EFFECTIVENESS AND SUSTAINABILITY ASSESSMENT OF HIV/AIDS AWARENESS AND PREVENTIVE PROJECT OF FREE PENTECOSTAL FELLOWSHIP IN KENYA

(A project being supported by PYM, Norway and PMU Inter Life, Sweden)

By:
Julius Oladipo
Associate Consultant

T A A B C O

Research and Development Consultants
P O Box 10488 00100
Nairobi
taabco@bidii.com
Tel: 2712698/2712700/2713957

August 2007

TABLE OF CONTENTS

ABBREVIATIONS

AIDS …….. Acquired Immune Deficiency Syndrome
ARV …..... Anti-Retroviral (ARV drugs; ARV therapy)
BM …… (Development Agency of the Norwegian Protestant Churches)
DASCOP …… District AIDS and STI Control Programme
CBOs ……... Community-based Organisations
FIDA ……. (Finnish Pentecostal Mission)
FGM …… Female Genital Mutilation
FPFK ……... Free Pentecostal Fellowship in Kenya
HIV …… Human Immune Deficiency Virus
IEC ……. Information, Education and Communication
NACC ……. National AIDS Control Council
NASCOP ……. National AIDS and STI Control Programme
NGOs ……... Non-governmental Organisations
PLWHAs ……. Persons living with HIV/AIDS
PPI …… Programme of Pastoral Instruction
PMU …….. (Swedish Pentecostal Mission)
PSC …… Project Steering Committee
PYM ……. (Norwegian Pentecostal Mission)
STI …… Sexually Transmitted Infections
ToT …… Training of Trainers
VCT …… Voluntary Counselling and Testing

ACKNOWLEDGEMENT

This participatory assessment was facilitated by two Consultants of TAABCO (Dr Julius Oladipo and Mrs Edwina Busili), a representative of the Free Pentecostal Church of Tanzania (Mr. Simon Severua), and a representative of the Free Pentecostal Fellowship in Kenya (Mr. Adam Thairu). TAABCO is pleased for yet another opportunity to serve FPFK, in a relation that has been on for several years. FPCT is a sister Church to FPFK, and is pleased for being invited to participate in this assessment, to come and learn from FPFK and to share ideas from the Tanzanian side.

The members of the Assessment Team are immensely grateful to the Project Leader (Peter Thuku) and the General Secretary (Rev. John Kitur) who were the chief hosts. The team also express deep appreciation to the various people in FPFK who made the intense process a great pleasure. The openness of the leadership of FPFK is commendable. Different sets of field staff accompanied the team in the various trips. The hospitality of the hosts at the respective places and at the Guest House in the Head Office is remarkable.

Thanks are due to everyone who shared their experiences on the project and contributed ideas towards the way forward. The participants included some non-FPFK people, with whom FPFK has collaborated and networked. The Assessment Team has made efforts to reflect the various insights provided. Because of limitation of space, some might have not been highlighted in sufficient details.

EXECUTIVE SUMMARY

The HIV/AIDS Project of the Free Pentecostal Fellowship in Kenya (FPFK) started in 2000. Phase I was implemented in 2000-2004. It is now midstream in Phase II (2005-2009). The project was evaluated in 2004 and 2006. The current assessment was necessitated mainly because there have been some specific challenges that seem to be escalating in the past two years and which the FPFK leadership consider to require careful examination. This assessment is meant to throw light on these particular issues and to recommend ways for effectively addressing them. Of particular note are personnel and transportation costs.

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. It was facilitated by two Consultants of TAABCO (Dr Julius Oladipo and Mrs Edwina Busili), a representative of the Free Pentecostal Church of Tanzania (Mr. Simon Severua), and a representative of the Free Pentecostal Fellowship in Kenya (Mr. Adam Thairu). The bulk of the fieldwork was undertaken from 14th July to 7th August 2007.

It was found that the Project has helped to a great extent in reducing stigma and denial. Many people have gone for voluntary counselling and testing. Those who test positive are accessing treatment services. Many, particularly among the women, have gone public, disclosing their status, living positively and urging other people to get tested. They are coming together to form mutual support groups. School children who were reached at school 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. Church leaders, who previously were condemning infected people as sinners reaping what they have sown, have shifted in attitude and are now mobilising church members into care and support for PLWHAs, AIDS-orphans and AIDS-widows. People in the community said they 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.

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 are expressing eagerness to know more. The initial few reached are gathering the others for a forthcoming Maa seminar on HIV/AIDS. Apart from their own risky traditional practices, these young adults are reportedly facing the trap of seduction by female tourists.

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 AIDS-orphans, 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 FPFK 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 FPFK pastors. The pastors received the message and have been spreading it ever since then. FPFK 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 FPFK Church Policy on HIV/AIDS which 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. It is being recommended that every local church of FPFK seek to establish a Centre. Other church denominations should be requested to do the same. A Local Church HIV/AIDS Project is proposed, to run separately but interlinking with the existing National Project. The local church should manage the VCT centre. It is recommended that the local church opens a Benevolence Fund Account, into which she would lodge a tenth of the total monthly offerings, the congregational tithe. In addition, external donations should be solicited and lodged into this Benevolent Fund Account. This bank account should have only female signatories, a practice that is already in existence in one of the FPFK local churches. The Scripture notes in Luke 8:1 that women were the chief resource managers and the main donors in the earthly ministry of Christ. In addition to the Benevolence Fund, Church leaders would need marshal freewill financial and other forms of resources of the individual Church members for care and support of the infected, the orphans and the widows. 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 bike. The initial capital outlay is sizable, but the arrangement is cost-effective in the medium term, if not in the short term. 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 Church Project, which will major on care and support for the infected and the affected. The National Project layer will continue to need external funding. The reality is that the tasks are too immense for FPFK to carry alone, in the context of mass poverty. FPFK 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.

FPFK recruits 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.

In summary, in order to enhance effectiveness and sustainability of the Project, the following measures are recommended:

(i) The operating areas of the Project should be re-drawn into 5 zones, and the existing field staff be redistributed into these zone, each serving and residing in his/her assigned zone.

(ii) The zonal team should be equipped with a laptop/DVD-projector set with portable screen, and each field staff should have a motor bike.

(iii) A Local Church HIV/AIDS Project should be established by each FPFK local church to operate in parallel but interlinking with the National Project. Its core activities would include organizing seminars and workshops facilitated by local trainers trained by the National Project, establishing at least a VCT Centre, and mobilizing ongoing care and support for PLWHAs, AIDS-Orphans, and AIDS-Widows.

(iv) The National Project is to focus on training of trainers. Except for responses to invitations, frequent roving should be avoided. The zonal team should work to get some sub-locations per district from which success would spread.

(v) The Local Church should open a Benevolent Fund bank account that would have only women signatories. The local church should lodge a tenth of the total monthly offerings, the congregational tithes. In additional, external donations should be solicited and lodged into this Benevolent Account.

(vi) In addition to the congregational tithes and the solicited external donations, Church leaders would marshal freewill financial and other forms of resources of the individual Church members for care and support of the infected, the orphans and the widows.

(vii) The project management and the field staff should make efforts for the Project to get additional donors.

FPFK has enjoyed a lot of goodwill from its funding partners. The consistent commitment of funds to the work is clearly the most crucial factor for the attainments. FPFK has filial relationship with PYM and PMU InterLife. It is however clear that FPFK would need to seek to marshal and optimally utilise the resources within the membership, while she continues to count on ongoing accompaniment of her partners. The Church is part of the target groups. She is part of the infected

and the affected. Hence the idea of exiting from the scene is not applicable. The Church is confident that this good work will be accompanied to continue.

The Team is impressed by the level of commitment in FPFK. As an officer of a collaborating organisation said, “The grassroots members of FPFK know their Church. They know their structures and their systems. And their leaders command the respect of the members. They find it easy to mobilise”. It is not surprising that they are being able to get encouraging outcomes amidst the contextual challenges. It is hoped that all this will be sustained and even up-scaled.

EFFECTIVENESS AND SUSTAINABILITY ASSESSMENT OF THE FPFK HIV/AIDS AWARENESS AND PREVENTIVE PROJECT

1.0 INTRODUCTION

1.1 Background to the assessment

In the Free Pentecostal Fellowship in Kenya (FPFK), as in other Pentecostal Churches and most other denominations in Africa, sexuality was a no-go area for open discussion. There were several cases of youths being ex-communicated for pre-marital sex. As a precaution to promiscuity, boys and girls were not allowed to socialise together.

When news of HIV/AIDS came in the late 1980s, it was seen as stories of people 'reaping what they sowed'. It was seen as a distant matter. In the late 1990s when funerals were becoming too frequent in the communities and several families within the Church were getting affected, it started being discussed underground as a matter requiring attention. But when, in 1999, the Government of Kenya declared HIV/AIDS a national emergency and asked for all social sectors to join up in intervening to combat it, the FPFK leadership got a reason to surface the matter. At that time, FPFK was at the beginning of an Organisational Development process, an exercise which was set on promoting open internal discussions.

The Free Pentecostal Fellowship in Kenya (FPFK) started its HIV/AIDS Project in the year 2000. The project activities are concentrated in Nyanza and Southern Coast regions, and in Maasai communities of Southern Rift Valley. The first phase was 2000-2004 and the current phase is 2005-2009. Funding was initially only from PYM of Norway, but later PMU Interlife of Sweden joined in providing support. The additional funding is being used to target some other areas that did not initially benefit from the PYM funding support. Funds from the two donors also supported a process for developing the FPFK Church Policy on HIV/AIDS.

There was an evaluation in the beginning of 2004 at the instance of PYM and another at the end of 2006 at the instance of BN. The latter was a part of a multi-country assessment of impact of BN's work but was also aimed at assessing implementation of recommendations made by BN during Phase I field visits.

The key recommendations of the first evaluation included:

- Changing awareness creation approach from mass campaigns to focusing on smaller groups;
- Introducing Peer Education for the Youth;
- Establishing Voluntary Counselling and Testing (VCT) centres, as an effective tool for prevention and also as an entry point to communities for care and support to PLWHAs;
- Purposively promoting greater involvement of women, since they are generally more effective as home-based care providers for PLWHAs and orphans.

In response to these recommendations, the current phase was designed to consist essentially of:

- Facilitating formulation of FPFK's Church Policy on HIV/AIDS;
- Peer Education in schools;
- Training of VCT Counsellors and setting up VCT centres, and
- Seminars and workshops targeting pastors, youth and women leaders as well as leaders of children work.

The target groups comprise teens and young adults, PLWHAs, members of FPFK church leadership structures at local church, regional and national levels, women groups, leaders of children work, and local communities.

There have been some specific challenges that seem to be escalating in the past two years and which the FPFK leadership consider to require careful examination. The current assessment is meant to throw light on these particular issues and to proffer ways for effectively addressing them. Of particular note are personnel and transportation costs.

It is also considered essential to look at sustainability factors and implications of any situation that may demand staff release.

The assessment was participatory. It was facilitated by two Consultants of TAABCO (Dr Julius Oladipo and Mrs Edwina Busili), a representative of the Free Pentecostal Church of Tanzania (Mr. Simon Severua), and a representative of the Free Pentecostal Fellowship in Kenya (Mr. Adam Thairu). The bulk of the fieldwork was undertaken from 14th July to 7th August 2007.

1.2 Aim & Terms of Reference

The overall aim of the present 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.

In the proposed assessment, the team was required to:

(i) Assess the impact that the Project has had on the Church leaders, youths and women particularly regarding stigma, denial and discrimination;
(ii) Identify any special features of FPFK as a faith-based implementing agency that have notably influenced delivery approaches and effectiveness;
(iii) Assess, in particular, how the Project has been working towards instigating change in those cultural practices and attitudes that increase vulnerability to HIV/AIDS (e.g. FGM, inheriting widows, etc), and give recommendations on how to enhance effectiveness in this area;
(iv) Review the implementation strategies being used in the Project and make recommendations for enhancing cost-effective delivery of results;
(v) Conduct a cost-benefit analysis and recommend measures that would rationalise overheads costs;
(vi) Assess sustainability of the respective project activities and propose a strategy for gradual phasing out of the Project, including plan for progressively releasing the Project staff;
(vii) Review the project coverage and management in the context of the organisational development that has been taking place in FPFK in recent years, and give recommendations on which way forward for this as a centrally managed development project.

1.3 Methodology

The following comprised the methodology to be used in the assessment:

(i) Desk study of Project Documents, including:
- Reports of the 2004 and 2006 Evaluations;
- Project Plans (or Proposals) for Phase I (2000-2004) and Phase II (2005-2009);
- Financial Reports for the years 2004, 2005, and 2006;
- Personnel Policy

- Terms of Reference of the various Project-related leadership structures;
- Job Descriptions of the various personnel;
- List of current staff (including qualifications and dates of joining the Project);
- Books of Account;
- Activities Progress Reports;
- FPFK's HIV/AIDS Policy Manual;
- Training Workshop Curriculum Monographs.

(ii) Interviewing:
- The General Secretary,
- The Project Leader,
- The Accountant,
- The Project Personnel,
- A few organisations with which the Project networks, e.g. MAP, NASCOP.

(iii) Focus Group Discussions:
- The FPFK National Board and Project Steering Committee,
- Pastors,
- Deacons, Deaconesses, and other Church Lay Leaders,
- PLWHAs Groups,
- Women Groups,
- Out-of-school Youth Groups,
- School Children,
- Teachers,
- Leaders of Children Sunday School Ministry.

(iv) Site Visits to a few VCT Centres.

(v) Drafting and presentation of Draft Report and Final Report.

1.4 Limitations

(i) FPFK Churches are spread all over the country, beyond the initial mission stations. These are grouped into 19 administrative regions. Phase I of this Project operated in only Nyanza and Coast Regions and later in Maasailand in Southern Rift Valley Region. At AGMs, insistent requests came from FPFK churches of the other regions for services to be extended to their regions. When additional funds came in from a second donor, awareness creation seminars and workshops began to be run in most of these other regions. The Assessment Team visited only the three regions where most of the project activities are still concentrated. It is most likely that special additional insights would have been gained by visiting some of the other regions. Limitation of time and costs prevented such nationwide study visits. However, the recommendations given herein take care of the needs of all of the regions.

(ii) The Assessment Team did not visit any of FPFK's Children's Homes. Facilitating Care and Support to AIDS-Orphans is one of the components of this Project. A visit to one of the Children's Homes would have added value to information provided in this Report. However, a brief note is made in a relevant section regarding institutional orphan care.

2.0 THE PROJECT CONTEXT

2.1 Aids in Kenya

The first case of AIDS in Kenya was diagnosed in 1984. In November 1999, the Government declared HIV/AIDS a national disaster. According to UNAIDS estimates, by December 1999, there were 2.1 million Kenyans infected (0.67% of population), 50% of whom were in the age range 15-24. The current prevalence rate is still put at 7%, as the positions of the infected people who have died have been filled with those freshly infected. While making the declaration of disaster, the President stated,

> *" … AIDS is not just a serious threat to our social and economic development, it is a real threat to our existence. … AIDS has reduced many families to status of beggars … No family in Kenya remains untouched by the suffering and death caused by AIDS. The real solution for the spread of AIDS lies with each and every one of us. …*"

HIV is transmitted through body fluids, mainly blood, semen and vaginal secretion. The virus is spread essentially through sexual intercourse (heterosexual or homosexual) when one of the partners is infected, through transfusion or injection of infected blood, and by an infected mother to her unborn child during pregnancy, during delivery or through breast-feeding. Sex on a single occasion with an infected partner is enough to get the other person infected. The virus spreads mostly among people aged 15-49, who are the most sexually active segment of the population and who also constitute the bulk of the workforce. It rapidly swells up the population of orphans. In Kenya, AIDS is called '*Ukimwi*', which means 'Desolation'. As someone has noted, "an epidemic that sweeps away many of the members of a species before they are able to reproduce has great potential to quickly wipe out that species". The President highlighted it: "It is a threat to our existence".

All married couples, as humans, are in ongoing need for reminder on importance of fidelity in marriage. Hence, basically, all stand at risk of HIV/AIDS. All the unmarried are at risk – the teens and youths and old spinsters and bachelors. Situational-separated spouses are vulnerable. Among these are migrant workers, such as the many low-income town-dwelling Kenyans whose wives live at the home-villages way off 'upcountry', and the Maasai and Samburu Beach Boys who are constantly seduced by female tourists. Others are itinerant or frequently-travelling staff, and spouses studying away alone on long courses. So are widows, the divorced and single parents. Those in risky sexual lifestyles are not only vulnerable but are fast spreaders if infected. Among these are commercial sex-workers, sex-for-jobs, sex-for-promotion, sex-for-grades, and sex-for-gifts. Besides these are culturally acceptable but risky sexual practices. For example, most communities are still polygamous; hence, should a man or one of the wives be infected, all the others will most likely get infected.

Churches in Kenya constitute the largest civil society groups. Prevention of the spread of HIV/AIDS is largely a call to behaviour change, an area in which Churches and other religious institutions are acclaimed players. Psycho-social support is a necessity for PLWHAs and their close relations, and this is a task in which Churches have inherent capacity and formal calling. Combating HIV/AIDS also has a sizable health component. Church-run healthcare facilities make up to 40% of the Kenya health systems. It is good that FPFK has risen to the occasional, in line with the mission of Christ and the urgency of the collective responsibility for combating the pandemic.

2.2 The Project Focus Areas

The Project started with Nyanza, Coast and Maasailand, areas which together make up the geographical southern part of Kenya. These regions have the highest HIV/AIDS prevalence rates in the country. Activities have recently been extended to Eastern Kenya, North Rift and Nairobi.

Nyanza region is located in the Lake Basin area around Lake Victoria in the south-western side of Kenya. This region has the highest HIV prevalence rate in the country, currently of about 13%, a reality which is readily noticed on a visit to any village in the region. One pastor said, "*Almost half of the women in my congregation are widows. And there are two widowers in every four households.*" A home-based care giver in another part of the region similarly noted, "*I have a sick person to visit in every fifth homestead*." Communities living here include the Luo, the Suba, the Abagusii and the Kuria, along whom are some others from other parts of Kenya, notably the Kikuyu and the Kalenjin. The Luos live mainly on artisan fishing, while the Kisii and others are largely farmers. Literacy is relatively high here, but strong attachment to certain traditional practices such as inheriting widows has continued to fuel the spread of HIV/AIDS. And, as polygamy is common, the spread goes further still.

Maasailand is in the southern region of Kenya. The people are pastoralists. These are highly conservative people, with low literacy rate, since parents prefer their children taking care of livestock to going to school. However, the Maasai have great respect for leadership, and this means that community change is easier if community leaders are able to shift position. The activities of Maasailand are currently concentrated in the new Loitokitok District areas. These areas border the Amboseli National Park near the Kenya-Tanzania border closest to Mt Kilimanjaro and are hence among some of the places of greatest attraction to tourists. Tourism could possibly 'import and export' HIV/AIDS.

The Coast region is at the southernmost part of Kenya, along the coast of the Indian Ocean. The communities of the Coast include the Mijikenda, and the Boni (a relatively small community) both of whom have retained much of traditional practices, the enriching and the constraining ones. Besides these are people from the other various parts of the country. Muslims are dominant in the Coast and are generally polygamous. The beaches of the Coast are the main holiday resorts for foreign tourists and nationals, and are hence potential channels for 'importing and exporting' HIV/AIDS. There is also the issue of the Maasai Beach Boys, the *moran*s who, initially were there for performing traditional Maasai dances. As from the time of droughts, they have been flooding into the Coast to sell Maasai handicrafts to tourists. It is understood that they have been facing the trap of seduction by female tourists. It is reported that many are now returning home with full-blown AIDS. Activities in the Coast were intense during the first two years of the Project (2000-2001), but efforts were thinned down because FPFK churches are few in the Coast and expansion was outstripping local capacity. However, efforts have been rekindled, with adjustment of implementation approach.

2.3 Profile of FPFK as an Implementing Agency

The Free Pentecostal Fellowship in Kenya (FPFK) is a church denomination that was founded by the Norwegian and Swedish missionaries 50 year ago. Over the years, missionaries from the two Scandinavian countries have worked in Kenya in spiritual and social programmes. From the mid-1990s, missionaries from the two countries supported a nationalisation programme aimed at empowering the locals to take increased responsibilities in evangelism and church planting and in administration of the various community development programmes. This was facilitated mainly

through an Organisational Development and Capacity Building (OD and CB) project, among other activities. The locals have now taken full leadership roles.

FPFK currently has over 120 local churches with 616 branch-churches made up of over 700 congregations spread all over the country, besides some worshipping assemblies that are awaiting registration on meeting the prescribed criteria. The congregations are served by about 250 pastors. The local churches are in 19 administrative regions. Governance is by the National Board which consists of 10 elected members. The National Board reports to the Annual General Meeting which meet normally in March. Every project has a Project Steering Committee and a Project leader.

FPFK had 14 primary schools, 8 of which she handed over to the government, but with which she still maintains advisory spiritual contact as what in Kenya is referred to as 'School Sponsor' responsible for the government instituted Programme for Pastoral Instruction (PPI). There are one FPFK-sponsored and 3 FPFK-owned secondary schools, 12 vocational training centres, 11 Children Homes and Child Care Centres, 4 health clinics, and 2 dispensaries. Besides are some community health and social development schemes supported by PMU and PYM. One of these is the Southern Health Project serving the Maasai community. From time to time, FPFK undertakes emergency relief services when calamities occur.

FPFK gives much attention to women development. She sees children and youths as the core strength and the pillars of sustainability of the Church and of the nation.

Until recently the position of FPFK on HIV/AIDS was in the extreme conservative side. But with the awareness gained by the Church leadership through this Project, there has been a radical shift. FPFK has now got a Church Policy on HIV/AIDS based on common understanding and which is helping to facilitate common commitment. While FPFK is not opposed to the use of condoms for preventing the spread of HIV/AIDS, she does not distribute condoms, due to its core values. The project fully advocates the use of condoms, especially by discordant couples, as a means to preventing further spread of HIV/AIDS, and it provides information on their availability.

3.0 THE PROJECT ORGANISATION

3.1 Management and Staffing Structures

(a) Description

The National Board of FPFK is the Project Holder and provides strategic direction. It appoints a 9 member Project Steering Committee that gives supervisory oversight. The Project Steering Committee reports to the National Board and to the Church's AGM. A Project Leader, also appointed by the National Board, is responsible for day-to-day management. He reports to the General Secretary. The technical personnel, recruited by the Project Steering Committee, report to the Project Leader. There is a Project Manual which sets out policies on project initiation and project management. For this particular project, there is a Reference Manual and a Training Methodology Guide.

The project personnel are currently 16, made up as follows: the Project Leader, 3 Team Leaders, 2 Field Coordinators, and 5 Facilitators; an Accountant, a Cashier and 3 Drivers.

The technical personnel are constituted into 3 teams: Nyanza team which serves Nyanza and nearby FPFK regions, Maasailand team covering South Rift region, and what is referred to as 'National Team' operating in Coast and other FPFK regions. Each team consists of 4-5 members.

The work has centred largely on awareness creation and the Project has adopted essentially a 'go ye' approach, such that the message is taken to different places by the 'Roving Teams'.

The original design of the staffing structure was that each team would have a team leader and a coordinator. The coordinator is resident in the assigned region and is responsible for determining current local priorities, based on identified needs and invitations received, all within the framework of the approved Annual Plan. He takes care of all groundwork prior to the team's work trip and all post-trip monitoring. The team leader is in charge on the field, taking responsibility for technical operations and all field expenditure, and hence writes narrative and financial reports which are submitted to the Project Leader quarterly. The coordinator or the team leader chairs the quarterly meeting, during which the past is reviewed and the work for the next quarter is planned.

Each of the teams goes to different target areas. While there, the team members do often separate onto different tasks, e.g. someone is showing film in a school, another giving a talk to women's group. Or, when in a school for talks, the pupils are put into separate age groups, and each team member takes a group. Similarly, in some conservative communities where women do not feel easy to freely discuss sensitive issues in the presence of men, team members take men and women separately.

Phase II of the project was formulated essentially on findings from the Evaluation of Phase I in 2004 and from a pre-phase baseline study. Annual Work Plans and Budgets are essentially yearly segments of the approved Project Phase Plan, incorporating midstream revisions approved by the respective donors.

(b) Observations

- The Project Steering Committee is composed of experienced people. It was observed that every member has kept abreast of the Project. There is remarkable leadership commitment at FPFK.

.

- Inputs are sought at the grassroots for programme planning and reviewing of plans.

- The Project Leader, the Accountant and the Cashier are based in Nairobi. All the other personnel reside severally in different towns. All field trips of every team originate at the Head Office in Nairobi. The implication is that, for each trip, the individual members of the team first come to Nairobi from their respective towns of residence. Then they go together for the field trip, after which they return separately to their residences, and the project vehicle gets back to Nairobi. For long, management has pondered on whether or not the overheads involved in taking team members individually to and from Nairobi for each field trip are avoidable.

- Normally, each team spent two weeks on the field and the next one week off-field. This was followed in Phase I by all the teams. In the current Phase II, work scope in the Coast is reduced and hence the team spends two weeks on the field and the next two weeks off-field. The decision to scale down involvement in the Coast was made in 2002 in order to boost support to activities in Maasailand. Officially, only one week is allowed as work-free after a

two weeks field trip. Hence, one of the apparently 2 weeks "off" at the Coast is for preparing field trip reports and for coordination of the next activities.

- Monitoring is mainly through passing-by en route to new places. Also, as an established practice at workshops, feedback on previous activities is purposively sought from any participants who come from those places. There has not been a systematic plan for follow-up activities.

(c) Recommendations

(i) It is recommended that the Project shift from the 'roving teams' approach. Details on the proposed alternative are given below in Section 7.1.

(ii) There should be an arrangement for systematic monitoring and follow-up. Provisions for this should be made in the Budget and in work plans.

3.2 Donors, Technical Partners and Other Collaborators

(a) Donors

The main donor for this Project has been PYM (the Norwegian Pentecostal Foreign Mission), along with BN (the Norwegian Interdenominational Foreign Services Agency). The other donor is PMU (the Swedish Pentecostal Mission). In addition to providing fund, BN and PYM have also organised visits to the Project, during which FPFK received some valuable recommendations.

(b) Technical Partners and Other Collaborators

In the course of this Project, FPFK has worked with a number of relevant governmental as well as civil society organisations. The key ones are mentioned below.

- Collaboration with various agencies on VCT;
  - The National Aids and STI Control Programme (NASCOP) of the Kenya Ministry of Health is the regulatory agency for HIV/AIDS services. It supplies testing kits to all VCT Centres through its district arm, DASCOP. For training of VCT Counsellors, the FPFK Project follows the NASCOP Curriculum and uses relevant experts of the respective District Ministry of Health as training facilitators.
  - CARE-Kenya, which got to know FPFK through the Siaya District DASCOP, is collaborating with FPFK in building the capacity of the VCT Centers in that district.
  - AMREF runs a regular Behaviour Change Training Course to which the FPFK Project sends volunteers ('change agents') to be trained for the respective local churches and communities.
  - Christian Health Association of Kenya (CHAK) provides advisory and training service to FPFK.
  - Nyamira District CDF constructed some VCT Centres for which FPFK trained the people recruited by the District as VCT Counsellors.
  - FPFK is collaborating with WALTER REED, a Kericho-based NGO, which is also active on HIV/AIDS awareness creation and promotion of VCT in Kericho District.
  - On invitation, the Project Team in Maasailand ran seminars for CBOs being sponsored by Christian Children Fund (CCF), World Vision, and Compassion International. It also runs seminars and workshops for staff of the Adult Education Division of the Ministry of Education.

- Collaboration on Peer Education Training of Trainers.
    - The FPFK Project collaborated with FIDA to organise a Training-of-Trainers Workshop on HIV/AIDS Peer Education for Children Workers of both the FPFK and the Full Gospel Churches of Kenya.

- Receiving technical accompaniment of Policy Formulation.
    - MAP International facilitated and accompanied FPFK in the formulation of HIV/AIDS Policy.

- Instituting of HIV/AIDS Curriculum at Karen Bible College.
    - MAP International supported FPFK to incorporate HIV/AIDS training into the Curriculum of FPFK's Karen Bible College.

- HIV/AIDS seminars for other Churches.
    - Pastors of other denominations are usually invited to seminars and workshops organized for Pastors.
    - Other denominations, on their own initiative, do invite FPFK to run seminars and workshops for them. Such include Kenya Assemblies of God, AIC, Methodist, Full Gospel, Baptist, Redeemed, PEFA, Salvation Army, Catholic Church, etc.

(c) Observations

- FPFK started off this HIV/AIDS Project by seating it in the Church's Evangelistic Outreach Unit, and it was called FPFK Soul Winning and HIV/AIDS Project. At mass evangelism open-air gatherings, awareness creation on HIV/AIDS was coupled with invitation to hand over one's life to Jesus Christ as the ultimate solution to the HIV/AIDS pandemic. This was unacceptable to the Donors. FPFK therefore separated HIV/AIDS programme from Soul Winning programme and has since then maintained a non-proselyting approach. The Church leaders noted with pleasure that many people, on their own initiative, have continued to stream into the Church, requesting spiritual help on HIV/AIDS and life issues in general.

- The management of the Project mentioned experiencing, in their reaching out to collaborate, a few cases of NGOs and individuals whom they discovered as aiming to use the Project for ulterior purposes rather than to collaborate.

- FPFK has worked with several agencies. However, it is observed that most of these are one-off contacts. Furthermore, there are also several other organisations, especially the meso-level organisations, from which the Project could benefit.

(d) Recommendations

(i) The project management and staff should seek relationship with other relevant organisations, such as *Hope for African Children Initiative* (HACI), etc.

(ii) FPFK should make efforts towards cultivating ongoing relationship to optimise the benefits of every acquaintance.

3.3 Personnel Management

(a) Description

The FPFK Board recruits the technical staff and takes direct responsibility for staff welfare, on the advice of the Project Steering Committee. Staff are on renewable contract employment. In practice, FPFK engages the staff on contract basis for each particular Project Phase, taking into consideration the

commitment received from the donors for that Phase. The employees are all released at the end of the Phase, and a fresh recruitment is carried out for a new Phase, usually involving re-engagement of most of the staff of the previous Phase.

Earlier in Phase I, there were no females on the technical teams. This anomaly was rectified by making it a policy that the post of team leader would be occupied by a female nurse.

(a) Observations

- The staff conditions of service are well articulated and there is evidence of common understanding between the employees and their employer. Job descriptions are clear.
- It is observed that the staffs have appropriate qualifications and training for effective performance of their job roles. They display confidence and great enthusiasm for their jobs. There is evidence of good team spirit in each of the 3 teams.
- Salaries here are similar to what are generally offered in Church-run programmes, which are usually lower than market value, on the understanding that the personnel are offering service to God. The staff noted that payment of salaries has been regular, except for an occasion when FPFK experienced a delay in receiving the usual periodic donor disbursement.
- Issues of staff day-off and annual leave times need to be systemised. The policy of 'two weeks out, one week in' that is being followed in the existing 'roving team' approach has left things rather fluid.
- Two of the 3 female nurses recruited as team leaders left FPFK as soon as they gathered enough training and experience for higher-paying jobs in NGOs. There is high demand for qualified and experienced females for HIV/AIDS work. HIV/AIDS is currently among the thematic priorities in the NGOs circle.
- The staff expressed a need for update training, especially on particular special themes.
- The field staff personnel are feeling overwhelmed by unrealistic expectations from PLWHAs. Many PLWHAs hold a perception that they should be given money, on the belief that donor money is flowing into the Project, money intended to be distributed to them. On occasions when they receive cash aid or material assistance, they believe that the staff is given only a portion of what s/he was 'sent' to deliver to them. Stories of huge international aid flowing into the country seem to be responsible for this misconception.

(b) Recommendations

The FPFK leadership is concerned about occasions of having to lay off staff. At the end of Phase I, there was a need to disengage some staff and to recruit a few new ones in accordance with requirements for meeting fresh priorities, a process that was reportedly emotive. The Assessment Team has been asked to advice the Church on this issue.

- It is important to note that there are no simple answers.

- The view of the Assessment Team is that the approach that FPFK has been adopting, that of contracting with staff only on per phase basis, is an excellent approach. In this context, the strength of the Church lies in donor funding; hence, she has taken a good decision by keeping her commitment within the limit of what she expects to receive from the donors.

- The issue for attention pertains to the degree of emotional attachment that the Church has with its staff. What do the FPFK Church leaders perceive to be the extent of their obligation to the employee? And what does the employee perceive to be the status of

his/her employment? When a person who is in employment of FPFK for 3 or more years has to be disengaged at the end of contract term for the employer's lack of capacity to retain him or her, the issue here is: 'How does the employer feel?' and 'How does the employee feel about the employer?' FPFK leadership would feel pain, but should they feel '*guilty*'? Both the FPFK and the disengaged employee should acknowledge and major on what FPFK '*has given*' and not be too distressed by what else FPFK '*has been unable to give*'.

The fact is that this employee is a privileged person. There are countless other persons in the Church who are fit and qualified but have not got employment. The disengaged employee has had three types of privileges: That person received training for the work, which is a permanent asset; received paid employment for the duration s/he stayed in work; and also gained working experience and built up a CV that places him or her in a good position in the job market. That person ought to express threefold thanks to FPFK. And the FPFK leaders should thank the donors for giving them the strength to carry this person some distance. The pain should be about the hundreds of others whom the Church was unable to carry at all.

- The Church should not promise what she cannot give. All over the world, development services rely largely on donor funding, which inherently does to have permanent guarantee. Church leaders should recognise this and make their project staff to realise it. Contract employment should be seen as contract employment and not permanent job. The era of permanent, pensionable employment is gradually coming to an end. In the Civil Service, 'Permanent Secretaries' are no longer permanent!

- With the approach that FPFK is adopting, what needs to remain serious concern is the possibility of sudden staff lay-off. Hence, FPFK needs to always seek guarantee from donors that abrupt reduction or sudden stoppage of funding would be avoided, so that the trauma of sudden staff layoff could be prevented.

(i) Provision needs to be made for staff update-training on specific relevant themes.
(ii) In the context of the new operational approach being proposed in this Report (see Section 7), staff work-free days and annual leave times should be properly systemized.
(iii) The staff pool should be supplemented with structured systemized service of interns and other categories of volunteers, as further discussed in Section 7.5.

3.4 Financial Management

Description
As noted in #3.2(a) above, funds are essentially from two donors, PYM of Norway and PMU InterLife of Sweden. PYM is backed by BN (the Norwegian Protestant Churches) that supplements funds provided by NORAD. Linkoping Pentecostal Church in Sweden serves as the supporting church for Kenya. In the past 3 years, receipts from Norway was about Ksh 15.24m in 2004, Ksh 12.15m in 2005, and Ksh 11.99M in 2006. From Sweden, FPFK received Ksh 12.57M and Ksh 17.29M in 2005 and 2006 respectively. NORAD had a fund for Special Indigenous People Groups, from which the Maasai component of Phase I was supported.

Norway sends money per quarter and requires semi-annual reports. Sweden also remits money quarterly as per request, and requires quarterly reports. Each donor provided its own reporting format, to which FPFK has continued to adhere.

Budgets are as per the approved Project Phase Plan. There is a Calendar of Events, with Cash Flow Projections. When a major review is required, it is internally participatory discussed until consensus is reached. The internal decision is minuted, presented for approval of the Project Steering Committee, and communicated to the donor, who adjusts funding commitment accordingly. When unanticipated field activities are necessary, which are within the scope of the Plan targets, authorization is given by the Project Leader.

The main cost centers are the project teams, and the accounting officer for each centre is the team leader. Individual staff may incur approved expenses of general nature by transacting directly with the Accountant. The person requesting money takes imprest within specified ceiling and later gives returns.

When on field trip, the team is required to board together and account together. For individual trips, the rates for per diem, accommodation and meals have been fixed.

Most of the activities are project-scheduled activities which are fully funded from the approved budgets. There have been a few invitations to run activities in which the hosting church or organisation funded the team's boarded accommodation. In case of a training workshop into which an NGO has invited the Project team to train its local partners, that NGO would fund the boarding of the participants and FPFK's team, but would not pay for transportation costs of the team, neither would it remunerate the technical service of the team. Such activities are in the category referred to as 'collaboration' in #3.1(b) above. Local cost-sharing has been only in case of a few region-organized sports events, during which the local churches in the region provided food for the masses, while the Project provided t-shirts to the participants and prizes to the winners.

Observations

- Sustainability has many dimensions but, in the context of this Project, it means being able to continue with at least certain activities requiring no more finance than locals could provide. This essentially implies making arrangement for possible exit of all present donors and possible absence of any fresh ones.

  The Project is run on donor funding. It is understood that there is indication of donor commitment till 2009. It is good management to examine all possible scenarios.

  In the complete absence of donor funding, one option is project closure. What does project closure mean here? It means FPFK ceasing activities on HIV/AIDS. Were FPFK an external player moving in to operate, it could contemplate and plan when and how to move out. However, in this case, the Church is part of the infected and affected. Hence, it is clear that the option of project closure does not exist for FPFK.

  Cost-sharing is one common measure towards sustainability. This means getting the target groups to contribute a part of costs of the service they are receiving. What room exists for cost-sharing in this Project? HIV/AIDS is a serious issue, but unfortunately people do not know much about it. The main preventive measure is behaviour change, and this is a matter in which the needy do not '*feel*' the need. People require strong drive and persuasion to realise and attain behaviour change. Awareness creation has been and will continue to be the main type of

activities in this Project. And that type has to be largely funded by whoever 'feels' the need and desires to convince the needy to 'feel' the need. Cost-sharing is hardly appealing for promotional activities.

There is the option of counting on the resources of local FPFK members. The Assessment Team observes that Christians in the FPFK's local churches are beginning to respond by deploying own resources to assist the 'affected', but in an unstructured and unsystematic manner. What remains is to marshal their responses. Recommendations towards this are given in Section 7 below. The reality, however, is that, in the context of mass poverty, the magnitude of the tasks exceeds what locals could carry all alone. The fact therefore is that, this project will continue to need substantial donor funding for quite a while. This type of services relies largely on donor funding.

- There has been no consolidated financial report for the Project, as required for the Project Steering Committee and the National Board to gain overall perspective.
    - For example, while concern has been appropriately raised over the proportion of transportation costs compared to costs of core operations, the situation appears overstated if seen from the financial report for one donor. From quick arithmetic to get consolidated perspective, the proportions transportation costs to those for core operations are 27% for 2005 and 28% for 2006.

- The Assessment Team is impressed by the way this Project is being managed integrally, notwithstanding that it is being supported by two donors. This is a departure from the common tendency to have separate project components along donor preferences, a demand that usually constrains effectiveness on the field. It is also noteworthy that Norwegian fund is not specifically tagged to areas where Norwegian missionaries worked and same for Swedish fund. This has helped in advancing the unitary national character of FPFK.

- The accountant notes that there has not been difficulty with getting returns on imprests, most especially since the team leaders have been charged with the responsibility for accounting for field expenditure. This has enabled FPFK to prepare and submit its reports without delay.

- The level of overheads has remained a persistent concern. Transportation takes the bulk of the funds. This is due to the strategy of 'roving teams'. The '*go ye*' requirement of awareness creation demanded the 'roving teams' strategy. That strategy was probably the only option at the earlier stages of the Project. The Assessment Team is proposing a shift, as detailed in Section 7.

- With the CV that FPFK has already built in this Project, it is possible for the Project to attract funds from at least a few additional donors. The management should explore other possibilities. However, it should be noted that paperwork for proposals and for reporting required by Norway and Sweden is much less demanding than those for some other donor cultures. FPFK should seek skills for more rigorous procedures if she is to qualify for fund access with other donors.

Recommendations

(i) Sustainability in the context of this Project would mean largely two things: marshalling resource of the Christians in the local churches, and working accountably and

result-oriented with current donor funding such that the Project is consistently 'attractive' to external donors. If FPFK continues to be credible and an achiever, when one donor exits, another will come in. If a donor has had good relationship but has to exit for unavoidable reasons, that exiting donor would usually remain in relationship as a valuable attester to credibility of the partner.

(ii) As a measure to both reduce costs and enhance programme effectiveness, it is proposed that the Project shift from the existing 'roving teams' approach into zonal staffing structure with much concentration on training of trainers (ToTs), as further elaborated in Section 7.1.

(iii) The project management needs to make concerted efforts to look for some additional donors.

(iv) While the respective donors should continue to get separate reports for their respective funds and in their particular formats, consolidated quarterly and annual financial reports are necessary for internal management and also in compliance with standard national accounting requirement.

4.0 THE PROJECT STRATEGIES AND CORE ACTIVITIES

4.1 The Project Goals

The specific goals of the FPFK HIV/AIDS Project are:

- To promote Behaviour Change through awareness creation and adoption of *ABC*;
- To reduce stigma and discrimination associated with HIV/AIDS;
- To build capacity for home-based care of infected persons;
- To build capacity for pre-test and post-test HIV/AIDS counselling and general VCT management;
- To provide basic set-up facilities as a way of promoting establishing of locally-managed VCT Centres;
- To promote Voluntary Counselling and Testing among youths and adults in the target areas;
- To develop FPFK Church Policy on HIV/AIDS which will guide local churches in HIV/AIDS interventions efforts.

4.2 Awareness Creation

4.2.1 Aims of Awareness Creation

In this project, awareness creation has two dimensions, firstly preventive, and secondly to get people to see that PLWHAs need care and support rather than stigmatization and condemnation.

As noted above, all are at risk. The FPFK project urges voluntary counselling and testing (VCT) and conveys clearly and insistently the global message of ABC: Abstinence, Being faithful to one sexual partner, and Condom use. The theme is behaviour change.

"People living with aids are highly stigmatized as immoral and are believed to be suffering from consequences of their evil actions. Families and people associating with HIV+ persons are also stigmatized and this hampers social support mechanisms that should greatly reduce the impact of the epidemic. Traditionally, in the typical African community, people would assist one another whenever

disease or other calamity befalls one of their own. However, stigma on HIV/AIDS has broken these social support systems that would have been readily available to PLWHAs. Therefore, a major goal of awareness creation is to seek to reverse stigma so as to raise support mechanisms that are likely to provide more long-term and sustainable solutions in addressing the impact of the epidemic." *(Source: project document).*

4.2.2 Behaviour Change among Teens and Older Youths

(a) Description of Program Component

People in the age range 13-24 are the most vulnerable. For this age range, this Project has set itself on three groups: teens in primary and secondary schools, Sunday school children, and out-of-school youths. A few FPFK pastors have also started to engage in the Programme for Pastoral Instruction (PPI), a government provision for spiritual nourishment for the school children.

In Kenya, enrolment in primary school is at age 6, which implies that Classes 5 and 6 are mostly children of ages 10-11 and Classes 6 and 7 are of ages 12-13. Students in High School are mostly of ages 14-18. Activities in schools are mainly film show and talk. In primary school, it is the upper classes (5-8) that are reached. For talks, they are usually divided into two groups (Classes 5 and 6, and Classes 7 and 8), and within each group, boys and girls are sometimes separated.

The teachers invariably attend the film show. But, sometimes, the project team is given opportunity to talk to the teachers specifically. The teachers are urged to organise drama, songs and dances, puppetry, essay writing, and poems for conveying HIV/AIDS awareness creation messages, and to assist the children to form Behavior Change Clubs. The messages are composed by the teachers. The children are being encouraged to use their talents in these various ways to join in spreading awareness.

In schools where the teachers and the pupils have responded to this call for creative arts messaging, the Project has come beside them by contributing towards purchase of basic materials, such as special items for drama and puppetry. The Project also facilitates parents' awareness creation gatherings at which these school children make various presentations. Also, at various public events and at different workshops, school children are invited to make presentations.

Work with out-of-school youths has been mainly through football. In a given locality, the Project provides a ball for each youth team and presents a trophy for the teams to compete on. The tournaments are utilized as forums for campaigns on HIV/AIDS. Free T-shirts bearing HIV/AIDS slogans are given to everyone. Speeches on HIV/AIDS are made by key community leaders and officials of the local administration.

The Project also organises training on youth-to-youth Peer Education for officials of the youth football teams. This is with the aim that they would promote Peer Education among their members. The project team provides guidance to the league teams, on ongoing basis.

The Project has produced a Reference Manual and a Training Methodology Guide for use by its field personnel and resource persons being invited to serve. These materials were produced with technical guidance of the National Aids and STD Control Programme (NASCOP), the regulatory agency for HIV/AIDS services. The Project has also produced some IEC materials which are distributed at VCT Centres and at training workshops.

(b) Observations

- The Assessment Team was appalled that there are very few actors in schools and in the community at the various areas of operation of this Project, 7 years after HIV/AIDS was declared a national disaster, and in spite of the evidence of its devastation all around. This further underscores the importance of sustaining and even scaling up this FPFK Project and also of the need to seek to draw in many other relevant agencies through networking and collaboration.
- In some of the focus group discussions held with adults, the Assessment Team learnt that children from school are sharing with their parents the information on HIV. This implies that they are not merely aware but are serving as effective awareness creation agents in the community.
- The Assessment Team had presentations from school children at Marani in Kisii Nyanza, at Nyambare in Luo Nyanza, and at Samuli in Maasailand. The Assessment Team also did random oral quiz on HIV/AIDS with the children. In-school youths of Nyambare High School put up a very interesting and educative puppetry drama. The various project output from the children show a high level of HIV/AIDS awareness among children. It is also understood that there are already a few Behavior Change School Clubs, e.g. the *Msingi Bora* School Club in Loitokitok.
- The focus group discussion that the Assessment Team had with some teachers revealed that there is more goodwill and potential among the teachers than the Project is currently tapping.
- Sunday School Children are yet to be actively targeted. There has been one Peer Education ToT Workshop for Sunday School Teachers, but a follow-up has not been conducted. There is no specific activity for FPFK Church youth groups.
- The Maasailand project team is accompanying a 5-team youth football leagues at Samuli and an 8-team one in Loitokitok. The Assessment Team held a focus group discussion with members of the Green Eagles Football Club, the current winners of the Samuli League Tournament. The youths emphasized that the formation of the team has helped a lot in keeping them together and positively occupied. They also expressed appreciation for the enlightenment they have received on HIV/AIDS. They are also pleased to be able to have a part in serving in HIV/AIDS awareness creation in the community. One of them remarked, "*Football is helping to break the silence – it gives opportunity to speak the unspeakable things*".
- The out-of-school female youths have not yet been targeted.
- Through local initiative, there are some youth drama groups doing ongoing HIV/AIDS awareness campaign, e.g. a 6-member youth group in Kilifi FPFK Church and the Ukunda Teen Watch youth group with which the Ukunda FPFK pastor is in touch, and another in Marani-Kisii.
- The Assessment Team noted with pleasure a remark by the project staff that, because the content and the method of awareness creation have to be culturally sensitive, inputs of local people are essential in planning awareness creation activities.

(c) Recommendations

(i) The Project needs to make arrangement to record, reproduce and widely distribute the various Creative Art messaging pieces being produced by the various children and youths.

(ii) There needs to be a good arrangement for targeting the Sunday school children. These are a group for which the Church has immediate responsibility as well as direct access.

(iii) Every pastor needs to engage in PPI, as a regular part of his ministry. Through the Pastors' Fellowship, FPFK should mobilise the pastors of other Protestant Churches to give attention

to PPI. (The Catholics have ever taken it seriously. The Ministry of Education is yearning for the earnest engagement of the Churches).

(iv) There is urgent need to organise ToT training for Teachers on how to facilitate Child-to-Child Peer Education. There is far more to Peer Education than what the teams are currently giving. The project teams should engage the collaboration of agencies that have expertise on this. (Technical assistance could be received from Pandipieri Catholic Centre in Pandipieri-Kisumu, Scripture Union's AID for AIDS Programme in Hurlingham-Nairobi, 'Reach for Life' Youth Programme based in Nairobi, and some others. MAP International AIDS Project is also in a position to share some ideas on Youth-to-Youth Peer Education).

(v) The project teams should pilot some vacation-time events for school children, with the assistance of teachers, experienced college students, and local churches already committed to HIV/AIDS campaign.

(vi) One-off involvement in league tournament is not an adequate relationship with out-of-schools youth groups. Beyond the HIV/AIDS publicity through tournament, it is necessary to plan to provide ongoing advisory accompaniment of a sort to the sports club being formed. This will need to include linking them with other agencies where they could get various forms of support. For example, while FPFK continues to facilitate Local Leagues, it could draw a Bank (Equity Bank, Barclays, Standard Chattered, etc) to facilitate the District or Regional League. The youth teams are requesting to be assisted to have sports boots and team uniforms, needs that FPFK may not be in a position to service, but which it could invite other agencies to take on. (Pandipieri Catholic Centre in Kisumu is able to share its experience in facilitation of Children Leagues and Youth Leagues).

(vii) The possibility of piloting an out-of-school Female Youth Volleyball League should be explored.

(viii) Normally, out-of-school youth activities (in-terms of sports, games and arts) are the extension of school activities in which these young people had previously participated. It is therefore possible to awaken activities other than football. For example, drama, puppetry and poems which are already being promoted in schools can also be practiced and performed by the out-of-school youth.

4.2.3 Behaviour Change among Adults

(a) Description of Program Component

Seminars and workshops for adults are aimed, on the one hand, to create awareness towards prevention of spread of HIV/AIDS, and on the other hand, to influence the target groups to take responsibility for Care and Support to the PLWHAs, the AIDS-Orphans and the Widows.

Communities are being reached through open-air film shows and talks, and through purposively organised gatherings at which school children and youth groups make HIV/AIDS awareness creation presentations in drama, poems, songs and communicative dances. Besides the open-air ones, the project team also usually request to be given space to give talks at *Chief's Baraza* s and meetings of the Community Elders.

(b) Observations

- Everyone remarked that the films which the Project has been showing have been tremendously effective. Many rated the film show as the most effective of all the activities.

- The Assessment Team had focus group discussions with several women's groups, Church leaders, and PLWHAs groups. The level of awareness is encouraging, as indicated in the various comments given below.

- In stressing how they have been assisted to now feel free to discuss and share on sexuality, individuals remarked as follows:
    - "*When I was at the film show, I got irritated. 'Why these so much talk on sex?' I got up and walked out. I reflected a lot at home. I got pricked and came to subsequent seminars. I've made sure that my children are now aware. I wish the project had come earlier; some of the many lives lost would have been saved.*" (An elderly Maasai woman);
    - "*I am now able to be open and freely share information on sexuality with my children and other youths so that they did not engage in irresponsible behavior.*"
    - *"I now feel freer to teach on the subject and I encourage people to go and check their status.*"

- The depth of stigma in the community formerly and the current level of attitude shift on it are evidenced by such statements as follows:
    - One PLWHA said, "*I was abandoned by family and friends. They made a coffin for me and were only awaiting the day I would die. But the Church came to my aid, and I was able to rise again from my weak state. And training in home-based care has empowered me to be able to help other PLWHAs*".
    - A lady PLWHA said she decided to hold a stick while walking, ready to beat up anyone who showed her stigma. She said, *"I decided I was not going to allow anyone to stigmatize me, but I was going to beat the stigma out of them"*.
    - One pastor remarked, "*At first, my congregation was not amused that the Church was talking about HIV/AIDS and VCT. They believed that AIDS is a problem of the immoral people. That's what I too believed before*".
    - "*We were scared of PLWHAs, but the Project helped us to be aware and to come near and care for them*".

- The people stressed how important it was to have learnt that there are other modes of transmission of HIV besides sex;
    - *"As soon as I learnt that the common practice of sharing razors could lead to infection, I educated my children. I now make sure that they have each got their own razor blade in their bags as they go to school, to avoid any excuse to share. The school should be urged to provide sharpeners for each class to completely avoid the use of razor blades for sharpening pencils*".

- The case of the Maasai Beach Boys is being managed by the Project Coordinator for the Coast, who is also the Pastor of the Ukunda FPFK Church. About 70 are currently attending the church. It is understood that the Beach Boys have their own groups, each of which meets regularly. These various groups are linking up, and the members, totalling more than 250, are planning to have a HIV/AIDS Seminar at the Ukunda FPFK Church in a month's time and which they have requested the Project Coordinator to facilitate. (Besides the Maasai Beach Boys are the Samburu Beach Boys, whom the Project should also seek to reach).

- The Assessment Team observes with concern that, at Kiptere-Kericho, community response on VCT has remained low, even after 6 years of awareness creation. The VCT there sees an average of 8 people a month, when it should be receiving about 70! It was mentioned that this low response is the prevalent situation in the Kipsigis community as a whole. It is necessary to recognise that things are not working well in that place and to look for fresh locally appropriate approach. The assessment of the official of DASCO, who knows the area well, is that:
    - "*There has been low involvement of men, and majority were hostile to their spouses who had tested positive*"
    - "*Stigma is still very common, but women should be commended for coming out boldly on their status*"

- In general, the proportion of male membership of the PLWHAs Groups is very low. Why are men not going public?

(c) Recommendations

(i) The project management and the project teams should explore how commemorative days, such as World AIDS Day, Women Day, World Children Day, African Children Day, etc could be used for public campaign in the regions. Such events are usually collaborative activities.

(ii) It is necessary to devise ways for targeting men. This may not be easy for FPFK to do alone. The inter-Church Pastors' Fellowship could be requested to convene such gatherings. And avenues should also be sought for meeting Community and Clan Elders as a special category of stakeholders.

(iii) Testimonies of PLWHAs should be utilised much more than being currently done, especially in communities where response is slow. Testimonies of people from similar communities could have significant effect. Inviting PLWHAs from other areas to come to declare openly that they were living positive would probably help in breaking the ice on the fear and silence.

(iv) Special attention should continue to be given to the Maasai Beach Boys. The opportunity afforded by their warm reception should be tapped optimally. Efforts should also be made to reach the Samburu Beach Boys.

4.2.4 Community Changing on Harmful Traditional Practices

(a) Description of Program Component

Most of African traditional beliefs and practices are life-enriching. However, there are others that are harmful. Among these are practices which increase the risk of further spread of HIV/AIDS. These include:

- Polygamy,
- Inheriting widows (levirate),
- Sharing of knives, during;
    - Female circumcision (a totally harmful practice);
    - Male circumcision;
    - Traditional removing of teeth;
    - Piercing of ears; and
    - Tattooing, and other scarification of the body,

- Sharing of traditional bush stick for brushing teeth;
- Early marriage of girls (often to polygamous men);
- Maasai men sharing of wives with age-mates;
- Maasai boys (*morans*) and girls free-mingling in a particular house after festival dances.

(b) Observations

- The Maasai are viewed as the most conservative people group, but in the Project they are proving to be the most responsive. Their interest, openness and willingness to learn all there is about HIV/AIDs is commendable. A typical case in that community is that of a female Deputy Head-Teacher at the Primary School in Samuli, a PLWHA, who has mobilized the whole school, teachers and pupils, into HIV/AIDS awareness creation in the community. She heads a large PLWHs mutual support group consisting of men and women.

- The government has proscribed FGM and early marriage, but these still go on underground. Female circumcision is known to be harmful from all aspects, while male circumcision is considered advisable. Three groups have put up stiff resistance on abolition of FGM: male youths claiming that circumcised girls make more pleasing wives; elderly women having been deeply socialised into believing that doing otherwise is detrimental; and the knivers (circumcisers) who face the threat of losing their trade.

- In the aspect of early marriage, it is noted there are a few agencies that are already active in the communities. Girls in problem for resisting early marriage and those being maltreated for refusing FGM are being rescued in Kajiado District by Government Ministries (Gender, Culture and Social Services), and some NGOs e.g. World Vision, in Nyamira District by ADRA, and in Kericho District by WALTER REED. It is understood that FPFK is planning to start an FGM pilot project among the Maasai and later expand it to other communities. It is important to seek to get ideas from these forerunners so as to enrich FPFK's planning.

- It is understood that FPFK's stand on inheriting of widows is basically on two principles: freewill of the widow and mandatory testing for the man. Even if the woman is infected, the man should still go for testing. Both should disclose their status to each other before coming together. The AID-Widows said that this is what FPFK emphasizes.

  At Kiptere, in expressing the government's disapproval of forcing women to be inherited, the Chief said that women that are being pressurized to accept to be inherited have been reporting the matter to him. He calls the leaders of the family and tells them to respect the wish of the woman. He said he currently has 8 of such cases which are still in stage of tension.

(c) Recommendations

(i) Pastors are key agents in the campaign against harmful traditional practices. They should hit on it insistently on the Pulpit, at funerals, weddings, and other gatherings wherever they officiate.

(ii) Community and clan elders need to be specifically targeted. FPFK would need to co-host such meetings with Church leaders of other denominations. The Pastors' Fellowship would be helpful on this.

(iii) To address FGM effectively, it is necessary to target the key resistors: the elderly women, the male youths and the circumcisers. Youth-to-youth Peer Education is also helpful for changing the perception and attitude of the young men. The Catholics are piloting an

alternative girls' rite-of-passage ceremony as a substitute to the traditional one. FPFK could obtain information on this and see if she could adopt it.

(iv) With regards to the practice of wife sharing, a Maasai woman pleads:
- *We need to campaign to build separate Visitors' House in our homesteads.*"

The campaign in Maasailand needs to include this plea.

4.3 Voluntary Counselling and Testing (VCT)

(a) Description of Program Component

Voluntary Counselling and Testing (VCT) is seen as an entry to care and support, to both the infected and affected. The aim of VCT is to enable people in the target areas determine their sero-status with a view to determining the type of care that is necessary with regard to the test result. Those found HIV-positive are counselled on the need for home-based care, good nutrition, seeking treatment for opportunistic infections, and avoiding multiple sexual partners so as to reduce chances of getting re-infected or infecting others. Counselling is also given on the importance of good personal hygiene to enhance good health and improved quality of life. These are also referred to agencies that supply ARV drugs. AIDS has no known cure, but those who test positive and enter into these measures have high chance for life prolongation of up to 15-20 years at a relatively functional level. Those who test negative are counselled on the need to maintain safer sex practices and behaviour patterns that would prevent them from contracting the virus.

Testing is normally preceded by counselling, during which a counsellor prepares the counselee for the test. Most people are afraid of getting tested and need assurance that all will be well during the test. After the test, post-test counselling is needed to prepare the person to receive the result and to act responsibly whichever way it goes. It is not uncommon to hear of stories of people reacting in bizarre manner when result showed they were positive. Some attempt suicide. Some others go out to spread the virus, 'in vengeance' or to 'not die alone'.

Attending to a visitor at the VCT Centre takes 45 minutes – 1 hour. There is usually a staff team of 2, and each person should be able to handle up to 3 visitors a day. They are advised to avoid seeing too many in a day. An established VCT Centre should receive an average of 70 visitors a month at static services. It may take up to one year for a new Centre to reach that stage. Working hours are normally fixed to suit the prevailing situation of the clientele.

Beside static service, a VCT Centre should plan to do outreach mobile service. Effective mobile service usually requires enlisting collaboration of other agencies and local resource persons.

Testing is not only voluntary but also confidential. The register, which belongs to DASCOP, does not contain the name of the visitors served. Staff service to the individual client ends at the Centre. No further reference.

The VCT Centre also checks CD4 Count for PLWHAs, a service that requires a CD4 Count machine.

This project has engaged in intensive awareness creation on voluntary counselling and testing (VCT), but it does not undertake hands-on management of any VCT Centres. Rather, it has collaborated with other agencies (including FPFK local churches, CBOs, and Government health clinics) in the target areas which had shown readiness to set up and run VCT Centres. The project has sponsored the training of VCT Counsellors recruited by these agencies and has contributed to physical construction and basic start-off facilities.

(b) Observations

- Comments of PLWHAs on VCT include:
  - *"VCT has given us a confidence that there is a chance for long life – It is not an instant killing disease*".
  - "*With ARV, we feel there is a chance for more life*"
- There are too few VCT Centres. The campaign that people should go for testing becomes more helpful if there are Centres to do the testing. By facilitating the setting up of VCT Centres, the FPFK Project is helping to meet an urgent need.

- It is a good decision that, at the national level, this Project does not engage in hands-on management of VCT Centres. It is important to define one's focus and stay with it.

- The Project has taken a commendable view of the essence of service – by deciding to facilitate whichever agency in a given locality is willing and is in a position to run a VCT Centre, whether it is a church, an NGO, or even government.

- The tripartite collaboration between FPFK, DASCOP and a CBO (KENYAISA) in Marani and Mosocho in Nyamira-Kisii areas is illustrative of the role FPFK has chosen to play in VCT intervention. KENYAISA recruited 12 volunteer counsellors, whom it presented to the FPFK Project for training sponsorship. After the training, it deployed them to DASCOP's VCT centres, giving them regular monthly honoraria. Focus group discussion with these volunteers indicated high morale and a gainful means of engaging and developing youths for the service of their community.

- FPFK has trained several VCT Counsellors. Majority of them have remained in active service at the various Centres for which they were trained. However, it is understood that some FPFK local churches that sent people to be trained as VCT Counsellors seem actually unprepared to run a Centre, but rather are waiting for the national office to come over and set up a Centre.

- In Maasailand, FPFK has facilitated start-off of 4 VCT Centres – two at government health clinics, one for an FPFK Church, and the other for a CBO, *Boma la matumaini* (at Loitokitok).

- The volume of work of the VCT Centres is a reflection of the level of response in the community, regarding personal action on HIV/AIDS. The VCT Centres are yet to reach the normal average level of patronage.

- The Government is planning to integrate VCT with Family Planning and is currently organising 5-day update training towards its take-off. It was mentioned that one of the project staff has undergone the training. The project leader and the field team leaders need to obtain more information about it and to also get more staff to receive the update training.

(c) Recommendations

(i) The VCT Centres should plan to do periodical outreach mobile services, in churches (starting with FPFK churches and then the others) and in village markets (using suitable nearby building), with due preparations made for the logistics and additional personnel required.

(ii) The project team should look for ways of assisting the VCT Centres to get accreditation of DASCOP. Getting CD4 count machine is becoming essential for the VCT Centre, because the nearest District Clinic that has the machine is usually very far away, too far for the PLWHAs. Those VCT Centres being run by FPFK local churches should be facilitated to get C4 Count Machines.

(iii) The Counsellors at the FPFK church-run VCT Centres are in need of further training, especially on couple counselling and CD4 count procedure. There is indication that some also need updates on workplace safety.

4.4 Care and Support

4.4.1 Care and Support for PLWHAs

(a) Description of Program Component

When test result shows a person to be HIV-positive, life could go on functionally for many more years if the person gets good care and support. How to mobilise this necessary care and support for this person living with HIV/AIDS (PLWHA) is another important goal of this Project. Responsibility lies with:

- The PLWHA himself/herself,
- The home-based care giver and other close relations,
- The associated community, especially the church.

The challenges facing the PLWHA include:

- Ongoing need of medication (permanent requirement),
- Need for steady good nutrition,
- Extra need of good sanitation and personal hygiene,
- Reduced physical strength (reduced level of functionality);
- Incidence of opportunistic infection,
- The constant thought that one has only a limited time more to live.

The situation becomes complicated if the PLWHA:

- Is of low income or no income,
- Has dependants to care for,
- Is stigmatised.

Activities of this Project in the aspects of Care and Support are:

- Carrying out Awareness Creation to preventing stigmatization,
- Mobilising the Church and the Community to provide care and support to PLWHAs,
- Facilitating formation of PLWHAs Mutual Support Groups,
- Training the PLWHAs on Self Care,
- Training Home-based Care Givers,
- Accompanying PLWHAs Groups (Visits, Linking them up to access relevant NGOs assistance),
- Utilizing PLWHAs as Awareness Creation Resource Persons to give Testimonies at Seminars.

The project team facilitates formation of a PLWHAs Group by linking together HIV-positive persons who are prepared to go public. Once the initial members come together, others are referred to the group. The group owns itself. It does not belong to the project and is only being accompanied by the Project. It is a mutual-support, self-managed group.

(b) Observations

- The Assessment Team held focus group discussions with some PLWHAs Groups. They all highly commended the FPFK Project – the staff and the Church.

- The Assessment Team observes that several women in the Church and a few women's groups are providing material assistance and psycho-social support to PLWHAs, although these efforts are spontaneous and sporadic. Organised, systematic approach is highly essential.
- Besides FPFK, other NGOs assisting PLWHAs in Nyambare and Port Victoria areas are AMPATH, CARE (which gave skills in preparation of bricks), FILIPA, MSF, KESPA, Centers for Disease Control (CDC). As in other aspects, networking and collaboration is important.
- Nutrition is essential for PLWHAs. Concern was raised in Maasailand that the Maasai do not have balanced diet, since they live mostly on milk and meat and do not have fruits and vegetables. The issue about nutrition is primarily a willingness to have a change in mindset – being prepared to go for the unusual. There are more resources around us all than we realise. The herbs that Maasai use are relevant in nutrition. And with availability of animal manure, and use of waste water, sufficient household supply of vegetables could be obtained with kitchen garden, which should be supplemented with nuts that are available in the wild.
- The people trained on Home-based Care are requesting for Certificates.

(c) Recommendations

(i) At each local church, there should be an organised system for providing ongoing care and support to PLWHAs. This would include making provisions for the financial requirements.

(ii) PLWHAs are requesting for and do actually need support to start micro-enterprise. However, when funds are received for setting up revolving fund schemes, it is advisable that such schemes are managed at the local church level and not by the National Office. (The National Office has commendably stayed off hands-on management of VCT Centres. Why would it now enter into running micro-credit scheme, which is even less directly relevant to its core objective than VCT Centres?) In addition to devolving management of all incoming micro-enterprise funds, the project management and the project teams should take it as a responsibility to link PLWHAs Groups to relevant micro-credit agencies. But, should it be micro-credit or micro-grant? For any PLWHAs micro-credit scheme, loan repayment rate would be rather low. On the other hand, the demand for repayment is the main drive that propels a micro-enterprise.

(iii) It is necessary for PLWHAs Groups to be assisted to have seminars and skills training on Nutrition. Relevant resource persons are available at the District health clinics and District Office of the Ministry of Agriculture.

(iv) Certificate of Attendance should be produced for the Home-based Care Training and all the others courses that last for two weeks or more. Previous participants should receive, as per information in the records. A token fee may be charged for the cost of preparing and mailing it.

4.4.2 Care and Support for AIDS-Orphans

(a) Description of Program Component

AIDS has left many orphans in the community. And the population of AIDS-orphans continues to increase. Mobilising Care and Support for AIDS-Orphans is another goal of this Project. Here we are referring to 'total orphan', the child who has lost both father and mother. In the case of AIDS-orphan, this child could also be an infected person.

The main activities of this component of the Project are:

- Carrying out Awareness Creation to preventing Stigmatization of AIDS-Orphans,

- Mobilising the Church and the Community to provide care and support to AIDS-Orphans,
- Facilitating provision of Shelter for the Orphan.

(b) Observations

- The Project is currently facilitating the construction of a semi-permanent house for an orphan in Samuli, Maasailand. Funding for this came from a foreign visitor. The project team notes that the need in this aspect is also high.

- Some women noted that PLWHAs are serving as guardians to orphans, and they expressed concern about the risk of these orphans becoming infected.

- The matter of Orphans in FPFK's Children Homes and Child Care Centres is relevant. FPFK has 11 Children Homes and Child Care Centres, where a total of about 1500 children are under care, including about 15-20% who are HIV-positive having got the infection from their deceased parents. What provisions exist for the special attention required on the 225-200 children living with HIV under FPFK's direct care? It is understood that the departure of missionaries has been having a great effect on the management of these Homes. Besides, there is currently a global shift from institutional to community-based care of orphans, in recognition of the limitation of even the best-managed orphanage to meet the psycho-social needs of a child such as obtainable in a family setting. FPFK is aware of this, but concerted efforts are yet to be mounted towards implementing the shift. The Government now has strong guidelines on the management of Children Homes, reflecting the recently enacted Children's Act and responding to issues of mounting allegations of child abuse. The project management should look into immediate HIV/AIDS-related issues. And the FPFK Board needs to look into the wider issues of effectiveness and sustainability of the Children's Homes.
- It needs to be noted that, whereas FPFK is caring for about 1500 children, there are many more that need support. It is the wish of FPFK to reach out to many more OVCs since there are more than 200,000 children in all FPFK congregations. Many of these children are orphaned and facing different childhood challenges of which being orphaned is the greatest one.

- To encourage ongoing home-based care and support for Total Orphans, the government is currently promoting what is being referred to as 'Grandmother Model', whereby a grandmother of orphans is given about Ksh 500 per child per month to care for the orphans. Inquiry on this would be relevant.

(c) Recommendations

(i) It is the local congregations who are the best asset that this Project has for care and support of the AIDS-Orphans. A specific plan should be drawn up for mobilising this asset, as a component of the Local Church HIV/AIDS Project proposed in section 7.

(ii) The project management and project teams should find out which are the NGOs specialising in OVCs services with a view to seeking collaboration with them. One of these is Hope for African Children Initiative (HACI), based in Nairobi.

4.4.3 Care and Support for AIDS-Widows

Description of Program Component

Most AIDS-Widows are PLWHAs. Almost all are mothers, with dependent children. When a man dies, it is a common trend for his relations to invade the homestead and cart off all that is in the house, thus dispossessing the widow of the deceased. There is also the category of widows who are also isolated or cast out for refusing to be inherited.

Besides the economic stress of living single, uninfected widows face the added challenge of contracting HIV/AIDS. Infected ones are vulnerable to re-infection and to spreading the virus. A Maasai widow remarked, "*We know, as widows, it is only by living in Jesus that we can keep ourselves safe*".

The Widows Care and Support Component consists of:

- Mobilising resources for dispossessed Widows and those isolated for refusing to be inherited (towards Construction of Shelter, in particular),
- Mobilising resources for Ongoing Material Needs (Family subsistence and home maintenance, and fees for Children's basic education or vocational training), and
- Psycho-social support (Visits and guidance).

Observations

- In Nyanza, there are several cases of widows who have been isolated by their marital relatives for refusing to be inherited. The Project has constructed houses for a few of them, in Thessalia and in Nyambare – through partnership with the Pentecostal church in Fredrikstad, Norway.

- Women of the Church mentioned the various ways that they have been supporting fellow women who are widowed. It was clear that these efforts are generally spontaneous and sporadic. Organised, systematic approach is highly essential. The Women's Fellowship of the Church has the care of widows as one of its objectives, and it is necessary that it develops an organised approach to pursue this objective in an ongoing, systematic manner. This matter is further discussed in Section 7.4 below.

Recommendations

(i) At each local church, there should be an organised system for providing ongoing care and support to Widows. This would include making provisions for the financial requirements.

(ii) The project teams should facilitate formation of Widows Mutual Support Groups and provide ongoing accompaniment to the Groups (Visits; Linking them up to access relevant NGOs assistance).

4.5 Formulation of FPFK Church Policy

(a) Description of Program Component

As a specific project activity, the FPFK's Church Policy on HIV/AIDS was produced. It outlines ways in which the Church organs and functionaries are to respond to HIV/AIDS and how to approach related issues. The several workshops were facilitated by MAP International, a Christian international NGO that has been spearheading mobilisation of Churches in Africa into frontal engagement on HIV/AIDS. The process of policy formulation was itself a capacity building exercise. It involved leaders (including representatives of women and youths) from each of the 19 FPFK administrative regions, building on an earlier capacity building exercise, the OD process. It was widely mentioned to the Assessment Team that intense discussions took place until consensus was reached in all critical issues, each being backed up with Biblical justification.

Three issues are of special note: 'Should the Church engage in condoning or promoting usage of condoms?' 'Should pre-wedding HIV testing be compulsory?' 'In case the results from pre-wedding HIV testing show the two to be 'discordant', should the Church wed them or should they be pressurised to separate?' These and many other emotive issues are quite well addressed in the Policy. For example, it states that the Church will "educate members on the basic facts regarding the condom and its use", and adds that "such information shall be provided with sensitivity to age, culture, and biblical values".

(b) Observations

- MAP International informed the Assessment Team that the UNAIDS Office in Nairobi called to express commendation on the Policy, noting that it is exemplary in the way it has tackled sensitive issues.
    - The UNAIDS office in Geneva also commended the policy which they posted to their website for churches across Africa to debate the various issues. FPFK was for some days involved in cyber conferencing answering several questions from some countries in Africa and Europe.

- It is understood that FPFK is in discussion with MAP on the dissemination to the regions and local churches, an exercise planned for the last quarter of this year. This is an opportune time for the activity.

- It is noted that copies of the Policy have been widely distributed. However, it is observed that some pastors and other local church leaders who were not among representatives that engaged in the policy formulation still have traditional reservations on the contentious issues that were resolved during the process.

- On the Policy Document, the comments of the pastors are typified by the following:
    - *"The Policy presents common understanding of what to say to congregation*",
    - "*The Policy provides me with free platform for preaching about HIV/AIDS*",
    - "*With this Policy Document, the community is getting to know where the church stands*".

(c) Recommendations

(i) There is need for translation into Kiswahili, and possibly into some key regional vernaculars.

(ii) It is desirable to utilise the forthcoming process of policy dissemination to also engage the regional and local church leaders on how to best implement the Policy. One related need is to promote the idea of Local Church HIV/AIDS Project detailed in Section 7 below and in Appendix I-A.

(iii) Prior to the process of policy dissemination, it should be ascertained that every head of a worshipping assembly gets a copy of the Policy, even if the assembly is not yet registered.

5.0 OUTCOMES AND IMPACT OF THE PROJECT

5.1 Outcomes and Impact on People Living With HIV/Aids (Plwhas)

(i) Many who tested positive have gone public on their status and, with the facilitation of the project staff, they have come together as PLWHAs Mutual Support Groups
The only male member of the Neema PLWHA support group in Nyambare said,

- *"I have gone public on my status. I know people say bad things when I'm passing but I don't care. I know my status and am doing something about it."*

(ii) Stigma has reduced substantially, due to HIV/AIDS awareness in community. PLWHAs are now accepted as part of community.

(iii) Because the pastors who formally condemned them as immoral are now the ones championing their cause, the PLWHAs have gained more confidence to feel free in the community.

(iv) PLWHAs are beginning to receive psychosocial and as well as material support, even if not yet in a systematic ongoing basis.

(v) The Self Care training given to PLWHAs has been helping them to move positively in life.

(vi) The PLWHAs are receiving holistic help. Adelaide, a widow and member of the Neema Mutual Support Group said;

- *"The Church built a house into which I moved in January 2007. I was given mattress, blanket and soap. Marygoretti and the other people of the FPFK have kept visiting and encouraging me. They share with me the word of God. And I have received ample information on how to live positively."*

Marygoretti is the name on the lips of all the over 40 members of the PLWHAs mutual support group in Nyambare. Mary Akoth Onyango is an Evangelist and a volunteer home-based care provider. The impact of her services is indicated by the following comment of a PLWHA,

- *"Were it not for Marygoretti, who came and took care of me when I was bed-ridden until I got stronger, then convinced me to go for testing by taking me on her bicycle, I would have been long dead by now"*

(vii) PLWHAs are not mere recipients; they themselves are blessing others too. The project personnel often invite them into seminars and workshops to give testimonies.
A project staff said,

- "*I have learnt a lot from their experiences. Their message is taken more seriously.*"

One PLWHA said,

- "*We are speaking to people about the importance of testing so as to take necessary action earlier.*"

5.2 Outcomes and Impact in Children and Youths

(i) Children have not only become aware but have also been spreading the message to their parents at home.

(ii) Some parents mentioned that they have noticed their children and other youths become more disciplined and watchful.

(iii) The Sports component is helping keep the youths occupied and the idea of inclusively involving youths from the whole community is building social cohesion.

5.3 Outcomes and Impact on Adults

(i) In expressing the effect of this Project, many of the community people said, "*Now we know that it is a disease that requires medication*".

(ii) Many have gone for testing. As someone said, "*I got help from the program by visiting VCT*".

(iii) Even Maasai women are talking freely and openly about sex and sexuality.

(iv) Parents, especially the mothers, say they now have good discussions on sexuality with their older children.

(v) A woman states the shift of many, "*I've stopped stigmatizing*".

(vi) One man said, "*The project has helped me on how to lead in a better way*".

5.4 Outcomes and Impact on the Community

(i) In Africa, the traditional belief is that there are two types of illnesses and diseases: the type that is natural and requires medication and the type that is supernatural – curses and bewitchment which are either incurable or require intervention of the spirits. HIV/AIDS was previously classified as a curse. Awareness is now reducing deaths. As someone remarked, "*Because we thought it was witchcraft, we stayed aside and watched our people die. But with the knowledge that the Project brought, there are now less deaths*".

(ii) The people said it is now easier to talk freely about sensitive issues surrounding sexuality. In the various focus group discussions, the different ethnic groups were explicit about the harmful traditional practices existing in their respective communities without being defensive as was usual.

(iii) An evidence of community awareness is to feel a sense of responsibility, as conveyed by the following remark made by an elder in one community, "*The issue goes beyond the scope of the church. It is an issue requiring the intervention of the entire society*"

(iv) Individuals are now taking responsibility to spread awareness about the subject and to provide emotional support to the infected and affected.

(v) People are now shifting from condemning into caring. They now, generally, appreciate that engagement to care is essential. As one elderly woman put it, "*This 'ingea' (stench) that has come on us is turning into fragrance*".

5.5 . Outcomes and Impact on FPFK as a Civil Society Actor

(i) The seminars and workshops have helped towards change in attitudes among Church leaders, who had viewed HIV/AIDS as a sinner's disease. When the Project started, the leaders of the FPFK were the first target group. They needed to have full awareness on HIV/AIDS; they needed to understand it, buy into it and, as gatekeepers, let it in, and also consistently champion and market it. They also needed to take the lead in breaking the ice on openly discussing sexuality. All these objectives were outstandingly achieved, as indicated by comments at the various focus group discussions that the Assessment Team had with Church leaders at the different places visited, for example:

- "*At first I wonder what I was doing as a pastor, listening to HIV talks. But the remarks on Stigma touched me. I went straight away to get tested. And I am now actively teaching my people on HIV/AIDS.*"
- "*I can now speak about the HIV/AIDS issue freely on the Pulpit*"
- "*I have shifted from 'sinner view' of PLWHAs. I've been able to mobilise my congregation to draw near, love and start caring for PLWHAs*"
- "*After attending the awareness creation seminar, I saw that I have a role for which I was not sufficiently equipped. I went for two-month training in counselling to enhance my pastoral ministry. I now have monthly plan for visiting PLWHAs*".

(ii) The Project has helped to move FPFK further more into holistic service

- One pastor noted, "*Community people have learnt that they can receive more support on life issues from the church*".
- One person remarked, "*In sports, youths from all backgrounds came together. It was inclusive, and the youths enjoyed the games.*"
- Another noted, "*FPFK has gained considerable goodwill within the communities*"

(iii) The Project has brought FPFK into networking and collaboration with other Churches. In fact, FPFK has been serving as a lead agency in almost all the areas where she is operating.

- "*We have recognised that there are many players in this area. We have been able to collaborate with other organizations e.g. CARE Kenya*"
- "*We have been able to collaborate with other churches e.g. SDA and AIC.*"
- "*The seminars and workshops for pastors included pastors from other denominations. I and one became friends, and he invited me to preach in his church.*"

(iv) The youth of the Church are getting due attention. Their representatives were brought in and participated actively in the formulation of FPFK Church policy on HIV/AIDS. They have also been given ample space to exercise their individual talents through Creative Art messaging of HIV/AIDS. As a project staff remarked,

- "*The Project has brought the youth into focus, and it has brought out leaders among the youth*"

(v) Women are given a prominent position. Pastors are turning to them and mobilizing them as the natural experts in caring for the sick. Women constitute three quarters of those trained as VCT Counsellors, and about 90% of those trained as home-based care givers. By policy, the post of field team leader for each of the 3 existing project teams has to be occupied by a woman nurse.

- A young woman said, "*We were trained to counsel and to help the sick. We are brought in – it is no longer solely the Church leaders responsibility as before*".

(vi) Pastors have started mobilising their congregations for Care and Support of PLWHAs, Orphans and Widows;

- A pastor said, "*It has raised our sense of responsibility. It comes to mind that, after testing, a next step follows. And we as a Church are now strategizing about that*".
- Lamu FPFK Church has started a HIV/AIDS Awareness Campaign Outreach to Boni community, which is well known to be hard-hit by HIV/AIDS.
- FPFK pastors in Kilifi spearheaded the inter-church Pastors Fellowship into hosting an Event for the Women PLWHAs Groups in the town.

(vii) Local Churches and groups within the Churches are taking initiative to get better enlightened on how they could get involved in the fight against HIV/AIDS. They are inviting the project teams to facilitate seminars and workshops that they organise by themselves, e.g.

- Kibera FPFK Church, Kibera-Nairobi,
- Women's Group of Gatundu Church in Aberdare Region,
- Nairobi Regional Youth Conference,
- Coast Regional Women's Conference,
- National Annual Teens Conference, organised by Ukunda Church.

6.0 ENABLING AND CONSTRAINING FACTORS

6.1 Factors Contributing to the Achievements

Key factors that have helped this work, and which need to be sustained and reinforced are as follows:

- FPFK is rooted in the grassroots,
- FPFK has credibility in the community,
- Deep awareness of the top leaders on HIV/AIDS issues and their strong commitment to see FPFK engage actively in combating the pandemic,
- The decision to first target awareness creation efforts on the Pastors,
- FPFK's openness to accept change by shifting its position,
- Funding support from donors,
- Strong management team,
- Skill building for Board, the Project Steering Committee and the staff,
- Collaboration with other players,
- Participatory approach adopted for formulating the Church Policy on HIV/AIDS,
- Effective internal organization and communication channels within FPFK,
- The various Church organs are responsive in taking actions on issues.

6.2 Challenges and Constraints faced in the Project

- PLWHAs are asking to be assisted to have micro-enterprise capacity. For PLWHAs, managing life is relatively expensive, even with access to free medication for opportunistic infections. Frequent fare for treatment at clinic is a major burden for many. Good nutrition is very essential for PLWHAs, a demand that calls steady resource. In the context of poverty, it is common practice for a parent to skip meals to enable adequate provision for their children. Hence, a poor PLWHA who has children to feed would normally not eat well.
    - Rosemary, a PLWHA and a widow commended the Church for the help she is getting. She said, "*I have 5 children and I am too weak to earn a wage.*"
    - A project staff gave the story of a woman PLWHA whom she visited. She discovered the woman had no food at all in the house. She learnt that, because it is a rule that there has to be something in stomach before taking ARV, she usually swallowed mud!

  Micro-enterprise could really be of help.

- VCT Centres are few. People are being told to go and get tested, but where could they get tested? And the existing few VCT Centres need further equipping, particularly for checking CD4 Count for PLWHAs.

- The project personnel are concerned about the many facets involved in HIV/AIDS work, even just on awareness creation alone. And the geographical areas to cover are vast, even in the few regions of concentration. How does one prioritize? Which facets could be left off? Which geographical areas to leave?

7.0 WAY FORWARD TOWARDS ENHANCEMENT OF EFFECTIVENESS AND SUSTAINABILITY

7.1 Restructuring into Zones

- It is recommended that the operational areas be re-drawn into 5 zones. The project leader and the staff should work out the details and present for approval of the Project Steering Committee.

- The existing personnel are adequate to run the proposed zone-based structure, subject to filling the currently vacant position. This implies 2-3 field staff per zone. The project leader is responsible for assigning staff to zones. The field personnel are to operate primarily in their assigned zones, and to reside in these respective zones. Hence, roving will be limited.
- The possibility of providing each field staff with a motor bike should be explored. A few already have. All may not get immediately.
- Each zonal team would need to be provided with a Laptop/DVD/Projector set with portable screen for showing films. Generator could be rented locally wherever there is no electricity for showing film.
- Emphasis should be given to training of trainers and utilising of local resource persons, as further discussed in #7.2 below. Hence, roving would be less required, more places would be reached by the trainers, and overall effectiveness would be enhanced.
- The field staff should learn basic computer skill for accessing the internet, both for emailing and for downloading relevant literature. This would facilitate easier correspondence when organising activities and in carrying out follow-up. It would be easier to keep in contact with local trainers and other distant actors. Staff would be able to keep abreast of issues in the sector and generally enhance own capacity through ongoing reading of downloaded literature.

7.2 Focus on Training of Trainers and Local Resource Persons

- In each zone, training of trainers (ToT) should be carried out for teachers of primary and secondary schools, and another type for Sunday School Teachers. This is with a view to developing a selected group who will be training streams of teachers. New children enrol in school every year and hence the demand for awareness creation service in schools is ongoing. It is more cost-effective to train the teachers to take on that service. Teachers are also on hand in school for training the pupils in Child-to-Child Peer Education and for establishing and supervising Behaviour Change Clubs. Some teachers have been able to identify infected children, reach their parents, and persuade the parents to take the whole family for VCT. All these advantages apply to teachers of both formal school and Sunday school.

- Selected women leaders should be trained as trainers of women in each zone. It is mainly women who shoulder the burden of taking care of sick husbands and of AIDS orphans. Women need to learn home-based care interventions and so be equipped with skills necessary for home-based care. This need is best serviced by training trainers from among each women group who would be responsible for ongoing training of existing and in-coming members of the group.

- Similarly, a pool of trainers of deacons and deaconesses should be produced in each zone. Deacons and deaconesses in the Church have, as a major part of their formal responsibility, visiting of the sick and offering general psycho-social support. They are a vital class of potential local resource persons for HIV/AIDS care and support.

- For youths, there should similarly be a pool of trainers, males and females.

- The role of trained local people is illustrated in the following testimony:
    - *"My friend who is HIV-positive gave birth. She breastfed for a while, at the insistence of the older women. On the strength of the Home-based Care Training that I received, I urged her to stop breastfeeding and she stopped. The whole community turned on me and her. She stood firm. And later, the child turned negative. It is now the talk of the town. But people have been asking me, 'Where is the Certificate to indicate that you have been trained?*" (A young Maasai woman at Samuli).

- FPFK has engaged in much networking and collaboration, and has been using available resource persons. More of these could and should be done. Local resource persons implies all persons who have affinity to the particular district, by its being their place of birth or parents' birth or place of long-term residence. Some of such people who are now residing outside would love an opportunity to reconnect and give something back to the place. A resource person may or may not offer free service, but would serve at affordable rate if requiring remuneration. In the context of this Project, relevant expertise would include social work, healthcare, nutrition, and development and relief services. The people in mind exist in the government service, in NGOs circle, and even in the commercial sector. Most would not be members of FPFK. Ongoing inquiries by the field staff, the project management and members of the Project Steering Committee would be helpful for creating a database.

7.3 Establishing Local Church Aids Project

- It is being recommended that each FPFK local church should have a Local Church HIV/AIDS Project that will be parallel to, but inter-linking with, this National Project. The Local Church Project is to be managed exclusively by the structures in the local church.
- It is proposed that the church initiate corporate *congregational tithing*, such that, as an obligation, the congregation sets apart a tenth of its total general offerings, for *Benevolence Fund*. A specified percentage of the Fund should go into this Local Church HIV/AIDS Project. In addition, the Project will tap deeply into members' material resources and individual charity giving, on ongoing basis.
- Besides, the Local Church HIV/AIDS Project should solicit funds and technical assistance from external sources including individual donors, NGOs, philanthropic societies (e.g. Lions Club, Rotary Club, etc), Social Responsibility Units of the various corporations, and even Small Grants Desks of foreign embassies. These potential donors would be more inclined to give to a district-specific identified need being presented by a local body rather than to a national project. The funds so attracted should be credited to the Benevolent Fund.
- A separate bank account should be opened for the Benevolent Fund. And it is being recommended that it has only *women signatories*. Credibility is enhanced when it is known that a Benevolent Fund is in custodianship of women. And actually, according to Luke 8:1-3, the Lord Jesus Himself relied on women as His resource managers and even as His donors. Many external donors would be interested in contributing into such a Benevolent Fund. It would still bear 'FPFK *Kericho* Church Benevolent Fund Account', but all solicitation letters will stress that it is a special fund in custodianship of women. (The Assessment Team learnt that an example of a women-managed Church Bank Account already exists in Nyambare FPFK Church. Nyambare now only needs to get another account that focuses solely on *Benevolence*, not permitted to be used for festivities and Annual Conferences).
- Every local church should build and run a VCT Centre, including recruiting volunteer VCT Counsellors to whom they would give monthly incentives.
- How would a Local Church HIV/AIDS Project look like and how will it stand in relation to the National Project? The separate roles of both are detailed in Appendices I-A and I-B.

7.4 . Distinctive Roles for Women Groups

- Women as are natural care-givers. Women have a distinct role in the Care and Support Component of this HIV/AIDS Project. There is substantial Clergy role in the Component, but women have a distinct forefront role. The Church leadership needs to mandate women leaders to take charge of this Component as their core area of responsibility – Care of PLWHAs, Orphans, and Widows. In practice, this requires that the women take charge of planning

(including budgeting), physical implementation, producing and presenting both narrative and financial reports. It seems there is a need for relevant orientation workshop to provide a framework for the take-off. And ongoing incremental capacity building would be required. The principle is to recognize that people already have some basic capacity with which they are managing homes. The Local Church HIV/AIDS Project should be a medium for pooling together, channeling, and topping up the existing individual capacity.

- Apart from the Care and Support Component, there are other aspects of this HIV/AIDS Project where women have major roles. As mothers, they have responsibility for home-based Sex Education. They need skills training for doing this more effectively. And Children Sunday School is run mostly by women. They need capacity enhancement for mainstreaming HIV/AIDS into Children work. They also have a great part to play in combating harmful traditional practices. Both the National Project and the Local Church HIV/AIDS Project should be aligned to actualize forefront engagement of women in each of these areas.

7.5 Strengthening Volunteerism

- FPFK has a long tradition of volunteerism. Clergy work is largely unsalaried. This is a big strength. How to optimally tap the expertise of the growing pool of professionals within the Church is something to continue to explore. It is noteworthy that the Project Steering Committee is suitably constituted with people of appropriate professional expertise and experience. The advantage of professionalism is being seen in their performance.

- Another area of immediate importance is the utilizing of qualified unemployed youths as interns, especially as VCT Counselors, associate Awareness Creation animators, and associate 'Visitors' to homes of PLWHAs, Orphans, and Widows. Some volunteer VCT Counselors are already in service. Many more would be needed if each local church sets up a VCT Centre.

- Youth volunteering would be an avenue for serving the Lord. It would provide work experience that will enhance their employability. And it would help keep the youths positively occupied. It would also enhance commitment of these youths to the FPFK Church, in this age when Christian youths pop about from one church to another, in search of fulfillment.

    - These volunteers need to go through due process of recruiting, training and job-specific orientation. Each volunteer would be given clear, written specification of duties and reporting line. All this would be at the local church, branch church, and congregational levels, within the framework of the proposed Local Church HIV/AIDS Project.

    - There is the need for local arrangement for providing appropriate ongoing incentives to these volunteers.

    - The project management should design a Certificate of Volunteer Service, which local churches would be issuing to volunteers in recognition of their service and also as attestation to external agencies that may equally need their service.

8.0. CONLUSION

A major strategic advantage of the Church in Africa is its presence in remote, under-served areas. The Assessment Team found that there are few NGOs active in HIV/AIDS work in the 3 three main regions where this project is operating. FPFK has been serving as a lead agency in rallying the Churches into action. It is receiving invitations from these other Churches to come and run awareness workshops.

The Project has done a lot in awareness creation, and there is much evidence of response. People are going to get tested. Unfortunately, there are currently very few VCT Centers. Those who test positive are being referred to clinics for treatment. The number of those going public is increasing rapidly. These are coming together to form mutual support groups. Church members, who formerly have viewed infected people as sinners, are now getting into care and support of the infected, the AIDS-orphans and AIDS-widows.

However, there is still a long way to go, especially in the aspect of realizing more response from the men and in bringing about community change from harmful traditional practices that are predisposing to the spread of HIV/AIDS, especially, inheriting widows and female circumcision.

To enhance effectiveness and sustainability of the Project, the following measures are recommended, as detailed above:

(i) The operating areas of the Project should be re-drawn into 5 zones, and the existing field staff be redistributed into these zone, each serving and residing in his/her assigned zone.

(ii) The zonal team should be equipped with a laptop/DVD-projector set with portable screen, and each field staff should have a motor bike.

(iii) A Local Church HIV/AIDS Project should be established by each FPFK local church to operate in parallel but interleaving with the National Project. Its core activities would include organizing seminars and workshops facilitated by local trainers trained by the National Project, establishing at least a VCT Centre, and mobilizing ongoing care and support for PLWHAs, AIDS-Orphans, and AIDS-Widows.

(iv) The National Project is to focus on training of trainers. 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.

(v) The Local Church should open a Benevolent Fund bank account that would have only women signatories. The local church should lodge a tenth of the total monthly offerings, the congregational tithes. In additional, external donations should be solicited and lodged into this Benevolent Account.

(vi) In addition to the congregational tithes and the solicited external donations, Church leaders should marshal freewill financial and other forms of resources of the individual Church members for care and support of the infected, the orphans and the widows.

(vii) The project management and the field staff should make efforts for the Project to get additional donors.

The Assessment Team notes that FPFK has shown herself as an achiever and needs to continue to be accompanied in this noble work.

APPENDICIES

APPENDIX I - A

CORE ACTIVITIES OF
THE PROPOSED FPFK *LOCAL CHURCH* HIV/AIDS PROJECT

1. PASTOR'S MINISTRY

- Sermons and Talks on Stigmatization, Care and Support for PLWHAs, Orphans and Widows, Safer Sex, and Harmful Traditional Practices,
- Pulpit, Funerals, and Wedding Services,
- Pre-wedding Counselling,
- Visits to PLWHAs, Widows and Orphans,
- Providing management oversight to the VCT Centre and motivating the Staff,
- Ministering to School Children through the Programme for Pastoral Instruction (PPI),
- Network with other Pastors for Combating Harmful Traditional Practices.

2. CHURCH WOMEN'S GROUPS

- Organising Seminars on *Parents Skills Training on 'Sex Education of Children',*
- Organising ongoing psycho-social support to PLWHAs, Orphans and Widows (Visits and physical care),
- Mobilising resources to meet material needs of PLWHAs, Orphans and Widows – through group's own resources and group-solicited external assistance.

3. CHILDREN SUNDAY SCHOOL

- Developing and Running '*Sunday School Curriculum Component on HIV/AIDS*'
- Facilitating '*Child-to-Child Peer Education*',
- Organising Competitions on HIV/AIDS (Bible Quiz, Songs and Drama),
- Facilitating formation of '*Behaviour Change Clubs*' for older children.

4. IN-CHURCH AWARENESS CREATION

- In-church Films, Talks and Seminars.

5. VCT STATIC AND MOBILE SERVICES

- Setting up of a public-access VCT Centre,
- Providing land,
- Mobilising resources,
- Managing the physical construction process,
- Identifying and recruiting VCT Staff,
- Managing the running of the VCT Centre, including supervising and motivating the Staff,
- Facilitating VCT Outreach Mobile Service,
- Publicising the Outreach,
- Enlisting of suitable Resource Persons to boost Outreach Personnel,
- Transporting VCT Staff, Resource Persons and Equipment for Outreach Services.

6. CARE AND SUPPORT FOR PLWHAs

- Preventing Stigmatization & Discrimination,
- Psycho-social support (Reaching out in love, visits and physical care),

- Material Needs (Family subsistence and home maintenance, and fees for Children's basic education or vocational training – through individual Church members' in-cash and in-kind giving and the Local Church congregation tithing for Care & Support),
- Ongoing Advocacy.

7. CARE AND SUPPORT FOR ORPHANS

- Arranging Guardianship and providing accompaniment and encouragement to the Guardian,
- Construction of Shelter,
- Preventing Stigmatization and Discrimination,
- Psycho-social support (Reaching out in love, visits and physical care),
- Material Needs (Aid on subsistence and home maintenance, and fees for basic education or vocational training – through Church members sharing materials resources, giving financial assistance, and offering labour on home maintenance and the Local Church congregation tithing for Care and Support),
- Ongoing Advocacy.

8. CARE AND SUPPORT FOR WIDOWS

- Prevention of Dispossession,
- Solidarity with dispossessed Widows and those isolated for refusing to be inherited (Construction of Shelter, Legal Assistance),
- Psycho-social support (Reaching out in love, visits and guidance),
- Material Needs (Family subsistence and home maintenance, and fees for Children's basic education or vocational training – through individual Church members' in-cash and in-kind giving and the Local Church congregation tithing for Care and Support),
- Facilitating formation of Widows Mutual Support Groups and providing accompaniment to the Groups (Visits; Linking them up to access relevant NGOs assistance),
- Ongoing Advocacy.

9. TEACHER-MANAGED SCHOOL-BASED ACTIVITIES (WITH ACCOMPANIMENT BY THE ZONAL FIELD TEAM)

- Running the *Programme for Pastoral Instruction* (PPI),
- Films and Talks on HIV/AIDS,
- Facilitating the School Children to produce HIV/AIDS Messaging through Creative Arts – Poems and Essays, Drama, Songs and Dances, and Puppetry,
- Facilitation of *Child-to-Child Peer Education*, and,
- Forming and Supervising '*Behaviour Change Clubs*'.

APPENDIX I - B

ROLES OF THE ZONAL TECHNICAL TEAM OF THE FPFK NATIONAL HIV/AIDS PROJECT

1. CARE AND SUPPORT

1.1 CARE AND SUPPORT FOR PLWHAs

- Facilitating formation of PLWHAs Mutual Support Groups,
- Training PLWHAs Groups (on Adherence to Treatment, Nutrition, Memory Book, Micro-enterprise),
- Training for the Affected (Home-based Care Training and Trauma Counselling for Care-givers and other Close Relatives),
- Training Church Women's Groups on 'Organising psycho-social support to PLWHAs, Orphans & Widows',
- Training Church Women's Groups on 'Mobilising resources to meet material needs of PLWHAs, Orphans & Widows – through group's resources & group-solicited external assistance',
- Accompanying PLWHAS Groups (Visits, Linking them up to access relevant NGOs assistance),
- Utilizing them as Awareness Creation Resource Persons to give Testimonies at Seminars,
- Advocacy with Government (for ARV drugs, etc).

1.2 CARE AND SUPPORT FOR AIDS ORPHANS

- Mobilising resources and labour for construction of Shelter,
- Mobilising resources for Ongoing Material Needs (subsistence and home maintenance, and fees for basic education or vocational training),
- Visits and counselling to individual orphans and their guardians,
- Occasional seminars to the Orphans (Group Counselling and Training),
- Linking up the Orphans to access relevant NGOs assistance (including Legal Assistance when and as need arises),
- Organising occasional Seminars and Group Therapy Forums for Orphans in the Zone,
- Ongoing Advocacy for Orphans.

1.3 CARE AND SUPPORT FOR WIDOWS

- Mobilising resources for dispossessed Widows and those isolated for refusing to be inherited (towards Local Church Construction of Shelter; and Legal Assistance when and as need arises),
- Mobilising resources for Ongoing Material Needs (Family subsistence and home maintenance, and fees for Children's basic education or vocational training),
- Psycho-social support (Visits and guidance),
- Facilitating formation of Widows Mutual Support Groups and providing accompaniment to the Groups (Visits; Linking them up to access relevant NGOs assistance)
- Ongoing Advocacy.

2. VCT STATIC AND MOBILE SERVICES

- Mobilising resources for construction of Local Church VCT Centre,
- Arranging for initial and upgrade training of VCT Staff,
- Facilitating the processes for official registration and upgrading of the VCT Centre,
- Arranging for regular supply of IEC literature (take-away flyers and brochures) for the Centre,
- Receiving quarterly service statistics for compilation of Zonal Progress Report,
- Visiting the VCT Centre to encourage the Staff.

3. PROMOTING BEHAVIOUR CHANGE

3.1 BEHAVIOUR CHANGE AMONG CHILDREN AND YOUTH

(a) CHILDREN UNDER PARENTAL CARE

- ToT for Women Groups Leaders on *Parents Skills Training on 'Sex Education of Children'*.

(b) CHILDREN IN CHURCH

- Awareness Creation Seminar for Sunday School Teachers: Awareness on "*Sex Education and HIV/AIDS*'.
- Workshop for Sunday School Teachers and Project Team on "*Curriculum Enrichment for HIV/AIDS*".
- ToT for Sunday School Teachers on "Delivering the *Sunday School Curriculum Component on HIV/AIDS*".
- ToT for Sunday School Teachers on "*Parents Skills Training on 'Sex Education of Children*".
- ToT for Sunday School Teachers on "*Facilitation of Child-to-Child Peer Education*".
- Organising inter-congregation Sunday School HIV/AIDS Creative Arts Messaging Event (Drama, Poems, Songs, and Dances).

(c) CHILDREN IN SCHOOL

- Organising inter-Church Consultation on PPI for HIV/AIDS Prevention (Pastors, Teachers, Project Team and relevant Ministry of Education Personnel).
- HIV/AIDS Films and Talks in Schools.
- ToT for Teachers on School-based HIV/AIDS Awareness and Behaviour Change Strategies (Facilitating *Child-to-child* Peer Education, Facilitating formation and supervision of '*Wait Clubs*', and Facilitating the School Children to produce HIV/AIDS Messaging through Creative Arts – Poems and Essays, Drama, Songs and Dances, and Puppetry).
- Organising inter-school HIV/AIDS Creative Arts Messaging Event (Drama, Poems, Songs, and Dances).
- Accompanying School Clubs (Training the Leaders, Facilitating inter-club networking, Linking up to access NGOs assistance).

(d) OUT-OF-SCHOOL YOUTH GROUPS

- Promoting Football and Volleyball League-teams;
  - Facilitating formation of league-teams,
  - Providing balls and boots,

- Organising League Tournaments (with Trophies).

- Facilitating *Youth-to-youth Peer Education;*
- Organising Youth Inter-group HIV/AIDS Creative Arts Messaging Event (Drama, Poems, Songs, and Dances).
- Accompanying Youths (Training the Leaders, Facilitating inter-club networking, Linking up to access NGOs assistance, Collecting and disseminating Success Stories).

3.2 BEHAVIOUR CHANGE AMONG ADULTS

(a) Activities

- Awareness Creation (Film Shows, Talks, Drama, Songs, Posters, Flyers).
- Enlisting the voice and involvement of Critical Actors (Community Elders, Chiefs, Men's Groups, Women's Groups).

(b) Target Groups

- All couples (Fidelity in Marriage).
- Lakeshore workers (Artisan fishermen and Women fish-vendors).
  - Longer-term couple-separation,
  - Beach Boys (Maasai and Samburu Morans),
  - Others (City workers leaving wives upcountry, Frequent-travel Staff, Staff on long training course),
- Single Adults (Old Spinsters and Bachelors, Single Parents),
- Risky Behaviour Channels (Commercial Sex; Sex-for-Gifts, Sex-for-Job, Sex-for-Promotion, Sex-for-Grades).

(c) Forums

- Church Pulpit,
- Women's Groups,
- Men's Groups,
- Community Forums (Chief's *Baraza*, Funerals, Weddings, Festivals).

3.3 CHANGE IN COMMUNITY (HARMFUL TRADITIONAL PRACTICES)

(a) Activities

- Awareness Creation (Film Shows, Talks, Drama, Songs, Posters, Flyers)
- Support for Persons Abandoned (Levirate-defiant Widows, FGM-defiant Girls, etc).

(b) Actors and Forums

- Pastors (Pulpit, Funerals, Weddings).
- Community Forums (Chief's *Baraza*, Funerals, Weddings, Festivals).
- Clan Elders Meetings.
- Women's Groups.
- Men's Groups.

APPENDIX II

FPFK HIV/AIDS AWARENESS AND PREVENTIVE PROJECT
2007 PROJECT EVALUATION – ACTIVITIES SCHEDULE

DATE	ACTIVITIES
Monday July 16th	At Nairobi - Interview: MAP International HIV/AIDS Project Manager
Monday July 23rd	At Nairobi - Interview: FPFK HIV/AIDS Project Leader - Interview: FPFK Project Accountant
Tuesday July 24th	At Nairobi - Focus Group Discussions: FPFK Board & Project Steering Committee - Interview: FPFK General secretary
Wednesday July 25th	Journey: Nairobi to Thessalia (5-hour) At Thessalia - Focus Group Discussions: Women Group; Pastors, Project Field Staff
Thursday July 26th	At Thessalia - Visit to VCT Centre & Interview of VCT Centre Counsellors - Visit to an AIDS-Widow in project-built house Journey: Thessalia to Nyambare (5-hour) At Nyambare - Puppetry Show by High School Youths & Interviewed the Youths - Focus Groups: Pastors & Church lay leaders; Women Group; *Neema* PLWAs Mutual Support Group; Project Field Staff - Visit to VCT Centre & Interview of VCT Centre Counsellors - Visit to AIDS-Widow in project-built house & AIDS-widows in run-down houses
Friday July 27th	Journey: Nyamira District (Kisii) (4-hour) At Marani - Skits & Poems by School Children & out-of-school Youths who came from different villages; Songs by different PLWAs Groups - Interviews: Chief; DASCOP Official - Focus Group Discussions: Volunteer Counsellors from 12 DASCOP VCT Centres being backstopped by KENYAISA At Bongeri - Focus Group Discussions: Pastors (including a few from other Churches)
Saturday July 28th	Journey: Bongeri-Nyamira to Kiptere-Kericho (4-hour) At Kiptere - Interviews: Chief; DASCOP Personnel, District Gender Officer - Focus Group Discussions: Women Group; Teachers; Pastors - Visit to VCT Centre & Interview of 5 Volunteer Counsellors of the two VCT Centres of FPFK Kiptere Journey: Kiptere to Naroki (4-hour)
Sunday, 29th	Journey from Narok to Nairobi (3 hours)

2007 PROJECT EVALUATION – ITINERARY (*CONTINUED*)

DATE	ACTIVITIES
Monday August 6th	Journey: Nairobi to Mombasa (By air) Journey: Mombasa Airport to Ukunda (3-hour) At Ukunda - Focus Groups: Pastors & Church Elders; Teachers; Women Group; Maasai Beach Boys; Mpeketoni VCT Centre Volunteer Counsellors - Interviews: *Teen Watch* Director; FPFK Project Personnel - Poems and Skit by FPFK Church-based out-of-school Youth Group
Tuesday August 7th	Journey: Ukunda to Mombasa Airport (3-hour) Journey: Mombasa to Nairobi (By Air)
Wednesday August 8th	At Nairobi - Report Writing
Thursday August 9th	- Report Writing
Friday August 10th	- Report Writing