



## KENYA Integrated HIV/AIDS Program (KIHAP)

### End of Project Report

(For the Period December 1, 2008 to November 30, 2011)



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### **ANANDA MARGA UNIVERSAL RELIEF TEAM (AMURT)**

2502 Lindley Terrace, Rockville, MD 20850

+1-301-738-7122, [www.amurt.net](http://www.amurt.net), [info@amurt.net](mailto:info@amurt.net)



*Children enjoying educational rhymes during one of the monthly AMURT-sponsored “fun-days” for OVC.*

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## Acronyms

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|                 |                                                                          |
|-----------------|--------------------------------------------------------------------------|
| <b>AIDS:</b>    | Acquired Immune Deficiency Syndrome                                      |
| <b>AMURT:</b>   | Ananda Marga Universal Relief Team                                       |
| <b>APHIA:</b>   | Population & Health Integrated Assistance Project                        |
| <b>ARV:</b>     | Antiretroviral                                                           |
| <b>CLOCA:</b>   | Closeout Organizational Capacity Assessment                              |
| <b>DCO:</b>     | District Children's Officer                                              |
| <b>DOT:</b>     | Digital Opportunity Trust                                                |
| <b>GOK:</b>     | Government of Kenya                                                      |
| <b>HCT:</b>     | HIV Counseling & Testing                                                 |
| <b>HIV:</b>     | Human Immunodeficiency Virus                                             |
| <b>HBC:</b>     | Home Based Care                                                          |
| <b>IEC:</b>     | Information, Education and Communication                                 |
| <b>IGA:</b>     | Income Generation Activity                                               |
| <b>IT:</b>      | Information Technology                                                   |
| <b>JHPIEGO:</b> | Johns Hopkins Program for International Education in Reproductive Health |
| <b>KIHAP:</b>   | Kenya Integrated HIV & AIDS Program                                      |
| <b>M&amp;E:</b> | Monitoring and Evaluation                                                |
| <b>MOH:</b>     | Ministry of Health                                                       |
| <b>NACC:</b>    | National AIDS Control Council                                            |
| <b>NASCOP:</b>  | National AIDS and STD Control Program                                    |
| <b>NGI:</b>     | Next Generation Indicator                                                |
| <b>NuPITA:</b>  | New Partners Initiative Technical Assistance                             |
| <b>LATF:</b>    | Local Authorities Trust Fund                                             |
| <b>OCA:</b>     | Organizational Capacity Assessment                                       |
| <b>OI:</b>      | Opportunistic Infections                                                 |
| <b>OVC:</b>     | Orphans and Vulnerable Children                                          |
| <b>OCC:</b>     | OVC Care Counselor                                                       |
| <b>PAO:</b>     | Provincial Administrative Assistant                                      |
| <b>PEPFAR:</b>  | President's Emergency Plan for AIDS Relief                               |
| <b>PLWA:</b>    | People Living with AIDS                                                  |
| <b>PMTCT:</b>   | Prevention of Mother to Child Transmission                               |
| <b>SDNI:</b>    | Slums Development Network Initiative                                     |
| <b>STI:</b>     | Sexually Transmitted Infection                                           |
| <b>TB:</b>      | Tuberculosis                                                             |
| <b>TOCA:</b>    | Technical Organizational Capacity Assessment.                            |
| <b>USAID:</b>   | United States Agency for International Development                       |
| <b>USG:</b>     | United States Government                                                 |
| <b>YPO:</b>     | Youth Project Officer                                                    |



## Executive Summary

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### Goal & Strategic Objectives

The goal of the AMURT's Kenya Integrated HIV & AIDS Program (KIHAP) was to prevent the transmission of HIV and AIDS, and to bring sustainable services to those infected and affected by HIV and AIDS in nine locations within three Kenyan provinces (Nyanza, Central and Coast). To achieve this goal AMURT developed the following strategic objectives:

- Mobilize local organizations and committees, and community members to create sustainable support structures for 3000 orphans and vulnerable children (OVC) aged 5 - 14 years, enabling them to become productive members of society.
- Improve treatment, care, and livelihood for 1000 people living with HIV/AIDS (PLWA) in Nyanza Province
- Undertake an HIV prevention program that reaches 20,800 people (this target was added through a USAID modification) through small group interactive methodologies, including 2000 out-of-school youth aged 14 to 25
- Launch a mass education prevention and awareness program that reaches 270,000 people, to protect those who are not infected by HIV (the initial target of 998,000 people was changed through a USAID modification).

### General Overview (See Appendix 2 for map of program areas)

Through the life of the project, AMURT was able to surpass all of its targets, reaching 3191 OVC (6% increase) and 1187 PLWA (19% increase) through its care and support program; and reaching 22,927 people in small groups (10% increase), and 687,281 people in mass awareness (255% increase) through its HIV prevention program. Not only were we able to apply lessons learned in the early phase of the project to increase our efficiency, but we benefited immensely from the technical support provided by NuPITA, which was an integral part of our cooperative agreement with USAID. Hence, we fulfilled all of our obligations to the participating communities, thereby playing our part in preventing the spread of HIV.

Moreover, AMURT was able to guarantee the sustainability of its programs by securing funding from USAID-funded APHIA Plus primes for the OVC in our care throughout Kenya, and from Digital Opportunity Trust for training in IT and entrepreneurship at our nine youth resource centers. We have also transferred the care and support of our most needy PLWA to government programs through the District Hospitals and District HBC Coordinators.

Another sustainability measure is the income generation program for OVC and PLWA. AMURT formed 89 income generating groups, most of which have already started generating savings and providing loans to individual members. Through its strategic partner, the Equity Bank Foundation, AMURT has trained the budding entrepreneurs in management and enterprise development.



The 3191 OVC beneficiaries received support in four focus areas: education (school uniforms and school visits), health care (monthly check ups and referrals), psycho-social support (home visits and “fun days”) and legal protection (child rights clubs). The children’s morale was boosted when they were supported with uniforms and school visits, resulting in better school attendance. Their overall health also improved, due to the check-ups they received at the monthly meetings, with fewer OVC needing health-related referrals. And their guardians told us that their children were “happier” as they met new friends and had fun through the AMURT program. The 14 child rights clubs we started have taught children about their rights, resulting in several cases of abuse being brought to our attention by the children themselves.

Our home based care program for PLWA has been effective in helping our 1187 clients adhere to their medicine; resume an active life either by returning to employment, or joining a savings and loan group; and overcome the stigma of the disease. Many of the relatives of the PLWA now accept living with and supporting their PLWA, helping to reduce the pain of social isolation.

In its prevention program, AMURT has focused more on spreading prevention messages through small group interactive sessions, in line with PEPFAR’s Next Generation Indicators. USAID granted a modification to our targets, creating a new target of 20,800 people to be reached through small group work, and a modified target of 270,000 people to be reached through mass awareness. Our peer educators have been visiting schools delivering abstinence and general life skills teachings in creative ways through theater, dance and song. The teachers are happy that our messages helped to improve student behavior. Overall we reached 22,307 people through this methodology. We also continued mass awareness events, with the Ministry of Health welcoming our presence during school sports days and national festivals. Our nine youth resource centers provided youth with venues for creativity and skills building: 1139 youth were trained in MS Office software, with 56 getting jobs as a result, and six youth were selected by the Kenya National Youth Academy with our support. Hence, the youth resource centers have become islands of hope for the participating youth.

## Challenges & Lessons Learned

Overall, the needs of the beneficiary population are far more than one organization can meet. Most of our beneficiaries lack food, proper shelter and access to hospital care. Our field staff experience immense pressure when facing people’s many demands which come outside the scope of our program. We have built partnerships, but not sufficient to deliver all the services that our beneficiaries require. One of our biggest challenges is ensuring that meritorious students are given the means to further their education at secondary school.

We have learnt that when one creates an atmosphere of hope, be it among staff, volunteers or beneficiaries, then people become more innovative and more engaged. Many members of the AMURT team have helped us launch programs that were not originally planned (child rights clubs, programs for prisoners, youth talent development), but which have served the beneficiaries well, and boosted the morale of the entire staff.



## PEPFAR Indicator Summary Table

Includes Old PEPFAR Indicators and Next Generation Indicators

| Program Area                                                              | Indicator                                                                                                                                                                                    | Status of Indicator (new, dropped, changed) | Target for Life of Project | Achieved During Life of Project | % Variance |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------|---------------------------------|------------|
| <b>Care</b>                                                               |                                                                                                                                                                                              |                                             |                            |                                 |            |
| <b>Care Sub Area 1: “Umbrella” Care Indicators</b>                        | C1.1.D Number of eligible adults and children provided with a minimum of one care service <sup>1</sup>                                                                                       | Same                                        |                            |                                 |            |
|                                                                           | Male                                                                                                                                                                                         |                                             | 1500                       | 1778                            | +17%       |
|                                                                           | Female                                                                                                                                                                                       |                                             | 2500                       | 2600                            | +6%        |
|                                                                           | <18 years old                                                                                                                                                                                |                                             | 3000                       | 3191                            | +6%        |
|                                                                           | 18+ years old                                                                                                                                                                                |                                             | 1000                       | 1187                            | +19%       |
| <b>Health System Strengthening</b>                                        |                                                                                                                                                                                              |                                             |                            |                                 |            |
| <b>Health System Strengthening Sub Area 2: Human Resources for Health</b> | H2.3.D Number of health care workers who successfully completed an in-service training program <sup>1</sup>                                                                                  | New                                         | 240                        | 240                             | 0%         |
| <b>Prevention</b>                                                         |                                                                                                                                                                                              |                                             |                            |                                 |            |
| <b>Prevention Sub Area 8: Sexual and other Risk Prevention</b>            | P8.1.D Number of the targeted population reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards <sup>1</sup> | New                                         | 20,800                     | 22,927                          | +10%       |
| <b>Prevention/Abstinence and Be Faithful</b>                              |                                                                                                                                                                                              |                                             |                            |                                 |            |
| <b>Prevention/Abstinence and Be Faithful</b>                              | 2.1 Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful                                                         | Changed                                     |                            |                                 |            |
|                                                                           | Total                                                                                                                                                                                        |                                             | 270,00                     | 687,781                         | +154%      |
|                                                                           | Female                                                                                                                                                                                       |                                             |                            | 275,112                         |            |
|                                                                           | Male                                                                                                                                                                                         |                                             |                            | 412,669                         |            |
|                                                                           | 2.2 Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful                                                                      | Same                                        | 135                        | 164                             | +21%       |

1. Next Generation Indicators (NGI)



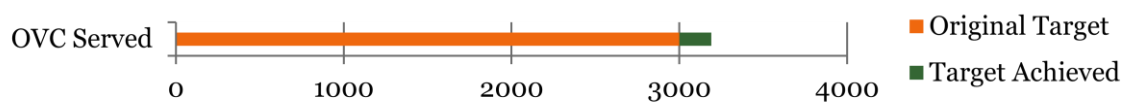
## Project Implementation Summary by Strategic Objectives

### OVC Program Objective (“Umbrella” Care & Support -A):

*Mobilize local organizations, committees and community members to create sustainable support structures for 3000 OVC aged 5 - 14 years, enabling them to become productive members of society.*

#### Target achievement

Throughout the life of the project we were able to serve 3191 OVC, a 6% increase over our original target of 3000 OVC.



#### Strategic approach

AMURT designed a community-based, family centered program using existing community structures, such as support groups and CBOs, and recruiting our OVC care counselors from the communities themselves. Our care counselor to OVC ration was low at 1:20, so we were able to offer six direct services, including home and school visits, leading to a high quality and holistic program.

#### Care counselors

We recruited and trained 120 OVC care counselors in all 9 sites. They received an initial 5-day training in OVC care counseling skills, and thereafter were given needs based continuing education in psychosocial support, child counseling, bereavement counseling, and dealing with child abuse.

#### Stakeholders

AMURT worked closely with many stakeholders to ensure program success. The district government helped with OVC recruitment, provided emergency food for the poorest families, and legal protection for our children as required. We worked closely with district development committees, and collaborated with chiefs and sub-chiefs for security at our public events, arresting perpetrators of child abuse, and promoting our programs through public meetings (barazas).

#### OVC home visits

The home visits provided the OVC care counselors



*AMURT nurse examining a child during the first monthly gathering for OVC in Mahaya, Nyanza Province.*



(OCC) with an opportunity to oversee the wellbeing of the OVC by offering counseling, moral and spiritual support (often in the form of play), and referrals for medical care and legal protection. Once the OCC were accepted as a part of the extended family, they could exercise a positive influence over the entire OVC household. This would involve guiding young, inexperienced caregivers to become better guardians for the OVC, and even counseling caregivers to give up undesirable habits such as excessive alcohol consumption and abusive domestic behavior.

To ensure the children received high quality visits from the care counselors, an OVC care counselors' field manual and home visit checklist were developed in Year Three and issued to each counselor. In addition, our OVC program officers made support supervision visits to the homes with the counselors to provide guidance on the correct application of our standards.

### Educational Support

Our educational support program, which included school visits, provision of uniforms and ongoing motivation, has improved both school attendance and performance. In parts of Nyanza and Coast provinces, only 40% of our OVC were going to school regularly at the beginning of the program; now the attendance rate is above 95%. Overall, the project registered a 50% improvement in school attendance in all project sites. This resonated well with the Kenyan Government which is committed to providing universal access to primary education.

“Now my children take their education more seriously because the AMURT volunteers are monitoring them.”

*Caregiver in the Nyeri slums*

During the monthly school visits, the counselors would verify class attendance registers, and monitor performance by checking report cards and interviewing teachers. This gave the teachers a chance to report any observed cases of child depression or suspected abuse that the counselors could follow up. In this way, three cases of serious child abuse were detected in Githwariga Primary School in Nyeri, resulting in the prosecution of the stepmother in the courts of law.

Prior to our intervention, children were invariably stigmatized by their peers if they wore regular clothes to school, causing them to even drop out. Hence, the uniforms and scholastic materials AMURT provided (to 2987 OVC in Year 2 and 3009 OVC in Year 3) instilled pride and improved school attendance, outcomes that were confirmed during our 2010 client satisfaction survey, and from the regular school visits undertaken by the care counselors.

AMURT's staff and volunteers took a close interest in the educational performance of their OVC, often on their own initiative. In Malindi, for example, the staff provided a small cash prize to those OVC who had improved their performance at the end of each term, providing further incentives for the children.

### Psychosocial support

AMURT organized monthly social gatherings for the OVC that we called “fun days.” These events gave the children the opportunity to play games and sports, and express themselves through different creative media, thereby improving their emotional health. At project



commencement, many children were socially withdrawn and would not speak in public, but now if you asked a group of children to speak, they would all shoot up their hands. They made friends at the fun day, so whenever they attended school sports competitions or church events, they would enjoy each other's company.

“My children play more,  
so stress is reduced.”

*Caregiver, Client Satisfaction  
Survey, 2010*

The medical checkups, deworming program, and health and hygiene education (all held during the fun day) have helped improve the health of the OVC, resulting in a drop in medical referrals by 85% since the beginning of the program. At some locations, such as Malindi, we set up a mobile HCT for both the OVC and caregivers.

### **Protection of legal rights**

In order to play its role in protecting the rights of the child, AMURT started fourteen child rights clubs in Nyanza Province, reaching 300 children on a regular basis and over 2500 children with public programs. Based in primary schools, the clubs met weekly to provide children with a forum for learning about their rights, and how to protect themselves if those rights were abused.

The children also enacted educational skits in public. During the Day of the African Child, for example, they performed plays on child abuse and inheritance rights. After seeing the play, the Rarieda District Commissioner said, “I cannot believe what I am hearing from these kids.” These public programs as well as the chief's barazas have made more people aware that certain actions against children are abusive.

In Rarieda and Mbita Districts, due to the support of the chiefs, AMURT was able to refer three child abuse cases to the government authorities resulting in two criminal investigations against the abusers. During the project, 13 cases of child abuse came to light and 5 defilement cases were reported

AMURT collaborated with the Civil Registration Department and District Children's Officers in obtaining birth certificates for 37 OVC. Our care counselors did a great job in identifying these OVC during their home visits. This endeavor has become more important since the Government of Kenya has made it mandatory for all school children taking exams to possess a birth certificate.

### **Challenges & Lessons Learnt**

Networking with other stakeholders is crucial to program success, especially when budgets are limited. For example, involving local chiefs in verifying OVC registration information has proved highly beneficial for the program as they help us with follow up both in school, and in the OVC homes. In addition, 98 girls in Coast Province have benefited from referrals to CBOs providing sanitary towels, and 300 OVC have benefited from government food support programs. In fact, AMURT's collaboration with local government has proved beneficial for the OVC, with district children's officers providing bursaries and roofing materials through the LATF Fund.



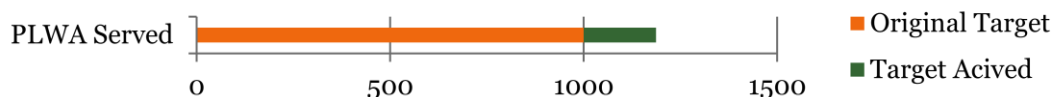
We also learned that it is important to support volunteer care counselors in different ways to keep them motivated, and to be clear on what the program expects from them. We gained better results from the counselors when we created clear volunteer task descriptions and provided higher travel and refreshment allowances.

## Home-based Care (HBC) Program Objective ("Umbrella" Care & Support - B):

*Improve treatment, care and livelihood for 1000 PLWA*

### Target achievement

Through the life of the project AMURT was able to serve a total of 1187 PLWA, a 19% increase over our original target of 1000 PLWA.



### Strategic approaches

AMURT designed a community-based, family centered approach using existing community structures (support groups) and recruiting our HBC providers from within the community. We selected care providers that were HIV positive themselves to role model our message that living positively is an option. Our approach was also holistic, including material support, positive psychology, economic empowerment, and spiritual counseling.

### Home-based care providers

AMURT recruited 120 HBC providers and provided them with an initial 11-day training in HIV home based care using the NASCOP curriculum. The care providers, many of whom had past experience as community health workers, were deployed to their respective home areas for serving up to ten PLWA through home visits and referrals. Each care provider was issued with a field manual containing standard operating procedures for home care services. AMURT augmented the initial training with regular in-house modules, including early detection and prevention of TB.

The retention rate of the HBC providers was good as we created a mature working relationship based on respect and the spirit of compassionate service. Therefore, not only was it easy to motivate them during the life of the project, but they will always be assets for their communities due to their improved knowledge and experience.

"I received counseling on adherence to the medicine. Now I am regular in taking my medicine."

*PLWA Client from Mbita, Client Satisfaction Survey, 2010*



### Provision of home based care kits

AMURT provided care kits for all the PLWA that were tailored to their individual needs. These client kits have improved the PLWA's health by reducing the incidence of hygiene based skin and oral conditions, and improving their general well-being. The 120 providers also received kits containing clean gloves, canvas, and hand sanitizers.

### Home based care

Our PLWAs received at least one visit per month from their HBC providers, both in the home and at support group meetings, under the supervision of the clinical officer. The services provided in the homes included drug adherence counseling, condom distribution, nutritional counseling, massage and bathing assistance.

Drug adherence improved in the course of implementation due to the close monitoring and surprise visits by the HBC providers. We paid special attention to the elderly, making sure that someone in the home was observing them closely. This, as well as improved diets, resulted in less people dying due to AIDS and opportunistic infections, with 8 deaths in 2010 (due to poor adherence and alcohol abuse), and only 2 in 2011. This compares to 40 deaths in the first year of the project.



*Elisha (left) is one of 18 bedridden clients who are now ambulatory. One villager commented, "When one of our own walks again, the whole village rises."*

Our care providers were instrumental in radically changing the lives of many of our clients. Through regular massage and care 18 bedridden patients were able to walk again, and through supportive counseling 43 couples gained the courage to disclose their HIV status. In the beginning of our program, some people were fearful of being identified as HIV positive. As time went by, however, people decreased their resistance to the home visit, and would even declare, "I am living positively."

Early detection of TB was one the critical services incorporated into the program as we were concerned about the high numbers of patients failing to seek early treatment. Moreover, those who did seek treatment were often unable to take the drugs regularly, risking multi-drug resistance. AMURT provided 46 TB patients with anti-TB drugs and adherence counseling, and 4 patients suffering from spinal TB were referred for treatment and rehabilitative physiotherapy.

### Referrals

During the project, 301 patients were referred to ART comprehensive care centers for ARVs and 432 for OI treatment, while 46 were referred for TB treatment. Other referrals were made for family planning, antenatal care, PMTCT, TB therapy, physical therapy and treatment of rare but complicated opportunistic infections like meningitis. Some PLWA were admitted to



hospital when the conditions were severe. In addition, 965 PLWAs were referred to support groups, and 27 PLWAs living in food insecure situations were linked up with local government food relief agencies.

**Challenges and lessons learnt**

Stigma is still high in some regions of Nyanza, resulting in some PLWAs living in denial or not seeking healthcare services for fear of being cast out of the community. This made it hard for our field officers to be directed to HIV-affected households in some villages initially. However, our patient public awareness campaign gradually changed people’s perceptions of the disease.

“I have fought against the stigma, have declared my status, and now feel free.”

*PLWA client from Oyugis*

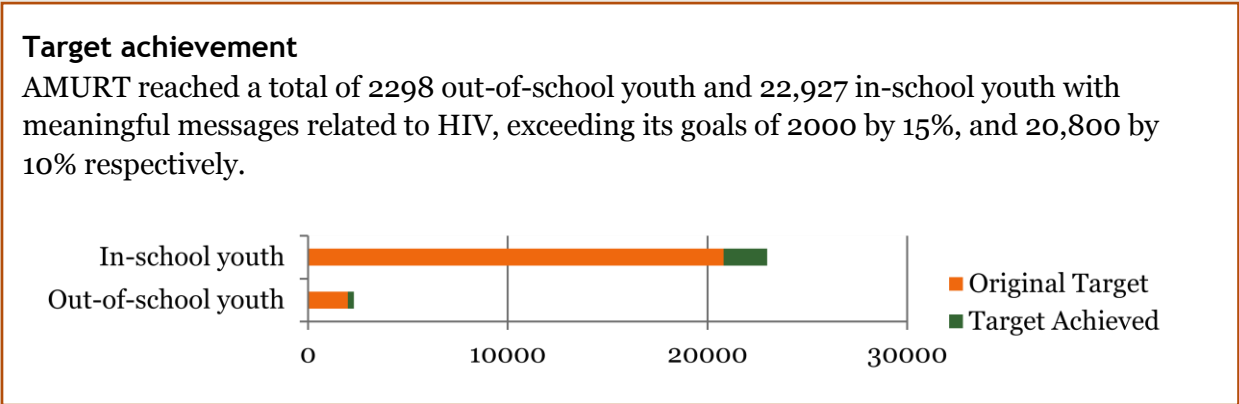
PLWAs are the best teachers for their peers in the support groups. For example, in Kerkamani near Oyugis, support group members helped another member overcome the stigma of the disease and feel more open about revealing his status. Many of our HBC providers were themselves HIV positive, which helped them establish a stronger bond with their clients, and set an example of living positively.

AMURT has also learned that PLWAs should be encouraged to enter into income generating activities or employment as soon as they regain sufficient health. This helps keep them busy, diverting attention from the misery that comes with the disease, as well as giving them the pride of becoming financially independent.

Finally, HIV disclosure should be encouraged at all PLWA households. This has the benefit of preventing transmission within the households as well as ensuring that the right care is given to those infected.

**Prevention Program Objective A  
(Prevention Sub Area 8: Sexual and other Risk Prevention):**

*Undertake an HIV prevention program that reaches 20,800 people, primarily in-school and out-of-school youth; and provide opportunities for behavior change, leadership development and vocational training to 2000 out-of-school youth aged 14 to 25.*



## Strategic approaches

We employed young project officers and made the entire program youth friendly to ensure full and active participation of the youth. The youth resource centers gave the program an anchor and an identity for the youth, as well as a base for numerous activities, which attracted the youth. We selected the best youth as peer educators who used creative methodologies in the local languages to spread age appropriate messages to school children about HIV & AIDS, sexuality and general life skills.

## Youth Resource Centers

In order to reach young people AMURT first established youth resource centers in each of the nine project locations throughout Kenya. These centers became hubs of activity that attracted youth and helped them develop their skills through sports activities, music recording, dance classes and drama groups. The centers were made youth-friendly through educational murals and youth leadership, and were equipped with audio-visual equipment, educational materials, newspapers, condom dispensers and an assortment of games.

Of particular interest for the youth was the IT training which commenced in Year Two. This attracted many young people who took advantage of this free service to develop their skills to be more competitive in the job market. Of the 1139 youth trained by both AMURT and our implementing partner, Digital Opportunity Trust (DOT), 56 youth have gained employment in diverse fields such as receptionists, data clerks, warehouse assistants, procurement assistants, cyber café attendants and trainers. A requirement for those taking the IT training was to attend 12 hours of AMURT's training in HIV prevention and general life skills. Hence, AMURT also had a behavioral influence upon these out-of-school youth.

"I got a job as a secretary with an Italian association because of the computer training. Before I was idle, now I have become a real person"

*Youth Resource Center  
beneficiary, Malindi*

AMURT enhanced the talents of the youth through different training programs, such as a sound recording training in Malindi for our youth rappers, and educational theater training and dance workshops for youth throughout Coast Province. As a result, many of our youth excelled in their creative arts, with two youth from Ukunda being selected for the National Youth Talent Academy, and the Likoni dance troupe winning first prize in a provincial talent competition in Mombasa. Our youth have used creative media to spread messages related to safe sexuality and the dangers of drug abuse to their peers, school students and the general public, especially through the peer education program.

## Peer education program

In the course of the project AMURT trained 149 youth peer educators (59 of whom were women). In addition, NuPITA provided a 5 day training of trainers program for 18 peer educators who then shared their new knowledge with their colleagues in their respective locations. Our youth also benefited from an array of trainings from the government and other NGOs.



During the project, the peer educators reached 22,927 young people with age appropriate messages related to the prevention of HIV, surpassing our original target by 10%. To make the education sessions more entertaining, the peer educators used drama, dance, songs and fun activities. The multiple small group sessions held in primary and secondary schools focused on abstinence, in line with Ministry of Education guidelines, and included issues such as dignity and self-worth; the importance of delaying sexual debut until marriage; and the development of skills for practicing abstinence.



*AMURT peer education provided a youth-friendly HIV and life skills education to school students.*

Most teachers welcomed our peer education program as it relieved them of the uncomfortable task of discussing sexuality, AIDS and drug abuse with the children, a task they were ill equipped to undertake. Mwamrah J. Njuki, the curriculum development officer of Consolata Primary School, Likoni praised our peer educators for their impact on the children, citing the more intelligent questions the student were asking

“The community was suspicious of me before because I abused drugs. Now they look at me differently because I have changed my behavior, I have become a role model.”

*Peer educator, Malindi*

during their life skills classes, such as, “Can a mosquito transmit HIV?”

Our peer education was fun, culturally appropriate and conveyed in the vernacular as opposed to English, so it had a positive influence on the pupils. Mary Kenga of Karima Primary School, Malindi was not the only head teacher who cited a drop in early pregnancies and truancy among the pupils as evidence of the impact our peer educators had on their pupils.

### **Condom education and distribution**

During the structured learning visit to Uganda in July, 2010, organized by NuPITA, the AMURT peer educators were intrigued by the public condom demonstrations they witnessed at the Gulu Youth Center in Northern Uganda. Inspired, they decided to do the same back in Kenya. They found an array of venues to demonstrate condoms, from the beaches of Lake Victoria, where the fishermen welcomed their support, to churches in Thika, to public gatherings such as the Agricultural Society of Kenya show in Nyeri, where they demonstrated in the privacy of a large tent. As a result, AMURT has created a demand for condoms, with people approaching our youth centers and individual peer educators for condoms. Our condom distribution partners are

“I employ the safe sex strategy – correct and consistent use of condoms.”

*Youth Resource Center  
beneficiary, Mahaya*



the Ministry of Health, the AIDS Health Foundation and the International Center for Reproductive Health, amongst others.

In fact, 95,711 condoms were distributed during the last two years of the project during mass awareness events, small group interaction sessions with out-of-school youth and other high-risk groups, and by the peer educators as individual condom dispensers. Some of the peer educators have even been contacted late at night to assist young people with their condom needs!

### Challenges and lessons learned

We discovered that some youth in our contact were abusing alcohol consistently, so we had to provide additional counseling for them which was not initially planned for the program. In future we will build youth friendly alcohol case management and counseling services into our programs to support youth in their endeavor to change behavior over the long term.

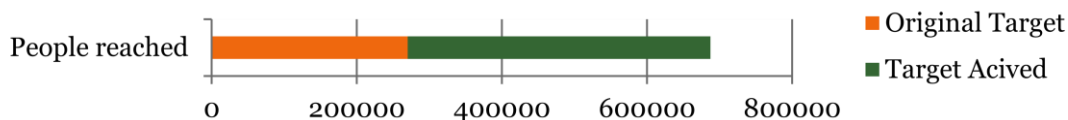
Youth participation is a key to the program's success. The youth planned activities themselves and assisted in looking for and negotiating venue sites, and therefore had a greater ownership of the program. This led to an increased demand for AMURT-supported youth clubs in all program locations. The peer education program in schools was successful because school children can relate to a youth more openly than to an authoritarian teacher.

### Prevention Program Objective B:

*Launch a mass education that reaches 998,000 people, to protect those who are not infected by HIV (this target was revised to 270,000 with a USAID modification)*

#### Target achievement

AMURT reached 687,281 people through mass events, surpassing its target of 270,000 people by 154%.



#### Strategic approach

By increasing awareness of HIV & AIDS on a mass level, AMURT hoped to make its small group work more effective, by having similar messages coming from diverse sources. We used football tournaments, an array of public gatherings and road shows as the venues for our messaging.



### HIV mass awareness and prevention campaign

Early in the second year of implementation we realized that if we depended upon programs we organized ourselves, we would not reach our targets, hence we partnered with other institutions. Due to our collaboration with the Ministry of Education, for example, we were invited to deliver messages during school sports days and drama festivals, and reached tens of thousands of people in the process. In addition, AMURT was invited by local government and other NGOs to assist them in nationally celebrated events such as International Youth Week, World AIDS Day, and Day of the African Child. Finally, AMURT spread messages through 6-month long football tournaments it organized throughout Kenya. Not only did these tournaments provide a venue for positive messaging; they also kept the youth engaged productively.



*AMURT trained youth performing an educational skit concerning HIV prevention during a gathering for young people in Ukunda.*

The most successful outreaches occurred when the AMURT-trained youth drama members performed their humorous skits that involved the participation of the crowd. After finishing a topic the peer educators would ask questions to see whether the participants had understood us or not. Invariably, we were able to discover where the gaps lay in people's knowledge of HIV. We were surprised to find that many people still believed the HIV myths - that you can get HIV when you kiss someone, or when you shake the hand of someone who is positive, or when you touch a wound - so we gave the facts.

Our mass outreaches included condom education and distribution of IEC materials, and referrals for voluntary medical male circumcision, HTC, substance abuse treatment and STI treatment as appropriate. We partnered with other organizations such as Family Care to offer HTC services, and the Nyanza Reproductive Health Society to provide HTC and STI treatment services.

We believe that the mass awareness program helped to stimulate demand for condom use and HCT. Not everyone feels comfortable in small groups – they prefer the anonymity of large crowds – hence mass awareness programs are a useful compliment to an HIV reduction strategy.

### Challenges and lessons learned

We were unable to procure sufficient quantities of IEC materials and condoms from NACC and NASCOP as originally anticipated, so we had to find other sources mainly from friendly NGOs.

Collaboration with local government and schools was instrumental in helping us surpass our targets. In this way, our peer educators were able to participate in venues that were already organized by others, thereby enabling us to channel resources into education and not organizing.

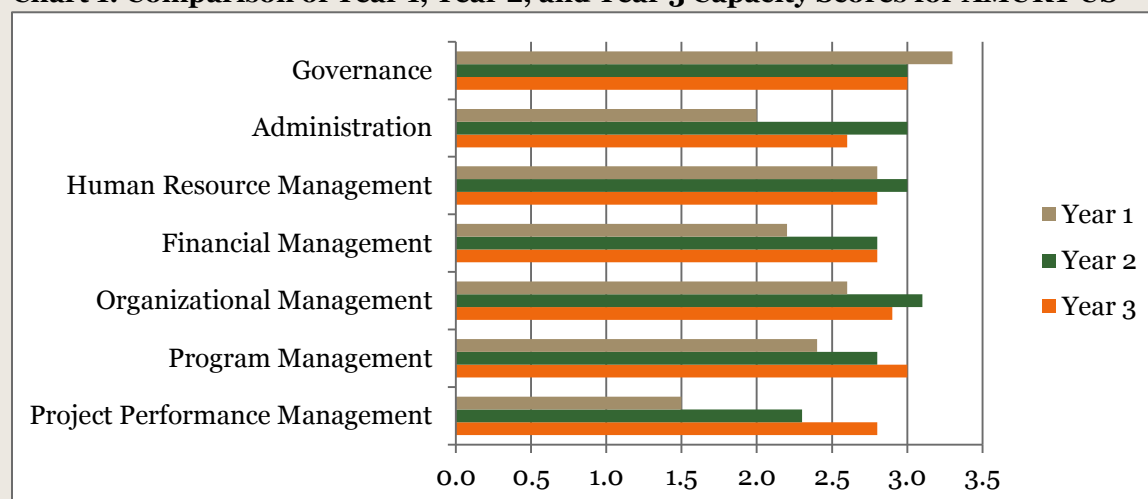


## Other Issues

### Capacity Building

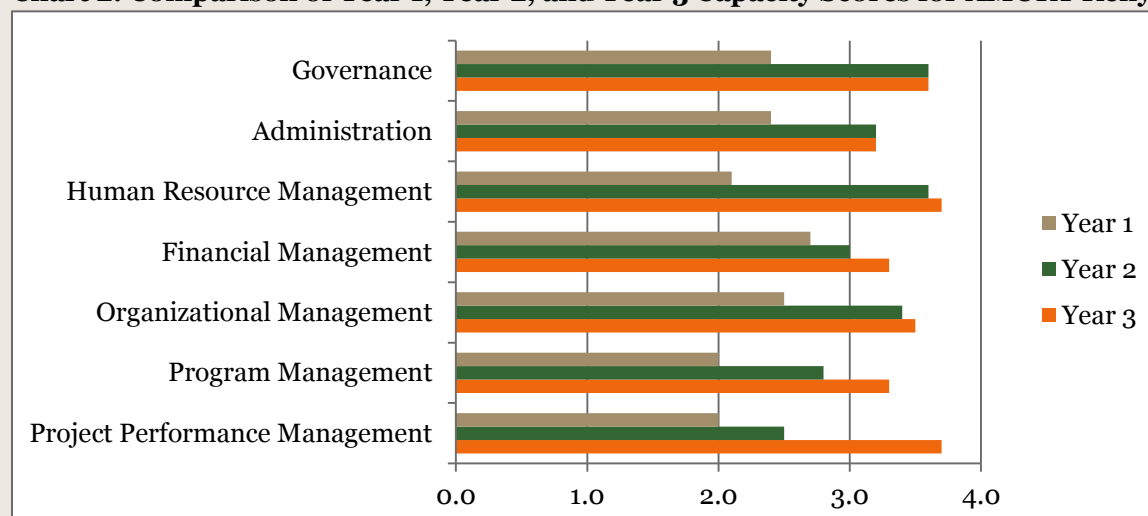
A key objective of the New Partners Initiative (NPI) was to build the grantee's organizational capacity in addition to providing grant funding. Hence, USAID contracted NuPITA to provide continuous technical support to grantees to help them better manage USG grants, become strong enough to source further USG grants in the future, and improve their capacity to implement high-quality HIV/AIDS programs. AMURT benefited tremendously from this process, making healthy improvement in all areas of organizational development. This progress was measured through a series of organizational development tools developed by NuPITA named OCA, TOCA and CLOCA.

**Chart 1: Comparison of Year 1, Year 2, and Year 3 Capacity Scores for AMURT US**



1=Low Capacity 2=Basic Capacity 3=Moderate Capacity 4=Strong Capacity

**Chart 2: Comparison of Year 1, Year 2, and Year 3 Capacity Scores for AMURT Kenya**



1=Low Capacity 2=Basic Capacity 3=Moderate Capacity 4=Strong Capacity



## **Governance**

Through the NPI program the boards of both AMURT US and AMURT Kenya have become a lot more conversant with the complexities of running and building an organization, with the Kenya board now taking an active part in strategic planning and organization oversight. In both countries, the boards have developed succession plans to reduce the risk of instability should the executive director or country director change, and have increased their role in internal financial controls.

## **Administration**

Overall, AMURT has been able to reduce its dependence on key personalities by becoming a more systems-based operation, with almost all relevant policies and procedures being developed for the smooth functioning of the organization.

## **Human Resources**

AMURT has enjoyed meaningful gains in the area of human resources, developing a human resource manual and all the necessary documentation for staff including hire letters, standardized and updated job descriptions, updated CVs, and exit interviews.

AMURT's recruitment now follows a standardized process of advertising, interviewing and putting new staff on a six-month probation period. Salary history is checked through the use of bio-data forms, a relatively new process for AMURT, as previously only current salaries were used. All staff involved in conducting interviews are trained in recruitment procedures and use standard checklists.

In Kenya, a number of changes have helped to create a stronger, more motivated work force and improve retention, namely the formation of a management committee, more participatory decision-making through monthly staff meetings, team building retreats, achievement awards, and support supervision.

In the month of October, 2010 AMURT staff underwent a support supervision training organized by NuPITA, which led to a great improvement in the effectiveness of supervision. In fact, the new staff appraisal system helped staff feel part of a well-orchestrated and supportive team, and boosted morale.

## **Financial Management**

Through the training programs given by NuPITA we became more familiar with best practices and were able to improve our financial management and develop a more comprehensive financial manual. We improved our supporting documentation, developing a checklist of documents required for different types of payment vouchers; we upgraded our standards of accounting to match international standards; and the procurement process was improved, with procurement thresholds and tighter internal controls.

We adopted QuickBooks as our financial management software, and finalized a chart of accounts that has been standardized across the Rockville and Nairobi offices, making reporting seamless. Our QuickBooks manual and chart of accounts are now being adopted by other AMURT chapters around the world, including Haiti and Nigeria.



Financial reporting, both from the field offices to Nairobi, and from Nairobi to Rockville HQ, improved over time with open communication amongst all the offices and a willingness to comply with all internal and donor requirements. This helped AMURT keep a clear picture of the financial situation at all times, and intervene promptly should any issue arise.

The Kenya office implemented a successful budget tracking system under guidance of NuPITA, enabling us to make strategic decisions regarding the timeline for, and amount of, funding for project implementation, resulting in an efficient spending of grant monies down to the last penny.

Audits were conducted as required. AMURT underwent its first A133 audit for 2010, and was happy with the audit findings related to the NPI project. In this regard, we are hugely grateful to the pre-audit exercises that NuPITA implemented in both Kenya and the US, and the close guidance we received.

Finally, cost share reporting improved drastically over the life of the project, again with assistance from NuPITA.

### **Program Management**

AMURT has gained skill and a sense of timeliness in developing and submitting the necessary technical reports, and has instilled the same in its sub-partners. Reports contain success stories; the field office's skill in producing success stories has increased since staff involvement in a NuPITA-led training on documentation.

AMURT has developed an improved referral system including referral guidelines and tools for each program area, as has been outlined in the program narrative above.

AMURT has also improved community participation, with a documented process for engaging with the community and soliciting feedback from beneficiaries through monthly Saturday meetings.

## **Monitoring & Evaluation**

### **Introduction**

The KIHAP project enabled AMURT to develop a greater proficiency in M&E and establish for the first time in its history an M&E department, comprised of an M&E specialist in the Rockville HQ and an M&E manager in Kenya. These staff received comprehensive training and guidance from NuPITA, thereby ensuring that KIHAP was implemented according to its work plan, monitored systematically for progress, assessed on its efficiency and effectiveness, and improved when necessary. The M&E process contributed to our ability to share this knowledge with all stakeholders, including the beneficiaries.

### **Strategic approach**

For each of KIHAP's three programs – OVC, HBC, and Prevention -- the M&E team, in consultation with NuPITA, developed key indicators and data collection tools. Following that, at every level of implementation, from the volunteers in the field to the headquarter staff, a



thorough orientation was done on the need for, and mechanics of, the M&E process. The importance of M&E was emphasized at each staff and volunteer meeting to increase everyone's motivation to collect data. The M&E manager made quarterly visits to all nine project locations to provide support supervision and also offer onsite training in the use of the tools. In late 2010, KIHAP purchased Trakid, a database tailored to its information needs for tracking the progress of OVCs.

Toward the end of Year 1, AMURT conducted a data audit to test the quality of the data. This resulted in the simplification of certain tools, more training in data collection, and the linking of payment of volunteer expense stipends to the correct and accurate completion of reports.

### Indicators

We routinely collected data on our 41 PEPFAR and Non-PEPFAR indicators. The Non-PEPFAR indicators helped us judge the efficiency and effectiveness of KIHAP in (almost) real-time. For example, the number of OVC who missed school for more than 3 days in a row, the number of PLWHA who received the services they were referred to, or the number of people attending peer educator outreach sessions provided us with constant and realistic picture of the project's operation and reach.

### Client Satisfaction Survey

Between June 21 and July 30 2010, with NuPITA's technical assistance, we conducted a client satisfaction survey. The survey's goal was to gauge the perceptions of OVC caregivers and PLWA clients towards the benefits and quality of AMURT's programming and staff. 120 randomly-selected households—90 from the OVC and 30 from the HBC programs—participated in the study. A team of three AMURT staff interviewed beneficiaries in their homes, reviewed data collection tools, and met with field volunteers to collect information on the project. The perceived benefits were overwhelmingly positive (see the two charts below), and the survey showed that AMURT was doing a good job in delivering services to the beneficiary level, with 96% of households receiving uniforms, and 99% of households sending their children to the monthly Saturday fun day.

**Chart 3: PLWA Perceptions of KIHAP's Benefits and Impact on Their Lives**

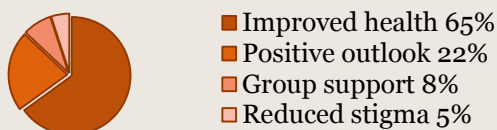
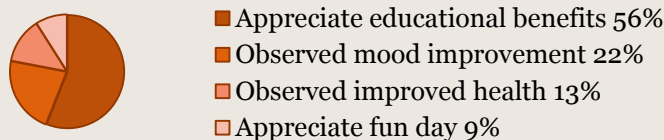


**Chart 4: Care Givers' Perceptions of KIHAP's Benefits Accrued to their OVC**



### **Prevention Program Focus Group Study**

In July 2011, as KIHAP was nearing its closure, we conducted a focus group study to determine the prevention project's impact on the peer educators and youth frequenting the youth centers. As before, NuPITA assisted us to design and carry out the study, which included 12 peer educator groups (111 PEs) and 10 youth groups (77 youth). The prevention program's objective was to provide opportunities for behavior change, leadership development and vocational training to 2,000 out-of-school youth aged 14 to 25. The 188 participants in the 22 focus groups provided clear evidence that this objective was successfully achieved.

### **M&E Challenges**

Occasional malfunctions within the Trakid software and inadequate IT skills at the field level resulted in backlogs of data entry, and more staff time than anticipated being spent on technical support.

AMURT lacked comprehensive knowledge of M&E systems and processes at the beginning of the project, and benefited from NuPITA's technical support through training, mentoring and M&E plan reviews.

Throughout the project, some of the volunteer field workers did not fully embrace the M&E process and perceived the requirement to fill out forms and report information regularly an extra task that went beyond the scope of their voluntary work.

### **M&E Lessons Learned**

Even though a major data audit was conducted at the end of Year 1, verification of data should continue consistently throughout program implementation. The M&E team should conduct random and unannounced reviews of M&E data and supporting documents, as well as interviews with service recipients to ensure quality.

The M&E department should ease the data collection and reporting processes by creating simple and standardized tools and clear communication channels between the head office and the field. It should continuously remind the field staff of the importance of data for the success of the program, and should share that data with all stakeholders, especially the beneficiaries and volunteers, to instill enthusiasm about the project's achievements.

### **Partner Progress**

The NPI grant enabled AMURT to formally work with subpartner organizations for the first time in its history, as part of its growing strategy to strengthen local civil society organizations. Hence, at the beginning of the project, AMURT identified two CBOs as subpartners: SDNI (Slums Development Network Initiative) in Nyeri and Imani Initiative Development Group in Oyugis. Neither organization had a governance structure, strong management, or clearly defined policies and procedures. Through extensive support from AMURT staff, including onsite training, AMURT has witnessed these organizations develop boards, strengthen project management, write human resource and finance manuals, improve accounting and procurement systems, raise their own funds, and even construct their own web sites!



During Year Three, AMURT conducted a TOCA for each organization. Their strong points were their capability to attract and retain loyal volunteers with the spirit of service. However, they lacked sufficient knowledge in the technical areas of HBC, OVC and behavior change because they were unable to employ skilled staff due to budget constraints. Therefore, in Year Three AMURT's program officers gave them constant support to increase their technical capacities.

AMURT is especially proud of the progress made by SNDI as they have been selected by JHPIEGO as a subpartner organization in the APHIA Plus program. JHPIEGO were impressed with the strength of SNDI's OVC program and its record keeping for the same, especially the Trakid OVC tracking software that was transferred to SDNI by AMURT. In addition, SDNI have greatly improved their governance capacity by reconfiguring the board, setting term limits, instituting complete governing rules and regulations, and instituting their first succession plan. One of AMURT's staff members has joined them to provide technical support as a full time employee, which further strengthens their appeal to donors.

Even though the close out process has concluded with the subpartners, AMURT will continue to provide technical support into the foreseeable future.

## Sustainability

### OVC Program

AMURT Kenya has been able to secure funding from the APHIA Plus prime organizations for the continuation of its OVC program in Central, Coast and Nyanza provinces. Hence, we will retain our program staff and volunteers to provide essential services to the OVC, with an emphasis on educational support, nutritional supplements and malaria prevention.

In addition, AMURT has formed 89 successfully functioning IGA groups for the OVC caregivers, partnering with Equity Foundation to provide training in financial literacy and credit management. Through the merry-go-round process the participants have become more familiar with the art of saving. For example, Ruth Nyawira, a charcoal vendor in Nyeri had a disorganized way of spending money before she met AMURT. But after the training she started saving methodically every week and soon built up personal savings of Ksh 12,000 (\$120) in addition to her investment in the IGA group.

### HBC Program

AMURT has handed over 236 clients requiring home-based care to the District HBC Coordinators in Rarieda, Rachuonyo, and Mbita Districts. The remaining PLWAs have been enrolled in nine comprehensive care centers and 20 support groups for follow up ARV and OI treatment and supportive counseling. AMURT will continue to monitor 125 PLWAs through its health facility in Mahaya.

In addition, AMURT helped organize the PLWAs into 13 IGA groups, providing cash grants and training from Equity Foundation. Some groups have commenced activities such as horticultural farming and chicken rearing. The members of the PLWA groups support each other beyond the IGA. For example, at the Kete Support Group for PLWA in Suba the HBC providers have been



teaching the 23 members about TB management, how to take care of sores, how to make care kits, and how to mix cereals to make flour.

### Prevention Program

AMURT has entered into a partnership with Digital Opportunity Trust (DOT), an organization providing youth empowerment in IT. DOT has already started training our youth in advanced software skills and IT entrepreneurship to provide them with more marketable skills. DOT will also help us turn the youth resource centers into self-sustaining businesses beyond the project's life. These businesses will include cyber cafes and tent and public address system rentals. AMURT will keep the youth project officers on staff to supervise the youth program.

### Linkages with Government, USAID and NPI Partners

In most of our program locations, AMURT has established good working relations with the local government officers, which has dramatically improved the effectiveness of our program. For example, in Nyanza Province, the District Children's Officers (DCOs) intervened in two cases of early child marriage, in Kikuyu District (Central) and Ukunda (Coast) the DCOs provided emergency food for OVC, in Malindi the Youth Project Officer (YPO) invited us to participate in a youth coordinating body for the district, and in Mombasa, the YPO invited us to enter our youth in a national youth talent audition (which they won). Cooperation with government stakeholders has been a cornerstone of our program.

Throughout the program, AMURT has maintained a good working relationship with USAID and reported on program progress as per the reporting timelines. We attended chiefs of party breakfast meetings organized by USAID Kenya, which helped us develop productive linkages with other organizations.

AMURT formed close relationships with a number of other NPI partners. For example, AMURT and GRACE organized a half-day project results dissemination meeting late last year in Nairobi to highlight their many achievements. USAID and NuPITA representatives attended, along with staff from the APHIA Plus primes.



*Youth in AMURT's program were eager to learn IT skills to enhance their competitiveness in the job market.*



## Success Stories

### Boaz Otieno, AMURT OVC Program Beneficiary

When Peter Sage, AMURT Executive Director, visited the Otieno family, beneficiaries of AMURT's OVC program, in their corrugated iron home-cum-shop one night, he was astonished to find the children doing their homework in the dim glow of tiny paraffin lamps. Peter glanced over their shoulders to read the printed words, but just saw a blur. He wondered how their young eyes could read in such darkness; where did the motivation come from to persevere with their studies despite incredible obstacles?

Boaz, the oldest son, tall beyond his 13 years, had to study in these conditions throughout his primary school days, yet managed to earn high marks, making him eligible to go to a good secondary school.

He did especially well in his final year at Usare Primary School in Mbita town, improving his marks from 255 in the previous year to 346 (out of 500), and standing third in a class of 62 students. "How did you do so well?" Peter enquired. Boaz credited his success to Elizabeth Akello, the AMURT care counselor assigned to him since the beginning of 2010. "Elizabeth gave me text books and a school uniform," he said, "and advised me to interact with my teachers as much as possible."

Elizabeth, one of AMURT's 120 care counselors within the USAID-sponsored Kenya Integrated HIV & AIDS Program, is a jovial person who is assigned 25 vulnerable children, and supervises five other care counselors. She is thrilled with Boaz's success, stating that she feels "great" about his performance and the job she has done in counseling and supporting him.

After his final primary school exam Boaz brought a photocopy of his mark sheet to the AMURT office in celebration. He was always a bright student, but had never finished a school year so well. Due to his academic potential AMURT will continue to support him through a high school sponsorship program.

Boaz is one of 3191 vulnerable or orphaned children supported by AMURT throughout Kenya with financial assistance from USAID.



*Boaz (left) excelled at school with the guidance of Elizabeth, AMURT's care counselor.*

When praised for the positive and lasting impact she has had on Boaz, Elizabeth replied humbly, "I was just doing my job."



## Joseph Mwikate Mwita, AMURT HBC Program Beneficiary

Joseph Mwita's family members thought he was bewitched and thus had lost hope of him ever recovering. He was neglected and isolated in a single room detached from the rest of his family.

The case was serious: Mr. Mwita's AIDS was advanced and opportunistic infections were attacking his body. AMURT's HBC provider therefore referred him to our clinical officer who, in turn, referred him to Homa Bay District Hospital. He was diagnosed with advanced Kaposi's sarcoma, a cancerous condition that is a leading cause of mortality amongst PLWAs. AMURT staff educated Mr. Mwita's family about the nature of HIV so they realized it was not the result of a magic curse. Consequently, they agreed to support Mr. Mwita's hospital treatment and monitor his ARV prescriptions.



*Mr. Mwita would have died of cancer had AMURT not enrolled him in our home-based care program*

AMURT's HBC providers visited him throughout, providing massage, physical therapy, hygiene support, adherence counseling, nursing care and spiritual support, all of which assisted in Mr. Mwita's recovery.

Mr. Mwita completed his cancer treatment in June 2011, having gained 15 pounds and the ability to walk again. He has also resumed his job at the local District Education Office. He is one of 1187 people living with AIDS supported by AMURT throughout Kenya with financial assistance from USAID.

“Many people may walk in and out of your life but only a few can leave a footprint in your heart.”

Mr. Joseph Mwikate Mwita.



## Catherine Simiyu, AMURT Youth HIV Prevention Program Beneficiary

“Despite my family’s poverty level, I have always dreamt of being a doctor, even as I work now for this firm my focus is in the medical field. I will never give up on that dream,” states Catherine, aged 20, as she serves another client at a supermarket in Mombasa.

After completing high school three years ago, Catherine searched for a job everywhere in Mombasa, but with no success. Then she heard of a computer vocational training through a friend. “At first I didn’t take it seriously. Where I grew up people don’t believe in free things; if it’s free, it must be of poor quality. But I had no other options; I had no money to pay for such a course.”



*AMURT has helped 56 young people, including Catherine, get jobs through IT training. With income, these young people can plan a better future.*

Catherine joined AMURT’s youth program in Ukunda in November 2010 and immediately started the two month computer course, earning a certificate of completion at the end. A few weeks later she heard that a local supermarket was hiring women with computer skills. After an interview she was given the job, and a new lease on life. “I am saving as much money as I can,” she says, “because I want to go to university next year.”

AMURT equipped Catherine with other skills. “I joined AMURT for the IT training,” she says, “but before every class we were taught about HIV & AIDS, and general life skills. We learnt about the best way to deal with issues we face on a daily basis, so the training was useful.”

During the NPI program AMURT provided IT and life skills training to 1139 out-of-school youth, with financial assistance from USAID.

“It’s difficult to believe that I am the one seated on this very seat; two years ago I couldn’t differentiate between a computer and a television”

Catherine Simiyu



## Appendix 1: Non-PEPFAR Indicator Table

| Reporting Period                                                     | Target for life of project | Achieved during life of project | % Variance |
|----------------------------------------------------------------------|----------------------------|---------------------------------|------------|
| December 1, 2008 to November 30, 2011                                |                            |                                 |            |
| <b>OVC Program</b>                                                   |                            |                                 |            |
| Number of OVC attended child rights clubs                            | 300                        | 300                             | 0%         |
| Number of community resource people (CRP) active in program          | 90                         | 10                              | -89%       |
| <b>Prevention Program</b>                                            |                            |                                 |            |
| Number of youth groups established within the youth resource centers | 20                         | 68                              | +240%      |
| Number of active youth group members                                 | 2000                       | 2298                            | +15%       |
| Number of youth trained in IT                                        | 900                        | 1139                            | +24%       |



Appendix 2: Map of KIHAP Areas of Intervention

