MERCY ORPHANS SUPPORT GROUP PROGRAM
C/O ST.CAMILLUS CHILDREN WELFARE HOME
P.O BOX 119 – 40401 KARUNGU- KENYA

MERCY ORPHANS SUPPORT GROUP PROGRAM

A COMMUNITY CARE FOR CHILDREN AFFECTED AND INFECTED BY HIV/ AIDS

PROJECT NUMBER: - 648-0-016-SG013

THREE YEARS REPORT (2000-2003)

SEPTEMBER 2000- SEPTEMBER 2003

We care for Aids orphans (CABA). Hospitality and good service to the poor is our aim.

ACRONYMS

AIDS -	Acquired Immune Deficiency Syndrome
CRS -	Catholic Relief Services
CABAs -	Children affected by HIV/AIDS
CBO -	Community Based Organization
CHPs -	Community Health Promoters
ECD -	Early childhood development
EFL -	Education for Life
HBC -	Home based care
HIV -	Human Immuno-Deficiency Virus
IGA -	Income Generating Activities
ITN -	Insecticide Treated Nets
KAPC -	Kenya Association of professional counselors
KCPE -	Kenya Certificate of primary education
MOH -	Ministry of Health
NACC -	National AIDS Control Council
OVC -	Orphans and vulnerable children
PLWHAs -	People Living with HIV/AIDS
STI -	Sexually Transmitted Infections
UNICEF-	United Nations Children's Fund
VCT -	Voluntary counseling and testing

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INTRODUCTION:

The impact of HIV/AIDS on orphans and vulnerable children is increasing particularly to the children themselves, their families and the community. Due to widespread poverty and increasing HIV infection rate in the community, many orphans shall not be able to access quality health care and adequate support from their families whose structures are constrained due to overwhelming number of orphans. It is estimated that more than 13 million children under 15 years of age have lost one or both parents to AIDS globally, 11 million of them being from sub Saharan Africa.

The current estimate in Kenya indicates that 2.2 million Kenyans are HIV positive: 1.5 million have died leaving behind approximately 1.3 million orphans under the age of 18 years (KNDP 2002-2008). With the current country prevalence rate at 13% and 700 people per day lose their lives to HIV related deaths, the number of orphans in the country are overwhelming. UNICEF is projecting orphans figures to reach 1.8 million by the year 2005

Background analysis in Kenya has identified Nyanza province as one of the areas with the highest levels of HIV prevalence. According to the National Aids Control program, the prevalence rate in most districts in Nyanza is between 30%-39%, with Kisumu and Homa-Bay recording the highest rates of HIV infection in the country – 42%. Nyanza has at least 500,000 of the total 2.2 million infected persons in the country. Between 1990 and 1998, 75,000 of the total 180,000 AIDS deaths in Kenya were reported in Nyanza alone. Such high proportions of infected adults have increased and will continue to increase rapidly over the next five years. This has resulted into an increase in the number of orphans and vulnerable children who need external care and support.

Migori district, the site of Mercy orphans support group project has prevalence rate of 30%. Due to demand for care and support for OVCs in Karungu division, the project was started in the year 2000 as a CBO carrying out community care for orphans and vulnerable children after realizing that traditional care structures were increasingly burdened by the growing number of children orphaned by HIV/AIDS. It was realized that in most cases, grandparents or extended family members or young children were heading their households.

Trying to improve the quality of life for the CABAs and their households, Mercy orphans support project implemented its program activities in four locations of Karungu division i.e. Central, West, S.E and East Karungu Locations.

PROJECT MANDATE:

To develop vulnerable families affected and infected by HIV/AIDS through provision of care and support services within their community structures.

GOAL OF THE PROJECT:

To provide a caring and compassionate response to improve the quality of life for 500 CABAs and their families.

The objectives of the project are as follows.

1. To provide a minimum of 500 CABAs and their family members with high quality home based care and support services.
2. To provide a package of social support services to at least 65% of the 500 CABAs and their families.

3. To provide 500 CABAs and their families with skills necessary to negotiate, support and maintain safe behaviors.
4. To strengthen community identification of needs of CABAs and action to address those needs.

The project adopted the HBC strategy in the implementation of its objectives. The basic principles guiding the project in this model in the delivery of care and support interventions is that, it encourages the community to be self reliance, it recognizes and build on the reality that orphans and vulnerable children get most of their support from community and families, it is less expensive in that little resources can be used to reach a wider number of orphans and the role of the family and the community in caring of OVCs is recognized. The project realized that this provide a most efficient and holistic way of addressing the complexity of needs of persons affected by HIV/AIDS. It is within this context of HBC approach that our activities and indicators have been defined.

To achieve the goal and objectives of the project, the project is implementing its activities through community support groups. These support groups are mandated to identify the most vulnerable children in the community for support.

PROJECT ACTIVITIES TO DATE:

The following activities have been undertaken since the start of the project in September 2000 as per the five areas of the HBC strategy i.e.care and support, social support, prevention, community and organizational capacity building.

1. Care and support activities

- Identification of CABAs
- Needs assessment
- Clinical and nursing care
- Palliative care for frequently sick children
- Home visits
- Counseling

2. Social support services

- Support for educational expenses
- Emergency food assistance/clothing

3. Prevention education activities

- Life skill education
- Development of IEC materials
- Caregivers education

4. Community / organizational capacity building

- Training of CHPs and caregivers
- Community mobilization and sensitization on care and support
- Staff training
- Review meetings
- Staff meetings
- Technical workshop

ACTIVITIES OUT-PUT FOR YEAR ONE

A) Objective One:

To provide a minimum of 500 CABAs and their families with high quality home based care and support services

INDICATORS	ACHIEVEMENTS
CABA identification and enrolment	**500** CABAs identified and enrolled
# of staff hired	**4** staff hired
# of community volunteers identified and trained	**12** CHPs identified and trained
# of home visits conducted	**855** home visits conducted
# of CABA referred to health facility	**283** CABAs referred
# of CABAs treated	**283** CABAs received medical support
# of caregivers trained on nursing care	**13** caregiver trained on quality nursing care
# of individual care plans developed	**4** care plans developed for child headed households
# of caregivers / CABA taken for VCT	**12** caregivers underwent VCT
# of project staff trained in counseling	**2** project staff trained in counseling by KAPC
# of CABA/ families counseled by project staff	**41** care givers received counseling services from project staff

B) Objective two.

To provide a package of social support services to at least 65% of the 500 CABAs and their families

INDICATORS	ACHIEVEMENTS
# of school visits conducted	**27** schools visited to asses performance of CABAs and to pay school levies
# of CABAs supported with blankets	**150** CABAs received blankets
# of CABAs supported with school uniforms	**358** CABAs received school uniforms
# of CABAs supported with school levies	School levies paid for 450 CABAs
# of CABAs provided with supplementary food support	**118** CABA families received food supplement
# of CABAs supported with school books	**340** CABAs received school books

C) Objective Three.To provide a minimum of 500 CABAs and their families with skills necessary to negotiate, support and maintain safe behaviors

INDICATORS	ACHIEVEMENTS
# of children demonstrating understanding of their bodies	**363** CABAs are able to demonstrate understanding of their body.
# of caregivers support groups established	**2** caregivers support groups established and active
# of caregivers support group sessions conducted	**6** sessions conducted in the year

(d) Objective Four.

To build the capacity of the community to identify the needs of CABAs and carry out activities to address these needs

INDICATORS	ACHIEVEMENTS
# of needs assessments conducted to CABA households	**380** needs assessments conducted
# of review meetings conducted	**4** review meetings conducted
# of CHPs monthly meetings conducted	**12** CHPs monthly meetings conducted
# of collaborative meetings conducted	**2** collaborative meeting organized
# of chiefs barazas attended	**4** chief barazas attended by the project staff

ACTIVITIES OUT-PUT FOR YEAR TWO.

B) Objective One:
To provide a minimum of 500 CABAs and their families with high quality home based care and support services

INDICATORS	ACHIEVEMENTS
CABA identification and enrolment	**500** CABAs identified and enrolled
# of staff hired	**4** staff hired
# of community volunteers identified and trained	**20** CHPs identified and trained
# of home visits conducted	**648** home visits conducted
# of CABA referred to health facility	**322**CABAs referred
# of CABAs treated	**322** CABAs received medical support
# of caregivers trained on nursing care	**392** caregiver trained on quality nursing care
# of individual care plans developed	**5** care plans developed for child headed households
# of caregivers / CABA taken for VCT	**12** caregivers underwent VCT
# of project staff trained in counseling	**2** project staff trained in counseling by KAPC
# of CABA/ families counseled by project staff	**76** care givers received counseling services from project staff

B) Objective Two.
To provide a package of social support services to at least 65% of the 500 CABAs and their families

INDICATORS	ACHIEVEMENTS
# of school visits conducted	**15** schools visited to asses performance of CABAs and to pay school levies
# of CABAs supported with blankets	**150** CABAs received blankets
# of CABAs supported with school uniforms	**193** CABAs received school uniforms
# of CABAs supported with school levies	School levies paid for 450 CABAs
# of CABAs provided with supplementary food	**305** CABA families received food supplement

C) Objective Three.
To provide a minimum of 500 CABAs and their families with skills necessary to negotiate, support and maintain safe behaviors

INDICATORS	ACHIEVEMENTS
# of children demonstrating understanding of their bodies	**197** CABAs are able to demonstrate understanding of their body.
# of caregivers support groups established	**3** caregivers support groups established and active
# of caregivers support group sessions conducted	**12** sessions conducted in the year

(d) Objective Four.
To build the capacity of the community to identify the needs of CABAs and carry out activities to address these needs

# of needs assessments conducted to CABA households	**380** needs assessments conducted
# of review meetings conducted	**4** review meetings conducted
# of CHPs monthly meetings conducted	**12** CHPs monthly meetings conducted
# of collaborative meetings conducted	**1** collaborative meeting organized
# of chiefs barazas attended	**4** chief barazas attended by the project staff

ACTIVITIES OUT-PUT FOR YEAR THREE.

C) Objective One:
To provide a minimum of 500 CABAs and their families with high quality home based care and support services

INDICATORS	ACHIEVEMENTS
CABA identification and enrolment	**500** CABAs identified and enrolled
# of staff hired	**4** staff hired
# of community volunteers identified and trained	**24** CHPs identified and trained
# of home visits conducted	**905** home visits conducted
# of CABA referred to health facility	**232**CABAs referred
# of CABAs treated	**232** CABAs received medical support
# of caregivers trained on nursing care	**286** caregiver trained on quality nursing care
# of individual care plans developed	**6** care plans developed for child headed households
# of caregivers / CABA taken for VCT	**12** caregivers underwent VCT
# of project staff trained in counseling	**2** project staff trained in counseling by KAPC
# of CABA/ families counseled by project staff	**16** CABAs/**12** care givers received counseling services from project staff

B) Objective Two.
To provide a package of social support services to at least 65% of the 500 CABAs and their families

INDICATORS	ACHIEVEMENTS
# of school visits conducted	**36** schools visited to asses performance of CABAs and to pay school levies
# of CABAs supported with blankets	**150** CABAs received blankets
# of CABAs supported with school uniforms	**193** CABAs received school uniforms
# of CABAs supported with school levies	School levies paid for 470 CABAs
# of CABAs provided with supplementary food support	**55** CABA families received food supplement
# of CABAs supported with books and pens	**352** CABAs received books and pens
# of CABAs supported with clothing	**220** CABAs received T-shirts

C) Objective Three.
To provide a minimum of 500 CABAs and their families with skills necessary to negotiate, support and maintain safe behaviors

INDICATORS	ACHIEVEMENTS
# of children demonstrating understanding of their bodies	**197** CABAs are able to demonstrate understanding of their body.
# of caregivers support groups established	**5** caregivers support groups established and active
# of caregivers support group sessions conducted	**17** sessions conducted in the year
# of participatory education sessions for 5-13 years old	**5** sessions conducted

(d) Objective Four.
To build the capacity of the community to identify the needs of CABAs and carry out activities to address these needs

INDICATORS	ACHIEVEMENTS
# of needs assessments conducted to CABA households	**461** needs assessments conducted
# of review meetings conducted	**3** review meetings conducted
# of CHPs monthly meetings conducted	**12** CHPs monthly meetings conducted
# of collaborative meetings conducted	**2** collaborative meeting organized and conducted with MOH
# of chiefs barazas attended	**4** chiefs barazas attended by project staff

NARRATIVE ON THE STATUS OF PROJECT OBJECTIVES

Objective one:
To provide a minimum of 500 CABAs and their families with high quality home based care and support services.

By the end of FY 2001, **500** CABAs had been identified and enrolled in the project. The project had developed its eligibility criteria for identifying vulnerable children through consultation with the community. The project was looking at the households, which were hard hit by the HIV/AIDS pandemic. All these were done through consultation with community groups .The outcome of the consultation revealed that the following factors determined child vulnerability.

- Child headed households
- Absence of an adult guardian
- Loss of livelihood
- School absenteeism
- Aging guardians
- Sick care providers
- Girl child
- Children under 18 years

In regard to the above factors, the 500 children identified and enrolled in the project were CABAs who had lost either or both parents who had presented at least three of the above.

Clinical care:

Once the CABAs were enrolled, clinical diagnosis and treatment was either done directly by the project nurse at home or referred to St.Camillus mission hospital, which has been our referral center and others like CABA caregivers, and siblings were referred to Karungu sub-district hospital. During the three years of implementation, an average of **46.4%** of the total CABAs were referred to St.Camillus mission hospital and Karungu sub-district hospital. This area being along the lake, the most prevalent disease among the CABAs was found to be malaria followed by URTIs.

To follow up treatment and drug adherence among CABAs, the project nurse and the social worker conducted home visits to the CABAs at home. A total of **2408** home visits were conducted within the three years and most CABAs were visited more than once a month. The project social worker is responsible for 500 CABAs with the support from the community volunteers (CHPs) who have been trained in orphan care and support. Up to the end of FY 2003, a total of **24** CHPs and **691** caregivers have been trained in the care for orphans but only **16** CHPs are actively involved in project activities. After realizing that malaria was a threat to the lives of CABAs, CRS in collaboration with PSI donated **500** ITNs to the project, which was sold to CABAs at a subsidized price.

Counseling:

The project social worker and the nurse were trained in counseling by KAPC. Therefore, they continued to meet the emotional, psychological, spiritual trauma and counseling needs of the orphans and their families. These they did both to the individual and through support group sessions. A total of **127** families have received counseling in a total of **21** counseling sessions.

Though there have been specific challenges associated with counseling like most community members believed that counseling is associated with HIV/AIDS, they could not seek the service for fear of stigma and discrimination. There is need to carry out intensive counseling awareness in the community and also train more counselors but dealing with stigma will still be a major hurdle in the community.

The overall impact of HBC activities has been considerable with the large number of caregivers reporting satisfaction with the level of care that they received from the project. This is documented in the EOP evaluation report.

Objective two:

To provide a package of social support services to at least 65% of the 500 CABAs and their families.

Social support services are provided to households with greatest needs and with difficulty in providing children with basic needs. The major activities carried out by the project under this objective were emergency food support, educational support and empowering the community to accept the responsibility and care of its children and households affected by HIV/AIDS.

Food:

A total of **478** households received a minimal of food support such as maize, beans, and millet on a fortnight basis. Most of these households were headed by children themselves or aging caregivers. This was just a small supplement to keep the family

moving as they fend for other livelihoods. Because the project was trying to move from relief to release, this component was not given much priority.

School expenses:

On the start of the project, it was realized that most orphans were dropping out of school due to lack of school requirements. Thanks to the Narc government which introduced free and compulsory primary education. Originally, the project was providing educational expenses covering school fees and other educational expenses like school uniform, schoolbooks, pens etc. To ensure that CABAs remained in school, all the **500** CABAs received school uniforms and other school requirements yearly. To ensure close monitoring of CABA progress in school, the social worker and the nurse with support from the CHPs carried out **78** school follow up visits to the **27** schools in which the project CABAs are. During the visits, the project team is able to address any issue affecting the retention of the CABAs in school. During the implementation of the activity, the project realized that the CABAs doesn't only need basic education but the bright CABAs needs to proceed with their education to the highest levels. The project also organized Education day for orphans where bright OVCs were rewarded for their hard work.

Clothing/ others:

The project realized that shelter was a big challenge and tried to collaborate with the community to support the construction or repair of roofs for very needy CABAs in difficult situations as well as providing them with blankets. For the three years, **150** CABAs were supported with blankets, **300** CABAs were given T-shirts and a total of **4** houses were constructed and improved.

Objective three:

To provide 500 CABAs and their families with skills necessary to negotiate, support and maintain safe behaviors

Prevention as a component of HBC plays a major role in orphan care and support. Life skill education and HIV/AIDS risk reduction education provided to individual families' helps in prevention of the spread of HIV/AIDS by increasing their understanding of the epidemic. We also tried to introduce Stay Alive Program for children between 8-10 years and it worked so well that we intend to adopt the teaching methodology of the Stay Alive Program. Though it has been very difficult to develop tools to track this objective, interview with the CABAs revealed that they have improved knowledge and understanding of HIV/AIDS modes of transmission and ways of prevention. Most of these sessions are either conducted in schools or through the established community support groups, which could include even non-project beneficiaries.

Topics covered during training sessions:

Caregivers:

- Sexuality and STIs
- Advocacy on cultural issues
- Impact of HIV/AIDS in the community
- Role of the community on prevention of HIV/AIDS

Adolescent:

- Life skill education and how to be assertive
- Behavior change communication

- VCT

Pre-adolescent:

- Health education
- Types of diseases
- Growth and development
- Understanding our bodies

The project had carried prevention education sessions for adolescent and pre-adolescent in schools involving all children who were grouped according to their ages. To help improve the quality of the training, two project staff underwent training on Behavior change communication organized by Education for Life Program (EFL). The project has also been actively involved in national activities like world AIDS day and World TB day. These forums are used by the project to disseminate information on OVCs and Advocacy on the rights of children and PLWHAs.

Objective four:
To strengthen community identification of needs of CABAs and action to address those needs.

Through this objective, the project staff takes the community through the process of identifying the needs of CABAs, addressing the challenges towards meeting these needs and helping the community to identify what they can do to help them meet these needs. The technical staffs have been mobilizing the community through established support groups to help address the community gaps. During these meetings, the community identified the following as the major needs of orphans; education both basic and secondary, guidance and counseling, physical and medical care, food, clothing, shelter, food security, water and sanitation. Through good collaboration, the administrator of St.Camillus mission hospital Karungu, 4 CABAs who excelled in 2002 KCPE were sponsored for secondary education.

Despite the achievements at the community level, poverty has been sited as the major obstacle to meeting the magnitude of the needs faced by CABA. Stigma and discrimination attached to HIV/AIDS in the community is also hindering permanency planning. The provincial administration is also playing a key role in mobilizing the community on the importance of communinity ownership and involvement in the project activities.

Through institutional capacity building by CRS Kenya, the project have been able to access funds from other donors to bridge the gaps identified during implementation of the CABA project.

CONSTRAINTS, WEAKNESSES, STRENGTHS, LESSONS LEARNT.

1. **Internal constraints and programming gaps**
   - The project focused on CABAs and not OVCs
   - Limited capacity to provide adequate material and social support
   - Neglecting the needs of indirect participants e.g. siblings and caregivers
   - The concept of holistic care
2. **External constraints.**
   - Poverty
   - Stigma
   - Limits to volunteerism
   - Staff burn out
   - Complexity of needs of orphans

- Lack of food security in client households
- Caregivers burn out.
- High mortality rate of caregivers
- Late referral of orphans to the health facility by caregivers.
- Increased number of child headed households.
- Volunteers over burdened by many orphans under their care.
- Negative attitude from non-project CABA
- Magnitude of number of CABA vrs number supported by the project.
- Dependency

WEAKNESSES

ORGANIZATIONAL

- Few number of staff Vs the number of CABAs supported.
- In adequate communication between project and partners

SOCIAL

- Targeting of orphans only Vs vulnerable children who are nursing their ailing parents.
- Targeting orphans' alone leaving their care providers who plays a key role in care and support.
- Constrained community structure considering overwhelming number of orphans.

PHYSICAL

- Wide coverage area Vs staff capacity

FINANCIAL

- Dependency on donor funds only

STRENGTHS

ORGANIZATIONAL

- Availability of qualified staff.
- Availability of project assets.

PHYSICAL

- Availability of office space.
- Accessibility of the project from main road.

SOCIAL

- Community acceptance and ownership
- Active participation by stakeholder and gatekeepers.
- Good collaboration with other service providers.

FINANCIAL

- CRS support funds.
- NACC support funds
- Community contributions.
- Collaborators assistance/support.

LESSONS LEARNT:

- Life skill education in primary schools enabled the children to demonstrate knowledge and understanding of growth and development of their bodies, HIV/AIDS and STI prevention and modes of transmission.
- Focusing on Orphans and Vulnerable children rather than just CABA reduces stigma and discrimination
- Continuous community mobilization and sensitization has increased community capacity to accept the orphans and has enabled them to form support groups to help address the needs of orphans.
- Caregivers play a key role in care and support for orphans, and also require support for orphan care to be complete.

RECOMMENDATIONS FOR FUTURE INTERVENTION BY THE PROJECT:

- Strengthen care & support for orphans within their extended families & communities.
- Continue with community capacity building at all levels
- Incorporate guidance, which is more practical than counseling in the community.
- Integrate care for PLWHAs with orphan care and support to ensure Continuity of care
- Enhance peer approach in life skill education for children in school and train teachers in the same
- Include the stay Alive initiative for HIV/AIDS Education
- Incorporate Water, Sanitation and Agriculture components in OVC programs
- Address food security in OVC programs
- Include Early Childhood Development (ECD) OVC care & support
- Strengthen community-established structures for IGAs for improved livelihoods
- Expand number of staff to ensure close staff orphan relationship (2 staff)
- increase