ST. CAMILLUS DALA KIYE CHILDREN WELFARE HOME

PROGRAM ANNUAL REPORT
JANUARY – DECEMBER 2006

A Compassionate Response to HIV/AIDS Impact on Children

PROGRAM PROFILE

ORGANIZATION:	ST. CAMILLUS DALA KIYE CHILDREN WELFARE HOME
PROGRAM NAME:	DALA KIYE PROGRAM
YEAR OF REGISTRATION:	2002
PROGRAM AREAS:	OVC[1] & HIV[2]/AIDS[3]
CURRENT PROJECTS:	**1.** COMMUNITY BASED CARE & SUPPORT FOR ORPHANS & VULNERABLE CHILDREN AFFECTED BY HIV/AIDS **TOTAL CLIENTS REACHED – 1750 OVC** **2.** FOSTER FAMILY CARE AND PROTECTION FOR ORPHANS & VULNERABLE CHILDREN AFFECTED BY HIV/AIDS **TOTAL CLIENTS REACHED - 48** **3.** FOSTER FAMILY CARE AND PROTECTION FOR ORPHANS & VULNERABLE CHILDREN WITH SPECIAL NEEDS **TOTAL CLIENTS REACHED - 60**
TOTAL TARGET CLIENT:	1800 OVC & OVER 10,000 COMMUNITY MEMBERS IN NYATIKE & GWASSI CONSTITUENCIES
PROGRAM LOCATION:	KARUNGU DIVISION IN MIGORI DISTRICT
REPORTING PERIOD:	JANUARY 2006 - DECEMBER 2006
REPORTING PERSON:	FR. EMILIO BALLIANA
DESIGNATION:	THE PROGRAM DIRECTOR

[1] Orphans and Vulnerable Children
[2] Human Immunodeficiency Virus
[3] Acquired Immune Deficiency Syndrome

Introduction

This annual report is intended to provide an overview of the performance of the entire Dala Kiye Program for a period of 12 months. Due to HIV/AIDS impacts, over 12,000 children in Karungu and over 9,000 children in Gwassi communities have limited access to the Essential Elements of Dignified Livelihood (Food, Nutrition, Health, Education, Shelter, Protection, Security and economic income). The existing community structures providing care and support to OVC suffer overburdening with limited resources, let alone the loosened social-cultural fabrics to care & support OVC.

The Specific and General OVC Situations:

Food and Nutrition

Because of the diminishing household capacities to grow or buy nutritious food, OVC are often prone to malnutrition and infections & are less likely to receive quality health care services. In a number of cases OVC are more likely to consume less little food in a household with other children owing to scarcity or denial of access to food. This subjects OVC to be more inherently susceptible to malnutrition and stunted in growth.

Home and Shelter

It has been evidenced that some OVC become homeless when their parents die. Owing to complex social and cultural conditions OVC move out of their homes seeking for care and support from relatives and sympathizers who instead abuse, exploit and discriminate against them. Poor state of shelter or dilapidated houses in poor sanitation and hygienic conditions are common among OVC households in the community.

Security and Protection

A number of OVC 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 for OVC care and protection are broken down. Child-headed households are common and OVCs find themselves assuming the roles of parents taking greater responsibilities of bread winning. Under the guise of discipline, OVCs have been assaulted, ill treated, abandoned and exposed to unnecessary suffering and injuries.

Health care

Poor and/or lack of access to competent health care services have contributed greatly to increasing number of the most productive ill and dying young adults/parents. Increasing expenditures on medical/health services are often unaffordable to a majority of sick children and their care givers. It has become apparent that appropriate knowledge by caregivers on HIV/AIDS and reproductive health is lacking. Poor environmental and sanitary living conditions around OVC households promote transmission of communicable diseases such as TB and other RTI. Because of poor or lack of clothing and bedding the OVC body is often unprotected from weather and insects such as mosquitoes that transmit killer diseases such as malaria.

Psychosocial Support

OVC caring for the sick/aged or redundant household heads experiences reversed roles and are exposed to myriad of mental distress leading to maladjustments in future. OVCs are subjected to psychological trauma, as they watch their dying parents become frailer, endure severe pain and suffer stigmatization and rejection. Stigmatization and discrimination of OVC out of their dead or ailing or redundant parents or caregivers is common in the community. OVCs inevitably suffer under burdensome domestic responsibilities assigned to them by gruesome care givers who call them unpleasant names. OVC suffer quietly from lingering emotional distress subjecting them to discomfort, insecurity and hopelessness. This owes a lot to lack of parental care, love and protection. Caregivers and OVCs undergo distress from the loss of dear ones, social isolation and regressive cultural experiences that lead to shame, irritation, fear and rejection in the community.

Education and Vocational Training

OVC are often withdrawn from schools, vocational training centers and even colleges when their parents and/or care givers die owing to little or lack of resources to keep them continue. OVC are frequently absent from school by and a number of them eventual dropout to work and earn a living. Poor academic performance among OVC owes a lot to chronic depressions and distractions.

Economic Empowerment

Large income losses and reduced savings have been experienced when young parents die and leave behind children. OVC lose their family identity and inheritance rites in the hands of relatives. More often, OVC are emotionally vulnerable and economically deprived and engage in heterosexual relationships, drug abuse and criminal activities and eventually become maladjusted. OVC living with less little knowledgeable care givers are more susceptible to HIV/STI infections and early pregnancies since they are often prone to sexual abuse, early marriages and prostitution. The available social structures in the community become overburdened in caring and supporting the OVC

Interventions during 2006

Dala Kiye rolled-out the following projects targeting orphans and vulnerable children with different levels of needs and therefore requires different levels of care and support:

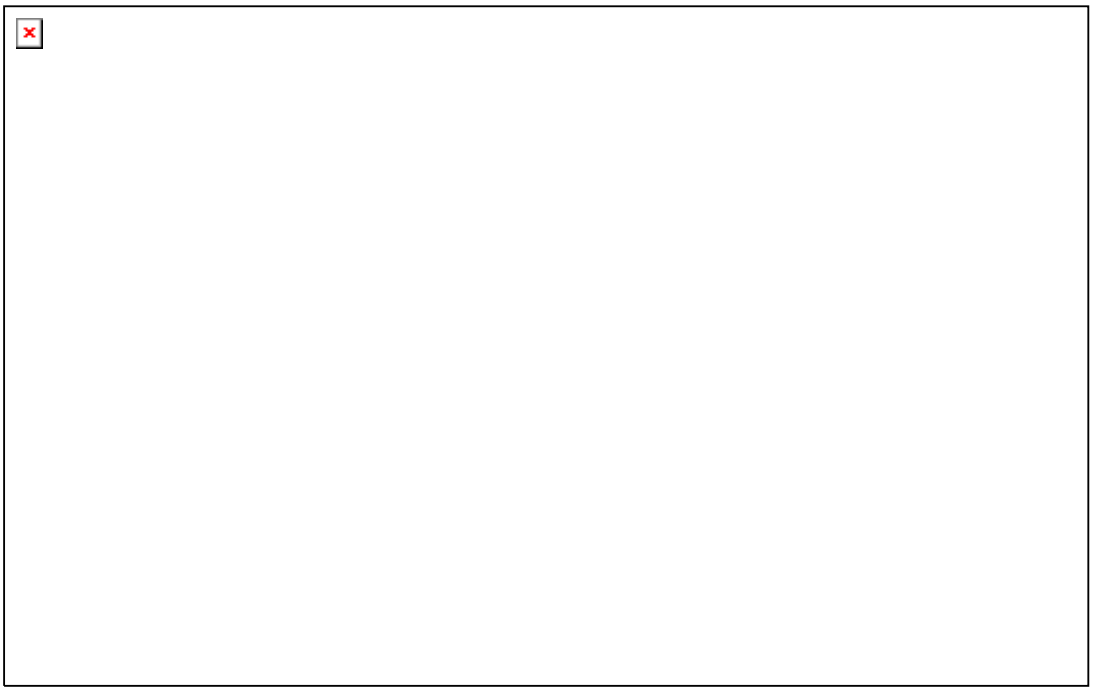
Project 1: Community-based Care & Support for OVC

Modeled to compliment the responses of the caring community members to maintain and provide comprehensive care and support to the children within the community. Reaches over 1600 children in the community

Project 2: Foster Family Care and Protection for OVC

Modeled to provide alternative families within the community where the children are reintegrated. Reaches 48 children in 4 foster families

Project 3: Foster Family Care and Protection for OVC with Special Needs
Modeled to provide an alternative family with facilities to respond to the ever increasing complexities of the needs of children living with AIDS. 60 children living with HIV/AIDS in 6 foster families



Through 3 strategic interventions the program performance was as follows:

Objectives	Program Components	Program Interventions	Total Number of Children Reached With Specific Project Activities During 2006		
			Project 1	Project 2	Project 3
Strengthened capacity of communities to identify and explore their potentials and be able to contribute to the initiatives addressing OVC needs.	Community mobilization and sensitization	# community meetings held to identify and prioritize needs of OVC	8	4	4
	Institutional capacity building and development	# internal staff trainings	4	4	4
		# external staff trainings	3	3	3
		# staffs trained	40	40	40
	Community capacity building and development	# community training/education sessions conducted	10	4	4
		# OVC identified, assessed & enrolled in the project	30	4	19
		# OVC identified, assessed and enrolled into family foster care systems	-	4	19
		# caregivers support group formed and functioning	10	2	1
		# caregivers support group sessions conducted	8	4	4
		# OVC being supported and integrated into family foster care systems	-	48	40
		# of OVC benefiting from household facilities and equipment support	-	48	40

	Monitoring and Evaluation	# program review meetings conducted	4	4	4
	Advocacy and Lobbying for OVC and their households	# OVC referred for legal assistance # supportive supervisory visits to home & school	- 65	48 20	40 20
	Collaboration and networking meetings	# networking meetings attended & participated in	18	8	8
Enhanced livelihoods and social support services to OVC households in communities.	Food and nutritional supplements to OVC households	# households provided with supplementary food assistance # OVC provided with supplementary food assistance	35 100	- -	- -
	School-based feeding programme	# school supported to provide regular school-based feeding Programme # of children enrolled on regular school-based feeding programme	2 750	- -	- -
	Shelter support	# foster family houses established in the community to foster children # OVC identified, assessed & enrolled in the foster family care and protection system # OVC provided with legal fostering requirements # of OVC receiving support for shelter, security and continuity in social integration	- - - -	4 4 48 48	- - 40 40
	Primary education support	# OVC with physical disabilities supported in various institutions to access quality primary education # OVC supported in boarding primary schools to access quality primary education # of public schools developed by improving and/or building new physical facilities # OVC provided with (scholastic materials) books and other essential stationeries # OVC enrolled in school and supported with official school uniforms # OVC retained in school for 80% of the school period # OVC supported and completed their primary education	11 24 3 388 388 750 120	- - - 48 48 48 8	- - - 40 40 40 -
	Secondary education support	# OVC supported in various secondary schools to access quality secondary education	135	4	-
	Vocational training support	# OVC supported in Vocational training centers	8	-	-
	Post secondary education support	# OVC receiving support for post secondary education	2	-	-
	Clothing/bedding support	# OVC provided with clothing support	150	48	40

Improved medical and psychosocial well being of OVC in communities	Nursing & Clinical Care	# cumulative continuous health assessments conducted to OVC at school and home # children in need (non-enrolled) supported to access medical care services # OVC treated as out-patients # OVC treated as in-patients # OVC treated & received medical services by the project nurses	315 35 305 74 650	39 - 19 14 48	40 - 34 32 40
	Pediatric ART services	# individuals care plans developed for OVC	-	-	40
	Psychosocial Support	# households provided with counseling and guidance services # OVC receiving routine guidance & counseling at school and during home visits	155 298	12 48	5 40
	Nutritional Care	# of children enrolled on comprehensive feeding Programme under foster family care # caregivers receiving routine nutritional counseling # meals provided to foster family houses per day	- 35 -	- - 5	40 - 5
	Health Education & Campaign	# OVC households visited by technical project staff # health education sessions conducted	200 28	4 12	- 12
	Referrals to other points of health care services for comprehensive responses	# OVC referred to other points of care # caregivers referred to other points of care	6 122	- -	3 -
Prepared children with skills necessary to negotiate and maintain safe behavior against HIV infection in communities	HIV/AIDS awareness and education	# OVC and caregivers reached with HIV/AIDS prevention and protection information # open education sessions with children on HIV/AIDS and related health issues in the community	750 12	48 12	40 12
	Adolescent education on sexuality and Reproductive Health	# IEC materials distributed on HIV/AIDS & OVC	1000	300	100
	Life skills training	# life skills trainings conducted to children	6	6	6
	Guidance and counseling	# of sessions on Knowledge, Attitude, Practice & culture (KAPC) assessment among children and peer educators	6	6	6
	Sports and recreation	# Community open days on HIV/AIDS &OVC (World AIDS Day & The Day of the African Child)	3	3	3

Accomplishments

- The 3 models being rolled out provide comprehensive continuum of OVC care and support and expose and explore the gaps in the dilemma of placing a child under freelance self-care versus institutional care.

- It has been more practical to effectively administer continuous psychosocial support to a devastated child by both the project technical staff and the foster mothers.

- At the program level the models eases better understanding of not only the orphan hood but also the circumstances, level of vulnerability and discernment of the needs of every individual child and then be able to respond accordingly.

- Foster family care for children narrows the gaps emanating from prejudices of caregivers that compromise the rights and limits accessibility to opportunities and benefits of a child.

- The process of setting up a foster family is all-inclusive bringing all stakeholders on board and promotes the spirit of partnership with the affected communities in caring for their children.

- The voice of every child can be heard in the process of placing him/her in an alternative family thereby creating opportunities for them to be increasingly involved in the issues regarding their welfare in the family.

- Once initiated, foster families easily holds together and naturally function as a unit where the entire social fabric nurtures its own potentials to continue and finds its own space in the community.

- Placing a child in an alternative family facilitates reconciliation processes in the former household, rekindles hope and thereby leading to restoration of the relationships among the household members.
- The tolerance level of child abuse among community members is steadily declining as fewer cases are reported as compared to previous years.

Lessons

- Fostering a child works well when a child is identified, assessed and placed under foster care with a person who is readily willing to care and maintain him/her.

- Using female-headed households as the alternative families for fostering children works well in guarding and taking full charge and control of the children who need foster care.

- Having a foster mother who is registered under the children act to keep and care for the children enhances safeguarding for the rights and welfare of the children.

- Placing a child under foster care provides a place of safety where he/she is accepted, protected and cared for within a given period of time.

- Monitoring project activities such as administering psychosocial care, providing nutritional supplements and reintegration processes in these models have been more practical and effective.
- The models are cheaper than institutional care and are cost-effective

Challenges

- Children from different family backgrounds become aware with time that they are not blood-related and incidences of sexual relationships among adolescent boys and girls have been experienced.
- The tolerance level of child abuse among community members is so high that most cases are never reported and addressed hence the increasing numbers of children who need foster care and protection.

Way Forward

- Promote sustainable family-based initiatives such as kitchen gardening, subsistence farming and poultry keeping.
- Strengthen sustainable income generating activities for every foster family.
- Emphasize on intensive life skills training for all the children in the foster family.
- Expand the resource base and engage more new partners on board to scale up and out.