



Scaling Up HIV/AIDS Prevention and Care Services in Kenya

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December 1, 2006-September 30, 2010

Kenya

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Christian Reformed World Relief Committee

In collaboration with:

Anglican Church of Kenya – Western Region Christian Community Services
Anglican Church of Kenya – KAMATAKIMO Christian Community Services
Reformed Church of East Africa

Point of Contact:

Stephanie Sackett, Grants Officer
Christian Reformed World Relief Committee
2850 Kalamazoo Ave, SE
Grand Rapids, MI 49560
Tel: (616) 224-0740 x4156
Email: ssackett@crwrc.org

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List of Acronyms and Abbreviations

AB	Abstinence and Be Faithful Behavior Change
AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-retroviral Therapy
ARV	Anti-retroviral (drugs)
CRWRC	Christian Reformed World Relief Committee
DASCO	District AIDS and STI's Coordinator
FY10	Fiscal Year 2010
HBC	Home-Based Care
HIV	Human Immunodeficiency Virus
IGA	Income Generation Activity
KAMATAKIMO	Kajiado, Machakos, Taita, Kitui and Mombasa Anglican Dioceses
MOH	Ministry of Health
MWC	Men Who Care
NASCOP	National AIDS and STI Control Programme (Ministry of Health)
NGO	Non-Governmental Organization
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS
PLWA	People Living With (HIV) AIDS
PMTCT	Prevention of Mother-to-Child Transmission (of HIV)
RCEA	Reformed Church of East Africa
TOT	Training-of-Trainers
USAID	United States Agency for International Development
VCT	Voluntary (HIV) Counseling and Testing
WRCCS	Western Region Christian Community Services
WOW	Writing on Wall interventions
Y2F	Youth-to-Family
Y2Y	Youth-to-Youth

I. OVERVIEW

Christian Reformed World Relief Committee (CRWRC) seeks to reduce the spread and impact of HIV in Kenya by building the capacity of indigenous faith-based organizations, churches, and community groups to deliver quality prevention and care services to Kenyans impacted by HIV and AIDS. Over the past four years CRWRC and its three local partners have been working toward the achievement of the following strategic objectives:

SO1	Increase abstinence and fidelity through community- and faith-based prevention programs.
SO2	Improve and expand HIV prevention services including voluntary counseling and testing (VCT) and prevention of mother to child transmission (PMTCT).
SO3	Improve and expand care and support for people and families affected by HIV and AIDS, including people living with AIDS (PLWA) and orphans and vulnerable children (OVC).
SO4	Mobilize churches and community groups to deliver high-quality services to OVC, PLWA, and their caregivers.
SO5	Reduce stigma and promote a positive community response for PLWA and their families.

Figure 1: Map of Project Area



CRWRC has been partnering with three faith-based organizations in Kenya to achieve these objectives. Western Region Christian Community Services (WRCCS), an agency of the Anglican Church of Kenya, has implemented the program in all eight districts of the Western Province. KAMATAKIMO Christian Community Services, which is also an agency of the Anglican Church, has targeted the districts of Kitui and Mwingi in Eastern Province. Plateau Mission Hospital, an agency of the Reformed Church of East Africa (RCEA), has reached the district of Uasin Gishu in Rift Valley Province. The strategy of this program has been to mobilize the resources of the churches and community groups in the target areas to provide needed services.

Major challenges faced through the life of the program included volunteer retention and greater involvement of males in all program activities. Significant lessons learned were the importance

of working with various ministries in the Kenyan government and the need to look to the program's closeout from the very start of the grant. As the program progressed partners realized the importance of establishing income generation activities and to have support groups register as community-based organizations with the government of Kenya to assist in the long-term sustainability of the activities. The program was completed with \$1,390,059 in USAID funds and \$140,471 raised from private sources as match.

Summary Table of PEPFAR Targets

LOP Targets completed December 1, 2006 – September 30, 2010. FY10 targets completed October 1, 2009 – September 30, 2010.

Prevention: Abstinence and Being Faithful					
Indicator Type	Activity	LOP Target	LOP Results	FY 10 Target	FY 10 Results
Number of individuals reached with community outreach program	Number of individuals reached through community outreach that promotes HIV/AIDS preventions through abstinence and/or being faithful	256,586	305,760	35,320	53,571
	Male	128,293	150,739 ¹	17,660	21,557 ²
	Female	128,293	143,376	17,660	27,160
Number of individuals trained	Number of individuals trained to promote HIV/AIDS prevention programs that promote abstinence and/or being faithful	3,530	3,928	855	995

Prevention: Mother-to-Child-Transmission Services					
Indicator Type	Activity	LOP Target	LOP Results	FY 10 Target	FY 10 Results
Number of individuals reached with community outreach program	Number of service outlets providing the minimum package of PMTCT services according to the national and international standards	32	41	12	10
	Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	1,655	7,916	475	1,049
	Number of pregnant women provided with a complete course of antiretroviral prophylaxis for PMTCT	182	317	52	58
Number of individuals trained	Number of health workers trained in the provision of PMTCT services according to national or international standards	170	191	75	75

¹ Not all data were disaggregated in FY09 and FY10

² Not all activities disaggregated data based on gender

HIV Counseling and Testing Services					
Indicator Type	Activity	LOP Target	LOP Results	FY 10 Target	FY 10 Results
Number of individuals reached with community outreach program	Number of service outlets providing counseling and testing according to the national and international standards	42	66	12	18
	Number of individuals who received counseling and testing for HIV and received their test results	9,550	28,431	1,400	3,937
	Male	4,775	15,290 ³	700	1,632
	Female	4,775	12,739	700	2,305
Care: Palliative Care (including TB/HIV care)					
Indicator Type	Activity	LOP Target	LOP Results	FY 10 Target	FY 10 Results
Number of individuals reached	Number of individuals provided with HIV-related palliative care including those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis (TB)	7,045	7,235	2,994	3,184
	Male	3,523	2,191	1,453	738
	Female	3,523	5,044	2,598	2,446
Number of individuals trained	Number of individuals trained to provide HIV-related palliative care for HIV-infected individuals (diagnosed or presumed) that included those trained in facility-based, community-based and/or home-based care including TB/HIV	1,810	1,829	221	240
Care: Orphans and Vulnerable Children					
Indicator Type	Activity	LOP Target	LOP Results	FY 10 Target	FY 10 Results
Number of individuals reached with community outreach program	Number of orphans and vulnerable children (OVC) served by an OVC program, disaggregated by sex	18,310	19,645	1,550	2,788
	Male	9,155	9,926	775	1,384
	Female	9,155	9,719	775	1,404
Number of individuals trained	Number of individuals trained in caring for orphans and vulnerable children	7,180	8,342	530	1,269

³ Not all activities disaggregated data based on gender

Summary Table of NEXT GENERATION PEPFAR Targets

LOP Targets completed December 1, 2006 – September 30, 2010. FY10 targets completed October 1, 2009 – September 30, 2010.

Prevention					
Program Area	Indicator	LOP Targets	LOP Achieved	FY 10 Targets	FY 10 Achieved
Prevention Sub Area 1: PMTCT	P1.1.D Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	1,655	7,916	475	1,049
	P1.2.D Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission	182	317	52	58
Prevention Sub Area 8: Sexual and other Risk Prevention	P8.1.D Number of the targeted population reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	256,586	126,194	7,320	17,524
	P8.2.D Number of the targeted population reached with individual and/or small group level preventive interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required (subset of P8.1.D)	256,586	126,194	7,320	17,524
Prevention Sub Area 11: Testing & Counseling	P11.1.D Number of individuals who received T&C services for HIV and received their test results				
	Male	4,775	15,290 ⁴	700	1,632
	Female	4,775	12,739	700	2,305
	<15 years old	0	0	0	0
	15+ years old	9,550	26,492	1,400	3,937
Care					
Program Area	Indicator	LOP Targets	LOP Achieved	FY 10 Targets	FY 10 Achieved
Care Sub Area 1: "Umbrella" Care Indicators	C1.1.D Number of eligible adults and children provided with a minimum of one care service				
	Male	12,745	12,117	2,272	2,122
	Female	12,745	14,763	2,272	3,850
	<18 years old	18,310	19,645	1,550	2,788
	18+ years old	7,045	7,235	2,994	3,184
	C1.1.N Number of eligible adults and children provided with a minimum of one care service				
	<18 years old	18,310	19,645	1,550	2,788
18+ years old	7,045	7,235	2,994	3,184	
OVC					
Program Area	Indicator	LOP Targets	LOP Achieved	FY 10 Targets	FY 10 Achieved
Care Sub Area 5: Support Care	C5.1.D Number of eligible clients who received food and/or other nutrition services				
	<18 years old	900	756 ⁵	900	756 ⁴
	18+ years old	175	807 ⁴	175	807 ⁴

⁴ Not all data were disaggregated in FY07

⁵ Data from WRCCS only.

II. PROGRAM IMPLEMENTATION BY STRATEGIC OBJECTIVE

Program Activity Narratives

During 2009-10, the fourth year of CRWRC's NPI program, the focus was primarily on achieving the remaining targets, building the capacity of partner organizations and communities in preparation for closeout, and the completion of closeout activities. Key activities designed to build local capacity for delivering services included:

- Training community members and leaders on how to mobilize and train communities in HIV prevention
- Training health workers in the provision of VCT, HIV counseling, and PMTCT
- Upgrading healthcare facilities with the ability to offer VCT and PMTCT
- Training community members in home-based care (HBC) and providing services to people living with HIV or AIDS (PLWA)
- Training caregivers of OVC on how to provide services for the children in their care, and
- Training community members and leaders in HIV and AIDS stigma reduction

Objective 1: Prevention through Abstinence and Being Faithful

Summary of Activities Implemented

During FY10 CRWRC partners conducted trainings for **995 Training-of-Trainers (TOT)** for selected leaders from churches, the community and NGOs on HIV prevention with a focus on abstinence and being faithful (AB) through seminars and workshops. Those who were trained as trainers reached **53,571 individuals** through advocacy campaigns, Youth-to-Youth (Y2Y), Youth-to-Family (Y2F), Men who Care (MWC) and Writing on the Wall (WOW) programs. While the main focus was on AB, information on the importance of partner reduction and consistent and correct condom use was shared in prevention forums.

Through the 3 years and 10 months of implementation, the local partners trained a total of 3,928 trainers in HIV prevention, who in turn reached a total of 305,760 individuals. These achievements are 111% and 119% respectively of the life of project (LOP) goals.

A challenge faced by partners through out the project was volunteer retention and motivation. One lesson learned through addressing this challenge was the need to involve community and church leaders so they could motivate and support the volunteers in their work.

Achievements by partners for FY09/10

KAMATAKIMO

In the final year of the grant, KAMATAKIMO **trained 411 individuals** from different church denominations on abstinence-based prevention messages and how to pass these messages along to other community members. The "Choose Life" manual was used during trainings for youth while the adult trainings used focus group discussions and brainstorming sessions. The individuals trained **reached a total of 18,355 individuals** with HIV prevention messages. These included 721 men reached through the Men Who Care, 232 individuals through Youth-to-Family, 4,572 youth through the Youth-to-Youth peer education groups and 12,830 individuals through community HIV awareness campaigns.

Trained clergy taught their church congregations as well as other social gatherings they attended on HIV and AIDS. MWC groups were formed in churches and members were taught on HIV related issues. The trained individuals shared the prevention information with members in their formal or informal groups in the community. Trainings were held on Sundays after service to pass information on AB by both the youth and adults. Youth reached fellow youth during youth camps, visited schools for information sharing and also organized games and tournaments to reach other youth. The youth also reached out to their family members at home. Awareness of HIV was created during the World AIDS Day through skits, poems, songs and speeches.

RCEA

In FY10, **25 TOTs** were trained to share abstinence-based HIV prevention messages. The individuals were identified from five sites and were trained using the “Choose Life” Manual. Training methods included experience sharing, group discussions and role plays. At the end of the training, participants created a personal work plan outlining how they would promote HIV prevention within their communities. The individuals trained reached out to **12 men** through the MWC, **25 individuals** through the Y2F Program, **25 individuals** through Writing on the Wall (WOW) and **25 youth** through the Y2Y Program. A total of **4,198 individuals** were reached through HIV and AIDS awareness campaigns, which included community outreach programs and the World AIDS Day commemoration.

WRCCS

WRCCS trained a total of **559 TOTs** in abstinence-based HIV prevention using the “Choose Life” manual. The individuals trained developed work plans at the close of the training then implemented the plans by conducting prevention outreaches in their communities. The outreaches revolved around MWC, Y2Y, Y2F and WOW programs and **reached 30,931 individuals** with HIV prevention messages. The breakdown of the number reached is as follows; 627 men were reached through the MWC program, 1,235 through the Y2F program, 4,413 through the WOW program, 4,642 through the Y2Y program and 20,014 individuals were reached through community outreach programs and HIV campaigns.

For the MWC program WRCCS partnered with the Kenya Anglican Men’s Association and had its members act as role models to young men in the communities. Men’s groups were formed so that men would have a safe place to discuss HIV and AIDS related issues with other men. To achieve results in the Y2Y program youth from WRCCS in collaboration with the government’s Provincial AIDS and STI Coordinator organized sporting tournaments through which HIV prevention information was shared. Trained youth reached out to their parents, siblings and extended family members through groups they led in the Y2F and WOW programs.

Major challenges, constraints and lessons learnt through prevention activities

KAMATAKIMO

It was noted that there was still a high number of people in communities who have not received adequate information on HIV and AIDS. This is due to difficulty in reaching people who live far out in the rural areas, low literacy levels, and poor exposure to HIV related information. In fact the communities that were worked with during the extension had a general idea about HIV but were not very clear or accurate because there were no NGOs that addressed HIV in the area and they are so remote that the MOH is only minimally involved.

One lesson learned was that MWC groups were key in bringing men together to discuss HIV and AIDS issues. Through these groups, men appreciated the responsibility accorded to them either as mentors to the young or TOTs to their family members. When men held sessions on their own they appreciated more the role that they play in HIV prevention and were more willing to accompany their wives for follow-up sessions on HIV related issues.

RCEA

RCEA experienced a challenge throughout FY10 that peer educators demanded to be given incentives before they would provide services to the community. This was partly due to the fact that other organizations within RCEA's jurisdiction paid stipends to their volunteers. However, it was emphasized with the peer educators that service was supposed to be voluntary. As a result, some peer educators became inactive, but the program still managed to achieve results through a smaller number of active peer educators that embraced volunteerism.

WRCCS

The greatest challenge faced by WRCCS in this strategic objective was that there was reluctance to share information on HIV related issues between generations. The older generation of people find it difficult, due to social and cultural upbringing, to discuss HIV and AIDS with the younger people. However, trained peer educators and TOTs have been instrumental in addressing both the adults and younger peer educators.

Objective 2: Improve and Expand VCT & PMTCT services

Summary of Activities Implemented

This year **1,049 women** received HIV counseling and their test results as a part of the PMTCT service package with 131 being referred and followed up with by the partners. Partners coordinated with the Ministry of Health (MOH) and trained **75 healthcare workers** in PMTCT services. Anti-retroviral prophylaxis (**ART**) was provided to **58 women**. These activities predominately took place at the **10 health sites** that were upgraded to provide PMTCT throughout the year.

As for VCT activities **3,937 people** received VCT and their test results with 1,026 people referred for VCT services. Those who tested positive were referred for ART to government and mission health centers that provide this service and were followed up by community health workers. **VCT trainings for 12 volunteers** were conducted with an additional **249 trained in counseling only**. Most of those trained worked in the **18 health facilities** that were upgraded to provide VCT.

The partners surpassed all LOP targets in this strategic objective. Some were completed as high as 478% such as the number of women who were tested and received their test results as part of the PMTCT package. Even the lowest percent reached, number of health workers trained in PMTCT, was still 112% of the original target. The fact that 128% and 157% of the targets for upgraded PMTCT and VCT centers is notable since the partners struggled the first two years to achieve their annual goals. The fact that 163% of the target was reached of the volunteers trained in VCT is celebrated, as well, since this target was not adequately budgeted for at the inception

of the program with partners unaware that the cost required to conduct a VCT training was different from conducting counseling trainings. Nearly 300% of the target of number of people who participated in VCT and received their test result was achieved. This activity saw a slow start at the beginning of the program, but rapidly picked up as the program progressed.

Achievements by partners for FY09/10

KAMATAKIMO

In the period under review **62 of the women tested** for HIV were pregnant and received counseling and other PMTCT services. Of these women, 31 were found to be HIV positive and were referred to government facilities. KAMATAKIMO later followed up with these individuals to verify that they had received HIV related services and were adhering to the prescribed ART. In collaboration with the National AIDS and STI Control Program (NASCOP), KAMATAKIMO **trained 20 health** workers on the provision of PMTCT services according to national and international standards.

In regard to counseling and testing for HIV (non-PMTCT) a total of **1,545 individuals** were tested and received their results. It was found that five of those tested were HIV positive and were referred and followed up with by KAMATAKIMO staff to assure they received the necessary care. The counseling and testing was done by KAMATAKIMO in collaboration with NASCOP whereby clients received the services through mobile clinics and therefore did not have to travel long distances to access the services. A total of **249 volunteers** were trained in HIV counseling only.

RCEA

A total of **578 pregnant women** were counseled and tested and received their results as a part of PMTCT services. 16 of those tested were referred to government health facilities and were followed up to ascertain that they received ARV prophylaxis. RCEA identified, and in collaboration with NASCOP, **trained 34 health workers in PMTCT** service providers according to national and international standards.

RCEA **equipped 8 VCT** facilities with furniture during the reporting period. In collaboration with District AIDS and STI's Coordinator (DASCO), RCEA trained **12 health workers on VCT** service provision. A total of **308 individuals received VCT**, and 17 out of those were referred to health government facilities for ARVs. Follow-up was done to ensure that they received the services that they were referred for.

WRCCS

WRCCS **upgraded 10 health facilities** to offer PMTCT services and **trained 21 health workers** on the provision of PMTCT services. A total of **409 women** received HIV testing and counseling for PMTCT. Whereas **42 pregnant women were provided with HIV prophylaxis** with an additional 84 pregnant women were referred and followed up by WRCCS for further PMCTC related services.

For VCT activities a total of **10 health facilities were equipped** for VCT services. Some examples of upgrades include adding water collection gutters, or roofing for maternity wing, or building a water collection tank, or the provision of VCT charts and furniture. Through these

facilities **2,084 individuals received VCT** and received their results while 1,004 were referred to other health facilities not supported by WRCCS.

Major challenges, constraints and lessons learnt through VCT & PMTCT activities

KAMATAKIMO

In regard to PMTCT, a major challenge faced was that KAMATAKIMO's had an inadequate referral system, which made follow-up of clients challenging. None of KAMATAKIMO's sites offered antenatal services nor provided ARVs and hence meeting the needs of HIV-positive clients was difficult. Further, demand for PMTCT services was greater than the staff could support.

Another challenge faced was that NASCOP's link person to KAMATAKIMO was transferred and as a result there were delays in acquisition of certificates for the healthcare providers who were trained on PMTCT. This delay not only delayed the ability for PMTCT services to be provided but also lowered motivation of the PMTCT service providers.

RCEA

RCEA intended to upgrade 4 PMTCT sites, however the budget allocation for these was used to train PMTCT service providers. This followed the fact that the targets for the indicator on upgrading PMTCT sites had already been achieved and so more emphasis was put on the PMTCT training for which the LOP target had not been achieved.

RCEA did not have sufficient staff and volunteers to follow-up after referrals. Community members embraced trainings on PMTCT conducted by RCEA, and as a result, additional community members signed up for training on PMTCT.

WRCCS

WRCCS sought to involve the MOH in its activities by sharing information of the intended program activities in advance of implementation. As a result, MOH was very supportive with timely implementation and with no major challenges experienced. Still, women are more likely to be tested than men, and this is something WRCCS is continuing to work to address.

Objectives 3 & 4: Care for People Living with HIV and AIDS

Summary of Activities Implemented

All targets were surpassed for the activities related to training and providing care for PLWA. This is particularly noteworthy since these targets had proved to be the most challenging for partners to reach in all previous reporting periods. A total of **240 caregivers were trained** in HBC, and they provided services to **3,184 PLWA** and referred and followed up with 2,018 PLWA.

The work of this year brings the LOP totals to 1,829 people trained (against a LOP target of 1,810) and 7,235 PLWA who received HBC (against a plan of 7,045). This achievement was a surprise as the partners had a difficult time completing these activities through the program and the targets that were used in the extension were the targets proposed in the concept paper which included a larger budget than was awarded. Several of the communities the partners worked in had very high levels of fear and stigma making it difficult for people to want to know their status

and therefore participate in the program. There was also the fear that if an individual received services they would be identified as HIV-positive and then be stigmatized.

Achievements by partners for FY09/10

KAMATAKIMO

During the reporting period KAMATAKIMO in collaboration with the DASCO of Mwingi District **trained 31 community health workers (CHW)** on the provision of palliative care to PLWA. The NASCOP HBC manual was used during the training. A total of **174 PLWA** were identified and registered as eligible program participants. All identified PLWA were placed into newly formed support groups, which were registered with the Kenyan government making them eligible to receive funding offered by the government. All PLWA received psychosocial support and were helped to start an income generating activity (IGA) of goat keeping. Of the PLWA identified and registered, ten were linked to other health services. All center committees were trained on sustainability to ensure that PLWA care and support activities continue beyond the closeout of the program.

RCEA

In collaboration with the MOH, RCEA **trained 46 CHW** on provision of palliative care for PLWA using the NASCOP manual. Trained health workers provided a total of **687 PLWA** with psychosocial support and HBC, while 111 PLWA were referred for further services from other providers. Eighteen support groups were formed by the identified PLWA and members of these groups benefited from psychosocial support, PLWA were trained in HBC, positive living, and IGAs were initiated such as vegetables growing, bead making, poultry raising, beekeeping, and sheep and goat keeping.

WRCCS

In collaboration with the MOH, WRCCS **trained 163 CHW** in HBC. CHW provided a total of **2,323 PLWA** with HBC services and psychosocial support. Referrals for ART services were made to 1,897 of the identified PLWA. CHW tracked clients to ensure adherence to ARVs and reduce incidences of defaulting ART and mobilized community participants for outreach services for MOH activities. In many areas, CHW were tapped by MOH to conduct basic preliminary activities before going to MD (e.g. weight, measure). They also conducted non-professional trainings most Tuesdays and Thursdays for ANC.

The PLWA served were taught to embrace living positively and on the importance of disclosing their status as a major step towards living positively. The identified PLWA were formed into support groups which provided encouragement and were given IGA training and support.

Major challenges, constraints and lessons learnt through care for PLWA activities

KAMATAKIMO

A key lesson learned was that the provision of support groups with IGAs is instrumental in ensuring consistency of PLWA in attending support group sessions. This is also key in ensuring male involvement. Additionally, the government's provision of ART services has reduced the number of PLWA in need of palliative care. This is because ART from government clinics comes in a package that includes skills training and support to encourage living positively.

WRCCS

The major challenge experienced in FY10 was that while CHWs were provided with HBC kits supplies were very limited so that replenishing kits was not possible. Committees from WRCCS are mobilizing resources from other partners to support the provision of HBC kits to continue providing PLWA with nursing care even after the close of the NPI project.

Objectives 3 & 4: Care for Orphans and Vulnerable Children

Summary of Activities Implemented

Partners exceeded all the annual targets as usual for the activities related to providing care for and training caregivers of OVC. Using the “Our Children” curriculum **1,269 volunteers** were trained on holistic care giving for OVC and then provided services to **2,788 OVC** and referred 1,205 for additional services like health or legal support. Of the OVC served 1,794 were primary direct and 994 were secondary direct.

The targets for the LOP were exceeded, with 107% of the OVC being cared for and 119% of community volunteers being trained in the care of OVC. These activities faced the least resistance in the communities since church leaders came on board and encouraged their congregations early on in the grant’s implementation. Several of the partners were working in the communities before the start of the program to address the needs of OVC so there was already some infrastructure and momentum that was built upon when the program started.

Achievements by partners for FY09/10

KAMATAKIMO

KAMATAKIMO trained **790 caregivers**, mostly women, in the need and how to care for OVC during FY10. Trainings occurred at the same time that OVC activities were planned for example; while OVC received PSS or school uniforms, caregivers covered key topics in “Our Children” training manual. A total of **1,701 OVC** were served by the program. Out of these 911 received primary direct support while 790 received supplementary direct support. Support included assistance to remain in formal education through provision of school or vocational training fee and school uniforms, nutritional support, psychosocial and IGAs. OVC referred for additional services in health were 9. Five (5) support groups comprising of OVC caregivers and volunteers were given small grants to support their business initiatives. All center committees were trained on sustainability to ensure that OVC care and support activities continue beyond the closeout of the program.

RCEA

During the final year of implementation **75 caregivers** were trained on how best to care for OVC with “Our Children.” A total of **250 OVC** received care and support from the trained caregivers. Of the OVC supported, 127 were primary direct and 123 were supplementary direct. Of the OVC who were participants 16 were referred for additional health and legal services. Examples of support given included: 10 OVC in secondary school who received school fees, another 5 OVC received vocational support, while 235 OVC received school uniforms. All OVC received psychosocial support and many caregivers participated in IGA activities to benefit the children in their care.

WRCCS

In the period under review 85 churches were mobilized from **which 404 caregivers were recruited** and trained using the “Our Children” manual. The volunteer caregivers were assigned to care for a total of **837 OVC** for which they would conduct home visits and provide with care and support. A total of 756 OVC received primary direct support while 81 OVC received supplementary direct services. Some services given included; 75 OVC benefited from education support, while 44 benefited with vocational training support, and seven older OVC were provided with sewing machines, 1,182 were referred or linked to additional services. While 837 OVC received direct support, the others in need were referred for additional services.

Major challenges, constraints and lessons learnt through OVC activities

KAMATAKIMO

It was noted by KAMATAKIMO that the responsibility of caring for OVC mostly fell to women and that men seem to be uninterested. This observation is made because it is mostly women who attend trainings on OVC care and support. A lesson learned was that school fees proved to be a greater need than school uniforms so most OVC and their caregivers opted for the former despite the program budget being written to provide more school uniforms than school fees support.

RCEA

A challenge faced in this area is that the school fees and uniform support is not sustainable at the same level once the program ends. Besides, support given tends to create a dependency on the program with caregivers demanding extra support to meet the increased OVC needs.

A lesson learned was that there is need to sensitize men to take part in care and support of OVC because it is mostly women who participate in trainings on OVC care and support and outreaches.

WRCCS

It was noted in previous reports that it was difficult to effectively reach most youth in schools while school was in sessions. This year the program was changed so that most were reached during the school holidays.

Objective 5: Stigma Reduction

Summary of Activities Implemented

Stigma reduction training continued in the final year of implementation, though at a slower rate, since there were few outstanding people to train in order to reach the target. A total of **729 trainers** were trained in stigma reduction out of the 335 target. These TOT in turn reached **8,391 individuals** with messages to promote a positive community response for PLWA and OVC. Sensitizations were conducted at *barazas*, meetings, weddings, funerals, and in the community center with other community events.

LOP targets for this activity was achieved with 65,986 of the targeted 52,000 receiving stigma reduction training. A total of 28,766 were trained as TOT who in turn reached an additional 37,220 community members in step-down trainings. While partners work on this activity throughout the life of the project, most of the targets were reached in the final two years.

Achievements by partners for FY09/10

KAMATAKIMO

A total of **160 TOTs** were trained by MOH staff in reduction of stigma and discrimination against HIV-positive people. The trained individuals **reached 844 community** members with stigma and discrimination reduction messages. This was done through community forums such as weddings, get-togethers, chiefs' *barazas*, and funerals. All center committees were trained on sustainability to ensure that stigma reduction activities continue beyond the closeout of the program.

RCEA

The program **trained 40 individuals** as TOTs on HIV related stigma and discrimination reduction. The trained TOTs **reached 816 community** members with the HIV related stigma and discrimination reduction messages. The messages were disseminated in support groups for PLWA, church functions, and women and youth groups.

WRCCS

In FY10 a total of **529 TOTs** were trained on HIV and AIDS stigma reduction. Those trained **reached 6,731 individuals** with HIV and AIDS stigma reduction messages. WRCCS formed anti-stigmatization advocacy groups comprised of TOTs. The TOTs mobilized community members and taught them on stigma issues through campaigns held at chief's *barazas* and other social forums in the community. Community members were encouraged to embrace PLWA and care for and support them as they live positively and that this is one way through which HIV spread can be reduced.

Major challenges, constraints and lessons learnt through stigma reduction activities

KAMATAKIMO

A major success noted was that there was a high registration of PLWA at outreach events and there was increased demand for VCT services as compared to the start of the program. This is an indicator that community members are ready to accept and embrace their status and coexist in the community irrespective of the results due to reduced stigma. Another lesson learned is that the inclusion of IGA activities leads to not only greater registration of PLWA, but also greater involvement as they see they will receive tangible benefits without discrimination.

RCEA

The main challenge faced in implementing the stigma reduction activities was that despite the enhanced trainings for TOTs and community members on HIV related stigma reduction, stigmatization of PLWA still remains high. This results in PLWA not coming out in the open and it becomes difficult to reach out to them.

WRCCS

In WRCCS some communities still have high stigma levels and as a result PLWA are unwilling to declare their status. TOTs and HBC providers are using their new skills to conduct stigma reduction campaigns and offer counseling to PLWA. Prevention with positives has also been implemented with PLWA as more are coming out in the open in public gatherings to declare their status. This public declaration also helps reduce stigma and discrimination. Male involvement was a challenge faced throughout the life of the program for this activity.

III. MONITORING AND EVALUATION

Summary of Monitoring Activities Implemented

In January and February 2010, Data Quality Assessment was conducted for all NPI partners using the RDQA tool developed by OGAC. The primary objectives of the assessments were to review the partners' documentation processes, recording and counting procedures, M and E capacities, and the links with the national reporting system. From the assessments, it was noted that partners had advanced their M and E capacity compared to the start of the NPI project. By this point most adhered to the M and E tools given to them, which were adequately filled and stored, especially for FY 10. It was also noted that partners understood the concept of double counting and this was avoided in most activities. Some committee sites had registered with the Constituency AIDS Control Committee and were reporting through the national reporting system as per the "three ones principle."

Semi-annual review meetings with the NPI coordinators for report writing were held. At these meetings information was shared between partners on experiences, challenges and lessons learnt. Plans for implementation during the next reporting period were completed during the meetings.

The major challenge that was noted for the partners was that there were inadequate volunteer retention strategies, and hence identifying a consistent individual to carry out field M and E was difficult. Volunteer turnover was high, as persons involved would get alternative permanent jobs resulting in difficulties maintaining those trained on M and E techniques for the program.

The third year saw the implementation of a number of reporting tools, which were beneficial in helping partners collect necessary data for reports and program improvement. It would have been helpful if there were additional follow up and if some of the tools were consolidated to reduce the reporting requirements for volunteers.

Achievements by partners

KAMATAKIMO

Community committees continued internalization of the M and E tools in FY10. They were able to monitor and report on progress to program staff with ease. All indicators of the program were monitored and it was noted that most of the targets were achieved and some greatly surpassed.

RCEA

The extension period activities were planned and implemented as per the set targets for the ten-month period. Monthly planning and reporting meetings were held for program staff and volunteers to monitor the programs progress. Monitoring and evaluation tools aided in tracking the programs challenges, achievements and lessons learnt which helped in modification of strategies for maximum achievement.

WRCCS

Committees in each site continued to monitor the project at the community level. The prime role of monitoring was to share experiences with project beneficiaries as well as learn lessons to enhance sustainable strategies. Staff also monitored the project to ensure targets were reached and to measure effectiveness of the support given to the project beneficiaries. Committee members made visits to the OVC and received reports from all volunteers within the project.

Monitoring tools developed earlier in the program cycle were used to collect data and submitted to the staff for verification and collation. Monthly meetings were held to get feedback and to correct or address any challenges in the course of implementation. Staff had planning meetings at the regional level in every quarter to discuss implementation and share experiences. The reports were shared and verified at each level of the organization.

Major challenges, constraints and lessons learnt through monitoring activities

RCEA

The major challenge faced was that OVC site committees did not promptly turn in their reports for essential services provided to OVC. This was as a result of low motivation, which is associated to inadequacy of volunteer retention strategies.

IV. MANAGEMENT AND STAFFING

Summary of Activities Implemented

As was noted in the Semi-Annual Report there was an organizational change that resulted in the CRWRC-Kenya Country Consultant becoming a key personnel and main Kenya-based point of contact for this grant. The NPI Program Coordinator position became vacant at the beginning of the extension period. CRWRC did not hire an additional staff person and instead had the Monitoring and Evaluation Officer cover 75% of the coordination duties. CRWRC's Program Consultants and the Country Consultant each provided additional support for the grant management for each of the partners they worked with.

V. OTHER ISSUES

Sustainability and Transition

Since community members were trained in the key aspects of the project, this increased knowledge and changed attitudes will remain with the community. CRWRC staff will support the community work that is on going even after the end of the project. Many of the school and church structures were involved with this program and plan to continue to support volunteers of the various program activities that were performed through these structures. For example, schools in many communities have agreed to waive or reduce school fees for OVC's, either those in the program or others in the community. This is expected to continue beyond the life of the program making the continued provision of school fees possible.

Nearly all support groups were given IGA training and start-up capital. It is expected, and IGA groups from year one confirm this expectation, that these IGAs will not only maintain a higher standard of living or food security in the homes but will diversify into additional income-generating opportunities. Support groups were also registered as community-based organizations with the Government of Kenya, which established them with greater permanence in the community and makes it possible for them to apply for funds with the Government of Kenya and other non-profits.

Most important, but more difficult to measure, is the awareness raised in the communities and the local resources mobilized to address all the five strategic objectives. The vast majority of

caregivers have stories of how neighbors have provided additional help, even as small offerings such as a bit of spare sugar or salt. Volunteer committees have received donations from the community of more goats and funds to provide for additional needs not met by the program. Churches readily share how they have increased the frequency and diversity of care given to the needy in their congregation and community as a result of the trainings on care for PLWA and OVC and the need for stigma reduction. Communities are mobilizing internal resources to have additional AB trainings offered in their community, both within and outside the NPI program area. The community, without outside support or additional encouragement, mobilized resources to pay for the needs of OVC and PLWA. The truly sustainable aspect of this is that people share this information as if there was nothing remarkable about the additional support or work. Instead they see it as their privilege and communal responsibility to help others since the program has helped them. This attitude and on-going community support is evidence of the program's long-term sustainability.

Capacity Building

CRWRC's role in this grant was to build local partner capacity. This took shape in many forms, but the significant roles included helping partners set up organizational structures to implement program activities, providing support as partners implemented, and monitoring and evaluating the work of the partners and backstopping when needed. Some significant examples are when CRWRC staff filled the staffing gap for a month at RCEA when the NPI Program Coordinator stepped down and when RCEA could hire the new staff person. While this example shows the deep level of support CRWRC offered partners most of the capacity building took place through the regular support via phone, email, skype, and regular site visits made by CRWRC's Program Consultants, NPI Program Coordinator, M&E Officer, and HIV & AIDS Program Officer offered.

CRWRC and partner staff benefited from AED technical trainings that were offered in the second year of implementation including Nutritional Care for PLWAs, Technical Aspects of HIV and AIDS, Financial Compliance, and Governance. There was also technical support from AED on financial management, human resource management, monitoring and record keeping, during site visits made by AED to all three of CRWRC's partner organizations.

During the third year of the program, a closeout training was conducted for partners, the field office and home office. Resource Mobilization, Finance, and Training of Trainers and Group Facilitation trainings were hosted for CRWRC field and partner staff. During the final year of implementation CRWRC US Office participated in the Resource Mobilization training offered by AED.

Throughout the program's life NPI staff trained other staff within their organizations and shared the pertinent information with the various volunteer community committees as well. As a result of the trainings and support provided by CRWRC, the partners' capacity has been significantly increased. KAMATIKIMO is in the process of reviewing the role of their board and completing a strategic plan for the next few years. WRCCS is placing itself strategically and getting all necessary documents so that it can become a prime for USAID. RCEA has continued to grow in its capacity and is now more effective in all of its community development efforts. Its ability to

mobilize community resources has grown significantly and its influence in the communities reflects the stronger position it is now in.

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

During the final year CRWRC and partners continued to strengthen relationships with the national and district-level offices of the MOH, in particular NASCOP. The MOH facilitated all health care provider trainings (e.g. VCT, PMTCT, HIV counseling, and HBC) and provided supervision for the trained community health workers.

The partners are involved in government working groups both at the provincial and district levels. Partners referred PLWA for ARV and other support services to the government health facilities. OVC had fees reduced by the local school bursary, had funds sought through Community Development Funds along with tapping Ministry of Education Funds to provide additional support. OVC and caregivers were also referred to other government agencies like the MOH for health services and Children's Department for legal services and advice.

The partners are also collaborating with other NGOs in their respective areas and are members of local consortia. All partners collaborated closely with the MOH to provide the PMTCT, VCT, counseling and HBC trainings. All partners also collaborated with the Ministry of Social Services in order to register OVC, PLWA and many Behavior Change support groups. All partners also regularly utilized the services offered by the Ministry of Agriculture to build the capacity of the OVC and PLWA support groups in increasing their food security. The Children's Department was regularly invited by the partners to public meetings to share legal information about the rights of OVC and how caregivers could protect OVC under their care. In the period under review KAMATAKIMO also collaborated with the Catholic Diocese of Kitui in caring for and supporting PLWA and offering VCT services. In implementing its activities RCEA collaborated with the African Inland Church for vocational training of OVC. WRCCS regularly contacted Kenya Seed to conduct training in crop husbandry, to provide additional support to the training offered by the Ministry of Agriculture. The Local Administration was regularly consulted to develop legal framework for cases that needed legal support and as an entry point for support groups seeking this help. Inter-Christian Fellowship Evangelical Missions provided additional nutritional, spiritual and psychosocial support of OVC that were considered unallowable under PEPFAR guidelines.

The partnership with AED concluded with the Closeout training and the Closeout Organizational Capacity Assessment both for the home and field offices.

VI. CONCLUSION

The final period of the grant was focused on continuation of all activities and reaching LOP targets. The greatest accomplishment in reaching targets was made in the provision of HBC for PLWA and training caregivers in HBC. All documents were collected for record retention and communities are prepared for closeout of the program and to continue the program objectives on their own. All LOP targets were reached and most were exceeded within the program's budget. The total cost of the program was \$1,530,530, of which \$1,390,059 was provided by USAID and \$140,479 was contributed by CRWRC from private sources as match.

ATTACHMENT A: SUCCESS STORIES

KAMATAKIMO

Three years ago, Theophilus Mulae Kyuma was in a state of despair and thought he had a hopeless future. Theophilus and his three siblings were living together, with the eldest brother—who had three children of his own—served as the guardian and head of the household. Their single mother had died from HIV in 2003. Theophilus was identified by the KAMATAKIMO NPI project and had his secondary education school fees paid. At the time he said, “Life has been tough since the death of our mother, but the grace of God has kept us.” Through the support given by KAMATAKIMO, Theophilus completed his final year of secondary education at the end of 2009. He says that the support motivated him to work hard in school and to succeed. Having performed well in his final year, Theophilus has been offered a chance to pursue an education course at a Teachers College. Currently, he is a volunteer teacher at a local primary school and affirms that, “I enjoy teaching my younger ‘brothers’ and ‘sisters’ and especially seeing the orphans in the school and community progress.” Theophilus uses the little income he earns from teaching at the school to pay for his younger brother and sister’s school fees.

RCEA

Tumaini Upendo PLWA Group was started in July 2009 with only five members. The main objective of the group was to share and encourage members to continue living positively and counsel those who were still in denial or unsure of their status. The five members met monthly and contributed fifty shillings for a merry-go-round to help any group member who needed to go medical check-up or to collect ARVs.

The membership of the group increased after the original five managed to share and counsel another 10 individuals who joined the group. At this point, the group opened a bank account to save their monthly contributions as well as to register as a self-help group with the social services department. More members continued to join the group and before long, the group had 25 members. The monthly contribution increased to 500 shillings per month per member. At this point, the RCEA NPI program supported the group with a horticultural IGA and trained some group members on HBC. The group hired a piece of land and started planting vegetables which they sold to the community and supplied to the market. The money received was saved in the account and any member who encountered a problem like sickness or inability to pay school fees was supported.

Currently, the group has 33 members and they have hired an additional piece of land so as to plant more varieties of vegetables, maize, green peas, onions and beans. Their market base has expanded and they are supplying the farm produce to schools and markets outside the program area. They have employed three community members to work in the farm and they are paid using the money made from selling farm produce.

In regard to HBC skills received, members of the group say they have benefitted a lot. Josephine Chelimo says, “Before I joined the group I stigmatized myself and neglected everything and waited to die, but after being counseled by the trained group members, I agreed to open up. My life has changed thanks to the group. I have learned how to take good care of myself, watch my health and also learned farming.”

Jane Rose Matinga says, “After my husband died in April 2009 I was so depressed and became very sick. I was bed ridden in the months of May and June and being in bed for two months was enough to send me to the grave. Thank God Mr. Patrick Shiyuka, who was trained by the program in HBC, took care of me until I came back on my feet. Group members also visited and encouraged me. I now am healthy and I have planted maize, potatoes and vegetables in my piece of land and I am able to sufficiently feed my children!”

WRCCS

Tumaini Support Group started in 2008 as a group of 15 PLWA with the intention of supporting PLWA through the stigma and discrimination they faced, and to reduce it in the community. Group members were sensitized on HIV and AIDS issues including stigma and discrimination through the NPI program in 2008. Thereafter, group members used to accompany TOTs in various HIV and AIDS campaign forums. However, people started called the PLWA “*wamama and wababa wa virusi*” (women and men of the virus). This did not discourage the PLWA as the TOTs and NPI committee continued to encourage the group members and went with them to community gathering sessions on HIV and AIDS. The group went on to be supported with sheep and poultry rearing IGAs. From the proceeds the group began table banking and now have more of a financial safety net. As a result of their persistence in stigma reduction initiatives, the community has began to embrace PLWA and are willing to involve them in community activities.

Amina Wawire, a member of the group says, “Since we formed our support group we were branded, despised, neglected and we did not receive support from anywhere. We thank WRCCS for remembering us. The support of ten sheep has motivated us and we will prove to those stigmatizing us that we are strong and ready to work’.

Currently the group has a membership of 45 people. These individuals now bring hope to the community especially encouraging people not to be afraid to know their status and that they can live even if found to be positive. They have members who are on ARVs and support each other with adherence issues.

The group has started a pediatric club for children of 0-15 years who are positive and on ARVs. These members are identified through the support group members, service providers in local health facilities, and HBC providers. Some of the group members work in the Navakholo Sub District Hospital CCC in provision of health talks and assist in measuring weights of various patients as need arises in the facilities. Currently there are 25 children in the club. The club meets once per month and guardians also attend. They share experiences, follow up on adherence issues and give them a chance to ask questions about their status. One important role of the club is to assist guardians in telling the children their HIV status. This especially arises from the children who do not understand why only they are taking drugs all the time and not their other siblings. The group has a lot of play activities for younger children, including crayons for drawing, and other games.

The pediatrics group was also trained through linkage to MOH and the WRCCS staff on memory book, leadership, conflict resolution, and group dynamics. They were also linked to the

Children's Officer and a staff from WRCCS on succession act and children's rights. They have also been linked to the Ministry of Agriculture to plant amaranth, local vegetables and orange sweet potatoes in a demonstration plot given to them by the hospital.

The group is thankful to the project for the support.