

ANNUAL REPORT 2015



ST. CAMILLUS DALA KIYE CHILDREN WELFARE HOME



A Compassionate Response to HIV and AIDS Impacts on Children

January – December 2015

Program Profile

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| Organization: | St. Camillus Dala Kiye Children Welfare Home |
| Program Name: | Dala Kiye Program |
| Programming Areas: | Orphans & Vulnerable Children (OVC) & HIV/AIDS |
| Total Target Client: | 12,500 OVC & 540 Caregivers |
| Program Location: | Karungu Division, Nyatike District |
| Reporting Period: | January 2015 - December 2015 |
| Reporting Person: | Fr. Emilio Balliana |
| Designation: | The Program Director |

Introduction

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 and AIDS.

For over two decades, a number of children have been orphaned and made vulnerable by HIV and AIDS in Nyatike and Gwasssi communities. According to Kenya AIDS indicator survey, (KAIS) 2012 provisional findings, the prevalence of Nyanza where Nyatike and Gwasssi fall stand at 15.1% as compared to the national prevalence of 5.6%. Migori County in Nyanza leads with the highest number of Orphans and Vulnerable Children in the region. Further, the deepening and pervasive poverty in Nyatike community blow the situation around the children out of proportion. These children become deprived and devastated. A majority of these children live with their economically weak extended family members while others live in disjointed male/female headed households that are prone to insecurity and abuse. Some of the OVC are already infected with HIV. Owing to their orphan hood and their already vulnerable status, these children face myriad of difficulties. Their needs that are never met include medication, protection, shelter and psychosocial support. These expose them to risks that threaten their lives in terms of growth and development.

Currently, the Program is implementing a number of interventions that are all focusing on children infected and affected by HIV and AIDS. These interventions were specifically designed to help improve the quality of life of the targeted children. The interventions include health support, education support, shelter and care, psychosocial support, food and nutrition support, economic empowerment to caregivers and child protection.

The major actors in the area of operation include Government of Kenya, Non-Governmental Organizations, Faith Based Organizations and Community Based Organizations. Within the Government, the Department of Children's services takes charge of the coordination of care and support services to children. Key professional staff members of the Department are the sub – county level Children's Officers who bear the responsibilities of working with all organizations working with and for children in Nyatike and Suba Sub - Counties. 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, Livestock and Fisheries, Ministry of Sports, Culture and Arts and Ministry of Education, Ministry of interior coordination and national government, Ministry of Public Service, Youth and Gender affairs

Program Interventions Models

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 12,500 OVC and 540 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.
care of in one community family house.

The Program reached 19 OVC with this care model. They were taken

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 Gwasssi communities.

Strategic Objectives

1. To enhance medical and psychosocial well being demonstrated by the targeted OVC and their household members in Karungu and Gwasssi communities.
2. To improve levels of livelihoods demonstrated by the targeted OVC and their household members in Karungu and Gwasssi 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 Gwasssi communities.
4. To strengthen the capacities and abilities of the targeted community members in Karungu and Gwasssi 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 Gwasssi.

Key Intervention areas for 2015

Health support

Health support is meant to improve the well-being of orphans and vulnerable children under Dala Kiye Program. Orphans and vulnerable children are at increased risk of malnutrition and illness and may be less likely to get the medical care they need. A number of activities were planned under this intervention and they included health education session with OVC in a number of schools and medical support through enrolment of OVC households in national health insurance schemes and also direct medical support through payment of hospital bills to the OVC that were referred and treated to St. Camillus Mission Hospital and other referral health facilities at Lwanda Gwasssi, Seka, Lwanda Magwar, Otati, Riat and Sori sub district hospital that partner with St Camillus Mission Hospital . For the year 2015, 1367 OVC were reached with medical care services 18 primary schools namely B.L Tezza Complex, Kopala, Paulo Odendo, Sori, Aringo, Bondokosiemo, Sidika, Alendo, Nyatambe, Agolo Muok, Gunga, Nyamanga Disii, Wachara, Seka, Lwanda Magwar, Otati, Lwanda Gwasssi and Obondi were reached with health care messages through health education sessions that were carried out by Dala Kiye staff. To help improve the knowledge of teachers on common illnesses, Dala Kiye organized one training for 18 primary school teachers. The trainings were facilitated by officers from the Ministry of Health.

Dala Kiye also mobilized the community at Nyamanga Primary school to mark Global Hand Washing Day. A day that was used to educate those present on the importance of washing their hands with soap.



Food and Nutrition Support

The intervention was realized through two main activities. The first activity which is school feeding programme targeted OVC enrolled in B.L Tezza Complex primary school. A total of 245 OVC were reached with this activity that mainly covered breakfast and lunch for all the children. The activity was meant to respond to the nutritional needs of these children owing to the fact that a majority of them live in absolute poverty besides the fact that Karungu area experiences very harsh climatic conditions characterized with inadequate rainfall which in turn leads to massive crop failures.



In the same period, follow up was done to the three schools that were supported to start kitchen gardens. The support was through the provision of farm inputs such as tools and seeds. The schools supported were Bondo Kosiemo, Agolo Muok, and Lwanda Gwassi. Lwanda Gwassi planted butternuts and water melons. The little money that have been realised after sales have enabled the school to initiate a breakfast programme for the children in pre - school. So far for Lwanda Gwassi, the progress is impressive. In Agolo Muok primary school, lack of proper care of the crops when the schools closed for December holidays resulted into poor yields. For both Agolo Muok and Bondo Kosiemo the laxity in project performance can be blamed on the school management. 2199 pupils from 15 schools and 402 caregivers from 18 schools benefited from nutrition education. Nutrition education is meant to boost the beneficiaries understanding on nutrition related issues such as proper food preparation, eating balanced diet and establishing kitchen gardens to help boost the household food security.

Education and Vocational Training Support

Education can leverage significant improvements in the lives of orphans and vulnerable children. Schools not only benefit the individual child but also serve as important resource centres to meet the broader needs of the communities. For the year 2015, Dala Kiye accomplished a number of activities that were designed towards this area of intervention. This took the form of primary education support through payment of school levies to identified OVC in Pre - school in 18 primary schools, provision of school uniforms to OVC and provision of desks to identified schools to help improve the learning environment of the OVC.

In 2015, 160 desks were distributed to three schools with a population of 1503 pupils namely: Alendo Primary which had an enrolment of 611 pupils received 60 desks, Agolo Muok Primary school which had an enrolment of 421 pupils received 50 desks, and Paulo Odendo which had an enrolment of 471 pupils received 50 desks. 419 OVC enrolled in Pre - school benefited from payment of school levies in all the 18 primary schools. Construction of Pre – school block is on-going at Agolo Muok Primary School.



During 2015, 41 ECDE teachers were reached with one day in-service training. The teachers were from the 18 primary schools that Dala Kiye works with. An in-service training for primary teachers was also carried out and a total 161 Primary Teachers were reached. The teachers were also drawn from the 18 schools that Dala Kiye works with. The trainings were meant to build the teachers capacity in curriculum planning and development. 18 Pre - school teachers from 18 primary schools benefited from the ongoing Montessori Teacher training course. Training for School Management Committee members was carried out and 54 participants were reached. The training focused on school management, education guidelines and resource mobilization at school level.

Under special school support, 2 OVC who are physically handicapped were provided with school fees to enable them access education. Under Vocational training which seeks to empower learners with practical skills, 10 OVC benefited from school fees that helped them to pursue different courses. 87 OVC from B. L Tezza Complex secondary received school fees support while 17 OVC from other secondary schools benefited. A further 8 students were supported in various institutions of higher learning that comprised of colleges and universities.



Shelter and Care Support

In 2015, the Project managed to construct a total number of 15 shelters that benefited 32 OVC and their caregivers drawn from the project area. 60 OVC with special needs were housed in 6 family units under the Foster Care for Children with special needs. 19 other vulnerable orphans were housed in community foster family house of Bethlehem.

Psychosocial support and HIV and AIDS education

Psychosocial support helps vulnerable children and their caregivers to cope with mental and emotional challenges. Children face illness and often suffer as a result of the death of parents. Psychological effects of these problems may make it hard for them to take part in everyday activities such as going to school. To address their psychological needs of OVC, Dala Kiye facilitated group guidance and counseling sessions for OVC enrolled in the program. A total of 2129 OVC were reached under this intervention area.

Another activity that was carried out in 2015 was HIV and AIDS education. The program targeted to reach 18 primary schools in Karungu and Gwasssi with this activity. The activity was meant to fill the gap manifested by lack of knowledge about HIV and AIDS, misinformation and negative attitude towards people living with HIV and AIDS. The education sessions informed the children on how people get infected with HIV, disease progression and the potential consequences of AIDS to individuals and their families. Dala Kiye believed that involving the youth in addressing community wide problems can lead to an increase in self – esteem and sense of control over their lives, while contributing to responsible and compassionate behavior. 2662 OVC were provided with HIV and AIDS information. The 18 schools also benefited from informative and communicative materials like posters that bore educative information. Dala Kiye through the teachers in charge from various schools also helped to establish 18 peer clubs comprising of 40 members each from the 18 primary schools. This was meant to facilitate free sharing amongst the children themselves.

Dala Kiye also marked World AIDS Day on 28th November, 2015 to sensitize community members on HIV and AIDS. About 1,000 community members participated in the event. This is an annual event that brings together a number of stakeholders working in the field to prevent and manage HIV and AIDS. Major activity of the day was voluntary counseling and testing that targeted those present and were willing to know their HIV status.



Child Protection

Child protection activities are meant to respond to situations in which the rights of the children are violated, including abuse, neglect and exposure to great risks and hazards. A series of activities to address this intervention were carried out in 2015. Dala Kiye undertook awareness creation that targeted OVC caregivers in 18 primary schools. The Program also marked community open days namely World Orphans Day (7th May 2015) and Day of African Child (16th June 2015) where issues touching on child rights were communicated to community members in attendance. 26 participants were reached with Division AAC training. After the training, Dala Kiye with the support of other stakeholders helped to initiate Karungu division AAC, a body that is legally mandated to address all the child rights and protection related issues in its area of jurisdiction. The participants were drawn from Organizations and Government Departments in the Division Karungu working the children. On a higher level, 29 participants were reached with Sub County AAC training. The participants were drawn from Organizations and Government Line Ministries or Departments within Nyatike Sub County working the children.



In the year 2015, the Organization helped to process for 335 OVC their birth certificates. There was also the establishment of child support committees in all the 18 schools. The committees comprised of the head teacher, a teacher, a parent and child representative. The body is tasked with addressing the challenges facing children at the school level.

Economic empowerment to caregivers

Economic empowerment is aimed at strengthening economic security and reducing vulnerability to poverty faced by many households with vulnerable children. Dala Kiye initiated caregiver support groups and that were helped to come up with income generating activities of their choice. 12 caregiver groups from 9 primary schools namely: Sidika, Agolo Muok, Gunga, Nyatambe, B L Tezza, Lwanda Gwassi, Seka, Aringo, Otati, Alendo primary (A and B) and Sori were supported



Dala Kiye also educated 156 caregivers from 18 primary schools on agricultural and entrepreneurship skills. On the other hand 152 caregiver officials were also trained on leadership and management skills. This is after the caregivers had initiated income generating activities of their choice to help boost household incomes.

Accomplishments

1. Health care services provided to 1367 OVC enrolled in Dala Kiye Program to improve their physical health status.
2. Psychosocial support services administered to 2129 OVC enrolled in Dala Kiye Program to improve their mental health status.
3. 2 meals a day provided to 245 OVC enrolled in school-based feeding program in B. L Tezza Complex primary school 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 19 OVC enrolled in Bethlehem foster family to ensure that they receive regular meals and improve their health and nutritional status.
5. School fees support provided to 104 OVC to ensure that they access secondary education, retain them in school and improve their academic performance
6. 2 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.
7. 10 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.
8. College fees provided to 8 students to enable them access education in various institutions of higher learning.
9. Foster care services provided to a total of 79 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.
10. HIV and AIDS education provided to 2,662 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.
11. 161 primary school teachers and 40 pre – school teachers provided with training on curriculum development.
12. 160 school learner’s desk provided to 3 different primary schools.
13. Dala Kiye was at a position to interact with her partners through the monthly newsletter, **‘Milome’**
14. Dala Kiye became a member of Association of Charitable Children Institutions in Kenya (ACCIK).

Lessons Learnt

- Proper coordination and networking with other partners is key to organizational development.
- Establishment of community structures such as caregiver support groups brings about project sustainability.
- Proper utilization of resources leads to successful program implementation.

Recommendations

- There is need for continuous networking and collaboration with other stakeholders working in the field of OVC Care and Support.
- There is need for aggressive resource mobilization to help address the ever rising challenges facing OVC.

Report prepared by

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