ST. CAMILLUS DALA KIYE CHILDREN WELFARE HOME

A COMPASSIONATE RESPONSE TO IMPACTS ON CHILDREN AFFECTED BY HIV/AIDS

2012 BUDGET

FEBRUARY 2012

Introduction

While campaigns by activists in Kenya concentrate in urban areas, the uneducated poor living in rural areas have become an easy target for the disease, AIDS. More than half of the infected persons live in Nyanza and Rift Valley Provinces. The national HIV/AIDS prevalence had declined significantly from a peak of about 14% in 2000 to 6.1% in 2005. The trend is again taking a nose dive as evidenced by the current national prevalence rate of 7.1%. Nyanza province still has the highest prevalence rate of 14.9% followed by Nairobi at 8.8% (KAIS 2009). Cumulative AIDS deaths continue to rise and the impact on society is becoming increasingly severe. Unfortunately, with each person infected with HIV, a family is forever affected particularly the most dependent members, the youngest and the older generations. This explains why AIDS is breeding a generation of orphaned and vulnerable children who continue to face the unfair challenges of unmet basic needs during their critical time of development.

The OVC situation in Kenya is a massive, growing and long-term crisis. Currently, there are about 1.9m OVC in Kenya and majority of them are orphaned by AIDS. Nyanza province where Nyatike and Suba districts lie, leads with 499,998 OVC in Kenya while Rift valley follows with 368,085 OVC *[Njoka J. M. (2009) Secondary Data Analysis on the Situation of Orphans and Vulnerable Children in Kenya – Report for UNICEF Kenya and Department Of Children Service].* The government and other stakeholders have come up with several interventions to address the problem of OVC but this has remained inadequate in the face of the ever increasing number of OVC.

St. Camillus Dala Kiye Children Welfare Home is one such stakeholder and a leading organization in working with and for Orphans and Vulnerable Children in South West Kenya. The organization rolls out community-focused interventions to respond to the needs of OVC living with their extended family members within their community settings. In response to the specific needs of children living with AIDS; especially food & nutrition, medical, psychosocial and **education support**, the program rolls out a foster care family model that not only provides a compassionate care and support but also inculcates a drug-taking culture to the children on ARV Drugs.

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)

With this model, Dala Kiye program reaches about 2500 OVC and 1200 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 35 OVC with this care model

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 sickling 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 2012.

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

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
    - school fees support
    - provision of clothes and beddings to OVC
    - Shelter support
    - Household utility services

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
    - Life skills training to OVC
    - Guidance and counseling

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.**
    - 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. **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
    - Developing career paths through established human resource development strategy.

Program Facilities

The current program facilities include the following:

- Early Childhood Education Center (Nursery) with **18** enrolled children.
- Primary school (B.L. Tezza Complex Primary School) - registered as a public school with **248** children enrolled.
- Secondary school (B.L. Tezza Complex Secondary School) – registered as a public school with **120** students and **26** students in other secondary school enrolled.
- Administration block – 7 furnished and equipped offices, library, auditorium and washrooms.
- Dining hall - furnished and equipped with a capacity of 300 people. Also encloses a laundry room and stores.
- Foster Family Houses - 6 units of self-contained family houses each with at least 10 bed capacity for children living with HIV/AIDS.
- Sports field and recreational facilities - for children and adults. These include ball games, athletics and shower points

Dala Kiye program currently reaches **440** children with education support. Majority of these children are enrolled in primary, secondary, vocational institutions. A small number are enrolled in middle level colleges and universities. It costs a yearly average of €350 ($486) to support an individual child in primary, secondary and vocational institutions while the average figure needed to support children in middle level colleges and universities is higher and stands at a yearly average of € 2,400 ($ 3,350). The program will require **€ 196,800.00 ($ 271,285.00)** to be able to adequately cater for all the children enrolled in education support in the year 2012.