

ACE AFRICA

ACTION IN THE COMMUNITY ENVIRONMENT

HIV/AIDS Orphans and Vulnerable Children Mitigation Programme

WESTERN KENYA



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NOTE FROM THE EXECUTIVE DIRECTOR – Joanna Waddington

2005 has seen a greater global awareness of the plight of Africa; poverty, conflict, drought, third world debt and not least the impact of HIV/AIDS on the social and economic infrastructure of many African countries. This has led to more funds being available to tackle particularly, HIV/AIDS; from prevention, to treatment, to the care and support of Orphans and Vulnerable Children both at the policy and community level.

Here in Bungoma, Western Kenya, there is some evidence of this greater commitment through an increase in; the provision of ARV's at the community level, the number of outreach VCT clinics making testing available in remote areas and the number of NGO's who are now involved in the care and support of Orphans and Vulnerable Children. This is encouraging and has led to the strengthening of partnerships between Government of Kenya sectors, local, national, and international NGO's, increasing effectiveness and reach of support for PLWA and OVC. However, a large proportion of funds fail to trickle down to those in need and many of the suffering are still left to consider how to provide food, medication, school fees, love and support for their children and the orphans left behind. The basic necessities of life, in most instances are still woefully lacking.

This year, ACE AFRICA has provided support to 1,879 OVC on a monthly basis and our services have reached over 30,000 community members since the start of operations. Through our holistic programme, ACE considers all elements of a child's life; nutrition and food security, psychosocial wellbeing, basic rights and education. Working with and strengthening an increased number of support groups and partners to care for OVC has led to greater community involvement. Women, PLWA and Guardians have established sustainable businesses in, for example, the production of nutritious flour or SPK 004 sweet potatoe, providing PLWA and OVC every month with their product. This not only improves their financial ability to care for OVC, it gives hope, strength and a sense of ownership to those in the midst of this crisis.

The increase in the number of people volunteering to be tested and openly declaring their status in the community has resulted in a dramatic reduction in the stigma associated with HIV/AIDS. The involvement of children in CtC health clubs and the active participation of the Child Rights committees has intensified community awareness of the vulnerability of children and strengthened links between the community and schools. The reality is that no community member stands unaffected by HIV/AIDS and this year ACE has witnessed a greater collective community responsibility to protect children's rights and provide care and support to OVC.

Whilst ACE has made substantive inroads into changing the lives of a few, standing in the house of 12 year old Jemima, I am reminded of how much more there is to do. A small mud hut, six feet by six, deep within the sugar cane fields; Jemima lives here with her uncle, aunt and seven cousins. She is a total orphan; she does not attend school, receives scraps of food and sleeps on a sack. She is bullied, often succumbing to abuse, slavery and isolation from her relations. Her pathetic worldly possessions barely fill a plastic bag. She longs for a toy, a ball. Her dream is to become a doctor.

Global conscience has risen, but for Jemima and thousands of other orphans like her, it will only ever make a difference if help arrives at her door. We urge you to continue your support for ACE AFRICA and our thanks go out to you all.

NOTE FROM THE DIRECTOR OF PROGRAMMES – Augustine Wasonga

Working deep in the villages in western Kenya with community is one of the most important lessons one can get. You admire the spirit, the resilience and the dynamism of a people that is weighed down by poverty, poor infrastructure, disease, ignorance and want of every nature.

You meet with a group of People Living With AIDS (PLWAS) like Marakaru Support Group. The group is an initiative of PLWAS around Kabuchai. They support orphans, and other PLWAS who can no longer work. This is a group composed of peasants like Margaret who eke out a living from farming and small businesses. They know they are infected but this has not put them down. Talking to them you do not find a spirit of hopelessness. You are with resourceful, engaging people, a people that tackle everyday problems and plan for a future for themselves, their colleagues and their children.

These are the groups that do not get funding from big donors. These are the groups at the heart of the efforts to fight AIDS. It lives with them, walks with them and wakes with them. They have a shadow that is slowly eating their lives but not their hearts. Time is short and the future must be assured. It is not that they live for themselves; there are their children, their children's children, their neighbour's children who get orphaned every day. These children are vulnerable and must be supported. So Margaret and her group must be on the beat at all times, or the children supported by ACE run the risk of hunger, disease, death and deprivation. They lack shelter if not reached in time.

ACE has a unique way of working with community groups and individuals. Close personal contacts are made and relationships built over a period of time. We cultivate trust because children who are orphaned need people they can trust. PLWAS need organisations they can rely on to support them. They are not begging; they need no sympathy: they need someone to walk with them along the way, and sometimes to shine a torch to show them the beacons on the road to their destiny. All ACE staff, including the staff in the office has one standing rule: Any orphan or PLWA in distress deserves immediate service as their right.

We work with 41 support groups comprising dedicated people and helping deliver services like food to orphans, school fees, uniforms and support to children and PLWAS. ACE has expanded its reach, has employed more staff and expanded the programmes to include two researches. With poor roads, the two Suzukis have given up the ghost. Support to buy cars is needed. As the Comic Relief funding comes to an end in June next year, one wonders about the relationships that have been built, the services the community members get, and the orphans that receive our aid. But one thing is sure: for Margaret and her colleagues, the training that ACE gave her the assistance to start income generating activities was bridges that have given them the ability to deal with emerging needs. Their bank is the ability to have a positive disposition to life.

ACE AFRICA BENEFICIARIES:

Orphans and Vulnerable Children under 18 years, Youth aged 18 – 25 years
People Living with HIV/AIDS, Guardians of Orphans and Vulnerable Children
Community Support Groups

ACE AFRICA APPROACH:

- **Working with partners:**

Work with and build capacity of existing and new community support groups to sustain care for Orphans and Vulnerable Children and PLWA in their community

Work with, learn and share with government sectors, NGO's, CBO's and other partners for purposes of training and strategic development in combating the HIV/AIDS crisis

- **Empowering Communities:**

Train community members and establish clubs and committees to spread good practice and information on agriculture, nutrition, herbal remedies, Child to Child HIV Education, Children's Rights, Income Generating Activities and Micro Finance Village Banking

- **Establish Community Support Centres and Demonstration Kitchen Gardens**

Improve access to local services, resource persons and HIV/AIDS information and support groups

Provide counselling services to the rural communities and a mobile VCT clinic

Mobilise the community to donate and maintain centres and to provide land to cultivate and distribute food and seeds to target beneficiaries and act as agents of 'good nutritional practice' as well as to determine training needs and trainees

- **Provision of direct AID**

Provide needy children with school uniforms, Secondary School Fees, food, clothes etc and psychosocial support

ACE AFRICA OUTPUTS 2005

- **Support Groups** Members from 41 support groups have been trained in different activities. These groups extend skills and knowledge in the community and provide regular support to 590 OVC
- **Partnerships** with 21 local NGO's /CBO's and 7 local government sectors, ensures capacity building and local, skilled human resources are involved and used.
- **Training** Total 3,075
Agriculture and Nutrition 167
Herbal Remedies 50
Micro Finance 74
Income Generating Activities 80
Child to Child: 54 Teachers 20 Heads

Children's Rights: 121 Adults 2,509 Children

- **Community Sensitisation Total 7,746**
Orphans and Vulnerable Children 1,976
Community Members and children 5,770
- **Centres and gardens**
6 Centres and 6 demo gardens maintained
12 community and 392 individual gardens
5,745 Community members visiting centres
975 OVC receiving food monthly from gdns
701 PLWA & 494 OVC received medication
240 PLWA/OVC receiving nutritional supplements every month
- **Counselling**
Total of 836 counselling sessions with PLWA, Guardians and OVC's
346 Community members tested at VCT
1,012 children attending 'In school' HIV/AIDS Guidance and Counselling
- **Direct Aid**
Secondary School Fees 13
Primary school boarding 13
School Uniforms 120
Blankets and mosquito nets 120
Clothes and shoes 32

ACE AFRICA PROGRAMME ACTIVITIES

❖ Community Support Centres

‘We need to come together and work as a team to support these Orphans and Vulnerable Children, they are ours. We cannot deny the fact that it has become overwhelming in our community. Thank you ACE AFRICA for bringing us together.’

Chairman OVC Support Group, Milo



This year 5,745 community members have visited our six rural support centres in Mechimeru, Milo, Bukembe, Bulondo, Kabuchai and Kabula. They continue to act as information and referral sources for ACE’s activities, HIV/AIDS information, nutrition and health, local support groups, child rights issues, counselling and the provision of condoms.

ACE maintains close working links with the Ministry of Health facility staff adjacent to the centres through training and the distribution of ACE donated drugs and nutritional supplements. Bulondo has been the centre of a pilot project where community members particularly youth and PLWA have been encouraged to run the centres; holding educational activities for the community e.g. cookery lessons on how to prepare certain nutritious food crops, information on how to avoid specific health problems such as diarrhoea and malaria as well as linking community members to ACE and other services. Results indicate that the number of community members visiting the centres and accessing the services of ACE and other support groups is increasing. ACE’s two counsellors, Grace and Evelyn continue to conduct their weekly counselling and VCT sessions at the centres.

❖ Demonstration kitchen gardens

'The children from the CtC club enjoy coming to the garden to help with the planting.'

ACE Community Gardener, Bulondo

The demonstration gardens are being maintained by the six ACE gardeners, community volunteers and children from the Child to Child school clubs. The gardens aim to show the ACE agriculture and nutrition training programme in action and represent examples of 'best practice' kitchen gardens in crop management, variety and organic methods of farming. Specific nutritious food crops are grown, some are indigenous vegetables whom many have forgotten to grow and others are specifically grown to build the immune system such as Vitamin A potatoes, spinach, soya, ground nuts and garlic. This year, on average 102 PLWA and OVC have received food every month from the demonstration gardens and local and exotic seeds are being saved and distributed.



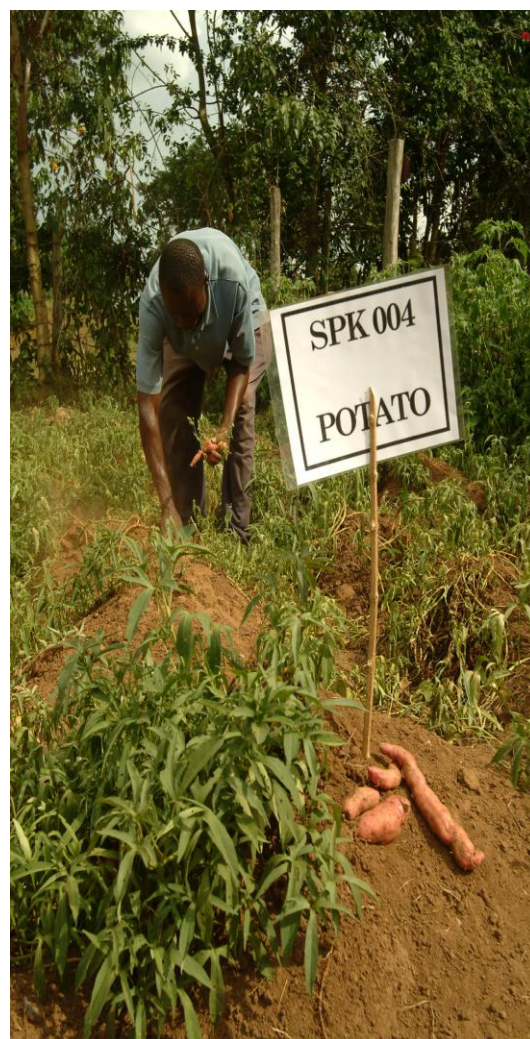
Seeds from the demonstration gardens are shared with PLWA & OVC

❖ Agriculture and Nutrition

"Since the training, I am able to provide food to the orphans and earn extra income from the sale of vegetables to meet the children's other needs."

Guardian Kabula

Agriculture and nutrition remains a core component of the project, promoting the cultivation and use of nutritious food crops using affordable organic methods. Balanced nutrition plays an important role in the management of HIV/AIDS alongside nutritional supplements, immune boosters and drug therapy. Indications are that the introduction of specific food crops to boost the immune system and nutritional crops in a daily diet has contributed to the improved health of PLWA and malnourished OVC and the ability to fight off the opportunistic infections that are associated with HIV/AIDS and help in the absorption of basic medication. Households are said to have 'reduced frequency of ill health' and improved income through the sale of some vegetables, 'children are more active, cheerful and have gained weight' and are 'attending school more regularly.' 167 individuals have been trained this year bringing the total number of people trained to 560. 12 community support groups have taken the initiative to contribute land and cultivate community gardens to increase yields and food distribution to OVC and PLWA with an average of 15 OVC per community garden being supported each month. This year on average 975 PLWA and OVC are receiving food on a monthly basis from all the gardens. Research indicates that trainees are passing knowledge and skills onto other community members who are in turn establishing their own gardens and practising methods taught in training. This year we have trained 19 community mentors who assist the field officers in providing advice to trainees.



Harvesting SPK004 sweet potato at Kabuchai demonstration kitchen garden

❖ Herbal remedies

'Now that I am using herbs I am better equipped to manage the illnesses I get through my HIV infection.'

PLWA Bukembe

Research indicates that herbs can and have the capacity to manage HIV/AIDS opportunistic infections effectively, both complementary to and in place of conventional basic medication. This year ACE has trained 50 community members and health facility staff in the benefits of herbal medicine in the treatment of opportunistic infections bringing the total to 181. 323 community members are now using herbs to treat opportunistic infections. The training of MoH staff has enabled patients to receive a clinical diagnosis and choose between conventional and herbal treatment which has assisted in the reduction of stigma associated with herbal medication. Common herbs grown in community herbariums and used include; Aloe Vera, Aloe Vera, comfrey, bitter root, lantana camara and king of herbs treating illnesses such as diarrhoea, malaria, STI's and skin rashes.



❖ Child to Child HIV/AIDS Education

'Child to Child clubs are changing the health of schools and the environment. The children's activities have surprised the community and indeed reduced the stigma associated with the sick.'

CtC teacher, Kabula Primary School

The Child to Child (CtC) clubs continue to promote health issues both in school and the community. The CtC approach involves children being active participants and decision makers in Primary Health Care and spreading information to other children and community members. This year ACE AFRICA has trained 54 teachers and 20 head teachers making the total number of teachers trained 105 and the total number of head teachers trained 49. A total of 52 CtC clubs have been established with over 2,500 child members. They meet weekly to plan activities such as tree planting, creating school kitchen gardens to help feed OVC, clearing of stagnant water, building of dish racks and leaky tins, visits to PLWA and OVC in the community and HIV/AIDS awareness activities including songs, drama and plays to perform in schools and at public functions. There has been a greater number of HIV related activities both in school and the community and it is evident that there is a greater willingness to openly discuss HIV/AIDS issues amongst teachers and pupils. Clubs have now introduced CtC notice boards in the schools where HIV information and issues are posted and children are becoming instrumental in identifying vulnerable children in the community and reporting to the clubs who in turn inform the Child Rights Committees in order for action to be taken.



'Those children are credible; they brought food, firewood, cleaned and plastered my house. They even washed the younger children and plaited their hair. They loved me. God bless them.'

Bedridden PLWA, Kabuchai



❖ **Income Generating Activities (IGA) and Micro Finance (MF)**

“Coming together has given us the strength to carry on despite our HIV status. We have been given hope individually and as a group.”

PLWA Support Group trained in Micro Finance, Mechimeru

The burden of care for OVC falls on all community members and ultimately impacts every household – not just those infected. Working in an area where 60% of the population lives below the poverty line, ACE trains groups in IGA and MF with a view to increase their household income and financial ability to care for orphans. MF training is a means by which individuals and groups are taught to save and borrow money. IGA involves the identification of a suitable business and market and the provision of a loan which is repaid at a 4% interest. This year ACE has trained groups of women and PLWA specifically with a focus on establishing businesses which promote good nutrition and improved health within the community. These businesses include the production and marketing of nutritional supplements and SPK004 sweet potatoe (which has a high content of vitamin A, vital in boosting the immune system in PLWA), poultry keeping, water melon production and fish farming. All those trained have increased their household income by Ksh 1,000 (£7.50) per month which has enabled them to increase their support to OVC by two children per household resulting in a total of 360 OVC receiving regular monthly support such as providing food, clothing, shelter, and school uniforms.

Twice a month Rosabella Mumukha holds a meeting for her friends in her house. The women come together with their children; sing, dance and give each other support. Rosabella and her friends are all HIV+; the majority are widows, under the age of 40 and caring for an average of four children each on less than £5 a month.

ACE AFRICA trained these women of the Huruma Support group in Kabuchai on how to produce and market nutritional flour. This fortified flour is made up of millet, soya, sorghum, maize and cassava and eaten as porridge. The women roast and grind the ingredients, mix and package the flour. They sell 340 2kg bags every month, 240 to ACE AFRICA who distribute it to PLWA and OVC and 100 to community members and schools. The flour is affordable which means that PLWA are starting to purchase it at source and to see the benefits to their health such as weight gain, increased appetite and improved mental well being.

After six months of operation, The Huruma Women’s support group are well on their way to having a sustainable business.

"ACE AFRICA has given us women the skills and strength to come together and do our business. I have never known another NGO like ACE – they come to the grassroots, to the village and help those of us in desperate need. ACE has given us skills and confidence to start a business and care for our orphans as well others in the community."

Rosabella Mumukha, PLWA Kabuchai



❖ **Community and Youth support groups**

“To us, ACE AFRICA is a rescue team looking for abandoned victims in the darkness. With the light they have given us, we can now find our way out.”

Member of Maraka PLWA support group, Milo

ACE AFRICA believes that strengthening community support groups is vital in order to promote sustainable care and support for orphans and vulnerable children now and in the future. ACE continues to work with 41 support groups all of whom have tangible evidence of providing food, basic household items, school uniforms and blankets to PLWA and OVC in their villages. Our support to them involves training, advice on planning and managing their activities and ways in which to access local funding. This year ACE has also focussed on the youth and established 6 rural youth groups. These groups aim to provide a support network for youth who are heading orphan households in their community. The groups have obtained donated land, established kitchen gardens as well as being trained in IGA activities. The Community and Youth support groups are regularly supporting over 410 OVC each month with basic household needs, excluding food from gardens.



Dickson Kesekwa, a 24 year old orphaned youth married to Mercyline aged 20, another orphaned youth. Dickson supports his own three children as well as his two sisters, three brothers and three orphans in the community Dickson belongs to the Bulondo youth group, has his own kitchen garden and works with ACE.

The ‘Extra Youth Net’ which was established in 2004 is located in Bungoma town and has 30 members. The group has been trained in IGA and have small businesses such as garbage collection, car washing and small scale gardening. They also conduct various voluntary activities such as cleaning the District hospital and advocating for VCT amongst the youth in the rural areas and slum areas of Bungoma. The members of this club are instrumental in providing the rural youth with information about HIV/AIDS, women’s and children’s rights, peer education in and out of schools and promoting the benefits of coming together as a group to support the orphans they care for and others in the community.

❖ Children's Rights

'The presence of the committees is a constant reminder of the vulnerability of children. It is only now that we have these committees that we are not sitting down to watch the rights of the child be trodden upon, we are acting to protect them.'

Area Chief, Kabula committee member

Peter's mother died of HIV/AIDS causes and he lives with his father who is HIV +. He has no brothers or sisters and no relations who care.

Peter was found five months ago living with his father in a leaky mud hut, deep in the rural areas. He had not eaten for four days or washed for six weeks. He was malnourished, filthy, scared and mute. Peter had not been visited by anyone for six weeks and was the sole carer for his bedridden father – trying to provide him with food, clean him and his soiled sheets and comfort him.

Peter is 8 years old.

Peter's case was referred to the Child Rights committee. Peter is now at school, in shoes and a uniform provided by ACE. Peter and his father receive nutritional supplements and food from the ACE demonstration garden. Their roof does not leak and his father is no longer bedridden, he is growing nutritious food crops on his small patch of land. Peter and his father receive counseling from Grace, visits from members of the child rights committee and weekly visits from the ACE community volunteer and the OVC support group. Peter's extended family who had previously neglected him, have been reprimanded by the committee and now take Peter to wash in the river daily, provide him and his father with food and help him care for his father when he is sick.



Peter five months ago



Peter in his school uniform & shoes with his father and a visiting cousin

The six established Child Rights committees have now become an integral part of community life. 121 Community members have been trained in Child Rights and 2,509 children made aware of their rights in school training. 142 cases have been reported, 77% of these have been resolved by the committees and other organisations. The committees are responsible for the wellbeing of children in their community and solving where possible issues of neglect and abuse at the village level. Where the cases are more complex or require instant action by the law for example, rape, child trafficking, early marriage etc the committees refer the case to the children's department, police and the Kenya Human Rights Watch, amongst others. The committees try to ensure that the living condition of the child protects that child from abuse as well as providing an enabling environment for access to education. They coordinate efforts aiming to ensure that children have access to their basic rights. The child rights committees are completely community run and are resolving issues that have always been in their communities but have rarely been addressed.

❖ **Counselling and Voluntary Counselling and Testing (VCT) Services**

“When I discovered that my husband had infected me with the virus I just wanted to dig out the body from the grave and burn it due to anger. But the counselling sessions I receive from Grace have helped me to resolve my anger and I can live again for my children.”

Elisabeth, PLWA Bulondo

This year 836 PLWA, OVC and Guardians have received counselling from our trained HIV/AIDS counsellors, Grace and Evelyne. This service aims to give guidance, hope and coping strategies for the affected and infected as well as encouraging people to go for VCT. This year 346 community members have been for VCT testing in comparison to 70 in 2004. The counsellors conduct weekly sessions at the centres and also visit patients in their homes, providing nutritional advice, nutritious flour and medication. These home visits also enable them to assess the living conditions of the household and identify children in extremely vulnerable situations who are then placed on the ‘urgent’ list and appropriate action is taken.



Grace on a home visit to Elisabeth and her son, both of whom are HIV+

It is encouraging that more people are now willing to know their status, change sexual behaviours and access services which are available to them if they are HIV positive. These services might include medication, nutritional supplements, nutritious food crops and ARV's where appropriate from the district hospital. ACE has encouraged community leaders such as chiefs and teachers to openly be tested and declare their status. This has helped to reduce stigma and encouraged others to be tested. The demand for testing is increasing but there is still a need to encourage those who are fearful to come for VCT.

❖ In School HIV/AIDS Guidance and Counselling

‘There is nothing to hide anymore. Children know it, we know it. HIV/AIDS exists.’

CtC Teacher and school counsellor, Mechimeru

This year 1,012 children have received ‘In school guidance and counselling’ from ACE AFRICA’s counsellors. These sessions inform children about HIV/AIDS and aim to safeguard them from risky behaviour that might make them more vulnerable to HIV/AIDS infection through the promotion of life skills and discussions about issues that are affecting them in their community. ACE has conducted a six month pilot study in one school aiming to strengthen links within schools between the Child to Child clubs, Child Rights committees and ‘In school guidance’ and counselling. This study has resulted in better communication between staff, children, parents and counsellors, leading to a greater awareness of children’s vulnerability, their willingness to talk about issues affecting them and knowledge of who and which service in the community is available to help. It has also improved the identification of vulnerable and /or abused children enabling them to access ACE or community support. Teachers are becoming more aware of and willing to address and accommodate children’s psychosocial needs either themselves or by referring them on for individual counselling or to the Child Rights Committees.



❖ Community HIV/AIDS awareness activities

“I am very much encouraged by what ACE AFRICA is doing. This forum has given me the courage to declare my status. Who would have known before that I am HIV +. I have never felt such solidarity and release.” *Head Teacher of Sango Primary school, Mechimeru at ACE OVC Fun Day sharing for the first time her status with the community*



Activities are held with a purpose of reducing the stigma and discrimination associated with HIV/AIDS and also as a means to inform community members of ACE activities and other support services available, to provide advice on how to accommodate the growing numbers of child dependents in each household and forums for VCT and peer education. Activities include OVC Educational Fun Days where community and



religious leaders, government representatives, teachers, guardians, PLWA, OVC and other children gather to voice their experiences and where those supporting the infected advocate for other community members to support OVCs. CtC club members perform songs & dramas about HIV/AIDS issues in the community. OVC’s play games & receive prizes e.g. soap, sugar, clothes and school uniforms. 12 events have been held with a total of 1,976 children & 1,201 community members attending. 4,569 community members have attended other events this year.

ACE AFRICA DIRECT AID

❖ Secondary and Primary Boarding School Bursaries

"At home, after my Mum and Dad passed away, my three brothers and I slept on sacks in my uncle's house. We were made to dig, fetch water from far, to cook and look after the cattle. We were never allowed to go to school. We were beaten and were the last to get food. Here I sleep on a bed with a mattress, I get fed three times a day, I have made friends, my education is guaranteed and I work hard. I really feel wanted, although I still worry about my younger brothers back home."

Wiseman Ngano, 12 years old, total orphan from Milo, now at Imani primary boarding school on ACE bursary

This year we have successfully enrolled 13 children in our secondary school bursary scheme with a commitment £300 per child per year for four years. These children are HIV/AIDS orphans, the most vulnerable in society and have scored over 75% in their national exams. These children arrive at the office with nothing and set off to school with school uniforms and shoes for the first time in their lives, books, soap and the bare essentials – more possessions than they have ever owned in one small trunk. Community members and guardians contribute to transport costs where possible and the ACE officer visits them regularly at their schools. These children have been given the best a chance in life and hopefully will not only improve their own lives but also the future the lives of their siblings for whom they will be no doubt be responsible. In 2006 our total will rise to 34 secondary school and 16 primary bursaries. ACE sponsors 13 children in extremely vulnerable situations in a primary boarding school, where home life is unbearable & they would otherwise not be able to access food, primary school or friends. Hopefully these children will progress onto the Secondary school bursary in the future.

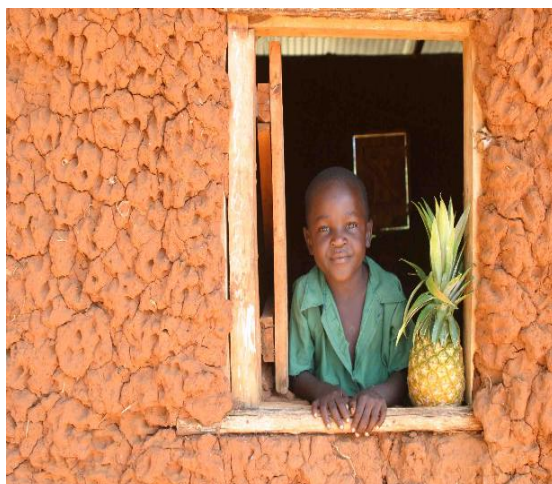


Orphans sponsored in Imani primary boarding school

❖ Provision of School Uniforms, clothes and shoes

'The transformation on that boys face when you gave him clothes was amazing. He never smiles or talks. Look today he is smiling and has run off to play with friends, see he has gone.' *OVC Guardian, Bulondo*

Primary Education in Kenya is free but the cost of uniforms is often too much for OVC, lack of which either stops them attending school or being susceptible to bullying. This year ACE AFRICA has provided 120 vulnerable children with new uniforms. Basic necessities such as clothes and shoes are also largely unaffordable or inaccessible to many in the rural areas. Eugene is a 7 year old orphaned boy who lives in Bulondo. He was recently seen wearing a dress fit for a three year old girl; his only other clothes, a pair of pyjamas which he has worn for the past two years. Eugene is one of 323 OVC who have received clothes and shoes from well wishers in Nairobi and locally.



Eugene with his pineapple, in his new clothes

❖ Nutritional Supplements

'This fear thing was killing me. I heard from a relation about the nutritious flour. What's in the flour? I want to feel stronger. Now I have come, have been tested and am HIV positive. I am given the flour. See how fine I am today. When you were last here I was bedridden and thought I had days to live. The flour you have brought me has given me strength to live. I am well, I am well, I am not going to die. Please take my blessings and gratitude.'

PLWA, widower, Kabuchai

Through our IGA component, nutritional supplements are being manufactured and supplied by two local women's and PLWA groups. ACE is now providing 240 tested PLWA and OVC with nutritional supplements every month. Research indicates that they are having a very positive impact on health, increasing appetite, strength, weight and ultimately prolonging life. Supplements are also benefiting those who have access to ARV's Anti Retroviral Therapy supporting a balanced diet which is essential when taking exceptionally strong and potentially dangerous drugs. Children who are infected and malnourished are gaining weight and strength.



❖ Food to OVC and PLWA

"The children are more cheerful & happy when they have food."

Guardian, Bukembe

ACE AFRICA has provided 975 PLWA and OVC with nutritious vegetables from the demonstration, individual and group kitchen gardens on a regular basis. In addition 25 schools have now got school kitchen gardens and 7 have initiated a school feeding programme for orphans at lunch time where they would otherwise sit under a tree and go hungry.



❖ Basic Medication

"My daughter was dying of malaria. The medicine saved her life."

PLWA, Kabula

People living in the rural areas have difficulty accessing basic medication such as anti malarias, rehydrants, pain killers & antiseptic lotion. ACE in partnership with local health facilities has provided 701 PLWA and 494 OVC with basic drugs this year.



❖ MONTHLY ORPHAN AND VULNERABLE CHILDREN SUPPORT

Regular monthly support includes food from gardens, medicine, nutritional supplements, counselling, clothes, shoes, blankets, mosquito nets, books, transport, school and examination fees, school uniforms and basic household necessities



The average number of OVC's supported on a monthly basis as a direct result of ACE AFRICA's intervention is as follows:

❖ OVC receiving basic medication	41
❖ OVC receiving nutritional supplements	51
❖ OVC receiving counselling	17
❖ OVC receiving food from support group gardens	180
❖ OVC receiving food from demo gardens	54
❖ OVC receiving food from individual trainees	693
❖ OVC receiving school uniform	10
❖ OVC receiving blankets	5
❖ OVC receiving mosquito nets	5
❖ OVC receiving support from PLWA/OVC support groups	410
❖ OVC receiving support from IGA/MF trainees	360
❖ OVC supported in Primary boarding school	13
❖ OVC supported in Secondary boarding school	13
❖ OVC receiving clothes and shoes	27
TOTAL No of OVC regularly supported on a monthly basis	1,879

❖ Bungoma Mapping Survey

ACE AFRICA conducted a mapping exercise of the six operational locations out of the forty two in Bungoma district to establish their specific geographical catchment areas, the total population of those areas and the estimated number of PLWA and OVC. The survey aimed to justify that operational findings of the numbers of PLWA and OVC were far greater than official statistics indicate and to enable ACE to measure its current reach and plan for the future. Findings suggest that the numbers of people showing the signs and symptoms of HIV/AIDS are as high as 36-40% of the adult population and 11% of children are orphaned due to HIV/AIDS. This translates into approximately 8,600 orphans in the six areas of operation alone, there being over 80,000 OVC in Bungoma district and the figure will increase dramatically in 2006. ACE is currently supporting over 1,800 OVC per month and 6,985 children have accessed community services in the past year. In reality ACE is supporting approximately 30% of OVC's in need in the six areas of operation. Thus ACE will continue to expand its services in the six areas, aiming to reach 40% of those in need by the end of 2006.

❖ Siaya Mapping Survey

ACE AFRICA conducted a similar mapping survey in three locations in Siaya and Bondo districts, Nyanza Province from September – December 2005. This survey will enable ACE to plan activities and to start project implementation in April 2006. Findings indicate that 40% of the adult population are showing the signs and symptoms of HIV/AIDS and there are over 6,000 OVC in the three areas of intended operation alone.

❖ Internal Evaluation

After 20 months of operation and half way through our Comic Relief grant, it was necessary to conduct an Internal Evaluation to assess ACE's impact in the community and measure the programmes outputs in order to adapt the project and plan the way forward. A two month study was carried out in May/June 2005 and fed into the Comic Relief Annual report and ACE's programme planning. The enormous demand in Bungoma means there is a need for ACE to access more funds in order to extend its services within the areas it works to other beneficiaries.

❖ Crops, Cell phones and T cells study - Tulane University, New Orleans, USA & ODI

The study looked at the impact of HIV/AIDS on community gardening techniques. This involved examining intensive small scale kitchen and group gardens for enhanced nutrition for PLWA and OVC's in one village in Kabuchai. The three month study from May – July 2005, revealed that ACE had trained 7 members of that specific community in agriculture and nutrition however, one year later, 21 community members had established kitchen gardens. This suggests that community members are passing on the knowledge and skills learnt in trainings to their neighbours and friends, who in turn are establishing their own kitchen gardens. Community members are adopting ACE's organic methods of farming and growing a large variety of nutritious crops. The study indicated that due to ACE's intervention, an OVC support group was formed, a group garden established and orphans in the village are receiving regular food support from their community. Full report is available on request.

❖ POFO - Duke University, North Carolina, USA

ACE AFRICA has been identified as one of four sites for a global four year study aiming to compare the care and support of OVC in institutional and community settings. ACE will act as the grassroots partner representing orphans cared for within their community. Two researchers have been assigned to ACE for the duration and the study will start in March 2006.

ACE AFRICA PARTNERS

ACE AFRICA works with the following local partners in order to implement our extensive programme and build positive and sustainable relations.



❖ **Government sectors:** Ministry of Health, Ministry of Education, Ministry of Agriculture, Ministry of Planning and Development, Department of Nutrition, Children's Department and the Department of Social Services amongst others - all of whom assist in the designing of curricula and materials, training, implementation and monitoring of activities.

❖ **Local NGO's, CBO's and partners:** Local NGO's, CBO's and partners: West Sangalo Herbal Development Group, Family Health International Impact Partners, Constituency AIDS Control Committee, Bungoma Organisation for the empowerment of Women, Bungoma Home Based Care Support Programme, Kenya Human Rights Watch, Justice and Peace, Society for Women Against AIDS in Kenya, Xavarian Brothers, Amref, Kakemega Environmental Education Programme, Sacred Africa, ATCO, Stage Media Youth Group, World Vision, Luke's Fund, Kenya Rural Enterprises Programme, Kenya Women's Finance Trust, Child to Child Bungoma, Kenya Girl Guides Association, the Catholic Diocese of Bungoma and the National Bank of Kenya, Bungoma, Ocharo and Kebira Advocate & Associates, Bungoma Municipal Council and area MPs

❖ **National partners:** KANCO, Child to Child Kenya, CIDA (Canadian High Commission), Unicef, The Kenyan Red Cross, Inter Diocesan Christian Community Services (IDCCS), Amref, Kecofatuma, Nyagari and Associates, the NGO Council, the NGO Bureau and HACI

❖ **International partners:** ACE UK, Children in Crisis UK, Child to Child UK, The Mango Tree Tanzania, WOFATA, Tanzania, UWESO Uganda, Lutheran World Foundation Uganda, Action Aid Tanzania, Tulane University and Duke University USA.

ACE AFRICA YEAR AHEAD

❖ Expansion of Services in Areas Currently Covered

ACE aims to expand its services to increase the reach in their current six areas of operation. The mapping exercise clearly revealed that there are a large number of orphans and vulnerable children who are currently not accessing ACE services. ACE will work with more support groups and volunteers to strengthen their capacity to sustain support.

❖ Extension of Phase One of programming in Bungoma

The period between July and December 2006 will focus on extending the programme to reach more beneficiaries in the current areas of operation through training of Community Own Resource Persons (CORPS.) This is aimed at strengthening their capacity to participate in phase two of programming.

❖ Phase Two of programming in Bungoma

ACE aims to conduct phase two from January 2007 – December 2008. Programming will integrate the lessons learnt in phase one and the development of a 'best practice' holistic support system that can be transferred to other areas. Components of the project will specifically focus on empowering community support groups, and CORPS, enabling them to sustain OVC care through increased ownership and participation in the programme and enhancing their ability to access local funding.

ACE activities and training programmes will focus on; food security, nutrition and improved health, psychosocial support and the protection of children's rights, Child to Child HIV/AIDS education and the provision of essential direct aid.

❖ Project external evaluation

An external evaluation of our intervention will be undertaken in March 2006 with a specific focus on the Comic Relief component over the past eighteen months. This will be undertaken with the technical support of Children in Crisis UK.

❖ Phase One Siaya

ACE has conducted a baseline survey in Siaya and Bondo and subject to funding, full project activities in Siaya, will start in April 2006. The project will initially start with the Agriculture and Nutrition component, counselling and Child to Child.

❖ Fundraising

ACE UK charitable registration in September 2005 has enabled ACE to access funds directly in the UK. Fundraising strategies both in UK and Kenya will be aimed at raising funds for the continuation budget of Bungoma, the full phase two programme and phase one of Siaya.

❖ Direct Aid

ACE AFRICA hopes to increase direct aid such as the provision of shelter, clothing, nutritional supplements, posho mills for IGA groups and basic medication as well as school uniforms. 21 more children have been awarded Secondary School Bursaries bringing the total to 34 in 2006. It is hoped that more bursaries will be available in 2007.

AACE AFRICA FINANCIAL REPORT

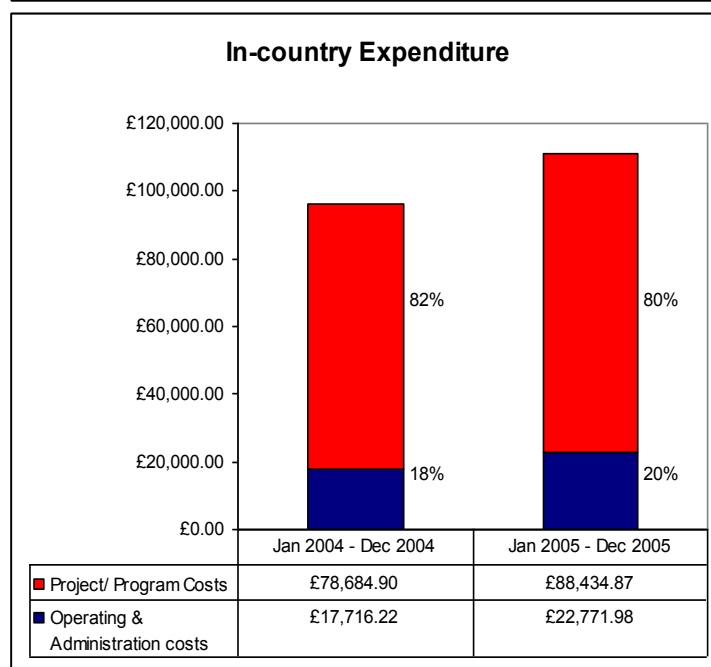
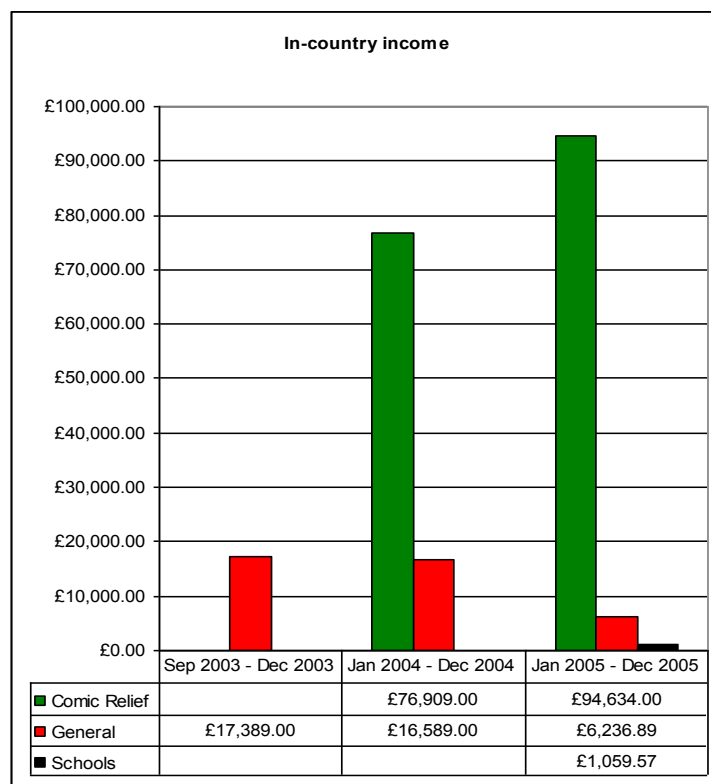
ACE AFRICA receives the bulk of its income from the UK which has been transferred through Children in Crisis, both as part of the Comic Relief grant and the general donations account.

ACE's operations increased by approx 9% this year. Operations included activities planned for Comic Relief which ran through the whole year as compared to six months in 2004 and new projects such as Primary and Secondary boarding school bursaries, research by Tulane University, USA (funded by Tulane) and the mapping exercise in Siaya District. In order to accommodate these extra activities, income increased by 10% from Ksh 13,079,672 (£93,498) in 2004 to Ksh 15,039,370 (£101,930.46) in 2005.

Operating and administration costs increased by 2% for the following reasons:

1. An Assistant Director was appointed in September 2005 to strengthen staff capacity and the management team.
2. Another field officer was appointed with specific focus on monitoring and evaluation.
3. Salary increases of 10% (the first increase since 2003.)
4. Fuel prices have increased by 50% since 2004.
5. Increase in transfers resulted in higher bank charges.

The strengthening of the Kenya shilling against the UK £ has been unfavourable for our operations. Based on the original budget exchange rate, we have lost on average £400 per month in 2005. CiC holds a total of £50,583.68 for ACE-AFRICA, £37,711.92 for Comic Relief and £12,871.76 for the remaining general account. CiC continue to provide Ace-Africa with technical support on financial management on a monthly basis. ACE AFRICA continues to be audited on a quarterly basis.



ACE UK REPORT

ACE UK was set up by the people who established ACE AFRICA and in September 2005 was registered as a UK charity. ACE UK commenced work in October 2005 aiming to support the activities of ACE AFRICA with the following:

- ❖ To generate awareness in the UK and elsewhere of the growing and potentially enormous problem in Africa of the plight of Orphans and Vulnerable Children and young people left behind as a result of adult deaths from HIV/AIDS
- ❖ To liaise between ACE AFRICA and its donors and partners, ensuring that reporting requirements are met and as a source of technical and educational support in the UK
- ❖ To raise funds from the public, trusts, foundations, schools, companies and grant-making institutions, and the State, to pay the costs of running ACE UK and out of which to make grants to ACE Africa and its partners.

ACE UK has a board of five trustees

Tabitha Elwes	Chairman
Francis Howard Esq	Secretary and Hon Treasurer
David Waddington Esq	
Patrick Drummond Esq	
Ben Morton Esq	
Ian Falconer Esq	

ACE UK FINANCE

Since September 2003, when ACE Africa started operations in Kenya it was supported by funds it raised directly and through Children in Crisis, the most significant being the grant from Comic Relief, providing the majority of ACE AFRICA's core funding. This grant is supplemented by funds we have raised from trusts, companies and individuals. ACE UK's 2005 accounts reflect only its first start up income as captured below.

ACE UK Accounts

October – December 2005

£	Income for Period	Expenses	Total Income	Balance
General	4,405	157	4,405	4,248
Schools	7,952.27		7,952.27	7,952.27
Totals	12,357.27	157	12,357.27	12,200.27

ACE UK only started operations in October 2005 - its first audit will be as at 31st December, 2006

ACE UK is a registered UK Charity No. 1111283 and UK Company No: 4726183

ACE AFRICA would like to thank the following –

All anonymous donors and Ms T Elwes, S Macklow-Smith, Ms L Wade-Gery, Mr M Gallagher, Mrs C P Gordon, Mr and Mrs D Waddington, Mr and Mrs R Waddington, Mr and Mrs A Waddington, Ms K Waddington, Mr and Mrs M Burr, Mr S Stocken, Mr J Fawcus, Mr N Prideaux, Mrs D Parikian, Ms J Emm, Mr and Mrs J Sclater, Mr S Honeyman, Mr and Mrs N Farndale, Mr M Bean, Mr and Mrs J Veasey, Mr and Mrs D A Cameron, Lady Cubitt, Mr R Fairbarns, Mr and Mrs S R Arnold, Ms J M P Prest, Ms K Lindsay-Stewart, Mr G Pierce, Prof J G Ledingham, Mr R Emslie, Mrs E Lewis, Sir and Lady Bevan, Mr and Mrs I Dipple, Mr R Miller, Mr A Hooper, Mr and Mrs R Clarke, Mrs P Guinness, Mrs R Mays-Smith, Mr A Bayne, Mr and Mrs M Collett, Mrs J Haddock, Ms T Millar, Mr P Curtis, Mr N Boles, Mrs K Green, Mrs V Davies, Mr J F Burke, Mr P Parham, Ms E Hughes, Mr and Mrs M Harford, Ms J Robertson, Mr F P Sington, Mr K Meek, Mrs J Hughes, Ms S Whittle, Mr C Clark, Mrs S Rooker, Mrs N Peers, Lady Murray, Mr R Dent, Mrs A C Dewey, Mr G Toller, Mr J R Owen, Mr R Grayson, Mr P Berggren, Mr W J Reeve, Mrs V Westropp, Mr M Hill, Mrs J McEuen, Mr C G R Buxton, Mr G Wilson, Mr M J Tandy, Ms E Garland, Mrs P Ruck-Keene, Mr T Gilbey, Mr and Mrs J Tylor, Mr R Osborn, Mr R Boustead, Mr M Covell, A M Wheeler, Mr C Collins, Mr J G O'Neill, Mr C Wake, Mrs S Peake, Mr D Higgins, Sir Oliver Chesterton, Mr J Crisp, Mr S J Richmond-Watson, J Garrard & Allen, Mr and Mrs C Bindloss, Mr M Courage, Mr M Vestey, Mr C P Sewell, Mr R Ding, Mr J H Van Oppen, R J G Reynolds, Ms R Partridge, Mr D J Dutton, Mr W R P Cash, Mrs J Dhillon, Mr J W D Ewart, Mrs F Wace, Mr M De Wolff, Mrs J Budgett, Mr M Thorold, Mr C and Mrs A Sperling, Ms A St Aubyn, Mr C T Lousada, Mr G Russell, Mrs C Elliott, Mr R Swire, Mr and Mrs A Irvine, Finders Keepers, Mrs A M Mordaunt, Mr R Fordham, Mrs B J Shaw, Mr N Shields, Mr N Kneale, Mr G E Todd, Mr and Mrs K M H Millar, Ms N F Marshall, Mr B J P Morton, Mr H Elwes, Mr C Fitzherbert, A J Fawcett, Mr P J Fanshawe, Ms J Elwes, Mrs J Elwes, Mr M S Crawcour, Mrs R Fanshawe, Mr M Elwes, Mrs J Rabett, Mrs J Elliott, Ms V Bagge, Mrs P S Collins, Mr and Mrs D G Roberts, Mr and Mrs E Shealy, Mr and Mrs J Skea, Mr and Mrs J Skeet, Mr and Mrs I Skeet, Mr and Mrs F Howard, Mrs L Longrigg, Mr D Gill, Mr and Mrs B Figgis, Ms A Coutts, Mr W E Billington, Mr and Mrs P J Seftel, Mr W Dick, Mr W Wood, Ms L Varcoe, Dr C Saunders, Mr A K Walkling, Mrs R W M Brook, Dr D E Reid, Mrs V Ramsay, Mr I Gatt, Mr S Elliot, Mr and Mrs R L Fookes, Mr S M Southall, Earl Kitchener, Mr and Mrs P B Appleby, Mrs A Dempster, Mrs A K Robinson, Mr and Mrs M A J Parker, Mr and Mrs M J Oakes, Mr and Mrs E F K Hutton, Mr M Ruthven, Mrs P G Boddington, Ms J Adams, Mrs R M Sword, Mr C E Maunsell, Mrs C J V White, Mrs J Summers, Ms E J O Sutcliffe, Dr and Mrs J P Hutchby, Mr and Mrs J A Norris, Mr J Raymond, Mr J Robinson, Mr H J A Drummond, T C Somerville, Ms A Reid, M A Ryan, Mrs P Mitchell, Mrs V Hodges, Mr E Farquharson, Mr N Villeneuve, Mrs M Abel Smith, Mrs K Mellor, Mr M Gannser-Potts, Ms J Crenian, Ms C Wagg, Ms P McAndrew, Mr G Mulvin, Mrs G Drinkhall, Sir T Sykes, Rev JJ Dalrymple, Mr W Thuillier, Mr A Picardo, Mr J C Parham, Prof Freeman-Attwood, Mr R Noel, Ms K O'Donovan, Mr R Robothan-Jones, Ms E J C Mitchell, Mrs R Grigg, Ms C Mitchell, Mr I M Desyllas, Mr C Courage, Mr A Post, Mrs S Thompson, Mr and Mrs T Roberts, Mrs D Keatley, Mr C Banfield, Mr and Mrs A Platt, Mr H E Devas, Mr and Mrs H Bennett, Mr and Mrs P L Chandler, Mrs G Rowe, Mrs G S Evans-Gordon, Mrs M Coley, Mr and Mrs L Coley, Mr D G Ives & Mr A H Ballingall, Ms S Rowse, Ms K A Moore, Mrs P Friend, Ms J Ashton, Rev T D Mullins, Mr P F Thompson, Mr and Mrs R J L Travis, Mr and Mrs N Tanimura, Mr and Mrs A Wilson, Mrs C R K Wilkins, Mr C A Chalk, Mrs J C Wilding, Earl and Countess Spencer, Mr and Mrs E Fraser, Ms F Fraser, Mrs A C Nash, Mr J M Bray, Mr D Birkmyre, Mr G A Richards, Mr J R Tee, Mr P H Burton, Mr and Mrs C Ogilvy, Ms S Owen, Mr and Mrs A Kassam, Mr and Mrs H Therani, Mr A Sunderji, Ms L Murphey, Ms K Macintyre, Ms K Francis, J A H Dobson, C G Chapman, C Sheffield, D H Carter, R Wolstenholme, Sir John Webster, Ms R Webster, Dr and Mrs I Francis, Mr and Mrs M Wigley, Mrs K P Whitall, E A Ward, Mr and Mrs H Norman, Ms S Bazell, Mr S Marsh, Mr and Mrs P Drummond, Mr and Mrs I Falconer, Mr and Mrs P Bartlett, Mr A Okoti, Mr A Wasonga, Ms J Waddington, Mr C Osawa, Ms E Yongo, Ms L Bwire, Ms G Ananda, Ms A Kassam, Mr J Shem, Mr A Nakhisa, Mr D Kesekwa, Catholic Diocese of Bungoma, Ministry of Health Bungoma District, Unicef Kenya, National Aids Control Council, National AIDS and STD Control Programme, Lukes Fund, World Vision Bungoma, Kingsgate House, Winchester College, Yately Manor School, Eton College, St Faiths Primary School, Winchester, The Beacon School, Benenden School, Hadlow Down PCC, Pilton PCC, BAT, ICAP (Exotix), HCD Memorial Trust, The Wyfold Foundation, The Philanthropic Trust, Allen and Nesta Ferguson Charitable Trust, Children in Crisis, Comic Relief and ACE UK.

ACE AFRICA TEAM

Joanna Waddington - Executive Director

MA Education, International Development and Health Promotion, Institute of Education, London University, B.Ed Hons Oxford Brookes University. 4 years HIV/AIDS Research, Consultancy and Project Management experience in rural areas of Africa



Augustine Wasonga - Director of Programmes

B.Ed Hons Kenyatta University, Certificate in project Management Kenya Institute of Management, Certificate in HIV/AIDS management in low income settings, 2 Years grassroots community work, 8 years NGO HIV/AIDS Project Management



Juma Shem - Administration & Finance Manager

B Com Management Science and Finance, University of Nairobi, Computer Programming, 4 years experience in administration, finance and research



Anthony Okoti - Agriculture, Nutrition & Herbal Field Officer, Diploma in Business Management, 6 years experience in rural agricultural NGO projects in Western Kenya and 5 years in HIV/AIDS community based programmes



Chris Osawa - IGA/ Micro Finance Field Officer

B.Ed Catholic University of East Africa, 1 year grassroots community work on sustainable development, 3 years Field Manager and 2 years Field Officer HIV/AIDS community based programmes



Lillian Bwire - Child to Child/ Child Rights/ Schools Field Officer, B.A. Moi University. 2 years Executive Officer St John's Ambulance, 4 years Area Coordinator National Council of Churches and 5 years experience in HIV/AIDS community based programmes and relief work



Aleya Kassam – Monitoring and Evaluation Field Officer, BA International Development and Anthropology, McGill University, Montreal, 1 year experience in HIV/AIDS community based NGO programme



Grace Ananda - HIV/AIDS Counsellor/ VCT, Certificate of Kenya Association of Professional Counsellors, Ministry of Health NASCOP Voluntary Counselling and Testing, 3 years work experience counselling in HIV/AIDS Community Based Programme



Eveleyn Yongo - HIV/AIDS Counsellor/ VCT, Certificate of Kenya Association of Professional Counsellors, Ministry of Health NASCOP Voluntary Counselling and Testing, 6 years work experience in peer education and counselling in HIV/AIDS Community Based Programmes



Dickson Ksekwa – Assistant Agriculture and Nutrition Field Officer, Certificate in motor vehicle technology, Nairobi Institute, Certificate of Computing Bungoma, four years field experience in Agriculture and Nutrition, part time assistant researcher and member of youth club



Abraham Nakhisa – Bungoma Office Assistant, Diploma in Civil Engineering, Nairobi, Certificate of Computing, Bungoma, Certificate in paralegal training, 9 months work experience with ACE





ACE AFRICA GROWTH

JUNE 2003

Governance: Registered CBO - Steering Committee Kenya
Budget: £1,000 **Area of operation:** 1 **Staff:** 2 staff unpaid
Activities: Community Mobilisation

SEPTEMBER 2003

Governance: Registered CBO - Steering Committee Kenya and UK
Budget: £20,000 **Area of operation:** 1 **Staff:** 4 staff paid
Activities: Community mobilisation, capacity building, food distribution
Community Reached: 50

DECEMBER 2003

Governance: Registered CBO - Steering Committee Kenya and UK
Budget: £50,000 **Areas of operation:** 3 **Staff:** 4 staff paid, 2 volunteers
Activities: Capacity building, Agriculture and Nutrition, Education, Networking, Counselling
Community Reached: 300

MARCH 2004

Governance: Registered CBO - Steering Committee Kenya and UK
Budget: £50,000 **Areas of operation:** 3 **Staff:** 4 staff paid, 8 volunteers
Activities: Capacity building, Agriculture and Nutrition, Herbal remedies, Income Generation, Child to Child, Counselling, food, clothing distribution
Community Reached: 1,200

JULY 2004

Governance: Registered NGO Kenya, Governed by boards in Kenya and UK
Budget: £100,000 **Areas of operation:** 6 **Staff:** 7 staff paid, 13 volunteers
Activities: Capacity building, Agriculture and Nutrition, Herbal remedies, Income Generation, Micro Finance, Child to Child, Child Rights, Youth Club, Counselling, Distribution of Food, Clothing, Nutritional supplements, Basic Medication and Shelter, provision of school fees
Community Reached: 3000

DECEMBER 2005

Governance: Registered NGO Kenya, ACE UK registered as UK charity
Budget: £100,000 **Areas of operation:** 6 **Staff:** 7 staff paid, 13 volunteers
Activities: Capacity building, Agriculture and Nutrition, Herbal remedies, Income Generation, Micro Finance, Child to Child, Child Rights, Youth Club, Counselling, Distribution of Food, Clothing, Nutritional supplements, Basic Medication and Shelter, provision of school fees
Community Reached: 3000

ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti Retro Virals
CACC	Constituency AIDS Control Committee
CBO	Community Based Organisation
DDO	District Development Officer
DSDO	District Social Development Officer
HIV	Human Immuno- Deficiency Virus
MoA	Ministry of Agriculture
MoE	Ministry of Education
MoH	Ministry of Health
NACC	National AIDS Control Council
NGO	Non Governmental Organisation
OVC	Orphans and Vulnerable Children
PLWA	People Living with HIV/AIDS
STI	Sexually Transmitted Infection
VCT	Voluntary Counselling and Testing

Without the following, ACE AFRICA would not be able to help
People Living with HIV/AIDS, their children and the children left behind

ACE AFRICA Community Volunteers

Shabir Namasaka	Activator Bulondo
Francis Wobula	Gardener Bulondo
Dennis Chebukosi	Activator Milo
Joel Muuyi	Gardener Milo
Ferdinand Wanyama	Activator Mechemeru
Bramwell Chaki	Gardener Mechemeru
Martin Barasa	Activator Kabuchai
Martin Moite	Gardener Kabuchai
Francis Wesonga	Activator Kabula
Onesmus Chemuku	Gardener Kabula
Vincent Okumu	Activator Bukembe
Esther Wamalwa	Gardener Bukembe
Rose Chemuku	Assistant Activator Kabuchai
Janet Muricho	Assistant Activator Milo

- ❖ ACE AFRICA Annual review 2005 is based on twelve months of project implementation January – December 2005
- ❖ ACE AFRICA Annual review 2003-2004 was based on sixteen months of project implementation September 2003 – December 2004

CONTACT ACE AFRICA

Augustine, Aleya, Anthony, Chris, Lillian, Juma, Evelyne, Grace, Dickson or Abraham

ACE AFRICA

PO Box 2071

Bungoma,

Western Kenya

Tel: 00 254 (0) 55 30118

Mobile: +254 (0) 722 831834

Email: aceafrica@wananchi.com

OR

Joe Waddington

ACE AFRICA

PO Box 979

00502 Karen

Nairobi

Kenya

Tel: 00 254 (0) 20 882680

Mobiles: + 254(0) 722 717812 (K) + 44 (0) 7767 785725 (UK)

Email: joewadd@wananchi.com

CONTACT ACE UK

Francis Howard Esq

Secretary and Hon Treasurer

ACE UK

6 Varsity Row, Mortlake, London, SW14 7SA

Tel: 0208 8762905 Fax: 0208 8768190

Email: fhoward@dialstart.net

www.ace-africa.org

UK Charitable Registration No: 1111283

Photographs by Patrick Drummond, Alex Hooper, Rupert Miller