THE KENYA ACORN PROJECT STRATEGIC PLAN

2012-2015

"In the next three years we aim to build a stronger organisation and continue to contribute to the health and education of the communities of Ndhiwa using the resources available to us."

Approved: **31 May 2012**

Last review: **31 May 2012**

Next review: **November 2012 Trustee Board meeting**

Registered Charity with Charity Commission for England and Wales - Registration No 1076753 21st July 1999

Registered as a NGO (Kenya) 2002 - NGO(K) 218/051/2002/0269/2385

www.kenyaacornproject.org

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EXECUTIVE SUMMARY

The Kenya Acorn Project is a UK registered charity providing a wide range of essential health and education programmes to the communities of Ndhiwa in Western Kenya. This includes a community hospital, outreach clinics and a nursery. Its UK based trustee board and local supporters have raised over £1,000,000 (134,952,295 Ksh) since 1998, ensuring that between 93-98% of funds are spent directly on programmes. The trustee board has a Kenyan based trustee who chairs the local Kenyan management board and an administrator who manages the programmes in Kenya.

During 2011, the trustee board started a strategic planning process for 2012-15. This involved consultations with all KAP's main stakeholders in the UK and Kenya. KAP decided that it was important to ensure that over the three years of the plan, it focused on making the biggest difference to the health and education of the communities in Ndhiwa within the resources available. KAP also wanted to strengthen the organisation to ensure its long term sustainability. KAP has tried to make sure that the strategic plan is easily understood as well as informative. KAP would like to thank everyone who has supported the organisation over the years both in the UK and Kenya, and all those who helped with the strategic planning.

Our strategic aims - in three years time:

1. *We will have provided services and programmes which can make the biggest difference to the communities we serve; helping to meet Kenyan government targets and the international Millennium Development Goals.*
2. *We will have made every effort to keep the volunteers and staff we have and found enough new volunteers and staff to work with us, making sure everyone has the skills they need and feels valued and motivated.*
3. *We will have made sure that we continue to try to improve relationships and communication with and between everyone who is involved with KAP; establishing new relationships with individuals and groups who can help us.*
4. *We will have enough funds for our programmes and services and know how we will be able to continue for the following three years and beyond.*
5. *We will have evidence to show that we are continually improving our organisation and our services; making a difference to the health and education of our communities.*

EXECUTIVE SUMMARY continued

Our strategic objectives are:

1. *To assess the difference our existing programmes and services are making to the communities of Ndhiwa, by undertaking annual reviews; taking account of the financial and human resources available, community views and Kenyan government targets.*
2. *To develop annual volunteer and staff plans to make sure KAP continues to recruit and retain skilled and motivated volunteers and staff, to meet the needs of the organisation.*
3. *To draw up and implement annual communication plans to make sure we use all useful information technology and social media, ensuring all stakeholders feel well informed and their views are taken account of.*
4. *To draw up and implement annual finance and fundraising plans to make sure we have enough funds to deliver quality programmes and services.*
5. *To draw up annual plans for continuous quality improvement using a suitable quality assurance framework; developing an evidence base to demonstrate the impact KAP is having on the communities of Ndhiwa.*

When we develop our annual plans to support each of our strategic objectives, we will take account of stakeholder feedback which is relevant to each annual plan. We will also need to look at any risks to the organisation, its staff, volunteers and stakeholders.

Every time we review our three year strategic plan we will need to take account of changing UK and Kenyan government legislation and policy as well as Kenyan local government Annual Operational Plans.

INTRODUCTION TO THE KENYA ACORN PROJECT

How it all began

Kenya Acorn Project (KAP) was established in 1998 by Muriel Armstrong and Mary Kerrigan from the North East of England, with backgrounds in health and education. It was registered as a charity in the UK in July 1999, and as an International NGO in Kenya in October 2002. The Kenya Acorn Project Community Hospital was started in 1999 to focus on the treatment of inpatients and outpatients. This became the hub from which our Health and Education Programmes evolved as a result of local need. *(Annex 1 - KAP's Achievements)*

Kenya Acorn Project's main aim is to improve the health and quality of life for the people of the District of Ndhiwa. KAP's work focuses on both Health and Education which are closely interlinked. The Health and Education Programmes are managed from one site in Nyora.

The Health Programme is delivered from the Acorn Community Hospital which facilitates the provision and promotion of quality curative, preventative and sustainable health services to the underprivileged population in the District of Ndhiwa. It provides a wide range of services (see the diagram below) from medical, surgical to paediatric as well as delivering health promotion and health education with a greater emphasis on providing an HIV and AIDS Programme of care.

The Education Programme's main focus is on early years education (3-7 years) which is provided through the Acorn Nursery School that was established by KAP in 2002. KAP's Education Programme also includes: supporting seven local Primary Schools creating healthy learning environments, by providing water and sanitation and distributing educational resources when available. Also by facilitating educational links, through Curriculum Development, in three UK and Kenyan Schools. We are currently involved in sponsoring students through secondary education (this programme is due to be completed in December 2013).

Early partnerships were developed with Seaton Burn Community College, Bristol University Medical Students (HIV and AIDS education) Voluntary Services Overseas (VSO) and Northumbria and Bristol Universities. Water and sanitation projects have been funded with support from the Chartered Institute of Environmental Health. Brockwell Middle School provided funding for the new Acorn Nursery building. From the early days of

KAP, students and staff from schools and universities have travelled out to the project, offering their time and expertise to help develop the projects in their various stages. Other visitors with specific skills including Doctors, Nurses, Teachers, Environmental Engineers and Environmental Health Officers have helped develop specific projects.

KAP is funded by individual regular donations, and by fundraising activities in schools, universities, churches and others. All visitors from the UK have been self-funding and have contributed substantially to KAP's total income of £987,253 (by the end of 2011).
As much as 98 % of funds raised are used to directly support our programmes.

The main challenges

KAP is operating in Ndhiwa Township and Kanyamwa location within Ndhiwa District. The District has a population of about 15,000 inhabitants, and Ndhiwa has a population of around 50,000. The main occupation is small-scale farming; major crops are maize, millet, sweet potato and groundnuts. 77.5% of the population in Homa Bay district lives below the absolute poverty line of one US dollar a day.
Life expectancy is 39.5 years for men and 40.9 years for women. The infant mortality rate is 149.2 per 1,000 (twice the national average). 254 out of 1000 children die before their 5th birthday. Maternal deaths are 170 per 10,000 live births[1].

The Health Needs Analysis (HNA) also shows that only 24.4% of the children were fully immunised [1]. Estimates for HIV prevalence are between 25% and 40%.

Only primary school education is free in Kenya. Children fail to attend school for a variety of reasons including illness and travelling distance. Many children need to stay at home to work for the family or care for younger siblings. For those children who attend school poor nutrition affects their ability to concentrate and learn.
Our Acorn Nursery currently provides nursery places for 84 children and there is only one other nursery in the area.

[1] Health Needs Assessment, Dr. Colleen Hughes, 2004

WHO WE ARE

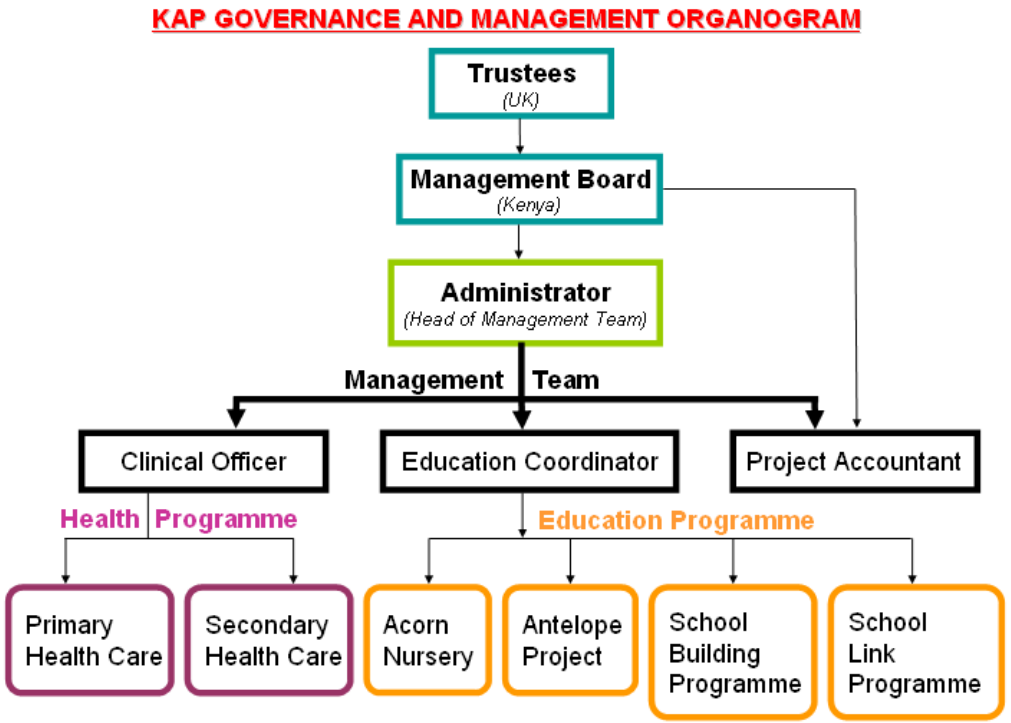
KAP's vision (what we hope for) is:

The community of Ndhiwa having access to the highest standards of healthcare and education.

KAP's mission (what we will try to do) is:

To work in partnership with other healthcare providers and education services in Kenya and in the UK to enable all members of the community to have access to health care, clean water and sanitation and to allow all children to have access to good quality education in a healthy learning environment.

KAP's Management (how we are structured)



WHO WE ARE continued

Trustees (UK) - The Kenya Acorn Project organisation is based in the UK and is managed by a Board of five Trustees, four of whom live in the UK while the Chairman of the Management Board in Kenya also sits on the Board of Trustees. The Trustees are supported by a Treasurer and a Secretary who also attend the Board meetings which are held quarterly. The Trustees provide leadership, governance, strategy formulation, resource mobilisation, monitoring and evaluation of the programmes in Kenya as well as supporting the Kenyan Management Board in running the project on a day-to-day basis to facilitate empowerment of the local community members towards sustainability.

Management Board (Kenya) - The Management Board consists of people of some standing from within the local community who have diverse skills. They share the responsibility of sitting on a variety of sub-committees that deal with the day-to-day management of the Health and Education Programmes. The Board meets three times a year. The Administrator manages KAP's day to day activities.

HOW THE PLAN WAS DRAWN UP

Our three year strategic plan shows how we aim to make a difference to the health and education of the communities of Ndhiwa. It gives an outline of what we want to achieve. We will need to draw up more detailed plans to support it, such as annual operational plans and programme plans.

It shows:

- what we are doing now and what difference we are making.
- what we are working towards by 2015 and the differences that we aim to make.
- how we will know we have made a difference and kept our commitments to local communities.

KAP Trustees have reviewed the organisation's many achievements to see where we have made the biggest difference in meeting local need. (Annex 1 - *KAP's Achievements).*Over the years we have undertaken a Health Needs Assessment (2004) (HNA), a Forensic Audit (by independent accountants) and set objectives for KAP to achieve. All these have been recently reviewed again by the Trustees along with our Annual Accounts. (*Annex 2 – Progress with HNA recommendations, Annex 3 – Progress with objectives 2008)*

We have organised meetings with our main stakeholders to make sure their views are taken account of and then decided how we will try to make the biggest difference over the next three years.
We have discussed the strengths, weaknesses, opportunities and threats for KAP with our main stakeholders. The Trustees have also looked at the political, economic, socio-cultural, and technological issues which could affect us over the next three years**.**

We have paid particular attention to the potential impact of the new Kenyan Constitution on our activities. The Trustees have also taken account of the (local) District Health Authority Annual Operational Plan (DHA AOP) and the international Millennium Development Goals. We await information about local and national education plans in order to take account of them. *(Annex 4 – AOP7 and Annex 5 - MDGs*).

WHAT THE STAKEHOLDERS TOLD US

These are the main broad issues:

- We need to consider and take account of the potential impact of the new Kenyan Constitution, both nationally and locally.
- We need to build on our successes and consider improvements to our existing infrastructure, widening our catchment area and providing more services.
- We need to strengthen our existing partnerships and look at establishing new ones locally, nationally and internationally.
- We need to find ways to improve recruitment and retention of staff and volunteers; reviewing pay and conditions and training as well as relationships between key stakeholders.
- We need to look at ways of maximising our income (e.g. through the National Hospital Insurance Fund- NHIF) and identify new sources of funding.
- We need to find ways to provide more evidence of the impact we are having and communicate our successes locally, nationally and internationally.
- We need to make sure that we are working as efficiently and effectively as possible at all levels in the organisation.

WHAT WE ARE DOING NOW

Programmes within the Kenya Acorn Project October 2011

Health

Acorn Community Hospital - Total Patient Care Centre providing inpatient and outpatient services for children, adults and expectant mothers:

- Treatment and care for infectious diseases such as malaria and TB and diarrhoeal illnesses
- Antenatal, delivery and postnatal care
- Family planning and sexual health clinics including distribution of condoms and treatment for STIs
- Child health clinics- monitoring growth and development as well as providing immunisations

HIV/AIDS Comprehensive Care Centre based at Acorn Community Hospital:

- Voluntary Counselling and Testing (VCT) for adults and children hospital based with outreach
- Prophylactic and antiretroviral treatment
- Prevention of Mother to Child Transmission of HIV (PMCT) through sexual health education, family planning services
- HIV/AIDS Patient Support Groups
- Home based care for AIDS related illnesses
- Acute hospital based care
- In patient and home based terminal care.
- KAPPOTEC Kenya Acorn Project Post Test Club for young people living with HIV/AIDS
- Twilight VCT (evening clinics in Ndhiwa town)
- Circumcision to reduce HIV transmission

Outreach Clinics - providing outpatient services at Gaena Market, Rangenyia, Sango School, Rakoro School

Health Education/Health Promotion sessions:

- At all KAP venues
- Bristol University medical student volunteers - providing annual training and support for local facilitators of HIV and AIDS awareness sessions in all KAP linked schools and community venues
- Northumbria University nursing students volunteers - providing special sessions to schoolchildren on hygiene and handwashing, anti bullying, self esteem, respect, and drugs awareness

Hospital based Pharmacy, Laboratory and Laboratory services

Provision of water, sanitation and hand washing facilities in linked schools in partnership with “Water for Kids”

Provision of Aquafilters in partnership with the “Safe Water Trust” - to purify water in linked schools and communities in Rangenya, Mbani, Mynia, Sibuoche, Rakoro schools and Acorn Nursery, Acorn Community Hospital and in KAP volunteer accommodation and to two family homes

Provision of knitted items by UK volunteers, for distribution to families, babies and children

Provision and maintenance of equipment, provision of medical supplies and medication

Education

Acorn Nursery - providing nursery education to 84 pupils:

- Maintaining the Acorn Nursery School building
- Provide teaching materials and other resources
- Employing two teachers, assistant, caretaker
- Resourcing Head Teacher’s early years teaching course
- Provision of uniforms
- Provision of graduation gowns
- Nutritional Programme – providing a daily breakfast to all pupils

Schools being supported through KAP

- Having completed classroom building programme at Ndhiwa, Rangenyia, Mbani, Sibuoche and Pala Primary Schools, now providing latrines, water tanks and hand washing facilities at Ndhiwa, Rangenyia, Mbani, Sibuoche, Mynia Primary Schools with hand washing facilities at Nyamanga Primary School in partnership with “Water for Kids”
- Linked schools in England with schools in Kenya, sharing experiences and improving awareness:
  Rakoro primary with Kenton Bar Primary school
  Rangenyia Primary with Academy 360 in Sunderland
  Nyamanga Primary with Collingwood Special School in Morpeth
  Acorn Nursery with Greenfields Primary School in Wideopen
- Provision of educational resources such as books, posters etc

Antelope Foundation

Currently in the 6th year of a 7 year programme. (The Antelope Foundation has provided the funds for 4 cohorts of 20 vulnerable orphaned students to attend boarding secondary education. The first cohort completed December 2010).

Fundraising

Committed volunteers, including trustees and other supporters, raise funds for KAP in a variety of ways throughout the year. Individuals and groups and visitors have also generously donated. KAP uses Gift Aid for all donations in the UK. Regular funds come from:

- Table top and Ebay sales
- Lottery Bonus Ball
- Donations from individuals which total £800 per month
- Donations from groups such as churches and schools, following formal and informal presentations about KAP’s work

We also receive ongoing support through “Matched giving” from Northern Rock, and funding from Water for Kids.

What people tell us we are doing well:

"*The Water for Kids projects (water tanks, hand washing facilities) will significantly improve the children's health and therefore their school attendance and educational attainment"* Primary head teacher

" The children were so excited when they saw the demonstration of dirty river water being put through the Aquafilter that they thought it was like when Jesus changed the water in wine" Student nurses

"KAP has done great work and I single out the scholarship programme that has changed the lives of many students who would have not gotten the opportunity to get secondary education" Area chief

"No mothers have died in childbirth after you gave us razor blades to cut the cords" Traditional birth attendants

"*The treatment of patients is good", "Reaching the community through outreaches and providing care and services"* – KAP staff

"Patient education is good on how to use drugs", "Formation of the group has reduced in us stigmatization"– Patient support group

"The organization helps as in a way we form a support group and we learnt a lot on food and nutrition benefits, the kitchen garden to the clients" – Home based care staff

"Good work KAP" "It has one of the best Nursery schools in Ndhiwa." – Education official

"*KAP has done well majorly on HIV/AIDS issues, outreach clinics have impacted positively on community*" – Health official

What our reports tell us:

Key statistics from annual activity data for 2011 (*from Annex 6- KAP Annual Activity Data 2011*)

- We provided HIV testing for 121 expectant mothers, identifying that 30 were HIV +ve, enabling us to offer them treatment to prevent mother to child transmission of HIV
- We distributed condoms to 2,255 men helping prevent HIV transmission and sexually transmitted infections
- We treated 221 children under five for malaria
- We provided home based care to 627 people in the community
- We provided HIV/AIDS awareness sessions to 17,810 primary school and 4,600 secondary school children
- We provided antiretroviral therapy for the first time for 1,462 people living with HIV/AIDS
- We provided voluntary testing and counselling to 652 adults and children – 171 tested HIV+ve

In 2011 we raised £143,919 (18,733,048 Ksh), an increase of £17,412 (2,266,413 Ksh) on 2010

In 2011 93.3% of expenditure went directly to our programmes.

All our fundraisers are volunteers.

All volunteer visits from the UK for monitoring and support of our programmes are self funding.

WHERE WE WANT TO BE IN 2015

KAP Board of Trustees have given careful consideration to all the information available to us, paying particular attention to the feedback from all our stakeholders. We are committed to making the biggest difference to the health and educational attainment for the communities we serve, within the resources available to us. We believe it is important to ensure that KAP as an organisation is ready to meet the challenges which will face us over the coming years as we continue to try to improve the quality and scope of our services.

Our strategic aims- in three years time:

1. *We will have provided services and developed programmes which can make the biggest difference to the communities we serve; helping to meet government targets and the Millennium Development Goals.*

2. *We will have made every effort to keep the volunteers and staff we have and found enough new volunteers and staff to work with us, making sure everyone has the skills they need and feels valued and motivated.*

3. *We will have tried to improve relationships and communication with and between everyone who is involved with KAP; establishing new relationships with individuals and groups who can help us.*

4. *We will have enough funds and know how we will be able to continue to fund our work for the following three years and beyond.*

5. *We will have evidence to show that we are continually improving our organisation and our services; making a difference to the health and educational attainment of our communities.*

WHAT WE NEED TO DO TO GET THERE

Our strategic objectives are:

1. *To assess annually the difference our existing programmes and services are making; taking account of the financial and human resources available to us, community views and Kenyan government targets.*

2. *To develop and implement annual volunteer and staff plans to make sure KAP continues to recruit and retain skilled and motivated volunteers and staff to meet the needs of the organization.*

3. *To draw up and implement annual communication plans to make sure KAP is using all useful information technology and social media, ensuring all stakeholders feel well informed and that their views are taken account of.*

4. *To draw up and implement annual finance and fundraising plans to make sure we have enough funds to deliver quality programmes and services.*

5. *To draw up and implement annual plans for continuous quality improvement using a suitable quality assurance framework, developing an evidence base to demonstrate the impact KAP is having on health and educational attainment.*

When we develop our annual plans to support each of our strategic objectives, we will take account of stakeholder feedback which is relevant to each annual plan. We will also need to look at any risks to the organisation, its staff, volunteers and stakeholders.
Every time we review our three year strategic plan we will need to take account of changing government legislation and policy as well as local and national government plans.

HOW WE WILL KNOW WE HAVE MADE A DIFFERENCE

We will know we are making a difference to the health and education of communities in Ndhiwa by:

- Keeping to our three year strategic plan and reviewing it regularly
- Providing more research evidence about the difference we are making
- Monitoring our activity in reports for the DHA and DEA
- Listening to and taking account of what communities say to us
- Asking local professionals and officials what they think about our services and how they could be improved
- Regularly reviewing all our plans and what we do to make sure we meet local needs
- Working with other organisations locally, nationally and internationally to share best practice
- Making sure we always work within the law, following national and local policies and guidelines
- Following KAP policies and procedures
- Showing continuous improvement in financial and quality audits

OTHER INFORMATION

We are happy to let you see other information which we keep. The following information is available on request:

- KAP's Constitution
- KAP's latest audited Annual Accounts (UK and Kenya)
- Latest KAP newsletter
- Antelope programme latest report
- Information about volunteering with KAP - becoming a volunteer in the UK, Kenya, trustee volunteer or fundraising volunteer
- How to make a donation to KAP
- Details of our other plans
- KAP policy and practice documents
- The laws and regulations we follow
- The local and national government plans we work with
- Our volunteer and trustee induction programmes
- The reports we send to the DHA and DEA, NHIF audits and the Charity Commission for England and Wales

Of course all information about families, staff and volunteers we work with is strictly confidential.

THANK YOU

The trustees and management board of the Kenya Acorn Project would like to thank all the children, families, staff and volunteers we work with, who make it all worthwhile; and the many people and organisations in Kenya and the UK who have given us advice and support to help us continually improve our services to local children and families in the Ndhiwa communities.

We would also like to thank all the individuals and groups who kindly gave us their feedback to help us write this strategic plan:

- KAP Management Board
- Hospital staff
- Patient support groups
- Bristol KAP programme
- Home based care staff
- Area Chief
- Nursery staff and parents committee
- Education and Health officials
- Divisional Officer 1
- Officer Commanding Police Division
- Trustees
- Working group members
- Volunteers

FEEDBACK

We welcome feedback on our three year plan and any suggestions about improving our services to the communities of Ndhiwa.

Please contact:

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ABBREVIATIONS

AIDS - Acquired Immune Deficiency Syndrome

AOP – Annual Operational Plan

BEOC- Basic Emergency Obstetric Care

CHW – Community Health Worker

CEOC – Complex Emergency Obstetric Care

DEA – District Education Authority

DHA – District Health Authority

HIV – Human Immunodeficiency Virus

HNA – Health Needs Assessment

KAP – Kenya Acorn Project

KAPPOTEC – Kenya Acorn Project Post Test Club

LLITNs – Long Lasting Insecticide Treated Nets (anti malaria)

MDGs – Millennium Development Goals

MoH – Ministry of Health

NHIF – National Hospital Insurance Fund

NGO- Non Governmental Organisation

RTI – Respiratory Tract Infection

TB - Tuberculosis

VCT – Voluntary Counselling and Testing

ANNEXES

Annex 1 - KAP's ACHIEVEMENTS

Kenya Acorn Project's Achievements to date (December 2011)

Since August 1998 the following has been achieved:

- Kenya Acorn Project (KAP) was established and registered as a Charity in the UK in 1998 and as an International NGO in Kenya in 2002.
- The KAP UK organisation is run totally voluntarily with no overhead costs allowing 93- 98% of all funds raised to be sent to Kenya for KAP programmes.
- Raised £987,253 (133,232,058 Ksh) from 1998 to December 2011 with a total expenditure of £939,465 (126,782,958 Ksh), that has been used to provide the health and education programmes.
- The Trustees have developed an excellent working relationship with the Government Officials in Kenya and the active KAP Kenya Management Board.
- Worked closely with the community members.
- Established partnerships in Kenya with Voluntary Services Overseas (VSO), Aphyia Nyanza, Catholic Medical Mission Board.
- Purchased the land and house from the Yambo family to develop the Kenya Acorn Project.
- Secured legal ownership of the land.
- Renovated the house and added latrines, storerooms and mortuary converting it into a basic hospital facility
- With the support of four VSO volunteers, developed systems to support the management of KAP in Kenya.
- In 2008 a forensic audit was carried out and the recommendations implemented to improve the efficiency and accountability of the management of the finances in Kenya.

- A Health Needs Assessment was carried out in 2004 that influenced the development of KAP's programmes in health and education, providing employment for 60 (plus) local people including Doctors, Clinical Officers, Administrator, Accountant, Education Co-ordinator, Pharmacist, Laboratory Technician, Nurses, Ancillary staff, Teachers and Teaching Assistant.
- Developed a volunteer programme enabling sharing of skills, with approx 250 visitors and volunteers being cared for in rented secure compound.
- Provided educational resources including books, stationery and teaching materials; medical equipment including laboratory and surgical equipment; and clothing resources for the community members, mothers and babies as incentives to bring babies for vaccinations.

Health Programmes

- Developed and furnished a small very basic, 15 bedded community hospital that has been equipped and staffed with a Doctor serving a population of 420, 000. Many people have received in and outpatients/emergency/medical and surgical treatment. Many lives have been saved. Those patients who have died have benefited from a comfortable pain free and dignified death.
- Provided a pharmacy, laboratory and mortuary.
- Provided medical resources including medicines.
- Funded education and training courses for staff including the Doctor, Administrative staff and Laboratory Technician.
- Introduced a vaccination programme that has reduced the death rate for e.g. measles.
- Introduced and set up 4 outreach clinics that serve the very rural communities who would not be able to access health care.
- Established a Total Patient Care Centre for those affected and infected by HIV and AIDS which was awarded accreditation as a VCT (Voluntary Counselling and Testing Centre) in 2008, with over 1,000 positive patients attending monthly for treatment in 2011.
- Set up post test support groups for HIV positive patients and young people. Organised and held health promotional open days.
- Student nurses from Northumbria University and medical students from Bristol University have initiated health education / health promotion programmes in the link schools.
- Provided electricity to Hospital and Nursery.

- Through Water for Kids (WFKs) linked by the Chartered Institute for Environmental Health, provided water tanks, latrines and hand washing facilities at the Acorn Community Hospital, Acorn Nursery and linked schools.
- Provided Aquafilters to Rangenya, Mbani, Mynia, Sibuoche, Rakoro schools and Acorn Nursery, Acorn Community Hospital and Volunteer accommodation plus 2 families.

Education Programmes

- Built a temporary Acorn Nursery classroom in 2002 that doubled up as a church, followed by a permanent Nursery building in 2007 catering for 60 children providing early years education, although over 100 children were registered in 2010. Currently planning the building of a third classroom.
- Employed nursery school teachers.
- Head Teacher currently attending Early Years Teaching Course.
- Furnished nursery and provided educational resources, uniforms and graduation gowns for the Acorn Nursery.
- Supported a building programme in 5 primary schools including classrooms, with the provision of safe water, sanitation and hand washing facilities.
- Funded by Comrades of Children Overseas (COCO), provided a latrine block for girls at Rangenyia School.
- Provided books for a library in the church.
- Established active links with 7 English Schools to 7 of the Kenyan schools.
- Facilitated a school exchange programme for teachers and students.
- Facilitated the provision of a resource centre sponsored by Seaton Burn Community College.
- Provided teaching/learning materials to the Acorn Nursery and the 7 partner schools.
- Through a sponsorship programme from the Antelope Foundation, 80 orphaned vulnerable young people have been able to access secondary education.
- Nine young people have been sponsored by individuals through Primary and Secondary school.

- Provided basic educational resources.
- Funded staff development courses including medical training, laboratory technician, accountant, HIV and AIDS, nursery teacher training and continuing professional development for many staff.

Environment

- Assisted community with cost sharing scheme to provide 4 community wells.
- Dug one shallow well at the hospital and installed hand well pump.
- Provided second well pump for community well.
- Built 3 water tanks with roof water catchment.
- Provided 14 latrines at hospital, school and nursery.
- Provided 20 water tanks at hospital, nursery and school.
- Built storeroom, temporary mortuary and kitchen.
- Established a kitchen garden with the help of Paul Keeley of Global Gardens.

Income generation

- Established the Reborn Women Group for clothing manufacture to support their children through school.

Annex 2 - PROGRESS WITH THE HEALTH NEEDS ASSESSMENT RECOMMENDATIONS

EXTRACT FROM HEALTH NEEDS ASSESSMENT 2004 - UNDERTAKEN BY DR COLLEEN HUGHES (pages 67-71) including a review of KAP's progress with the recommendations by Muriel Armstrong November 2011 (in the boxes)

"Final Summary

A health needs analysis is a vital tool for any organisation or community to use in order to develop a strategic plan. Even though some of the results seem 'obvious' there is now good evidence to show what the needs are and what can be done to address them. This type of information is essential when seeking funding from grant-giving organisations.

The database containing the results to the questionnaire survey can be used in the future should there be a need to analyse other aspects of the community. For example, if a decision is taken to assist a community with a water project, the data could be used to find which villages have poorest access to water presently. The database can also be used as a baseline to assess the effects of any interventions that are introduced.

As a side effect of the community survey, KAP and ACH were promoted. People were encountered during the fieldwork that had not heard of the NGO, or were mistaken about its areas of work. The fieldwork also created opportunities to carry out health education and health promotion.

The needs analysis should be repeated at five-yearly intervals. This would prevent any deviation from Kenya Acorn Project's goal of helping the communities of Ndhiwa become free from the burden of major disease, with access to quality health care, and would also show that community involvement is central to KAPs strategy.

5.0 RECOMMENDATIONS AND CONCLUSIONS

5.1 Final Recommendations to Kenya Acorn Project

For each priority health concern a list of recommendations for actions that could be taken to reduce the burden of the specific concern has been compiled. If implemented, each action would need to be monitored appropriately, using relevant outcomes such as decreased mortality to measure the effectiveness of the intervention. There are a few recommendations that would be of benefit for every health concern; these are listed first.

5.1.1 Overall Recommendations

5.1.1.1 Increased Outreach Services

According to the research, the villages that should be targeted first are the remote villages along the Ruma escarpment. One such village in Kayambo sub-location in need of an outreach clinic is Ndisi. In Kwamo sub-location any of the villages far from Ndhiwa could be chosen, e.g. Rachar or Yugni. Kipingi is the central village in Kwamo sub-location. There is meant to be an outreach clinic close to Kipingi in Osure Primary School. However this clinic is currently not operating. There are plans to restart it, but if the plans fail then Kipingi would be an ideal location for an outreach clinic in Kwamo. These outreach clinics would ideally provide Mother and Child Health services (immunisations, weighing, antenatal care), education and treatment for common illness not requiring admission.

The initial outreach clinic that was set up by Dr Colleen at Gaena, was, and still is successful being held every month. This has been replicated and developed. Currently there are monthly outreach clinics being held at Gaena Market, Rangenya or Sango schools and Rakoro School. Other venues were started but did not continue mainly due to transport difficulties and costs.
Services provided are treatment, referrals, mother and child- maternity, immunisation and vaccination, VCT as well as health promotion and health education. There is potential for additional outreach clinics if funds were available.

5.1.1.2 Improve Road to Acorn Community Hospital

The road to ACH is in poor condition, only passable by vehicle in the dry seasons. Plans to improve the road were submitted by the Ministry of Transport in 2004. The application was successful and emergency funds granted to enable the road to be upgraded and surfaced with marrum. It is important to ensure that these works are undertaken.

> *The road to the hospital remains a huge problem although it was renovated with a marram surface but with each rainy season it has again rapidly deteriorated. The damage has been compounded by the increase in usage by motor cycles and heavy wagons carrying building materials. This increased traffic is as a result of the area being developed into a District.*

5.1.1.3 Increase Health Education

Health education could be increased using the following methods:

- Carry out bi-annual 'health days' at Acorn Community Hospital. A social day, maybe incorporating a sporting event, would be popular. Special offers or free treatment for certain diseases could also be available. Public education presentations in different forms could be carried out, e.g. drama groups, cookery demonstrations.

> *There have been several health days at the acorn community hospital with health education on HIV and AIDS prevention and the importance of clean water through the use of drama and music. There was free malaria treatment.*

- Carry out smaller 'health presentations' at each of the mobile clinics on a regular basis. The same treatment offers should be available, and some form of health education.

> *Health promotion and education is incorporated into all out reach clinics.*

- Community group teaching sessions could be organised through the Chief. Video presentations could be arranged. Health related videos are available from the MoH.

> *It has not been possible to implement the use of video presentations in the community due to lack of electricity as well as financial resources.*

5.1.1.4 Community Health Workers/Traditional Birth Attendants

These health workers exist in West Kanymwa but many are inactive. They could be regrouped and organised. Training could be offered, especially on the five priority health concerns. They could be supervised by staff at ACH, and given the necessary equipment to carry out their work. They could have responsibility for educating the community and promoting behaviour change. They could work alongside the health professional operating the outreach clinics.

> *As the outreach programme and the home based care programmes have been developed, greater involvement of the CHW's and TBA's has been made. They work alongside the Acorn Community staff, join in training sessions and are regularly supervised. Ten CHW's / Home Based Carers receive a small remuneration ksh500 per month.*

5.1.2 Specific Recommendations for Priority Health Concerns

5.1.2.1 Malaria

The above overall improvements plus the specific ones listed below are the final recommendations to KAP for reducing the incidence and morbidity and mortality associated with malaria in West Kanyamwa.

- Acorn Community Hospital could observe the new government initiative for promoting ITBNs launched in August 2004. Regular supplies of 160ksh vouchers should be sought for ACH. If it is apparent after 4-6 months that there are not enough government resources to continue this programme then KAP may want to consider subsidising bed nets themselves. It may be possible to arrange a deal with UPENDO women's group in Homa Bay to supply cheap nets.

In partnership with Aphya Nyanza, the ITBN's has been introduced. Bed nets can be purchased at a cost of ksh50 and are distributed free to the Home Based Care patients.

- A blood transfusion service would be very beneficial in West Kanymwa. This would be ideally placed at ACH. In combination with community sensitisation about taking children with severe malaria straight to hospital, this service could reduce malaria mortality in West Kanyamwa.

It has not been possible to introduce a blood transfusion service from the Acorn Community Hospital. The logistics and costs have been prohibitive.

- ACH are recommended to look into acquiring combination artemisinin compounds for the first-line treatment of malaria.

A comprehensive well stocked pharmacy has been developed at the Acorn Community Hospital. Antiretroviral drugs are supplied through the Government Hospital in Homa bay. A pharmacist has been employed. It has been recommended that a second dispensary should be available for TB patients to prevent cross infection.

5.1.2.2 Water-borne Disease

The above overall improvements plus the specific ones listed below are the final recommendations to KAP for reducing the incidence and morbidity and mortality associated with water-borne disease in West Kanyamwa.

- KAP could consider the supporting community water projects, either groundwater collection or rainwater harvesting, and latrine building. Clean water supply is one of the greatest needs of the community, 80% of which have to take their water from rivers, lakes, ponds or puddles.

KAP has partnered with Water for Kids (UK) and Safe Water Trust (UK) and been supported by several UK schools:
KAP has provided rain water harvesting at the Acorn Community Hospital, Acorn Nursery, Acorn Volunteers accommodation and 7 Primary Schools.
Latrines have been provided at the Acorn Community Hospital, Acorn Nursery and 4 Primary Schools.
Hand washing facilities have been provided at the Acorn Community Hospital, Acorn Nursery and 6 Primary schools.
Aquafilters have been provided at the Acorn Community Hospital, Acorn Nursery, Acorn Volunteer accommodation, 5 primary schools and 2 families.

- Chemicals for water treatment could be promoted and made easily available at minimal cost to the community, perhaps via the ACH pharmacy.

KAP through drama activities did promote the use of chemical water treatments. The response from the community was that they did not like the taste.
The provision of aquafilters that clean/purify the dirtiest of water would be the preferred option to promote and provide as and when funds and equipment are available.

5.1.2.3 Maternal and Child Health

The above overall improvements plus the specific ones listed below are the final recommendations to KAP for improving the poor health indicators in the area of maternal and child health in West Kanyamwa.

- The charges for hospital birth could be reduced so this is an affordable option for mothers in our area.

KAP removed the cost of hospital deliveries to encourage mothers to deliver in hospital.

- Family planning services offered by KAP could be advertised more widely e.g. on a hospital sign.

> *Family planning services are provided for both male and females and is a core service at the Acorn Hospital and outreach clinics. Sign boards advertise the service.*

- KAP could consider purchasing some supplies of family planning methods so that if the free MoH supplies run out they are still able to offer family planning services. They may want to introduce a small charge for all clients using family planning, to cover the cost of purchasing small amounts, i.e. cost sharing.

> *Through Aphyia Nyanza and The Catholic Medical Mission Board, KAP provides a variety of family planning methods.*

- As there is a surgeon now in place at ACH, KAP may want to fully utilise this resource by purchasing the necessary equipment to be able to perform Caesarean Sections and other assisted deliveries such as Ventouse deliveries and forceps deliveries.

> *The Surgeon resigned from the Acorn Community Hospital which is now managed by two Clinical Officers who can undertake minor surgery.*

- The Integrated Management of Childhood Illness (IMCI) guidelines could be re-introduced at ACH, along with further training for the staff.

> *There is a comprehensive programme for MCI and the staff work closely with the MOH and Public Health Team. Staff are invited to attend training sessions and receive supervision from the MOH team*

- Better systems for ensuring plentiful supplies of vaccines could be introduced. For example, make one member of staff responsible, this may be a good role for the nurse who regularly attends the outreach clinics.

Implemented. Vaccines are received on a regular basis form the MOH in Homa Bay.
The Pharmacist takes the main role alongside the Senior Nurse.

- Ensure continuation of the reward programme for mothers whose children complete the KEPI programme. Give incentives to mothers of newborn babies who come to the MCH clinic.

This is ongoing and highly successful with hand knitted items being made in UK and transported to Kenya for distribution at the Acorn Community Hospital and outreach clinics. Child Health Records are also in use.

- As a group of children, orphans are among the most needy. KAP may wish to consider offering orphan support e.g. nutritional support in the five KAP-supported schools and Acorn Nursery, or reduced price medical treatment at ACH.

The Acorn Nursery provides a daily meal for the children. It has not been possible to extend this to other schools due to logistics and finances. Medical treatment is available for the Acorn Nursery children. The children in the schools have had treatment for worms. Several schools are used for the outreach clinic and this year Rakoro school children were health screened with the majority of them receiving treatment.

5.1.2.4 HIV/AIDS and STIs

The above overall improvements plus the specific ones listed below are the final recommendations to KAP for reducing the incidence and morbidity and mortality associated with HIV/AIDS and STIs in West Kanyamwa.

A programme addressing HIV/AIDS care is necessary within West Kanyamwa. This package could include:

KAP now provides the largest HIV and AIDS programme in the area of Ndhiwa with over 1000 patients receiving antiretroviral treatment. The Acorn Community hospital was given an award in 2008 for the work.

- VCT based at ACH and extending to the outreach clinics;

Achieved

- Home based care;

Achieved

- PMTCT both from ACH and outreach services;

Achieved

- Smooth referral system to a centre offering ARVs;

Not necessary as ARV's are prescribed from ACH

- Good quality medical care for in and outpatients. The 'Syndromic Management of STIs' programme could be maintained and ACH staff given teaching updates about how to implement the programme;

Medical care provided by 2 Clinical Officers and 4 Qualified Nurses . The management of STI's is incorporated in the HIV and AIDS Programme. Several members of staff have undertaken the Counselling Course for the VCT work.

- Education, specifically focusing on behaviour change and trying to reduce HIV-associated stigma (including STIs);

The Bristol Medical Students have introduced an ongoing HIV /AIDS Programme in all the linked schools and community, based on the HIV/ AIDS Curriculum. Locally trained Health Workers / Facilitators deliver the programme. This programme is supervised by ACH staff. The programme included education on the prevention and treatment available for STIs.
KAPPOTEC members through their drama and music promote this in schools and community gatherings.
KAP introduced Health Clubs in the schools.

- Orphan support.

Orphans are supported through the Acorn Nursery and the Antelope Secondary School Sponsorship Programme. 75% of the 102 nursery children were orphans.
The 80 young people in the Antelope Programme are all orphans.
4 of the Antelope Students have commenced University Courses this year.
2 of the individual sponsored children have gained places at The Tropical Institute for Clinical Medicine and Surgery to be educated as Clinical Officers.
Many of the children in the Primary Schools are orphans and benefit from the KAP programmes and involvement in their schools.

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5.1.2.5 Tuberculosis

The above overall improvements, plus the specific ones listed below, are the final recommendations to KAP for reducing the incidence and morbidity and mortality associated with TB in West Kanyamwa.

- KAP may be able to obtain free reagents for sputum testing from the MoH. If they do this they will be able to offer sputum testing at ACH for free or with just a small service charge.

Sputum testing at the hospital is available. Equipment provided through Aphyia Nyanza.

- In order to increase TB diagnoses in the community, KAP could consider sending CHWs out in the community to take sputum samples and bring them to the laboratory to be tested. This could be initiated by testing contacts of patients who have tested positive for TB, and then extended to the general community."

This aspect has not been developed.

Annex 3 - PROGRESS WITH 2008 OBJECTIVES

REVIEW OF KAP OBJECTIVES 2008 - November 2011

The purpose of this review is to help inform the strategic planning process for the three year strategic plan 2012-2015.

"Our Primary Aim" and the following objectives were drawn up as part of the 2008 draft strategic plan.

Our Primary Aim (Area of Focus)

To contribute towards an improvement in the health, quality of life and development capacity of the community by implementation of

- Comprehensive healthcare programme
- A healthy learning environment in schools
- A programme to support disadvantaged children and their families; orphans; those affected by poverty, HIV/AIDS, and gender inequality.
- Activities to promote global awareness

Develop partnerships with other healthcare providers to provide an ambulance service linking hospitals and outreach services.

Comprehensive healthcare programme

Objectives

	met/unmet/ ongoing
Develop the Community Hospital at Nyora as a Comprehensive Care Centre	met
Develop partnerships with other healthcare providers to provide an ambulance service linking hospitals and outreach services	met but not easily available
Provide outreach health services	met
Develop the HIV/AIDS awareness programmes	met
Develop youth-friendly HIV/AIDS services	met
Develop school-based health services	partially met

Expand the programme of Community Health Days and health workshops.	partially met
Expand the programme for provision of clean water and sanitation	met
Create healthy learning environments for the school children	met

A healthy learning environment in schools

Objectives

Improve school infrastructure providing adequate safe water systems and sanitation	met in some schools
Expand clean water programmes in schools	met
Expand educational programmes including new partnerships with schools in the UK	partially met
Encourage greater community participation in school development	met
Develop Acorn Nursery to cater for an increased number of children with disabilities and learning difficulties [1]	N/A
Continue to support the secondary school sponsorship programme through the Antelope Foundation	met
Facilitate the school and educational sponsorship of individual children/ young people with potential donors	met with 8 children

[1] Currently no children with disabilities or learning difficulties attend Acorn Nursery

A Programme to support disadvantaged children and their families, orphans, those affected by poverty, HIV/AIDS, and gender inequality.

Objectives

The Development of KAP Nursery into a Centre of Excellence for preschool care offering placements for trainee nursery staff and development of preschool education in the area	not developed
Encourage primary school children to complete the KCPE so that they can access secondary education. A program of support for disadvantaged children, including paying fees	met
A programme within schools to redress gender inequality, supporting girls' education, ensuring girls' welfare in school and their home environment, and supporting incoming generating initiatives which allow girls to access continuing education	met

Activities to promote global awareness

Objectives

Encourage more schools to be involved in the educational programme, including UK/Kenyan partnerships, to promote a better understanding of global issues and support the philosophy /core values of KAP [2]	N/A
Enable more young people in Kenya and the UK to communicate with each other and share knowledge and ideas through shared curriculum development with an exchange of work.	On going with 2 schools
Continue to promote global issues in UK and Kenyan schools and their communities e.g. citizenship, equality, diversity, social justice and	N/A

interdependence[2]	
Foster global citizenship through facilitating volunteering opportunities in Kenya [2]	N/A
Strengthen existing partnerships [2]	N/A
Promote and facilitate new partnerships [2]	N/A
Sharing skills and capacity building [2]	N/A
Raise awareness of Kenya Acorn and the projects	met
Raise funds to support existing and new projects	met
Prepare and support volunteers for their visits	met

[2] Objectives now being taken forward by the Team Kenya charity

Financial strategy

Objectives

Increase donations by greater public awareness	met
Seek partnership funding in Kenya from Governmental Programmes and other organisations for specific projects	partially met
Seek partnership funding from charities and organisations in UK and Kenya	partially met

Governance

Objectives

Regular monitoring and evaluation of governance and financial structures	met
A training programme for all employees and volunteers involved in management and finance	partially met

Annex 4 - DISTRICT HEALTH AUTHORITY ANNUAL OPERATIONAL PLAN TARGETS

(a √ shows where KAP is contributing to national and local targets)

KENYAN NATIONAL HEALTH SECTOR STRATEGIC PLAN PRIORITIES 2008-12

1	Reduce under-five mortality from 120 to 33 per 1,000 live births	√
2	Reduce the maternal mortality ratio (MMR) from 410 to 147 per 100,000 live births	√
3	Increase the proportion of deliveries by skilled personnel from the current 42% to 90%	√
4	Increase the proportion of immunized children below one year from 71% to 95%	√
5	Reduce the number of cases of TB from 888 to 444 per 100,000 persons	√
6	Reduce the proportion of inpatient malaria fatality to 3%;	√
7	Reduce the national adult HIV prevalence rate to less than 2%.	√

Nyanza Province Health Plans

Priorities for Nyanza Province

Management support priorities for the Province are:

(*KAP is supporting these targets which have been set for the DHA)*

Improve reproductive health and child survival services at community level by:

- Mobilizing resources for community activities √
- Strengthening community-based referral systems √

• Conducting advocacy and sensitization forums to increase uptake of reproductive health services		√
• Strengthening governance		√
• Increasing community participation, involvement and engagement		√
• Promoting male involvement in reproductive health		√
Improve BEOC at levels 2–3		√
Improve contraceptive commodities security at primary care level		√
Build capacity on BEOC and CEOC	(BEOC only)	√
Improve supervision at all levels		√
Strengthen health systems for child survival interventions		√
Scale up youth-friendly services		√
Scale up integrated management of childhood illnesses (IMCI)		√
Strengthen intersector collaboration/coordination and partnership		√
Implement BCC programmes for adolescents and youth especially in the control of drugs and substance abuse		√

Indicators:

(*for health facilities such as KAP)*

Cohort 1 – Pregnancy, Delivery and the Newborn (up to 2 weeks)	***(all but CEOC)***	√
Women of reproductive age (WRA) receiving family planning commodities		
Pregnant women attending at least 4 ANC visits		
Deliveries conducted by skilled health attendants in health facilities		
Pregnant women supplied with LLITNs		
Pregnant women receiving two doses of intermittent preventive therapy (IPT2)		
Newborns with low birth weight (LBW – under 2,500g)		
Maternal deaths occurring in health facilities		
Maternal deaths audited fresh stillbirths in the health facility		
Number of health facilities providing BEOC		
Number of health facilities providing CEOC		
HIV+ pregnant women receiving preventive anti-retroviral therapy to reduce the risk of mother-to-child transmission (PMTCT)		

Cohort 2 – Early Childhood (2 weeks to 5 years)	***(all)***	√
Newborns receiving BCG		
Children under 1 year immunized against measles		
Children under 1 year fully immunized		
Children under 5 years attending child welfare clinic (CWC) for growth monitoring services (new cases)		
Children under 5 years attending CWC who are underweight		
Children under 5 years receiving Vitamin A supplement		

Children under 5 years provided with long lasting insecticide treated nets (LLITNs)		
Infant mortality rate (IMR)		
Facility infant mortality rate (IMR)		
Cohort 3 – Late Childhood (6–12 years)	***(all)***	√
School children correctly de-wormed at least once in the year		
Number of schools having adequate sanitation facilities		
Cohort 4 – Adolescence (13–24 yrs)		√
Health facilities providing youth-friendly services		
Cohort 5 – Adulthood / All Lifecycles (25–59 years)		
Population counselled and tested for HIV (VCT, PITC, DTC, HBCT)		√
Number of condoms distributed		√
Households sprayed with indoor residual spray (IRS)		
Adults and children with advanced HIV infection started on anti-retroviral therapy (ART)		√
Adults and children with advanced HIV infection receiving ART		√
Total number of hospital admissions		
TB case detection rate		√
TB cure rate		√
Emergency surgical cases operated within 1 hour		
Percentage of cold surgical cases operated on within 1 month		

Cohort 6 – Elderly (>60 years)

Number of health facilities providing regular check-ups targeted at elderly persons

Number of facilities (level 4 and above) with specialized geriatric care

Efficiency Indicators

Doctor / Population ratio

Nurse / Population ratio

Health facilities without all tracer drugs for more than 2 weeks

Clients satisfied with services

Average length of stay (ALOS)

Utilization of outpatient department (OPD) - Male

Utilization of out patient department (OPD) - Female

The Life-Cycle Cohorts

1. Pregnancy and the newborn (up to 2 weeks of age)	√
2. Early childhood (2 weeks to 5 years)	√
3. Late childhood (6–12 years)	√
4. Youth and adolescence (13–24 years)	√
5. Adulthood (25–59 years)	√
6. Elderly (60+ years)	√

Annex 5 - MILLENNIUM DEVELOPMENT GOAL TARGETS

KAP is directly contributing to the following MDG targets (√) and through its many programmes is indirectly contributing to other MDG targets.

Goal 1: Eradicate extreme poverty and hunger

Target 1A: Halve the proportion of people living on less than $1 a day

- *Proportion of population below $1 per day (PPP values)*
- *Poverty gap ratio [incidence x depth of poverty]*
- *Share of poorest quintile in national consumption*

Target 1B: Achieve Decent Employment for Women, Men, and Young People

- *GDP Growth per Employed Person*
- *Employment Rate*
- *Proportion of employed population below $1 per day (PPP values)*
- *Proportion of family-based workers in employed population*

Target 1C: Halve the proportion of people who suffer from hunger

- *Prevalence of underweight children under five years of age*
- *Proportion of population below minimum level of dietary energy consumption*[1]

Goal 2: Achieve universal primary education

Target 2A: By 2015, all children can complete a full course of primary schooling, girls and boys √

- *Enrolment in primary education*
- *Completion of primary education*
- *Literacy of 15-24 year olds, female and male*

Goal 3: Promote gender equality and empower women

Target 3A: Eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015

- *Ratios of girls to boys in primary, secondary and tertiary education*
- *Share of women in wage employment in the non-agricultural sector*
- *Proportion of seats held by women in national parliament*

Goal 4: Reduce child mortality rates

Target 4A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate √

- *Under-five mortality rate*
- *Infant (under 1) mortality rate*
- *Proportion of 1-year-old children immunized against measles*

Goal 5: Improve maternal health

Target 5A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio √

- *Maternal mortality ratio*
- *Proportion of births attended by skilled health personnel*

Target 5B: Achieve, by 2015, universal access to reproductive health √

- *Contraceptive prevalence rate*
- *Adolescent birth rate*
- *Antenatal care coverage*
- *Unmet need for family planning*

Goal 6: Combat HIV/AIDS, malaria, and other diseases

Target 6A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS √

- *HIV prevalence among population aged 15–24 years*
- *Condom use at last high-risk sex*
- *Proportion of population aged 15–24 years with comprehensive correct knowledge of HIV/AIDS*

Target 6B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it √

- *Proportion of population with advanced HIV infection with access to antiretroviral drugs*

Target 6C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases √

- *Prevalence and death rates associated with malaria*
- *Proportion of children under 5 sleeping under insecticide-treated bednets*
- *Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs*
- *Prevalence and death rates associated with tuberculosis*
- *Proportion of tuberculosis cases detected and cured under DOTS (Directly Observed Treatment Short Course)*

Goal 7: Ensure environmental sustainability

Target 7A: Integrate the principles of sustainable development into country policies and programs; reverse loss of environmental resources

Target 7B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

- *Proportion of land area covered by forest*
- *CO_2 emissions, total, per capita and per $1 GDP (PPP)*
- *Consumption of ozone-depleting substances*
- *Proportion of fish stocks within safe biological limits*
- *Proportion of total water resources used*
- *Proportion of terrestrial and marine areas protected*
- *Proportion of species threatened with extinction*

Target 7C: Halve by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation √

- *Proportion of population with sustainable access to an improved water source, urban and rural*
- *Proportion of urban population with access to improved sanitation*

- **Target 7D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum-dwellers**

  - *Proportion of urban population living in slums*

Goal 8: Develop a global partnership for development

Target 8A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system

- *Includes a commitment to good governance, development, and poverty reduction – both nationally and internationally*

Target 8B: Address the Special Needs of the Least Developed Countries (LDC)

- *Includes: tariff and quota free access for LDC exports; enhanced programme of debt relief for HIPC and cancellation of official bilateral debt; and more generous ODA (Overseas Development Assistance) for countries committed to poverty reduction*

Target 8C: Address the special needs of landlocked developing countries and small island developing States

- *Through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly*

Target 8D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term

Target 8E: In co-operation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries

- *Proportion of population with access to affordable essential drugs on a sustainable basis*

Target 8F: In co-operation with the private sector, make available the benefits of new technologies, especially information and communications

Annex 6 - KAP ANNUAL HEALTH ACTIVITY DATA FOR 2011

GENERAL OPD MORBIDITY	**Male**	**Female**	**Total**
Over 5 yrs summary or morbidity			
Total new cases			
No. of first attendances	305	226	531
No. of re-attendances	195	132	327
Total attendance	246	200	446
Referrals in	22	14	36
Referrals out	8	7	15
Average dose per attendance			
Under 5 yrs *summary or morbidity*			
Total new cases	46	80	126
No. of first attendances	203	263	187
No. of re-attendances	59	80	139
Total attendance	308	404	712
Referrals in	4	4	8
Referrals out	3	10	13
Average dose per attendance			
MCH/FP ATTENDANCE	**Male**	**Female**	**Total**
CWC attendance	105	193	298
No. first attendance	90	89	179
No. re-attendance	180	258	438
Total CWC attendance	197	389	586
OUTREACH CLINICS	**Male**	**Female**	**Total**
No. of clinics in the month	23	23	46
Adults attending	102	252	354
Children attending	200	268	468
ANC attendance	0	113	113
PNC attendance	95	129	224
PMTCT/VCT			
Children needing follow-up	**Male**	**Female**	**Total**
Marasmus	8	4	12
Kwashiorkor	1	1	2
Anaemia	9	4	13
Faltering weight	7	7	14
Total No. of children needing follow-up	10	9	19

TOP FIVE DISEASES /CONDITIONS			
Under 5yrs			
	Diseases /condition	**No. of cases**	
	Malaria	221	
	Other RTIs	85	
	Diarrhoeal dose	27	
	Diseases of skin	22	
	Ear infections	14	
TOP FIVE DISEASES/CONDITIONS			
Over 5yrs			
	Diseases /condition	**No. of cases**	
	Malaria	234	
	Other RTIs	104	
	Anaemia	36	
	Pneumonia	90	
	STI	24	

Home Based Care	**Male**	**Female**	**Total**
No. of new clients receiving care	184	100	284
No. of old clients receiving care	470	474	944
Total No. of clients receiving care	314	313	627
No. of home visits	288	288	576
No. of supportive supervisions	7	5	12
House hold members receiving health	29	30	59
No. of deaths	6	7	13
No. of clients discharge from care	15	15	30
HIV/AID awareness & support	24	24	48
No. of patient support groups (PSG) meetings	70	60	130
No. of post test club (KAPOTEC) meetings	400	367	764
No. of patients attending PSG meetings	30	40	77
No. of youths attending KAPOTEC meetings	15	10	25
No. of awareness –general community	0	0	0
Condom distribution	**Male**	**Female**	**Total**
No. of male clients accepting condoms	1000	1255	2255
No. of female clients accepting condoms	400	326	726
Total No. of clients accepting condoms	1562	2000	3562
No. of male condoms distributed	3000	2907	5907
No. of female condoms distributed	8	8	16

SCHOOL HEALTH PROGRAM	Male	Female	Total
Nurse visits	6	7	13
No. of primary school visited	6	7	13
No. of secondary schools visited	4	5	9
No. of classes taught	17	17	34
Total number of children attended (primary)	0	0	0
Total number of children attended (Secondary)	0	0	0
No. of pupils dewormed	300	494	794
No. of pupils receiving Vit. A	30	45	75
No. of pupils needing follow-up	10	17	27
No. of referrals	9	10	19
HIV/AIDS eradication			
No. of primary school visited	10000	12370	22370
No. of secondary schools visited	2000	1690	3690
No. of classes taught/attended	9000	9530	18530
No. of pupils attending session-primary	10000	7810	17810
No. of students attending sessions -secondary	2000	2600	4600
No. of facilitators attending sessions	20	34	54
No. of facilitators support meetings	30	37	67
No. of teachers support meetings	43	40	83

REPRODUCTIVE HEALTH	Male	Female	Total
ANC attendance Hospital			
No. of first attendance	20	30	57
No. of re-attendances	50	30	80
Total ANC attendance	80	83	163
PNC attendance	10	11	21
No. of first attendance	10	10	20
No. of re-attendances	12	10	22
Total PNC attendance			
PMTCT			
No. of women counselled for HIV	60	61	121
No. of women tested for HIV	50	59	109
No. of women found HIV+	15	15	30
PMTCTC plus (men tested for HIV)	12	12	24
No. of women receiving nevirapine	8	10	18
No. of children on PMTCT follow-up	20	29	49
PAC (Post abortion care)	1	1	2
No. of MVA	1	2	3

No. of complicated PAC	0	0	0
No. of D & C	3	3	6
No. counselled for FP	100	129	229
No. accepting FP	60	39	99
STI/STD cases	**Male**	**Female**	**Total**
No. of cases	10	17	27
Family planning	**Male**	**Female**	**Total**
No. of new attendance			
No. of re-attendance	40	56	96
Total No. of FP attendance	70	62	132
	80	91	171
HIV/AIDS prevention, treatment, care & Support			
VCT services	**Male**	**Female**	**Total**
Total No. of clients counselled & tested	400	252	652
No. of clients testing positive(15-24 yrs)	41	41	82
No. of clients testing positive(25-49 yrs)	40	58	96
No. of clients testing positive(50 + yrs)	6	5	11
No. of clients testing positive (<15 yrs)	17	17	34
Total No. of clients tested (positive)	80	91	171
HIV seroprevelence)			
ART Services			
No. of first attendance	700	7462	1462
No. of re-attendance	5000	6200	11200
Total ART attendances	4814	4000	8814
No. of clients starting ARV	300	428	728
Total No. of clients receiving ARV	3000	2077	5077
New clients put on prophylaxis	600	631	1231

IN PATIENT SERVICES	**General (adults)**	**Paediatric**	**Maternity (mothers)**	**Total**
Admissions	100	131	2	231
Discharges	127	100	2	227
Deaths	9	8	0	17
Absconders	0	0	0	0
Parolees	0	0	0	0
Occupied bed days – NHIF members	10	29	0	39
Occupied bed days- Non NHIF members	60	60	0	120
Well person days	0	0	0	0

MATERNITY SERVICES(Deliveries)	**Number**			**Total**
Normal deliveries	10	11		21
Abnormal deliveries (All)	0	0		0
Underweight babies	0	0		0
Live births	4	4		8
Still births	0	0		0
Neonatal deaths	0	0		0
Maternal deaths	0	0		0
Referrals	2	2		4
LABORATORY SERVICES (IPD & OPD)	**Number**	**Positive**	**% positive**	**Total**
Routine tests	100	155	39%	225
Special tests	3	3		6
Total tests done	200	177	39%	327
Other tests	**Number**			**Total**
No. of DBS taken to district hospitals	10	13		23
No. of DBS results receive from district hospital	3	3		6
No. of CD4 specimens taken to district hospital	108	100		208
No. of CD4 results received from district hospital	92	100		192

Annex 7 - LATEST CHARITY COMMISSION ANNUAL REPORT

Charity Commission 11th Annual Report

1st January 2010 to 31st December 2010

Kenya Acorn Project's Vision (KAP)

"Our vision is that the communities of Ndhiwa in Western Kenya can become self sufficient, free from the burden of major diseases with access to quality health care and health promotion and where education is available to all children".

The Trustees work towards achieving this through the closely interlinked Health and Education Programmes. The Primary and Secondary Health Programmes are delivered from the Acorn Community Hospital, including the: In and outpatient services, outreach clinics, maternity and child health, laboratory and mortuary services, HIV and AIDS programme, School Health Services and KAPPOTEC (Kenya Acorn Project Post Test Club). The Education Programmes include the provision of pre-school education at the Acorn Nursery and a feeding programme, creating healthy learning environments through the School Building Programme, secondary education for vulnerable and orphaned children through the Antelope Secondary School Sponsorship Programme, individual child educational sponsorship and the sharing of knowledge and skills through the visitors and volunteers.

The Charity continues to be managed by the Trustees who offer their services entirely voluntarily, with no paid employees in the UK.

Within the Kenya Acorn Project in Kenya, we employ 31 full-time Kenyan Medical, Nursing and Ancillary Staff plus 20 part-time/volunteers who provide the HIV and AIDS Home Based Care and HIV and AIDS education in schools.

The concept of working groups in England was introduced in 2008 to support the Trustees with the administrative work and overseeing the project proposals. This is proving to be beneficial.

Thanks to Treasurer Ian Cameron, who continues to improve and strengthen the financial systems.

Thanks to Secretary Marian Hinds, for volunteering her professional administrative skills.

Thanks to Tom Jackson and Jane Tait for overseeing the work at the Acorn Nursery and schools, in partnership with Water for Kids.

Thanks to VODA for their assistance with the website. Although this is progressing through the design and development of the material, it is not ready to go live.

Thanks to Verna MacNaughton for her many informative talks and presentations to a variety of audiences marketing KAP, that have led to sources of income and resources. They include:

- WI circuit and Rotary circuit
- Sheltered Housing
- Women's Institute Circuit
- Rotary Clubs
- Church Groups
- Community Centres
- Schools

To date £18,600 has been raised as a result of giving talks.

Thanks to Verna MacNaughton and Dorothy Heron for their work in organising the recycling programme and sending resources to Kenya.

Thanks to the KAP Kenya Management Board, who also offers their services voluntarily, who continue to demonstrate their commitment to citizenship contributing to their own community. They are increasingly taking more responsibility for the day to day management of the programmes in Kenya. They are exploring the possibility of income generating projects to secure the sustainability of the current programmes. One initiative was the introduction of a guest house linked to the volunteers' accommodation. This was being discussed for consideration at the end of 2010.

The Aims that were set for 2010, to differing extents have been achieved. They were:

Aims for 2010

1. To sustain the current programmes in health and education.
2. To continue to implement the recommendations of the Forensic Audit of 2008 and monitor the effect with particular emphasis on the management of the programmes in Kenya.
3. To strengthen the monitoring and evaluation of the projects in order to seek funding, both in England and Kenya, to sustain and develop the projects.
4. To update the website to promote and market KAP.
5. To foster current partnerships, develop new partnerships and facilitate partners to meet their objectives.
6. To develop the school links between Kenya and England.
7. To support visitors and volunteers to Ndhiwa.

During 2010, it was good to be able to report that all Health and Education Programmes were sustained and some expanded. Success brings challenges and KAP is fortunate to have been working in partnership with The Offices of the President in Kenya, KAP Bristol Medical Students, Aphia Nyanza, The Antelope Foundation, Development Direct, Water for Kids and Comrades of Children Overseas (COCO).

Much progress has been made within the programmes, thanks to the improved administrative management in Kenya. Through the monitoring and evaluation of the programmes, by visitors and through the monthly reports, it is evident that progress is being made and that lives are being improved. The reporting systems could be improved to provide the evidence required to submit proposals from funding organisations.

Health Programme

The Acorn Community Hospital continues to be at the centre for the delivery of all Health and Education Programmes.

The HIV Programme is continuing to grow at an incredible rate which is increasing the demand on resources as regards our staffing and medication. We are meeting this through the patient support groups (with over a thousand patients) who meet regularly on a monthly basis to receive their drugs, treatment, nutritional advice, as well as health and education teaching. The VCT Centre started a moonlight testing service held from 5.00pm to 9.00pm with the aim of reaching a broader client group.

Supported by the CMMB, a programme of circumcision was introduced, complimented by health education, which is being well received.

Patients who are too ill to attend the hospital are regularly visited in their homes by a team of Home Based Carers who are trained and supervised by the Hospital staff.

We would like to acknowledge the hard work and commitment of the Acorn staff, without whom the programmes would not be possible. The National Hospital Insurance Fund Scheme has not been as successful as had hoped, due to administrative problems with the organisation that are currently being reviewed.

Outreach Clinics

The outreach clinics were held once per month at Rangenia and Sango schools and at Gaena in the market place, where mothers and babies receive antenatal and postnatal care and vaccinations. Services also offered include the HIV and AIDS Programme of Voluntary Counselling and Testing.

We continue to be overwhelmed at the kindness and generosity of the many ladies in England who have continued to knit and crochet articles to be distributed to the mothers and children at the outreach clinic and nursery. The number of individuals and groups contributing to this valuable work continues to grow.

Health Education Programme

The Health Education and Health Promotion Programmes were delivered through the Bristol Medical Students, Northumbria University Nursing Students and Kenya Acorn Project Post Test Club (KAPPOTEC), in addition to the staff from the Acorn Community Hospital.

KAPPOTEC, our own group of Kenyan young people, continues to create awareness of the issues of HIV and AIDS through their music and drama presentations.

Education Programme

Acorn Nursery

The success of the nursery is creating additional problems. It was discovered during Verna and Julie McNaughton's visit that the number of children attending the nursery had grown to 102, with facilities catering for the intended 60 children. This meant that additional tables and chairs had to be provided. It was recommended that the numbers be restricted to 30 per year group. Following a discussion with the District Education Officer it was recommended that there was a need for a third classroom to adequately accommodate the three groups

which would be more conducive to teaching. It was also suggested that the school day should be extended. These recommendations create additional problems in resources for a new building, and for the provision of a lunch and sleeping facilities.

School uniforms have been provided with dresses being made in Kenya and the cardigans and jumpers being provided by the UK knitters.

During the visit of volunteers, donated resources have been distributed which have been received with great enthusiasm.

Antelope Foundation

Elizabeth Bohart of the Antelope Foundation sponsored our first cohort of students in January 2007, providing the opportunity for 20 vulnerable and orphaned children to attend secondary school. The number has grown to 80 within this four year period. The first cohort of 20 children completed their secondary education in December 2010. It is expected that some of the children will be able to go onto further education.

The three remaining cohorts continue to receive provision for their education from The Antelope Foundation.

On behalf of the people of Ndhiwa, the Trustees and Management Board extend their thanks to the Antelope Foundation for their continued generosity. This is a fantastic opportunity that has changed the lives of so many disadvantaged children.

School Links

The Educational link created in 2008 between Nyamanga Primary School and Collingwood College of Arts and Media in Morpeth was put on hold due to illness.

Visits and Volunteers

All visitors and volunteers policies and documentation have been updated.

Thanks to all the following for their work while in Ndhiwa, who all self-fund the cost of their visits:

Thanks to Tom Jackson for overseeing the completion of the work for **Water for Kids** at the Acorn Nursery, which now has rainwater catchment in underground tanks providing water for the nursery community, an indoor and outdoor toilet and hand washing facilities, and a septic tank drainage system.

Tom and Jane Tait are currently working with Water for Kids on a new programme proposal to introduce additional water catchment and hand washing facilities in the six linked KAP Primary schools including Rangenyia, Mbani, Sibuoche, Ndhiwa, Mynia and Nyamanaga.

July saw 2 **Bristol University Medical Students** visiting Ndhiwa to train local community health workers to deliver their HIV and AIDS Awareness Programme. The aim is to raise awareness within the schools of HIV and AIDS and teaching a programme that is based around the Kenyan Curriculum. This would not happen without the work of the Bristol medical students and the Head teachers and staff greatly value the contribution they make to their communities. Although the group would like to expand their work it is currently not financially possible.

Northumbria Nursing Students visited Ndhiwa in March and September on their International placement as part of their University Programme, working in the schools promoting health through teaching the importance of hand washing and preventing disease. This is linked to Water for Kids, who have provided the funds to install a septic tank at the Acorn Nursery. Water for Kids believes that by addressing the provision of clean water, sanitation and promoting hand washing, this greatly reduces the instances of disease. They also worked with the Antelope students exploring cultural differences, enjoying crafts and sports activities. They facilitated a workshop of penpal letters from pupils at Cramlington Junior Learning Village in Cramlington, Northumberland and helped the students to write letters of reply and to take photographs with disposable cameras provided by the school. All students enjoyed the experience and had been given the opportunity to talk, share ideas and have fun.

The visits by the student nurses were successful and positive comments were received from the Administrator.

Trustee Visit August 2010

Julie MacNaughton as trustee and Verna MacNaughton had a successful visit to the project in August 2010 and were overall impressed with the improved changes in administration, the workforce and work being carried out. The visit included:

- Attending the Management Board Meeting.
- Being updated on the progress and changes in Kenya.
- Meeting the new team.
- Collating photos and information for talks and interviewing people in Ndhiwa.
- Updating the information for website.
- Checking and advising on the use of IT equipment.
- Look at possibility of having own volunteers' accommodation

First Aid Africa Project

The assessment visit by Sam Abraham of First Aid Africa facilitated by KAP, took place in January. It was recognized that there was a need for First Aid input into the communities. First Aid Africa as an independent organisation set up a programme of teaching with the provision of equipment. The visitors were initially accommodated in KAP's volunteers' houses and subsequently they found their own accommodation within the community. Concerns raised by Sam Abrahams regarding governance were followed up and found not to be accurate.

Fundraising

Funding remains one of the greatest challenges for the Trustees and we give our thanks to the many individuals, schools, churches and organisations who continue to support the work of the KAP, enabling the work to be sustained. We appreciate everyone's generosity during these difficult times.

Special thanks go to Margaret O'Sullivan and Katherine Wade, who for seven years have organised and run a fundraising lottery generating the total sum of £7,500.00 towards our work. We would like to also thank all the individuals who participated.

This activity is to continue with the support of Kay Dixon

The funding for all of the programmes is currently provided from the UK with a small contribution in Kenya for the circumcision programme being provided by the CMMB and the small income generated at the Acorn Community Hospital.

As in previous years, the majority of income raised has been remitted to Kenya for the programmes on a monthly basis.

During the year of 2010, 81% of funds raised were remitted to Kenya.

Please see the separate financial report prepared by Accountant J Lyall FCCA of Willey and CO.

Aims for 2011

1. To sustain the current programmes in health and education.
2. To consider the recommendation of the District Education Officer to increase the teaching accommodation at the Acorn Nursery.
3. To continue to implement the recommendations of the Forensic Audit of 2008 and monitor the effect with particular emphasis on management of the programmes in Kenya.
4. To strengthen the monitoring and evaluation of the projects in order to seek funding, both in England and Kenya, to sustain and develop the projects.
5. To seek funding from larger organisations.
6. To update the website to promote and market KAP.
7. To foster current partnerships, develop new partnerships and facilitate partners to meet their objectives.
8. To develop the school links between Kenya and England.
9. To support visitors and volunteers to Ndhiwa.

Chairman's Signature: Muriel Armstrong

Date June 24th 2011