NAROK PILLAR OF DEVELOPMENT ORGANIZATION (PDO)
Report #24

QUESTIONNAIRE

Eleven respondents in our survey named *Pillar of Hope* (the old name) or *Narok Pillar of Development Organization* (the new name) as the organization having the most positive impact, and rated it highly in terms of preparing leaders and on other criteria.

ABSTRACT

Narok Pillar of Development Organization (henceforth PDO) is a local NGO formerly known as Narok Pillar of Hope CBO (Community Based Organization). PDO focuses on HIV/AIDS prevention and intervention in Narok County. Ten locals and one US Peace Corps volunteer felt the pressing need to support those infected and affected by HIV/AIDS. They registered Pillar of Hope under the Ministry of Culture and Social Services on September 19th, 2000 as one of the first VCTs (Voluntary Counseling and Testing) in the area. Pillar of Hope changed into PDO in June 2010 when it was registered as an NGO with the change of vision from 'An HIV-free society' to 'Quality health care for all'. With the help of several donors, PDO has not only been able to serve a vast number of people, but also, they have established a center where people can easily access their services.

HISTORY

Context

PDO focuses on HIV/AIDS prevention and intervention in Narok North, Narok South and Trans Mara districts of Narok County. Most of PDO's work is based in the Central Division in Narok North where their center is located on the north edge of Narok town, the capital of Narok County. Narok County is one of Kenya's 47 counties. It is located in the South Rift Valley, part of the former Rift Valley Province. Narok borders Tanzania to the south. It also borders six Kenyan counties: to the North is Nakuru, to the North West we have Bomet, Nyamira, and Kisii, to the East is Kajiado and to the West is Migori. Narok County occupies an area of 17,944 km². Most of Narok is semi-arid land with two main annual rainy seasons with rainfall amounting to between 500 and 1,800 mm; the temperatures are between 8 and 28 degrees Celsius. By the 2009 Population Census, the population was about 850,920 people. Population density is sparse and stands at 47 per km. Narok County has four districts: (Narok North, Narok South, Transmara East, Transmara West/Dikirr). Narok County is host to the famous Masai Mara Reserve that is a global tourist destination.

Twelve percent of the county's population lives below the poverty line. Apart from tourism, the main economic activities are subsistence livestock farming and commercial crop farming (wheat, barley, and maize). The predominant Masai population still maintains their rich traditional cultural practices. The doctor to population ratio stands at 1:100,953. Among the most prevalent diseases is HIV/AIDS. There are only two major government hospitals: Narok District Hospital (155 beds) and Transmara District Hospital (32 Beds Capacity).

History in Detail

Pillar of Development was founded in the year 2000 as Pillar of Hope. It began as a Community Based Organization that was formed by 11 members of this community (including the current leader) and one member of the US Peace Corps, Kristine Peterson. Their concern was the devastating effects of HIV and AIDS in the community. Some of them had even been affected on a personal level and, therefore, wanted to participate actively in assisting the community to fight against the effects of HIV/AIDS. With the help of Peace Corps from the American Embassy (American volunteers), the entry point became helping people know their status. There were very many organizations at that time that were offering awareness creation sessions, but no one was doing counseling and testing. Initially, there was no donor, so the twelve used to make monthly contributions to facilitate meetings to chart the way forward. They also used to buy Masai beaded items from the local women and then market the final work. These were not specifically women with HIV/AIDS. They started with the red ribbons. From the proceeds, they would pay the women and also remain with some money to pay rent for the venue where they carried out their activities and meetings.

The first donors to come on board were CDC Center for Disease Control and ACTION AID International. ACTION AID took up the rent for a year and also bought the initial furniture. CDC took the most technical part and trained these founders as VCT counselors. They also facilitated registration of a VCT site in 2002. PDO became the first VCT site in Rift Valley. Then they also funded operations to enable PDO to run the site and to conduct some outreaches because they realized that the site cannot be able to serve all the people.

The main strength of CDC was in providing technical support regarding counseling and testing as they are a research institute. However, they did not have time and capital for institution strengthening. The founders were still working as volunteers. They had worked out a schedule where they could give time to work at PDO besides their regular jobs. PDO would pay them some stipend in return. This came with challenges with people finding it challenging to balance between their regular work and PDO work.

In 2004, CDC connected PDO with another organization CHF (Community Habitat Finance) International, an American NGO. CHF International gave more money and also established structures so that PDO could develop an organizational structure, some policies, and hire staff: a coordinator, an accountant, staff counselors and a receptionist. The contract with CHF lasted for five years, and the main focus remained counseling and testing.

Also in 2004, ActionAid donated some money towards a home-based care program so that HIV-positive people could also receive support on how to live positively. They also gave some institution strengthening, funded a strategic plan, and bought a motorcycle and ten bicycles to enable our facilitators to reach our clients in a better way.

Around 2005, PDO developed an HIV awareness program with support from the National AIDS Control Council (NACC) through a program called KHADREP (Kenya HIV/Aids Disaster Reduction Programme)

In 2006, Safaricom Foundation funded income-generating activities for People Living with HIV/AIDS (PLWHA). This enabled them improve their standard of living and afford the good nutrition taught in the home-based care program. To Living in the slums, some of them were too poor to afford a meal. They needed a more sustainable option than just being given food.

In 2008, PDO received some funding from the Japanese Embassy to buy a vehicle and build their current premises (completed in 2010). Until then, their office was at Winners' Chapel Church premises. It was quite small with limited counseling rooms for the increasing number of clients. The coverage of PDO was also wide with limited funds to hire taxi services. CHF, which had supported all the operational costs, ended its 5-year funding in 2009. A challenging year of funding gap ended in 2010 when PDO got a more significant one year round of funding from National AIDS Control Council (NACC). Although it was HIV/AIDS- focused, this program targeted pregnant women and their partners to prevent mother to child transmission. While still testing the general population, PDO went an extra mile to reach expectant women. Normally women don't go for the clinic because of prohibitive distances between their homes and the few health centers. They may also meet an elephant or other dangerous wildlife on the way and decide to go back home. Most women, therefore, prefer to deliver at home with the help of traditional birth attendants. As a result, HIV-positive women pass the virus to their children. In response to this, PDO scheduled a specific day every month whereby the mothers could attend monthly clinics. Those who are positive were linked to the nearest health center and provided with transport. Just before delivery, they would be given the drug that prevents the child from getting the disease in case they labored at home. They also received nutritional advice.

In 2011, PDO secured a three- year contract with an American NGO known as EGPAF (Elizabeth Glaser Pediatric AIDS Foundation). EGPAF handles the American funds that come for HIV and AIDS in Kenya. They fund three interventions:

a. Counseling and testing for all.
b. Evidence-based prevention and interventions. They are called evidence-based because they've been tried elsewhere and have been seen to work. They target specific groups like youth in school and youth out of school; sex workers and cattle traders.
c. Prevention with positives. Targets people living with HIV (PLHIV), and discordant couples

VISION AND MISSION

Vision

The original vision was 'A HIV-free society'. Over time, this changed to 'Quality healthcare for all'. The reason for the change was to allow an integrated outreach since people are less likely to come if the program is about HIV/AIDS only. The benefits of the integrated program include:

1. Provision of integrated services. In collaboration with the Ministry Of Health, PDO gets a clinical officer, a nurse, a nutritionist and a public health expert on board. Like in a one-stop shop, people come for different services e.g. immunization of children, an antenatal clinic for the pregnant women, treatment of minor ailments and nutritional advice. In the process, PDO offers HIV tests which are now nearly mandatory for everybody who has come to health care

services. With their immediate need being met, the community is more responsive to HIV testing.
2. PDO can deal with the needs of the community, not merely PDO's agenda.
3. It is cost-effective because of the ability to offer several services in one outreach. For example, it costs less in terms of fuel to have counselors and medics on board in a single trip. This has helped to open up the community, serve more people, and meet PDO's need within a shorter time.

Mission

PDO exists to provide care and support to the affected and infected by HIV/AIDS. This is done through integration of curative and preventive measures.

Core values

Drawn from principles of management roles, Max Weber's Principles, these include:

1. Good governance
2. Volunteerism
3. Professionalism
4. Unity of purpose
5. Integrity
6. Commitment

PDO is interdenominational and interreligious in approach and involves all people at all levels including staff, volunteers, and clients.

As an NGO, the main concern for PDO is service delivery. In their service delivery they integrate their Christian faith in that:

1. Staff prayers held regularly
2. Prayer for their work
3. Concentrating on behavior change with the hope that this will lead to soul conversion. PDO does not out rightly focus on soul conversion; they leave the choice to the client.
4. PDO is not overtly Christian but is founded on Christian principles to serve the community effectively.
5. Though some staff members are non-Christians, all the board members are Christians, and it is with that understanding that they run the organization.

PDO is not overtly Christian but uses Christian principles to serve the community. Although Christianity was not mentioned in the first three interviews, in a follow-up call they said that all the board members are Christians, and their faith informs how they run PDO. They hope that concentrate on behavior change hoping that this will lead to soul conversion. The choice to convert or not is left to the client. Although they are not all Christians, PDO holds staff prayers regularly to commit themselves and their work to God.

OTHER ORGANIZATIONS WITH SIMILAR FOCUS

These include APHIA who also do cervical cancer screening; Christian Health Partners, Narok Integration Development; World Vision International and Olmarei. These organizations are

based in different localities within Narok, and each concentrates on different aspects of the same issue.

CURRENT LEADER

The current Director is Catherine Kifworo. She has served in this capacity for 10 years. She holds a Master's degree in Project Management, which she acquired while at PDO. She served in the tourist industry before joining PDO. Her strengths include focus, self-motivation, ability to work with minimum supervision and patience to work through something to the very end. Most of her leadership skills have been acquired on the job with no deliberate internal mentorship. She has grown through networking, attending meetings, interaction with partners in larger organizations e.g. World Vision International and informal interactions in seminars, and meetings with partners and donors.

BOARD STRUCTURE AND COMPOSITION

The board comprises 11 members plus the Director. The Director is the link between management and organizational board. There are four committees with experts drawn from different fields:

a) Health- hospital staff, social worker
b) Finance- banker, accountant, business person
c) HR- Education (County div. of ed.), HR specialist, and an NGO program manager
d) Resource Mobilization-NGO staff, a freelance mobilizer and the PDO director

On the board, there are seven ladies and five men with different levels of education: 3 with Master's degrees, 3 with Bachelor's degrees, six diploma holders - some of whom are continuing to upgrade their education.

ORGANIZATIONAL STRUCTURE AND LEADERSHIP

The management style at PDO is participatory. There are two people that are directly under the director- the Finance Officer and the Program Manager, who also doubles up as Monitoring and Evaluation. Under Monitoring and Evaluation, there are Program Officers for each of the two programs. There are weekly meetings where work plans are drafted, and decisions are made as a team. Through this approach, the director has been able to share some of her experience on how to handle issues.

Since there is an organogram where each of them has people that they supervise, they also learn to deal with leadership issues at their level so that only referrals can be made to the director. That way, the organization can run even in the absence of the director.

Sometimes the leaders attend workshops that deal with matters in their dockets e.g. if there are workshops that are specifically for counseling and testing, the Program Officer can represent the director instead. Sometimes they attend some stakeholder forums too.

BOARD AND STAFF RECRUITMENT AND SELECTION

The B.O.D is comprised mainly of founder members. There are 35 members of staff drawn from Masai (50-60%); Kikuyu, Luo, Luhya and Kisii ethnic groups.

Usually, jobs are advertised on notice boards e.g. in Narok town, shortlisting done followed by interviews and appointments.

PROGRAMS

There are three interventions:

1. HIV Counseling and testing targeting the general population through site testing and mobile outreach i.e. workplace, moonlight, home-based and door to door.
2. Evidence-based prevention and intervention. This targets specific groups e.g. youth in school and out of school; sex workers and cattle traders.
    a. *Healthy Choices (HC) 1*: Ages 10-14. The curriculum covers one session per week for four weeks Topics: drugs and alcohol, body changes, abstinence.
    Healthy Choices (HC) 2: Ages 14-17, some of them have been sexually active, so they also learn secondary abstinence or protected sexual intercourse through correct and consistent condom use, handling peer pressure and learning one's HIV status.
    b. *Families Matter!* Parents/caregivers/guardians of children 9-12 years old go through a course on protective parenting practices e.g. how to talk to kids about sex, an initiative to do so. Age appropriate knowledge on HIV/AIDS, sex issues, good parenting skills, goal setting, what success is, self-esteem, etc.
    c. *Safe Choices*. The program targets youth in tertiary institutions aged between 18-25 years. The intervention focuses on information that discourages behavior that may put one at risk of infection with HIV, STIs, and unintended pregnancies. It also gives an opportunity for sexual and reproductive health services.
3. *Prevention with Positives*. Targets people living with HIV (PLHIV), and discordant couples (where one partner is HIV negative). The goal is to prevent the spread of HIV to sex partners and infants born to infected mothers. It includes information on nutrition, living positively, disclosure, support group, Family Planning, TB control, and prevention. These are 13 messages done one at a time.

Other activities include:

a. Participate in forums like World AIDS day that comes annually on 1st December.
b. Outreaches for public information and awareness and condom distribution.

PARTNERSHIPS/LINKS/STAKEHOLDERS

PDO has formed several partnerships over the years including:

1. Government.
    a. Ministry Of Education: provides access to schools
    b. Ministry Of Health offers: supervisory role, medics, drugs, vaccines for outreach, training, test kits;

c. Ministry of Gender and Social Services: Children- referrals, child abuse, and rape cases;
d. Ministry of Internal Security: The Kenya Police intervene in situations like rape cases
e. Local authorities: jointly ensure mainstreaming of HIV/AIDS in the workplace.

2. Churches- initial venue (Winners Chapel); help in getting parents for Family Matters program, spiritual support to clients
3. Civil society- CBOs on the ground mobilize outreach; school fees for vulnerable children, care, and treatment
4. Liverpool VCT: Provision of training in collaboration with CDC
5. All the donors are also partners since they facilitate different projects and programs: US Peace Corps, CDC, CHF, NACC, Japanese Embassy, Elizabeth Glaser Pediatric AIDS Foundation, Safaricom Foundation.
6. Aids Population Health Integrated Assistance (APHIA Plus project): they carry out joint activities e.g. mobilizing the community for mobile counseling and testing services.

FINANCES

For the last three years since registration as an NGO, auditing has been taking place annually for the purpose of annual returns to the NGO office. This is done using the computerized method, QuickBooks. Before then, internal auditing was done by the specific donors using the manual method.

Budgeting is done annually. PDO writes proposals to different organizations.
Sources of funds have been varied. Initially, the founders made monthly contributions; then there were income generating activities. With time, the following organizations have donated funds to PDO: NACC, CDC, CHF International, Safaricom, Japanese Embassy and Elizabeth Glaser Pediatric AIDS.

SWOT ANALYSIS FOR THE ORGANIZATION

PDO began with no baseline, so it has no reference for evaluation. There has been no formal impact assessment to provide a SWOT analysis, but plans are underway to carry out an evaluation which will form a baseline for future evaluations. After that, the evaluation will be done periodically e.g. every five years. In a nutshell, PDO can be viewed as follows:

1. Strengths

The board and staff have shown commitment, faithfulness, and sacrifice from the beginning. The premise is secure, accessible and reliable. The services are free of charge. PDO has a very good reputation in the community.

2. Weaknesses:

The main weakness of PDO is inadequate and inconsistent funding. They depend on donors who are sequential, usually only one at a time. One vehicle is insufficient to serve the vast area. There is no publication for the dissemination of information.

3. Opportunities:

First, PDO has proved itself in that it can attract funding due to the good reputation in the community. Secondly, PDO has a unique approach to doing things in that their integrated services make access to community possible. Their concentration on a few areas also enables them to do effective follow up of clients until they can stand on their own. Third, the vastness of the county means there is great opportunity to reach more people.

4. Threats:

The presence of several civil societies in the same areas affects funding and results in loss of staff due to higher pay packages. Sometimes there is a nationwide shortage of test kits, so the work is slowed down. The terrain in some areas without all-weather roads renders them inaccessible at times for PDO as well as the community access to health services especially the women.

ACHIEVEMENTS

The informants all agree that although impact assessment has not been done so far, PDO has realized the following outputs over the years:

1. Six complete projects each having a report (not available)
2. Over 50,000 people have gone through the HIV Testing and Counseling program since inception
3. Reaching many youth in school
4. Many people have gotten to know their HIV status
5. Through this knowledge, many have come to the point of acceptance leading to the formation of support groups. There are 8 active support groups each has 16 members, mixed gender. There are those who prefer one on one approach and take time before joining groups. The groups meet weekly at agreed venues and are visited by a facilitator
6. Many kids have been trained and certified- behavior change is therefore expected although it is difficult to measure
7. Many parents have been trained.

However, according to Kifworo and Sankale, the outcomes of the programs e.g. behavior change, leading to people discarding risky behavior, lower school dropouts and early pregnancies among girls are difficult to measure unless a comprehensive impact assessment is carried out possibly by an independent party apart from PDO or their donors.

LEADERSHIP DEVELOPMENT

Many staff members at PDO came with prior training in their various fields. However, the demands of their work require regular training. Usually, there are donor-sponsored workshops on leadership for specific projects at least once a year which culminate with certification.

Some training programs are done through networking with other organizations. The staff members also attend workshops on different issues e.g. counseling and testing. Sometimes they attend stakeholder forums on behalf of PDO.

Within the organization, the Monitoring and Evaluation are done by the Program Officers. PDO staff members have weekly meetings since organization decisions are made corporately. There is teamwork i.e. participatory approach. Leadership is delegated, the director only deals with referrals so things can move even in her absence. There are 35 staff placed in different departments

PRINT AND ELECTRONIC MEDIA

PDO has been able to acquire the following regarding print and electronic media:
- Internet access using modems
- Radio, projector, computers
- Video programs
- T-shirts and brochures for outreaches
- A website which is being worked on.
- A Facebook page

The preferred mode in the interior is print and verbal due to the level of education. For now, PDO would still need to have more publications for the sake of those who can use this type of information.

FUTURE

PDO is quite hopeful that in the next five years they should be able to:

1. Establish a fully-fledged Health Center where they will be able to offer reproductive health services e.g. in the area of care and treatment. Their observation is that visiting the center and later a hospital upon referral tends to intimidate the client who has to explain their risky behavior to someone else at the hospital. If PDO would have a lab and a clinic, they would test and treat at one site. They would also be able to offer Family Planning services on site.
2. Establish Health centers in each of the sub-counties in Narok for easy access to a wider population. This will cover the rural areas where there are currently no Health Centers.
3. Bring more donors on board to ensure consistent and adequate funding for their programs.
4. Introduce income generating activities to supplement donor funding so that whether there is external funding or not they can be able to move on.
5. Introduce new programs that will expand their influence and enhance sustainability. Among the target projects are:

    i. Water and sanitation
    ii. Environmental conservation programs in conjunction with line ministries e.g. arid and semi-arid so that there can be work on farming methods with Ministry of Agriculture.
    iii. Economic empowerment through farming, livestock, crops and link to market.
    iv. Curative and preventive health services

REPORT PREPARATION INFORMATION

This report was prepared by Pauline Murumba and Steve Rasmussen.

Interviewees:
1. Catherine Kifworo, Director.
2. William Mbanyamlenge, Program Manager.
3. Julliet Sankale, Monitoring and Evaluation Officer.

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Interviewer: Pauline Murumba
Venue: Narok PDO premises.

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