

KOHOP



OVC/HCBC PROJECT.

**A CONCEPT PAPER ON ORPHANS AND OTHER VULNERABLE
CHILDREN (OVC), HOME AND COMMUNITY BASED CARE.**

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ACRONYMS .

AIDS	Acquired Immune Deficiency Syndromes
ART	Antiretroviral Therapy
CBO	Community Based Organization
CORPS	Community Own Resource Persons
CHW	Community Health Worker
HCBC	Home and Community Based Care.
HIV	Human Immune Deficiency Virus
IGA	Income Generating Activity
KDHS	Kenya Demographic and Health Survey
KOHOP	Kanyago OVC/HCBC Organization Project.
NACC	National Aids Control Council
NASCOP	National AIDS and STD Control Program
NGO	Non Governmental Organization
OVC	Orphans and Other Vulnerable Children
PLWA	People Living With HIV/AIDS
PMTCT	Prevention from mother to child transmission.

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1. EXECUTIVE SUMMARY

In Kenya the general HIV/AIDS prevalence stands at 6.3% , with regional variations, some as high as >13%. There are about 1.3 million people that are HIV infected, (NASCOP/KDHS 2009). The HIV prevalence show the most affected population is the young productive adults between the ages of 15 and 49 with the highest infection occurring among women aged 20 to 24 years. Since this is the most economically productive population, the resulting deaths constitute a serious economic burden with serious implications for the orphans and other vulnerable children .Over the years the epidemic has grown to infect and affect so many people and households in Kenya. The effect of this epidemic has been reduction of life expectancy, increase in number of orphans, increased morbidity and mortality and high socio-economic burden on affected households.

Nyanza Province is located in the south-western part of Kenya along the shores of Lake Victoria and the equator line. The province borders Rift valley province to the east, Tanzania to the south and Uganda to the west, covering an area of 12,547 Km² it has a population density of 442 per square kilometers with a total population of 5,538,340 according to Kenya demographic profile,2009. Nyanza has two main relief regions namely the lakeshore lowland and the highland plateau. The HIV prevalence in Nyanza is 13.9% which is twice the national level, higher among older adults particularly women and uncircumcised men.

The impact of HIV and AIDS on Orphans and Vulnerable Children (OVC) is enormous especially to children themselves, their families and society at large. It is estimated that the number of AIDS orphans in Kenya is 2.4 million and half of them are due to HIV and AIDS. Most of these children get infected as a result of Mother to Child Transmission (MTCT) of HIV. Children may also be infected as they take care of their parents. They may also be infected as a result of early marriages or commercial work.

OVC constitute the most vulnerable members of the society because they lack basic needs such as food, health care,shelter and education. In addition they are stigmatized, thus exposing them to further abuse and exploitation. At the community and family level there is increased stress on the extended families

as they try to care for these children while an increasing number of elderly and young children are forced to become household heads. It is worse in the poor rural settlement and urban slums where children have no relatives to take care of them when the parents are ill or die. HIV/AIDS has negatively affected the population especially agricultural production of most communities, with dwindling food resources that lead to OVC getting inadequate nutrition and are often malnourished leading to frequent illness and stunted growth.

The government of Kenya is committed to formulating and implementing effective national legislation, policies and action plans for the promotion and protection of the rights of children. The children's ACT no 8 of 2001 became operational on 1st March 2002. It is the most comprehensive legislation for children in the region and provides the necessary legal framework for the promotion and protection of child rights. The current government is also supportive of HIV/AIDS programs.

The government encourages and promotes spirit of partnership in issues of children and has involved stakeholders in development of National program guidelines on OVC by HIV/AIDS. The guidelines assist in programming for OVC and responding to the effects of the epidemic on children as well as discouraging harmful practices.

2. KOHOP OVC/HCBC Project Background information

Currently KOHOP is implementing an HIV/AIDS project in Kothidha location, Asego division of Homabay County. Its main activities include community capacity building through nutrition education and agricultural promotion, vocational training for orphans and vulnerable children ,Shelter and care through shelter renovations and provision of clothing bedding and safe water, protection which ensures that the child's basic rights are met, healthcare to ensure that the child's health needs are met, Psychosocial support to promote the child's social ,mental and emotional wellbeing and Economic Strengthening.KOHOP OVC/HCBC has also started home and community based care programs.

This project hopes to mobilize community and empower them to take responsibility for the well being of OVC affected by HIV/AIDS. Thus the strategies used will strengthen existing resources, coping mechanisms and

support capabilities within the family and community structures and will facilitate networking and partnering with community stakeholders and outside resources.

The OVC/HCBC Project intends to support 1500 Children in the project. We are aware there are vulnerable children living with very ill parents and other child headed families but have no one to support them.

KOHOP is in the process of focusing more intensely on the OVC because:

- We are a child focused Community based organization and cannot ignore the plight of OVC.
- Caring for OVC fulfills God’s calling to look after the orphans and widows to defend the course of the weak.
- OVC are among those most affected by AIDS and most neglected.
- Investing in OVC is investing in the future strength and security of communities and countries.
- Care for OVC is a powerful common ground for initiating AIDS responses in communities.

3. Project Location

KOHOP is in Kothidha location, Asego division of Homabay County in Nyanza Province. The key focus includes:

- Community capacity is maximally built for future sustainability of all development initiatives and OVC care and support.
- Highest quality staff are employed and restructured for Community capacity building and for effective resource utilization.
- Lessons learnt, best practices replicated for continuous learning and change management.

There is a lot of poverty in this area mainly due to:

- Cultural beliefs and practices.
- Poor infrastructure
- Negative community attitude – people not open to diversification in income generation

- Gender issues – low girl child school enrollment, low status of women who cannot make decisions.

4. PROJECT GOALS AND OBJECTIVES

Goal 1: To improve quality of life of Orphans and vulnerable children and their households through provision of care and support for the infected and affected children and enhance prevention and protection.

Objectives

- (i) Improved psychosocial support services for OVC and their households
- (ii) Increased HIV/AIDS awareness among school children
- (iii) Increased level of advocacy on OVC protection from abuse and exploitation
- (iv) Increased OVC and households enabled to cope with the increased demands of providing care.
- (v) Increase community groups providing quality care and support services to OVC
- (vi) Increased OVC provided with life skills/ vocational training and financial support to start Income Generating Activities.
- (vii) Mobilize the community to pull together their resources and capacities to address OVC care and support epidemic.
- (viii) Supporting people living with AIDS to access effective medication and follow treatment plan agreed upon by their primary care providers.

5. Project justification

The impact of HIV/AIDS is unique because it kills adults in their prime years and leave the most vulnerable, which deprives families and communities of the young and most productive people. HIV/AIDS is also deepening poverty, reversing human development achievements, worsening gender inequalities and eroding the capacity of government to provide essential services. When parents fall ill children are often compelled to leave school to take care of the ailing parents or due to diminished resources to keep them in school. Those in school do not concentrate as they worry about what would befall their

parents. Teachers are also infected and affected and as a result education of the children is affected. HIV/AIDS scares their minds and are left with traumatized memories of society's stigma towards them and many unanswered questions.

In addition, children are particularly being affected by AIDS epidemic as they lose one or both parents to the disease, leading to a decrease in school enrollment and an increase in orphans and vulnerable children. Majority of OVC lives with a surviving parent who may eventually fall ill as well. Grandparents, uncles and aunts are also looking after orphans demonstrating that the extended family continues to share the burden in spite of hard economic situation.

KOHOP believe orphaned children develop best when they are able to remain with their siblings within a family situation with an adult caregiver in their own community. The comfort of siblings, relatives and familiar authority figures and surroundings helps to mitigate the grief, insecurity and fears experienced by children who lose a parent. Orphans are also able to participate in their own traditions and cultures. In turn they are more likely to succeed in school, socialization skills and preparation for their future livelihood. HIV/AIDS prevention and advocacy for protection against OVC abuse and exploitation interventions will also be put in place to make sure OVC and other children in the communities are protected.

It is against this background that this OVC initiative is being proposed to address the problem of the impact of HIV/AIDS problem in Kothidha and in particular the plight of the vulnerable and orphaned children. The project will put in place short-term and long-term measures aimed at improving quality of life of OVC and the community psychosocial support systems. The long-term interventions will include Income Generating Activities (e.g. goat keeping, improved local chicken rearing ,kitchen gardening), psychosocial support, organic farming to help OVC and community members to be self-sustaining. The community's main activity is farming. Older orphans can be trained to grow their own foods besides other activities. This will help in improving the welfare of OVC in a more sustainable way.

Definition of Orphans and Vulnerable Children (OVC)

a) Orphans.

For this project, orphans are children aged below 18 years who have lost a mother, father or both parents to any cause.

b) .Vulnerable Children.

These will include:

Children whose parents are chronically ill.

These children are often more vulnerable than orphans are because they are coping with psychosocial burden of watching a parent wither, and the economic burdens of reduced productivity and income and increased healthcare expenses.

ii) Children living in households that have taken in orphans. When a household absorbs orphans, existing household resources must be spread more thinly among all children in the household.

iii) Other children the community identifies as most vulnerable, using criteria developed jointly by the community and KOHOP. One of the critical criteria will be the poverty level of the household.

The term “AIDS orphans” will NOT be used throughout to avoid discrimination and stigmatization of the orphans.

6. Strategies to be employed.

The KOHOP focuses on the following strategies:

a) Education and vocational training.

Education promotion enhances school enrolment, early childhood education, retention and skills building through vocational training.

Activities under education support include:

- School enrolment
- Payment of school levies for early childhood development

- Provision of school uniforms
- Provision of scholastic materials
- Visits to schools to promote school retention
- Access to vocational training and apprenticeship
- Strong partnership with Ministry of Education ,Ministry of Gender ,children and Social Development and other line ministries in sharing best practices.
- Provide financial support for OVC vocational training.

The first line of defense for OVC is to enable children to remain in school so that they can learn skills to care for themselves. Interventions that assist them to remain in school must address the factors that cause them to dropout. Girls may dropout because of early marriages, poor sanitation, initiation ceremonies and other reasons. Boys may stop schooling because the family is unable to pay school levies .Kenya declared free primary education for all children beginning calendar year 2003. The proposed OVC project will encourage the Orphans and Vulnerable Children to complete basic education.

OVCs are increasingly coping on their own with minimal skills to support themselves. The project will support OVCs to acquire life skills and vocational training, which will improve their ability to provide for themselves and those in their care. Community-based apprentice schemes responding to local demands such as home repair skills, carpentry, mechanics, farming, household management skills and negotiating skills will be supported to discourage the children from migrating to urban areas. The project will however deliberately support completion of basic education for OVCs as far as possible and also support post-primary education for the bright students.

The project will also strengthen community/families skills through training to maximize on the potential of each community member in caring for the vulnerable children. The resourcefulness of the communities/ families will be promoted by providing opportunities to build their own support networks.

b) Healthcare and Sanitation:

The purpose of this service is to ensure that the child's health needs are met. The main activities here include;

- Prevention, e.g. immunization, health education, environmental sanitation, personal hygiene promotion.
- Referral of children and their caregivers to appropriate health service providers.
- Promoting the health seeking behavior of the household.
- Provision of sanitary towels to mature girls.
- Community and Home based care
- Awareness creation towards improved health standards.

c) Shelter and care .

No child is supposed to go without shelter, clothing and access to safe water, basic hygiene and guardianship. Activities under this category will include:

- Every child must have an adult caregiver
- Provision of care to children enrolled in the program.
- Support to child headed households.
- Provision of clothing, bedding, mosquito nets to OVC.
- Shelter renovation

d) Life-skills and HIV prevention for school children.

The focus here is on:

- HIV/AIDS awareness creation and sensitization geared towards behavior change.
- Peer education in school
- Working with community/women groups in creating HIV/AIDS awareness and providing Community and Home based care to people living with AIDS.
- Provide financial support for OVC vocational training.

Children aged 5-15 years are generally not yet sexually active and have among the lowest HIV/AIDS prevalence rates in the overall population.

Thus they constitute a *Window of Hope* for HIV prevention. The children will be educated about the transmission of HIV/AIDS, encouraging behavioral choices that are value-based and age-appropriate and which will protect them from exposure to the virus.

Young people are particularly vulnerable to HIV infection and frequently carry the burden of caring for the family members living with HIV/AIDS. Many are vulnerable to HIV because of risky sexual behavior and substance abuse while they lack access to HIV information and prevention services, and for other social and economic reasons. Yet, it is also young people who offer the greatest hope for changing the course of the HIV/AIDS epidemic, if given the tools and support.

This age group has been ignored yet it is more promising in terms of developing behaviors that reduces their risks to HIV infection. It is also not very easy to divorce the children below 15 years from those above, because the behavior gained overtime will continue to be manifested among the older youths. Many young people begin sexual activity at an early age, well before marriage. Many adolescents do not connect knowledge and risk perception with behavior, although they find themselves in risky circumstances. It is important to help adolescents develop self-esteem and avoid high-risk behavior. And it is essential to put in place HIV prevention programs to save young people before they become sexually active. At the same time train children on Life skills to enable them support themselves in future.

Although there is an attempt by Ministry of Education to integrate HIV/AIDS in the curriculum, teachers lack training, competence and commitment to teach on top of the over-crowded and examination-driven curriculum. HIV prevention education is more effective if provided before a child is sexually active. This project will train teachers as the schools are a key location of HIV prevention efforts because they provide a means of reaching large numbers of children. The church, Community groups and other partners will be major partners in this area. Other platforms that will be utilized for reaching children include opportunities of special events like sports activities and performances in the communities. These could also be

deliberately organized with the aim of reaching children who are out of school.

e) Psychosocial support.

Psychosocial support is the process of meeting the physical, emotional, social and mental well being. These are the essential elements for meaningful and positive human development .It helps the child to deal with trauma , grief and anxiety related to parental illness and death. The project will strengthen the capacity of the extended families and communities to care and offer psychological support to OVCs and the affected households. At the family level caregivers will be trained on care, support and counseling of OVC so that the children are made to feel like members of the family. At the community level interventions will include formation and training of peer support clubs among the youth, establishment of women and child protection groups. It is hoped that these community groups will be able to offer psychosocial support on a more sustainable basis.

Activities under this service are:

- Counseling
- Life skills
- Recreation
- Family fun days
- Parenting and caregiver support
- Home visits by care providers
- Stigma reduction

f) . Food Security and Nutrition .

The source of livelihood in Kothidha location is agriculture, fishing and livestock.The area is characterized with low, unreliable and inadequate rainfall. Agriculture in this community is the source of both household foods and income to about 90% of the target community. Crops commonly grown in Kothidha include cereals (Maize and Sorghum) and Tubers (Cassava and Sweet potatoes). A few of the target farmers grow beans.

The Kothidha area is food insecure with Food Poverty. Food poverty refers to those whose expenditure on food is insufficient to meet the FAO

recommended daily allowance of 2,250 calories per adult. In addition, a disproportionate number of women are affected. For example, a big percentage of the active women population works as subsistence farmers. Given that subsistence farmers are among the very poor, this relative dependence of women upon subsistence farming explains their extreme vulnerability.

Agriculture (crop production) is the main source of household food and income in this community. The high food poverty level has been attributed to low agricultural production which is as a result of unreliable and insufficient rainfall, poor farming techniques, impact of HIV/AIDS, high poverty levels.

The impact of HIV/AIDS include declines in the area under cultivation, decrease in the range of crops grown, labor shortage, decrease in the average size of cattle per family, and shift in cropping patterns as active economic adults are lost to HIV/AIDS. This epidemic has also continued to force families to make irreversible decisions like selling of livestock, equipment, land and other assets to cover AIDS –related expenses. These coping strategies are gradually leading to greater poverty and increased vulnerability of families.

As a result of HIV/AIDS, the community continues to battle with an overwhelming number of AIDS orphans compared to available resources. Accordingly, lack of food is the priority need among the OVCs.

g) Child Protection.

Protection ensures that the child basic rights are met. The focus is on ensuring the child is protected against abuse, exploitation and neglect. The project will have the responsibility of educating communities and raising their awareness about their responsibility over the welfare of children, and ensuring that no child within the community suffers from neglect and abuse. The project will work with the local leadership (church/local administration/school) to develop foster care mechanisms for children in need. In sensitizing the community on the need to protect the rights of children, the project, together with schools, Churches and other CBOs will advocate for policies that support culturally appropriate foster care practices; that promote social integration of the children and those that advocate for stricter enforcement of child laws.

Many OVC live in households that are not able to provide the care they need. These households include grandparent headed households (grand parents as old as 80 years), child headed households (children as young as 12 years care for other children), foster homes (some families will take in orphans despite the large families that they already have), widow/widower headed households (also grieving the loss of the spouse), chronically ill headed households (children care for the chronically ill parents). Caregivers will fill the parental gap even before some of the parents of the children die, and provide the following services:

- Protecting the children from all forms of abuses e.g. sexual abuse and exploitation.
- Ensure the well being of the child by ensuring that the OVC have food, shelter, access to health services and school.
- Provide counseling to OVC and guardians.
- Ensure nutrition for the OVC.
- Care for the chronically ill guardians to delay orphaning of the children.
- Provide spiritual counseling to OVC.
- Prepare the children for death of their parents (will writing, identify foster parents, develop memory books)
- Mobilize resources to support OVC.
- Train guardians on OVC care.
- Assisting with birth registration and
- Inheritance claims.

h) Economic Strengthening.

This service aims at enhancing employment creation, income generation and the general livelihood of the households. Activities that reflect this service include:

- Skills building for care givers
- Income generation activities
- Employment creation initiatives
- Small business promotion
- Savings and internal lending to communities

- Linkages with other community economic promotion initiatives e.g. table banking and grants.

The well being of OVC depends so much on the capacity of the family to cope economically. Micro enterprise development plays a very big role in improving the economic status of the family caring for the OVC. Micro enterprise will be offered to caregivers and capable households caring for the OVC. Activities will include training, linking the community to sources of funds like the Women enterprise development fund, provision of materials for production and creation of market linkages.

7. Community mobilization and participation

The project recognizes that family and community initiatives represent the first line of response for the increasing number of orphaned children and those affected by HIV/AIDS. The families and community members will be sensitized and mobilized to support the OVC initiatives through meetings, seminars and community meetings and activities .The efforts of this project will aim at scaling up the ongoing interventions and to build upon any promising community initiatives. Active participation by the community, the orphans living with HIV/AIDS (PLWAs) will be encouraged to make the project more relevant and sustainable at the community level.

8. Partnership and networking

Community structures such as CBOs, church groups, community volunteers, provincial Administration and other organized groups will be utilized.Stakeholders operating in the location, whose potential could be tapped for the benefit of this project, will organize meetings and deliberate on needs of OVC. For example, trained community health workers/volunteers will be used to provide Community and Home-based care to OVC and infected families/ persons.

9. Project management and sustainability.

The day-to-day project planning and implementation will be in the hands of the KOHOP, and other organized community groups. In order to streamline

the management at the community level, project management committees will be formed at the village levels. It will be the responsibility of these committees to ensure that the entire community participates and is involved in major decision-making processes. Program sustainability objectives will be achieved through enhanced community participation, and involvement of other partner agencies.

10. Monitoring and Evaluation

Monitoring will be done in a participatory manner through community meetings, visit to OVC households, meetings with the children themselves and reports from the community committees. Feedback meetings will be planned and held at the community. These meetings will help the community review what had been done, what succeeded and what failed, why it failed or succeeded, lessons learnt and issues that need to be resolved further .A Detailed Implementation Plan (DIP) in which, yearly targets will be set. There will be a Quarterly, Bi-annual and Annual Review Meetings held. The community and other stakeholders involved in the implementation process will be in-charge of day-to-day monitoring of the project activities and will participate in preparation of relevant monthly, quarterly and annual progress reports.

In partnership with the Community groups, the KOHOP team will:

- Facilitate the supervision and monitoring of the project and will report on the progress according to agreed indicators.
- Monitor community performance, including financial management, according to agreed indicators and schedule
- Document the assistance provided to OVC.
- Facilitate monthly community-monitoring meetings to ensure accountability
- KOHOP staff will prepare a human-interest story with photos illustrating the difference that OVC support has made in the lives of an orphan or highly vulnerable child and her/ his family.

NB: The Proposal is subject to further amendment by the KOHOP.

11. MAP OF NYANZA PROVINCE AND THE DISTRICTS.



DISTRICTS WITHIN NYANZA PROVINCE:

1. SIAYA
2. BONDO
3. KISUMU
4. NYANDO
5. RACHUONYO
6. SUBA HOMABAY
7. NYAMIRA
8. CENTRAL KISII
9. GUCHA MIGORI
10. KURIA