chairs, generators, solar panels etc. Transport costs include fuel and vehicle maintenance while building costs were based on the cost of the buildings as provided by Nyumbani village.

Capital costs included cost of furniture and fittings and equipment, boreholes, tractor and vehicles - motor cycles and buildings. The list of all types of furniture and fittings, equipment, generator and motor cycles were compiled from inventories and interviews with Nyumbani village staff. A classification by type of each capital item was done so as to assist in assigning an average length of life for each type. The capital items were

annuitized assuming a useful life span of 30 years for buildings, 10 years for furniture and fittings, 10 years for equipment and 10 years for vehicles and motor cycles. A 10% discount rate was then used to annuitize capital costs<sup>2</sup>. Thus, the annual equivalent costs for buildings, boreholes<sup>3</sup>, furniture, equipment and motor cycles were obtained by dividing their replacement values by the appropriate annuity factors.

## **B. COST ANALYSIS TO ESTIMATE UNIT COST AND ASCERTAIN COST-EFFECTIVENESS AND SUSTAINABILITY**

The concept of cost used in this cost analysis section is based on the opportunity costs of the resources (inputs, goods and services) used to implement the OVC project. For the purpose of this analysis, the opportunity costs are breakdown down into three types namely, direct financial costs which are basically the financial expenses incurred by Nyumbani village to provide the OVC services for one year, the annualized cost of assets, and the opportunity cost (KES) of unpaid inputs such labor, donations etc.

From Nyumbani village perspective, the actual financial expenditures on goods and services used in year 2010 for program implementation reflects the opportunity cost to the OVC project. Estimation of the annualized costs of assets is also required as it accounts for the multiple life spans of assets like vehicles, land, equipment, furniture and fittings etc. Annualizing the costs shows how much Nyumbani village would need to set aside each year for the purchase of the assets at the end of each service life. The opportunity cost of unpaid labor and donations was also included in the analysis even though such costs are not actually incurred by Nyumbani village. This was included because if Nyumbani village was to be replicated and/or scaled up, the unpaid labor and donations may not be forthcoming and the project might therefore be required to pay for the goods and services and also hire such labor. The costs of the donations were sourced from the assets register of Nyumbani village. However, for the case of drugs and other medical supplies and land (1,000 acres), these costs were not available and were not therefore included in this analysis. In the case of seconded staff (3 instructors), the wages were based on what other instructors are being paid by the government in Kitui.

Table 2 below shows the financial, economic and total costs of the programmatic activities for January to December 2010 by each resource type. The financial cost for Nyumbani village estimates what the project paid for salaries, goods and services. Donated goods that included the car, polytechnic tools and other equipment and seconded staff represented the economic costs or imputed costs of the projected. An attempt was made to capture the imputed costs of the various resources that contribute to the OVC services, however due to incomplete records, it was not possible to get accurate information for all materials that were purchased by Nyumbani and that were donated.

The total economic cost of the OVC services provided by the Nyumbani Village project was Kshs. **93,153,879** (US\$ 1.16 million) for the year January to December 2010. This is the economic cost as it also includes the costs of donations and the estimated cost of seconded staff to the polytechnic. The financial cost is the amount of money that the Nyumbani project spent without considering the costs of donations and seconded staff added – this totaled Kshs. **91,772,057** (US\$ 1.15 million).

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<sup>2</sup> Several costing studies in Kenya have used a 10% discount rate

<sup>3</sup> A life span of 30 years same as for the building was assumed for boreholes

**Table 2: Cost by resource type in Kenya Shillings and US dollars**

<b>Recurrent costs</b>	<b>Financial costs</b>	<b>Economic costs</b>	<b>Total costs</b>	<b>% total cost</b>
• Labor	19,594,676	720,000	20,314,675	21.81
• Supplies and materials	24,891,555		24,891,555	26.72
• Office Utilities	61,518		61,518	0.07
• Food/nutritional supplies	13,134,895		13,134,895	14.10
• Buildings repairs and maintenance	213,777		213,777	0.23
• Maintenance of Furniture& equipment	248,052		248,052	0.27
• Transport costs	4,796,969		4,796,969	5.15
• Training expenses	21,790		21,790	0.02
• Other expenses costs	3,919,582		3,919,582	4.21
<b>Total recurrent</b>	<b>66,882,814<sup>4</sup></b>	<b>720,000</b>	<b>67,602,813</b>	<b>72.57</b>
<b>Capital/fixed assets</b>				
• Buildings	18,204,531		18,204,531	19.54
• Furniture, fittings and equipment	4,743,492	348,527	5,092,019	5.47
• Motor vehicles and tractor	1,237,336	313,296	1,550,632	1.66
• Boreholes	703,884		703,884	0.76
<b>Total fixed assets</b>	<b>24,889,243</b>	<b>661,823</b>	<b>25,551,066</b>	<b>27.43</b>
<b>Grand total</b>	<b>91,772,057</b>	<b>1,381,823</b>	<b>93,153,879</b>	<b>100</b>

Recurrent costs accounted for 72.6% of the total costs of Nyumbani village in 2010 while fixed assets costs accounted for 27.4% of the total costs. Supplies and material that include a wide range of items such as beddings and bed sheets, educational materials, seeds and other farm inputs, production materials for the polytechnic, education support (school fees, books, uniforms, stationery, fares, pocket money) contributed the largest share of the expenditure accounting for 26.7% of the total costs. Labor accounted for the second largest share of costs (21.8%). Since the records of material donations were difficult to find, these costs have been recorded as financial costs only.

<sup>4</sup> A 20% reduction in social service provided in the home was made to account for the costs of supporting the grandparent in the household e.g. food, bedding etc. This results in a more realistic financial cost for OVC that does not include the costs relating to the grandparent.

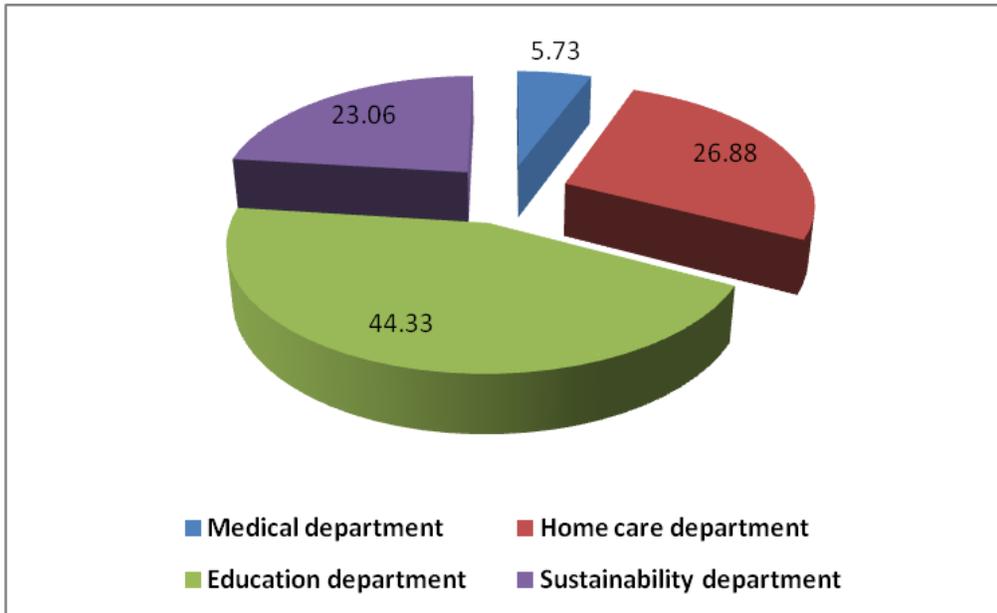
**Table 3: Breakdown of costs by recurrent and capital and by intervention type**

<b>Recurrent costs</b>	<b>Medical department</b>	<b>Home care department</b>	<b>Education department</b>	<b>Sustainability department</b>
Labor	1,864,231	1,426,137	10,567,469	6,456,838
Supplies and materials	78,100	5,660,067	16,318,708	2,834,680
Utilities	30,759		18,619	12,140
Food/nutritional supplies	-	13,134,895	-	-
Buildings repairs and maintenance			110,647	103,130
Furniture and equipment maintenance			-	248,052
Vehicle repair and maintenance	-	2,948,289	456,444	1,392,236
Training expenses	-		21,790	-
Other expenses	1,019,050	76,774	514,087	2,309,671
<b>Total recurrent costs</b>	<b>2,992,140</b>	<b>23,246,162</b>	<b>28,007,764</b>	<b>13,356,747</b>
<b>Capital/fixed assets</b>				
Buildings	1,670,588	1,278,000	9,469,796	5,786,148
Furniture, fittings and equipment	467,283	357,472	2,648,812	1,618,453
Motor vehicles and tractor	142,298	108,858	806,622	492,855
Boreholes	64,594	49,414	366,153	223,723
<b>Total fixed assets costs</b>	<b>2,344,763</b>	<b>1,793,744</b>	<b>13,291,383</b>	<b>8,121,179</b>
<b>Grand total</b>	<b>5,336,903</b>	<b>25,039,906</b>	<b>41,299,147</b>	<b>21,477,926</b>
<b>Percent of total costs</b>	<b>5.73</b>	<b>26.88</b>	<b>44.33</b>	<b>23.06</b>

### **C. BREAKDOWN OF COSTS BY INTERVENTION AREA**

The cost analysis demonstrated that the intervention area with the highest cost was educational support (pre-primary and primary school, secondary school and the polytechnic) accounting for 44% of the total costs. Home care and sustainability accounted for the next largest cost-shares at 27% and 23% respectively (see Figure 1 below).

**Figure 1: percentage breakdown of costs by intervention type**



## D. COST OF PROVIDING SERVICES TO AN OVC

This section provides a discussion of the **unit cost or cost per child served**. The unit cost is represented as an average cost and is calculated by dividing the total economic costs by the population of OVC served in 2010. This provides a useful unit cost per child when considering replicating such a model. In 2010, Nyumbani village was supporting 722 OVC. The average cost per OVC based on the economic cost was Kshs. 129,022 translating to US dollars 1,613. The average cost per OVC based on the financial total cost was Kshs.127,108 (US \$dollars 1,589). It should be noted that not all of the OVC received the same OVC services. Again because a number of cost items were not included in the costs analysis including drugs and other medical supplies and land (1,000 acres) the unit cost is underestimated.

Once Nyumbani is fully operational with all buildings and other infrastructure developed, the operational and maintenance costs will be the major cost driver and will account for a major proportion of the total costs. The average operational and maintenance costs (unit cost) will therefore be Kshs 93,633 (US\$ 1,170). The average costs, operational and maintenance costs (recurrent costs) of running the homecare department, which is one of the critical interventions implemented by Nyumbani village, will be Kshs.32,197 per child per annum (US\$ 403 per child per annum). This is the annual recurrent costs of providing social support to each OVC.

For the educational support intervention, it costs Nyumbani village Kshs. 38,792 (US\$ 485) in terms of operational and maintenance costs, to provide educational support to each OVC per annum.

It should also be noted that the unit cost does not indicate whether the OVC interventions improved the OVC well-being. Even though the cost effective analysis was supposed to be part of the assessment, this was not possible as a detailed cost effective analysis would require more time in terms of weeks in the field as opposed to the five days with only two consultants.

## **E. COMPARISON OF NYUMBANI UNIT COST WITH UNIT COSTS FROM OTHER STUDIES**

It is not possible to compare the cost per unit of an OVC receiving care at Nyumbani village with other OVC models as Nyumbani is a unique in that it provides comprehensive OVC care within a village set up. This includes not just providing access to good quality schooling but the actual construction and maintenance of three educational facilities within the village itself (two of which also provide educational services for the surrounding communities). Likewise, home care is not just supported, but a purpose built village with houses, rain water storage, communal hall, recreational facilities etc. are provided (along with a clinic, offices etc.). However, to inform scale up or replication, it is important to note that available literature points to the fact that institutional based models (such as Nyumbani village) are considered the most expensive models for providing care to OVCs in Africa.

It is also worth noting that expensive models are not necessarily more effective interventions. For instance, costs could be high mainly because of inefficient or unnecessary use of resources etc.

Based on the assessment team's existing experience of OVC programming and the costing discussed above, the team considers that the cost of Nyumbani village project, at least in terms of the unit cost generated, is too expensive to replicate widely even if it delivers quality services for some of the key interventions such as education, food security, shelter and care (and it is assumed healthcare). The reason for this judgement is that other OVC programs also achieve good impact results and are cheaper allowing more OVC to be reached with the same amount of money. In resource-limited settings such as Kenya where the number of OVC are estimated to be 2.4 million with an estimated 1 million due to HIV/AIDS by 2010<sup>5</sup>, the Nyumbani village is not a cost-effective model for widespread replication to address Kenya's OVC crisis, and requires sizeable initial start-up costs which is not feasible for most agencies wishing to implement OVC programs.

Although Nyumbani village project may not be cost-effective to replicate widely, the village itself does play an important role in the OVC response in the Kitui District and needs to be supported now that it is in place and working well in terms of extending services to OVCs.

Since HIV in Kenya continues to be devastating in terms of the number of children affected, the capacity of the families and the Government to deliver OVC services is limited and Charitable Institutions like Nyumbani village may want to expand their program to reach more OVCs. Currently, Nyumbani village is reaching 822 OVCs and plans to reach the target of 1,000 OVC by the end of 2012.

## **F. SCALING-UP OF NYUMBANI VILLAGE INTERVENTIONS**

As Nyumbani village thinks of scaling up to reach more OVC, understanding what projected resources will be needed becomes of paramount importance to decision-making. Estimating the costs of reaching more OVC will require breaking down costs by those costs that will increase through reaching an additional OVC and costs that will remain constant with an additional OVC. These costs are referred to as variable and fixed costs. Variable costs include nutritional and food support, clothing and educational support while fixed costs may include the capital assets. Fixed costs only remain constant within some ranges and eventually may need to be increased to cover more OVCs. The next paragraph discusses the potential of Nyumbani village to scale up to reach more OVC and how costs analyzed may potentially affect decision-making on this issue.

Table 4 shows the breakdown of costs by fixed and variable for each intervention area. The table shows a substantial disparity in variable costs as a percentage of total costs by intervention area. Home care department shows high variable costs as a percentage of total costs due to the large volume of supplies and materials and the nutritional and food support required to run and manage the intervention. Variable costs

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<sup>5</sup> Kenya National AIDS Strategic Plan (KNSP), 2005/06-2009/10

for medical care are low most likely because some recurrent expenditures such as drugs and medical supplies are mainly donated and were not included in the costing analysis due to lack of data on the quantities/costs.

If fixed costs were to remain constant, table 4 suggests that the costs related to expanding **home care department** offer very limited scope for economies of scale due to the high proportions of fixed costs to the total costs. To some extent, educational support and sustainability departments, also offers some limited scope for enjoying economies of scale. With fixed cost percentages of below 45% for all departments this means that all have limited scope of economies of scale. Nyumbani village project's fixed costs as percentage of the total costs (27%) also offer limited scope for expansion due to limited economies of scale. For example, for each additional OVC recruited, it would cost them slightly above 73% of the unit cost (**recurrent expenditure + a proportion of the fixed cost**). Nyumbani project is also a unique venture in the sense that after the target of 1,000 OVC is reached by 2012, the project may not offer room for expansion, particularly in terms of land, unless the Nyumbani village project model expands to incorporate increased community outreach and package of benefits through offering support to OVC outside the Nyumbani village e.g. supporting OVC in household set ups in the community.

**Table 4: Distribution of fixed and variable costs**

	Medical department	Home care department	Education department	Sustainability department
<b>Variable costs</b>				
Labor	1,864,231	1,426,137	10,567,469	6,456,838
Supplies and materials	78,100	5,660,067	16,318,708	2,834,680
Utilities	30,759		18,619	12,140
Food/nutritional supplies	-	13,134,895	-	-
Buildings repairs and maintenance			110,647	103,130
Furniture and equipment maintenance			-	248,052
Vehicle repair and maintenance	-	2,948,289	456,444	1,392,236
Training expenses	-		21,790	-
Other expenses	1,019,050	76,774	514,087	2,309,671
<b>Total variable costs</b>	<b>2,992,140</b>	<b>23,246,162</b>	<b>28,007,764</b>	<b>13,356,747</b>
<b>Total variable costs as a % of total costs</b>	<b>56.07</b>	<b>92.84</b>	<b>67.82</b>	<b>62.19</b>
<b>Fixed costs</b>				
<b>Labor – management</b>				
Buildings	1,670,588	1,278,000	9,469,796	5,786,148
Furniture, fittings and equipment	467,283	357,472	2,648,812	1,618,453
Motor vehicles and tractor	142,298	108,858	806,622	492,855
Bore holes	64,594	49,414	366,153	223,723
<b>Total fixed costs</b>	<b>2,344,763</b>	<b>1,793,744</b>	<b>13,291,383</b>	<b>8,121,179</b>
<b>Total fixed costs as a % of total costs</b>	<b>43.93</b>	<b>7.16</b>	<b>32.18</b>	<b>37.81</b>
<b>Total costs</b>	<b>5,336,903</b>	<b>25,039,906</b>	<b>41,299,147</b>	<b>21,477,926</b>

## **G. COSTING ANALYSIS TO ASSESS THE PROGRESS MADE IN THE SUSTAINABILITY COMPONENT**

This section reviews the performance of the Nyumbani village in terms of sustainability and is viewed against the target they proposed to achieve by end of December 2012. According to the cooperative agreement, Nyumbani village aimed to achieve 60% self-sustainability by December 2012. To project achievement so far, the team collected information on income generated from the sustainability project and other departments that are generating income and estimated what proportion of the generated income can cover the operation costs. Table 5 below shows the breakdown of income from the different departments.

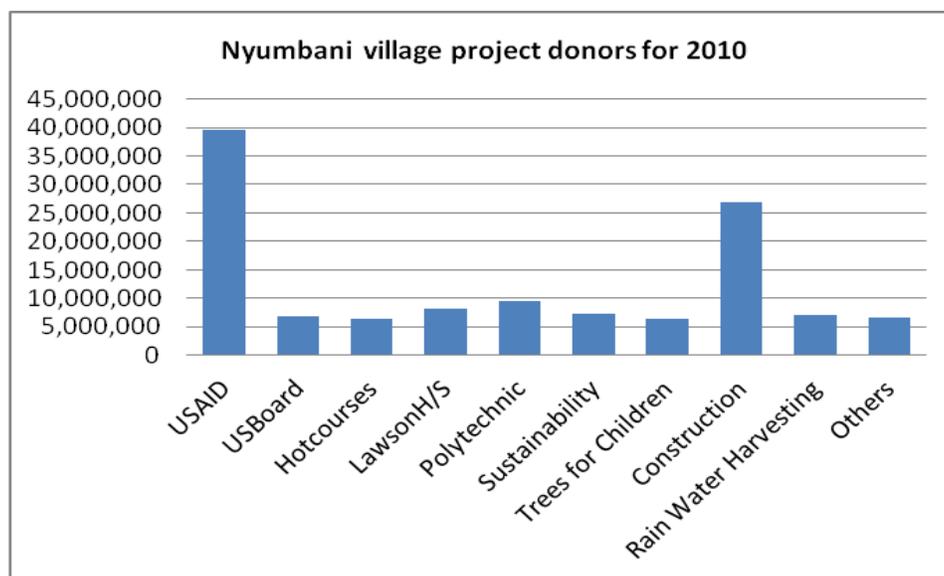
**Table 5: Breakdown of income from the different Nyumbani village departments**

Source of income	Income generated (KES)
Sustainability department	6,728,480
Clinic	45,480
Guest house	216,145
Polytechnic	401,160
Total	<b>7,391,265</b>
<b>Total operational cost (2010)</b>	<b>68,017,308</b>
<b>% of income to the total operational costs</b>	<b>11%</b>

Table 5 above shows that Nyumbani village will be able to cover approximately 11% of the total estimated operational costs (recurrent costs) using self-generated income. However, the estimate may also be underestimated as it has not considered the role of donations in reducing the overall operational costs. From this simple analysis, Nyumbani village is far from attaining the 60% self-sustainable target for December 2012, however there is great potential to offset the operational costs through increased collaboration with the community and the government to ensure some contribution to meeting the costs by those outside the village. Nyumbani village has an objective sustainable plan and if monitored closely can achieve the 100% self-sustainability by 2018.

Nyumbani village has been very effective in mobilizing resources from donors and private individuals as demonstrated by the number and variety of donors currently funding it (see Graph 14 below). However, it is uncertain how donors will respond in the future to requests for support from Nyumbani village to cover costs between December 2012 and 2018. It therefore becomes important to consider whether the interventions implemented are sustainable in the near future.

**Graph 14: Donors contributions to the Nyumbani village project**



## V. ACHIEVEMENTS, OPPORTUNITIES AND CHALLENGES

This section aims to outline and explain the achievements, missed opportunities, challenges and lessons learned of the Nyumbani village project in relation to programming, organisational development, community involvement and government engagement, and sustainability. Many of the missed opportunities and challenges are then addressed in the recommendation sections.

### A. PROGRAMMING ACHIEVEMENTS, OPPORTUNITIES, ETC.

#### I. Achievements in Line with Strategies within Cooperative Agreement

##### Homecare

The homecare program team includes the homecare program manager, three social workers and, for some activities, the Nyumbani village counselor.

- a) **Effective recruitment of OVC and grandparents:** The teams' perception from surveys, focus groups discussion and key informant interviews is that there is effective targeting, selection and recruitment of OVC and grandparents for Nyumbani village. A summary of targeting, selection and recruitment is provided in Section II above and a more detailed explanation is given in Annex E.
- b) **Effective induction of OVC and grandparents:** New OVC and grandparents are shown around the village; the rules and vision of the village are explained.
- c) **Provision of welfare support for the children and grandparents:** Social workers help to ensure that children are well prepared to get to school, homes are clean and organized, health issues are addressed at the clinic and disputes/discipline issues adequately resolved. This area of work needs to be strengthened.
- d) **Quality counseling:** Counseling is provided including psychosocial well-being counseling for the children in the village to overcome post-traumatic stress disorder, and HIV disclosure counseling (there are 46 individuals living with HIV in Nyumbani village). Again this could be improved with more staff. Group counseling is provided once week for secondary and polytechnic students.
- e) **Life skills training and career guidance:** Life skills training is every second Monday and Wednesday. A different social worker is assigned to each educational unit. Although plenty of time is spent on life skills the approach is limited. A peer-education life-skills club for class 5-8 (roughly 11 – 14 year olds) was in place until recently, implemented by a Safaricom volunteer.
- f) **Facilitate weekly support groups for grandparents within the village.** Support groups have been established for grandparents and are attended by staff as necessary.
- g) **Provide caregiver training for grandparents on a monthly basis e.g.** on the provision of nutritious meals for OVC particularly OVC living with HIV, care of HIV positive children and especially ARV administration and adherence, basic children rights, home management skills, and adolescence conflict to ensure peaceful co-existence in the families. Adult education is also provided as well as training on developing kitchen gardens by the sustainability program.
- h) **Organization of recreational activities in the village during the afternoons and school holidays**
- i) **Nyumbani village grandparents have been encouraged to become increasingly self-reliant** both economically and in managing the household. Grandparents generate money through basket making, carving and growing of vegetables. Grandparents sell vegetables to the village and the baskets and carvings are sold through the village and via two cooperatives in Nairobi. Grandparents are successfully providing food for their own households but there is mixed acceptance for the resulting drop in volume of the weekly food parcel. The grandparents are also encouraged to be

increasing self-reliant in the household in caring for the welfare of the OVC. The grandparents are encouraged to solve their own problems at home, or with the support of other grandparents, before involving a member of Nyumbani village staff. It is unlikely however that the grandparents would be able to manage the village or that Nyumbani staff would not be needed in the future.

- j) **Food provision:** 20kgs of food is provided for each household in Nyumbani village every Tuesday.
- k) **Transitioning /relocation of OVC:** A relocation policy is in draft awaiting board inputs and guidance. Currently the relocation process starts from the recruitment stage when it is clearly explained to the OVC and (grandparents for young children) that OVC should relocate after finishing secondary school or Polytechnic when they are considered self-reliant adults or young adults leaving for college or university. This is repeatedly and openly discussed within Nyumbani village; all beneficiaries and the team feel that this is a widely accepted, supported and agreed. Efforts are made to help prepare the young people to be confident and self-reliant, understand how to engage with outside society and resources such as money for tools are provided for vocational students. There is a process in place to hand over the young person to a guardian (relative or chief) and an exit form is used for this purpose. Young people know that they are welcome to come back to visit Nyumbani, their siblings and the grandparents that have looked after them. In practice however this is proving problematic.
- l) **Relocation of aging / sick grandparents:** There is clear understanding between Nyumbani village management and grandparents that once their biological OVC are self-reliant their role is complete and they can, and should, return home. Likewise, there is an understanding that if they are too elderly or sick to take care of their biological or non-biological OVC they can/should leave their biological grandchildren in the care of the village until an older sibling or relative is able to support the child/children outside Nyumbani village. There is only one current grandparent who is living in Nyumbani village who doesn't want to relocate even though she has limited capacity to care for OVC in her household. So far Nyumbani has been able to replace any grandparents that have died or left. Nyumbani village management are aware of a horizon in five or so years when the current relatively old cohort of grandparents will start to leave Nyumbani and will require replacement. At the moment the homecare team is fairly confident that they will be able to replace these grandparents but this is not easy, especially since the grandparents are required to have their own biological grandchildren.

## Clinical services

The Nyumbani village clinic employs a clinic manager, one nurse, a technologist (for the laboratory) counselor (also mentioned above for homecare) and one support staff. The clinic provides the following services which were specified in the original cooperative agreement:

- a) Patient examination, diagnoses and treatment and referral to doctors or Kitui District Hospital as appropriate.
- b) Laboratory services
- c) TB clinic
- d) VCT (including 12 VCT camps in the surrounding communities since March 2010. On average each camps result in approximately 100 people being tested)
- e) Provider Initiated Testing and Counseling (PITC)
- f) Minor theatre
- g) Counseling service (which more specifically for includes Nyumbani OVC and grandparents including the development of Memory books (since 2010) on induction, and improved data collection concerning grandparents. Group family counseling is provide on induction, followed by pre-test counseling two weeks later and follow-on process from there. Career guidance and life choices (using expressive therapy (drawing) for young children), assertiveness training. Life skills' training is provided every second Monday and Wednesday. Counseling Lawson High School students during the weekends (sometimes self-referral, sometimes sent by social workers or school teachers).

- h) Provision of Highly Active Antiretroviral Therapy (HAART) and adherence advice, counseling (including HIV prevention and positive living within and outside Nyumbani village), links to four support groups via homecare outreach to positive families in the community. There are 42 individuals receiving ARVs in Nyumbani village and 42 from the surrounding community
- i) Weekly home visits are conducted with 45 households in the community with people living with HIV with the support of 15 trained community health workers

The current outreach package includes PITC, family planning, prenatal and antenatal care, post natal care, and vocational training (of Community Health Workers) with appropriate referrals as necessary.

The Nyumbani village clinic has good links with Kwa Vonza and Kwa Mutonga dispensaries which refer community members to Nyumbani village clinic. Nyumbani village clinic sometimes borrow items from these dispensaries and vice versa. The clinic reports to the Ministry of Health Office as required.

A table of the cumulative data for clinic services is included in Annex F.

### School education

The HotCourses primary school currently has 636 pupils (309 boys and 327 girls) enrolled all from Nyumbani village. The school is achieving good results (ranked third in the primary school zonal ranking and amongst the 20 best performing schools in Kitui count). It seems to be able to cope with the rapid expansion of the new intake now that the selection criteria for OVC have changed to selected children who have not finished primary school. The primary school children are taken outside the village on school trips occasionally e.g. Class 8 went to Mombasa for a five day an academic tour. The team did not manage to ascertain the quality or existence of an Early Child Development program for the nursery. The secondary school, Lawson High School, currently includes Form 1 and 2, with plans to expand to Forms 3 and 4 soon. There are currently 116 students within Form 1 and 2 including 17 students from surrounding communities. Lawson High School has high expectations for the children with a lot of homework and revision time supervised by the school in the early evenings after clubs and sports. Student from outside Nyumbani village are only enrolled if they have a 300 point score as their homework time is reduced by time needed to travel to and from the village. 93% of students from Lawson High School and HotCourses primary school that surveyed (8-18 age range) were happy with the quality of the teaching they received from their schools.

### Polytechnical education

The polytechnic is well equipped and has a new, well-motivated manager. There are currently 69 young people enrolled of which 42 are from the surrounding community and 27 from Nyumbani village. The courses provided include masonry (building and construction), metal work, tailoring, woodwork, agro-business and food processing. The Government asked Nyumbani to pilot the national vocational training curriculum and seconded 3 teachers to the polytechnic in return. This task is incomplete and the Government seconded teachers were withdrawn very suddenly in September 2011. Once young people graduate from the Polytechnic they are given tools of their trade before being encouraged to relocate from the village. The masonry course seems to be very effective in helping young people to be self-reliant with two relocating and gaining jobs in 2009, eight in 2010 and 6 graduating this year with high hopes of work.

## 2. Missed Opportunities (Gaps Compared to Cooperative Agreement)

- **Maternity Child Health (MCH) and Prevention of mother-to-child transmission of HIV (PMTCT) programs not provided:** There is considered to be insufficient funds for a MCH program. This means that a PMTCT service cannot be provided as this would need to be linked to ante- and post-natal care and treatment service. The absence of this unit also means that the clinic can have limited outcomes in relation to supporting surrounding communities with nutrition and

baby care, HIV prevention education, stigma reduction, and program of nutritional rehabilitation for children which were also specified activities in the original design.

- **Lack of money for the community outreach program:** 15 Community Health Workers have been trained however there is insufficient funds for them to effectively do their work e.g. transportation money for those found to be sick to be brought to Nyumbani clinic or a hospital.
- **Food provision for HIV people living with HIV on HAART in the community:** is not provided by Nyumbani village or through the support groups that have been established as originally planned. There are indicators that the local government might provide some support but perhaps just an annual contribution. Nyumbani village has not been able to secure another source of food security. Nyumbani village provides opportunities to improve food security through its outgrowers vegetables and perimeter shambas programs but HIV positive families are not benefitting from this as this demands high physical activity to draw water from wells.
- **Polytechnic providing village OVC with IGA skills:** The aim of the Polytechnic in the original design was to provide training outside the main certificated courses to build the skills of the OVC. Of the original trainings suggested (handcraft, screen printing, tie and dye, brick making, candle making, baking and marketing techniques) only brick-making is taught and this is part of the buildings and construction course and not offered more widely to young people in the village. The provision of these skills might allow the older young people in the village to earn their own money to aid with relocation and building life skills. Originally 4 one-week business development and income generating workshops for grandparents and older OVCs (30 participants each) was envisioned. Some workshops have been held concerning basket making and male grandparents have been encouraged to make carvings, however older OVCs do not seem to have benefitted as originally envisioned. Likewise the food processing workshops have not been implemented as planned for grandparents and OVC (however some of this work has been conducted with a few grandparents and community members).
- **Current links with local Government Ministries are weak:** there is potential for missed opportunities in terms of technical expertise and advice, material and human resources, joint activities as well as two-way learning, particularly for Ministry of Education, but also Ministry of Water, Ministry of Youth and Ministry of Health. Stronger links may allow improved utilization of the Constituency Development Fund, accommodation for polytechnic students, more effective negotiations concerning road, water and electricity and other improvements that Nyumbani should lobby for the village as well as for the development and raised standard of living in surrounding communities.

### 3. Challenges and Obstacles

- **Recruitment waiting list:** There are a considerable number of OVC on a waiting list that fit the criteria for inclusion into Nyumbani village. This has been noted by the community and is also driving Nyumbani village staff to relocate some of the older children and children who have finished Form 4 who are going on to college or university. However this is very challenging and some of these young people are very worried about leaving Nyumbani village.  
**Transition /relocation of young people is currently a crisis.** Twelve



Denis Mutuku Luusa (right) transitioned from Nyumbani on Monday 11 November as 'mature relocation'. He is working as a carpenter making furniture for his relative's furniture shop in Matuu (relative pictured on the left). Denis is lucky to have a job to go to but said that he does not feel welcome by the relatives that he lives with.

young people have relocated from Nyumbani village as mature individuals. Six Form 4 leavers are waiting for places at colleges and university, and 14 are ready for mature relocation. Although Nyumbani is in a position to have 1,000 OVC and 100 grandparents housed by the end of December 2012 this is likely to constitute a sizeable number of young people who should have relocated. If these young people over 18 are not present in December 2012 then Nyumbani has either persuaded them to leave or has very quickly managed to successfully relocate them to jobs or relatives back home. Some of the mature young people are considered to have become a bad influence on the younger children.

There are a number of factors making relocation particularly difficult at this time:

**a)** Nyumbani initially included a sizeable cohort of young people aged 16 and above who were the elder siblings of younger OVC; it is this cohort that Nyumbani village have had **limited time to nurture to be self-reliant** and that are currently proving difficult to relocate.

**b)** Compounding this situation is a **lack of confidence due to a sense of dependency** developed by the young people whilst at Nyumbani village. Coupled with a lack of exposure or bad experience of the wider society, young people are reluctant to leave. This situation may improve since Nyumbani village now has a policy of only recruiting children that have not completed primary school; this will give Nyumbani village more time to influence the self-reliance of the young people through better education and social support. However, these children will go through primary school, secondary school and/or Polytechnic within Nyumbani village with **limited exposure to outside**. The District Children's Officer expressed concern that the Nyumbani village children inevitably become dependent on the village which provides all that they need and are not adequately given the opportunity to be well prepared to cope in the world outside. Nyumbani village's current range of activities to promote self-reliance for such as large number of maturing young people is inadequate. This problem is likely to be exacerbated with larger numbers of children who need external exposure but with limited transport and Nyumbani staff to support young people venturing out.

**c)** There was a Relocation Committee which was responsible for defining and codifying the relocation process. A **draft relocation guide** was produced in 2010 but is awaiting finalization. The relocation committee has not been continued and the **turnover of Home Care Managers** (five in five years) has hampered the effective implementation of a relocation program with social workers lacking adequate supervision.

**d)** The 14-18 age group of young people and young people who are ready to relocate feel that they have been **isolated from their relatives and friends who constitute their potential support structure on relocation**. They feel that because they have not been able to have contact, relationships breakdown and those back in the village resent them suddenly turning up with no contact for a long period of time. Although it is not the intention of Nyumbani village to do this, there is a lack of funds to be able to provide transport for young people to return home for any reason other than a funeral, land dispute or family dispute. Since young people have no money of their own they cannot pay for their own transport and so feel trapped. Likewise, girls are further limited as they need to be collected so that they do not travel alone. It seems that for both boys and girls an exit form needs to be signed handing over responsibility to an outside party – this implies that all young people need to be collected. This situation needs to be improved.

**e) Lack of opportunity for young people to generate their own income:** The Nyumbani village young people we spoke to were particularly concerned about the lack of pocket money for college and that their relatives might not want to welcome them to their homes for the college holidays as they have nothing to contribute financially (see quote to right).

- **Insufficient social workers and counselors:** The welfare of OVC and grandparents within the village is

When discussing the lack of pocket money for college and money to contribute to the extended family during the college holidays, one confident and well-educated female Nyumbani village Form 4 leaver waiting for college entrance notification said *“you know this lack of money means you end up doing things you don't want to do – do you know what I mean!”*

lacking and could be improved with better supervision of social workers, more staff so each social worker has fewer households to support (one social worker currently looks after 28 households which is too many), and if procedures were followed regarding the involvement of the security unit/police station.

- **Incomplete and weak sexual and reproductive health information provision to young people:** As the data from the Impact section for OVC shows (see III.A.6), 93% of young people do not think it is right to have sexual intercourse before marriage, however there is sexual activity among the young people in Nyumbani village and this may be more than 7% as 36% of young people surveyed from the Polytechnic had previously had sexual intercourse. Of the 8 that choose to have sexual intercourse (one case was forced sex) only 6 knew what a condom was or how often it should be used. Young adolescents (14-18) lack key information about condoms (30% don't know what a condom is and 77% don't know how frequently they should be used when having sexual intercourse). Sexual and reproductive health information is included in the national curriculum which is taught in the Nyumbani village schools however little effort is made beyond this other than in response to a young person who approaches a grandparent or staff person. Students that have finished Form 4 and are ready to relocate, or go home for holidays, are shown videos concerning sex by the village counselor; however for many this may be too late.
- **Sexually active young people currently posing a challenge for Nyumbani village:** Some young people at Nyumbani village are sexually active. This is against the village rules (see Annex G). The resulting discipline causes considerable workload for the social workers/counselor and frustration from the young people more broadly who indirectly suffer by being restricted from having platonic male/female relationships. The sexual activity of the young people risks exclusion from the village, exposure to STI (including HIV infection), and pregnancy. As mentioned above, insufficient attention is placed to the content of training on life skills and sexual and reproductive health which seems to have been more comprehensive during 2009. Since then it seems to have narrowed in focus to be very focused on reinforcing messages about abstinence without addressing behavior change adequately and provision of comprehensive information about ways to protect themselves from STI (including HIV) and pregnancy. Even among those young people who know about condoms almost all interviewed / surveyed had never seen one, had their correct use demonstrated, and condoms are not accessible to young people in Nyumbani village (from which they need permission to leave).
- **OVC being asked to leave due to indiscipline** (see Annex 8): The majority of the 45 young people who have been asked to leave Nyumbani village have broken the Nyumbani village rule of no sexual relations. Although young people are counseled and not asked to leave immediately if they break this rule, it is a concern that such vulnerable young people, who are sexually active, are being asked to leave when they are not adequately prepared and do not have a supportive environment to return to. Similarly, in the case of pregnancies, the expectation is that young girls would be asked to leave the village if found to be pregnant.
- **Caregivers relocating benefits from Nyumbani village home:** there have been some problems with grandparents taking foods and goods provided by the village back to friends and relatives at home. This problem is being addressed but is an on-going challenge. Grandparents also have the opportunity to earn and save money at Nyumbani through basket making and carving, however Nyumbani village management seems concerned that the grandparents then use this money to support relatives and friends back in their villages, and in some cases repair dwellings. Although Nyumbani village management is concerned about this, the repatriation of money to the village may be important for networking and maintenance of relationships to aid the eventual relocation and care of grandparents in the old age. Of greater concern, is whether this money could be more productive in the medium term if Nyumbani could help this be invested through a micro-credit scheme.
- **Non-biological grandchildren not always cared for equally to biological grandchildren:** During the survey and focus group discussions with young people it was clear that in some cases non-biological OVC are not treated as well, or are less favored by the grandparents, than their biological grandchildren. The team's assessment is that there are only a few serious cases, however

there is wide concern for the children in this situation. It was in relation to these cases that young people also said that bad language was used with the children by grandparents.

- **Handover of OVC to new grandparents not adequately thought through:** Grandparents understand that once their biological grandchildren have finished school or polytechnic that their role is complete and they should leave Nyumbani village. This can potentially cause separation anxiety or worse for the younger non-biological OVC who are moved to live with new grandparents. During focus group discussions grandparents assumed they would be involved in deciding which grandparent the OVC should be passed to. Some also assumed that they would take non-biological OVC with them when they relocated. These are factors that the homecare team do not seem to have adequately considered or planned for.
- **Polytechnic is costly, has weak links for marketing and job placements, and staffing problems:** As the July-September 2011 Nyumbani village quarterly reports states *'In the polytechnic; the enrolment dropped from 75 to 69 students. 6 students sent home for fees balances are yet to come back. High poverty levels and frequent famine in the region is making it hard for the outside community students who are the majority to pay their fees. This is a huge challenge in the polytechnic and solutions are being sort.'* The material resources for the Polytechnic are expensive and yet it is struggling to earn fees from external students. The registration of the Polytechnic as private entity means that the three government seconded teachers have been withdrawn, government bursaries for students are not possible and the Polytechnic misses out on Government investment. The polytechnic lacks the element of marketing / creative thinking to establish placements and contacts outside Nyumbani village to help young people with vocational skills to relocate, or indeed a production unit that can act as a half-way house.
- **Integration of the clinic within the health sector:** Links via referrals with other medical institutions are in place however there seems to be a lack of collegial relationships between Nyumbani clinic and these institutions, or a vision of an integrated package of service provision.
- **Food package is minimal and lacks variety of proteins:** The weekly package of food is minimal and some children feel that it is insufficient for the needs of the household (particularly fats, proteins and sugar) and lack a variety that is available in most villages outside the community (see OVC impact section III.A)

#### 4. Lessons Learned

- **Reduce age of OVC intake:** The team feel that Nyumbani village has learned that taking in older OVC can be problematic for the village as these young people have already missed a great deal of education and have some established behaviors which are difficult for Nyumbani village to manage. Since there is a great demand for places within Nyumbani village, Nyumbani village has decided to only recruit OVC that have not finished primary school. Nyumbani village feel that taking younger children means that they are focusing on the most vulnerable. This assumes that if a young person is in secondary school that they are being supported by someone, family or otherwise. It would still be important to check that their sponsors are responsible adults since it is widely known that older OVC sometimes have to provide 'favors' for school fees.
- **Reduce age of grandparents:** Nyumbani village are considering reducing the age of grandparent recruitment to between 50 and 70 so that grandparents are better able to provide adequate care for the OVC within Nyumbani village. There does seem to be some flexibility attached to this - that grandparents can be included if they would become destitute without the support from their grandchildren. Indeed, whatever the Board decides on this matter, Nyumbani's mission remains to reach out to grandparents who are aged and destitute.
- **Maximum number of OVC in the village:** All the Nyumbani village staff that the team spoke to agreed that 1000 OVC and 100 grandparents is the maximum that such a village should try to accommodate. The caregivers said that more should be included because they are not being cared for outside.

- **Ratio of grandparents to OVC:** Some grandparents are able to provide parental support to more than ten children. These grandparents are allowed to do so e.g. one grandparent looks after 14 OVC (all of whom are from her extended family). Some of these grandparents would like to look after more but the homecare department rightly limits this, both in terms appropriate numbers of OVC to care for, and space in the house. Not all grandparents are given 10 OVC to care for (lowest number of OVC cared for by one grandparent is seven). Indeed some relevant and qualified staff feel that 8 OVC would be a more realistic and appropriate number of OVC for a grandparent to provide quality of care for.
- **Short term fostering:** Some children are able to self-relocate after a few years rather than stay the whole duration at Nyumbani village.
- **Male role models and multigenerational aspects to the village:** Although the village actually houses grandparents (74 women and 6 men) and OVC, there are a surprising number of staff that make up a middle generation within the village making it seem more multigenerational than intergenerational in make-up – certainly during the week days. Again, although most of the grandparents are women there are a large number of male staff who can and do act as role-models, mentors and father figures for OVC (particularly important for male OVC). The program manager, Father and male social workers are the main male adults that boys turn to for advice. It is generally agreed that if another counselor can be recruited, that Nyumbani village would benefit from this person being male. However, even with staff available, the Nyumbani village model does inevitably mean that the OVC at the household level lack a father figure and father role-modeling.

## **B. COMMUNITY AND GOVERNMENT ENGAGEMENT ACHIEVEMENTS, OPPORTUNITIES, ETC.**

### **I. Achievements in Line with Strategies within Cooperative Agreement**

- **Land donation:** Originally, back in 2006 Kitui County Council donated 1,000 acres of land to the project.
- **Local all-inclusive committee:** A local committee was established when the Nyumbani village project was started. This local committee included the district officer, Kwa Vonza and Kwa Mutonga village elders, church representatives (Christian and Muslim), Nyumbani staff, and representatives of NGOs working in the same area. Government representatives repeatedly mentioned how important this committee was in terms of understanding and supporting the Nyumbani village project, and mobilizing the local community members to help clear land and construct the first buildings.
- **Local community engagement and involvement in building the village:** As originally planned the local community did help to clear land and construct building either as paid casual labor or on a voluntary basis (2 voluntary land clearance days). Even in 2010, 100 community members volunteered to help to clear land for *Trees for Children*.
- **Local government engagement e.g. in provision of seconded staff and TB reagents:** This is currently weak having being relatively strong. However the government did, until very recently, second three vocational training instructors to the Nyumbani polytechnic and asked the polytechnic to pilot the new national vocational training curriculum. The Government seems frustrated that the polytechnic is registered as private and have recently withdrawn the three instructors. The government also provides free TB reagents, but not Opportunistic Infection drugs which are only free for public clinics. ARVs are provided free through PEPFAR.
- **Community involvement in OVC recruitment:** The community has played an active part in helping to identify OVC for recruitment and have been successfully consulted during the selection and recruitment process. The chief is asked to sign a letter stating that the child fits the Nyumbani village criteria and signs the land registration form to secure the property of the OVC/grandparents.

The community members consulted had no complaints concerning the selection of OVC or the processes used, but say there is a delay in children being enrolled once accepted, which causes some problems.

- **Religious, recreational and cultural events:** The Nyumbani village hall is open for Nyumbani village members and community members to attend church each Sunday (approximately 50 community members) and during special religious occasions. Those children who are on sports teams take part in sport competitions locally and indeed, Nyumbani village has hosted sports events on behalf of the community. For away matches, this is limited to those in the team which is a rapidly reducing percentage of students as more are recruited. Children take part in local festivals and holidays by singing and dancing. Nyumbani village hosts recreational and public holiday events which the local community and government benefit from.
- **Use of Nyumbani land and technical expertise for food security:** 120 households are benefitting from technical input and food security through the outgrowers and perimeter shamba land use projects implemented through the sustainability program. There is great interest in this program from the community but their engagement in the use of the rain-fed perimeter shambas is lower than expected due to the drought.
- **Improved access to health care:** 3,392 adults and 848 children from the outside communities have accessed healthcare through the clinic. Community member said that the clinic is nearer and cheaper than other local clinics (Sh100 for consultation and Sh50 for medicine), has a more consistent supply of drugs and reagents, and the service is quicker and better quality. 45 families with PLWHA in the surrounding villages now receive home visits and 4 support groups for PLWHA have been mobilized and registered. Home visits provide counseling (including drug adherence).
- **OVC attending school and polytechnic:** the community perceive Nyumbani village to be educating 'their' OVC (those living in Nyumbani village) as well as 133 of their children attending school in Nyumbani village.
- **Stigma reduction:** The local government, community leaders and community members that the team spoke to, stressed that stigma was no longer an issue. They said that messages about HIV and AIDS are everywhere and that people are used to it. They said that Nyumbani village had contributed to reducing stigma and the village certainly does not seem to have created stigma. Nyumbani village is widely understood to be for orphans and the surrounding community members and local government officials appreciate their children are being looked after. It should be noted that there is a certain degree of stigma attached to the label of being an orphan, however since many of the children are from the surrounding area they are still perceived to be the communities' children thus reducing the potential for stigma. Were a similar village to be established in an area with relatively few OVC recruited from the surrounding villages, the purpose built village may inadvertently reinforce stigma against the orphans and people infected and affected by HIV.
- **Local community members are employed for casual labor and some staff positions:** This is very important to the community and is a big part of the reason for community support for Nyumbani village. However the community is concerned that the amount of casual labor will reduce as construction work is less needed and also that the daily rate for casual labor has reduced.

## 2. Missed Opportunities (Gaps Compared to Cooperative Agreement)

- **Unmet expectations within the surrounding communities:** Although the local government officials and community representatives expressed great appreciation for Nyumbani village they expressed concern that they understood that in exchange for their provision of land and assistance in clearing the land, that the surrounding villages would receive more benefits, particularly in terms of up-graded local schools. They also thought more local people would be recruited as staff within the village (currently 42 out of 93 staff are from Kwa Vonza and Kwa Mutonga, and 56 out of 93 are from within the Kitui District (see Annex J for list of staff from Kwa Vonza and Kwa Mutonga, and

Kitui district)). The points above are what the community perceive to be true, however Nyumbani village management do not necessarily agree.

- **Food is not provided for PLWHA in the surrounding communities**
- **Government reporting:** the local Government District Children Officer requires monthly reporting on recruitment of children to Nyumbani - this is delayed or missing in some cases.

### 3. Challenges and Obstacles

- **Potentially difficult horizon ahead:** At the end of 2012, there is a potentially difficult horizon ahead, when fewer OVC will be taken into the village (unless relocation is significantly improved) and fewer casual laborers are required. Combined with the current limited outreach program and local government engagement there is a risk that the existing level of community support for Nyumbani village will reduce, and the village will face more problems from outside. This could affect the sustainability and security of the village.
- **Community-based approach:** The local chiefs, councilors, community leaders and community representatives seem conversant with the idea of a community-based approach to OVC programming. This was introduced during focus group discussions with this group in Kwa Vonza. There was agreement within the group that if Nyumbani village would soon have reached its capacity and that OVC recruitment would then reduce (through a cycle of recruitment in line with relocation), along with casual labor for construction, that a more community-based program that benefitted the surrounding community as a whole and reached more OVC would have been a better model to have implemented.
- **Collapse of local committee:** The Government staff, particularly the local councilor, District Children's Officer and local chiefs felt that an "artificial barrier" was created after the collapse of the local committee, and that consultation about how Nyumbani village is run, two-way learning and community ownership of the project has reduced since then. If such a local committee existed, it might be able to resolve the frustration of Kwa Mutonga chief and councilor who want to provide food to Nyumbani village even though Nyumbani village is not in their location, and there are people living with HIV in their community that need that support directly who could be reached through the support groups (perhaps with the encouragement and coordination of Nyumbani village staff).
- **Theft of Nyumbani property:** Some community members have been stealing items from Nyumbani village e.g. solar panels, cooking equipment etc. In some cases the culprits have been identified and are currently with the criminal system. In other cases, the individuals are known but action has not been taken. Kwa Vonza local government and community representatives blamed Kwa Mutonga. The cause of the theft is the lack of such resources in the surrounding communities and resulting jealousy/desperation.
- **Equal benefit for Kwa Vonza and Kwa Mutonga communities:** Nyumbani village is the Kwa Vonza location, however Kwa Mutonga is closer and considers that it should be theirs. The original design emphasized that those within 15km radius of the village should receive the most benefits and act as a 'development' buffer zone of people with raised standards (to prevent stealing and big divide of standard of living). This 15km radius includes Kwa Vonza and Kwa Mutonga. Kwa Vonza community members and local government officials feel they do not benefit as much as Kwa Mutonga who provide more casual labor to Nyumbani village. This shouldn't be an issue as all who present for casual labor get a chance as there is a very fair rotation system. Nyumbani may want to gently promote the possibility of casual labor in Kwa Vonza. For professional positions at Nyumbani village, the community has requested more local recruitment (this is mainly an ethnicity issue – not wanting to recruit people from outside the Kamba community).
- **Perimeter shambas:** Kwa Mutonga chief said that some community members are not able to access a Nyumbani village perimeter shamba as they are not 'known' by the Nyumbani people. Whether a real barrier or not this needs to be addressed. The chief offered to sign something to vouch for community members that are not known.

## C. ORGANIZATIONAL DEVELOPMENT ACHIEVEMENTS, OPPORTUNITIES, ETC.

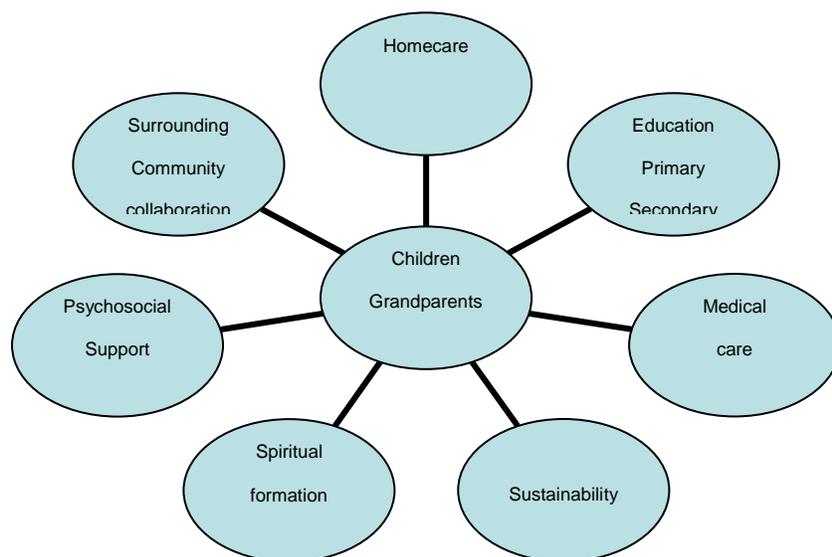
### I. Achievements in Line with Strategies within Cooperative Agreement

- **Infrastructural investment:** Nyumbani has built the village in line with the original agreement with some houses and facilities still under construction as per plans.
- **Committed and organized staff:** Staff seem well organized in teams with weekend rotas to prevent burn-out. On the whole the staff members are very dedicated and it seems that most consider the work a calling/vocation rather than a 9 to 5 job. Recruitment of high quality staff is made extra difficult due to the isolated location and basic conditions/opportunities within the Nyumbani village, however Nyumbani has managed to retain some high quality staff for a number of years. The Nyumbani village organogram is attached in Annex J and the list of staff and their roles is listed in Annex I.
- **Staff discipline:** There is evidence of appropriate staff discipline when problems occur.
- **Consultation between 'units' and their 'beneficiaries':** There are systems in place for consultation between a 'unit head' and its beneficiaries i.e. there is a system of elected Prefects that facilitates communication between students and staff. Likewise there are elected cluster young people leaders and grandparent leaders, and there is an open forum to talk about the achievements and challenges of village life at the end of each academic term. There seems to be appreciation for this forum three times a year. A feedback system needs to be embedded so that OVC and grandparents know that their views have been considered.
- **Broad funding base:** Nyumbani village is built on a relatively varied funding based compared to many OVC programs. Diversified funding is an important aspect of sustainability success and also allows a certain degree of control and ownership to remain with the project.

### 2. Missed Opportunities (Gaps Compared to Cooperative Agreement)

- **Staff training:** Each department should be encouraged to include training and retraining for their team members as part of the work planning process.
- **Budgeting:** Inadequate funds for aligned for personnel initially with the resulting current restrictions on recruitment. Even though Nyumbani village aims to not have too many staff and for the village to be as normal as possible, the current standard of care and support for OVC and grandparents, community outreach, produce marketing potential and relocation of young people is suffering from lack of funds for necessary staff.
- **Integration of units within Nyumbani village:** The useful Nyumbani Village Operational Chart (below) helps to give an overview of the different aspects of Nyumbani village work, however it also reinforces what the team learned from the assessment that the units are not well integrated and linked. This is exacerbated by a lack of adequate team building among the village staff, and across the units. Nyumbani does not appear to have a pre-existing visual document that demonstrates the interlinkages and interdependence of units, and this vision seems to be lacking amongst many of the village staff.

## Nyumbani Village Operational Chart



### 3. Challenges and Obstacles

- **Mismatch between original design and implementation:** Where there are missed opportunities or gaps between the original design and implementation this is more due to inadequate initial budgeting (e.g. for personnel and food), and 'learning as they go along' about what is feasible and realistic rather than a lack of capacity to follow through design-to-work plan. Having said this, capacity in this area is not high as there are discrepancy between documents that are not easy to understand, some rather weak descriptive / activity statements and lack of outcome and impact indicators which indicate a lack of understanding and perhaps value attached to documentation and M&E as management tools, and valuable tools for learning as much as reporting.
- **Funding gap:** Nyumbani village has a varied donor base, however, currently Nyumbani village has a 32% operational cost funding gap between December 2012 and 2018 as the sustainability program will not adequately sustain the program in the short term. The nature and expense of this model may make it difficult for Nyumbani village to breach this funding gap other than through private donors or continued USAID funding.
- **Discipline:** Corporal punishment is used in some incidences within the village and is illegal in Kenya. There is a police station/security unit within Nyumbani village which aims to protect the village from outsiders. However, although Nyumbani management is clear about the role of the police station/security unit, young people are taken directly to this station and beaten when some problems occur without prior consultation with social workers or grandparents, and in some cases without consideration of the young people's protest of innocence. Likewise, there have been some incidences that demonstrate that not all staff understand the role of the police/security and that use the police station/security unit to punish children. More generally, the police station/security unit creates a "barrier" to outside community and deters community members from entering the village (as they would any other village). In some cases, this deters community members from being outgrowers and receiving these benefits. On a separate note, it is unusual for grandparents to care for older children and this may be the cause of some inappropriate discipline within households in the village.

- **Delineation of duties:** One person in the clinic is responsible for both dispensing drugs and receiving payment. These duties should be separated.
- **High turn-over of Home Care Managers:** There has been a high turn-over of Home Care Managers - five in five years, one in an acting capacity. This has affected the performance of the homecare department.

#### 4. Lessons Learned

- **Schools too close to each other:** The primary and secondary schools are close to one another on the village site. This reduces the experience of transition / progression felt by the students as they progress from one school to the next.
- **Staying in the village for secondary school:** The first intact into Lawson High School from HotCourses primary school were disappointed not to be joining secondary schools outside the village. This does not seem to be a problem now that they have seen the facilities at Lawson High School and heard the comparison from the older students who have been educated elsewhere.

## D. SUSTAINABILITY PROGRAM ACHIEVEMENTS, OPPORTUNITIES, ETC.

Sustainability means<sup>6</sup> the capacity of an organization to achieve long-term success and stability and to serve its clients and consumers without the threat or loss of financial support and the quality of services. Sustainability is about maintaining and continuing a program service after a funding period is over and ensuring that the organization has become a permanent part of community resources. However, this assessment adopts a broader definition of sustainability that includes financial, institutional systems, service quality etc. The objectives of the sustainability program within with the cooperative agreement were:

- a) A developed organic permaculture production system in Nyumbani Village operated in conjunction with the local community
- b) An agro processing center at Nyumbani processing, packaging and marketing products certified organic
- c) A community outreach program providing technical services to farmers and promoting “good” land use and management practices
- d) A sustainable revenue base to support village operations and community projects

The microcredit program will provide an opportunity for the beneficiaries to initiate the income generating activities.

### I. Achievements in Line with Strategies within Cooperative Agreement

- **Infrastructural investment for the sustainability program:** Including a dam, boreholes, shallow wells, greenhouses, drip-feed irrigation etc.
- **Successful livestock unit:** From the discussion with the sustainability manager, a number of sustainability activities are being implemented albeit with some challenges. So far, a livestock unit has been established with dairy cows, chickens and rabbits being reared for milk, eggs and meat. The sustainability component is currently producing enough milk and eggs for the village (although the OVC and grandparents feel otherwise) and is looking to produce more to sell to the community and

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• <sup>6</sup> A Facilitator’s Guide to Developing OVC Program Sustainability and Transition Plans, 2010: Catholic Relief Services, 228 W. Lexington Street, Baltimore, MD 21201-3413 USA.

generate monies for offsetting other recurrent costs. The village system buys eggs and milk at market prices and is able to generate on average close to Kshs. 960,000 annually.

- **Agro-processing unit to add value to small products for selling to external markets:** The macro-enterprise for processing of small products is another venture that is being piloted. So far, Nyumbani village has invested 40 bee-hives and also buys honey from outgrowers for further processing and packaging for sale in Nairobi and other potential markets. Muringa, a tree that is renowned for its medicinal value, is grown in the farms and the leaves are harvested and processed for sale. Currently, the dried Muringa fetches Kshs. 96,000 per annum. They are also consumed in the village as a fresh vegetable.
- **Farmland to grow beans and maize:** Farmland comprising 12 acres is currently under cultivation and grows vegetables and cereals including maize and beans (during the rainy season) to feed the households in the village. A variety of vegetables are grown using irrigation and rain fed systems. Vegetable sales to the homecare department and outside the village averages Kshs.400, 000 per month translating to Kshs. 4.8 million annually. The rain fed farm for maize and beans has the capacity to generate close to Kshs. 1m per annum.
- **Melia Trees for Children project:** The main sustainability activity that is projected to generate enough resources to enable Nyumbani village to break-even is the ambitious commercial forestry of the fast-growing and high-value *Melia volkensii* for production of hardwood timber (on a 10 year cycle). This project is called “Trees For Children”. The species, *Melia volkensii* was selected due to its reputation for a high value hardwood timber, rapid growth, and its ability to thrive in harsh environmental conditions. This product will be maximized through employment of optimal management practices to produce the highest quality timber in a 10-year cycle, then process the trees on maturity (10 years), market the products as logs, value-added timber products (boards and furniture), and fuel wood. According to the sustainability project manager, the Melia timber initiative is projected to generate an estimate annual income of Kshs. 39 million (\$1 million a year in the original proposal). With a projected annual cost of Kshs. 4 million, the Melia initiative is expected to generate profits of about Kshs. 35 million annually. These estimates are just but must be continually evaluated and monitored. There are many risks associated with such kind of ventures and will require Nyumbani to work closely with key stakeholders like Kenya Forestry Research Institute (KEFRI) and others to ensure the project is on track and the market stable. The venture also relies on the goodwill of donors to meet the annual preparation and infrastructural related costs which are substantial and assumes that this will be guaranteed for expected duration. The projected income may be high when the project started however there is a risk that this may not be attained when the project expects to start reaping benefits. This is mainly because other players may come in to compete for the market and ultimately reduce profits, and technology which is dynamic may reduce the profitability of the hard timber by providing alternatives.
- **Outgrowers using Nyumbani village land, water and technical know-how to grow vegetables:** Other sustainability projects include the outgrowers with each potential outgrower receiving some portion of Nyumbani village land to grow vegetables using water from the shallow wells. With proper land use advice from Nyumbani village, the outgrowers are expected to grow vegetables to sell to Nyumbani at 50% of the market price. The “perimeter shambas” is another sustainability option where the community members can lease an acre of land to cultivate and grow cereals for sale to Nyumbani village and the community. The perimeter concept has however failed to attract substantial numbers of community members and has therefore not realized its potential.

## 2. Missed Opportunities (Gaps Compared to Cooperative Agreement)

- **Lack of a micro-credit facility:** One of the critical projects under the sustainable program, the micro-credit facility has not been started because of the perceived lack of capacity from the community and lack of start-up resources. At the moment some grandparents are becoming increasingly self-reliant in terms of food provision for their household and are earning a small

amount of money which they save. The lack of microcredit facility means this money cannot be put to better use to achieve greater self-reliance. Some of the outgrowers are members of established micro-credit institutions like the Kenya Women Credit Finance (KWCF) but say that others cannot access these facilities because they are too far away or they are not considered credit worthy. .

### 3. Challenges and Obstacles

A number of challenges still inhibit the growth and expansion of the sustainability projects and may ultimately affect the potential of the sustainability program of achieving its objective. The most common challenges cited by the Nyumbani village staff were:

- **the harsh environmental conditions:** for instance if rain fails crops like maize and beans suffer and since these form critical supplies for the village this ultimately affects the supply of food to OVCs and the overall sustainability program performance.
- **the lack of investment to enable expansion of the farm productivity:** for example, investments in the farmland to allow them to grow more food to feed the OVC and caregivers and also sell to the community. The livestock unit and the vegetable unit also has high potential to generate more to feed the village and also sell to the community if more investment is channeled to these units.

### 4. Lessons Learned

- **The theft of solar panels and other items from Nyumbani village due to lack of investment in local community:** The theft of solar panels and other items from Nyumbani village and noticeable lack of water in local area for food production, show the need to work closely with the community and also with the government to improve the standard of living and food security for communities outside Nyumbani village. When the community is fully involved in the village activities there will be increased responsibility and ownership and hopefully reduced petty stealing. Enhanced community participation has also some benefits in terms of providing more cheap and volunteer labor.

## VI. RECOMMENDATIONS

Some of the following recommendations require extra financial investment. This has been taken into consideration in the way some of the recommendations have been designed, however the provision of recommendations has not been limited by existing funds as this may not be the status quo. In addition, it is assumed that if some of the recommendations are implemented then they will raise or save Nyumbani money e.g. registering the polytechnic as a public or mission educational facility (likewise the current process to registering the clinic as a public unit) will allow access to free drugs, provide access to government money for vocational training and bursaries for students, and by asking Nyumbani farm to provide a discount to Nyumbani village for its food as soon as possible now that they are breaking even.

### A. RECOMMENDATIONS TO ADDRESS SPECIFIC ISSUES THAT WERE IDENTIFIED DURING THE ASSESSMENT

#### I. Programmatic

- a) **Recruitment:** The team urges the home care department and Nyumbani village management to remain vigilant in their selection of OVC particularly in relation to establishing if the OVC have extended family that can take care of the OVC in the community. There is a risk that some relatives may perceive that benefits are so great (particularly for education) that it is worth assisting the inclusion of the child within Nyumbani village by renouncing responsibility or demonstrating lack for responsibility for the OVC.
- b) **Comprehensive sexual and reproductive health package:** *The national Plan of Action for OVC 2011 states that 'Due to the fact that sexual activity (as well as substance abuse and other risky behaviors) often begins during adolescence, it is critical to provide comprehensive sexual health education and services to reduce the risks – often heightened for orphans – of unwanted pregnancies, coerced sex, exploitation in commercial sex and transmission of sexually transmitted infections. Programs must provide information on health behaviors and the life skills that adolescents need to protect themselves.'* The team feels that since some of the young people in the 14 to 18 age group are sexually active and that avoidance of pregnancy and abuse cannot be guaranteed, that Nyumbani village OVC need to receive a fuller package of sexual health education and services. This would include sexual health education over and above that provided in the national curriculum for schools. The team recommends that the homecare team (including the counselor) train, or 'refresh' the teachers in how to successfully integrate age-appropriate reproductive and sexual health issues into their teaching and within their child mentorship role. Although this is important for Lawson High School, this is essential for the Polytechnic as 36% of the young people surveyed have had sexual intercourse and only 40% demonstrated that they understood HIV transmission routes. Although the current approach in Nyumbani village promotes abstinence and associated coping strategies it is clear that some young people are still sexually active and they have no access to condoms for protection against pregnancy and STIs (including HIV infection) – in fact if they ask for condoms they are refused. The team therefore recommends that the clinic provide free and confidently accessible condoms to any clinic users (within and outside Nyumbani village). In addition, the team recommends the establishment of a club for 14-18 around life skills, sexual and reproductive health and understanding the world. This club could be combined with different and scaled up recreational activities (to expend some energy) and also promote young people earning money to keep them busy. The club should be partly managed and run by the young people themselves and be a forum for exploring issues and appropriate decision-making rather than being told what to think. The young people from Nyumbani village request external guests to conduct some life-skills seminars. Sexual and reproductive health information should be integrated into this club, and open discussion be encouraged. More open discussion and problem solving concerning

adolescent sexual feelings can help young people cope with this period of sexual maturity and support each other. Nyumbani village should expand their sexual and reproductive health messages beyond abstinence to include other aspects of ABC including behavior change and information about, and accessibility to, condoms. Although this may be difficult to come to terms with as a faith-based institution, young people have a right to protect themselves from HIV, not to mention the trials of teenage pregnancy.

- c) **Indiscipline:** If the above recommendation to strengthen the sexual and reproductive health package within Nyumbani village is implemented then it is hoped that there will be a decline in indiscipline cases due to sexual activity. In case of pregnancy, the team recommends that Nyumbani facilitate continuation of education during pregnancy, safe delivery and post-natal care, and continuation of education after delivery. Unless Nyumbani can be sure that the young women are being handed over to a responsible guardian or to a caring institution that will provide this support, Nyumbani should house the young woman until post-delivery and successful immediate post-natal care and breastfeeding support (including counseling and training on child care). This will give Nyumbani sufficient time to build relationships with relatives/the village of origin to ensure their safe relocation and continuation of schooling. This may include the relocation of a biological grandparent in some cases.
- d) **Support male/female friendships:** Male / female friendships between OVC is very important for their emotional development and understanding of relationships. Nyumbani should be careful not to punish OVC that have close male/female friendships due to fear of sexual activity. Understanding friendship should be part of the life skills discussed with young people and will be a very important part of their future well-being considering their OVC status.
- e) **Outreach/community mobilization program:** To respond to the concerns of the community that more OVC are in need but not being reached and to minimize the theft of resources from Nyumbani community, the team feels that there needs to be a strengthened, expanded and visible outreach/community mobilization program, centered on coordinating and mobilizing resources, rather than providing them. This should be linked to a newly established Council of Elders, newly facilitated access to micro-credit facilities and be coordinated by a dedicated staff member from home care that is well linked to the sustainability program. Such an outreach/community mobilization program would improve Nyumbani's ability to address activities 4-6 (and to some extent activity 3) within the cooperative agreement (page 24). In terms of outreach, Nyumbani currently supports people living with HIV through home visits and through support groups, and aims increase food security and economic strengthening through outgrowers growing vegetables and using perimeter shambas. VCT camps are also conducted. This outreach program could be expanded to support families with vulnerable children that do not fit the Nyumbani village criteria or are not able to join Nyumbani community. For example, children and grandparents on the waiting list for Nyumbani village, children living with a grandparent who does not want to join Nyumbani village, children whose surviving parent is in prison, OVC that have finished primary school. This *Outreach/community mobilization program* should aim to mobilize a range of additional local resources from the community itself and promote the existing resources on offer from Nyumbani village. Although some additional resources will inevitably be drawn from Nyumbani for such an outreach program (i.e. a coordinator) efforts should be made to learn from other OVC outreach programs on how to conduct such a program with limited resources. With adequate mobilization, coordination and community ownership it should be possible to create a program using the following local resources: train local schools to grow vegetables for local support groups and vulnerable families, mobilize the local government ministries, chiefs and councilors to provide resources available to them, mobilize cadre of young people in the community to support vulnerable families (UNICEF Young People We Care program), mobilize resources from religious bodies, promote the use of existing Nyumbani resources by training outgrowers to be peer-mobilisers/trainers or 'agricultural extension workers' (include sensitization work with men to allow women to utilize opportunities etc. outgrowers vegetable plots or perimeter shambas, and promote outgrowers collectives).

- f) **Preparing young people for transition /relocation:** The team recommends that the following be addressed to improve relocation or turn-over of OVC from Nyumbani village:
- 1) Create opportunity for young people to earn and save money over their time in Nyumbani village like the grandparents (being careful to avoid approaches that would constitute child labor). Nyumbani could work with the young people to agree on the purpose of earning and saving money which is to ensure that they have some of their own money to use during the school holidays and on relocation for transport, food and initial accommodation. Nyumbani village could save a large percentage e.g. 90% of earnings, and allow the young people to spend the 10% e.g. on underwear, tissue etc. Earning money may need to be an activity for holidays to prevent distraction from studies – this would need to be explored and would depend on the project/activity. Possible avenues for income generation for young people would be to grow vegetables and sell them to the village or through established organic markets in Nairobi, breed chickens and rabbits, make handcrafts, plastic collection and recycling, candle making, food preparation and enterprise linked to polytechnic courses (making or repairing tools). There were some suggestions that young people could work for the sustainability program during the weekends and especially during the holidays as Form 4 leavers have recently. Savings could be pooled amongst students on relocation (with guidance from home-care, Polytechnic and sustainability program) to access a microcredit facility to establish a small workshop or business locally or afield. Some young people might like to share a vegetable plot and take turns to tend the plot/sell the produce and return home during the holidays.
  - 2) Help facilitate young people returning for school holidays with the above income generation scheme, a mobile phone text-based exit procedure requiring both the local village chief and guardian to text that they take responsibility for the young person, some transportation provision at the start of the school holiday for students to get some way along their journey
  - 3) Establish a letter writing initiative to help young people keep in contact with friends and relatives back in their village of origin. This would also help with exposure assuming that friends and/or relatives write back.
- g) OVC and grandparents need greater exposure to media to understand the world outside Nyumbani village. The focus group discussions and control group revealed that young people in surrounding villages do have access to television and radio through various means. Television programs could be shown on the screen in the hall during weekends including news, documentaries, educational and some entertainment programs including films (presumably these can be downloaded from the internet and projected via a computer as the Volunteer Coordinator currently does). The content should aim to help the young people understand the real world outside the village and there should be age-appropriate ‘showings’ with age-appropriate content. Wind-up radios should be distributed to all households hopefully through a company donation or private donor.
- h) Invite previously relocated young people back to Nyumbani village to help relocating groups of young people to understand what happens next, the challenges and coping strategies, and generally witness that life beyond Nyumbani village is possible.
- i) Contact the Regional Psychosocial Support Initiative (REPSSI) based in South Africa for resources that might help strengthen the Nyumbani psychosocial support work with OVC ([www.repssi.org](http://www.repssi.org))
- j) **Follow-up of relocated young people:** Check that the relocation guidelines include a process for follow-up to check that relocated young people are settled after some time. Keep checks every three months (or more frequently if necessary) for at least two years.
- k) **Older OVC that do not meet the new selection criteria:** The team agrees with the new selection criteria of recruiting OVC that have not finished primary school. This will prevent older young people coming into Nyumbani village that have established adolescent sexual behavior as Nyumbani is not able to adequately address their needs. This age selection would allow Nyumbani village more

scope to help the children they recruit to be self-reliant by the time they have finished their education. However, Nyumbani needs to still address the needs of these older OVC by establishing strong links with the local government for bursaries for local polytechnics or opportunities, referrals to rehabilitation centers, linkages with Nyumbani Polytechnic, linkage for apprenticeship and importantly sexual and reproductive health advice or referrals. This should be part of the purpose of the *Outreach/community mobilization program* recommendation e) above.

- l) **Short term fostering:** Encourage clear vision in home care department that some OVC could be returned to their relatives within a few years. This requires formalizing existing thinking within the home care team that OVC fall into two potential categories a) OVC with very limited support in place of origin who are likely to stay with Nyumbani until self-reliant, and b) those that have relatives that may be able to support the children in a few years' time when immediate to short-term crisis is overcome. More effort should be made to return less vulnerable children to village of origin particularly if older siblings can take on responsibility as per the original design. In some cases it may be possible for more OVC to be returned to their community if local government support is mobilized.
- m) **Aging cohort of grandparents:** The team recommends that the homecare team start to calculate when the current cohort of grandparents might want to leave Nyumbani (based on age, health and exiting of biological grandchildren) so they can plan ahead for the number of grandparents that will need to be replaced and be strategic in the placement of OVC coming in the village.
- n) **Transition of non-biological, and in some cases biological grandchildren, to new grandparents:** Nyumbani needs to plan ahead for the eventuality of grandparents leaving the village when their biological grandchildren have finished education and are self-reliant. Non-biological OVC need to be prepared for this eventuality, grandparents need to be told whether they would be allowed to take some or all of the non-biological OVC with them, and if not whether they would have a say in which grandparents these OVC are pass on to. Although flexibility will be important, having guiding principles in place on these matters to avoid weak handling of the first case setting a bad precedent is important. It is assumed that if it is possible, and in the best interest of the child, they are kept in their same cluster that they have been living in. Also good principles would be to keep siblings together and ensure a reasonable period of overlap between new and current grandparents to allow the child to adjust and new grandparents to learn the ways of the children from the existing grandparent. The children remaining in the village should be kept in touch with their grandparents even when the grandparents have left. Likewise, if non-biological OVC have already relocated, they should be informed of the departure of their Nyumbani village grandparent and ensure contact details are swapped. Although the grandparents asked to be consulted concerning the new grandparent caring for 'their OVC', a completely new grandparent may be brought in to take over the household. Careful weight should be given to whether a child should stay in their current house and cluster, or would benefit more from moving (with siblings presumably) to a household where they already know an existing grandparent.
- o) Twin small groups of young people to families in the surrounding community to allow brief exposure day trips with that family. This might include going to church or mosque outside the community, accompany an adult family member to their workplace, going shopping etc. – normal family activities outside the village. This could be linked with the grandparent initially. This might also expose the young people to a family with a father figure and potentially build attachments which might aid their relocation. This could be linked to recommendation p) below.
- p) **Helping grandparents understand modern parenting:** Twin 20 mothers (possibly including fathers) from outside Nyumbani with each cluster to help guide older grandparents on modern parenting and also caring for adolescents. Bringing these mothers into the village would also expose the OVC to outsiders. Perhaps visits could be weekly or bi-weekly. The mother may need an incentive but this may be possible on a voluntary basis if locals are well selected (with help from chiefs) and possibly those already benefitting for Nyumbani such as the outgrowers. These mothers would need to be inducted in the rules and expectations of the village so that they reinforce the right

messages within their own guidance. It would be appropriate to consult the grandparents to see if this is a good idea and get their buy-in before taking action. This would also provide an opportunity for community members to engage with Nyumbani village members and feel some sense of ownership and attachment (some work might need to overcome fears of the police/security). It is possible that this might help overcome community perception problems down the line and help protect the village from theft.

- q) **Maternal Child Health and PMTCT:** Maternal Child Health and PMTCT programs were both specified in the cooperative agreement and are not currently in place. Currently some referrals are made as part of the outreach work conducted by Nyumbani village staff and community health workers. It is usual for a clinic of this size and position to have Maternal Child Health and PMTCT programs and appropriate referrals. Nyumbani village Board should decide whether Nyumbani village should invest and provide these services through the Nyumbani clinic for surrounding communities or whether there are adequate locally accessible facilities where referrals can be made.
- r) **Additional resources at the household level:** More cooking utensils and washing basins are needed in the houses. Wind-up radios were requested by grandparents and OVC along with paraffin lamps for use when the solar lights are weak and don't last long. The National Plan Action for OVC 2011 states that bed nets should be provided in malarial areas and that girls should be provided with sanitary pads (or an alternative means to make their own). Homecare should check that these items are consistently provided and available, and in the case of bed nets, actually used.
- s) **Space for working in the evening:** Some of the young people requested that a space be made available outside the school where they can do their school work away from the bustle of the household. Students requested revision books (or any books) to be made available in the clusters. These suggestions should be recognized and at least explored.
- t) Although sustainability and self-reliance is a constant message promoted through all aspects of the village, is hard for grandparents to feel motivated to grow vegetables in their kitchen gardens if they are given less in their weekly food package as a result. The overall idea is good although perhaps some incentive could be built in to reward grandparents who are becoming more self-reliant.

## 2. Organizational Development

- a) **Reregister the Polytechnic to be a public or mission body:** This would allow the Polytechnic to receive material and financial support from the government, and students have access to government vocational training bursaries. This may also result in the reinstatement of the vocational training teachers that were provided by the government and recently withdrawn. The Polytechnic should also consider widening their choice of programs to attract more girls and give some of the less capable girls attending Lawson High School a more realistic choice of education. Suggested courses included beauty therapy, hair dressing and catering. Note: Additional courses suggested by boys were automobile repairs, electronics and computer engineering although the viability of the addition of these courses would need to be explored.
- b) **Increase capacity for, and understanding of the value of, sound work planning and monitoring and evaluation:** Current capacity is limited in this area and Nyumbani village would benefit from some technical support and mentoring.
- c) **Increase staffing for homecare and counseling:** Currently there is one homecare manager, three social workers and one counselor. The social workers are currently responsible for 7 clusters each which is 28 households. This is too many to ensure that they can adequately monitor and support the needs of these families. An additional 2 or 3 social workers are required, particularly if one is to coordinate the *Outreach/community mobilization program* mentioned in e) above. At least one additional counselor is needed and should preferably be male and have strong experience of working with adolescences. The counselors could then have their own team, and could be placed in the organogram accordingly.

- d) **Access marketing expertise:** Nyumbani village needs to access marketing assistance for sustainability program and polytechnic. This could be a staff person or a local consultant/part time advisor.
- e) **Improve performance appraisal:** Weak performance appraisals for the staff has left some staff lacking motivation and feeling frustrated or isolated. Although appraisals have been conducted in theory this aspect needs to be strengthened.
- f) **Increase unit integration and team work:** The Nyumbani management needs to manage a process which leads to an improved understanding of the interlinkages between all units, of how each unit can support the work of others, and team building to facilitate a future mutual support and collaboration. This process should help Nyumbani to improve the quality and sustainability of its work, help with problem solving, and feeling of mutual support amongst staff.
- g) **Use Child Status Index as indicators:** The team recommends that the Child Status Index (CSI) be used to gather well-being data as a baseline for when children and grandparents join Nyumbani village and also future self-evaluations. Nyumbani village may want to use the CSI for future cost-effective studies although this approach is time-consuming and expensive.
- h) **Pursue documentation integrity:** Be careful how Nyumbani village presents itself through public information. A recently published leaflet has inaccuracies and terminology now longer acceptable in Kenya e.g. 'victims of HIV/AIDS'. Nyumbani aims to be 'self-sustaining' by 2018 not 'self-sufficient' and Form 4 Lawson High School graduates do not exist so cannot be getting university placements.
- i) **Reinforce approved discipline procedures:** Nyumbani village needs to urgently reinforce approved discipline procedures in the village particularly in regard to the role of police/security. The police/security need to be formally notified of their role and limitations, and all staff need to be made clear of their role and ensure that young people are not taken to the police. Beyond this, Nyumbani village management should monitor to ensure that corporal punishment is not used in any unit. Further work is required with grandparents to ensure they are aware and skilled in the use of appropriate strategies to discipline children. Training involving role-play would be a good method to ensure that messages have been internalized.
- j) **Recruitment of local professional staff:** It is necessary to talk to the local chiefs and councilors in Kwa Vonza and Kwa Mutonga regarding the recruitment of local staff for professional jobs. Their desire for local staff to be recruited from the Kitui district stems from the fact that they perceive this to be the catchment of the Nyumbani village in terms of OVC. Annex K shows the current number of staff from Kwa Vonza and Kwa Mutonga, and from further out within the Kitui district. It may be beneficial for community relations to first try to recruit locally for new professional staff such as new counselor and social workers, particularly the outreach coordinator, before looking more widely in the Eastern Province if necessary. It might help if the outreach coordinator was not from Kwa Vonza or Kwa Mutonga specifically but from within the Kitui district.
- k) **The International Summit should review the line management of Sister Mary Owens:** to ensure that she is adequately accountable through the governance system e.g. Sister Mary is currently a Founding member of Nyumbani and the Executive Director of COGRI. She is also on the COGRI Board to which she is presumably also accountable. The team recommends that the COGRI Board check that Sister Mary's position on the COGRI Board is *ex-officio* as would be appropriate.
- l) **Improved learning culture for the Nyumbani village project:** The team feels that the Nyumbani village project would benefit from being more outward looking and needs to integrate a culture of learning from others in Kenya (including civil society and Governmental partners). Nyumbani would benefit from taking part in field visits to see what other agencies are doing in relation to OVC care and support, and they too would benefit from Nyumbani's experience. In particular, as mentioned in an earlier section, Nyumbani would benefit from learning from others in aspects of community outreach to support vulnerable families in the community (with educational support, food security, economic strengthening etc.), also for sexual and reproductive health and life skills training for young people. The team recommends Nyumbani contact the following organizations to address the following areas of need:

- 1) for improved provision of psychosocial support (PSS) contact Regional Psychosocial Support Initiative (REPSSI) based in South Africa ([www.repssi.org](http://www.repssi.org))
- 2) for support in understanding community based Saving and Loans Associations, microcredit facilities and community-based OVC support contact Christian AID to explore the Community-based Care for Orphans and vulnerable children (CBCO) program.
- 3) for engaging young people in the surrounding communities to support vulnerable families, particularly those affected by HIV, see UNICEF's Young People We Care Program<sup>7</sup>
- 4) for programs that provide sexual and reproductive health information contact USAID in regards to APHIAplus school programs.
- 5) Also read the following publications listed in the bibliography:
  - i. Families not orphanages, Better Care Network working paper by John Williamson and Aaron Greenberg, September 2010
  - ii. Applying the Standards Improving quality childcare provision in East and Central Africa by Save The Children, first published 2006
- m) **Improved transportation:** It is clear that the village needs a bus to safely transport the young people to events outside the village. Also children and grandparents commented that they are transported in the back of pick-up trucks which are dangerous and dusty.
- n) **Improved recreational facilities:** The young people suggested that sponsors might be sought for sports clothing and boots, dance costumes, and musical instruments.
- o) **Guidelines for grandparents:** A set of guidelines for grandparents has been developed which needs some revision. This then needs to be imparted to the grandparents in an appropriate way for them to internalize the content and also use this as a focus for discussion.

### 3. Community Involvement and Government Engagement

- a) **Prioritize reinstatement of local committee/ Council of Elders:** Nyumbani village has plans to establish a Council of Elders including local government and civil society representatives. The original committee established at the start of the project was very effective in building community ownership and support, and was all inclusive in its make-up. Based on key information interviews and focus group discussion in the surrounding communities, the team recommends that urgent attention be given to establishing a committee / council similar to that of the original, with member selection based on local consultation, to strengthen community involvement, engagement and ownership. Although this is urgent, adequate planning should be taken to define the role of the committee and have a sound selection process. This Council of Elders should then be an important link for the *Outreach/ community mobilization program* as recommended above.
- b) **Strengthen local primary schools:** Some degree of strengthening local primary schools is required to help improve the standard of welfare for children in the surrounding communities within a 15km radius, and fulfill the original commitment the community feels that the project made. Nyumbani village should visit these primary schools to ascertain what might be feasible. This should be conducted with a view to the primary schools participating in the *Outreach/ community mobilization program* as recommended above. If the schools require furniture it may be possible to offer this at cost from the Polytechnic and if building, again the polytechnic students could help. Likewise the sustainability program could support the schools to set up kitchen gardens, poultry or rabbit projects etc. Half the outputs could be supplied to the support groups for people living with HIV and half

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<sup>7</sup> Nicky Davies declares an interest in the Young People We Care program that she helped to implement in Zimbabwe between 2002 and 2005.

could be used by the school itself. In this way, supporting the primary school will also help Nyumbani achieve (in part) another of its objectives (provide food security for PLWHA in the surrounding communities). Of course for this to succeed, Nyumbani village may need to mobilize resources (perhaps through the Ministry for Water) to secure a water supply for school kitchen gardens. Consideration would also need to be paid to care for this project during the primary school holidays (for example, strategies such as two Nyumbani village students could be assigned to care for these primary school project during the holidays thus offering them some responsibility and exposure outside the village – they might even be invited to stay with a family in that village for the holiday in exchange for some of the produce during this time – please note: this is an example rather than a concrete recommendation that has been checked for viability). Nyumbani village could also offer to train or ‘refresh’ the local primary school teachers in how to incorporate sexual and reproductive health messages into their lessons as is recommended for Nyumbani village teachers.

- c) **Overcome resentment in Kwa Vonza:** Original vision was that those within a 15km radius of the village would reap high benefits e.g. Kwa Mutonga and Kwa Vonza. Although Nyumbani village is greatly appreciated by the Kwa Vonza community and Chief, currently Kwa Vonza perceive that they receive many of the problems associated with Nyumbani village and relatively few benefits compared to Kwa Mutonga. To avoid growing resentment in Kwa Vonza aimed at Nyumbani village and Kwa Mutonga, some sensitization work needs to be done with Kwa Vonza and perhaps benefits for Kwa Vonza can be strategically broadened.
- d) **Recruiting local staff:** If the catchment for Nyumbani village is to be beyond the Kitui district there is a need to sensitize the local community and government that it therefore follows that staff can and should be also recruited from beyond Kitui district. However, since the current makeup of the Nyumbani village is mainly from the Kamba community, it is important for community/government relations to make concerted efforts to recruit local professional staff. However, there needs to be tight recruitment criteria to ensure that local professional staff have adequate experience and exposure to benefit Nyumbani village.

#### 4. Sustainability

For Nyumbani village to be sustainable more than just financial resources will be needed. It will be important to have:

- Good quality care and support of OVC and grandparents to achieve the purpose of the village
- Good reputation and community support to enable the recruitment of more grandparents and OVC, protection of the village assets, and acceptance of the village beneficiaries when outside the village
- Successful relocation and recruitment cycle of OVC and grandparents to be able to reach more OVC
- Good management and organisational development to recruit and retain high quality staff that can adequately and consistently promote a shared vision of the Nyumbani project both within and outside the village
- Scaled up food production from Nyumbani village farm to feed the village and raise funds
- Sustained viability of the Trees for Children project to raise future funds from 2018

Many of the previous recommendations within this report could have been placed in this section as they are essential for sustainability. They have however been left in their most logical category above with a number of additional points to support them to follow.

- a) **Increase focus on local resource mobilisation:** Although Nyumbani village has successfully managed to secure funding from a number of private donors, greater focus should be placed on tapping resources from government and the community through effective collaboration with the government and putting in place interventions that will ensure community participation in future program plans and management.
- b) **Increase Government involvement:** Improved relationship with the government may allow Nyumbani project to tap resources from the Government. Resources that could be tapped by

Nyumbani village include Government seconding critical staff to Nyumbani departments that include nurses, teachers and instructors as well as drugs and other medical supplies. Initiatives like the Direct Transfer of Funds (HSSF) and Output Based Approach (OBA) supported by GIZ are opportunities that Nyumbani Village can explore. HSSF is currently benefitting both government and Faith Based lower level health facilities and Nyumbani may explore ways of tapping these resources. Nyumbani may also explore ways of benefiting from the OBA approach by setting up an MCH clinic as initially proposed in the cooperative agreement and offer reproductive and child health related services that can benefit from OBA voucher system.

- c) **Increasing community involvement:** Participation of the community in the overall planning and management of the Nyumbani village project is critical to the sustainability of the project as opportunities of volunteer labor and donations in terms of food are an integral component of the program.
- d) **Prioritise investment to help the village to cover its own food costs:** Significant opportunities exist within the village to enhance sustainability. For instance, kitchen gardening, if fully harnessed through the provision of water and seeds to households, could reduce the dependency on food provided by the village.  
The productivity of the farmland can also be enhanced through putting more land on irrigation and also reducing the reliance on rain to grow cereals like maize and beans. Growing more varieties of vegetables and cereals may also improve the farmland productivity. With relatively small investment the livestock department could be expanded which would be cost effective in the long-run.
- e) **Increase the income of the Polytechnic:** Other potential departments that if strengthened can contribute to the sustainability objective include the village polytechnic. The polytechnic may want to expand the courses offered to include high demand courses. The polytechnic could also set up a production unit in Kitui town to link the village polytechnic with the immediate market for carpentry products and others.
- f) **Increase access to micro-credit facilities:** Nyumbani **village** should help to facilitate improved access to existing micro-credit facilities which would improve economic empowerment for Nyumbani **village** OVC and grandparents, as well as the lives of community members from surrounding communities such as Kwa Vonza and Kwa Mutonga who currently cannot access micro-credit. Nyumbani could host a micro-credit representative on a regular basis to receive payments. This would mean the micro-credit facility is ‘nearer’ and hopefully worth a representative travelling to Nyumbani where there is potentially a range of customers.

## **B. RECOMMENDATIONS TO ENHANCE THE NYUMBANI MODEL, ITS POTENTIAL FOR REPLICATION AND SCALE UP**

### **I. Overall Enhancement of the Nyumbani Model**

All the teams’ recommendations for enhancing the Nyumbani model relate to issue or challenges identified during the assessment process and are included in Section VI.A, above.

### **2. Replicability**

- a) It should be noted that there is a certain degree of stigma attached to the label of being an orphan, however since many of the children at Nyumbani village are from the surrounding villages they are still perceived to be the communities’ children thus reducing the potential for stigma. Were a similar village to be established in an area with relatively few OVC recruited from the surrounding villages, the purpose built village may inadvertently reinforce stigma against the orphans and people infected and affected by HIV. Due attention should be paid to this concern.
- b) The Nyumbani village project is relatively expensive in terms of cost per unit compared to most other OVC programs and also requires considerable initial capital cost outlay. This is not a cost-effective model for the Kenyan government to replicate (or for donors supporting Government

OVC programming to reach high numbers of OVC). External, private donors that would not otherwise provide funds to the Government of Kenya may wish to replicate this model to achieve some of the high quality benefits for relatively few children. For these donors, aside from the challenge of sizeable initial capital costs and length of time before the village is likely to be self-sustaining, a sizeable area of land also needs to be donated or purchased to support such a model; in many provinces of Kenya this may not be feasible. In addition to this, the replication of the Nyumbani village model requires incredible ambition, charisma, contacts and drive to mobilize the same degree of community involvement, donor support, government engagement and private donations that have made the Nyumbani village project viable. These factors should not be underestimated by those wishing to replicate such a model.

### 3. Scale Up

- a) The assessment team's recommendations regarding scale up are that if Nyumbani village is to scale up its activities to reach more OVC this would best be achieved through an expanded outreach program to support OVC in their communities of origin by mobilising and coordinating locally available resources. This will help the Nyumbani village's sustainability by helping to address the needs of surrounding communities as well as allow Nyumbani village project to reach more OVC more cheaply. This recommendation is based on the analysis that even if **resources to finance the costs** can be sourced from private donors or funded by the sustainability program from 2018, and more OVC and grandparents could theoretically be enrolled into the village, none of the Nyumbani village staff supported the expansion of enrolment of OVC and grandparents into the village. In fact, some said that fewer OVC and grandparents would be more viable to achieve good quality care and support, and indeed a slower pace of enrolment might be advisable. In addition to this there are limited economies of scale to be achieved. If fixed costs were to remain constant, costs related to expanding home care offer very limited scope for economies of scale and to a less extent this is true for educational support interventions. With fixed cost percentages of below 44% for all departments this means that all have limited scope of economies of scale. Nyumbani project's fixed costs as percentage of the total costs (27%) also offer limited scope for expansion due to limited economies of scale. For example, for each additional OVC recruited, they would cost 73% of the unit cost.
- b) An outreach program can provide varying degrees of support depending on what position Nyumbani village are in financially. For example, currently,
  - 1) while Nyumbani is not yet self-sustaining, Nyumbani village could expand its current outreach program to mobilise local resources and for the local community to use the facilities on offer at Nyumbani village effectively; and
  - 2) if feasible, and in the future, when Nyumbani village is self-sustaining (hopefully beyond 2018), Nyumbani village may also want to consider providing a kind of cash transfer to families that could take care of OVC if their educational costs could be covered. Cash transfers involves direct provision of cash to families caring for orphans and vulnerable children (OVCs) so as to keep the OVCs within their families and communities and to promote better nutrition and health and school enrolment, attendance and retention amongst the children. Conditional cash transfers (CCTs) program provides cash to poor families as long as their children attend school and have regular health check-ups. The program is successful in terms of addressing the plight of the OVCs and organisations like Nyumbani can model their support to OVCs around cash transfers. Upon identification of OVCs, Nyumbani can provide cash support to families supporting OVC to provide nutritional, health and educational support. The support to OVC modelled around the cash transfer system is bound to increase the number of OVC supported and also ensure Nyumbani is able to reach more OVCs.

## VII. CONCLUSIONS

The Nyumbani village project is providing a high quality package of social services for 822 OVC and 80 destitute grandparents infected and affected by HIV and AIDS in the Kitui district. Nyumbani village is on target to increase these numbers of 1,000 OVC and 80 grandparents by December 2012.

The Nyumbani village project is however only 11% self-sustaining and is very unlikely to achieve its target 60% self-sustainability by the end of December 2012. The village is however likely to be 100% self-sustaining by 2018 if current sustainability plans are implemented effectively and if market prices are stable. The Nyumbani village project is therefore vulnerable between December 2012 and 2018. During this time Nyumbani village is reliant on its existing donors (or replacements) continuing their current level of support including the 32% of operational costs provided by USAID which ends in December 2012.

Based on a costing analysis, the cost of caring for one OVC per year at Nyumbani village is US\$1,613 (based on economic cost) and US\$1,589 (based on financial cost) - this does not include the cost of donated drugs and other medical supplies and donated land (1,000 acres of semi-arid land). Since there is limited scope for economies of scale for recruitment of more OVC (and grandparents) into the village and also suggestion from staff that 1,000 should be the limit, then any scale up of OVC reached should be achieved through an expanded community outreach program rather than increased recruitment of OVC into Nyumbani village.

Due to the high capital cost investment and high unit cost of caring for one OVC, the Nyumbani village model, like other OVC institutional care models, is not a viable model for widespread replication for any agency wishing to reach large numbers of OVC with a basic or minimum package of services (e.g. the Kenyan Government or donors supporting government strategies for OVC programming). This model may be replicated by private donors wishing to provide a high standard of care for a relatively few OVC, however there are a number of limiting factors and challenges that are explored within the report which should not be underestimated, and should be addressed prior to embarking on replication.

## ANNEXES

As the annexes are considered primary source material, they are presented with their original formatting. The 11 documents are presented in the following order:

- A. Aerial Photograph of Nyumbani Village, Taken in 2010
- B. Nyumbani Staff Members and Roles
- C. Approach to the Costings Analysis
- D. Breakdown of Data Used to Calculate Number of Adults and Children Benefitting from Nyumbani in the Surrounding Communities
- E. Nyumbani Targeting, Selection and Recruitment Process, as Established by the Nyumbani Assessment Team
- F. Cumulative Data for Performance Monitoring
- G. Children Rules and Regulations
- H. Young People Relocated from Nyumbani
- I. Nyumbani Staff Members and Roles
- J. Nyumbani Village Organogram
- K. Bibliography

## ANNEX A – AERIAL PHOTOGRAPH OF NYUMBANI VILLAGE



## ANNEX B – NYUMBANI STAFF MEMBERS AND ROLES

Interviewee	Responsibility
Kate Vorley	OVC Specialist, USAID
Salome Okutoyi and Isabella Yonga	Pediatric HIV care and treatment, program management USAID
Emma Mwamburi	USAID, HIV prevention
Washington Umuomo	USAID, M&E
District Children Officer Kitui	Jacinta Mwenzi and Damari Kasula
Area Education Officer	Nicholas Mutua
District Education Officer	Bernard Chirchir
District officer in charge of quality assurance and standards	Mr. Gathua
Former District Youth Officer	Mr. Kinoti
Kiwi Vonza Chief	James Muoka
Community members in Kwa Vonza	Titus Mutinda, Francis Munyao, Rolex Mulwa, John Kitivo, Ndaya Munyithya and Samuel Mutunga
Kwa Mutonga Councilor	Peter Kalung
Kwa Mutonga Chief	Boniface Kiiti
Community members in Kwa Mutonga	Dominic Kymaka, Veronica Syokau, Muli Musyimi
Foundering member of Nyumbani village / COGRI Executive Director	Sister Mary Owens
Program Manager	Nicholas Syano
Social workers/counselors	Raphael Mbithi, Patrick Mulei, Jackeline Mwangela, Jane Mumbua Maithya
Clinic staff	Caroline Mwanza, Solomon Chege Nyutu, Leah Muthoni Maina
Sustainability manager	Joseph Ntunyo
Head of Lawson High School	Sr. Francis Cassidy
HotCourses Headteacher	Paul Muthami Kavinya
Polytechnic manager	Michael Ouma
Nyumbani volunteer coordinator	Amanda Ramcharan
Nyumbani village accountant	Richard Mose

## ANNEX C – APPROACH TO THE COSTINGS ANALYSIS

### Costing approach

Since OVC projects/programs are comparable to other category of projects, the **standard costing methodology** will be applied in this costing analysis. Data for the costing analysis will be based on review of program financial records, equipment inventories, and interview with Nyumbani key program staff. The objective of the cost analysis is to collect costing data to facilitate estimation of the full costs of goods and services used to implement the OVC programs or interventions from the perspective of COGRI. The analysis will not attempt to capture the costs of USAID, COGRI or others to manage the program above the Nyumbani project.

The costs associated with OVC service provision by Nyumbani project will therefore be gathered to inform the scale-up, management, and sustainability of Nyumbani project. Costs will be estimated for each OVC service, including direct and indirect labor, annualized costs for capital items, donated items, and paid building spaces, utilities, and office supplies. This will then be broken down by programmatic or intervention area.

Cost data for each programmatic/intervention area will be collected and categorized according to the standard costing resource types as follows:

- Labor-personnel
- Materials
- Utilities
- Equipment/furniture
- Transport
- Building/land
- Administration

Cost data on labor will be composed primarily of the programmatic technical and administrative staff as well as the estimated cost of volunteer e.g. teachers seconded to the Nyumbani secondary school and the vocational training school. Material costs will include a wide range of items based on the emphasis of each program intervention. Items that include school uniforms, books, food and cooking supplies as well as sewing materials will be included under the material costs.

Utility costs will be based on electricity, telephone and water expenditures. Equipment and furniture costs will include items such as desks, computers, tables, chairs etc. Transport costs will include fuel and vehicle maintenance while building and land costs will be based on the cost of the building and land for the project site.

### Data Collection

Data collection will aim at gathering information related to the above types of costs. As explained above, the process will comprise of interviews with staff coordinating the Nyumbani project, review of financial reports and project implementation documents. Where critical information for the cost analysis is missing from the documents, reasonable estimates based on the available information and discussion

with project staff will be used. In summary, data collection will be undertaken through the following steps that mirrors the type of costs listed above:

**Step 1: Review of annual financial reports and categorize expenditure items**

- Annual (2010) financial reports with itemized expenditure produced for the purpose of reporting to the donors, in this case, USAID, will be expected to provide detailed information on program expenditures. In most cases, this may not be possible as financial report are organized for financial reporting and may not be the same as the format required to understand the program costs or even by intervention area

**Step 2: Review equipment inventory and annualized equipment costs**

- The team will attempt to obtain Nyumbani inventory of assets register – the register should ideally provide information on purchased equipment, buildings, purchase price and date of purchase. This kind of information is required for insurance and inventory reasons and therefore most organizations keep them.
- On the basis of the equipment purchase price, date of purchase, working life and a discount rate, the team will estimate the annual costs of the assets. Capital costs will include cost of furniture and fittings, vehicles - motor cycles and bicycles - equipment and buildings. The list of all types of furniture and fittings, equipment, cars, motor cycles and bicycles will therefore be compiled from assets inventories to be provided by the Nyumbani staff.
- A classification by type of each capital item will then be undertaken to assist in assigning an average length of life for each type. The capital items will be annuitized assuming a useful life span of 30 years for buildings, 10 years for Furniture and fittings, 10 years for Medical equipment and 12 years for Motor cycles and Bicycles. A 10% discount rate will then be used to annuitize capital costs<sup>8</sup>. Thus, the annual equivalent costs for buildings, furniture, medical equipment, cars, and motor cycles and bicycles will be obtained by dividing their replacement values with the appropriate annuity factor

**Step 3: Add imputed costs for seconded, volunteer staff time and donations**

- This kind of information will be estimated through review of program records – on the number of volunteer staff – and interview with Nyumbani staff
- On the basis of the review and staff interviews, categories of people who are volunteers will be established and their market rates determined. For the casual laborers, we shall use estimated market rates
- The number of volunteers will then be multiplied by the daily wage and the total number of days while for the professional seconded to Nyumbani by the government, their monthly salaries will be extracted from government records.

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<sup>8</sup> Several costing studies in Kenya have used a 10% discount rate

- For the donations including the land where Nyumbani project is situated, the value will be provided by program staff based on current market value. For instance medical goods donated by the Ministries of health will be based on procurement prices

**Step 4: add any other organization contribution not included in the program financial report**

- This would ideally include costs not included in the program financial reports. For instance staff seconded by the Ministry of Youth

**Sorting and classification of costs:** Based on the review of financial data, a costing profile with the level of details that will be useful for the costing analysis and broken along the listed cost items will be generated

Cost category	Medical Care	Home care	Pre-and primary school	Vocational training & production unit	Sustainability program
Labor-personnel					
Materials					
Utilities					
Equipment/furniture					
Transport					
Building/land					
Administration					

**Data forms, entry and analysis**

Data collection forms will be developed in consultation with the study team and the data on inputs, costs and outputs will then be collected. The data collection forms will comprise of a series of tables from the raw data through summary sheets, step down allocation approach to the final total and unit cost calculations. The data collected will then be cleaned and the necessary follow ups made for validation and then analysis will be done using the step-down costing approach to estimate the total and unit costs.

Data will then be presented in various forms that include total costs of providing OVC services, breakdown of total costs by programmatic/intervention area, recurrent versus capital costs, fixed versus variable costs, breakdown of costs by the principal categories, percentage contribution of each resource to the total and unit cost.

The data entry will then be done using MS Excel computer software. In addition all the data will be analyzed using the same software.

## ANNEX D – DATA USED TO CALCULATE NUMBERS OF ADULT AND CHILD BENEFICIARIES

Healthcare: Clinic	3,392 adults and 848 children have accessed regular healthcare (2009 = 312 adult, 62 children, 2010 = 1,446 adults and 361 children, 2011 to date = (Until this quarter, the clinic only collected cumulative number of individuals using the clinic. The data provided here takes into account the clinic's estimation that 20% of community members using the clinic are children and that 1% percentage of clients counted represent repeat visit (double counting). For outpatients the usual revisit % would be 10% although we have used Nyumbani clinic own judgment here).
VCT	1059 adults and 1 children receiving VCT through the clinic and 12 VCT camps (VCT started in March 2010)
Health: Homecare	132 adults and 396 children benefitting from 45 households supported with home visits from Nyumbani counselor and volunteer Community Health Workers (and four support groups). Direct beneficiaries 66 adults and 2 children, indirect 66 adults and 394 children (indirect beneficiaries average one adult and 6 children)
Improved food security: outgrower growing vegetables	47 direct beneficiaries and 47 adults and 282 children indirect beneficiaries have improved food security through outgrowers growing vegetables (47 outgrowers each with one adult and an average of 6 child beneficiaries now having improved food security and received technical support from the sustainability program)
Improved food security: perimeter Shambas	168 registered for perimeter shambas, but only 120 actually use, and they are only used when there is sufficient rain. 120 (minus 38 who also are outgrowers of vegetables) means that 82 community member have perimeter shambas that are not already counted at outgrowers of vegetables. Therefore 82 Direct beneficiaries and 82 adults and 492 children have improved food security using perimeter shambas (82 farmers each with one adult and an average of 6 child beneficiaries now having improved food security)
Education	43 children have accessed primary education 17 children have accessed secondary education 73 children have accessed vocational training through the polytechnic
Training	15 Community health workers trained
Employment: Casual labor	1,476 adults employed by Nyumbani resulting in raised standard of living (42 staff and casual labor 1055 (2009 sustainability 404 and construction 290, 2010 sustainability 181 and construction 180, , 2011 sustainability 261 and construction 160 (construction now decreasing as the village is almost fully operational)
Employment: Staff	Staff from Kwa Vonza and Kwa Mutonga totals 42

## ANNEX E – NYUMBANI TARGETING, SELECTION AND RECRUITMENT PROCESS

**Targeting:** All OVC that have been recruited are double orphans (the team is aware of one early exception where the surviving parent had abandoned his children to remarry). Whether they are affected or infected by HIV and AIDS is established via proxy indicators. If it is known that the OVC is not directly affected by HIV and AIDS they are not selected on the grounds that their place can easily be taken but a child equally vulnerable, who is directly affected by HIV and AIDS.

OVC have mainly been recruited from the Kitui District. Although the original intention was to recruit more widely, the needs in the Kitui district were higher than originally estimated. In addition, the targeting of OVC was intended to be all inclusive, embracing OVC and grandparents from multiple ethnic groups and religious affiliation. Although the targeting has been widened more recently to include the broader Eastern province as catchment, the existing make up of OVC and grandparents are people of the Kamba ethnic group from the Ukambani. However, within these limitations, the targeting policy of Nyumbani is well understood by those who recommend OVC (and their grandparents).

**Selection:** The process starts with a recommendation from the District Children Office, local chief, church representatives, external teachers, community members, outgrowers, or Nyumbani staff who write a letter, or notify Nyumbani of a case by other means. The first visit to the OVC includes an initial needs assessment using a form and social worker experience. This needs assessment would include the HIV status of the child, any other medical conditions such as TB, orphan status/existence of extended family, poverty status/economic status of those supporting the child. Proxy indicators are used to establish whether a child has been orphaned due to AIDS but no firm notification is required. The community and village chief are consulted to check all information is accurate. The case is then referred to Nyumbani for a decision on whether to accept the child. If approved, a second visit aims to confirm the initial findings and establish whether there is an existing grandparent who is willing to join the Nyumbani. This process includes an orientation of the Nyumbani village way of life and rules. Local clan/community is consulted whether they agree with the selection and is cleared the local chief write a letter to Nyumbani confirming he selection. At this point a property handling form is completed, signed with the chief and lodged with the lands and Surveys office within the Ministry of Land. The third visit confirms that the OVC and grandparents (if relevant) are will to join the Nyumbani community and to confirm a date for collection.

**Recruitment:** By December 2012 the aim was for Nyumbani village to house 1,000 OVC and 100 grandparents. To date, Nyumbani has recruited a total of 895 OVC to the village with 822 currently remaining within the village. Of the 73 that have left, three have died, 45 have been asked to leave due to indiscipline, 12 have relocated on maturity, and 16 decided to return home. Some 83 grandparents have been recruited with 80 grandparents currently housed in the village (six of which are men). Two grandparents have died and one left because she was not happy. This degree of grandparent retention indicates a successful process of selection, preparation and package of care and opportunities provided at Nyumbani. The average number of OVC cared for by one grandparent is 10 OVC (actual average 10.275).

## ANNEX F – CUMULATIVE DATA FOR PERFORMANCE MONITORING

		Baseline	Project Targets	Year 1	Year 2	Year 3	Year 4
CT	<b># of CT Service Outlets</b>	1	1	1	1	1	1
	<b># Clients receiving CT and test results</b>	347	8,000	1661	2126	1936	1500
	<b># Individuals trained in CT</b>	1	2	2	2	2	0
Treatment	<b># of Service Outlets</b>	1	1	1	1	1	1
	<b># of Current individuals on ARVs</b>	7	100	14	53	73	95
	<b># of individuals newly initiating ART</b>	0	93	30	46	66	13
	<b>Cumulative # of people on ARVs</b>	7	100	14	53	73	100
	<b># of Individuals trained on delivery of ART</b>	2	5	2	38	40	0
Palliative care HBC	<b># of Service Outlets providing HIV-related PC (excl TB/HIV)</b>	1	1	1	1	1	1
	<b># of individuals provided with HIV-related PC (excl TB/HIV)</b>	14	200	0	0	0	200
	<b># of individuals trained to provide HIV PC (excl TB/HIV)</b>	2	5	0	0	0	0
Palliative care TB/HIV	<b># of Service Outlets providing HIV-related PC (incl TB/HIV)</b>	1	1	1	1	1	1
	<b># of individuals provided with HIV-related PC (incl TB/HIV)</b>	14	340	44	94	112	340
	<b># of individuals trained to provide HIV PC (incl TB/HIV)</b>	2	5	3	4	4	0
OVC	<b># of new OVCs served by the program within the reporting period</b>	347	3000	377	151	113	3000
	<b>Persons Trained</b>	14	100	20	30	30	20
PMTCT	<b># of PMTCT Service Outlets</b>	1	1	1	1	1	1
	<b># Clients receiving prenatal &amp; ante-natal care including PMTCT</b>	0	50	0	0	0	10
	<b># Individuals trained in PMTCT</b>	0	4	0	0	0	0

## **ANNEX G – CHILDREN RULES AND REGULATIONS**

### **CHILDREN OF GOD RELIEF INSTITUTE**

#### **NYUMBANI VILLAGE - KITUI**

##### **CHILDREN RULES AND REGULATIONS**

###### **PURPOSE**

The key purpose of COGRI is to develop the Nyumbani Village program and basically to give orphaned and vulnerable children an opportunity to realize the full potentials in life and subsequently become reliable citizens. To achieve this goal, it calls for a full commitment and hard work for both parties. In that case, COGRI through Nyumbani Village is committed to this goal and agrees to ensure the following provisions. The services users on the other hand are each personally requested to follow the following rules and regulations.

###### **CHILDREN AND YOUNG PEOPLE**

I do acknowledge and understand that I was enrolled at Nyumbani Village as an orphan and a vulnerable person. The purpose is to get assistance to grow into a reliable person in future. I therefore do agree to uphold the following guidelines.

1. Maintain good discipline, morals and respect to all people both young and old.
2. I will respect my guardian (grandparent) neither he/she is by blood grandparent or not.
3. Seek help from the social services department to resolve and dispute between me and my grandparent.
4. Try to solve all problems through my grandparent before going to the office.
5. Respect my colleagues and try to maintain good cordial relationship with all.
6. Attend school and do my level best in all studies.
7. Seek medical attention and adhere to doctors direction when sick
8. Abstain from all anti-social behaviors that could risk my life and likes of others in the village  
Smoking, having sexual relationships, taking alcohol, theft, illegal drugs, having mobile phones and wearing of inappropriate dressing.
9. I will not request funds or favors from the visitors of staffs.
10. I will participate in all activities that are geared towards better life for all within the village and outside.
11. As envisaged by our founder, I will uphold the Dos and Don'ts all the time.

## ANNEX H – YOUNG PEOPLE RELOCATED FROM NYUMBANI

NYUMBANI VILLAGE RELOCATION LIST AS ON 18TH OCTOBER 2011											
DEATH CASES											
	ADM NO.	NAME	CYR	D.O.B	AGE	GENDER		DISTRICT OF ORIGIN	LOCATION	DATE OF ADM	EXIT DATE
1	0037	MUOKI JUMA	2011	1993	18	M	DECEASED	KITUI DISTRICT	KWA-VONZA	„	22 November 2007
2	0149	MUTISYA ANN	2011	1993	18	M	DECEASED	LOWER-YATTA	KWA-VONZA	"	22 November 2007
3	0334	SAMUEL MUTANU	2011	1994	17	M	DECEASED	KITUI DISTRICT	MUTULU		02 June 2010
INDISCIPLINE CASES											
4	0101	PAULINE MUTUA	2011	1992	19	F	RELOCATED	KITUI DISTRICT	KWA-MUTONGA	23 April 2007	13 June 2008
5	0565	MWENDE SABETH	2011	1993	18	F	RELOCATED	MACHAKOS DIST.	IKALAASA	"	26 January 2011
6	0742	FAITH KANINI JOHN	2011	1994	17	F	RELOCATED	KITUI DISTRICT	KAVUTA	„	12 February 2011
7	0001	KATHINI MUIA	2011	1990	21	F	RELOCATED	KITUI DISTRICT	MIAMBANI	28 November 2006	13 January 2010
8	0002	MUNYOKI MUIA	2011	1992	19	M	RELOCATED	KITUI DISTRICT	MIAMBANI	28 November 2006	10 April 2008
9	0013	MULU MUNANIE	2011	1990	21	M	RELOCATED	KITUI DISTRICT	MATINYANI	"	30 April 2008
10	0017	MUTUNGA KAKUSU	2011	1986	25	M	RELOCATED	KITUI DISTRICT	KATHIVO	"	30 April 2008
11	0170	TONNY MBULA	2011	1993	18	M	RE-LOCATED	LOWER-YATTA	KWA-VONZA	07 August 2007	01 April 2011
12	0108	JOYCE IKUTHU	2011	1992	19	F	RELOCATED	MUTOMO DIST.	MWALA	"	14 February 2008
13	0223	MUTHEU KISILU	2011	1991	20	F	RELOCATED	MACHAKOS DIST.	KWA-VONZA	12 May 2007	31 May 2010
14	0028	KATHINI MUSAU	2011	1990	21	F	RELOCATED	LOWER-YATTA	KANYANGI	"	12 April 2008
15	0120	SAVALI MUSAU(SAFARI)	2011	1987	24	M	RELOCATED	LOWER-YATTA	KANYANGI	"	09 February 2011
16	0021	MUNZI MWENDE VERONICAH	2011	1989	22	F	RELOCATED	KITUI DISTRICT	MIAMBANI	17 January 2007	28 August 2008
17	0022	NZAMBI MWENDE	2011	1994	17	F	RELOCATED	KITUI DISTRICT	MIAMBANI	17 January 2007	13 February 2008
18	0370	ELIZABETH MUTHUI	2011	1994	17	F	RELOCATED	LOWER-YATTA	KWA-MUTONGA	20/02/2009	11 September 2010
19	0239	JANE KATHINI KISANGAU	2011	1994	17	F	RELOCATED	KITUI DISTRICT		12 February 2008	18 September 2010
20	0248	MUTANU JOHN	2011	1994	17	F	RELOCATED	LOWER-YATTA	YATTA	"	13 May 2009
21	0206	KATHINI TITUS	2011	1990	21	F	RELOCATED	KITUI DISTRICT	MATINYANI	"	07 February 2008
22	0137	MUTHEU KINYAE	2011	1991	20	F	RELOCATED	LOWER YATTA		"	14 February 2008

23	0138	TABITHA KINYAE	2011	1994	17	F	RELOCATED	LOWER YATTA		"	09 July 2010
24	0041	MBUVI KIMALU	2011	1992	19	M	RELOCATED	LOWER-YATTA	KWA-VONZA	"	06 July 2010
25	0250	DAMARIS MUENI	2011	1981	30	F	RELOCATED			14/02/2008	17 February 2008
26	0121	MUIA JOHN	2011	1993	18	F	RELOCATED FORM 2	KITUI DISTRICT	MATINYANI	09 May 2007	13 May 2008
27	0236	MUTUA ESTHER	2011	1996	15	M	RELOCATED	LOWER-YATTA	KWA-VONZA	"	15/10/2011
28	0165	FAITH KALUKI	2011	1993	18	F	RELOCATED	KITUI DISTRICT	KAUWI	"	14 April 2008
29	0148	MUTUKU MUTUA	2011	1992	19	M	RELOCATED	KITUI DISTRICT	KITHUMULA	"	08 March 2008
30	0199	MWANGANGI ROBERT	2011	1993	18	M	RELOCATED	KITUI DISTRICT	KYANGWITHYA EAST	"	11 April 2008
31	0480	MARY NDIMU	2011	1992	19	F	RELOCATED	KITUI DISTRICT	KYANGWITHYA WEST	24/07/2009	25 February 2010
32	0057	MUTIA KAMETI CALEB	2011	1986	25	M	RELOCATED	MACHAKOS DIST.	KAIKA	"	19 January 2008
33	0591	ANNA KITHOME	2011	1994	17	F	RELOCATED	LOWER YATTA DIST.	KWA-MUTONGA	28/12/2009	08 June 2010
34	0087	MUSYOKA SABINA (MOSES)	2011	1991	20	M	RELOCATED	LOWER YATTA DIST.	YATTA	"	11 November 2007
35	0468	MUSEMBI KASAMBU	2011	1992	19	M	RELOCATED	KITUI DISTRICT	KAUMA	11 May 2009	07 January 2011
36	0384	KATUNGE KATHINI	2011	1992	19	F	RELOCATED	LOWER-YATTA	KWA-VONZA	"	08 September 2011
37	0398	MALI JOHN	2011	1994	17	F	RELOCATED	KITUI DISTRICT	KYANGWITHYA EAST	"	14 October 2010
38	0360	MWANZIA KIEMA	2011	1992	19	M	RELOCATED	KITUI DISTRICT	KYANGWITHYA EAST	13 January 2009	03 January 2009
39	0338	MUTUNGA LUCIA	2011	1991	20	M	RELOCATED	KITUI DISTRICT	MIAMBANI	"	09 June 2009
40	0406	JOSEPHINE KATHINI MULEE	2011	1993	18	F	RELOCATED	KITUI DISTRICT		"	27 May 2009
41	0547	MUSYOKA DENNIS	2011	1994	17	M	RELOCATED	KITUI DISTRICT	MULANGO	„	29 July 2010
42	0371	MUSYOKA PETER	2011	1995	16	M	RELOCATED	KITUI DISTRICT	MUTULU	06 April 2009	08 August 2011
43	0373	MUTHEU PETER	2011	1992	19	F	RELOCATED	KITUI DISTRICT	MUTULU	05 May 2009	29 December 2010
44	0453	ESTHER JOHN	2011	1991	20	F	RELOCATED	LOWER YATTA	NTHONGONI	"	22 February 2009
45	0451	PURITY KAMENE KAMBUA	2011	1993	18	F	RELOCATED	KITUI DISTRICT	MALIKU	"	17 December 2010
46	0515	GREGORY ALEX	2011	1994	17	F	RELOCATED	MWINGI DISTRICT	SYOMIKUKU	„	21 September 2010
47	0514	ALEX MARTHA	2011	1996	15	M	RELOCATED	KITUI DISTRICT	MUTUNI	„	08 August 2011
48	0836	MWIKALI TABITHA	2011	1996	15	F	RELOCATED	KITUI DISTRICT	MATINYANI	19 May 2011	23 May 2011
		<b>MATURE RELOCATION</b>									
49	0150	MATHEKA MWOVA	2011	1989	22	M	RELOCATED	LOWER YATTA DIST.	YATTA	17 May 2007	23 June 2010
50	0510	VONZA KIMANZI	2011	1993	18	M	RE-LOCATED	LOWER-YATTA	KWA-VONZA		20 March 2011

51	0198	KASOYA ROBERT	2011	1989	22	M	RELOCATED	KITUI DISTRICT	KYANGWITHYA EAST	12 October 2007	22 March 2011
52	0030	JOHN NGULI	2011	1987	24	M	RELOCATED	MUTOMO	IKANGA	"	14 April 2010
53	0314	MAMBO MARY	2011	1991	20	M	RELOCATED	LOWER YATTA	NTHONGONI	24/11/2008	04 June 2011
54	0613	JOEL OWUOR	2011	1993	18	M	RELOCATED	KITUI DISTRICT	MUTULU	"	21 April 2011
55	0124	KYALO JOHN	2011	1989	22	M	RELOCATED	KITUI DISTRICT	MATINYANI	09 May 2007	03 March 2011
56	0115	PIUS MUTUA	2011	1989	22	M	RELOCATED	KITUI DISTRICT	KWA-MUTONGA	30 April 2007	23 June 2010
57	0259	KASEE JOSPHAT LUCIA	2011	1986	25	M	RELOCATED	LOWER YATTA DIST.	KWA-VONZA	"	23 June 2010
58	0442	ONESMUS KIEMA SUSAN	2011	1989	22	M	RURAL AID KENYA	KITUI DISTRICT	MBITINI	04 May 2009	
59	0475	DANCUN MUSEE	2011	1989	22	M	Finish polytechnic	KITUI DISTRICT	KAUMA	30 April 2007	3rd Nov. 2011
60	0496	DENIS MUTUKU LUUSA	2011	1992	19	M	WORKING @ MATUU	MAKUENI DISTRICT	KISAU	8th Nov 2009	3th Nov. 2011
		SELF-RELOCATION									
61	0880	MUTUKU KATUNGE	2011	2002	9	M	RELOCATED	MACHAKOS DIST.	MITABONI	"	26/09/2011
62	0881	MBATHA KATUNGE	2011	2008	3	M	RELOCATED	MACHAKOS DIST.	MITABONI	"	Sept. 26 ,2011
63	0571	CAROLINE KIOKO	2011	1995	16	F	RELOCATED	KANGUNDO DIST.	KANZALU		07 February 2011
64	0572	ANGELINE KIOKO	2011	1998	13	F	RELOCATED	KANGUNDO DIST.	KANZALU		07 February 2011
65	0832	KANDU MUTISO	2011	1998	13	M	RELOCATED	YATTA DISTRICT	KITOENI	"	07 September 2011
66	0217	DICKSON MATIVO	2011	1995	16	M	RELOCATED	KITUI DISTRICT	MIAMBANI	06 November 2007	19 March 2011
67	0268	BERNARD NZAU MARGARET	2011	1992	19	M	RELOCATED	RELOCATED		23/08/2008	14 December 2010
68	0238	MUTISO SARAH DAVID	2011	1994	17	M	RELOCATED	MACHAKOS DISTRICT		"	12 January 2011
69	0175	MONICA WINFRED WAMBUA	2011	1993	18	F	RE-LOCATED	LOWER YATTA	KWA-MUTONGA	22 August 2007	28 October 2010
70	0234	MUTALA KAMENE	2011	1994	17	M	RELOCATED	KITUI DISTRICT	YATTA	30/01/08	03 February 2011
71	0209	ITHUKU MULI PATRIC	2011	1993	18	M	RELOCATED			18 October 2007	08 July 2008
72	0608	ESTHER MUINDE	2011	1993	18	F	RELOCATED	LOWER YATTA	KWA-VONZA	31 December 2009	03 March 2010
73	0335	ESTHER KAMENE NDUKU	2011	1993	18	F	RELOCATED	MACHAKOS	KITHIMANI	17/12/2008	20 January 2010
74	0674	FAITH MULWA	2011	2000	11	F	RELOCATED	KITUI DISTRICT	KATHUNGI	"	05 August 2011
75	0675	SAMUEL MULWA	2011	2003	8	M	RELOCATED	KITUI DISTRICT	KATHUNGI	"	05 August 2011
76	0676	PENINAH MULWA	2011	2007	4	F	RELOCATED	KITUI DISTRICT	KATHUNGI	"	05 August 2011

Kathini Patricia is missing from this table and was the first Nyumbani young person to relocate as a mature student. She has been a teacher at a School in Kitui for the last six months

## ANNEX I – NYUMBANI STAFF MEMBERS AND ROLES

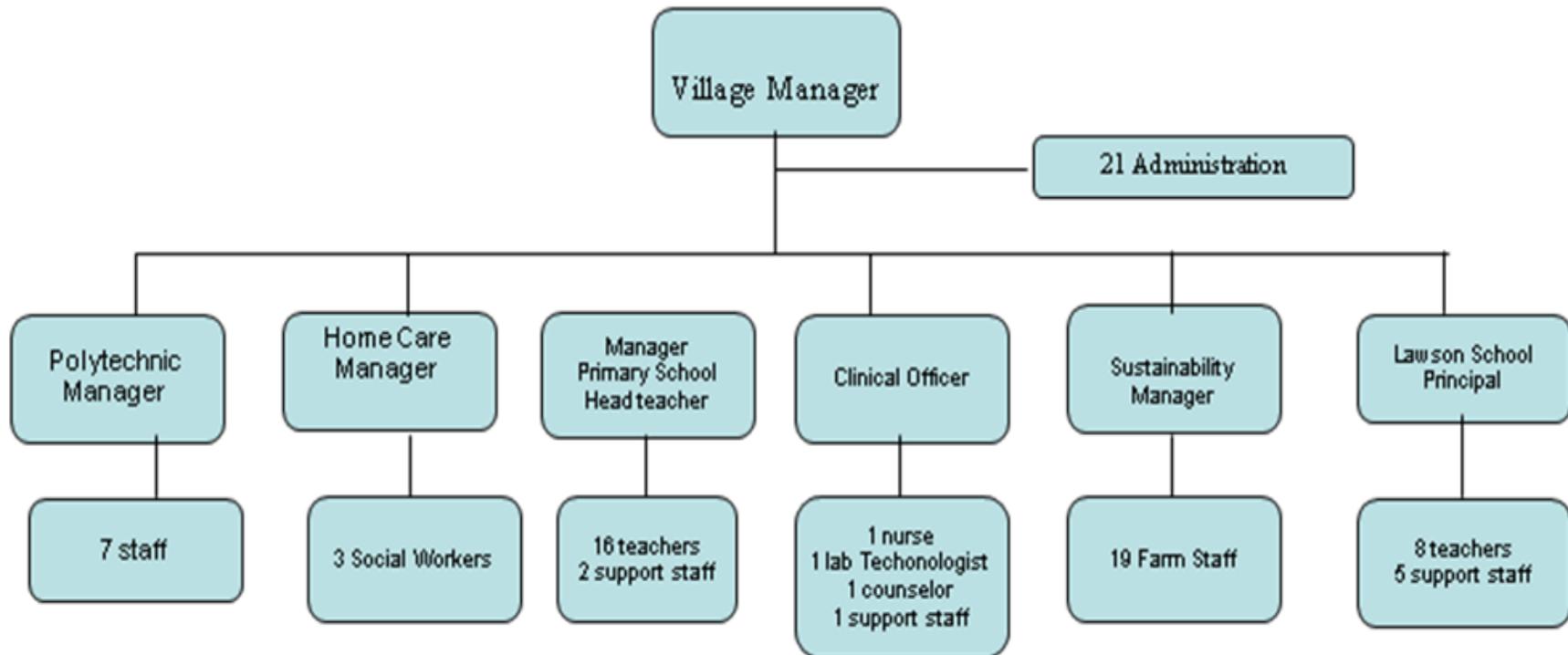
(also shown are staff recruited from Kwa Vonza and Kwa Mutonga (pale blue) and from within Kitui District (dark blue))

NO	NAME	DESIGNATION
	<b>ADMINISTRATION</b>	
1	NICHOLAS M. SYANO	PROGRAM MANAGER
2	RAPHAEL N.MAINGI	STOREMAN
3	MAGDALENE K.MWONGELA	SECRETARY
4	DUNCAN MUTIE NYAMAU	DRIVER
5	EMMANUEL M. KINGEE	DRIVER
6	RICHARD MOSE	ACCOUNTANT
7	JANE KAMAU	ASST. ACCOUNTANT
8	MAUREEN AWUOR OMWONO	ASST. ACCOUNTANT
9	BENJAMIN M. TITUS	MAINTENANCE OFFICER
10	LOISE NDUNGE PETER	OFFICE ASSISTANT
11	SENATOR MUSEMBI	GUEST HOUSE COOK
12	JOHN NZUNAI MUTUNGA	GUEST HOUSE COOK
13	PAUL MASIKA	DRIVER/MAINTENANCE
14	LILIAN ATIENO OKUTA	PROCUREMENT OFFICER
15	SAMUEL MULI MAKAU	WATER TECHNICIAN
16	BONIFACE KIMEU	SECURITY
17	PATRICK M. KISOO	SECURITY
18	JOHN KATEE	SECURITY
19	JACKSON NZYIOKA	SECURITY
20	DANLEWIS MBULA MWAVU	SECURITY
21	PRISTON SIASA MULEWA	SECURITY
22	FR JAPHETH MWOVE	TEACHER
	<b>SOCIAL SERVICES</b>	
23	RAPHAEL N. MBITHI	HOMECARE MANAGER
24	PATRICK M. MULEI	SOCIAL WORKER
25	JACKLINE MWONGELA	SOCIAL WORKER
26	JANE MUMBUA MAITHYA	SOCIAL WORKER
	<b>CLINIC</b>	
27	CAROLINE M. MWANZA	CLINICAL OFFICER
28	SOLOMON CHEGE NYUTU	LAB TECHNOLOGIST
29	LEAH MUTHONI MAINA	NURSE
30	KANGWELE JAMES	CLINIC ASSISTANT
31	LILLIAN M.MUSYOKA	COUNSELLOR
	<b>HOTCOURSES</b>	
32	FREDRICK MUKELE MBITI	CONSULTANT
33	PAUL MUTHAMI KAVINYA	HEAD TEACHER

34	WINNIE WENDO	D/HEAD TEACHER
35	JEREMIAH MBAI MWIKALI	TEACHER
36	HOSEA MUSYOKA	TEACHER
37	BERNARD MUMO SOUZA	TEACHER
38	LUCIA K. MUTHINI	TEACHER
39	ESTHER SYOKAU MUOKI	TEACHER
40	FIDELIS S. KITHEKA	TEACHER
41	URBANUS MUENDO KYALO	TEACHER
42	BEATRICE WAYUA MUNYAO	TEACHER
43	GEORGE MASILA WAMBUA	TEACHER
44	PATRICIA NZIOKA	TEACHER
45	RASHID MWENDWA KASAU	TEACHER
46	JOSEPHINE MULI	TEACHER
47	FREDRIICK KYALO JOHN	TEACHER
48	MERCY NDOTU MUTHOKA	TEACHER
49	FELISTUS MUMAMI	PRE-SCHOOL TEACHER
50	PENINAH S. MUNGELI	COOK
51	PHILOMENA S. MULILYA	SCHOOL COOK
	<b><u>SUSTAINABILITY</u></b>	
52	JOSEPH NTUNYOI	FARM MANAGER
53	PATRICK MUSYOKA	FARM FOREMAN
54	NANCY MUNANIE MUTUA	RECORDS CLERK
55	WAMBUA MUNYI	TRACTOR DRIVER
56	ELIUD N. NDUNGU	FORESTRY OFFICER
57	JOHN NGAO	FORESTRY ATTENDANT
58	WILLY KALEVE	FORESTRY ATTENDANT
59	MARGARET MUTHILE MULI	BIOFUEL ATTENDANT
60	JOSEPHINE M.KISWILI	CHICKEN ATTENDANT
61	MUTUA KITWILI	LIVESTOCK ATTENDANT
62	ROBERT W.MUEMA	LIVESTOCK ATTENDANT
63	PIUS KAKITI MUINDE	LIVESTOCK ATTENDANT
64	ANDREW KAVITI	HUMANURE ATTENDANT
65	MATI NZELU MUTISYA	SECURITY
66	GEORGE MUTEMI MUSYOKA	SECURITY
67	STEPHEN MUMO MUTHAMA	MICRO-ENTERPRISES
68	CATHERINE MUKILYA	FORESTRY ATTENDANT
69	WYCLIFFE M. KIVUVA	NURSERY ATTENDANT
70	DANIEL DAVID KIMWEE	WOODLOT ATTENDANT
71	SIMON M. MBUTI	SECURITY
	<b><u>POLYTECHNIC</u></b>	
72	MICHAEL OUMA	POLYTECHNIC MANAGER
73	TITUS KING'EE	CARPENTER
74	SAMUEL KAMAU	CARPENTER

75	GODFREY MUREITHI	WELDING & FABRICATION
76	MATHEW SITATI	PROCUREMENT OFFICER
77	JOSEPH KIMEU	MASONARY TEACHER
78	DANIEL MUTUA	CARPENTRT TEACHER
79	CECILIA MUENI	DRESSMAKING
	<b><u>SECONDARY SCHOOL</u></b>	
80	SR. FRANCES CASSIDY	
81	SR. ROSE MONICA	
82	MALUKI MARTIN	TEACHER
83	NTHUNGI STEPHEN MUTUA	TEACHER
84	EVANS ONGAU MOSIMA	TEACHER
85	ANN NTOIYE KILESI	LAB TECHNICIAN
86	WINFRED MUENDO	OFFICE CLERK
87	KAVISA KASOA	COOK
88	MARY MULILYA	OFFICE ASSISTANT
89	MAUREEN A. NYAMOLO	SECRETARY
90	JOHN M. OGETO	TEACHER
91	NICHOLAS M. MULI	TEACHER
92	ONESMUS K. MAKAU	TEACHER
93	TERESIA K. KISUNZA	TEACHER

## ANNEX J – NYUMBANI VILLAGE ORGANOGRAM



## ANNEX K – BIBLIOGRAPHY

### COGRI/Nyumbani/USAID documentation

- Nyumbani Award-623-A-00-09-00027
- Nyumbani Village 2010 annual workplans
- Nyumbani village 2011 USAID Annual Workplans
- Nyumbani village M&E Plan
- PMP final 09 Nyumbani-1
- Accrual Finance Reports
- Budget Alignment 2011-2012 and Realignment request
- COGRI \_USAID monthly burn rate 2011
- Kenya’s Family Centered Approaches (July 2010)
- Quarterly reports January 2009 – to September 2011-11-18 Analysing the Cost Effectiveness of Interventions to Benefit OVC – Evidence from Kenya and Tanzania
- AIDS, Population and Health Integrated Assistance (*APHIA II*) Assessment Report, USAID, November 2009

### Published resources

- Deininger, K., M. Garcia, and K. Subbaro, 2003. “AIDS-Induced Orphans as Systemic Shock: Magnitude, Impact and Program Interventions in Africa”. *World Development* 31(7):1201-1220.
- Desmond, C., and J. Gow. 2001. “The cost effectiveness of Six Models of Care for Orphans and Vulnerable Children in South Africa”. UNICEF working paper
- Formson, C.B., and S. Forythe. 2010. *A Costing Analysis of Selected Orphans and Vulnerable Children (OVC) Programs in Botswana*. Washington, DC: Futures Group, Health Policy Initiative, Task Order 1.
- Prywes, M., D. Coury, G. Fesseha, G. Hounsounou, and A. Kielland. 2004. “Costs of Projects for Orphans and Other Vulnerable Children: Case Studies in Eritrea and Benin”. Washington, DC: World Bank.
- Larson, B (PhD), August 2011, “Exploring the impact of the community based care for orphans and vulnerable children (CBCO) program”. Boston University OVC-CARE Project
- Larson, B (PhD), November 2010, “A Costing Analysis of a Household Economic Strengthening (HES) Program for Households Caring for Orphans and Vulnerable Children (OVC): A Case Study of Christian Aid’s Community-Based Care for OVC (CBCO) Program”. Boston University OVC-CARE Project
- “A Facilitator’s Guide to Developing OVC Program Sustainability and Transition Plans, 2010”. Catholic Relief Services, 228 W. Lexington Street, Baltimore, MD 21201-3413 USA.
- “Guidelines for Antiretroviral Therapy in Kenya”, 4th Edition 2011, The National AIDS and STI and Control Program
- “USAID/Kenya five year implementation framework for the health sector”. USAID Kenya, January 2010

- Ministry of Gender, Children and Social Development, July 2011, “Service Standards for Quality Improvement of Orphans and Vulnerable Children Programs Kenya”.
- Ministry of Gender, Children and Social Development, revised 2008, “National Plan of Action for OVC Kenya 2007-2010”
- Swales, D.M.,R. Geibel and N. McMillan, 2006, “Applying The Standards - Improving quality childcare provision in east and central Africa” Save The Children
- “Expanding social protection for vulnerable children and families: learning from an institutional perspective”. Prepared by: Inter-Agency Task Team (IATT) on Children and HIV and AIDS: Working Group on Social Protection March 2008
- Williamson, J., and A. Greenberg, September 2010, “Families Not Orphanages”. Better Care Network
- “National Responses for Children Affected By AIDS – Review of Progress and Lessons Learned”. Prepared by: Inter-Agency Task Team (IATT) on Children and HIV and AIDS: Working Group on Social Protection August 2008
- “Salt, soap and shoes for school - The impact of pensions on the lives of older people and grandchildren in the KwaWazee project in Tanzania’s Kagera region, KwaWazee Project”. Full evaluation Report. August 2008. Regional Psychosocial Support Initiative, HelpAge International, World Vision International, Swiss Agency for Development and Cooperation, Dar es Salaam and KwaWazee Switzerland.
- Clacherty, G., May 2008, “Living with our Bibi - A qualitative study of children living with grandmothers in the Nshamba area of north western Tanzania.”