

# FOIA MARKER

**This is not a textual record. This is used as an  
administrative marker by the William J. Clinton  
Presidential Library Staff.**

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**Collection/Record Group:** Clinton Presidential Records

**Subgroup/Office of Origin:** National AIDS Policy Office

**Series/Staff Member:**

**Subseries:**

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**OA/ID Number:** 19408

**FolderID:**

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**Folder Title:**

Kenya [2]

**Stack:**

**S**

**Row:**

**66**

**Section:**

**6**

**Shelf:**

**8**

**Position:**

**3**

# Withdrawal/Redaction Sheet

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                                                          | DATE       | RESTRICTION |
|--------------------------|----------------------------------------------------------------------------------------|------------|-------------|
| 001a. report             | [Leatoto] Foster Care Program Report for the Month of February [1998] (5 pages)        | 03/09/1998 | b(6)        |
| 001b. report             | Leatoto Foster Care Program Report for the Months of February and March 1998 (5 pages) | 03/31/1998 | b(6)        |
| 001c. report             | Leatoto Foster Care Program Report for the Month of April 1998 (3 pages)               | 05/11/1998 | b(6)        |
| 001d. report             | Leatoto Foster Care Program Report for the Months of April and May 1998 (11 pages)     | 06/11/1998 | b(6)        |
| 001e. report             | Leatoto Foster Care Program Report for the Month of June 1998 (5 pages)                | 07/15/1998 | b(6)        |
| 001f. report             | Leatoto Foster Care Program Report for the Months of June and July 1998 (9 pages)      | 08/11/1998 | b(6)        |
| 001g. report             | Leatoto Community-Based Program Report for the Month of August 1998 (5 pages)          | 09/10/1998 | b(6)        |
| 001h. report             | Leatoto Community-Based Program Report for the Month of September 1998 (7 pages)       | 10/03/1998 | b(6)        |
| 001i. report             | Leatoto Community-Based Program Report for the Month of October 1998 (8 pages)         | 11/04/1998 | b(6)        |
| 001j. report             | Leatoto Community-Based Program Report for the Month of November 1998 (7 pages)        | 12/08/1998 | b(6)        |
| 001k. report             | Leatoto Community-Based Program Report for the Month of December 1998 (4 pages)        | 01/04/1999 | b(6)        |

### COLLECTION:

Clinton Presidential Records  
National AIDS Policy Office

OA/Box Number: 19408

### FOLDER TITLE:

Kenya [2]

2007-1550-F

kc1245

### RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
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- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

FOSTER CARE PROGRAM

REPORT FOR THE MONTH

FEBRUARY

ACCOUNT CODE: 63106

SUBMITTED TO

GLOBAL ALLIANCE FOR AFRICA

BY

THE PROGRAM COORDINATOR

09TH, MARCH 1998

NAIROBI, KENYA

# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                                                      | DATE       | RESTRICTION |
|--------------------------|------------------------------------------------------------------------------------|------------|-------------|
| 001a. report             | [Leatoto] Foster Care Program Report for the Month of February<br>[1998] (5 pages) | 03/09/1998 | b(6)        |

### COLLECTION:

Clinton Presidential Records  
National AIDS Policy Office

OA/Box Number: 19408

### FOLDER TITLE:

Kenya [2]

2007-1550-F

kc1245

### RESTRICTION CODES

#### Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
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**LEATOTO FOSTER CARE PROGRAM**

**REPORT FOR THE MONTHS  
FEBRUARY AND MARCH 1998**

**SUBMITTED TO  
GLOBAL ALLIANCE FOR AFRICA**

**BY  
THE PROGRAM COORDINATOR**

**31 MARCH, 1998**

**NAIROBI, KENYA**

# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE | DATE | RESTRICTION |
|--------------------------|---------------|------|-------------|
|--------------------------|---------------|------|-------------|

|              |                                                                                        |            |      |
|--------------|----------------------------------------------------------------------------------------|------------|------|
| 001b. report | Leatoto Foster Care Program Report for the Months of February and March 1998 (5 pages) | 03/31/1998 | b(6) |
|--------------|----------------------------------------------------------------------------------------|------------|------|

### COLLECTION:

Clinton Presidential Records  
National AIDS Policy Office

OA/Box Number: 19408

### FOLDER TITLE:

Kenya [2]

2007-1550-F  
kc1245

### RESTRICTION CODES

#### Presidential Records Act - [44 U.S.C. 2204(a)]

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**LEATOTO FOSTER CARE PROGRAM**

**REPORT FOR THE MONTH**

**APRIL**

**SUBMITTED TO**

**GLOBAL ALLIANCE FOR AFRICA**

**BY**

**THE PROGRAM COORDINATOR**

**11 MAY, 1998**

# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                                            | DATE       | RESTRICTION |
|--------------------------|--------------------------------------------------------------------------|------------|-------------|
| 001c. report             | Leatoto Foster Care Program Report for the Month of April 1998 (3 pages) | 05/11/1998 | b(6)        |

### COLLECTION:

Clinton Presidential Records  
National AIDS Policy Office

OA/Box Number: 19408

### FOLDER TITLE:

Kenya [2]

2007-1550-F  
kc1245

### RESTRICTION CODES

#### Presidential Records Act - [44 U.S.C. 2204(a)]

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LEATOTO FOSTER CARE PROGRAM

REPORT FOR THE MONTHS

APRIL AND MAY 1998

SUBMITTED TO

GLOBAL ALLIANCE FOR AFRICA

BY

THE PROGRAM COORDINATOR

11 JUNE, 1998

NAIROBI, KENYA

# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE | DATE | RESTRICTION |
|--------------------------|---------------|------|-------------|
|--------------------------|---------------|------|-------------|

|              |                                                                                       |            |      |
|--------------|---------------------------------------------------------------------------------------|------------|------|
| 001d. report | Leatoto Foster Care Program Report for the Months of April and May<br>1998 (11 pages) | 06/11/1998 | b(6) |
|--------------|---------------------------------------------------------------------------------------|------------|------|

### COLLECTION:

Clinton Presidential Records  
National AIDS Policy Office

OA/Box Number: 19408

### FOLDER TITLE:

Kenya [2]

2007-1550-F

kc1245

### RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]  
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and his advisors, or between such advisors [(a)(5) of the PRA]  
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personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed  
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PRM. Personal record misfile defined in accordance with 44 U.S.C.  
2201(3).

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financial institutions [(b)(8) of the FOIA]  
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concerning wells [(b)(9) of the FOIA]

LEATOTO FOSTER CARE PROGRAM

REPORT FOR THE MONTH

JUNE 1998

SUBMITTED TO

GLOBAL ALLIANCE FOR AFRICA

BY

THE PROGRAM COORDINATOR

15 JULY, 1998

NAIROBI, KENYA

# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                                           | DATE       | RESTRICTION |
|--------------------------|-------------------------------------------------------------------------|------------|-------------|
| 001e. report             | Leatoto Foster Care Program Report for the Month of June 1998 (5 pages) | 07/15/1998 | b(6)        |

### COLLECTION:

Clinton Presidential Records  
National AIDS Policy Office

OA/Box Number: 19408

### FOLDER TITLE:

Kenya [2]

2007-1550-F

kc1245

### RESTRICTION CODES

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LEATOTO FOSTER CARE PROGRAM

REPORT FOR THE MONTHS

JUNE AND JULY 1998

SUBMITTED TO

GLOBAL ALLIANCE FOR AFRICA

BY

THE PROGRAM COORDINATOR

11 AUGUST, 1998

NAIROBI, KENYA

# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE | DATE | RESTRICTION |
|--------------------------|---------------|------|-------------|
|--------------------------|---------------|------|-------------|

|              |                                                                                   |            |      |
|--------------|-----------------------------------------------------------------------------------|------------|------|
| 001f. report | Leatoto Foster Care Program Report for the Months of June and July 1998 (9 pages) | 08/11/1998 | b(6) |
|--------------|-----------------------------------------------------------------------------------|------------|------|

### COLLECTION:

Clinton Presidential Records  
National AIDS Policy Office

OA/Box Number: 19408

### FOLDER TITLE:

Kenya [2]

2007-1550-F  
kc1245

### RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]  
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LEATOTO COMMUNITY-BASED PROGRAM

REPORT FOR THE MONTH

AUGUST 1998

SUBMITTED TO

GLOBAL ALLIANCE FOR AFRICA

BY

THE PROGRAM COORDINATOR

10 SEPTEMBER, 1998

NAIROBI, KENYA

# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE | DATE | RESTRICTION |
|--------------------------|---------------|------|-------------|
|--------------------------|---------------|------|-------------|

|              |                                                                               |            |      |
|--------------|-------------------------------------------------------------------------------|------------|------|
| 001g. report | Leatoto Community-Based Program Report for the Month of August 1998 (5 pages) | 09/10/1998 | b(6) |
|--------------|-------------------------------------------------------------------------------|------------|------|

### COLLECTION:

Clinton Presidential Records  
National AIDS Policy Office

OA/Box Number: 19408

### FOLDER TITLE:

Kenya [2]

2007-1550-F  
kc1245

### RESTRICTION CODES

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LEATOTO COMMUNITY-BASED PROGRAM

REPORT FOR THE MONTH

SEPTEMBER 1998

SUBMITTED TO

GLOBAL ALLIANCE FOR AFRICA

BY

THE PROGRAM COORDINATOR

03RD OCTOBER, 1998

NAIROBI, KENYA

# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                                                    | DATE       | RESTRICTION |
|--------------------------|----------------------------------------------------------------------------------|------------|-------------|
| 001h. report             | Leatoto Community-Based Program Report for the Month of September 1998 (7 pages) | 10/03/1998 | b(6)        |

### COLLECTION:

Clinton Presidential Records  
National AIDS Policy Office

OA/Box Number: 19408

### FOLDER TITLE:

Kenya [2]

2007-1550-F  
kcl245

### RESTRICTION CODES

#### Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
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**LEATOTO COMMUNITY-BASED PROGRAM**

**REPORT FOR THE MONTH**

**OCTOBER 1998**

**SUBMITTED TO**

**GLOBAL ALLIANCE FOR AFRICA**

**BY**

**CAROLINE MATSALIA**

**PROGRAM COORDINATOR**

**04TH NOVEMBER, 1998**

**NAIROBI, KENYA**

# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                                                     | DATE       | RESTRICTION |
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| 001i. report             | Leatoto Community-Based Program Report for the Month of October<br>1998 (8 pages) | 11/04/1998 | b(6)        |

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Clinton Presidential Records  
National AIDS Policy Office

OA/Box Number: 19408

### FOLDER TITLE:

Kenya [2]

2007-1550-F

kc1245

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**LEATOTO COMMUNITY-BASED PROGRAM**

**REPORT FOR THE MONTH**

**NOVEMBER 1998**

**SUBMITTED TO**

**GLOBAL ALLIANCE FOR AFRICA**

**BY**

**CAROLINE MATSALIA**

**PROGRAM COORDINATOR**

**TUESDAY 8 DECEMBER, 1998**

**NAIROBI, KENYA**

# Withdrawal/Redaction Marker

## Clinton Library

| DOCUMENT NO.<br>AND TYPE | SUBJECT/TITLE                                                                      | DATE       | RESTRICTION |
|--------------------------|------------------------------------------------------------------------------------|------------|-------------|
| 001j. report             | Leatoto Community-Based Program Report for the Month of<br>November 1998 (7 pages) | 12/08/1998 | b(6)        |

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Clinton Presidential Records  
National AIDS Policy Office

OA/Box Number: 19408

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Kenya [2]

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C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

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- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

**LEATOTO COMMUNITY-BASED PROGRAM**

**REPORT FOR THE MONTH**

**DECEMBER 1998**

**SUBMITTED TO**

**GLOBAL ALLIANCE FOR AFRICA**

**BY**

**CAROLINE MATSALIA**

**PROGRAM COORDINATOR**

**04 JANUARY, 1999**

**NAIROBI, KENYA**

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# WORKSHOP 1 - MARCH

## LIVING POSITIVELY WITH HIV

### FINAL SCHEDULE

| TIME<br>BY      | TOPIC                         | ACTION        |
|-----------------|-------------------------------|---------------|
| ✓ 07:30-08:00   | Departmental Briefs           | All           |
| ✓ 08:30-0845 am | Pick up of Participant        | Bro Protus    |
| ✓ 08:45-0900 am | Tour and Orientation          | Caroline      |
| ✓ 09:00-0915 am | Welcome and Introductions     | PM/Matron     |
| ✓ 09:15-0935 am | What is HIV and AIDS?         |               |
| 09:35-1000 am   | .History/Impact/Transmission  | Dr Minless    |
|                 | .Kenyan Response to HIV/AIDS  | Dr Aluvaala   |
| ✓ 10:00-1015 am | COFFEE/TEA BREAK              | Elizabeth     |
| ✓ 10:15-1045 am | Hygiene and Nutrition         | Sr Nzinzi     |
| ✓ 10:45-1100 am | Panel Discussions             | Dr Aluvaala   |
|                 | .Fears and Cultural Baisses   |               |
| ✓ 11:00-1245 pm | Video Show-The TASO Story     | Nicolas       |
| ✓ 12:45- 100 pm | Presentations                 | MD/Founder    |
|                 | .Inspiration/Hope/Blessing    |               |
| ✓ 1:00- 130 pm  | L U N C H      B R E A K      | Elizabeth     |
| ✓ 1:30- 200 pm  | First Aid/Group Practicals    | Sr Beatrice   |
| ✓ 2:00- 200 pm  | Video - Orphaned Generation   | Nicolas       |
|                 | .T E A              B R E A K | Elizabeth     |
| 3:00- 345 pm    | Case Studies/Feedback(5min)   | FP/Caregivers |
| 3:45- 400 pm    | Evaluation of FCP             | Caroline      |
|                 | Vote of Thanks/DONM           | Kathleen      |
| 4:15- 430 pm    | Guests dropped off in Karen   | Bro Protus    |

T H E              E N D

- (1) David Musau - Saa Musau (grandson)
- (2) Joyce Oduor - Edwin Ochieng (nephew)
- (3) M/M Othman Fida - Aloys (nephew)
- (4) Hannah MUKANI - Juliet (granddaughter)
- (5) John Paul

## **Foster Care Program Workshop (7/3/98)**

The meeting began at 9:35am with a word of prayer from the programme administrator, Mrs. K. Kisia. After a brief introduction of the participants and other members of the staff, Dr. Lorian Mimless was invited to give the first lecture on origin and transmission.

### **Dr. L. Mimless**

#### **Origin:**

Very little is known about the HIV virus due to its short history as the first case was reported in the 1980s. As a result, scientists have not gathered sufficient dates to enable them to analyze the characteristics of the virus. Therefore, it has been hard to develop an antibiotic which can be used to kill the virus and/or cure its effects on the human body. So far scientists have been able to develop antiviral drugs. These drugs will not kill the virus but are able to paralyze it and hence make it dormant, reducing its level of multiplication. Consequently, this reduces its effect on the body and the infected person can live longer.

The time origin of the virus is not well known. People have therefore come up with a number of theories and speculation in an attempt to explain the origin of this mysterious virus - both HIV and AIDS.

One theory holds that AIDS as a disease has been in existence since time immemorial. Further, some argue that in Zaire cases with characteristics similar to those of AIDS were reported as early as 1950 where people suffered a disease called Wasting Disease which had similar traits to that of AIDS. Another theory contends that AIDS was first identified in homosexuals. The first patient identified as Patient 1 had a sickness with AIDS characteristics which he transmitted to other people. This theory further points that when the virus went into the second and third persons, known as Second and Third generations, it manifested itself differently to different people and in different generations. This theory seems to support the complexity of the virus which makes it hard to identify a sequential life span which can be monitored and interfered with so as to stop its reproduction. This explains why it is hard to discover an effective cure. With time, the nature of the virus changes a lot and all of the viruses are not similar - there are approximately eight varied strains of the HIV virus.

#### **Transmission**

The HIV virus is transmitted from an infected person to a healthy person in a number of different ways. The main ones involve coming into contact with contaminated body fluids such as:

- blood
- semen (genital secretions)
- mucus
- breast milk

### **Blood:**

Transmission through blood is possible when a person in need of a blood transfusion receives blood that has been donated by an infected person, however, with careful screening of the blood in hospitals, this is not a major threat. Blood can cause infection, as well as if a person with a cut comes into contact with blood from an infected person. Care should be maintained when handling injured HIV+ people.

### **Genital Secretions:**

The HIV virus can be found in genital fluids such as semen, vaginal secretions, and mucus. Those people who are involved in unprotected sex with infected persons are in danger of contracting the virus.

### **Mother to Child:**

An infected mother can pass the virus to her unborn child. This however is not possible during the gestation period, because during pregnancy, the blood of the mother does not come into contact with that of the fetus. The blood contact is only possible during delivery where the placenta attached to the mother breaks, as well as the umbilical cord which is also attached to the child. Through these breakages, the blood of the two individuals may come into contact with each other, and the child may be infected. This can, however, be prevented by use of cesarean delivery methods.

### **Use of Sharps:**

Careless use of sharps such as razors, needles, scissors, and other cutting instruments can lead to transmission. Proper sterilization of all instruments is very important. For drug addicts, the sharing of needles is a major cause of HIV infection.

### **How HIV is Not Transmitted:**

The virus is not transmitted through body contact (if not bleeding), sharing of facilities, playing together, or other social activities. Some body fluids such as saliva, urine, and stool have not been identified to contain the HIV virus, unless they have blood present within them. When the virus is transmitted into a healthy person, it may take a long period - on average, five years - before the first signs are identified. When the virus is manifesting its presence in the body, we then say that the person has AIDS. The AIDS disease manifests itself through other infections such as Tuberculosis, Thrush, skin diseases, loss of weight, fever, etc.

### **Dr. Awvala: Kenyan Response to HIV/AIDS**

The doctor began her lecture by supporting the idea that very little is known about the HIV virus. She discussed another theory, according to which the existence of this virus was a laboratory production of biological weapon. This virus was produced in a laboratory, and was then tested on people (homosexuals). Unfortunately, the virus went out of control. It found itself in Africa, the United States, and worldwide.

However, in spite of where the virus came from, the fact remains that it came into existence and that it is a problem and a threat to all mankind regardless of race, colour, tribe, nationality, religion, etc.

The first case was reported in 1983 in Kenya. The person was a foreigner and was admitted to KNH. The response of the majority of doctors, leaders, and people in general was that this was a problem of the foreigners, and not Kenyans. In 1984, a year later, a Kenyan lady was admitted into KNH still with the same problem - AIDS. The response to this and many more that followed, was to isolate the patient. Attendance to them was not provided, nurses and doctors could not come into close contact with them.

As more information concerning the model of transmission was became gradually available, the care for HIV infected people improved. The support and care for these patients considerably improved their lives. Unfortunately, it took the Kenyan government quite a long time to acknowledge the changes which this new disease was posing for its citizens. However, when the threat was evident and the danger was unavoidable, the National AIDS control programme NACP was established. The budgets for the Ministry of Health had an item concerning AIDS control. Today, government and Non-governmental organizations (NGOs), as well as churches and other groupings, are working hard to help control AIDS.

In our communities, AIDS and AIDS patients were viewed with a stigma, since the disease is associated with promiscuity and moral decay. AIDS patients were not socially accepted, in fact, most of them were isolated. At present, this view is dying slowly, and patients are accepted and cared for. AIDS is posing a new problem in our society today. Statistics from the hospitals reveal that more than 50% of hospital beds are occupied by people who are HIV+ or who have AIDS. Most infected individuals fall under the productive age group, which puts stress on our economy in terms of claiming labour force, increasing health budgets. As a result, the impact is felt by families, communities, nations, and eventually AIDS is a global issue.

### **Panel Discussion:**

During this time, participants were given a moment to express what they had learned from the resource personnel who had given lectures earlier. Also during this time, those with questions were given an opportunity to ask.

Mrs. Oduol asked whether it is advisable to inform the child and others of a positive HIV status.

Answer: To avoid the stigma in the society and isolation which may result from this information, as well as the possible lack of acceptance and social belonging, it is better to withhold the information. Such experiences have been witnessed with the children of Nyumbani who have been refused entry into the public schools. However, since there is no danger of infection through social interaction, one may withhold the information and quietly take the child to public school.

In addition to this, a social worker from Korogocho pointed out that in their work area, they have a programme in which they keep children who are sick and they do not consider where they are sick. They do not inform any other person what the children are suffering from. This improves a sense of belonging and acceptance in the community.

Sr. Nzinzi and Dr. Awvala further observed that while withholding the information, patients should be handled with care, and this does not apply only to HIV+ patients, but to all patients.

Mr. Otieno: He observed that even though information is to be withheld, this is for a given period of time. So he wanted to know what should be done eventually after the knowledge of sex is known by the children.

In response to this question, different views were given, all of which had a common theme. The first being that the issuance of information should be done in relation to the age. This information should be given gradually. Abrupt information can lead to confusion, shock, and anxiety. This can be done while considering the reaction of the audience. Dr. Awvala suggested that it is good to base any advice and information on the questions asked by the child. This will help you to know what to and what not to tell. In all this, Sr. Nzinzi said that it is important to try and give hope and support in all situations.

Kathy: Pointing out that it is important to teach children how to take care of themselves. She wanted the participants to be told how far they should go and how to do it.

Dr. Awvala, answering this, suggested a gradual procedure, just as is being done with other ordinary children. Sr. Nzinzi expressed the need to consider what she calls “special children”, that is children with particular characteristics - consider their level of knowledge and intellect.

Elizabeth, a house mother at Nyumbani, expressed the hardship they have in caring for more than ten children per cottage, but said that they have support from the temporary mothers and volunteers. Ann Nyapera, another house mother, pointed out that they do get support on how to care for the children from the bigger children whom they have advised on how to care for the younger ones.

Br. Nicholas, a house father, further stressed that efforts have been made in every cottage to develop family attachment. This is evinced by the pain experienced when a child is to leave them. The problems which they do face, have to do with how to handle the children. He suggested that it is important for all caregivers, both at Nyumbani and in FCP, to be flexible and have patience. To Nicholas, the main thing is to show them love and support. It is important to be able to contain any discouragement which may come along. At this point, the discussion had grown very lively and it became evident that each participant wanted to say something. The discussion was highly lively, however, there was no sufficient time to continue and people were called to break for lunch at exactly 1:00pm.

### **History of Nyumbani**

The afternoon lesson began with a moving narration of the life history of the hospice given by the founder and medical director, Fr. D’Agostino. However, before this history, Father gave thanks and presented some gifts to volunteers who had helped a lot in the organization of the workshop. He also blessed two children, Paul Githinji, and Jane Nyanguthie (Juliet) who were to leave Nyumbani to go to their families (relatives) in the foster care programme.

Nyumbani is a vision of the founding father. His main aim was to take care of the new children. The idea developed early in 1990 when he was a member of the board of directors in one of the children's homes. During this time, he came across the HIV+ children who were not admitted. In an attempt to fight for these innocent HIV+ children, the board was reluctant and he decided to resign and worked on modalities of assisting them.

The first action was realized in 1991 when he rented a house in Westlands and the first admission of two children was done. This marked the first phase. By 1993, the number had grown to twelve children, and the place was quite small and the rent was too high to manage.

Through the assistance of Coltolego community, the home was moved to Karen on the premises of cottages and this marked the second phase 1993 - at the new premises, the number of children grew from twelve to thirty. A voluntary board of directors had been established. One of the board members, Casey Burns, in realization of a need for a permanent residence, decided to sell a piece of her land at a cheap price, and on the land that she sold now stands the Nyumbani children's home.

The idea was bought from a similar organization in New York City, America, known as Incarnation Center. This organization has 400 children in an institutional setting and about 500 children under the foster care programme. In America, the programme is a success since both the federal government, as well as state government gives support to the institution. This is not the case in Kenya. Although the idea was supported by the ministry in the beginning, there is no financial support given. Secondly, the African culture has difficulties with fitting in these new ideas. For the FCP, the founder visualized a hope in it despite the initial difficulties before it is culturally accepted. This programme will well fit in an African setting in which orphans were cared for. The programme will further alleviate the problems which are about to be realized from an increased number of HIV+ orphans.

According to the WHO statistics, there will be about 150,000 HIV+ children in the world. 10% of this will be in Kenya. This converted will result to about 50,000 children in Kenya. Taking a further 10% of this will be in Nairobi, and orphaned, then we may argue to a figure close to 1,500 HIV+ children in Nairobi city alone. If this proposition is true, it will be impossible to contain 1,500 HIV+ children in an hospice. So a new approval needs to be adopted - this will be activated in programmes such as FCP.

Father gave hope to the participants when he said that the new programme can highly alleviate the visualized problem. Further, he expressed a hope that one day a medicine will be found. He assured the audience that with intensive care, nutrition, and medication, children can and will be able to live longer.

## **First Aid Kit and Group Practicals**

This was done by Beatrice, a resident nurse at Nyumbani. She identified the common diseases to children and the common drugs which can be given. She later trained the Foster Care parents on how to administer first aid to the children. She cautioned the parents to follow instructions labeled on the drugs carefully.

The common diseases and problems identified, along with their drugs were:

- coughing - the parents were given cough syrup to maintain it
- skin disease and rashes - calamine was given. This is to be applied for all skin problems. Before its application, the child should be clean.
- pain and fever - Paracetamol/Panadol syrup was given. Bactrim was given as a profilaxis for chest infection.
- ear infection - ear buds
- injuries - elastoplast

The parents were trained on how to control dehydration in case of diarrhea using home made oral rehydration salt.

Procedure:

- boil water and let it cool
- add teaspoonful of sugar
- add a pinch of salt
- \* ration is relatively 3 to 1
- stir, then keep in a clean jug and give it to your child when thirsty.

## **Group Discussion**

In this session participants were invited to share their experiences concerning AIDS as a disease and its impact on the society. Further, they pointed their experiences with children that they are fostering.

Mr. Musau narrated his story on how AIDS claimed his children one after another only a few years after finishing school, and working for a short period. He was left with his grandson who is HIV+. He expressed his gratitude for the support which he is receiving from Nyumbani.

Mrs. Oduol fosters her nephew. She expressed how painfully she watched helplessly as AIDS claimed the life of her brother.

Mary has lost four of her children to AIDS and now she is taking care of her grandson who is infected.

Ann Mukami expressed gratitude for the support which she is receiving from Nyumbani. She promised to cooperate and support the FCP and asked those concerned to extend their support to other unfortunate members of the society.

## **Vision of the Program**

This was addressed by the programme coordinator who expressed a view that the programme aimed at reaching as many needy cases as it would be possible. Caroline Matsalia expressed difficulties involved in caring for children in institutional setups.

For us to continue reaching this vision of serving more people in a more efficient and effective manner the coordinator asked members to be committed and to develop an attitude team work. - develop a sense of solidarity. She promised the members that with time they will come to understand the programme fully and this will be gradually done.

She clarified the ways in which parents will be supported by the programme. First it will be in medication that is caring for the child when it is sick. There will be an allowance on a monthly basis amounting 2500 shillings. This amount is for the sole benefit of the HIV+ child.

More details on the programme can be obtained from the programme's detailed brochure which can be obtained from the coordinator office on request.

She thanked everyone for participating in the workshop and told the members that similar workshops will be organized in future on monthly basis. The next meeting will be on 4th April 1998.

## **Vote of thanks**

This was done by Mrs. Kathleen Kisia who thanked everyone for making the day a success in various ways. She promised that in the future there were plans to have a half day session from 9 am to 1 pm. Mrs. Kisia is the programme's administrator. She requested cooperation and prayers from members for the programme to succeed, for it was newly formed. This cooperation was said to be important especially in the first nine months, for it was a determining factor of the programme. Evaluation of programme's success was to be done within this period.

Special thanks were given to social workers from various organizations and representative of the Kenyatta patient support centre for their participating and contribution in the workshop.

Finally the administrator expressed her gratitude to the resource persons Sr. Nzinzi, Dr. Awvala, and Dr. Lorin Mimless for their contribution. Without them the objectives of the workshop would not have been realized. She called upon them to continue supporting the F.C.P and Nyumbani as they have been doing.

Final prayers were lead by Brother Nicholas. Before the members dispersed Sr. Nzinzi informed them that KNH was working on a new document which would enable all institutional workers to be attended to in a special way. This view was received happily by all social workers who probably have been facing problems in the hospital.

After prayers a group picture was taken and visitors were transported to Karen.

Dear.....,

We INVITE YOU with pleasure to our SECOND WORKSHOP on

Date : Saturday, 4th April 1998

Venue : Nyumbani Hospice (PAUL MIKI)

Time : 900 am - 100 p.m.

Title : HYGIENE AND THE HIV+ CHILD

We have arranged to pick you up between 08:30 - 08:45 from Karen Shopping centre outside the Police Station. Our Social Worker will be waiting for you with NYUMBANI SIGN. Please be on time or you will be forced to walk to the Hospice

#### NEWS UPDATE

In the Month of March the Program was Baptised LEATOTO FOSTER CARE. Our desire is that together we 'raise' our precious children in a manner that honours their Creator. We also noted that children were coming back to us with symptoms that could easily be contained when proper Hygiene is observed at home. Most of you also felt they needed to know the legalities involved in fostering a child. Lined up is also a very challenging cassette tape on AIDS AND CARE GIVING.

A lot of exciting things are taking place and we will introduce you to new parents who have qualified to join us. On a sadder note we will take time out to remember DIANE who passed away on 17th March 1998 at the KNH.

#### RESOURCE PERSONS

|                     |   |                       |                          |
|---------------------|---|-----------------------|--------------------------|
| Co-ordinator        | : | Caroline Matsalia     | - FCP Coordinator        |
| Master of Ceremony: |   | Kathleen Kisia        | - FCP Administrator      |
| Public Relations    | : | Nicolas Makau         | - Nyumbani Social Worker |
| Physical Facilities | : | Elizabeth Angienda    | - Nyumbani Social Worker |
| Hygiene/Nutrition   | : | Sister Nzizi          | - KNH                    |
| Legal Aspects       | : | Mrs K Ogoti           | - Childrens Department   |
| Catering            | : | Matron/Kathleen Kisia |                          |
| Transport           | . | Program Manager       | - Nyumbani Hospice       |

We look forward to meeting with you again,  
Sincerely yours,

for.....  
THE COORDINATOR - F C P

# WORKSHOP 2 - APRIL

## HYGIENE AND HIV+ CHILDREN

### FINAL SCHEDULE

| TIME<br>BY    | TOPIC                                  | ACTION       |
|---------------|----------------------------------------|--------------|
| 07:30-08:00   | Departmental Briefs                    | All ✓        |
| 08:30-0845 am | Pick up of Participant                 | Bro Protus ✓ |
| 08:45-0900 am | Introductions                          | Caroline     |
| 09:00-0915 am | Welcome                                | Matron ✓     |
| 09:15-1000 am | PART 1<br>Hygiene Disinfection         | 3r Nzinzi    |
| 10:00-1015 am | C O F F E E B R E A K                  | Elizabeth    |
| 10:15-1100 am | PART 2<br>Legal Aspects in Foster care | Mrs K Ogoti  |
| 11:00-1230 pm | PART 3<br>Group Cottage Participation  |              |
| 1230- 1245pm  | Business Meeting FCP                   | Kathleen     |
| 1245- 100 pm  | L U N C H                              | Elizabeth    |
| 100 - 115 pm  | Participants dropped off<br>at Karen   | Protus       |

DATE: 2nd April 1998

**P R E - P L A N N I N G      M E E T I N G      F O R      F.C.P.  
O N   4TH APRIL 1998**

-----

**Present,**

Caroline, Nicolas, Elizabeth, Sr Matron (apologies)

**Agenda**

The meeting commenced at 10:00 am with a prayer from Caroline.  
Final Preparations and handover of responsibilities for the  
upcoming FCP Workshop on Saturday 4th April.

**1    MENU**

The Event Order requisition has been sent out to Sr Matron  
All the ingredients will be purchased by Kathleen. Elizabeth  
will organize for 3 Volunteers.

**2    MEDICAL**

The program has admitted three more foster care parents.

1. Grace Thuku                      (Kevin Njira)
  2. Esther Nanjiku                  (Grace)
  3. Josephine Nyatia                (Faith Nyatia)
- First Aid Kit with the appended medications will be  
presented to them during the workshop.

|             |                                 |
|-------------|---------------------------------|
| Pains/Fever | - Paracetamol Syrup             |
| Coughs      | - Cough Syrup/Catrimoxazole     |
| Diarrhoea   | - Home made ORS                 |
| Nausea      | - Blue Green Alge mult-vitamins |
| General     | - Cotton wool                   |

**3    PHYSICAL FACILITIES**

The requisition for physical facilities will be handled by  
Elizabeth and she will be responsible for all the arrangements.

**4.    PUBLICITY AND USHERING SERVICES**

All responsibilities were handed over to Nicolas who would be  
responsible for taking the Photographs and ushering. We expect  
6 outside guests, Sr Matron, 18 participants, 4 Nyumbani Staff, 3  
Volunteers and 2 Facilitators.

**5.    PROGRAMME**

The final program attached.

PREPARED

BY:.....

C.C AD  
SR. MATRON  
FPC  
N33P  
CIRCULATION FILE

# Leatoto Foster Care Program

## 2<sup>nd</sup> Workshop - 4.4.1998

The meeting commenced at 9.45am. After a brief introduction of the members and the resource 'persons', the first lecture on hygiene by Sr Nzinze began.

### Hygiene

Before sharing with the members what she had, she first gave some guidance questions to her discussion. These were:

What is hygiene?

Why is it important?

Why should we emphasis much on hygiene?

How does hygiene effect one as an individual, his family and his community?

Which factors inhibit achievement of high levels of hygiene?

What is society's perception of hygiene?

### Discussion

Hygiene does not imply the physical appearance an individual. It implies all facets of good grooming. This is cleanliness of the body, clothing and in addition to good grooming the cleanliness of ones house, utensils, bedding as well as his compound and environment at large.

While it is an important aspect in our lives, hygiene is limited by a number of factors. These are many, but the main ones involve:

Shortage of water, especially in urban areas.

Shortage of finance to purchase the required materials.

Shortage of fuel to warm water.

While shortage is a problem, she talked of economising and improvising good ways of using water and other necessary resources. The members were requested to extend the knowledge they had received to other members of society, especially during social gatherings.

When one realises a presence which can lead to a health hazard, he should approach the public officer concerned and complain of the situation. Creation of public awareness on hygiene is important because one can not alone maintain hygiene if the other members of the community are not involved.

### Child's Hygiene

It is advisable to wash hands always before you prepare their meals, or feed them.

After you visit toilets - wash hands.

Wash hands after feeding the child; it's hands, if it wash feeding itself.

Wash food before preparation, especially fruits.

Wash utensils thoroughly with soap after every meal.

Wash clothes properly and dry them in the sun where fresh air is moving.

Fold and store them in good conditions. Avoid strong detergents. If you use detergents, rinse well after use.

Environmental cleanliness is also important. Here the community as a whole should be involved. Clear bushes and grass. Drain water well and avoid dumping of refuse, and avoid the possibilities of pollution.

### Note

In caring of the fostered children, hygiene is emphasised so as to avoid any infection. Infections can be very fatal since the child's body defence mechanism is weakened.

Nzinzi reminded the members that the topic on hygiene went hand in hand with nutrition which she had discussed in the first workshop. Good nutrition and proper hygiene will provide improved conditions for the children's growth.

The participants were divided into groups to discuss the identified questions.

The feedback was as follows:

Group One:

Why wash hands?

To remove harmful germs especially after visiting some unhygienic places.

Hands should be cleaned always after every exercise and more so before handling any food.

Keep fingernails short and clean. They can harbour toxic and unwanted germs.

Group Two:

Why wash food?

We wash in order to kill germs. Most foods especially in market places pass through many hands.

Wash fruits and vegetables before peeling and cutting.

Group Three:

Environmental Cleaning:

Have safe disposal of garbage.

Use toilets and keep them clean.

The leftovers of food and waste should be disposed in the correct and appropriate manner.

Use pesticides and insecticides, for the prevention of infection.

Have proper drainage.

Group Four:

Clothes Washing:

This is to remove dirt, stains and germs for the clothing.

It helps in killing germs which could cause skin irritation and the spread of infection.

Clean clothing indicates neatness and a well groomed 'being'.

It also removes unpleasant odours.

**Clothes should be washed:**

**After bathing.**

**After work or physical activities.**

**After travel.**

**For babies:**

**After changing nappies.**

**After feeding or when the baby vomits.**

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## Legalities Of Fostering A Child

The second subject of the day was on legalities of fostering 'the child'. This was handled by Karen Ogoti from the 'Children's Department'.

There are two main caps/bills involved in both fostering and adopting a child; these are Cap 141 and 143 of the Law of Kenya.

### Fostering

This involves looking after and caring for the well being of a child, for any given period of time (under/less than 18 years). You have a right to decide how long to stay with the child. The child to be fostered will be committed to you through the Juvenile Court.

### Components of Foster Care

There must be a child to be fostered.

There must have been a biological parent or legal guardian.

There must be a prospective foster parent.

There must be a fostering agency. (In this case we have the 'Children's Department'.) These agencies make the necessary arrangements and follow up to make sure that the rights of the child are honoured.

The 'fosterer' should be a person with a good reputation in society. A person who is able to care for their own children and foster children in the same parental fashion - without bias.

Adequate space is required for the child.

Discrimination is totally frowned upon.

All fostering parents have to be assessed by these agencies. (In our case we shall have two recommendations, one from Nyumbani officials and the other from the 'Children's Department'. Either party has the right to quash any decision by the other party.) All these checks are to ensure that the fostering

parent does not use the child as a source of income (in case there is an allowance of income available).

### Reasons for Fostering

There are so many reasons for fostering. The main ones are:

**The motivation to help a child in need of love, care and a family.**

Being barren.

Need for additional children.

Need to have a sex which one has not been able to get.

Need to have a young child in the family where the others have grown up.

### Categories of Fostering a Child

The child must be between 0-18 years. During this period of fostering the agencies will always come forward and protect the child.

Children whose mothers are jailed for a long period leaving the child un-cared for.

In the case of very sick parents.

If the agencies find out that the child is exposed to abuse, exploitation and humiliation by parents or legal guardians.

If a child has been abandoned for more than 6-months then he/she can be put up for adoption.

### Note

Whilst the law allows people from many walks of life to adopt or foster children, it does inhibit/take into account women over the age of 40 wishing to foster. Adoption into mixed races is also turned down by the courts; as is single males - unless solid evidence is brought forward proving the case to be of high importance.

During the discussion, one member asked for clarification concerning inheritance. In her response, Mrs Ogoti emphasised the importance of putting things in order, early into the application. One should identify the

appropriate person who should be in charge of the child whilst still alive. If this is not possible then the 'public trustee' or even 'public administrator' will decide the most suitable outcome.

Those who expressed frustration in being over burdened with documentation, were informed that this was the requirement and purpose for the protection of the child. In case of any problem the fostering agency has a legal stand allowing it to intervene on the behalf of the child.

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Dear.....,

We INVITE YOU with pleasure to our THIRD WORKSHOP on  
Date : Saturday, 2th May 1998

Venue : Nyumbani Hospice (PAUL MIKI)

Time : 900 am - 100 p.m.

Title : DISCLOSURE

We have arranged to pick you up between 08:30 - 08:45 from Karen Shopping centre outside the Police Station. Our Social Worker will be waiting for you with NYUMBANI SIGN. Please be on time or you will be forced to walk to the Hospice

#### NEWS UPDATE

In the Month of April we have been bogged by the number of cases referred to us. Caroline had a very stressful experiences as she was called upon by Medical personenal at one hospital to provide counselling to couples. This was a challange to us and we felt you could be part of our solution as we brainstorm on the issue of disclosure.

Again,as our work load increased we will not be always able to visit but we hope to engage a volunteer worker to assist us.

This month also see the introduction of 3 new parents some of whom still have children in hospital.

#### MEDICAL REVIEW

Attached is a shedule of the dates your children have been booked for full medical review to be conducted at NYUMBANI.

#### RESOURCE PERSONS

|                     |   |                    |   |                        |
|---------------------|---|--------------------|---|------------------------|
| Co-ordinator        | : | Caroline Matsalia  | - | FCP Coordinator        |
| Master of Ceremony: |   | Kathleen Risia     | - | FCP Administrator      |
| Leading Questions : |   | Nicolas Makau      | - | Nyumbani Social Worker |
| Physical Facilities | : | Elizabeth Angienda | - | Nyumbani Social Worker |
| Facilitator         | : | Sister Nzinzi      | - | KNH                    |
| Catering            | : | Matron             | - | Nyumbani Hospice       |
| Transport           | : | Program Manager    | - | Nyumbani Hospice       |

We look forward to meeting with you again,  
Sincerely yours,

for.....  
THE COORDINATOR - FCP

2.4.1998.

**THE THIRD TRAINING WORKSHOP FOR THE LEATOTO COMMUNITY BASED PROGRAM HELD ON 2nd. APRIL, 1998.**

**DISCLOSURE.**

Due to the social stigma attached to HIV/AIDS, there was a concern from the care givers over who should know the status of the child. During the third workshop, the subject was identified for discussion.

In this workshop, participants were grouped into groups to discuss a list of leading questions. Each group later shared their views with the rest participants.

**Guiding Questions.**

1. Who should be made aware of the child's HIV status?

The parents of the child, Guardian of the child, The children of the guardian, and any other close relative. It was however agreed that in a household, not everybody needs to be informed. It should be only those who need to know the status of the child because they are involved in the care. As for the rest, the information should remain confidential.

2. What are the family problems?

The problem of increased expenses mainly on medicine and food. The fear of being stigmatized by the immediate community for leaving with HIV+ person. The fear of cross infection from the shared things.

3. The possible reactions of the people if they knew the HIV status of the child:

Social isolation for both the child and the family members. A lot of blames on how the infection came about. May easily affect the family relationship leading to divorce or separation if one of the parties involved do not agree.

Despite the negative results which may arise from disclosing these information, participants agreed that it was important to carefully disclose this information to some family members. A number of advantages were identified. Below are some of them.

**ADVANTAGES.**

a) The child will be treated normally without any fears as it would be the case if everyone in the family knew. The status can be maintained a secret to some people in the family who are in direct contact with this child. As for the rest, there is no need to disclose.

# WORKSHOP 3 - MAY

## TOPIC : D I S C L O S U R E

| <u>TIME</u>    | <u>TOPIC</u>                      | <u>ACTION</u> | <u>BY</u>             |
|----------------|-----------------------------------|---------------|-----------------------|
| 07:30-08:00 am | Departmental Briefs               | All           |                       |
| 08:30-0845 am  | Pick up of Participant            | Bro Protus    |                       |
| 08:45-0900 am  | Introductions                     | Caroline      |                       |
| 09:00-0915 am  | Welcome                           | Matron        |                       |
| 09:15-1000 am  | PART 1                            |               |                       |
|                | What is disclosure?               | Sr Nzinzi     |                       |
| 10:00-1015 am  | C O P P E E B R E A K             | Elizabeth     |                       |
| 10:15-1130 am  | PART 2                            |               |                       |
|                | Group Work (5 groups )            | All           |                       |
| 11:30-12:00 pm | PART 3                            |               |                       |
|                | Group Presentations               |               |                       |
| 12:30-12:45 pm | F.C.P BUSINESS MEETING            | Kathleen      | 1. Wnter-ups of Nymba |
| 12:45- 1:00 pm | L U N C H                         | Elizabeth     | 2. Red Alert 20/Jan   |
| 100 - 115 pm   | Participants dropped off at Karen | Protus        | 3. Network            |

## Q U E S T I O N S

Group 1 Who should be made aware of the HIV status of the child?  
 Group 2 What are the fears of the family?  
 Group 3 What will be the reaction of the people?  
 Group 4 What are the advantages and disadvantages?  
 Group 5 Which way do you intend to carry out the disclosure process?

## M E D I C A L R E V I E W T I M E T A B L E

MONTH OF MAY

TIME: 1130 am - 200 pm

### MONDAYS

|      |                                |                     |
|------|--------------------------------|---------------------|
| 11th | 1. Edwin Ochieng               | 2. Aloys Ongalo     |
| 18th | 3. Susan Wani /Valentine Kendi | 4. Sam Musau        |
| 25th | 5. Jane Nyaguthia              | 6. Michael Mwachiri |

### WEDNESDAYS

|      |                  |                               |
|------|------------------|-------------------------------|
| 13th | 7. John Githinji | 8. Faith Ngatia               |
| 20th | 9. Kevin Mweru   | 10 Mary Mweru                 |
| 27   | 11. Hezron Kamau | 12. Violet Kandi changed 15th |

Please note that we shall not provide transport on these appointment dates untill further notice.

b) The caring person can take necessary care if the child gets any ailment and the parent/guardian is not around, Or is able to take precautions if the child hurts and is bleeding.

c) Guardian and those involved in caring for the child will put in mind the need for a special diet for the child.

d) Once those involved have true information, and are well informed about the disease they will be able to give a specialized care to the child.

e) The mere possession of the true information and true knowledge about the HIV/AIDS can increase the love for the child from the care givers unlike when they get rumors from neighbors and family friends. This can make them feel betrayed by those who know the truth and their reaction can easily be reflected on the child.

| <u>TIME</u>               | <u>TOPIC</u>              | <u>ACTION</u>    | <u>BY</u> |
|---------------------------|---------------------------|------------------|-----------|
| <del>07:30-08:00</del> am | Departmental Briefs       | Kathleen/Jane    |           |
| <del>08:30-0845</del> am  | Pick up of Participant    | Bro Protus       |           |
| <del>08:45-0900</del> am  | Introductions             | Caroline         |           |
| <del>09:00-0915</del> am  | Welcome                   | Matron           |           |
| <del>09:15-1000</del> am  | PART 1                    |                  |           |
|                           | Case Study and Evaluation | Caroline/N. Z... |           |
| <del>10:00-1015</del> am  | C O F F E E B R E A K     | Jane             |           |
| <del>10:15-1130</del> am  | PART 2                    |                  |           |
|                           | Evaluation (Continued)    | All              |           |
| <del>11:30-12:00</del> pm | BUSINESS MEETING          |                  |           |
| 12:30- 1:00 pm            | L U N C H                 | Jane             |           |

## 5. EVALUATION AND RECOMMENDATION

### 1. PROGRAM

**Q1. Give a brief description of the community-based LEATOTO program.**

- Helps families to accept and live with the facts of HIV/AIDS in their communities.
- Provides knowledge and information on the care of HIV+ children
- Provides a forum of support to affected families
- Provides medical, counselling and material services at the grassroot level of the community.

**Q2 How did you get to know about the program.**

- Word of mouth
- Local Newspaper
- Social workers
- Hospital counsellors

**Q3 How are you related to the foster child.**

- Parent
- Uncle/Aunty
- Nephew/Niece
- Grandparent
- Care-giver

**Q4 What future planning have you done for the child.**

- Enrolled into nursery or primary education
- Identified care-giver incase of death

**Q5 List benefits derived by a)Self b)Child c)Family**

**(a)**

- Self-confidence
- Changed attitude and behaviour toward the infected
- Personal precautions
- Personal Behavioral challenge

**(b)**

- Medical cover
- Socialization with out stigmatization at Nyumbani
- Food Supplements and vitamins
- Clothing
- Toys

**(c)**

- Created a forum for discussion on HIV/AIDS issues
- Trust and sensitivity to care and love infected child
- Kinship bonding enhanced
- Personal hygiene and protection
- Counselling in fear, grief and discouragement

**Q6 Discuss and identify the programs weaknesses.**

Attendance and lateness  
Language barriers  
Venue is inappropriate due to long distances.  
Expensive to commute between home and venue.  
Lacks funding for a Education Program  
Mobility inconsistencies  
Waitlists take long to admit i.e 2-3 weeks  
Professional personnel on call to handle emergencies  
Meeting be held bi-monthly or quarterly

**Q7 What are your expectations from the Program.**

Cater for Medical Cover  
Cater for Primary/Secondary Education  
Cater for provision food for special diets  
Cater for clothing  
Continuous Training and updated information on HIV/AIDS

**Q8 Make any suggestions for improvement within program.**

Increase maintenance allowance to cover child's school fees  
Fine parents for lateness from Ksh 100/- minimum  
Strike off uncooperative parents and give position to needy cases on waitlist  
Approach Government, NGOs and Organizations for donations during fundraising campaigns towards affected/infected HIV/AIDS families.  
Purchase vehicle for the Foster Program.  
Assist in identification and funding of income-generating projects for HIV/AIDS parents which can be run as co-operatives.

**Q9 If we called on you to share with members of your community about HIV/AIDS in children, what ideas would you like to put across.**

How to care without fear of HIV/AIDS children  
How HIV/AIDS is transmitted and preventable in children  
Dangers of cultural influences on our sexual attitudes and behavior in the era of HIV/AIDS  
Group research on how HIV/AIDS is affecting our communities.  
Isolation, stigmatization and intimidation will not eradicate affected/infected HIV/AIDS families.  
How HIV/AIDS is not a punishment from God

**Q10 Which topics in order of priority benefited you most**

Disclosure  
History and Transmission of HIV/AIDS  
Hygiene and Nutrition  
Legal Aspects of Foster Care  
Case Studies, Video Presentations and Taped presentations

**Q11 List persons you would like to be invited from you community or work place to facilitate at our workshops**

- Youth Workers
- Housewives living with HIV/AIDS
- Professional
- Local Businessmea and women
- AIDS PROJECT Coordinators
- Hopital Patient Support Administrators/Counsellors
- District and Public Health Officers
- Church Pastors
- Family members and children affected by HIV/AIDS
- School Headteachers
- Class Teachers
- Local Chief and District Officers
- Community Development social workers
- Students from every level of education

**Q12 What topics would you like to be address in future**

Sexuality of HIV+ children  
Progress made in Medical Research for a Cure for AIDS  
Update on carrent medication available  
Tuberculosis and Skin Diseases in HIV/AIDS  
Basic Nursing Care for terminally ill child.  
Aids awareness at community level.  
Community sensitisation to care for HIV/AIDS children  
Risk of STDS  
Living and caring for Adult with HIV/AIDS

#### CONCLUTION OF EVALUATION

The second potion of evaluation delt with BASIC PROBLEM IDENTIFICATION where individuals were tested on their knoweledge of the HIV/AIDS problem in their enviroment(s).

- Are people they associate with aware of their burden?
- Do they discuss HIV/STD in general?
- Who do they view as practising high risk behaviour?
- Have they identified a person/a group whom they feel they can approach in times of need?

Generally the participants were in a 'transition period' and were just dealing with their situation at the family level. However, most felt that Church-based organisations were easy to approach for assistance. Most related on a one-on-one basis with a close and caring relative, pastor, social worker or counsellor.

# WORKSHOP 5 - JULY

## LEATOTO PROGRAM HOME-BASED CARE

\*\*\*\*\*  
We WELCOME YOU once again to our FIFTH WORKSHOP on

Date : Saturday, 4th July 1998  
Venue : Nyumbani Hospice (PAUL MIKI)  
Time : 900 am -1200 p.m.  
Title : HOME NURSING

We have arranged to pick you up between 10:30 - 10:45 from Karen Shopping centre outside the Police Station. Please be on time or you will be forced to walk to the Hospice

### NEWS UPDATE JUNE

Thank you for the time you took to evaluate our program and the suggestions put forward of which the most pressing issues raised concerned:

1. Language and Literacy Barriers
  2. Increase Maintenance Support to cover food and clothing
  3. Placement of children into Public Schools
  4. Mobile Clinic
  5. Training and networking Update on HIV/AIDS epidemic
- This month we have once again pleased to welcome our facilitator from PSC/MSM and we will be addressing HOME NURSING specifically
- Management of Common symptoms of AIDS in the Home
    - (a) Fever
    - (b) Diarrhoea
    - (c) Skin Problems
    - (d) Wounds ( Open and infected)
    - (e) Bed Sores
    - (f) Mouth and Throat
    - (g) Dental Problems
    - (h) Toilet Needs

| <u>TIME</u>    | <u>TOPIC</u>                 | <u>ACTION</u> <u>BY</u> |
|----------------|------------------------------|-------------------------|
| 11:30- 1:30 pm | Home Nursing                 | Mrs Mburu               |
| 1:30- 2:00 pm  | L U N C H B R E A K          | NYUMBANI                |
| 2:00- 3:00 pm  | Business Meeting             | Leatoto                 |
|                | 1.Word Of Encouragement      | Bro Matin               |
|                | 2.Income-generating projects | Caroline                |
|                | 3.Library and Health Rpt     | Andrea                  |
|                | 4.NSS Primary Program        | Nicholas                |
|                | 5.Administration             | Kathleen                |

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Nicholas - Translator  
Caroline - Master of Ceremony  
Nyumbani - Kitchen  
Andrea - Secretary taking Minutes

## HOME NURSING

### DEFINITION

This means any form of care given to sick people in their homes.

It may mean things people do to care for themselves or care given to them by the family or health care workers. Care includes:-

- (i) Physical
- (ii) Psychological
- (iii) Social and spiritual care

In many cases the care at home depends on patients needs at home. There are physical needs to be addressed on day to day life, and there are also needs that depend on the common symptoms of AIDS in the patient.

### PHYSICAL NEEDS on day to day life:

- (i) Nutritional needs - Balanced diet
- (ii) Personal hygiene - (i) Daily bath
  - (ii) Care of nails
  - (iii) Care of hair
- (iii) Helping in elimination needs - Toilet needs.

General rules of caring for a child with HIV infection or AIDS:

- (i) Feed the child well - Balanced diet.
- (ii) Maintaining good personal hygiene
- (iii) Have the child immunized.
- (iv) Make sure the child gets early treatment for infectious diseases
- (v) Treat the child as normal
  - Let the child go to school except when there is an outbreak of infection in school.
  - Let them spend time playing with others.

## MANAGEMENT OF COMMON SYMPTOMS OF AIDS IN THE HOME

### FEVER

Fever may indicate one of many different illnesses.

- (i) It makes a child very uncomfortable
- (ii) It can be dangerous especially in small children.
- (iii) It may lead to convulsions
  - Prolonged convulsions may lead to brain damage.

## CAUSES OF FEVER

- (i) AIDS related opportunistic infections such as pneumonia and tuberculosis.
- (ii) Diseases like Malaria, Measles and meningitis e.t.c.
- (iii) HIV infection itself.

## WHAT TO DO AT HOME

- (i) To check whether the child has got fever, you either use a thermometer or by putting the back of your hand on the child's forehead and the back of the other hand on your fore head to compare the two.

## HOW TO LOWER THE FEVER

- (i) Remove any un-necessary clothing and blankets and expose the child in fresh air or breeze.
- (ii) Tepid sponging - Cool the skin by bathing the child or by putting cloths soaked in water on the child's forehead and armpit.
- (iii) Give plenty of fluids e.g. water, juice or soup to replace the fluids that is being lost to prevent dehydration.
- (iv) Use medicines that help in reducing fever like aspirin, paracetamol or calpol.
- (v) Take the child to the hospital if the temperature persists.

## DIARRHOEA

Diarrhoea is a common problem with children with AIDS.

## CHARACTERISTICS OF DIARRHOEA

Clear and watery, greenish offensive diarrhoea is always infective. It is sometimes accompanied by abdominal pains and vomiting.

## WHAT IS DIARRHOEA

- (i) Stools contain more water than normal
- (ii) They are loose or watery
- (iii) They may contain blood or mucus
- (iv) Bloody diarrhoea signifies dysentery
- (v) The stools are frequent (more than 3 in a day) and they are loose or watery.

## TYPES OF DIARRHOEA

- (i) Acute diarrhoea - lasts for less than two weeks.
- (ii) Persistent diarrhoea - more than 3 liquid stools a day every day for more than three weeks.

## CAUSES OF DIARRHOEA IN HIV INFECTION

- (i) Intestinal infection from contaminated food or water.
- (ii) Opportunistic infections related to AIDS.
- (iii) Side effects of some medicines

## DANGERS OF DIARRHOEA

- (i) Causes malnutrition
- (ii) Causes dehydration - death

## WHAT TO DO AT HOME

Prevent diarrhoea with:

- (i) Use clean boiled water for cooking and drinking
- (ii) Eat clean fleshy prepared food.
- (iii) Food must be cleaned before cooking - cook food properly
- (iv) Protect cooked food from being contaminated by covering it to avoid flies.
- (v) Pre-heated foods must be re-heated thoroughly at a high temperature.
- (vi) Maintain good personal hygiene.
  - Hand washing after using the toilet
  - After helping the sick child to use the toilet
  - After cleaning soiled children or sick person.
  - Before preparing food or drink for the family

## RULES FOR TREATING DIARRHOEA

- (i) Give more fluids than usual
  - Unsweetened juice
  - uji
  - rice water
  - if child is breastfeeding continue breast feeding
- (ii) Continue to feed the baby to avoid malnutrition.
  - In case of vomiting or loss of appetite, encourage them to eat small amounts of nutritious and easily digestible food.
  - After diarrhoea stops, give an extra meal each day for 2 weeks to help the patient regain weight lost.

- (iii) Prevent dehydration by early recognition and treatment.
  - Give plenty of oral fluids and add on ORS.

### SKIN PROBLEMS

These are common with children with AIDS. They are in most cases chronic. Common skin problems include.

- (i) Rashes
- (ii) Itching skin
- (iii) Painful sores on the skin
- (iv) Dryness of the skin
- (v) Slow healing of the wounds
- (vi) Boils and abscesses

### CAUSES OF THIS PROBLEMS

- (i) Fungal infections - ringworms, thrush
- (ii) Bacterial infections e.g. scabies
- (iii) Herpes zoster
- (iv) Allergy
- (v) Kaposi's sarcoma

### WHAT TO DO AT HOME

- (i) Clean the skin frequently with water and soap and keep it dry
- (ii) Avoid scratching with fingers. Protect the children from scratching by use of mittens or socks.
- (iii) Keep the child's nail short.

### HOW TO AVOID ITCHINESS OF THE SKIN

- (i) Cool the skin with water
- (ii) Apply lotions provided in the hospital
- (iii) Protect the skin from heat

### TREATMENTS OF WOUND

- (i) Wash affected area with clean previously boiled water and a little salt added to it. 1 tea spoon of salt : 1 litre of boiled water.
- (ii) Cover the wound with clean cloth or bandage.
- (iii) If the wound is on the legs or feet, raise the affected area for 5 minutes every 1/2 an hour.

- (iv) Straighten the bedding often.
- (v) Put cushion under the body to protect the bony parts rubbing together.
- (vi) A bedridden child should be held often on someone's lap.

#### MOUTH AND THROAT

This is a common problem with children having AIDS. Sometimes it progresses to throat and oesophagus - painful swallowing.

#### WHAT TO DO AT HOME

- (i) Provide the child with good nutritious food and take vitamin supplements.
- (ii) Rinse the mouth with warm salt water ( 1/2tsp. salt in a cup of water) - or mouth wash.
- (iii) Eat soft foods
- (iv) Avoid spicy foods
- (v) Use straw for liquids and soups
- (vi) Encourage cold foods which help in numbing the mouth.

#### THRUSH

This is a fungal infection which causes small white patches on the mouth and tongue. It looks like milk curds.

#### WHAT TO DO AT HOME

- (i) Gently scrub the tongue and gums with a soft tooth brush three or four times a day.
- (ii) Rinse mouth with salt water or lemon water.
- (iii) If the child is big, encourage him to suck a lemon which helps in slowing down the growth of the fungus.
- (iv) Apply gentian violet four times a day
- (v) Give antifungal oral gel, as prescribed by the doctor.

#### DENTAL PROBLEMS

It is important to clean the teeth thoroughly. People with AIDS suffer from inflammation of the gums, tooth abscesses and infection.

- Take the sick children for dental check up regularly
- Help the sick child to brush the teeth, paying attention to the area between the teeth using a piece of strong thread. (dental floss)
- If the child does not have a tooth brush, a clean piece of towel can

- (iv) Encourage walking exercises but discourage long standing.

### OPEN WOUNDS

Open wounds may be infected.

It may cause fever and may lead to swelling of the lymphnodes

### HOW TO TREAT INFECTED WOUNDS

- (i) Clean with salt water ( 1 tea spoon full: 1 cup of clean water)
- (ii) Apply hot compresses over the wound for 20 minutes, four times a day.
- (iii) Use gentian violet on the wound before dressing
- (iv) Soak the wound in a bucket with hot water and soap.
- (v) If there is dead tissue hydrogen peroxide can be used to rinse the wound.

### HOW TO CLEAN AN INFECTED WOUND

- (i) Use polythene bags or gloves if available and wash hands before and after the procedure.
- (ii) Clean the wound from the centre outwards .
- (iii) Cover the wound with a clean piece of cloth. If the wound is dry, leave it exposed as it heals faster.
  - Avoid tight dressing
  - Always use clean dressing
  - Change the dressing only a day
  - Check for any infection
- (iv) Dressing to be reused must be cleaned in water and soap and then hanged out in the sun or they may be boiled.
- (v) Soiled dressing should be disposed by burning or into the pit latrine.
- (vi) Protect the children from getting tetanus by taking them for vaccination with Tetenus.- Toxoid

### BED SORES

These are sores caused by breakdown of the skin due to pressure.

They appear to children who are very ill and not able to turn in bed.

They form on bony parts of the body i.e. buttocks, back, hips, elbows and feet.

### HOW TO PREVENT BED SORES

- (i) Get the patient out of the bed as much as possible.
- (ii) Turn the patient every two hours and attend to pressure areas
- (iii) Use soft bed sheets and change the beddings whenever the bed is wet.

Tooth paste may be used but if not available, a tooth cleaning powder can be made by mixing salt and bicarbonate of soda or ashes in equal amounts. To make it stick, wet the brush before putting it in the powder.

#### HELPING THE PATIENT IN ELIMINATION (TOILET NEEDS)

- (i) Train the child on good personal hygiene i.e. hand washing after attending to the toilet.
- If the child has no control of bladder(urine) and stool(bowel)
- (ii) Use water proof material to protect the mattress and the under sheet from soiling.
- (iii) Change the soiled linen frequently.
- (iv) Take care when handling the soiled linen by handling the areas not counterminated.
- (v) Flush in water the infected material e.g. stool, blood, pus
- (vi) Wash the soiled linen with water and soap.
- (vii) Dry the washed up linen out in the sun.
- (viii) Non re-usable materials can be burnt or thrown into a pit latrine.
- (ix) If the child is big and can say when he needs to go to the toilet, help the child to the toilet by supporting him. If he is not able to go to the toilet, improvise a bed pan by using a Kasuku tin. Put it inside a bigger bucket to make it comfortable for the child to use. A jelly can can also be cut into half to improvise for a bed pan.

N.B. Always remember to wash your hands with water and soap after attending the patient.

# L E A T O T O P R O G R A M HOME-BASED CARE

\*\*\*\*\*  
 The LEATO program will begin again in our SIXTH WORKSHOP.

Date : Saturday, 1st August 1998  
 Venue : Nyumbani Hospice (PAUL MIKI)  
 Time : 9:00 am -1:00 p.m.  
 Title : FIRST AID KIT

We have arranged to pick you up between 8:30 - 9:00 from Taren Shopping centre outside the Police Station. Please be on time or you will be forced to walk to the Hospice

## NEWS UPDATE JULY

It has been a very good month for the program. The enthusiastic help of Andrea our volunteer and the support of the staff at the hospice were able to visit each of you and collect medical data on your child/children.

We have a reality that the program will continue to grow and that the very near future have a full-time nurse to help and coordinate visitation with the social worker. We are also in the process of a successful trip in the U.S. for which the program will be organized our donors to continue there and back. We have a team in our centers.

We have the families of our two children who have passed away. The children have passed in July are Kevin Kasan, Pascaline Nyongu, Christine Mwa, and John Mwa and Panga. KAMUKU.

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| <u>TIME</u>   | <u>TOPIC</u>         | <u>ACTION BY</u> |
|---------------|----------------------|------------------|
| 08:30 - 09:00 | Arrival              | Paul Miki        |
| 09:00 - 09:10 | Introductions        | Andrea           |
| 09:10 - 09:20 | Welcome              | Andrea           |
| 09:20 - 09:50 | Group work           | Andrea/Andrea    |
| 09:50 - 10:20 | TEA BREAK            | HYUNIRAHU        |
| 10:20 - 11:30 | Practical Teaching   | Andrea           |
| 11:30 - 12:00 | Participant Feedback | Andrea           |
| 12:00 - 12:45 | Business Meeting     | Andrea           |

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I

L E A T O T O     P R O G R A M

Saturday, August 1, 1998

First Aid Kit Review

- 1) What medicines are included in the first aid kit provided by the Leatoto program?
- 2) Why are these medicines given?
- 3) At what dosage should these medicines be given?
- 4) At what frequency should these medicines be given?
- 5) On what days should these medicines be given?
- 6) *Explain storage of the medicines + its importance.*

ANTIBIOTICS

- 1) When should we use antibiotics?
- 2) Why should the ENTIRE dosage of antibiotics be completed?

PLEASE LIST BELOW QUESTIONS YOU HAVE ABOUT THE FIRST AID KIT:

J. K. NZINZI

## Bactrim

Reasons: prevents pneumonia + other infections

Dosage (tablets): 1 x 2  
(syrup): 1 tsp x 2

Times: morning + evening, Monday, Tuesday, Wednesday

Period: Continuous

plenty of maji (water chunks)

## Multi-vitamin

Reasons: to add vitamins + nutrition, to increase appetite

Dosage (tablets): 1 x 2  
(syrup): 1 tsp x 2

Times: morning + evening

Period: Continuous

## Cough Syrup

Reasons: alleviate cough due to frequent chest infections

Dosage: 1 x 3

Times: morning, noon + night

Period: duration of cough (not continuous)

## Paracetamol

Reasons: alleviate fever, pain

Dosage: 1 x 3

Times: morning + night

## Daktarin oral Gel

Reasons - septic spots  
✓ oral thrush.  
✓ After food  
- 5 min in mouth.

5-16 months

No. Main Objective

118148

By the end of the education the foster care givers would be able to identify importance of the first Aid kit given to them.

Be able to know different names of the drugs in the kit + their usage, and explain why the drugs to the said child they are looking after.

Understand fully importance of dosage, storage frequency and period or days to be given.

Have adequate knowledge why they should bring first aid kit whenever they visit the Hospice for any medicine prescription for the said child.

J.K. NZINZI

# Storage of drugs + its importance

- out of reach of children
- stored at reasonable room temperature
- clean after each use
- the cap/lid of bottle should not be used to give medicine
- should only for prescribed child
- should be re-filled when finished
- cleanliness should be maintained at all times in container
- shake bottle before removal of drugs.

J.K. NZINZI

L E A T O T O P R O G R A M

HOME-BASED CARE

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We WELCOME YOU once again to our SEVENTH WORKSHOP

Date : Saturday, 5th September 1998

Venue : Nyumbani Hospice (PAUL MIKI)

Time : 900 am -1:00 p.m.

Title : MANAGEMENT OF CHILDREN WITH DELAYED MILESTONES

We have arranged to pick you up between 8:30 - 9:00 from Karen Shopping centre outside the Police Station. Please be on time or you will be forced to walk to the Hospice

NEWS UPDATE AUGUST

We have finally come to the end of our financial year this month. This will be our last workshop until further notice. We will continue to visit you at your homes. Andrea has been intouch with us and she arrived back in the States safely. Lentoto has the pleasure of introducing two volunteers who will be attached to the department we are grateful for the support of VW'S. We noted that inspite of the cold climate our children faired on well with very few seeking medical assistance. Thank you care-giver for the love and care you extend to our precious children. There were 8 admaission bring our intake to 33 families. We still have a total of 42 families on waitlist. We would like to encourage you to write to us so that we can be in touch.

Our faciltator this month is one of us. We hope she challenges you. KARIBUNI

| <u>TIME</u>   | <u>TOPIC</u>      | <u>ACTION</u> | <u>BY</u> |
|---------------|-------------------|---------------|-----------|
| 08:30 - 9:00  | Arrival           | Bro Protus    |           |
| 09:00 - 9:10  | Introductions     | Caroline      |           |
| 09:15 - 10:00 | LESSON PART ONE   | Mrs Otieno    |           |
| 10:00 - 10:30 | TEA BREAK         | NYUMBANI      |           |
| 10:30 - 11:30 | LESSON PART TWO   | Mrs Otieno    |           |
| 11:30 - 12:00 | CASE PRESENTATION | NYUMBANI      |           |
| 12:00 - 12:30 | Business Meeting  | Nathleen      |           |
| 12:30 - 1:00  | LUNCH             |               |           |
| NYUMBANI      |                   |               |           |

## TOPIC : MANAGEMENT OF CHILDREN WITH DELAYED MILESTONES

### 1. NORMAL DEVELOPMENT IN CHILDREN

**At Birth** First cries, this enables it to have its breaths if this fails there will be no presence of oxygen in its lungs hence no blood in its brain. This causes instant death or brain damage.

#### **At Two Months**

The baby should be able to lift its head to follow the mothers movements.

#### **At Four Months**

At this stage the child is able to grasp and put things in its mouth. It can also roll on both sides when playing or sleeping.

#### **At six months**

In child growth, stability comes before mobility. This is a crucial stage where the baby tries to stand on first one foot then both its feet when she/he is convinced that its stable, they then attempt to walk.

It is worthwhile to note that the only milestone that can be skipped by a child is the crawling stage.

### **SIGN OF PROBLEMS IN CHILDS DEVELOPMENT**

\*In situations where the baby is one year old and it cannot walk properly but it uses its toes this means that the tendons at the ankle are tight as a result of delayed muscle growth.

\*Children can also suffer from one side paralysis where one hand/leg is held to one side this is as a result of the thiraxner muscles pulling the weaker one hence the child is forced to lean to one side.

\*When a child is about 2 years and they cannot utter a word like mama/dada this is a sign of delayed growth.

\*When a baby fails to cry the mother needs to be aware of a likely problem.

### **WHAT CAUSES DELAYED MILESTONE DEVELOPMENT**

#### **During Pregnancy**

Then an expectant mother takes alcohol, drugs or antibiotics without proper supervision. Mothers like smoking, radiation therapy and caesarean interventions with the child's growth especially in the first three months of its life. Diseases such as diabetes, high blood pressure can also cause delayed milestones in a baby.

### At Birth

Labour pains prolonged for more than 12 hours distress the baby and it gets tired hence it is not able to cry immediately after birth. The position of the infant in the womb is also important as it can lead to complications. For example if its feet face downward, if there is spotting/bleeding etc the mother is advised to rush to hospital.

### Infections and diseases

Baby can be born in normal conditions but suffers setbacks for Yellow/Jundice which leads to oxygen reduction in his brain. Other diseases such as pneumonia, malaris, high blood pressure, meningitis can cause brain damage.

A child infected at birth by the HIV Virus will also suffer delayed milestones such as weak muscles, too much sweating, weak reflex, fear of movement such as standing, reduced immunity and strength/wasting. This child may experience delayed milestones at every stage of development due to other infections/diseases.

Cerebral Palsy is a condition where brain damage which occurs resulting in a child's failure to cry at birth, lift its head or develop its muscles.

Congenital disorders are those related to a child being born without limbs, folded limbs or other disabilities but this condition is known to the mother at birth.

ALL EXPECTANT MOTHERS ARE STRONGLY ADVISED TO VISIT ANTENATAL CLINICS AT THEIR LOCAL HOSPITAL OR DISPENSARY.

# NOVEMBER WORKSHOP

16. 11. 1998.

Dear .....

We invite you with pleasure to our workshop on 21 November 1998. The event will be held at NYUMBANI Hospice at Paul Miki. The event will start at 9.00 am to 1.00 p.m. The main topic of discussion will be the review of the Leatoto activities in the course of the year.

We have arranged to pick you at Karen shopping center between 8.30 to 8.45 next to the police station. Please be there on time otherwise you will be forced to walk to the Hospice.

## NEWS UPDATES.

In the last two months, 23 families joined the program. We have engaged three volunteers to assist since the work load has increased. Kathleen Kisia's contract has ended.

On a sadder note, 2 of our parents have passed away. These are, Jane wanjiku and Margaret Nyambura Ngige. Following this, the two children have been admitted to NYUMBANI. That is Boniface Gicheri and Dorris Nduta. Another child Victor Kwena has also been admitted due to the problems his uncle is facing hence unable to support him.

Full Medical review has been going on every Friday. The same will continue. We wish to thank those who have adhered to the bringing children for the review. same to those who have been administering the routine drugs. To you all please keep up your good work.

NOTE Medical review for our children is on Friday.

To facilitate our workshop we have ;

Coordinator

Caroline ~~Mastery~~ Matsalia

MC

Nicholas Makau.

Physical facilities

Clemency H. Okena.

Photography

Tricia G.

Transport

Protus L.

Catering

Sr. Little Tresa.

Leading Questions

Caroline & Makau.

## PROGRAM.

VENUE: Paul Miki Block

8.30--9.00 Arrival.

9.00-- 9.10 Introduction.

9.10--9.20 Welcome. (Br. Protus).

9.20--9.50 Introduction to the workshop.

We look forward to meeting with you again.

Yours faithfully,  
Caroline Matsalia  
Coordinator Leatoto.

21/11/98

QUESTIONAIRES /MASWALI.  
HIV/AIDS, ORIGINS AND TRANSMISSION

1.a) What is HIV/AIDS?.

Je HIV/AIDS nini?.

b) Do we know the origin ?.

Huu ugojwa ulitoka/ulitokana na nani?.

c) What are the main modes of transmission?.

Ugojwa huu una abukizwa vipi?.

d) What is peoples response to HIV/AIDS?.

Watu wanauchukulia ugojwa huu vipi?.

Je wewe unauchukua ujogwa huu vipi?.

2.a) What is hygiene?.

Usafi ni nini?.

b) Is it important to maintain hygiene?. How can we do this?.

c) Je ni muhimu kuudumisha usafi?.

Tunaweza kuuhifadhi usafi?.

II)a.What is nutrition?.

Unaelewa na chakula Bora kwa mwili ni nini?.

b). Is nutrition important for HIV/AIDS people ( children) why?.

Je chakula bora ni muhimu kwa mtu akiwa na virusi vya HIV/AIDS?.

c) What are components of a balanced diet?.

Je chakula bora kea mwili kinastahili kuwa na nini?.

d) Is it very expensive to provide a balanced diet ?.

Je inagharimu pesa nyingi kumpa mtu chakula bora?.

If so why?.

Kama ni kweli hapo juu, kwa nini?.

If not why?.

Kama sivyo kwa nini?.

FIRST AID KIT.

What is first AID KIT and its important?.

Unafahamu umuhimu wa kijisaduku cha hunduma ya kwanza?.

Is it impotant to have this box?.

Je ni muhimu kuwa na hiki kijisaduku?.

P.T.O.

Has it been helpful to you?  
Kimekusadia au la?.

If yes , how?  
Kama ndiyo, vipi?.

Have you experienced problems in using this KIT?  
Umepata matatizo yeyote kukitumia kijisaduku hiki.  
Kama ni kweli , ni taabu zipi?.

Do you understand the importances of medical review?  
Je unaelewa umuhimu wa mtoto kuchuguzwa na dakatari mara kwa mara?.

Do you think the routinal drugs are important ? . How?  
Je haya madawa watoto hupewa wakayanywe mara kwa mara , ni muhimu?  
Vipi.?

**DISCLOSURE:**

What is disclosure of HIV status?  
Je Kumfahamisha mtu kuhusu HIV ni nini?.

Is it important to do so ? . which are the importances?  
Je kuna umuhimu wowote?. Taja haja hizo ?.

To whom should we discloses, and why?  
Je tumfahamishe nani na kwa nini?.

How should we do the discloser process?. if for a day or gradually.  
Je tumfahamishe mtu kwa njia gani?.

**DELAYED MILESTONE.**

- I) What is delayed milestones.  
Neno hili "delayed milestone" lina maana gani?.
- II) What is the main cause of this?  
Nini kina sababisha shida hii?.
- III) What can you do if you notice a child has delayed miles-stones?  
Je utafanya nini ukiona mtoto menye haya matatizo?.

**GENERAL EVALUATION.**

What is your personal comment about LEATOTO?  
Je ungesema nini kuhusu huu mrandi wa LEATOTO?.

Would you like the home visits we have been doing to continue.  
Ungelipenda kuwatembelea ambako tumekuwa tukifanya kuendelea.

Should there be no support can or will you be able to maintain the child.?.  
child.?.

Ikiwa hakungekuwa na usaidishi, ungeweza kumtunza huyu mtoto wako.

Do you find it a burden to look after this child even without support.  
Je ni mzigo kwako kumtunza huyu mtoto hata tunapokusadia.

Suppose we give you a chance to visit each other will you be able to.  
Je tukiwauliza mtembeleane mtaweza?.

How can you do this  
Mtafanya hivi kwa njia gani.?

**THE NYUMBANI COMMUNITY BASED PROGRAM (LEATOTO) LAST WORKSHOP 1998**

On 21 November 1998, the Leatoto had a workshop. This was the last in a series of monthly training workshop in which a number of topics had been discussed. These topics were tailored in a way to ensure that the care giver were able to give the basic care to the children without any risk, and without having any fears which could lead to the neglecting the child. This topics were addressed by professionals from different organizations who are well experienced. From what we are experiencing with our care givers is that what they learned in these workshops is really helping them to give good care to the children.

In the past months, the following topics were taught in the following order.

Origin of HIV/AIDS and its modes of transmission.

Good Nutrition.

Hygiene and personal health.

First Aid and the first Aid Kit.

Social stigma related to HIV/ AIDS, and how to disclose the status of the child in the family.

Kenyan Community response to HIV/AIDS.

Delayed milestones.

Origin of HIV/AIDS.

Under this topic, a number of theories were given to the care givers by a number of doctors who were invited. They also discussed about the nature of HIV virus and what it does to the body once a person is infected. They further emphasized on the kind of the care these individuals needs.

Concerning the modes of transmission, four main ways were given that is:

- \* Blood transfusion.
- \* Sexual intercourse.
- \* The use of sharps.
- \* Mother to child during birth.

Good Nutrition.

This was handled by a senior nurse who is a nutritionist from Kenyatta National Hospital. She emphasized on the need of balanced diet for the children who are infected. She emphasized on the importance of how balanced diet helps to boost the body immune system which is normally compromised by the presence of HIV virus in the body.

The subject was discussed while considering the economic situation for most of our care givers. They were advised on how they can get a well balanced diet for the children, without necessarily incurring high cost.

This discussion has been of great help to our care givers. They are now able to ensure that the child gets well balanced food with the little money which comes their way. This has improved the children's health status. Few of them come with serious problem as they did soon after admission.

Hygiene and personal health.

The subject was discussed intensively. Both personal as well as environmental cleanliness was given as very important aspects to be considered since they affect health conditions for an individuals. Ways of maintaining good hygiene were also given to the care givers. From what we have observed during the visit we do is that most the care givers are putting in practice what they learned from this workshop.

First Aid and the first Aid Kit.

During our third workshop, we realized the need for the care givers to have a FIRST AID kit. We then discussed during this workshop how to administer the first aid to the children and specifically how to administer drug given to the children especially those routine drugs given by the doctor. Each child was given a First Aid Kit and the care giver was served with full knowledge on how to use the Kit.

Social stigma related to HIV/ AIDS, and how to disclose the status of the child in the family.

In this subject, care givers were informed on the social stigma associated with HIV/AIDS, and how to live with them. The need to maintain the child's HIV status confidential except to those people who need to know was emphasized. This workshop served as a base for the counseling which Leatoto has been doing to the care givers. The care givers are now able to open up to us even the most personal problem which we help them to go through while maintaining their confidentiality. This has led to building up a sense of trust between us and the care givers and all these goes to ensure that the children are well cared for and comfortable in their homes. The trust also make it easy for Leatoto to work hand in hand with the care givers.

#### Kenyan Community response to HIV/AIDS.

Under this topic, the participants were informed on when HIV/AIDS was first realized in Kenya. Secondly they were given an account of how different ethnic communities have been responding to it. Most of the Kenyan ethnic communities have been associating HIV/AIDS with their traditional beliefs and religions. Some traditional practices Were given as contributing factor towards infection and spread of AIDS. An appeal was made to the participants to shun these dangerous practices and instead follow the well informed advise given by the medical staff or other designated individuals in the society. In pursuit of this appeal, we have witnessed care givers considering the advice we give them and other professionals and not their traditions. This topic did prepare them for the following months workshop which was on how to deal with the social stigma associated with HIV/AIDS.

#### Delayed milestones.

This was addressed by a professional from physiotherapy department Kenyatta national Hospital. The aim was to discuss the developmental stages which a child should reach with age as they grow. The delay milestones and causes of the same was discussed. Finally the participants were given ways on how to help their children, and where to take them for help whenever the situation was beyond their control.

In each of the above topics the care givers were given an opportunity to extensively ask questions about what they did not understand.

#### Evaluation.

During the last workshop on 21 November, 1998, we decided to have care givers evaluating the program's performance during the one year. First a questionnaire was developed covering all the topics which had been covered in the past workshops. This was aimed at revisiting what had been learned for the benefit of both new and old care givers. Finally, the care givers were asked to give a written evaluation of the program's performance those who could write. Those who were unable to write freely discussed this with us. Both the written and the discussed evaluations indicated a great satisfaction on the programs help to the families. (*see attached photocopy of some letters of appreciation*)

From the comments given by the care givers in the program, Leatoto has been of a very great help to the affected families as well as to the infected children. Besides the medical care to the children, the care givers have also benefited from the psychological and social support given by the case workers in the program and also by the fellow care givers. Parents, relatives and family friends of the infected children newly admitted in the Leatoto program have been able to see reasons for looking after the HIV positive children. This has largely been achieved from the encouragement these parents derive from each other and the case workers in the Leatoto and Nyumbani project as a whole. The prayer from nearly all of the care givers is that the project to grow in greater prosperity so as to continue helping the needy. It is also our hope and prayer as we work that the vision of the founder and medical Director Fr. D'Agostino will be realized. Thanks to the Global Alliance who give funds which is sustaining up to this moment. May God bless them.