ST. CAMILLUS DALA KIYE ORPHANED CHILDREN WELFARE HOME

A

PROPOSAL

ON

FOSTER CARE AND PROTECTION FOR HIV POSITIVE ORPHANS LIVING WITH AIDS

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ACRONYMS/ABBREVIATIONS

AIDS ACQUIRED IMMUNE-DEFICIENCY SYNDROME.

HIV HUMAN IMMUNODEFICIENCY VIRUS.

FBOs FAITH BASED ORGANIZATIONS.

NGOs NON–GOVERNMENTAL ORGANIZATIONS.

CBOs COMMUNITY BASED ORGANIZATION

OVC ORPHANS AND VULNERABLE CHILDREN.

ARVs ANTI RETROVIRAL DRUGS

STIs SEXUALLY TRANSMITTED INFECTIONS

STDs SEXUALLY TRANSMITTED DISEASES

IEC INFORMATIVE, EDUCATIVE AND COMMUNICATIVE

SWOT STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS

M &E MONITORING AND EVALUATION

MIS MANAGEMENT INFORMATION SYSTEM

HIS HEALTH INFORMATION SYSTEM

CHAPTER 1

1.0 PROJECT SUMMARY

St. Camillus Dala Kiye Program is founded on Christian virtues of love and compassion to deprived and devastated children in the community. The program is an initiative of the St. Camillus Mission and the surrounding Christian community to address the needs of Orphans and other Children made Vulnerable by HIV/AIDS in Karungu.

Currently St. Camillus Dala Kiye is implementing two model projects both focusing on children affected by HIV/AIDS. These projects were not specifically designed to provide for care and protection to HIV positive children and other children who need special attention. The projects were modeled for Family Based Care and Foster Family Care both of which assume that an orphaned or a vulnerable child is always under placement for care by one remaining parent, a relative, a friend, a sympathizer or a guardian. During the implementation of these projects several gaps were realized in endeavoring to meet the needs of HIV positive Children and those with special health needs.

Foster Care and Protection to OVCs with Special Needs is a special project designed to provide strategic interventions that will effectively address the needs of HIV positive children. A number of such children are already orphaned while some have terminally ill parents. With HIV prevalence rate of 14% and mortality rate of 500 per day among adults of reproductive age, the country is producing orphans at an alarming rate. The pandemic results into many children being left behind without care. [AIDS, Kenya, 2001].

The goal of the project is to improve the quality of life of OVCs with special needs, increase their chances of surviving the AIDS pandemic and become healthy, productive members of their communities.

This goal is realized through 3 strategic objectives: -

1. Providing high quality health care and support services to the targeted OVCs
2. Providing a package of social support services and life skills to the targeted OVCs
3. Improving the capacity and ability of the implement ting team to deliver high quality care and support program for the OVCs in the Community.

The project embraces the Dala Kiye vision of a fully Integrated OVC into Normal Community Life, a life that provides for the opportunities to identify and explore the potentials in a child and be able to contribute to his/her own future progress. The Program strives to Realize Sustainable Livelihood and Improved Welfare of Orphans and Vulnerable Children.

The initiative is comprehensively formulated with a commitment to implement the National Legislations, Policies and Action plans for the protection of the rights of children in Kenya. The program is based on a framework of wide consultative process involving stakeholders (the Community, NGOs, CBOs, FBOs, the Government Departments and Civil Societies). It is wholly recognized that the family has the primary responsibility for nurturing and protecting children and introducing them to the culture, values and norms of their society. For the full and harmonious development of their personality, children should grow up in a family environment, in an atmosphere of happiness, love and understanding.

The initiative is putting in place an appropriate alternative family care with due regard being paid to the desirability of continuity in a child's upbringing in his/her own cultural milieu. 6 houses are already established, with the capacity of 10 clients each. The cost of the running program for these 6 houses for the children is KSHS 6,000,000 (EURO 60.000).

The project implementation team consists of 12 skilled personnel for effective implementation. This includes the Program Director, the Finance and Administration Manager, the Program Development Manager; project Assistant, 3 Nurse/Counselors and 13 Trained Foster Mothers.

CHAPTER 2

2.0 PROJECT BACKGROUND AND JUSTIFICATION

HIV/AIDS is having a devastating impact on the world's youngest and most vulnerable citizens. More than 20 million people have died from HIV/AIDS since the first case was identified two decades ago. An estimated 40 million are living with HIV today, including almost 3 million children under age 15 years. The most troubling consequences of the epidemic's growing reach are the number of children it has orphaned or seriously impacted. Currently more than 13 million children under age 15 years have lost one or both parents to AIDS, most of them in the sub- Saharan Africa. By 2010, this number is expected to jump to more than 25 million. While the impact of this loss of life differs across individuals, families, communities and societies, one thing is clear: a child's life often falls apart when he or she loses a parent. With infection rate still rising and adults continuing to succumb to the disease, HIV/AIDS will continue to cause large-scale suffering among children for at least the next two decades. [Children on the Brink 2002]

To day, 230,000 Kenyans have acquired full-blown AIDS: 60% are women [about 130,000]. Most of these HIV infected women will die in the next ten years, leaving behind shattered families, crippled prospects for development and most important, children/orphans who may be HIV positive. Currently, UNICEF estimates that 1.5 million Kenyan children [12% of all the children in Kenya], have already lost one or both parents to AIDS. By 2010 this number is projected to increase to 2.3 million [20% of all the children in the country], if infection rate continue at their present rates. The statistics do not include the vast number of children who are themselves HIV positive and live with parents who are ill, often becoming the primary care providers for their parents and for their siblings. Others are living in households where the financial and emotional capacity is over-stretched as a result of caring for increased numbers of orphaned children.

Some geographic locations in Kenya are harder hit than others by the pandemic. Nyanza province in western Kenya is one of the areas with the highest levels of HIV prevalence between 30% - 42%. The HIV prevalence in the project area [Karungu Division] is 37%. Such high proportions of HIV prevalence indicate that the number of infections among adults and children is high too. On the same note the number of ill and dying adults is steadily increasing resulting into an increase in the number of orphans and vulnerable children who then need some level of care and protection. Traditionally the extended family structure in Kenya provided an effective safety net for small number of OVC, but with the increasing number of new HIV infections and deaths due to AIDS, the traditional care structure are heavily overburdened. In many cases, grandparents or other relatives are caring for young children, and in certain circumstances families are headed by children as young as 10 to 12 years old. Moreover, due to the current breakdown in social support systems and the widespread poverty in the country, communities are often not willing to address the growing issue of the increasing

number of orphans living amidst them. Where such family and community safety nets have disintegrated, the children are living completely outside any family structure, either in orphanages or on the streets.

2.1 PROBLEM STATEMENT

Deepening and pervasive poverty in the community fuelled by the devastating impacts of HIV/AIDS have blown the communities out of proportions in all aspects of life. Adversely affected are orphaned children and children made vulnerable by the scourge. These children are deprived of physical, social, economic, and psychological needs necessary for their growth and development. They ere devastated, prejudiced and their situation is menacing as number of Orphans is steadily increasing yet the potential resources to care and support them are steadily declining in value and magnitude.

The Orphans and Vulnerable Children are impoverished by the unscrupulous and unlawful appropriation of property they are entitled to inherit from their parents and they are rarely able to take legal action to protect their inheritance rights. The community social safety nets are broken down and child- headed households are increasing. OVCs find themselves involved in the roles of parents taking greater responsibilities of bread winning and caring for the sick ling/aged or redundant household heads.

Some children move out of their homes seeking for care and support from relatives and sympathizers who instead abuse, exploit and discriminate against them and subject them to loss of their family identity and inheritance. Under the guise of discipline, OVCs have been assaulted, ill treated, abandoned and exposed to unnecessary suffering and injuries. They lack parental care, love and protection.

The Caregivers and OVCs undergo distress from the loss of a dear one, social isolation and regressive cultural experiences that lead to shame, irritation, fear and rejection. They are subjected to psychological trauma, as they watch their dying become frailer, endure severe pain and suffer stigmatization and rejection. Owing to limited and diminishing resources some OVC households live in poor state of shelter /dilapidated houses and poor sanitation and hygienic conditions.

The program is improving the community capacity and ability to address the children issues, protect and give them ***hope*** for future better life in their community. Quality health care services are accessible to orphans and vulnerable children and their household members to sustain quality ***life.*** Finally the program provides a package of social support services to address the immediate ***core*** household needs of orphans and vulnerable children.

2.2 SITUATIONAL ANALYSIS

The Conceptual Framework Of HIV/AIDS Infection And OVC Situational Analysis.

BASIC CAUSES

- Poverty
- Societal Attitudes, Beliefs and Practices.
- Poor Governance [Lack of policies enforcement of laws]
- Societal Instability and Insecurity [Political bias, wars, Violence, Animosity]

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UNDERLYING CAUSES

- Retrogressive Cultural Practices [Polygamy, Widow inheritance]
- Inadequate Access to Health Services and Social services.
- Gender Inequalities.
- Population Movements [Migrations]
- Family Disintegrations.

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IMMEDIATE CAUSES

- High –risk Sexual Behavior [Multiple sexual partners, Commercial sex work, Sexual violence, Early sexual initiation and drug & substance abuse]
- Presence of STIs/STDs.

⇩

STIGMA ***SILENCE*** ***DENIAL***

All these born out of shame and bias continue to shroud the epidemic and has already become a 'parallel' epidemic in the community

AIDS & DEATH

Children Orphaned By AIDS | **Children Affected By AIDS** | **Children Infected By AIDS**

- Child headed household-children become care providers
- Poverty stricken children
- Psychosocial distress.
- Increased vulnerability to HIV infection
- HIV positive children & and children living with AIDS.
- Problems with inheritance of parents' property.
- Children without Parental/adult care, guidance and love.
- Children withdrawn from school & school dropout.
- Lack of /inadequate & nutritious food and high incidences of malnutrition.
- Problem with shelter and material needs [clothes, beddings,]
- Reduced access to/lack of health care services and high incidences of infections/diseases.
- Child Abuse [Exploitation, Beating, labor, etc]
- Sexual exploitation [Child prostitution, Early marriage]
- Drug & Substance abuse by children
- Discrimination & Stigma.
- Insecurity of children and increasing incidences of criminal activities.
- Street children and street families.

HIV/AIDS Infection And OVC Situational Analysis.

CHAPTER 3

3.0 PROJECT DESIGN

Dala Kiye Children Welfare Home is an initiative of the St. Camillus Mission and the local Christian community aimed at addressing the plight of orphans and vulnerable children out of the AIDS scourge. The Project, 'Foster care and protection to OVCs with special needs', is considered as a unique strategic intervention that will focus on the most needy and most vulnerable children in the community.

3.1 PROJECT GOAL AND OBJECTIVES

The project will contribute to one major goal: -
To improve the quality of life of OVCs with special needs, increase their chances of surviving the AIDS pandemic and become healthy, productive members of their communities.

This project goal is realized through effective project implementation to achieve the following 3 strategic objectives:

Strategic objective one:
60 OVCs demonstrate enhanced medical and psychological well- being.

Strategic objective two:
60 OVCs demonstrate enhanced livelihoods and life skills.

Strategic objective three:
Strengthened the capacity and ability of the program implementation team to deliver high quality services to the OVCs.

3.2 PROJECT INTERVENTION STRATEGIES

These strategic objectives outlined above are pursued through the following broad strategies:

- Nursing and Clinical Care
- Psychological Care/Counseling
- Formal Education and Vocational training support.
- Supplementary food and nutritional support.
- Clothing/bedding support.
- Health Education
- Community mobilization and sensitization
- Advocacy, Permanency planning and gender Mainstreaming.
- Community based needs assessment of OVC households
- Community and Institutional capacity building and development.
- Resource mobilization.
- Monitoring and evaluation.
- Collaboration and networking.

3.3 PROJECT ACTIVITIES AND OUTCOMES/INTERMEDIATE RESULTS.

Strategic objective one:
60 OVCs demonstrate enhanced medical and psychological well- being.

Under this objective, the project provides quality health care services in a foster family set-up to enhance and sustain quality health to the targeted 60 OVCs. The following activities are conducted to meet the objective thru:

- Conducting health assessments of the targeted OVCs.
- Providing accessible OVC friendly VCT services.
- Undertaking nursing care to alleviate suffering caused by infections, bites, injuries, cuts, burns etc.
- Making referrals to the hospital for clinical attention - medical examinations and treatment.
- Medical bills support.
- Developing nursing care plans for OVCs.
- Providing quality child-friendly treatment of infections.
- Undertaking early diagnosis and treatment of opportunistic infections.
- Providing Anti Retroviral Drugs (ARVs).
- Conducting one-one counseling/guidance to OVCs.
- Conducting group counseling/guidance to OVCs.

EXPECTED OUTPUTS/INTERMEDIATE RESULTS

- 100% of the targeted OVCs realize increased access to quality health care services.
- 100% of the targeted OVCs demonstrate improved health seeking behavior.
- 80% of the targeted OVCs manifest enhanced psychosocial status.
- 80% of the targeted OVCs demonstrate enhanced ability to undertake personal initiatives towards exploring their personal issues.
- 80% of the targeted OVCs manifest enhanced health status and growth.

Strategic objective two:
60 OVCs demonstrate enhanced livelihoods and life skills.

In this objective, the project provides a package of social support services to the targeted OVCs to improve their livelihood status. Other components of the objective are achieved through integrated activities intended to impart life skills to OVCs necessary to negotiate and maintain safe behaviors for their growth and development. These activities include:

- Enrolling and retaining OVCs in school.
- Providing school uniforms.
- Providing school exercise books, textbooks, stationery and equipment to OVCs.
- Providing scholarships/sponsorships to OVCs who are capable of pursuing higher levels of education from primary to university education.
- Developing the skills of OVCs in vocational trade/ grade tests.
- Conducting nutritional assessments to OVCs.
- Increasing access to adequate nutritious food to the OVCs.
- Providing clothes and beddings to the OVCs.
- Creating and utilizing effective IEC materials.
- Conducting peer group education/training sessions.
- Training peer counselors.
- Empowering OVCs with life skills against HIV/AIDS/STIs/STDs.
- Dispelling socio – cultural beliefs and practices that increase vulnerability to HIV infection.
- Training the targeted OVCs in creative arts and occupational activities.
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EXPECTED OUTPUTS/INTERMEDIATE RESULTS

- 100% of the targeted OVCs access quality basic education.
- 50% of the targeted OVCs access secondary education after primary education.
- 10% of the targeted OVCs access university education after secondary education.
- 20% of the targeted OVCs access vocational training opportunities.
- 100% of the pupils demonstrate improved nutritional status.

- 100% of the targeted OVCs access clothing and bedding support.
- 100% of the targeted OVCs demonstrate enhanced livelihoods.
- 80% of the targeted OVCs demonstrate improved life skills.
- 100% of the targeted OVCs participate actively in peer group activities.
- 80% of the targeted OVCs demonstrate improved knowledge in sexuality and sex issues.

Strategic objective three:
Strengthen the capacity and ability of the program implementation team to deliver high quality services to the OVCs.

This objective is focus on the need to strengthen the capacity and ability of the implementing team to address pertinent issues affecting children in the community, protect and give them hope for future better life in their community. The following activities are conducted to achieve this objective thru:

- Identifying, vetting and registering OVCs in the project.
- Intensifying advocacy for enforcing legislations addressing all forms of child abuse (Neglect, Rape, Violence, Disinheritance, Labor etc)
- Reinforcing of OVC succession and inheritance rights.
- Encouraging succession planning and will/deed/memory book writing by OVC parents /guardians.
- Sensitizing the community on legal provisions that protect OVC rights.
- Restricting/forbidding the separation of OVCs from their siblings.
- Fostering homeless OVCs as necessary.
- Conducting trainings to Community Own Resource Persons..
- Identifying and maximizing the utility of community resources.
- Conducting community education, communities open days.
- Conducting/facilitating stakeholders meetings (collaboration and networking)
- Establishing and maintaining referral linkages to ensure continuum of care and support to OVCs in the community.
- Staff skill building/training in technical areas.
- Conducting field/ homes visits
- Forming networks of caregivers support groups.
- Forming community implementation support committees.
- Creating community support structures to manage OVC support activities.
- Supportive supervision to community volunteers.
- Eliminating harmful myths and socio-cultural practices that adversely affect OVCs and their caregivers.
- Conducting periodic SWOT exercises.
- Developing appropriate M&E tools.
- Conducting periodic staff/ project review meetings.
- Conducting strategic planning/project development.
- Writing periodic project reports/returns.

EXPECTED OUTPUTS/INTERMEDIATE RESULTS

- At least 3 Effective and supportive community functional structures developed.
- Increased community participation, contribution and involvement.
- Improved knowledge and skills of community members in OVC care and protection
- Improved quality of community care and support services to the OVCs.
- Improved Staff capacity in project facilitation processes.
- Improved quality of services provided by the staff to the OVCs.
- Effective quality programs developed and implemented to address OVC needs.
- Increased acceptance of OVCs in the community.
- Effective collaboration and networking linkages established.
- Maximized utility of community resources

3.4 CLIENT IDENTIFICATION AND SELECTION

The target clients for the 'Foster Care and Protection to OVCs with Special Needs Project' are children who are HIV positive. These categories of clients include:

- Partially or totally orphaned child who is HIV positive.
- A child who is HIV positive and whose both parents are alive and one or both of them is/are HIV positive or is/are terminally ill.
- A child who is HIV positive and has no parent/s, or guardian or abandoned.

Because of limited capacity of 60 OVCs only in the houses, further assessment is conducted to register the neediest cases only in the project. The assessment form with all the details of assessment process is attached in the appendix.

Management committees comprising community stakeholders such as the local Provincial administration, church leaders, heads of schools, leaders of community based groups, heads of the government departments at the local level, and other development agencies in the project area are involved to contribute in the process of identifying the clients. Under shared confidentiality people and organizations participate in the decision making process through partnerships and collaboration & networking. There are well-established linkages for referrals between the stakeholders to maximize the synergy generated from material & technical support, legal advice and professional guidance.

3.5 STAFF IDENTIFICATION AND SELECTION

NO	DESIGNATION IN THE PROJECT	QUALIFICATIONS	DUTIES/RESPONSIBILITIES IN THE PROJECT
1	The Project Director [1] {Available}	The St. Camillus Mission Hospital Administrator & Dala Kiye Program Founder and Director.	Providing the ultimate overall administrative technical support.
2	Project Finance & Administration Manager [1] {Available}	University Graduate in Human Resource and Financial Management with over 5 years experience.	▪ Execute institutional administrative policies. ▪ Co-ordination & Supportive supervision of staff. ▪ Project fundraising. ▪ Program financial reporting/returns.
3	Project Technical Development Manager [1] {Available}	University Graduate in Sociology, Counseling & Project Design and Development with over 5 years experience.	▪ Project Planning, Implementation, Monitoring and Evaluation ▪ Project management and development of effective Management & Health Information System tools. ▪ Staff capacity building and development. ▪ Project proposal development & making reports/returns.
4	Project Assistant [1] {To be Hired}	University Graduate in Psychology/Sociology or relevant Social Science & must be trained experienced Counselor with children in distress.	▪ Mobilization and sensitization. ▪ Establishing linkages & making referrals between the Project and stakeholders. ▪ Guiding/counseling OVCs. ▪ Making progress reports, updating files of OVCs. ▪ Facilitating & Monitor the progress of project activities. ▪ Participate in the process of OVC identification, vetting and registration in the project.
5	Nurse/Counselor [2] {To be Hired}	A Kenya Registered community Health Nurse & must be trained experienced Counselor with children in distress.	▪ Administering nursing procedures to OVCs. ▪ Guiding/counseling OVCs. ▪ Participate in the process of OVC identification, vetting and registration in the project.
6	Foster Mothers [6] {To be Hired}	At least'O'level education with work experience as a community Health Worker.	▪ Providing daily care to the OVCs in a family setup.

3.6 FORMULATION OF PLANS

PROJECT IMPLEMENTATION SCHEDULE	TILL DEC. 2010	YEAR 1				YEAR 2				YEAR 3			
ACTIVITY BY QUARTER		**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q 2**	**Q3**	**Q 4**
STRATEGIC OBJECTIVE 1													
Nursing Care		X	X	X	X	X	X	X	X	X	X	X	X
Clinical Care		X	X	X	X	X	X	X	X	X	X	X	X
Psychosocial Care		X	X	X	X	X	X	X	X	X	X	X	X
STRATEGIC OBJECTIVE 2													
Basic & Sec. education support.		X				X				X			
Vocational training support.						X				X			
Supplementary food support.		X	X	X	X	X	X	X	X	X	X	X	X
Clothing/bedding support.		X		X		X		X		X		X	
Life skills training/education.			X	X			X	X			X	X	
STRATEGIC OBJECTIVE 3													
Identifying, vetting and registering OVCs in the project.	X	X	X										
Mobilization and sensitization		X	X	X	X	X	X	X	X	X	X	X	X
Advocacy.		X	X	X	X	X	X	X	X	X	X	X	X
Staff capacity building and development.		X		X		X		X		X		X	
Monitoring and evaluation.					X				X				X
Collaboration and networking.		X	X	X	X	X	X	X	X	X	X	X	X
Community based needs assessment of OVCs.		X	X	X	X	X	X	X	X	X	X	X	X
Permanency planning.		X	X			X	X			X	X		
Establishing and maintaining referral linkages		X	X			X	X			X	X		
Writing periodic project reports/returns.		X	X	X	X	X	X	X	X	X	X	X	X
Creating community support structures to manage OVC support activities		X	X			X	X			X	X		
Conducting periodic staff/ project review meetings.		X	X	X	X	X	X	X	X	X	X	X	X
Conducting strategic planning - project development.					X				X				X
Conducting periodic SWOT exercises.					X				X				X

CHAPTER 4

4.0 PROJECT FEASIBILITY AND SUSTAINABILITY

Aggressive resource mobilization in both financial and material forms will be the backbone of the project. Dala Kiye have made advance efforts to maintain sound relationships with the donors by making formal partnerships through well designed binding Memorandums of Understanding. Financial guidelines are always provided and are fully adhered to. This requires keeping abreast with the donor requirements including submitting progress reports and financial returns accordingly. Besides the donations, Dala Kiye has developed a Creative Arts production unit where materials are made targeted for international market in Italy and other favorable markets abroad. Again there are a lot more efforts being channeled to maximize the utility of the available local resources.

A lot has been and will still be done to realize community mobilization and empowerment in the program. By involving the community to participate, contribute and deliberate on OVC issues it has been realized that there is increasing sense of belonging and ownership in the program. Dala Kiye has taken into account the important roles of both the males and females in the foster Care for orphans in the community. The community committees have been set up comprising all the social groupings in the community. Both the public and private institutions like the churches; schools community based organizations are actively participating and contributing in the decision making process. Community capacity building activities are being conducted to equip the stakeholders with knowledge and skills necessary to facilitate quality care to the OVCs in the long run.

Adequate attention has been focused into ensuring that the vision embraced in family orphan care program is kept live for the generations to come. The program in based on the orientation that children were being cared for by the remaining relatives within the family set ups. Essential cultural elements in the program have been encouraged. More women than men have been hired as mothers in the foster families. The program is designed to ensure that cultural obligations in the socialization process of children according to sex, age and family set up are reinforced.

CHAPTER 5

5.0 MONITORING AND PERFORMANCE MEASUREMENT

Both qualitative and quantitative methods are used to assess the performance of the project. House visits are periodically conducted and clients assesses through Focus Group Discussions to determine their satisfaction. Case studies are always conducted through continuous needs assessments. Report writing/returns and periodic review meetings are done to determine the level of achievement in every quarter. All these are carried out and used by both the partners and the program management.