

A Case Study

Community-Based HIV/AIDS Prevention, Care, and Support Program



MEASURE Evaluation
&
Pathfinder International

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Cover photo by Felix Masi/Voiceless Children, courtesy of Photoshare.

Acronyms

AIDS	acquired immune deficiency syndrome
APHIA II	AIDS, Population, and Health Integrated Assistance Program
ARV	antiretroviral
CBO	community-based organization
CHW	community health worker
CIC	community implementing committee
COPHIA	Community Based HIV/AIDS Prevention, Care, and Support Program
ECD	early childhood development
HBC	home-based care
HIV	human immunodeficiency virus
IAP	Integrated AIDS Program
IGA	income-generating activity
K-REP	Kenya Rural Enterprise Program
LIP	local implementing partner
MOH	ministry of health
NASCOP	National AIDS and STD Control Programme
NGO	nongovernmental organization
OVC	orphans and vulnerable children
PLHA	people living with HIV and AIDS
PMTCT	prevention of mother to child transmission of HIV
RAAAPP	rapid country assessment, analysis, and action planning process
RAAG	Ruiru AIDS Awareness Group
TOT	training of trainers
UNICEF	United Nation's Children's Fund
USAID	U.S. Agency for International Development
VCT	voluntary counseling and testing

Executive Summary

An estimated 12 million children aged 17 and under have lost one or both parents to AIDS in sub-Saharan Africa (*UNICEF, 2006a*). Despite recognition of the magnitude and negative consequences of this problem, there is little evidence on “what works” to improve the well being of children affected by HIV and AIDS. In an attempt to fill this knowledge gap, MEASURE Evaluation is conducting targeted evaluations of five programs for orphans and vulnerable children (OVC) in five unique settings — two in Kenya and three in Tanzania. Case studies are the first phase of MEASURE Evaluation’s targeted evaluations and begin the process of information sharing on lessons learned in programming for OVC. Additional evaluation activities under the MEASURE Evaluation targeted evaluation activity include an impact assessment and costing activity of each of the five selected programs.

This case study was conducted to impart a thorough understanding of U.S. Pathfinder in Kenya’s OVC program model and to document lessons learned that could be applied to other initiatives. This case study is based upon a program document review; program site visits, including discussions with local staff, volunteers, beneficiaries and community members; as well as observations of program activities. The primary audience for this case study includes OVC program implementers in Kenya and elsewhere in Africa, as well as relevant policymakers and funding agencies addressing OVC needs.

Pathfinder International’s Community Based HIV/AIDS Prevention, Care, and Support Program (COPHIA) was selected as a priority program for the evaluation. Funded by the U.S. Agency for International Development (USAID) and the U.S. President’s Emergency Plan for AIDS Relief (Emergency Plan), COPHIA focuses on the community, working through community-based organizations (CBOs). Program goals are to:

- strengthen the ability of communities to identify needs and to develop and implement activities focused on HIV/AIDS prevention, care, and support for OVC and persons living with HIV and AIDS (PLHA); and
- build the capacity of local organizations to manage and implement HIV/AIDS prevention, care, and support services.

To accomplish program goals, COPHIA trains CBOs and other community leaders in a number of professional skills, strengthens local networking among

relevant stakeholders, and provides CBOs with small grant awards to engage in independent initiatives. In turn, CBOs mobilize community resources, provide a number of direct support services to PLHA and OVC, and engage community health worker (CHW) volunteers in home-based care (HBC).

Services vary greatly due to individual CBO characteristics, area of operation, local resources, and needs of specific households. Pathfinder's model allows each CBO to tailor responses to the specific needs of the community. As such, apart from home visiting and psychosocial support, no service is uniformly distributed to all beneficiaries. The range of services provided include food and nutritional support, child protection, health care, educational and vocational training, economic opportunity/strengthening, and family services. Some unmet needs remain, such as lack of support for adolescents over the age of 15, insufficient number of professionally trained counselors, and limited legal resolution of rights violations.

This case study identified several program challenges. Due to limited resources, the project has found it difficult to meet the overwhelming needs of beneficiary households. Similarly, community expectations of direct material assistance lend challenges to the success and encouragement of CHW providing only information and psychosocial support. Another challenge the project faces is the increasing workload for CHWs and CBOs, as new child beneficiaries are continually identified throughout the life of the project. Other challenges concern the program's success within urban environments. Project staff highlighted the difficulties of fostering community ownership in urban areas where the population is more mobile and less likely to have strong relationships with neighbors; these factors also make it more difficult to identify and consistently serve needy families and children. Lastly, another challenge that COPHIA has faced is realizing the goals of vocational training. Several program staff members noted that vocational training alone is not enough to ensure youth become economically viable, highlighting the need for additional inputs such as start-up materials.

COPHIA has many program innovations and successes. The program has successfully adapted interventions to community identified needs. Pathfinder has focused on encouraging CBOs to be self-sufficient through provision of training rather than direct resources. The training of community members further increases program reach and promotes local expertise within the community. OVC and PLHA are also engaged as active program participants,

serving as professional volunteers. The program supports and facilitates partnerships among local stakeholders, such as government branches, health facilities, educational institutions, businesses, and other CBOs. These partnerships stimulate community-driven responses, lend a wide referral network to serve children and families in need, and ultimately help CBOs access additional resources to support OVC.

Although COPHIA HBC and OVC activities ended in August 2006 (health facility renovations continue), partnerships with communities remain and the lessons learned from the project will be applied to a new USAID/Emergency Plan-funded program, AIDS, Population, and Health Integrated Assistance (APHIA II). APHIA II is a geographically integrated program that seeks to improve and expand facility-based and community-based HIV/AIDS, reproductive health, and select maternal and child health services with primary emphasis on the prevention, care, and treatment of HIV. APHIA II will build on the community care and support model for PLHA and OVC, placing increased emphasis on providing comprehensive care and support to individual OVC by ensuring every orphaned or vulnerable child served by the program receives certain essential services.

To complement lessons learned through this case study, MEASURE Evaluation plans to conduct an impact assessment of the COPHIA project during the spring of 2007. A cross-sectional post-test study design will be applied to gather immediate data concerning program impact. Focus groups among volunteers, children, and guardian beneficiaries will also be conducted to enhance understanding of program impacts that may not be evident from a standardized survey. The COPHIA impact assessment will take place in Thika District of Central Province. Program sites visited during case study information gathering are located in Thika District and are therefore contextually similar to communities selected for the impact assessment. The impact assessment presents an opportunity to examine child, guardian, and community-level outcomes resulting from community strengthening efforts.

Introduction



A young girl who lost her parents to HIV/AIDS sits at the doorstep of her classroom at a rescue center for orphans in Kenya's largest slum Kibera. On her pair of socks she has an AIDS campaign logo which tells it all. The little girl is not only an orphan but also a crusader in the fight against the killer disease. 2005. Photo by Felix Masi/Voiceless Children, Courtesy of Photoshare.

Worldwide, the number of children under age 18 who have lost one or both parents to AIDS stands at more than 14.3 million (*UNAIDS, UNICEF & USAID, 2004*). Many more children live with one or more chronically ill parent. The vast majority of these children live in sub-Saharan Africa. Despite the recognition of the magnitude and negative consequences of this problem, there is little evidence on “what works” to improve the well-being of children affected by HIV/AIDS. Given the lack of information on the impact of care and support strategies for OVC, there is an urgent need to learn more about how to

improve the effectiveness, quality, and reach of these efforts. In an attempt to fill these knowledge gaps, MEASURE Evaluation is conducting targeted evaluations of five OVC programs in five unique settings — two in Kenya and three in Tanzania. The Pathfinder International's COPHIA was selected as a priority program for the evaluation.

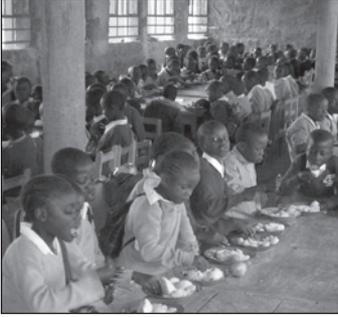
COPHIA is funded by the Emergency Plan through USAID. The program focuses on building resources within communities to address the needs of PLHA and OVC. COPHIA program strategies are in alignment with Emergency Plan strategies, particularly the strategy aimed at mobilizing and supporting community-based responses. COPHIA strengthens community-based response through efforts to build the capacity of local organizations and community volunteers to provide HBC as well as a variety of other support services. COPHIA provides training and small grants and initiates activities to strengthen networking among local stakeholders. As a result, communities are empowered to address the psychosocial, education, nutrition, health, protection, and economic needs of OVC and PLHA.

This case study was conducted to impart a thorough understanding of the COPHIA program model and document lessons learned that can be applied to other OVC initiatives. The primary audience for this case study

includes OVC program implementers in Kenya and elsewhere in Africa, as well as relevant policy makers and funding agencies addressing OVC needs. The case study is informed by program document review; program site visits, including discussions with local staff, volunteers, beneficiaries and community members; as well as observations of program activities. The program model is described in-depth, including a description of key program activities, methods of beneficiary selection, services delivered, unmet needs and approaches to working with the community. Program innovations and challenges are also detailed. It is our hope that this document may stimulate improved approaches in the effort to support OVC in resource constrained environments.

Case studies are the first phase of MEASURE Evaluation's targeted evaluations. Additional evaluation activities include an impact assessment and costing activity of each of the five selected programs, including Pathfinder's COPHIA. Best practices relating to improving the effectiveness of OVC interventions will be identified and disseminated. This document seeks to begin the process of information sharing on lessons learned in OVC programming.

Orphans and Vulnerable Children in Kenya



A feeding program for orphans and other vulnerable children enrolled in Learning and Development Kenya (LDK)'s sponsorship program in Kenya. The program feeds 530 children every school day with a lunch meal. 2005. Courtesy of Photoshare.

HIV prevalence in Kenya has fallen from a peak of 10% in adults in the mid-1990s to the current estimate of 6.1%, however the decline is not uniform throughout the country and prevalence in some antenatal clinics falls between 14% and 30%. The Joint United Nations Programme on HIV/AIDS (UNAIDS) also estimates that 1.1 million children living in Kenya have been orphaned by AIDS (*UNAIDS, 2006*). The percentage of children orphaned or otherwise considered “vulnerable” is estimated at approximately 60% of all children within Kenya (*Kenya Central Bureau of Statistics, 1999*).

Children affected by HIV/AIDS often live in households undergoing dramatic changes, including intensified poverty; increased responsibilities placed on young members of the family; poor parental health that may increase emotional or physical neglect; stigma and discrimination from friends, community members, or extended family; or parental death. These changes often result in reduced household capacity to meet children’s basic needs. Orphaned children may undergo a transition to a new household or, in relatively few cases, be forced to head their own households. Orphans are more likely to live in households with higher dependency ratios; may experience property dispossession; often miss out on opportunities for education; may live in households experiencing food insecurity; and often experience decreased emotional and psychological well being due to such dramatic life changes, challenges, and losses (*UNICEF, 2006a*).

Political will and donor support in Kenya have combined to intensify programmatic and policy responses to the HIV/AIDS epidemic and increasing numbers of OVC. The Ministry of Home Affairs and United Nation’s Children’s Fund (UNICEF) undertook a rapid country assessment, analysis, and action planning process (RAAAPP) for OVC in 2004. Based on

RAAAPP results, a National Plan of Action and National Policy on OVC was developed. The government of Kenya also developed a National Database of OVC to coordinate the efforts of various agencies offering interventions for OVC. Beyond national policies, coordination, and plans for action, OVC in Kenya benefit from government efforts to address the needs of all children through provision of free health care for children under the age of five, free primary school education, and efforts to establish children's courts. However, school fees often prohibit OVC living in poor households from attending preschool education at early childhood development (ECD) centers and secondary schools.

In the civil service sector, local organizations attempt small-scale community work to meet the needs of PLHA and OVC with scarce human, monetary, and technical resources and without technical or managerial training. Often drawing on dedication and commitment of community volunteers, these organizations have great potential to address the needs of PLHA and OVC in their communities; however they require capacity building, including training, network strengthening, and grant support. COPHIA builds on government initiatives to serve vulnerable children by focusing efforts at the community level and building the capacity of local organizations to support OVC and their families.

Methodology



Children in Kenya. 2006. Photo by Ilene Speizer.

Information Gathering

Case study activities were completed June 20 through July 23, 2006. Interviews were conducted with Pathfinder staff, local implementing CBO partners, CHWs, teachers, counselors, and OVC beneficiaries. Activities observed included: monthly meetings with CHWs; OVC policy sensitization with government and heads of CBOs; daily activities at a CBO office; volunteer home visits to beneficiary

households; activities for OVC at an ECD center and primary school; and vocational training center programs. Field visits concentrated on four of the five CBOs operating in Thika District, namely: Ruiru AIDS Awareness Group (RAAG), Mugutha Women's Group, Integrated AIDS Program (IAP), and Speak and Act. However, members from an additional partner CBO, Ruiru Baptist Church, participated in some activities observed.

Focal Site

Thika District is the focal site for case study activities as well as the impact evaluation. Thika District is located in Central Province approximately 40 kilometers from the capital city of Nairobi. Thika has 171,569 households (*Kenya Central Bureau of Statistics, 1999*) and is primarily rural yet includes some urban and peri-urban areas. The percentage of Thika residents living below the poverty line is 34.9% (*Kenya Central Bureau of Statistics, 2005*). Many residents are employed either in nearby Nairobi or in Thika by one of a variety of local industries, including coffee, pineapples, and flowers. In 1994, Thika had the highest HIV prevalence in the country at 39% (*Kenya Ministry of Health-NASCOR, 2004*). Although HIV prevalence has declined drastically in the area to 6.1%, Thika District still has the highest HIV prevalence in Central Province (*Kenya Ministry of Health, 2005*). In 2003, UNICEF estimated 38,402 orphans resided in Thika District and projected this number to increase to 40,781 by 2008 (*UNICEF, 2006b*).

Program Model



Girls participating in a vocational training program offered through a CBO that partners with Pathfinder. 2006. Photo by Anna Hoffman.

Overview and Framework

Funded by USAID, COPHIA was initiated by Pathfinder in 1999 to address the need for HBC in HIV-affected communities and, beginning in 2004, it received Emergency Fund support. To strengthen community-based response to the needs of families affected by HIV/AIDS, COPHIA focuses at the community level, working through local implementing partners (LIPs) including faith-based organizations and CBOs, including AIDS support

organizations. Program goals are to:

1. strengthen the ability of communities to identify needs and to develop and implement activities focused on HIV/AIDS prevention, care, and support for PLHA and OVC; and
2. build the capacity of local organizations to manage and implement HIV/AIDS prevention, care, and support services.

To accomplish program goals, COPHIA trains CBOs and other community leaders in a number of professional skills, strengthens local networking among relevant stakeholders, and provides CBOs with small grant awards to engage in independent initiatives. In turn, CBOs mobilize community resources, provide a number of direct support services to PLHA and OVC, and engage CHWs in HBC. The COPHIA model and its OVC care and support component have evolved considerably since inception; OVC care and support programming emerged in response to local needs and priorities. As COPHIA CHWs provided HBC to chronically ill adults, they became aware of the problems of children in these households and the program responded accordingly with specific OVC efforts. Activities and intended outcomes for OVC are described in the subsequent framework on pages 20-21.

Key Program Activities

COPHIA engages in a variety of activities to ensure services and support for OVC in the community. Key activities are carried out by Pathfinder as well as partner CBOs and community volunteers and center on capacity building, home visiting, community mobilization, and strengthening local networking.

“Pathfinder has trained us to become consultants in our community.” — A CBO staff member

Community capacity building — Pathfinder facilitates training, leadership, and grant opportunities to build the capacity of CBOs, community leaders, and volunteers to serve locally identified needs of PLHA and OVC. Pathfinder worked closely with the Ministry of Health to develop the nationally endorsed home-based care training curriculum for CHWs throughout Kenya. CBO managers and Ministry of Health staff based in local health facilities receive advanced training-of-trainers (TOT) courses in home-based care. Upon completion of this training, they are considered TOT leaders and subsequently facilitate CHW trainings and provide ongoing clinical supervision to CHWs. Pathfinder compensates TOT leaders for their time as trainers and supervisors.

In addition to increasing capacity of TOT leaders and CHWs to conduct home-based care, COPHIA facilitates development of other semi-professional skills within the community. Selected health care professionals receive training in pediatric HIV/AIDS care and comprehensive HIV and AIDS care for PLHA. An array of technical skills is also provided to other community leaders, such as teachers, government representatives, religious authorities, as well as project beneficiaries. Pathfinder provides them with specialized training to become paralegals, child counselors, and VCT counselors. This training has resulted in the presence of 55 paralegals, 25 VCT counselors and 15 child counselors within Thika District. In addition, Pathfinder offers training to relevant community members in the needs of children under the age of five. Those trained apply their skills to implement CBO activities (e.g. CBO-based VCT counselors) or utilize them more broadly within their work settings (e.g. teachers trained as child counselors). Trained professionals also share their skills with one another. For instance, participants of a month-long counseling course subsequently provided 25 paralegals with a week-long training in basic counseling.

Since 2004, CBOs supported by Pathfinder also have had the opportunity to apply for small grants from Pathfinder to accentuate services and support available to OVC. Partners develop project ideas and determine how funds should be applied to respond to identified needs. Grants have been provided to address OVC material needs, including provision of seeds and fertilizer, uniforms, and school fees for vocational training. In addition, grants may be used to support skill development, such as training in organic gardening for OVC caregivers and heads of child-headed households. Each CBO may apply for one grant per year from Pathfinder, ranging from U.S. \$1,000 to U.S. \$5,000. CBOs supported by Pathfinder may also receive funding and resources from other international nongovernmental organizations (NGOs), such as Christian Children's Fund, Catholic Relief Services, Catholic Agency for Overseas Development, and World Food Programme. Pathfinder helps to improve CBO use of available funds through training in operational management and budgeting.

Home visits — A core element of the COPHIA program is HBC and psychosocial support for PLHA through CHWs. These volunteers are recruited by each CBO and receive a comprehensive three-week training from TOT leaders with support from Pathfinder before undertaking home-visits. Initially, training focused predominantly on clinical skills related to HBC of chronically ill patients, such as recognition of common ailments, hygienic practices for bed-ridden patients, and safe changing of soiled linens. Over time, training has evolved to reflect the vast changes in HIV care and treatment, covering topics concerning antiretroviral (ARV) drugs adherence and prevention of mother-to-child transmission of HIV (PMTCT). Training also includes issues related to counseling, OVC care and support, and family planning. Equipped with these skills, CHWs provide basic medical and psychosocial support to households under their care. CHWs also identify problems that need higher-level intervention and link OVC and their families to the CBO and other referral partners as appropriate. During home visits, CHWs may provide basic education (e.g., nutrition, child rearing, immunization, and growth monitoring), social support, and may assist with household upkeep. Trained in the importance of VCT and stigma reduction, CHWs further play an important role in mobilizing people to be tested for HIV, as well as encouraging family reconciliation and acceptance in the case of HIV-positive results. When material support is available from CBOs, CHWs are fundamental in prioritizing clients to receive support based on

needs identified during home visits. At times, CHWs may deliver resources from CBOs directly to clients, especially in the case of medicine or food for bed-ridden patients, or encourage clients to visit a CBO to obtain this support. Finally, it is through home visits that most OVC are identified and their needs recognized.

As of June 2006, there were 242 CHWs serving 4,100 clients within Thika District. At least once a month, each CHW visits eight to 15 households within his or her community. CHW availability and household circumstances influence the frequency of visits. TOT leaders provide CHWs with ongoing support and guidance, with each leader supervising an average of eight to 10 CHWs. They also conduct follow-up home visits to ensure accuracy of CHW reporting, facilitate monthly meetings to discuss issues facing volunteers and the households they serve, and lead ongoing refresher trainings at least once a year. CHWs are affiliated with the partnering CBO; the figure below indicates the number of CHWs associated with each CBO.

Number of CHWs between January 2004 and March 2006, by CBO

	Ruiru AIDS Awareness Group	Mugutha Women's Group	Ruiru Baptist Church	Speak and Act	Integrated AIDS Program	Total
Number of CHWs	49	29	29	73	62	242

Community mobilization — In addition to engaging CHWs, COPHIA aims to encourage the wider community to provide vulnerable members with care and support. In the initial stages of program rollout, community meetings were held to inform local leaders about the purpose of COPHIA, training to be provided, expectations of the CBO and community members, and services to be delivered. During initial community meetings, Pathfinder addressed the expected balance between its contributions and contributions from the community. Staff continually reiterated that any direct services for PLHA and OVC apart from HBC would be provided through community efforts.

CBOs receive skills and training in community sensitization and mobilization and have demonstrated success in garnering community donations. CBOs conduct community forums approximately once a month to mobilize the

community and raise awareness on a variety of topics, such as HIV/AIDS, stigma, OVC, VCT, PMTCT, child rights, and national policies. As a result, local stakeholders have provided in-kind contributions to support OVC and PLHA. For example, one CBO was able to open a food bank with donations from community members and local businesses. Another CBO received donated space and voluntary technical guidance to support vocational training. CBO staff also utilize the specialized skills they received in training to forge partnerships with local businesses. For example, one CBO provided HIV prevention education to staff at a local flower company and, in turn, the company began paying the rent and providing food to support a CBO-run ECD center. Resource mobilization is also conducted to support broader community initiatives. For instance, one CBO solicited donations to pay teacher salaries for a local ECD center. CBOs successful in community mobilization share their strategies with one another during project management workshops; CHW training; and via Pathfinder, whose staff members meet monthly with each of the CBOs.

Primary targets for sensitization campaigns include community leaders, local health centers, educational institutions, and government branches. Government representatives contribute to project development, as identification of successful local CBOs is conducted in conjunction with the District Social Development Office in each district. They and other local authorities (e.g., municipal council and constituency AIDS control committees) also receive ongoing sensitization and information from Pathfinder on relevant guidelines, such as the national OVC policy. As a result, the government has supported CBO efforts. For example, the Ruiru Municipal Council turned over a portion of food relief assistance to CBOs for distribution to needy families. Pathfinder also offers local health facility staff a three-day orientation on COPHIA and HBC. While the program cannot support medical expenditures, sensitivity about the program may lead health staff to attend to client needs in a more timely and compassionate manner. Similarly, sensitization sessions provided by CBOs and Pathfinder to ECD centers and to primary and secondary schools has stimulated leniency among these institutions when it comes to OVC enrollment and school fees.

To strengthen community resource mobilization, COPHIA promoted the creation of community implementing committees (CICs). Ten to 15 prominent community leaders comprise each CIC and work to sensitize the community about issues facing PLHA and OVC, as well as to mobilize

Pathfinder: Community-Based HIV/AIDS

More than 525 PLHA, caregiver, OVC and ecumenical CBOs and faith-based organizations assisted to provide HBC and OVC services. Services will be expanded within Nairobi and Central Province under the

Program

1. Strengthen the ability of communities and implement activities focused on HIV/AIDS
2. Build the capacity of local organizations to manage and in

Pathfinder Activities

- Disseminate national policies and guidelines at district, community, and CBO levels
- Train paralegal advisors, educate guardians, caregivers, and foster parents and mobilize communities around rights
- Train health care facility staff in pediatric HIV treatment, care, and linkages to HBC
- Train CHW in HBC
- Sensitize community and religious leaders on HIV impact and OVC needs
- Train CBO managers in HBC and OVC program management
- Train school teachers, ECD staff, and other key adults in child counseling and support
- Provide ongoing technical assistance and block grants to CBOs material support provision
- Business training and IGA for household adults, micro-credit loans

CBO Activities

- Provide HBC utilizing community volunteers
- Implement package of CBO services including psychosocial support, school fees and clothing, food, linkages to vocational or life skills training for older youth, and food security for caregivers
- Perform advocacy activities in the community
- Facilitate support groups for parents, guardians, and

Linkages

- Referral links with government
- HBC and OVC support for family planning, VCT and security programs

Prevention, Care and Support Program

support groups have been formed and 47 local partner support services in five provinces; over 70,700 OVC have received support. AIDS, Population, and Health Integrated Assistance Program (APHIA II).

Program Goals

activities to identify needs and to develop prevention, care and support to PLHA and OVC complement HIV/AIDS prevention, care, and support services

community OVC support psychosocial materials, to training for security for activities in the s (OVC, teachers)



Outcomes

- *Nutrition, Health, and Prevention:* Increased food security; improved OVC and guardian health; reduced HIV transmission
- *Community Support:* Strengthened CBO capacity to manage OVC activities; decreased community stigma; increased in kind contributions to OVC households
- *Psychosocial and Child Protection:* Improved lives of OVC caregivers; resiliency among children and guardians; enforcement of child-rights policies leading to legal action against perpetrators; reduced cases of child abuse and disinheritance
- *Economic Security:* Increased household economic security and ability to meet basic needs

government health facilities ensure OVC access to health services linked with wider community support initiatives including support groups, and PMTCT information and referral, income generating activities, and food

community resources to address these issues. CIC members principally consist of local authorities, such as government representatives and village chiefs. Members were sensitized to the problems facing PLHA and OVC, and some receive training in community resource mobilization and operational management along side CBO staff. While CICs have been effective in other districts — mobilizing food support and bursaries for OVC secondary schools fees for instance — within Thika, only one of the original three CIC is still functional. To address this gap, community leaders have been encouraged to participate in other aspects of COPHIA; for example, many community leaders have been trained as paralegals.

Strengthening community networking — Pathfinder aims to strengthen CBO utilization of community resources, especially referral networks. Trained paralegals are advised to refer cases in need of court resolution to the district children’s officer and UNICEF-supported Voluntary Children’s Officers. In addition, CBOs are encouraged to help OVC access partial scholarships for secondary school students available through the government’s bursary system. Each CBO has also established a referral relationship with many schools and at least one health facility offering treatment for opportunistic infections, VCT, PMTCT, and some with ARV drugs. Informed of available networks as part of training, CHWs refer clients to partner schools and health facilities as well as available community resources, such as VCT, child counselors, and paralegals.

Pathfinder further promotes ongoing relationships and information-sharing among community resource people. Pathfinder funds transport expenses to facilitate quarterly meetings among trained paralegals, HIV and AIDS counselors, and child counselors. Moreover, each CBO is made aware of the services and projects available from other partner CBOs in the district and may refer clients to one another. For example, OVC have been directed to visit other CBOs to access such services as tutoring and a clothing bank. CBOs have also been linked with other agencies offering skill-building opportunities. The Kenya Institute of Organic Farming, Kenya Association of Professional Counselors, and Kenya Rural Enterprise Program (K-REP) have all been engaged to lead trainings for CBO staff, professional volunteers, and OVC guardians. These institutions help to ensure local relevance of skills provided and to aid in development of OVC care and support initiatives, such as improved farming and caregiver lending groups.

Beneficiaries

OVC beneficiaries are often identified by CHWs providing HBC. In addition, community members may suggest potential clients or clients may be referred to a CHW after visiting the CBO office or partner facility. The majority of OVC are children of chronically ill caregivers. However, to a lesser degree, the program also supports orphans and their guardians, as well as youth-headed households.

In 2005, COPHIA provided more than 40,000 OVC in 11 districts with some form of support, including over 4,000 OVC in Thika District. While Pathfinder supports several CBOs to identify and serve beneficiaries, each CBO is limited to a specific geographic area and, though referrals are possible, OVC typically do not receive direct services from more than one supported CBO. The number of OVC served by each CBO varies, as the following table outlines.

Number of OVC served between January 2004 and March 2006, by CBO

	Ruiru AIDS Awareness Group	Mugutha Women's Group	Ruiru Baptist Church	Speak and Act	Integrated AIDS Program	Total
Number of OVC served	1,472	632	972	598	906	4,580

The numbers of OVC served do not include guardians who received support. Material support (such as food and small business loans), as well as home visits, often address the needs of other family members than OVC. While all children and adolescents benefit from family strengthening efforts, direct services for OVC generally target and are most appropriate for primary school-age children (ages 8 to 14). For example, education support is generally limited to primary school support (such as school materials or uniforms). However, an increasing number of adolescents participate in vocational training and other skill-building opportunities available through CBOs. Moreover, many more undocumented youth may be served by the counseling offered in schools.

Services Provided

Services vary greatly due to individual CBO characteristics, area of operation, local resources, and needs of specific OVC households. Because direct

material resources are limited, if a resource (such as food) is available, CHWs identify the most needy clients to receive this resource. Supervisors may also visit families to ascertain need, especially in situations with limited resources available for a benefit. (e.g., a small number of vocational training spaces open for OVC). Services also vary based on the CBO area of operation. For example, strategies to address food insecurity may differ between urban and rural environments. In rural areas, CBOs may train child-headed households and OVC guardians in organic farming, while in urban areas CBOs may provide direct nutritional support. Pathfinder’s model allows each CBO to tailor responses to specific needs of the community. As such, apart from home visiting and psychosocial support, no service is uniformly distributed to all beneficiaries. Though OVC do not receive a core package of services, the following describes the range of potential services offered from the five CBOs operating in Thika District (see the illustration “Overview of Services Provided by the Five CBOs in Thika District” for a summary of some of the unique services offered).

Food and nutritional support — CBOs utilize a variety of methods to deliver food and nutritional support. Methods include establishing food banks with donations from individuals, local community groups, and other NGOs; providing seeds and fertilizer for OVC households; training CHWs, OVC guardians, and mature OVC in organic farming; and providing porridge for students enrolled in CBO ECD centers. CBOs may also serve as vehicles to distribute government or World Food Program food subsidies. When these subsidies are brought to local administrators, CBOs often receive a portion for distribution to project beneficiaries.

Child protection — COPHIA trained 55 community members as paralegals. CHWs refer cases of disinheritance, discrimination, and child abuse to paralegals. Paralegals are often based at the CBO, or at times may make follow-up home visits to referred clients. If legal action outside of the community is necessary, paralegals refer clients to pro bono lawyers or to the district children’s office. Pathfinder has also assisted CBOs in educating communities about children’s rights and protection through regular community forums.

Health care — Advanced health care needs are principally addressed through referral of clients to partner government health centers. CBOs do not typically cover client treatment expenses, though they may negotiate with health facility staff to reduce fees or raise money on a case-by-case basis. One

CBO in Thika operates a HBC clinic providing free care for PLHA as well as OVC, including medicines for opportunistic infections, trained nurses and VCT. Other CBOs do not have these capacities, though they are able to offer counseling about HIV testing and referral to a local health center. Most of the 25 VCT counselors trained with Pathfinder support operate at the CBOs. ARV drugs are typically available only through the district hospital; however, one CBO has been empowered to provide limited distribution to clients unable to travel. All CHWs are provided with HBC kits that are replenished as needed by Pathfinder. These kits include basic supplies such as bleach, gloves, and cotton; they do not include any type of medication. CHWs are capable of recognizing common ailments and may provide general advice or home remedies, although they commonly refer clients in need to partner health facilities. The linkages are formalized through involvement of service providers from these facilities as TOT and clinical supervisors of CHWs.

HIV/AIDS health education is usually offered by CBOs during community forums held approximately once a month. CBOs have also established youth groups that conduct health information sessions at primary schools. Older OVC who attend vocational training also receive information about HIV and life skills education as part of their training.

Psychosocial support — Psychosocial support is the one service universally provided by COPHIA to all OVC and guardians/PLHA beneficiaries. All CHWs are trained in basic counseling skills and their TOT supervisors have received more extensive training to help CHW resolve issues as they arise. In addition, 15 child counselors selected by the CBOs were trained to address the specific needs of children. These counselors are mostly teachers in primary schools and are spread throughout the district. To ensure provision of comprehensive psychosocial services, there are linkages among child counselors, CHWs, and paralegals; the groups routinely refer children to one another according to identified needs. Some CBOs provide additional psychosocial support through support groups (e.g. PLHA, caregiver, or children with HIV groups).

Education and vocational training — All CBOs can refer OVC to ECD centers and to primary and secondary schools. In some cases, partner schools and centers will agree to delay fee payment or will subsidize enrollment fees of referred children (although primary schools are free, both ECD centers and secondary schools require school fees). Several CBOs opened their own

ECD centers with volunteer community teachers and allowed children to attend free of charge or for a nominal fee. With grants from Pathfinder, several CBOs have provided uniforms, books, and desks for primary school students and distributed these items in partnership with referral schools. Pathfinder additionally assisted one primary school with a large number of OVC to build additional classrooms to ameliorate class overcrowding. CBOs may also try to link students with government bursaries to support secondary school attendance.

With funding from Citigroup and Barclays Bank, CBOs support a limited number of OVC who have finished primary school with school fees to attend a local polytechnic or community-based vocational training program. Some CBOs run vocational training programs and defray the cost of attendance for OVC. Attending youth may also be provided a “business starter kit” that includes such inputs as payment of fees for the final certification exam, and either pay for or in some way facilitate transportation to the vocational training center, daycare for the student’s child (if applicable), food, and equipment.

Economic opportunity/strengthening — All CBOs introduced income-generating activities (IGAs) for OVC guardians. Pathfinder engaged K-REP to train CBOs in the establishment of caregiver lending groups and COPHIA-funded loan capital to facilitate initial microcredit. K-REP trains existing caregiver or PLHA support groups or newly formed income-generating groups in business management. One member is granted a loan and the entire group guarantees it. When the loan is repaid, another group member can apply for a loan. Apart from the K-REP program, small scale IGAs are conducted by caregiver support groups. For example, one women’s group makes and sells soap; profits are given to two different members each week.

Family services — Caregivers receive psychosocial support provided through home visits and CBO support groups, as well as IGA opportunities and healthcare referrals. They also benefit from services directed to the household, such as nutritional support.

Overview of Services Provided by the Five CBOs in Thika District

Pathfinder facilitates each of the CBOs to offer such universal services as psychosocial support through home visits and support groups (for both caregivers and OVC); referrals to health centers; home-based care (including provision of basic supplies through home based care kits); and education to clients and general community about HIV, OVC, children's rights, and stigma. Pathfinder also supports services that are unique to a CBO, some of which are described below.

CBO	Specific Activities
Ruiru AIDS Awareness Group	<ol style="list-style-type: none"> 1. Maintains food and clothing bank 2. Provides uniforms and desks for primary schools 3. Provides vocational training for OVC and others 4. Sponsors community-based ECD centers
Mugutha Women's Group	<ol style="list-style-type: none"> 1. Trains child heads of households and PLHA in organic farming 2. Demonstrates organic garden for PLHA and OVC caregivers 3. Provides ECD services to siblings and children of OVC attending vocational training 4. Supports a community vocational training program 5. Distributes seeds to OVC households and PLHA
Integrated AIDS Program	<ol style="list-style-type: none"> 1. Distributes seeds and fertilizer to OVC households and PLHA 2. Has a home-based care clinic for PLHA and OVC 3. Provides VCT 4. Supports expenses for primary education and vocational training for a few OVC
Speak and Act	<ol style="list-style-type: none"> 1. Conducts youth program providing peer education about HIV prevention 2. Provides uniforms and desks for primary schools 3. Provides VCT 4. Supports expenses for OVC to attend vocational training centers
Ruiru Baptist Church	<ol style="list-style-type: none"> 1. Provides uniforms and desks for primary schools 2. Provides fees for ECD 3. Collects food donations and distributes to neediest households

Note: Some of the CBOs offer additional services with support from other donors.

Unmet Needs

Adolescent needs are largely unaddressed — The majority of CBOs concentrate on pre-primary and primary-school-aged OVC. Apart from vocational training available to a limited number of beneficiaries, the needs of OVC over age 15 are not addressed. K-Rep, Pathfinder’s partner in economic strengthening, has a rule that IGA group participants must be 18 or older; thus, opportunities for income generation are not directly available to OVC or to households headed by children.

Insufficient number of professionally trained counselors — Project staff and CBOs feel the project has not trained enough counselors to deal with the psychosocial support needs of OVC and their guardians. Although CHWs have basic counseling skills, they feel limited in their ability to address major psychological issues facing clients, and clients’ children in particular. As a result, trained counselors are often overwhelmed with referrals from CHWs. Counselors also try to attend to the needs of adults and children who self-identify or are referred by CBOs, health facility staff, and teachers. Moreover, as many of the counselors are teachers, they must balance academic responsibilities with counseling.

Limited legal resolution of rights violations — While Pathfinder trains paralegals, court cases require trained lawyers. When there is a need to go to court, such as in instances of child abuse or disinheritance that cannot be addressed through local leaders, there are few lawyers available to provide pro bono representation for OVC. Thus, many cases that should be brought to court are never resolved through the legal process.

Community Ownership

“We are encouraging the community to be responsible for OVC in their community.” — A CBO staff member

Pathfinder places considerable emphasis on promoting community responsibility for the support of OVC. CBOs are empowered to lead and direct program activities and engage in a number of community mobilization strategies. As a result, CBOs have a strong sense of ownership for service provision and community members also feel they are actively contributing to the support of vulnerable members. However, the level of community support for OVC and PLHA varies among the five CBOs operating in Thika

District. For instance, a CBO with a long-standing presence and large staff would typically be more successful at garnering community donations than newer or smaller CBOs. In spite of these inevitable variations, engendering community ownership remains at the core of Pathfinder's approach and key strategies for achieving this aim are described below.

CBO leadership — Partner CBOs determine, manage, and lead project activities. Though Pathfinder has a presence in the community, program services are implemented by and associated with local CBOs. It is the local CBO that has day-to-day contact with the community. CBOs are responsible for selecting and supervising CHWs, exploring interventions to serve OVC in their communities, and conducting sensitization throughout their catchment areas. Pathfinder further encourages local problem-solving through CBO grant opportunities and is responsive to the unique needs of each CBO. For example, Pathfinder supported training in organic farming for one CBO that expressed interest in developing skills to address food security. Trainees set up a demonstration garden and trained OVC guardians and mature OVC in the techniques learned. CBO input is also instrumental to Pathfinder's future work plans and budget development. For instance, CBO-identified needs were the impetus for training in counseling, legal rights, and OVC issues. Finally, Pathfinder recognizes the various skills and opportunity levels of each CBO and conducted initial capacity assessments to determine training needs and monitors the progress of each CBO according to their individual strengths and weaknesses rather than using one standard of progress.

Building community capacity to recognize and respond to the needs of OVC — Pathfinder encourages community responsibility for OVC and PLHA by developing a cadre of skilled community resource people to respond adequately to identified needs. Pathfinder provides CBOs with advanced training and support in a number of semi-professional capacities, as well as skills in community mobilization including strategies to sensitize stakeholders on OVC and PLHA needs and solicit donations. As a result, CBOs are better able to assist OVC in their communities and cultivate the skills, contributions, and commitment of others to support OVC.

Direct material support and service provision by the community — Though Pathfinder allows CBOs to apply for one direct service block grant each year, direct financial support is limited and does not meet the many identified needs. Instead, CBOs are encouraged to garner independent and

community resources to provide for the basic needs of OVC. Though it was challenging to initially mobilize community members and local leaders, over time community mobilization has engendered community ownership and brought about local contributions to support OVC and PLHA. While there are limits on the extent to which poor communities can provide goods and services to their most vulnerable members, the model aims to foster community solutions within community means.

OVC identified by local definitions of vulnerability — CHWs are key to identifying families and OVC in need of support and help to prioritize distribution of limited resources. Thus, it is community members who identify and address vulnerability. CHWs reportedly feel a high degree of responsibility to ensure that the most vulnerable OVC receive the services they need.

Leadership roles of PLHA and OVC — PLHA and OVC beneficiaries are selected by CBOs to serve as CHWs, paralegals, counselors, and other resource people. They contribute directly to ameliorating the problems they and others with similar problems face, and convey pride in their work and skills.

John Williamson, a senior technical advisor to the Displaced Orphans and Children's Fund of USAID, describes a typology of interventions for OVC that categorizes programs as direct service delivery; service delivery through community participation; or community owned, led, and managed activities (*Williamson, 2003*). COPHIA represents a gradual transformation from service delivery through community participation to community owned, led, and managed activities. Community members carry out specific activities with agency training and support, a hallmark of service delivery through community participation. However, the many strategies COPHIA employs towards community ownership illustrate Pathfinder's ultimate goal to engender community ownership and leadership. COPHIA aims to empower communities to lead and manage response to locally-identified needs.

Resources



Children in Kenya. 2006. Photo by Carla Lopez.

Donors

In 2004, the Emergency Plan awarded supplemental funding to Pathfinder's USAID-funded COPHIA program to expand existing OVC services through grants and capacity building of CBO partners. Supplemental funding is utilized for training on OVC issues (e.g., child counseling and pediatric HIV/AIDS), as well as grants to support CBO direct service provision. Pathfinder also receives assistance

from corporate and private donors. For example, Barclays Bank supported OVC in vocational training and provided youth with business starter kits. In addition, the Citigroup Foundation (through Citibank) provides funds for equipment and travel allowances for trainers and trainees for a community vocational training center. Private donations to Pathfinder also supported the building of classrooms for one community school. At the CBO level, resources come from a variety of sources including other international donors or NGOs, as well as from in-kind community donations (e.g. food, clothing).

Program Staff

Three staff members are employed to support COPHIA in each district: an area manager, an OVC coordinator, and a field coordinator. The area manager supervises the coordinators and reports to the deputy representative of programs, based in Nairobi. The area manager is also responsible for liaising with local government officials, preparing program reports, and tracking program achievements and implementation issues. The coordinators work closely together and serve as a conduit of information between Pathfinder and CBOs. They coordinate community program activities, including trainings and meetings among volunteers; and also conduct training sensitization activities. Coordinators oversee CBO activities, retrieving monitoring forms from CBOs and follow-up with community partners. For example, the OVC coordinator regularly visits partnering schools and health centers to discuss the project and ensure expected activities are being performed. Pathfinder is not responsible for hiring or funding CBO staff; however, Pathfinder supports CBO expenses through travel allowances and, in some cases, with funding to pay office rent.

Volunteers

COPHIA has an extensive network of volunteers. With the exception of one CBO that receives staff salary coverage from a separate funding agency, CBO staff in Thika are volunteers. In addition, over 200 CHWs, 50 paralegals, 15 child counselors, and 25 VCT counselors are trained project volunteers. Though volunteers are not paid for their time, Pathfinder provides some volunteers with training and travel allowances. Each month, TOT supervisors are provided 2,500 Kenya shillings (Ksh) (approximately U.S. \$34) to cover necessary transportation expenses for ongoing CHW supervision, as well as facilitation allowances of up to a maximum of 2,000 Ksh (approximately U.S. \$29) for a full-day training session (or less for a half-day participation). CHWs receive 2,000 Ksh per month to cover transportation to beneficiary households. However, if CHWs do not submit monthly reporting forms, they are considered inactive and are not provided with a transport allowance. Trained paralegals, VCT counselors, and child counselors receive 400 Ksh (or U.S. \$5) during quarterly meetings to cover transport and lunch costs.

Community In-Kind Contributions

CBOs solicit contributions from individuals, government, and businesses in their communities. In-kind contributions may include food, clothing, space, and supplies. All CBOs in Thika District receive community in-kind contributions; however, the magnitude of support is variable. Examples of contributions include donated space from a community member for CBO activities; donated space from a local business for an ECD center, as well as porridge to feed children; and computers and sewing machines donated to a CBO for their vocational training program.

Lessons Learned



A graduate from a CBO vocational training program, sewing uniforms to sell at a nearby school. The training services the CBO offers are supported by Pathfinder and community in-kind donations. Photo by Anna Hoffman.

Since operations began in 1999, experience has afforded many lessons regarding implementation. CBO and Pathfinder staff identify lessons learned through innovations, successes, and challenges encountered over time.

Program Challenges

Addressing the many needs of OVC households — Each CBO provides direct material assistance to the extent that it is able to do so. However, in spite of grant funding and community mobilization strategies, CBOs in Thika feel unable

to provide enough assistance to meet the many needs of OVC. Because of inability to meet all recognized needs, several CBO staff members interviewed for this report felt that their work made little impact on the overall well-being of OVC.

Addressing community expectations of direct material assistance — Beneficiaries expect direct material support during home visits and, as a result, may feel CHWs are not providing sufficient assistance. This issue may be compounded by periodic distribution of material resources; once families have received some form of material assistance, they may expect the same during every home visit. Although psychosocial support is provided during every home visit, without tangible material services this support may not be seen as a “service” by the community or even by the CHWs themselves. CHWs may also become discouraged by their inability to address identified needs.

Coping with large and continually increasing numbers of OVC — New OVC beneficiaries are identified throughout the project and are served for as long as needs persist. Thus, the workload of CHWs and CBOs is continually increasing. Though COPHIA has trained additional CHWs over time, there are not enough CHWs to serve all OVC beneficiaries regularly through home visiting. Even with the provision of psychosocial support

from CHWs, growing numbers of beneficiaries augment the need for direct material support, far exceeding available resources. Moreover, some CHWs are overstretched by OVC expectations for care. For instance, children tend to increase their reliance and dependence upon the CHWs following parental death.

Realizing the goals of vocational training — Although having a skill is important to enable OVC to provide for themselves and their siblings, program staff highlight how vocational training alone is not enough to ensure OVC are economically viable citizens. To realize the goals of vocational training, OVC require additional support to complete the training and subsequently capitalize on these skills. Several CBO staff and youth highlighted the importance of considering that time spent in training is time away from other earning possibilities and caretaking responsibilities; this is particularly challenging for females. As such, OVC may require supplemental resources, such as food, daycare for the student's child/siblings (if applicable), and even the cost of transportation to the vocational training center. To promote self-sufficiency, OVC may also need financial assistance for the final exam required for official certification and to procure production materials and machinery. In recognition of these challenges, some youth are provided a “business starter kit” that includes paying for some of these expenses and other support to facilitate training attendance; however, these kits are provided to only a small fraction of youth who need them.

Urban challenges to service provision and community ownership — Creating community ownership in urban areas is challenging because the population is mobile, seasonal migration for employment is common, and people living in urban areas typically do not know their neighbors very well. These factors also make it more difficult to identify and consistently serve needy families and OVC.

Program Innovations and Successes

Adapting interventions to community identified needs — Community and CBO leaders are consulted in the initial and ongoing development of project activities and Pathfinder is responsive to local input and ingenuity. COPHIA staff liaise with CBOs, CHWs, and other community members to determine needs and adjust program work plans and budget accordingly. For example, when volunteers highlighted the ongoing challenges in attending to children's psychosocial issues, Pathfinder trained an additional 15 volunteers

in child counseling. In addition, the use of available resources is determined by CBOs within their grant applications. Pathfinder's willingness to adapt program activities to community needs encourages a strong sense of program ownership among CBOs and the community.

Encouraging CBOs to be self-sufficient — Pathfinder provides limited direct resources to CBOs to address basic needs of OVC. As a result, CBOs do not rely exclusively on Pathfinder and pursue additional sources of funding and support. CBOs have become skilled in resource mobilization and successfully garnered donations from local government, the private sector, and the general community. CBOs provide many examples of in-kind contributions received, including donated space, food, supplies, and technical support. Their success in mobilizing community resources has helped them expand services for OVC as well as engender an increased sense of responsibility towards OVC in the community.

Partnering with community stakeholders — COPHIA strives to capitalize on existing resources and expertise within the community. Both CBOs and Pathfinder formulate partnerships with local stakeholders, including government branches, health facilities, educational institutions, businesses, and other CBOs. Pathfinder and CBOs stimulate these relationships through a number of strategies, including initial consultation, ongoing sensitization, and technical training and support. They also facilitate leadership roles for a number of local actors, meaningfully engaging them in the initiative. Networking among CBOs and community resource people is also encouraged through regular meetings and forums, supporting the exchange of lessons learned and reducing duplication of services. By engaging a cadre of community stakeholders in the program and promoting linkages among them, Pathfinder facilitates a wide referral network to serve OVC, motivates community-driven responses, and ultimately helps CBOs access additional resources to support OVC.

Training community members as trainers — Trained trainers able to conduct workshops in the community increases program reach. Through provision of intensive training to a few qualified people, COPHIA is able to pass on skills to a large number of community volunteers, many more than could have been trained by Pathfinder staff alone. As COPHIA expanded, much of the ongoing capacity building was performed by TOT leaders with support from Pathfinder staff. Moreover, inclusion of medical and social

professionals as TOT leaders ensures that volunteers are sensitized to skills from variety of perspectives. TOT leaders benefit from financial compensation Pathfinder provides for trainings rendered as well as recognition of their distinct qualifications. They are also able to leverage their experience and skill acquired during training to facilitate workshops for Pathfinder and other agencies beyond the scope of COPHIA. In addition, training community members as trainers promotes sustenance of local expertise within the community.

OVC and PLHA as active program participants — PLHA and OVC beneficiaries are included by several CBOs as CHWs, paralegals, and counselors. CBO staff and beneficiaries report that including PLHA and OVC as program volunteers brings a feeling of empowerment to OVC and PLHA who can “give back” by supporting others. In addition, trained beneficiaries may be more effective at empathizing with the problems that other OVC and PLHA face, and also engage in independent efforts to support others in their situation.

“What motivates me is helping someone to move from where I was to the level I am now.” — Youth beneficiary trained as a paralegal.

The Way Forward



Community health workers from a CBO that partners with Pathfinder. 2006. Photo by Anna Hoffman.

COPHIA operated from 1999 through 2006 and served 11 districts in five provinces. More than 525 PLHA, caregiver, OVC and ecumenical support groups have been formed, and 47 local partner CBOs and faith-based organizations assisted to provide HBC and OVC support services. Over 70,700 OVC have received support.

Although COPHIA HBC and OVC activities ended in August 2006 (health facility renovations continue), partnerships with communities remain and the lessons

learned from the project will be applied to a new USAID/Emergency Plan funded program, AIDS Population and Health Integrated Assistance (APHIA II). APHIA II is a geographically integrated program that seeks to improve and expand facility- and community-based HIV/AIDS, reproductive health, and select maternal and child health services with primary emphasis on the prevention, care, and treatment of HIV. APHIA II will build on the community care and support model for PLHA and OVC, placing increased emphasis on providing comprehensive care and support to individual OVC in accordance with Emergency Plan and national OVC guidelines. This will entail ensuring OVC have access to at least four of the following six essential services — healthcare, nutrition, education/life skills, legal protection, psychosocial support, and shelter. Pathfinder will also continue to support income generating activities. As the lead agency for APHIA II in Nairobi and Central Province, Pathfinder will draw upon expertise from COPHIA as well as experience in reproductive health and PMTCT to develop an integrated community- and facility-based program. Through APHIA II, Pathfinder expects to serve 16,100 and 36,800 OVC in Nairobi Province and Central Province, respectively, by 2008.

Lastly, to complement lessons learned through this case study, MEASURE Evaluation plans to conduct an impact assessment of COPHIA in Thika District of Central Province during the Spring of 2007. A cross-sectional post-test study design will be applied to gather immediate data concerning

program impact. Surveys measuring a variety of aspects of child and guardian well-being will be conducted among residents within intervention and comparison communities. The intervention group consists of all households within communities where the program has been in operation for three years. The comparison area consists of all households within communities slated to receive similar services. Both intervention and comparison communities reside within the same division of Thika District, though are within separate locations (nationally recognized geographical boundaries). Program sites visited during case study information gathering are located in Thika District and are therefore contextually similar to communities selected for the impact assessment. Focus groups among volunteers, children, and guardian beneficiaries will also be conducted to enhance understanding of program impacts that may not be evident from a standardized survey. The impact assessment presents opportunity to examine child, guardian, and community level outcomes resulting from community strengthening efforts.

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