



Wamumbi Orphan Care

HIV/AIDS awareness and sex education, access to health care, and nutrition and home garden program



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Two-page fact sheet

1,500 Kenyan community members will enjoy improved access to sex education programs, proper health care, and awareness of nutrition and food security through an HIV/AIDS awareness and sex education, access to health care, and nutrition and home garden program

COMPELLING NEED

Imagine you are a child or sick person who feels unloved and uncared for by their local community.

Many families in the rural areas of Kangema District, Central Province of Kenya, cannot meet their basic needs of food, shelter and clothing let alone education. Orphans and vulnerable children are often hardest hit by these challenges and if not taken care of, their physiological development and social-economic integration are seriously affected. High levels of HIV/AIDS infection and resultant deaths have led to the collapse of social-cultural bonds that would otherwise have provided a safety net for orphans, and this has considerably increased vulnerability. Without adult care and guidance, the result can be disastrous; this compounded by poor access to adequate education leads to children lacking the necessary skills with which to improve their status later in life. This perpetuates a cycle of poverty.



APPEAL FOR FUNDING

\$28,492.50 will help a poor community with a high percentage of orphans and HIV+ members become sustainably well-nourished and healthy.

Support of \$28,492.50 will help Wamumbi Orphan Care implement a HIV/AIDS awareness and sex education, access to health care, and nutrition and home garden program for 1,500 community members in Kenya's impoverished Central Highlands. The program will help the children become free from illness and be sufficiently nourished to attend and excel in school. 1,500 community members will begin the rise out of poverty to lead healthy, productive lives.

ABOUT OUR ORGANIZATION

Why invest in Wamumbi Orphan Care?

Since 2010, Wamumbi Orphan Care, a Kenya-based non-profit organization, has been committed to the idea that responding to community identified needs with accessible technologies will bring about sustainable, long-term change for those stigmatized within the community and change that sets a positive example community-wide.

Wamumbi Orphan Care has a unique approach to development: We believe that simple HIV/AIDS awareness and sex education, access to health care, and nutrition and home garden interventions allow children to grow up healthfully, participate in family and community activities and receive an education that leads to a productive future.



We work to prioritize community-identified needs and researches science-backed, solution-oriented activities that work to solve problems. Our projects include workshops designed specifically for the community, taking into consideration different age groups and genders — we combine these with follow-up activities to make sure that community members are able to adopt the practices.

We also work cost-effectively, running on volunteer efforts wherever possible in order for donations to reach the most needy and vulnerable. We have long-standing collaborative relationships with a number of Kenyan governmental and non-governmental organizations—relationships that ensure the success and sustainability of our projects.

HOW WE PLAN TO SOLVE THE PROBLEM

This Proposal: HIV/AIDS awareness and sex education, access to health care, and nutrition and home garden program.

With this proposal, Wamumbi Orphan Care aims to help 1,500 individuals set an example and begin the process of rising out of poverty through:

- An HIV/AIDS and sex education project that includes workshops and follow-up on:
 - HIV/AIDS and other STDs

- Reproductive anatomy
- Decision-making skills – Abstain, Be Faithful, Use Condoms
- Extensive reinforcement through role plays
- Better access to health care through:
 - Collaboration with the local hospital
 - Workshops on advocacy, involving role play
- A family garden and nutrition project that includes workshops, supplies and follow-up on:
 - The basics of family nutrition and how a family garden can provide food security and income
 - Planning, designing, planting, and caring for a nutritious family garden

This will be an empowering program for these individuals and families. Introduction and dissemination of facts about HIV/AIDS, reproduction, sex education, HIV+ patients' rights and advocacy, and nutrition and home gardens will foster real improvements in the lives of the community members.

Safer decision-making regarding sexual activity will reduce the incidence of HIV and other STDs and of unwanted pregnancies in the community. This will lead to greater health and fewer pregnancy and illness-related school dropouts.

Short-term investments in fruit and vegetable gardens rich in Vitamin A, calories, proteins and fats will begin to show long-term and sustainable impact.

MEASUREMENT OF SUCCESS

How do we know our programs will work?

Scientific studies have shown that comprehensive sex education programs can reduce the rate of HIV and other STDs, and of teen pregnancy, by about 30%. The curriculum that Wamumbi Orphan Care will use has reduced teen pregnancy and increased the incidence of HIV testing and condom use in a similar socio-economic area in Western Province of Kenya.

Wamumbi Orphan Care has already secured the cooperation of the head doctor at the local hospital to work with community members to increase and improve access to health care, and to supply appropriate HIV and opportunistic infection drugs.

Scientific studies show that home gardens can provide 60% of leafy vegetables, and between 20% and 50% of all fruits and vegetables consumed by households. Improved nutrition boosts the body's immune system protecting children against diarrheal infections. Vegetable gardens have shown evidence of significantly reducing the number of malnourished children in impoverished communities.

BUDGET NARRATIVE

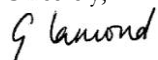
Wamumbi Orphan Care is requesting \$28,492.50 for this \$35,673.50, 29 month project, which will improve the lives of 1,500 people. The funds will provide a total of 87 workshops across three vital areas: HIV/AIDS and sex education, access to proper healthcare for HIV+ community members, and nutrition and planting family fruit and vegetable gardens for food-security. It will also include a survey of condom suppliers in the local area, gardening tools and a range of fruit and vegetable seeds for the experimental homegardens. Each workshop activity is reinforced by a follow-up program. Wamumbi Orphan Care will provide 20% cost sharing of \$7,181.00.

CONCLUSION

Overall we believe our program will be of great help to the 1,500 community members in the Central Highlands of Kenya. Community members will learn skills necessary to raise themselves out of poverty and live productive lives, leading to an overall reduction of poverty in the target area. They will also have increased food security. Orphaned and vulnerable children will have access to life skills training in preparation for different careers that will allow them to be contributing members of the society and more so to their families. They will also have an increased knowledge about nutrition and health.

Please don't hesitate to contact us with questions or to receive supporting documentation.

Sincerely,



Genevieve Lamond

CEO

Wamumbi Orphan Care (info@wamumbiorphancare.org.uk)

Project schedule

29 Month Calendar of Activities																											
	Activity	1 st Year										2 nd Year								3 rd Year							
		First six months					Second six months					First six months				Second six months				First six months							
SG 1	To educate about the topics of HIV/AIDS and sex education																										
OPut 1.1	100 community members took part in a survey of current knowledge about HIV/AIDS and sex																										
A 1.1.1	Arrange workshop meetings to survey current knowledge on HIV/AIDS and sex (25 participants per session), questionnaire designed																										
A 1.1.2	Present workshops																										
A1.1.3	Compile results of knowledge and gaps in knowledge, and design measurement instrument based on input																										
OPut 1.2	A sub-committee of the community group assessed availability of free and for-purchase condoms																										
A 1.2.1	Arrange brainstorming session																										
A 1.2.2	Hold meeting and develop list of all hospitals, clinics, VCTs, shops, etc. which supply or sell condoms; design rubric of appropriate questions, and assign responsibility for interviews																										
A 1.2.3	Visit and interview all providers of condoms using rubric																										
A 1.2.4	Reconvene work group and compile list to use during workshops under Output 1.3																										
Oput 1.3	500 community members took part in HIV/AIDS and sex education community workshops. 25 community members were also trained in skills necessary to conduct these workshops.																										

Budget

Detailed Budget							
Activity	Detail	Unit	Quantity	Unit Price	Donor	Wamumbi Orphan Care	Totals
Sub-Goal 1	To educate about the topics of HIV/AIDS and sex education			KES			
Output 1.1	100 community members took part in a survey of current knowledge about HIV/AIDS and sex						
Activity 1.1.1	Arrange workshop meetings to survey current knowledge on HIV/AIDS and sex (25 participants per session)						
1	Project director forms 2 person HIV/AIDS and sex education, healthcare, and nutritional homegarden program team	Month	0.25	200000	50000		50000
2	Compile participant list	Month	0.1	40000	4000		4000
2	Organise venue and meeting times with community members	Month	0.1	40000	4000		4000
2	Questionnaire designed	Month	0.3	40000	12000		12000
7	Venue hire	Day	4	2000	8000		8000
3	Assistant	Month	0.5	30000	15000		15000
9	Office expenses	Month	0.5	8000		4000	4000
Activity 1.1.2	Present workshops						
2	HIV/AIDS and sex education program team	Month	0.5	40000	20000		20000
5	Questionnaires and materials (pens, paper) for workshops	Unit	100	30		3000	3000
8	Refreshments	Unit	100	100		10000	10000
4	Travel and subsistence	Unit	100	400	40000		40000
3	Assistant	Month	0.5	30000	15000		15000
9	Office expenses	Month	0.5	8000		4000	4000
Activity 1.1.3	Compile results of knowledge and gaps in knowledge, and design measurement instrument based on input						
2	Compilation, analysis and report of survey	Month	0.5	40000	20000		20000
2	Design measurement instrument based on input	Month	0.25	40000	10000		10000
3	Assistant	Month	0.75	30000	22500		22500
9	Office expenses	Month	0.75	8000		6000	6000

Output 1.2	A sub-committee of the community group assessed availability of free and for-purchase condoms						
Activity 1.2.1	Arrange brainstorming meeting						
2	Compile participant list	Month	0.05	40000	2000		2000
2	Organise venue and meeting times with committee	Month	0.05	40000	2000		2000
7	Venue hire	Day	1	2000	2000		2000
3	Assistant	Month	0.1	30000	3000		3000
9	Office expenses	Month	0.1	8000		800	800
Activity 1.2.2	Hold meeting and develop list of all hospitals, clinics, VCTs, shops, etc. which supply or sell condoms; design rubric of appropriate questions, and assign responsibility for interviews						
2	Hold brainstorming session and assign geographic responsibility to field officers	Month	0.05	60000	3000		3000
4	Travel and subsistence	Unit	10	400	4000		4000
13	Field officers x 2	Month	0.05	20000	1000		1000
5	Meeting materials (paper, pens)	Unit	1	2000		2000	2000
3	Assistant	Month	0.05	30000	1500		1500
9	Office expenses	Month	0.05	8000		400	400
Activity 1.2.3	Visit and interview all providers of condoms using rubric						
2	Co-ordinate interviews with condom providers	Month	0.5	90000	45000		45000
13	Field officers x 2	Month	0.5	20000	10000		10000
4	Travel and subsistence for 2 field officers and assistant over 10 days	Unit	30	400	12000		12000
3	Assistant	Month	0.5	30000	15000		15000
9	Office expenses	Month	0.5	8000		4000	4000
Activity 1.2.4	Reconvene work group and compile list to use during workshops under Output 1.3						
2	Compile participant list	Month	0.05	40000	2000		2000
2	Organise venue and meeting times with committee	Month	0.05	40000	2000		2000
7	Venue hire	Day	1	2000	2000		2000
13	Field officers x 2	Month	0.05	20000	1000		1000

5	Print list of condom providers	Unit	100	100		10000	10000
5	Print photos of all condom providers	Unit	1	4000		4000	4000
4	Travel and subsistence for meeting participants	Unit	10	400	4000		4000
3	Assistant	Month	0.1	30000	3000		3000
9	Office expenses	Month	0.1	8000		800	800
Output 1.3	500 community members took part in HIV/AIDS and sex education community workshops. 25 community members were also trained in skills necessary to conduct these workshops.						
Activity 1.3.1	Arrange train-the-trainers HIV/AIDS and Sex Education six day workshop for 25 selected community members						
2	Compile participant list	Month	0.1	40000	4000		4000
2	Organise venue and meeting times with community members	Month	0.1	40000	4000		4000
7	Venue hire	Day	6	2000	12000		12000
3	Assistant	Month	0.2	30000	6000		6000
9	Office expenses	Month	0.2	8000		1600	1600
Activity 1.3.2	Conduct train-the-trainers six day workshop for 25 selected community members						
2	HIV/AIDS and sex education program team	Month	0.3	40000	12000		12000
4	Travel expenses for 3 trainers	Unit	3	5000	15000		15000
5	Training materials	Unit	25	2000		50000	50000
8	Refreshments (25 + 3 people x 6 days)	Unit	168	100		16800	16800
4	Travel and subsistence for trainers and participants	Unit	168	400	67200		67200
12	Payment for sex education trainers x 3	Week	3	9000	27000		27000
4	Accommodation for trainers for 7 nights x 3	Unit	21	2000	42000		42000
3	Assistant	Month	0.3	30000	9000		9000
9	Office expenses	Month	0.3	8000		2400	2400
Activity 1.3.3	Develop 5 age-appropriate workshop lesson plans and materials, for: 1) children ages 11-13; 2) teenagers 14-16; 3) young adults 17-20; 4) young adults in their 20s; and 5) older adults						
2	HIV/AIDS and sex education program team	Month	0.1	40000	4000		4000
4	Travel and subsistence (25 new teachers meet 2 days)	Unit	50	400	20000		20000
5	Printing	Unit	100	9		900	900

7	Venue hire	Day	2	2000	4000		4000
3	Assistant	Month	0.1	30000	3000		3000
9	Office expenses	Month	0.1	8000		800	800
Activity 1.3.4	Arrange separate workshop meetings, 25 age-grouped participants per workshop (20 2-day workshops in total)						
2	Compile participant list	Month	0.5	40000	20000		20000
2	Organise venue and meeting times with community members	Month	0.5	40000	20000		20000
7	Venue hire	Day	40	2000	80000		80000
3	Assistant	Month	1	30000	30000		30000
9	Office expenses	Month	1	8000		8000	8000
Activity 1.3.5	Present workshops, two full days for each group (total of 20 groups over 40 days); administer knowledge assessment prior to and at the conclusion of each workshop						
2	HIV/AIDS and sex education program team	Month	2	40000	80000		80000
12	Trained sex education teachers to run workshops (three teachers per 2 day workshop)	Unit	20	3000	60000		60000
5	Workshop teaching materials	Unit	20	10000		200000	200000
8	Refreshments	Unit	1050	100		105000	105000
4	Travel and subsistence for teachers x 3	Unit	120	400	48000		48000
4	Travel and subsistence for participants	Unit	500	400	200000		200000
3	Assistant	Month	2	30000	60000		60000
9	Office expenses	Month	2	8000		16000	16000
Output 1.4	Follow-up survey to assess knowledge of HIV/AIDS and sex after trainings and identify any further training needs						
Activity 1.4.1	Arrange workshop meetings to survey current HIV/AIDS and sex knowledge after four months of training, 25 participants per session						
2	Compile participant list	Month	0.1	40000	4000		4000
2	Organise venue and meeting times with community members	Month	0.1	40000	4000		4000
7	Venue hire	Day	4	2000	8000		8000
3	Assistant	Month	0.2	30000	6000		6000
9	Office expenses	Month	0.2	8000		1600	1600

Activity 1.4.2	Present workshops						
2	HIV/AIDS and sex education program team	Month	0.5	40000	20000		20000
5	Questionnaires and materials (pens, paper) for workshops	Unit	100	30		3000	3000
8	Refreshments	Unit	100	100		10000	10000
4	Travel and subsistence	Unit	100	400	40000		40000
3	Assistant	Month	0.5	30000	15000		15000
9	Office expenses	Month	0.5	8000		4000	4000
Activity 1.4.3	Compile and analyze the results						
2	Compilation, analysis and report of survey	Month	0.5	40000	20000		20000
3	Assistant	Month	0.5	30000	15000		15000
9	Office expenses	Month	0.5	8000		4000	4000
Sub-Goal 2	Advocacy program with guardians and health care providers						
Output 2.1	100 community members participated in a survey to assess the current knowledge about medical rights of HIV positive community members						
Activity 2.1.1	Arrange workshops to survey current knowledge about medical rights of HIV+ community members (25 participants per workshop)						
2	Compile participant list	Month	0.1	40000	4000		4000
2	Organise venue and meeting times with community members	Month	0.1	40000	4000		4000
2	Questionnaire designed	Month	0.3	40000	12000		12000
7	Venue hire	Day	4	2000	8000		8000
3	Assistant	Month	0.5	30000	15000		15000
9	Office expenses	Month	0.5	8000		4000	4000
Activity 2.1.2	Present workshops						
2	Advocacy program team	Month	0.5	40000	20000		20000
5	Questionnaires and materials (pens, paper) for workshops	Unit	100	30		3000	3000
8	Refreshments	Unit	100	100		10000	10000
4	Travel and subsistence	Unit	100	400	40000		40000
3	Assistant	Month	0.5	30000	15000		15000

9	Office expenses	Month	0.5	8000		4000	4000
Activity 2.1.3	Compile and analyze the results from the survey						
2	Compilation, analysis and report of survey	Month	0.5	40000	20000		20000
3	Assistant	Month	0.5	30000	15000		15000
9	Office expenses	Month	0.5	8000		4000	4000
Output 2.2	Awareness raising one day workshops were held with 500 community members						
Activity 2.2.1	Arrange workshop meetings (25 participants per workshop, 20 groups over 20 days in total)						
2	Compile participant list	Month	0.5	40000	20000		20000
2	Organise venue and meeting times with community members	Month	0.5	40000	20000		20000
7	Venue hire	Day	20	2000	40000		40000
3	Assistant	Month	1	30000	30000		30000
9	Office expenses	Month	1	8000		8000	8000
Activity 2.2.2	Doctor from local healthcare centre to explain during one day workshops with community members what HIV+ community members are entitled to in terms of medical treatment. Q&A session.						
2	Advocacy program team	Month	1	40000	40000		40000
14	Visiting doctor	Unit	20	1000	20000		20000
8	Refreshments	Unit	500	100		50000	50000
4	Travel and subsistence	Unit	500	400	200000		200000
3	Assistant	Month	1	30000	30000		30000
9	Office expenses	Month	1	8000		8000	8000
Output 2.3	Role play exercises were held with both health care workers and community members affected by HIV/AIDS advocating for health care rights, and reduction of stigma						
Activity 2.3.1	Arrange external partner to run workshops with role play exercises, 25 participants per meeting						
2	Compile participant list	Month	0.5	40000	20000		20000
2	Arrange visit by external partner, organise venue and meeting	Month	0.5	40000	20000		20000

	times with community members						
7	Venue hire	Day	20	2000	40000		40000
3	Assistant	Month	1	30000	30000		30000
9	Office expenses	Month	1	8000		8000	8000
Activity 2.3.2	External partner to present workshops						
2	Advocacy program team	Month	1	40000	40000		40000
4	Travel and subsistence for external partner	Unit	20	400	8000		8000
5	Questionnaires and materials (pens, paper) for workshops	Unit	500	30		15000	15000
8	Refreshments	Unit	500	100		50000	50000
4	Travel and subsistence	Unit	500	400	200000		200000
3	Assistant	Month	1	30000	30000		30000
9	Office expenses	Month	1	8000		8000	8000
Output 2.4	A follow-up survey was carried out to assess knowledge of medical rights of HIV positive community members and their carers after trainings and identify any further training needs						
Activity 2.4.1	Arrange workshop meetings to administer the questionnaire as designed in Activity 2.2.1 (25 participants per workshop, 4 workshops)						
2	Compile participant list	Month	0.1	40000	4000		4000
2	Organise venue and meeting times with community members	Month	0.1	40000	4000		4000
7	Venue hire	Day	4	2000	8000		8000
3	Assistant	Month	0.2	30000	6000		6000
9	Office expenses	Month	0.2	8000		1600	1600
Activity 2.4.2	Present workshops						
2	Advocacy program team	Month	0.25	40000	10000		10000
5	Questionnaires and materials (pens, paper) for workshops	Unit	100	30		3000	3000
8	Refreshments	Unit	100	100		10000	10000
4	Travel and subsistence	Unit	100	400	40000		40000
3	Assistant	Month	0.25	30000	7500		7500
9	Office expenses	Unit	0.25	8000		2000	2000

Activity 2.4.3	Compile and analyze results of survey to assess impact of activities						
2	Compilation, analysis and report of survey	Month	0.5	40000	20000		20000
3	Assistant	Month	0.5	30000	15000		15000
9	Office expenses	Month	0.5	8000		4000	4000
Sub-Goal 3	Family Garden and Nutrition Program						
Output 3.1	A survey was carried out to assess the current knowledge of crops and their nutritional value						
Activity 3.1.1	Arrange workshop meetings to survey current farming activities and crop nutrition knowledge, 10 households per session (20 households with 40 participants in total)						
2	Compile participant list	Month	0.05	40000	2000		2000
2	Organise venue and meeting times with community members	Month	0.05	40000	2000		2000
2	Questionnaire designed	Month	0.15	40000	6000		6000
7	Venue hire	Day	2	2000	4000		4000
3	Assistant	Month	0.25	30000	7500		7500
9	Office expenses	Month	0.25	8000		2000	2000
Activity 3.1.2	Present workshops						
2	Homegarden and nutrition team	Month	0.1	40000	4000		4000
5	Questionnaires and materials (pens, paper) for workshops	Unit	40	30		1200	1200
8	Refreshments	Unit	40	100		4000	4000
4	Travel and subsistence	Unit	40	400	16000		16000
3	Assistant	Month	0.1	30000	3000		3000
9	Office expenses	Month	0.1	8000		800	800
Activity 3.1.3	Compile and analyze the results for each household						
2	Compilation, analysis and report of household survey	Month	0.25	40000	10000		10000
3	Assistant	Month	0.25	30000	7500		7500
9	Office expenses	Month	0.25	8000		2000	2000
Output 3.2	Workshops were carried out in family nutrition and home garden planning for nutrition						

Activity 3.2.1	Arrange visits to two farms in Nyeri for one-day trainings in nutritional homegardens (40 participants)						
2	Compile participant list	Month	0.05	40000	2000		2000
2	Organise training days and meeting times with community members	Month	0.1	40000	4000		4000
2	Homegarden and nutrition team	Month	0.1	40000	4000		4000
10	On-farm training course	Unit	40	200	8000		8000
4	Vehicle hire	Day	4	6000	24000		24000
4	Travel and subsistence	Unit	40	400	16000		16000
3	Assistant	Month	0.25	30000	7500		7500
9	Office expenses	Month	0.25	8000		2000	2000
Activity 3.2.2	Each team transfers what they have learnt to the organization's plot of land						
2	Homegarden and nutrition team	Month	3	40000	120000		120000
7	Purchase seeds/plant material for experimental homegarden	Unit	25	250	6250		6250
6	Purchase shovels, machetes, rakes, forks, trowels, watering cans for homegarden preparation	Unit	1	30000	30000		30000
11	Help with preparation of land and compost heap by 2 casual farm labourers	Month	3	8000	24000		24000
3	Assistant	Month	3	30000	90000		90000
9	Office expenses	Unit	3	8000		24000	24000
Activity 3.2.3	External partner with experience and innovative ideas for nutritional homegardens to come in and give advice						
2	Arrange visit and meeting with community members by external partner	Month	0.25	40000	10000		10000
4	Travel and subsistence for external partner	Unit	2	400	800		800
3	Assistant	Month	0.25	30000	7500		7500
9	Office expenses	Unit	0.25	8000		2000	2000
Activity 3.2.4	Arrange seed/plant material sharing workshop						
2	Compile participant list	Month	0.05	40000	2000		2000
2	Organise venue and meeting times with community members	Month	0.1	40000	4000		4000

7	Venue hire	Unit	1	2000	2000		2000
3	Assistant	Month	0.15	30000	4500		4500
9	Office expenses	Unit	0.15	8000		1200	1200
Activity 3.2.5	Present workshop						
2	Homegarden and nutrition team	Month	0.05	40000	2000		2000
8	Refreshments	Unit	40	100		4000	4000
4	Travel and subsistence	Unit	40	400	16000		16000
3	Assistant	Month	0.05	30000	1500		1500
9	Office expenses	Unit	0.05	8000		400	400
Output 3.3	Follow-up survey to assess knowledge of crops and nutritional value after trainings and identify any further training needs						
Activity 3.3.1	Arrange workshop meetings to survey current farming activities and crop nutrition knowledge after four months of training, 10 households per session						
2	Compile participant list	Month	0.05	40000	2000		2000
2	Organise venue and meeting times with community members	Month	0.05	40000	2000		2000
7	Venue hire	Unit	2	2000	4000		4000
3	Assistant	Month	0.1	30000	3000		3000
9	Office expenses	Unit	0.1	8000		800	800
Activity 3.3.2	Present workshops						
2	Homegarden and nutrition team	Month	0.1	40000	4000		4000
5	Questionnaires and materials (pens, paper) for workshops	Unit	40	30		1200	1200
8	Refreshments	Unit	40	100		4000	4000
4	Travel and subsistence	Unit	40	400	16000		16000
3	Assistant	Month	0.1	30000	3000		3000
9	Office expenses	Unit	0.1	8000		800	800
Activity 3.3.3	Compile and analyze the results for each household						
2	Compilation, analysis and report of household survey	Month	0.25	40000	10000		10000
3	Assistant	Month	0.25	30000	7500		7500

9	Office expenses	Unit	0.25	8000		2000	2000
Total					2849250	718100	3567350
Percentage					79.87%	20.13%	
	Categories						
1	Project Director (based in UK)						
2	Project Manager	Share per person in local currency (KES) (based on 1500 participants)					2378.2
3	Project Assistant	Share per person in USD					23.8
4	Travel						
5	Classroom materials (paper, pens), publishing, printing and photocopying						
6	Product purchases (seeds and equipment)						
7	Venue hire						
8	Workshop refreshments						
9	Office expenses (communications - phone, internet)						
10	On-farm training course						
11	Casual labour						
12	Teachers						
13	Field officers						
14	Doctors						
	Costs based on exchange rate of \$1=100KES						
	Project Director @ 200,000KES per month						
	Project Manager @ 40,000KES per month						
	Project Assistant @ 30,000KES per month						
	Travel and subsistence rate @ 400KES per day / 14 seater vehicle hire @ 6,000KES per day						
	Venue hire @ 2000KES per day						
	Workshop refreshments @ 100KES per participant						

	Office expenses @ 2000KES per week						
	Training course on farms @ 200 KES per participant						
	Causal labour @ 200KES per day						
	Teachers @ 500KES per day						
	Field officers @ 500KES per day						

Logframe

1500 Kenyan vulnerable community members will enjoy improved access to sex education programs, proper health care, and awareness of nutrition and food security through a sexual health, family garden and nutrition project.			
Problem Statement	40 young children and teenagers from 20 households in Kangema District are suffering from parental death caused primarily by (1) HIV/AIDS caused by unprotected sex and a lack of knowledge about HIV/AIDS; (2) a lack of access to proper healthcare caused by corrupt health care staff, unsympathetic medical staff, and fear of stigma; and (3) are suffering from chronic diseases like marasmus and kwashiorkor due to a shortage of food reserves and reduced crop harvests associated with climate change. Combined, these challenges lead to (a) increased poverty and to a high rate of OVCs in the area – children that do not have adequate parental love and care suffer greatly as a result. They are rejected by wider society, and do not have the means to participate fully in family/community activities and school. They often have to look after sick relatives, as well as the household needs. This leads to (b) a reduction in of their ability to attend and concentrate in school, leading to (c) a reduction in their ability to develop and prosper as adults, and (d) also reduces the ability of adults to lead the productive, meaningful, prosperous lives they need to leave the cycle of poverty and contribute to the development of their communities.		
		Objectively Verifiable Indicators	Means of Verification
Goal Statement	Goal Statement: 40 young children and teenagers from 20 households in Kangema District will live in a community (1) educated on the topics of HIV/AIDS and sex education, with a reduction in stigma surrounding HIV; (2) will be able to access proper healthcare; (3) and will enjoy greater health and energy because of year round good nutrition. This will lead to (a) reduced poverty and ultimately fewer OVCs in the area over the long-term (b) they will be accepted by the wider society, and will have the means to participate fully in family/community activities and school. Their extended families will also be healthier. This leads to (c) a greater ability to attend and concentrate in school, leading to (d) a greater ability to develop and prosper as adults, and (e) also increases the ability of adults to lead the productive, meaningful, prosperous lives they need to leave the cycle of poverty and contribute to the development of their communities.		
		Impact	1500 vulnerable community members in Kangema District have learnt the skills necessary to raise themselves out of the cycle of poverty and lead productive, meaningful and prosperous lives within their communities.
(1) Sub-Goal 1 (Objective) To educate about the topics of HIV/AIDS and sex education			
HIV/AIDS and Sexual Health Education Program	500 community members will be educated on the topics of HIV/AIDS and sex education across two locations in Kangema District over a period of four months. As a consequence, they will reduce risky sexual	Outcome	500 community members incorporate knowledge and skills about HIV/AIDS and sex education into their lives, making safe choices for themselves and their families, reducing the incidence of HIV and other STDs, reducing unwanted pregnancy, and living healthier lives if they are HIV+. This

	behaviour by 30%. An initial survey with a sample of the target population will be carried out to inform the subsequent activities.			leads to an improvement in their health, enables children to have a greater ability to stay in school and finish their education, and be prosperous, productive members of their community.	
Output 1.1	100 community members, ages 11 through adult, took part in a survey of current knowledge and gaps in knowledge about HIV/AIDS and sex held across Muguru and Watuha Locations of Kangema District over a period of seven weeks.		100 community members take part in a survey of current knowledge.	Copy of sign-in sheets; copies of questionnaires with numbering system rather than names (for privacy)	
	Activity 1.1.1	Arrange workshop meetings to survey current knowledge on HIV/AIDS and sex (25 participants per session)	Questionnaire prepared, participant list drawn up, venues and questionnaire administrators scheduled	Receipts of venue hire, participant list	
	Activity 1.1.2	Present workshops	Questionnaires printed, participants fill in questionnaires	Meeting notes, copies of questionnaires with precautions for privacy protection, receipt for paper and copies, list of names of administrators	
	Activity 1.1.3	Compile results of knowledge and gaps in knowledge, and design measurement instrument based on input	Results compiled by sub-committee	Report, list of names of sub-committee members	
Output 1.2	A sub-committee of the community group assessed availability of free and for-purchase condoms in the Muguru and Watuha Locations of Kangema District over a period of four weeks.		A committee of 10 adult community members listed all sources of condoms in the area	List of committee members, list of areas to be researched broken down into geographic units, map of area with assignment areas marked	
	Activity 1.2.1	Arrange brainstorming meeting	Committee members sign in	Copy of sign-in sheet, photo of committee	
	Activity 1.2.2	Hold meeting and develop list of all hospitals, clinics,	List and assignments prepared, due dates set	Copy of list of hospitals, clinics, etc., copy of	

		VCTs, shops, etc. which supply or sell condoms; design rubric of appropriate questions, and assign responsibility for interviews		questionnaire, list of assignments	
	Activity 1.2.3	Visit and interview all providers of condoms using rubric	Conduct interviews	Copy of written reports	
	Activity 1.2.4	Reconvene work group and compile list to use during workshops under Output 1.3	List sources for free and for-purchase condoms, notate input as to actual accessibility	Copy of list with informational notes	
Output 1.3		500 community members of ages 11 through to adult took part in HIV/AIDS and sex education community workshops. 25 community members were also trained in skills necessary to conduct these workshops. This was carried out across Muguru and Watuha Locations of Kangema District over a period of 15 weeks.	500 community members take part in HIV/AIDS and sex education workshops	Sign-in sheets, photos, video	
	Activity 1.3.1	Arrange train-the-trainers HIV/AIDS and Sex Education six day workshop for 25 selected community members	Participant list drawn up, venue and trainers scheduled	Participant list, receipt for venue hire	
	Activity 1.3.2	Conduct a train-the-trainers HIV/AIDS and Sex Education six day workshop for 25 selected community members	Schedule trainers, select 25 trainees, schedule venue, arrange food, shelter and transport as needed, hold workshop	Copies of trainers' CVs and curriculum, copy of budget, copies of workshop expense reports and receipts, sign-in sheets, photos, video	
	Activity 1.3.3	Develop 5 age-appropriate workshop lesson plans and materials, for: 1) children ages 11-13; 2) teenagers	25 new trainees, in collaboration with trainers, develop 5 age-specific 2 day workshops	Copies of lesson plans	

		14-16; 3) young adults 17-20; 4) young adults in their 20s; and 5) older adults			
	Activity 1.3.4	Arrange separate workshop meetings, 25 age-grouped participants per workshop	Workshops are scheduled and planned, materials gathered	Copy of schedule, receipts for materials	
	Activity 1.3.5	Present workshops, two full days for each group (total of 20 groups over 40 days); administer knowledge assessment prior to and at the conclusion of each workshop	Workshops held with at least 2 newly-trained teachers and one experienced teacher/mentor presenting; experienced teacher will mentor and assess new community teachers	Sign-in sheets; photos; video written assessments of teachers; copies of before and after knowledge assessments; knowledge assessments compiled	
Output 1.4	Conducted follow-up survey to assess knowledge against baseline and identify further training needs in Muguru and Watuha Locations of Kangema District. This was carried out over a period of 5 weeks.		The original 100 community members take part in a survey of current knowledge after trainings	Copies of assessments, copies of analysis	
	Activity 1.4.1	Arrange workshop meetings to survey current HIV/AIDS and sex knowledge after four months of training, 25 participants per session	4 months after workshops, schedule venues, invite original 100 participants	Copies of venue schedules, copies of written invitation, participant list	
	Activity 1.4.2	Present workshops	Questionnaire previously designed used to measure knowledge, attitude change, behaviour change	Copies of assessment tools, photos	
	Activity 1.4.3	Compile and analyze the results	Questionnaire results analyzed and written up	Copy of final report	
(2) Sub-Goal 2 (Objective) To enable vulnerable community members to access proper healthcare					
Advocacy program with guardians and health care providers	500 community members across two locations of Kangema District will understand the entitlements of HIV positive community		Outcome	500 members from Kangema district understand and are able to assist HIV+ community members with their medical entitlements and how to access proper health care practices.	

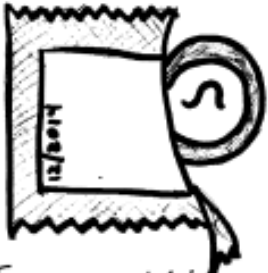




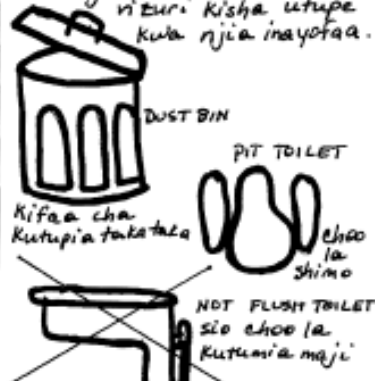
	members and will be able to assist them in accessing proper healthcare. An initial survey with a sample of the target population will be carried out to inform the subsequent activities.		This leads to an improvement in their health, enables children to have a greater ability to stay in school and finish their education, and be prosperous, productive members of their community.
Output 2.1	100 community members selected from healthcare providers, HIV+ individuals and those caring for HIV+ people, participated in a survey to assess the current knowledge about medical rights of HIV positive community members. This was held across Muguru and Watuha Locations of Kangema District over a period of six weeks.	100 community members participated in a survey to assess the current knowledge held about health care for HIV+ people.	Copy of survey design, participant lists, copy of completed questionnaires, report, meeting notes, photos of workshop, sign-in sheets
	Activity 2.1.1 Arrange workshops to survey current knowledge about medical rights of HIV+ community members	Questionnaire prepared, participant list drawn up and venue scheduled	Copy of questionnaire, participant list, venue hire receipt
	Activity 2.1.2 Present workshops	Workshop meetings conducted	Meeting notes, sign-in sheet, photos of workshop
	Activity 2.1.3 Compile results of knowledge and gaps in knowledge and design	Questionnaire results analyzed and written up	Report
Output 2.2	Awareness raising one day workshops were held with 500 community members across Muguru and Watuha Locations of Kangema District over a period of eight weeks.	Workshop conducted	Sign-in sheets, participant lists, photos, report, receipts
	Activity 2.2.1 Arrange workshop meetings (25 participants per workshop, 20 groups over 20 days in total)	Participant list drawn up, liaison with local healthcare centre staff, venue scheduled	Participant list, venue hire receipts
	Activity 2.2.2 Doctor from local healthcare centre to explain during one day workshops with community members	Workshop conducted	Sign-in-sheets, photos, meeting notes, reports

		what HIV+ community members are entitled to in terms of medical treatment. Q&A session.			
Output 2.3	Role play exercises were held with both health care workers and community members affected by HIV/AIDS advocating for health care rights, and reduction of stigma across Muguru and Watuha Locations of Kangema District.		Role play exercises conducted	Reports, meeting notes, sign-in sheets, photos	
	Activity 2.3.1	Arrange workshop meetings to carry out role play exercises, 25 participants	Participant list drawn up, external partner organized to conduct workshops,	Participant list, venue hire receipts	
	Activity 2.3.2	External partner to present workshops	Workshops conducted to raise awareness of stigmatisation faced by HIV+	Sign-in-sheets, photos, meeting notes, reports	
Output 2.4	A follow-up survey was carried out to assess knowledge of medical rights of HIV positive community members and their carers after trainings and identify any further training needs in Muguru and Watuha Locations of Kangema District. This was done through a questionnaire.		An assessment of knowledge of HIV+ peoples medical rights after training	Sign-in –sheets, report, photos, meeting notes	
	Activity 2.4.1	Arrange workshop meetings to administer the questionnaire as designed	Questionnaire prepared, participant list drawn up and venue scheduled	Copy of questionnaire, participant list, venue hire receipt	
	Activity 2.4.2	Present workshops	Workshop meetings conducted	Meeting notes, sign-in sheet, photos of workshop	
	Activity 2.4.3	Compile and analyze results of survey to assess	Compilation and analysis of results	Copy of final report	
(3) Sub-Goal 3 (Objective) To enable families to enjoy greater health and energy because of year round good nutrition					
Family Garden and Nutrition Program	500 community members in Muguru and Watuha Locations of Kangema District will learn the tools necessary to enjoy greater health and energy because of year round		Outcome	Rural families adopt good overall nutrition and food security practices into their lives through family gardens. This leads to an improvement in their health, enables children to have a greater ability to stay in school and finish their education, and	

	good nutrition		be prosperous, productive members of their community.
Output 3.1	A survey was carried out to assess the current knowledge of crops and their nutritional value in Muguru and Watuha Locations of Kangema District. This included young people from the age of 6 upwards and adults. This was conducted over a period of three weeks.	An assessment of household knowledge of crops and their nutritional value.	A report, photos, sign-in sheet, farm diagrams, meeting notes.
	Activity 3.1.1 Arrange workshop meetings to survey current farming activities and crop nutrition knowledge, 10 households per session (20 households)	Questionnaire prepared, participant list drawn up and venue scheduled	Copy of survey design, participant list, venue hire receipt
	Activity 3.1.2 Present workshops	Workshops conducted	Meeting notes, sign-in sheet for participating households, photos, farm
	Activity 3.1.3 Compile and analyze the	Compilation and analysis of	A report.
Output 3.2	Workshops were carried out in family nutrition and home garden planning for nutrition over a period of 15 weeks.	500 vulnerable community members learn the health benefits and techniques of starting home gardens for family nutrition and practice it for 15 weeks.	Meeting notes, reports, photos of workshops, sign-in sheets.
	Activity 3.2.1 Arrange visits to two farms in Nyeri for one-day trainings in nutritional homegardens. The group to be split into smaller teams	Group split into smaller teams and trained in setting up a homegarden.	Sign-in sheet, photos, report of training.
	Activity 3.2.2 Each team transfers what they have learnt to the organization's plot of land to show fellow workshop participants how to	Transference and implementation of practices learnt onto organization owned land.	Photos, report.

	Activity 3.2.3	External partner with experience and innovative ideas for nutritional homegardens to come in	External partner organized to bring in experience and innovative ideas to inspire participating households.	Photos, report.	
	Activity 3.2.4	Arrange seed/plant material sharing workshop	participant list drawn up and venue scheduled	Copy of participant list, venue hire receipt	
	Activity 3.2.5	Present workshop	Workshops conducted	Meeting notes, sign-in sheet for participants, photos.	
Output 3.3		Follow-up survey to assess knowledge of crops and nutritional value after trainings and identify any further training needs.	An assessment of household knowledge of crops and their nutritional	A report, photos, sign-in sheet, farm diagrams, meeting notes.	
	Activity 3.3.1	Arrange workshop meetings to survey current farming activities and crop nutrition knowledge after four	Questionnaire previously prepared used, participant list drawn up and venue scheduled	Copy of participant list, venue hire receipt	
	Activity 3.3.2	Present workshops	Workshops conducted	Meeting notes, sign-in sheet for participating	
	Activity 3.3.3	Compile and analyze the results for each household	Compilation and analysis of results.	A report.	

How-to Card

<p>OPEN THE CONDOM PACKET CAREFULLY.</p>  <p>Fungua pakiti ya kondomu kwa makini.</p>	<p>USE A CONDOM EVERY TIME YOU HAVE SEX</p> <p>TUJIA KONDOMU KILA WAKATI UNAPOFANYA MAPENZI</p> <p>BE SURE THE PART TO BE UNROLLED IS ON THE OUTSIDE</p>  <p>Hakikisha kwamba sehemu inayokujana iko nje.</p>	<p>PINCH TIP OF CONDOM PLACE IT ON HARD PENIS</p>  <p>Fungua kondomu kisha wingize kwenye sehemu ya mbooo.</p>
<p>UNROLL CONDOM ALL THE WAY TO BASE OF PENIS</p>  <p>Hakikisha kondomu ume funika kichwa hadi mwisho wa sehemu ya mbooo</p>	<p>AFTER EJACULATION, HOLD CONDOM AT RING AT BASE OF PENIS SO CONDOM DOES NOT FALL OFF, AND PULL OUT OF YOUR PARTNER</p>  <p>Baada ya kumwaga/shahawa shikilia mpira wako wa kondomu kwenye sehemu ya juu ya uume wako ili isianguke na utoke kwenye uchi wa mwendani wako.</p>	<p>WRAP USED CONDOM IN TISSUE. THROW AWAY CAREFULLY.</p> <p>Fungua huo kondomu vituri kisha utupe kwa njia inayofaa.</p>  <p>DUST BIN PIT TOILET Kifaa cha kutupia takataka choo la shimo NOT FLUSH TOILET SIO CHOO LA KUTUNIA MAJI</p>

Lesson plan example

In order to hold this workshop the local presenters would need to find a suitable venue, which could either be indoors, such as a classroom or church, or outdoors in fair weather. It is critical that the two presenters practice working together before conducting the workshop. The sex education program that we've based our workshop on has already been used successfully in Kenya so we're confident that it would work in our target community.

Our workshop is made up of three major parts. The first, the ice-breaker, heightens interest in the material to be learned and reinforces that it is information that participants want and need to have. The second, the actual instruction and practice in correct condom use, gives the participants the knowledge and skills necessary to use condoms correctly. The third, the role play, gives participants the knowledge and skills necessary to be able to negotiate for protection and to refuse to have sex without using a condom. Discussion and question time throughout should reassure participants that they are mastering the skills and information, and that they can talk about it themselves in the future.

<p>Lesson Plan How to teach adult community members to understand how to use condoms and their effectiveness as a method to avoid HIV/AIDS and other sexually transmitted diseases</p>
<p>2 hours 15 minutes</p>
<p>Assumed Knowledge</p> <p>An understanding that HIV/AIDS is present in the community and that sexual intercourse is one method of transmission</p>
<p>Anticipated difficulties/problems</p> <ul style="list-style-type: none"> ○ Information may not be well received due to the sensitive nature of discussion of sexual behaviour. ○ Community members may be resistant to behavioral changes. ○ Strong personalities may dominate workshops.
<p>Solutions</p> <ul style="list-style-type: none"> ○ It is important that the promoter is from the same culture and speaks the same language as the workshop participants. ○ Drawings and illustrations should be appropriate for, and familiar to the community members. ○ Strong personalities may be able to be reasoned with in order to understand the importance of the participatory process – or given special projects that will occupy them.
<p>PURPOSE</p> <p>Goal of Workshop: The purpose of the workshop is to give participants the knowledge and skills to make safer decisions about sexual intercourse.</p> <p>Objective 1: All participants will understand that engaging in unprotected sex is high risk behaviour.</p> <p>Objective 2: All will be able to demonstrate how to use a condom correctly.</p> <p>Objective 3: All will have a fact-based understanding about the effectiveness of condoms.</p> <p>Objective 4: All will demonstrate knowledge of refusal skills.</p>
<p>MATERIALS</p>

<ul style="list-style-type: none"> ○ Male condoms – one packet of Trust brand to take home for each participant (contains 3 condoms plus printed instruction sheet): <ul style="list-style-type: none"> ▪ one condom for each participant for in-class practice (these can be free condoms from a clinic, VCT, or hospital), and ▪ at least 10 extra condoms for instruction. ○ For demonstration – one wooden model penis, if possible, borrowed from a VCT, clinic or hospital. ○ Soda or other bottle with small neck, and water, if desired to demonstrate fluid capacity of condom. ○ One green banana, carrot, courgette, or other appropriately penis-shaped fruit or vegetable for every two participants. ○ Container for practice condoms after use. ○ Tissue or something else for participants to wipe their hands on after practice (condoms are lubricated, so hands will be oily). ○ Checklist from curriculum (attached). ○ Container for anonymous questions (if will be taking them) – (might your participants also need paper/pencils?). ○ How-To Cards without written words for workshop participants to take home. Make sure that the scenes and people they contain will appear familiar to the community members participating in the workshop.
PREPARATION
<ul style="list-style-type: none"> ○ Find a workshop location. A church, hall, or empty classroom would be good. Outdoor space in nice weather is okay. ○ Practice teaching beforehand with a partner, using the checklist. The workshop should be offered by two presenters. ○ Practice one or two refusal skill role plays together so you can demonstrate effectively in the workshop. ○ Ask invited participants to bring writing materials – notebook or paper and pen or pencil.
BEGINNING OF LESSON: INTRODUCTION
Activity 1. Icebreaker to introduce the topic and demonstrate speed at which HIV can spread (this is only for a workshop where all participants can write their names).
Purpose: Demonstrate how rapidly HIV spreads with unprotected sex.
Time: 15 minutes
What to do

1. Ask participants to stand with their writing materials.
2. Tell them they're going to play a quick game.
3. Tell them they will get three different people to sign their paper, and they sign the paper of those three people. (They will exchange signatures with three people.) They should write legibly. Be sure everyone understands. Demonstrate with your partner if you need to.
4. Write a check mark on one person's paper without making a big deal out of it.
5. Tell them to start exchanging signatures; then tell them to stop and sit down when all have finished.
6. Tell them that for purposes of this game only; exchanging signatures is like having unprotected sex.
7. Ask the person with the check mark to stand up.
8. (Notice here if people laugh or say anything)
9. Say that for purposes of this game, we are PRETENDING that the person with the check has HIV. It is only for the game!
10. Ask that person to read all of the names on his/her card. Ask those people to stand up.
11. (Notice here if people laugh or say anything)
12. Ask the group why those people are standing. What has happened to them? (HIV+) Why? (because unprotected sex with an HIV+ partner is risky behaviour that can infect you)
13. Ask each of the people standing to read the names on their paper. Ask those people to stand.
14. Continue until either everyone is standing or no new names come up when the list is read.
15. Ask how it felt for the first few people when they had to stand.
16. If people laughed or commented when others stood, ask why the participants thought that happened.
17. Ask the participants to discuss the activity.

Activity 2. Demonstrate proper use of condoms

Purpose: Give participants the skills necessary to use condoms correctly.

Time: 45 minutes

What to do: (presenters: use the checklist. One of you should make sure all props are ready)

1. Intro about condoms and then demonstration
 - There are both male and female condoms. Male condoms are cheaper and easier to find. Both work extremely well to protect against HIV, other STDs, and pregnancy.
 - **Explain that although they are a group of adults, you will explain as though you are explaining to a group of young people. This will help them learn how to talk to young people about condoms.**
 - At some time in their lives, most people decide they are ready to have sex but not ready to become a parent.
 - Many people decide they are ready to have sex but not ready to be married.
 - Once you're old enough to decide to have a sexual relationship, a condom will keep you very safe if you use it every time, and if you use it correctly.
 - We're giving you this information now, because it's important to know before the first time you have sex how to use a condom correctly. Remember what we're telling you, and when you're older, look at the instructions in a packet of Trust or other condoms to remind yourself. Then practice.

Hand out individual condoms now if everyone will have the opportunity to practice (not the Trust boxes yet).

Things to demonstrate:

- Trust has three condoms and an instruction sheet for Ksh 10.

Presenter: Hold up a box, show the instruction sheet and tear one of the condom packets off. Then demonstrate the following:

1. Squeeze the packet – can you feel that there’s air inside? (If not, condom could have bacteria or be dry or have cracks or a small puncture).
2. Check the expiry date – is it fresh?
3. See the edge like a saw? That’s where you tear.
4. Push the condom gently to one side inside the package.
5. Tear carefully. Teeth and nails can tear or puncture the condom.

*Presenter: Put it on the tip of a finger. Make sure that it is right side up so it will roll down easily - BUT DON’T ROLL IT DOWN YET! The tip of the condom should come down to the inside of the ring, not the outside. Demonstrate. Check to be sure everyone has it right. They can check their neighbour’s. **Presenters demonstrate as they explain:***

6. Must squeeze the tip to leave room for semen.
7. Need two hands – one to squeeze the tip and the other to roll down all the way to the base of the penis.
8. It goes on as soon as the man has an erection. There is a tiny bit of fluid (pre-ejaculate) that comes out of the tip. This fluid has sperm and HIV if he’s positive.
9. As soon as the man has ejaculated, he should remove his penis from the vagina or anus. This is because the blood starts to leave the man’s penis and it gets smaller, so the condom could slip off inside his partner. If this happens, the condom can easily be pulled out (it cannot get lost), but the problem is that some of the semen has spilled out of the condom inside the partner. So now neither is protected from the other.
10. As he pulls out he needs to hold on to the ring at the base of his penis. This will guarantee that the condom doesn’t come off inside.
11. Slide the condom off carefully, and tie it. Why? What’s inside? Semen, sperm, maybe HIV, maybe other STDs. What’s outside? Vaginal or anal fluids, which may include HIV if the partner is positive, and other STDs.
12. Wrap it in tissue paper.
13. Wipe off hands and wipe and dry the man’s penis. (Q: Why? A: They could have the virus on them.)
14. If the man is not circumcised, push the foreskin back and dry under the foreskin as well.
15. It is good to use extra lubrication, even if the condom is already lubricated. It is more comfortable for the woman, and makes it even less likely the condom will break. This must be a water-based lubricant for use with condoms (such as Durex brand lubricant), not oil-based. No Vaseline, Kimbo, or cooking oil!
16. Throw it away carefully – down a pit latrine is good. Do not flush it in a flush toilet. Do not toss it where children might find it. Do not leave it on a burn pile.

Now the class tries, with each participant holding the fruit/vegetable for his/her partner, then trying it her/himself. (You may need to replace some condoms, e.g. if participants have rolled them down on their finger too far to be able to use them to practice.) Depending on the class and the supplies available, you can use the wooden penis model, bananas (green work best), carrots, courgettes, or two fingers (pointer and middle).

- You may want to show that you can push your entire hand and forearm into a condom.
- You may want to blow the condom up like a balloon to show its size.
- You may want to fill the condom with water. If so, bring a soda bottle or other bottle to use, and water.
- Ask about stories your students may have heard about condoms. They may have heard:

1. Condoms break easily.
2. Condoms come off inside the woman.
3. Condoms have holes in them.
4. Condoms have bacteria/infection in them, put in at the factory.
5. White people want Africans to use condoms so they don't have a lot of children, so whites get more power in the world.

- List any other myths, misunderstanding the group lists. Discuss and correct misunderstandings.
- Ask about availability of condoms for purchase and free condoms in the area. Brainstorm a list where condoms can be found.

Distribute at least one little box of 3 Trust condoms to each participant (depending on budget).

BREAK: 15 minutes

Activity 3: Role plays: negotiating for condom use and using refusal skills.

Purpose: Participants learn and practice skills to refuse unprotected sex.

Time: 1 hour

What to do:

1. Explain that:

- In this workshop we are assuming participants have decided to have sexual intercourse with their faithful partner, but that they have decided that they will not have unprotected sex.
- In the role play, Partner A will try to persuade Partner B to have sex with no condom.
- Partner B will use good refusal skills to refuse to have sex if they don't use a condom.
- **This is just a workshop activity on condom use. Abstaining is the only 100% protection against HIV and other STDs, but today we are practicing talking about condom use.**

2. Teach the basics of refusal skills:

- Say "no".
- Repeat the refusal.
- Use body language that says "no" (firm voice, serious face, stand straight, eye contact, shoulders back, etc.).

3. Discuss what Partner A (who doesn't want to use a condom) might say, e.g. "like eating a sweet with the wrapper on"; "will break anyway"; "doesn't work"; "I'll pull out"; "won't go in all the way"; "if you loved me you'd agree", etc.

4. Discuss what Partner B could answer, e.g. "it will protect both of us"; "we'll do it right so it won't break"; "girls can get pregnant even if man pulls out because of pre-ejaculation"; "I'll be more relaxed because I'll feel protected so sex will be better"; "if YOU loved ME you'd agree to use a condom", etc.

5. Discuss the set-up of a good role play and what needs to be thought about before starting:
- Pick names (since in this activity the partners know each other they can make up another name for themselves).
 - How old are they?
 - How long have they been seeing each other?
 - What do they do? (School, job, unemployed, etc.).
 - Where are they? (In a restaurant, home, in the forest, etc.).
 - Does one of them have a condom, or will they postpone sex and agree to get condoms before they have sex?
 - The role play ends when Partner A agrees to use a condom, or Partner B leaves.
 - Good role play participants listen to their partner and think of good questions and responses.

6. *The two presenters should now demonstrate a role play using good refusal skills so that Partner A agrees to use a condom.* Ask participants whether they heard “no”, saw good body language, and heard the refusal repeated.

7. Divide the participants up into pairs, or let them divide themselves, and then:
- Ask for a review of refusal skills
 - Have pairs set up their role play, deciding on names, situation, location, etc.

8. Ask for volunteers for first role play. Ask audience to be watching for good refusal skills. **Applaud** their bravery. Positive reinforcement!!!!
- Did audience see refusal skills?
 - How did Partner A feel?
 - How did Partner B feel?
 - Suggestions? Discussion?

9. Ask for more volunteers. Do as many role plays as you have time for, leaving 10 minutes to summarise.

Summary:

- Ask participants to discuss how they could bring this topic up at home or in the community.
- Whom might they talk about it with?
 - How will they use this information in the future?
 - Are they more comfortable with the topic of sex and condom use now than they were when they started?
 - Ask for general feedback about the workshop. Write down suggestions.
 - Hand out condom How-To cards, going over clearly what each picture represents for those who can't read.

Field guide example

Feedback from the community

We met with seven representatives of the community we are reaching out to and discussed the project with them. They were happy that we were pursuing the needs that they had identified and had come up with practical activities. The sub-activity we discussed was a condom use workshop under the sex education program we are planning for reducing incidence of HIV/AIDS in the target community. The seven people (three men and four women) were grandparents looking after their orphaned grandchildren and although they did not have many suggestions to make, they did give us many stories of what happened in their time which was very interesting. They agreed that it is vital to have such workshops on condom use for young people and married couples and urged us to initiate this activity as soon as possible to help reduce incidence of HIV/AIDS and to avoid the cycle being repeated by young people whose parents have already died by being infected. They suggested we advise about abstinence as well as contraceptive use. They also stated that it would be very hard for them to teach the young people about condom use because they would not be taken seriously as the grandparents, so it would be important for someone external to come in to teach.

One page guide

We decided to focus on the HIV/AIDS and sex education program from our project outline, and to focus on one very simple aspect of our project activities - proper use of condoms.

We already have the steps for teaching condom use delineated in a teaching manual called *The Sexual Health Alphabet: HIV/AIDS, other STDs, and the ABCs*. Since the teaching manual presupposes that the teacher/presenters have taken a six day course, we thought of the different steps you would need to teach a workshop without having taken the entire course, and wrote a simple outline of those steps:

- in advance, gather necessary materials, such as condoms and props (penis shaped vegetables),
- have a discussion to find out what community members know, and think they know, about condom use,
- demonstrate proper condom use, from checking expiration date to safe disposal
- allow all participants to practice and give feedback to each other, presenters also give feedback,
- during the course of the workshop, answer questions, dispel myths, and
- send all participants home with condoms and instruction sheet (inside *Trust* box).

Using this outline to be sure we didn't incorrectly assume knowledge on the part of the presenters, we expanded on the details necessary for each step.

We had all of the information that we needed from the training manual, with input from our colleague Martha Njoroge as to the specific expectations and anxieties of community members after she had a consultation with them.

Field Guide: How to teach adult community members to understand how to use condoms and their effectiveness as a method to avoid HIV/AIDS and other sexually transmitted diseases (workshop for younger participants differs). Allow two hours to include discussion time.

1. Introduction.

For many Kenyans there are roadblocks to the use of condoms. These include issues of stigma (i.e. ‘if I am prepared by having a condom, I might be thought of as immoral’, especially for girls and women); cost (many rural Kenyans have no cash and free condoms are not always available); lack of supply (some areas do not have a clinic/hospital/shop that gives out free condoms or sells them within reasonable walking distance); embarrassment (boy or man does not know how to use a condom and/or nearby facilities that supply condoms mean that the purchaser is probably known to the seller/dispenser); prevalence of false information (i.e. “micropores” in condoms are larger than the virus itself, so HIV passes through’ (false!), condoms generally break (false!) and often come off inside of the partner (false!), sex is completely unenjoyable “like eating a sweet with the wrapper on” (false!)); religion (Catholic Church disallows), etc.

All of these issues will be addressed within a larger comprehensive sex education program (CSEP). For this particular activity, the community members will be exposed to condoms, many for the first time, and will develop the skill necessary to use a condom properly. They will have an opportunity to ask questions, addressing many of the roadblocks, and the activity will increase confidence and reduce stigma.

2. Supply and preparation list for workshop

- Male condoms – one packet of Trust brand to take home for each participant (contains 3 condoms plus printed instruction sheet)
 - one condom for each participant for in-class practice (these can be free condoms from a clinic, VCT, or hospital)
 - at least 10 extra condoms for instruction
- For demonstration – one wooden model penis, if possible, which can be borrowed from a VCT, clinic or hospital
- Soda or other bottle with small neck, and water, if desired to demonstrate fluid capacity of condom
- One green banana, carrot, courgette, or other appropriately penis-shaped fruit or vegetable for every two participants
- Container for practice condoms after use
- Tissue or something else for participants to wipe their hands on after practice (condoms are lubricated, so hands will be oily)
- Checklist from curriculum (attached)
- Container for anonymous questions (if will be taking them) – (might your participants also need paper/pencils?)
- Practice teaching beforehand with a partner, using the checklist. The workshop should be offered by two presenters.

3. Open the topic of condom use comfortably, using your knowledge of your audience.

Ask what participants have heard about condoms. Tell them that by the time you are done, they will not only know how to use a condom correctly, they will be able to teach someone else how to do it, too. Explain that though people die of complications of AIDS, no one dies of embarrassment. Tell them that stories they may have heard about condoms breaking are nearly always due to incorrect condom use.

4. Distribute one condom (not the Trust box) to each participant.

1. The two presenters will demonstrate the proper use of condoms, using the checklist.
2. At this point, if desired, the presenters can fill one condom with several litres of water and/or blow one up like a balloon.
3. The presenters will then have the audience go step-by-step, checking expiry date, etc., with them.
4. Both presenters, and other helpers if the group is large, should go around and check at step #7 to be sure the condom is right side up
5. Participants will work with a partner to practice putting the condom on the fruit/vegetable, and taking it off again.
6. Collect used condoms, reinforcing importance of proper disposal.

5. Ask if there are questions.

1. Answer questions that you are confident of the answer to. Don't guess. Don't pass on your own personal opinions.
2. Tell the group you will come back to them with answers that you may need to research to be certain of.
3. If taking anonymous questions, keep them confidential!!! and be sure to return to the group another time with the answers.

6. Discuss where condoms can be obtained.

Have the participants brainstorm a list of where, within reasonable traveling distance, condoms can be purchased and condoms can be obtained for free (could discuss here any issues of privacy/confidentiality or other barriers that might make getting condoms difficult or embarrassing. Are some VCT technicians more approachable than others, etc.?)

7. Distribute the Trust boxes.

Explain to the participants that you hope that they are now comfortable talking about condoms. The Trust package has an excellent written and pictorial explanation of how to use condoms correctly. Encourage them to talk at home and in the community about what they have learned.

8. Have a light touch. Never belittle or shame a participant, and don't allow others to laugh at anyone. If desired, adapt the training manual ground rules to be sure that the atmosphere is conducive to discussion of a potentially embarrassing subject (*see attached training manual*).

Scientific evidence on interventions

We focused on finding scientific papers on our activities to see if there was evidence to show ways of solving our project challenge.

1. HIV/AIDS and comprehensive sexual health education program to address a lack of information about HIV/AIDS, and to increase knowledge and skills to reduce the risk of HIV/AIDS, other STDs, and early pregnancy.

Key words: Sex education programs, reducing teen pregnancy, reducing sexually transmitted diseases.

We primarily used Google to research this topic.

- Kirby, D. 2007. *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy.
http://www.thenationalcampaign.org/EA2007/EA2007_full.pdf

This survey of US sex education programs found that most of the comprehensive programs (those which supported both abstinence and the use of condoms and contraceptives for sexually active teens) had positive behavioral effects. The research shows that effective programs share certain key characteristics, which we will include in our sex education workshops.

- Agbemenu, K. 2009. *A Critical Examination of Comprehensive Sex Education Programs Targeting Girls Between the Ages of 14-18, in Kenya, East Africa*. State University of New York, University at Buffalo. (Submitted to the Graduate Faculty of the Graduate School of Public Health in partial fulfillment of the requirements for the degree of Master of Public Health University of Pittsburgh).
http://etd.library.pitt.edu/ETD/available/etd-07292009-152907/unrestricted/Agbemenu_etd2009.pdf
- Beasley, M., Valerio, A. and Bundy, D. 2008. *Education and HIV/AIDS, A Sourcebook of HIV/AIDS Prevention Programs*, Volume 2. The World Bank. ISBN: 978-0-8213-7440-5.
http://www.ibe.unesco.org/fileadmin/user_upload/HIV_and_AIDS/publications/WORLD_BA_NK_SourcebookofHIVAIDSvolume2.pdf

The dissertation by Agbemenu led us to the Beasley evaluation study of sex education programs. A particularly interesting one is Primary School Action for Better Health Kenya (PSABH), which includes its own (not peer-reviewed) evaluation on the project website, www.psabh.info.

Less well documented programs in Kenya (as compared to the more scientific studies of sex education programs carried out in the U.S.) also seem to indicate that comprehensive sex education programs can be effective in delaying sex and reducing the incidence of HIV/AIDS, other STDs and unwanted pregnancy.

2. Advocacy program with guardians and health care providers for addressing issues of corrupt health care staff, unsympathetic medical staff, and fear of stigma.

Key words: Reducing stigma and discrimination, HIV, AIDS.

We used Google and research surveys to research the topic.

- Couples and family counseling in addition to individual counseling for people living with HIV/AIDS can reduce stigma within households. Also training for service providers can reduce discrimination against people living with HIV/AIDS.
<http://www.whatworksforwomen.org/chapters/21/sections/67/evidence>
- Understanding the sources of stigmatization and discrimination associated with sexuality, gender, race and poverty.
<http://pdf.usaid.gov/pdf-docs/Pnacq832.pdf>
- Brown, L., Trujillo, L. and K.Macintyre. 2001. *Interventions to reduce HIV/AIDS stigma: What have we learned?* The Population Council.
<http://www.popcouncil.org/pdfs/horizons/litrvwstigdisc.pdf> (Research survey of disclosure and stigma.)

Summary paragraph:

These studies shows clearly that the most important and promising approaches to stigma and discrimination is by giving counseling to the couples and not concentrating only with women but the word here is couples/partners, family counseling and individual counseling for people living with HIV/AIDS. Training for service providers has also resulted in patients having a stronger belief in patient confidentiality thus reducing fear of people living with HIV/AIDS. One study showed that a training of trainers for 45 nurse leaders in Vietnam from 2005-2007 with 3 weeks training workshops including practices resulted in increased willingness to care for HIV positive patients according to pre-post test evaluations.

3. Family garden and nutrition program for ameliorating impacts of climate variability that have reduced crop harvests impacting food reserves.

Key words: Household nutrition and homegardens, kwashikor, maraswus, homegarden workshops, kitchen gardens in Kenya, impacts of home gardens on nutritional status.

We used Google, Google Scholar and Springer Link to research the topic.

- Masset E, Haddad L, Cornelius A and Isaza-Castro J. 2011. *A systematic review of agricultural interventions that aim to improve nutritional status of children*. London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.
http://www.dfid.gov.uk/r4d/PDF/Outputs/SystematicReviews/Masset_etal_agriculture_and_nutrition.pdf

This systematic review covering a period of 20 years (1990-2010) found a variety of agricultural interventions including home gardens were successful in promoting consumption of specific foods but very little evidence was available on changes in the diet of the poor. None of the studies reviewed assessed whether the interventions improved the quality of the whole diet. The main recommendations were to improve measurement methods to assess actual impact of interventions.

- *Healthy Harvest: A training manual for community workers in good nutrition, and the growing, preparing and processing of healthy food*. This training manual was produced

through a collaborative effort from the Food and Nutrition Council of Zimbabwe, the Food and Agriculture Organization (FAO) and the United Nations Children's Fund (UNICEF). Financial support was provided by the Humanitarian Aid Department of the European Commission (ECHO) and the United States Agency for International Development Office of Foreign Disaster Assistance (USAID OFDA).

<http://motherchildnutrition.org/healthy-nutrition/pdf/mcn-healthy-harvest.pdf>

This document looks like a great resource for designing our training program and is very detailed in its guidance and advice for producing, preparing and processing nutritional foods for smallholder households.

Simple project outline

From reading through literature sources, from ideas uncovered in our conversations and meetings, we chose what we thought were the best interventions/activities to address the problems identified in the needs assessment and their underlying causes, and then placed them within the problem list.

Problem Statement:

40 young children and teenagers from 20 families in Kangema District are suffering from parental death caused primarily by (1) HIV/AIDS caused by unprotected sex and a lack of knowledge about HIV/AIDS; (2) a lack of access to healthcare caused by corrupt health care staff, unsympathetic medical staff, and fear of stigma; and (3) are suffering from chronic diseases like marasmus and kwashiorkor due to a shortage of food reserves and reduced crop harvests associated with climate change. Combined, these challenges lead to (a) increased poverty and to a high rate of OVCs in the area – children that do not have adequate parental love and care suffer greatly as a result. They are rejected by wider society, and do not have the means to participate fully in family/community activities and school. They often have to look after sick relatives, as well as the household needs. This leads to (b) a reduction in of their ability to attend and concentrate in school, leading to (c) a reduction in their ability to develop and prosper as adults, and (d) also reduces the ability of adults to lead the productive, meaningful, prosperous lives they need to leave the cycle of poverty and contribute to the development of their communities.

Project Outline: Problem list combined with potential interventions/activities/solutions that we chose

[Problem 1]. High rates of orphaned children due largely to parental death from HIV/AIDS
HIV/AIDS and Sexual Health Education Program [Solution to underlying cause: unprotected sex and a lack of knowledge about HIV/AIDS]:

[Activity 1] Survey of current knowledge and gaps in knowledge about HIV/AIDS and sex

[Activity 2] Assessment of available free, cheap, and market-price condoms

[Activity 3] HIV/AIDS and sex education community workshops

[Activity 4] Follow-up survey to assess knowledge against baseline and identify further training needs

[Problem 2]. Lack of access to proper health care

Advocacy program with guardians and health care providers [Solution to underlying causes: corrupt health care staff, unsympathetic medical staff, and fear of stigma]:

[Activity 1] Survey of current knowledge about medical rights of HIV positive community members

[Activity 2] Awareness raising workshops with community members

[Activity 3] Advocacy at Kangema Hospital with the help of Dr.Kagwi to educate medical workers on the rights of patients and respecting confidentiality

[Activity 4] Role play exercises with both health care workers and guardians advocating for health care rights, and reduction of stigma

[Activity 5] Follow-up survey to assess knowledge of medical rights of HIV positive community members and their guardians after trainings and identify any further training needs

[Problem 3]. Chronic malnutrition diseases like marasmus and kwashiorkor

Family Garden and Nutrition Program [Solution to underlying causes: Climate variability (unpredictable start of and length of rainy season and unusual dry periods) have reduced crop harvests impacting food reserves]:

[Activity 1] Survey of current knowledge of crops and their nutritional value

[Activity 2] Workshops in family nutrition and home garden planning for nutrition

[Activity 3] Forming beds and planting seeds workshop and follow-up

[Activity 4] Follow-up survey to assess knowledge of crops and nutritional value after trainings and identify any further training needs

Goal Statement: 40 young children and teenagers from 20 families in Kangema District will live in a community (1) educated about the topics of HIV/AIDS and sex education, with a reduction in stigma surrounding HIV; (2) will be able to access proper healthcare; (3) and will enjoy greater health and energy because of year round good nutrition. This will lead to (a) reduced poverty and ultimately fewer OVCs in the area over the long-term (b) they will be accepted by the wider society, and will have the means to participate fully in family/community activities and school. Their extended families will also be healthier. This leads to (c) a greater ability to attend and concentrate in school, leading to (d) a greater ability to develop and prosper as adults, and (e) also increases the ability of adults to lead the productive, meaningful, prosperous lives they need to leave the cycle of poverty and contribute to the development of their communities.

Results from community needs assessment using the Ten Seed Technique

In September, 2011, we worked under a community based organisation (CBO) that runs a support group for orphaned and vulnerable children (OVCs) and their guardians in Kangema District, Murang'a County of Central Province, Kenya. We conducted a needs assessment with 10 women from two villages, Watuha and Mihuti. Each woman was able to voice needs and then vote on them with 10 beans. These 10 women were representative of 20 households that the CBO currently works with but they expressed problems that are generic for the area and will also be experienced by other households that the CBO hopes to reach out to in the future. The needs they described were preventative actions against spread and effects of HIV/AIDS, improved access to health care, training about nutrition, health and hygiene, increased household income to provide sanitary pads for girls and cover costs of initiation rites for boys, and were expressed as the following problems.



Photographs taken during the needs assessment exercise using the 10 Seed Technique.

Community members have noticed changes in the rainy seasons – neither the long nor short rains are predictable, and there are lengthier dry periods. As farmers rely on rain-fed agriculture, crop development is negatively impacted. More frequently than in the past, farmers are losing part or all of their harvests due to unpredictable rainfall. Additionally, longer dry spells have led to loss of topsoil in the windy conditions found here, resulting in further soil erosion when the heavy rains do arrive. These challenges have reduced quality and quantity of crop harvests and have negatively affected household income, family food security and nutrition.

The full list of needs/problems and the vote results:	Votes out of 100
High rates of orphaned children due largely to parental death from HIV/AIDS	15
Lack of access to proper health care due to stigmatisation and low income	13
Exposure to crime, hard labour and drugs due to combination of factors	12
Lack of adequate schooling due to lack of income	12
Chronic diseases like marasmus and kwashiorkor due to overcrowding and low nutrition	11
Clothing problems due to lack of income	11
Rejection/lack of parental love due to social stigma attached to being orphaned by HIV/AIDS	8
Lack of sanitary pads among girls due to lack of income impacts on school attendance	7
Initiation problems amongst boys due to lack of income to pay for it	6
Homelessness/housing problems due to lack of income	5

We decided to design a project that would address sexual health, access to proper healthcare, food security and nutrition in order to tackle the overarching challenge of HIV/AIDS in the area.

This new project captured the community defined problems laid out in a simple project outline. One of the first challenges was to unravel the mixture of needs, problems, causes and impacts that the community came up with and to organise their top priorities into the simple project outline below.

Our problem statement is a very simple aggregation of the problems, underlying causes and negative impacts—without the addition of grant proposal type project introductions.

Simple project outline of problems/causes/impacts:

Problems:

- HIV/AIDS
- Lack of access to proper health care

Causes:

- Unprotected sex
- Stigmatisation
- Climate variability (unpredictable start of and length of rainy season and unusual dry periods) have reduced crop harvests

Their negative impacts:

- A high rate of OVCs in the area – children that do not have adequate parental love and care suffer greatly as a result. They are rejected by wider society, and do not have the means to participate fully in family/community activities and school. They often have to look after sick relatives, as well as the household needs. This leads to a reduction in of their ability to attend and concentrate in school, leading to a reduction in their ability to develop and prosper as adults, and also reduces the ability of adults to lead the productive, meaningful, prosperous lives they need to leave the cycle of poverty and contribute to the development of their communities.
- Under-nutrition and exposure to disease – without adequate education, land for growing crops or household income, there is little chance to access proper health care facilities or to ensure the family is meeting its nutritional requirements.

Problem Statement:

40 young children and teenagers from 20 families in Kangema District are suffering from: parental death caused primarily by HIV/AIDS; diseases caused by lack of access to healthcare and knowledge about disease prevention, and under-nourishment caused by little knowledge of nutrition and low household resources. A shortage of food reserves and reduced crop harvests associated with climate change have contributed to decreased household income and a reduction in the children's ability to attend and concentrate in school, leading to a reduction in their ability to develop and prosper as adults; it ultimately leads to a decrease in ability of adults to lead the productive, meaningful, prosperous lives they need to leave the cycle of poverty and contribute to the development of their communities.