



Formerly named Christian Children's Fund

*WEAVING THE SAFETY NET (WSN) PROGRAM
KENYA*

Agreement No. GPO-A-00-05-00016-00

FINAL REPORT

MARCH 18TH 2005 – JUNE 30TH 2010

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Annual Program Statement (APS No.M/OP-o4-813) to Support Orphans and Vulnerable Children Affected by HIV/AIDS.

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II. Acronyms

AED	Academy for Education Development
AIDS	Acquired Immune Deficiency Syndrome
AMREF	African Medical and Research Foundation
CACC	Constituency AIDS Coordinating Committee
APHIA II	Aids Population and Health Integrated Assistance
CBO	Community Based Organization
CCF	Christian Children's Fund
CDF	Constituency Development Fund
CBW	Community Based Worker
COPBAR	Community Based Program Activity Reporting
CORP	Community Own Resource Person
DFID	Department For International Development
ECD	Early Childhood Development
FBO	Faith Based Organization
HBC	Home Based Care
HIV	Human Immuno-deficiency Virus
IEC	Information, Education, Communication
IDA	International Development Agency
IGA	Income Generating Activities
ITN	Insecticide Treated Nets
JOL	Journey of Life
KNASP	Kenya National Aids Strategic Plan
K-REP	Kenya Rural Enterprise Program
KePMS	Kenya HIV/AIDS Program Monitoring System
LIP	Local Implementing Partner
M&E	Monitoring and Evaluation
MOE	Ministry of Education
MOH	Ministry of Health
NASCOP	National AIDS/STD Control Program
NYACC	National Youth Action Against Corruption Conference
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PCGP	PEPFAR Community Grants Program
PLWHA	People Living with HIV/AIDS
PSS	Psychosocial Support
REPSSI	Regional Psychosocial Support Initiative
RH	Reproductive Health
ROC	Rights of Child
SPM	Selection, Planning and Management
TOWA	Total War against AIDS
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
VSL&	Village Savings And Loan Associations
WSN	Weaving the Safety Net

EXECUTIVE SUMMARY

INTRODUCTION

ChildFund presents the final Report for the PEPFAR supported Track 1 OVC program, *Weaving the Safety Net (WSN)*, which was implemented in Thika and Kiambu districts of Central Province in Kenya. This Final Report covers the period, March 18th 2005 to June 30th 2010, with a total expenditure of US\$ 3,317,915 (100% of grant budget) from USAID and US\$1,781,971 (105 % of cost share) from ChildFund match (please note that on the SF 425 we were not able to reflect the actual match spent on the project. We were only able to report the required match amount of US\$ 1,694,778).

WSN program's overall goal is to reduce the impact of HIV/AIDS on 47,500 OVC. To meet this goal, WSN program approach reflected the established principles of the "The Framework for the Protection, Care and Support of Orphans and vulnerable Children" with high quality essential services through: 1) strengthening the capacity of families to cope with their problems, 2) increasing the capacity of children and adolescent youth to meet their own needs, 3) mobilizing and strengthening community-based responses; 4) raising awareness within societies to create an environment that enables support for children affected by HIV/AIDS; and 5) developing effective monitoring and evaluation systems, disseminating and applying best practices.

The project design also supported the full range of essential services defined in "Orphans and Other Vulnerable Children Programming Guidance for United States Government In-Country Staff and Implementing Partners". These include psychosocial support, child protection, shelter and care, health, early childhood development, education, food and nutrition, and economic strengthening. The project was implemented in two districts of Central Province in Kenya – Thika and Kiambu and covered 11 out of the 13 administrative Divisions (six in Kiambu and five in Thika) namely: Kikuyu, Limuru, Lari, Kiambaa, Kiambu Municipality and Ndeiya in Kiambu district; and Kakuzi, Gatundu South, Gatanga, Ruiru and Thika Municipality in Thika district.

ChildFund was the lead organization in a consortium of Pathfinder International and K-Rep. Other partners included: community and faith based organizations (CBO/FBO), government departments, training institutions, Regional Psychosocial Support Initiative (REPSSI) as well as Media houses.

OVERALL STRATEGIC OBJECTIVES/KEY PROJECT GOAL

The overall goal of the WSN program is to reduce the impact of HIV/AIDS on 47,500 orphans and other vulnerable children and adolescent youth in Thika and Kiambu districts in Central Province of Kenya.

The program has two strategic objectives:

1. To mobilize and strengthen family and community-based responses to provide care and support, with an emphasis on psychosocial care, to HIV-affected and other vulnerable children and adolescents.
2. To increase the capacity of HIV-affected and other vulnerable children and adolescents to meet their own needs, through active participation in national and district-level programs and policy development and access to formal and non- formal education.

OVERALL ACTIVITIES AND APPROACHES

OBJECTIVE 1

1). PROGRAM START UP

Activity 1.1: Program Launch and Operations

ChildFund conducted a National-level launch on April 2005 presided over by the former Kenya Vice President to inform various stakeholders of the WSN program objectives, activities and anticipated outcomes. This was followed up with district and divisional stakeholders meetings.

2). COMMUNITY MOBILIZATION

Activity 2.1: Collection of Baseline Data

In June 2005, ChildFund conducted a rapid situational analysis to ascertain the number and situation of OVC as well as the number of CBO/FBOs working with OVC in all the 13 divisions of Thika and Kiambu districts. A comprehensive baseline OVC survey was conducted in August 2005 in two selected divisions in Kiambu and one division in Thika district to determine the current psychosocial indicators, community care and support systems that were available for the Orphans, Children and Youth affected by HIV/AIDS.

Activity 2.2: Community Awareness/ Sensitization Meetings and District Workshops

ChildFund facilitated the initial one-day sensitization meeting for district leaders and follow up divisional meetings in Thika and Kiambu districts to solicit for support and involvement of GOK and other stakeholders in the program. Introductory meetings were conducted with Pathfinder to medical referral facilities staff in Kiambu district for Home-based care orientation service providers at Kiambu district hospital. A variety of meetings were also held during the annual national and international days to raise awareness for effective community-based responses to HIV and OVC programming.

Activity 2.3: Training CBO/FBO on Resource Mobilization:

WSN facilitated resource mobilization training for local implementing partners to support and strengthen sustainable community level responses and contribution towards mitigating of the social economic impact of HIV/AIDS.

Activity 2.4: Support CBO/FBO with Office Stationery and Transport Reimbursement:

The program supported partners (CBO/FBO) with basic office stationery to ensure proper program data storage, quality and timely submission of required reports and supported CBO/FBO representatives involved in these activities with stipend and/or transport reimbursement to ease their work.

3) EDUCATIONAL SUPPORT

Activity 3.1: Youth Tutor Training/Payment of Stipends

Training of youth as peer tutors in both districts was facilitated by representatives from the Ministry of Education (MOE) to provide tuition to OVC with academic difficulties, basic counseling and psychosocial support, life skills etc. The youth tutors who were involved in tutoring OVC with academic difficulties were supported with a small stipend.

Activity 3.2: Training on the Establishment of Community Schools and payment of stipend

The program facilitated training of Community Resource Persons (CORP) on the establishment/ rejuvenation of community schools (ECD centres), and supported them with renovations, desks and stipends for teachers. The ECD teachers were also supported with a stipend.

4) PSYCHOSOCIAL SUPPORT (PSS)

Psychosocial well-being of children is essential in ensuring children's healthy growth, development and ability to achieve their full potential. It enables children to build their resilience and cope with diversities including, illness/loss of their parents, fear, guilt, adult roles and possible sibling separation due to death of parents. The program mainstreamed PSS into all program interventions taking advantage of the many ways ChildFund and its partners continuously engage with children for holistic development of the affected children and their caregivers.

Activity 4.1: TOT Training on Psychosocial Programming and Journey Of Life (JOL)

WSN program trained staff and partners as TOTs in PSS and JOL in September and November 2005. The training was facilitated by consultants from REPSSI. The TOT cascaded the training to OVC caregivers as CORPS who subsequently rolled down psychosocial support to the OVC, mobilizing the community for training and awareness creation on PSS to stimulate community involvement throughout the life of the project and beyond.

Activity 4.2: PSS Quality Review:

A PSS quality review was conducted in year three by a consultant from REPSSI to assess the implementation of psychosocial support activities offered by the ChildFund Kenya-Weaving the Safety Net (WSN) program.

5) HEALTH CARE

Provision of quality care and support to the HIV infected and affected individuals and families was mainly supported by assuring and/or increasing accessibility to health care services, both home and facility based in close partnership with MOH. Access to appropriate health care is beyond reach of most ordinary people and delivery of adequate facility care beyond the capacity of the health care system.

Activity 5.1: Home-Based Care Training

WSN facilitated training for home based care providers (CBW and TOT) aimed at strengthening the quality and reach of home-based care services, including expanding and strengthening referral linkages between health facilities and HBC clients using the NASCOP-approved home-based care training curriculum. The supervisors were health facility personnel who also form part of the home based care teams.

Additionally, the project purchased and distributed HBC kits to HBC teams and provided active CBW with stipend to facilitate their work.

Activity 5.2: Health Care Access to OVC

The program in partnership with the Ministry of Health (MOH) and faith-based health facilities, conducted de-worming, vitamin A supplementation and treatment for minor ailments to OVC. The program also provided Insecticide Treated Nets (ITNs) to the target beneficiaries as one of the strategies for malaria prevention.

Activity 5.3: Training on Mother Mentoring

Training on mother mentoring equips caregivers with health and nutrition related knowledge and skills aimed at improved childcare. It stresses on the importance of ensuring a clean and healthy environment for children. TOT trained by the project rolled-down mother mentoring training to other ECD and OVC caregivers.

Activity 5.4: Formation of PLWHA Support Groups;

Support groups provided emotional and social support to their members who encourage free discussions on issues affecting them and possible solutions.

Activity 5.5: Training on Selected Reproductive Health Issues:

In the era of HIV pandemic, youth often have limited access to correct information on reproductive health leading to involvement in risky behaviors (unprotected sex, use of drugs and other substance abuse) hence the need for training.

6) FOOD AND NUTRITIONAL SUPPORT

Accessibility of nutritious foods to OVC households was a challenge which manifested multifaceted consequences in child development such as malnutrition, poor health, physical and psychomotor development, that often lead to poor academic performance among other immediate and long term effects. The food was mobilized from the government, churches, individuals and other well wishers.

Activity 6.1: Support Community Schools (ECD Centers) With Unimix and Nutrition Education:

The project supported young children attending ECD centres with Unimix¹ to ensure adequate nutrition, regular and increased school attendance in day care centers for the very young children while trained CBO/FBO partners rolled down nutrition education to OVC households through trained Community Mobilizers on the importance of using locally available nutritious foods and promotion of kitchen gardens to ease access to food. The project also established a community demonstration plot in partnership with the Ministry of Agriculture

7) CHILD PROTECTION

Protection, though an important aspect of child rights, is often neglected. The situation is exacerbated by insufficient legal information, shortage of trained personnel, fear and slow response to reported cases. Protection activities within the project included training on child rights, Para-legalism, Memory Book and will writing for OVC and their caregivers. Trained OVC caregivers (teachers, chiefs, sub-chiefs and parents/guardians) continued to raise awareness in the community on child

¹ High nutritional value porridge flour (enriched with minerals and vitamins)

rights. Additionally, the program strengthened referral linkages with other service providers especially with the provincial administration to ensure justice is done.

Activity 7.1: Paralegal Training for community leaders and payment of stipend

Paralegal training was aimed at promoting legal literacy among the community leaders, educate and equip them on basic skills and knowledge of law to mitigate the impact of HIV/AIDS and empower them to use law as an instrument for behaviour change. The training was conducted in partnership with Pathfinder and OFFLACK (an organization of lawyers who provide free legal advice to the disadvantaged in the community). Paralegals conducted monthly meetings to provide an avenue for experience sharing in the implementation of paralegal related activities and challenges faced. Active paralegals were supported with a stipend to facilitate their work, ensure accuracy and timely submission of program reports. The paralegals form part of the Community Mobilizers team that monitors enrolled OVC and conduct home follow ups.

Activity 7.2: Training Teachers and Children on Child Rights and Participation

Teachers and Children from different primary schools were trained on child rights and formation of children clubs. School Management Committee Members were also trained on Child Rights and child participation. Teachers and children trained on the Rights of the Child and formation of clubs were further trained on leadership and management of the clubs and children councils. These forums create a platform for children to articulate issues affecting them and seek for appropriate response from the available support systems.

Activity 7.3: Youth and Child Monitoring of OVC activities:

Monitoring was conducted on quarterly basis by the youth accompanied by the CACC officials and CBO/FBO representatives as mentors to inspire the youth to participate in supporting OVC programs, create a sense of ownership and become leaders in their own development.

8) SHELTER

Access to shelter remains a challenge to many OVC which WSN addressed in partnership with the local implementing partners by supporting OVC in dire need with clothing and bedding materials.

OBJECTIVE 2

1) EDUCATIONAL SUPPORT:

Activity 1.1: Vocational training for the youth and start up kits:

WSN in partnership with the local implementing partners (LIP) supported eligible youth to access vocational training as one of the strategies to improve their livelihoods. Some of the youth who successfully completed their courses but did not get formal employment were supported with start up kits to initiate business.

Activity 1.2: Support OVC with scholastic materials:

The program supported needy OVC with essential scholastic materials to attend school.

2) ECONOMIC STRENGTHENING

Activity 2.1: Micro-credit services to vulnerable households:

Caregivers of OVC identified for short term/ immediate support such as scholastic materials were targeted for household interventions including vocational training and support with start up kits or inclusion in solidarity group lending programs (K-REP partnership and VSL Associations).The project mobilized OVC caregivers to access micro credit services through K-Rep and Village Savings and Loans (VSL) Associations to initiate and strengthen income generating activities (IGA).

3) ADVOCACY AND POLICY INFLUENCE

In an effort to enhance visibility of the OVC issues and leverage necessary support with different actors, WSN supported/participated in activities and forums to raise awareness highlighting various OVC problems/challenges.

Activity 3.1: Information, Education and Communication (IEC) and Media Campaigns;

The project produced and distributed IEC materials with information related to the OVC needs and documented children's voices through a range of public fora, events and mass media as a strategy of passing on appropriate messages pertaining to OVC plight and youth to the community.

Activity 3.2: Sports and Recreational Activities:

The program conducted recreational activities in partnership with local CBO/FBO and relevant government departments as another strategy for raising awareness on various issues affecting the children and youth in the community.

OVERALL SUMMARY OF RESULTS, SUCCESSES AND ACHIEVEMENTS

OBJECTIVE 1

1) PROGRAM START UP

Activity 1.1: Program Launch and Operations

The program National-level launch was conducted in April 2005 to inform various stakeholders of the objectives, activities and anticipated outcomes. The launch was officiated by then Kenya's Vice-President and Minister for Home Affairs, and attended by stakeholders and a representative from USAID local mission.

ChildFund Kenya signed project partnership agreement with Pathfinder and K-Rep to ensure effectiveness and rapid start up. The partners held the initial partner project planning meeting to define the roles of each partner and to discuss the number of divisions to be covered within the first year of program implementation. The consultation meetings among partners continued throughout the project implementation period.

2) COMMUNITY MOBILIZATION

Activity 2.1: Collection of Baseline Data

ChildFund conducted a rapid situational analysis and a comprehensive OVC baseline survey as planned. The situational analysis ascertained the situation and number of OVC as well as the CBO/FBOs supporting OVC in all the 13 divisions of Thika and Kiambu districts.

Activity 2.2: Community Awareness/ Sensitization Meetings and District Workshops

The project conducted community leader's sensitization meetings and district workshops to solicit for support and involvement of GOK district heads and partners in the program and define the roles of these leaders in mobilization of resources for care and support of those infected and affected, in particular, children and adolescents.

Additionally, staff participated in various annual national and international days/events to raise awareness for effective community-based responses to HIV and OVC programming. Examples of topics discussed were: the plight of OVC, leveraging of resources to meet the diverse needs of vulnerable children, stake holder's involvement, community ownership, sustainability and program transition/close out strategies.

Activity 2.3: Training CBO/FBO on Resource Mobilization and Group Dynamics:

A total of 73 CBO/FBOs were involved in the training focusing on resource mobilization techniques, negotiation strategies, accountability, documentation and ways of addressing various challenges.

Activity 2.4: Support CBO/FBO Representatives With Office Stationery and Transport Reimbursement:

The program supported 73 partners with basic office stationery such as folders, pens, and writing materials to ensure proper program data storage, quality and timely submission of required reports. In addition, the program supported 157 CBO/FBO representatives from involved in these activities with transport reimbursement to ease their work.

3) EDUCATIONAL SUPPORT

Activity 3.1: Youth Tutor Training/Payment of Stipends

A total of 296 youth who had attained Kenya Certificate of Secondary Education (KCSE) and had interest and capability to help needy children in the community were identified and recommended by CBO/FBO partners for an intensive three-day tutoring skills training. The training was facilitated by senior tutors from the District Teachers Advisory Centre using a MOE curriculum tailored to the specific needs of the tutors supporting OVC.

Activity 3.2: Training on the Establishment of Community Schools and Payment of Stipends

A total of 75 Community Resource Persons (CORP) in Kiambu and Thika Districts were trained on the establishment/rejuvenation of community ECD centres in 2005. The training covered major topics like child development, Child Rights, stakeholders and their role, establishment of community schools for children below 8 years etc. The CORPS identified and established 53 Community ECD centres in both districts. A total of 53 teachers involved in these ECD centres and who submitted returns: (log sheets and attendance lists) as per the requirements were supported with stipends.

4) PSYCHOSOCIAL SUPPORT (PSS)

Activity 4.1 TOT Training on Psychosocial Programming and JOL

Twenty TOTs were trained on PSS and JOL in September 2005 and November 2005 respectively by consultants from REPSSI. Thereafter, the TOT facilitated two-day training for 3,005 OVC caregivers and youth attending vocational training. The TOT also conducted PSS/JOL refresher training for 265 CORPs in year six to boost their capacity during transition and to address gaps identified. TOTs and CORPs in turn rolled down training on JOL to 42,012 needy children and youth from year two all through the program period.

Activity 4.2: PSS Quality Review:

A PSS quality review was conducted in year three of the project implementation by REPSSI to assess the implementation of psychosocial support activities offered by the WSN program.

5) HEALTH CARE

5.1 Home-Based Care Training

The program trained 409 Community Based workers (CBW) and Supervisors (TOT) to equip them with knowledge/skills in community care for PLWHA and their families. The TOT continued to conduct on-job updates to community based workers (CBW) to enhance their knowledge on current HIV/AIDS issues in relation to home based care. Additionally, the program purchased and distributed 658 HBC kits to CBW as stipulated by the National guidelines, during their monthly meetings. The monthly meetings also provided a forum to discuss progress of their work, challenges encountered and how to deal with them. TOTs were also involved in the meetings and conducted home visits whenever possible. In addition the program supported 388 active CBW with stipends to facilitate the work.

Activity 5.2 Health Care Access to OVC

The program carried out deworming, vitamin A supplementation and treatment of minor ailments for 36,932 OVC. The support also included Insecticide Treated Nets (ITNs) to expectant mothers and children under five. The distribution of ITNs was used as one of the strategies for malaria prevention within communities. The exercise was conducted in partnership with MOH. Since inception, the program also served approximately 137,724 children as indirect beneficiaries mainly through MOH partnerships during "Malezi Bora Weeks" (Child-Mother Health and Nutrition Weeks) in both districts.

Activity 5.3: Training on Mother Mentoring

The program supported 2 staff and one CBO representative to attend a one-week Training of Trainers in Kisumu in year three. The training was conducted by the Academy for Educational Development (AED) using "*Speak for the Child*" curriculum. The TOT rolled down the training to 50 ECD teachers and caregivers.

Activity 5.4: Formation of PLWHA Support Groups;

The program supported formation of 104 PLWHA support groups. Support groups provide emotional and social support to their members and address a range of client needs and those of the children in their care, for example psychosocial support, health care and long term succession planning. Support groups are also used by members to co-guarantee micro-credit services for increased household income.

Activity 5.5: Training on Selected Reproductive Health Issues:

The program used "Auntie Stella Guide²" as a training tool to address common reproductive health issues affecting the youth and reached population of 3,122 youth.

6) FOOD AND NUTRITIONAL SUPPORT

Activity 6.1: Support Community Schools (ECD Centers) With Unimix and Nutrition Education:

The program supported a total of 37,772 OVC with various nutritional services. The services included unimix for 4,899 OVC in ECD centres to ensure adequate nutrition, regular and increased school attendance and 32,854 OVC accessed nutrition education at household level through community mobilizers.

In year two, the program established a nursery for various seedlings (vegetable, fruits, bananas, tubers etc) in partnership with the Ministry of Agriculture. The seedlings were later transplanted to a demonstration plot which community members used to learn and enhance skills/knowledge to grow various indigenous and nutritious foods at household level.

7) CHILD PROTECTION

Activity 7.1: Paralegal Training for Community Leaders and Payment of Stipend

The program trained 410 Community volunteers as paralegals in partnership with Pathfinder and OFFLACK (an organization of lawyers who provide free legal advice to the disadvantaged in the community) and supported 178 active paralegals with a stipend to facilitate their work.

Activity 7.2: Training Teachers, Children and Community Leaders on Child Rights and Participation

The program trained 2,033 Teachers and Children from different primary schools on child rights and formation of children clubs for three and two days respectively, to enhance child right activities and raise awareness on the specific rights and responsibilities. In addition, children representatives and teachers were trained on leadership and management of Child rights clubs. Additionally, 355 School Management Committee members from the same schools were trained on Child Rights, child participation, child protection and related policies.

Activity 7.3: Youth and Child Monitoring of OVC activities:

A total of 94 Children and youth accompanied by the CACC officials and CBO/FBO representatives participated in program monitoring activities to create a sense of ownership and leadership in their own development. This activity was conducted quarterly.

8) SHELTER

During the project period, WSN in partnership with the local implementing partners supported 22,249 OVC in dire need with clothing and bedding materials.

OBJECTIVE 2

1) EDUCATIONAL SUPPORT:

Activity 1.1: Vocational training for the youth and Start up Kits for Graduates:

WSN in partnership with the local implementing partners (LIP) and training institutions supported 1,024 eligible youth to access vocational training as one of the strategies to improve their livelihoods and provided 541 youth who had interest in business and had successfully completed their courses with start up kits to initiate small businesses.

Activity 1.2: Support OVC with scholastic materials:

The program supported 31,887 needy OVC with scholastic materials such as text and exercise books, pens, pencils, uniforms, geometrical sets and school fees.

2) ECONOMIC STRENGTHENING

² A facilitator's and Adaptation Guide. An interactive health pack suitable for young children (12-19 years), both in and out of school, from the Training and Research Center, Zimbabwe.

Activity 2.1: Micro-credit services to vulnerable households:

The program mobilized 1,342 OVC caregivers to access various micro credit services to initiate and strengthen income generating activities (IGA).

3) ADVOCACY AND POLICY INFLUENCE

Activity 3.1: Information, Education and Communication (IEC and Media Campaigns):

The program produced and distributed 7,700 IEC materials including: t-shirts, caps, brochures and posters with information related to the OVC needs through a range of public fora and events as a strategy to pass on appropriate messages pertaining to OVC and youth in the community. In addition, WSN documented and disseminated children and youth's voices at the local and national level through a local radio station.

Activity 3.2: Sports and Recreational Activities:

The program facilitated 29 sporting events as one of the strategy for raising awareness on various issues affecting the children and youth in the community.

MAJOR CHALLENGES, CONSTRAINTS AND LESSONS LEARNED

The main challenges and constraints that were experienced in the implementation of the WSN program were as follows:

- **Volunteerism-** In resource poor settings, volunteerism can compromise the quality of data collected due to low motivation coupled with diverse family needs. Many CORPS expressed expectation for monetary gains.
- **Stigma-** remains one of the major deterrents to access of services by PLWHA.
- **Resistance to/Fear of Loans** –Potential clients were apprehensive of credit and the implications in case of default on the repayments.
- **Food insecurity** in OVC households due to poverty and prolonged drought that the country has continued to experience and unpredictable weather conditions.
- **Inaccessibility of health facilities/services** – Poor infrastructure and availability of essential drugs in Kenya has been and continues to be a big challenge.
- **High turn over of youth tutors:** Youth trained in tutoring, mainly secondary school leavers waiting for enrollment in college often left the program to join college or employment opportunities creating shortfalls.
- **Overwhelming OVC needs versus program sustainability:** OVC numbers continue to grow day by day overstretching the capacity of WSN partners to meet all OVC needs and ensure quality monitoring in addition to sustainability of the services offered.
- **Post Election Violence** – Following the country's disputed 2007 general election results; ethnic violence erupted affecting many communities in Kenya leading to the displacement of some caregivers and the OVC that were viewed as minority groups and perceived to have voted rival political camps.
- **Increased Cost of Operation:** Due to increased inflation and the weakening of the dollar worldwide, its impact on the market was negative and led to increased costs of business.

Lessons learnt:

- ✓ Integration of OVC activities into on- going programs is an effective way of addressing their issues in a sustainable manner.
- ✓ Partnerships at all levels are a sure way of maximizing on the limited resources.
- ✓ Community involvement promotes a sense of ownership and sustainability of the activities implemented.
- ✓ Continuous sensitization of the beneficiaries is critical to achieve growth and impact among the target group.
- ✓ Capacity building of the CORPS ensures that skills and knowledge acquired remains within their communities.
- ✓ Children need to be listened to, their ideas given attention and learn from their coping strategies
- ✓ OVC needs are many and more often than not require immediate and integrated interventions.
- ✓ Functional HBC care delays orphan hood and lessens the burden of OVC to families and the community.
- ✓ A vibrant M&E system is key to program success.
- ✓ Community mobilizers are an important link between the program and the OVC/caregivers served.
- ✓ There is need for continuous training and retraining of Community Mobilizers on various aspects of child care.

Table A: Tracking Table for Required Emergency Plan Indicators

Reporting Period (October 1, 2009 – June 30, 2010)									
PEPFAR Indicator	Indicator	Country A- Planned	Country A- Actual	Country B- Planned	Country B- Actual	Country C- Planned	Country C- Actual	Totals (A+B+...n) - Planned	Totals (A+B+...n) - Achieved
C1.1.D	Number of eligible adults and children provided with a minimum of one care service								
	Age: < 18	21,618	25,880					21,618	25,880
	Female	10,809	12,990					10,809	12,990
	Male	10,809	12,890					10,809	12,890
C5.1.D	Number of eligible clients who received food and/or other nutrition services								
	Age: < 18	1,673	2,516					1,673	2,516
H2.3.D	Number of health care workers who successfully completed in-service training program								
n/a	Number of providers/caretakers trained in caring for OVC	200	309					200	309

Table B: L.O.A. Progress Tracking Table for OVC Served

Reporting Period (March 18, 2005 – June 30, 2010)	Country A - Planned for LOA	Country A - Achieved to Date	Country B - Planned for LOA	Country B - Achieved to Date	Country C - Planned for LOA	Country C = Achieved to Date	Totals (A+B+...n) - Planned for LOA	Totals (A+B+...n) - Achieved to Date
Number of orphans and vulnerable children (OVC) ever served by an OVC program	47,500	50,196					47,500	50,196

* Since program inception, approximately 137,724 children were served as indirect beneficiaries by the program mainly through MOH partnerships during "Malezi Bora Weeks" (Child-Mother Health and Nutrition Weeks) in both districts.

Table C: Breakdown of Yearly Results by Age Estimates

	Under 2	2-4	5-11	12-17
Number of orphans and vulnerable children reached in age group	142	1,469	11,904	12,365

Essential Services

Services/Indicator	Actual Reached	Comments/notes*
<u>Food and Nutritional Support</u>	19,815	Short term food support, feeding programs, unimix, nutrition education
<u>Shelter and Care</u>	1,309	Bedding and clothing.
<u>Protection</u>	18,495	Training on children's rights, ROC club leadership and management training, response to reported protection issues of OVC by paralegals, Paralegal training and Memory Books and will writing.
<u>Health Care (General Health Needs of OVC, Health Care for HIV+ Children, Prevention of HIV/AIDS)</u>	11,569	Home based care, ITN provision, health education, minor treatment, Vit. A supplementation and de-worming.
<u>Psychosocial Support</u>	18,895	Training in PSS, JOL and counseling services.
<u>Education and Vocational Training</u>	8,553	Scholastic support (text and exercise books, uniforms, school fees) and start-up kits for youth.
<u>Economic Opportunity/Strengthening</u>	1,260	OVC caregivers supported with micro-credit and VSL Associations.

PROJECT IMPLEMENTATION SUMMARY BY STRATEGIC OBJECTIVES

Regions in Which the Program was Active

ChildFund Kenya **Weaving the Safety Net (WSN)** program was implemented in Kiambu and Thika districts of Central province in Kenya covering 11 out of the 13 administrative Divisions, (six in Kiambu and five in Thika) namely: Kikuyu, Limuru, Lari, Kiambaa, Kiambu Municipality and Ndeiya in Kiambu district; and Kakuzi, Gatundu South, Gatanga, Ruiru and Thika Municipality in Thika district.

Local Implementing Partners Involved in the Implementation

K-Rep Development Agency (KDA) - is a specialized local Micro Finance Research and Product Development subsidiary company of the K-Rep Group. Its main focus is on expanding the access of financial services to those who have been traditionally ignored by formal financial institutions. KDA, whose mission is "To build the field of micro finance through the development of appropriate micro finance products and services to create economic opportunities for low-income people and contribute to eliminating poverty", is registered as a Non Governmental Organization (NGO) under the NGO Coordination Act of 1990. KDA uses the group based lending methodology in accessing financial services (savings and credit) to its clients. The groups are self-selecting and the membership is voluntary. The intervention includes savings mobilization, credit to start or expand businesses, training in- group leadership and business management skills.

Target group

K-REP worked with the following categories of people:

- **PLWHA:** These are HIV+ individuals who had declared their sero status but were still in stable health condition, capable of engaging in an income generating activity. They were required to be parents or caregivers of enrolled children or next of kin for people at advanced stage of AIDS to act as proxy borrowers.
- **Caregivers:** These are individuals (adults and children) who had borne the socio economic burden of nursing one or more chronically ill PLWHA or OVC guardians. They were provided with loans mainly to uplift their economic status and to enable them to meet the financial requirements of the sick and the vulnerable children in the family. They could also have been family members or good neighbors who had volunteered to be caregivers.

Pathfinder International

Pathfinder International provides communities throughout the developing world with access to quality reproductive health information and services. Pathfinder has been working in Kenya for the last 30 years, and has partnered with over 60 non-governmental and community-based organizations, government agencies, and public and private sector institutions, to create sustainable and responsive community-based programs. A major thrust of Pathfinder's work has been to halt the spread of HIV/AIDS through comprehensive community-based programs incorporating prevention care and support initiatives for those infected and affected by HIV/AIDS. Pathfinder believes that successful community-based care programs must of necessity incorporate prevention efforts; basic home nursing care; two-way referral linkages; community participation and involvement; and strong linkages to emotional, social, spiritual, legal and economic support services. Pathfinder is committed to the provision of care and support of orphans and vulnerable children through community home-based care, and other community-based child protection initiatives such as training and support of community paralegals.

Regional Psychosocial Support Initiative (REPSSI)

REPSSI is the regional South African Development Community (SADC) organization that seeks to ensure that psychosocial activities are integrated into HIV/AIDS initiatives. REPSSI has vast expertise in PSS training, youth counseling and child advocacy. WSN program continues to utilize REPSSI manuals to enhance OVC, caregivers, partners' skills/knowledge on PSS programming and management.

The Academy for Educational Development (AED)

AED has developed a model specifically to assist low resource communities to support vulnerable children under five years of age, most of who are in ECD centers. In the year 2006, AED '*Speak for the child project*' trained two WSN staff and one community resource person as TOT in Mother Mentoring.

Local Faith-Based and Community-Based Organizations

ChildFund worked with 75 CBO/FBO to rapidly implement the program and established the model interventions necessary to ensure appropriate OVC care-giving environments within their own communities.

COUNTRY LEVEL BUDGET

During the project period, a total expenditure of US\$ 3,317,915 from USAID and US\$1,781,971 from ChildFund match was used in the program implementation.

OBJECTIVE 1

1) PROGRAM START UP

Activity 1.1: Program Launch and Operations

The program National-level launch was conducted in April 2005 to inform various stakeholders of the WSN program objectives, activities and anticipated outcomes. The launch was officiated by then Kenya's Vice-President and Minister for Home Affairs, and attended by stakeholders and a representative from USAID local mission, who made a presentation. The ChildFund National Director made a presentation of the Weaving the Safety Net Program, its goal, objectives and key activities. Afterwards, ChildFund East Africa Regional Office, National Office and existing staff in the two districts held a one-day planning meeting involving the new project staff to facilitate a shared understanding of the project and ensure that the project implementation was integrated within the existing ChildFund programs for synergy and impact.

Additionally, ChildFund Kenya signed project partnership agreements with Pathfinder and K-Rep to ensure effectiveness and rapid start up. The partners held the initial partner project planning meeting to define the roles of each partner and discuss the number of divisions to be covered within the first year of program implementation. Thereafter, regular meetings were conducted among the partners to plan and review implementation progress.

2) COMMUNITY MOBILIZATION

Activity 2.1: Collection of Baseline Data

A rapid situational analysis was conducted to ascertain the number and situation of OVC as well as the number of CBO/FBOs working with OVC in all the 13 divisions of Thika and Kiambu districts in June 2005. The program engaged each division, administration and community leaders in a stakeholders' meeting to sensitize them on the data collection exercise and to get their support in the collection and verification of the data. ChildFund and partners used the findings to make decisions on target divisions/locations for program interventions in the first year and to select additional divisions for scale up the interventions. In August the same year, a comprehensive baseline OVC survey was conducted in two selected divisions namely, Limuru in Kiambu and Ruiru in Thika districts respectively to determine the current psychosocial indicators and existing community care and support systems that were available for the Orphans, Children and Youth affected by HIV/AIDS.

Activity 2.2: Community Awareness/ Sensitization Meetings and District Workshops

A total of 2 community leaders meetings were conducted in year one as planned. The main objective of the district meetings was to solicit for support and involvement of GOK district heads and partners in the program and define the roles of these leaders in mobilization of resources for care and support of those infected and affected, in particular, children and adolescents. Examples of stakeholders involved in the meetings included district officers, heads of departments, religious leaders and representatives of the Constituency AIDS committees. Thereafter, two planning workshops were conducted in the two districts to guide the partners and collaborators in drawing up action plans to meet the objectives of the Weaving the Safety Net program. Introductory meetings were held with medical referral facility staff in Kiambu district for Home-based care orientation. The orientation covered an overview of the WSN program, home-based care, support services, the importance of a continuum of care for PLWHA that incorporates home-and facility care.

In addition, the program participated in 23 annual national and international days/events/ to raise awareness for effective community-based responses to HIV and OVC programming. Examples include World AIDS Day, Youth Week, the International Day Against Drugs Abuse, youth week, Day of the African Child etc. The meetings/events served as a forum to discuss the plight of OVC and leveraging of resources to meet the diverse needs of vulnerable children as well as stakeholder's involvement, community ownership, sustainability and program transition/close out.

Activity 2.4: Training CBO/FBO on Resource Mobilization and Group Dynamics:

Resource mobilization and group dynamics trainings were aimed at supporting and strengthening sustainable community level responses and contribution towards mitigating social economic impact of HIV/AIDS. A total of 73 CBO/FBO were trained on resource mobilization techniques, negotiation strategies, accountability, documentation and challenges were emphasized during the group dynamics training for community mobilizers. The participants included; CBO/FBO representatives, community health workers (CHW), paralegals, peer tutors and early childhood development (ECD) community teachers. The target of 80 was not met as the program chose to work with lead established local partners who had more than two years experienced working with OVC and provided a link to other smaller partners working in their locality.

Activity 2.5: Support CBO/FBO Representatives With Office Stationery and Transport Reimbursement:

The program supported 73 partners (CBO/FBO) who submitted requests for basic office stationery such as folders, pens, and writing materials to ensure proper program data storage, quality and timely submission of required reports. In addition, the program supported their representatives with stipend and/ or transport reimbursement to ease their work.

3) EDUCATIONAL SUPPORT

Activity 2.1: Youth Tutor Training/Payment of Stipends

The youth tutoring is meant to provide an alternative platform for interaction, information sharing and counseling by enabling children to talk explicitly and openly with a 'peer' about their feelings and needs. This approach provided a unique opportunity for children and youth to identify and associate with peers. The approach also created opportunity for psychosocial support access which may not be practical in the traditional classroom situation. A total of 296 youth, who had attained Kenya Certificate of Secondary Education (KCSE) and had interest and capability to help needy children in the community were identified and recommended by CBO/FBO partners for an intensive three-day tutoring skills training as planned. The training was facilitated by senior tutors from the District Teachers Advisory Centre using a MOE curriculum tailored to the specific needs of the tutors supporting OVC. The curriculum covered topics such as: assessment and performance evaluation, questioning and tutoring skills, special education, qualities and attitude of a good tutor, guidance and counseling. In addition, 46 youth who had been identified by CBO/FBO were mentored in year six by trained youth to participate in tutoring. The planned target was achieved due to good mobilization by the local partners.

Activity 3.2: Training on the Establishment of Community Schools and Payment of Stipend:

A total of 75 Community Resource Persons (CORP) out of the 78 targeted were trained on the establishment/ rejuvenation of community schools in 2005 to support early cognitive development, and help prepare the children for a smooth transition to primary school. The target was not met as 3 invited participants did not turn up. The participants were drawn from Thika and Kiambu districts and covered major topics like child development, Child Rights, stakeholders and their role, establishment of community schools for children below 8 years, resource mobilization and psychosocial support for children in need of special protection. CORPS trained above later identified and established the initial 11 Community schools in both districts. In an effort to improve the learning conditions of the OVC in these schools, the program renovated 8 needy schools and assisted 21 others with desks and play materials as per their requirements. The CORPS also supported routine monitoring activities and assessments of the ECD centres. Throughout the program period, 53 ECD centres were identified and supported. The target was exceeded due to the increase in the number of young children who needed care and the effects of free primary education which took up classes previously meant for ECD.

Activity 3.3: Payment of Stipends to Community School Teachers:

A majority of the ECD teachers in community schools are volunteers. They are frequently forced to miss school in order to look for alternative ways of survival. The stipend is paid to reduce absenteeism, as most of the teachers are forced to frequently miss school in order to look for alternative ways of survival. In total, 151 Community school teachers compared to the planned 121, who submitted returns: (log sheets and attendance lists) as per the requirements, were supported with stipends. The target was surpassed due to increase in the number of young children who needed care and the effects of free primary education.

4) PSYCHOSOCIAL SUPPORT (PSS)

Activity 4.1 TOT Training on Psychosocial Programming and JOL

The project trained 20 TOTs on PSS and JOL in September and November 2005 respectively as planned. The training was facilitated by consultants from REPSSI, the regional SADC organization that seeks to ensure that capacities on psychosocial support initiatives for children affected by AIDS are build and PSS activities included in HIV/AIDS programs. The participants were drawn from ChildFund, Pathfinder, K-Rep, and FORCUS Youth group and government representatives from the children's department from both districts. The TOT in turn facilitated two-day training for 3,005 OVC caregivers against the planned 2,122. Participants included: youth, teachers, parents, OVC guardians, community leaders, chiefs and sub-chiefs. Additionally, refresher training for 265 CORPS against the planned 240 was conducted in year six. The planned target was exceeded due to inclusion of youth in vocational training centres. In addition, the TOTs and CORPs who are part of community mobilizers rolled down psychosocial skills and knowledge to 42,012 OVC in households using the REPSSI Journey of Life (JOL) tools translated into local language and an Integrated Manual³ on PSS, Child Protection and Nutrition Education. The target of 47,500 was not met as the service was provided by community mobilizers at household level according to individual needs.

Activity 4.2: PSS Quality Review:

A quality review was conducted in year three of the project implementation by REPSSI as planned, to assess the implementation of psychosocial support activities offered by the WSN program. The findings indicated that Children, youth, and their families had benefited from a diversity of psychosocial support activities. However, the review recommended advocacy at the family level, improving referral links, increasing child participation and ensuring impact at household and school level.

5) HEALTH CARE

Activity 5.1 Home-Based Care Training

The program trained 409 CBW and their supervisors against the planned 170. The target was surpassed as more volunteers were interested and partly because of previous similar activities undertaken by Pathfinder in some of the target areas like Ruiru. The training equips the CBW and TOT with knowledge and skills in home and community care for PLWHA, with additional training for TOT in facilitation and supervision. Examples of some important topics included PMTCT, ART, OVC support issues, paralegal issues, and community IMCI. These HBC teams recruited HIV positive clients and provided them basic care, using the HBC kits supplied to them by the program. The project purchased and distributed 658 HBC kits as compared to the planned 805. The target was not met as the CBW were linked to MOH facilities where they could get the supplies. The kits contain basic items essential in the provision of basic care to the PLWHA such as cotton wool, disinfectant, tissue paper, Vaseline and gloves as stipulated by the National guidelines. The kits were distributed to CBW on need basis during their monthly meetings. HBC team's met monthly to discuss progress of their work, challenges encountered and how to deal with them. TOTs derived from referral health facilities were involved in the meetings and conducted home visits whenever possible. Additionally, HBC teams conducted referral for clients to ensure they received the required services such as treatment, counseling, paralegal support, micro-credit and nutritional support. To facilitate the work of HBC teams, the project supported 388 active CBW with stipends.

Activity 5.2 Health Care Access to OVC

Access to primary health care remains a challenge for many OVC due to limited household resources, inadequate health facilities, long distances and the unavailability of drugs at the government health facilities. In partnership with the Ministry of Health (MOH), 36,932 OVC with minor ailments were treated/ dewormed compared to the planned 7,000. The target was exceeded due to increased demand / needs of OVC and enhanced partnerships with MOH. The support included Insecticide Treated Nets (ITNs) to 3,193 expectant mothers and children under five as one of the strategies for malaria prevention within communities. Malaria infections are common among under fives and expectant women due to their vulnerability. The exercises were also used as a program strategy to raise awareness among the community on malaria

³ Integrated PSS, Child Protection and Nutrition Education Manual - a simplified reference material summarized and consolidated by ChildFund-WSN Program for Community Mobilizers to roll down community trainings on PSS, child protection and nutrition education to OVC and their caregivers

prevention, the importance of good health for young children's growth and development whilst enhancing partnerships and referral linkages with MOH.

Activity 5.3: Training on Mother Mentoring

The project supported 2 staff and one CBO representative to attend a one-week Training of Trainers in Kisumu in year three as planned. The training was conducted by the Academy for Educational Development (AED) using "*Speak for the Child*" curriculum. Mother mentoring training equips caregivers of young children with health and nutrition related knowledge and skills aimed at improved childcare, stressing the importance of ensuring a clean and healthy home environment. The TOT scaled up mother mentoring activities to 50 ECD and OVC caregivers.

Activity 5.5: Formation of PLWHA Support Groups;

The project supported formation of 104 PLWHA support groups against the planned 53 to provide emotional and social support to their members. The support groups address a range of client needs and those of children in their care, such as psychosocial support, health care, long term succession planning and handy mechanisms used by members to co-guarantee micro-credit services for increased household income. The target was surpassed due to increased awareness and testimonies from other PLWHA.

Activity 5.6: Training on Selected Reproductive Health Issues:

The program used "Auntie Stella Guide"⁴ as a training tool to address common reproductive health issues affecting the youth. A total population of 3,122 youth was reached.

6) FOOD AND NUTRITIONAL SUPPORT

Activity 6.1: Support Community Schools (ECD Centers) With Unimix and Nutrition Education:

The program supported 37,772 OVC with various nutrition services including short term food relief, a meal a day, unimix and nutrition education. 4,899 OVC in ECD centres received Unimix to ensure adequate nutrition, regular and increased school attendance. ECD centres often serve as day care centers for the very young children who are left by their caregivers to engage in income generating activities to improve their livelihoods. On the other hand, the program in partnership with CBO/FBO rolled down nutrition education to 32,854 OVC and their households through trained Community Mobilizers laying emphasis on the importance of using locally available nutritious foods and promotion of kitchen gardens to ease access to food. The planned target of 4,500 was exceeded due to increased participation of community mobilizers' delivery of training at household level, enhanced partnerships, leveraging of resources with GOK and well wishers as well as due to program thrust to ensure comprehensive care for OVC as per Standard Quality criteria.

In year two, the program established a nursery for various seedlings (vegetable, fruits, bananas, tubers etc) in partnership with the Ministry of Agriculture as planned. The seedlings were later transplanted to a demonstration plot which community members used to learn and enhance skills/knowledge to grow various indigenous and nutritious foods which they transferred to individual households.

7) CHILD PROTECTION

Activity 7.1: Paralegal Training for Community Leaders and Support with Stipend.

The project trained 410 Community volunteers as paralegals in partnership with Pathfinder and OFFLACK (an organization of lawyers who provide free legal advice to the disadvantaged in the community) as compared to the planned 475. The planned target was not met as some of the invited participants failed to attend. Para legal training promotes legal literacy among the community leaders, educates and equips them with basic skills and knowledge of law to mitigate the impact of HIV/AIDS and empower the community leaders to use law as an instrument for behaviour change. Paralegals held monthly meetings as an avenue to share experiences and challenges in the implementation of paralegal related activities. The paralegals are part of Community Mobilizers involved in home follow up and monitoring of enrolled OVC. A total of 178 paralegals were supported with a stipend to facilitate their work. The target of 205 was not realized as some of the Para

⁴ A facilitator's and Adaptation Guide. An interactive health pack suitable for young children (12-19 years), both in and out of school, from the Training and Research Center, Zimbabwe.

legals were linked to the Divisional Area Advisory Councils through the Children's department and a few were discouraged and dropped out due to threats from suspects.

Activity 7.2: Training Teachers and Children on Child Rights and Participation

The project trained 2,033 Teachers and Children from different primary schools on child rights and formation of children clubs for three and two days respectively to enhance child right activities and raise awareness on the specific rights and responsibilities. Teachers and children trained on the Rights of the Child and formation of clubs were further trained on leadership and management of the clubs and children councils. The target of 1,100 participants was surpassed as a result of deliberate effort to include children in line with the right to participation. Moreover, 355 School Management Committee members from the same schools were trained on Child Rights, child participation, child protection and related policies. The planned target of 400 was not reached as more effort was given to training children.

Activity 7.3: Youth and Child Monitoring of OVC activities:

A total of 94 Children and youth accompanied by the CACC officials and CBO/FBO representatives participated in quarterly program monitoring activities. Youth participation in OVC programs creates a sense of ownership and leadership in their own development.

8) SHELTER

During the project implementation period, WSN in partnership with the local implementing partners supported 22,249 OVC in dire need with clothing and bedding materials.

OBJECTIVE 2

1) EDUCATIONAL SUPPORT:

Activity 1.1: Vocational Training for Youth and Start-up Tool kits to Vocational Graduates:

WSN in partnership with the local implementing partners (LIP) and training institutions supported 1,024 out of the planned 1,600 eligible youth to access vocational training as one of the strategies to improve their livelihoods. The training institutions provided a wide range of marketable courses and skills of interest to the youth. The target of 1,600 was not realized as the actual cost of training per youth was considerably higher than the budgeted \$ 253 to \$ 390. Empowering out of school youth through entrepreneurial skills was critical for self-reliance and restoration of hope for a better future. Out of the 1,024 supported, 541 youth who had interest in business and had successfully completed their courses were supported with start up kits, (A start-up kit is a set of tools/equipment related to the skill learnt in vocational training that assist the youth in generating income for self-reliance), 306 absorbed in casual/formal employment, 15 in attachment and 10 undergoing training. By June 2010, 115 youth were still undecided on whether to venture in self employment in preference to formal employment. 37 dropped out.

Activity 1.2: Support OVC with scholastic materials:

The project supported 31,887 needy OVC with scholastic materials such as text and exercise books, pens, pencils, uniforms, geometrical sets and school fees to attend school, against the planned 15,000. The increase is attributed to increased need and OVC enrolments as a result of free primary education.

2) ECONOMIC STRENGTHENING

Activity 2.1: Micro-credit services to vulnerable households:

The program mobilized 1,342 OVC caregivers compared to 1,235 planned to access micro credit services through K-Rep and Village Savings and Loans (VSL) Associations to initiate and strengthen income generating activities (IGA). The increase is attributed to greater efforts by the program to ensure more caregivers are economically empowered to respond to the needs of OVC.

3) ADVOCACY AND POLICY INFLUENCE

Activity 3.1: Information, Education and Communication (IEC and Media Campaigns):

The project produced and distributed 7,700 IEC materials including: t-shirts, caps, brochures and posters with information related to the OVC needs through a range of public fora and events as a strategy of passing on appropriate messages pertaining to OVC plight and youth to the community, as planned. The project also documented and disseminated children and youth's voices at the community and national level through a local radio station.

Activity 3.2: Sports and recreational activities:

The project facilitated 29 sporting events compared to the planned 25 as one of the strategies for raising awareness on various issues affecting the children and youth in the community. This was done in partnership with local CBO/FBO and relevant government departments. The target was surpassed due to the involvement of children and youth in sporting activities during PSS, JOL and Child Protection training sessions.

MAJOR CHALLENGES, CONSTRAINTS AND LESSONS LEARNED

Volunteerism- In resource poor settings, volunteerism can compromise the quality of data collected due to low motivation coupled with diverse family needs. Many of the OVC caregivers trained by the program as Community's Own Resource Persons expressed expectations of monetary gains. Although constant involvement of the community eventually created a sense of ownership and the benefits reaped by the beneficiaries became more visible to encourage volunteerism, many CORPS expressed expectations for monetary gains.

Stigma- remains one of the major deterrents to access of services by PLWHA. However, stigma is a complicated, deep-seated issue which cannot be eradicated within a short time. It may actually not be possible to eradicate stigma entirely, but of course it is possible to reduce it tremendously through supportive disclosure. The hope for stigma reduction is dependent on systematic community education and sensitization on its effects, and a self –assessment on the role that all have played in promoting the different forms of stigma. To mitigate this, the program continuously promoted and supported formation of support groups, strengthening referral linkages between the Home- Based Care and available health services in addition to advocating for active involvement of the infected and affected persons in community development programs.

Resistance to/Fear of Loans – During year 2 and year 3 the project encountered low uptake of loans as borrowing was a new concept to many project participants. Potential clients were apprehensive of credit and the implications in case of default on the repayments. This was also compounded by the fact that different development organizations at that time used to give handouts, raising similar expectations from the OVC caregivers, especially in areas where these organizations had presence for a long time creating dependence. This trend was mitigated through continuous awareness creation at all levels and also the introduction of the Villages Savings and Loans methodology.

Food insecurity – Food insecurity was and remains a major challenge to many OVC and their caregivers, especially the PLWHA. This was largely a result of poverty and prolonged drought that the country continued to experience from year 2 and unpredictable weather conditions that immensely affected the farming patterns to date. Consequently, it became increasingly difficult for majority of OVC and PLWHA to have a meal a day. The lack of food affected adherence to ART by PLWHA as their intake requires a good/constant daily diet. In mitigation, WSN reinforced Partnership with CBO/FBO and the government to lessen the burden of food for the PLWHA and their households. This also included economic strengthening support with IGA inputs and scaling up of Village Savings and loans to OVC caretakers/caregivers.

Inaccessibility of health facilities/services – Poor Health related infrastructure and availability of essential drugs in Kenya was a big challenge. Clients had to travel long distances to access HIV/AIDS treatment and clinical care services such as VCT, PMTCT, treatment of opportunistic infections and ART. This was especially the case for the very weak clients who could not travel long distances leading to default and some succumbed to disease from lack of services. The most affected areas were Kakuzi division, Thika district and Ndeiya in Kiambu. In some health facilities, the providers lacked adequate knowledge of ART administration and health facilities had frequent stock outs of even the most basic drugs, such as aspirin. WSN continuously strengthened linkages with the available health facilities and other players on ground like APHIA II as well as lobbying the government to train health personnel in handling of the ART.

High turn over of youth tutors: Youth, usually secondary school leavers often waiting for enrollment in college who were recruited and trained on youth tutoring left the program to join college or employment opportunities. This created shortfalls in the number of youth trained leading to increased costs of training additional youths and interference in planned tutoring sessions. To address this, the program retrained additional youth while encouraging on the job mentorship of new tutors by the trained tutors.

Overwhelming OVC needs versus program sustainability: OVC numbers increased day by day over-stretching the capacity of WSN partners to meet all OVC needs and ensure quality monitoring, in addition to sustainability of the services offered. The situation was compounded by inadequate resources to implement long term sustainable programs as opposed to short term interventions. To address this, WSN held resource mobilization training with CBO/FBO partners to equip them with skills for fundraising and resource mobilization. Additionally, the program conducted regular quarterly monitoring and evaluation sessions with CBO/FBO to ensure data quality. Micro-credit services to vulnerable households were also intensified.

Post Election Violence – Following the country's disputed 2007 general election results; ethnic violence erupted affecting many communities in Kenya. Within WSN coverage area, the violence was witnessed in Ruiru, Thika Municipality and Limuru divisions. Consequently, caregivers and the OVC that were viewed as minority groups and perceived to have voted rival political camps became targets of attack. These groups of people migrated to camps and others to rural homes far away from WSN area of operation. To date, there are some OVC and caregivers the program has not been able to trace. To address this, the program in partnership with the CBO/FBOs raised awareness on the benefits of co-existence within communities and supported platforms for peace building such as sports for children and youth for increased awareness at all levels.

Increased Cost of Operation: Due to increased inflation and the weakening of the dollar worldwide, its impact on the market was negative and prices of various items notably fuel went up which led to increased costs of business. This increase translated into high costs of operating the program in terms of expenditures on benefits procured and trainings undertaken. Further, the initial proposal, budget and project targets were done with an exchange rate of 1 US\$ to Kenya shillings 77.06 as the dollar was very stable. Consequently, the program experienced a significant loss when the dollar went as low as 1 USD to 62 Kenya shillings leading to budget shortfall hence affecting the proposed targets for the OVC served. This was exacerbated by the rises of oil and energy costs that affected business operations or expansion for existing small enterprises especially among youth who completed vocational training with limited or no source of income. Moreover, during the period of program implementation, the global recession also affected the sponsorship program making it difficult for ChildFund to obtain more resources for the program. To address this, the program together with the respective local authorities raised awareness on the provision of grace period (three months) required for business licenses before stringent measures are taken (closure or withdrawal of business licenses). Secondly, the government interventions succeeded in lowering the high oil prices aimed at protecting small business operators and secure employment. The program also continued to engage partners to leverage OVC services to minimize the impact on exchange rate loss.

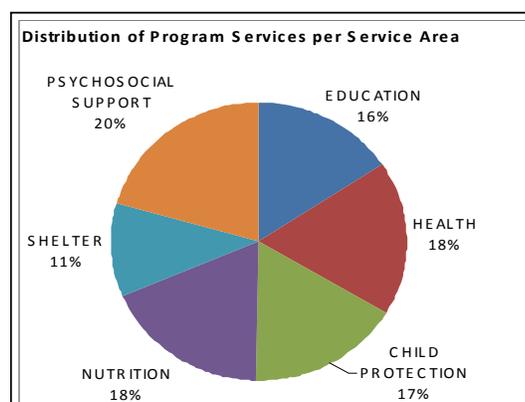
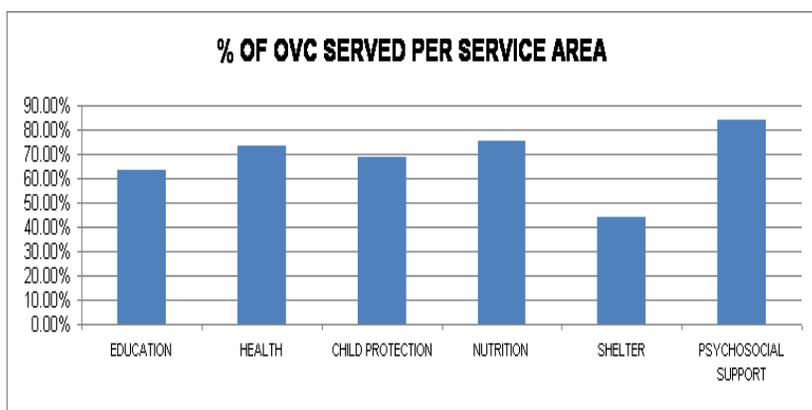
LESSONS LEARNT:

- ✓ Integration of OVC activities into ChildFund Sponsorship on- going programs was an effective way of addressing their issues. The involvement of existing ChildFund Staff and continued assurance that the program was not a threat to the existing programs and structures created a strong sense of ownership and prudent utilization of the available resources.
- ✓ Partnerships at all levels: national, intermediary and the community are a sure way of maximizing on the limited resources as well tapping on the vast experiences/expertise of other organizations.
- ✓ Community participation/involvement promotes a sense of ownership and sustainability of the activities implemented. WSN program involved the OVC, youth and PLWHA in an effort to create a sense of belonging/reduce stigma and instill a sense of responsibility among the beneficiaries.
- ✓ Adequate and continuous sensitization of the program beneficiaries is critical to achieve growth and impact among the target group. Business training in particular is critical for the success of the credit component since most beneficiaries have limited skills in business management.
- ✓ Capacity building of the CORPs is very important as it ensures that the skills and knowledge acquired remains within their communities. Facilitation of community training is eased as the CORPs are readily available and accessible to communities for any consultations. Cultural beliefs and customs are well understood thus simplifying interactions and implementation of the program interventions.
- ✓ It is evident from the Journey of Life training that children need to be listened to, their ideas given attention and learning from their coping strategies. People need to be cognizant of children's resources (internal/external) and help them build resilience to cope with diverse events in their entirety.

- ✓ OVC needs are many and more often than not require immediate and integrated interventions. The program has learned that short-term interventions (uniforms, fees, books, food and shelter), though not sustainable, are imperative for the wellbeing of OVC and create opportunities for long-term interventions that can be implemented with their caregivers.
- ✓ Functional HBC care delays orphan hood and consequently lessens the increasing burden of OVC to extended families and the community. HBC ensures that children remain in a family setting where they learn and absorb the values, culture and skills that they need to survive as adults.
- ✓ A vibrant M&E system is key to program success. It must be mainstreamed to all activities and quality data collected, analyzed, and disseminated appropriately. The information provided should aid decision making for overall program improvement. Therefore staff/partner's knowledge on M&E system and tools that facilitate data collection is critical for quality outcomes.
- ✓ Community mobilizers are an important link between the program and the OVC/caregivers served by the program. Due to the high numbers of OVC served by the program, WSN utilized the community mobilizers as a core group that ensures quality monitoring, benefits distribution and OVC accountability/follow up at household level. The community mobilizer provides on-the-spot advise on issues affecting the OVC/caregiver that they may have observed or discussed during the visits. The presence/involvement of these community mobilizers, improved OVC monitoring from the household level to the program's M&E database system.
- ✓ It is important to empower and strengthen communities through capacity building including training, mentorship, exposure and linkages with available sources of funds and other resources for purposes of sustainability. Communities need to be assisted to identify and appreciate the internal resources and abilities within and seek for external support as a buffer. For instance, CBO/FBO partners trained and mentored by the program in resource mobilization and fund raising skills have demonstrated confidence in sourcing for any form of support. This was clearly evidenced by the overwhelming number of CBO/FBO partners who had successfully developed proposals and/or received funding from diverse sources.
- ✓ There is need for continuous training and retraining of Community Mobilizers on various aspects of child care as quality services are critical to a child's growth and development. Community Mobilizers need to be updated on new skills and knowledge in childcare while retraining ensures reinforcement of the skills learnt, maintaining quality and expected outcomes.

TOTAL NUMBER OF OVC EVER SERVED		
PLANNED vs. ACTUAL (2005 - June 30th 2010)		
	PLANNED	ACTUAL
EDUCATION	15,000	31,887
HEALTH	7,000	36,932
CHILD PROTECTION	47,500	34,557
NUTRITION	4,500	37,772
SHELTER		22,249
PSYCHOSOCIAL SUPPORT	47,500	42,012
TOTAL OVC	47,500	50,196

% OF OVC SERVED vs. PLANNED	% OF OVC EVER SERVED PER SERVICE AREA
%	
213%	63.52%
528%	73.58%
73%	68.84%
839%	75.25%
-	44.32%
88%	83.70%



The pie chart shows that the Program Services were evenly distributed amongst the OVC Served.

OTHER ISSUES

1.1. Sustainability and/or Transition

To ensure effective and efficient close-out, the Program Management conducted meetings with local partners/stakeholders including; government, CBO/FBO implementing partners, community leaders and beneficiaries to discuss transitioning process and service planning post- WSN. The program also applied USAID close-out procedures and guidelines to ensure proper administrative closure, contracts and financial accounts as well as ensure safe custody of program documents and ensured property deposition procedures where appropriate.

The program staff ensured that accurate and consistent information was given to the partners and target groups to avoid confusion or create misunderstanding and conflicts during program close-out. Monitoring and collection of data for on-going activities followed due process of ensuring the data accuracy, timeliness, quality and aligned to set goals and objectives. The database system will be kept in safe custody for future references. *WSN* also acknowledged existing local resources and thus built on and supported existing physical and emotional strengths that were present in the priority communities and endeavored to fortify communities' foundations to successfully withstand the real and anticipated impact of HIV/AIDS. The program's plan for long-term sustainability was based on the following:

- ✓ OVC identified for short-term/immediate support such as scholastic materials, their caregivers were also targeted for household-level interventions such as vocational training or inclusion in solidarity group lending programs (K-Rep and Village Saving and Loan Associations).
- ✓ The program targeted Institutions and local partners who had high OVC numbers with support to expand IGAs in order to sustain the provision of basic needs to the OVC under their care.
- ✓ Building the capacities of identified community members and training them as Community's-Owned Resource Persons (CORPs) to ensure the skills utilized remained in the community for easy accessibility. The CORPs were trained on various aspects based on their interest and abilities such as; para legalism, home-based care, nutrition, child rights, psychosocial support, life-skills, mentorship, business and credit management, fundraising/resource mobilization and group dynamics.
- ✓ Partnership building and expansion of linkages to maximize on available resources, promote diversity in service delivery to minimize burn-out and ensure efficiency.
- ✓ Enhanced participation of the priority groups (children, youth, caregivers, HIV+ persons, CACC, relevant government ministries and CBO/FBO) and other stakeholders in: planning, monitoring and reporting (especially in relation to child and youth participation) at various committees. These systems of coordination, monitoring and evaluation were built into existing community; district and national systems ensure accountability.
- ✓ Consistently raised awareness of children's plight at all levels to elicit appropriate responses through various medium of communication as well as sharing best practices for replication/scale-up.
- ✓ Empowering and strengthening communities through capacity building including training on resource mobilization, mentorship, exposure and linkages with available sources of funds and other resources for purposes of sustainability.

1.2. Coordination with In-Country Team and Host Government, Local Partners

1.2.1. Membership in District, Provincial and National Level Coordination Committees/Groups

WSN representatives participated in various district committees such as: District Area Advisory Committee (DAAC), District Census Committees, District OVC Committees, District Poverty Eradication Technical Committees, Constituency Aids Control Committees, Joint Aids Programme Review and Coordinating Groups, Kenya National Strategic Plan 2009/10-2012/13 planning, validation and revalidation meetings. The program was also represented at the Ministry of Health stakeholders' meeting for Central Province and District Health planning meetings held in Thika and Kiambu districts.

1.2.2. Minimum Service Standards for Quality Improvement - Orphan and Vulnerable Children Programs.

ChildFund is represented in the OVC quality improvement standards Technical Working Group that is mandated to come up with minimum quality standards to guide OVC programs in Kenya. This is an initiative of the National OVC Steering Committee under the leadership of the Ministry of Gender, Children and Social Development with technical support from University Research Company funded by USAID. In December 2009, WSN staff participated in a week long workshop that

came up with the zero draft on quality improvement standards for OVC programs. During this meeting, WSN presented on the Child Status Index tool demonstrating its applicability, benefits and challenges encountered.

MONITORING AND EVALUATION

WSN program activities were monitored using the M&E plan to ensure data collected was accurate, timely and of good quality. The program developed a range of tools for data collection (youth recruitment forms, CBO/FBO assessment criteria, OVC enrolment form, benefit tracking forms for the six OVC essential services, CBW/supervisors form, minutes, program reports etc) and regularly revised them in consultation with other partners to ensure quality data collection and management. The data collected in the various service areas was verified at different levels and processed through WSN database system (WESNET) before uploading to KePMS. The WESNET provides the OVC profiles in addition to monitoring services/benefits accessed by each individual child enrolled. In addition, the program undertook the following M&E activities:

i. Routine Rata Quality Assessment

In an effort to strengthen the monitoring and evaluation system, WSN undertook a Routine Data Quality Assessment (RDQA) exercise together with its partners (CBO/FBO, staff and Government representatives) in May 2008. The objective of the RDQA was to: Verify quality of reported data for key indicators at selected sites (CBO/FBO), assess the WESNET system that produces and analysis that data and develop Action Plans to improve delivery capacity, performance of data management and reporting system to produce quality data. Before the exercise commenced, training was conducted for those involved in the two districts (Thika and Kiambu) to elicit explicit understanding of the tools for data collection, methodology and approach.

ii. Evaluability Assessment

ChildFund and Virginia Commonwealth University (VCU), USA conducted an Evaluability Assessment for WSN project to determine the readiness of WSN to implement a full scale evaluation and to provide recommendations for evaluation activities and to describe an evaluation process that could translate to and be utilized to inform the work of ChildFund at other sites. Findings from the Evaluability Assessment indicated that WSN program was achieving its mission and meeting its goal and objectives, Stakeholders commitment to an evaluation and congruence of activities with the program logic and design.

iii. Case Study on Improving Access to Formal Microfinance Institutions

With Support from ChildFund International USA, Africa Region conducted a Case study of WSN program on 'Improving Access to Formal Microfinance Institutions for HIV- & AIDS-Affected Vulnerable Households'. The study was conducted by the HIV & AIDS and Micro enterprise Development Working Group of The SEEP Network. The study recommended the introduction of Village Savings and Loan Associations where formal MFI accessibility was very limited for the lower economic level caregivers who could not meet the lending requirements for the microfinance institution with opportunities for graduating to MFIs once community based organizations improved their governance and management.

iv. Research On The Impact of Youth/Child Participation

The research was carried out in WSN in response to the Joint Learning Initiative on Children and HIV/AIDS (JLICA) learning group II theme "*involving children and youth as 'part of the solution' – community responses that strengthen the capacity of children and young people to meet their own needs*". The objective of the research was to: Identify and evaluate interventions to support child and youth participation, Identify effective roles for external organizations in supporting child and youth participation within the community based programs for the children affected by AIDS and effective roles for external organizations in supporting policy development. Key recommendations included diversification of sources of funding as mostly youth/child participation is crippled by the lack of adequate funds and that organizations should ensure that children are given an opportunity to participate in community activities.

v. Mid-Term Program Evaluation (MTE)

The Evaluation was intended to establish the extent to which the WSN project was making progress towards the achievement of set project objectives and targets. The results of the evaluation showed that WSN project had contributed significantly to the improvement of the lives of Orphans and Vulnerable Children in Kiambu and Thika districts. This was more so in the area of education, health and shelter. The evaluation recommended the training of caregivers on PSS as well

as on the rights of the child as the younger OVC mainly depend on the caregivers to offer psycho social support. It also recommended intensifying follow-up of youth supported to access vocational training.

vi. Evaluation of ChildFund Kenya MED Programs

The evaluation was conducted between 5th March 2007 and 5th April 2007 by the ChildFund Regional MED Advisor for East and Southern Africa backstopped by ChildFund Kenya MED Programs advisor. The focus of the Evaluation was on quality and effectiveness of ChildFund MED activities/interventions. Two WSN grant funded MED activities namely: vocational and entrepreneurship training for adolescents; and Micro-credit services to vulnerable household groups through partnership agreement with KREP Development Agency were evaluated. The evaluation revealed that over 78% of the clients targeted by the KREP project were women and the benefits had trickled down to over 300 OVC while over 75% of the clients had already gone through the business management training.

Less than 4% was recorded as the drop out rate of the vocational training program. This low rate was attributed to pre-vocational counseling and guidance conducted before the trainees were enrolled. The vocational training model adopted by the program was observed to be effective due the way it had enabled the youths to secure employment or start their own small enterprises. In addition, some unique observations were noted with the WSN vocational training model where the program had a provision of six months post training support through mentors that assisted the trainees to have a strong foundation or base as they ventured into either starting their own business or going for gainful employment.

vii. Quarterly Meetings for Local Implementing Partners (CBO/FBO):

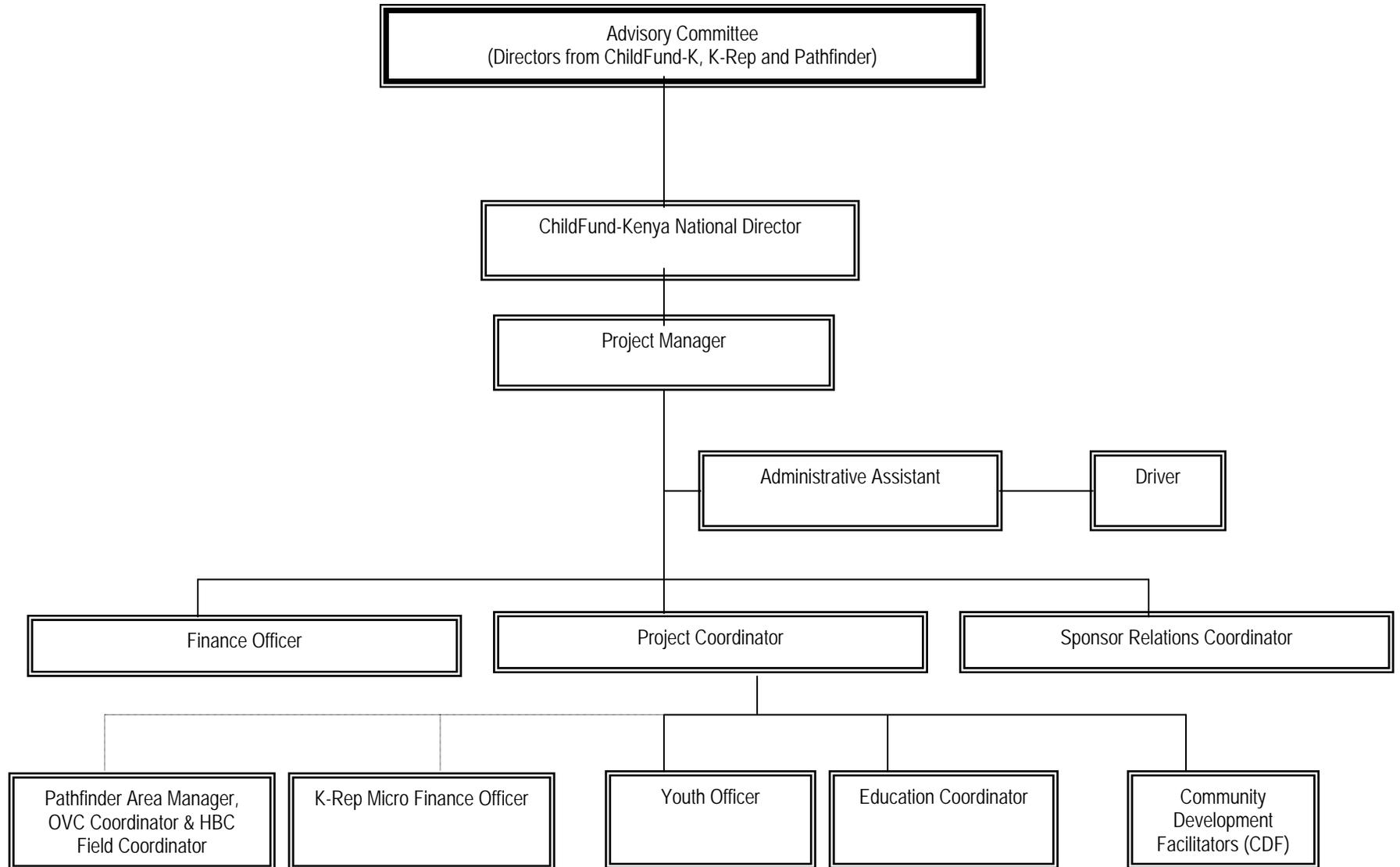
Quarterly meetings were held as planned with CBO/FBO partners. The meetings are intended to review program progress towards planned targets, challenges encountered and way forward. The program used these opportunities to re-emphasize the importance of confidentiality, quality and data management. Additionally, the youth, CACC coordinators and CBO/FBO representatives undertook learning and exchange visits in the two districts.

PROGRAM MANAGEMENT

ChildFund was responsible for overall management and implementation of the project as well as reporting to USAID on all program development through quarterly, bi-annual and annual reports and all additional communication as required. The WSN project was headed by a Project Manager (Daniel Kinoti), who was based in the project office located in Kiambu. The manager was responsible for the overall project leadership and coordination and reported to ChildFund National Director.

The Project Coordinator was responsible for the day-to-day coordination of the program. Other project staff included a Finance Officer, responsible for financial management, an Education Coordinator and two Youth Officers who facilitated implementation of education and youth activities, respectively. The team was supported by Community Development Facilitators (CDF) and existing ChildFund Community Development Workers. The team was responsible for planning, overall coordination of WSN partners, implementation of activities, monitoring, supervision and reporting progress to USAID as per the requirements. A Program Quality Team Leader (William O. Fleming) and Grants Compliance Coordinator (Melissa P. Joseph) based in Washington DC and Richmond respectively and ChildFund-Regional and National Office provided technical backstopping for efficient and effective OVC project delivery.

ORGANIZATIONAL CHART FOR CHILDFUND-KENYA WSN PROGRAM



SUCCESS STORIES

PARTNER CAPACITY BUILDING

The Safety Net

A.I.C Kirenga Orphan Care Centre is a Faith Based Organization Operating under the umbrella of African Inland Church, Kenya. The organization started operating about six years ago at A.I.C Kirenga Church, Kirenga location, Lari division in Kiambu district.

A.I.C Kirenga Orphan Care Centre started with nineteen Orphans whose parents had died due to HIV/AIDS. The center was offering two services to these children: feeding them with one meal a day during school days and spiritual nourishment once a month. The number of such needy cases increased day by day and within a short time, eighty OVC had been recruited into the feeding program. As a result, the organization was overwhelmed but determined to support more children. They sought support back and forth to enable them meet the needs of these children. It was in the search for such support that they heard about ChildFund WSN program, its objectives and activities to support and care for OVC during a community mobilization meeting. Through the program field staff working in the area, AIC Kirenga was assessed and identified as one of ChildFund local partners in Lari division.

With the partnership established, OVC enrollment in the organization rose further to 374. WSN built and enhanced the existing capacity of the organization through approaches such as Community trainings on resource mobilization, IGAs and economic empowerment through micro credit services to care givers. Currently, AIC Kirenga Orphan Care Center has 10 Community Own Resource Persons (CORPs) trained by WSN who continue working as volunteers in care and support of enrolled OVC.

These CORPs have been trained in a range of areas like Group dynamics, Resource mobilization, Psychosocial Support, Para legalism/child protection, Home Based Care, and nutrition Education. These trainings equipped the volunteers with various skills that enabled them offer a wide range of support/care to OVC households. The volunteers conduct regular home visit to OVC households. During such visit, they cascade the knowledge to caregivers/OVC as well as detect cases that need follow up, referral or intervention.

WSN program also supported AIC Kirenga with IGA inputs for farming such as: potato seeds, cabbages, carrots, and manure. The group has managed to plant these seed in three seasons in a land donated by the community that belongs to the neighboring Kirenga primary school. Some of the produce has been used to feed the children in the feeding program as well as very needy households. The FBO also managed to save Kshs. 30,000 (\$400) which they ploughed back. After demonstrating their capability of investing in small IGAs, WSN supported them with additional inputs to diversify their income through a soap making project. Using the materials provided, the group has been able to make 358 litres of soap. A sale of Kshs. 20,000 (\$266) has been achieved to support OVC. Needy OVC households have also been given soap on regular basis to ensure that they clean their clothes especially school uniforms. This has helped to improve their hygiene and school attendance. The FBO has been able to pay school fees for needy cases and organized sessions with OVC and their caregivers for integrated training in the areas of PSS, child protection and nutrition education.

Additionally, A.I.C Kirenga Orphan Care Centre has enhanced partnerships/linkage with other stakeholders for networking and resources mobilization. For example, it is collaborating with AIC Mai Mahiu vocational training centre and has referred 40 Youths from various CBO/FBO in Lari for vocational training. The FBO also liaised with the government through the children department in the cash transfer program. 50 OVC households from the organization have been integrated into the program. The OVC caregivers receive Ksh 1500 (\$20) per month. The group has made efforts to ensure these caregivers have put the money into good use by ensuring they form support groups and introduced to VS&L.

Moreover, A.I.C Kirenga Orphan Care Centre received funds through the Constituency Aids Control Council (CACC) for the TOWA (Total War Against HIV/AIDS). The group successfully implemented the 1st round of its activities utilizing Kshs. 175,000 (\$2,333) and is waiting for the 2nd round of funds.

Through partnership with WSN, A.I.C Kirenga Orphan Care Centre has become a real Community 'Safety Net' with improved and strengthened capacity for sustained OVC care and support which has yielded and will continue to yield fruits for a long time, for long term benefits of OVC, their caregivers and community.

Partnerships and Sustainability

When Kiambu People Living with HIV/AIDS (KIPEWA) CBO was trained by WSN program on PSS, Child Protection, HBC, fundraising and resource mobilization, they vowed to do everything possible with the skills acquired to ensure their activities were sustainable. Now KIPEWA has a story to tell:

"We have a new project called Pilot Mentorship Project funded by Stephen Lewis Foundation Canada (SLF). KIPEWA has been implementing initiatives targeting Home-based Care and empowering our members (PLWHA) to improve their livelihoods. Mentorship program has been one of our strong thresholds. Equipped with these skills, our proposal to SLF was selected out of four other organizations. SLF recommended a mentorship program whose objectives are to strengthen CBOs/NGO working in Africa with the aim of turning the tide of AIDS in this continent. The project aims to match two organizations from different countries but with the same kind of objectives. The idea is to get one "stronger" organization to mentor the upcoming one. We were matched with Reach Out Mbuya Parish in Uganda, a Faith based organization in the outskirts of Kampala. They have made great strides in the area of HIV/AIDS with a very good approach to all projects.

The mentorship project enabled KIPEWA to participate in a roundtable meeting in South Africa in June this year. The meeting was set up to familiarize ourselves with the whole idea of mentorship and also to try and set up guidelines for the whole process. I should mention that immediately we were selected to participate in the project and having been matched with Reach Out Uganda, we were awarded **US20, 000** for the two organizations to carry out the project. One of your officers (WSN staff) assisted us to do a concept paper on how we would utilize the fund. The fund allowed for a seed funding for the establishment of an IGA for the organization. The areas of mentorship we requested are:

- Establishment of an IGA for KIPEWA
- Strengthen the Financial systems at KIPEWA
- Refresher HBC training for the community health workers.

We got in touch with the Livestock department in Kiambu seeking to know their thoughts on starting a Goat Husbandry project. They were very helpful and accepted to facilitate training for the people who would be keeping the goats. We then decided to start a goat project for an IGA. A total of 6 out of the 15 caregivers trained in dairy goat husbandry have been supported with dairy goats. The kids from the goats will be distributed to the other trained caregivers.

Other activities include PSS TOT training, HBC training and sharing of best practices with the Ugandans such as setting up of a new financial system in KIPEWA. I must thank our partnership with ChildFund-Kenya for the help we received. I am encouraged by your assurance that WSN will continue to provide technical support to KIPEWA as we carry out this project. The mentorship project kicked off on June 30th 2009. We have conducted exchange visits between us and Reach Out Uganda. Reach Out visited us on 28th July 2009. KIPEWA team accompanied by WSN staff visited Reach Out from 2nd to 5th September 2009. We believe your continued support is crucial to us because we are determined to make this pilot program successful. Hopefully in future, KIPEWA will be a Mentor organization to other CBOs somewhere in Africa".

Thank you for your continued support to KIPEWA.

Grace-Project Coordinator, KIPEWA.

K-REP PARTNERSHIP-IGA

STAR OF HOPE

Rather than mourning over his health situation, poverty and being a father of two, Peter Njuguna used small loans extended to him courtesy of ChildFund WSN program and K-Rep Development Agency to expand a variety of his businesses into a true source of blessings to his family and the vulnerable in his community.

As a poor peasant farmer in Ngeka, Limuru Division of Kiambu District, Peter Njuguna's dream of one day seeing his daughter graduate from college seemed just unachievable. While he worked hard to provide for the basic needs of his family at the green grocer business he owned, he knew that it was not enough to adequately save towards his daughter's tuition fees.

Despite the seemingly overwhelming odds, Peter continued to trust God, preparing his daughter for college even as he remained uncertain as to how he would pay for her tuition. His dream started coming true in the form of the first loan from K-Rep Development Agency (KDA), ChildFund partner in Limuru – which Peter received after eight weeks of micro credit training.

Peter received three business loans of Ksh.15, 000, (\$200) Ksh.30, 000 (\$400) and Ksh.30, 000 (\$400) and used the money to expand his family's small business with great success. He now offers cell phone charging and internet services, taking advantage of the government's rural electrification program to harness cheap power. In addition to items traditionally found at his business, he offers his customers specialty services that they cannot find elsewhere within the locality of Ngeka Limuru. In fact, Peter regularly receives business from other competitors when they do not have what the customers need. Peter was also able to pay tuition fees for his daughter, who has already graduated as a beauty therapy consultant from a leading Beauty College in Nairobi-Ashley College and supported other children from his extended family.

Peter's generosity extends beyond his own family. He serves as the chairman of the 'Star of Hope Support Group' affiliated to KDA, his Ngeka village elders club and Ngeka community Based Organization that takes care of 403 orphans and vulnerable children. As the chairman of the CBO, he mobilized PLWHA to conduct community AIDS awareness campaigns and run a comprehensive treatment and care program for affected and infected community members to manage their illness and take care of the OVCs. The CBO also offers education and skills training support to children orphaned by AIDS, as well as training for health workers, to provide the community with services and support for a host of clinical and social needs. Using these opportunities, Peter shared the true gospel of receiving loans from KDA with these members and his neighbors. Indeed many joined KDA to benefit from the program jointly run by ChildFund (WSN) and KDA. Peter is now a direct point of reference to the many people interested in borrowing from KDA.

Peter plans to venture into transport industry. His plan is to buy a motorcycle for offering 'boda boda' (motor cycle public transport) services in the locality, and as such, he has applied for a fourth loan of Kshs.80, 000 (\$1066) which will go into the purchase. He has a dream that in two years time, he will have bought a 'matatu' (mini bus for public service transport), a dream whose realization will be facilitated by continued advancement of loans from KDA to finance his businesses to grow.

Now that his daughter has graduated from Ashley Beauty College, Peter says that his biggest dream is "to achieve enough financial stability so that I will no longer have to borrow." With the success of his business, this dream is becoming more and more a reality, for which Peter characteristically gives the entire credit to WSN program. Indeed Peter is "a star of Hope in Kabuku to many poor and needy people" Working with the community has shown Peter that working together with vulnerable people makes tangible and lasting impact in the community. Peter is filled with satisfaction by becoming active community opinion leader in building a healthy and wealthy Ngeka community.

VOCATIONAL TRAINING

Saved in Time

Simon Mbutia's childhood was the envy of most children in his village. His mother tried all she could to make sure Simon and his two siblings were happy and reasonably comfortable. Though she raised the children single-handedly, they lived a better life compared to some of the families with both parents.

Life began to change in 2004 when Simon's mother fell sick. She was laid off from work due to inconsistency and lateness in reporting to work. She passed on before the end of that year. That marked the beginning of a life of trauma for Simon and his siblings. Being the first born, Simon became the head of household at the tender age of 15. He was traumatized and every time he saw his mother's friends, he would go home and mourn over his loss. Simon has a very quiet and reserved personality, so he continued to suffer in silence. He got bitter with his relatives for not understanding him and became obstinately rebellious. He was determined to go against any rules both in school and at home.

Simon's uncle, who had offered to assist them was discouraged and left them to their grandmother's care. Simon felt rejected, misunderstood, and angry at everybody. He took to loitering at the market place and hooked up with wayward boys.

It was at this point that officials of SDA Kingeero, a WSN partner Faith Based Organization, learnt of Simon's situation. Having been trained on psychosocial support skills by WSN, the FBO understood what challenges he was going through and with time, they were able to help him cope. Simon expressed the need to acquire vocational skills and was recruited by WSN for vocational training.

He was admitted at Kiambu Institute for a course in electrical installation. He completed his course in December 2007 and attached to work with an electrician at a local shopping center to run an electrical appliances shop. On realizing that people loved him and were ready to help him, this transformed him into a very likeable and social person. The shop owner was happy with Simon's work. He finally hired him to be in charge of the electrical business where he works to date. Simon is now a practicing electrician greatly admired within the locality.

From the income, Simon has started a pig rearing business which is doing very well and can meet the needs of his siblings and his ailing grandmother. Simon shudders to imagine what would have become of his life had he not been rescued by the FBO. He says that he would probably be dead today. Simon appreciates the support provided by WSN that has enabled him to work and earn an income.

CAREGIVER-PSS BENEFICIARY

Story source: Narrated by 37 Year old *Naomi Njoki Nyaga* PLWHA widowed Parent of 4 children enrolled in the Child Fund WSN Program.

District: Kiambu

Division: Kiambaa



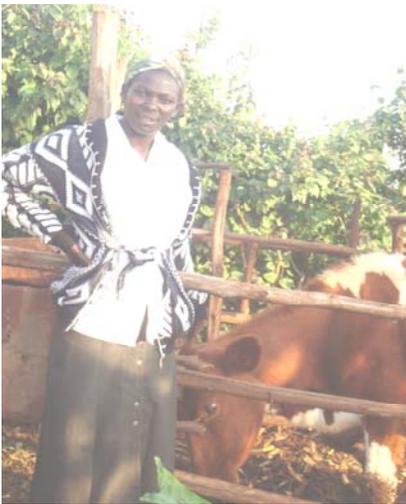
Another lease of life to me, and to my children, hope restored.

Having lost my husband to HIV/AIDS in the year 2005, I knew it was just a matter of time before the same fate befell me since I had also been diagnosed to have the same. I lost all hope of living the day he was buried. Back then, HIV AIDS was considered a death sentence in my village. I had attended countless burials and therefore had no doubt in my mind that my day was coming.

When Kihara Widows CBO enrolled my children in the Child Fund WSN program in 2006, I was relieved. They would be left in safe and caring hands.

A weight has been lifted off my shoulders, and I was now ready to die peacefully. My first born son, who had lost hope of going to high school, was enabled to do so. My other three children also became beneficiaries of the various interventions in the WSN program.

My health started deteriorating very fast. I sunk into a serious depression. The whole situation would have been bearable with support from those around me, specifically my relatives but it wasn't so. They avoided us like plague. I would spend days without anyone visiting me, despite them knowing how much I needed support. Some even avoided a simple handshake. I felt such a social misfit. I begun to hate myself and bitterness was slowly consuming me. The kind visitors from Kihara widows CBO who were now becoming good friends noticed that my condition was worsening, and therefore started coming to my home more frequently. Their encouragement, concern for me and commitment to help made me come out of the sorry state. I started looking at life differently. There was a ray of hope, not just for my children but also for me. A determination to conquer started building up within me. Soon I wanted to live more than anything. Through their encouragement, I sought treatment for the opportunistic infections that kept attacking me, and begun ART.



Naomi next to her dairy cow

With time, I made up my mind that I would not sit and wait for people to come and sympathize with me but find a way to earn a living. Besides working hard in my farm, I started cooking food and hawking it at construction sites and at the market place. My children have not lacked life's basic essentials since then. I recently bought a dairy cow which supplies us with milk for our use at home and a little surplus to sell. I resolved to go out there and help people with the same challenges as mine to learn how to cope with their condition. I want them to know that they deserve to live and get the best out of life, and that they are lovable and not abnormal. I want to see them come out of denial and self hate and be the best they can be. That has become the mission of my life.

When I expressed this desire to Kihara widows CBO officials, they were very much exited about it. They asked me to join them as a member of Kihara widows CBO where I would be better placed to reach others. Through Child fund WSN program, I received training as a Community Based Worker. I identified five clients who were completely bedridden and in dire need of support in form of Home Based Care.

One case I will never forget was that of a lady who had literally been abandoned by her family and left to die. Her children had been smuggled and taken to live with a relative who lived a long distance from her home. Her relatives went every morning and evening to check whether she had died. Before that could happen, I got wind of it, and swiftly went to rescue her. I braved ridicule and objection from her relatives. I was not about to see another soul die needlessly when I could help it. When she regained health, I helped reunite her with her children. She is now a very successful business woman and a Community Based Worker just like me. I have joined hands with many other like minded groups who have a passion for not only helping PLWHAs but also helping the community to accept rather than stigmatize them. I strive to sensitize the community to provide a favorable environment for those infected or affected by HIV/AIDS so as to enable us to live life fully and not put barriers to our ambitions.

I have received further training in Community Health Work through the Ministry of Health. I also represent Kihara location in the Constituency AIDS Control Committee (CACC), and work very closely with Kihara hospital as a patient trainer, having received training for the same through the International Center for Aids care and treatment Program (ICAP). I am often called upon to give motivational talks at churches, chiefs Barazas, schools and other social gatherings. Accepting my condition and choosing to live positively has not only enabled me regain my self worth but I have also been able to instill the same to others.

I now have a purpose to live for. My family is happy. They are progressing well in life. My first born son who is nineteen is currently sitting for his final examination in high school. The girl who follows him is now fifteen in form two. My ten year old

son is in standard three while the last born girl is now five years of age in nursery school. I have disclosed to my three elder children that their youngest sister and I are HIV/AIDS positive. They have accepted it and are very keen to ensure that we adhere to medication.

I do not see my life as being abnormal in any way nor do I allow myself to be affected by what unfeeling people say about me or my children.

I urge everyone to know their status. Testing positive to HIV/AIDS does not translate to death. I am living proof that it is possible to come out of self stigma, to overcome stigma from without, and live a full life.

EDUCATION

Never give up, By Teresia Wairimu Kimani.

Today, when she walks around, and sees people who are blind, deaf or even maimed, she considers herself, the most fortunate one. This notwithstanding how her life was after the loss of her father through HIV. Eight years ago, she heard her mother yell, 'Oh no, it can't happen! My God, it is not true!' To her sad disbelief, her father had died, the sole breadwinner for the family, and had left a big hospital bill to clear. Her mother sold all the cattle and every thing that there was, to clear the bill. As if this was not enough, the mother was also diagnosed with the dreaded virus. There was no hope for the entire family. Things became even worse for them when ill intended rumors were scattered within the community. No one wanted to associate with any member of her family, both at home and at school. Her academic performance was greatly affected. Teresia and her siblings went to school in tattered clothes and returned back home to stare at one another, go to sleep on empty stomachs. Life was hard as she narrated. At one point her mother started developing complications and her health deteriorated until everyone thought she would not survive.

Being the firstborn in the family, Teresia assumed the role of the mother. She woke up very early to do the cleaning and prepare food for the family as well as prepare others and herself to go to school. She came back home in the evening to fetch water and firewood before doing her homework. They almost gave up on life, thanks to one person who introduced her mother to a support group. In the support group, her mother was taught on acceptance and what to do in order to improve her health condition for a better, longer life. In a matter of months her mother 'came back to life'. Her attitude towards life changed. She started working again and she was trained as a CHW and a paralegal by WSN program because she believed there were many people who needed assistance.

A few months later, Teresia's mother bought a dairy cow. "Our lives changed" she recalls with joy. Life for them became much easier when they got enrolled into Child Fund – WSN Program. They were assisted in many ways, in terms of food relief, school uniforms; school fees bursary, health care and scholastic materials. They also benefited a lot from psychosocial support, which helped raise their self-esteem and enabled them face the reality. She did her KCPE and had an exemplary performance. She however, did not manage to join the school she was first admitted for lack of enough school fees. Nevertheless, she joined a nearby day secondary school. She continued with the same spirit, and with the assistance of WSN, she managed to finish secondary school and graduated with a mean grade of C Plus.

She is now in her second year in Kiambu Institute of Science and Technology, pursuing her dream course, a Diploma in Civil engineering. In a class of 63, they are only two lady students. She is always on top of the class in terms of performance. She is confident that she'll always make it and be the top most civil engineer in Africa and the world. She is committed to assisting others like herself in future.