

**A PROPOSAL TO SCALE UP HIV/AIDS MITIGATION INTERVENTION SERVICES IN MUMIAS DISTRICT WESTERN KENYA**

**PROJECT DURATION 12 MONTHS**

**APPLICANT ORGANIZATION: DRAEM SUPPORT INTERNATIONAL**

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**PROJECT COORDINATOR**

**PROJECT LOCATION:-MUMIAS**

**ORGANIZATION OFFICE:-MUMIAS TOWN POST BANK BUILDING OFFICE NUMBER 6**

**SUBMITTED**

**AMOUNT REQUESTED Ksh. 1,106,800**

**JUNE 2011**

## **Executive Summary**

DREAM SUPPORT INTERNATIONAL is a community based organization started in 2004 to improve the livelihoods of the rural poor through facilitating community development projects. The organization intervenes in primary health care services, water and sanitation, food security, environmental management and poverty eradication.

The proposed interventions for HIV/AIDS treatment, prevention care and support program will be initiated in MUMIAS District targeting 10,000 members of the community with emphasis on most at risk population. The project will carry out aggressive proactive community mobilization, advocacy and sensitization for HIV/AIDS mitigation. Facilitate capacity strengthening of selected members of the community with knowledge and skills in provision of quality HIV/AIDS treatment, prevention, care and support services. Develop service delivery support structures as well as initiate income generating activities for the HIV positive living for socio economic empowerment

. The project has identified stigma, lack of knowledge, lack of capacity and lack of motivation as some of the problems facing HIV/AIDS mitigation and support in the target community.

The project proposes to implement a comprehensive intervention that plans to strengthen community capacity in factual understanding of HIV/AIDs and identify then establish community owned structures for sustainability of information education and communication exchange in the beneficiary community. The project will develop a modern referral clinic for provision of quality HIV treatment care and support services.

The project proposes to employ various methods for implementation. It will carry out community mobilization and sensitization for the project then identify and train 100 participants from the community as Community Health Workers in HIV/AIDS advocacy. The trained personnel will implement a community communication and education outreach program that targets to reach out to 10,000 members of the community with emphasis on most at risk populations with quality information and knowledge on HIV/AIDS to influence behavior change and objective decision making on sexuality. The activities of the project also targets to improve the quality of life of the HIV Positive Living.

The proposed activities include community mobilization and sensitization, workshop trainings for community health workers, establishment of community based social support groups for PLWHIV, development of a referral health clinic, development of a community based referral systems for people choosing to seek, access and utilize quality HIV/AIDS treatment prevention care and support services.

The expected outcomes of the project include 100 Community Health Workers trained, 10,000 members of the community sensitized on prevention against HIV/AIDS and behavior change to reduce the number of new infections, improved knowledge on HIV/AIDS among the beneficiary community. 100 support groups for PLWHIAS formed. Development of a clinic for referral of PLWHIV and in need of treatment care and support services. Initiation of income generating activities in support groups

*Dream Support International*

## **1.0 Introduction and Background Information of the Applicant Organization.**

DREAM SUPPORT INTERNATIONAL was started in 2004 and registered in 2011 as a COMMUNITY BASED ORGANIZATION (CBO) registration number **DSS/MMS/CBO/0031/2011..** The organization was started with a group of 18 health service providers working in western region of Kenya to provide strategic community development services in the region. The organization mandate is to deliver socio economic and cultural empowerment of beneficiary community members through implementation of needs based community development projects. The organizations **goal** is alleviation of ill health and poverty eradication. The goal of the organization is to create an informed society. The **vision** of the organization is to facilitate communication, provide a common voice, strengthen social economic development and improve the well being of communities that are served by the organization. The **mission** of the organization is to effectively promote and advance the interests and well being of beneficiary community focused on improving the quality of life. The **mandate** of the organization is to advance the quality of life of the people through improvement of their economic and social conditions and their participation in democratic life.

The mandate is fulfilled through rallying community members to carry out project within an accountable and transparent framework for development

The **broad objective** of the organization is to proactively engage the community stirring development.

The specific objectives of the organization is to

- i. To facilitate and achieve full participation of community members in economic, social and democratic life of Kenya
- ii. To promote and enable access to sharing and dissemination of information, ideas, experiences, attitudes and resources among the beneficiary community members
- iii. To educate community members to better understand, fulfill and develop their roles and functions, and strengthen their capacities for development.
- iv. To facilitate in identifying and analyzing the health, environmental, water, sanitation needs of the beneficiary community people for intervention.
- vi. To cooperate with other network organization(s) within and beyond the region that has similar objectives.

The activities undertaken by the organization include:-

- i. Facilitate training programmes, networking, organizational management, capacity building and other appropriate training as identified from time to time;
- ii. Maintaining constant and active communication linkages in the community

- iii. Promoting ways of sharing effective poverty eradication methods.
- iv. Promoting and supporting human rights
- v. Developing and participating in campaigns to highlight important spiritual, cultural, social, ecological, economic and political issues in the country.
- vi. Consult, monitor and research the needs of the people.

The organization networks, collaborators and partners with various organizations for synergy and support. They include Ministries of Public Health and Sanitation, Agriculture, Education, Water, Irrigation and Environment which provides Capacity building for the group, Government Departments like District Development Office, District Environment Committee and the Constituency Aids Control Committee for support of its activities.

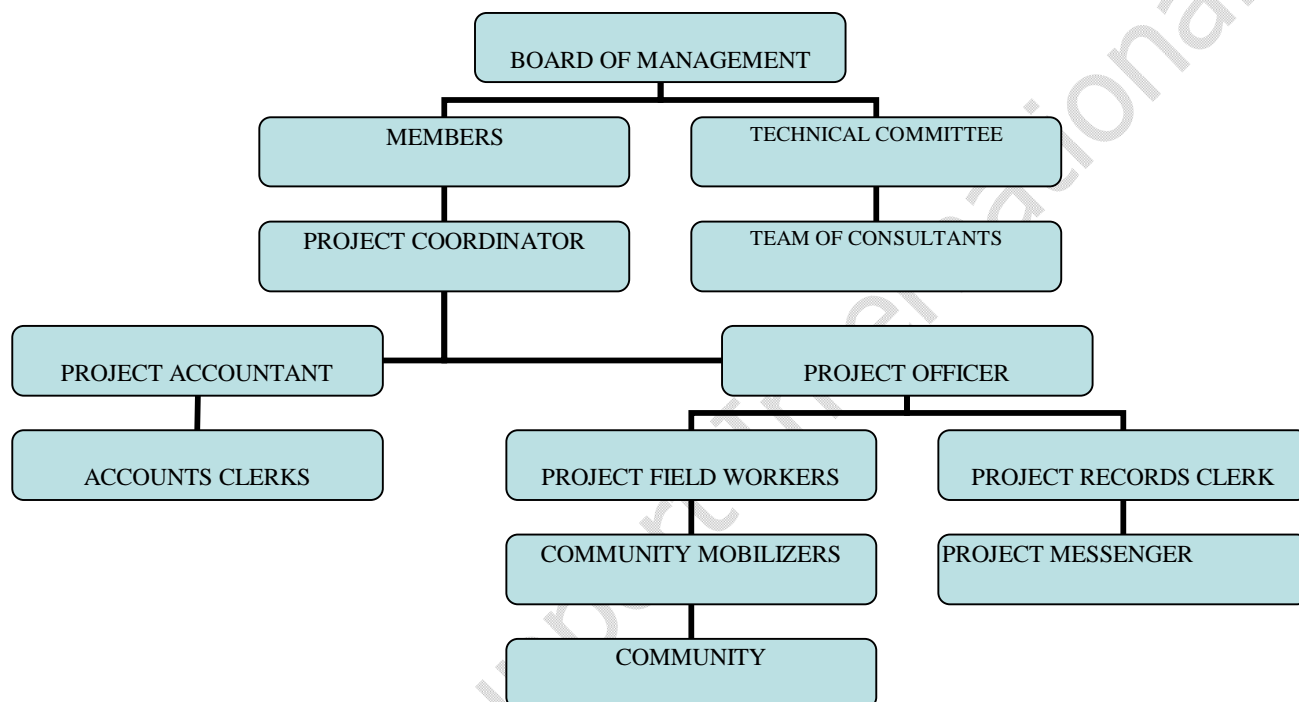
The organization is based in Mumias and operates within Mumias District.

The organization is managed by a board of management constituted by elected members. The board has 7 members including the project coordinator and the patron who are Ex officio. The coordinator is a staff of the organization while the patron is appointed by members to serve in the capacity for a specified period of time. The board of management elects a chairperson of the board while the coordinator is the secretary to the board. One member is elected by the members of the board to serve as the secretary. The board meets on monthly basis to review and approve project budgets as well as review activity progress. The board also develops the organization policy guidelines. The coordinator reports project progress and presents project activity budgets for consideration and subsequent approval. The board is elected annually and a board member can only serve for not more than three successive years.

The organization has a management team constituted of senior staffs of the organization. They include the senior accountant, the project coordinator, the field officer and the social worker. The project coordinator being the chief executive officer of the organization is the chairperson of the team while the project officer is the secretary to the team. The organization has 9 staffs at its office who work full time, the project coordinator, the project officer, the accountant, the office secretary and 5 field staffs. These staffs work on voluntary terms though may receive allowances from time to time. The organization has another over of 300 community members volunteering services in the community.. They include trained community health workers, local leaders, opinion leaders and members of collaborator groups. The organization receives students from various institutions of learning who volunteer their skills knowledge and ideas on the projects being undertaken.

The group has also identified, approached and mobilized volunteer community own Resource persons (skilled/trained personnel) in the area of Health, Agriculture, Water and Sanitation, Entrepreneurship and Environment. They work through provision of knowledge skills and ideas for projects identification, design implementation, management, monitoring, evaluation, documentation and reporting. They offer services on voluntary basis. They form a team of experts/consultants for the organization. Presently they are 4 in number.

### **1.1 ORGANIZATION ADMINISTRATIVE STRUCTURE**



### **THE PROJECT PROBLEM STATEMENT**

The Kenya National HIV/AIDS Strategic Plan (KNASP) 2005/2009/10 seeks to deliver a HIV free society by reducing new infections and improving the quality of life of infected. The prevalence of HIV is still high with many reported new infections. The level of stigma in the project community is still high. There is a considerable level of intervention that has been undertaken by the applicant organization and other players including government departments but there is need of more efforts being directed to advocacy services focused on provision of quality HIV treatment, prevention care and support services as well as initiating a proactive community participatory behavior change education and communication programme

Some PLWHAs as well as the most at risk populations in the target population are completely un-reached with behavior change communication/education services. The most at risk groups in the

district include the youth, widows, peasant farmers, boda boda riders, commercial sex workers and laborers unskilled services in various sectors in the community.

These people are spread in the entire Kakamega North Districts and beyond. These are poor and vulnerable groups. They are used as source of cheap labor, exploited sexually and are ignorant of the HIV/AIDS mitigation programs. The quality of life of these people is poor. Stigma still persist in some areas in the district hence the cause of the neglect. Some areas are not served by any HIV mitigation program. Failure to address the problem will lead to continued suffering of the target beneficiaries resulting from the prevailing ignorance of HIV/AIDS mitigation services. The prevalence of HIV will remain high, the rate of new infections of HIV/AIDS high and the impact of the scourge persist for longer time in the community.

### **ORGANIZATION CAPACITY**

The organization is suited to carry out the project because it has along time experience in implementing related projects. The organization has been working in the target region for over ten years implementing various community development projects. The organization has successfully implemented a HIV/AIDS treatment, prevention care and support projects. The proposed project is a scale up on the level of service delivery on the already existing projects. The organization has registered enormous outputs on these project and plans to expand to increase availability, access, and level of utilization of quality services. The organization has a number of skilled service providers volunteering services. The organization qualified clinical officer, nursing officer, social worker, project coordinator, and accountant. The team of staffs has experience in implementing projects and will form key players in implementation of the proposed project. The trained and serving Community Health Workers will facilitate training of others and provide mentorship for quality services. The group has presence in the community having implemented various projects hence enjoys community acceptability. The community has expressed strong support of the activities being carried out by the organization in the community. The community has participated in the identification of the gaps to be addressed by the proposed project and have pledged the support required for successful implementation of the project.

### **PROJECT BACKGROUND INFORMATION**

The proposed project the HIV/AIDS mitigation in Butere/Mumias District is a community based project targeting the general population with an emphasis on the most at risk population in the district. The target population includes the poor and vulnerable groups un reached by HIV mitigation interventions. The project is expected to reach over 10,000 people more than 2/3 of them being women and children. They lack of knowledge, skills, ideas, information and education on HIV/AIDS. This has

rendered them vulnerable to HIV/AIDS infections and sexual health problems. These people especially women and children are under pressure to provide for their families and are confronted by sexual demands from men. They are hence at a high risk of contracting HIV/AIDS. These people have so far not been reached in any way with HIV/AIDS education and awareness program.

The programme started in 2006 as one of the projects on community health and sanitation programme due to the observation by the group members for the need to start the awareness project in the area as well as a request by some members of the technical committee for the need to start the same. The beneficiary community have strongly indicated acceptance of the project by participating in some of the activities that have so far been initiated by the group which included a baseline survey to determine their level of knowledge in HIV/AIDS and generally reproductive health. These indicated their willingness to participate and own a vibrant out reach programme targeting them

The proposed project intends to strengthen capacity and level services on the on going project. The project is focused on mobilizing and carrying out education and advocacy campaigns within the project area, mobilizing local resources for the project as well as developing social support structures for PLWHAs, Orphans and Vulnerable people in the community in mitigating the impact of HIV/AIDS in the area. The specific activities to be undertaken by the project includes capacity building for community health workers to scale up on the existing number, capacity building for the project beneficiary to increase their knowledge, skills, ideas, information, education and communication on HIV/AIDS. Identifying and developing social support structures that can secure the welfare of the beneficiaries by enabling resource pooling to initiate income generating activities as well as identifying and linking with micro credit finance organizations to offer capital to initiate income generating project.

The lessons learnt from related projects initiated in the country and specifically in the region has been that knowledge influences decision and lack of knowledge causes poverty and ill health. The group has also learnt that development requires presence of opportunities. The various related projects in the area have ensured sharing of knowledge and creation of opportunities with a lot of indicators for success being observed. The youth couple behavior change program initiated by the organization which encouraged information sharing and opportunity identification was a big success. We will disseminate the learning by focusing on information/knowledge acquisition and opportunity creation for self sustainability of the project beneficiaries

The project is expected to reach 10,000 people more than 2/3 of them being youth women/widows and children, orphans etc. The proposed project seeks to scale up community capacity on HIV/AIDS



treatment, prevention care and support through implementing a participatory quality information exchange program.

The objective of the HEALTH COMPONENT in the organizations community program is to create community health awareness empowering members with knowledge, skills and education that will help them to promote, prevent and improve their health situation.

The program carries out various activities which includes:-Community Health Education, Community Springs Protection, Community Sanitation Activities, Jigger Control, Deworming , Growth Monitoring, HIV/AIDS treatment, prevention, care, support and Advocacy project. The project fall in the health component of the organizations community intervention areas specifically on the HIV/AIDS mitigation program.

### **The Project Goal**

The Project Goal is to reduce the number of new HIV infections, re-infection and improve the quality of life of HIV positive living in the community.

### **The Project Objective**

Project Objective is to capacity build the community on quality factual HIV/AIDS mitigation services and increase the number of people seeking, accessing and utilizing services in Butere/Mumias District to 10,000 by DECEMBER 2012.

### **The Project Specific Objectives**

- i. To mobilize and sensitize at 10,000 members of the community on the availability, relevance and need to utilize HIV mitigation services by carrying out 100 community educative forums by December 2012.
- ii. To identify select and train 100 community members as community health workers to design and implement a quality HIV/AIDS mitigation service delivery program by the end of December 2012
- iii. To facilitate formation 100 social support groups for HIV positive living for psychosocial and economic support of beneficiary members by December 2012.
- iv. To develop a health facility unit for referral of the beneficiaries for medical treatment, care and support.
- v. To identify and initiate viable income generating activities for orphans and vulnerable children as well as HIV positive living in support groups.

### **Project Activities**

The project activities will include:-

1. Community mobilization and sensitization for HIV/AIDS mitigation
2. Workshop training for selected members of the community as community health workers.
3. Coordinated HIV/AIDS mitigation service delivery program
4. Construction of a health clinic for referral of medical treatment care and support
5. Facilitation for formation of social support groups
6. Facilitation for initiation of income generating activities for social support groups

The activities are further described in the implementation methodology. The coordinated HIV/AIDS mitigation services will include advocacy and provision of the following HIV/AIDS mitigation services

- ✓ Information exchange
- ✓ Counseling and testing
- ✓ Prevention of mother to child transmission
- ✓ Psychosocial support
- ✓ Medical treatment care and support
- ✓ Home Based Care and support
- ✓ Nutritional care and support
- ✓ Paralegal support
- ✓ Orphan and vulnerable children support and development of referral systems for other requisite services.

### **Target Beneficiaries.**

Project targets the entire Butere/Mumias District and plans to benefit the Youth, Women, Men, Commercial Sex Workers and the Disabled. The target population has been associated with stigma hence have poor attitude towards seeking and utilizing services. The general population will either directly or indirectly benefit from the project. The direct beneficiaries will be actively involved while the indirect beneficiaries will benefit from the results of the project activities. The project has projected to benefit 10,000 members of the community directly while the indirect beneficiaries will be a factor of the direct beneficiaries.

### **Involvement of the Beneficiaries**

The beneficiaries were involved in the identification and implementation of the on going project activities. Members of the community have all a long been engaged in the delivery of the projects by participating at various levels. They act as contact persons, some serve as hosts while others have been trained with various skills to participate on the on going projects.

The community will be involved as stakeholders, in the mobilization and hosting community forums. The project will be participatory hence the role to be played by the community members is a major one. The stakeholders will carry out a social audit of the project. They will also participate in mobilization and sensitization as well as networking and referral of community members.

### **Project Methodology**

The project is going to be implemented in the present Butere/Mumias District. The District has three Divisions, Seven locations with 20 sub locations. The area has a relatively flat terrain that allows successful navigation of the area in the implementation of the project activities. The area has two rain seasons the long and short rain seasons. The long rain season starts in May and end in August while the short rain season occurs in the month of October and November. The project will utilize such important geographical data for successfully implementation.

The district has an approximate population of 129,000 people as per the projected figures from the Population and Housing Census carried out in 1999. The target population has been associated with stigma hence have poor attitude towards seeking, accessing, and utilizing HIV/AIDS prevention, control and support services.

The available HIV/AIDS prevention, control and support services are facility based limiting the level of utilization. This has left a good percentage of most at risk population out of coverage. This stigma has greatly impacted utilization of services. There is need to up scale the availability hence accessibility and utilization of these services to spill it over to the general public with priority being given to the most at risk.

The project will use various approaches to mobilize and sensitize the community members to bring to the attention of the project and prompt them to act. During mobilization letters shall be written to stakeholders, partners and collaborators in the district inviting them for a meeting to inform about the plans of implementing the project. The stakeholders shall assist in the mobilization of the community.

The project will involve organizing and facilitating information exchange forums in the community. Role plays, audiovisuals, talks, theatre, guest speakers and case studies will be shared highlighting present HIV mitigation programs and their usefulness in fighting the HIV pandemic.

The project will have a total of 100 educative forums in the beneficiary community where members of the community will be mobilized and sensitized. The community members will be engaged in objective discussions to capacity build them on their role in the war against HIV/AIDS encouraging them to proactively participate on mitigation programs.

The activities will be carried out at sub location levels. The trained field officers from the organization plus other identified resource persons shall facilitate the sessions. They will use various teaching approaches for example audiovisuals and projection public address systems to mobilize and sensitize the community

The project will advocate for Voluntary Counseling and Testing, Adoption of ABC HIV prevention measure, utilization of PMTCT services, behavior change and anti stigma communication.. These approaches will be used in synergy to enable the project meet the targets. The comprehensive approach will ensure the project attains the objectives. The project will target all members of the community.

The project will organize and facilitate training workshop for facilitators to guide the participants in educative sessions on HIV/AIDS. The participants will qualify as community health workers. The project will carry out recruitment of 100 members of the community for training. The recruitment exercise will involve all stakeholders and give priority to PLWHAS or MARPS. The recruitment will be evenly spread in the district with each sub location being given at least five chances for representatives. The volunteers will be trained for one week at an identified place in the district. The approved curriculum for training will be used. Training 100 CHWs will enhance coverage, accessibility, availability and strategic utilization of HIV mitigation services. The facilitators of the training will be drawn from the programme, the MOH and other partners.

The trained community health workers will carry out a coordinated HIV mitigation to strengthen and provide a comprehensive service. They will work closely with the listed partners to avoid duplication of efforts or effects but to compliment and strengthen the result out puts. They will involve the MOH, community leaders, the Women groups, PLHIV through support groups, CBOs/self-help groups to design a comprehensive outreach HIV program. They will form a network and referral system for follow-up care program that will be coordinated by the organization. The roles to be played by different partners will vary. The organization will coordinate and manage timely implementation of the project activities. The MOH and other support partners will offer technical support which may include provision of trainers, some supplies and referral/network linkages.

The project will initially work with the already existing support groups and facilitate formation of others.

The project will develop a health clinic for provision of medical treatment, care and support services.

The board of management will be the highest decision making organ on the project in consultation with the group members, the technical committee and the team of consultants. The project coordinator will coordinate the implementation of the project activities while the Project officer will oversee the implementation of the activities. The project coordinator will report to the board of management the project progress. The board of management will develop project policy guidelines which shall be communicated to rest of the project staff by the project coordinator. The project officer will report to the project coordinator and will be held accountable for the timely implementation of the project activities. The project accountant will maintain the books of account of the project. All transactions involving the project cash shall be accurately entered in the respective project books of account. The accountant shall obtain cash withdraw plus the withdrawal slips from the board treasurer and make all due payments using payment vouchers for services or goods offered to the project by persons or firms

The community social workers including the health workers shall report to the project officer while the community coordinating committee shall report the on goings in the support groups to the community health workers who shall compile reports and hand them over to the project officer. The project officer shall develop a project strategic logical framework well elaborate with objective, outputs, indicators for outputs and means of verification for outputs for implementation for the project. If funded the project will adopt the following management structure..

#### **Expected Results/Output**

- i. Increased number of people with knowledge on HIV/AIDS mitigation services target 10,000 people by December 2012
- ii. Increased number of enrollment of HIV treatment, prevention, care and support services
- iii. Increased number of people accessing HIV mitigation Services and support services through referral.
- iv. Increased number of community health workers in the district
- v. Increased number of social support groups
- vi. A functional health facility for referral of beneficiaries for HIV/AIDS treatment care and support services
- vii. Improved quality of life of HIV positive living people.

#### **Monitoring and Evaluation**

The mechanisms of monitoring and evaluation for the projects will involves use of strategic logical framework analysis tool which has clearly stated indicators and indicator tools for change which

are specific measurable achievable and time bound. It has activity items, inputs required and expected results or outcomes/outputs and impact. Project will be monitored and evaluated using impact assessment tools developed by the organization. Monitoring will be done through field reports, surveys, interviews, observation, success stories, case studies, situational analysis and budget analysis. The members of the community will supply the requisite information for monitoring and evaluation. The process will be continuous.

The indicators will include the number of participants in the planned trainings and sensitization forums, number of participants in the planned trainings, number of support groups formed. The progress reports will also act as an indicator of the success of the project. Adoption of positive attitudes and behavior among the members of the community will be another qualitative indicator. This will be determined by their involvement on the project and reports.

Measuring success will be based on achievement of the proposed target and expected outputs as well as impact. The indicators for achievement include Increased level of awareness of on HIV/AIDS, Increased level of attendance on HIV mitigation services, Reduced no of new HIV infections, Increased number of people enrolled at the support group and increased numbers of people adopting positive behavior change model that will help reduce HIV/AIDS spread

Progress reports will be written on daily basis then at the end of the month compiled to be submitted to the donor office. Progress reports will be developed by the project coordinator and timely submitted to the donor. The same will apply for quarterly and annually reports. This will be carried out through Meetings, Home visits/follow up Reports, service registers and reports.

The progress reports shall reveal the achievements of the project and direct any improvements on the project. The project progress shall be reviewed in the board of management meeting. This will be carried out on quarterly basis. The meeting shall advise and direct the project.

The project officer will collect, collate and compile monitoring and evaluation data of the project. The project officer will supervise and compile data from the field activities. Data will be collected during community sensitization meetings. Data will also be collected at the service points like health facilities, support groups and by the community health workers. The project coordinator will review the data collected and present to the board of management. The project officer will develop data collection tools which will be availed to the field mobilizers and counselors. Daily activity reports will be used in the data collection.

### **Project Sustainability Strategy**



The sustainability plan of the project hinges on the enhanced partnerships which will be developed between the community and the organization. The partnership will be developed between PLHIV groups, organization members, staff, local Women groups, community leaders and CCC units, ART provision facilities. The development of effective referral linkages between clinical and community support services will enhance service delivery and ensure that community members are more likely to access services, are aware and after utilizing them, are referred effectively to community support services and follow-up. This program will also help strengthen partnerships between the organization and PLHIV support groups, and other partners including the donor.

The trained personnel will continuously apply the knowledge and skills acquired during the training to beneficiaries. This knowledge will be shared among other staffs having a spill over effect in the facility.

The project prioritizes community systems strengthening in all of its programs. It will build the capacity of local PLHIV support groups to make effective linkages with and referrals to clinical care services as well as provide other support to PLHIV and their families. In order to enhance the sustainability of these organizations the project will support the groups to develop basic structures of governance and to improve operating policies and administrative procedures. In addition it will help build their capacity to provide effective outreach on HIV risk, counseling and testing, safe motherhood, and PMTCT. Finally the project will strengthen the capacity of the health system by training health care workers to provide quality services with effective referrals to community support services.

The implementing organization has permanent presence in the community and has an already existing program. The sustainability of the project is a long term objective of the organization. The organization has access to all the resources required to maintain the proposed activities beyond the project period. The trained community health workers will continue to offer the proposed services at sustainability level.

They will carry out community visits to deliver the services. Some members of the community will be trained as advocacy action team to carry out continuous community mobilization and sensitization. They will offer their services on voluntary basis maintaining an active advocacy role in the community. The community mobilization and sensitization forums will encourage members of the community to share freely the knowledge, skills and information acquired for sustainability.

The organization has already existing community structures that will ensure continuity of the project activities. The organization has a field visit program which runs all year round. The field visits will carry out continuous mobilization sensitization, support, care and referral for other services.. The

organization is affiliated to St. Mary's mission hospital Mumias which provides the necessary resources required to carry out these functions. The hospital has commitment to continue providing it is supportive role.

The group sustainability plan is also build on expertise strength and network of the trained group members. The group has volunteer experts and team of consultants who offers their services and will continue offering their services after expiry of the project life. They are resource trained persons who will facilitate the workshops, trainings and sensitization forums. Some members of the group will also be trained as community health workers in for sustainability. They will continue to offer their services on voluntary basis after the expiry of the project. The group in partnership with the community will develop a small budget for the logistics of the programme.

The trained CHWs will register as a group to encourage continuous meeting to share skills, ideas knowledge and their experiences. The trained members from the group will continuously offer their knowledge as well train other members. The group will be encouraged to initiate IGAs for sustainability.

#### **Transparency and Accountability**

The operations of the organization are based on transparency, accountability and effectiveness. The community provides the checks required for transparent implementation of the projects.. The organization holds regular stakeholders and community meetings to communicate the plans and projects to be implemented including the cash involved.

. The proposed project will be duly communicated to the community and the progress reported in the regular stakeholders meetings. The stakeholders planning meetings will provide a forum for initial communication of intent to the community. The stakeholders intended to be invited includes community opinion leaders, local administrators, religious leaders and representatives of partner organizations. They will play an active oversight role during implementation of the project. The mobilization and sensitization forums for the project will act as awareness forums where the community will be required to support and monitor the progress of the project.

The accounting records maintained by the organization are focused on ensuring transparency, and accountability. .The project accountant maintains the books of account of the organization. This includes petty cash, main cash book and all requisite transaction documents. All transactions involving cash are entered in the respective project books of account. The accountant shall maintain cash withdrawals plus the withdrawal slips and make all due payments using payment vouchers for services or goods offered to the project by a person(s) or any partner institution. The accountant develops



budgets which are presented to the board of management for approval. All projects being implemented are based on the budgets

### Cross cutting issues

The community based health care program addresses various community health issues. Some the programs being implemented addresses various cross cutting issues. . The proposed project is on of the programs though other programs are undertaken in the organization. The HIV Advocacy, Treatment, Care and Support is designed to address all cross cutting issues. The experience that the organization has in these programs is immense. The organization hence will be able to handle the project plus some of the cross cutting issues that may interact with the proposed project activities.

### BUDGET

DREAM SUPPORT INTERNATIONAL							
HIV MITIGATION PROJECT							
Budget for 12 Month							
Analysed Activity and Expense type							
S/ N	Broad Activity	Activity Component	Units	Days Times	Rate	Total	Activity Total
1	Hold 4 - One day Stakeholders Meeting to Plan Q1 and review progress in Q1, Q2 abd Q3	Hire of Meeting Venue	1	4	2500	10,000	248,200
		Stakeholders Lunch and transport	50	4	1000	200,000	
		Facilitators Allowance	2	4	2000	16,000	
		Stationery for the Meeting					
		Notebook	50	4	80	16,000	
		Flicharts	1	4	300	1,200	
		Marker pens	5	4	50	1,000	
		Pens	50	4	20	4,000	
2	Hold the first 5 Day	Hire of Training Venue	1	5	2500	12,500	
	Morkshop Training having	Hire of participants baording facilities	50	5	1500	375.000	

	50 selected community members as health workers	Participants lunch allowance	50	5	500	12,500	<b>759,500</b>
		Participants per diem (dinner)	50	5	1000	250,000	
		Participants transport refund	50	1	1000	50,000	
		Facilitators Allowance	3	5	2000	30,000	
		<b>Training Stationery</b>					
		Notebook	50		80	4,000	
		Flipcharts	70		300	21,000	
		Marker pens	50		50	2,500	
		Pens	50		15	750	
		Folders	50		25	1,250	
2	Hold the second 5 Day workshop Training having 50 selected community members as health workers	Hire of Training Venue	1	5	2500	12,500	<b>759,500</b>
		Hire of participants boarding facilities	50	5	1500	375,000	
		Participants lunch allowance	50	5	500	12,500	
		Participants per diem (dinner)	50	5	1000	250,000	
		Participants transport refund	50	1	1000	50,000	
		Facilitators Allowance	3	5	2000	30,000	
		<b>Training Stationery</b>					
		Notebook	50		80	4,000	
		Flipcharts	70		300	21,000	
		Marker pens	50		50	2,500	
		Pens	50		15	750	
		Folders	50		25	1,250	
3	Mobilization and Senzitization of the community in Churches, Barazas,	Mobilisers Allowance (Trained CHWs)	100	100	500	5,000,000	
		Hire of Public Address System	1	100	1500	150,000	

	Groups Mobile clinic sites and community meetings to sensitize, educate and provide quality HIV/AIDS mitigation services	Hire of Generator	1	100	500	50,000	
		Generator Fuel	5ltrs	100	90	45,000	
		Hire of motor vehicle	1	100	2500	250,000	
		Motor Vehicle Fuel	20ltrs	100	90	180,000	
		Hire of Meeting Venues	1	100	1000	100,000	
		Facilitators Allowance	2	100	1000	200,000	<b>5,975,000</b>
4	12 Month coordinated CHWs community HIV/AIDS mitigation service provision	Trained CHWs monthly stipend	100	12	1500	1,800,000	<b>1,800,000</b>
5	Construction of health clinic unit	Material cost and labour (From Bills)	1			3,000,000	<b>3,000,000</b>
6	Field visits by trained CHWs to facilitate formation of support groups and initiate IGAs in support groups	CHWs field allowance	100	12	1500	1,800,000	<b>1,800,000</b>
7	Microfinance for initiation of income generating activities in social support groups	Micro finance credit fund	100		20000	2,000,000	<b>2,000,000</b>
8	Project Administrative Costs	<b>Administrative Stationery</b>					
		Fullscapes	12rms		300	3,600	
		Pens	100		20	2,000	
		Notebooks	200		50	10,000	
		Flipcharts	10		300	3,000	

		Counter books	20		400	8,000	
		Box Files	20		350	7,000	
		Marker pens	100		50	5,000	
		Administrative Transport	1	12M	15000	180,000	
		Telephone	1	12M	10,000	120,000	
		Postage	1	12M	3000	36,000	
		Photocopying and Printing	1	12M	8,000	96,000	<b>470,600</b>
		<b>Staff Wages</b>					
		Project Coordinator	1	12M	6000	72,000	
		Project officer	1	12M	5000	60,000	
		Project accountant	1	12M	3000	36,000	
		Project field staffs	7	12M	1500	126,000	<b>294,000</b>
							<b>17,106,800</b>