

Kenya Integrated HIV/AIDS Program

Annual Report: October 1, 2008 – September 30, 2009



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KENYA Integrated HIV/AIDS Program
Annual Report (October 1, 2008 to September 30, 2009)
Submitted on: October 30, 2009.

The Kenya Integrated HIV/AIDS Program is funded by the United States Agency for International Development through Cooperative Agreement No: GHH-A-00-09-00002-00 , for the period December 1, 2008 to November 30, 2011, and is implemented by Ananda Marga Universal Relief Team (AMURT).

This document is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of AMURT and do not necessarily reflect the views of USAID or the United States Government.

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1. Acronyms

AMURT:	Ananda Marga Universal Relief Team
CARD:	Community Action for Rural development
COP:	Country Operational Plan
FHI:	Family Health International
GOK:	Government of Kenya
HBC:	Home based care
IEC:	Information, education and communication
IIDG:	Imani Initiative Development Group
M&E:	Monitoring and Evaluation
OCA:	Organizational capacity assessment
OVC:	Orphans and vulnerable children
OVC CC:	OVC Care Counselor
TSC:	Teachers' Service Commission

2. Executive Summary

2.1 Goal & Strategic Objectives

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

- *Mobilize local organizations and committees, and community members to create sustainable support structures for 3,000 orphans and vulnerable children (OVC) aged 5 - 14 years, enabling them to become productive members of society.*
- *Improve treatment, care, and livelihood for 1,000 people living with HIV/AIDS (PLWHA) in Nyanza Province*
- *Provide opportunities for behavior change, leadership development and vocational training to 2,000 out-of-school youth aged 14 to 25*
- *Launch a mass education prevention and awareness program that reaches 999,100 people, to protect those who are not infected by HIV.*

2.2 General Overview (See Appendix 2 for maps of program areas)

AMURT's Year One Workplan was approved on July 17, 2009, so the results presented here represent ten weeks of project implementation for the year.

During the reporting period, AMURT built a strong team of staff and volunteers in the US and Kenyan offices; set up its operational offices in the three targeted provinces in Kenya; and built working relationships with local government officials and one partner organizations in Nyanza Province.

As a new USAID partner, AMURT has benefited from the tools already developed by long-standing USAID NGO partners, such as the OVC assessment forms developed by Child Fund and the OVC/PLWHA database developed by FHI. This has saved us time, and allowed us to focus our energies on various aspects of program implementation and innovation.

During the reporting period, AMURT was able to identify and enroll 1625 OVC, 475 PLWHA and 329 youth into the program; and train 100 OVC care counselors and 40 HBC providers, who will begin providing services to OVC and PLWHA clients in Year Two. Additionally, AMURT started three youth clubs for 329 youth. Our initial focus was to keep the youth engaged through sports and creative activities, dialog with the youth to build the framework for the clubs, become more familiar with their knowledge levels about HIV and sexuality, and better understand their aspirations for their future.

In the next 12 months, AMURT will enroll a further 1,125 OVC into the program; train an additional 20 OVC care counselors, and 60 community resource people; set up 9 OVC centers that provide a venue for monthly OVC gatherings; and establish child rights clubs in primary schools in Rarieda District, Nyanza Province. AMURT will also commence HBC services in the three project areas in Nyanza Province, enroll a further 525 PLWHA, and train an additional 40 HBC providers. Under the prevention and awareness objective, AMURT will recruit an

additional 1,700 youth, establish 6 more youth clubs, and commence sexual behavior change activities and life skills training in all nine clubs. AMURT will further facilitate various youth activities including competitions in football, drama, and music; and will run mobile VCT services at public places. 60 youth will be trained as peer educators and will assist with the mass prevention and awareness program that will start in early 2010.

2.3 Challenges, Constraints & Lessons Learned

Since we first submitted our proposal to USAID, APHIA II, another PEPFAR-funded program, had moved into some of our program areas, such as Likoni in Coast District, providing services to OVC. This challenge has been overcome by coordinating with APHIA II and, in some areas, by moving the focus of our program to other underserved geographical areas to avoid overlapping and double counting.

Overall, the needs of the beneficiary population are far more than one organization can meet. Most of our beneficiaries lack food, proper shelter and access to general health care. Our field staff experience immense pressure when facing people's many demands which come outside the scope of our program. Hence we have started contacting other organizations who might accept referrals from our own pool of beneficiaries.

Moreover, the needs of our beneficiary population differ from region to region, with people in Nyanza Province, for example, still viewing HIV with stigma, and still engaging in practices such as wife inheritance. We have also found differences in the attitudes of the youth, with youth in Central being more resourceful than youth in parts of Nyanza. Intervention strategies, therefore, must change according to the social and cultural differences we encounter in different parts of Kenya.

2.4 Budget Summary (see Appendix 3)

In FY09 AMURT spent \$117,236 from the USAID grant (\$395,584 was budgeted), and \$75,404 from cost share (\$136,700 was budgeted).

3.PEPFAR Indicator Summary Table

Reporting Period: Annual: October 1 – September 30, 2009	Target for this reporting period	Achieved this reporting period	Target for life of the Project	Achieved to date
Prevention/Abstinence and Be Faithful				
2.1 Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	300	0	2000	0
Total	300	0	2000	0
Female	150	0	1000	0
Male	150	0	1000	0
2.2 Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	50	0	60	0
Other Sexual Prevention				
5.1 Number of targeted condom service outlets	3	0	9	0
Care and Support				
6.2 Total number of individuals provided with HIV-related palliative care (including TB/HIV)	200	0	1,000	0
Total	200	0	1,000	0
Female	100	0	500	0
Male	100	0	500	0
6.3 Total number of individuals trained to provide HIV palliative care (including TB/HIV)	120	40	120	40
OVC				
8.1 Number of OVC served by OVC programs	500	3	3,000	3
Total	500	3	3,000	3
Male	250	0	1,500	0
Female	250	3	1,500	3
8.2 Number of providers/caregivers trained in caring for OVC	210	100	210	100

4. Program Implementation by Strategic Objective

4.1 Program Location

The program is located in 9 areas within 3 provinces, as follows:

Province	Location	Strategic Objective
Central	Kikuyu (HQ), Thika, Nyeri	OVC, Prevention
Coast	Likoni (HQ), Malindi, Ukunda	OVC, Prevention
Nyanza	Mahaya (HQ), Mbita, Kendu Bay	OVC, Prevention, HBC

According to the 2003 Kenya Demographic Health Survey (KDHS), the most affected provinces of Kenya include Nairobi (9.5%), Nyanza (8.7%) and Coast (5.4%), which are the prime target areas of this proposal (Kikuyu being a suburban area of Nairobi has the same high incidence as Nairobi).

4.2 AMURT's Sub-Partners

During this period, AMURT worked with one partner: Imani Initiative Development Group (Imani, for short). Imani has been working with a network of fourteen village-based organizations for PLWHA and OVC guardians, and now, through AMURT's partnership, will be able to meet more of the pressing needs of those organizations' members. In Year One Imani was able to assess and recruit 300 OVC using the same tools as AMURT, and recruit 10 people for the OVC care counselor training.

4.3 OVC Program Objective (Years 1 – 3):

Mobilize local organizations and committees, and community members to create sustainable support structures for 3,000 OVC aged 5 - 14 years, enabling them to become productive members of society.

Planned activities

Activity 1: Coordination of all activities with the respective District authorities.

Accomplishment: AMURT has been successful in gaining the cooperation and support of local government officials. The Children's Departments have fully cooperated in protecting the rights of children; the District Children's Officers participated in our training, and assisted with the recruitment of OVC; and the District Development Officers have supported the overall program.

Activity 2: Recruitment of 500 OVCs with the most pressing needs in Nyanza, Central and Coast Provinces.

Accomplishment: We exceeded our target by recruiting 1375 OVC with the support of village health committees, committed volunteers familiar with the beneficiary population, and partner organization field workers. We based our OVC assessment form on the one used by Child Fund, which is modeled after the Child Status Index. Hence we were able to assess the OVC at both the school and household levels to objectively select those with the greatest needs (in terms of family support structures, nutrition, health and education).



Activity 3: Recruitment and training of 120 OVC care counselors.

Accomplishment: 100 OVC care counselors were recruited in seven project areas and given a 5-day training in OVC care counseling skills (three separate training sessions were held in Mahaya in Nyanza Province, Kikuyu in Central Province and Ukunda in Coast Province. The curriculum was developed using curricula from Child Fund and FHI, and using the content of the Children's Act (Government of Kenya). We were unable to meet our full target of 120 OVC CC due to the dissolution of the relationship between AMURT and one of its partner organizations (CARD), which slowed down our activities in Mbita District (Nyanza).

Newly-graduated OVC Care Counselors from Kikuyu District (top photo) pose for a picture with AMURT staff at AMURT's Nairobi HQ on completion of their training. Livingstone Maara (left) receives his OVC CC certificate from Dr.Kumar, AMURT Kenya Country Director.

Activity 4: Recruitment and training of 90 volunteer community resource people, to serve as mentors for the OVC.

Accomplishment: 40 community resource people (CRP) were identified at Kikuyu, Oyugis, Mahaya and Likoni. Even though they will receive their formal training in Year Two, some are already assisting AMURT's OVC in different ways. For example, in Rarieda District (Nyanza Province) 10 of our CRPs are head teachers. They have been protecting our OVC by intervening if any teacher threatens to send the OVC home due to non-payment of fees (which do not have to be legally paid by the children anyway).

Activity 5: Protection of legal rights of OVC.

Accomplishments:

- (a) Eleven chiefs from Kikuyu (Central), Mahaya (Nyanza) and Likoni (Coast) were given a one-day orientation on child rights that was facilitated by the respective District Children's Officers with AMURT's OVC In-charges. The curriculum included modules from AMURT's OVC care counselor training as well as from the Government of Kenya Children's Act. One of the outcomes of the training is that the chiefs now come to public meetings about child rights to give their moral support. In Rarieda and Mbita Districts the chiefs are actively assisting in arresting out-of-school children who are roaming around the beaches, often becoming a public nuisance.
- (b) Even though we have not formally commenced providing direct services to OVC, our OVC In-charge for Nyanza Province is already actively promoting child rights, an issue that is woefully absent in some districts. AMURT was able to refer three child abuse cases to the government authorities in Rarieda District (Nyanza), resulting in two criminal investigations against the abusers.

Other Activities: AMURT had planned to set up 5 OVC centers that would provide a venue for monthly gatherings, health monitoring, basic HIV/AIDS education, psycho-social support, and distribution of school uniforms and text books.

Accomplishments: Due to time constraints, AMURT has postponed this activity to FY10

Major challenges faced by the OVC program

- In Nyanza Province we encountered a higher number of OVCs than anticipated. This caused us to make the selection criteria stricter, in order to meet our budget limitations.
- Extreme poverty levels in most OVC households led to extra demands by parents and guardians, who expected the program to provide immediate solutions for their food, shelter and medical needs. AMURT is seeking to link these households with other agencies providing such support.
- Nyanza Province has many OVCs in primary schools aged 14 years and above who are in real need of educational support. It has been a challenge to decide whether to include them in our OVC program, since the age range criteria is presently 5-14 years. We have incorporated many of the older children in our youth program, and the younger ones we refer to other organizations and government centers.
- The rough terrain of the rural areas impeded our OVC household assessment due to a lack of project vehicles.
- It was at times difficult to establish the children's exact ages as some guardians could not provide documentary proof of birth.

Lessons learned

- The needs of the community are often more than a single organization can meet, therefore it is important to map out other organizations with whom one can partner. In so doing one can create networks that work synergistically, complementing each other's services for the full benefit of the community.
- The concept of community participation should always be embraced if OVC programs are to be a success in Kenya. This is clearly demonstrated in the immense response we received from people seeking to volunteer as community resource people and OVC care counselors. Such people have greatly contributed to our success so far and we look forward to continuing to use this approach for the remainder of the project's life.
- Different OVCs have different educational needs, with some children needing text books as opposed to school uniforms. We will therefore not provide every child with a uniform as planned, but meet the specific needs of each individual child.
- We should always look for the means to further the economic empowerment of local communities through the program. In Oyugis, for example, we will give contracts to local CBO's and women's groups to make school uniforms (as opposed to buying them from retail outlets in the large towns). In return some members of these groups have promised to train OVCs in dressmaking skills, as well as to become community resource people for the program.
- It is important to be flexible in OVC recruitment within specific regions. This was clearly demonstrated in Nyanza where youth above 14 years old are still studying in

primary schools, but outside the age range for our OVC` program. In future, we will adopt area-specific recruitment criteria to avoid missing needy cases

Activities planned for Year Two

- Enrollment of a further 1125 OVC into the program.
- Training of another 20 OVC care counselors, and 60 community resource people.
- Setting up of 9 OVC centers that provide a venue for monthly OVC gatherings, health monitoring, basic HIV/AIDS education, psycho-social support, and distribution of school uniforms and text books.
- Establishing child rights clubs in Nyanza Province for 5000 primary school children.

4.4 Prevention Program Objective (a) (Years 1 – 3):

Provide opportunities for behavior change, leadership development and vocational training to 2000 out-of-school youth aged 14 to 25.

(AMURT is also planning a mass education prevention awareness program that will reach 998,000 people, to protect those who are not infected by HIV, but this will not commence until Year Two of the program).

Planned activities

Activity 1: Recruitment of 100 out-of-school youth aged 14 to 17 in each of the Nyeri, Likoni and Mahaya project sites.

Accomplishment: 329 youth were recruited into the program, using a recruitment form from Child Fund.

Activity 2: Formation of 3 youth clubs in Kikuyu, Likoni and Mahaya.

Accomplishment: Three clubs were started in Kikuyu, Likoni and Mahaya. The criteria for selection were age and interest in reducing the spread of HIV with their peers. Youth with known past leadership skills were highly encouraged to join the clubs. Initially, discussions took place amongst the youth to develop the rules and regulations of the clubs. Sports activities were also started, including football, volleyball and beach games, to keep the youth engaged. In Nyanza the youth commenced training in folk theatre and dancing in readiness for the Year Two mass awareness program

Activity 3: Providing 300 youth with sexual behavior change and life skills education.

Activity 4: Training 50 youth as peer educators.

Accomplishment: We were unable to accomplish Activities 3 and 4 above due to the lack of time in Year 1 for program implementation. However, we were able to identify suitable curricula for the training and education programs, namely the Red Cross' "Together We Can" curriculum and International Youth Federation's "Empowering Africa's Young People Initiative."

Major challenges

Being a highly energetic and dynamic group, recruiting and managing the youth came with several challenges, namely:

- It was a challenge to maintain consistent attendance during the Friday youth club meetings as many youth were seeking casual employment, or expecting regular refreshments.
- Erroneous expectations from some youth who thought the program would provide them with employment led to dropouts from the clubs. In Year 2, however, the clubs will provide vocational training to 450 youth.
- Most of our youth club venues could not accommodate 100 youths at once causing meetings to be held in other locations causing additional cost constraints in the form of transport and refreshments

Lessons learned

- The youth are a dynamic and energetic group that should be handled tactfully to achieve program success. As such they should always be kept busy whenever they meet, and allowed to choose their own strategies for imparting positive behavior change messages.
- Different youth groups from different localities have different experiences and challenges which should first be understood and addressed appropriately before any behavior change intervention can be put in place. Thus a baseline survey has been planned in the beginning of Year Two to help design our communication strategy on behavior change needs.

Activities planned for Year Two:

- Baseline surveys to determine the knowledge, attitude and practices of the youth towards sexuality and HIV/AIDS in all nine project locations.
- Recruitment and enrollment of an additional 1700 youths in all 9 project locations
- Establishment of 6 more youth clubs in Thika, Nyeri, Mbita, Oyugis, Ukunda, and Malindi, with sexual behavior change and life skills development as part of the curriculum.
- Commencement of peer education training using, in part, the media of drama, folk theater and puppetry in all youth clubs
- Setting up of youth resource libraries at all centers
- Launching a mass awareness campaign in all provinces using the most resourceful youth from the clubs that will reach 400,000.
- Engaging the youth in various competitions, including football, drama, music, as well as running mobile VCT services at various market places within the three provinces
- Vocational training programs for 450 youth aged 14 – 17.

4.5 Care & Support Program Objective (Years 1 – 3):

Improve treatment, care and livelihood for 1,000 PLWHA.

Planned activities

Activity 1: Coordinate activities with the District HBC Coordinators

Accomplishment: AMURT has established good relationships with the HBC coordinators in three districts in Nyanza Province, with our HBC In-charge attending monthly coordinating meetings at the district offices.

Activity 2: Recruit 200 PLWHA into the program in Mahaya, Mbita and Oyugis

Accomplishment: A total of 475 PLWHA were recruited into the program in Mahaya. This was achieved through the involvement of existing CBOs and HIV support groups. The recruitment was done using tools developed by our M&E department designed to pick PLWHAs with most pressing needs. We were unable to start the program in Oyugis as we had not completed our working agreement with Imani; and in Mbita as we terminated our relationship with CARD, which caused a delay in that area.

Activity 3: Identify and train 120 HBC providers. Of these trainees, 9 were to be offered regular employment, and the rest were to be offered the chance to volunteer for the program.

Accomplishment: We selected 40 HBC providers based on their existing knowledge of HIV palliative care, with priority being given to currently serving community health workers. We trained these 40 people, using the National AIDS/STD Control Program (NAS COP) curriculum, with the Rarieda District Government HBC Coordinator and AMURT's HBC In-charge providing facilitation. The training included 5 days of theory and 6 days of field work/practicum to provide the trainees with the necessary skills for PLWHA care. We decided to break the training into three sessions, to keep numbers to a manageable level, so the other 80 HBC providers will be trained in Year Two. Three of the trainees have been hired as full time caregivers, while the remainder will work on a voluntary basis with periodic rewards.

Activity 4: Provide home-based palliative care to 200 PLWHA in Nyanza District, including referrals to health centers and support groups.

Accomplishment: Even though home visits had only just begun at the very end of Year One, 67 PLWHA were referred to support groups in and around Mahaya and Oyugis.

Major challenges

- Due to the high numbers of PLWHA in our Nyanza project areas, we were overwhelmed by the demand for our services and were not able to accommodate everyone into the program.
- Stigma is still high in some regions of Nyanza, resulting in some PLWHA living in denial or not seeking healthcare services for fear of being cast out of the community. This has made it hard for our field officers to be directed to HIV-affected households in some villages.
- High mortality rates continue to be experienced by PLWHA, especially the ones living in denial. Some of our recruited patients have already started dying even before service

delivery has commenced. Replacements had to be recruited in such cases, demanding more time from our staff.

- Most HIV-affected families had very high expectations from the program, expecting to be supplied immediately with food items. Attempts were done to link them with other organizations offering such services in the region where available.
- Strong cultural practices in Nyanza province like wife inheritance continue to hinder HIV prevention efforts in the region. We encountered some opposition in such stronghold pockets within some villages known to have high HIV- infected persons in the province.

Lessons learned

- It is crucial to understand the social-cultural background of the beneficial community. This is especially true in Nyanza Province where there are major cultural barriers.
- It is important to network with other change agents to provide solutions to multiple community needs. We were able to link our beneficiaries with various support groups and organizations that provide food, to help them procure services not directly included in our program.
- To properly run a program for PLWHA one must make provisions to transport sick and critically ill patients to hospital facilities to avert high death rates associated with HIV.
- Nyanza Province has pockets of very high HIV incidences. Near Mahaya, for example, our field staff found as many as 15 HIV+ adults living in the same household. The overwhelming demand indicated that the program budget may not be sufficient to reach all qualifying clients.

Activities planned for Year Two

- Recruitment of an additional 525 PLWHA in Mbita and Oyugis, using the same criteria and tools as applied in Mahaya
- Training of an additional 80 HBC providers for Mbita and Oyugis.
- Distribution of HBC kits to the trained 120 care givers in all the centers, and providing refills once a month
- Commencement of HBC services in the three project areas in Nyanza Province (Mahaya, Oyugis and Mbita), with the HBC providers visiting the PLWHA at least twice a month, and making referrals to health facilities and support groups as necessary.

5. Monitoring and Evaluation (M&E)

5.1 Planned Activities for Year One

Activity 1: Develop key indicators (as part of M&E logical framework), data collection plan, and data collection tools.

Accomplishments: AMURT was able to develop these monitoring tools, using some forms already developed by Child Fund for the assessment and recruitment of OVC, PLWHA and youth. In Year One, AMURT designed twenty-nine forms, many of them innovated by our M&E team, to monitor various aspects of the program. For example, AMURT's M&E Department created new forms related to assessment and recruitment of PLWHA, and referral of OVC and PLWHA to other sites and services. Our M&E Manager was trained by FHI in the use of their database, which we will use for tracking progress made by OVC, PLWHA and youth. Five AMURT staff members participated in the NuPITA Level 1 trainings in Boston and Kampala in August where we reviewed the M&E framework

Challenges: The M&E Plan is still under development. The shift to Next Generation Indicators affected the planning process.

Activity 2: Orient and train field staff on M&E methodology and data collection tools.

Accomplishments: Staff were trained on monitoring methodologies during the orientation, during the monthly meetings, and in person by the M&E Manager during his field trips. The overall results were mixed, with field staff in Central and Nyanza Provinces performing well and field staff in Coast needing more support.

Challenges: Some of the field staff were only acting as instructed by the M&E Manager, but not taking any independent initiatives to monitor the program. We will orient staff more completely on the importance of constant program monitoring, and make sure that they have enough time to do it.

Activity 3: Collect baseline data

Accomplishments: The Child Fund OVC assessment forms (which is based on the Child Status Index) was very helpful in objectively prioritizing the needs of OVC seeking to join our program. We will be using the Child Status Index to collect baseline data on all children, and to monitor their progress every 6 months. The OVC care counselors will be responsible for this activity.

Challenges: The youth recruitment form was not suitable in providing sufficient baseline data information on the youth, hence we have had to change our strategy. At the beginning of Year 2 we will conduct personal interviews and focus groups to better determine the youth's knowledge of HIV, and any myths and misconceptions they might have.

Activity 4: Make sure that AMURT is reporting to USAID/Kenya for inclusion in the Country Operational Plan (COP).

Accomplishment: AMURT's M&E Manager attended KeMPS reporting workshop organized by the USAID Mission in Nairobi, and submitted AMURT's FY09 report before the September 31 deadline.

5.2 M&E Lessons Learned

1. In HIV/AIDS programs learning about the stories behind people's lives is a necessary addition to the standard quantitative way of monitoring. Qualitative feedback builds a story behind the numerical data, and can reveal how the beneficiaries are interacting with the program staff and the organization in general.
2. Monitoring is not the sole duty of the M&E Manager. Everyone, at every level of program implementation, should be involved.
3. The community should be the focus of program implementation. They should be actively involved with all program actors.
4. The Next Generation PEPFAR Indicators require revision of the M&E tools to integrate the new program strategies and indicators.

5.3 Results of Surveys

The lives of a large percentage of the OVC who scored low on our assessment form are characterized by poor quality housing, hunger (with one meal being eaten a day at best) and lack of clothes (those children with school uniforms wear them throughout the day) and shoes. Many are in the care of grandparents who do not have the energy to properly look after, or discipline, the children, and have trouble relating to the changed attitudes of young people in Kenya.

5.4 Activities planned for Year Two

1. Complete the M&E Workplan, and make all staff aware of its strategies and objectives. Make sure that all field offices are fully conversant with the data collection plan for their areas (keep a copy of their specific plans on their notice boards). . Keep sensitizing the staff about M&E at the monthly meetings.
2. Complete the baseline survey of the youth in the prevention program.
3. Start methodical data collection from November, 2009.
4. Conduct a thorough assessment of the program in December, 2009 to study staff performance, target attainment and overall program impact.

6. Program Management

6.1 Key Personnel

There were no changes during the period under review, with key personnel performing to expectation.

6.2 Staffing Plan

AMURT has met its staffing plan in Rockville HQ and in Kenya with minor modifications. In Kenya, we eliminated the position of Provincial Coordinator, sharing her responsibilities amongst the National Coordinator, OVC In-charge and field-office Administrative Assistants. This has resulted in cost savings and a more efficient use of staff time.

6.3 Human Resource Management

AMURT was able to improve the quality of its human resource management throughout the year in the following ways:

Staff retention plan

AMURT successfully retained its key staff during the period by being proactive in implementing its staff retention plan. The plan included a number of strategies, as follows:

- Upgrading the quality of staff orientation and continuing the orientation throughout the 3-month probationary period. Employees are introduced to the program, the organizational structure and policies, workplace practices, and other staff members (through team building exercises); and are given clear guidance as to what is expected of them.
- Open communication between management and employees to reduce anxiety and promote participation. This also creates a sense of belonging since every staff member is aware of what happens on a daily basis.
- Recognition of staff contributions to the program. AMURT encourages staff to bring new ideas to the project and praises them for their innovations. In Year One, for example, field staff have used this creative freedom to introduce child rights clubs, youth club competitions and more effective baseline data collection methodologies.
- Supervision is supportive, and performance expectations are clearly explained. The monthly meetings for all key HQ and field staff provide a venue to discuss reports, challenge and inspire each other, and raise any personal or group issues.
- AMURT promotes professional growth by encouraging employees to attend seminars and trainings in their relevant fields of work, as well as to explore their other interests. In Year One nine employees attended trainings, including Compliance, M&E, Human Resource and Forum Theater workshops conducted by NUPITA in Uganda; OVC training conducted by USAID in Kenya; and Quality Assurance and Improvement conducted by GoK and APHIA II in Kenya.

Upgrading HR policies

With support from NuPita AMURT has expanded its human resource manual and fine-tuned its policies and procedures related to leave, travel, recruitment and retention, safety at work and recording of time. AMURT anticipates that the policies are simple, applicable and understandable to all staff at all levels.

Timesheets

Every employee has been oriented on the use of timesheets. To help employees manage their time well, AMURT has created an accountability report form. All staff are required to account for their daily time from the moment they enter their place of work.

Performance appraisal

All staff members who successfully completed the probation period underwent a semi-annual performance appraisal in the month of September to review performance, expectations, job satisfaction, and teamwork.

6.4 Challenges/constraints

- Retention of experienced employees is a challenge as AMURT does not have adequate budgetary funding on salaries. Therefore, we have to provide job satisfaction in other ways as described above.

6.5 Lessons learned

- Employing staff from the local program area is cost effective and enhances capacity building in program implementation at the community level.
- Freedom of expression during monthly meetings and team building sessions is important to foster greater understanding between staff and management.
- Introduction of new compliance documents to staff, such as the accountability report form to record daily activities, should be done as psychologically as possible to make sure they are adapted rapidly.

7. Budget (See Appendix 3 for overview of expenditures)

USAID's obligation amount to date is \$906,105.50, and the total USAID cost to date is \$117,236.99. AMURT's cost share to date is \$75,404.81. There are 10 months of activity in Year 1, making the AMURT USAID pipeline \$788,868.51 and the burn rate \$11,723.70 per month. Total expenditure for Year 1 (USAID costs + AMURT cost share) is \$192,641.80.

AMURT only spent 29.5% of its budget for Year One due to the short period of time available for program implementation, which will result in a greater than anticipated budget for Year Two in order to meet our targets. The proportion of spending allotted to each budget line item remained the same as was originally budgeted.

8. Other Issues

8.1 Sustainability

AMURT has been researching the savings and loan model of income generation that is applied in Kenya by Christian Aid. AMURT is planning on applying this model, with modifications, to the support groups of OVC guardians and PLWHA that we will be organizing.

8.2 Coordination with USAID/Kenya and Government of Kenya

Our coordination with USAID/Kenya involves participating in the Chief's Breakfast Meeting organized by USAID every month. Our M&E Manager attended the meeting called by USAID/Kenya to inform NGOs about the reporting requirements for the Country Operational Plan.

At the district level, AMURT coordinates closely with the government appointees, making sure that they are all informed before we start our program, and of progress made during the program. Some government officials are quite active. For example, AMURT participates in monthly meetings called by the HBC Coordinator for Rarieda District (Nyanza) to discuss issues related to PLWHA. In Coast Province, AMURT participates in the Msambweni District Partners' Forum, convened by the District Officer, which brings together all the NGOs serving in the District. In Rarieda District (Nyanza Province) the District Children's Officer has been fully cooperative with AMURT in implementing a child rights program for the District.

Appendix 1: Success Stories

AMURT's OVC In-charge for Nyanza Province, Paul Atanga, is a specialist in child rights and has been active in protecting the rights of children in Rarieda District. Here are two of the cases he is currently dealing with:

Janet, a 14-year old student at Mahaya Primary, has been lured into marriage by a man who was providing her with small amounts of money to meet her daily needs. As an orphan she was vulnerable and easily influenced. However, she does not want to be married, but wants to live as a normal teenager and finish her education. AMURT brought this case to the attention of the District Children's Officer and, with his help, found a safe place for Janet to live, and handed over the case to the police who are now investigating (the legal age of marriage in Kenya is 18 years). AMURT is looking for a permanent home for Janet, and will enroll her back in school in January.

On 11th August, Paul referred to the Teachers Service Commission (TSC), a case in which a teacher impregnated Mary, one of our OVC in Class 6 of Omboye Primary School. The TSC investigated the matter and discovered that the teacher had bribed the mother with KSHS 10,000 (\$135) to gain her support. The mother is a poverty-stricken single mother in desperate financial need and could not resist such a large sum. This case is under criminal investigation.

AMURT will start child rights clubs in primary schools in Nyanza Province to make children aware of their rights and ways they can protect themselves from unscrupulous adults. In many of our program areas such awareness does not exist, resulting in the exploitation of vulnerable children.

Appendix 2: Maps of Project Areas

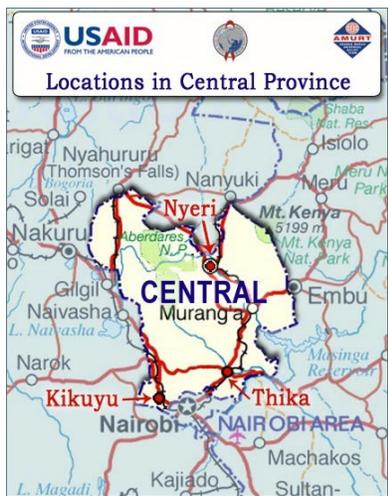


Coast Province

Strategic Objective:

Likoni (HQ), Malindi,
Ukunda

OVC
Prevention

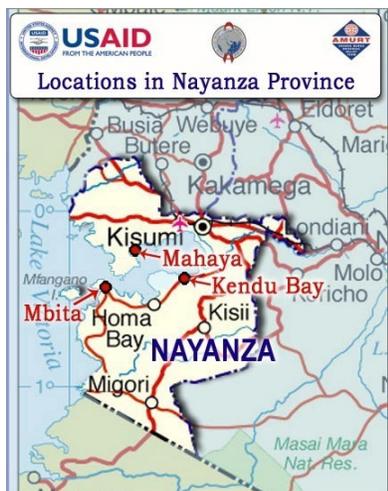


Central Province

Strategic Objective:

Kikuyu (HQ), Thika, Nyeri

OVC
Prevention



Nyanza Province

Strategic Objective/Partner:

Mahaya (HQ), Mbita, Kendu
Bay (Oyugis)

OVC(IMANI)
Prevention (IMANI)
HBC (IMANI)

Appendix 3: Finance Report

Finance Report (10/31/08 - 09/30/09)

EXPENSE CATEGORY	Year 1 Budget	Actual Expenses	Difference
TOTAL PERSONNEL	\$ 100,344.00	\$ 64,243.31	\$ 36,100.69
ADMINISTRATIVE	\$ 12,628.14	\$ 6,286.31	\$ 6,341.83
TRAVEL AND ACCOMODATION	\$ 18,471.00	\$ 9,388.70	\$ 9,082.30
EQUIPMENT	\$ 134,707.00	\$ 20,281.29	\$ 114,425.71
SUPPLIES	\$ 10,000.00	\$ 4,109.87	\$ 5,890.13
CONTRACTUAL SERVICES (AUDIT)	\$ 10,000.00	-	
PROGRAM EXPENSES	\$ 109,434.00	\$ 12,677.57	\$ 96,756.43
BANK FEES	\$ -	\$ 249.95	\$ (249.95)
TOTAL DIRECT COSTS	\$ 395,584.14	\$ 117,236.99	\$ 278,347.15

Pipeline & Burn Rate

Obligation Amount	\$ 906,105.50
Total Amount Spent	\$ 117,236.99
Number of Months	10
Pipeline	\$ 788,868.51
Burn Rate	\$ 11,723.70

Finance Report (Cost Share)

	Year 1 Budget	Actual Expenses	Difference
YEAR 1 COST SHARE	\$136,700.00	\$ 75,404.81	\$ 61,295.19
TOTAL COST SHARE	\$136,700.00	\$ 75,404.81	\$ 61,295.19
GRAND TOTAL	\$136,700.00	\$ 75,404.81	\$ 61,295.19