BREAKING BARRIERS FOR ORPHANS AND VULNERABLE CHILDREN IN KENYA

The Journey to Realising my Dreams has just Begun
The people whose photographs appear in this publication were asked to pose for the sake of documentation and are not necessarily Orphans and Vulnerable Children (OVCs) or People Living with HIV (PLHIV).
BREAKING BARRIERS FOR ORPHANS AND VULNERABLE CHILDREN IN KENYA
Acknowledgements

The Breaking Barriers (BB) project was initiated in 2004 to address the suffering and discrimination experienced by Orphans and Vulnerable Children (OVCs). Using an integrated approach, BB project partners successfully helped OVCs to realise their full potential and livelihood outcomes. We therefore would like to thank development partners namely, the United States Agency for International Development (USAID) and Plan for providing financial and technical resources to support the implementation and subsequent documentation of the project in Kenya. We particularly appreciate the BB project implementing partners in Kenya namely; Kisumu Urban Apostolate Programme (KUAP) – Pandipieri, Inter-Religious Council of Kenya (IRCK), Rang’ala Family Development Programme (RFDP) and St. Johns Community Centre (SJCC) Pumwani-Nairobi; without whom, the implementation of the project would not have been successful. We further acknowledge the invaluable support of Bwibo Adieri -BB Regional Manager, Irimu Kihu-Communications Manager- James Mwangi-Livelihoods Manager, Dr. David Owour - Health Advisor; Annie Wakanyi- Resource mobilization Manager and Marietta Mutheu-Grants Accountant; all from Plan for their oversight, facilitative and guidance role during the documentation exercise. We are also grateful to the following officers from Plan for their strategic support: Helene Monteil – BB Technical Advisor, Laban Tsuma – BB Technical Advisor, Jackson Thoya – RESA HIV and AIDS Advisor, Samuel Musyoki – Strategic Program Support Manager, John Moris – Country Director, and Else Kragholm – Former Country Director.

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Without you all, the BARRIER to documentation of the BB project would not have been broken.

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Forward

Orphans and Vulnerable Children (OVCs) suffer the brunt of poverty and HIV and AIDS putting them among the most visible high risk groups in Kenya. The OVCs face numerous barriers in their efforts to access healthcare, education, nutrition, psychosocial support, shelter, protection and economic opportunities. In recognition of this, Plan with support from USAID has been working with communities in breaking the barriers for OVCs. Being a child-centred organization Plan is currently asking and reflecting “what are we doing to effectively and sustainably break the barriers in way that is meaningful and fulfilling to the individual OVCs?” Answers to this question have not been forthcoming mainly due to lack of documentation on emerging good practices and lessons on quality services that would guarantee transition of OVCs to responsible adulthood. To address this challenge, Plan commissioned a documentation exercise to capture the BB project outcomes, innovations, opportunities and approaches for scaling up, challenges and critical gaps and finally recommendations to building effective breaking barriers. The exercise was carried out using an appreciative inquiry approach that captures the project outcomes from the perspectives of beneficiaries. Using evidence captured by the voices of beneficiaries and the critical success stories, the documentation brings out the factors that are required to ensure effective OVC interventions.

The report therefore shows how the BB project partners worked together, using an integrated approach in mobilization of resources and effective coordination of interventions. This is based on the underlying philosophy of the national plan of action on OVC response that “no one partner has the capacity to break all the barriers that OVCs encounter; only a partnership approach building on the strengths of each other can mitigate in entirety the OVC barriers”. The report articulates the knowledge and experiences gained by partners in implementation of the project to improve the quality and outcomes to beneficiary groups. All these make the report a worthy resource for reading and applying by all stakeholders in scaling up Breaking Barriers for OVCs.

John Morris
Plan, Kenya Country Director
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<th>Definition</th>
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<tbody>
<tr>
<td>AACs:</td>
<td>Area Advisory Councils</td>
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<td>ARTs:</td>
<td>Anti-Retroviral Treatment</td>
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<td>BB:</td>
<td>Breaking Barriers</td>
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<tr>
<td>BDA:</td>
<td>Banana Development Authority</td>
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<td>CDF:</td>
<td>Constituency Develop Fund</td>
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<td>CLAP:</td>
<td>Children Legal Aid Programme</td>
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<td>CBO:</td>
<td>Community Based Organisation</td>
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<td>CRC:</td>
<td>Convention on the Rights of the Child</td>
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<td>DCO:</td>
<td>District Children Office</td>
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<td>FBO:</td>
<td>Faith based organization</td>
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<td>FGDs:</td>
<td>Focus Group Discussions</td>
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<td>GOK:</td>
<td>Government of Kenya</td>
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<td>HACI:</td>
<td>Hope for African Child Initiative</td>
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<td>HCBC:</td>
<td>Home and Community Based Care</td>
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<tr>
<td>IDCCS:</td>
<td>Inter-Dioecesan Christian Community Services</td>
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<td>IGA:</td>
<td>Income Generating Activity</td>
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<td>IRCK:</td>
<td>Inter-Religious Council of Kenya</td>
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<td>IRCU:</td>
<td>Inter-Religious Council of Uganda</td>
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<td>IIEC:</td>
<td>Interim Independent Electoral Commission</td>
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<td>IT:</td>
<td>Information Technology</td>
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<td>KCSE:</td>
<td>Kenya Certificate of Secondary Education</td>
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<td>KESSP:</td>
<td>Kenya Education Sector Support Programme</td>
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<td>KIIIs:</td>
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<td>KNEC:</td>
<td>Kenya National Examination Council</td>
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<td>KNH:</td>
<td>Kenyatta National Hospital</td>
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<td>MOE:</td>
<td>Ministry of Education</td>
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<td>MVC:</td>
<td>Most Vulnerable Children</td>
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<td>NCC:</td>
<td>Nairobi City Council</td>
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<td>OMVCs:</td>
<td>Orphans and Most Vulnerable Children</td>
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<td>PEPFAR:</td>
<td>President’s Emergency Plan for AIDS Relief</td>
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<td>PMGs:</td>
<td>Producer Market Groups</td>
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<td>PTSGs:</td>
<td>Post – Test Support Groups</td>
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<tr>
<td>SDA:</td>
<td>Seventh Day Adventist Church</td>
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<td>SJCC:</td>
<td>St. Johns Community Centre</td>
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<td>SMC:</td>
<td>School Management Committee</td>
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<td>KUAP:</td>
<td>Kisumu Urban Apostolate Programme</td>
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<td>RFDP:</td>
<td>Rang’ala Family Development Programme</td>
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<td>OVCs:</td>
<td>Orphans and Vulnerable Children</td>
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<td>PSS:</td>
<td>Psychosocial Support</td>
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<td>PSU:</td>
<td>Patient Support Centre</td>
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<td>PLHIV:</td>
<td>People Living with HIV</td>
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<td>UNGASS:</td>
<td>United Nations General Assembly Special Session</td>
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<td>USAID:</td>
<td>United States Agency for International Development</td>
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Executive Summary

Breaking Barriers (BB) Project in Kenya was implemented by four partners supported by Plan. St. Johns Community Centre (SJCC) and Kisumu Urban Apostolate Programme (KUAP) are urban, Rang’ala Family Development Programme (RFDP) is rural-based and the Inter-Religious Council of Kenya (IRCK) on the other hand works in both urban and rural areas. The project focus is support, prevention, treatment and care; education, food and nutritional support, school materials and encouragement for orphans and vulnerable children to complete basic education and facilitate access to income generating opportunities. BB was based on the need to strengthen families economically and socially and to improve their access to services to enable them to continue; and to improve, their protection and support of children and youth under the devastating effects of the HIV and AIDS epidemic. During project implementation, families that neglect children were identified and social protection services provided to the children. In Kenya BB project reached 79,831 OVCs and 6,532 care givers were trained in all the areas where the four partners operate.

BB was implemented in line with principles of the national plan of action on OVC programming in Kenya. The guidelines among other things seek to strengthen the protection and care of orphans and other vulnerable children within their immediate and extended families and communities. The project has further demonstrated that the family and community centred approach in caring for OVCs is the most beneficial for a child’s development. Therefore the most scalable strategy for OVC support is to strengthen the capacity of families to provide better care for more children. Through the BB project, Plan and the implementing partners have provided quality services and thereby guaranteed transition of OVCs to responsible adulthood. The services provided include educational, psychosocial support, life skills and treatment support to OVC and PLHIV. In Kenya, the project exceeded its targets with regard to the number of OVC reached in the two years of its implementation. In 2005/06 the project reached a total of 5,595 OVCs while in 2006/07 it reached 27,369 OVCs. More specifically, 6,171 OVCs were supported with scholastic materials while an additional 803 OVC benefited in terms of school uniforms from the BB project. Through the provision of scholastic materials and other forms of educational support, the project has contributed to an improved learning environment for OVCs and thereby increasing enrolment, retention, completion and performance rates for schools. The educational support include provision of desks, bags, school uniforms, text books and a school lunch programme for the beneficiary schools. In addition the programme has also established school HIV and AIDS clubs which have been useful in training students in life skills, health, hygiene and sanitation promotion and agriculture among other areas. The psychosocial support provided to OVCs through this project has resulted in stigma reduction and positive behaviour change and enhanced self esteem and personality development for the OVCs.

Among the key project outcomes is reduced household’s income and economic vulnerability, children benefitted from better nutrition, the opportunity to go to school instead of work and better access to healthcare. Moreover, OVCs also benefited from the emotional
support provided through the family and social protection schemes providing external assistance to poorer families in the project areas have been strengthened to improve lives of OVCs. The four partners in Kenya identified and re-enrolled 176 out of school OVCs while another 13 OVCs students were supported with school fees by Pandipieri.

In terms of approach, there was a systematic partnership building at the local level to improve coordination, enhance impact, avoid duplication, build on one another’s skills and abilities and maximize service delivery for the OVCs. Additionally, the project reached out to the general population through community education activities and provided capacity building opportunities for the government, partners and networks.

Technical assistance was an important part of support for partners focusing on both programmatic and organizational development. This was provided in the form of training workshops on several themes such as home based care for PLHIV, strategies for supporting OVCs in local communities, Monitoring and Evaluation (M&E), financial management and local resource mobilization. Each partner faces a different set of challenges and has unique capacity building needs. Plan was therefore very handy in providing the required technical assistance to partners to ensure effective implementation of project activities.

In terms of advocacy, PLHIV and OVCs experience high levels of stigma, discrimination and other human rights violations. Advocacy was therefore important to increase access to services, advocate for laws and policies on child protection and protection of the human rights of PLHIV to address stigma and discrimination. Through advocacy training, Post-Test Support Groups (PTSGs) groups have been supported to act as watchdogs of developments in HIV and AIDS related policy, law and healthcare quantity and quality standards. It emerged that the project partners can more effectively influence government policy through building coalitions and working together. IRCK on its part recognized and effectively exploited its watchdog functions.

Counselling and peer support for OVCs and their guardians increased their knowledge and understanding of psychosocial needs for OVCs. Psychosocial support has been effective in addressing isolation, fears, anxieties and other family and relationship problems for guardians, teachers as well as the OVCs themselves. Overall, the project has played a great role in strengthening the capacity of families to protect and care for orphans and other children made vulnerable by HIV and AIDS. This has been done by prolonging the lives of surviving parents and/or other adult caregiver(s) by providing them with/linking them to/facilitating their access to essential primary health care. Other ways are by providing:

- HIV and AIDS related health care (prevention, care and treatment) for the adults and children in the family directly;
- Primary health care for the adults and children in the family directly;
- Household economic strengthening support to adults in the family;
- Educational and other essential support to children in order to relieve the economic strain on the household;
• Access to vocational training or other skills acquisition in order to improve employment opportunities of adults and older children in the household;
• Psychosocial support to the adults and children in the family in order to minimize depression and anxiety;
• Spiritual support to the adults and children in the family to support their religious belief structures that promote hope;
• Food security and nutrition support to the adults and children in the family;
• Shelter support to vulnerable children or children without adult care in as family-like structure as possible;
• Legal support for the protection of the rights of the adults and children in the family, including the protection of their assets; and
• Child protection support that allows families to remain intact without putting any child at risk of harm.

A number of strategies were adopted by the project to realize the above including:
• Partnerships with key service providers’ i.e. governmental, non-governmental and private sector to provide comprehensive services to adults and children affected by HIV and AIDS in the families being served.
• Leveraging the provision of services and resources by other key service providers i.e. governmental, non-governmental and private sector, to cater for the comprehensive needs of entire families made vulnerable by HIV and AIDS.
• Referral networks and linkages that exist or are strengthened and include community volunteers, staff and other health and social workers to monitor the capacity of families affected by HIV and AIDS to cope and the children within them to grow and thrive.
• Regular monitoring of children at a child outcome level according to specific domain areas to assess whether they are thriving under the care of a surviving parent or other adult caregiver.
• Community capacity-building and sustainability, i.e. building technical and programmatic capacity through training and technical assistance; working with local individuals, organizations, institutions and structures; provided resources (people, commodities, structures) to continue to deliver quality services; or using other mechanism of sustainability.
Section One: Background and Methodology

1.0. Introduction

HIV and AIDS remains a major challenge to the social and economic development in Kenya. According to the Kenya National Aids Indicator Survey 2009, 1.4 million people in Kenya are infected with HIV, the virus that causes AIDS. The national HIV prevalence rate is 7.4% with Nyanza province leading with 15.3% followed by Nairobi with 9.0%. Hence the project on breaking barriers for OVCs was implemented in the two regions. The Kenya Demographic Household Survey 2003 estimates that 11% of children below 15 years in Kenya are orphans, having lost one or both parents, compared with 9% in 1998. Nationally, 2% of children below 15 years are “double orphans”; having lost both natural parents. However, there is considerable regional variation; the highest rate of double orphans is 6% in Nyanza province, which also has the highest HIV prevalence rate (around double the national average). The country is estimated to have 2.4 million orphans out of which 45% (1.2 million) of all orphans are attributable to parental AIDS deaths. As a result, community structures in caring for orphans are over-stretched and cannot adequately absorb the dramatically increasing numbers of orphans posing a potential threat to the economic, social, cultural and political stability. This calls for the need for intensive mobilization of resources and effective coordination of interventions to support the weakened community and family social system of caring for orphans.

In response to this high prevalence of OVC mainly due to proliferation of HIV and AIDS and high incidences of poverty in Kenya and other sub-Saharan countries, the United States Agency for International Development (USAID) through the President’s Emergency Plan for AIDS Relief (PEPFAR) funded the Breaking Barriers (BB) project. The mandate of PEPFAR is to bring compassionate relief and support to countries, communities, families, and children affected by the HIV and AIDS epidemic. The Emergency Plan used a three-pronged strategy of (a) prevention, (b) treatment, and (c) care interventions to accomplish this goal. Orphans and vulnerable children programs are among the HIV and AIDS care interventions it supports. It is a requirement that OVC in-country programs need to be fully integrated into host country national strategies, as well as function within the context of Emergency Plan policy with harmonized planning, operations and reporting systems. Apart from Kenya, BB was implemented in Uganda and Zambia through coordination by Plan. The strategic objective of BB project was to expand sustainable, effective, quality OVC programs in education, psychosocial support and community-based care for children and families affected by HIV and AIDS, using an extensive network of schools, both formal and informal; and religious institutions as a coordinated platform for rapid scale up and scale out. Four main strategies that were employed to deliver this
strategic objective include direct service delivery of essential services to orphans and vulnerable children, capacity building for families, children and communities to care for orphans and vulnerable children; advocacy for protection of orphans and vulnerable children; and finally economic empowerment of the community to support orphans and vulnerable children; in their midst.

The implementation was spearheaded by Hope for African Children Initiative (HACI), which closed down after one year. This was in collaboration with partner organizations namely, Save the Children US Uganda, Plan Uganda and Inter-Religious Council of Uganda (IRCU) in Uganda. Plan offices in Kenya and Zambia took over coordination in the two countries after HACI closed down its activities. The project’s mandate was to expand sustainable, effective, quality OVC programs in education, psycho-social support and community-based care for children and families affected by HIV and AIDS using both formal and informal school networks and religious institutions as a coordinated platform for rapid scale up and scale out. The project registered three immediate results namely:

• Improved access to quality education, psychosocial support, and community-based care for children and families affected by HIV and AIDS.
• Increased capacity of vulnerable children, families and communities to mobilize and manage internal and external resources needed for quality care and support for children and families affected by HIV and AIDS.
• Supportive environment created in which children, families and communities working with government, Community-Based Organizations (CBOs), Faith-Based Organizations (FBOs) and civil society advocate for the provision of essential services, and reduce stigma and discrimination related to HIV and AIDS.

In terms of overall impact, BB interventions have had a positive effective in addressing structural causes of poverty - literacy, limitations on access to resources, poor infrastructure, inequity, injustice and cultural practices. Directly, the project has addressed access to education as an essential service which has increased by eliminating common barriers that keep OVCs out of school. Indirectly it has addressed the psychosocial and physical health needs of OVC and their families, and HIV and AIDS-related stigma and discrimination.

1.1. Context Analysis

In June 2001, the United Nations General Assembly Special Session (UNGASS) generated an unprecedented level of global leadership, awareness and support to the HIV and AIDS Crisis. It is estimated that by 2010, Africa will have 25 million OVC mostly in sub-Sahara Africa. UNICEF estimates to date that there are 2.5 million OVCs in Kenya.

The Breaking Barriers (BB) Project was implemented in Kenya, Uganda and Zambia. In Kenya, the project was implemented by 4 partners namely Inter-religious Council of Kenya (IRCK), Rang’ala Family Development Program (RFDP), St. Johns Community Center (SJCC) and Kisumu Urban Apostolate Programme (KUAP) commonly known as Pandipieri. The project started in 2006 with the financial assistance from USAID through Plan. The period of project implementation was April 2006 – September 2010. In Kenya, the target areas were:
1.2. Methodology

The documentation team from PAMFORK used child-centered rapid appraisal methods to carry out this exercise. The team adopted an appreciative inquiry approach to capture the beneficiary voices. The specific methods used include:

1.2.1. Literature Review
The documentation team reviewed the project evaluation reports and other reports and information produced by the project partners and other stakeholders. The review exercise formed the basis for development of appropriate tools that were used to collect and document primary information from BB project beneficiaries.

1.2.2. Key Informant Interviews (KIIs)
This involved interviews of individuals selected for their knowledge reflecting diverse views on the project by the facilitating team. Interviewees included Plan and implementing partners’ staff, collaborating government departmental staff, head teachers, school management committee members and other community/ opinion leaders. The interviews were qualitative, in-depth and semi structured. Interview guides listing topics were used, with questions framed during the interviews, using subtle probing techniques.

1.2.3. Focus Group Discussions (FGDs)
Several homogeneous beneficiary groups of 8 to 12 participants each were gathered and facilitated to discuss the BB project issues and experiences among themselves. The documentation team moderated the discussions by introducing topics, stimulating and focusing discussions. Several participatory tools (Refer to Annex 1) were used in this exercise notably: before and now diagram, Force Field Analysis and scoring tools to draw the project staff and other stake-holders into the analysis process. Using the force field analysis tool, the respondents collectively identified both the supporting and resisting factors in the project together with their respective strengths.

The tools were helpful in identification of the positive side of the project, real issues which may have prevented it from reaching its goal and identify who or what may have helped it reach its goal. In cases where participants found it difficulty to be open about supporting or resisting factors and were hesitant to identify persons or groups who were the resisting factors, the documentation team belaboured to build an atmosphere without blame using this tool by helping participants talk openly on the issues.

1.2.4. Community Interviews
The interviews with community members took place at public meetings open to those involved and other community members. The teams included beneficiary students through their respective clubs, Psychosocial Support (PSS) Teachers, PSS Assistants, Home and Community Based Care (HCBC), People Living with HIV (PLHIV) and guardians / caregivers.
Community interviews were used to validate the findings from the KIIs and FGDs. Here, the interaction was basically between the project beneficiaries with documentation team presiding over the meetings, asking questions following prepared but flexible documentation guides. Before and after diagrams showing changes i.e. the changes in the community since the start of the project were drawn. This tool was useful for:

- Exploring the current OVC status in the project areas
- Exploring change over time as a result of the project and the reasons for change.
- Assessing the effectiveness (impact) of the project
- Exploring how the project interventions events have affected different groups of people in same communities in different ways.

The documentation team ensured that different views were well represented, as people do experience change differently. Moreover, the exercise was only limited to what has changed as a result of the project interventions. During the analysis, the facilitating team encouraged a balanced assessment by discussing what has not changed, as well as what has changed as a result of the BB project.

1.2.5. Direct Observations
The documentation team recorded what they saw and heard at the project sites, using observation guides. Facilitators made observation of physical surroundings or of ongoing activities, processes or discussions. A transect area tool was also used during the observation exercise and this generated information on emerging good practices and lessons on OVC programming in Kenya.

1.2.6. Video Documentation
The documentation team used video as an information and communication strategy, to capture peoples and community voices on the benefits of BB project. The video was used to capture perspectives from the different groups that have benefited from the BB project and serves as evidence to this written report. The raw footage was edited using a written script the output of which is a 30 minutes DVD on community experiences and good practices and lessons on the BB project.

1.2.7. Critical Stories of Change
The documentation team used ‘Critical Stories of Change’ to explore how and why change took place in the BB project. The story development process was led by documentation team, which created space for project partners and beneficiaries to reflect, share, discuss and actively learn from their experience. Building from this process the documentation team developed a narrative to describe how change took place in the context, highlighting a range of social, economic, political and cultural factors, and identifying tensions and challenges. The critical stories are included in this report to provide a deeper understanding of the BB project outcomes and what contributed to their realisation.
Section Two:
Breaking Barriers Project Outcomes

2.0. Introduction

The BB project has generated considerable impact amongst beneficiaries. According to the findings from the Focus Group Discussions (FGDs), critical success stories and Key Informants Interviews (KIIs), many lives have positively been changed by the BB project activities. This documentation reveals success stories from beneficiaries where OVCs and People Living with HIV (PLHIV) have moved from a feeling of hopelessness and despair to prosperity and confidence. This was noticed from majority of the OVCs themselves, caregivers, members of the support groups and those undertaking vocational training. Overall, beneficiaries pointed out that before the BB project, life was very difficult. The OVCs did not have shelter, were staying in the streets and there was nobody to assist them. In terms of economic empowerment, most guardians of OVCs were extremely poor and vulnerable. PLHIV were bed ridden, just waiting to die in their houses. Majority of the households were food insecure thereby contributing to high dropout rates and poor performance in schools. Furthermore, the spread of HIV and stigma and discrimination were on the increase. This situation has been transformed and there are several indicators of positive impact of the project at the community levels. The notable project outcomes demonstrating improvements in the lives of the beneficiaries are explained below:

2.1. Learning Environment

The main focus of the project was to keep orphans and vulnerable children in school. The project laid great emphasis on schooling for OVCs because education plays a crucial role in improving the prospects of orphans and securing their future. Some of the beneficiaries now in secondary schools and tertiary institutes pointed...
out that the good education they have received through the support of this project has given them a higher self-esteem, better job prospects and economic independence. As well as lifting them out of poverty, the education has also given them a better understanding of HIV and AIDS, thereby decreasing the risk that they themselves will ever become infected. Schools have also offered benefits to AIDS orphans outside of education, such as emotional support and care.

There is a drastic improvement in enrolment, retention and completion rates for schools in BB project areas. An improved performance of OVCs has also been realized in Schools benefiting from project. A participatory system of identifying OVCs has been put in place by the project partners in communities to ensure proper targeting of interventions to the most needy. This has removed common barriers to education access for OVCs. From the mid-term evaluation report, more than 2,700 OVCs were retained in school as a result of the feeding programme supported by BB project and 94 other OVCs re-enrolled back to school. Alice Adhiambo 8 years old, an OVC at Sijimbo Primary School, Ugenya affirms that, “At lunch time, we would go home and find nothing; just take water and come back to school more tired and hungry and could not concentrate during the afternoon lessons. But now with the lunch programme, we have more time at school to concentrate on learning. At least we are now able to eat a variety of food stuffs we could not find at home. We alternate between beans, rice, ugali (maize meal) and Nyonyo (mixture of maize and beans)”.

The specific areas in which the learning environment has improved include:

2.1.1. Child Sponsorship
The project paid school fees for pupils coming from poor backgrounds as part of the sponsorship agenda. A standard 5 pupil from St. Johns Community Centre noted that “we value education and sponsorship because T-shirts with HIV and AIDS messages are taken away from us, but education; which is made possible by sponsorship cannot be taken away from us”. The school fees sponsorship intervention has enabled some beneficiary children to realize their full educational potential through improved school performance as illustrated by the following story:

**Top Achiever - Kennedy Onyango, Alliance Boys High School**

In RFDP, BB supports a school feeding / lunch program for 2,700 OVCs in South Alego and North Ugenya Divisions. Kennedy Onyango is currently a form three student at Alliance Boys High School. This is a national and one of the top performing schools in the Country. Kennedy could not have succeeded to go through Kowet Primary School in Alego and join a centre of educational excellence at Alliance were it not for the BB project. Kennedy lived with his grandmother following the death of his parents. He dropped out of School in standard four and had been taken up as a herd’s boy. According to Rosila Waringa RFDP M&E officer, the idea of a school feeding programme started because of Kennedy. His grandmother cooperated well with teachers to support Kennedy. Because of exemplary performance, he has since gotten several sponsorships to carry him through the current education programme at the national school. BB project essentially supported the community to bring out a resource the community itself had discarded into the dust bin and forgotten about it.
2.1.2. Provision of Scholastic Materials
The project has also contributed to an improved learning environment for children in general and OVCs in particular through provision of scholastic and other learning materials. Needy children are now able to attend and remain in school because they are provided with school uniforms and bags, desks and other materials. This has enabled more pupils to enrol in school and has greatly increased the retention, completion and performance.

2.1.3. School Feeding Programme

Rangala Feeding Programme Data
In Rangala, the feeding programme remains the most beneficial for OVCs and during the last quarter of BB project, a total of 1,086 OVCs (599 males, 489 females) benefited as indicated in the table below. For majority of the beneficiaries the lunch they receive in school is their main daily meal as there is nothing else to eat at home.

<table>
<thead>
<tr>
<th>No.</th>
<th>School</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Sirongo</td>
<td>21</td>
<td>13</td>
<td>34</td>
</tr>
<tr>
<td>2.</td>
<td>Kowet</td>
<td>43</td>
<td>37</td>
<td>80</td>
</tr>
<tr>
<td>3.</td>
<td>Yogo</td>
<td>29</td>
<td>23</td>
<td>52</td>
</tr>
<tr>
<td>4.</td>
<td>Manyala</td>
<td>32</td>
<td>18</td>
<td>50</td>
</tr>
<tr>
<td>5.</td>
<td>Nyadhi</td>
<td>52</td>
<td>40</td>
<td>92</td>
</tr>
<tr>
<td>6.</td>
<td>Uyoma</td>
<td>41</td>
<td>31</td>
<td>72</td>
</tr>
<tr>
<td>7.</td>
<td>Got Oyenga</td>
<td>28</td>
<td>20</td>
<td>48</td>
</tr>
<tr>
<td>8.</td>
<td>Oseno Komoto</td>
<td>18</td>
<td>23</td>
<td>41</td>
</tr>
<tr>
<td>9.</td>
<td>Gombe Komolo</td>
<td>18</td>
<td>22</td>
<td>40</td>
</tr>
<tr>
<td>10.</td>
<td>Hono</td>
<td>24</td>
<td>11</td>
<td>35</td>
</tr>
<tr>
<td>11.</td>
<td>Nyalgunga</td>
<td>22</td>
<td>24</td>
<td>46</td>
</tr>
<tr>
<td>12.</td>
<td>Rachuonyo</td>
<td>10</td>
<td>11</td>
<td>21</td>
</tr>
<tr>
<td>13.</td>
<td>Sikang</td>
<td>20</td>
<td>19</td>
<td>39</td>
</tr>
<tr>
<td>14.</td>
<td>Simerro</td>
<td>26</td>
<td>24</td>
<td>50</td>
</tr>
<tr>
<td>15.</td>
<td>Nyiera</td>
<td>27</td>
<td>20</td>
<td>47</td>
</tr>
<tr>
<td>16.</td>
<td>Sidindi</td>
<td>18</td>
<td>15</td>
<td>33</td>
</tr>
<tr>
<td>17.</td>
<td>Sitjimbo</td>
<td>15</td>
<td>14</td>
<td>29</td>
</tr>
<tr>
<td>18.</td>
<td>Sikalame</td>
<td>25</td>
<td>29</td>
<td>50</td>
</tr>
<tr>
<td>19.</td>
<td>Mar Kuny</td>
<td>25</td>
<td>13</td>
<td>38</td>
</tr>
<tr>
<td>20.</td>
<td>Mudhiero</td>
<td>32</td>
<td>16</td>
<td>48</td>
</tr>
<tr>
<td>21.</td>
<td>Uthowe</td>
<td>14</td>
<td>16</td>
<td>30</td>
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<tr>
<td>22.</td>
<td>Ruwe</td>
<td>11</td>
<td>11</td>
<td>22</td>
</tr>
<tr>
<td>23.</td>
<td>Wang'otong</td>
<td>20</td>
<td>13</td>
<td>33</td>
</tr>
<tr>
<td>24.</td>
<td>Ugolwe</td>
<td>13</td>
<td>7</td>
<td>20</td>
</tr>
<tr>
<td>25.</td>
<td>Luanda</td>
<td>13</td>
<td>21</td>
<td>34</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>599</strong></td>
<td><strong>489</strong></td>
<td><strong>1,086</strong></td>
</tr>
</tbody>
</table>

School feeding together with psychosocial support has increased enrolment, retention and completion rates for schooling thereby resulting into improved performance. There is great motivation amongst the children in the schools where there is provision for a hot lunch, reduction in absenteeism and high levels of self esteem; children can at least eat one meal at the correct time and are happy and active in class. Hono Primary; one of the participating schools in the BB project had an enrolment of 320 in 2004 when the project begun but the enrolment has since increased to 546 pupils. Concentration in class and food go hand in hand, hence the improved performance over the years as a result of school feeding. The school feeding programme has been instrumental in reducing hunger among pupils. Pupils noted “we were not concentrating in class in the afternoon because of extreme hunger. At home, we do not take breakfast and dinner because of lack of food. We survive on lunch which we
take at school.” Most pupils that the documentation team interacted with argued that “we survive on only one meal per day i.e. the lunch. At home, there is nothing to eat. In the afternoon classes, we are nowadays very active; we do not sleep in class because there is food in our stomachs”. There is a very strong attachment to the food by OVCs because food brings them together at school during lunchtime. They could not overemphasize the importance of lunch when they stated that, “Take away everything else but please do not take away the food”.

2.1.4. The Girl Child
Overall, the dropout rate for girls has drastically reduced due to the unrelenting efforts by the PSS teachers and assistants to support OVCs; especially the girl child. Specifically, the project has contributed to promotion of girls’ education through provision of disposable and re-usable sanitary pads.
According to Christine Kidera, the head teacher at Sijimbo primary school in Ugenya, “before introduction of reusable sanitary pads, most girls in adolescent ages would miss school several times, at least 3-4 days per month. When asked why, they would not give any explanation on their whereabouts for those days. Whenever the teacher insisted on an explanation, the girls would just say they were sick. If asked for the hospital report, there was always none and the reason given was that they were treated at home. Some would even feel so shy and go away for good never to come back to the school. Making of reusable sanitary pads has drastically reduced absenteeism and drop out rates for the girls in the school and thereby increased their completion. They have also been taught a lot on cleanliness and personal hygiene during their monthly periods. Rang’ala BB project has really helped especially our girls”.

The situation is similar with respect to teenage pregnancy. Before the start of Rang’ala BB project in 2006, Kowet primary school in Alego South used to register up to and even more than 10 girls dropping out every year due to teenage pregnancies. The situation has drastically changed and there has been no single drop out due to teenage pregnancy in the last three years as illustrated by the table below:
2005 and before  | 2006  | 2007  | 2008  | 2009  | 2010  
---|---|---|---|---|---
8-10 girls per year on average | 4 Girls | 2 Girls | Nil | Nil | Nil

Source: Deputy Head Teacher Kowet Primary School

The local sanitary pads have made a great difference for the girl child. To put it in the words of Linda Atieno class 8 pupil at Sijimbo Primary School, “We were always in fear of our dresses being stained during monthly periods. With the reusable sanitary pads, our personality has greatly improved. We are freer nowadays and not many girls drop out of school. We are also now neat because some of us are able to sell bananas introduced by BB to buy school uniforms. For some girls, their periods start early when they are in standard four and do not know how to handle themselves. Through the training we received in making reusable sanitary pads, those of us in the upper primary are able to assist the ones in lower primary and most of them know how to make the pads for themselves using local materials”.

2.2. Child Protection and Participation

There is a drastic reduction in incidences of child labour, children no longer collect garbage or work in quarries as was the case before, but attend school instead. The BB project adopted a child rights approach in implementation of activities. The project outcomes in terms of child rights include:

- An increased understanding of children and young people as independent personalities and encouraging them to stand up and fight for their rights.
- Helping to focus stronger on children and young people who are exposed to specific risks and whose rights are daily and systematically violated (children at risk);
- Contributing to strengthening local organizations, communities, and groups as the awareness of rights increases.
- Shift from the immediate elimination of OVC needs to sustainable assistance. Sustainability is achieved when children actively participate in the creation of just structures which will also endure in the future.
- Double sustainability is realized through the underlying principle of having children to participate in all issues concerning them. OVCs have not only been strengthened in their present situation, but also prepared for their role as adults.
- Election of club officials among other things is important in supporting democratization of the wider society.

The case below summarises the BB project outcomes from child rights perspective:

“Unlike other projects, BB viewed me as an orphan, as an active member of the community rather than just a victim. This gave my life a purpose and dignity. The project came here when although as a child I was already functioning as a head of our household and as a caregiver. I am glad BB viewed me as a vital part of the solution and supported me in planning and carrying out efforts to lessen the impact of AIDS in our family and the larger community. How the BB project supported me is equally if not more important than the actual support”.

Eric Cornelius Mbime, 20 years old total orphan and currently the head of household of five members.
Broadly, there was improved awareness on child protection and participation at school, family and community as explained below:

2.2.1. School
The BB project vigorously promoted child participation in development and specifically in addressing barriers that hinder them from accessing education. Children are currently participating in formulation, design and implementation of project activities. It is gratifying to note that children have been integrated in activities such as budget making. Child-centred tools that capture state and needs of children have been developed and used to capture information that can be used to make national budgets child-friendly. School HIV Clubs have been important channels for promoting child participation. These clubs have build and strengthened the confidence of children to talk about HIV and AIDS and other issues they could not talk about, interact with others confidently and make decisions that prevent them from getting infected with STIs and HIV and AIDS.

Life skills training and promotion of socialization of children through clubs in schools was realized by all the project partners. The school HIV prevention clubs have been operational since 2006. Pupils at SJCC school argued that “many of us are either infected or affected by HIV and AIDS. Before this club was formed, life was very difficult”. The club has enabled us to share ideas with other people. We were reserved and were suffering alone. The club has enabled us to know more about HIV and AIDS and share ideas with those who are infected”.

The project also promoted child participation through BB supported forums with duty bearers’ e.g. the children’s parliament. It also facilitated PLHIV and children to participate in National event days-World orphans’ day, World Aids day, World Food day and other children’s’ forum nationally and locally.
Pupils appreciated the opportunity accorded by the project to participate in learning through exchange visits. “Through the project, we have visited different parts of Kenya. We have made new friends in Kenya, with people from different areas through inter-club meetings. We have also learned to play different games such as table tennis because the project has provided playing kits. The project has supported us to attend different seminars. Through these seminars, we have learned things which our teachers would never have taught us. Through the visits, pupils have gone to Mombasa, have stayed in good hotels”. The standard eight pupil from SJCC primary school also noted that, “we have gone to Mombasa, stayed in good hotels, eaten in good hotels like Intercontinental, where even some of our teachers have never stepped”.

The hither huge gap between parents and teachers has drastically been narrowed down by the project. Poor parents would fear coming to school for being unable to pay examination fees but now things have changed, there is good interactions between parents / guardians and teachers who now support each other for the benefit of children’s education. Following training in PSS, the teachers are now able to work with children more easily.

2.2.2. Family
Child protection interventions by BB project partners have reduced children disinheritance. That the project has strengthened the protection and care of orphans and other vulnerable children within their immediate and extended families and communities is commendable. The external support provided has strengthened and did not undermine community initiative and motivation. The project has therefore contributed to a drastic reduction and eventual eradication of children homes / centres for the OVCs that were mushrooming before the start of BB.
2.2.3. Community

Positive culture change has been realised through the project. For example, traditionally bananas in the Luo community symbolized permanency and women were not permitted to plant bananas. The BB banana project allowed participation of both girls and boys at school and also at home. This has effectively challenged the discriminatory cultural practice as a result of which the community has begun to fully embrace cultivation of bananas by both women and men.

Partners implementing BB project have worked effectively with the Area Advisory Councils (AACs) on advocacy, resource mobilization, creation of new linkages and strengthening of existing linkages on child protection issues. This has effectively addressed OVCs’ plight - child labour, defilement, teenage pregnancy and child abandonment. The children have also participated in marking key calendar events i.e. celebrating the day...
of the African Child. Through the project, KUAP, for instance has been able to take up a number of legal cases involving defilement, maintenance, succession and other areas on child protection. KUAP worked with probono lawyers under the auspices of the Children Legal Aid Programme (CLAP) based in Kisumu town and operating in the larger Western Kenya. The table below is an extract from child abuse cases referred to probono lawyers by KUAP- Pandipieri for legal representation in courts:

<table>
<thead>
<tr>
<th>Nature of case</th>
<th>Name of child and age</th>
<th>Court</th>
<th>Year of filing</th>
<th>Verdict</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defilement</td>
<td>Rose Akeyo - 10 years</td>
<td>Chief Magistrate's Court-Kisumu</td>
<td>2007</td>
<td>Suspect jailed for 10 years</td>
</tr>
<tr>
<td>Maintenance</td>
<td>John Mark Owiro -16 years</td>
<td>Chief Magistrate's Court-Kisumu</td>
<td>2009</td>
<td>Court Order given for father to provide for maintenance</td>
</tr>
<tr>
<td>Defilement</td>
<td>Sylvia Achieng -13 years</td>
<td>Senior Resident Magistrate's Court-Nyando-Ahero</td>
<td>2008</td>
<td>Case finalized and judgment to be read on 22/10/2010</td>
</tr>
<tr>
<td>Succession</td>
<td>Justus Omondi -13 years</td>
<td>High Court Kisumu</td>
<td></td>
<td>The matter is still pending in court</td>
</tr>
</tbody>
</table>

Source: Children Legal Aid Programme (CLAP)

**N/B:** The names of the children have been changed and case file numbers and names of advocate appearing for the child have been omitted to conceal their identity.

**Rose Akeyo**
This case has been running for the past three years. The client was abused by her neighbour and the case reported to KUAP by a local CBO (Jiw Pachi). KUAP later referred the case to the District Children Officer (DCO) which was later taken up by the police and the Probono lawyer. The step-father chased away the mother for pursuing the case in court and they are separated to date. The case was determined on July 7th 2010 and the accused jailed for 10 years.

**John Mark Owiro**
This case was reported to KUAP by the mother of the child after a community awareness creation and sensitization session on child protection by KUAP under the BB project. The father married a second wife and neglected the first wife together with her son. The case was referred by KUAP to the Children Department, Police and Probono Lawyer. In the ruling, the court ordered the father of the child to provide for maintenance of Ksh 2,000.00 (US$ 25.00) per month.

**Sylvia Achieng**
The case was referred to KUAP by Inter-Diocesan Christian Community Services (IDCCS) of Kisumu. The child was defiled by a stranger when she had attended a funeral of a
relative a distant away from her own home. She screamed and one of the villagers who was walking on the road next to the bush heard the screams and went to her rescue. On reaching the scene he was chased by the suspect using a matchete but was able to identify the suspect since he was a person known to him. Not being in a position to save the girl, he mobilized other community members, reported the matter to the police and the man was arrested. The case was referred to KUAP for onward transmission to a pro-bono lawyer. The case has been finalized and judgment will be read on 22nd October 2010.

**Justus Omondi**

Justus is a paternal orphan. The father passed on in 2007 and left behind a plot with rental houses in Nyalenda informal settlement in Kisumu town. One of the uncles took over and refused to share with them the financial returns from the rental houses. The case had been handled by Kisumu East District Land Board until 2008 when it was taken to court and proceedings commenced. The mother won the case but the uncle refused claiming he had filed an appeal. It was at this point that KUAP referred the case to the pro-bono lawyers who took it up and it is still pending in court.

### 2.3. Behavior Change among OVCs

There is a drastic reduction in indiscipline cases including drug abuse and teenage sex among OVCs and other children as a result of the psychosocial support provided by the caregivers and other stakeholders through the support from BB project. Peer education by health club members has further instilled discipline among the children who now abstain from premature sex and avoid other forms of risky behaviour. According to one PSS teacher, “the children display exemplary behaviour and are now more responsible.” The story below illustrates changed behaviour among OVCs:

**A Return from the Brink of a Life of on Drugs**

Ishmael and Brian are two boys aged 14 years. Their plight was brought to the attention of KUAP / Pandipieri Health Programme staff by community members who were worried about the boys. They were part of a gang in one of the informal settlement areas of Kisumu town. Besides smoking bhang, they were also sniffing glue. The project staff visited the group for several nights and sat with the young people into the early hours of the morning, listening to their problems and counselling them. Through this, they were rescued from the brink of becoming street children. The group was becoming notorious in the community and the use of bhang and sniffing glue was beginning to have serious consequences on the health of Ishmael and Brian.

BB project staff developed a rapport with the young people and provided health education to protect them from further abuse and entering into a life of hard drugs. From the discussions, staff became aware that there were possibilities for some young people in the group of behaviour change and asked if any would want to go back to school. It emerged that they did not have the means to return to school and no one was interested in supporting them. The two were convicted to forsake the street life and return to school and the following day, they came to KUAP centre and told their story.
It emerged that their parents had died and they were living with elderly grandparents who did not have the means to provide adequately for their basic needs. They resorted to going on the streets of Kisumu during the day to beg for money to support themselves and their grandparents. They sneaked back to their grandparent’s homes at night with food. They lacked sense of freedom from street life as there are no rules and discipline; and they were part of a street group. They had dropped out of school when Ishmael was in class six and Brian in class four.

Their case was presented at a staff meeting in the Health Programme in KUAP and a plan of action put in place. Kudho Primary School accepted to enrol Ishmael and Brian and uniforms and the other requirements that initially led the boys to drop out of school were purchased. One of the community members agreed to accept Ishmael into his home and the scene was set for their return from the brink of a life of drugs and possibly hard core crime.

Ishmael and Brian are doing very well in school. Ongoing intervention will need to be given to sustain them in their new environment in school to ensure they do not return to the group on drugs. The aim is for the Child Counsellor to influence some other children in the group to change their behaviour like was their case when they met a Counsellor from BB.

2.4. Reduced HIV and AIDS Related Stigma and Discrimination

The faith based congregation groups and religious leaders have affectively dealt with stigma and discrimination among their members. By encouraging their members to provide support and care to PLHIV through their support groups, major strides have been made in reducing stigma and discrimination. Child-centred guidance and counselling of parents and OVCs has helped to accept the finality of life and to reduce stigma associated with HIV and AIDS in families. Most of the OVCs have adjusted fairly well and are able to cope with the loss of parents. The use of PLHIV for food preparation in school feeding programmes has also changed the perception of PLHIV in the rest of the community and further reduced stigma and discrimination.

Members of Nairobi Monthly Meeting HIV and AIDS, Maringo Therapy- Friends Church, discussing stigma, denial and discrimination
by uniting guardians and clans. There is an increased uptake of voluntary counselling and testing services in the project areas following sensitization of the community with the support from the BB project as illustrated by the case below.

Mary Akinyi (not her real name), was stigmatized and discriminated by her brothers’ in-law and other family members of her late husband after she declined to be inherited. She was sent away from the homestead and they refused to support her to move from the house to set up her own home. She was socially ostracised and became a social misfit and a laughing stock of the village. She also lost her job as an early childhood education teacher following discrimination by her fellow teachers at the school because of her condition. Mary then received a business start support from KUAP through the BB project. She started her business and from the savings made, she has been able to take care of herself and her children and also moved her homestead which she could not have done earlier. This has changed the perception of her late husband’s relatives who now recognize and respect her unlike before when she was an object of derision.

Before the project, most guardians did not know that whenever they would send an orphan and not their own children, the question of, “why me” would keep lingering on in the mind of OVCs. This affected them and they would sometimes come back and start crying. Through the project, they were trained to discuss inadequacy of financial resources because before the project begun, OVCs would always feel they had been denied money to buy what they needed since this was never openly discussed with them. As one guardian put it, “before training we did not know how the death of parents affected orphans. Through this project we have been trained not to hide from children facts on the death of their parents and instead been encouraged to tell them the truth”. Another participant observed that, “we were trained on how to tell an orphan that your mother and/or father died and they will not come back to you”. One child who is now five years old at Kowet Primary School was only 2 years when both parents died. After psychosocial support, the boy recently attended the burial of his grandmother and has accepted the finality of death.

2.5. Treatment, Care and Support Services for PLHIV

The BB project partners have managed to achieve improved treatment, care and support services for PLHIV through:

2.5.1. ARTs and Treatment of Opportunistic Infections

Before the start of the project, access to drugs was a major challenge for persons infected with the disease. Through the support from the BB project, PLHIV are currently accessing ARTs to boost their immune system and other drugs for treatment of opportunistic infections. School children and other PLHIV receive treatment and other medical attention from the clinics at SJCC and KUAP. SJCC has also ensured that OVCs below 18 years both in and out of school within the Centres catchment area have access to treatment, courtesy of BB. Equally the medical staff at KUAP has been trained to empathise with the condition
BREAKING BARRIERS FOR ORPHANS AND VULNERABLE CHILDREN IN KENYA

of PLHIV and to attend to them with personalized love, care and compassion. For other partners like the RFDP who are not operating their own clinic, they refer their patients to the government district hospital in Busia and other places. Medical support to OVCs has boosted their health status and thus enabled them to regularly attend school and effectively participate in other community activities. Those who were bed ridden and could not even walk are now fairly healthy and can walk and death rates have drastically reduced.

Overall, BB project facilitated 2,112 OVC to access health in Pandipieri and St. John’s referred others to government hospitals. Apart from giving medical attention to the OVCs under St. John’s care, the project also bought for them medicine that are not available in the project’s own clinic. More complicated cases are referred to bigger health institutions like Kenyatta National Hospital.

Overall, there is increased compliance with the treatment regime for PLHIV in the project areas as result of awareness creation and sensitization.

2.5.2. Home and Community Based Care (HCBC)
The HCBC givers do not identify themselves as AIDS volunteers, but as volunteers working

**Patient Support Centre Managed by KUAP**
From January 2006 – 2007 a total of 4,138 people were tested in KUAP’s 2 VCT sites and mobile outreach VCT. Over 697 women and 352 men tested positive. The statistics were instrumental in the decision to open KUAP Patient Support Centre and challenged the Health Programme to look specifically at the needs of children.

No. of registered HIV +ve patients = 385, Paediatric = 46 Female = 202, Male = 137
Those on ARV treatment Paediatric = 5, Female = 158, Male = 69.
The number diagnosed but not yet registered is Female = 16, Male=30; bringing the total number to 431.
with the chronically ill. They are involved in the family and talk openly about HIV and AIDS only when the PLHIV agree. Through this project, volunteer and health professionals delivering home community based care were provided with home care kits. Basic clinical care training was offered within a continuum of care that focuses on the overall well-being of PLHIV. The caregivers spent time talking about how people are coping physically and psychologically and helping with domestic chores, such as washing and cooking where the clients were too weak to undertake this. Time was also allocated to family members, supporting them both to care for their relatives and to ensure protection against HIV. By including an informal assessment of child members of the family, home care teams have also been able to identify “soon to be orphans” and set in motion the process of planning support.

2.5.3. Post-Test Support Groups (PTSGs)

The project facilitated formation of PTSGs in all the four partners. These are groups of people who are infected with or affected by HIV and who support one another in life. They meet to share information and experiences which has helped them to take care of their own health and overcome stigma and discrimination. PTSGs provide PLHIV with access to informal support, sharing of information about HIV and

A group of HCBC givers trained by RFDP

Members of Nairobi Monthly Meeting HIV and AIDS, Maringo Therapy- Friends Church, Post – Test Support Group (PTSGs) discussing their role of supporting PLHIV
AIDS treatment, enhanced adherence to treatment and promoted the involvement of people in their local communities. The groups have also encouraged PLHIV to be active in improving their quality of life, and that of their respective communities and thereby fostering the spirit of volunteerism. Through PTGs, BB project has benefited individual people and helped the fight against HIV and AIDS in Kenya. More specifically, the project has made people “treatment literate” by educating them about HIV, how to manage the disease, successfully follow ART treatment, prevent new infection and stay healthy. Through PTSGs, PLHIV have been supported to feel that they are not alone with their concerns and encouraged more to disclose. Furthermore it has helped them to develop coping mechanisms and deal with stigma and discrimination. Again PTSGs have provided an avenue for PLHIV engagement in behaviour change and communication with special emphasis on vulnerable groups. Last but not least, PTSGs have been instrumental in sensitization of communities on health issues through campaigns, forums, events and other outreach activities.

2.5.4. Psychosocial Support (PSS)

Majority of the Orphans and Most Vulnerable Children (OMVCs) and children without parents in general are traumatized and therefore need to be handled in a special way. The PSS programme under BB has been useful in equipping caregivers with knowledge and skills on how to handle OVCs together with other children. As one participants put it; “under BB were taught to put together and not to scatter / divide the children; there is no discrimination, all children have now been put on the same level, we buy clothes and other life necessities for all of them. The misperception of orphans as an additional burden to caregivers and guardians has since changed and this has positively affected the OVCs in terms of behaviour”.

There is improved relations between parents / guardians and adolescents following training in parenting styles and handling of children in ages 8-19. This has greatly enhanced harmony at the household level.

Awareness has also increased in the project areas. Pupils at SJCC noted that “we were not aware of HIV and AIDS; we did not know how it is spread. People in communities who are infected were stigmatised, neglected and faced discrimination. We are now aware that this is not good. It is against their rights. We did not want to talk about HIV and AIDS, we thought it was a curse from God. People in the community have now accepted themselves, have been educated by the BB project and are now taking Psychosocial Support (PSS) Members
One of member of Nairobi Monthly Meeting HIV and AIDS, Maringo Therapy- Friends Church, Maringo noted “I was bedridden. Members of the support group visited my home and counselled me. They also came with food (maize meal, beans and fruits). They also prayed for me and through the constant prayers, they made me to accept my status and now I am healthy and accepted”. Psychosocial support both in schools and at home has enabled OVC to cope better. Access to PSS/counseling services for OVC as a result of PSS trainings of youth volunteers, teachers, head teachers and education officers has enhanced acceptability and positive attitude among PLHIV. The mid-term evaluation pointed out that awareness was created on HIV and AIDs and BCC to 2,700 children in 27 BB supported schools-health notice boards and, discussion forums.

In Rang’ala and Pandipieri, teachers have PSS skills and knowledge and are competently assisting the OVC in collaboration with OVC guardians and PSS assistants. In Pandipieri, 965 OVCs were reached with PSS in schools through volunteer counselling visits. Three Child-to-child HIV prevention clubs were established and strengthened in schools and have provided a total of 1,573 OVCs with PSS and life skills in 2006. At St. John project 15 PSS teachers have been trained and are providing PSS in both formal and non-formal schools in Kiambio informal settlements. However, they have encountered resistance in the community whose members feel that they need basics like food and clothes more than PSS support.

2.6. Household Food Security

The project has contributed to improved food security for households affected by HIV thereby enhanced drug adherence. This is in form of introduction of kitchen butchery i.e. chicken and fish farming and kitchen gardening by growing of sukuma wiki (kales) and other vegetables. When the bananas were first introduced by Ranga’la, children on the lunch programme were given priority. In cases where the bananas have matured, are being harvested and bring income into households, the guardians / care givers are consulted and advised to de-enrol their children from the lunch programme to give space to the really needy cases. Most of them have been able to do this successfully because of the fall back position for the children at home. Another consideration for de-enrolment are those benefiting from other social protection programs like the government cash transfer system.
2.7. Reduced Income and Economic Vulnerabilities

The project has broken economic barriers and the vicious cycle of poverty for families of PLHIV and OVCs. In the words of Josephine Aoko Owino a widow from Nyalgunga village and a mother of six; “the BB project came to our rescue when were stuck in the mud of abject poverty, the income from bananas has pulled us out of the mud and we can now move ahead with our lives”. Improving economic status of PLHIV enables them to generate income with which to buy food and seek medical treatment. Income and economic vulnerabilities have been reduced through:

2.7.1. Savings and Loan Services

There were vocational schools trainees given start-up tools on loans. Loan repayment for toolkits taken is a critical indicator of success and this has made many others to be eager to join the vocational training programme. Project partners provided small loans to individual PLHIV and caregivers to be repaid without interest. However, recipients were required to make compulsory savings. These loans are given to guardians who are supporting OVCs. Individual loans were not given to starters and each member was given a loan of Kshs. 10,000 to invest in IGAs.

Strengthened and Operational Self-Help Groups is a key outcome. The active participation of caregivers in self-help groups and their involvement in income generation activities including table banking in St. Johns has ensured reduction of income and economic vulnerabilities. Members who had no source of income now have small businesses and are able to provide for the basic needs of their children. The businesses include hawking of vegetables, food, clothes and small household items, bead work, selling charcoal, making and selling of soap detergents. Guardians are economically empowered and able to support themselves and the OVC much better than before. Generally the standard of living has improved. HIV positive OVCs and guardians are now able to feed well and thereby minimizing attacks from opportunistic infections.

Richard, a widower with his children in the banana plantation
2.7.2. Self and Formal Employment Opportunities

The Kariobangi Adventist Education Centre was supported by the BB project through IRCK. The centre provides vocational training in two areas namely: tailoring and Information Technology (IT) training (computer packages and repair). Further, the centre also operates a non-formal school. A teacher from the centre noted “we were doing nothing at home. I came to the centre where I was trained on IT. Now I am a teacher at the centre, transferring the skills I acquired to other youths from Kariobangi, Huruma and Mathare Slums. Graduants of the centre are spreading the message to other potential students, who are coming to the centre to be trained”. A student at the centre noted “the project is assisting women and girls, we are now able to operate sewing machines. We are now able to make dresses for sale”. The manager of the centre pointed out that “through these trainings, youths have been rehabilitated from drugs, loitering and thereby preventing them from participating in criminal activities”. Generally, students have acquired sewing and IT skills which can be used for self-employment.

There were trainees that had graduated from Kariobangi Adventist Educational Centre that had managed to find their way into employment and the centre had received feedback from the employers indicating that the training has indeed imparted positive life skills.
There was an increase in the numbers of self sponsored trainees willing to train with BB project partners, especially at the Kariobangi SDA church, and this shows that the community have confidence in some of the training opportunities. St. Johns Community Center supported 60 OVCs in vocational training and startup kits- sewing machines, hairdressing kits and mechanics toolbox provided to 15. Vocational Training for Older OVCs at St. Johns Community Centre has been a key avenue to gainful employment. Over the years, it was realised that older OVCs in primary and secondary schools needed a lot of support as they are more likely to drop out of school because of challenges in adolescence. Towards this end, the BB project came in handy to provide vocational training for those youths who had completed either class 8 or fourth form of secondary education and could not continue with higher education.

Over the period of six years that BB has been supporting children, a total of 67 older OVCs have been assisted to train in various fields: dressmaking/tailoring, hairdressing, driving, metal work, welding, carpentry, mechanics, fine art and social work. Those who trained in hairdressing were assisted with care kits to help them start their own businesses. The mechanics were also provided with tool kits to start them off. All these have enabled them to participate in self and formal employment opportunities as illustrated by the case below.

A dream come true – the case of Brian Andrew Omolo

Brian is 25 years old and joined the project in 2002 after the death of his father. He was identified through his younger sister who was being sponsored by Child Fund, which had initially hosted BB project Rangala. Brian sat for KCPE in 2000 but could not join secondary school or any other tertiary institution. This is because besides lack of funds, he was the main care giver to his ailing mother and other siblings. Brain was identified through his other siblings who were attending a BB project beneficiary school. His mother later passed on in 2004 and through the psychosocial support from BB project, Brian realized that when a parent dies, it is not the end of life, it is just a challenge and one has to move on with life. Through BB support he was trained in carpentry and was given a complete set of tools which enabled him to open a carpentry workshop. Working with his own hands, he raised enough resources to fend for himself and his other siblings. Brain decided to join secondary school to further his own life prospects after realizing the importance of further education in terms of management, language improvement and personality development. However, he was forced to do one more year in primary school but this could not deter him from pursuing his ambition. Using the proceeds from the workshop Brian partially sponsored his own secondary education at Rambula secondary school. He sat for KCSE in 2009 and obtained a mean grade of C+.

This grade earned him a temporary assignment with national electoral body in (IIEC) Kenya during the referendum in August 2010. Although he later closed down the workshop in order to continue with his education, Brian still does carpentry work when he has time. He developed a keen interest in mass media communication and subsequently applied for a diploma in mass communication at the Kenya Institute of Mass Communication. Before completion of the documentation exercise, Brian called the documentation team to inform them he had received an admission letter to the Kenya Institute of Mass Communication. Overwhelmed with joy Brian acknowledges the support of from BB project which has enabled him to successfully fend for his siblings and to go through primary and secondary schools and has just received his college admission. When asked if he had ever written to the project to appreciate this support, Brian’s responded that, “by then I was not able to write an appreciation letter but after high school I can now confidently write an appreciation letter to BB project for their support. To prove this Brian wrote the following letter in his own hand writing which has been scanned:
Brain making an inbuilt wall unit in a friend’s house in August 2003, he earned Kshs. 500.00 labour charge.

Brian at RDFP Offices, October 2010
Section Three: Innovations, Opportunities and Approaches for Scaling Up

3.0. Introduction

The BB project was characterised by innovations, creation of new opportunities and approaches, broadly classified as good practices that can be scaled up. This section outlines the innovations in the form of models that can be replicated elsewhere or adopted by other OVC programming development partners. The specific replicable models are described below:

3.1. Child Participation

Boys and girls participate in their families and their communities in several ways. Meaningful child participation gives children the opportunity to influence the actions and decisions that affect their lives; to develop their personalities and learn from the environment they live in. This understanding stretches to the appreciation of the citizenship right of children as subjects rather than objects. The nature of children’s participation in BB varies according to age and the evolving capacity of the individual children. Like most countries, Kenya has traditions that are oppressive to children’s expressions and initiatives. Institutional and social structures often disfavour children’s participation. It is important that such obstacles do not become excuses for neglecting the participation of children. Adults also have a critical role to play in making sure that all children have the opportunity to participate - irrespective of their (dis)abilities, gender, ethnicity, social class, birth status, etc. Special attention should be given more to marginalised, impoverished or discriminated groups of children i.e. OVCs, to participate. Good practices on child participation registered under BB inlude:

- BB project recognized the right of children to participate in matters affecting them as provided for in the international instruments and the Children’s Act.
- Through the DCOs, AACs and other bodies that coordinate development of OVC programmes and interventions at the local level, the project ensured that children are part of all initiatives from the situational analysis, planning, implementation, monitoring and evaluation of OVC programming.
- Child-responsive national budgeting in which IRCK designed tools capturing children’s voices and translated the voices into budgetary proposals and subsequent lobbying for budgetary allocation by Treasury.
Children participating in project activities were representative of a wider grouping of young people. Peers were encouraged to purposefully select or elect their representatives who also agreed to participate as representatives rather than as individuals. The representative children were supported to establish a mechanism for soliciting input from their peers and also to debrief peers after attending project activities e.g. health and other clubs in school, project planning meetings and different kinds of trainings.

Facilitating children to participate fully in OVCs programming processes in a way that allows for effective and efficient communication and working practice with adults ensures that child rights are adequately catered for and protected. This was done through the provision of a dedicated space in a suitable location for the children to attend, and the provision of adult facilitators,
3.2. Home and Community Based Care (HCBC)

Effective and efficient implementation of the HCBC model ensured positive outcomes in the continuum of care and support of PLHIV. The St. Johns Community Centre nurse observed “we have changed the lives of our clients. We have moved them from being bedridden to people with life. These are people not able to feed themselves. HCBC caregivers are critical in providing care for such clients till they recover. These people are unable to stay on their own. A mother cannot assist herself, washing and bathing is difficult. Caregivers trained by St. Johns Community centre have effectively assisted such clients”. This was made possible through:

3.2.1. PSS Model for Schools
Although the physical needs of orphans, such as nutrition and health care often appear to be the most urgent, emotional needs of children who have lost a parent should equally not be forgotten. Having a parent become sick and die is clearly a major trauma for any child, and may affect them for the rest of their life. Hence the introduction of the PSS model by BB for teachers, PSS assistants and parents / guardians.

“Some people say we are rude, others say we are withdrawn. It is not true they just do not understand us. Apart from the material support we need someone just to be with and listen to us the way our own parents would do if they were around”.

Sharon aged 12
3.2.2. Caregiver Model for the Family
This is the care extended to the homes after patients have been discharged from hospital and are not yet strong enough to take care of themselves. Some 80 volunteer community members were trained by St. Johns Community Centre in home based care and provided with care kits to enable them to provide the service to community members. The strength of this structure comes from the fact that 50% of the caregivers are people living positively with the virus and this makes it easy for them to reach out to the very sick and bedridden, and who are in most cases, HIV positive but in self-denial. In the period of 2005/06 Kenya surpassed its training target of 700 caregivers and providers by 437 when BB project partners trained 1,137 care givers. In 2006/07 the target of 1,736 was also surpassed when partners trained 1,776, in total 3,512 caregivers and providers were trained under the BB project in the country. The partners in the project identified and trained home based care providers who work closely with PLHIV caregivers in the affected families. In Kenya, 1,137 caregivers were trained in 2006 in Rang’ala, Pandipieri, and St. John’s Pumwani and in CBOs associated with IRCK; 10 PLHIV groups were also assisted. In St. John’s Pumwani, 79 HCBC providers and 46 community health workers were trained and provided with HCBC kits which enabled them to provide services to clients. PLHIV affiliated to St. John’s were supported to form support groups whose membership stood at 150 by the end of 2006. Over 417 OVCs and their care givers were trained on memory book. At the household level, family members were trained by HCBC givers to take care of bedridden PLHIV. 3 VCT counselors were also trained in Pandipieri. In Pandipieri, the HCBC givers have provided necessary support to 600 PLHIV clients through their support groups in terms of HCBC kits, subsidized medical service and support on ARV adherence. The project has also assisted children through nutritional and medical support. Out of the 40 children it is currently assisting, six who are HIV positive have been put on Anti Retro Virals (ARVs), while the rest are on nutritional support. There is a referral system in St. John Pumwani that works very well. According to the Project Coordinator, the HCBC care givers also attend to the needs of children in PLHIV households. Those they cannot deal with within the households are referred to St. John’s clinic. The Volunteers from the community were trained on basic nursing skills to provide nursing care to people who are infected either in communities or at home. The other role of these trained caregivers was to encourage patients to go to hospitals. They also referred patients to the health clinic operated by St. Johns Community Centre. The community nurse within the centre then provides the necessary treatment and for serious cases that the centre may not be able to handle, the nurse determines whether referrals can be done. The centre has trained over 80 HCBC caregivers, all of whom are active and are serving Majengo and Kiambiu slums in Nairobi. A community nurse at the centre explained “some clients are in denial. Caregivers are people living with HIV. With their experience, they are living testimonies which make those living in denial to accept their status”.

Medical Care for OVCs – the Case of Maureen Musimbi
The BB project in collaboration with the Child Rescue Foundation (a German – sponsored project) and HCBC givers, have been identifying children in need of medical attention in the community. Those identified are helped at the Nursing Unit at SJCC or referred to hospitals for further management or treatment.

Maureen Musimbi is a total orphan aged 16 years in class 8 at the SJCC Non-formal Education School. She currently stays with her grand mother who is sick and bedridden. Maureen has been suffering from elephantiasis since childhood. In the last 10 years the leg got inflamed and became very painful. Her aunt had bee taking her to local hospitals and clinics near their
home in western Kenya without much change. In 2009 she was brought to Nairobi for specialized treatment at the Kenyatta National Hospital (KNH). Eunice Katunge a volunteer home based care giver identified Maureen and referred her to SJCC where she was admitted in the school and also put under treatment through the BB project. In November 2009, she was hospitalized at KNH where she was put under intense treatment. After discharge she has been undergoing treatment and daily dressing from a local clinic under the supervision of the HCBC giver although still on treatment, there is great improvement and she is back to school. The treatment has transformed her life as she correctly puts it, “before I would wait for other children to come out of the dining hall before I could get in to have my lunch due to the bad smell emanating from my ailing leg”. She is indeed grateful to BB and she succinctly put it, “were it not for the BB project, I would not be having this leg”. The treatment will nevertheless take some time and more support is still required. For instance she needs to have the garment boot changed twice per month. Although in need of home clothes, food at home, rent of Ksh. 2,000.00, her main concerns in terms of priority are successful completion of treatment until she is completely well and what happens to her studies after standard class eight.

Maureen’s care giver is Ms. Eunice Katunge Musau. Eunice is a member of Tuvumiliane Tulee Watoto (meaning let us persevere and take care of children) support group. She was trained under the BB project as a Home and Community Based Care (HCBC) giver and provided with a care kit. Eunice is open and friendly as a result of which she has been able to gain the confidence of many people thereby helping them to go for VCT as well as coming out of self denial and accepting their sero-positive status. It is this attribute that endears her very well to Maureen. Eunice has got eight orphans to take care of and according to her, “OVCs are not homogenous they are both big and small ones, the small ones could remain with care givers and the bigger ones supported to start their own income generating activities”.

On average, Eunice Katunge conducts 20 visits to the sick in the community and at the hospital.

Caring for Orphans and Vulnerable Children
I was given an opportunity in August 2006 to undertake training in Caring for Orphans and Vulnerable Children (OVC). This concept was new to me, though not the issue of orphans. The training was not only beneficial to me as an individual but for the whole of my community because my skills in dealing with children improved.

The training was organized by KUAP Community Health Programme for Breaking Barriers Project sponsored by USAID. During the training we were taught how to identify vulnerable children and orphans in our community. We were given basic counselling skills, input on stages of child development, bereavement, parental care, child rights, the roles of the community in caring for OVC.

The rate of orphaned children has greatly increased in our community and neighbourhood. Many mothers are left widowed and they remain single and struggle in caring for the children in the midst of stigma and discrimination. There is an increase in grandparents caring for grandchildren and most of these are jobless.

Young ladies who are involved in pre-marital sex have contributed to the increase of vulnerable children. Many of these youth are school dropouts and are unemployed and therefore their children are vulnerable with nobody taking good care of them. These children are also left in the care of their grandparents.

Thanks to Pandipieri Health Programme, who introduced this programme because personally and together with many of my community members we have benefited from the training. Many of the
orphans who were unable to get school uniforms have benefited from the programme with uniforms and are now in school.

Now I am able to give counselling to the OVC who have problems with their guardians and the home visits and schools visits I make on behalf of OVC are a success.

Despite all that there, have been few challenges and together with KUAP Pandipieri and my community, most challenges are managed as they come.

Vincent Obunyo
Community Health Worker.

3.3. Partnership and Linkage Model

No single partner can effectively address OVC challenges and sufficiently meet their basic needs. The BB project adopted a partnership and linkage model that enabled it to achieve optimum outcomes with limited resources. The partnership model drastically reduced duplication and instead ensured complementation. This whole process involved:

3.3.1. Networking

Networking was used as strategy for peer review and linkage to other partners for specialist skills, competence resources not available among project partners. Some of the strategies to safeguard gains made under the BB project include linkages to:

- Policy makers e.g. District Children's Officers (DCOs).
- Constituency Bursary Fund to support needy cases of OVCs to pursue education.
- Constituency Development Fund on scholarship opportunities for the OVCs.
- Constituency HIV and AIDS Fund – to build capacity on care, support and treatment.
- Economic Stimulus Programme at the local levels.
- Cash transfer funds for social protection.
- Linkages by Plan to other available scholarship opportunities e.g. PEPFAR scholarship to support college fees for OVCs.
- Involvement of the divisional agricultural extension officer in the management committee of RFHDP.
- Working with Frakodep at the Methodist church offering nutrition, and Busia District Hospitals where PLHIV get ARTs.
- Though the partnership with the Ministry of Agriculture on crop husbandry
- Area advisory Councils, BB is working with the children’s officers and other relevant stakeholders on child protection.
- Collaboration with the children's network in Ugunja.
- Working with the Ministry of Education (MOE) quality assurance officers.
- Ministry of Health – training of officers on referrals for PLHIV.
- Local media Ramogi FM in Kisumu, Hope FM and Waumini Radio in Nairobi to highlight the plight of OVCs.
3.3.2. Paralegals and Pro-Bono Lawyers
SJCC has trained 23 community volunteers, who were paralegals to provide child protection services. Further training was done to build their capacity on psychosocial support with basic counselling skills to be able connect the child to existing support. This team addressed issues such as abuse, neglect, rape, confinement. SJCC has a formal referral system with Nairobi Women’s Hospital where abused children are taken to for medical attention. Community volunteers from SJCC have reached over 128 children. Similarly PSS assistants in Ranga’la work in collaboration with paralegals on children’s rights while KUAP has a formal legal referral system with Children’s Legal Aid Programme (CLAP) in Kisumu on a probono basis.

3.3.3. Referral Systems
Through the social workers at the SJCC, trainees identified through the HIV and AIDS counselors have been referred for training under the BB project. HCBC counselors have been working together as a team in referring the target groups for training into the vocational training. Parents and youths have been referred for counseling through the HIV and AIDS counselors and externally to the government hospitals for ART treatment and other services. The children are supported with education in SJCC and uniform. Others have been admitted for training to the vocational training at SJCC facilities and are benefiting from food through school feeding programme provided at the centre.

The centre assists clients in the community; others are referred to St. Johns Community Centre’s clinic while others are referred to other hospitals in Nairobi. Children under 18 years are treated at the centre. Those who are referred to other hospitals are also supported with transport to the hospitals. A successful referral case is illustrated by the story below:

A Story of John Ndegu (St. Johns Community Centre)
John Ndegu (not real name) was born in 2006 in an informal settlement in Nairobi suburbs. John is the second born in a family of three: a boy aged one year and a girl aged 7 years. John comes from a humble background where parents struggle to earn a living. His mother aged 25 years, sells vegetables while the father, aged 30 years is a casual worker.

John was born normal like any other child but after 1 month, he developed fever and was rushed to a local private clinic in the settlement where he was treated and discharged. However the problem persisted and after one week, John’s spinal cord curved, while the head, feet and hands pulled backwards. The parents decided to take him to Kenyatta National Hospital (KNH) for further treatment.

At KNH, John was diagnosed with severe meningitis and was admitted for one month. After being discharged, he kept falling sick and would be rushed back to KNH so often. When he was 6 months, the mother noticed that his neck could no longer support the head upright and the feet and arms could not straighten up.

The grandparents insisted that John had a cultural problem that required cultural intervention. So he was taken to his ancestral home in Western Kenya for traditional treatment. For the whole of 2007, John underwent traditional treatment to no avail and the sickness worsened. The mother decided to go back to Nairobi and seek further help.
In 2008, John was enrolled in the BB project and has since been supported to access treatment, physiotherapy sessions, nutrition and general assessment. The mother was glad to quote “since I started receiving support for my son from St. Johns, I have seen great improvement. His hand and feet are more straight due to consistent therapy sessions at KNH” while the father said “the support has been very good for my family. Purchasing drugs and supporting therapy sessions and transport would be impossible for me since I do casual work which is not always available”.

John has learnt how to communicate his needs with the mother and is able to attract attention through different sounds for different needs. According to the assessment from the program counsellor, John is growing cognitively. The program has identified the mother as one of the beneficiaries for boosting of individual businesses so that she can earn more to support John and the entire family as the BB project comes to an end.

3.4. Targeting Strategy

HCBC providers whereby PLHIV have been trained as Home and Community Based Care (HCBC) provision as result of which they are now effectively reaching out to other PLHIV. Through empathy, they have been able to influence those still living in denial who have since accepted their condition and joined support groups.

Through BB, HCBC approach has demonstrated to be an effective delivery strategy for care and support services by improving targeting. It has made targeting more effective because it is easier for clients who have accepted their condition and benefited from the support to connect new clients to caregivers. Through the support from BB, HCBC providers have taken up the initiative to convince PLHIV to come and receive support.

The project partners adapted a dynamic and effective strategy that enabled them to reach OVCs and vulnerable children that deserved assistance. For instance, at SJCC alone, the BB project has reached over 10,000 beneficiaries. Over 400 children have benefited directly with over 200 having been put on treatment. Over 4,000 pupils have benefited through scholastic support, which includes books, pens, pencils, desks and uniforms. Through the project, children with one or more needs are identified and put on treatment or counselling. Tuvumilie Watoto Group of St. Johns Community Centre uses its members to identify vulnerable children in the community. After identification, the group develops a list of OVCs and identifies those to be taken to schools and those that need medical attention. They also develop a list of those put on ARTs for follow-ups and to ensure compliance with the treatment regime. The group also identifies those that do have food and shelter and connect them to various other forms of support. For instance, SJCC had reached the most vulnerable groups like the case cerebral case and the child with duo sex in Kiambio slums in Nairobi. The children with mental illness had been reached by Pandipieri primary school in Kisumu.

The story below illustrates the effectiveness and impact of the targeting strategy:
A Shift in Emphasis to fulfil a Dream
Collin’s father died in 1996 when he was only 5 years old. He was very close to his father and as a young child he could not understand where his father had gone to. What he did know was that life was changing dramatically for him. In 1995, Collins mother had left their home to do business in Kisumu of buying and selling fruits to eke out a living. Three years later Collins went to stay with his grandmother. His performance in school improved greatly and he was very happy. This new found security was not to last long as his Grandmother died in a tragic road accident. A few months later his grandfather also died and Collins returned to stay with his mother.

The health of his mother deteriorated rapidly and this caused Collins a lot of stress. Nevertheless, he supported his mother by caring for her. During the time of her illness Collins sat for the Kenya Certificate in Primary Education and when the results came out he scored 382 marks from a possible 500. He got an admission letter to join Kisumu Boys High School for his secondary education. However, he could not join secondary education due to lack of school fees. He continued in Primary School and re-sat Kenya Certificate in Primary Education and scored 413 marks. He got admission to join Rapogi Secondary School and friends and neighbours supported his education for the first term.

Collins settled into life at Rapogi High School and was doing very well. He was however, sent away from school before end of the first term due to lack of school fees. He returned to an ailing mother who had no support from anywhere else and all he could do was to offer her Home Based Care. Collins took up the challenge to support himself and his mother by washing clothes for other people. He was also involved in the business of buying and selling water; both of which were arduous tasks to be undertaken by a child. He did this for almost two years during which the family had food and shelter but his own dream was somehow lost.

A trained volunteer Community Health Worker identified Collins referred him KUAP Pandipieri Health Programme for support. The wheels were quickly put in motion and Collins returned to Rapogi Secondary School in May 2007. His ailing mother also received Home Based Care and her health drastically improved. She is now able to support Collins and herself through a small business she was helped to start by the BB project.

3.5. HIV and AIDS Prevention Clubs
HIV and AIDS prevention clubs target children aged between 9 to 17 years. In Nairobi, SJCC is currently working with 7 clubs spread in the catchment area. Rang’ala and KUAP are also working with the clubs in all the schools where BB is being implemented. The aim of these clubs is to educate the youths on prevention and abstinence. Through these clubs, children develop life skills and become confident and also develop decision-making skills. They are able to make informed decisions about their lives, refuse to be abused. HIV and AIDS education is an important way of reaching young people with knowledge on sexual health and drug abuse. There are many ways to reach young people: including through school, the media, and peer outreach. Whatever the medium, HIV and AIDS education did not only address the biological facts of HIV and STI transmission and provide information on how to prevent transmission, but it also took into account the
realities of young people’s lives - such as peer pressure and gender inequality. Other skills developed through the clubs are economic building skills where they are trained on making bags for sale. Some have been trained on screen printing which is also used to generate income for the clubs. The clubs have managed to change the behaviour of the youths; some were very rude and rowdy but currently are moderate and well behaved. The clubs have instilled the saving culture among the youths through the innovative children’s fund. Children are encouraged to be contributing Kshs. 1.00 everyday totaling to at last Kshs. 10.00 per week. This money is kept by the club patrons and is used to support children to participate in sporting activities such as football for boys and used by girls to buy sanitary pads. Further, children are now able to work as a team. Monitoring meetings are done by SJCC for each club once a month. Out of the 7 clubs, 6 are within the communities and 1 within the school. Through counseling sessions, children listen and open up in the group, making them overcome difficult circumstances. In Kenya 1,614 OVC benefited from health education in school. HIV prevention clubs that use “Theatre for Development” have been formed and the members have been trained in peer education and life skills. In Pandipieri the clubs are also promoting awareness on HIV and AIDS, STIs and Sexuality awareness among school children. In St. John’s Pumwani there are child-to-child prevention clubs in which children have been trained on how to fight HIV and AIDS through peer education. Overall, AIDS education through clubs has effectively promoted healthy behaviours and reducing the risk of infection for OVCs and other groups in the project areas.

3.6. Post – Test Support Groups (PTSGs)

In all the project areas, People Living with HIV (PLHIV) have been encouraged to join support groups. Currently, there are 2 PTSGs with between 85 to 90 members in the centres catchment area (Majengo and Kiambio slums) supported by SJCC which has reached over 345 support group members. Key areas of support include capacity building of support group members. 

Home Based Care Motherland Group discussing and writing down the most significant change of the BB project
members, therapy sessions, disclosure issues, opportunistic infections and encouraging discordant couples to seek medical attention early. The support group approach is indeed very helpful as one HCBC caregiver explained “I was confined to bed. I was helped by support group members to come out of the bed and I have now accepted my status publicly. As a result, I am able to take care of my children and I have also taken them for testing. They have also accepted their status and are currently on medication.”

3.7. Income and Economic Empowerment Model

The focus in the last 4 years of the project was on consolidation and strengthening the already formed Self-Help groups. A lot of activities within St. Johns for instance; concentrated more on linking the already formed groups with relevant stakeholders working with community development programs with special attention to income generation activities through small scale individual savings and borrowings. The revolving fund for OVC support was used as a mechanism of empowering parents of OVC to generate income through small scale business enterprises and thereby ensure provision of basic needs to the OVCs. Over 20 self-Help groups (with members between 20-25 ) within St. Johns were formally registered with the Ministry of Gender and Social services and are now recognized as legal entities by the government and the local banks giving them the opportunity to benefit from credit facilities such as Women’s Fund, Youth Fund and Constituency Development Fund. Specific good practices within the income and economic empowerment model are explained below:

3.7.1. Sustainable Agriculture

The documentation team identified targeting both the OVCs and their caregivers using pass on system of the suckers to both individual OVCs and participating schools as an innovation with greater livelihood outcomes. The project has registered impressive results as a result of which impressive results have attracted other OVCs to join
the project. The Ministry of agriculture has been of great assistance in procuring quality suckers from earlier beneficiaries of the project. So far the school has sold suckers worthy Ksh.9,000.00. Besides agriculture the Ministry is also collaborating with the project on poultry rearing and this will be scaled up using the same pass on system. The program has purchased 9,200 pineapple suckers to be distributed to 50 households. Each household is expected to bring back 100 pineapple suckers to be passed on to others.

In Rang’ala, over 200 caretakers were trained on new farming methods and were introduced to goat rearing. The dairy goats breed is high in milk production. The mid-and end-term BB project evaluation indicated that majority of the caregivers were trained on how to keep the goats as a commercial activity. The case below illustrates the impact of sustainable agriculture:

**Fish Farming – the case of Cornelius Eric Mbime 20 Years Old**

Cornelius is the head of a household of six members. Besides his wife and their 11 months son Oseah Victor, he takes care of four other siblings attending the local Uluhowe primary school. His family was supported by BB project to undertake vegetable and banana production to support the children in school. He used the additional income from vegetable and bananas to learn bicycle repair by apprenticeship. He bought his own bicycle and operated taxi - boda boda besides repair work. Cornelius is among the thousands of unemployed young Kenyans in need of a job and income. Fish framing provides alternative sources of income and the youths are encouraged to take up the initiative to earn a living. The Economic Stimulus Programme (ESP) by the Government of Kenya provided Cornelius an opportunity to meet the family nutritional requirements and earn income from fish farming. Through ESP, Ministry of Fisheries Development is supporting fish farming to reduce poverty and Cornelius is a co-implementer of the project at the grassroots level. His exemplary work through the BB project brought him in the limelight and he became beneficiary of fish farming to combating protein deficiency and food insecurity in the area. Fish farming takes only a little space on the farm but has high financial returns while providing nutrition to the family and others. Cornelius has so far stocked 300 fingerlings of tilapia and catfish. Besides fish, he also has a quail bird / Aluru project. Once harvested the fish would fetch Kshs. 80-100 each. Although Cornelius is not a direct beneficiary of the government project, his is a case of an instant multiplier effect which begun when together with other youths from the area provided labour for pond construction to another group which benefited directly from the ESP in the neighbourhood. The pond construction process was supervised by the Aquaculture Extension Officer in the area and in the spirit of learning by doing; they acquired knowledge and skills and decided to construct their own pond.

Cornelius got together with his friends and constructed a pond of 300 square metres on their piece of land which is within the identified potential areas for fish farming. He is committed to actively participate in fish farming and is willing to run the activity as a small scale business enterprise. He currently maintains records on stocking, sampling and feeding; and hopes to do the same when the fish is ready for harvesting and selling. The district fisheries officer offers extension services to Cornelius and other farmers to monitor progress and provide treatment if the fish get sick. The locality itself provides ready markets for fish. The private fish hatchery in Yala who supplied him with quality fingerlings also promised to buy the fish at Kshs. 80.00 -100.00 each once they are mature. Key challenges for Cornelius are lack funds to buy fingerlings to stock the pond and farm inputs which include fish feeds and manure/fertilizer.
3.7.2. Self-Help Group Approach
The St. Johns Community Centre initiated IGAs that are currently implemented by 12 groups. It started through a grant, which groups are not required to pay back, but members are required to contribute compulsory savings. The centre is using self-help groups to accomplish this activity. The minimum savings is Kshs. 20 per week. After some months of savings, the group starts lending out some money to its members with an interest rate of 10%. Each group has 20 to 25 members. This money is revolving among the members and there is no group that is keeping its money in the bank. These groups have generated their own money and the centre is only boosting them. The project team judged this activity as the most sustainable and worth scaling up. One member from Tuvumilie Tulee Watoto group mobilised by St. Johns Community Centre noted “we were pressed so much. We had no income. We were very poor until we were linked to IGAs”. The IGAs basically included small businesses such as selling second hand clothes and sheets which earned income to caregivers. This income was then used to support OVCs.

The Centre provided Kshs. 30,000 to execute the IGA. This amount was matched up with another Kshs. 30,000, contributed by members.

In St. John’s Pumwani project, 43 PLHIV were trained on soap making using aloe-Vera. The program has given some seed money to a total of 140 OVC households to start small businesses. In Rang’ala, 48 home based care providers and children clubs were trained in improved banana husbandry, while 70 caregivers were supported with farm inputs to improve their food security. Overall, 112 OVC were supported to undergo various vocational training courses as a way of improving their economic status through self employment, while 198 guardians were trained on IGA and business skills and were encouraged to save, repay their loans and discuss about their businesses. 25 out-of-schools OVC were supported to enrol in vocational courses such as dressmaking, welding, motor vehicle mechanics and hair dressing. Pandipieri has assisted some OVC guardians with IGAs e.g. in starting video show shops, and also trained the local community on how to access resources from other organizations.

St. Johns has been very innovative in working with the caregivers as far as a socio-economic activity is concerned through self-help groups. These groups are involved in various activities including creating awareness on HIV and AIDS prevention, nutrition, micro-credit under the umbrella of BB project. Over 85 PLHIV and caregivers have successfully been trained and provided with individual and group loans through their Self Help Groups. For instance, a group of 15 caregivers from Tuvumilie Tulee Watoto Self-Help Group mobilized and trained by St. Johns moved forward through table banking to buy 3 belts of second hand clothes which they are selling on rotational basis amongst their members.

Caregivers need cash to provide food, uniform, school fees and other essentials for the OVCs. IGAs have been essential in the economic empowering for caregivers and individuals through revolving funds, merry go rounds savings and credit / loan. Eunice Katunge explained “I received the for 1st loan of Ksh. 5,000.00 from SJC which I have cleared. My second loan was Ksh.10, 000.00 which I have also cleared and I am now in the third
loan which is a group one where they received Kshs.30,000.00 and they bought a bundle of second hand clothes in bulk which was then shared by the 7 members of the group to sell”.

Apart from registration with the relevant ministries, over 200 caregivers and support group members from Nairobi have received loans from SJC and IRCK over the last 3 years even without members of support groups putting in the guarantee fund. The caregivers have proved themselves and have successfully used the available loan facilities to expand existing business and start new businesses. In St. Johns, the already formed groups are involved in group lending at individual level and are currently doing merry go round to increase their stock or even buy some household goods such as utensils etc.

Group savings and loan activities have promoted the application of collective learning and responsibility among members. The IRCK BB project officer noted “if someone is given a loan of Kshs. 3,000 and defaults and another person succeeds in using the loan well and eventually repaying it, other members learn from this success”. Within the savings and credit groups, members know each other quite well and use social capital to assist those in difficult times, for example, if one member falls sick from opportunistic infection and is impaired from repaying the loan, other members repay the loan for the sick member.

One of member of Nairobi Monthly Meeting HIV and AIDS, Maringo Therapy- Friends Church, Maringo noted “I was given a loan of Kshs. 1,000. I invested this loan in the business of selling tilapia fish. From the profit I earned, I re-invested in another business of buying clothes from Nairobi and selling them in Kisii town. Currently, the capital for the two businesses has grown to Kshs. 9,000. What made me to succeed was my resolve not to divert the loan and to misuse the profit”. Another member from the same group noted “I invested the money I was given as a loan in a table banking group in the market where I operate my tailoring business. I am now contributing Kshs. 2,000 every month and my current savings with Equity Bank are Kshs. 10,000. All this was generated from the initial loan I was given by this group”.

3.7.3. Product Development
St. Johns Community Centre trains OVCs on development of different products. The most outstanding one is development of local re-usable sanitary pads. These sanitary pads can be washed in warm salt water to kill the germs and can also be used by girls without pants. Training on soap making (both liquid and solid), lotion making and making of mats have been done and this has enabled OVCs to earn income and thereby gain economic empowerment. They have also been trained on how to make yoghurt, jig and on screen printing on bags and T-shirts for sale. All these are produced by the school and the clubs and the centre has been vigorous in identifying markets for these products.

Mat-Making Project of the Children’s Innovative Club – St. Johns Community Centre
Since its inception in 2007, the project run by 40 children has managed to make mats and cards and sell them at a price ranging between Kshs. 700 to Kshs. 2,500 depending on the patterns and artwork involved. By the end of 2009, the sale of mats and cards had fetched Kshs. 121,000 for the club.

The children have agreed to use the proceeds to build an educational fund for themselves and other OVCs in the community. A part from the savings, some of the proceeds go to purchase educational materials and school uniforms for the members. In very rare cases, the money is also used to buy food for the children if the guardians cannot provide a meal at the household level.
3.7.4. Value Addition and Marketing

Poor marketing of products is a major challenge in enhancing economic opportunities for OVC caregivers under BB and other projects. To address this challenge, the project facilitated the formation and training of Producer Market Groups (PMGs). These are groups/individuals who come together to form one voice/network to establish a base for sale for their products. Collective production and marketing of products is advantageous in terms of getting good and uniform prices and reducing the costs for transport, storage and processing. Key marketing outcomes for BB in Rang’ala banana project include registration of individual members and groups, opening of an account, increased banana production, sourcing of markets and training of the membership. One of the marketing strategies for bananas is value addition. Here several banana products have been improved for cash including the fruits, chips crisps, juice, mandazi medicine, wine, jump ropes, mats basket and purse/school bags.

PLHIV pointed out that there are no markets for their wares and goods. One member from Motherland of St. Johns pointed out that “we are selling our goods on credit due to lack of markets. Some of the people we sell our goods on credit refuse to pay and sometimes there is no market at all”. Marketing cooperatives can be considered an option as illustrated in the case study below:

**Multiplier Effect / Scaling up / Partnership Expansion - The case of Richard Ooko**

The BB project has raised the profile of South Ugenya and North Alego in terms of banana production in the country. As a result, the Banana Development Authority of Kenya Banana Development Authority (BDA) has recognized the area to be suitable for production of high value bananas for both export and local markets. In terms of sustainability, BDA Kenya as an interested government stakeholder taking up the initiative and this will ensure continuity especially now that BB project has come to an end. BDA Kenya is currently recruiting farmers...
to scale up the banana project and BB project participants are immediate beneficiaries of this mega government project. The home of Richard Ooko in Sidindi has been earmarked by BDA Kenya for the establishment of a farmer field school/demonstration farm for banana growing. The land preparation process was ongoing at the time of the documentation and this is the first demonstration farm of its own kind in the region. BDA Kenya will among other things effectively address value addition, value chain analysis and development of marketing channels for bananas. This will take the BB project banana outcome to a higher level in terms of livelihood promotion at the household level.

It should be noted that Richard is one of the success stories in banana farming under BB project. Currently he has over 300 bananas from only 3 suckers he received through the daughter Maureen now in class 5 at Sidindi Primary School. Moreover he is also a beneficiary of the pineapple project.
3.7.5. Self-Reliance Livelihood Opportunities
Two graduates of Kariobangi Educational Adventist Centre supported by IRCK have been employed as database managers. One student from Kariobangi Adventist Educational Centre noted “I was a student at this centre, was trained and now I am a teacher, earning income for my daily livelihoods.”

My Account Statement and Appreciation to KUAP
It is my pleasure to say a word of thanks to KUAP Pandipieri Health Programme and to HACI Breaking Barriers Programme for what you have done to our family. Through your support we are now acknowledged in our village like any other family for we have boys and girls in our family in high school through the support given to us.

My father was a polygamist with five wives. We were comfortable in our own land and houses. My father died and one by one I as the eldest son watched and cared for each wife including my own mother as they too passed away. The last wife of my father died a very painful death. She was very sick and I had to care for her and 21 children and yet I was not an adult. The struggle was sometimes hard but I managed to keep all the family together. Relatives came and took our belongings including livestock. Because my father had borrowed money; the land and house were placed under receivership and we began with almost nothing.

My two brothers who came after me were taken to USAID Breaking Barriers Project and supported in school. I cannot express my thanks enough for this kindness. Both boys had to wait at home for some years to go for their secondary education. We almost gave up hope but we held on. They are now very happy in school and working hard.

I used to run video shows in my house and this supported myself and my family. One day all my belongings were stolen including the television and video set. As a result our family had to go without food. I applied to KUAP and I was considered for a replacement. In May 2007 the KUAP programme officer; Sister Bernadette bought for me a 21” Television set and a DVD Player to restart the business. I started the business and later on I managed to open an account with a micro finance institution known as ADOCK TIMO situated in Kibuye in Sifa House. According to my income, the daily saving which I must save is Shs.150.00. I started my saving on April 4th 2007 and to date my savings have grown Kshs.31, 500.00 from the month of April – December.

Out of my savings I enrolled for a training in general metal work and making of other office equipment like safes, cabinets etc. and general maintenance. The training is offered by a company called Safe Express Company Limited. The training costed me a total of Kshs.12, 000.00. My certificate will be ready next year.

Out of my savings I have bought some workshop tools like drilling machines and portable welding machine. The machines are second hand and costed me a total of Shs.10,000.00. My account currently has a balance of Kshs. 6, 700.00.

I am focused and looking forward to open my own workshop by next year 2008 God willing. All in all I am very happy together with my family. Thank you all very much for the support given to me and my family.

Kennedy Onyango Opiyo.
3.8. Faith Communities Congregational Model

Faith Based Organisations (FBOs) are among the best institutions so far in addressing stigma, denial and discrimination. IRCK trained religious leaders on how to combat HIV and AIDS related stigma, denial and discrimination and used congregational groups as platforms for advocating for behaviour change among FBO members and PLHIV. The faith communities served by IRCK includes Muslims, Christians and Hindus. The IRCK BB project officer noted “to get a HIV and AIDS support group from the Muslim faith is very difficult. However, through this intervention we have changed the faith communities through their congregational groups. For instance, in Nairobi alone, we have 4 HIV Muslim support groups. Stigma, denial and discrimination were very high also in the Seventh Day Adventist (SDA) Church and Hindu community, but all this is changing as result of the BB project. Religious leaders were not part of a solution but were part of a problem, which currently is not the case and have recognised the fact that HIV and AIDS is not a curse”. IRCK has been working with and supporting the faith communities’ congregational models to reach out to communities. Further, congregational groups are effective in social mobilisation of the people living with HIV. One member of Nairobi Monthly Meeting HIV and AIDS, Maringo Therapy- Friends Church, Maringo noted “members of the support group formed by the church were moving from house to house in Kiambio slums. They were praying for PLHIV and inviting them to join the support group. We came to the church and publicly explained our status to the people. The church invited us to regularly share our experiences with others and this made other people to declare their status publicly and have now been accepted by the church. Through sharing of experiences, we discovered that our problems were less serious than those of others. The love of the church has made us to feel wanted. The followers of the church donated clothes and money, some of which were used to pay hospital bills for some of our members or to buy drugs for treating opportunistic infections. Members of our group also identified people who were still in denial and requested the church to visit them. Through
referrals, such members have been invited to join the support group and the church and they have all recovered from opportunistic infections. The senior pastor of the church was instrumental in all these changes.”

The last 4 years laid emphasis on working with congregational groups and integrating them into HIV and AIDS activities by IRCK. More awareness has been created in the last 4 years on the role of FBOs in addressing stigma reduction for PLHIV in their congregations. The relevant Government departments have willingly recognized these congregations through partnerships created at the local level, to address stigma reduction.
Section Four: Challenges and Critical Gaps

4.0. Introduction

Despite the increased awareness created by the BB project, there is a need to involve more stakeholders working locally with sustainable economic and community development programs to compliment the work done by the project partners. For instance, to increase the impact of the BB project, there is a need to identify common and context specific projects in each region aimed at long term sustainability and those that strengthen community ownership through participation. The following challenges should be addressed to ensure success when scaling up BB related projects:

4.1. Vocational Training

A total of 67 older OVCs have been supported by BB through St Johns to train in various fields: dressmaking / tailoring, hairdressing, driving, metal work, welding, carpentry, mechanics, fine art and social work.

The cost of upgrading the training facilities to the required standards requires a lot of investments that cannot be fully shouldered by the BB project alone. While partners appreciate the role of BB project funding, there is still an opportunity to lobby local stakeholders to invest in the improvement of the training facilities. The facility at the Kariobangi SDA church is very small and the communities around the area and the church have indicated their willingness to approach the Constituency Development Fund (CDF) committee to provide funding for the training facility with an option of...
donating land. This is still under discussion with the stakeholders in the location. There is need to scale up the lobbying with the relevant business communities with an aim of getting companies to invest in partner vocational training facilities. This can be in the form of equipments, relevant books and training materials.

There were some very bright students interested in furthering their studies under vocational training offered by St. Johns but lack opportunity. The current project only allows trainees to be sponsored for a maximum of 1 year. The trainees willing to go beyond 1 year are technically blocked out under the current BB project funding. The trainees graduating from the vocational training are not appreciated in the job market and cannot competitively compete. These sentiments were received from some of the current and former students. In general terms, there was lack of continuity in the support for primary education and vocational training. Majority of the older OVCs who are above 18 years do nothing after graduating from the centres vocational training. Most of these OVCs are not supported to join other colleges to upgrade their skills and are also not linked to opportunities to help them practice the acquired skills. Some of these OVCs are bright students and need to be supported to increase their employment opportunities through further training. Vocational training is thus not an end in itself but a process of leading OVCs to adopting livelihood options. Further, majority (if not all) graduates of vocational training are not provided with tool kits for putting the training into practice through self-employment. They were also not given start-up capital. Provision of required machines and materials for technical vocational courses such as tailoring is critical in guaranteeing self-employment and thereby improved livelihoods for the students.

4.2. Hospitalisation Bill

There are cases among Nairobi BB project partners; where children who were very sick were taken to Mbagathi and Kenyatta National Hospital. Their parents did not have any money and so were unable to pay the hospital bill. A staff at St. Johns Community Centre pointed out that Centre has no solution to this challenge. Even if the centre raised the money to
foot the bill, the money will still not be enough. Some of these patients have actually been released with the intervention of the Minister for Medical services, noted the BB Project Officer at St. Johns Community Centre. The treatment support was limited to OVCs under 18 years. PLHIV who are adults and parents are not supported and therefore cannot fulfil the responsibilities of taking care of their children. The implication of this is that children are supported but adults from the same households are left out, creating a perception of discrimination among beneficiaries.

4.3. Adherence to Treatment

Bedridden clients are taking drugs without food. One caregiver explained “whenever we visit them, they are crying for food”. Due to persistent hunger, drug adherence has been compromised. One client noted “I will not take drugs if I do not have food, because I will be more sick”. The BB project officer at St. Johns Community Centre explained “how can you build the capacity of a person who does not have food and who is being evicted from the house due to failure to pay rent”. Compliance with treatment regime is normally complicated when PLHIV are evicted from their houses by landlords due to failure to pay rent.

4.4. Insufficient Training/Advocacy Materials and Resources

Despite the effort made by the BB partners to equip their training facilities and services and increase the ratio of equipment at the centres, a lot more still needs to be done. The general insufficiency of reading materials for child’s HIV clubs and their members was mentioned as a challenge. In the context of vocational training, it was pointed out computers at the Kariobangi Education Centre are not only old, but are also not able to support modern and marketable programmes, the computers are also very few compared to the number of students who want to be trained. This was the same case with the tailoring training, which had only few sewing machines compared to the number of students who want to be trained. Further the training classes are so small that the students have to be trained in shifts, can only accommodate not more than 4 students at time. The materials to be used for advocacy and lobbying were fewer and in some cases were absent. This affected advocacy outcomes that were realised.

4.5. Wrap Around Concept

The Wrap around concept was not well understood and was therefore not well mainstreamed in the project cycle. In this concept, the partners are supposed to undertake their activities in such a way that they interlink and “Wrap Around” the services offered by the other partners in the project. The partners are supposed to refer services they are unable to offer to either line ministries or departments like Children’s Department, agricultural extension officers, government health workers, the police department and teachers or to other non state organizations implementing relevant activities in their project areas.
4.6. Incentive Structure

Incentives to community extension workers were not consistent and this sometimes demoralised them and decreased their commitment in providing the services to beneficiaries/target groups. The incentive structure was also not commensurate with cost of living and the services provided by extension workers.

4.7. Selection and Financing of IGAs

The loans given to individuals to invest in IGAs did not work well. This was attributed to the fact that people living with HIV often encounter opportunistic infections, which put them down, making them unable to operate their individual IGAs and also making them to divert the loans to either buying food or paying for treatment. Some of the individual IGAs in which loans were invested include selling fish, second hand clothes and paraffin. Further, some members sell their goods on credit, which takes long to be repaid and in some cases it is not repaid at all. Some of the individual IGAs did not have markets.

Individual IGAs have not been very successful because of opportunistic infections, such that when one is down with illness, the money is idle and or it is misused by those who are tasked with the responsibility to assist in running of the business. Some IGAs were not appropriate for PLHIV. For instance, members of Nairobi Monthly Meeting HIV and AIDS, Maringo Therapy- Friends Church, Maringo noted “we were selling charcoal and kerosene, these were very dusty and because of our HIV status, we have abandoned them”.

4.8. User Fee

Whereas the user fee should be charged by vocational training centres for operation and maintenance of machines and other equipments used in training, precautions should be taken to ensure that the charges do not disadvantage the already poor and marginalised groups such as PLHIV and OVCs. For example, the Kariobangi Educational Adventist Educational Centre charges a training fee of Kshs. 500 per student per month and users of the centre were already complaining that this was too high for them to raise.
Section Five:
Recommendations to Effective Breaking Barriers

5.0. Introduction

A number of lessons were learned in the last four years of the BB project. These lessons if taken positively could contribute to further strengthen projects that are similar to the BB project. The workshops and seminars have given a good platform for staff and children of both informal and formal schools to interact and share experiences. Community members are more willing to be associated with the development projects undertaken with the funding of BB project. Market analysis of value-addition should be conducted prior to embarking on implementation of economic empowerment activities. Improving household livelihoods through suitable context specific interventions can be sustainable and has a positive impact on OVC. Addressing the needs of OVC, needs a comprehensive response and a well understood and practiced partnerships wrap-around services. Advocacy is critical to reduce the barriers impeding access to education and other services for OVC. The recommendations are in line with the Principles outlined in the National Plan of Action summarized below:

OVC Programming Principles
i. Strengthen the protection and care of orphans and other vulnerable children within their immediate and extended families and communities
ii. Strengthen the economic coping capacities of families and communities
iii. Enhance the capacity of families and communities to respond to the psych-social needs of orphans, vulnerable children, and their care givers.
iv. Link HIV and Aids prevention activities, care and support for people living with HIV and AIDS and efforts to support orphans and other vulnerable children.
v. Focus on the most vulnerable children and communities, not only on those orphaned by AIDS.
vi. Give particular attention to the roles of boys and girls, men and women and address gender discrimination.
vii. Ensure the full involvement of young people as part of the solution.
viii. Strengthen schools and ensure access to education.
ix. Reduce stigma, denial and discrimination
x. Accelerate learning and information exchange
xi. Strengthen partners and partnerships at all levels and build coalitions among the key stakeholders.
xii. Ensure that external support strengthens and does not undermine community initiative and motivation.
xiii. Ensure that programming takes into consideration the context of the intended interventions.

Source: The National Plan of Action for Orphans and Vulnerable Children, Kenya
The following recommendations are considered critical success factors for ensuring effective breaking barriers:

5.1. Partnership Model

The success of the BB project lay in emphasis of comprehensive community-based models driven by volunteer ethic and linking prevention with treatment, care and support. Plan International offered a combination of funding, intensive tailor-made technical support and corrective feedback to implementing partners. All the partners had already established relationships with their respective communities through interventions on HIV and AIDS and other development work. The partners built on both their organizational experiences in prevention and their personal experience as health workers already in contact with PLHIV. One mobilization strategy by Plan was holding periodic workshops for partners to review, reflect and act on critical issues of concern emerging from the implementation process. The workshops were highly experiential using participatory tools and visits to local partners to help participants internalize the issues. These review and planning forums provided a platform for partners to share their views but also to follow up on implementation of good practices and lessons through peer review and action learning.

The BB project was implemented by a strategic alliance of four local organizations i.e. SJCC, KUAP, RFDP and IRCK. Plan provided financial and technical support. Each of the partners brought in their unique competencies, capabilities, resources and technical knowledge. This contributed to effective implementation and realization of project objectives. Each of the partners has a set of strategic advantages they bring on board in the consortium; viz:

- SJCC – faith-based and adopts an integrated community development approach in working with the urban poor.
- RFDP- CBO with strong grassroots anchoring in a rural set-up.
- IRCK – faith based umbrella organization with strong advocacy focus.
- KUAP – faith based organization with integrated approach to working on prevention, care, treatment and support for PLHIV and OVCs for the urban poor.

The decision to operate as a consortium was taken on realizing that there is no one single organization which can effectively provide services to OVCs. The project therefore recognized the comparative advantages of each of the partners in the specific elements of services delivery to OVCs. Responsibilities for each partner were clearly identified and highlighted from the very beginning to ensure the project was implemented in the spirit of mutual respect and cooperation among all partners involved.

Plan undertook a review of partner performance on a regular basis. This helped to identify gaps and problems early; most of which were then fixed promptly. This ensured the project remained on course and targets and goals were ultimately met. There was close collaboration and partnerships between government and civil society during in
implementation of the BB project. This worked because the government departments recognized the inherent value of civil society engagement in the process. Civil society organizations on their part had a demonstrated capacity to deliver quality outcomes and their voice and influence on OVC matters was strong and respected by all stakeholders. Involvement of family members, friends and other community members in delivery of support to OVCs and PLHIV is important to ensure its sustainability.

Plan also provided appropriate targeted support to partners through coordination, human resource management, capacity building and quality control to support implementation of project activities. Plan and partner staff demonstrated a strong degree of commitment and coordination to the project. Regular site visits for example resulted in improved access to HIV testing treatment, care and support. Through targeting more aggressive efforts have been undertaken to reduce HIV related stigma and discrimination.

5.2. Social Protection for PLHIV

There is growing tendency to move away from welfare in the health sector. This is likely to affect access to essential services since PLHIV are people who are also very poor. Most of them are unable to effectively participate in productive work; further, opportunistic infections cause impairment in their capacities to do productive work. When PLHIV are bedridden, they cannot participate in IGAs. Furthermore, the health sector in Kenya is not well developed and resourced to address the health needs of PLHIV. Therefore designing and implementing a social protection/welfare programme for PLHIV will enable them to access life saving health services. The St. Johns Community Centre BB Project officer pointed out that “if it were not providing free treatment to people living with HIV and infected children, we would have lost many lives. So many children have been rescued through provision of free care, support and treatment services by the Centre”. One of member of Nairobi Monthly Meeting

Nutritional supplements for malnourished children as a form of social protection
HIV and AIDS, Maringo Therapy-Friends Church, Maringo noted “I used to make soap and sell. But when I became bedridden, I was admitted at Mbagathi Hospital in Nairobi and since I had no other source of income, I used all the loan I had been given by the group to pay the hospital bill”.

The BB project partners tapped into various forms of traditional social protection as illustrated in the case below:

Members of Tuvumilie Tulee Watoto group explained that “we contribute money to pay school fees of OVCs who are enrolled in both primary and secondary schools. For example our members contributed money to pay the school fees of Mary Waweru at our Lady of Mercy Secondary School in Nairobi. They also said that they buy books, uniform and provide food to OVCs”. They select those that are most vulnerable to benefit from the different forms of social security.

Other forms of social protection that made the BB project successful include:
- Sponsorship (payment of school fees, provision of scholastic materials and uniform to school children).
- Provision of free treatment, care and support to PLHIV, and especially OVCs.

5.3. Evidence Based Advocacy

Successful interventions are based on clear baselines, which can be used as a basis for attributing impact to respective partners and beneficiaries. Without evidence, it is difficult to convince the government. IRCK therefore conducted a research on barriers hindering OVCs from accessing education and used the outcome of the research “Barriers Facing Orphans and Vulnerable Children in Accessing Education in Kenya: A Study of Nyanza, Coast and Nairobi Provinces to influence debates and actions on the nature of OVC support in schools. The outcome was the initiation and implementation of the Most Vulnerable
Children Support Grant Management Handbook: HIV and AIDS Investment Programme for the Kenya Education Sector Support Programme (KESSP). Another outcome was the development of the National School Health Guidelines, by the Ministries of Public Health and Sanitation and Ministry of Education. All these are part of the government of Kenya education sector wide programmes. Further IRCK executed a monitoring and evaluation exercise and produced a report “Monitoring of the Most Vulnerable Children Support Grants Program” which identified gaps and areas that need to be addressed to ensure that the funds are used to achieve the desired results in the retention of the Most Vulnerable Children (MVC) in schools, return of MVC who have dropped out of school and the enrolment of MVC in schools. The findings of this report were disseminated through the press; the Daily Nation Newspaper on Tuesday July 13 2010 (page 11) titled “Orphans Pupils Fund Abused; Report by religious group exposes flaws in the management of school relief kitty”. One outcome attributable to IRCK advocacy agenda is the banning of school ranking in Kenya as it was a barrier to access to education.

5.4. Technical Assistance and Capacity Building

Building capacities of intermediary institutions such as FBOs, CBOs etc. using well designed and tested manuals ensures effective and efficient implementation of project activities. A case in point is IRCK which used well designed and tested training manual “HIV and AIDS Advocacy & Media Relations: Handbook for Religious Leaders” and “Combating HIV and AIDS Related Stigma, Denial and Discrimination: A Training Guide for Religious Leaders” were effective in promoting change among local institutions and target beneficiaries. To measure achieved outcomes, IRCK complemented the above manuals with a “Monitoring and Evaluation Framework for HIV and AIDS Related Stigma, Denial and Discrimination Training for Religious Leaders”. These trainings were also incremental in nature; to address capacity gaps that may exist after the initial training.
The multifaceted nature of implementing sustainable economic development requires some in-depth understanding of the socio-economic contextual analysis of the project areas. In 2008, internal evaluation indicated that there is still a need to train the staff on the ground to understand to develop certain skills desirable for the smooth operations of the project. This required additional effort both from internal and external support to enable the BB project partner staff on the ground understand the dynamics or need of sustainability of the economic empowerment projects. One of the areas that required additional support is monitoring and evaluation tools.

The training of caregivers by the BB project partners has opened new windows of opportunities for caregivers and parents infected by HIV, many of the parents who had lost hope and unable to engage in income generation activities are currently stimulated and motivated to start new activities aimed at improving their livelihood and those of their children.

Many caregivers, parents and children are freely giving ideas of getting themselves out of poverty with simple but relevant initiatives e.g. table banking for rural caregivers and infected parents. Children are sharing information on HIV and AIDS freely not only with their peers, but also with their parents and neighbours and have taken up responsibility to ensure that they are not infected, especially the girl child. The level of empowerment for the girl child has really increased, there are now companies supporting the girl child through interactive notice boards supported by BB project. There is peer education and frank discussions on issues affecting adolescent and teenage girls.

Training in banana management, quality assurance, chicken vaccination, child counselling and business management have contributed to the success of the BB project. In Rang’ala management committee members have improved their knowledge of English language in the course of working with in the project.

Other forms of technical assistance and capacity building provided by the BB project include trainings on the control of pests and diseases like banana bacterial wilt. The cost of inorganic fertilizer and other farming inputs is expensive and majority of the poor and vulnerable households can hardly afford. Besides cutting down the cost of farm inputs, organic manure is also environmental friendly. The raw material for compost making is the farm refuse that is readily available in most homesteads. It is because of this that OVC parents, guardians and other caregivers have been trained to use farm refuse to make manure.

5.5. Staff and Volunteer Development and Motivation

BB project has a displayed high level commitment by project staff and volunteers. They are motivated by the desire to serve PLHIV & OVCs and are not driven by direct individual economic. The care givers are committed to supporting PLHIV and OVCs with or without
money. For some it is more like a calling / vocation such that PLHIV who are abandoned by their immediate relatives find refuge in the caregivers. There were also cases where relatives go to call caregivers to tell them their clients are sick. Overall, the caregivers are well known in communities and are much sort after and reciprocate this through their internally driven commitment to duty/service for which they were trained and called upon to accomplish.

5.6. The Integrated Approach

An integrated approach in addressing treatment, care and support services for PLHIV is paramount for successful interventions. Beneficiaries with needs that project is not designed to addressed should be linked to other partners with projects or activities that address these needs. Further, if a project partner does not have the necessary capacity to implement certain activities, then partnering with another organisation with the capacity would be useful in addressing these needs. The SJCC’s BB project officer argued that HIV and AIDS interventions should be holistic and integrated, to ensure that the results are not negated by other barriers. Providing referrals and linkage services where claim holders are linked to duty bearers (the government) ensures that the poor get the services they need. No one single partner can address the basic needs (food, shelter, education etc.) of OVCs. Where a partner is unable to address a specific need of the OVCs, then referrals become handy. Partners clearly explained how the BB project relates with other programs they are implementing. Partners therefore managed all BB activities as part of other activities they were implementing; and as such complemented each other in the realization of the results. In this approach the different programs of BB project partners worked hand in hand to produce an integral work plan and budget for the activities that were planned. Where possible it is more effective for a partner to

*The clinical laboratory services at KUAP*
adopt a model encompassing provision of all the three components i.e. treatment, care and support and only refer cases they cannot handle to other institutions. There is a strong link between Pandipieri primary school and KUAP clinic where the school refers students for treatment. Overall it is important to have a structured referral system linking implementing partners and public health institutions where clients can access health care services from qualified and competent medical personnel.

5.7. Psychosocial support

Children are best cared for in their own communities. The best people to provide psychosocial support are families and communities that love, care for, and support children. Institutions are often particularly poor at providing for children’s psychosocial needs and should be the last resort and only where there is no other alternative and only as an interim measure.
To support the psychosocial needs of children effectively, programmes need to support families to provide for their comprehensive needs. Psychosocial wellbeing is linked to children’s access to education, health, family care, nutrition, play and social participation. Psychosocial support should not be a stand-alone intervention. There needs to be a longer-term, integrated approach to the needs of children and their families.

Children living with HIV have specific psychosocial support needs. These may be different from children dealing with the impacts of HIV and AIDS on family members. Psychosocial support must consider how children respond differently to adverse situations based on their age, gender and circumstances. The investment in support is particularly important in the early stage of childhood development (pre-school), yet this is often overlooked in HIV programmes including BB.

5.8. Financial Services Model

Project partners especially St. Johns Community Centre adopted Accumulating Savings and Credit Associations (table banking) as a finance model in which PLHIV are mobilised to join groups of between 20-25 members, make compulsory contributions of savings on weekly basis and advance loans to those who want at an agreed interest of 10% per month. This is sustainable because loans given are generated from members’ own savings.

Delivery of financial services (loans and savings products) through groups that are well trained on financial management and investment skills ensures success. Enabling caregivers, guardians, PLHIV and OVCs to accumulate savings through groups to be distributed to members is the best way of meeting basic needs. Group based lending methodologies enable members to accumulate savings that can be used to meet the daily livelihood needs of households. These groups can graduate members to more formal financial services. The best practice is to form savings and credit groups from existing support groups which guarantees social cohesion and mutual trust. Selected members are asked to contribute small but regular amounts to form a pool of funds. Partners should then train selected members on processes of making savings and taking loans from their group, group leadership and governance and facilitate them to write their rules to guide and govern their group. During the training, members should be asked to agree on the interest rate that they will be charging on loans disbursed and how they will be sharing profit/bonus at the end of the year. Selected members also agree on the days that they will be meeting during each month.

Where possible, it is recommended that partners should help individual vulnerable children to open savings accounts (with low or no fees, no minimum balance) in their names or where appropriate in names of their guardians under special conditions. The money can also be saved for their secondary education and can be matched by external support partners as an incentive. There is need for the partners to identify a strong operating manual and training program for building and strengthening savings and credit groups.
and promoting transparency and accountability within them and specifically helping them to build a social fund to help mitigate some of the impacts of HIV and AIDS.

Project partners should ensure that group members are appraised to determine whether they qualify to be given loans and should also ensure that loan appraisal is done by group members using agreed rules that deter default from the onset and not the institution. Furthermore, there is need to determine the financial needs of each individual business and make an assessment whether loan given meets the financial needs of the activity the borrower wants to invest the loan and ensure that the loan is not grossly insufficient to meet the financial needs of the business.

5.9. Bottom-Up Approach

This is at the centre of the child rights approach and implies the consistent and consequent participation of children in the planning, implementation, and evaluation of development projects – that is, in all phases of the project cycle, in compliance with the principles of the Convention on the Rights of Child (CRC) in order to achieve the protection, provision and ensure participation rights are granted and implemented in an appropriate way. This approach has increased the effectiveness of the project interventions through enabling beneficiaries’ contribution to analysis of how particular decisions on the project will serve their best interests. As a result, it has ensured that project interventions are more appropriate, relevant and sustainable. The approach has therefore given communities more ‘ownership’ and sense of responsibility for OVC interventions for their benefit. This has led to better decisions building on communities own knowledge and experience. It is an approach in which implementing partners genuinely reflect, learn and act on the views of beneficiary communities. A case in point is when IRCK had planned to introduce a local sugar cane project to support one group in Western Kenya. Upon proposal, the group opted for a kitchen garden project which has since registered considerable success. This would not have been realized had the implementing partner remained adamant and imposed establishment of local sugar cane project as initially envisioned.

The IRCK BB project officer noted “there was a faith-based group in Western Kenya that IRCK wanted to support to plant sugarcane. This group refused the suggestion and proposed that IRCK should support them to establish a kitchen garden because the returns from planting sugarcane were not likely to benefit them. This group has succeeded in using the kitchen garden to ensure food security within their households to date. Do not tell them what to do if you want to be successful”. Community/beneficiary involvement in the identification, design, implementation, monitoring and evaluation therefore ensures greater livelihood outcomes for the PLHIV, ownership and sustainability.

5.10. Action Learning and Information Flows

Learning, reflection and action are key ingredients for successful implementation of community projects. Exchange visits provide learning forums for partners to meet
and share ideas and learn from each other without reinventing the wheel. Sharing of ideas by implementing partners leads to adoption of different strategies thereby leading to innovation and creativity in implementation of BB project activities. Structured learning platforms like exchange visits, quarterly review meetings among partners; collection, analysis, storage, retrieval and subsequent use of data to inform planning and management of the project further strengthened learning, reflection and action. For example RFDP used the data on banana project to diversify agricultural activities by venturing into pineapple cultivation and later in introduction of cassava and sweet potatoes.

IRCK supports radio talk shows on HIV and AIDS at Waumini Radio and Hope FM in Nairobi and Lolwe Radio in Kisumu where callers effectively discuss and increase awareness on critical debates on HIV and AIDS. As a result, the OVC agenda has been adequately highlighted at both local and national levels. A report by IRCK exposing flaws in management of school funds meant for orphans and other disadvantaged children is a case in point. Besides IRCK, other BB project partners also used participatory processes to strengthen community voices, influence policy making, enhance local governance and transform institutions on HIV and AIDS and OVC issues in Kenya. Other examples in adoption of good practices under BB include:

- Banana pass over by Rang’ala from Zambia.
- Table banking by SJCC and KUAP from India.
- Local sanitary towels by SJCC and Rang’ala from a project implemented in Mukuru Kwa Njenga in Nairobi.

5.11. Advocacy Resources and Strategies

Effective advocacy requires working with multiple stakeholders both from within and outside the project. Influencing policy processes is dynamic requiring development and implementation of new strategies. The use of multiple channels of communication, for instance has serious implications on resource allocation. The advocacy responsibility requires adequate resources. Organisations playing advocacy role should be allocated sufficient resources to effectively execute the mandate. Dynamic strategies that empower
Post-Test Support Groups (PTSGs) to act as watchdogs of developments in HIV and AIDS related policies and compliance with recommended healthcare quantity and quality standards should form the basis for advocacy initiatives.

5.12. Competency Based Curricula for Vocational Training

The curriculum development has been an important component of implementation of BB project. The focus planned for 2009 was introduction of new courses within St. Johns but this did not address integration of the government curricula into the vocational training. The inclusion of the Government curriculum into the vocational training is to enable trainees get accreditation from the National examination council managed and supervised by the relevant bodies such as Kenya National Examination Council (KNEC). There is need to upgrade computer packages from basic office to complex but marketable ones such as Graphic Design, AutoCAD, CorelDraw and video editing software etc. and also to hardware and maintenance. Further a consideration to introduce external examination will enable vocational training graduates to attract more paying students. This will also increase the employability of the graduates. Additional spaces at the vocational training facilities within the Kariobangi SDA Church will open up spaces for individual students at a fee. This shall give a subsidy to the increasing cost of the training materials and equipments and other essentials required by the program.

5.13. Job Mediation

The vocational educational training programs should compliment other livelihood interventions by providing the desirable skills to catapult many of the infected parents and disadvantaged OVCs to self-employment or even better positions in the labour market. To incorporate these dynamics and the changes in the labour market, the Breaking Barriers project has supported vocational training to strengthen the practice of competency-based vocational training. However, this training does not involve certification by accredited GOK examination bodies and is not currently working closely with the relevant ministries to form partnerships and lobby for the strengthening of vocational training and its linkage to the labor market.

The main purpose for developing job mediation is to facilitate linkages between the trainees admitted to vocational training with the job market. The establishment of the job mediation is a very critical component of vocational training. The Success of the training depends a lot on the provision of guidance and couching of the graduate trainees to self or wage employment. There is need therefore to recruit job and business development officers to reinforce the job and business development activities for vocational training graduates. The role should be to mobilize business people and local companies within the areas of implementation creating awareness amongst the local business communities
as well as the Government departments to employ vocational training graduates. They will also help link the graduates to work with the Government projects. They can also find contacts with companies with an aim of finding opportunities for placements/internships.

5.14. Start-up Capital

The main purpose of provision of start-up capital for young vocational training graduates shall enable them access employment opportunities in the labour market. The provision of basic tool kits should include training specific skills and topics aimed at enabling the trainees understand their responsibilities and obligations. For example, trainees who have completed their training can be put through training with the aim of enabling them establish their small repair garages. They should also receive their toolkits for doing the work after the training. A needs assessment should be done to identify right candidates for start-up toolkits.

5.15. Project Operational Environment

Participation in any IGA requires people to comply with local authority licensing requirements. Therefore there is need to support PLHIV participating in small-scale economic activities to comply with these requirements. Partners can either support PLHIV to comply with the licensing departments or lobby these departments to allow PLHIV to operate without licenses, alternatively drastically reduce the licensing fee. PLHIV are paying hefty fines to the Nairobi City Council (NCC) due to lack of licenses for selling sukuma wiki (kales). One of member of Nairobi Monthly Meeting HIV and AIDS, Maringo Therapy- Friends Church, Maringo noted that “I was given Kshs. 1,000 to invest in my IGA, which involved selling vegetables. However, I was chased away by the Nairobi City Council security officers. Since I did not have a place for operating my business, I used the loan to buy food and the IGA collapsed”.

SJCC is implementing activities in a poor, unhygienic environment with frequent outbreak of diseases, high crime rates and high neglect of children. Parents of some neglected or abused children are also extreme drunkards. This makes the catchment area difficult to implement development interventions as inhabitants are not responsive to change. More dynamic responsive and innovative strategies are needed while working in such environment.

5.16. Sustainability Options

The key considerations for BB project’s sustainability are the project context, systems that have been put in place and capacity of partners and beneficiaries (individuals and groups) to manage the different OVC interventions put in place over time. Ownership and capacity to make decisions that are consistent with the needs of OVCs who are the
subjects and not the objects of BB project is a nonnegotiable indictor of sustainability. This is determined by what works at the community level; and it is the reality that counts.

Most of the BB interventions were child specific and also took into consideration the situation and needs of the surviving parents and/or other caregivers. Its sustainability therefore involves building technical and programmatic capacity through training and technical assistance; working with local individuals, organizations, institutions and structures; providing resources (people, commodities, structures) to continue to deliver quality services after external program funds end; and, defining an exit/hand-over strategy with the local community, organizations and individuals. Given the dynamics of HIV pandemic, the project has been designed to continue long after the funding cycle of current and any other single subsequent donor.

Efforts to engage and harness local individuals, structures, processes and organizations have been made so that the activities can continue after the end of the externally-funded BB project. More effort have been made to build the self-sufficiency of local organizations working with orphans and other vulnerable children to ensure that services and support are neither interrupted nor ceased with end of BB.

**OVC Program Sustainability Checklist**

Communities are actively participating in the BB project activities and there is a high sense of ownership and greater livelihood outcomes in the long term. The sustainability of activities initiated under the BB project is therefore not in doubt. Key social assets established by the project i.e. PSS Teachers, PSS Assistants and HCBC givers will be left in the community. Teachers Group is a local self help group that will remain after the end of the BB project.

<table>
<thead>
<tr>
<th>Sustainability Indicator</th>
<th>BB Project Status</th>
<th>Sustainability Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>The program has been engaged with a particular community for at least 3 – 5 years.</td>
<td>Project has been implemented for six years (starting 2004)</td>
<td>High</td>
</tr>
<tr>
<td>Built technical and programmatic capacity through training and technical assistance</td>
<td>Strengthened RFDP, SJCC, KUAP &amp; IRCK</td>
<td>Medium</td>
</tr>
<tr>
<td>Worked with local individuals, organizations, institutions and structures provided resources (people, commodities, structures) to continue to deliver quality services after the program ends;</td>
<td>Worked with DCOs, AACs PSS Teachers, PSS Assistants, SMCs, HCBC Givers,</td>
<td>High</td>
</tr>
<tr>
<td>A defined exit/hand-over strategy</td>
<td>There is no formal exit strategy in place</td>
<td>Low</td>
</tr>
</tbody>
</table>
Project partners worked hard to ensure continuity of the project activities. Specific measures to ensure sustainability included:

5.16.1. Fundraising
IRCK used the success of the BB project to develop a proposal titled “Combating HIV and AIDS Related Stigma, Denial and Discrimination”, which was submitted to the National AIDS Control Council (NACC). This proposal was eventually funded through the Total War Against AIDS (TOWA).

5.16.2. Building and Strengthening Local Institutions/Structures
PSS Teachers have formed heir own support group which has formerly been registered and is working on mobilization of resources to scale up PSS training to other schools. In terms of sustainability, the PSS scores high. According to the PSS teachers interviewed in Rangala, end of funding should not mean the end of the BB Project. There is a shift from emergency towards development direction. By 2008/2009 they knew funding would be diminishing and therefore began developing a comprehensive exit strategy including registration of a PSS Teachers Association/Group which has been registered and is currently undertaking resource mobilization to continue with the work once BB project comes to an end. The project has also facilitated the registration several groups of caregivers. Hono Care Givers Group in North Alego is one example and it is involved in resource mobilization. Through the BB project, School Management Committee (SMC) in participating schools have been sensitized and are now at the centre of OVC support activities in. A case in point is Sijimbo primary school where following sensitization by the project, the SMC of Sijimbo Primary School in Ugenya leased ½ acre piece of land from a member of SMC this year 2010 for cultivation. Out of this, they have produced 200 Kg of maize and 30 Kg of millet. The maize alone can last the 50 students currently on the lunch programme one full term (three months); since school requires 6 Kg per day to prepare Ugali (maize meal) and 4 Kg for Nyonyo (a mixture of maize and beans). The cereals have been preserved using ash which is locally available and unlike commercial preservatives, it has got no side effects on the children.

Mainstreaming of the OVC issues in SMCs agenda for schools unlike was the case before is also a bold attempt for ensuring sustainability. Others include the following:
• Registration of Hono OVCs Guardians as a self help group with the department of social services in the Ministry.
• Registration of RFDP as a CBO. At RFDP, BB begun as a project within a program, the activities have been scaled up and it is now a programme on its own. BB’s project has got its identity anchored in the community and is really appreciated by the government. This building of local institutions is critical in promoting sustainability of the project interventions.
5.16.3. Establishing of Formal and Informal Linkages with the Government

BB project is implemented within schools in collaboration with the communities through School Management Committees (SMCs). As such, even after the project phases out, the
issues catered for by BB will still receive the attention they deserve. There is evidence of collaboration with government line ministries and local administration in all the project areas. For example, Rang’ala has worked very closely with staff from the Ministry of Agriculture and Health. It has also collaborated with other organizations like SPECOOP and ANPPCAN Kenya. In Pandipieri there is a referral system to the health facilities for refilling of HCBC kits. Pandipieri has also collaborated with Mission for Essential Drugs and Supplies (MEDS) and Johnson & Johnson who joined hands and assisted the project with HCBC Kits at a subsidized price of shs. 6,000 (US$.75) instead of Kshs 70,000 (US$ 875).

The government institutions will remain after the end of the BB project. The government officers also have technical knowledge, skills and mandate to carry on with activities that are in line with their core functions. Linking extension workers to existing leadership and administrative structures is important to ensure acceptance, recognition and respect by communities. This was demonstrated by SJCC linking of HCBC givers to area chiefs which ensured their readily acceptance by PLHIV.

5.16.4. Delivery of Services through Community Own Resources

In terms of sustainability, the BB project has been successful in strengthening the protection and care of orphans and other vulnerable children within their immediate and extended families and communities as much as possible and only resorted to child care centres / children homes where there is no other alternative and only as an interim measure. A case in point is the rescue centre for girls at Umu Laila Youth Group in Bandani village in Kisumu. Sustainability of the activities supported by the BB project was ensured through:

a. Caregivers as Volunteers

Caregivers who were trained on HCBC will continue providing care and support services to PLHIV and OVCs beyond the project funding. One caregiver noted “we are like a family and we are working beyond our tribes. Our tribe is HIV and AIDS and we shall
continue doing our work after the end of the BB project”. Using volunteers in project implementation reduces transaction and operational costs for the project. For instance, each caregiver in St. John’s Community Centre was on paid transport allowance of Kshs. 1,200 as defined by the project partnership. Social capital whereby fundraising by PLHIV to defray hospital costs for their colleagues when one is hospitalized is an important form of social protection. This is a best practice and indicator of sustainability.

b. FBO Congregational Groups
FBO congregational groups are well-spread country wide and are sustainable structures that will continue with activities initiated and supported by the BB project without funding. Since communication in faith communities is top-down, the use of senior pastors as change agents will enhance the sustainability of the interventions. Therefore working with religious leaders (clergy) is key to promoting behaviour change and addressing stigma, denial and discrimination among their congregational groups and believers.

c. PSS Assistants
PSS Assistants are basically an interface between the community and the school. They provide guidance and counselling to schools and answering of sensitive questions on adolescence by students. They are therefore of great support and cooperate with teachers to create awareness on life skills for OVCs and other children. Although the teachers have also been trained on PSS and child counselling, they have a lot to do given the heavy workload of the curriculum. Moreover, when the children are out of school, teachers do not know what they are doing. Lessons are strictly timed and the teachers do not have time to check and test the food. This is one area where PSS assistants come in handy. In terms of power relations, there are unequal power relations between teachers and students. Teachers have for a long time been associated with the chalk, book and cane. Students therefore tend to be freer with PSS assistants because they are not associated with any of the above. The assistants visit individual homes and are therefore better placed to give the school a full update of the reality on the ground.

PSS Assistants have also been trained in chicken vaccination and treatment. They receive drugs and vaccines from the project which they administer. The beneficiaries are charged a subsidized fee to cover the administrative cost for the PSS Assistant.
5.17. Monitoring Child Outcomes and Follow-up of Activities

Monitoring child outcomes at the family level including the status of the adults as an indicator of the status of the child is important in successful implementation of any OVC intervention. BB partners worked through social workers, community volunteers, PSS Assistants and teachers to regularly monitor children and/or households they lived in. Strengthening child monitoring using standard monitoring tools and undertaking regular child monitoring is critical to the success of OVC programming. It is also important to monitor meeting attendance in the different groups:

- School Health and Child Rights Clubs
- Self-Help Group Meetings
- Support Group Meetings

The project requires a coordinated care system of OVC service programs and providers to be linked through a formalized referral network. Through this, referrals made and referrals completed can be tracked and evaluated in a cost effective manner through efficient communication channels. To ensure effectiveness and impact of the referral systems, the system should be able to track the number of clients who are referred to specific institutions, the quality of services received at these facilities and impact of the services on clients; and these should be clearly documented.
Section Six:
Conclusion

The effects of the HIV and AIDS epidemic on children are manifold: hundreds of thousands of children every year are infected with HIV, most are left undiagnosed, do not access treatment and die very young. Those who are not infected may live in families and communities where HIV and AIDS reduces the productivity of their households and aggravates poverty. Only a combination of factors can improve the situation. These include greater access to the drugs that can prevent mother to child transmission, appropriate testing, efficient linkages to care and treatment, and support for the families and communities that provide material, social, and emotional foundation for a child’s development.

Overall, BB project has worked to keep siblings together and children within extended families and communities. Through BB, the capacity and resources of communities at the local level to respond to the needs of orphans and vulnerable children have been developed. In terms of ownership, the project has developed the capacity of OVCs, PLHIV, guardians and caregivers to make decisions that are consistent with the needs of OVCs that are the subjects and not the objects of the project interventions. Lastly the project interventions have helped to build new partnerships and networks and to sustain old ones with community-based organizations providing care and support for OVCs.
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RFDP Training Report, 2008. PSS Training for Head Teachers and Education Officers.

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Annexes

Annexe 1: Key Informant Interview Guide

1. The project and background:
   a. Population and number of beneficiaries.

2. Process description:
   a. From project identification to implementation.

3. Project management.

4. Outcomes:
   a. Most significant change.
   b. Critical stories of change.
   c. Influence of Breaking Barriers Activities to OVC programming in Plan International.

5. Project benefits to:
   a. Children,
   b. Families and,
   c. Community.


7. Challenges.
   a. Responses to challenges.

8. What is the influence of Breaking Barriers Activities to OVC programming at the local, national and global levels.

9. Lessons learnt:
   Critical success factors for a replicable model for OVC programming.
Annex 2: Beneficiary Assessment Documentation Discussion Guide

1.0 Tell us about the BB Project
2.0 Describe the most significant changes resulting from this project
3.0 In terms of critical stories of change, identify categories of beneficiaries who have:
   i. Positively and sustainably been influenced by the BB project interventions
   ii. Been impacted the least / not impacted / negatively by the BB project interventions

Tool 1:  **Personal Timeline in the project with highs and lows where highs represent best practices and the lows represent the lessons learnt.**

The children proposed and were facilitated to rank the changes in their lives as a result of the project on scale of 1-5 and MSC was determined by the ranking and followed up with detailed documentation of the referrals. The scores were discussed in a creative process with fun for children.

4.0 What are the benefits of the BB Project to:
   4.1 Children,
   4.2 Families
   4.3 The community.

Tool 2:  **Before and Now Diagram**

<table>
<thead>
<tr>
<th>Beneficiary Category</th>
<th>Before</th>
<th>Now</th>
<th>Continuity after 1 Yr (sustainability of the change)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Families / Households</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communities</td>
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</tbody>
</table>

5.0 What were the key supportive and inhibitive factors in implementation of the BB Project? What would be your advice to another person implementing a similar project?

Tool 3:  **Force Field Analysis**

A community forum was used as a unit where the Force Field Analysis methods were used to analyze the supportive and inhibitive factors for the project. The tool was visual and interactive to elicit input from community members irrespective of their literacy levels. The tool provided the documentation team with a way of drawing staff and stakeholders into the evaluation process, defining possible objectives and how to attain them. The tool was used to reflect on the present situation (“where the groups/ community is now”), to identify an ideal future (“where it wanted to be “), and to assess the factors which may have determined the feasibility of attaining an objective (“could it get there, and if so how?”). This tool was also be used to look at who or what could have helped to bring
about change i.e. supporting factors. It was also used to look at who or what may have prevented the change i.e. the resisting factors. The tool was also used to look at the strengths of supporting factors and the strengths of resisting factors.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive side of the OVCs situation</td>
<td></td>
</tr>
<tr>
<td>Negative side of the OVCs situation</td>
<td></td>
</tr>
<tr>
<td>Factors that may have helped the project to reach its goal</td>
<td></td>
</tr>
<tr>
<td>Identify the real issues which may have prevented the BB project from reaching its goal</td>
<td></td>
</tr>
<tr>
<td>What were the project responses to challenges?</td>
<td></td>
</tr>
</tbody>
</table>

**Outcome:** Critical success factors for a replicable model for OVC programming.

### 5.0 Stories of Change / Personal Testimonies

The participants were facilitated to develop a given number of MSC stories which were individual and creative, including role-plays, drawings, photographs etc. The simplicity of the Most Significant Change (MSC) approach combined well with the storyboard approach to help individuals move from words to a more visual language and encouraged them to be creative and simplify the messages. As a creative and fun process, it encouraged participants to think and act differently from the way they usually would in a formal conference context, and helped develop an open environment for sharing and exchange. The testimonies were ranked and followed up with documentation of the how, impact (at both individual and community levels) and sustainability of impact.

**Outcome:** the process captured at least three case studies per partner on the different thematic areas of focus for the project. Deliberate steps were taken to ensure documentation of at least one most successful, one least successful and one average case studies for each of the partner organization implementing the project.

#### 6.1 Most successful case

#### 6.2 Least successful case

#### 6.3 An average case
### Annex 3: Documentation Schedule

#### FIELDWORK SCHEDULE

<table>
<thead>
<tr>
<th>Date and Time</th>
<th>Team A - Nairobi Region</th>
<th>Team leader – Elliot</th>
<th>Team B – Nyanza Region</th>
<th>Team leader – Hudson</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1 – 23rd September 2012</td>
<td>Partner</td>
<td>FGD</td>
<td>Partner</td>
<td>FGD</td>
</tr>
<tr>
<td>7AM – 9AM</td>
<td>St. Johns Community</td>
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<td>St. Johns Community</td>
<td></td>
</tr>
<tr>
<td>9AM – 1PM</td>
<td>BB Project Staff</td>
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<td>BB Project Staff</td>
<td></td>
</tr>
<tr>
<td>1PM – 3PM</td>
<td>Beneficiary Children</td>
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<td>Beneficiary Children</td>
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<tr>
<td>Day 2 – 24th September 2012</td>
<td>Rangala</td>
<td></td>
<td>Care Givers &amp; Community leaders</td>
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</tr>
<tr>
<td>7AM – 9AM</td>
<td>Case Study</td>
<td></td>
<td>Project Staff</td>
<td></td>
</tr>
<tr>
<td>9AM – 1PM</td>
<td>BB Project Staff</td>
<td></td>
<td>Home Visit</td>
<td></td>
</tr>
<tr>
<td>1PM – 3PM</td>
<td>Beneficiary Groups</td>
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<td>School Visit</td>
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</tr>
<tr>
<td>3PM – 5PM</td>
<td>Case Study</td>
<td></td>
<td>Case Study</td>
<td></td>
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<tr>
<td>Day 3 – 25th September 2012</td>
<td>BB Plan Country Project Team</td>
<td></td>
<td>KUAP</td>
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</tr>
<tr>
<td>7AM – 9AM</td>
<td>Care Givers &amp; Community leaders</td>
<td></td>
<td>BB Project Staff</td>
<td></td>
</tr>
<tr>
<td>9AM – 1PM</td>
<td>Wrap up with Project staff</td>
<td></td>
<td>Beneficiary Children</td>
<td></td>
</tr>
<tr>
<td>1PM – 3PM</td>
<td>Case Study</td>
<td></td>
<td>Care Givers &amp; Community leaders</td>
<td></td>
</tr>
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<td>Day 4 – 26th September 2012</td>
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<tr>
<td>7AM – 9AM</td>
<td>Referrals – beneficiary Groups</td>
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<td>Referrals – beneficiary Groups</td>
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</tr>
<tr>
<td>9AM – 1PM</td>
<td>Wrap up with Project Staff</td>
<td></td>
<td>Wrap up with Project Staff</td>
<td></td>
</tr>
<tr>
<td>1PM – 3PM</td>
<td>Project Staff</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Day 5 – 27th September 2012</td>
<td>Inter religious Council</td>
<td></td>
<td>Beneficiary Communities</td>
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</tr>
</tbody>
</table>
The people whose photographs appear in this publication were asked to pose for the sake of documentation and are not necessarily Orphans and Vulnerable Children (OVCs) or People Living with HIV (PLHIV).
About Plan

Founded over 70 years ago, Plan is one of the oldest and largest children’s development organisations in the world. We work in 48 developing countries across Africa, Asia and the Americas to promote child rights and lift millions of children out of poverty. Plan works with more than 3,500,000 families and their communities each year. Plan is independent, with no religious, political or governmental affiliations.

Our vision

Plan’s vision is of a world in which all children realise their full potential in societies that respect people’s rights and dignity.

Our mission

Plan aims to achieve lasting improvements in the quality of life of deprived children in developing countries, through a process that unites people across cultures and adds meaning and value to their lives, by:

• enabling deprived children, their families and their communities to meet their basic needs and to increase their ability to participate in and benefit from their societies
• building relationships to increase understanding and unity among peoples of different cultures and countries
• promoting the rights and interests of the world’s children.

www.plan-international.org

The Journey to Realising my Dreams has just Begun