ANNUAL REPORT
2011

ST. CAMILLUS DALA KIYE
CHILDREN WELFARE HOME

A Compassionate Response to
HIV/AIDS Impacts on Children

January – December 2011

Program Profile

Organization:	St. Camillus Dala Kiye Children Welfare Home
Program Name:	Dala Kiye Program
Programming Areas:	Orphans & Vulnerable Children (OVC) & HIV/AIDS
Total Target Client:	10,200 OVC & 3000 Caregivers
Program Location:	Karungu Division, Nyatike District
Reporting Period:	January 2011 - December 2011
Reporting Person:	Fr. Emilio Balliana
Designation:	The Program Director

Abbreviations and acronyms

AIDS	Acquired Immune Deficiency Syndrome
AED	Academy for Education and Development
BCC	Behavior Change Communication
CBO	Community Based Organization
FBO	Faith Based Organization
GoK	Government of Kenya
HIV	Human Immunodeficiency Virus
HOPE	Household Opportunities for Protection and Empowernment
IEC	Informative, Educative and Communicative
IGA	Income Generating Activities
KAI8	Kenya AIDS Indicator Survey
MOE	Ministry of Education
MOH	Ministry of Health
NACC	National AIDS Control Council
NGO	Non Governmental Organization
OVC	Orphans and Vulnerable Children

Introduction

St. Camillus Dala Kiye Children Welfare Home is a Faith Based Child focused Organization founded in 1998 by the religious congregation of the '**Order of the Servants of the Sick'** (Camillians). The program is a constituent of St. Camillus Mission Hospital, situated on the southern shores of Lake Victoria In Karungu division, Nyatike district in the greater Migori county of Nyanza Province in the Republic of Kenya. The program works with and for Orphans and Vulnerable Children In Nyatike and Gwassi constituencies of Nyatike and Suba Districts respectively. However, some children come from other parts of Kenya and Tanzania.

The cumulative AIDS deaths continue to rise and the impact on Kenyan communities is becoming increasingly severe despite the significant decline from a peak of 14% in 2000 to the current 7.1%. Nyanza province is leading in HIV prevalence at 14.9% with over 650, 000 (36.1%) OVC, being the highest in Kenya KAIS 2007, NACC 2007). Nyatike and Gwassi communities host approximately 30,000 OVC and over 6000 households whose needs have overwhelmed the traditional social support systems and continue to live in conditions that are characterized by poverty, food insecurity and gender disparities. It cuts against the grains of human rights and harshly devoid of human interests when a child is psychosocially devastated, prejudiced and lacks material and social necessities for growth and development. Some of the OVC are already infected with HIV virus and are already exposed to the ever – changing complexities of living with HIV/AIDS. Their needs that are never met include medication, food, education, psychosocial support, life skills, protection and shelter.

The major actors in the area of operation include GoK, NGOs, FBOs and CBOs. Within the Government, the Department of Children's services under the Ministry of Home Affairs takes charge of the coordination of care and support services to children. Key professional staff members of the Department are the district – level Children's Officers who bear the responsibilities of working with all organizations working with and for children in Nyatike and Suba Districts. In recognition that the protection of children's rights is a responsibility

that goes beyond the Children's Department; the Children Bill has incorporated the other government ministries to ensure services provided to children are holistic. Dala Kiye Program operates under the auspices of the Catholic Diocese of Homa Bay and has consistently worked with supportive Provincial Administration systems and Political leaderships. The organizations have close links with other government departments and organizations in her work. These include but not limited to Ministry of Health, Ministry of Planning, Ministry of Agriculture, Ministry of Culture and Social Services and Ministry of Education.

For the year 2011, Dala Kiye focused on the following seven core service areas;

- Health support
- Food and Nutrition Support
- Education Support
- Shelter Support
- Psychosocial Support
- Child Protection
- Economic Empowerment to care givers

For effective and efficient implementation of programs, Dala Kiye has in place facilities such as:

- Early Childhood Education Center (Nursery)
- Primary School (B. L Tezza Complex Primary School) – registered as a public school
- Secondary school (B. L Tezza Complex Secondary School) – registered as a public School
- Administration Block – 7 program offices, library, auditorium and washroom
- Dinning hall – furnished and equipped with a capacity of 300 people
- Foster Family Houses – 6 units of self – contained houses each with at least 10 – bed capacity.
- Sports field and recreational facilities – for children and adults.
- A kitchen garden.

Vision and Mission

Vision

Dala Kiye has a vision of empowered children, fully integrated into the community, exploring their potentials and contributing to their own future progress.

Mission

This vision is strategically attainable through our commitment to roll out empowering, need-based and compassionate caring responses to HIV/AIDS impacts on children and their communities. The program therefore mobilizes and engages community responses that empower households with children for improved quality of life, decrease their chances of HIV infection and become healthy and productive members of Karungu community.

Program Interventions

Model 1: *Community Based Care Model*

This model mainstreams program interventions in the community to compliment the responses of the caring community members. The program emphasizes on maintaining and providing comprehensive care and support to children within their community settings. This model appreciates the fact that a majority of children do have at least one extended family member such as granny, uncle, aunt, and sibling or in some cases sympathizer within the community who can be supported to care for OVC left behind when parent(s) die(s). The entry point for this model is primary schools. A total of 20 primary schools are covered with this model.

With this model, Dala Kiye program reaches about 10,200 OVC and 3000 caregivers.

Model 2: *Foster Family Care and Protection for OVC in the Community*

This model aims to foster, socially integrate and improve the lives for psychosocially displaced OVC in suitable alternative foster families within the community. This model targets OVC whose life experiences not include the situations in model one above but also the following:

- Living with relatives not willing to maintain a child owing to either poverty, overburdening, or sheer neglect.
- Allocation of overburdening domestic chores that compromise a child's social reintegration efforts.
- Abject Poverty and distress in child – headed households that subject a child to emotional pains and suffering.
- Household conditions that expose a child to sexual activities, illicit brews and make a child more susceptible to exploitation and abuse.
- Widowers' errands deprive a child of care and protection and subject him/her to dreadful predicaments i.e. hunger, infections, and desertion.
- Children from disjointed families experience rejection and hostility from the caregiver and from time to time stay with a different caregiver and may not be well socialized into the roles in the community.

The Program reached 33 OVC with this care model. They were taken care of in two community family houses namely, Nazareth for boys and Bethlehem for girls.

Model 3**:** *Foster Family Care and Protection for OVC with Special Needs*

This model aims to foster and improve the quality of life of OVC living with HIV and AIDS within environmentally enabling alternative families. A number of OVC living with HIV and AIDS are under the care of poor care givers who are isolated or shunned by the community. Some of them are elderly and/ are sick. The model provides alternative families with facilities to respond compassionately to the ever-increasing complexities of the needs of children living with AIDS. A majority of the children in this category are already enrolled in ART and are under the care of aged and/ or sick caregivers. All such children are referred

from ART points of service presenting with high incidences of malnutrition, non – adherence to drugs, opportunistic infections, demonstrating lower resilience and with poor health seeking behavior.

Dala Kiye Program reached 60 OVC with this care model.

Goal and Strategic Objectives

Goal

The program strives to improve the quality of life for Orphans and Vulnerable Children and their household members in Nyatike and Gwassi communities.

Strategic Objectives

1. To enhance medical and psychosocial well being demonstrated by the targeted OVC and their household members in Karungu and Gwassi communities.
2. To improve levels of livelihoods demonstrated by the targeted OVC and their household members in Karungu and Gwassi communities.
3. HIV/AIDS prevention and protection skills gained by the targeted OVC and their household members against the risk of HIV infection in Karungu and Gwassi communities.
4. To strengthen the capacities and abilities of the targeted community members in Karungu and Gwassi communities to prioritize and facilitate appropriate strategies to address the needs of OVC.
5. To strengthen capacities and abilities of the implementing technical program team to deliver quality services to the targeted community members in Karungu and Gwassi.

Activities planned for 2011.

Activities were planned based on the five broad strategic objectives as illustrated below:

1. **To enhance medical and psychosocial well being demonstrated by the targeted OVC and their household members in Karungu and Gwassi communities.**

    - Clinical and nursing care
    - Psychosocial care
    - ART Services
    - Nutritional care
    - Health Education
    - Referrals to other levels of care
    - Medical bills support
    - Provision of sanitary towels to vulnerable girls

2. **To improve levels of livelihoods demonstrated by the targeted OVC and their household members in Karungu and Gwassi communities.**

    - provision of food baskets
    - nutrition education
    - facilitating school based feeding programme
    - basic education support
    - provision of school uniforms
    - provision of school levies
    - provision of clothes and beddings to OVC
    - Shelter support
    - Household utility services
    - Provision of educational materials e.g. text books and games skits.
    - Processing of birth certificates for OVC.

3. **HIV/AIDS prevention and protection skills gained by the targeted OVC and their household members against the risk of HIV infection in Karungu and Gwassi communities.**

    - Developing BCC/ IEC material
    - HIV and AIDS education for OVC in schools
    - Formation of peer clubs in schools.

4. **To strengthen the capacities and abilities of the targeted community members in Karungu and Gwassi communities to prioritize and facilitate appropriate strategies to address the needs of OVC.**

    - Training of community members on agricultural and entrepreneurship skills
    - Nutrition education to caregivers
    - Shelter improvement to vulnerable households
    - Celebrating World Orphans Day, Day of the African child and World AIDS Day.
    - Collaboration and networking
    - OVC assessments and enrolment
    - Fostering OVC in alternative families, identifying, vetting and registering OVC in the project
    - Creating community support structures to manage OVC support activities
    - Supportive supervision to community volunteers
    - Community volunteers monthly meeting

5. **To strengthen capacities and abilities of the implementing technical program team to deliver quality services to the targeted community members in Karungu and Gwassi.**
    - Staff training

Program Performance During 2011

Through the 3 Program Interventions the program performance was as follows:

Objectives	Program Components	Program Interventions	Performance in 2009
Improved health care services to OVC and their household members.	Nursing & Clinical Care	# cumulative continuous health assessments conducted to OVC at school and home	920 (552m,368f)
		# OVC treated as out-patients	473 (284m, 189f)
		# OVC treated as in-patients	35 (21m, 14f)
	Pediatric ART services	# individuals care plans developed for OVC	67 (41m, 26f)
	Psychosocial Support	# OVC receiving routine guidance & counseling at school and during home visits	1050 (m, f)
	Nutritional Care	# of children enrolled on comprehensive feeding programme under foster family care	93 (50m, 43f)
		# caregivers receiving routine nutritional counseling	35 (0m, 35f)
		# meals provided to foster family houses per day	5
		# health education sessions conducted	50
	Referrals to other points of health care services for comprehensive responses	# OVC referred to other points of care	14 (6m, 8f)
		# caregivers referred to other points of care	0
Enhanced social support services to OVC and their household members.	Food and nutritional supplements to OVC households	# households provided with supplementary food assistance	35
	School-based feeding programme	# of schools supported to provide regular school-based feeding programme # of children enrolled on regular school-based feeding programme	3 950 (570m, 380f)
	Shelter support	# foster family houses established in the community to foster children	2
		# OVC identified, assessed & enrolled in the foster family care and protection system	3 (2m, 1f)
		# OVC provided with legal fostering requirements	93 (50m, 43f)

		# of OVC receiving support for shelter, security and continuity in social integration	116 (60m, 56f)
		# of shelters renovated in the community	15
	Primary education support	# OVC with physical disabilities supported in various institutions to access quality primary education	10 (4m, 6f)
		# OVC supported in boarding primary schools to access quality primary education	5 (3m, 2f)
		# OVC provided with (scholastic materials) books and other essential stationeries	2500 (1500m, 1000f)
		# OVC enrolled in school and supported with official school uniforms	1097 (659m, 438f)
		# OVC supported and completed their primary education	43 (26m, 17f)
	Secondary education support	# OVC supported in various secondary schools to access quality secondary education	155 (109m, 46f)
	Vocational training support	# OVC supported in Vocational training centers	2 (0m, 2f)
	Post secondary education support	# OVC receiving support for post secondary education	13 (11m, 2f)
	Clothing/bedding support	# OVC provided with clothing support	424 (254m, 170f)
	Community capacity building and development	# community training/education sessions conducted # OVC identified, assessed & enrolled in the project # caregivers support group formed and functioning # caregivers support group sessions conducted # OVC being supported and integrated into family foster care systems	2 1500 6 40 93 (50m, 43f)
	HIV and AIDS education	# HIV and AIDS education session with children	60
	Guidance and counseling	# of sessions on Knowledge, Attitude, Practice & culture (KAPC) assessment among children and peer educators	60
	Sports and recreation	# Community open days on HIV/AIDS &OVC (World AIDS Day & The Day of the African Child)	3

Accomplishments

1. Health care services provided to 920 OVC enrolled in Dala Kiye Program to improve their physical health status.

2. Psychosocial support services administered to 1050 OVC enrolled in Dala Kiye Program to improve their mental health status.

3. 2 meals a day provided to 950 OVC enrolled in school-based feeding program in 3 primary schools to improve their nutritional status, school attendance and academic performance.

4. At least 3 meals a day provided to a total of 60 OVC living with AIDS enrolled in 6 foster families in Dala Kiye and 33 OVC enrolled in 2 foster families in Nyatike community to ensure that they receive regular meals and improve their health and nutritional status.

5. A package of supplementary food support provided to 35 households every month to increase their average number of meals taken daily from one to at least two.

6. School uniforms provided to at least 1200 OVC enrolled in 20 primary schools to retain them in school and improve their academic performance.

7. School fees support provided to 155 OVC to ensure that they access secondary education, retain them in school and improve their academic performance

8. 10 OVC who are physically handicapped supported with school fees at special schools for the physically handicapped to access special education; retain them in school and gain basic literacy and survival skills.

9. 2 OVC supported with vocational training fees and other vocational training expenses to attend technical training institutions, gain technical skills in various trades and contribute to their ability to improve their livelihoods.

10. College fees provided to 13 students to enable them access education in various institutions of higher learning.

11. Foster care services provided to a total of 93 OVC enrolled in foster family care to ensure that they are protected and access services for continuity in social reintegration within family settings in Dala Kiye and community settings in Nyatike community.

12. HIV and AIDS education provided to 3000 OVC enrolled in Dala Kiye Program to enhance knowledge and skills for prevention and protection against HIV/AIDS infection among OVC and their care givers

13. 865 school-going orphaned and vulnerable girls provided with sanitary towels to address their sexuality needs.

Lessons Learnt

- Improved partnership with other relevant stakeholders is key to successful implementation of program activities.
- Building the capacity of community members contributes immensely in ensuring program sustainability.
- Aggressive resource mobilization is vital for successful realization of program interventions.

Recommendations

1. Networking and building of alliances and partnerships with other likeminded organizations must be encouraged.
2. The program must focus her attention in establishing community structures that will in the long run be able to provide care and support to the vast number of OVC in the region.
3. Need for more aggressive resource mobilization approach/strategy.
4. Continuous HIV and AIDS education session in schools to combat the disease prevalence in the region.
5. Closer relationship with the program stakeholders must continue to be enhanced through quality service delivery to the targeted beneficiaries.

Report prepared by

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