

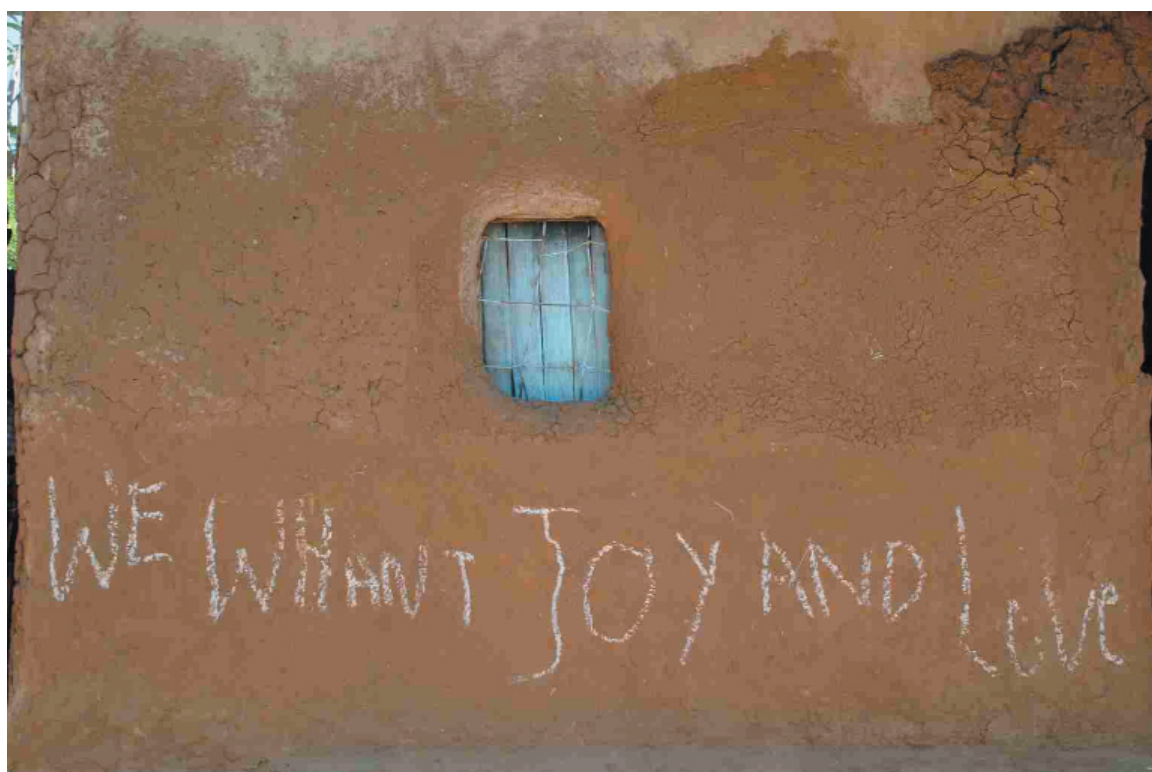


ACE

ACTION IN THE COMMUNITY ENVIRONMENT

HIV/AIDS Orphans and Vulnerable Children Mitigation Programme

WESTERN KENYA 2003 – 2012



ANNUAL REVIEW 2006

ACE VISION

Communities which have the capacity and will to provide a sustainable, supportive and caring environment in which children affected/infected by HIV/AIDS can develop to their full potential

ACE is made up of ACE UK and ACE Africa

ACE UK is a registered charity in England & Wales, registration number 1111283 and exists to provide funds and strategic, managerial and technical support to ACE Africa and other NGOs working with ACE Africa. ACE UK is governed and run by its trustees.

ACE UK Trustees:

Tabitha Elwes, Chairman
Peter Clayton
Ian Falconer
Francis Howard
Andrew Jinman
Ben Morton
Alastair Waddington
David Waddington

Patrick Drummond retired from the executive board of trustees during the year and we take the opportunity to thank him for his continuing work on behalf of ACE

ACE AFRICA is a registered NGO in Kenya, registration number: OP218/051/2003/0477/3060 and is the operational arm of ACE in Kenya. ACE AFRICA is governed by a management board and an advisory board.

ACE AFRICA Management Board

Joanna Waddington
Augustine Wasonga
Anthony Okoti
Angelline Wambanda
Francis Juma
Beatrice Obonyo

ACE AFRICA Advisory Board

Mwihaki Kimura	Amref
Julie Odhiambo	Action Aid
Mary Anne Fitzgerald	Saidia
Dr Peter Omara	Medical Consultant
Dr Otieno Okula	Medical Consultant

ACE MISSION

ACE aims to reduce the impact of HIV/AIDS on rural communities in Kenya through the promotion of health education, food security, nutritional assistance, capacity building and support among the infected and affected

Front cover: A total orphan writes his story on his house at his fathers funeral

Photograph by Patrick Drummond

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ABBREVIATIONS

ACE	Action in the Community Environment
AIDS	Acquired Immune Deficiency Syndrome
ART	Anti Retro Viral Therapy
CtC	Child to Child
GOK	Government of Kenya
HIV	Human Immunodeficiency Virus
HH	Household
IGA	Income Generating Activity
M & E	Monitoring and Evaluation
MoA	Ministry of Agriculture
MoH	Ministry of Health
MoE	Ministry of Education
NGO	Non Governmental Organisation
OVC	Orphans and Vulnerable Children
PLWA	People Living with HIV/AIDS
VCT	Voluntary Counselling and Testing

MESSAGE FROM THE EXECUTIVE DIRECTOR – Joanna Waddington

December 2006 marked the end of phase one of our three phase, ten year programme during which we have seen many changes in Bungoma; not least the coming and going of different organisations and an ever changing donor focus in the field of HIV/AIDS. All too often commitment to Orphans and Vulnerable Children (OVC) programming is short term and numbers driven, resulting in a lack of commitment from the community, a job only half done at best, leaving interventions which quickly crumble and are rendered unsustainable. ACE is one of a handful of NGOs involved in OVC programming that have remained in the district since our inception in 2003. Our long term intervention is driven by our belief that children need proper care and support from within their communities for the duration of childhood. Our strategy involves the strengthening of community support and networks to enable them to provide services that address all aspects of a child's life concurrently, now and in the future.



HIV/AIDS impacts all aspects of a child's life; from access to education, food, shelter and basic medication to the negative impact on psychosocial wellbeing, children's rights and health. In remote areas of profound poverty and high prevalence, HIV/AIDS is not only a long term development problem, it is an emergency. Picture this - A small one roomed house, home to seven children and one ailing adult, no bed, no blanket, no food, no medication and malaria rife. The leaking roof lets in the heavy rainfall resulting in the floor turning to a quagmire with only a plastic sheet for sleeping – this situation is sadly not uncommon and impossible to ignore.

Over the past three years, our programme has evolved to address situations such as these by providing emergency direct aid in the form of basic medication, nutritional supplements, shelter, blankets etc to enable these households to access our longer term interventions, for example, to secure a regular supply of food by establishing their own kitchen gardens or a business to increase their household income. Our aim is to provide community groups, and other individuals with whom we work, with the skills & capacity to identify vulnerable households and their needs and to be able to provide short & long term support through an effective community run system.

Our achievements over the past three years have far exceeded expectations; we have grown from a staff of 4 reaching 300 direct beneficiaries at the end of 2003, to a staff of 13 reaching over 50,000 direct beneficiaries at the end of 2006. But numbers only tell part of the story, the real success lies in the acceptance by the community that HIV/AIDS is part of their lives and that they are the agents who can fight it. Only five years ago in these areas, people were dying totally alone, abandoned by their own families, unfed and unwashed; humiliated and cast out from society because they had the 'thin disease.' There were no facilities for testing or counselling in the community, there was no anti retroviral treatment and no one spoke of HIV/AIDS. It was a silent menace and a death sentence. Today, HIV/AIDS is part of life; there are support networks for People Living with HIV/AIDS (PLWA) and OVC, community members are, in the face of adversity, supporting OVC & PLWA outside of their own families, there are HIV/AIDS testing & counselling facilities in remote rural areas; there are community led forums where an increasing number of people openly declare their status & act as testimonies for positive living; children are talking & singing about HIV/AIDS & taking the lead in changing attitudes, but above all there is hope. This said there is a long way to go to eradicate the stigma associated with HIV/AIDS and increased activity and community commitment is vital to ensure long term, sustainable support for Orphans and Vulnerable Children and People Living with HIV/AIDS from within their own community.

MESSAGE FROM THE DIRECTOR OF PROGRAMMES – Augustine Wasonga



In societies still steeped in tradition and cultural taboos, in places where the most disadvantaged in society live, applying the principles of human rights and providing opportunities for all members of the society to attain their full potential are for many academic notions at best, if not altogether rejected.

The rural areas of Bungoma are home to many OVC, PLWA, widows and people with disabilities. Those who are socially marked and a minority tend to suffer the brunt of insensitivity and abuse by the general community. In the areas where we work, members of these vulnerable groups have little knowledge of their rights, no means to protect them and are surrounded by many who perceive the protection of women's and children's rights as negatively impacting their own lives.

Children, more than any, suffer for lack of empowerment to fight for their rights in a society that is traditional, patriarchal and that puts great store on the 'wisdom' gained from age. Unfortunately, this wisdom is like a mirage in a

people that are effectively caught between two worlds - a world that was traditional and unopened to other civilizing influences and a world that is technologically advanced and where civil liberties have taken root.

With the established 6 Child Rights Committees, this year reporting of cases has increased and referral networks have strengthened resulting in a total of 115 cases being resolved by committees and 87 successfully referred on to partners. We have conducted training for 60 parents, guardians and teachers to enable them to advocate for the protection of rights in the community. Over 1,686 children and 1,595 community members have been sensitised about their rights and the role of the committees. By strengthening support and awareness at the community level and building strong partnerships with other organisations such as the Children's Department and Kenya Human Rights Watch, the committees are better able to resolve issues so that the perpetrators are brought to justice. The process can be long and protracted and we need to continue to break the silence which still goes with many cases and increase community commitment and the strong links with Child to Child (CtC) schools, ACE counsellors, training programmes and direct aid to be sure an effective system of protection can be maintained. The committees have identified the need for easy to read information packs in Swahili which can be made available to the community, confidential reporting boxes, assistance in transport in cases of referral and greater training in paralegal issues.

By creating a community system which relates international laws to the grassroots, we are enabling the most disadvantaged of society to lay claim to their basic rights, through their own people. It is a complicated issue, but as the committees move into their third year of existence we can only be encouraged at the progress that is being made. In the long term, investment in the community and their will to protect their own rights will pay great dividends.

ACE 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 APPROACH: ACE's holistic approach towards the care and support of orphans and vulnerable children is designed around a ten year programme which aims to strengthen community networks and capacity to deliver services across three thematic areas to ensure ongoing community support for OVC and PLWA now and in the future. The programme aims to address all aspects of a child's life concurrently using community led initiatives and resources.

December 2006 saw the end of Phase One of the programme (2003 – 2006) and the following outputs have been achieved.

Building sustainable nutritional capacity in the community	Building community ability to protect the health and rights of children	Providing psychosocial support and direct aid
Training in agriculture, nutrition and linked income generation	Training in Child to Child HIV education	Providing VCT, counselling and in-school guidance on HIV
Creating community & school gardens, seed banks and feeding programmes	Creating and supporting children's rights committees and networks	Providing basic medication and daily needs, nutritional supplements, school uniforms and bursaries
Achievements Phase One	Achievements Phase One	Achievements Phase One
<ul style="list-style-type: none"> Established and working with 55 community support groups 600 individual, 15 community, 12 school and 6 demo gardens regularly providing over 1,000 OVC and PLWA with nutritious food Trained over 1,250 community members in agriculture, nutrition and income generating activities 	<ul style="list-style-type: none"> 137 Community members trained in the rights of the child and 6 community Child Rights committees established, 4,195 children sensitized about their rights 139 teachers from 63 schools trained in Child to Child HIV prevention Over 3,000 child members of HIV health clubs Over 13,300 community members informed about HIV/AIDS and rights 	<ul style="list-style-type: none"> 16,882 community members visited ACE resource centres for information, advice and support Over 2,000 PLWA and OVC received basic medication and 240 receiving nutritional supplements every month 443 blankets, nets and school uniforms distributed 34 children on Secondary and 15 on Primary school bursaries 2,258 counselling sessions for PLWA, OVC and Guardians, 3,843 children attended in-school guidance and counselling, 940 people tested for HIV
Direct Beneficiaries: over 50,000		Indirect Beneficiaries:
100,000		

Direct beneficiaries calculated on number accessing services & household members who benefit – average HH size 8

ACE AFRICA PROGRAMME ACTIVITIES

"The community are so happy with the work that you have done. The orphans and vulnerable children have really benefited from your help and concern. We hope that you will continue working with us with the same spirit. God bless you in your endeavours." *Community Leader, Milo*

Support Groups



This year, ACE has concentrated its activities on establishing and strengthening community support groups to implement activities. This includes facilitating meetings and linkages to other service providers, support to committees, providing technical advice and training and financial support through start up loans. The groups provide psychosocial, nutritional, material and monetary support to those infected and affected at the household level.

ACE works with 55 community support groups (over 1,000 community members) across the six project areas.

❖ **RUCEBO Umbrella Support Group, Kabuchai**

RUCEBO Umbrella support group was founded in July 2006 by the members of 6 community support groups in Kabuchai all of whom had previously been trained by ACE. Group members were inspired to form a consortium to mirror the ACE holistic approach at a deeper level to increase the reach of activities and co-ordinate support and serve their community better. The group have obtained small funds to start a community resource centre modelled on the ACE resource centres in a remote area of Kabuchai. It provides information and educational materials and counselling services will be organized in conjunction with ACE. The group hold community sensitisation days and pool their resources to provide OVC with basic household items. With the knowledge on proposal writing provided by ACE, the group plans to independently raise money for the support of OVC and PLWA and to establish their own village banking scheme and cereal bank. Each group has been assigned a specific geographical area of coverage and a specific number of OVC and PLWA to support regularly; household needs assessments have been carried out to assess the vulnerability of households in their areas. In total, the Rucebo umbrella group supports over 110 OVC each month with food and other basic needs. ACE plans to facilitate similar umbrella organisations in other areas for increased sustainability and reach of community activities.

THEMATIC AREA ONE: IMPROVING NUTRITION IN THE COMMUNITY

❖ Community Training in Agriculture and Nutrition

"I enjoy eating a variety of vegetables from my garden and knowing I am eating healthily, I also produce more yields using organic methods."

Kabula

Josephine Namawacha, PLWA trainee,



Josephine preparing her land

In an area which primarily cultivates sugar cane, knowledge on nutritious food crops and how to grow them is still lacking. A balanced nutritious diet plays a vital role in the management of HIV infection and the opportunistic diseases that accompany the onset of AIDS. Strengthening community knowledge and skills in how to cultivate organic food crops to maintain and use them in the household, has been core to this year's programming.

There are now over 600 community members who have been trained in organic kitchen gardens. 15 community groups have voluntarily developed their own community gardens and combined they are providing over 1,000 OVC with regular nutritious food crops. In addition ACE has in partnership with the Ministry of Agriculture, trained 59 community mentors to enhance their knowledge and skills in agriculture techniques, to guide them on the importance of quality supervision and data collection and to enable them to provide constant on the ground advice and support to neighbours and friends in the management of their kitchen gardens and household diet. These mentors have also been trained in water saving and food preservation and link with other organisations and MoA technicians within and beyond the community. Mentors and their gardens act as examples of good practice resulting in greater community adoption of organic practices and an increase in the number of OVC receiving food.

Paul Wamalwa - ACE mentor, aged 30 years is married with two adopted orphans and supports two other orphans in the community as well as running a community support group for PLWA.

Following his training in agriculture and nutrition in 2004, Paul from Mechimeru established his own kitchen garden and donated some of his land to his Shauri community support group so that they could establish a group garden in order to provide food such as spinach, Vitamin A sweet potato, pumpkin and indigenous vegetables to the OVC that members support.

Since his training as a mentor, Paul has been organising mini field days on his farm where he trains community members (PLWA, youth, teachers, guardians) on the production of vegetables using organic farming techniques, nutrition and ways to generate income to support their families and OVC. Over 200 community members have attended such sessions on his farm and some have developed their own gardens and adapted the use of maize stovers for mulching and compost materials.



Paul demonstrating how to make compost

❖ School training in Agriculture and Nutrition

"The ACE gardener gave practical demonstrations on how to develop a kitchen garden, he even brought us seeds. This knowledge is very rare for the children and they are enjoying their school garden and taking the knowledge home."

CtC teacher, Sango Primary Mechimeru

ACE works in 63 Primary schools to implement its Child to Child HIV/AIDS education programme. Teachers reported that many OVC were either missing school due to hunger, not having any lunch when attending school and or were having difficulty concentrating in afternoon classes. ACE in partnership with the MoE and MoA developed a school kitchen garden programme and this year 30 schools have been trained in agriculture and nutrition and 12 school feeding programmes established. The gardens are maintained by the children from the clubs and technical advice is given by the ACE community gardeners, mentors and field officers where appropriate. The hands on training has encouraged children to maintain the school gardens and provided them with the knowledge to establish gardens at home. The provision of start up seeds and tools enabled them to provide OVC with regular food.



❖ Training community support groups in food security and nutrition based IGA

ACE aims to establish a variety of income generating activities in each project area to provide alternative food products with high nutritious value for PLWA, OVC and the community at large. In addition the projects increase household, group and economic security and thus their ability to care and provide for the increasing number of orphans.

The commercial production of nutritious flour



"This posho mill has helped our production costs go down thus increasing the number of orphans that we support. God bless ACE Africa."

Rosabella, PLWA, Huruma Group, Kabuchai

In 2005, two support groups in Kabuchai and Bulondo were trained and given start up loans to produce the nutritious flour being distributed by ACE AFRICA; both loans have been repaid completely, and the groups have opened a savings account with surplus income. The high cost of grinding the flour at communal mills was affecting profit margins. In response, ACE, through individual donors in 2006, provided each group with a posho mill to

enable them to lower their costs of production, as well as earn some extra income for their support group, through the milling of maize. As part of their support for PLWA and OVC the groups allow widows and orphans to grind maize free of charge. These groups also sell the flour to other NGOs, schools and individuals. Each group provides the flour to a minimum of 20 OVC households independently. ACE has started the process of registering the nutritious flour with the Kenya Bureau of Standards to enable the groups to access a larger market and to monitor production standards and has conducted a research study on its benefits in conjunction with the agriculture and nutrition programme.

The commercial production of Vitamin A potato



Harvesting vitamin A sweet potato

ACE has trained 6 community support groups in the production of Vitamin A sweet potato and provided them with start up loans in the form of vines. Vitamin A sweet potato has immune boosting properties which are beneficial for PLWA. The potato can be made into flour for chapattis, bread and cakes, as well as juice. Links were made with the Kenya Agricultural Commodity Exchange to produce commercially, however a combination of factors has negatively influenced the sale of the product on a large scale e.g. adverse weather conditions and small plots with reduced outputs. The crops are successfully being sold in rural markets and to individuals and ACE will address these issues through further planning and training.

The commercial production of other food crops

24 community support groups have been trained in the commercial production of other food crops including:

i) vegetables and legumes e.g. garlic, capsicum, spinach, carrots, soya, groundnuts ii) fruit (eg paw paw, passion fruit, mangoes, avocados, bananas) iii) medicinal herbs e.g. mondia and moringa iv) protein products e.g. dairy goats, chickens and fish farming. These groups support approximately 10 OVC each per month.

❖ Provision of water saving equipment

"We use the water from the well for our household needs and in the dry spell to water the gardens. Before, we went to the river which was a long walk."

Joseph Wabwila, Kabula

Given the long periods of dry weather and the enormous distances that people have to walk to fetch water, ACE advocated for the need for better water security in their target areas. ACE received funds to install 2 hand pumps and sink two wells in Kabula and Milo. The community contributed to the installation through the provision of labour, materials and land and have established committees to ensure efficient use and maintenance of the pumps, each of which serve approximately 1,000 community members across a 2 km radius.



Children collecting water from the pump in Kabula

❖ Provision of locally made nutritious flour to PLWA and OVC



"I was completely bedridden and had no appetite. This flour is easy to drink and tasty and I gained my strength quickly."

Esther Wanjalla PLWA, Kabula

ACE sources nutritious flour from community groups who manufacture and sell it as part of our IGA programme and then supplies 240 PLWA or OVC each month with a total 480 Kg. The flour is made up of maize, soya, cassava, sorghum and millet and continues to have a positive impact on the health of PLWA and OVC. Operational research indicates that those taking the flour regularly experience increased appetite, strength and weight within weeks. However the high 'absolute food poverty level' in the community means that many are sharing the flour with all household members. ACE will now distribute per household individual. One of the many benefits has been its almost immediate impact on the health of bedridden cases, and eventually enabling them to participate in the longer term food security programme, training and the establishment of their own organic kitchen gardens.

❖ Train individuals and community support groups in micro finance and proposal writing



ACE believes that communities have the will and the capacity to provide care and support to their OVC and PLWA now and in the future. Often they lack the knowledge on how to sustain business and access local funding. ACE AFRICA's Micro-Finance training programme aims to enhance the capacity of individuals to manage their existing businesses, so as to increase their ability to access local funds thereby increasing their household income and financial capacity to care for PLWA, OVC and their carers and guardians.

John outside his bicycle repair shop which he established after training

"This training is an eye-opener, I thought I knew so much in terms of business, but now I realise that I was conducting my business through sheer luck. With the information learnt, I am able to make my business run more successfully and can support orphans more effectively."

Catherine Mungaru, trainee, Bukembe

This year, ACE has reduced its training in Micro Finance (20 individuals) and concentrated on linking already trained individuals and groups with local Micro Finance institutions through networking and facilitating meetings with groups and individuals to better enable them to access loans. In addition, in partnership with the District Social Development Officer, ACE trained 20 members of support groups on proposal writing, group management and accessing local funds. A total of 11 OVC support groups succeeded in obtaining their own funds from local government bodies or micro finance institutions.



Tapista Sindani is 20 years old. Her parents died when she was 16, leaving her to abandon her education and care for her 3 brothers. Her aunt paid for her to do a tailoring course but she lacked the capital to establish her own business. In 2006 she attended the ACE Micro Finance training. She now has a successful business making and selling clothes.

"Before the training, life was hard I had no capital and technical know-how on running a business and was not making money. I was glad when I was selected for training by ACE AFRICA, I applied the skills I learnt and even managed to get a loan of Ksh10,000 (£80) from the Kenya Women's Finance Trust and have repaid three quarters of it. I have managed to pay fees for my three brothers in secondary school and assist a neighbour who is HIV+. I plan on starting a shop after clearing my loan. Thank you ACE for this chance."

THEMATIC AREA TWO: PROTECTING THE HEALTH AND RIGHTS OF CHILDREN

❖ Training in Child to Child HIV/AIDS education

"It is very difficult to integrate HIV/AIDS in the curriculum. The CtC Club offers more time and opportunity to discuss in detail HIV/AIDS issues and the children are able to contribute their ideas and express their feelings freely."

CtC Teacher, Khaweli Primary



The Child to Child programme seeks to equip children with the skills they need to help them act as agents of positive change within their community, especially in regard to health issues. ACE trained 34 teachers this year; making a total of 139 from 63 primary schools, where there are over 3,000 child members of these 63 clubs. Using the CtC six step approach, children identify problems within the community and explore possible solutions such as hygiene promotion through leaky tins (containers used by children to wash their hands) and dish racks, or educating the community on HIV/AIDS through poetry and song. Club members visit their friends who are OVC and also give moral and food support, assist with chores and help fight stigma and discrimination within the community.

"Since I joined the CtC club, I have gained confidence. I can now speak before a crowd on matters of HIV/AIDS."

Rasmus, 13 years, Kabuchai Primary school

This year ACE AFRICA started participatory sessions in schools to address issues of HIV/AIDS in the community, specifically in terms of the children's roles in creating awareness, spreading correct information about HIV/AIDS, reducing stigma and discrimination and assisting those that are infected and affected by HIV/AIDS in a practical and useful manner. Each month, CtC clubs are visited for these sessions, and club members are guided through discussions on issues they feel are important in the community. Students ask questions and deliberate over possible solutions. This year, participatory sessions focused on two main issues; that of correct information on HIV/AIDS and the role of CtC club members in supporting and assisting OVC and PLWA.



❖ Strengthening Child Rights committees, education and links with local service providers



Jemima is 14 years and was totally orphaned at 18 months. She has never had a home, always being shunted about from relation to relation. ACE Child Rights Committee member found Jemima living with an uncle and aunt and nine cousins in a one roomed mud hut. She did not go to school, was the last to get food and was used as a slave. Her case was referred to ACE, she was visited by a support group member and ACE counsellor. Jemima has been placed in foster care and is attending a knitting course. For the first time in her life she has the security of a home, clothes and food and is part of a family.

In 2005 ACE established 6 Community Child Rights Committees and in 2006 40 members received further training. These committees are made up of respected individuals within the community, including retired professionals, teachers and members of the provincial administration, as well as representatives from different groups including PLWA, youth and OVC. Their role is two fold; firstly to educate the community on the Rights of the Child as enacted by the Government of Kenya and the Children's Act 2001 by interpreting and relating these legal protections in a way that is clear and relevant to

the needs of their community. The committee also sensitises the community on the roles, responsibilities and powers of the committee, and offers referral points. Secondly the committee members identify cases of abuse and depending on the issue, either refer the case to another service provider, or resolve it at the community level. The main issues affecting children include neglect, the denial of education, forced labour, early pregnancy and child rape. Child Rights Committees have been facing an increase in cases being reported to them, signifying acceptance within the community of their roles. However, there are cases where committee members meet with hostility especially where parents and guardians feel threatened by the committee and often issues surrounding children are culturally complex. In these rural areas, there is no access to lawyers, legal advice or aid and committee members found that without comprehensive legal knowledge their efficacy was hindered. ACE has trained 20 committee members on paralegal issues in order to enable them to follow-up a case and ensure that legal justice is granted. In addition, 60 community members were trained to advocate for the Rights of the Child and the roles of the committees in the community and 1,686 children were sensitised about their rights. This year 202 cases were referred to the Child Rights committees, 115 were solved and 87 referred onto other services.

❖ Training children on their Rights



Through forums such as churches and schools, ACE Child Rights Committee members educated 1,686 children about their rights to enable them to identify and report cases of abuse to the committee, thereby looking after their peers. In addition, children are taught how to protect themselves and each other from abusers. This is further strengthened through the Child to Child clubs, who directly link to the committees through the CtC teacher. Children in CtC clubs are also encouraged to act as agents of change within their communities.

THEMATIC AREA THREE: PROVIDING PSYCHOSOCIAL SUPPORT & DIRECT AID

Psychosocial support

"My first born child has been asking me if I will die soon, because her father is dead. I really feel good when Grace comes to visit me. I really need to talk to someone so that I will know how to manage this deadly disease."

Awinja, 28 years, a widow and caring for 3 children



Children attend their father's funeral

In an area where operational research indicates that 35 – 40% of the adult population are living with HIV/AIDS, over 15% of children are orphaned due to HIV/AIDS and poverty and lack of basic needs for survival are commonplace, psychosocial support is a vital part of the programme. ACE provides outreach VCT, counselling and 'In school' counselling to OVC, PLWA and other community members who are inevitably facing tremendous hardship and trauma.

❖ Provision of VCT

"I am so grateful for the support ACE AFRICA has given me and I am now looking forward to living a positive life and looking after my children."

Milca PLWA, having attended VCT in Bulondo

ACE has been providing VCT at the Community Support Centres since 2003. There has been a huge increase in the numbers of people now requesting to be tested highlighting that the stigma associated with HIV/AIDS is reducing and that knowing one's status is becoming a priority within the community. The two ACE counsellors are unable to manage the numbers themselves and also to reach those in the remotest of areas. In response, this year ACE conducted 21 outreach VCT events to give those living in remote areas the opportunity to get tested, professionally counselled and receive information about HIV/AIDS and referrals. On average 70 adults requested testing at each event which far exceeded the actual numbers tested due to lack of time and staff. A total of 525 have been tested during the year. Those who test positive are referred to the Comprehensive Care Clinics for further assistance and then receive home visits from the counsellors. ACE will work with more counsellors from the MOH and hope to provide a service in keeping with the demand.

❖ Provision of outreach counselling

"I had given up hope in life, I thought of killing myself and my children, I felt ashamed of my self and I saw no meaning in life. Through counselling ACE gave me a second chance."

Gladys Naswa PLWA

ACE's counsellors provide daily counselling services at the resource centres and in homes, following up on issues and assessing living conditions, they provide the necessary advice and assistance e.g. direct aid, training needs or referrals including to health centres, support groups, Child Rights Committees or service providers. As a direct result of these counselling sessions, an average of 5 community members each month have openly declared their positive status to the community. This is a true sign that levels of stigma and discrimination are reducing and community members feel they can live positively and openly knowing that support is available.

❖ Provision of 'In school guidance and counselling'



ACE's 'In-school' HIV/AIDS guidance and counselling programme has been met with great enthusiasm from children, teachers, parents and the Ministry of Education. This year 1037 children received 'in school guidance and counselling' in partnership with the Ministry of Education. The sessions provide a safe and informal atmosphere for students to learn about issues surrounding HIV/AIDS; ranging from sexual reproductive health, STI prevention, teenage pregnancy rape, substance abuse, dealing with adolescence, peer pressure and handling the presence of HIV/AIDS within the community. Children are also given the opportunity to anonymously ask questions and bring up difficult

issues they are facing in their lives. Linking closely with the Child Rights and CtC programmes the sessions have helped in the identification of vulnerable or abused children and improved children's access to ACE support services or partners. These counselling discussions highlight the many burdens that children face as a direct result of the high prevalence of HIV/AIDS in a poor rural setting e.g. young children nursing their bedridden parents, providing food and basic needs for siblings, suffering abuse from relatives and discrimination from within the family and community which is associated with HIV/AIDS. Children are encouraged to attend one to one counselling at the ACE centres where appropriate.

Direct Aid

It is on a daily basis that the ACE staff, community volunteers and support group members identify households who require immediate and urgent assistance. ACE recognises that there is a need for short term interventions in emergency situations before households can access the longer term developmental interventions. Immediate needs of food, clothing, shelter and basic household items clearly have to be met. A growing number of emergency households have been brought to our attention and ACE is looking for ways to increase this vital service.

❖ Medication



As part of ACE's holistic approach to providing care and treatment for PLWA, ACE works with the health centres and Ministry of Health colleagues to procure basic drugs that help in the treatment of opportunistic infections. The provision of basic medication is a very important service, as most rural health centres are poorly equipped and are unable to meet the most basic of medical needs. Whilst ACE does not procure ARTs, we refer to Ministry of Health facilities that do provide ART and ensure that the client is accessing nutritional support.

❖ Nutritional supplements



This year ACE has provided nutritional supplements (in the form of flour) to 210 PLWA and OVC households per month with an additional 30 per month given to PLWA at the District Hospital in Bungoma. Ongoing monitoring of those receiving the supplements is done by the community activator for each area, along with ACE counsellors and local health dispensary nurses. Demand for the supplements is very high; however, limited resources remain a barrier to increased provision of the flour. Research indicates that the benefits from the nutritional supplements include: increased appetite, weight, strength, and ability to carry out household chores among others.

❖ Basic Needs - Shelter

In Lhuya culture, when the man of the family dies, his house is burned down leaving the wives and children no where to live. ACE works with the Child Rights Committees to encourage families to stop this custom. In addition, mud and thatch houses need regular repair particularly during the rainy season and they are often not maintained due to lack of money and labour.



Mary and one of her children outside their new house

Mary is 55 and HIV+. She has 7 children and is neglected by her husband and relatives due to stigma. Mary and her children lived in a one roomed leaking mud hut with one blanket. The room served as kitchen, sitting room and bedroom for them all. When it rained the children got wet and there was no money to mend the leak. An ACE visitor saw the conditions and donated money for Mary to build a new house. Mary and her family have also received counselling, nutritional supplements, drugs, clothes and bed nets. Now that Mary is well she has also been trained in Agriculture and Nutrition and has her own kitchen garden, the land being donated once the Community Child Rights committees had visited her estranged husband.

❖ Basic Needs – Food



Janet, her husband and two children are all HIV+. They have no land and no income. They lack food and basic needs. ACE Africa and community support groups provide the family with regular nutritious food crops from the community gardens

Basic Needs – Clothes, blankets and nets



Lily is 4 years old and an orphan, both her parents died of HIV/AIDS. She and her four siblings are cared for by their 76 year old disabled grandmother Antonia. They all live in a one roomed house with no furniture. Her major challenge is providing food, clothing & better shelter. ACE AFRICA provides nutritional supplements, food, drugs, clothes, blankets & nets.

❖ School bursaries

There were 20 new children sponsored in the secondary school bursary scheme in 2006 making a total of 34. ACE works with the CtC schools and the MoE to develop a list of orphaned children in their final year of primary school. Bursaries are awarded according to national examination results, the child's circumstances and commitment. Sponsorship is made upon guaranteed funding for the full 4 years of secondary education.



Ferdinand Maina is a 14 year old orphan whose mother died in 2000 and whose father is HIV+ and sick. When his mother died he lived with his step mother who neglected and abused him. His father has 8 children and no income. Ferdinand took refuge with other relatives. He was identified by his teachers at school as being bright and able but living in especially difficult circumstances. He was put forward for an ACE bursary and gained 410 marks (82%) in his national exams. Ferdinand now attends Kamusinga Boys School in Bungoma District.

'Nothing is as important to me as this bursary, thank you so much.'

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. Provision of these to individual children varies according to need.

The number of OVC directly supported in 2006:

- OVC receiving nutritional supplements 804
 - OVC receiving counselling 678
- OVC receiving food from individual, group and demonstration gardens 579 per month
 - OVC receiving school uniform 81
 - OVC receiving blankets 122
 - OVC receiving mosquito nets 122
- OVC receiving support from PLWA/OVC support groups 300 per month
 - OVC receiving support from IGA/MF trainees 90 per month
 - OVC supported in Primary boarding school 15
 - OVC supported in Secondary boarding school 34

ACE AFRICA DETAILED OUTPUTS PHASE ONE 2003 - 2006

Indicator	2006	Phase 1 Total
THEMATIC AREA ONE		
# Support Groups	55	55
# trained in Agriculture and Nutrition	20	600
# community mentors trained to be Agriculture Mentors	59	78
# CtC schools trained in Kitchen Gardening	30	30
# Demonstration Gardens	10 (6 community, 4 mentor)	10
# Group Gardens	8	8
# OVC receiving food from individual KG regularly	446	446
# OVC receiving food from demo gardens regularly	35	35
# OVC receiving food from 8 group gardens regularly	80	80
# trained in Herbal Remedies	21	262
# Community using Herbal Remedies	560	1,040
# trained in IGA	30	141
# trained in MF	20	129
# individuals trained in IGA	0	51
# group members trained in IGA	30	90
# OVC supported by individual 28 IGA trainees receiving loans	90	90
# OVC supported by support groups monthly	300 (10 OVC per group) we receive info from 30 groups monthly at this stage	
# Groups trained in proposal writing	60	60
THEMATIC AREA TWO		
# CtC teachers trained	20 (recall) + 34 new	139
# Head teachers trained	10	42
# CtC schools	63	63
# members of CtC clubs	Over 3,000	Over 3,000
# CtC club school feeding programmes	12	12
# CtC clubs sensitizing community on HIV/AIDS	42	42
# CtC clubs making home visits to OVC/PLWA	28	28
# trained on Child Rights in 6 committees	20 (recall)	137
# committee members trained in Paralegal	20	20
# Parents, Guardians, Teachers trained in Child Rights	60	60
# children sensitized on the Rights of the Child	1,686	4,195
# cases of child abuse handled by Committees	202	344
# cases solved by Committees	115	224
# cases referred to other service providers	87	120
# children attending OVC educational fun days	2,012	5,514
# community members attending sensitization events	1,595	7,675
# Youth involved in mobilization events	191	191
THEMATIC AREA THREE		
# Support Centre visits	7,629	16,882
# counselling sessions held	678	2,258
# individuals receiving referral services	409	1,323
# PLWA/OVC receiving basic medication	0	2,062
# nutritional supplements distributed to PLWA/OVC per month	240	240 pr month
# being tested at VCT events	525	940
# outreach mobile VCT events	21	21
# HIV+ sharing status with community	63	63
# attending in-school guidance sessions	1,037	3,843
# OVC on secondary school bursary	20	34
# OVC attending primary boarding school	15	15
# OVC receiving school uniforms	81	201
# receiving blankets and nets	122	242

BUNGOMA

- Research study – Department of International Health and Development, Tulane University School of Public Health and Tropical Medicine, USA – June-July 2005 (through 2008) - 'Crops, Cellphones and T-Cells: Technology Change for Livelihood Security in Sub-Saharan Africa,' a study of intensive small-scale kitchen and group gardens for enhanced nutrition and herbal medicines
- Household Demographic survey – ACE - ongoing – to establish individual household and children's needs to inform programming
- Agriculture and Nutrition household assessment – ACE - ongoing - continuous operational research on household and community adoption of organic kitchen gardens and knowledge base
- Positive Outcomes for Orphaned Children (POFO) – Department of Public Health, Duke University, USA – ongoing - a five-year, cross-cultural research study in Tanzania, Kenya, Ethiopia, Cambodia and India (2 sites), to identify characteristics of care for orphans that are associated with better child outcomes.
- External Evaluation – Concord Consultants (Grant funded by Comic Relief and disbursed through Children in Crisis) – May 2006 – end of grant evaluation to highlight strengths, weaknesses and constraints to feed into project planning for Phase Two and grant applications.
- Process Evaluation – Department of International Health and Development, Tulane University School of Public Health and Tropical Medicine, USA – September 2006 – January 2007 – 'Agriculture and Nutrition Training impacts: a case study of the use of nutritional supplements among households in rural Kenya.'
- Research Study - Department of International Health and Development, Tulane University School of Public Health and Tropical Medicine, USA – September 2006 (through 2008). "Hybrid Technologies in the era of HIV/AIDS: the Hoe and Mobile phone in rural Africa". Initiated baseline study of changes in population, reproductive health, agriculture, and mobile phones in a catchment area of ACE Africa.

SIAYA

- Siaya (covering part of Bondo District)
Mapping survey - ACE – 2005/2006 - in 3 proposed target areas to establish the number of PLWA, OVC living conditions, needs, organisations working in the areas and type of services provided to enable proper programming and justification of project implementation in 2007 – ACE engages two volunteers in Siaya, has identified partners and an office has been donated. In addition, ACE has conducted training in Agriculture and Nutrition for 20 people from a support group.

ACE AFRICA PARTNERS

ACE works with the following to implement its programme:

- ❖ PLWA, Guardians, OVC and young people in the design, implementation and monitoring of the programme
- ❖ Existing and new community support group members and local resource persons to increase networking and referrals at the community level
- ❖ Government and private sectors using strategic development plans put in place to combat the HIV/AIDS pandemic
- ❖ National and international organisations sharing expertise and experience in a similar field

Specifically:

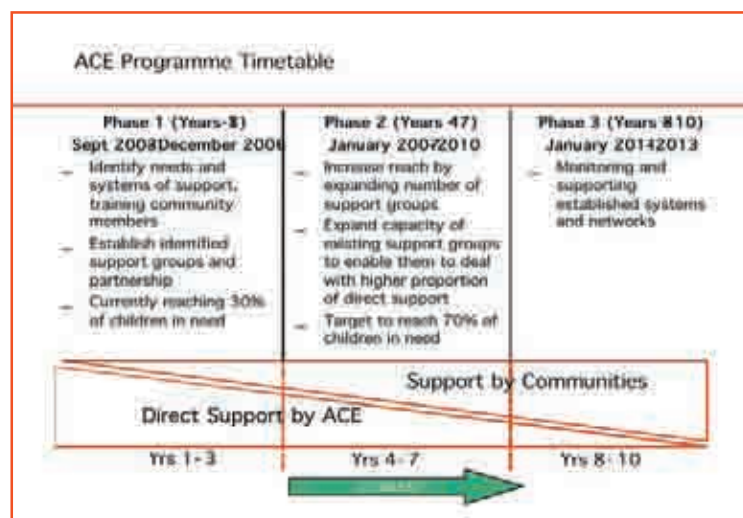
- ❖ **Local NGOs, CBOs and partners:** USAID funded Aphia2 partners, Western Kenya Human Rights Watch, Catholic Justice & Peace, Amref, Sacred Africa, KRep, Kenya Women's Finance Trust, Child to Child (CtC), KANCO, Unicef, Kenya Red Cross & KECOFATUMA, National Bank of Kenya, Bungoma, Ocharo and Kebira Advocate and Associates, Bungoma Municipal Council and area MPs.
- ❖ **Government sectors:** Ministries of; Health, Agriculture, Culture, Education, Planning & Development, the departments of Nutrition & the Children's department, the Home Based Care programme, & the Constituency AIDS Control Council. Collaboration has ensured their assistance in the design of training materials, curriculum development, monitoring of activities, project planning and evaluations.
- ❖ **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.



Children working together in their school garden

ACE AFRICA YEAR AHEAD 2007

❖ Phase Two of programming in Bungoma 2007 -2010



Phase Two of the programme will start in January 2007. 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 the three thematic areas and the empowerment of community support groups and individuals, providing them with greater skills and knowledge to sustain OVC care. During this phase the community will take on more responsibility for activities and management of the project.

❖ Strengthening community decision making and management

ACE will establish Area Advisory Committees made up of an ACE project officer, ACE activator, ACE gardener, chief, assistant chief, area counsellor, Community Development assistant Department of Social Services, MoA Community Agriculture officer, MoH nurse in charge, representatives from ACE volunteers: support groups, IGA/MF trainees, Agriculture and Nutrition trainee and mentor, Child Rights committee, PLWA, OVC/Youth. These committees will be responsible for the identification of project participants, identification of beneficiaries, project implementation, planning and liaising with government sectors at the district and provincial level. In addition an increased number of community members will be trained as household mentors, child welfare officers and agriculture and nutrition household mentors to strengthen systems from the grassroots.

❖ Expansion of Services in Areas Currently Covered

ACE aims to expand its services through strengthening support groups and establishing more umbrella groups to replicate ACE activities in areas within the target areas which have not benefited from services.

❖ Increased training for support groups

ACE will train identified support groups in income generating activities with a specific focus on nutrition. Businesses will include the commercial production of soya, dairy goats, nutritional supplements and fuel saving. Each target area will have one group trained in each business.

❖ Improved assessment of households

ACE has been conducting detailed household vulnerability assessments in order to identify needs and services per household. ACE aims to have completed 1,500 household assessments (12,000 children) by the end of 2007. Subject to funding, ACE aims to establish a comprehensive database system to assist in monitoring and evaluation and project planning.

❖ Phase One Siaya

ACE will start Phase One of the project in Siaya in July 2007.

❖ Fundraising

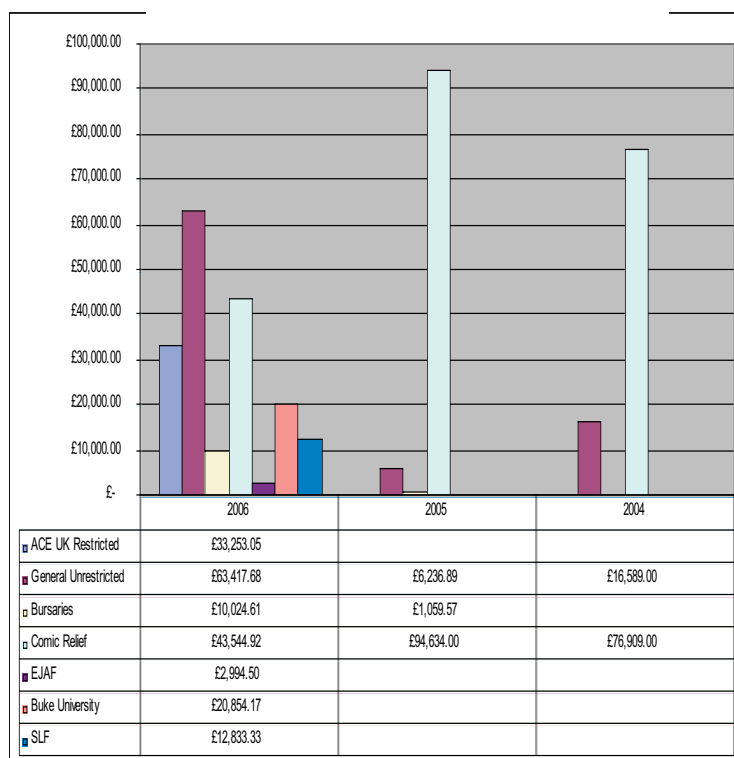
ACE UK will continue to fundraise through applications to trusts, donors, corporates and individuals as well as organising fund raising activities. The process of establishing ACE in the USA will be started.

❖ Direct Aid

ACE will increase provision of basic medication and direct aid.

ACE AFRICA FINANCIAL REPORT

ACE Africa In country income Phase One



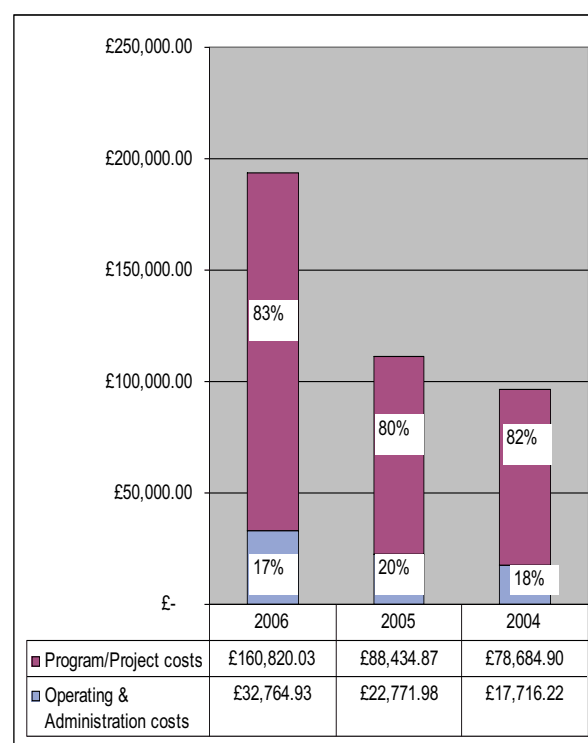
The year 2006 marked the end of Comic Relief 2 year funding and phase one of the programme.

Both ACE Africa and ACE UK increased their donor bases in 2006 with funds arising from direct donors to ACE Africa and through ACE UK. Income for the year increased strongly from £101,930 in 2005 to £186,922 in 2006. This increase was due to; Duke University research programme, Positive Outcomes for Orphans (POFO); a ten fold increase in secondary school fee bursaries (from £1,059 in 2005 to £10,024) and Direct Aid and Capital Expenses from ACE UK restricted funds. Other income from Elton John Aids Foundation (EJAF) and Steven Lewis Foundation (SLF) are for use in 2007.

ACE AFRICA In country Expenditure Phase One

Total spent in 2006 was £193,585. The efficiency of use of funds improved with an increase in programme expenditure and a reduction in administration costs from 20% in 2005 to 17% in 2006. We were unable to reduce it to 15% which is our aim because there were new acquisitions of capital items (two cars, staff housing refurbishment and increased staff health insurance cover.)

ACE UK has had the responsibility of providing technical and fundraising support. ACE Africa sends financial reports and requests on a monthly basis. There has been an agreement to reduce the number of ACE Africa audits to two a year.



ACE UK REPORT

The work of ACE Africa is described fully in this Annual Review. ACE UK makes grants to ACE Africa and partner NGOs working with it both for specific components of their activities and in support of the implementation of their total strategy. In the first case reports are received on the relevant component of activities. In the second, reports are received of overall progress towards each year's budget and plan. ACE UK applies for grants from trusts, foundations, companies and similar institutions, and raises funds from individuals by direct approaches and by holding fund raising events. In addition ACE UK receives grants from individuals and schools to sponsor individual orphans through their four-year secondary education. ACE UK began raising funds in October 2005. In 2006 the level of fundraising activity increased. As a result it was possible to make a number of restricted and unrestricted grants to ACE Africa.

ACE UK FINANCIAL REPORT

Income for 2006 was £175,093 and expenditure £31,271 leaving a net income of £143,822 before making grants. Included in this figure is a surplus on events of £19,602. With no employees the expenses of ACE UK are limited at present to administrative costs of £1,763 and fundraising of £7,110. Of the donated income £59,261 was restricted and £73,495 unrestricted. The interest income, unrestricted income and surplus on events, totalling £93,434 less fundraising and administrative expenses totalling £8,873, left an unrestricted surplus of £84,561 before grants. ACE UK has made grants to ACE Africa during the year totalling £112,228, of which £46,178 was for restricted purposes and £66,050 comprised unrestricted project grants. Retained income for the year comprised £18,511 unrestricted funds and £13,084 restricted funds and including balances brought forward from 2005, retained income at 31st December 2006 consisted of £22,271 of unrestricted and £14,284 of restricted funds. Unrestricted funds totalling US\$94,500 had been granted to ACE UK in 2006 but were not received until 2007, and these funds together with other income in 2007 and restricted and unrestricted income on hand at 31st December, 2006 will be employed to run ACE UK and to continue support of ACE Africa.

	Unrestricted Funds 2006 £	Restricted Funds 2006 £	Total Funds 2006 £	Total Funds 2005 £
Incoming resources:				
Donations	73,495	59,261	132,756	5,705
Event Income	42,000	-	42,000	
Investment Income	336	-	336	
Total Incoming Resources	115,832	59,261	175,093	5,705
Resources expended				
Costs generating funds	7,110		7,110	744
Event Costs	22,398		22,398	
Governance	1,763		1,763	
Total Costs	31,271	-	31,271	744
Net Incoming Resources	84,561	59,261	143,822	4,961
Grants made				
Unrestricted	66,050		66,050	
Bursary Scheme		9,025	9,025	
Other Restricted Grants		37,153	37,153	
Total Grants made	66,050	46,178	112,228	
				-
Net movement in funds	18,511	13,084	31,594	4,961
Total funds brought forward	3,761	1,200	4,961	-
Total funds carried forward	22,271	14,284	36,555	4,961

Note: Summarised from the Audited Accounts of ACE UK for 2006 which are available on request

ACE would like to thank the following for their support-

All anonymous donors and, Amerex, Comic Relief, Children in Crisis, The Duchess of York, Esme Fairbairn Foundation, Futuresight, Exotix Ltd, Elton John Aids Foundation, Huggy Bears, Kitchen Tables Charitable Trust, MTV, Paragon Trust, Simmons & Simmons, Steven Lewis Foundation, Sputnik Communications, Spectrum Strategy Consultants, The Sulney Fields Charitable Trust, Tory Family Foundation, Peter Storrs Trust, A Carolan, A Douglas Bate, S Byatt, Mr and Mrs A Platt, ACP Publishing, A Coutts, A Miller, A Bailey, A Tombs, A Jinman, A L Reid, B Goulondris, BAA plc, B Harrad, Beacon School, Beacon Trust, B Morton, B Newman, C G Strang, C L Curtis-Dolby, Mr and Mrs C Ogilvie, C Sheffield, C Lane C Lane, C Matthews, M Chapman, C Ropner, Charterhouse Capital Partners, C Nelson, Clareville Capital, C Lodge, G Lodge, S Hoskins, C Hoskins, , Mrs D Picton Turbervill, Mr and Mrs S Honeyman, Mr and Mrs D Honigmann, D Birkmyre, T Dicks, D Carter, D Turner, D Keatley, D Parikian, E J Pratt, Dr and Mrs I Francis, F Burles, F Cornish, F Lane, Mr and Mrs F Howard, G N Lawson Tancred, G Sutton, G Child, G House, G d'Origny, G Huggins, H J Faure Walker, Hadlow Down St Marks PCC, H Bowlby, Hello Magazine, Mr and Mrs H Norman, H Dyer, I Hennig & Co, Mr and Mrs I Gatt, Mr and Mrs I Dipple, I Godfrey, I Russell, K Moore , J C Ward, Mr and Mrs J Skeet, J Emm, J Adams, J Fawcus, Benenden School, J Elwes, JM Ward, J Waddington, Jubilee Ships, J Hayter Johnson, K P Whittall, K Waddington, Mr and Mrs G Lawton, Mr and Mrs K Millar, K Francis, LF Ward, Liz Earle Cosmetics, L Varcoe, M B Carter, M C Yeldham, Mr and Mrs M Wigley, M F Dixon, Mr and Mrs M Burr, M Millar, M Chamberlen, M Slaughter, M Whitmore, M Wood, M McGinley, Miss E Ward, Miss G N Chignell, Mr & Mrs C Keen, Mr & Mrs D A Cameron, Mr & Mrs M Farwell, Mrs C Lane, Mrs C Townsend, Mrs CED Sheffield, Mrs D Blair, Mr and Mrs Ian Skeet, Mrs L Longrigg, Mr and Mrs N Farndale, Mrs R Fanshawe, Ms C Richards, M Grant, N B Beckwith, NA & HE Curtis, N Marshall, N Maitland, N Kneale, N Bonnar, P Case, P Clayton, P Dowson, Mr and Mrs P Drummond, P Hiam, P Clegg, P Beason, P Banner, P Bennett Jones, P Wells, ProfJ Ledingham, Q B Soanes, R & JA MacDuff, R B Keatley, R Emslie, R J Ropner, R Dwyer, S Duff, S Jennings, S Marsh, S Wilson, S Bellamy, S Rowse, S Gratton, S Ropner, Sir Timothy and Lady Bevan, S Bazell, Stafford Green, Stepjump Ltd, T Holliday, Mr and Mrs S Melik, H Fairclough, T Elwes, R Webster, Mr and Mrs T Abel Smith, T Millar, T James, S Galloway, Twyford School, W A Ogilvie, Mr and Mrs W Billington, Kingsgate House, Winchester College, Mr and Mrs D Roberts, M Bonnar, Mr and Mrs D Waddington, Mr and Mrs A Waddington, Mr and Mrs R Waddington

ACE COMMUNITY VOLUNTEERS

We would like to thank all the volunteers in the community who work tirelessly to help those in need. In particular we would like to thank the ACE Activators and Gardeners in our six target areas:



Back row: Martin Barasa, Vincent Okumu, Janet Muchiro, Ferdinand Wanyama, Francis Wesonga, Shabir Namasaka, Dennis Chebukosi, Rose Chemuku **Front row:** Francis Wobula, Joel Muuyi, Bramwell Chaki, Onesmus Chemuku, Martin Moite, Esther Wamalwa (not pictured)

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: 5 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, 9 years NGO HIV/AIDS Project Management



Juma Shem – Finance and Administration manager

B Com Management Science and Finance, University of Nairobi, Computer Programming, 5 years experience in administration, finance and research



Anthony Okoti – Project Manager and Agriculture & Nutrition Officer

Diploma in Business Management, 7 years experience in rural agricultural NGO projects in Western Kenya and 6 years in HIV/AIDS Community based programmes



Lillian Bwire – Child to Child/Child Rights/School Field Officer

BA Moi University. 2 years Executive Officer St John's Ambulance, 4 years Area Coordinator National Council of Churches and 6 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, 2 years experience in HIV/AIDS community based NGO programmes



Dennis Amonde – Support Group/Income Generating Field Officer

BSc Environmental Studies, Egerton University. Certificate in Participatory Rural Appraisal; Certificate in Participatory Monitoring and Evaluation, 3 years work experience in Community Development.



Grace Ananda – HIV/AIDS Counsellor/VCT

Certificate of Kenya Association of Professional Counsellors, Ministry of Health NASCOP Voluntary Counselling and testing, Diploma in Community Health Development (Premise Africa Development Institute), four years work experience in HIV/AIDS community based programme.



Evelyn Yongo - HIV/AIDS Counsellor/VCT

Certificate of Kenya Association of Professional Counsellors, Higher National Diploma in Counselling KAPC, Ministry of Health NASCOP, voluntary counselling and testing, 7 years work experience in peer education and counselling in HIV/AIDS community-based programmes



Dickson Kesekwa – Assistant Agriculture and Nutrition Field Officer

Certificate in motor vehicle technology, Nairobi Institute, Certificate of Computing Bungoma, 5 years field experience in Agriculture and Nutrition, part time assistant research and member of youth club



Abraham Nakhisa – Bungoma Office Assistant

Diploma in Civil Engineering, Nairobi, Certificate of Computing, Bungoma, Certificate in paralegal training, 2 years work experience with ACE



Bernie Agala – Lead Interviewer POFO

B.Com in Finance and Economics, Kenyatta University, Diploma in Computer Sciences from Starehe Technical Training College, Certificates in Monitoring & Evaluation and Project Cycle Management, 5 years work experience in community development



Becky Kinoti – Research Assistant POFO

Post Graduate Diploma in Public Relations, Kenyatta University. B.Ed in Education, German and Secretarial Studies, Kenyatta University. 1 year teaching experience at Secondary level, 3 years experience in community based research.



Tova Reichel – Research Intern (Volunteer)

BA (Hons) Environmental Studies and Psychology, University of Vermont, USA, MPH International Health and Development, Tulane University School of Public Health and Tropical Medicine, USA. 3 years work experience in evaluation research with International and National NGOs in Ethiopia, Kenya, Vermont and Louisiana



Emmanuel Mnyangabe – Driver Mechanic (Volunteer)

Five years work experience as driver mechanic

ACE also engages Susan Wanbanda and Jacklyne Akoth as volunteers in Siaya



ACE AFRICA GROWTH

JUNE 2003

Governance: Registered CBO, Kenya, partnership with CiC UK
Budget: £1,000 **Area of operation:** 1 **Staff:** 2 staff unpaid
Activities: Community Mobilisation

SEPTEMBER 2003

Governance: Registered CBO - Steering Committee Kenya & UK, partnership with CiC
Start up: £20,000 **Area of operation:** 1 **Staff:** 4 staff paid
Activities: Community mobilisation, capacity building, food distribution

Community Reached to date: 50

DECEMBER 2003

Governance: Registered CBO - Steering Committee Kenya & UK, partnership with CiC
Annual Budget: £43,100 **Areas of operation:** 3 **Staff:** 4 staff paid, 2 volunteers
Activities: Capacity building, Agriculture & Nutrition, Education & Counselling

Community Reached to date: 300

JULY 2004

Governance: Registered NGO Kenya, Governed by boards in Kenya & steering committee UK, partnership with CiC
Annual Budget: £93,498 **Areas of operation:** 6 **Staff:** 7 staff paid, 13 volunteers
Activities: Capacity building of youth and support groups, Agriculture and Nutrition, Herbal remedies, Income Generation, Micro Finance, Child to Child, Child Rights, Counselling, distribution of food, clothing, nutritional supplements, basic medication and shelter

Community Reached to date: 3,000

DECEMBER 2005

Governance: Registered NGO Kenya, ACE UK registered as UK charity
Annual Budget: £101,930 **Areas of operation:** 7 **Staff:** 11 staff paid, 14 volunteers
Activities: Capacity building of youth and support groups, Agriculture and Nutrition, Herbal remedies, Income Generation, Micro Finance, Child to Child, Child Rights, Youth Clubs, Counselling, VCT, In school guidance and counselling, distribution of food, clothing, nutritional supplements, basic medication, shelter, provision of Secondary and Primary boarding school fees and operational research

Community Reached to date: 35,000

DECEMBER 2006

Governance: Registered NGO Kenya, ACE UK registered as UK charity
Annual Budget: £193,585 **Areas of operation:** 7 **Staff:** 13 staff paid, 17 volunteers
Activities: Capacity building of youth and support groups, Agriculture and Nutrition, Income Generation, Business planning and proposal writing, Micro Finance, Child to Child, Child Rights, Youth Clubs, Counselling, VCT, In school guidance and counselling, distribution of food, clothing, nutritional supplements, basic medication, shelter, provision of Secondary and Primary boarding school fees and operational and academic research

Community Reached to date: 50,000

● BUNGOMA, WESTERN KENYA official and estimated statistics

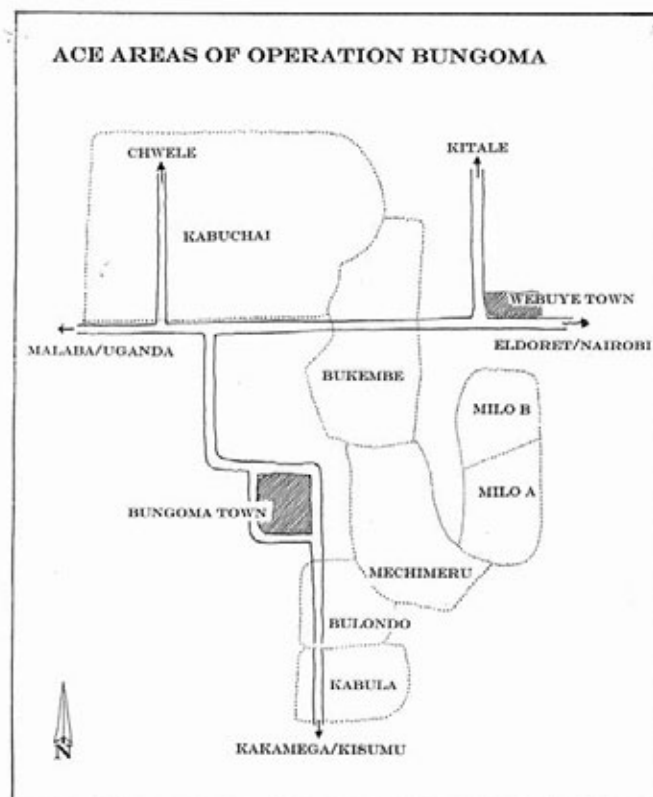
Bungoma District – based on GoK official statistics

Population	1.2 million
No of locations	42
Official HIV/AIDS prevalence	7%
Est % living below poverty line	56%
Est % OVC	11%
Av. Household size	8



Bungoma ACE areas of operation:
 Bukembe, Bulondo, Kabuchai, Kabula, Mechimeru, Milo (A and B)
 - estimated figures based on ACE operational research

Number of locations	6
Est total population	300,000
Est % PLWA	35%
Est no OVC at end of 2006	19,000



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