



**KINDERNOTHILFE e.V.**

**COMPREHENSIVE AND COMPASSIONATE CARE FOR ORPHANS AND  
VULNERABLE CHILDREN IN FAMILIES AND THEIR COMMUNITIES, KENYA**

**FINAL PERFORMANCE REPORT**



**Co-operative Agreement No: GHO-A-00-09-00012-00**

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## II. TABLE OF CONTENTS

II.	TABLE OF CONTENTS.....	I
III.	ACRONYMS.....	II
IV.	EXECUTIVE SUMMARY.....	1
V.	OVERVIEW .....	2
VI.	SUMMARY TABLE OF PEPFAR INDICATORS.....	6
VII.	PROJECT IMPLEMENTATION OVERVIEW BY STRATEGIC OBJECTIVE.....	7
VIII.	CAPACITY BUILDING.....	20
IX.	SUSTAINABILITY.....	21
X.	SUCCESS STORIES.....	23

## TABLE OF FIGURES & CHARTS

Graph 1:	Project targets and achievements in total figures for each intervention.....	1
Graph 2:	Capacity Building Project Logic.....	3
Graph 3:	OVC in Apprenticeship Training.....	10
Graph 4:	Status of trained OVC by February 28th.....	10
Map 1:	Regional distribution of SCPs in 5 provinces in Kenya .....	2
Table 1:	Partner organizations (SCPs) per region and areas of implementation .....	3
Table 2:	Comprehensiveness of services.....	5

### III. ACRONYMS

<b>AAC</b>	Area Advisory Council
<b>AEO</b>	Area Education Officer
<b>AIDS</b>	Acquired immune deficiency syndrome
<b>CBO</b>	Community-Based Organization
<b>CHH</b>	Child Headed Household
<b>CHW</b>	Community Health Worker
<b>CORP</b>	Community Own Resource Person
<b>DCO</b>	District Children Officer
<b>DEO</b>	District Education Officer
<b>DQASO</b>	District Quality Assurance and Standards Officer
<b>FBO</b>	Faith-Based Organization
<b>HIV</b>	Human Immunodeficiency Virus
<b>IEC</b>	Information, Education and Communication
<b>IGA</b>	Income Generating Activity
<b>KES</b>	Kenyan Shilling (ISO currency code).
<b>KNH</b>	KINDERNOTHILFE e.V.
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MOE</b>	Ministry of Education
<b>MOH</b>	Ministry of Health
<b>MOU</b>	Memorandum of Understanding
<b>NCE</b>	No Cost Extension
<b>NGO</b>	Non-Governmental Organization
<b>NHIF</b>	National Hospital Insurance Fund
<b>NPI</b>	New Partners Initiative
<b>NuPITA</b>	The New Partners Initiative Technical Assistance
<b>OVC</b>	Orphans and Vulnerable Children
<b>PEPFAR</b>	President's Emergency Plan for Aids Relief
<b>PSS</b>	Psychosocial support
<b>RF</b>	Revolving Fund
<b>SCP</b>	Small Community Project
<b>SJC</b>	St John's Community Centre
<b>SMART</b>	Specific, Measurable, Achievable, Relevant, Time-bound (Indicators)
<b>SOPs</b>	Standard Operating Procedures
<b>TA</b>	Technical Assistance/Technical Advisor
<b>TAC</b>	Teachers Advisory Centre (Tutors)
<b>TOT</b>	Training of Trainers
<b>UNCRC</b>	United Nation Convention on the Rights of the Children
<b>USAID</b>	United States Agency for International Development
<b>USG</b>	United States Government

#### IV. EXECUTIVE SUMMARY

The project ***Comprehensive and Compassionate Care for Orphans and Vulnerable Children in Families and their Communities, Kenya*** was a three-year project funded by the United States Agency for International Development (USAID) in partnership with KINDERNOTHILFE (KNH). The implementing arm of the project was St. John’s Community Centre (SJCC), KINDERNOTHILFE’s partner in Kenya.

KINDERNOTHILFE (KNH) was founded in 1959 and is currently one of the largest Christian organizations in Europe focused on children. The overall goal of KNH is to achieve a world in which children and young people can live a life of human dignity, develop personal talents and, together with their families and communities, take their development into their own hands. Today KNH supports more than 600,000 children and young people in 29 countries in Africa, Asia, Latin America and Eastern Europe.

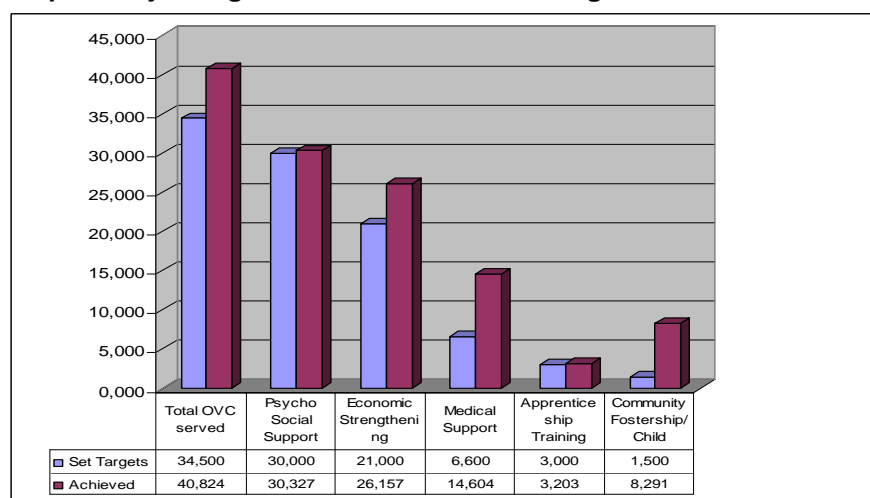
The implementing agency, St. John’s Community Centre (SJCC), is a faith-based organization under the Anglican Church, Diocese of Nairobi. Since 1957, SJCC has served as a catalyst for sustainable and transformational development in Pumwani Informal resettlement area and other selected regions in the country’s Western, Nyanza, Eastern, Nairobi and Central Provinces. The mandate has evolved over the years from a welfare and relief organization to a development agent that seeks to promote sustainable development through a participatory empowerment-oriented approach.

The project was funded through the New Partner’s Initiative (NPI) under the President’s Emergency Plan for Aids Relief (PEPFAR). The New Partners Initiative was developed to expand the reach of HIV and AIDS prevention and care programs by providing funding opportunities to organizations with an established presence in local communities but no prior experience managing USG funds. A key objective of the New Partners Initiative is to build the capacity of these organizations to manage grants from the USG and comply effectively with USG regulations and requirements and to develop their organizations into stronger entities that will be able to implement high quality HIV and AIDS programs.

This Final Performance Report covers the achievements of the project, the challenges encountered and the lessons learnt throughout the implementation period from December 1, 2008 to February 28, 2012. The project completion date was extended from November 30<sup>th</sup>, 2011 to February 28<sup>th</sup>, 2012 upon approval of a three-month No Cost Extension (NCE).

The project was implemented with the help of 29 local partners (Small Community Projects (SCPs) which provided services in the areas of Apprenticeship Training, Economic Strengthening, Medical Support, Child Fostership/ Child Protection and Psychosocial Support (PSS). All project targets were fully achieved and in some intervention areas even considerably exceeded. The following graph gives a résumé of what has been planned and achieved:

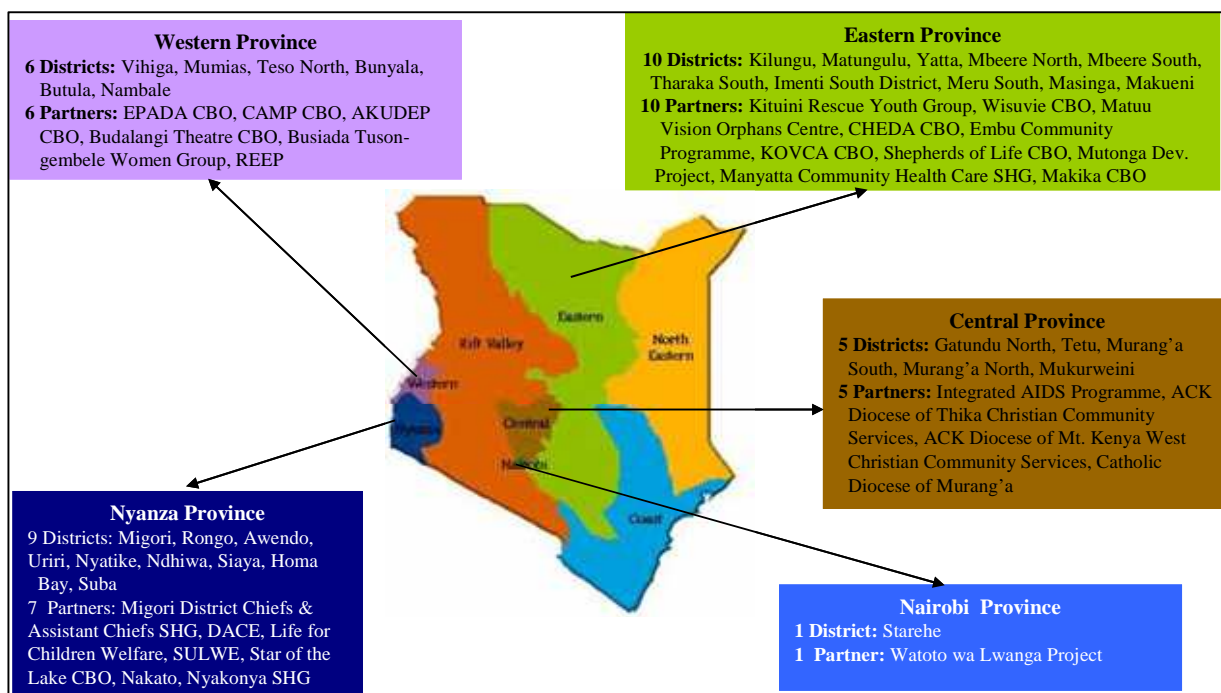
**Graph 1: Project targets and achievements in total figures for each intervention**



## V. OVERVIEW

The project ***Comprehensive and Compassionate Care for Orphans and Vulnerable Children in Families and their Communities, Kenya*** made a major contribution towards enhancing local responses to the growing number of Orphans and Vulnerable Children (OVC) affected by HIV and AIDS by reaching out to more than 40,000 OVC in a comprehensive and sustainable way. SICC partnered with 29 implementing partners (Small Community Projects (SCPs) who implemented the project in 31 districts within five Kenyan provinces: Western, Eastern, Central, Nyanza and Nairobi.

**Map 1: Regional distribution of SCP's in 5 provinces in Kenya**



### ► Strategic Objectives

The project aimed to improve the livelihoods of 34,500 OVC in selected rural and urban areas of Kenya. Its main focus was on building the capacity of community-based and faith-based organizations (CBOs and FBOs) to enable them to deliver holistic and sustainable care & support services to OVC.

#### ***The project pursued the following six strategic objectives:***

1. To build the capacity of 30 SCPs to ensure holistic and sustainable support to OVC
2. 3,000 out-of-school OVC will be in gainful employment as a result of apprenticeship training
3. At least 3,000 guardians will have access to simple loans from established revolving fund schemes within the SCPs
4. At least 1,500 OVC in child headed households (CHHs) will have been fostered by community members
5. At least 6,000 OVC will have access to basic medical services through the establishment of village pharmacies or alternative medical services
6. 30,000 OVC will have access to psycho-social support (PSS) through the establishment or strengthening of school and community clubs.

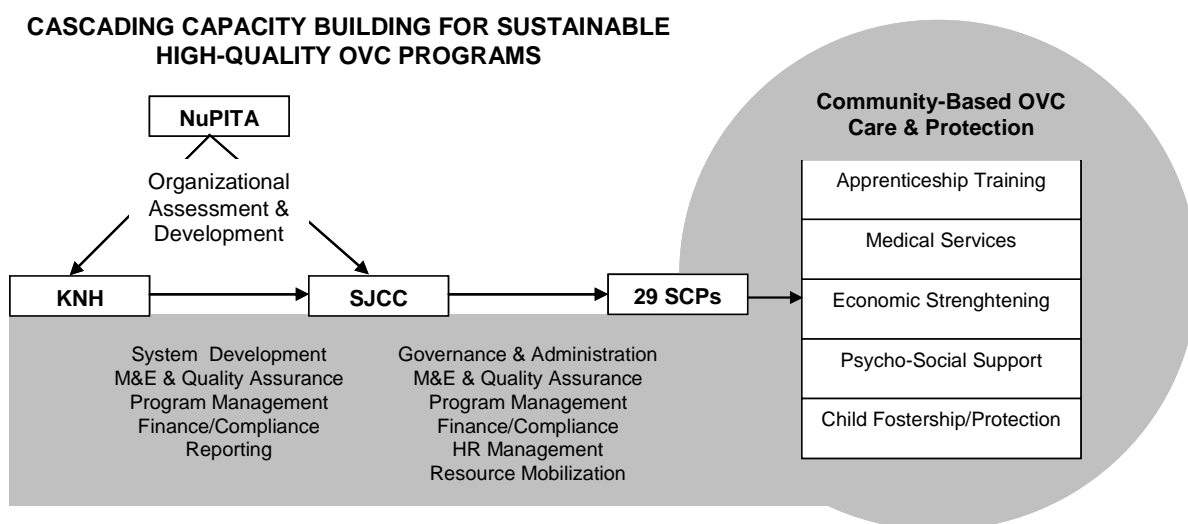
### ► General overview of activities and approaches

Throughout the project life, KNH and SICC benefited from capacity building received through The New Partners Initiative Technical Assistance (NuPITA) project to improve the quality of their program

implementation and to strengthen their institutional capacity. In a similar way KNH supported its long-term partner organization SJCC through needs-based capacity building in key areas of financial, program and project performance management.

SJCC in turn provided valuable consultancy and training services to the SCPs that covered all institutional and program areas and focused strongly on the delivery of sustainable high-quality services to needy OVC and their guardians. One can therefore speak of a cascading capacity building down to the field which considerably helped to improve the lives of the targeted OVC and their families in the selected areas.

**Graph 2: Capacity Building Project Logic**



**Table 1: Partner organizations (SCPs) per region and areas of implementation**

	KEY IMPLEMENTATION AREAS				
	AT	RFS	MS	CF/CP	PSS
<b>CENTRAL</b>					
Integrated AIDS Programme	x	x	x	x	x
ACK Diocese of Mt. Kenya West Christian Community Services	x	x	x	x	x
Catholic Diocese of Murang'a	x	x	x	x	x
ACK Diocese of Thika Christian Community Services	x	x	x	x	x
ACK Diocese of Mt. Kenya Central Christian Community Services	x	x	x	x	x
<b>NYANZA</b>					
Migori District Chiefs & Assistant Chiefs SHG	x		x	x	x
Life for Children Welfare	x	x	x	x	x
Social Unity for Leadership and Women Empowerment (SULWE)	x	x	x	x	x
Star of the Lake CBO	x	x	x	x	x
Neo Asego Kanyadian Youth Group (NAKATO)	x		x	x	x
Nyakonya SHG	x		x	x	x
DACE	x	x	x	x	x
<b>WESTERN</b>					
EPADA CBO	x	x	x	x	x
AKUDEP CBO	x	x	x	x	x
Catholic, Anglican, Muslim and Pentecostals (CAMP CBO)	x	x		x	x
Budalangi Theatre CBO	x				x
Busiada Tusongembele Women Group	x	x	x	x	x
Rural Education & Economic Enhancement (REEP)	x		x	x	x
<b>EASTERN</b>					
Kituini Rescue Youth Group	x	x	x	x	x
Wisuvie CBO	x				x
Matuu Vision Orphans Centre	x		x		x
Embu Community Programme	x	x	x	x	x
Shepherds of Life CBO	x	x	x		x
Mutonga Development Project	x	x	x		x
KOVCA CBO	x	x	x	x	x
Manyatta Community Health Care SHG	x	x	x	x	x
CHEDA CBO	x	x	x	x	x
Makika CBO	x		x	x	x
<b>NAIROBI</b>					
Watoto wa Lwanga Project	x		x	x	x

A total of five key interventions were chosen which SCPs were encouraged to combine to ensure that OVC could benefit from comprehensive services:

- Apprenticeship Training (AT)
- Revolving Fund Scheme (RFS)
- Medical Support (MS)
- Child Fostership/Child Protection (CF/CP)
- Psycho-Social Support (PSS)

Out-of-school OVC were vetted and selected by their respective communities to receive **apprenticeship training** to help them earn a living for themselves and their siblings.

OVC guardians were invited to join **revolving fund groups** to benefit from economic strengthening through regular savings, access to loans and business trainings.

As OVC households also required **medical support and health information**, they were

regularly visited by trained Community Health Workers (CHWs) and encouraged to dig pit latrines, have their children immunized, grow food in kitchen gardens and adopt hygienic practices that contributed to improve the children's health status. One approach was the establishment of village pharmacies to facilitate the access

to subsidized drugs in remote areas, another approach was the registration of guardians in the NHIF to improve access to medical services for themselves, their children and foster children.

Through a **community-based fostership** approach, communities were sensitized to the needs of OVC and assumed responsibility for their wellbeing. In the same way the project built on community structures and resources to advocate the rights of children and protect them from violence, neglect, exploitation and abuse. Carefully designed **OVC care & support** trainings targeted the guardians in the revolving fund groups as well as foster parents, CHWs, club patrons and SCP staff and helped them to better address issues that have a negative impact on children's lives.

To support OVC in their emotional needs and help build their resilience to cope with hardship, school-going children could access **psychosocial support** through school clubs run by trained teachers and peer educators and community clubs while apprentices came together for regular experience-sharing sessions.

### ► General Summary of Results and Successes

The findings of the final project evaluation conducted in November/December 2011 confirmed that the project has succeeded in

- addressing the pressing needs of the served project communities
- reaching its intended target groups (the most vulnerable)
- achieving set targets of beneficiaries and
- taking partner SCPs to a higher level of capacity

The project was instrumental in building the capacity of **29 SCPs** in key institutional and technical areas including financial administration, project cycle management, leadership or good governance. It also succeeded in initiating empowerment processes at the local level and in strengthening the ties between the partner organizations and their communities.

A total of **40,824 OVC** were supported in a comprehensive and compassionate manner. 29 SCPs implemented the apprenticeship training approach through which a total of **3,203 OVC** could benefit from basic vocational training. After completion of their trainings, a total of **1,834 OVC** can now be considered to be economically self-reliant.

21 SCPs formed revolving fund groups for economic strengthening of OVC guardians through a savings and loan approach. Within the life of the project, **264 groups** were formed with a membership of **4,579 guardians**. **3,146 guardians** took loans for business activities from which **17,134 OVC** in their care could benefit through improved nutrition, clothing, shelter or health care.

13 SCPs established or strengthened child protection structures that dealt with a total of **5,691 child rights violation cases**. 8 SCPs implemented the community fostership approach through which **2,600 OVC** received adult guidance and support. A total of **8,291 OVC** benefited from the two-pronged intervention strategy.

**13,956 OVC** were given improved access to medical services. **648 CHWs** were trained and provided primary health care to **11,765 OVC** while **325 guardians** were registered with the NHIF which extended the range of available services to **1,490 OVC**. **180 OVC** received jigger treatment and **521 OVC** accessed free drugs through village pharmacies.

**429 school clubs** and **61 community clubs** were established or strengthened by the project and provided psycho-social support to **30,327 OVC**. This figure includes **3,203 apprenticeship trainees** who benefited from the PSS they received through their monthly experience-sharing sessions.

The following table provides information on the comprehensiveness of the services received. 17,032 children (41.72 % of the beneficiaries) were able to benefit from three to five project services.

**Table 2: Comprehensiveness of services**

Number of Services received	Number of children	in %
1	15,797	38.70%
2	7,995	19.58%
3	15,343	37.58%
4	1,228	3.01%
5	461	1.13%
	<b>40,824</b>	<b>100,00%</b>

### ► Major Challenges, Constraints and Lessons Learnt

SCP Capacity Building: In spite of a very careful vetting process, the partnership with four SCPs proved challenging due to their limited institutional and technical capacities. In three cases the targets and number of interventions had to be reduced to enable weak SCPs to focus on their strong areas. Other SCPs faced difficulties in implementing the Revolving Fund Scheme whose concept needs to be clearly understood to save guardians from running into debt. The weaknesses of some SCPs made it necessary to step up support activities and the number of monitoring visits.

In project planning high quantitative targets had been set in all intervention areas. In the course of the project this presented the SJOCC team with a threefold challenge as a high number of beneficiaries had to be reached with services of good quality in all intervention areas while at the same time a wide range of sometimes pronounced weaknesses in the partners' capacities had to be addressed. A major lesson learnt out of this process is that the vetting process of SCPs needs to be revised to enable a better assessment of the partners' organizational and technical capacities.

M&E The efforts required to monitor a comprehensive set of interventions in a very decentralized setting were initially underestimated. SJOCC project staff had to invest considerable efforts to develop appropriate monitoring tools and to train SCP staff in the basics of M&E in order to receive good-quality data from the field. In further steps several thousand data sets of beneficiaries and services had to be collected, verified, entered and analyzed at SJOCC level. Although SJOCC was supported in this by NuPITA, who provided technical and financial assistance to the establishment of a database, it took about 2 ½ years until the whole monitoring system - ranging from the data gathering on the ground to the automated data analysis in the SJOCC office - was operational. The process required resources in terms of funding, staffing, capacity building and supervision that may well exceed those available in „ordinary“ programs.

Project Duration and Sustainability: A three-year timeframe is too short to strengthen local structures in a way that they can continue to provide a comprehensive set of care and support services to a high number of people in need. KNH/SJOCC had decided on a staggered approach to SCP selection whereby a first batch of 11 SCPs started implementation in September 2009, a second batch of 14 in August 2010 and a final batch of four in December 2010. This shortened the implementation period for those SCPs who started late into the project and made it difficult for them to put the necessary mechanisms in place to sustain their activities.

In June 2011 KNH/SJOCC commissioned a study called “*Enhancing Sustainability of Activities and Achievements*” whose key recommendations were implemented during the three-month NCE period from December 2011 to February 2012. KNH/SJOCC will continue to support the activities of some SCPs through a follow-up project.



## VI. SUMMARY TABLE OF PEPFAR INDICATORS

<i>Program Area</i>	<i>ID Number and definition of Old PEPFAR Indicator</i>	<i>Cooperative Agreement Target</i>	<i>ID Number and definition of Next Generation Indicator</i>	<i>Life of Project (LOP) Target for Next Generation Indicators</i>	<i>Final Report Result 1 (Cumulative achievement on CA LOP target prior to NGI)</i>	<i>Final Report Result 2 (Cumulative achievement on LOP NGI target)</i>
<b>Orphans and Vulnerable Children</b>						
<b>Care: "Umbrella" Care Indicator</b>	8.1 Number of OVC served by the program	34,500	C1.1 D Number of eligible adults and children provided with a minimum of one care service (male/female; <18; 18+)	37,500 34,500 OVC+ 3,000 guardians	40,824	45,362 40,824 OVC+ 4,538 guardians
	<b>Male</b>	13,800	<b>&lt; 18 years old Male</b>	13,800	20,393	20,393
	<b>Female</b>	20,700	<b>&lt; 18 years old Female</b>	20,700	20,431	20,431
			<b>18 + Male</b>	1,200		619
			<b>18 + Female</b>	1,800		3,919
	8.1 A Primary Direct Support <b>Total</b>	16,500	<b>&lt; 18 years old total</b>		17,032	
	<b>Male</b>	6,600	<b>&lt; 18 years old Male</b>		8,597	
	<b>Female</b>	9,900	<b>&lt; 18 years old Female</b>		8,435	
	8.1 B Supplemental Direct Support <b>Total</b>	18,000	<b>&lt; 18 years old total</b>		23,792	
	<b>Male</b>	7,200	<b>&lt; 18 years old Male</b>		11,796	
	<b>Female</b>	10,800	<b>&lt; 18 years old Female</b>		11,996	
	8.2 Number of providers/ caregivers trained in caring for OVC <b>Total</b>	3,600			4,485	
	<b>Male</b>	1,080			1,147	
	<b>Female</b>	2,520			3,338	
<b>Health System Strengthening</b>						
<b>Human Resources for Health</b>			H2.2.D Number of community health and Para-social workers who successfully completed a pre-service training program <b>Total</b>	600		648
			<b>Male</b>	240		153
			<b>Female</b>	360		495

## VII. PROJECT IMPLEMENTATION OVERVIEW BY STRATEGIC OBJECTIVE

### ***Strategic Objective 1: To build the Capacity of 30 SCPs to ensure holistic and sustainable Care and Support to OVC***

#### A. MEANS & INSTRUMENTS

SJCC was working with 29 SCPs in five provinces; 6 SCPs in Western, 7 in Nyanza, 10 in Eastern, 5 in Central and 1 in Nairobi. SJCC first selected 11 SCPs in year 1 and two further batches of 14 and 4 organizations in year 2. The project was therefore implemented in the following three phases:

- 11 SCPs implemented over two and a half years from October 2009 to February 2012
- 14 SCPs implemented over one and a half years from July 2010 to February 2012
- 4 SCPs implemented over 14 months from December 2010 to February 2012

Selection of SCPs for Partnership: The process of selecting the 29 SCPs also served as a first step to build the future partners' capacity in proposal writing and work plan development. SJCC put a call for concept papers in one of the local newspapers, posted it on the SJCC website and also sourced from its networks and linkages for grassroots organizations which were implementing OVC care and support activities. Through desk appraisals, field visits and proposal grading, potential partners were selected and finally approved for partnership.

Once selected the partners benefited from a series of supporting and capacitating activities:

Orientation Workshop for SCPs: SJCC facilitated orientation workshops for all 29 SCPs. The workshops served to give the SCPs an in-depth understanding of the OVC project. Training manuals, program and financial guidelines and data collection tools were introduced and adopted to be used in implementation.

Funding of Service Provision: During the project life, SJCC supported all 29 SCPs with the necessary financial resources to facilitate implementation of OVC care and support activities based on their individual work plans. SJCC also provided technical assistance on financial management and reporting.

Monitoring and Backstopping Visits: Frequent monitoring and backstopping visits were conducted throughout the project period. The purpose of these visits was to provide technical support, advisory services, on-the-job training and to check on progress of work.

Facilitating Needs-Based Trainings: SJCC used monitoring visits to conduct training needs assessments for the SCPs and to develop and organize needs-based trainings in the following areas:

- M & E Training
- OVC Training
- OVC Care and Support Trainings at the community level
- Resource Mobilization Training
- Experience Sharing Sessions

Exposure Visits: SJCC facilitated three exposure visits for the SCPs in Central, Eastern and Nyanza Provinces. They focused on the areas of resource mobilization and sustainability which some SCPs had been struggling with. SCPs also learnt a lot about best practices in HIV and AIDS programming, about proper documentation of their activities and about strengthening their implementation structures.

End of Term Participatory Internal Review: SJCC conducted an end of year 1 internal participatory review in the month of October 2010 for the 11 SCPs from Central and Western regions. Having completed their first phase of implementation, the 11 SCPs were taken through a participatory review which intended to gather key information on outcomes, challenges and lessons learnt to be used for program decisions. This led to the adoption of a more comprehensive child protection approach into which the child fosterage component was integrated.

## B. MAJOR ACHIEVEMENTS

The final project evaluation showed that SCPs appreciated the capacity building provided by the OVC project. Capacity building was considered to have been highly relevant in terms of strengthening

- program management and project performance management (for example through a comprehensive set of shared and implemented standards and guidelines and improved monitoring systems)
- key organizational areas (for example financial management, organizational management, resource mobilization) and
- the organizations' focus as expressed by their missions and visions

## C. BEST PRACTICES

- Ensuring accountability for sound implementation and results: SCPs that put one person in charge of each intervention who reported directly to the SCP leadership, generally showed better program performance than those with unclear roles & responsibilities.
- SCPs with strong ties to their communities' structures found it easier to implement the interventions. Community structures include guardian groups, youth groups, affiliated community groups or support groups; strong linkages with the provincial administration or good contacts to the church as entry points to the community also facilitated the implementation of the empowerment-oriented project approach. Close ties also enhance community ownership of the project and community buy-in.
- Sound volunteer management and motivation practices: Those SCPs who adopted good practices in working with volunteers (e.g. delegating tasks and clarifying roles or providing trainings and incentives) were able to benefit from their communities' commitment in terms of better project results.

## D. CHALLENGES & LESSONS LEARNT

- Capacity building of 29 SCPs at very different levels of organizational capacity proved very challenging in the process. SCP selection criteria are to be reviewed to ensure that key organizational parameters will be better assessed in similar programs.
- The monitoring of the decentralized project activities proved to be very resource-consuming. Follow-up projects should therefore target partners in more geographically focused areas.
- The short project life did not allow to take all partners to a sufficient level of capacity. It was recognized that it is important to recruit all partners at a very early project stage when a comprehensive empowerment project has to be implemented within a period of less than five years

### ***Strategic Objective 2: 3,000 out-of-school OVC will be in gainful employment as a result of apprenticeship training***

#### A. MEANS & INSTRUMENTS

The intervention was chosen as a cost-effective way to help out-of-school OVC achieve self-reliance through the acquisition of marketable skills in locally available trades of their choice. It recognized the potential of disadvantaged youth and gave them an opportunity to develop their talents and thereby prove their worth to themselves and their communities. Local artisans were sensitized to the issue of OVC and carefully vetted to provide training courses in hairdressing, carpentry, welding, masonry, tailoring, barbering, bicycle repair or mechanics with a duration of six to twelve months. Commonly trainees also acquired business skills as well as communication skills and learned discipline and good behavior. After completion of the trainings, SCPs issued certifications and recommendation letters.

IN BRIEF: APPRENTICESHIP TRAINING	
	<p><i>"Thanks to KNH/SJCC for transforming my life. I am now able to support myself and also my mother in buying food and school uniforms for my brothers and sisters."</i></p> <p>- Trainee</p>
<ul style="list-style-type: none"> <li>◆ <b>Cost-effective community based apprenticeship training</b></li> <li>◆ <b>Additional guidance &amp; support in life skills</b></li> <li>◆ <b>Linkages to IG-schemes for business start-up and development</b></li> </ul>	

The intervention targeted out-of-school OVC between 15 to 17 years of age who had no realistic chance of getting enrolled in any kind of formal education and were either idle or trying to gain some income through menial jobs. All SCs succeeded in identifying and engaging suitable artisans and in getting between 50 and 152 youth trained.

The success of the apprenticeship training can be attributed to a proper vetting of OVC and artisans. SCs used CORPs and other structures like the village committees (baraza meetings) to select the most needy OVC for participation. Artisans as well were carefully selected and prepared for the task. All youth underwent awareness raising trainings in which they were informed about the trades on

offer and oriented in their personal choice. SCs facilitated matching of youth and artisans and ensured that the youth's working hours offered sufficient flexibility to help the trainees fulfill their responsibilities at home. In order to be able to quickly address any problems that might arise in the artisan/trainee relationship, SCs conducted monthly follow-up visits, talked to youth and artisans and enquired about the training progress and the general status of the OVC and their households.

It was recognized early on that vocational training alone was not enough to address the deep-seated personal problems of the young people. To provide additional psychosocial support, placed OVC usually met on a monthly basis for experience-sharing sessions where they discussed the various challenges they were facing at their workplace and at home. The meetings also acted as a platform for change where the OVC were advised on issues like drug abuse, early marriages or teen pregnancies which they could discuss openly. SC officials also trained the youth in life skills and provided individual counseling when needed.

Some youth decided to work in groups. Guided by the SCs they saved a part of their earnings to either buy tools for themselves, start businesses together or support each other in other areas of their lives. Some obtained official registration of their groups so that they can access funds from different sources like the youth enterprise fund or the constituency development fund.

SCs were required to follow up the youth's progress and employment status for a period of six months following completion of their trainings. In implementing a recommendation of the sustainability study, SJCC provided start up kits to a total of 438 OVC during the NCE period based on assessed needs. As a way of ensuring sustainability, SCs entered into an agreement with the trainees: As their businesses progress, they will be making monthly contributions to a special SC-fund which will be used to support other OVC with tools and materials.

## B. MAJOR ACHIEVEMENTS

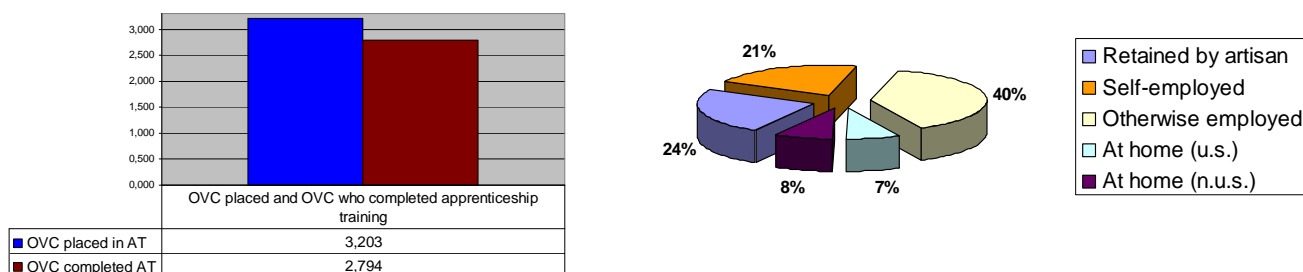
Monitoring and evaluation data confirmed that the apprenticeship training intervention was very successful in achieving its objective to improve the livelihoods of participating OVC and their households.

Out of 3,203 youth placed in apprenticeship training, 2,794 or about 87% completed their trainings of which a total of 1,834 OVC have been found to be self-reliant by February 28<sup>th</sup>, 2012. They now earn an income that is

sufficient to meet their own basic needs. In some cases, youth have done so well that they're also able to cater for their younger siblings' nutrition, medical or educational needs. In the project evaluation it was difficult to obtain exact data on monthly earnings. According to information provided by youth and artisans, earnings span a wide range from about 500 to 4,000 KES. Those youth who left their homes to work closer to the towns and market centres, generally reported to have well-paid jobs. While 675 youth were retained by their artisans, 1,089 youth have found other employment. 21% of trained youth set up their own businesses. Some of these young business owners have accepted to train other OVCs at no cost. 204 youth applied their skills at home (making clothes or furniture) while 228 youth (8%) were not utilizing their skills when surveyed at the end of February.

Most of the OVC started earning some form of income while still in training and have experienced a slow but steady increase in their earnings afterwards. While it was established that about 85% of trained youth earned some kind of income by February 2012, about 313 OVC did not (yet) earn enough to be considered self-reliant, although they are now able to cover some of their basic needs.

**Graph 3: Status of OVC in February 2012**



**Graph 3: OVC in Apprenticeship Training**

Retained by artisan	Self-employed	Otherwise employed	At home (utilizing skills)	At home (not utilizing skills)
675	598	1,089	204	228

**Graph 4: Status of trained OVC by February 28th**

During the evaluation process, community leaders stated that the apprenticeship approach had met with wide acceptance at community level. SCs and artisans frequently expressed that the trainings had provided a unique opportunity to the out-of-school youth considering their minimal education levels and the behavioural problems that some of them had previously exhibited. Through their trainings, youth frequently gained a more positive attitude towards life. Artisans and SC officials noted that youth benefited from improved self-esteem and social skills and resulting community recognition.

### C. BEST PRACTICES

- Careful vetting of artisans is an important factor to ensure success of the intervention. Artisans must be prepared to train youth at a generally low level of formal education who also face serious challenges in their family lives.
- Providing additional psychosocial support to the trainees through participation in youth groups proved very beneficial to the youth as the guidance provided by the group and SC staff helped many of them to better cope with problems at the workplace and at home.

- A thorough follow-up of training progress and the trainee/ artisan relationship was crucial in addressing problems at a very early stage. As a result the drop-out rate among youth was relatively low (less than 13%).
- The facilitation of youth organizing themselves in groups to buy tools/ materials or accessing funds from income generating schemes has proven very helpful to encourage business development and economic success.

#### D. CHALLENGES & LESSONS LEARNT

- SCFs faced a challenge of lack of some courses in the market (e.g. mechanic artisans) so that not all youth could be trained in a trade of their choice. Some youth had to either accept other training opportunities or to commute long distances to access the training course that they preferred.
- Some artisans also reported low attendance during planting seasons where the trainees would go to work in their farms. SCFs held discussions with artisans who came up with flexible work schedules so that the OVC could meet their obligations at home.
- Engaging OVC in short informal apprenticeship courses yields better results compared to trainings in more formal settings. The fact that the trainings take place in a “real” business environment makes the OVC gain other requisite skills that help them meet employers’ expectations in terms of technical and social skills.

### **Strategic Objective 3: At least 3,000 guardians will have access to simple loans from established revolving fund schemes within the SCFs**

#### A. MEANS & INSTRUMENTS

IN BRIEF: REVOLVING FUND SCHEME	
	<p><i>"I have been able to buy new school uniforms for my children and they look very smart. I have no out-standing school balances at all. Their performance in school has really improved. I have also bought clothes for them, they eat well and I no longer queue for relief food at the chief's office anymore." - Guardian</i></p>
<ul style="list-style-type: none"> <li>◆ Access to savings and microcredit for OVC guardians</li> <li>◆ Additional guidance in development of business skills</li> <li>◆ Oversight and mutual accountability for sustainable benefits</li> </ul>	

The building of savings and improved access to capital are recognized means in development to help disadvantaged people improve their livelihoods and cope with financial pressures and crises. However, access to bank accounts and microcredit is often denied to those most in need of these instruments. The poor need flexible savings and loan schemes to benefit from business opportunities and be able to respond to emergencies. Collectively, poor communities have substantial resources that can meaningfully contribute to improving livelihoods and tightening safety nets. However, they need to be pooled together and integrated into a transparent and efficient community-managed financial system.

The project's Revolving Fund Scheme was implemented by 21 SCFs. It sought to promote the economic empowerment of OVC guardians to help them better meet the needs of the OVC in their care. While some SCFs used

this intervention to strengthen already existing savings & loan groups, others initiated new groups whereby guardians were carefully vetted to ensure that the group members met established criteria of socio-economic vulnerability.

Guardians usually started with saving small weekly amounts of KES 10 to KES 100 depending on the members' financial capabilities and a general consensus reached within each group. The guardians were facilitated in developing group “constitutions” which comprised rules and regulations to govern their savings and loan activities. Gradually they started borrowing small loans from their savings. This enabled them to develop a savings and loan culture and promoted group cohesiveness. After a period of usually five to six months,

“mature” groups were provided with a seed fund which increased their borrowing capacity so that they were able to access bigger loans to start or scale up their businesses. Guardians underwent a management of revolving fund schemes and business skills training to equip them with skills in business start-up, record keeping and the development of group constitutions. Guardians interested in loan taking (either individually or in sub-groups) were required to submit business plans which had to be approved by their revolving fund group. Loan amounts and conditions of repayment were fixed in individual loan contracts.

During the NCE phase, activities were focused on strengthening the revolving fund groups through addressing identified gaps such as inappropriate savings & loan systems, weak group structures and poor documentation of financial transactions. As a result of this training, the trained representatives and their groups developed concrete action plans to strengthen structures and procedures. 17 out of the 18 SCs agreed on a common structure to govern the revolving fund groups in the future: an umbrella committee made up of guardian representatives, SC representatives, the provincial administration and other relevant stakeholders. The main aim of the body is to ensure that all parties remain accountable to each other and that the schemes remain accessible to the guardians after project end.

MOUs were signed with each SC with involvement of the provincial administration and guardians who will oversee the further running and management of the revolving fund schemes in the communities.

## B. MAJOR ACHIEVEMENTS

The main aim of establishing revolving fund schemes was to economically strengthen vulnerable households. The final evaluation showed the intervention to have succeeded in utilizing community resources to improve livelihoods and tighten safety nets by

- allowing the group members to build their savings
- providing access to loan capital
- increasing the group members’ self-esteem, self-confidence and success in business activities
- and thereby improving the living conditions of the OVC in their care

264 guardian groups were formed within the project life which were able to serve a total of 4,538 group members. 4,461 guardians underwent a management of revolving fund schemes and business skills training. All guardians benefited from access to loans out of group savings (table banking). By the end of February 2012 a total of 3,146 guardians (about 70%) had also accessed the bigger individual or group loans provided by the seed funds. The remaining members will receive seed fund loans as soon as they’ve met the eligibility criteria (timely repayment of table bank loans and a certain individual savings deposit).

50% of participating guardians were expected to benefit from an improved income by project end. Guardians started small-scale businesses that required little capital to initiate or benefited from their loans to boost already existing businesses. Usually, they engaged in easily manageable activities such as trading in small animals or agricultural products, clothes, cooked food, porridge or cereals or they invested funds in farming activities.

A total of 17,134 OVC benefited indirectly as members of the guardians’ households. Surveyed guardians have reported an increase in their income which has led to an improved economic status. Improvements were verified through household visits although it was not possible to quantify increases in monthly incomes. There are indications that as a result of the intervention, a considerable number of guardians is now in a better position to meet the basic needs of their households as IGA proceeds are used to provide better nutrition, clothing, shelter and education to the children in their care.

### C. BEST PRACTICES

- SCPs' facilitation role in the process is crucial: A joint development of group "constitutions" and verification of sound record keeping are required to ensure that the RF concept is properly understood.
- SCPs are to develop locally-adapted vetting criteria for group members; vetting should be done through community structures to ensure that the right people – that is to say the most needy ones – are targeted by the intervention.
- Training in business skills and the thorough preparation and vetting of business plans are vital for economic activities to succeed and to prevent guardians running into debt. In the same sense a prolonged orientation and "savings only" first phase, followed by a gradual increase in loan amounts can help guardians develop business skills and confidence and minimize the risks involved in loan taking.

### D. CHALLENGES & LESSONS LEARNT

- One of the challenges faced by the SCPs was mobilizing savings from the very vulnerable guardians. As they could contribute only small weekly amounts, it took the groups a long time to build up a sufficient loan basis.
- In some communities guardians were afraid of taking loans because of some bad experiences they had made in working with micro-finance institutions. Guardians needed time and careful facilitation to understand the savings & loan concept, to overcome their fear and to develop a spirit of business-mindedness.
- The creation of supervising committees comprised of RF group members, SCP officials and representatives of the local administration and other stakeholders has proven to be a viable concept to ensure proper handling of funds and mutual accountability.

### **Strategic Objective 4: At least 1,500 OVC in child headed households (CHHs) will have been fostered by community members**

#### A. MEANS & INSTRUMENTS

IN BRIEF: CHILD FOSTERSHIP/ CHILD PROTECTION	
	<p><i>"In one of the households, I only needed to teach the eldest child how to light the fire as they had been struggling a lot and not cooking even when you buy them food" – foster parent</i></p>
<ul style="list-style-type: none"> <li>• Strengthening community capacities for effective OVC care &amp; support</li> <li>• Building on existing structures to protect the rights of OVC</li> <li>• Prevention of negative outcomes of vulnerability through social protection</li> </ul>	<p><i>"We should not only depend on donor support but involve our community to take care of their own OVCs" – SCP Official</i></p>

The concept of OVC generally refers to orphans and other groups of children who are more exposed to risks than their peers. They often lack the kind of social protection that can save them from the negative outcomes of deprivation, exclusion, exploitation, negligence or abuse. PEPFAR defines OVC as children, 0-17 years old, who are either orphaned or made vulnerable because of any or all of the following factors resulting from HIV/AIDS: Is HIV-positive, lives without adequate adult support, lives outside of family care; or is marginalized, stigmatized or discriminated against.

Long-term institutionalization of children in orphanages and other facilities is not a desirable solution as it separates the children from their families and communities and is often detrimental to the child's physical and psychosocial development.

The project's child fostership/child protection intervention aimed at mobilizing the communities' resources to respond to the plight of needy children in their midst in a locally appropriate way.



With its **community-based fostership approach** the project

- sensitized communities to recognize the needs of OVC
- trained whole communities in care & support of OVC
- thereby increased the capacities of communities to respond to their needs and
- to create structures for social protection
- so that affected children were protected from negative outcomes of vulnerability in their communities instead of being placed in institutions.

The intervention has proven to be a cost-effective way to provide comprehensive social protection to OVC and to reduce their suffering from stigma and discrimination.

Participatory education theatre was used to sensitize the community to the plight of OVC. Trained theatre groups conducted theatre shows in strategic places in the community such as the chief's baraza, churches or market places. Through community sensitization, community members volunteered to "foster" OVC that is to assume responsibility for mostly child-headed households or children living with very old or bedridden guardians.

The project worked with two fostership models: In the first one, community volunteers were carefully vetted for suitability and then assigned to support OVC households. The children lived in their own homes and were regularly visited by the foster parents.

When a child was found to be living in an abusive environment the children's department was involved and a legal process was instigated to place the child in a foster parent's household. In both cases, the community as well as the provincial administration were closely involved in the careful vetting of the foster parents. All cases were thoroughly followed up to ensure that the children were protected from harm and that their basic needs were met.

In some project communities the community fostership approach was found to be not compatible with the local context (see below). As it was also recognized that a wider range of child rights violations had to be addressed, it was deemed necessary to complement the community fostership approach with other forms of child protection.

With its **child protection approach** the project strived to strengthen already existing governmental child protection structures or to create new ones where government structures were not in place. In a first step SOPs were facilitated by SJCC to identify already existing structures and their capacities. The project mostly worked through the Area Advisory Councils (AACs). These councils were created by the government to address child protection issues at the district level. AACs are supposed to fight for child rights, identify cases of child rights violation in the community, refer them appropriately and also follow-up the cases to ensure that they have been solved. They are usually chaired by the Area Chief, but also comprise community members and representatives of institutional stakeholders. While AACs were found to be very active in some areas, they were dormant or not existing in others.

In some cases the provincial administration was not willing to address identified cases of child right violations and to cooperate with the project. In these cases child protection teams or committees were formed with a membership composition similar to that of the AACs, but not chaired by the provincial administration.

All already existing and newly created structures received a comprehensive training on child protection issues chaired/ carried out by the District Children Officer (DCO). The training content areas focused on child abuse (forms of child abuse and how to detect it), appropriate community response mechanisms (formation and functioning of child protection structures; legal instruments - UNCRC, Kenya laws e.g. the pinocode, sexual offence act etc.), the formation of linkages and networking (including available child protection organizations, legal aid providers, Government Line Ministries, hot line numbers). AACs as well as child protection committees developed action plans that included formalized ways of responding to identified cases and of reporting. To ensure close involvement of the Government's Children Department, it was ensured that all trainings were conducted by the District Children Officer under the Ministry of Gender and Social Services.

## B. MAJOR ACHIEVEMENTS

Under the child fostership approach, 24 theatre groups were formed comprising a total of 327 youth. SJC facilitated the theatre groups to be trained on participatory education theatre. Following the training, the theatre groups developed messages with different themes on community fostership of OVC. The theatre groups conducted a total of 438 theatre shows within the project life.

A total of 2,600 OVC were fostered. Foster parents acted as protective barriers to the households ensuring that the children were not abused or exploited; they ensured that the children attended school and also provided other basic amenities such as food, clothes and scholastic materials where possible. Foster parents sometimes assisted the children in their daily household chores such as cooking, washing clothes, cleaning the house or bathing the very young children in the household. Some of the foster parents were able to mobilize resources from the wider community so that the OVC could be provided with additional food, clothing, school fees and scholastic materials. In some cases community members helped repair and improve the children's home.

In one of the SCs, the foster parents have formed a group which meets once a month to share experiences and challenges and provide mutual support and supervision. In another SC, where the foster parents have been found to be very needy themselves, they joined the revolving fund scheme to benefit from economic empowerment.

The trained AACs and child protection committees identified a total of 5,691 cases of child rights violation and neglect which they were either able to address themselves or – where this was not possible - referred to an appropriate legal authority. They have also been advocating for child rights in the community.

## C. BEST PRACTICES

- A diversified approach, that is the combination of child fostership and child protection activities, has proven to be very effective in comprehensively addressing cases of extreme vulnerability and child rights violations.
- Cooperation with and building on already existing child protection structures contributed to mainstreaming child rights issues in communities and administrations, rendered these activities sustainable and ensured a broader-based and more effective awareness raising and advocacy on child rights at district level – child rights violations are no longer taboo.
- Foster parents forming support groups and mobilizing community resources contributed to promoting community ownership and sustainability.

## D. CHALLENGES & LESSONS LEARNT

- The members of the youth theatre groups are very mobile. A considerable number of trained youth have left their groups to pursue career opportunities. The training and orientation of new members took time and in some cases the new arrivals did not fully understand the concept of community fostership and sensitization.
- In some communities traditional beliefs hindered the fostership process, for example where it is believed that an orphan will steal the blessings of ones own children and in some cases project activities were therefore limited to the support of child protection structures. However, there were areas (e.g. Nyanza) where fostership was not common, but where community members or CHWs could be sensitized to foster children. Through a modification and widening of the approach from fostership to child protection structures, the project was able to address all child rights violation cases in this area.

**Strategic Objective 5: At least 6,000 OVC will have access to basic medical services through the establishment of village pharmacies**

**A. MEANS & INSTRUMENTS**

IN BRIEF: ACCESS TO MEDICAL SERVICES	
	<p><i>"The training I received through the project equipped me with a lot of knowledge and skills that I can now use to serve my community by providing information on health issues and OVC care &amp; support" – Community Health worker</i></p>
<p>†Preventive, curative and rehabilitative support through trained CHW</p> <p>†Extended project services through linkages with health service providers and government schemes</p>	

This intervention sought to increase knowledge on basic hygiene and health protection and to improve access to basic medical services for OVC at the community level. It worked through the following components:

**Training of Community Health Workers (CHWs):** The project trained volunteers willing to serve their communities in the areas of hygiene, disease prevention, nutrition, immunization and family planning. After the training, the CHWs were assigned a maximum number of ten households which they visited at least monthly to support them through the skills and knowledge they had acquired. SCs also linked CHWs with local health facilities to which they could refer cases of illness beyond their capabilities. Through this intervention needy households were also encouraged to establish kitchen gardens to

improve their nutrition and to adopt proper hygiene and sanitation practices to reduce the risk of infections. Some CHWs have helped to dig pit latrines for needy households.

The **establishment of village pharmacies** at the community level through which OVC can either access drugs at subsidized prices or free of cost. Both a "stationary" and a "mobile" approach are applied: In the first, the village pharmacy is managed from a central place. Current information on available drugs is disseminated by the CHWs who also identify OVC in need of treatment and refer them to the pharmacy. In the "mobile" approach, CHWs are provided with a small drug supply in form of a medical kit which they take with them on their household visits for OVC treatment.

The facilitating of **registration of OVC and their households with the National Hospital Insurance Fund (NHIF) Scheme** to ensure that they have access to hospital insurance cover and medical services when they fall ill. The NHIF scheme is a government medical insurance cover that provides outpatient and inpatient care to employees. However, the NHIF has also made a provision for vulnerable groups to enable them to register in the medical scheme.

SCs supported the NHIF registration amount for the first year and facilitated the formation of groups in which the guardians made monthly savings to be able to continue paying for the medical insurance registration amounts. OVCs under the registered guardians have been able to access inpatient medical cover when they fell ill.

The **provision of jigger treatments** in areas where there was a high prevalence rate of jiggers. This intervention is undertaken by two SCs (ACK Diocese of Mt. Kenya Central CCS and Life for Children Welfare) where cases of jigger infestations were a major concern. CHWs are provided with jigger kits to target jigger-infested households. In addition, CHWs also provide jigger prevention information. To ensure sustainability of the activity, CHWs were facilitated to engage in a group IGA, the proceeds of which are used to replenish both the medical and jigger treatment kits.

**B. MAJOR ACHIEVEMENTS**

Four village pharmacies were established in the life of the project and are currently functional (three in Nyanza, one in Western Province). Within the project life they provided a total of 521 OVC with free or

subsidized drugs. Village pharmacies have also supported the children in the school clubs as club patrons usually referred the children to the pharmacies for treatment. 648 CHWs were trained on primary health care to disseminate health education to OVC households. A total of 11,765 OVC benefited from their services. Households have cited improved nutrition and an improved health status of the OVC due to the guidance given by the CHWs. CHWs also liaised with the MOH to organize deworming and medical screening campaigns. CHWs were provided with jigger kits to target OVC households infested with jiggers. A total of 180 OVC received treatment on jigger infestation and 170 OVC benefited from jigger prevention information. A total of 325 guardians were registered with NHIF scheme and issued NHIF cards with a total of 1,490 OVC benefiting from access to inpatient services within the project life.

### C. BEST PRACTICES

- Attention given to create linkages with health service providers can greatly improve the range of services that are being provided to the target groups.
- IGAs at SCP or CHW group level have proven successful in sustaining CHWs' work as proceeds can be used to replenish medical and jigger treatment kits.
- Through encouraging households to establish kitchen gardens, CHWs were able to add an additional element to improved nutrition and disease prevention.

### D. CHALLENGES & LESSONS LEARNT

- Establishment of village pharmacies was not possible in some areas where government requirements could not be met which required a revision of the intervention strategy. This delayed the implementation for some SCPs, however, in the end it was possible to meet and even exceed the set targets.
- In some cases guardians were not able to meet the registration requirements of the NHIF scheme as they could not provide the required documents such as their national identity card and their birth certificate. This slowed down the process of registering them in the NHIF scheme. Some guardians were registered pending submission of the required documents but were not allowed to access medical services when they needed them.

## 6. 30,000 OVC will have access to psycho-social support (PSS) through the establishment or strengthening of school and community clubs

### A. MEANS & INSTRUMENTS

IN BRIEF: PSYCHOSOCIAL SUPPORT	
	<p><i>"The school is now able to deal with emerging issues in the OVC lives that affect their learning e.g. OVC taking care of their younger siblings leading to constant absenteeism or OVC taking on extra responsibilities at the household level due to the fact that they live with ailing guardians or very old grandparents" - Headteacher</i></p>
<ul style="list-style-type: none"> <li>• Providing community-based platforms for PSS to OVC</li> <li>• Strengthening community capacities to address trauma, stigmatization and exclusion</li> <li>• Stakeholder involvement for ownership and sustainability</li> </ul>	

Many factors can have a negative impact on children's development and their emotional wellbeing including poverty, conflict, neglect or abuse. HIV and AIDS can compound these. As a consequence of HIV and AIDS children may experience traumatic events such as the long-term illness and death of a parent. If left unprotected, they may suffer from violence and exploitation, stigma and discrimination, social exclusion and a lack of adult support and guidance. Eventually, many children affected by these conditions will show signs of withdrawal, depression, aggression, eating, sleeping or learning disorders.

Every child needs psychosocial support for his/her emotional wellbeing and healthy physical and mental development. Psychosocial support (PSS), defined as the process of meeting a person's emotional, social, mental and spiritual needs, may help to build resilience in children as it contributes to building their internal and external resources so that they are better

able to cope with adverse events. The suffering of children may be reduced when they can develop stable, affectionate relationships with their caregivers.

Families and communities are best placed to offer psychosocial support to children. As children spend much of their time in school, school is an ideal place to serve as a caring and supportive environment for children in need of help. However, caretakers and teachers often fail to detect the symptoms of psychological distress, either ignoring or punishing the child in response to the behaviour changes they see.

This project intervention was thus aimed at strengthening existing school clubs and at creating new ones. The clubs were designed to act as a platform to provide psychosocial support to students. SCOPs approached the Ministry of Education (MoE), negotiated with school heads to allow the intervention, trained club patrons and peer educators, and provided guidance on a regular basis to ensure that PSS activities took place.

SCOPs vetted potential schools and mobilized school heads and teachers to understand the importance of PSS. Those who accepted were invited to develop an action plan for the establishment of school clubs.

The project trained club patrons to be in charge of the clubs and to coordinate the club activities. A club patrons' guide was used as a reference to help the patrons facilitate the weekly club meetings. In all schools, peer educators were selected and trained to act as leaders in the clubs and to be able to identify the problems of their peers. They also supported the other children through peer-to-peer education which has induced positive behaviour changes in quite a number of participating children.

Access to the clubs was not limited to OVC in order to avoid further stigma and discrimination. The clubs met on a weekly basis and offered various extra-curricular activities such as peer-to-peer counselling, club experience sharing sessions, inter-club competitions or sports, drama, debates or devotion.

SCOPs together with the MOE and the club patrons also facilitated inter-club experience sharing sessions and inter-club competitions where club members had a chance to showcase their talents through performing in music, drama, poems or songs. These competitions not only promoted inner-club cohesion, but also contributed to boost the children's self-esteem and self-confidence.

Some of the clubs initiated IGAs for the school clubs and used the proceeds to pay school levies for very needy children. SCOP officials conducted monthly follow-up visits to the clubs and reports indicated that the school clubs were very effective in providing PSS life skills to their members.

The project made use of the no-cost extension by strengthening club structures to ensure the continuity of PSS activities after project end. The sustainability study highlighted a gap in the implementation process: It was noted that the Ministry of Education (MOE) was only involved at the first stage of the intervention, when the SCOPs sought permission to contact the schools while the MOE did not play a part in the trainings or in the running of the clubs' activities. However, an active involvement was considered vital to ensure continued ownership of the intervention and its sustainability. To address this issue, the project held a total of 22 regional forums to which key MOE officials (District Education Officers (DEO), TAC Tutors, District Quality Assurance Officers (DQASO), Area Education Officers (AEO's); Special Program Officers and the District Children's Officers, head teachers (also coming from schools where clubs had not yet been formed), club patrons and SCOP officials were invited.

The PSS forums focused on building a common understanding on the importance of the PSS, on informing all stakeholders about the progress made as well as on charting the way forward to ensure that PSS activities continue after the end of project period. The forums also served to explore the possibility of expanding PSS activities to a wider number of schools to promote the mainstreaming of PSS activities at the district level. Participants also expressed the need of an intensified follow-up and support of school clubs by the school administration. As a result of the workshops, steering committees were formed in all project districts in which the MOE has taken the lead to ensure that the PSS activities continue in the schools, will be expanded to further schools and integrated into the districts school policies.

Out-of-school youth who were helped by the project to undergo a vocational skills training had the opportunity to receive PSS through one of 61 newly-formed community clubs where they could share experiences, discuss problems and give each other mutual support in monthly experience-sharing sessions.

## B. MAJOR ACHIEVEMENTS

A total of 429 school clubs and 61 community clubs were formed through which 27,124 OVC could access PSS. 783 teachers and community representatives were trained as club patrons and 1,131 selected members of the clubs were trained as peer educators during the project life. 3,203 apprenticeship trainees accessed PSS through their monthly experience sharing sessions bringing the total of children reached by this project service to 30,327.

In the final evaluation of the project, club members, club patrons, peer educators and SCP officials were able to report a series of positive outcomes of this intervention:

- Reduced stigma and discrimination addressed at HIV and AIDS affected students and an improved sense of belonging and of social inclusion. Some club patrons have linked HIV-positive children to the local health centres for ARV treatment and have also followed up on the children to ensure that they adhere to it.
- Increased capacity of teachers and peers to identify signs of stress-induced behavioural disorders and to provide counselling and support to affected children.
- Improved self-esteem and self-confidence of OVC and an increased capacity to express themselves freely. Some children have become positive role models in their schools.
- Improved moral conduct of pupils as the clubs also acted as a platform for comprehensive sex education. Some schools have noticed reduced cases of teen pregnancy.
- Individual counselling of OVC enabled some desperate children to better deal with the death of their parents as community resources could be mobilized to help children through the grieving process.

## C. BEST PRACTICES

- Intense cooperation with the MOE through close involvement of key representatives at all project stages promotes ownership of the process and mainstreaming of the intervention at district level.
- A close follow-up of club activities by the SCPs is recommended. Especially when the clubs start their activities, guidance and support is needed to ensure that the concept is fully understood and that PSS of good quality is provided.
- Opening the clubs to all children reduces stigma and discrimination so that OVC are not afraid to participate.

## D. CHALLENGES & LESSONS LEARNT

- In some cases club patrons were transferred to other schools and had to be replaced. This created a gap in the leadership of the clubs and their activities while a new club patron had to be selected and trained.
- Sometimes the school syllabus made it difficult to allocate time to the school clubs which made scheduling of certain activities, such as the inter-club competitions challenging.
- Close involvement of key stakeholders, in particular the MOE, is crucial to ensure ownership and sustainability of the intervention. The SCPs held PSS stakeholders forums at the end of the project, however, it was noted that the stakeholders would have preferred to have been involved in all project phases.

## VIII. CAPACITY BUILDING

As one of nine NPI Round 3 partners, KNH benefited from the services provided by the New Partners Initiative Technical Assistance (NuPITA) project which supported the Round 2 and Round 3 grantees in improving the quality of their program implementation and in strengthening their institutional capacity through its regional headquarters offices in Uganda and Kenya. Under NuPITA, Boston-based John Snow, Inc. (JSI) provided technical assistance (TA) in HIV prevention and care services, financial management and compliance with USG regulations and organizational development (OD).

As a German-based NGO, KNH establishes mostly long-term partnerships with local partners in the program countries to implement programs and projects. Among other things, KNH builds the capacity of its partners, mobilizes resources from private and institutional donors, is actively engaged in advocating for child rights in Germany and European networks and manages its programs and projects in close cooperation with its southern partners. In this capacity, KNH benefited from NuPITA's Organizational Capacity Assessment (OCA), a participatory process which addresses the key institutional areas of governance, administration, human resources, financial and organizational management as well as program and program performance management to identify areas of improvement. Through this facilitated process, representatives of all KNH departments came together to discuss organizational issues and develop action plans. Among other things, the OCA contributed to the development of a KNH Partner Capacity Assessment Tool and to the refinement of the organization's procurement policy.

NuPITA also organized a structured learning visit to Kenya for members of the KNH Board of Trustees, who greatly benefited from visits to several project sites and from a very intense exchange with development leaders and members of the Kenyan parliament. The trustees learned about new approaches to development which have the potential to positively influence KNH's work. NuPITA also facilitated an open-space KNH African Country Coordinators' meeting in Mombasa, which served as a forum for experience sharing, for working on issues of project planning and project quality and for exploring solutions to better coordinate the local partners' activities and KNH's capacity building efforts.

In much the same way, KNH's local partner SJCC benefited from the capacity building support offered by KNH on the one side and NuPITA on the other. The process of developing the main proposal and the three work plans with KNH is considered to have been an enriching process. In addition, KNH's regular field visits provided SJCC with an opportunity to identify weaknesses in the SCPs and the community structures, which was seen as an opportunity to improve on SJCC's OVC programming. KNH/SJCC process of jointly reviewing gaps within the organization's M&E system improved the quality of programming through the development of SMART indicators, useful data collection tools and the key components of an effective electronic database.

NuPITA's participatory capacity assessment processes allowed SJCC to identify weak institutional areas and to address them. As a result of the OCA, SJCC has been able to develop and institutionalize standards that had previously been lacking such as financial guidelines and procedures, organizational operational manuals and procedures etc. that are now being used by the entire organization and have contributed to improving SJCC's organizational performance. The Technical Organizational Capacity Assessment (TOCA) helped the OVC program team to develop OVC service standards that now give guidance to the local partners in providing quality services to OVC. NuPITA provided additional support in M&E through structured learning exposure visits and technical assistance in the development of an electronic database that has also improved project monitoring and reporting at SJCC and SCP level. SJCC and its staff members now feel better equipped to mitigate the effects of HIV and AIDS through well-designed programs and are ready to compete in a world where resources are scarce and difficult to access.

Both KNH and SJCC appreciated the opportunities that the New Partners Initiative provided to meet with the other NPI organizations, to share experiences, to learn from others, to network and to stay abreast of new evidence-based policies in HIV and AIDS programming.

## IX. SUSTAINABILITY

In this project KNH/SJCC worked with an approach that had essential factors of sustainability integrated into the project design:

- **A strong capacity building component:** The SOPs as local implementing partners were supported in key organizational and technical areas. Through the project's final evaluation it was established that SOPs indeed benefited from the capacity building they received, for example through the introduction of program standards, through newly introduced or improved monitoring systems, the development of sound financial and reporting standards or an enhanced insight into OVC programming requirements which allowed them to better document and present their activities with a view to accessing donor funding. SOPs were able to start IGAs which will help them fund and sustain their activities beyond project end.
- **Building on community structures:** The project worked through a strong empowerment approach that focused on building local capacities for sustainable OVC care & support. Interventions strongly relied on the initiative and commitment of already existing community structures and newly formed community groups such as the AACs, the village committees, local artisans or the revolving fund groups. Community volunteers were recruited to serve their communities as CHWs, peer educators or foster parents. All in all the project succeeded well in building local capacities in a resource-poor context.
- **Context-adapted interventions:** In the course of project implementation it was established that not all interventions were equally suited to all project contexts. This led to a diversification of program activities, for example when the community fostership component was complemented by a child protection approach or where instead of establishing village pharmacies, locally appropriate activities were developed to improve the OVC's access to medical services. Although in some instances project implementation was slowed down by a reassessment of community needs and an ensuing revision of strategies, the adaptation of interventions to the individual context served to increase local ownership of processes and results.
- **Linkages to key stakeholders:** SOPs were strongly encouraged to establish good working relationships with key stakeholders like the Ministries of Health, Education, Gender and Social Services and the Provincial Administration to increase chances of sustaining their activities beyond the funded period. As a result OVC now access referral services to health facilities, educational authorities pledged their support to mainstream school-based PSS within their educational zones and some of the chiefs and assistant chiefs are active participants in the follow-up of beneficiaries and are strongly supporting the child protection committees.

The following is a summary of what has been done to ensure sustainability of the different interventions and of what has been achieved:

### ***Apprenticeship training;***

- Artisans in some regions have come together and formed groups through which they continue to train other OVC in their communities. Though the support is on a very small scale, the gesture is a clear sign of the artisans' commitment to the cause and it ensures that out-of-school OVC will stand a better chance of receiving community support and vocational training. In the same spirit, some ex-apprentices have also started to accept fellow OVC as trainees.
- Out-of-school OVC have succeeded in getting official recognition of their groups so that they cannot only meet their PSS needs but also help them to access funding for business development.
- During the NCE period, SOPs supported the apprentices in starting their own businesses through the provision of toolkits. The SOPs have signed MoU with the recipients in which they agreed to gradually repay the SOPs through the proceeds of their businesses. These funds will be used to support other out-of-school OVC and to buy tools for the newly trained apprentices so that the cycle of mutual support can continue.

### ***Economic strengthening;***

- The revolving fund groups have been designed with an in-built component of sustainability. The loans that are taken are invested in businesses and repaid with a small interest amount. Through savings and interest



payments, the group funds are supposed to accumulate and to ensure a continued increase in the guardians' household incomes.

- Groups at the community level are open to accepting new members or to inviting them to join newly-formed sub-groups. In this way the membership base of the groups is intended to expand to provide access to savings & loan services to a growing number of community members.
- SJC and the SCP have together worked out an exit strategy where representatives from various small guardian groups, SCP officials and provincial administration officials and other key stakeholders have formed a revolving fund governing body that will ensure that the funds will continue to support OVC households beyond the funded period. A detailed MOU has been prepared to ensure that all parties are aware of their roles and responsibilities and that the funds will continue to be managed in a sound and transparent manner.

#### ***Child protection;***

- Foster parents were trained to understand the needs of OVC. In addition, needy foster parents have been given access to the revolving fund schemes for economic strengthening. The foster parents are supervised and supported by permanent community structures such as the church and the provincial administration.
- SCPs have explored existing government child protection structures such as the Area Advisory Councils, built their capacity and worked very closely with them to ensure the protection of children at risk. In cases where work through the AACs was not possible, child protection committees were formed that have also sought to establish close linkages with the provincial administrations. All in all, SCPs have gained strong government support for their child protection efforts. SJC emphasised the need to have such structures continuously trained through the District Children Office.

#### ***Medical support;***

- Linking of CHW activities with the local government health facilities and key MOH Officials at the district level ensures that OVC will continue to access medical services. Through government support, CHW can access training opportunities when the need arises.
- SCPs who initiated IGAs for medical support continue to use proceeds to replenish medical and jigger kits and thereby ensure a continued access of OVC to basic medical services.

#### ***Psychosocial support;***

- The intervention used the permanent structure of community schools to provide PSS services to OVC. In addition to volunteers, head teachers and teachers were trained in the PSS concept and running of the clubs. As they are less likely to leave the schools, continuity of the activities is enhanced.
- To gain entry into the schools, the SCPs had to go through the Ministry of Education offices at their level. Additionally, the PSS forums with key MOE officials have ensured the integration of the PSS intervention into the Districts' educational programmes as well as continued support supervision from the District MOE offices.

#### ***Income Generating Activities for SCPs;***

A total of 15 SCPs were supported to initiate income generating activities during the NCE period to help them fund OVC care & support activities beyond the project end. 15 SCPs were supported with different IGAs which included hiring out tents, chairs & public address systems, selling cereals, running a cyber café, engaging in vegetable and fish farming, bar soap making, and producing and selling snacks. All 15 SCPs have managed to establish IGAs that are already operational. SJC is currently in the process of signing an MOU with each of the SCPs in order to ensure that SCPs use proceeds for OVC support efforts.

## X. SUCCESS STORIES

### HOW THE PROJECT AND A COMMITTED COMMUNITY MEMBER MADE ALL THE DIFFERENCE IN THE LIFE OF ALEX GITHIRI



18 year old orphan and head of household Alex in front of his kitchen garden with CHW and fostering neighbour Grace

Alex Githiri is 18 years old. A few years ago his parents passed away and left him totally unprepared to face the challenge of taking care of his two younger brothers. Disaster struck when his mother fell seriously ill and eventually died. Alex' life began to change. As the eldest child of the family he had to assume some of his mother's responsibilities in caring for the younger ones and working in the field.

While the boy was still trying to cope with the loss of his mother, his father also passed away. Deeply in mourning and without any adult guidance and support, Alex was suddenly left in charge of what had remained of his household. Alex remembers this as a very difficult time. Still being a child himself and numb

with grief, he had to cope with his new role as caregiver and breadwinner of the family. In such a situation it is quite common that people take advantage of the vulnerability of CHHs. Children face a high risk of being exploited as cheap labor, being sexually abused or being robbed of their inheritance by greedy relatives. Generally the older children are forced to drop out of school to care for their siblings with few resources or none at all.

In that situation Alex came to seek help from the project ***Comprehensive and compassionate care for orphans and vulnerable children in families and their communities, Kenya*** co-funded by USAID and KINDERNOTHILFE and implemented in his community by the organization CSSNyeri.

Alex was accepted for apprenticeship training and placed with a local electrician. He underwent one year of training which was only possible because the artisan was sensitized by the project to agree to flexible working hours that allowed Alex to also carry out his family duties. The artisan was highly satisfied with Alex' work and

retained him after completion of his training so that the family can now benefit from a small but steady income. Alex and his brothers own three goats, one cow and some chicken and rabbits. Alex cultivates staple foods like maize and other vegetables on a plot next to their home. He learnt how to plant crops from his father. But when it comes to preparing the food, he keeps learning from Grace Wairimu. Grace lives next door with her husband and two small children. In Alex' and Grace's community it is not part of their culture and tradition to take care of orphaned children. However, recognizing the needs of children like Alex, CSSNyeri started promoting community fostership in 2009 and made Grace react to the situation of her young neighbors: *"The most important thing is my presence on their compound, when I have time I am always there. It discourages people with bad intents, when they see a grown up on the compound who protects the children and their assets"* states Grace. Through her OVC Care & Support Training Grace learned about the needs of orphans. She was also trained as a Community Health Worker. Here she learned about health, hygiene and nutrition. She now passes on her knowledge to Alex and his brothers and helps wherever she can. She showed Alex how to build a small kitchen garden and how to keep rabbits. Alex learned that taking good care of their livestock is of utmost importance as the animals are a good source of proteins as well as an important source of income. This year Alex sold a goat to enable his fifteen year old brother to enroll in secondary school. *"Now I have a job and my two younger brothers go to*



Alex showing proudly his cultivated land, source of food for him and his two younger brothers

*"Now I have a job and my two younger brothers go to*

school. *I can take care of my family and I am sure that we will find our way into the future.*” Alex has regained an optimistic outlook on his life. He’s confident that he will manage to provide a good education for his brothers. He is very determined on the subject of education, because he learnt through his vocational training that the acquisition of skills and knowledge paves the way to an independent life.

## FROM BEGGAR TO MECHANIC- HOW AN OUT-OF-SCHOOL OVC LEARNED TO BELIEVE IN HIMSELF



Trainee John in front of the artisans' mechanic shop together with his trainer Eddy

Two years ago John Kyaro was living and begging in the streets of Ishiara. On good days, he would earn a meagre \$ 0.20 USD a day from herding goats, but sometimes the owners did not pay him anything. John had left his family because he felt that they were not able to take care of him. He had to leave school after primary because his parents could not afford to pay for further education. At times their situation was so dire that they could not even provide one single meal per day to John and his two younger brothers. The boy was so disappointed by his parents and their inability to care for their children that his disappointment eventually turned into anger and he decided to leave his family and to live on the streets of Ishiara, a nearby town in about one hour’s walking distance from his home.

His case came to the attention of EMBU Community Programme, a partner in the project ***Comprehensive and compassionate care for orphans and vulnerable children in families and their communities, Kenya*** co-funded by USAID and Kindernothilfe. John was accepted for apprenticeship training, one of five OVC care & support interventions that EMBU Community implemented in the area. He was trained as a mechanic by Eddy, a local artisan in Ishiara. John was eager to work and quick to learn. Eddy is proud of his protégé: *“He passed the exam and received a certificate of the mechanics company “Car and General”. That means that he now knows everything important about mechanics after only one year of training”*. The trainer also recognized a big change in the behaviour of the youngster. *“When John came to me”, Eddy says, “he was not used to respect rules and authority. Now he has gained a lot of discipline as well as social and technical skills”*.



„By the noise of the car I know what is wrong“, says trainee John after having finished his one-year apprenticeship training

During the apprenticeship training EMBU Community Programme worked with John and his family and managed to reconcile the two sides so that the youth was able to resume living with his parents. Although the parents are still struggling to provide food for their children, John can benefit from the shelter of his home in the nights. Although he has already completed his training, John is still working with Eddy and learning from him. He earns between \$ 1,50 and 2,50 a day and says that he doesn’t have to worry about food anymore. *“I am good at mechanics. I am able to repair motorcycles and cars and I’ve learned how to drive them. Sometimes I can tell from the noise of the motor what is wrong with a car. I have learned how to talk to customers and I am reliable in my work. I am definitely prepared to start working on my own one day.”*

John has started saving a part of his earnings to buy tools for himself because he plans to open a small vehicle repair shop of his own. Seeing him work and hearing the confidence in his voice when he talks about his future, you can have no doubt that he will succeed.

Annex 1- Summary of all Program indicators (both PEPFAR and non-PEPFAR)

Program area (e.g. OVCetc.) or Strategic Objective (SO)	Final Report	Target for life of the Project	Life of Project Result (cumulative over life of program)
<b>PEPFAR</b>  <b>Orphans &amp; Vulnerable Children</b>	C1.1. D Number of eligible adults and children provided with a minimum of one care service	37,500	45,362
	<b>Female &lt; 18</b>	20,700	20,431
	<b>Male &lt; 18</b>	13,800	20,393
	<b>Female 18+</b>	1,200	619
	<b>Male 18+</b>	1,800	3,919
	8.1. Number of OVC served by the program	34,500	40,824
	<b>Female &lt; 18</b>	20,700	20,431
	<b>Male &lt; 18</b>	13,800	20,393
	8.1.A Primary Direct Support	16,500	17,032
	<b>Female &lt; 18</b>	9,900	8,435
	<b>Male &lt; 18</b>	6,600	8,597
	8.1.B Supplemental Direct Support	18,000	23,792
	<b>Female &lt; 18</b>	10,800	11,996
	<b>Male &lt; 18</b>	7,200	11,796
	8.2. Number of providers/ caregivers trained in caring for OVC	3,600	4,485
	<b>Female</b>	2,520	3,338
<b>Male</b>	1,080	1,147	
<b>PEPFAR</b>  <b>Health System Strengthening</b>	H2.2.D Number of community health and para-social workers who successfully completed a pre-service program	600	648

	<b>Female</b>	360	495
	<b>Male</b>	240	153
<b>SO 1</b>	To build the Capacity of 30 SCs to ensure holistic and sustainable support to OVC	30	29
	Number of children and adults provided with a minimum of one care service	37,500 (34,500 OVC, 3,000 guardians)	45,362 (40,824 OVC, 4,538 guardians)
	Number of caregivers trained to provide care and support to OVC	3,600	4,485
<b>SO2</b>	Number of out-of-school OVC placed in apprenticeship training	3,000	3,203
	Number of OVC who received apprenticeship training and are self-reliant	3,000	1,834
<b>SO3</b>	Percentage of revolving fund groups which are existing and active	100% (264 groups)	89% (234 groups)
	Number of guardians trained in business skills	3,000	4,461
	Number of guardians with access to simple loans through revolving fund schemes	3,000	4,461
	Number of OVC who's livelihood has been improved through revolving fund schemes	15,000	17,134
<b>SO4</b>	Number of OVC fostered	1,500	2,600
<b>SO5</b>	Number of OVC with access to basic medical services	6,000	13,956
	Number of village pharmacies established and functional	20	4
	Number of CHWs trained	600	648
<b>SO6</b>	Number of OVC who received PSS	30,000	30,327
	Number of peer counsellors trained	400	1,131