

PROGRAM ANNUAL REPORT

2005



ST. CAMILLUS DALA KIYE CHILDREN WELFARE HOME

**A Compassionate Response to
HIV/AIDS Impacts on Children**



PERIOD COVERED: JANUARY 2005 – DECEMBER 2005

PROGRAM PROFILE

ORGANIZATION: ST. CAMILLUS DALA KIYE CHILDREN
WELFARE HOME

PROGRAM NAME: DALA KIYE PROGRAM

YEAR OF REGISTRATION: 2002

PROGRAM AREA: OVC¹ & HIV²/AIDS³

STRATEGIC INTERVENTIONS: 1. COMMUNITY BASED CARE & SUPPORT FOR ORPHANS & VULNERABLE CHILDREN AFFECTED BY HIV/AIDS

2. FOSTER FAMILY CARE AND PROTECTION FOR ORPHANS & VULNERABLE CHILDREN AFFECTED HIV/AIDS

3. FOSTER FAMILY CARE AND PROTECTION FOR ORPHANS & VULNERABLE CHILDREN WITH SPECIAL NEEDS

TOTAL TARGET CLIENT: 1800 OVC & OVER 10,000 COMMUNITY MEMBERS IN NYATIKE & GWASSI CONSTITUENCIES

PROGRAM LOCATION: KARUNGU DIVISION IN MIGORI DISTRICT

REPORTING PERIOD: JANUARY - DECEMBER 2005

REPORTING PERSON: FR. EMILIO BALLIANA

DESIGNATION: THE PROGRAM DIRECTOR

SIGNATURE: _____

¹ Orphans and Vulnerable Children

² Human Immunodeficiency Virus

³ Acquired immune Deficiency Syndrome

DATE: _____

PROGRAM INTRODUCTION

St. Camillus Dala Kiye Children Welfare Home is a Faith-based & Child-focused organization founded in 1998 by a religious congregation of the 'Order of the Servants of the Sick' (Camillians). The program is an off-shoot from St. Camillus Mission Hospital to mitigate the devastating impacts of HIV/AIDS on OVC in the community. The organization is situated at the deep southern shores of Lake Victoria in Karungu division, Migori district of Nyanza province in the republic of Kenya. Currently the program works with and for OVC in Nyatike and Gwasssi constituencies of Migori and Suba districts respectively. Some children come from other parts of the Republics of Kenya and Tanzania.

Dala Kiye Program designs need-based interventions and believes that children are innocent, dependant and already vulnerable. They are also curious, active and full of hope. Their future should be that of joy, peace, of playing, learning and growing. Their future should be shaped in harmony, tolerance and co-operation. Their lives should mature, as they broaden their perspectives and gain new experiences.

The community social structures which were naturally in place for caring and protecting children whose parents died are getting more and more subjected to threats of untold proportions from HIV/AIDS pandemic. Child-headed households are increasingly emerging while some children find themselves already burdened to take up the roles of caregivers, taking greater responsibilities of bread winning and caring for the remaining sick and/or aged caregivers. The children undergo distress from the loss of dear ones, social isolation and retrogressive cultural experiences that lead to shame, fear and rejection. They helplessly succumb to psychological trauma; stigmatization and discrimination as each desperately struggle to keep on living mostly in poor state of shelter with poor sanitation and hygienic conditions. St. Camillus Dala Kiye Children Welfare Home is committed to care and protect such children living in conditions devoid of human interests. The program recognizes the family as having the primary responsibility for nurturing and protecting children and introducing them to the culture, values and norms of their society.

VISION:

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

MISSION:

Dala Kiye Program is committed to work with and for orphans and vulnerable children through empowering, need-based and compassionate caring responses to the devastating impacts of HIV/AIDS in Karungu community. The program mobilizes and engages community responses that empower households living with children for improved quality of life, decrease their chances of HIV infection and become healthy and productive members of Karungu community.

GOAL:

To improve the quality of life of OVC and their household members in Nyatike and Gwassi communities

STRATEGIC INTERVENTIONS:

The program therefore rolls out 3 strategic interventions modeled to respond to the specific and general needs of OVC with different levels of needs:

- ❑ OVC living with a caregiver in the community
- ❑ OVC living under circumstances devoid of human interests.
- ❑ OVC living with AIDS

1. Community Based Care & Support for Orphans & Vulnerable Children Affected by HIV/AIDS

The intervention is designed on the basic assumption that a child has somebody within the community to provide care and support. This intervention is modeled to compliment the responses of the caring community to maintain and provide comprehensive care and support to the children within the community settings. 1,692 children are reached out in the community through this model

2. Foster Family Care and Protection for Orphans & Vulnerable Children Affected HIV/AIDS

This intervention is modeled on the background that some children live under difficult circumstances that threaten to paralyze their future. A number of children suffer in the hands of their caregivers and become even more vulnerable. Such children are common among the heterogeneous beach communities, disjointed families and exposed children in need of protection. This model therefore provides an alternative family within the community where the children are reintegrated. The intervention currently reaches out to 48 children in four foster families - Bethlehem, Midian, Nazareth and Shechem.

3. Foster Family Care and Protection for Orphans & Vulnerable Children with Special Needs

This level of intervention targets children living with HIV/AIDS, already enrolled on ART and are under the care of aged, sick and weak caregivers who equally need care. A majority of such children are referred from ART points of service presenting with high incidences of malnutrition, non-adherence to drugs, opportunistic infections and poor health seeking behavior. The model provides an alternative family with facilities to respond to the ever-increasing complexities of the needs of children living with AIDS. Currently 22 children are reached with ultimate target of 60.

The strategic Program interventions strive to achieve four broad objectives:

1. Strengthened capacity of the local target communities to identify and explore their potentials and be able to contribute to the initiatives addressing OVC needs.

The program strives to facilitate processes in the community aimed at positively reinforcing community strengths and exploring their potentials for effective care and protection for the OVC. The program reaches out in community forums to challenge the social and cultural stereotypes that constrain community development. The program enables the community to identify and maximize their own opportunities for protection and empowerment against child suffering.

2. Enhanced livelihoods and social support services to OVC households in the local target communities.

The objective endeavors to provide a package of social support services to address the immediate and long-term household needs of orphans and vulnerable children within their communities or the designed setups they live in.

3. Improved medical and psychosocial well being of OVC in the local target communities.

The objective strives to provide quality health care services to OVC and their household members and promote positive health seeking behaviors among children and their caregivers.

4. Prepared children with skills necessary to negotiate and maintain safe behavior against HIV infection in the local target communities.

The program focuses on effective HIV/AIDS prevention strategies for children such as awareness building, life skills, behavior change communication, stay alive and advocacy through which children learn how to make informed choices and able to consider the consequences of these choices in life. The key concepts that are being emphasized include consequential thinking skills, abstinence, family values, community norms, child empowerment and hope for a better future. The children are empowered through processes of identifying, exploring and maintaining behavior patterns, attitudes and moral obligations that help them stay HIV free.

Project: Community Based Care & Support for Orphans & Vulnerable Children Affected by HIV/AIDS

Goal: To improve the quality of life for 1692 OVC and their household members in Nyatike and Gwassi communities

Program outputs during the year:

Objective	Evidence	Planned targets	Actual targets
Strengthened capacity of Nyatike and Gwassi communities to identify and explore their potentials and be able to contribute to the initiatives addressing OVC needs.	# community meetings held to identify and prioritize needs of OVC	4	4
	# community training/education sessions conducted	4	4
	# OVC identified, assessed & enrolled in the project	20	54
	# program review meetings conducted	4	4
	# OVC referred for legal assistance	n/d	5
	# caregivers support group formed and functioning	8	6
	# caregivers support group sessions conducted	4	4
	# OVC being supported and integrated into family foster care systems	8	8
	# OVC accessing care and support services	1620	1620
Enhanced livelihoods and social support services to 1692 OVC and their households in Nyatike and Gwassi	# OVC supported in various primary schools to access quality primary education	1293	1293
	# of public schools developed by improving and/or building new physical facilities	3	3
	# OVC supported in boarding primary schools to access quality primary education	115	115
	# OVC with physical disabilities supported in various institutions to access quality primary education	13	13
	# OVC supported in various secondary schools to access quality secondary education	94	94
	# school supported to provide regular school-based feeding programme	2	2
	# of children enrolled on regular school-based	636	636

communities.	feeding programme in 2 public primary schools		
	# OVC supported with school fees and other educational expenses	296	296
	# OVC provided with (scholastic materials) books and other essential stationeries	296	296
	# OVC enrolled in school and supported with official school uniforms	296	296
	# OVC retained in school for 80% of the school period	296	296
	# OVC supported and completed their primary education	58	51
	# supportive supervisory visits to home & school	36	48
	# OVC provided with clothing support	219	219
	# households provided with supplementary food assistance	21	21
Improved medical and psychosocial well being of 1692 OVC in Nyatike and Gwassi communities.	# cumulative continuous health assessments conducted to OVC at school and home	296	296
	# OVC receiving routine guidance & counseling at school and during home visits	123	123
	# caregivers receiving routine nutritional counseling	n/d	39
	# OVC treated & received medical services by the project nurses	n/d	461
	# OVC treated as in-patients	100	125
	# OVC treated as out-patients	150	426
	# caregivers referred to other points of care	39	39
	# other children in need supported to access medical care services	n/d	82
	# OVC households visited by technical project staff	104	20
Prepared children with skills necessary to negotiate and maintain safe behavior against HIV infection in Nyatike and Gwassi communities.	# individuals care plans developed for OVC	n/d	6
	# households provided with counseling and guidance services	n/d	56
	# OVC and caregivers reached with HIV/AIDS prevention and protection information	n/d	Over 5000
	# life skills trainings conducted to children	4	4
	# of sessions on Knowledge, Attitude, Practice & culture (KAPC) assessment among children and peer educators	6	5
	# open education sessions with children on HIV/AIDS and related health issues in the community	42	38
# Community open days on HIV/AIDS & OVC (World AIDS Day & The Day of the African Child)	2	2	
# IEC materials distributed on HIV/AIDS & OVC	n/d	350	

Project: Foster Family Care and Protection for OVC Affected by HIV/AIDS

Prime objective: To foster and improve the quality of life for 48 orphans and vulnerable children living in difficult circumstances in alternative families within Nyatike and Gwasssi communities

Program outputs during the year:

Objective	Evidence	Planned targets	Actual targets
1. Strengthened capacity of Nyatike and Gwasssi communities to identify and explore their potentials and be able to contribute to the initiatives addressing OVC needs.	# community meetings held to identify and prioritize needs of OVC	3	3
	# foster family houses established in the community to foster children	5	4
	# community training/education sessions conducted	3	3
	# OVC identified, assessed & enrolled in the foster family care and protection system	9	9
	# program review meetings conducted	4	4
	# OVC provided with legal fostering requirements	48	0
	# caregivers support group formed and functioning	4	2
	# caregivers support group sessions conducted	4	2
	# OVC being supported and integrated into family foster care systems	48	48
2. Enhanced livelihoods	# OVC supported in various primary schools to access quality primary education	48	48
	# OVC supported in various secondary schools to access quality secondary education	3	3
	# of OVC benefiting from household facilities and equipment support	48	48
	# meals provided to foster family houses per day	5	5

and social support services to 48 OVC and their households in Nyatike and Gwass communities.	# of OVC receiving support for shelter, security and continuity in social integration	48	48
	# OVC supported with school fees and other educational expenses	48	48
	# OVC provided with (scholastic materials) books and other essential stationeries	48	48
	# OVC enrolled in school and supported with official school uniforms	48	48
	# OVC supported and completed their primary education	3	3
	# supportive supervisory visits to home & school	48	52
	# OVC provided with clothing support	48	48
	# households provided with supplementary food assistance	21	21
3. Improved medical and psychosocial well being of 48 OVC in Nyatike and Gwass communities.	# continuous health assessments conducted to OVC at school and home	296	296
	# OVC receiving routine guidance & counseling at school and during family visits	48	48
	# foster mothers receiving routine nutritional counseling	4	4
	# OVC treated & received medical services by the project nurses	n/d	461
	# OVC treated as in-patients	48	21
	# OVC treated as out-patients	48	38
	# caregivers referred to other points of care	39	39
	# individuals care plans developed for OVC	n/d	2
	# OVC provided with counseling and guidance services	48	29
4. Prepared children with skills necessary to negotiate and maintain safe behavior against HIV infection in Nyatike and Gwass communities.	# OVC and caregivers reached with HIV/AIDS prevention and protection information	n/d	Over 5000
	# life skills trainings conducted to children	4	2
	# of sessions on Knowledge, Attitude, Practice & culture (KAPC) assessment among children and peer educators	6	5
	# open education sessions with children on HIV/AIDS and related health issues in the community	12	12
	# Community open days on HIV/AIDS & OVC (World AIDS Day & The Day of the African Child)	2	2
	# IEC materials distributed on HIV/AIDS & OVC	n/d	350

Project: Foster Family Care and Protection for OVC with Special needs

Prime objective: To foster and improve the quality of life for 60 orphans and vulnerable children living with HIV/AIDS in alternative families set up within St. Camillus Dala Kiye Children Welfare home.

Accomplishments during the year:

Objective	Evidence	Planned targets	Actual targets
1. Enhanced livelihoods and social support services to OVC living with HIV/AIDS in 6 foster families for a period between the dates of a child's enrolment into the project to 18 years from the date of a child's birth.	# OVC identified, assessed and enrolled into family foster care systems	60	22
	# of children enrolled on comprehensive feeding programme under foster family care	60	22
	# OVC supported with school fees and other educational expenses	60	22
	# OVC provided with (scholastic materials) books and other essential stationeries	60	22
	# OVC enrolled in school and supported with official school uniforms	60	22
	# OVC retained in school for 80% of the school period	60	22
	# OVC provided with clothing support	60	22
	# OVC provided with legal fostering requirements	60	19
	# caregivers education/training sessions conducted	3	3
	# program staff recruited	17	11
	# of program staff trained on job	11	11
	# program review and Monitoring and evaluation sessions conducted	2	2
2. Improved medical and psychosocial well being of 60 OVC living with HIV/AIDS in 6 foster families for a period between the dates of a child's enrolment into	# continuous health assessments conducted to OVC in foster family house and project clinic	60	22
	# OVC with special needs receiving health care services in a foster family	60	22
	# OVC treated & received medical services by the project nurses	n/d	22
	# OVC treated as in-patients	60	22
	# OVC treated as out-patients	60	22

the project to 18 years from the date of a child's birth.	# Health Education & sessions conducted	28	28
	# individuals care plans developed for OVC	60	22
	# children provided with counseling and guidance services	60	22
3. 60 OVC living with HIV/AIDS in 6 foster families cultured with knowledge & skills necessary to adhere to ART, negotiate and maintain safe behavior against HIV cross infections for all the periods of their lifetime.	# OVC and caregivers reached with HIV/AIDS prevention and protection information	120	44
	# OVC with special needs enrolled and receiving foster care services	60	22
	# life skills trainings conducted to children	7	7
	# of sessions on Knowledge, Attitude, Practice & culture (KAPC) assessment among children and peer educators	7	7
	# Community mobilization and sensitization meetings	3	3
	# Collaboration and networking meetings	3	3
	# Community open days on HIV/AIDS &OVC (World AIDS Day & The Day of the African Child)	2	2

LESSONS

1. The 3 models being rolled out provide the necessary continuum of care and support for OVC living in different levels of vulnerabilities.
2. Dala Kiye program setup and the strategic interventions provide the middle ground and an opportunity for exposing the gaps and exploring the dilemma of placing a child under community-based care versus institutional care.
3. 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.
4. 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.
5. It is imperative that program activities are implemented in an all-inclusive setup that brings all stakeholders on board and promotes the spirit of partnership with the affected communities in caring for their children.
6. It has been underscored that the voice of every child is heard in the process of placing him/her with a caregiver or in an alternative family thereby creating opportunities for them to be increasingly involved in the issues regarding their welfare in the family.

CHALLENGES

1. 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.
2. The service provision cost per child is relatively high during the initial 3 months start-up stages of a foster family.
3. Owing to the increasing numbers of OVC in the community there have been incidences of other children from the community intruding into the foster families especially during meals and bed times.
4. 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.
5. The funding prospects were dimmers during the early periods of the project implementation. This prompted shift of priorities and consequently a number of planned activities were never accomplished.
6. The number of OVC that need foster care and protection under foster family model has swollen beyond the project capacity. The needs based approach to OVC needs assessment reveals that a number of OVC need protection not just care alone.
7. A number of issues related to sexuality were noted and might need advanced level of life skills training which is not within our current programming

STRATEGIC DIRECTION

1. Promote sustainable family-based initiatives such as kitchen gardening, subsistence farming and poultry keeping.
2. Strengthen sustainable income generating activities for households and foster families.
3. Emphasize on intensive life skills training for all the children in school, in the foster families and caregivers in the community.
4. Expand the resource base and engage more new partners on board to scale up all the 3 OVC programming models.