ANNUAL REPORT

2010

ST. CAMILLUS DALA KIYE
CHILDREN WELFARE HOME

A Compassionate Response to
HIV/AIDS Impacts on Children

January – December 2010

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:	2500 OVC & 1200 Caregivers
Program Location:	Karungu Division, Nyatike District
Reporting Period:	January 2010 - December 2010
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
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
USAID	United States Agency for International Development
NACC	National AIDS Control Council

Introduction

St. Camillus Dala Kiye Children Welfare Home is a faith-based organization founded in 1998 by the religious congregation of the '**Order of the Servants of the Sick'** (Camillians). The program is affiliated with 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 (OVC) in Nyatike and Gwassi constituencies of Nyatike and Suba Districts respectively. However, some children come from other parts of Kenya and Tanzania.

AIDS deaths continue to rise and the impact on Kenyan communities is becoming increasingly severe. The problem is especially acute among the young. In Nyanza province alone it is estimated that there are more than 650,000 orphans and vulnerable children, the largest of number of any province in Kenya (KAIS 2007, NACC 2007). Nyatike and Gwassi communities host approximately 30,000 OVC and over 6,000 households whose needs have overwhelmed the traditional social support systems. People in these households continue to live in severe poverty, lacking material and social necessities for growth and development. Many of the young are already infected with the HIV virus and thus must deal with the complexities of living with HIV/AIDS. Their unmet needs include medication, food, education, psychosocial support, life skills, protection and shelter.

In response to this crisis, numerous governmental and non-governmental agencies have addressed the problem, and both country-wide and community-based programs have emerged. The 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 leadership, including, but not limited to, the Ministry of Health, Ministry of Planning, Ministry of Agriculture, Ministry of Culture and Social Services and Ministry of Education.
For the year 2010, Dala Kiye provided support to children in the following seven core service areas;

- Health
- Food and Nutrition
- Education
- Shelter
- Psychosocial development
- 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)
- B. L Tezza Complex Primary School – registered as a public school
- B. L Tezza Complex Secondary School – registered as a public School
- Administration Building – containing seven program offices, a library, an auditorium and public washroom
- Dining hall – furnished and equipped with a capacity of 300 people
- Foster Family Houses – six self–contained units, each currently housing ten children, but with sufficient space for several more
- Sports field and recreational facilities – for children and adults.
- A vegetable garden.

Vision and Mission

Vision

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

Mission

This vision is attainable through our commitment to a program that provides need-based, compassionate care to children affected by HIV-AIDS and their communities. The program focuses on the development of community responses that improve OVC's quality of life, decreases their chances of HIV infection, and help them become healthy and productive members of the Karungu community.

Program Interventions

Model 1: *Community Based Care Model*

This model mainstreams program interventions into the community to compliment the care already being given by community members. The program emphasizes maintaining and supplementing the care and support that children are already receiving within their community settings. This model appreciates the fact that a majority of children do have at least one extended family member (e.g., a grandmother, uncle, aunt, sibling, or in some cases, a sympathizer within the community) who can be assisted in providing care for the OVC left behind when parent(s) die(s)

With this model, Dala Kiye program reaches about 2,500 OVC and 1,200 caregivers.

Children under community based care model attending B.L.Tezza primary school are all smiles

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

This model arranges care for displaced OVC in suitable foster families within the community. This model targets not only OVC for whom model one is not available, but also children who:

- Live with relatives no longer willing or able to continue caring for them.
- Live in a home in which they are overburdened with domestic chores to such an extent that educational and psychosocial development is compromised.
- Are residing in conditions in which they are exposed to sexual activities, illicit brews, and susceptible to exploitation and abuse.
- Are subjected to hunger, infections, and desertion.
- Live in dysfunctional family situations in which they experience rejection and hostility from the caregiver and from time to time must stay with a different caregiver and may not be well socialized into the roles in the community.

The Program reached 35 OVC with this care model

Boys in Nazareth foster family in the community wash their clothes & interact

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

This model places children in a new alternative family in modern housing facilities within the St. Camillus Dala Kiye Children Welfare Home. In this setting they live with families consisting of other HIV-positive children, living under the guidance, care, and supervision of trained professional housemothers, in excellent physical facilities. A majority of the children in this category were already enrolled in ART and under the care of aged and/ or sick caregivers, but were referred due to high rates of malnutrition, non–adherence to anti-retroviral drug protocols, and opportunistic infections, thereby leading to lower resilience and declining health.
The Dala Kiye Program reached 60 OVC with this care model.

Foster children at Dala Kiye centre prepare to take their ARV drugs/A view of the main entrance to Cheetah foster house at Dala Kiye centre.

Children play games after school while others enjoy eating ice cream

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. Enhance the medical and psychosocial well being of OVC and their household members.
2. Improve the livelihoods of OVC and their household members.
3. Protect OVC and their household members against the risk of HIV infection.
4. Strengthen the capacities and abilities of the targeted community members so that they can prioritize and facilitate appropriate strategies to address the needs of OVC.
5. Strengthen the capacities and abilities of the Dala Kiye program team so that they can deliver quality services to the targeted community members.

Activities planned for 2010.

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

1. **Enhance the medical and psychosocial well being of the targeted OVC and their household members.**

    - Clinical and nursing care
    - Psychosocial care
    - ART Services
    - Nutritional care
    - Health Education
    - Referrals to other levels of care
    - Medical bills support

2. **Improve the livelihoods of the targeted OVC and their household members.**

    - 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 bedding
    - Shelter support
    - Household utility services

3. **Protect the targeted OVC and their household members against the risk of HIV infection.**

    - Develop BCC/ IEC material
    - Provide life skills training to OVC
    - Offer guidance and counseling

4. **Strengthen the capacities and abilities of the targeted community members to prioritize and facilitate appropriate strategies to address the needs of OVC.**

    - Community mobilization and sensitization
    - 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. **Strengthen the capacities and abilities of the program team to deliver quality services to the targeted community members.**

    - Require staff training

- Develop career paths through established human resource development strategy.

Foster children at play in Dala Kiye while others try to fill out a jigsaw puzzle

Comprehensive Summary of Program Performance During 2010

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

Objectives	Program Components	Program Interventions	Performance in 2010
Improved health care services to OVC and their household members.	Nursing & Clinical Care	# cumulative continuous health assessments conducted to OVC at school and home	750 (410m, 340f)
		# OVC treated as out-patients	319 (180m, 139f)
		# OVC treated as in-patients	51 (32m, 19f)
		# OVC treated & received medical services by the project nurses	208 (125m, 83f)
	Pediatric ART services	# individuals care plans developed for OVC	64 (41m, 23f)
	Psychosocial Support	# OVC receiving routine guidance & counseling at school and during home visits	1200 (750m, 450f)
	Nutritional Care	# of children enrolled on comprehensive feeding programme under foster family care	91 (48m, 43f)
		# caregivers receiving routine nutritional counseling	35 (0m, 35f)
		# meals provided to foster family houses per day	5
	Health Education & Campaign	# OVC households visited by technical project staff	245
		# health education sessions conducted	45
	Referrals to other points of health	# OVC referred to other points of care	14 (6m, 8f)

	care services for comprehensive responses	# 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	2 452 (284m, 168f)
	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	91 (48m, 43f)
		# of OVC receiving support for shelter, security and continuity in social integration	91 (48m, 43f)
	Primary education support	# OVC with physical disabilities supported in various institutions to access quality primary education	15 (9m, 6f)
		# OVC supported in boarding primary schools to access quality primary education	7 (3m, 4f)
		# OVC provided with (scholastic materials) books and other essential stationeries	1600 (100m, 600f)
		# OVC enrolled in school and supported with official school uniforms	452 (284m, 168f)
		# OVC supported and completed their primary education	96 (54m, 42f)
	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	10 (4m, 6f)
	Post secondary education support	# OVC receiving support for post secondary education	12 (10m, 2f)
	Clothing/bedding support	# OVC provided with clothing support	91 (48m, 43f)
Strengthened capacity of community members to address the needs of OVC and their household members	Community mobilization and sensitization	# community meetings held to identify and prioritize needs of OVC	67
	Institutional capacity building and development	# internal staff trainings # external staff trainings # staffs trained	0 3 4
	Community capacity building and development	# community training/education sessions conducted # OVC identified, assessed & enrolled in the project # caregivers support group formed and	2 490 6

		functioning # caregivers support group sessions conducted # OVC being supported and integrated into family foster care systems # of OVC benefiting from household facilities and equipment support	67 91 (48m, 43f)
	Monitoring and Evaluation	# program review meetings conducted	4
	Advocacy and Lobbying for OVC and their households	# OVC referred for legal assistance # supportive supervisory visits to home & school	0 126
	Collaboration and networking meetings	# networking meetings attended & participated in	10
	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	3500 72
	Adolescent education on sexuality and Reproductive Health	# IEC materials distributed on HIV/AIDS & OVC	850
	Life skills training	# life skills trainings conducted to children	72
	Guidance and counseling	# of sessions on Knowledge, Attitude, Practice & culture (KAPC) assessment among children and peer educators	25
	Sports and recreation	# Community open days on HIV/AIDS &OVC (World AIDS Day & The Day of the African Child)	3

Dala Kiye children enjoying a playing session at the auditorium

Accomplishments

General:

1. The three programming models previously described provide a comprehensive continuum of OVC care and support. The models expose and explore the gaps in the dilemma of placing a child under constrained community-care versus institutional care. At the program level the models require a full understanding of not only the individual orphan, but also the circumstances, level of vulnerability and discernment of the overall needs of every individual child in order to be able to respond appropriately.
2. Continued participation of St. Camillus Dala Kiye Children Welfare Home in both national, provincial and district stakeholders' forum that addresses the needs of Orphans and Vulnerable Children.
3. St. Camillus Dala Kiye Children Welfare Home continues to be an active member of Nyatike District AAC, which advocates for the rights of children..
4. Strong presence of community structures e.g. caregiver support groups and community volunteers in place.

Specific:

[Note: For a succinct overview of the accomplishments of the Dala Kiye program during 2010, refer to the preceding table, **Comprehensive Summary of Program Performance During 2010.]**

1. Health care services were provided to 2062 OVC and 1108 care givers in Dala Kiye.
2. Psychosocial support services were administered to 2865 OVC and 1145 care givers.
3. To improve students' nutritional status, school attendance, and academic performance, two meals per day were served to 446 OVC enrolled in the school-based feeding program in one primary school and one secondary school.
4. To ensure that they received regular meals and improve their health and nutritional status, at least three meals a day were provided to a total of 60 OVC living with AIDS enrolled in six foster families in Dala Kiye and 34 OVC enrolled in two foster families in the Nyatike community.
5. To increase the average number of daily meals from one to at least two, a package of supplementary food support was provided to 45 households every month.
6. School uniforms were provided to at least 883 OVC enrolled in 15 primary schools to retain them in school and improve their academic performance.
7. To improve school access, retention and academic performance, school fees support was provided to 154 OVC.
8. To improve access, retention and performance in school, eleven OVC who are physically handicapped were supported with school fees at special schools for the physically handicapped.
9. To enable them to attend technical training institutions, gain technical skills in various trades, and contribute to their ability to improve their livelihoods, twelve OVC were supported with vocational training fees and other vocational training expenses.
10. College fees were provided to 14 students to enable them to enroll in various institutions of higher learning.
11. To ensure that they were protected and had continuity in their social reintegration within family settings in Dala Kiye and the community, foster care was provided to a total of 94 OVC.

12. To enhance their knowledge and skills for prevention and protection against HIV/AIDS infection, life-skills instruction was provided to 2714 OVC and care-givers.
13. To address their personal health needs, 79 school-going orphaned and vulnerable girls were provided with sanitary towels.

Foster children in Dala Kiye centre take a meal in the Dining room.

Strategic Direction

1. Devise a viable resource mobilization strategy to address the issue of program sustainability.
2. Place more emphasis on the formation of care-giver support groups to facilitate community care and support to OVC and elicit high level of community contribution, participation and involvement.
3. Learn and adopt best practices for replication in all programming areas.
4. Emphasize caregiver sensitization for all St. Camillus Dala Kiye Children Welfare Home interventions.
5. Emphasize intensive life skills training and health education for all children in and out of school.

Boys play football at Dala Kiye sports field/Children take a photo with one of the staff