

Project number	39907133
Title	HIV-AIDS Kenya

Countries

Kenya

Summary

The overall aim of the assessment is to determine the effectiveness of the current strategies and the sustainability of the project with regards to this implementing approach and to have recommendations toward enhancing both project effectiveness and sustainability. The assessment was participatory.

The Church was the first target of the Project. The Church has shifted position positively. Church leaders, who previously were condemning infected people as sinners reaping what they have sown, have shifted in attitude and are now agents of awareness creation and of care. Church members are now actively involved in care and support. Awareness on HIV/AIDS has been widely created in the target communities. Many people have been responding to the call on them to go for voluntary counselling and testing. People are desisting from stigmatising the infected. People in the community used to view AIDS as bewitchment with inevitable progressive deterioration till death, and hence they simply watched their infected people die; but, through this Project, they have now learnt that it is a condition that could improve with treatment.

People who test positive are receiving care and support. They are accessing treatment services. Many, particularly among the women, have gone public, disclosing their status, living positively and urging other people to get tested. The Project has facilitated them to come together to form mutual support groups. And it is providing technical accompaniment to these groups. School children who were reached at school have not only become aware but have become awareness creation agents. They are reportedly spreading the message to their parents at home. With the help of their teachers, they also have learnt poems, songs, and dramas which the Project facilitates them to present at major public events. The Project has trained several Church leaders and Church members on psychosocial support. Pastors were trained in HIV counselling. Some youths were trained as VCT counsellors. Many Church members – men and women – were trained as counsellors and home visitors. Many teachers were trained for awareness creation in schools

Behaviour change resulting from this Project is most noticeable among the Maasai. The Maasai women have displaced considerable awareness on HIV/AIDS. They are now speaking freely about responsible sexual behaviour and spreading awareness on HIV/AIDS. And so are many of the men. The proportion of male members of PLWHAs groups among the Maasai is considerably higher than in groups of the other communities. However, there is not yet a breakthrough into the elders' circle where control of community mind lays. There is still some distance to go before the anticipated shift on harmful traditional practices. The Maasai Beach Boys have displayed extra-ordinary eagerness to know more. The initial few reached requested the Project to bring the news to their other colleagues at a Maasai Conference which they self-funded, attended by about 250. Apart from their own risky traditional practices, these young adults, far away from home, are facing additional vulnerability challenges at the beach.

The Project has been campaigning intensely against harmful traditional practices that fuel the spread of AIDS. The women, all over, are speaking hard against female circumcision. The Church and government decry it, although it is not outlawed. It is clear that a way needs to be found for targeting men specifically, especially in highly conservative communities. Inheriting of widows is still continuing in communities that practice it, despite the devastation everyone sees AIDS causing all around. However, resulting from awareness created by this Project, increasing numbers of widows are refusing to be 'inherited'. They are isolated or dispossessed, if not sent out of the homestead. Some solicit assistance from the local civil administration; others run to the

Church leaders. Within the Care and Support Component, the Project is mobilising assistance for them and for the swelling numbers of children orphaned by AIDS, especially 'total orphans'.

The Project has accomplished quite a lot. But there is still very much to do. The assessment team was amazed that there are only few actors in the rural areas where the church is operating, considering the huge number of NGOs in towns and cities rolling out volumes of reports of intense action and impressive results. The Project started with awareness creation for pastors. The pastors received the message and have been spreading it ever since then. The church is now serving as the lead agency rallying the churches together for action on prevention and on care and support of the infected and the affected. The Project is receiving invitation from the various churches for awareness creation seminars and for training on home-based care. Those who test positive have high expectations on the Church, to receive both psycho-social and material support. The members of the Church are beginning to move into caring. An important factor for the achievements is the Church Policy on HIV/AIDS that has helped a great deal in creating common understanding and shared position on the pertinent issues.

People are being urged to go for testing, but the VCT Centres are currently too few. Some local assemblies are able to afford an appropriate small counseling room and own set of youth volunteer counselors required to set up and run a VCT Centre. Such assemblies should be encouraged to do so. The various groups within each congregation are already engaged in care and support activities as response on the HIV pandemic, but as yet, most of those activities are sporadic. A Local Assembly HIV/AIDS Program is proposed, as a measure for catalysing, steering and coordinating these local efforts on ongoing basis and for mobilising local resources to run them. The National Project is to focus on training of trainers. Local trainers so developed are to run seminars and workshops at the grassroots.

It is recommended that the Project's operating areas be re-drawn into 5 zones, with the existing field staff assigned into the zones, to reside and serve in the respective assigned zones. Except for responses to invitations, sporadic roving should be avoided. The zonal team should work to get some sub-locations per district as centres of excellence from which success would spread. Each zonal team would need a laptop/DVD/projector set for showing films, and each field staff will need a motor bicycle. In this operating structure, team roving will be limited, follow-up will be more feasible, and programme outcomes and impact will be considerably enhanced.

Much local funding would be marshalled, but primarily for implementing the proposed Local Assembly HIV Program, which will major on care and support for the infected and the affected. The National Project will continue to need external foreign funding. The reality is that the tasks are too immense for the church to carry alone, in the context of mass poverty. The church is observed to have shown itself to be an achiever. If she embarks on the proposed mobilisation of the resources of the church members and if she remains accountable and result-oriented, sustainability is assured to a great extent.

The church recruit's project staff on per phase basis, limiting its contractual obligation to the duration for which funding is assured. Those so employed are only a few among the many others with similar qualifications. They are privileged. If the Church is unable to renew contract, the disengaged employee owe thanks for having been carried some distance. The pain of the Church leadership should be on the hundreds of others whom they have been unable to carry at all.

- Recommendations
- To catalyze and coordinate efforts of Church members on care and support, it is recommended that each local assembly establish a Local Assembly HIV/AIDS Program managed by a local HIV/AIDS Committee
 - Care and Support belong to the grassroots level. They are currently taking place at the respective congregation level, but in an uncoordinated manner. The recommendation here is towards fostering coordinated, systematic, monitorable,

sustainable efforts.

- In the Local Program, the various groups in the Church – youths, women, children, and men folk – would have roles and activities pertinent to their peculiar needs and potentials for ministry
- The Local Program should mobilize members' and external in-country resources. They should not depend only on centrally mobilised funds.
- The current practice of roaming, the working approach of the project field team, should be discontinued by re-structuring into zones and confining particular staff into specific zones.
 - Training personnel should do ToTs to develop trainers for assemblies as local resource-persons
 - Staff should move in the zone with motor bicycles, as being currently done by one or two staff. The Project Leader confirmed the cost-effectiveness of this mobility option.
- The Project should develop activities that purposively target the men folk
 - Such could start with a series on 'Church men's Response on the HIV epidemic' aimed at joint reflection, personal attention, and community-focused action. Then let the Church men host community elders in similar joint reflection.
- The Project should introduce child-to-child peer education, drawing on expertise of some local NGOs.
- Since film shows have been acclaimed as the most effective activity but only available at headquarters, the Project should seek ways of getting videos to be shown more widely.
 - Laptop-operated videos with DVD projectors are a possibility that should be explored. Some other agencies in similar context are using such.
- As a response to meeting the acute demand for places to go for testing, the Project should encourage Church-established VCT centers.
 - Some local assemblies are able to afford an appropriate small counselling room and own set of youth volunteer counselors required to set up and run a VCT Centre. Such a Centre takes clients' blood samples to nearest hospital laboratory.
- A well planned approach should be made to disseminate the Church HIV Policy at the regions and the assemblies
 - The issue of promotion of condom is one area of continuing sensitivity in the Church. Many pastors and Church members interviewed were yet to move over to the position on Condom stated in the Policy. That aspect of the Policy is yet to be widely embraced.
- The Project should seek additional donors