

# AIDS Prevention and Care in Kenya

*Villagers Learn to Avoid Disease and Help Victims*



*Community volunteers receive training in HIV/AIDS prevention education in Mirere village, Busia district, Kenya.*

## Overview

HIV/AIDS continues to spread in Kenya's rural Busia district, where efforts by government and nongovernmental organizations (NGOs) to prevent HIV/AIDS and support the infected are meager. This project enables volunteers to educate people on the disease, to care for the infected and to support orphans. Thousands will seek counseling and testing, learn to give up risky practices, receive better HIV/AIDS care and improve family nutrition.

## Expected Life Change Results

An investment of \$25,000 expands Community Support Initiatives' programs for HIV/AIDS education, counseling and testing, as well as support for people with HIV/AIDS or affected by the disease. Expected life change:

- ▶ 2,400 people seek HIV/AIDS counseling and testing and commit to safe sexual practices
- ▶ 1,000 people with HIV/AIDS benefit from improved care at home
- ▶ 1,000 people, including 200 orphans, gain increased family income and improved nutrition
- ▶ 4,400 people impacted – some in multiple ways – at a cost per life changed of \$5.68

## What We Like About This Project

This project takes aim at the complex problem of HIV/AIDS on multiple fronts, using techniques already proven effective in this rural area. Local volunteers, using materials adapted for the local culture and language, will teach a total of 12,000 people to avoid infection. This and other successful strategies can be expanded to additional villages.

## Project Profile

**Organization:**  
Community Support Initiatives

**Grant amount:**  
\$25,000

**Geneva ID:**  
1-TFHP-0306

**Project duration:**  
12 months

## Expected Performance

**DELTA SCORE**  
Measures relative grant effectiveness

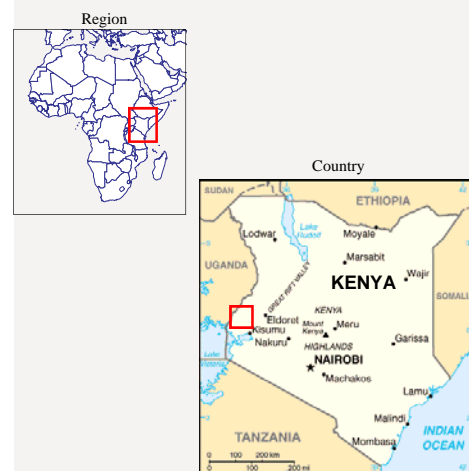
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**GRANT PROFILE**  
Reflects aggregate project risk

CONSERVATIVE AGGRESSIVE

*Please refer to the FAQ at the end of this document for an explanation of the DELTA Score and Grant Profile.*

## Project Location



## To Fund This Project

GENEVA GLOBAL INC  
1550 Liberty Ridge Drive  
Wayne, PA 19087 USA  
T: +1 610-254-0000  
F: +1 610-254-8231  
E: Advisors@GenevaGlobal.com

## SECTOR PERSPECTIVE

### HIV & AIDS

Every 10 seconds someone dies of AIDS and two more people are infected. Africa remains the epicenter of the disease, but infection rates are climbing fast in India, China and Eastern Europe.

There is evidence for hope. Working together, national and local community leadership reversed the spread of HIV/AIDS in Uganda, Senegal, Kenya and districts of Zimbabwe by employing a home-grown behavior change strategy: “ABC” (Abstain, Be Faithful, use Condoms). This prevention strategy works best when integrated with care for those already infected and those who have lost parents or livelihood to the disease.

Geneva Global recommends initiatives that:

- Mobilize resources of local community and faith-based organizations to provide ABC prevention education
- Deliver community-based care to those infected with HIV and affected by the loss of parents, relatives or social structures  
Integrate prevention and care

“The ABC approach is the only proven method of reducing HIV infection in a general population. Yet the majority of donors continue to fund HIV-prevention programs that are piecemeal, unsustainable and ineffective. Stopping AIDS requires principled commitment to what works, not an ideological

Mark Forshaw  
Geneva Global  
Sector Manager

## Need — *The Problem and Effects*

“The majority of rural communities, especially in Western Kenya, have not yet accepted the fact that HIV/AIDS is present within them. This is evident in the stigmatization of victims, and the refusal to accept the prevalence of the pandemic. Many people are hiding behind ... tradition and other false shields that they suppose will protect them from the infection. There is widespread perception at the grass roots that HIV/AIDS [only] infects other people. Prevention education in the rural communities is lower, due to the fact that they have limited access to information, and where it is available it may not be packaged and delivered using the right channels,” according to a November 2004 report on Busia district by the National AIDS Control Council, Nairobi.

“Poverty and promiscuity have resulted in the spread of HIV/AIDS infections to levels that threaten the very existence of people in Busia district. Many rural communities have been impoverished and disempowered by the erosion of their livelihood resources that has made them more vulnerable to HIV/AIDS as their socio-economic systems [disintegrate]. The scourge has wiped out entire families, and cases of surviving children taking care of their siblings are common,” says Joseph Masibo, program manager for the Busia office of the Nairobi-based Kenya Orphans Rural Development Program.

“Clouds of ignorance, cultural practices and poverty are squarely to blame for the spread of [HIV/AIDS]. ... For any death that occurs, there is an alternative explanation, that it is either a neighbor’s witchcraft or something else. In some rural communities, deceptive healers have fueled the spread of the disease. They proclaim that [if you] rape a virgin ... your status will transform from HIV-positive to negative,” says Tom Wabwire, program officer, African Development and Emergency Organization Busia Program, Busia.

## Vision — *In Their Own Words*

“My many years of work among the communities exposed me to the realities about HIV/AIDS. I [was able] to see and experience ... how many people were dying of this disease, and yet there was no action taking place to avert the situation. The number [of] people who were getting infected as a result of cultural practices like wife inheritance was increasing day by day. Orphans were all over the villages. ... This was a situation that I would not bear, because I needed to do something to save my community from extinction. With [the] few resources that I had saved, I formed Community Support Initiatives to mobilize and advocate behavior change among people in the community in the fight against this dreaded disease. I am glad and proud that people are changing. .... Incidences of wife inheritance have drastically reduced, [and] married people [are] pledging to be faithful. ... I believe that the way to save our future generations [is] to urgently put structures in place to educate our people in the fight against the pandemic. My [hope] is that many more people at the village level will be reached with the message that HIV/AIDS kills and has no cure and that prevention is the only way,” says Augustus Zakayo Nyona, project coordinator.

## Proposed Action — *What This Project Will Do*

Community Support Initiatives is a community-based organization addressing health and development issues among the most vulnerable members of Kenyan society, focusing primarily on unemployed youth, the poor and prostitutes. The organization’s work revolves around HIV/AIDS prevention education and the developmental issues that make people vulnerable to the disease. Community Support Initiatives was created to provide concerted, coordinated efforts to address the problems of poverty driving the spread of HIV/AIDS, and to empower communities by building their capacities to fight HIV/AIDS. Besides prevention education, strategies include life-skills training and home-based care for people with HIV/AIDS and those affected by the disease.

**Local service alternatives**

“Though governmental, nongovernmental and community-based organizations have done their level best to educate people about HIV/AIDS and its dangers, the expected change is yet to be achieved. The society does not yet have the readiness for active involvement in HIV/AIDS prevention education. This problem can only be eradicated [if] everybody considers the problem as [their] own. Voluntary testing centers are few, owing to the remoteness and marginalization of this people. The government and local community-based organizations lack the requisite capacity and staff to fight the pandemic and encourage people to go for testing,” says Laban Benaya, program manager, International Church Support, Busia.

**Track record**

In 2004, Community Support Initiatives provided a seven-day training in HIV/AIDS education and care for 150 community volunteers including church leaders, youth leaders, schoolteachers, traditional midwives and circumcisers, herbalists, tooth extractors and local administrators. Training stressed the need for voluntary HIV/AIDS counseling and testing, fidelity within marriage and abstinence for the unmarried.

Each trained volunteer reached out to at least 60 people through door-to-door campaigns, church meetings and community meetings in Mundindi, Mirere, Namusasi and Nasiada villages in Busia district. A total of 9,000 people were reached in face-to-face discussions with accurate information about HIV/AIDS and its prevention. As a result, 1,800 people sought HIV/AIDS counseling and testing.

Community Support Initiatives provided 10 days of training to 15 people who learned how to train others in home-based care for people with HIV/AIDS. Each of the initial 15 trainees taught another 10 people, for a total of 150. Each of the 150 visited five homes, training families to care for a total of 750 family members with HIV/AIDS and distributing kits for home-based care.

Committees were formed in each village to oversee parts of the project locally. The committees identified orphans who lost parents to HIV/AIDS, and placed them with foster parents. Community Support Initiatives trained 15 people to teach 10 foster parents each to raise and manage dairy goats. The organization loaned three goats to each of the 150 foster parents. The goats produced two to three quarts of milk daily, one quart for home consumption and the rest to be sold. Milk sales brought monthly income of \$20 to \$25 for each caregiver, helping them provide care for the orphans.

Among the initial 150 foster families, 750 people benefited from increased income and improved nutrition. The goats produced 250 kids, which were distributed by the village committees to additional foster parents.

**Project design: HIV/AIDS prevention**

In this project, Community Support Initiatives will hold a seven-day training for 20 community volunteers in Namisi, Sidede, Mungore and Lubanga villages in Busia district. Training will cover HIV/AIDS prevention and care for people with the disease and those affected by it, stressing the need for counseling and testing, fidelity within marriage and sexual abstinence before marriage for the unmarried. Volunteer trainees will include traditional birth attendants, who will learn ways to help prevent the transmission of HIV/AIDS from pregnant women to infants. Local health institutions will report on reductions in the number of children born with HIV/AIDS.

Informational materials on HIV/AIDS will be developed and adapted for groups such as youth, married couples and older people. Community Support Initiatives will develop some of the materials, and some will be purchased from sources such as the Kenya AIDS NGOs Consortium and the National AIDS Control Council, both based in Nairobi. This material

## A Changed Life

“Before the launch of HIV/AIDS prevention education by Community Support Initiatives, AIDS and HIV were taboo subjects not discussed in my home. When a close relative died, no one was willing to say the cause of death. I [believed] that my home was safe from this disease. One day, I attended a meeting organized by Community Support Initiatives ... that was an eye-opener to me. I came to learn that this dreaded disease can affect anyone. I straight away enrolled for training as a community volunteer. To begin with, I started to educate my very own family about HIV/AIDS, whereby we would openly discuss ... the disease and the need for abstinence especially. Now the disease is frequently discussed by politicians, local community leaders especially at funerals [and] in schools. I am glad that the message has been taken positively and people are changing for the better,” says *Christopher Wandabwa, a father of four in Mundindi village, Busia district.*

will be used by volunteers at community meetings and church services and in door-to-door campaigns. Target audiences include youth, women, traditional birth attendants and traditional healers who claim they can cure AIDS.

Each of the 20 community volunteers will train another 10, for a total of 200 community volunteers. Each volunteer will receive educational material on HIV/AIDS and teach 60 more people, educating a total of 12,000. Volunteers will stress the importance of avoiding risky behavior and cultural practices such as wife inheritance, multiple sex partners and traditional circumcision.

The 200 trained volunteers will teach HIV/AIDS prevention through one-on-one outreach, home visits and events that teach through drama, songs, skits and video to groups such as students, pastors and church congregations, as well as at community meetings and funerals. Volunteers will work to change widespread misconceptions, such as the one that HIV/AIDS is a curse from God and having sex with a virgin cures the disease.

Of the 12,000 people educated, 2,400 will seek HIV/AIDS counseling and testing, and commit to safe sexual practices.

## Teaching care for people with HIV/AIDS

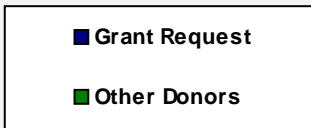
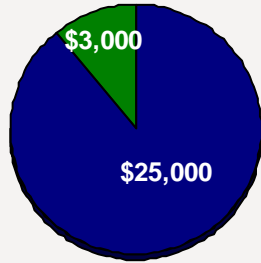
Community Support Initiatives will hold a 10-day training for 20 people who will teach another 10 each, for a total of 200 people trained in home-based care for people with HIV/AIDS. Training will cover topics such as counseling, hygiene, nutrition, psychosocial support and care for people with HIV/AIDS, opportunistic infections, reinfections and the need for early treatment. Each of the 200 trainees will visit five families of people with HIV/AIDS, training families to care for a total of 1,000 family members with the disease.

## Support for foster parents of orphans

Community Support Initiatives will provide seven days of training to 20 people in raising and managing dairy goats. In turn, these 20 will train 200 foster parents of HIV/AIDS orphans. Each of the 200 foster parents will be loaned three goats. Agricultural extension officers from the Kenya Ministry of Livestock's Busia office will provide free veterinary services and check the goats monthly. Each foster family will gain two to three quarts of milk daily, one quart for home consumption and the rest to be sold, producing monthly income of \$20 to \$25. The goats will produce about 300 kids in 10 months, to be distributed to other foster parents.

Among the 200 foster families, 1,000 people will gain increased income and improved nutrition. The goats will produce about 350 kids, to be distributed by village committees to at least 100 additional foster parents. Community Support Initiatives will form eight village committees to oversee parts of the project locally.

**Project Budget**



## Budget: \$28,000

Total budget for this project is \$28,000, of which this grant will cover \$25,000. Community Support Initiatives has secured \$3,000 from other donors to cover transportation costs.

Items	Grant request(\$)
Dairy goats	4,875
200 kits for home-based care	4,725
Home-based care training (transportation, meals, facilitators, venue rental)	3,750
Training of trainers in prevention education (transportation, meals, venue rental)	3,500
Audiovisual media and equipment for HIV/AIDS education	2,500
Mobilization of community leaders and members (transportation, public address system, administration)	2,000
Educational material	1,500
Translations of educational material to local language	1,150
Development of training manuals	<u>1,000</u>
<b>Total</b>	<b>25,000</b>

## Evaluation Metrics

Geneva Global’s forecast of results is located on the first page of this report. At the conclusion of the project, Geneva Global will issue a report comparing actual results according to:

- 2,400 people seeking HIV/AIDS counseling and testing and committing to safe sexual practices including fidelity within marriage, as evidenced by reports from volunteers trained to teach prevention, a tally from records of local health clinics, and a tally of pledge cards signed
- 1,000 people with HIV/AIDS benefiting from improved care at home as a result of training provided to families, as indicated by a tally of families trained and survey responses and testimonies from 50 beneficiaries
- 1,000 people including 200 orphans benefiting from increased family income and improved nutrition as a result of raising dairy goats, enabling them to eat at least one daily meal including protein, as indicated by a tally of people who receive goats and by a survey of 50 beneficiaries
- 200 people being trained in raising dairy goats, as evidenced by a tally of those completing training and by a survey of 50 goat farmers showing amounts of milk produced, consumed and sold per family
- 200 community volunteers completing training in HIV/AIDS prevention education, as indicated by a tally of trainees and a tally of people these trainees educate

### A Changed Life

“I was afraid and scared of taking [an] HIV test. I would imagine what the outcome would be and its effect on my life. This was so because of the perception in the community that people have about the disease. The infected people are condemned. ... I gained courage after attending HIV/AIDS prevention education organized by Community Support Initiatives in my village. This was an eye-opener to me, as I came to understand the disease properly. After soul searching, I decided to go [for an] HIV test. When the results came out, I was HIV-negative and thanked God for everything. ... I am involved in HIV/AIDS prevention education in my village, urging people to go for testing and be faithful in their marriage,” says *Millicent Anyango of Mirere village, Busia district.*

## Geneva Global Services

**Project discovery.** In consultation with field experts, Geneva Global finds superior programs that correct situations of the greatest human need.

**Field investigation.** References are checked with independent sources who know the organization.

**Site visit.** Before recommending a project, a Geneva Global staff person or Geneva Global Network member visits the site to verify the information we gather.

**Desk research.** Best practices and other reference information are used as yardsticks to measure the project.

**Peer review.** During research, information gathered and the description prepared must pass three quality control checks.

**Expert review.** A Geneva Global sector manager checks findings and recommendations.

**Deal structure.** A Geneva Global researcher confers with the implementer to reach agreement on expected results, timetable and criteria for evaluation, use of funds and budget.

*When you fund this project, Geneva Global will:*

**Document the agreement.** Before money is sent to the project, a Memorandum of Understanding is signed that details expected results, timelines and acceptable uses of funds.

**Assist with international funds transfers.** As you require, Geneva Global will simply provide wire transfer instructions or will handle the entire process on your behalf.

**Obtain receipt of funds.** Geneva Global confirms when grant funds arrive with the implementer.

**Check progress.** Early in the project, usually about 90 days, Geneva Global confirms that the program is proceeding according to plan. The lead analyst is available to the implementer for advice and consultation throughout the project.

**Measure results.** Shortly after conclusion of the project, Geneva Global collects data from the implementer and compiles a concise analysis of project outcomes and lessons learned. For every project you fund, you will receive a Geneva Global Results Report.

**Local Perspective**

“The problem of HIV/AIDS begins at the family level. People are not willing to discuss the problem of HIV/AIDS openly, they fail to bring behavioral change because they lack self-confidence to undergo HIV/AIDS tests and know their status. The level of stigma ... among the people is high. Those found to be infected are discriminated [against] in the community,” says John Kivuva, program coordinator for the Busia office of Medecins Sans Frontieres Spain.

# Depth Analysis

**Urgency:** Local government and NGOs lack the resources to effectively fight the spread of HIV/AIDS, teach prevention and encourage counseling and testing, especially in rural areas. Score: high.

**Need:** HIV/AIDS counseling and testing, as well as avoiding risky behavior, can save lives. Home-based care can extend and improve the lives of people with the disease. Increased income and improved nutrition raises quality of life for families and orphans. Score: high.

**Extent:** People who learn their HIV/AIDS status and receive counseling can change their behavior and undergo extensive transformation. People with HIV/AIDS who receive improved care can gain hope. Score: medium high.

**Permanence:** HIV/AIDS counseling and testing can result in lifetime benefits from behavior change. People with HIV/AIDS will receive lasting benefits from improved care. Income and nutritional benefits to orphans and poor families depend on the goats’ milk production. Score: medium high.

**Intensity:** Initial training in home-based care, goat raising and HIV/AIDS prevention education will require 40 to 80 hours per trainee. Goat farmers need consistent follow up. HIV/AIDS counseling and testing takes little time. Score: medium low.

# Risk Analysis

**Concept:** The project meets beneficiaries’ needs for HIV/AIDS prevention education, counseling and testing and increased income. Risk: low.

**Program design:** The project extends earlier work based on best practices and has proven effective. Risk: low.

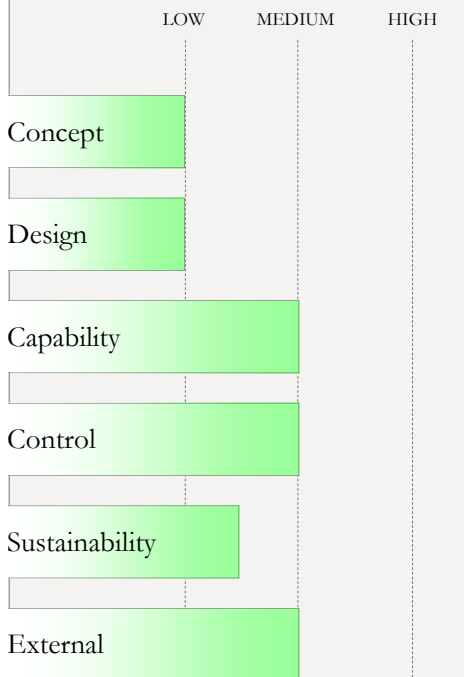
**Capability:** Community Support Initiatives has well-trained counselors and trainers to run this project. However, most of the life change is effected by volunteers who may not be as dependable as full-time staff. Risk: medium.

**Control:** Community Support Initiatives has stable management, secure fund transfer methods and independent governance. However, financial statements are not audited externally. Risk: medium.

**Sustainability:** Community Support Initiatives has strong fund-raising mechanisms to support the program’s continuation. Trained community volunteers will train additional volunteers. Dairy goats will produce kids to be distributed to additional beneficiaries. Risk: medium low.

**External risks:** Disease may reduce production of goat milk; however, agricultural extension will provide free veterinary services. HIV/AIDS stigma may impede education efforts. Risk: medium.

**PROJECT RISK PROFILE**



### Reference

“The sheer determination demonstrated by the leadership of Community Support Initiatives in ensuring that the message about HIV/AIDS reaches people in rural areas is commendable. The project leader Augustus Zakayo Nyona is a trustworthy person who can be entrusted with funds and ... use them for the intended purposes. As a result of Community Support Initiatives’ work, people are able to openly discuss ... the disease and share information. I recommend that this organization be supported in its efforts to reach out to people with the message about HIV/AIDS,” says Joshua Nyaruri, *finance and administration manager, Kenya Orphans Rural Development Program, Nairobi.*

### Pro

- Leadership has a proven track record with similar projects
- Programs can be effectively extended to additional villages
- Local involvement in program administration strengthens this project
- Project reaches underserved rural areas
- Local weather favors raising goats

### Con

- People trained in delivering HIV/AIDS prevention programs may seek related employment elsewhere
- People raising goats may not adhere to training, reducing milk production





## Kenya

**Population:** 32.0 million  
**Population younger than 15:** 42%  
**Urban population:** 36%  
**Languages:** English (official), Kiswahili (official), numerous indigenous languages (CIA World Factbook)  
**Life expectancy:** female 46, male 45  
**Maternal mortality (deaths per 100,000 live births):** 1,000 (compared with 17 in the U.S.)  
**Infant mortality (deaths per 1,000 live births):** 79 (compared with 7 in the U.S.)  
**Under-5 mortality (deaths per 1,000 live births):** 123 (compared with 8 in the U.S.)  
**HIV/AIDS prevalence (ages 15-49):** 6.7%  
**People with HIV/AIDS:** 1,200,000  
**HIV/AIDS-infected children (0-14):** 100,000  
**AIDS orphans:** 650,000  
**HIV/AIDS-related deaths (annual):** 150,000  
**Literacy (15 and older):** female 79%, male 90%  
**Gross national income per capita:** \$400  
**Population living on less than \$1 daily:** 23%  
**Population living on less than \$2 daily:** 58%  
**Religions:** Christian 80%, traditional ethnic 11%, Muslim 7%, Baha'i 1%, other 1% (World Christian Database)  
**2005 U.N. Human Development Index rank:** 154 of 177 countries

HIV/AIDS data are from UNAIDS. All other data are from the World Bank unless otherwise noted.

## Organization

### Community Support Initiatives

Busia, Kenya

#### Founded

June 1999

#### Affiliations

- National AIDS Control Council, Nairobi, Kenya.
- Western Kenya NGO Network, Kakamega, Kenya
- Kazi Mashabani, Kakamega
- National Council of NGOs, Nairobi
- Kenya AIDS NGOs Consortium, Nairobi
- Anglican Church of Kenya, Nambale Diocese, Nambale, Kenya
- Ministry of Health, Busia District Hospital, Busia

#### Scale and staff

Community Support Initiatives has served 30,000 people through HIV/AIDS awareness programs, 9,000 people through poverty reduction programs and 3,000 orphans and vulnerable children.

- Five full-time, paid
- Three part-time volunteers

#### Policies

Related parties in management or governance: No  
 Staff and/or Board reflects spectrum of ethnic groups or tribes: Yes  
 Women in supervision or management: Yes

#### Overall organization revenue sources (income) and spending (expenditure) in U.S. dollars

Income	2002	%	2003	%	2004	%
African Medical Research Foundation, Western Region, Kisumu, Kenya	19,737	45	32,895	62	30,259	52
National AIDS Control Council, Nairobi	9,850	22	11,727	21	11,842	20
Other donations	14,375	33	8,827	17	16,180	28
<b>Total</b>	<b>43,962</b>	<b>100</b>	<b>53,449</b>	<b>100</b>	<b>58,281</b>	<b>100</b>
Expenditures	2002	%	2003	%	2004	%
HIV/AIDS programs	15,998	43	22,239	45	24,663	46
Income generation programs	5,995	16	7,994	16	8,114	15
Salaries	7,586	20	9,858	21	10,876	20
Administration	7,681	21	8,787	18	10,305	19
<b>Total</b>	<b>37,260</b>	<b>100</b>	<b>48,878</b>	<b>100</b>	<b>53,958</b>	<b>100</b>
<b>Surplus/(deficit)</b>	<b>6,702</b>		<b>4,571</b>		<b>4,323</b>	

### References

“HIV/AIDS prevention by Community Support Initiatives has had an impact in the community. The number of people attending [voluntary counseling and testing] services has increased tremendously. Those who have tested positive have openly declared their status. This is a positive development, because this publicity has helped people to realize that AIDS is a reality. ... Misconceptions about the disease have reduced in the community. Promotion of behavior change has succeeded, and has been adopted by the wider community,” says *Daniel Musoyka, chairman of the Kenyan government’s Busia-based HIV/AIDS Technical Committee and District Development Committee, Busia district.*

“Working closely with trained volunteers at the community level in HIV/AIDS prevention education has demonstrated a great deal of commitment and tenacity. ... Field visits by trained volunteers is an effective approach in ensuring that the desired result in achieved. Based on this, Community Support Initiatives has been able to influence people to develop the appropriate attitudes and behavior in the fight against HIV/AIDS,” says *Dr. Norbert Rakeiro, medical officer of health, Busia District Hospital, Busia.*

### Financial statements

Prepared:	Annually
Reviewed by:	Board of Directors
Externally audited:	No

### Wire transfer:

Complete bank wire transfer on file at Geneva Global: Yes

## Leadership

Augustus Zakayo Nyona, project coordinator, has a bachelor’s degree in commerce and a diploma in community development from Osmania University, Hyderabad, India. He has 10 years of experience in program design, implementation and evaluation, specializing in HIV/AIDS prevention education. He has been trained as a trainer in behavior change communication and HIV/AIDS, and has reached more than 16,000 people in Busia district through HIV/AIDS programs.

Naomi Kisava, program officer, holds a diploma in community development from the Kenya Institute of Social Work, Nairobi. She has five years of experience specializing in HIV/AIDS prevention education and home-based care through integrated programs such as life-skills training in Busia district. She is trained as a trainer in HIV/AIDS prevention, home-based care and counseling people with HIV/AIDS.

Peter Okioma, administrator, holds a diploma in business administration and a certificate in accounting from Kenya Accounting and Secretarial National Examination Board, Nairobi. He has more than five years of experience in program administration.

Ranston Mwachao, program assistant, holds a diploma in agriculture from Bukura Institute of Agriculture, Bukura, Kenya, specializing in work as an agricultural extension officer. He has more than five years of experience as a trainer in raising goats, especially with people who have HIV/AIDS or are affected by it. Mwachao has also trained people to train others in raising dairy goats. He will design this project’s goat program and develop monitoring and evaluation tools.

Rebecca Wanjala, program assistant, was trained as a community nurse at the Medical Training Centre, Kakamega, Kenya. She has three years of experience in home-based care and in counseling people who have HIV/AIDS or are affected by it. She counsels and trains more than 200 people per year in home-based care in Busia district.

**Leaders**

Responsibility	Name	Title	Years of related experience	Years with organization	Years in current role
Overall program coordination	Augustus Zakayo Nyona	Project coordinator	10	6	6
Project implementation, field coordination	Naomi Kisava	Program officer	5	3	3
Finance, administration	Peter Okioma	Administrator	5	3	2
Life-skills training	Ranston Mwachao	Program assistant	5	3	3
Counseling, home visits, home-based care training	Rebecca Wanjala	Program assistant	3	1	1

**Governance**

A Board of Directors meets quarterly, and has overall responsibility for giving leadership and direction to the organization. Directors are:

- Charles Mudinyu, chairman (water engineer, Busia Municipal Council)
- George Shirobo Atwa, vice chairman (businessman, Busia)
- Augustus Zakayo Nyona, secretary (project coordinator, Community Support Initiatives)
- Jacquelyne Nyawanda, treasurer (principal, Mungore primary school, Busia)
- Emily Adhiambo (social worker, Children’s Department, Ministry of Home Affairs, Busia district, Busia)
- Mark Otieno (farmer, Sidende village)

## Who is Geneva Global?

Geneva Global works for donors. We are not fund-raisers for charities. We do not promote our own projects. Rather, we are a service for thoughtful donors who want measurable results from the money they give. Geneva Global provides independent research, insightful analysis and grant management so our clients can invest where their giving changes the most lives. In short, we help you accomplish more with the money you give.

## What is a *Delta Score* and how is it calculated?

The Delta Score is a universal measurement that makes it possible to compare projects, regardless of type or location. The Delta Score calculates the depth and breadth of Life Change from a project and compares it to the most common form of international giving, child sponsorship. The scoring system is calibrated so a Delta Score of 1 equals successful sponsorship of one child. This means a project with a Delta Score of 7 is expected to produce seven times more Life Change than if an equivalent amount of money were spent on child sponsorships.

## What do you mean by *Life Change*?

One of the most serious flaws in traditional philanthropy is the lack of ways to measure success. How do you know whether your contribution did any good? Geneva Global uses Life Change to measure success in giving. We define Life Change as a direct, material and measurable difference in the quality of a person's life. A life is changed when an AIDS orphan is integrated into a loving family, when a mother achieves economic security by starting a small business, when an infant's life is saved by a vaccine, when a girl completes her education or when a slave becomes free from bondage.

## What is the *Grant Profile* and how is it determined?

We only recommend projects that, based on Geneva Global's extensive experience, have acceptable levels of risk. However, tolerance for risk varies among donors. The Grant Profile is a simple way of summarizing the total risk associated with a project. What is your personal giving style? Do you have an appetite for courageous projects that operate in difficult and even dangerous situations? Or do you value stability? Geneva Global finds, researches and recommends projects that range from daring to stalwart. The Grant Profile is an at-a-glance indicator of which giving style best matches the amount of risk for a particular project.

## Who pays for Geneva Global's research?

Investigating projects in foreign countries is difficult and costly. The benefits, however, are tremendous. Geneva Global clients discover they are able to obtain 10 and sometimes as much as 30 times the results compared to traditional methods of giving. The increased results far outweigh the modest professional fees Geneva Global charges. Contact your Geneva Global advisor for fee details and information about all the services you receive.

## Who do I contact to fund this project or ask questions?

Contact your Geneva Global advisor.  
If you don't have an advisor, please contact  
Joan Cortright in Client Services:  
**866-7-GENEVA** (toll-free in the U.S.)  
**610-254-0000**  
[JCortright@GenevaGlobal.com](mailto:JCortright@GenevaGlobal.com)

