



ACE

ACTION IN THE COMMUNITY ENVIRONMENT

HIV/AIDS Orphans and Vulnerable Children Mitigation Programme

KENYA 2003 – 2012



ANNUAL REVIEW 2007

ACE **(Action in the Community Environment)**

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

Contents Page

	Inside page
ACE Board	4
Message from Executive Director	5
Message from Director of Programmes	6
ACE Profile 2007	7
ACE Achievements 2007	8
ACE Highlights 2007	8
Mentor System	
Community Support Groups	
ACE Programme Activities	
Thematic Area One: Improving nutrition & economic security	
• Agriculture and Nutrition	9
• Income Generating Activities	10
Thematic Area Two: Protecting the health & rights of children	
• Child to Child HIV/AIDS Education	12
• Protection of Child Rights	13
Thematic Area Three: Providing psychosocial support & direct aid	
• Community Support Centres	14
• In school Guidance on HIV/AIDS	14
• Outreach Counselling	15
• VCT	16
• Direct Aid	16
• School Bursaries	18
Research	
• ACE Africa	20
• Institutional Partners	21
ACE Africa partners	22
ACE Year Ahead 2008	23
ACE Africa Financial summary	24
ACE UK Financial summary	25
ACE Donors & Supporters	26
ACE Africa Staff	27
ACE Africa Community Volunteers	30
ACE History	31

Abbreviations: OVC—Orphans & vulnerable children; PLWA—People living with HIV/AIDS; VCT—Voluntary Counselling and Testing; CtC—Child-to-Child; IGA—Income generating activities; NGO—Non-Government organisation; CBO—Community based organisation.

Message from ACE Executive Director Joanna Waddington

2007 has been a significant year of change for ACE. We achieved new levels in the numbers of beneficiaries reached, staff employed, community volunteers involved, donor support, project sites and infrastructure as well as international charitable status. With this growth comes greater recognition of our work at the community, district, national and international levels. Acknowledged as the leading NGO in Western Kenya for Orphan and Vulnerable Children programming, our long term intervention is driven by the belief that children need and can receive, sustainable care and support from within their communities for the duration of childhood.

The cycle of events that leads a family into desperation often starts with the stigma associated with HIV & its impact on cultural practices such as polygamy & inheritance rights. This combined with a lack of access to education on HIV/AIDS prevention & management, limited health & welfare facilities and profound poverty, creates a potentially devastating cocktail of social deprivation. ACE's programme has evolved by working with & within rural communities whose lives are amidst this cycle, addressing every aspect that affects their lives & more specifically the lives of their children. Our twin pronged approach involves short term emergency needs such as the provision of basic medication, nutritional supplements, & shelter and long term interventions such as establishing community structures & training programmes to manage activities in the future. Over the last four years, our programming has provoked societal pressures which have changed cultural attitudes towards combating the HIV crisis & its associated stigma. Working with the commitment of 450 community resource persons, community led initiatives have evolved and, with continued technical support from ACE, will persist into the future.

Against the odds, it is predominantly the women who are spearheading these initiatives. We have witnessed the strength of women in their unity & in their determination to actively protect their rights & act as role models to address change in their society. Today, as part of the decision making process at all levels, these women are changing the attitudes of men. More men are taking responsibility to protect the rights of women & children, providing care & support at home, educating the young about HIV prevention, going for VCT and openly declaring their status in the community. Men are even joining women's groups!

Despite political insecurity before the elections in December and the unrest that ensued early in 2008, the ACE staff continues to reach those most in need. With a 130% increase in staff, a doubling of donor funding and ACE supporters, over 50,000 direct & 100,000 indirect beneficiaries were reached in 2007, exceeding all targets and expectations. In 2008, as we increase our services in Siaya & Bungoma & start activities in Arusha, Tanzania, we can be encouraged by our achievements and as determined as ever to prevent more vulnerable households from falling into the cycle of decline.



Mary Wesonga, a member of one of the many women's groups working with ACE

Message from ACE Director of Programmes Augustine Wasonga

In the year 2007, as part of Phase Two of programming in Bungoma and Phase One in Siaya, ACE sought to increase the involvement of community members in the running of the OVC programme with the aim of assisting more OVCs and PLWAs and affirming the GIPPA Principle (Greater Involvement of People living with AIDS in Programmes Addressing their needs). Ensuring that support for the project emanates from and is sustained by the community is key to ACE's exit strategy.



To achieve this, ACE established Area Advisory Committees to help with decision making in project areas. Committee representatives are drawn from a broad spectrum of the society including religious leaders, local health facilitators, area agriculture extension officers, community development officers, local administration officers; child rights committee members, CtC teachers, head teachers and retired community members with technical knowledge in agriculture, health, education, and children rights. The committees play an important role in ensuring the most vulnerable in the community benefit from ACE activities through identification & monitoring of individual households and ACE led community activities. Committee members also contribute direct aid and identify other problems in the community, mobilizing both technical and financial support to address issues. Each committee is monitored and supported by an ACE Africa field officer and reports back monthly. ACE has also increased the number of community resource persons such as Community Mentors (Agriculture and Nutrition, Household, Child Welfare) and Child Rights Committee members.

Increasing the ability of community members to access local funds to enable them to implement their own activities has also been a focus this year. Through training in proposal writing, management, implementation, accounting and reporting, ACE has assisted well organized groups to successfully obtain devolved funds from bodies such as the Constituency Development Fund (CDF) and Constituency AIDS Control Committee Fund (CACC) amongst others.

Greater involvement and ownership has helped the community to lobby for local leaders to support ACE projects at the local and district level and encouraged more community members to support PLWAs & OVCs. This in turn has assisted in reducing the stigma associated with HIV/AIDS.

It is through this strategy that ACE has increased its reach from 2,825 OVC in 2006 to 19,288 OVC in 2007, clearly demonstrating that through strengthening traditional systems of care, communities can adopt and maintain support for PLWA and OVC now and in the future.

ACE Profile 2007

Action in Community Environment

ACE was established in Kenya in September 2003 in response to the overwhelming impact of HIV/AIDS on rural communities, the increasing number of Orphans and Vulnerable Children and the lack of community resources to support them.

ACE works at the grassroots level in remote rural areas of Kenya & Tanzania where poverty and HIV/AIDS are rife, providing short term emergency support such as food, shelter, basic medication, counselling and testing as well as long term interventions such as training in nutrition, HIV/AIDS education, income generation & the protection of children's rights.

ACE believes that HIV/AIDS is not just about daunting numbers but about individuals. It impacts on ALL aspects of a child's life over a long period and communities themselves can provide the necessary support now and in the future so that children reach their full potential.

IN 2007

ACE started Phase Two in Bungoma District, Western Kenya

ACE started Phase One in Siaya District, Nyanza Province, Kenya

ACE started baseline research in Arusha District, Tanzania

ACE had an employed staff of 30 in Kenya, Tanzania and the UK (1)



IN 2007

ACE worked with over 2,000 volunteers & trained 450 community committee members and mentors to support implementation

ACE directly benefited over 50,000 and indirectly over 100,000 community members

ACE was recognized as the leading NGO in Western Kenya in Community Orphan Support

ACE Beneficiaries:
Orphans and Vulnerable Children, Youth, People Living with HIV/AIDS,
Guardians and Community Support Groups

ACE Achievements 2007

The ACE programme aims to address all aspects of a child's life concurrently using community led initiatives and resources. This year ACE started Phase Two Bungoma & Phase One Siaya.

THEMATIC AREA ONE Building sustainable nutritional capacity in the community	THEMATIC AREA TWO Building community ability to protect the health and rights of children	THEMATIC AREA THREE Providing psychosocial support and direct aid
Training in agriculture, nutrition and linked income generation	Training in Child to Child HIV education	Providing VCT, counselling & in-school guidance & Counselling
Creating individual, community & school gardens, seed banks and nutrition based IGAs	Creating & supporting Child Rights & Area Advisory Committees to strengthen networks	Providing basic medication, nutritional supplements, shelter, school uniforms & bursaries
Achievements in 2007		
<p>Agriculture and Nutrition In Bungoma, 300 & Siaya 40 people newly trained in agriculture & nutrition resulting in a total of 747 individual, 27 community, 40 school & 6 demo gardens supporting 10,723 OVC with nutritious food</p> <p>Trained 120 community agriculture and nutrition mentors to provide technical support to 600 trainees at the village level</p> <p>Working with 82 community support groups (approx 2,000 community members) who regularly support over 5,000 OVC with food, basic household items, school fees etc</p> <p>Income Generation Trained 19 Support Groups in production of nutritional supplements & soya. 370 OVC are regularly being supported by IGA and Micro Finance trainees</p>	<p>Child Rights 20 community members & 635 children informed about the Rights of the Child</p> <p>218 community members informed on Paralegal Issues & 40 Committee members trained to give legal advice at village level</p> <p>25 Community Child Welfare and 25 Household Mentors trained</p> <p>162 Child Abuse cases handled by 6 already established Community Child Rights Committees</p> <p>Child to Child Clubs 60 Teachers trained in Child to Child HIV/AIDS health clubs</p> <p>3,455 Child members of 73 Primary School Child to Child HIV/AIDS health clubs</p> <p>24 Teachers trained and all attending cluster group management meetings every term</p>	<p>Psychosocial Support 9,341 Community Members visited ACE's 7 Community Resource Centres</p> <p>1,070 OVC and PLWA received outreach counselling</p> <p>78 Sponsored Children received regular educational counselling and 5,974 children attended in-school guidance & counselling</p> <p>962 community members tested for HIV at 24 outreach events - 90% increase on last year. 109 shared their HIV status with the community</p> <p>Direct Aid 1,985 (777 OVC 1,208 PLWA) received nutrition or soya supplements</p> <p>2,900 (1,174 OVC, 927 PLWA & 799 Guardians) received medication</p> <p>606 school uniforms 250 blankets and nets 82 lamps & household items 77 Secondary School Bursaries</p>
<p>2007 Direct Beneficiaries: 50,000 Indirect Beneficiaries: 100,000 In 2007 ACE doubled ● project activities ● staff enrolment ● community involvement</p>		
<p>2003 - 2007 Direct Beneficiaries: 100,000 Indirect Beneficiaries: 200,000</p>		

ACE Highlights 2007

The most significant highlight in 2007 is community response — their increased adoption of skills and activities and their initiative, leadership and collaboration in taking responsibility for the vulnerable children in their communities.

• **Strengthening of Community Support Groups & ACE Mentoring Systems**

This year, ACE worked with 82 Support Groups (over 2,000 community volunteers) to provide care and support to approximately 5,000 OVC & 1,250 PLWA & care givers in Bungoma and Siaya.

Five years ago in Bungoma, Support Groups for OVC & PLWA did not exist. Today, these groups are the mainstay of society, made up of PLWA, men & women, youth, widows and widowers all providing each other with the emotional, practical & economic support they need to care for the vulnerable children in their community. ACE works with these

groups to enable them to sustain care for OVC in their communities now and in the future. Once a group has been assessed & registered with ACE, they are provided with monthly support in book keeping, household assessments, record keeping & reporting. ACE has trained 22 groups in Income Generating Activities, Micro Finance & Proposal writing & this year 3 support groups have accessed devolved funds to support their own OVC activities. ACE has also trained 205 mentors from 15 groups (120 Agriculture & Nutrition, 60 Household & 25 Child Welfare.) Mentors are volunteers who live in the communities where ACE work & are actively involved in supporting OVC. They are responsible for mentoring 5 households each, identifying household needs, providing emotional support & advice, obtaining detailed household data & encouraging people to adopt skills & utilize local support systems & networks.



Members of Wapudo Women's Group, Siaya are trained in Agriculture & Nutrition

Vitalis Wachuti 39 years, Agriculture & Nutrition Mentor, Kabula



Vitalis and one of his trainees in Kabula

Vitalis was trained in Agriculture & Nutrition in 2004 & established an exemplary kitchen garden which was used for community demonstrations as well as providing regular food for his family and orphans in the community. In 2007, he was trained as a mentor & assigned 5 ACE trainees in his community. He also trained 3 other community members himself. He visits all 8 trainees twice a month, providing them with advice on crop rotation & management, nutrition, water saving techniques & marketing. He is also responsible for assessing household needs & providing advice on referrals. Vitalis sells his produce at the local market & will assist his trainees to do the same next harvest.

ACE Thematic Area One

Improving nutrition and economic security in the community

• Agriculture and Nutrition in the Community

The Agriculture & Nutrition component continues to go from strength to strength as more community members adopt skills & establish their own & community kitchen gardens. In the ACE target areas, knowledge on the benefits of nutrition in relation to the management of HIV/AIDS has been lacking & the main crops harvested are sugar cane & maize which have little nutritional value. In 2007, a further 340 individual (Bungoma 300, Siaya 40) & 19 Community Kitchen gardens were established & over 10,000 community members regularly received nutritious vegetables. With over 1,000 community members now trained, others are learning by example & establishing their own gardens without training from ACE. The 120 ACE Community mentors provide technical advice at the village level, guiding on issues such crop rotation & pest management. ACE has facilitated regular cluster meetings where mentors receive further training & find solutions to issues arising from their visits to individual trainees.



Everlyne Mukhebi is a widow aged 38 living in Mechimeru with 5 orphans. Her main source of income for the last 21 years has been from farming maize & beans & she has struggled to support her children. Everlyne was trained by a community mentor in June 2007 and has since established an exemplary kitchen garden on her one acre plot producing a variety of vegetables e.g. spinach, sweet potato and indigenous crops. She & her children now receive three nutritious meals a day. She is planning to cultivate passion fruit and to manage poultry to support the family diet and increase household income through sales. **"Thank you ACE for giving me the skills to provide enough food for my family."**



• Agriculture and Nutrition in schools

In 2007 ACE trained another 30 schools, resulting in a total of 40 Primary schools developing their own kitchen gardens & providing food to OVC at home & in school. In partnership with the MoE & the community, ACE also established a pilot school lunch programme in 10 schools with the aim of final year students & OVC receiving food at lunch time. Some parents donate maize & beans, OVC provides vegetables from the school garden & the school pays for the cooks. ACE will expand this in 2008.

"We were hungry & couldn't get enough food. Now we get regular vegetables and fruit from the school garden."

Eric Wanyoni, OVC Kabuchai, Bungoma

ACE Thematic Area One

Improving nutrition and economic security in the community

• Income Generating Activities

As part of ACE's aim to improve community nutrition & economic security, Income Generating Activities focus on the production & marketing of nutritious food crops for use & sale within the target communities & beyond. By the end of 2007, 22 community support groups were engaged in ACE initiated IGAs enabling greater community access to food products, increased group economic security and increased support of OVC & PLWA. On average, each group supports 25 OVCs/ PLWAs outside of their own households every month, an increase in support of 264 people per month since 2006.

Soya Production



In 2007 ACE piloted a project which involved 14 support groups in soya production, manufacturing & marketing. Soya is highly nutritious & can be produced in flour or milk format. It is easily prepared & digested and is palatable. The high demand for soya has resulted in the groups being able to sustain production through continued sale to ACE & to retail markets locally. ACE has provided soya flour and milk to 60 vulnerable households (450 PLWA/OVC) as part of an impact assessment and results reveal that on average beneficiaries weight increased by 2kg a month, strength & appetite improved and incidence of illness reduced. Through the distribution of information leaflets and awareness raising, community adoption of soya has risen & knowledge of its health benefits increased.

Neuni Self Help Group - has 23 members, many of whom are HIV+ and widows. In 2007, the group were trained in the production of soya and provided with 12 Kg of seeds. The soya was harvested & sold to the Youth Action Network Group who were trained by ACE in the processing and marketing of soya. The group have managed to retain a seed bank for the next harvest and have a regular contract for sale with the Youth Group.

The group currently support a total of 34 OVC/PLWA every month outside of their own households with the income from the soya business. They have also organized their own 'OVC Fun Day' where over 50 PLWA and OVC received gifts such as soap, clothing, food and school uniforms & ACE counsellors provided outreach VCT and tested 30 community members.

'This project has increased our funds so that we can help more OVC and vulnerable people. Many people now want to grow soya as they can see the benefits to our health & to our group.'

Mary Wabwila, Nueni Group Official



ACE Thematic Area One

Improving nutrition and economic security in the community



• Income generating Activities

Nutritional Supplements

Alongside the agriculture and nutrition programme, ACE introduced an Income Generating Activity for the local production, manufacture and marketing of nutritious flour. In 2007, ACE trained a further five support groups to engage in this activity, and a total of 7 groups in Bungoma are now producing nutritious flour for their communities.

The flour which is made up of soya, maize and cassava is highly nutritious, easily digested and has had a remarkable affect on the health of PLWA and malnourished children. Many bedridden patients are out of bed within a month and able to conduct household chores. Children gain weight and attend school more regularly. Household income is increased with more community members wishing to buy the flour. There is an increase in the numbers of community members attending VCT resulting in a reduction in the stigma associated with HIV/AIDS.

In 2007, 2,550 packets of nutritious flour were distributed by ACE through these groups, resulting in 250 needy households receiving the flour every month. In addition, the increase in group income has resulted in an average of 200 OVC receiving monthly support from the 7 groups.

Upendo Support Group - produced 500Kg of nutritious flour per month in 2007 - selling to ACE & other local markets. The group makes some Ksh 5,000 (£42) per month & supports 30 OVC & 5 PLWA with food, nutritious flour, household items, shelter, clothes & medication.

"I thank ACE for helping Upendo Group. I have benefited from nutritional supplements & moral support and they have even built me a house. I feel stronger & supported. God bless their work."
Beatrice Atieno - PLWA



ACE Thematic Area Two

Protecting the Health and Rights of Children

- **Child to Child HIV/AIDS Education**

"Through establishing the CtC clubs, ACE has planted a seed in the pupils and the larger community that will bear fruit long after they are gone." CtC Teacher, Milo Primary School



The Child to Child HIV/AIDS programme is a participatory, rights based approach enabling children to make health choices in their community, learn how to protect themselves from HIV/AIDS infection & support the vulnerable in their society.

The 73 Primary schools adopting the CtC methodology have established health clubs which involve 3,455 volunteer child members. Evidence suggests that pupils' knowledge of HIV/AIDS has increased, previously taboo subjects associated with adolescent health/

sexual and reproductive issues are discussed, and that there has been a decline in the number of teenage pregnancies. School drop out rates have in some instances reduced to zero where previously an average of 10 children per term would abandon their education. Life skills gained from the CtC approach allow girls to make safer & healthier decisions resulting in better self image and esteem. Imparting these skills has helped children develop coping strategies. With the support of parents, guardians, teachers and other community members children have now become agents of change and are actively involved in providing support to the sick and vulnerable. This in itself has been instrumental in reducing the stigma associated with HIV/AIDS in the community. Working closely with the Child Rights Committees, CtC clubs have become a place of learning, sharing & support. ACE has introduced cluster meetings for CtC teachers to enable them to share successes & challenges, plan future activities & develop CtC mentors.

"The pupils watch out for the vulnerable children, they visit households, help with chores and carry food to feed the orphans without being prompted". Teacher, Kabuchai Primary School

Anthony Mandu is a 12 year old, HIV+ total orphan Anthony is at Kabuchai Primary which is a CtC school. Both his parents died of HIV/AIDS related causes & he now lives with his aunt who is a widow with 8 children of her own. Anthony is in constant need of medical attention & nutritious food. When he is unable to go to school, he is visited by the children of the CtC club who provide him & the family with vegetables from the school garden. They help with households chores & provide moral support to Anthony. When the club makes money from the sale of vegetables they buy his medication for him. ACE provides him with nutritious flour.



ACE Thematic Area Two

Protecting the Health and Rights of Children

- **Protection of Children's Rights**

“Looking after orphans has now become a prerogative in the community. They see a child in need, they take action, they protect them from abuse and contribute to school & exam fees, buying of clothes, uniforms, medicine. The community is taking responsibility.”

Chairman of Child Rights Committee, Bukembe, Bungoma

This year, ACE has strengthened the already established 6 Child Rights Committees by training 80 members in paralegal issues so that they have the legal knowledge to protect the rights of children at the community and district level.

The committees have become “active watch dogs in the community” counselling families on the rights of the child, how best to protect them and providing advice on how to respond to issues of sexual abuse and inheritance rights.

240 community members & 635 children have been trained by

the committees on the rights of children. The committees have handled 162 cases at the community level, in many instances cautioning families about OVCs rights to education, land, inheritance and saving them from eviction. There has been an increase in the number of people seeking legal advice at the village level and the community are informed about their rights.



Saleema, 10 yr old orphan, watches her sick mother's stall. ACE Child Rights Committee intervened & she is now back at school

Michael Mabere is a 16 year old orphan who lives in Bulondo. Both his parents died of HIV/AIDS causes and he and his three siblings were left alone on their 8 acre plot. His uncle, the late Mr. Mabere's brother conspired to grab the land from the children and evict them.

Michael, being in a CTC school, heard about the Child Rights Committee whom he went to see & informed them of his uncle's plans to separate all the children to other relatives & grab their land. The committee arranged a meeting with all the relevant stakeholders & the Ministry of Lands. A caution was put on the land to ensure it could not be taken from the children.

“The Child Rights Committee really saved us. We did not know what “a Caution” was all about but now I know I have the right to keep my land and you can stop someone from grabbing it by administering a caution notice over it with the Ministry of Lands. Putting a legal caution on land has allowed the disputing parties to solve their differences”.

Michael Mabere, OVC, Bulondo

ACE Thematic Area Three

Providing psychosocial support, referrals and information



ACE Activator Vincent Bukembe Resource Centre

• Community Support Centres

The ACE Community Resource Centres are situated close to the local health facility & are run by community volunteers & monitored by an ACE Field Officer. They are places for referrals & information on issues such as Child Rights, CtC, HIV/AIDS, agriculture & nutrition, & use of nutritious flour & soya products.



Community members visit Kabula Resource Centre, Bungoma

The Resource Centres act as a venue for training & meetings organized by local support groups, Child Rights Committees & Area Advisory Committees. They are also places where condoms & seeds for kitchen gardens are available & where ACE provides counselling services each week. Due to the increase in demand & the large geographical areas that ACE covers in Bungoma, an additional centre has been established in Milo & another area closer to Bungoma town (Satellite) has been incorporated into programming. In 2007, 9,341 community members visited our 7 support centres. ACE has identified two centres in Siaya to open in 2008.

'I have come to know more about HIV/AIDS through reading books and talking to the ACE community activator at the resource centre.' *Peter Lumumba, OVC, Kabuchai Resource Centre*



• In school Guidance and Counselling

This is offered in the 73 primary schools where ACE works. In partnership with the MoE and Child Rights Committees, ACE counsellors provide children with the opportunity to learn and discuss issues that affect them in school and the community such as physical, sexual and mental abuse, caring for the sick, bereavement, the effects of drug abuse on health, transmission & prevention of HIV/AIDS, prevention of early pregnancies/marriage & the importance of education to their lives. In addition, pupils are encouraged to identify vulnerable children in the community & report them to the Child Rights Committees & CtC clubs. Children in need of psychosocial support are also encouraged to visit the ACE counselors on an individual basis at the resource centres. This year 5,974 children benefited from these sessions compared to 1,037 in 2006.

'The ACE Africa & MoE guidance & counseling sessions have led to a reduction in truancy in school over the past year. Children's general understanding about issues that affect them and ways to protect themselves has increased.' *CtC Teacher, Kabula Primary School*

ACE Thematic Area Three

Providing psychosocial support & referrals

• Outreach Counselling

This service enables community members to receive professional counselling in remote rural areas. Due to the increase in demand, ACE now has three HIV/AIDS counsellors who work with PLWA, guardians & youth and a child welfare officer who works with OVC. Counsellors visit clients in their homes, assess living conditions & basic needs & provide counselling & coping strategies to those who are infected/affected. They refer clients to Child Rights & Area Advisory Committees & the local health facility for ACE donated medication.

In areas where no one goes unaffected offering regular professional counselling results in a greater number of community members seeking help, addressing the daily issues that face them and being encouraged to go for VCT. A total of 2,172 community members have benefited from regular professional counselling this year & 306 referred to other local services.



"I felt like killing myself after my husband died & I realized he had infected me with HIV. I thank you for the counselling sessions. You have given me courage to face the future."

Mary, PLWA, Bulondo, Bungoma

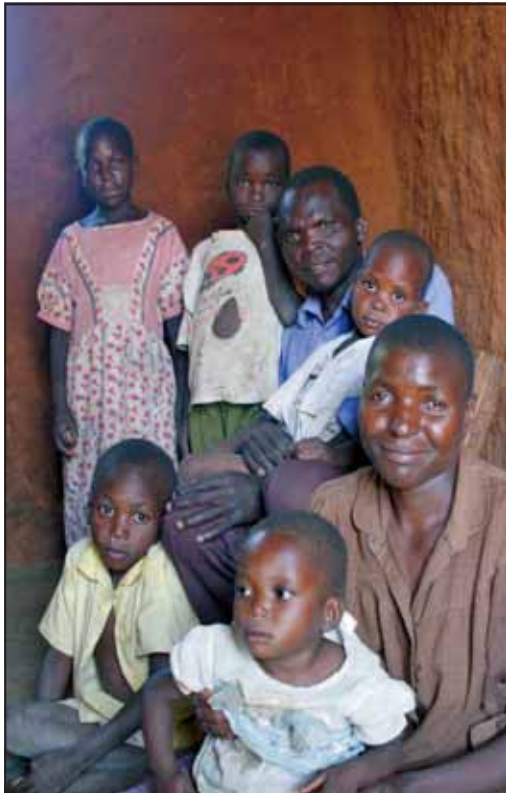
Linnet Mokeiro is a 34 year old HIV+ widow. She lives in a small rental room measuring 6ft x 6ft with her 6 children. The children often depend on well wishers for meals because she is sick and there is no source of income unless she has the energy to do manual labour in exchange for food or money.

Linnet now receives regular nutritious supplements & counseling from ACE. In just 3 months her weight increased from 49 Kg to 53 Kg and she is now out of bed & able to conduct basic household chores. ACE provides Linnet with basic medication & food from the demonstration garden. She & her children now have blankets & mosquito nets. Her case has been referred to the Child Rights Committee & she has joined Joy Life Community Group who regularly visit & provide support. **"I feel cared for. If I had known about ACE earlier I wouldn't have got this sick , because what you have done is given me the strength to live on."**



ACE Thematic Area Three

Providing psychosocial support & direct Aid



• VCT (Voluntary Counselling and Testing)

Outreach VCT provides those living in remote rural areas with the opportunity to know their status, assess their behaviour and to access other information relating to HIV/AIDS e.g. proper use of condoms, safer sex, positive living, the relationship between sexually transmitted infections and HIV/AIDS, mother to child transmission, discordance and Anti Retroviral Therapy.

This year, ACE conducted 24 outreach mobile clinics in partnership with the MoH. A total of 962 community members were tested for HIV/AIDS compared with 525 in 2006, almost a 50% increase. During these sessions, referrals are made e.g. those testing positive are referred to local comprehensive care centers for CD4 counts, weight, viral load etc or those who are negative are advised to test again after 3 months. 109 shared their HIV status with the community (63 in 2006) & the high demand each month for outreach VCT indicates that not only are people keen to know their status and change behaviour but also that there is a marked reduction in the stigma associated with HIV/AIDS.

"I am relieved to have shared my HIV+ status with the community and still be accepted."

PLWA, Bulondo, Bungoma

• Direct Aid

Shelter

Often, houses are destroyed by heavy rains & widows & children are evicted when the husband dies. The cost of building or renovation is beyond the means of most. Beatrice lived in this house in Ugenya, Siaya (right) with her 4 children, the roof & walls had collapsed & there was no room for them all to lie on the muddy floor at night, no lamp and no blankets. ACE provided Mary with new shelter (left), blankets & a kerosene lamp. ACE built 16 new homes in 2007.



The kitchen



The source of light

School Uniforms

ACE provided a total of 606 vulnerable children with new school uniforms in 2007.

ACE Thematic Area Three

Providing Direct Aid

- **Household Items**

Mosquito Nets

Malaria continues to be the biggest killer in Sub Sahara Africa, particularly where there is a high prevalence of HIV/AIDS. Children are the most susceptible, given that they are not able to recognize the symptoms and are often far removed from basic health facilities. In 2007 ACE provided 100 households with mosquito nets reducing their risk of malaria.

Blankets and Mattresses

Many households live in such poverty that they do not even own a blanket. In 2007 ACE provided 150 households with blankets.

Lamps and basic utensils

Often purchasing lamps, kerosene or even matches is beyond the scope of some households. ACE has provided 66 exceptionally vulnerable households with these basic needs.



- **Nutrition and Medical support**

Nutritional supplements

In 2007 ACE provided 1,985 people with nutritional supplements. This fortified flour, taken as porridge, is particularly effective for PLWA who have lost appetite, are bedridden & need to gain weight & strength. It is also taken as a supplement with ARVs.

Soya Products

ACE has supplied 60 households monthly with soya in the form of milk or flour.

Medication

Access to basic medication in rural areas is limited. Whilst ACE does not provide ARVs, there is a desperate need for medication such as anti-malarials, pain killers etc. Working with the local health facilities, ACE has provided 2,900 PLWA, OVC and guardians with basic medication this year.

ACE Thematic Area Three Providing Direct Aid

- **Secondary School Bursaries**

'ACE is the only organization that has a comprehensive bursary plan to ensure children actually are retained in school and complete their higher education through its four year bursary scheme. Since its inception, ACE has consistently proved to be the most supportive stakeholder in the district through its educational programmes & support for OVC.' *District Education Office Bungoma*

ACE's Secondary School Sponsorship scheme continues to go from strength to strength with a remarkable increase in individual and group sponsors from the UK and the USA resulting in 43 new secondary school enrolments in 2007 making a total of 77 on ACE bursaries.

ACE works with the Ministry of Education to identify extremely vulnerable and orphaned children who are then short-listed. 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.

This year, through ACE's household surveys, the programme has extended to provide the sponsored child's household with basic needs such as clothes, uniforms, shelter etc as well home visits from ACE staff. Often feelings of jealousy and resentment come from the guardian household whose own children might not have qualified for the scholarship and their own situations are very vulnerable. An ACE Education Counsellor visits these households to encourage them to support the orphaned child's education and to link them with other ACE services such as Agriculture and Nutrition, direct aid or Income Generation.

The Education Counsellor also visits the sponsored children every month at school, providing them with emotional and educational counselling. This has strengthened links between the child, ACE, the schools and the guardian household.



Vincent Nyongesa, aged 16 years from Bulondo, Bungoma is an orphan whom ACE has been supporting for the past three years in Primary boarding school due to his exceptionally vulnerable circumstances. This year he qualified for an ACE Secondary School Bursary and has started at Bungoma High School.

'ACE has helped me since I was young & are like a family to me. You have given me a future and I cannot thank you enough for this opportunity.'

ACE Thematic Area Three Providing Direct Aid

- **Primary Boarding School Support**



ACE supported orphans at South End Academy share a joke

For the past four years, ACE has been supporting orphaned children in Primary school who have exceptionally vulnerable circumstances at home. Without this support, it is unlikely these children would be able to access primary education, making them more vulnerable to becoming household slaves, physically, mentally or sexually abused or abandoned and more susceptible to HIV infection. This year ACE has supported 10 children, some at South End Academy where 45% of all the children are orphaned due to HIV/AIDS. Support includes clothes, books, play things, school uniforms, mattresses, blankets, beds and regular food products. Teachers have also been trained in Child to Child Health Education and psychosocial support. It is hoped that these children will continue with their education through the ACE Secondary School Bursary scheme & that the school will benefit from ACE's Income Generation training.

'I am an old mama, my children have all died due to HIV/AIDS and I am left alone looking after my 8 grandchildren in this one roomed small house. ACE Africa must have been sent by the angels to help me, for now Centrine will get an education. She is a bright girl and deserves this chance. Thank you ACE.'

Mama Wekesa, Milo, Bungoma

Operational Research ACE Africa



- **Monitoring and Evaluation Systems**

In 2007, ACE established a combined research and M&E department. The increase in project activities & number of staff & community volunteers involved in collecting data means that simple, easy to use monthly collection tools are essential to maintain accurate information, a clear understanding of lessons learnt & the way forward. ACE staff train community volunteers on basic monthly data collection tools and collect them at the end of the month. On average 300 data sheets are collected from the community every month & collated by ACE staff.

This year, all data tools were revised & coded according to thematic areas & departments. A new computerised data management, back up & security system was developed & all staff trained to input, maintain & extract information. In addition, a computerised filing system for all individual, household & community beneficiaries has been developed, showing ongoing history of intervention for all beneficiaries. Identification cards will be issued as a further back up system.

- **Household Surveys**

ACE has developed a generic household survey which captures in depth information per household, e.g. number of adults/children/carers, frequency of illness, deaths, access to food, education, medication, & physical state of house, as well as health assessments on each child in the home. This survey is used as a bench mark to account for all ACE support in particular households & also to measure the short & long term impacts of intervention. In 2007, ACE completed 1,500 individual household surveys in Bungoma & 500 in Siaya which have been entered on the data system & will be followed up annually.

- **Internal Impact Assessments**

ACE conducts annual impact assessments in all thematic areas to measure short and long term changes and to strengthen programming in accordance with community needs.

- **Nutritional and Soya Supplements**

In partnership with the MoH nurses, ACE monitors the BMI of all beneficiaries on supplements monthly in order to track any changes & ascertain the way forward. The tool also acts as a benchmark to measure the effectiveness of the supplements on the long term health of PLWA.

- **Stigma baseline**

In order to measure any community changes in the stigma associated with HIV/AIDS, ACE has implemented a baseline assessment to ascertain current levels of discrimination & knowledge as a comparative long term study mid & post intervention.

Research Institutional Partners

- **Positive Outcomes for Orphans (POFO)**

In partnership with The Department of Public Health, Duke University, USA, this is a 5 year, cross cultural research project in Kenya, Tanzania, Ethiopia, Cambodia and India. The study aims to identify characteristics of care for orphans that are associated with better child outcomes and compare the short and long term impacts of community and institutional care. ACE has been identified as the Kenyan NGO partner in community care and support for orphans and vulnerable children.



Approximately 500 households are interviewed every six months to assess the health, physical, psychosocial & nutritional status of children and their carers. Basic household needs & counseling are provided regularly to vulnerable households.

- **Hygiene Behaviour in Primary Schools**

'Our pupils now know about personal hygiene & environmental cleanliness. We look forward to continuing in the same spirit.' *Head Teacher Ngalasia Primary, Bukembe*

This is a comparative study sponsored by Colgate Palmolive, between schools where ACE has introduced the Child-to-Child approach and schools where there are no Child-to-Child clubs. The research aims to assess the effectiveness of using the Child-to-Child approach in promoting positive hygiene behaviour among primary school children in schools, at home, and in the community and in particular in promoting positive hygiene behaviour among OVC. Issues covered are i) Safe Water ii) Basic Sanitation iii) Oral Hygiene. This knowledge is often essential to maintain health and in many cases, care for younger siblings and/or ill family members. 300 Households and 300 students from 6 Primary schools are taking part in the research.

- **Hybrid Technologies in the era of HIV/AIDS**

In partnership with the Department of International Health and Development, Tulane University School of Public Health and Tropical Medicine, USA, this is a two year baseline study on the changes in population, reproductive health, agriculture, technologies and mobile phones in the era of HIV/AIDS conducted in Kabuchai, an ACE catchment area.

Partners

ACE works with the following to implement its programmes:

- PLWA, Guardians, OVC and young people in the design, implementation and monitoring of the programme
- Community Support Group members and local resource persons to deliver services and increase networking & referrals in the community
- Area Advisory & Child Rights Committee members to monitor, manage and implement activities now and in the future
- Government and private sectors using national strategic development guidelines to combat the HIV/AIDS pandemic
- National and International organizations sharing expertise and experience



Specific partners include:

- **Local NGOs, CBOs and FBOs:** USAID funded Aphia2 partners, Western Kenya Human Rights Watch, Catholic Justice & Peace, Amref, Sacred Africa, KRep, Kenya Women's Peace Trust, Child to Child (CtC), Kenya Red Cross Siaya, Anglican Church, Siaya, Catholic Diocese Bungoma, National Bank of Kenya, Bungoma, Ocharo & Kebira Advocate & 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, Constituency AIDS Control Council. Collaboration has involved design of training materials, curriculum development, training, reporting, monitoring of activities, project planning and evaluations
- **National Partners:** National AIDS Control Council (NACC), Child to Child Kenya, KANCO, Canadian High Commission (CIDA), Unicef, The Kenyan Red Cross, Inter Diocesan Christian Community Services (IDCCS), Amref, KECOFATUMA, Nyagari & Associates, the NGO Council, the NGO Bureau, Institutional Research Review Board, (IRB), TICAH, Saidia
- **International Partners:** ACE UK, ACE USA, Child to Child UK, Children in Crisis, The Mango Tree Tanzania, WOFATA Tanzania, Lutheran World Federation Uganda, Action Aid Tanzania, Mawalla & Associates Tanzania, Tulane University USA, Duke University USA

Year Ahead 2008

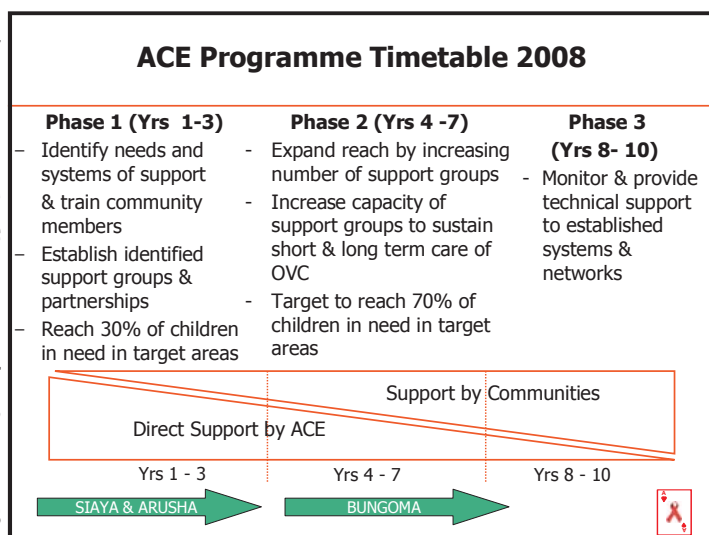
ACE

- **ACE UK** will continue to raise funds through applications to trusts, donors, corporations and individuals as well as organizing fund raising activities. ACE intends to strengthen its fund-raising & administrative arm through the employment of a full time ACE UK Director.
- **ACE USA** will raise funds for ACE Africa through fundraising activities.

• ACE AFRICA

Across the project sites ACE aims to increase awareness of its 'best practice' system of support through standardizing training curricula, methodologies, data collection tools and operational research, making them available for use elsewhere. In addition, ACE will produce materials in English & Kiswahili to promote information on HIV/AIDS, its management through nutrition, guidance on use of specific food products and their benefits and the protection of Children's Rights for use in the community and beyond. ACE will increase staff learning both internally through site exchanges & externally with partner organizations.

ACE Africa aims to increase its local funding sources through obtaining direct grants & fund-raising nationally.



• Bungoma, Western Province, Kenya (Phase Two - Year Two)

Guided by the strategic plan, the programme will specifically focus on the involvement and empowerment of already established community structures (such as the Area Advisory Committees, Child Rights Committees and Community Support Groups) providing them with skills in planning, project implementation, reporting, record keeping and book keeping. Through these networks ACE aims to reach 70,000 direct beneficiaries. Across the three thematic areas ACE will i) Strengthen community structures and links between local, district and national partners ii) Increase involvement of government & other sectors iii) Increase training of community support groups particularly in income generating activities iv) Expand involvement of youth in activities v) Increase the provision of outreach VCT & counseling & vi) Improve communication systems, internally, externally & in the community.

• Siaya, Nyanza Province, Kenya (Phase One - Year One/Two)

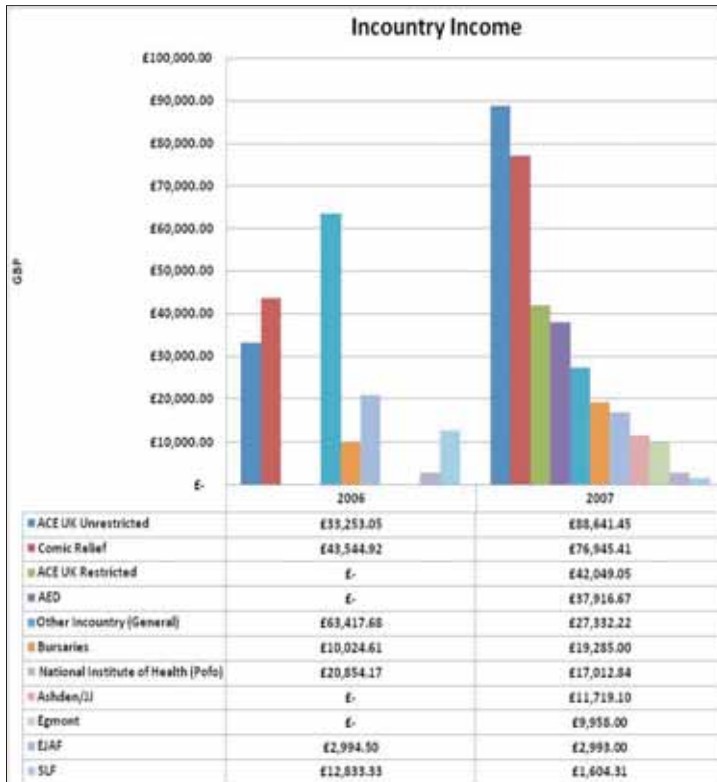
ACE will strengthen existing partners & networks, establish Area Advisory Committees, Child Rights Committees & more community support groups to work with, involving them in the full programme. ACE aims to reach 10,000 direct beneficiaries in Siaya in 2008.

• Arusha, Northern Tanzania (Baseline Research & Phase One - Year One)

Identify target areas and conduct baseline research. Adapt the programme accordingly & establish working partners & networks to start Phase One implementation in September 2008.

ACE Africa Financial Summary 2007

In Country Income 2007



The year 2007 marked the beginning of the second Phase for ACE AFRICA activities in Bungoma and Phase One in Siaya.

The Total income almost doubled with an increase in the number of donor grants to ACE UK and direct to ACE Africa. The total income 2007 was £335,457 compared to £186,922 in 2006.

Comic Relief committed to a new grant in July for 4 years (2007 – 2011) which has led to an increase in activities. New donors included AED/USAID and The Egmont Trust amongst others.

The year also marked the end to EJAF and SLF projects and other shorter term projects by ACE UK.

Over 70% of Income was channelled through ACE UK.

In Country Expenditure 2007

The total spent in 2007 was GBP 335,532 as compared to GBP 193,585 in 2006. There was an increase in project activities with project spending almost doubling.

Operational and administration costs reduced to 16% of overall spending even though the number of staff increased from 11 in 2006 to 26 in 2007. These costs continue to reduce (20% in 2005) and ACE Africa aims to reduce them further to 15% in 2008.

General

ACE AFRICA continues to receive technical, accounting and fundraising support through its partnership with ACE UK. ACE AFRICA accounts are externally audited twice a year and the audited accounts for 2007 are available on request.



ACE UK Financial Summary 2007

Support for the work of ACE grew strongly in 2007 and ACE UK was able to achieve a 94% increase in total income and over 100% increase in grants made to ACE in Africa. We are sincerely grateful to all our donors, large and small for the faith they have shown in the ACE team and what it is doing. ACE UK raises funds to make grants to ACE Africa Kenya and ACE Africa Tanzania, gives them technical and managerial support, and provides liaison in the UK. ACE UK will support other NGOs working with ACE in Kenya and Tanzania in the same field. ACE UK appeals for grants from trusts, foundations, companies and similar institutions, and raises funds from individuals by direct approaches and by holding fund raising events. In 2007 ACE UK received new grants from a number of companies, foundations and trusts, including a four year grant totalling £582,629 from Comic Relief for the main elements of the Bungoma programme. Grants were received for the start of work in Siaya District, Western Kenya, and for preparatory work in Tanzania. The ACE Secondary Schooling Bursary Scheme was expanded from 34 children at school to 77 at the end of the school year. ACE UK receives reports on overall progress towards each year's budget and plan and, for specific donors, reports on the relevant component of activities.

Income during 2007 amounted to £340,249 (2006: £175,093) and expenditure amounted to £70,568 (2006: £31,271) leaving a net income of £269,682 (2006: £143,821) before making grants. Donated income was £301,863 (2006: £132,756), and event income was £37,493 (2006: £42,000). Event expenses were £21,293 (2006: £22,398) leaving a surplus on events of £16,200 (2006: £19,602). The expenses of ACE UK comprise consulting and supervision of operations in East Africa of £25,556 (2006 : £nil) and UK administrative and fundraising costs which amounted to £9,140 and £14,578 respectively (2006: £1,763 and £7,110). The total fund raising and administrative costs of £23,718 amounted to 7.5% of the total donated income and surplus on events. (2006: 5.8%)

ACE UK has made grants to ACE Africa during the year totalling £238,940 (2006: £112,228), of which £153,610 (2006: £46,178) was for restricted purposes and £85,330 (2006: £66,050) comprised unrestricted grants. Retained income at 31st December 2007 consisted of £8,408 (2006: £22,271) of unrestricted and £58,888 (2006: £14,283) of restricted funds. Unrestricted funds totalling US\$75,000 had been granted to ACE UK in 2007 but were not received until 2008, and these funds together with other income in 2008 and restricted and unrestricted income on hand at 31st December, 2007 will be employed to run ACE UK and to continue support of ACE Africa Kenya and ACE Africa Tanzania.

	Notes	Unrestricted Funds 2007 £	Restricted Funds 2007 £	Total Funds 2007 £	Total Funds 2006 £
Incoming Resources					
Donations	2	103,649	198,214	301,863	132,756
Event Income		37,493	-	37,493	42,000
Investment Income		893	-	893	336
Total Incoming Resources		<u>142,035</u>	<u>198,214</u>	<u>340,249</u>	<u>175,092</u>
Resources expended					
Grants made	10	85,330	153,610	238,940	112,228
Management charitable operations	10	25,556		25,556	
Costs generating funds	10	14,578		14,578	7,110
Event Costs	10	21,293		21,293	22,398
Administration	10	<u>9,140</u>		9,140	1,763
Total resources expended		<u>155,897</u>	<u>153,610</u>	<u>309,507</u>	<u>143,499</u>
Net Incoming Resources		(13,862)	44,604	30,742	31,593
Total funds brought forward		22,270	14,284	36,554	4,961
Total funds carried forward		<u>8,408</u>	<u>58,888</u>	<u>67,296</u>	<u>36,554</u>

Note: Summarised from the Audited Accounts of ACE UK for 2007 which are available on request

ACE Donors and Supporters 2007

ACE would like to thank the following for your generous support

AED/USAID, Ashden Trust, Colgate Palmolive, Comic Relief, Dulverton Trust, Elton John AIDS Foundation, Egmont Trust, Garfield Weston Foundation, Huggy Bears, I Hennig & Co Ltd, JJ Trust, Liz Earle Cosmetics, Paragon Trust, Peter Storrs Trust, Steven Lewis Foundation, The Ullman Trust, Anonymous, A Coutts Cutler, A D Platt, A Gordon, A J Tombs, A L Pennant, A M Coutts, A Medley, A Miller, A Pakenham, A Ranger, A Raymond & J Williams, Albert van den Bergh Charitable Trust, Alex Blair, Amelia Jackson, A Stewart-Roberts, A Jinman, A Lucas, A Cameron, Anna Reid, Anna Vigars, Annette Bradshaw, Anon, Archie Lodge, B Smith, B Vittoria, BAT, Beacon Educational Trust, Mr & Mrs B Morton, Benenden School, Bridget Smith, Brindisa Ltd, Broome Park Golf Club, Mr & Mrs B Macfarlane, C L Nelson, C Lane, C M Lewis, C Sheffield, C Vigars, Camilla May, C Emlyn-Jones, C Lane, Catherine O'Sullivan, Celia Hamer, Mr and Mrs C Ogilvie, Charlie Hiscocks, Charlotte Wallis, Christian Meissner, Clarissa Lodge, Claudia Lloyd, Cunningham Lindsey International, D G Barnes, D G Crusher, Dame Elizabeth Hoodless, David Carter, DB Fass, Diana Blair, Dom Birkmyre, Dorrie McVeigh, Dr L Forster, E Finch, E L Matthews, Elizabeth Bennett, Elizabeth Formby, Elizabeth Gillies, Elizabeth Mathias, Elizabeth Ward, Mr & Mrs E Shealey, Mrs A Bamford, Francis Howard, Frederick Searle, G & W Huggins, G A Child, G Chignell, G Hewitson, Gavin Morton, George B Sutton, Gillian House, Gillian Kenny, Goldman Sachs, Hannah Clifton, Hans & Jane Hufschmid, Harriet Curtis, Hilary Green, Helen Fairclough, Dr & Mrs I Francis, I A Gatt, Irene Bridgmont, J Adams, J Benson, J Cammack, J Dunn, J Elwes, J Fairclough, J J Chandler, J J Vittoria, J M Grant, J P Boden & Co Ltd, J Peppiatt, J R Emm, J Skeet & H Longfield, James Williams, Jane French, Mr & Mrs E Leuchars, Mrs J Prest, J Fawcus, J Mickelthwaite, J Vittoria, JJ Vittoria, J Collett, Just Giving donors, Joe Waddington, Kate Waddington, A Wasonga, K O'Flaherty, K Lawton, K P Whittall, Karie Clifford, Lady Diana Kemp Welch, Lady J Lloyd, Ludlay Charitable Trust, Latymer School, Dr G Hardy, Laura Dent, Lee Bryce, Lord & Lady Hodgson Foundation, Lord March, Lucas Care, Lydia Longrigg, Lynne Howard, Mark Bonnar, M C Millar, M Chamberlen, M E Whitmore, M Nye, M Stoughton-Harris, Mark Austin, Mark Fletcher, Mark Rodino, Maureen Mills, Mr and Mrs M Wigley, MG & VM Elwes, M Lane, Mr & Mrs Alastair Waddington, Mr & Mrs C Roest, Mr & Mrs David Waddington, Mr & Mrs Ian Skeet, Mr & Mrs R Johnstone, Mr & Mrs R Waddington, Mr & Mrs Abel Smith, Mr & Mrs M Collett, Mr & Mrs C Collas, Mr & Mrs R Fairbarns, Mr & Mrs GH Bailey, Mr & Mrs H Norman, Mr & Mrs Keith Millar, Mr & Mrs J B Downing, Thomas Downing, Nick Downing, Mr & Mrs KN Davies, Mr & Mrs Michael Schumm, Mr & Mrs R J Carlson, Mr A B Marsden Smedley, Mr & Mrs Donald Cameron, Mr B E Hunt, Mr Charles Milner, Mr E McKinley & Ms K A Lavidge, Mrs Ewan Frazer, Mr & Mrs IAK Dipple, Mr Ian Ferris, Mr Ian Henderson, Mr & Mrs J Debenham, Mr & Mrs J Case, Mr & Mrs L Hardy, P Drummond, Mr & Mrs M Pym, Mr P C Topping, Mr P Foot, Mr R Heyworth, Mr & Mrs Tim Everard, Mr Murray Lawrence, Mrs A J Pitman, Mrs A Hough, Mrs A Mayne, Mrs A Surridge, Mrs C N Westmacott, Mrs EJM Lewis, Mrs Elizabeth Crisp, Mrs GWE Rogers, Mrs H M Clark, Mrs J L Hepburn, Mrs Jenny Goossens Cooke, Mrs JM Eliot, Mrs JMJ Millar, Mrs K Gore, Mrs Karen Batstone, Mrs L M Lent, Mrs Lucinda Whitrow, Ms T Millar, Mrs M M Weston, Mrs P A Evans, Mrs P Eloit, Mrs Pat Donovan, Mrs Peter Guinness, Mrs Richard Nesbitt-Dufort, Mrs S H Honeyman, Mrs Ian Watt, Mrs Pat Whittall, Mr & Mrs N Maitland, N Peppiatt, Mrs John Roberts, Northcote Manor, NT Wilkins, O Slot, P Clayton, P J Manser, P J Seftel, P M Case, P R Chandler, PA Robothan Jones, Mr & Mrs P Daniels, Paul Ruddock, P Henderson, P Banner, Philip Howard, Prof J Axford, R A M Fanshawe, R B A Maddan, R Broadhurst, R L Dean, R M Swire, R Sutcliffe, R Sutton, R&J MacDuff, Rachel Lebus, P Wells, M McGinley, P Clayton, Radley College, Mr & Mrs R Tillard, Mr and Mrs R Carter, Robert Noel, Mr & Mrs A May-Smith, Roz Webster, Rupert Travis, S Plowden, S Weaver, Sam Kite, Sandra Bellamy, Sarah Byatt, Selena Plowden, Simon Ropner, Sir Christopher Bellamy, Sir Hal Miller, Sir John Webster, Sir Richard Brooke, Sir Thomas & Lady Allen, Sir Timothy & Lady Bevan, Sophie Bazell, Stephen Davies QC, Stephen Marsh, Sylvia Beacham, T J Archer, Tabitha Elwes, Tessa Manser, The Dragon School, T Whiting Tory, Mr & Mrs M Burr, Victoria Nye, Mr & Mrs W Billington, Mr & Mrs D Roberts, Mr & Mrs T Roberts, Walter Marais, Willa, Ollie, Grace, & Mimi Douglas, W Plabinger, Kathleen Murray, Kingsgate House Winchester College

ACE Africa Staff and Project Volunteers

Management

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Augustine Wasonga Director of Programmes / Co Founder, B.Ed Hons Kenyatta University, Certificate in Project & HIV/AIDS Management, currently pursuing MA in Community Care and HIV/AIDS, 10 years experience HIV/AIDS project management, 4 years ACE

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Anthony Okoti—HoD Agriculture and Nutrition/ Project Manager - Siaya/ Co Founder Diploma in Business Management, currently pursuing BA Sociology, 7 years experience in rural Agricultural NGO programming, 7 years work with HIV/AIDS and OVC Community programmes, 4 years ACE

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Lillian Bwire HoD Child Welfare / Children's Officer - Bungoma B.A (Hons) Moi University, 2 years Executive Officer St John's Ambulance, 4 years Area Coordinator NCKK, 7 years experience in Community Development, HIV/AIDS mitigation & relief work, 3 years ACE

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Finance and Administration

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Peter Were Driver - Bungoma/ Siaya Certificate Business Admin, 8 yrs work experience, 4 months ACE

Emmanuel Mnyangabe Driver - Bungoma/ Siaya/ Arusha 5 years work experience, 18 months ACE



J. Shem, J. Waddington, A. Wasonga, L. Bwire, D. Amonde, A. Okoti



J. Shem, P. Were, W. Opati, B. Omollo, A. Nakhisa, L. Okello

ACE Africa Staff and Project Volunteers

Support Groups and Income Generation

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Susan Ochito Wambanda - Field Officer - Siaya, BA, Egerton University, 6 months OVC research, 1 year community development experience, 6 months ACE



S. Wambanda, D. Asuza, D. Amonde

Child Welfare and Counselling

Grace A. Ananda HIV/AIDS Counsellor - Bungoma, Diploma in Community Health Development, Kenya Professional Certificate in Counselling (KAPC), MoH NASCOP VCT, 5 years work experience in HIV/AIDS Community Projects, 4 yrs ACE

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Kendi M'Marete Child Welfare Officer - Bungoma-Diploma Community Development & Counselling, Institute of Community Development Nairobi, Certificate in HIV/AIDS Counselling (KAPC), currently pursuing higher diploma in counselling, 6 years work experience in children's programming, 1 year ACE

Evans Munyang'anyi Volunteer Children's Department - Bungoma-B.A Community Development, volunteer Aga Khan Hospital, Kenya Red Cross Society, Sacred Africa, 3 months ACE

Robert Alleyne Mujera Children's Education Counsellor - Bungoma - B.A Sociology & Economics, Kenyatta University, Higher Diploma in Counselling Psychology (KAPC), Diploma in community development & project management (KAPC). Certificate in HIV Management, 2 years work experience, 7 months ACE



G. Ananda, E. Yongo, L. Bwire, K.M'Marete, DJ.Juma, E. R. Mujera

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Agriculture and Nutrition

Dickson Keskwa Field Officer - Bungoma Currently pursuing Diploma General Agriculture, 6 years experience Community Development, 3 years ACE

Kennedy Opondo Assistant Field officer - Bungoma, Diploma in Farm Management and 6 years experience in crop and livestock production, 2 months ACE

Churchill Owino Onono Field Officer - Siaya, Diploma in Agriculture, 2 years work experience with Community Development Agriculture, 4 months ACE

Elizabeth Nasambu Volunteer School Gardens - Bungoma B.A Sociology, Moi University, 1 year work experience Community Development, 9 months ACE



A. Okoti, K. Opondo, D. Keskwa, E. Nasambu

ACE Africa Staff & Volunteers

Research / Monitoring and Evaluation

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Everlyne Olayo - Researcher Colgate - Bungoma, National Certificate in Social Work/Community Development, 2 years work experience with Relief and Rehabilitation Programme, Bungoma, 6 years work experience Rural Water Development, 1 year ACE

Cyrylla Amany Were: Research Assistant POFO - Bungoma
B.A in Law and Social Sciences, 2 years experience at SGS Kenya (Nairobi), Assistant Manager at Global Trade Solution, 1 year volunteer work Kenya Alliance for Advancement of Children's Rights, 1 year ACE

Samson Okiya Makwata Data Entry Officer - Bungoma Diploma in Systems Analysis and hardware maintenance, 5 years experience in data entry and analysis, 10 months ACE

Moses Malaba Data Entry Officer (POFO) - Bungoma Certificate in Civic Education (T.O.T), Diploma in Social Work, 1 ½ years ACE

Benjamin Makhanu: Data Entry Officer (POFO) - Bungoma, Certificate in Computer Systems and Application. Currently pursuing Diploma in Programming. 2 years work experience, 1 ½ years ACE



C.Were, M. Malaba, B.Makhanu, S.Makwata

ACE Community Volunteers and Community Resource Persons



Some of the 450 community volunteers with whom ACE work
Listed overleaf

ACE Africa Community Volunteers

**WE WOULD LIKE TO THANK ALL THE VOLUNTEERS IN THE COMMUNITY
WHO WORK WITH ACE TO HELP THOSE IN NEED:**

Shabir Namasaka Francis Wesonga Dennis Chebukosi Vincent Okumu Janet Muricho Martin Barasa Rose Chemuku Francis Wobula Onesmus Chemuku Wycliffe Kigwa Benwick Chapir Joel Muui Martin Moiti Catherine Wanyonyi Ed-dah Adora Catherine Wafula Amos Okwara Norah Waswa Joseph Mwanja Elizabeth N.Wasike Eric Nyongesa Pius Lukorito Suzy N.Karani Gladys Wataka Protus Mukenya Rhoda Wanyonyi Bernard Masaka Jacline Kundu Elizabeth Juma Robert Wafula Agnes Wanyonyi Alice Simiyu Hellen.Simiyu Grace Kisiang'ani Suzy Kibuyi Joseck W.Masinde Rose S.Simiyu Angelson Wafula Ben K Buyayi Chrisantus Wafula Colleta N Panyako Isaac Okhala Anthony Wafula Gladys Wasike Margaret N. Kukali Moses Juma Wabomba Wycliffe Kakai Peter Wafula Jeniffer Nyongesa Josphine N Wesamba Tobias Mukananachi Juliet Naliaka Edward Kinanjui Mariana Wasike Rhina Shiundu Edward Khalakayi Emelda Nyongesa Agnes Wanyama Josephat Khaemba Erick Misiko Violet Wafula Deborah W Mwamidi Ruth N. Makhanu Florence Lipesa Mildred Wanyama Jasmin Masinde Peter W Wefafa Elizabeth Mungai Julian Juma Sussy Wanyonyi Bibiana Molo Speta Chami Juma Felister Nasimiyu Frankline Wanyonyi Duncan Wanyama Margaret Wan-jala Baraza Gladys Carolyne Amoding Christine Mahero Christine Wasiroma Crescentia Furukha Dismas Wanyonyi Janetrix N Wafula Mary S Ben Priscilla Nyongesa Sarah Lunumbo Felistus Sifunjo Alice Muchoe Andrew S Kisaka Inviolata Walumbe John W Chereti Silas Muswahili Agnes N Wanyonyi Nereah Grace Nyongesa Immaculate Mu-runga Irene N Muricho Frida Juma Felistus Sifunjo Patrick Masika Phenic Shabata Godfrey Sifunjo Christine Makokha Francis Wobula Francis Barasa Protus Wanyama Kennedy Barasa Francis Simiyu Benard Juma Robert Maelo Rose Makhanu Alfred Wamalwa Josephat Vigefti Maurice Wekesa Ann Wekesa Violetb Sifuna Simon Wanjala Emily Juma Peris Mukhebi Florence Wanjala Patrick Walunywa Margaret Khalakai Chrispinus Wamalwa Seline Wekesa Solomon Wanakuta Richard Barasa Elizabeth Mukile Metrine Juma Mohammed Sikuku Nelice Karandini Onesmus Chemuku George Mateyi Reginald Wesamba Gevina Khaemba George Wasari George Wafula Kenneth Sawa Josephine Mukisu John Makanda Ignatius Chemuku Vitalis Wechuti Violet Wekesa John Murunga William Barasa Ann Waswa Foice Ambiyu Robai Wabwile Violet Sifuna Samuel Lugutu Violet Juma Anthony Barasa Rose Ong'anya Concepta Nyon-gesa William Osyaju Nabiswa Charles Thomas Wasike Donald Pakasi Janet Nyongesa Margaret Namachanja Pam-ela Sarana Paul wakulinda Bramwel Chaki Daniel Makokha Irine Wabalisa Alice Masinde Pius Nangeso Julius Odera Peter Wafula Calistus Wanyanya Janet Naliaka Richard Nasika Eunice Nganga Robert Changulo Felistus Makokha Caleb Wafula Daniel Juma Night Maumba Eliud Mukhino Isabella Nabiswa Leonard Nabiswa Dismus Fwamba Ferdi-nand Masinde Rabeca Maina Aaron Wafula John Chingulo Geoffrey Nganga Rabeca Nyongesa Fredrick Biketi Ben-son Bisanju Irine Lusopio Pamela Sisa Jamin Ndege Isaac Nacanja Barasa Mary Sifuna Janet Muricho Bilha Lihandu Joel Muui Earnest Mukholi Nathan Wamalwa Japheth Wekesa Priscilla Wekesa Eliud Ndege Phares Maikuma Martin Nasibili Martin Juma Elizabeth Shirandi Violet Kataka Christine Mutoro Victor Wanjala Masinde James Wanamo Wab-wile Winrose Wanyonyi Ruth Musuya Benjamin Simiyu Wakhatete Jobstone Wabwile Jane Smart Norah sipenji Philip Wanjala Judith Simiyu Mary khaemba Josephine wekesa Rose Juma Frida khaemba Ziporah chemta Franklin Wan-yonyi Michael Wanyama Livingstone Muyonge Esther Wamalwa Moses Wafula Denis Situma Moureen Nelima Hellen Wanjala Enock Khisa Joseph Simiyu Sarah Nyandino Pius Kimwani John Siranjofu Irine Nyongesa Ann Wafula Juliana Kweta Roselyn Wanyama Mwana Amisi Adhiambo Dinah Nekesa Benson Okumu Margaret Khaoya Anastac-cia Sunguti Phaustine Nasambu Michael M.Sifuna Robert Juma Godfrey Barasa Justine Wamalwa Gladys Wataka Justus Simiyu Janet Wamae Martin Moiti Henry Wekesa Kennedy Barasa Consolata Simiyu Gladys Wepukhulu Wycliffe Wanyonyi Justine Simiyu Jenipher Mabonga Chrispinus yabu Teresa wamachimbo Juliet Juma Emily Nelima Richard Opicho Phehines Barasa Celestine Nanjala Maxmilla Wachiye Jenipher Wamalwa Antonina Wafula Florence Wesonga Rosemary Wanjala Merrab Nambiswa Gabriel Waminga Fred Wabwana William Wanjala Violet Simiyu Patrick sande kunani Wycliffe Kigwa Gabriel Masinde John Watitwa Joab Mabonga Dennis Chebukosi Charles Wak-hatete Francine Munialo Jones Barasa Phanice Wesonga Florence Lipesa Elizabeth sirengo Gladys kilwake Gerald Makete Elizabeth Watiti Joel Watiti Bilha Shandi Rose Musango Juliet Barasa Maurice Mbakaya Janet Muricho Flor-ence Mayama Ronald Juma Everlyne Matumbeyi Bramwel Bunyolia Wilbert Wanyama Eric Soita Zeph Omonya Win-rose Wanyonyi Julius Masibo Martin Werunga Hellephine Koskei Joel Muui Jamin Simiyu Philip W anjala Rashid Ma-yama Fred Masobo Isabella Wanjala Jane kasambeli Protus Waraba Ignatius Chemuku Virginia Sikuku John Makanda Fatuma Okumu Margaret Namachanja Violet kikaya Cleophas Masinde Joseph mwanja Gevina khaemba Foice Ambiyu Elizabeth Wayongo Concepta Nyongesa Calistus Wanyonyi Samuel Lugutu Tobias Namachanja Robai Wabwile Adriano Sifuna Godfrey Barasa Justus Simiyu Crescentia Mulukha Jennifer Simiyu Jennifer Wanyonyi Justin wamalwa, Joseph Wanjala Wycliffe Wanyonyi C.wandabwa Juliet kisuya Eliud muyekho Wily Barasa Sitati Ronald Bumbu Ruth Wanyonyi Titus Nyongesa Julius Wanyama Sylvester Okinda Ann Simiyu Patrick Sikuku Geoffrey Nyon-gesa Ramadhani Musungu Sarah Simiyu Sweib Wanyuni Emily Makhanu Elijah Mogaka Maurice Nalianya Nicholas Khisa Bernard Makatiani Robinson Michael Fwamba Agnes Kanda

ACE Africa Growth 2003 - 2007

JUNE 2003

Governance: Registered CBO, Kenya, partnership with Children in Crisis

Budget: £1,000 **Area of Operation:** 1 **Staff:** 2 unpaid **Activities:** Community Mobilisation

DECEMBER 2003

Governance: Registered CBO, Kenya, Steering Committee Kenya & UK Partnership with Children in Crisis

Budget: £43,000 **Areas of Operation:** 3 **Staff:** 4 paid 2 volunteers

Activities: Capacity building, Agriculture & Nutrition, Education & Counselling

Direct Beneficiaries to date: 300

DECEMBER 2004

Governance: Registered International NGO Kenya, Board UK, Steering Committee UK Partnership with Children in Crisis

Budget: £95,000 **Areas of Operation:** 6 **Staff:** 7 paid 13 volunteers

Activities: Capacity building of support groups, Agriculture & Nutrition, Herbal Remedies, Income Generation, Micro Finance, Child to Child, Child Rights, Counselling, distribution of food, nutritional supplements, basic medication, shelter and clothing

Direct Beneficiaries to date: 5,000

DECEMBER 2005

Governance: Registered International NGO Kenya, Registered UK Charity

Budget: £102,000 **Areas of Operation:** 7 **Staff:** 11 paid 14 volunteers

Activities: Capacity building of support groups, Agriculture & Nutrition, Herbal Remedies, Income Generation, Micro Finance, Child to Child, Child Rights, Youth Clubs, VCT, Counselling, Primary & Secondary School Bursaries distribution of food, nutritional supplements, basic medication, shelter and clothing, operational research

Direct Beneficiaries to date: 35,000

DECEMBER 2006

Governance: Registered International NGO Kenya, Registered UK Charity

Budget: £194,000 **Areas of Operation:** 7 **Staff:** 13 **Volunteers:** 3 project 14 community

Activities: Capacity building of support groups, Agriculture & Nutrition, Income Generation, Micro Finance, Child to Child, Child Rights, Youth Clubs, VCT, Counselling, Primary & Secondary School Bursaries distribution of food, nutritional supplements, basic medication, shelter and clothing, operational & academic research

Direct Beneficiaries to date: 50,000

DECEMBER 2007

Governance: Registered International NGO Kenya, Registered Non Profit Company, Tanzania, Registered UK Charity, Registered USA Charity

Budget: £335,000 **Areas of Operation:** 11 **Staff:** 30 **Volunteers:** 5 project 450 Community

Activities: Capacity building of support groups & community structures, Agriculture & Nutrition, Water Saving, Income Generation, Child to Child, Child Rights, Youth Clubs, VCT, Counselling, Primary & Secondary School Bursaries distribution of food, nutritional & soya supplements, basic medication, shelter & clothing, operational & academic research

Direct Beneficiaries to date: 100,000



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