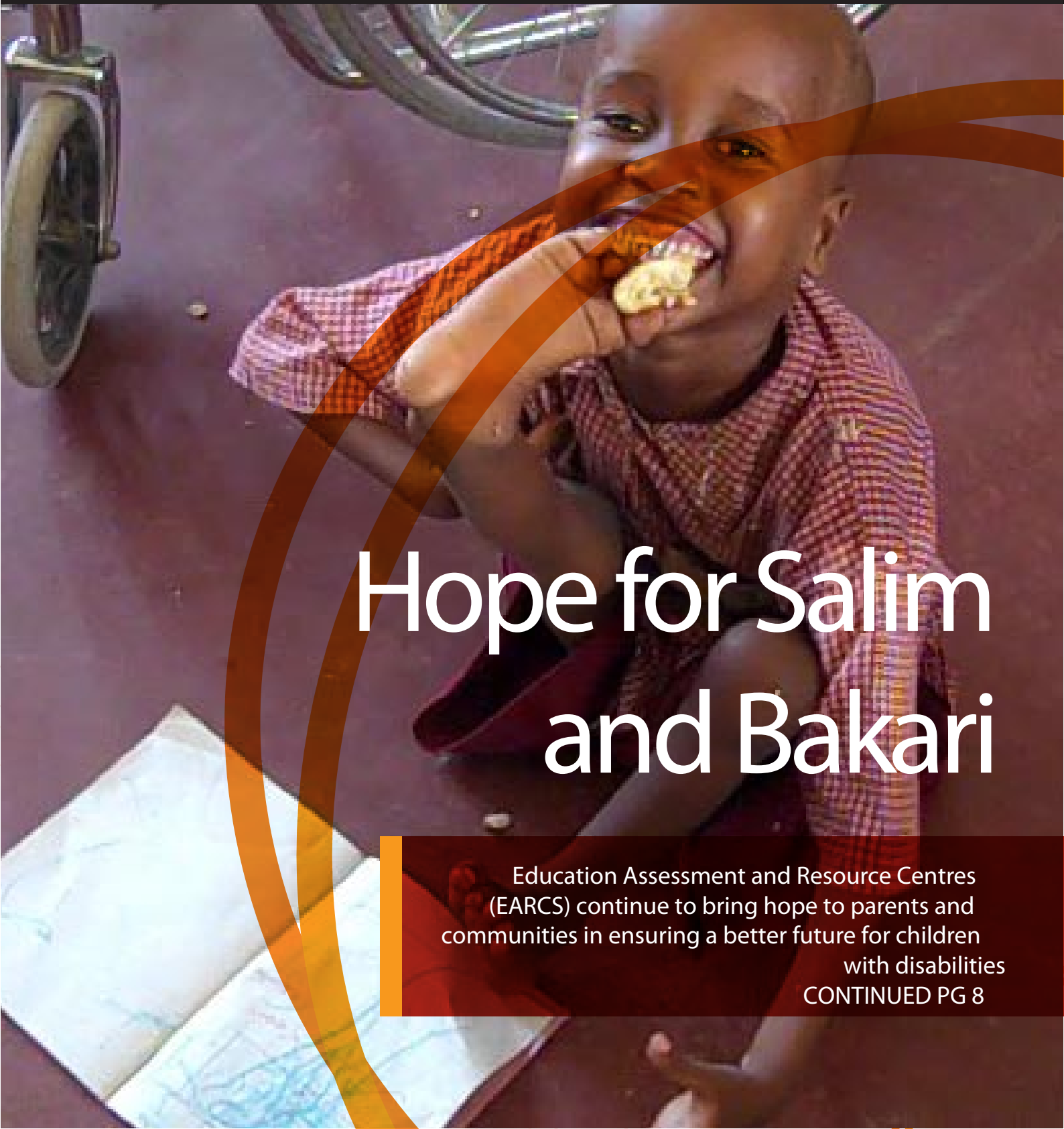


MEMORIES OF TRINITY
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Hope for Salim and Bakari

Education Assessment and Resource Centres
(EARCS) continue to bring hope to parents and
communities in ensuring a better future for children
with disabilities
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Ugandan Returned Volunteers catching up at the 2010 RVs Alumni Event in Kampala.



Dancing and having a blast at the 2010 RVs Alumni Event in Kampala.



Kenyan Returned Volunteers had an opportunity to show off their dance moves as well at the 2010 RVs Alumni Event in Nairobi.



VSOJ Staff (L-R) Judy Omega, Winnie Musunga, Anne Mwindi and Boka Nyachio at the Nairobi RV Alumni Event.



Makena Mwobobia, VSO Jitolee Head of Programmes carries seedlings for a tree planting exercise in Oloitokitok



Douglas Rasugu, VSO Jitolee Programmes Support Officer carry seedlings for a tree planting exercise in Oloitokitok.



Teresa Kariuki of VSO Jitolee, plants a banana seedling in Oloitokitok



VSO volunteers, community members and VSO Jitolee listen to Edger Juaban, VSO Volunteer from The Philippines as he talks about the various seedlings that would be planted during the tree planting exercise in Oloitokitok.



VSO Jitolee staff, volunteers and community members at the tree planting exercise in Oloitokitok



VSO Jitolee marks the International Volunteer Day (IVD), alongside other volunteer involving organizations, during an outreach day program at the Mathare Clinic, Nairobi. Activities for the day included painting the clinic, cleaning, free medical services and donation of blankets, patients' gowns and medical equipment.



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EDITOR' NOTE

We close the year with a new look *Kusini* – sharing with you the exciting and inspiring stories in a brighter, more vibrant style.

Our cover story, 'Hope for Salim and Bakari', is one about hope not just for the boys featured but for their mothers, their family and their community. It is an inspiring tale by Mwanajuma Maingu and Angela Wausi Makau – mothers who have not given up on finding quality education and life for their sons whom society, most times, has shunned.

As always, this final 2010 edition would not have been the same without the contribution from returned and serving VSO volunteers. A VSO returned volunteer from Kenya, takes us down memory lane from his experiences as a Clinical Instructor in Malawi while two more volunteers, both from the Philippines, tell us about their work in Kenya – both business advisors but with two different stories to tell.

Our colleagues from Nigeria, had the opportunity as a LINKS (Learning through International Networking and Knowledge Sharing) team to come to learn and share good practice by visiting non-governmental organizations and government institutions in Kenya that are currently implementing HIV and Disability interventions. Opeyemi Ipinnaiye, Programme Support Officer HIV and AIDS Voluntary Service Overseas, Nigeria gives us a feel of the learnings from the Kenya LINKS visit in this edition of *Kusini*.

'Picture Speak' definitely speaks volumes in this edition as the images come to life in full colour – we're sure you will enjoy seeing our volunteers, partners and staff captured doing what they do best: being part of the change that will make life better for our communities in

Kenya and around the world.

We look forward to sharing more with you in 2011 – full colour, new look and all!



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The views expressed in the *Kusini* Newsletter are not necessarily those of VSO. To share your stories with us; send an email to: boka.nyachieo@vsoint.org

For more information on volunteering, partnering with VSO Jitolee or if you would like to make a donation, please visit our website: www.vsojitolee.org

Memories of Trinity College



“As a clinical instructor in Malawi my main objective was to teach nursing students at Trinity Hospital. My VSO volunteer counterpart, Elly Bos, oriented me to the job. I was introduced to the hospital, which was understaffed; there was only one nurse per ward per shift. Trinity Hospital has three medical wards and a busy maternity wing. Each ward has a capacity of 35 patients. Sometimes the wards would be full to capacity, especially during the malaria season. The nurse was assisted by one patient attendant and students practicing skills in that ward. Sometimes the ward would have up to 10 students. With only one nurse working in

the ward, she or he would barely supervise the students. The students would therefore need to be well versed with nursing skills before they could handle patients.

Ensuring that the students are competent with basic skills before releasing them to the patients is a key responsibility of a clinical instructor. It requires in depth knowledge of how to impart knowledge without the students getting confused. Having previously taught Registered Nurses for 3 years, I had good instruction skills and knew what to expect. However, I experienced a few challenges: the tutors took long to finish

classroom teaching, which meant that some times we could not teach practical skills; the practical room was small and had little equipment and I had language barriers when communicating information which required the local language.

To work as a clinical instructor one is required to first be registered by the Nurses and Midwives Council of Malawi. This requires one to undergo a four week rotation at one of the four central hospitals. I did my rotation at Queen Elizabeth Central Hospital in Blantyre. This hospital is the largest in the country but has a chronic staff shortage. The

one month I worked at Queens was an eye opener. I worked with students from other colleges and took this chance to understand what the training in the country was like. I noted that some second-year students, who are considered senior students, were struggling with application of theory learnt in class. For the four weeks I was there, I never met a single tutor or clinical instructor supervising the students. The students told me that this was a normal occurrence. They were used to being left alone and learning on their own. Since these students came from a well staffed government college, I would have expected them to be accompanied by a clinical instructor. I realized the task I was up to as a clinical instructor in a rural hospital.

When I went back to Trinity, I had a better understanding of my role as a Volunteer clinical instructor. The first-year students who were in session had just completed the introductory theoretical content. They were now ready to go to the wards. My counterpart had been alone for the last one month and had been working really hard. I was happy that I came at the right time to help "initiate" these 'fresh' men and women into nursing. Since the curriculum and master plan did not have a clear specification as

to when various skills should have been taught, Elly had designed a local master plan that indicated when to teach specific skills. She oriented me to the master plan and we introduced it to the rest of the school faculty. Four of the six tutors in the college were straight from university. They formed a good team to share skills with. We took them through the year's master plan for the first and second years. Each of them chose specific clinical areas

construction, we moved the practical room to our office. It was tiny and could only accommodate one practicing bed and a doll, and two cabinets for supplies and reference books. The practical room needed medical supplies such as; needles, syringes, cannulas, catheters, cotton, gauze among others. Elly and I applied for the placement support fund from VSO. We received £2,500 and these funds helped us acquire a new practicing doll, an intravenous



they wanted to supervise in addition to teaching in class. Things started out well but with time, not everyone did what they had promised to do.

During this time the Norwegian Church Aid (NCA), an NGO that supported nursing schools, had been building a new library, students hostel, tutor offices and a practical room. To pave way for the

infusion arm and medical supplies. The supplies were adequate to last for one year. Elly left in March 2009. She had volunteered for three years and left a mark at Trinity. Elly's replacement was to come in June 2009. I would be the only clinical instructor for the next three months. However the students were now preparing for the end of year exams. I had time to be off the

clinical areas and plan for the next group.

At the beginning of 2009, there was a two month strike by all CHAM (Christian Health Association of Malawi) nursing schools in the country. They were demanding more funds from the government. The 2 months strike completely changed the calendar of the school. There would be no student intake in June 2009. The next group would

student in Moi University, Kenya, I was a resource person in PBL implementation. We held workshops to orient tutors to PBL and although it had a slow start, it eventually picked up really well within the subsequent 8 months.

In January 2010 and we welcomed a new intake of 20 students. The college had anticipated 40 students but due to the fact that the students were no longer being sponsored

For the first time we examined students on skills after they had practiced on dolls for two months. This is called OSCE (Observed Skills and Competency Examination) with a pass mark of 90%. We had supplies bought by the school and others by VSO Malawi. It involved a student practicing skills at four different stations. At each station, there would be a tutor with a checklist of what the student is supposed to do. The tutor would score the skills the student performed. All the students passed and were ready to practice on patients safely. All the tutors fully participated. This exercise was one of the highlights of my placement. It also happened in May when I was in the last weeks of my placement. I was really encouraged by the teamwork we had and hope it will continue even without VSO's presence."



join in January 2010.

Melanie came in June 2009 as Elly's replacement. She had enough time to be oriented to the college before the next intake. During this time, we reviewed the curriculum and a master plan for an integrated Nursing and Midwifery program. The NCA funded the development of a strategic plan for the college and implementation of Problem Based Learning (PBL) and teaching methods. Having trained as a PBL

by the government, only a few could afford to enroll. The new group would be the first to use the new practical room. NCA had completed the practical room that could accommodate twenty students at a go. It was a modern structure complete with a sluice room, office and all the practice dolls and equipment needed. I couldn't wait to use this practical room. We planned and followed the teaching schedule for both classroom teaching and demonstrations in the practical room.



By Hiram Njuguna, a VSO returned volunteer from Kenya who served in Malawi for 2 years.

Life with Livestock



Nancy Wahu Njenga is 50 year old widow with 6 children living in Kangemi, Nairobi. Just like any other mother, she wants the best for her children. It is this motivation that led her to join Mworoto Self Help Group in 24th April 2004. Like other groups assisted by Egalitarian Organization for Poverty Alleviation-Kenya (EOPA-K), savings is the basis in providing loans to Self Help Group members.

Having saved Ksh 10,500, Nancy received her first loan of Ksh 30,000 as per the Group's policy of borrowing 3 times the amount of one's savings. This loan enabled her to buy one breeding cow, which had calved four

times already, at Ksh 25,000. Through artificial insemination (AI), the cow had a heifer before the acquisition year ended and produced 5 to 6 litres of milk per day. Nancy sold the milk at Ksh 35 per litre and any surplus milk was

used for family consumption.

Nancy was also able to purchase 1 goat and 2 sheep, one with a lamb, for Ksh 5,000 and she slaughtered a sheep last Christmas to her family delight.

Currently, Nancy has a total savings of Ksh 23,000 and she hopes to secure a new loan of Ksh 60,000 to grow her 'life with livestock' which in turn ensures she is earning a livelihood for the future of her family.



Nancy Wahu Njenga is one of over 10,000 women benefitting from the Improved Sustainable Livelihoods Project (ISL), a project supported by the European Union and implemented under the VSO Jitolee Secure Livelihoods programme. The project seeks to support disadvantaged women in Coast, Nairobi and Eastern Provinces of Kenya to improve their products, capacity, governance and incomes through provision of Business Development Services (BDS) and micro credit.

Hope for Salim and Bakari

by: Virgilio C. Ventura



"I never like it, locking my boy inside my room in our house while I am away looking for work to feed my family each day."

It makes me sad but I can't help it. Even when I am working elsewhere, my mind is with him; what is he doing, what damage has he done and how much must I pay for the destruction he may have caused when I come home? I thank Allah he does not harm himself or other people," says Angela Wausi Makau of her 16-year old son Bakari Said Mwajambo who is mentally challenged. "When Bakari was one year old he experienced irregular body temperatures after suffering from an attack of the Yellow Fever virus. For two years he kept getting sick with fever and showing hyperactive behaviour. Except for a time when the doctors conducted a head scan on Bakari, the succeeding years constituted an endless prescription of medicines that I had to buy to calm Bakari down. Yet, the doctors never told me what was really wrong with my son. For a time, Bakari was enrolled in a special school for the mentally challenged. Unfortunately no obvious modification on his hyperactive behavior has been effected, thus rendering the whole endeavor a failure. With five other children to care for, my husband who is also dependent on irregular jobs, and I with my liquid detergent soap business, can only do so much to care for all of us," continued Angela.

"When my boy was just a baby, he also got sick with Yellow Fever. For some time, he was unable to sit and would not even feed from my breast. I brought him to the hospital and the doctor informed me that my baby's legs were a little weak and advised me to bring him regularly to the hospital for exercises with a

physiotherapist. Visits to several hospitals never did anything to improve the condition of my child. In desperation, I even sought the help of a herbalist hoping for effective treatment for my son but all in vain," narrates Mwanajuma Maingu of her son Salim Omar.

Left by her husband when she was four months pregnant with Salim, Mwanajuma is determined to pursue curative measures to improve the condition of her son



Mwanajuma Maingu,
Salim's mother

while seeking court remedies to make the father provide financial support for Salim. "Things started to turn for the better when I brought Salim to the Sahajanand Special School. Whereas before my boy could not even sit on his own, he can now sit and do more because of the training he got from Sahajanand. He is now able to eat and even scribble using his

legs. This is precisely the reason why I have never lost hope that someday Salim can stand up and walk just like everyone else," continues Mwanajuma.

It was during a Community Based Organization (CBO) Exchange Visit on 19th October, 2010 in Kwale, organized by the Kilifi Educational Assessment and Resource Center (EARC) that Angela and Mwanajuma shared their stories with the Community Based Organisation (CBO) group

from Mtwapa led by the Shajanand Special School Principal, Mr. Patrick Muzungu Koba. The encounter proved to be a heaven-sent opportunity for both mothers who were almost at the end of their ropes in finding help for their sons.

"The Sahajanand Special School (formerly known as Mtwapa Primary School) is part of the Mtwapa Educational Institute complex that practices inclusive learning where regular and physically or mentally challenged learners interact in the

same environment without discrimination. Since its establishment in 2006, the Special School welcomes all children with either physical or mental disabilities to its classrooms especially those referred to them by the Kilifi EARC staff who conduct the initial assessment of a child's disability," Patrick Muzungu shared.

The CBO Exchange Visit is just one of the more innovative ways that the Kilifi EARC under the VSO Jitolee's programme on Strengthening the Educational Assessment and Resource Centres (STEA) implements

across 13 Districts in Kenya, with Kilifi being one of the selected districts. According to Kilifi EARC Coordinator Dorothy Randu, it is through the facilitative initiative of VSO

Jitolee that parents of children with disabilities, like Angela and Mwanajuma, are infused with hope. Truly, it is through these exchange visits that parents can release a sigh of relief that they are not alone in going through the difficult process of nurturing a child like Bakari or Salim who are with disability.

Often, it is indeed the mother who is burdened with the nurturing function in the family. Mothers of children with disabilities, like Angela and Mwanajuma, are victimised by social mindsets that consider having a child with disability a curse that needlessly contributes to a family suffering embarrassment and shame.

Having a child with a disability in the family can also serve as the cause of many dysfunctional families with couples blaming each other as to which of them

may be carrying the 'culprit genes of disability'.

It is thus part of the Information, Education and Communication (IEC) function of the Educational Assessment and Resource Centre

(EARC) all over Kenya to rectify this

other parents who have survived the blaming period and sorrows related to having a child with a disability.

"Raising a child like Salim takes patience: patience for your self and patience of the community. Community members will often mock at you and this will make you feel very low in their presence. You need a lot of patience. You cannot ask for any assistance from anyone as many see you as a thorn on their flesh or a nuisance. It is terribly painful and lonely out there. You will find it difficult to express yourself. Joining the CBO Exchange Visit in Kwale gave me this calming effect of listening to other parents of children with disability talk about their own experiences. It made me realized that I am not alone in my suffering," asserts Mwanajuma.

"A major scope of Special Needs Education (SNE) work is

"Raising a child like Salim takes patience: patience for your self and patience of the community."

counterproductive myth that prevents parents of disabled children to seek professional help. The CBO, as a support group, invites distraught parents



Dorothy Randu, Kilifi EARC Coordinator, speaking to the Mtwapa and Kwale CBO Member in Kwale.

like Angela and Mwanajuma to learn additional livelihood skills to support their family and to find strength in the experiences of

to mobilize support for the SNE Model and link it with district plans and aspirations. Towards this end, the Community Based

Rehabilitation (CBR) component of the STEA project under VSO Jitolee envisions to mobilize communities for the CBR; identify and train CBR workers, parents, and care givers; and conduct exchange visits for learning,” asserts Dorothy Randu.

“It is upon the initial assessment process of identifying the specific disability a child, like Bakari for example, is suffering from when they are referred to either a medical institution for further treatment, a special school like Sahajanand, or a vocational school for children above 17 years old who cannot really cope with the demands of academic

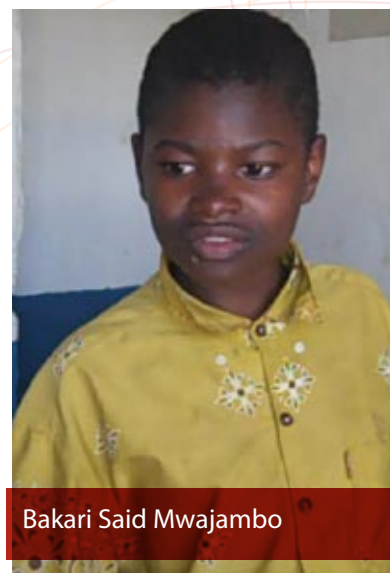
(CBO) that Patrick Muzungu heads,” concluded Kilifi EARC Coordinator Dorothy Randu. Indeed, Mwanajuma’s painful experience led her to date to readily join the Mtwapa CBO which promised great hope for her and her son’s independence from community members who fail to understand him. The promise of learning new skills that could help established her own source of livelihood is enough reason for her to find the Mtwapa CBO as a support group that she has long longed for.

After listening to Angela’s story about her son who is mentally challenged during the CBO

hyperactive behavior that we observed of him. He shall go through an Individual Educational Programme (IEP) where we can determine his strong and weak points in terms of behavior and academics. From there, the teacher will determine what kind of behavior and skills must



Salim Omar, sitting up on his own following rehabilitation at the Sahajanand Special School.



Bakari Said Mwajambo

learning models. Likewise, guidance and counseling are given to parents who are indeed in need of it through seminars and workshops organized by the EARC staff and volunteers from the VSO Jitolee based in Nairobi. It is therefore no coincidence that Mwanajuma is now an active member of the Mtwapa Community Based Organization

Exchange Visit in Kwale, and after an assessment, Sahajanand Special School Principal Patrick Muzungu was advised by Mrs. Randu to have Angela bring her son to Sahajanand for enrollment in its Special Needs Education (SNE) programme.

“Bakari will be placed in an Autistic class because of the

be taught to him. On top of this plan, I have committed to provide Bakari a full personal sponsorship for his boarding at Sahajanand during school terms,” volunteered Patrick Muzungu.

Indeed, teary-eyed Angela Wausi Makau could hardly find the words to thank Dorothy Randu of the Kilifi EARC and Patrick Muzungu of Sahajanand Special School for the all the help that they will continue to shower upon her son Bakari.



A DAY IN THE LIFE OF A VOLUNTEER

VILMA E. ESOTO

Fundraising Support Officer/Business Advisor Kathivo Youth Polytechnic School, Ithiani Youth Polytechnic School, Matinyani Youth Polytechnic School KITUI

"I could say God has been extra good to me. My placement is such a blessing. Volunteering is not just a job, not just an 8 to 5 o'clock responsibility. Most likely, it's round the clock, any time of the day, any day of the week and one can't help putting heart into it. I am here to work regardless of time and day, and regardless of the nature of the work.

Kitui is a wonderful place, though not a very comfortable one. There are many things one misses here. One thing I've learnt as a volunteer is to make-do with what is available - learn to appreciate what is offered to you in your host country and you will surprisingly find contentment.

I live in a 2 bedroom flat, 10 minutes walk to town. The place where I live is called Highrise and

is a very quiet neighbourhood. During the night, all I usually hear are sounds of birds and insects. I can even hear my own breathing echoing inside the house. I wake up 5:30 in the morning and after saying my morning prayers, I open my computer, access the internet (thanks to unlimited internet access promotion by Safaricom1), and send smses2 to my family. As I wait for their replies, I boil water for coffee and drinking-water for my water filter. I check my emails or access my Facebook account as I am sipping my coffee. After bustling with the computer, I tidy my room. By this time I'm ready for my breakfast - another cup of coffee with creamer and bread is excellent breakfast for me. But, on days when I have meetings scheduled, I eat a heavy breakfast because I've learned that

meeting can run late and we may end up having lunch 2:00p.m. to 3:00p.m. While having breakfast, I boil water for bathing and then get ready to head out to the youth polytechnic school. Today, I go to Kathivo Youth Polytechnic and there is a Board Meeting scheduled. By 7:00am I am ready to go. I have to go early as the big matatu 3going to Kathivo has no fixed departure time and I need to ensure I catch it at the bus terminal.

If I am lazy to walk I take a boda-boda 4 going into town. When I do walk, like today, I trek up a hilly and bumpy road going to the main street just in front of the Kitui General Hospital. I usually give a long breath when I reach the 'thank God', top-of-the hill portion of my walk and I'm almost always in time for the children at

the school for mentally disabled, waiting for me to pass by, to call me, smile and say “Jambo” (hello) or “Habari Yako?” (how are you?); I answer then “nzuri sana” or “I am very fine”. It’s amusing as children surround me and some touch my skin and my hair and giggle – I suppose it’s because I look curiously different with straight hair and fair skin colour. So when I pass by, in spite of catching my breath, I try to have a ready smile for them and I sometimes give them sweets.

After another 3 minutes of walking, I then cross the main road and again go through a hilly, bumpy, dirt road going to the bus terminal. Dispatchers and conductors in the terminal are usually rough and harsh. But since, I give them my sweetest smile, a handshake if necessary and greet them in my usual habari yako?, I have become a known and regular customer and they assist me. I then take Jimbo matatu for Kathivo. The fare is 40 Shillings. The conductor knows me and he already knows where I will get off. I have a permanent seat in the matatu when I am bound for Kathivo. The drive from Kitui to Kathivo is just 20 minutes. Once I get off, I exchange greetings again with the bystanders and boda boda drivers, the usual “habari yako?” with firm handshakes. I am amused with people here where handshake is so important, children shake hands, couples shake hands, and even shaking hands with people whom u don’t know is norm. Boda boda offer me free rides to the school but I kindly let them know that I would love to walk which is just

10 minutes long. I get to the school at about 9 o’clock in the morning, the meeting scheduled for 10:00am.

After greetings, with the manager and teachers, I go around the workshops, talk to trainees, and visit their nursery. Kathivo Youth Polytechnic School is near a dam so there’s abundant supply of water for the plants. Drinking water is a few kilometres away. The school, however, needs help. It is a struggling institution with only 38 trainees, 2 usable workshops and no electric power connection. There is one workshop that is collapsing where cracks are too visible. I take photos of the workshop hoping that we can find a donor

share electric operated tools for carpentry with Matinyani Polytechnic School. But since they don’t have electric power, they the carpentry and dressmaking training is done manually. I also feel the need for the introduction of computer course in this institution. I wonder how they have managed to survive for the last 24 years (the school was installed 1986).

It was almost 12:00 noon when the Board of Governors, all arriving late, that the meeting eventually started. The meeting was presided over by the Chairman Patrick Musemi, a retired school teacher. I appreciated how he handled the meeting. I could sense support



Wilma with trainees during an orientation on Entrepreneurship

to reconstruct. While waiting for the Board of Governors, I talk to the manager about how they cope and manage to meet their objectives with such poor facilities. They are very dependent on the support given by the Ministry of Youth Affairs and Sports, Ksh 15,000 per trainee per year. The allotment is clearly defined by a budget for each expense; the polytechnic school cannot however divert the money to any other expenses other than what is allowed by the Ministry. Electric power is very important as they can

from the Board. I was asked to talk, on what I can do for the school, my responsibilities and they all give me their support. I was touched by the warm welcome they gave me. I told them I will do my best to be an instrument in giving light to this school. All members of the Board invited me to visit their homes, spend a night if I can. I later came to learn in that meeting that the teachers are paid only Ksh 2,500 per month. I was dismayed, shocked of what I heard and I said that with such very low salary, we can never

expect quality education or training for the trainees. I also don't know how they survive. Many things ran through my mind that day – trainees surviving on maize and beans for lunch every school day for a year, teachers paid only Ksh 2,500 per month, trainees sharing workshop since only 2 are usable, a manager paid less than Ksh 5,000 per month and a polytechnic with no electric power...

After the meeting, it is practice

to give money for those who attended – one of the reasons why they rarely conduct meetings. The trainees pay Ksh 3,000 per year for the food and since not all these funds are not used for food, the same kitty is the source

for paying the Board and meals during meetings. Lunch was served past 2:00pm when the meeting ended. We had lunch of rice and beef stew.

After 4:00pm I am strolling back to the highway with the Manager and the Chairman to catch a vehicle back to Kitui. Most of the time I am lost...I tend to catch a vehicle on the wrong side of street. In the Philippines its drive right while its drive left here. My orientation is mixed up. When I am catching a vehicle I have

to concentrate and tell myself that I am in Kenya and not in the Philippines. The 'keep left' driving rule in Kenya is the one thing th at I have not gotten used to, other than that I feel at home. I don't miss home much because I have found a home here in Kenya, with warm and caring people, and the atmosphere.

I finally get a ride going back to Kitui, smiling and exchanging pleasantries with people inside the matatu including the driver.

Once inside my house, after changing my clothes, I get a cup of coffee. I log on to Internet while sipping my coffee, once again send smses to my family and check my e-mails. After an hour, I then prepare dinner. While eating supper, I watch a movie on my laptop or read. After dinner and cleaning up, I take shower. Before going to bed, I log on to the Internet once more, this time to catch up with my friends or if I have something to surf or some unfinished

work at the computer. I usually sleep past 10 in the evening. As I lay in bed, a few thoughts bother me – the youth polytechnic school, the low salaries of teachers, the low enrolment, the workshops, etc. The fact that the institution

had been operating for 24 years means that there is always that desire from the youths in the area to be trained. They deserve quality and proper training which can only be attained if problems and gaps existing could be addressed properly and positively. With the existing scenario, I made my own plan, where my contribution will be felt, where my presence and contribution can make a difference - as the call of VSO says "SHARING SKILLS, CHANGING LIVES".



Vilma poses with the Board of Governors and Manager of the Kathivo Youth Polytechnic School.

Soon, I am on my way home where I love to stroll. I passed by a friend who is an owner of a shop. I would usually stop, shake hands with her and people around and talk for a while, then am off to the hilly road again passing through the school of the mentally handicapped, smiling and waving at me, meeting and greeting some people on the road until I finally reach home. My neighbours are very friendly and sometimes invite me for dinner at their homes which I find as very nice gestures from them.



Sign language interpretation during HIV/AIDS Awareness in UNISE –Kyambogo University –Kampala Uganda.

Global Health and HIV/AIDS Initiative Uganda, popularly known as Ghaind Uganda is a non-profit Public Health organization, dedicated to strengthen health programmes and improve the lives of men, women and children in their localities in Uganda

The organization is working with development agencies, CBOs, NGOs, FBOs and policy makers including Public Higher Institutions of learning in Uganda to strengthen communities efforts in enhancing universal access to quality health care with emphasis to HIV/AIDS prevention through trainings, research and health information delivery.

The organization has unique strategic plans which include broadening HIV/AIDS communication strategies through health information delivery. Ghaind Uganda also embraces Disability Rights through empowerment and advocacy including agricultural food production with a focus to sustainable secure livelihoods.

Climate



Cross section of students of Nzosi University Mpigi, Listening to the facilitator, delivering Psycho-social approaches of persons affected and infected by HIV/AIDS.

Change is a global concern both in the developed and developing world and therefore, Ghaind Uganda treats this as part of its thematic areas of concern.

Our major purpose is to promote the adaption of behavior change, information education and communication practices

including increasing access to health information as well as empowerment of students through information sharing to sustainably play their role in ensuring healthy and efficient welfare.

As a team, we have undertaken our health trainings to over fifteen higher institutions of learning in Uganda, including Makerere,

Kyambogo, Kampala University and Kampala international University, St Lawrence, Nkumba, Nsamizi University, MUBS including training 300 Government District

Administrative, Medical Health and Community Development officers of 112 districts in Uganda.



HIV/AIDS Awareness Training in Nsamizi Centre of social development in Mpigi district in Western Uganda

For more information on our programmes contact us on:

Tel: +256774-457250 / 071457250 / 0772980350/ 754457250

Email: ghaind2@gmail.com or ghaind2@yahoo.com

Website: www.globalhealth-hiv aids.org or www.globalhealth-hiv.org

Finding a Place for Change In the Workshop of Habits



By: Annabelle B. Encabo, Small Business Adviser, Imani Workshops, Eldoret, Kenya

"I have always believed that where people are differentiated by cultures, they speak the same language when it comes to business as a universal endeavor – I was wrong.

The Japanese for instance, have their own way of doing business compared to the Americans and the rest of the world. However, these countries manage to look into each others' best practices, make their own versions and go out to compete. Given a globalized economy and a world trading system though, everyone must align- thus the need to speak the same language, in order to stay in the race and survive.

Alignment or realignment consists of change of some form, and that's what makes it a daunting task. In a workshop of habits and a mix of tribal cultures, there seemed to be no place for change. This was my challenge, as a Business Advisor for Imani Workshops ¹ in Eldoret, Kenya, where I dreamed of making a difference in this subject of change.

Imani Workshops, started with the social mission of providing hope and livelihood assistance to patients coming from the AMPATH ² program who are fighting stigma and poverty. Since Imani's operation in 2005 a steady stream of artisans have come and gone, and the few who have

gained the skills and aptitude for work were absorbed for full time employment. But social enterprises have not always been run like profitable enterprises and I felt that my change agenda was imperative at Imani.

From rearranging the workstations to improving productivity, and making bold steps in marketing, I found myself encountering resistance, and reluctance. Artisans and regular employees were not keen to move or adopt change - either they were used to doing things their way, or they simply weren't comfortable doing so. It amazes me though that even when the benefits of change were demonstrated or proven; the

¹ Imani Workshops is a livelihood component of the Family Preservation Initiative (FPI) under AMPATH. AMPATH – Academic Model Providing Access to Healthcare is a program initiated in 1989 by Indiana University School of Medicine (US) in partnership with the Government of Kenya through Moi University School of Medicine. Previously referred to as Academic Model for the Prevention and Treatment of HIV and AIDS, it is one of the largest and most comprehensive in Africa. For more info log on to: www.imaniworkshops.org

² AMPATH – Academic Model Providing Access to Healthcare – a program initiated in 1989 by Indiana University School of Medicine (US) in partnership with the Government of Kenya through Moi University School of Medicine. Previously referred to as Academic Model for the Prevention and Treatment of HIV and AIDS, it is one of the largest and most comprehensive in Africa. Imani Workshops is a livelihood component under the Family Preservation Initiative (FPI) under AMPATH. FPI/ AMPATH hold of?ces at the Moi Teaching and Referral Hospital (MTRH) in Eldoret. For more info log on to: www.imaniworkshops.org

most response I received was the “rubber band” attitude of complying for a short while but reverting to the old way of doing things, after some time. While I pondered on how best to motivate them, I stretched my patience further to accommodate

any willing soul and prayed that they would be open to new ideas and new ways of working together.

I learned that that their view towards change was limited to my tenure as a volunteer, as it was with the other muzungu³ volunteers who came before me – who came and left, introducing a lot of new ideas which at Imani, created more confusion. I found myself starting over what should have been done and learned in the past. I explained to them that change is not an easy process but sometimes we have to do it because we need to grow and what matters most, is having the desire to do it. Further, I found out that simplifying things- making it ‘kenyanized’ was more appealing. Indeed, the developed world has a lot of complications - and complications can create unnecessary fear and stress in the south or developing world. Moreover, I realized that my people at the workshop were a special type of workforce who had been living a marginal

existence complicated by HIV and AIDS, and I learned to deal



Annabelle with Imani Workshop employees and artisans.

with those limitations as well.

My persistent and I believe, somewhat annoying nature, paid off in time. Amidst all these resistance to change I have recently witnessed some progress at the workshops. For instance, the organization has opened its doors to adopting my concept of kazi nyumbani⁴ as a means to achieve growth. In September 2009, the first kazi nyumbani (work-at-home) program was piloted in Langas, a community in Eldoret, with 5 skilled workers from Imani who are residents therein and 2 persons with disabilities. The team worked to fulfill an order of beaded papyrus bowls to fill-in the output of the workshop. Although not yet into full operation, Imani hopes to establish 6 more kazi nyumbani within the AMPATH-MTRH catchment area, that are expected to provide livelihood to at least 30 people and absorb 20 persons with disabilities who will be taught skills within its craft areas, through the Imani Training Institute. Moreover, I triumph

over an amusing mentoring experience when I was coaching the women assigned at the stockroom on simple inventory system. After I presented the necessity of maintaining computerized inventory, they threw their hands up in the air and the absence of know how

became an easy excuse. I showed them that a computer is just like a big calculator or a mobile phone with lots of different uses and features. Keying in figures is similar to calculating sum or difference, while encoding is same thing you do when sending mobile text messages. Their first attempt to compute was a struggle, but when I saw the twinkle in their eyes, I felt a sense of satisfaction.

Education is an indispensable aspect of change and at VSO; knowledge is our most powerful tool. However, one has to carry a lot of patience to see things develop or change - ‘there is no hurry in Africa’, as they say. I know that in the near future, my people at the workshops will have this appreciation, desire and confidence to do things unconventionally. When that happens, even if I’m no longer there, I can say with all certainty, that I have found a place for change in the workshop of habits.”

⁴ Kazi nyumbani - Swahili term for ‘work at home’ - a strategy conceptualized by Annabelle Encabo to accommodate the growing number of patients from AMPATH who need livelihood assistance. This was patterned after OVOP in Japan and OTOP in the Philippines. By engaging in kazi nyumbani weaker patients, with and without disabilities, can be taught skills and earn income from their home or community premises. It is a way to expand the production of Imani Workshops without incurring additional expenses on new buildings, facilities or overhead costs. In its pilot stage it was observed that more women preferred kazi nyumbani because they can attend to their home and children, even while working. It also gave them flexibility in production because they can work anytime including weekends.

LINKS (Learning Through International Networking and Knowledge Sharing)

Study Tour: Nigeria – Kenya, 12th -21st SEPTEMBER 2010

An excerpt from the Report by Opeyemi Ipinnaiye, Programme Support Officer HIV and AIDS Voluntary Service Overseas, Nigeria.

Persons living with disabilities experience all of the risk factors associated with HIV infection. In fact, they may be at increased risk because of additional vulnerabilities such as poverty, limited access to education and health care, lack of information and resources to facilitate safer sex, lack of legal protection, increased risk of violence and rape. Little attention has been given to the risk of HIV and AIDS for individuals who have physical, sensory, intellectual, or mental health disability before becoming infected. It is commonly assumed that individuals with disabilities are not at risk. They are incorrectly thought to be sexually inactive, unlikely to use drugs, and at less risk for violence or rape than their able-bodied peers.

There are significant risk factors for populations of persons with disability around the globe. Extreme poverty and social sanctions against marrying a person with disabilities mean

that they are likely to become involved in a series of unstable relationships. Individuals with disabilities (both male and female) around the world are more likely to be victims of sexual abuse and rape than their able-

now report rape as their leading concern for their children's current and future well-being. Individuals with disability are also at increased risk of substance abuse and less likely to have access to interventions.



LINKS tour participants with Kuria District Disability Network (KDDN) Staff during their visit.

The future for disabled individuals who become HIV-positive is equally grim. Although little is known about access to HIV and AIDS care, citizens with disabilities receive far fewer general health services than others. Indeed, care is

not only often too expensive for impoverished disabled persons, but it can also be physically inaccessible, for instance, clinics with steps/stairs at their entrance, bar the way for a wheelchair user and consultation with a physician without a sign-language interpreter is meaningless for most hearing impaired persons. bodied peers. Factors such as increased physical vulnerability, the need for attendant care, life in institutions, and the almost universal belief that disabled people cannot be a reliable witness on their own behalf makes them targets for predators. In some countries, parents of intellectually disabled children

not only often too expensive for impoverished disabled persons, but it can also be physically inaccessible, for instance, clinics with steps/stairs at their entrance, bar the way for a wheelchair user and consultation with a physician without a sign-language interpreter is meaningless for most hearing impaired persons.

In 2009, the HIV and AIDS programme of VSO Nigeria conducted a workshop on Inclusion for partners and one of the outcomes from the workshop indicated that persons with disabilities were excluded from HIV and AIDS interventions. The key factor for the exclusion was lack of technical capacity to implement HIV and AIDS prevention and care & support strategies targeting persons with disabilities. VSO Nigeria's HIV and AIDS programme which is strongly committed in contributing to the mitigation of HIV and AIDS in Nigeria by building the capacity of its partners, selected partners drawn from different regions of Nigeria, to participate in a 6-days LINKS study tour in Kenya, to learn best practices on National Volunteering and HIV and AIDS & Disability.

The study tour provided opportunities for partners to learn best practices from nongovernmental organizations and government institution in Kenya that are currently implementing HIV and Disability interventions. Organizations such as Liverpool Voluntary Counseling and Testing (LVCT), Kenya Institute of Special Education (KISE), Kuria District Disability Network (KDDN), Handicap International, Action Network for the Disabled and Nyaweri Deaf VCT were visited.

From the visits, the participants learned that National Response on HIV and Disability policy is necessary in fighting the spread of HIV among persons with

About LINKS

LINKS (Learning through International Networking and Knowledge Sharing) are activities that give people the chance to go to another country to learn and share good practice by visiting or working with organisations there. LINKS activities are aimed at VSO International partners, although staff and volunteers may take part in them as well. The LINKS approach is based on the idea that learning among peers is a powerful way of helping people to look at their work in a new way.

LINKS activities currently include Study tours which involve groups from VSO partner organisations, visiting organisations in another country to learn more about a particular issue. During a tour (one to two weeks) the groups meet different organisations, see work in practice and have the chance to ask questions, observe and share ideas. Study tours provide an insight into different ways of working, which leads to change and innovation in participants' knowledge, attitudes and practice when they return to their home country.

disabilities. Advocacy at various levels of government on HIV and disability issues is also a key approach in the reducing HIV prevalence among persons with disabilities as is partnership with government agencies (including NACC and MOH) and international agencies (including USAID, UNDP, and VSO etc) on HIV and disability which cannot be overemphasized in the fight against the scourge.

The LINKS team discovered that training of healthcare providers and journalists in sign language communication aids the provision of disability-friendly healthcare services and better representation of persons with disabilities. Economic empowerment of persons with disabilities is a powerful tool in addressing HIV and disability issues along with the provision of disability friendly VCT, treatment, care and support service centers at different locations both at the grassroots, cities and work places being highly essential in the fight against HIV and AIDS.

Other interesting learning included the team finding that testing of celebrities encourages the public to find out about their HIV status as well as having total involvement of persons with disabilities in projects that affect

them increasing the success of the projects. Sensitization and education of people on issues affecting persons with disabilities is a paramount step in ensuring a barrier-free society – not forgetting that developing and producing disability-friendly IEC materials goes a long way in giving persons with disabilities a voice in the campaign against the spread of HIV.

Each of the organizations visited had its own unique learning with the major outcome of the study tour being, the resolution of



LINKS participants at LVCT -Liverpool Voluntary Counseling and Testing, Care And Treatment which is an indigenous Kenya based recognized non-profit, non-governmental organization involved in giving technical assistance to government and others wishing to start quality Voluntary Counselling and Testing (VCT) services in public health care settings.

the partners to form a network - Network of CSOs on HIV and Disability. It is expected that the network will advocate and address issues on HIV and AIDS & Disability in Nigeria using National Volunteering as one of its strategies. Participants observed that the success of HIV and Disability interventions in Kenya was as a result of Government providing the enabling environment for persons with disabilities through the Kenya Disability Act.



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