

CARE INTERNATIONAL IN KENYA



SUSTAINABLE LIVELIHOOD SECURITY FOR VULNERABLE HOUSEHOLDS IN SEVEN DISTRICTS OF NYANZA PROVINCE (DAK ACHANA) PROGRAM

HIV/AIDS LIFE PROJECT

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WE ACKNOWLEDGE THE SUPPORT OF

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS	ii
TABLE OF CONTENTS	iii
LIST OF ABBREVIATIONS AND ACRONYMS	iv
EXECUTIVE SUMMARY	1
1.0 PROJECT BACKGROUND	2
2.0. PROJECT DESIGN	2
3.0 KEY PROJECT ACTIVITIES UNDERTAKEN	4
4.0 SUMMARY OF PROJECT ACHIEVEMENTS.....	8
5.0 COLLABORATION PARTNERSHIPS AND NETWORKING.....	9
6.0. CHALLENGES	9
7.0. RESOURCE USE.....	9
8.0. LESSONS LEARNED.....	10
9.0 CONCLUSIONS.....	10
10.0 RECOMMENDATIONS FOR FUTURE PROGRAMMING	10

LIST OF ABBREVIATIONS AND ACRONYMS

AMREF	African medical research foundation
CBO	Community Based Organization
COSAMO	Community Savings Mobilization
CSB	Corn Soya Blend
DAP I	Development Assistance Program Phase I
DAP II	Development Assistance Program Phase II
FY	Financial Year
GMP	Growth Monitoring and Promotion.
GOK	Government of Kenya
HACI	Hope for African children initiative
H/H	Household
HIV/AIDS	Human Immune deficiency Virus/ Acquired Immune Deficiency Syndrome
HNP	Health and Nutrition Promoter
IPTT	Indicator Performance Tracking Table
IR	Intermediate Result
LIFE	Leadership and Investment in fighting Epidemic
LMC	Location Management Committee
MCH/FP	Maternal and Child Health / Family Planning
MOU	Memorandum of understanding
MT	Metric Ton
OVC	Orphans and Vulnerable Children
TASK	The improved Agriculture for Small holders in western Kenya
USAID	United States Agency for International Development
UNICEF	United Nations Children's fund
WASEH	Water Sanitation and Education for Health

EXECUTIVE SUMMARY

CARE-Kenya has been implementing a Development Assistance Program Phase II (DAP II) II titled “Sustainable Livelihood Security for Vulnerable Households in Nyanza Province, Kenya”. This program has been a continuation and expansion of activities successfully implemented in DAP I during the year 1999 – 2003. DAP II has five-components that offer maximum integration and synergy. These components are namely: 1) The Improved Agriculture for Small holders in Western Kenya (TASK); 2) Water, Sanitation and Education for Health (WASEH); 3) Community Savings Mobilization (COSAMO); 4) HIV/AIDS LIFE Initiative and 5) Food-for-work (FFW) maintenance and repair of canal, irrigation and other public infrastructure. The DAP It’s final goal is to improve in sustainable manner, the food and livelihood security of the vulnerable households in seven districts in Nyanza province during FY 2004 – 2008.

The HIV/AIDS Life component is a nutrition support initiative to orphans and vulnerable children (OVC). This intervention was successfully implemented in Homabay and Rachuonyo districts for the last five years. A total of 6178 OVC against the project target of 5000 OVC was reached with supplementary food rations.

1.0 PROJECT BACKGROUND

Agriculture is the mainstay of Kenyan economy; however food insecurity specifically due to the impacts of HIV/AIDS has affected a large population. The nutrition and food security are threatened having lost and depleted the household resources and economically productive population. Malnutrition remains a major problem and a serious impediment to the achievement of the millennium development goals. Malnutrition as a result of the disease and that of food insecurity has a synergistic effect. Already it has resulted to high rates of mortality and morbidity in children particularly in Nyanza. USAID defines food security as “when all people at all times have both the physical and economic access to sufficient food to meet their dietary needs for a productive and healthy life.” According to the USAID definition, food security is comprised of three underlying elements: food availability, access, and utilization. *Availability* refers to an adequate supply of food. *Access* refers to adequate means to obtain food, via home production, the market or other sources. *Utilization* refers to the appropriate biophysical conditions (i.e., good health) required to adequately utilize food to meet dietary needs.

This Final documentation report provides details of the successful implementation of the HIV/AIDS LIFE project. It is the fourth component of the DAP II program (locally referred to as *Dak Achana*). The project aimed to mitigate the impact of HIV /AIDS on orphans and vulnerable children and their families through provision of food commodities, health and nutrition education during the year 2004 to 2008. The project focused on reducing the impact of HIV/AIDS by improving the food security and nutrition sufficiency - food availability and utilization by OVC and households affected by HIV/AIDS. It worked to strengthen the avenues for food security, capacity and economic coping mechanism of OVC caregivers through local community based organization, to be able to cope with the burden and respond to the pandemic hence lead meaningful life. The project targeted Homabay and Rachuonyo districts of Nyanza province owing to their high HIV / AIDS prevalence rates and high number of orphans. According to UNICEF report in 2003, Homabay already had over 67,000 Orphans and Rachuonyo 43,000 orphans. The two districts have been among the top with high child and infant mortality in Nyanza province.

2.0. PROJECT DESIGN

The project specific objectives, intermediate results and methodology are outlined below:

Project specific objective (SO4): *By September 2008, the nutritional status of targeted 5,000 orphans and vulnerable children (OVC) in two districts in Nyanza Province will have improved.*

The project’s intermediate result: *By September 2008, 15 community based organizations (CBO) and 7 other institutions will be providing 5000 OVC in the two districts in Nyanza province with supplementary Ration.*

2.1. The implementation methodology

The original implementation strategy was to through HACI and CBOs under them. This was abandoned since HACI had a minimal presence in the project area. The project changed to implement directly with the community based organizations (CBO) through signing of memorandum of understanding (MOU) with them. The project adopted a demand responsive approach where the CBOs within the target locations were encouraged to apply for partnership with the project through the department of Culture and Social Services. This was

followed by a vetting process conducted by project staff. The vetting process involved establishing if the target CBO had a clear track record of development accomplishment particularly in areas of HIV/ AIDS developed. After vetting a MOU was signed with the approved CBO, spelling out roles and responsibilities of each party in the project implementation. A total of 22 CBO were identified and approved. This was particularly to ensure that such groups implementing complementary activities would offer other varied support to OVCs besides food. The support provided by the project was basically to enhance the profile and capacity of the CBOs to serve the OVC effectively.

The CBO members were trained on the project and commodity management to enhance their skills and operational knowledge. The groups selected volunteered nutrition and health promoters (HNPs) who were trained to as TOTs. The groups were also facilitated to form food distribution committees. Five temporary community food stores were certified by the public health officials to act as centres for take home rations by the OVC caretakers/guardians. A total of 15 CBOs formed 5 food distribution committees reaching 5903 OVC through 1612 guardians with take home rations in these centers. Seven stores managed by 7 CBOS were certified to offer institutionalized feeding/ wet feeding for 275 OVC in the institutions i.e. daycare centres and orphanages. A graduation system was adopted by the institutions where transferred/migrated OVC were replaced by new enrollments in the institutions. Households with improved OVC above 5 years were replaced with vulnerable households with OVCs under five years. The project also linked the CBOs and institutions to other development partners. The HNPs in collaboration with project staff performed quarterly growth monitoring to establish progress of the intervention. To review progress and develop way forward the project facilitated CBOs monthly review meetings. The project deliberately concentrated in areas targeted by the other DAP II component e.g. all HIV/ LIFE partnering CBOs were the same ones targeted by the WASEH project for the envisaged health benefits to the OVC.

The 22 CBOs were spread within Nyarongi and Ndhiwa divisions of Homabay District and Kasipul division of Rachuonyo District.

By the year 2008 the project coverage was as shown below

Table 1: Summary of project coverage

District	Division	Location	No. Groups	No. OVCs	No. H/h Served
Homa Bay	Nyarongi	Central. Kanyidoto	2	513	132 H/H 56 supported in Institutions.
		North. Kanyikela	1	191	67H/H
		South. Kanyikela	1	248	74H/H
	Ndhiwa	C. Kanyamwa	2	177	31 H/H 80 supported in school program
		West. Kanyamwa	2	1419	416 H/H
		N. Kanyamwa	1	66	66 in day care center under institution feeding.

District	Division	Location	No. Groups	No. OVCs	No. H/h Served
Rachuonyo	Kasipul	Kachien	2	1322	315 H/H 32 OVCs in day care center under institution feeding.
		Kokech	6	1679	462 H/H. 32 in School feeding program
		Konuong'a	5	952	120 H/H
Totals			22	6,178	1612 HH and 275 OVC in centres

3.0 KEY PROJECT ACTIVITIES UNDERTAKEN

The following key activities were undertaken during the implementation period 2004 – 2009.

3.1. Community Entry process

Project staff conducted Government of Kenya (GOK) protocol visits to all the relevant authorities 'to introduce the project. This also helped in collecting relevant information and data on the area to be targeted. This was followed by awareness creation meetings through the barazas and other relevant community gathering. The project then called for stakeholders' forum and leaders' orientation workshops where project details, mapping and areas of collaboration were explained to partners.

3.2. *Identification and Mobilization of CBOs*

As mentioned earlier in the section above, awareness creation meetings were held at divisional, location, sub location and village levels to enhance the community understanding on the project. The project placed adverts in all the project areas seeking applications from qualified CBOs. Applications were vetted based on project set criteria, shortlisted CBO were visited by the project to confirm their actual presence on the ground. A final list of CBO was developed which comprised of 22 CBOs from Homabay and Rachuonyo districts.

3.3. *Assessment of CBO capacity*

A detail CBO assessment was conducted to the 22 groups. The assessment was to establish each CBO area of coverage, the number of OVC and OVC households within those areas, other opportunities within those areas. The CBO strengths and weaknesses were also analysed. By the end of this activity the project managed to determine the quantity of food versus the number of OVC per group.

3.4. *Develop MOU with the groups*

The project developed partnership agreements with the 22 CBOs spelling each parties role in the project. Issues of transparency and accountability were stressed in the MOU. All guardians became part of the CBO team to agree on issues outlined in the MOU.

3.5. *Conduct CBO review meetings*

This was a monthly activity to review progress and develop way forward per CBO. Projects implementation as well as their own CBO members' participation was monitored. During the period, all the 15 CBOs and management of the 7 institutes held their reviews accordingly. The HNP also held quarterly reviews to review the Health and Nutrition promotion process

and developed way forward. The health and nutrition promoters reported having reached 1612 caregivers as expected with the nutrition messages.

3.6. Develop guidelines for requesting food resources

Based on the number of OVC and households agreed to be reached by each CBO, the project in collaboration with the CBO verified the family sizes and determined the rations and total quantity approved per CBO. The requests were based on this information which was reviewed from time to time.

3.7. Sensitize CBO and OVC caregivers on LIFE Initiative

The CBOs and the OVC caregivers were trained on the rationale of the food assistance and the need for HIV/AIDS prevention. The community was also made aware to ensure they contribute to the response towards prevention of the HIV/AIDS pandemic.

3.8. Identification and monitoring of community food store

The CBOs managed to identify, repair and invited the public health officers for certification of the food stores to be used by the project. These stores were monitored monthly by project staff and the public health, checking on the ventilation, door soundness, environmental sanitation, walling, ceiling, floor, pallets, commodity stacking and roofing to ensure commodity stayed safe and sound. The commodities were not allowed to stay in take home distribution centers for more than one week.

3.9. Formation of food distribution committees

The project facilitated the formation of food distribution committees in every food distribution centre/store. The committee comprised of two representatives from every CBO. In Homa bay there was food distribution committee in Rapedhi centre /store comprising all groups in Nyariongi Division and Newlife centre/store in Ndhiwa comprising all groups in Ndhiwa. In Rachuonyo, a committee was formed at Kachien chief's camp comprising of members of KACREC group in Kachien Location. There was also a committee at Kokech Location composed of all groups in Kokech location at Mawira food store/centre. In Konuong'a Location committee was formed composed of all the five CBOs in the location with a distribution center at Ogwesa- kokoyo store. This was to enhance community involvement in food distribution and to hold them accountable for the food issued to them. In stores /centers that offered institutionalized feeding to day care children, CBOs elected the matron who could prepare food for the children to eat from the centre. The secretary of the group was entrusted with ensuring proper documentation of food records. The food committees would meet monthly to plan and review the food distribution process.

3.10. Training of group committees on commodity and project management

The 15 CBO and the 7 institutions representatives underwent this training. It was aimed at enhancing their capacities in proper utilization of the commodities; and also made them improve on their own projects management. Key topics on commodity management were generated and covered in the training through the help of the project officer who had earlier attended the USAID commodity management workshop. CBOs were trained on the various commodities tracking documents: beneficiary ration cards; stock control card; warehouse stock ledger; beneficiary register; daily summary and conducting monthly food reconciliation. The training was conducted within the community which made it easy for the groups to attend and understand the topics well. The project team particularly interns assisted in follow-ups to ensure implementation of the community action plan

3.11. Development of Nutrition and health training materials

Nutrition training was one of the training needs identified by the project. Two residential workshops were held, between project staff, community representatives, ministry of health – nutritionist, children’s officer and the home economics department of Agriculture to develop the nutrition and health manuals to be used by the CBOs. The Nutrition and health manual was developed in 2005 and this was followed by the training of the NHP and the caregivers.

3.12 Training of groups and caregivers on health and nutrition

The 44 nutrition and Health promoters who were identified from the CBOs were trained to assist in community training on nutrition. The 1612 caregivers were reached with health and nutrition messages. The HNP together with the staff held various training sessions in community gathering, churches, barazas, schools and market centers. This training was expected to influence behavior and practice on hygiene and proper nutrition for improvement in the health of the targeted OVC and households. Emphasis was on, prevention of diarrheal diseases, proper feeding practices, importance of immunizations, production and preparation of locally nutritious foods. Topics on prevention and management of HIV/ AIDS and rights of OVC were included because the training needs assessment conducted prior indicated that most people still have a lot of misconceptions on HIV/ AIDS. It also realized that OVC are highly neglected and their rights violated. As a result most caregivers have improved in the OVC care and most OVC recorded improved growth.

3.13 Promotion of food security

This activity was emphasized to complement the project’s effort given the overwhelming need to support OVCs and as an effort to ensure sustainability. The 7 institutions established kitchen gardens with 4 out of them having established dairy goats and poultry production enterprises. The 15 CBOs were also involved in-group farming through collaboration with the TASK component and produced maize, sorghum, beans, green grams and vegetables- butternuts, water melons. Most caregivers established kitchen gardens and home butcheries, having also been involved in the COSAMO and TASK components.

3.14 Growth Monitoring and Promotion

Quarterly weighing of OVC and counseling to caregivers were conducted. The OVC recorded steady weight gain, an average of 1.5 kg was realized per child in 3 months. This resulted from improvements in the nutritional indices on stunting and underweight as captured in the program indicator performance-tracking table attached to the main report. However due to the long period of drought during October 2005- March 2006 and the effects of post election violence in January – March 2007 to March 2008, most households had very little food to complement the project food rations hence this could compromise the growth of some OVC. The GMP sessions were conducted by the HNP with backstopping from project staff as seen in picture 1 below. This data was captured in the projects quarterly growth monitoring tracking sheet; nutrition counseling was given to caregivers as they weigh and observe the children.

Picture 1: GMP session in mafia centre



Dorothy- A health and nutrition promoter weighing children in Rachuonyo District

3.15 De-worming, Immunization and Vitamin a supplementation of OVC

A total of 4200 over and above the target of 3200 OVC under the age of 5 years were dewormed. The high number of children turning up for the exercise was attributed to the health and nutrition promotion/sensitization, which was done by the project and the support from the GOK Ministry of Health who provided vitamin A supplements, immunization vaccines and staff during the exercise.

3.16 Home visits

Home visits were conducted by the HNP with technical backstopping from the project staff. The visits created forum for the household caregivers and OVC to discuss on issues affecting their growth and develop way forward. 1612 households were visited.

3.17 Post food distribution Beneficiary monitoring / Interviews

The purpose of this was to solicit views from beneficiary on the efficiency of food distribution process, the utilization and the effect of food on their households. Food rations were realized to be reaching the intended beneficiaries well; they also knew how to prepare it and the children liked the supplements very much. Most beneficiaries reported improvements in their physical outlook and reduced frequency of illness. This activity was facilitated by the program Monitoring and Evaluation officer (M&EO) who hired enumerators for the data collection in every month.

3.18 Distribute food to 5000 OVC through 15 CBOs and 7 other institutions

The project distributed food to 6178 OVC over and above the LOA target of 5000. The food distribution took place every month as scheduled. However little negative deviation of quantity delivered exist. This deviation is attributed to the reduction of commodity received in FY 08, something which was beyond the control of the program. Table 3 below illustrates the quantity of the specific food commodity distributed throughout the project life.

Table 3.0 Food Distribution Status

Food	Target	Achieved	Deviation
Corn Soya Blend (CSB)	935 MT	810 MT	-125 MT
Vegetable Oil	150 MT	125.5 MT	-24.5

The distribution took place in the 8 distribution centers in full participation of the target groups coordinated by the distribution committees. The project staff provided oversight and technical back stopping during distribution. This ensured proper distribution process and inventory every month food was delivered. The inventory kept in the distribution centers include, stock control cards; warehouse stock ledgers, beneficiary register and daily

summary. The ration cards are issued to every caregivers/beneficiary and presented during every distribution. The empty containers were given free to project participants in most centers. However, some centers made metal boxes for school going OVC through the use of empty tins and the empty bags were used for dressmaking training for OVC youth.

4.0 SUMMARY OF PROJECT ACHIEVEMENTS

Most of the monitoring targets were achieved and some exceeded (please see Table annex 1, Indicator performance tracking table (IPTT)). Only the amount of commodity delivered fell short due to reduction in quantity of commodities delivered by the donor in FY 08, a factor which was beyond the control of the program. A total of 6178 OVC were reached against the 5000 targeted. This high number of OVC reached was due to the fact that most households taking care of the OVC were able to complement the ration provided with own food therefore allowing reductions in quantity of supplementary rations given to household of the caregivers. The freed up resources were used to reach more OVC. In institutions, a monthly ration of 6.25kg of Corn Soy Blend (CSB) and 1 liter of vegetable oil was provided per OVC whereas in caregiver (foster) households, the same ration was for 1-3 OVC. At total of 15 CBOs and 7 institutions received and distributed food as planned. The total amount of commodity distributed was 810MT against the planned 935 MT of CSB and 125.5MT against 150 MT of vegetable oil. The achievement of most targets was mainly due to overwhelming number of OVC in the project area and the enhanced capacity of the CBOs and institutions in distributing food. It is worth noting that the number of OVC continued to rise despite a lot of efforts on fighting HIV/ AIDS.

The project worked very closely with other DAPII components for envisaged benefits to targeted OVC. Through the WASEH project, all the 22 groups working with the project were trained on household water treatment. Two of the groups constructed boreholes. Green grams (*vignus aureus*) was introduced to the OVC caretakers through the TASK component and about 620 out of the 1400 households invested approximately US\$1000 in buying the germplasm (Planting material).

The project managed to organize an effective community involvement in the food distribution. Internal commodity losses were significantly mitigated. Working through existing community groups ensured that the OVC also benefited from other activities carried out by the groups i.e. early childhood education, provision of clothing.

.4.2 Human Interesting Story

*“I never knew these twins would survive, having been left at 9 months after the death of their mother and father three years ago. But look how charming they are now, every month that I receive USAID food from CARE, I ensure they get their daily porridge. I give them safe water and make sure everything is clean. We have been taught that food cannot go without good hygiene. Out of the KShs. 90 that I used in buying one kilogram of green grams seeds, I harvested one whole 50 kg sack of it. This helps me in making their lunch / supper as well. **Remarks by Mama Jane Oguna, a 50 year old caregiver supported through KACREC group and living with four OVC in Rachuonyo district.**”*

5.0. COLLABORATION PARTNERSHIPS AND NETWORKING

The HIV/ AIDS Life component's implementation was based on the partnership between the project and the CBOs .Besides the project mainly collaborated with the GOK line ministries and catholic dioceses of Homabay and APHIA II Nyanza. The Ministry of Health provided immunization vaccines, vitamin A supplements and deworming regimens and personnel service during de-worming .They also provided anthropometric measurement equipment (height board and weighing scales) for use during the nutrition surveys. The Public Health Department inspected the food stores and certified that the stores were still fit for food storage. They also played a key role in World Aids day celebration; nutrition/ malezi bora week. Ministry of Agriculture provided technical advice on kitchen gardening, poultry and dairy goat establishment. GoK's Children Department provided sensitization on children issues during training and coordinated the celebration of the day of the African child and the orphan's day. The Catholic Relief Services (CRS) through the catholic dioceses of Homabay also provided anthropometric equipment for the nutrition surveys.

6.0. CHALLENGES

The project faced various challenges, including:

Sustainability remained a challenge as most OVC are young and dependent on caregivers who are either ailing or elderly and are economically unproductive. Poor living condition and high levels of poverty among caregivers who should take responsibility is also a major challenge to sustainability. Also impacting on sustainability was the fact that the project was largely dependent on food commodities which were not easily available after USAID resources was exhausted.

Unreliable rainfall pattern- and shift in seasonality resulted in low yields and thus inadequate food to effectively complement the food rations.

Post election violence resulted raised the cost of living with prices of basic items / food getting beyond the reach of many thereby increasing the vulnerability levels of the OVC households.

CARE-Kenya's rented warehouse in Kisumu City was looted was looted during the post election violence.

7.0. RESOURCE USE

The project was implemented with one project Officer doubling as the project Officer for Food for Work (FFW) and reporting directly to the program manager. An assistant field Officer was hired in the third year of project implementation, earlier four project interns were attached to the project. The project warehouse clerk was responsible for the HIV LIFE and FFW commodities. An assistant warehouse clerk was later recruited to assist the warehouse clerk due to other added on responsibilities to the warehouse clerk in assisting the sakwa water scheme stores and emergency response stores.

The project used vehicle (KAL 221K) which doubled as the program vehicle and for FFW, in the last year, another vehicle KAK 448 K was repaired to assist the project. One motorcycle KAE 755J used in DAP was assigned to the Assistant Field Officer.

The project operated on total budget of US\$ 720,779 and food commodities for direct distribution worth US \$ 239,662 (810MT of CSB and 125.5 MT of Vegetable oil)

8.0. LESSONS LEARNED

Proper community capacity building i.e. trainings on commodity management and nutrition were integral component of the project. The community knowledge and involvement in the project was enhanced, this enabled efficient and effective food distribution process, documentation hence ownership and mitigation of losses.

Food provision cannot be a stand alone intervention, the deliberate integration with the other program components i.e. TASK, WASEH and COSAMO resulted in greater health benefits and change in the nutritional status.

9.0 CONCLUSIONS

The project implementation was very successful despite the thin staffing level and many challenges.

10.0 RECOMMENDATIONS FOR FUTURE PROGRAMMING

An integrated OVC programming on all the key thematic areas of OVC survival, education, participation and protection must be addressed together for desired and sustainable impact.