

GLOBALGIVING PROJECT 2 (ABUSE/ADDICTION) FINANCIAL REPORT MAY 2023 –US DOLLARS (US \$) –

FULL VERSION										
GLOBALGIVING BUDGET VS ACTUAL EXPENDITURE 01.05.2022-30.04.2023 - US DOLLARS (\$) (Period changed from 01.06.2022-31.05.2023) - "STEPS' ONLY										
PROJECT 2 - COMMUNITY TREATMENT OF 77 ADDICTED KENYAN CLIENTS		GlobalGiving Budget in year 2022-2023 per 02.06.2022-STEPS ONLY	EXPENDITURE thro 31.05.2022	EXPENDITURE thro 31.06.2022	EXPENDITURE 01.07.2022-31.12.2022	EXPENDITURE 01.01.2023-30.04.2023	BALANCE 'STEPS' ONLY by 31.05.2022	BALANCE 'STEPS' ONLY BY 31.06.2022	BALANCE 'STEPS' ONLY BY 31.12.2022	BALANCE 'STEPS' ONLY BY 30.04.2023
1. Project Activities -Treatment, Education, Counselling & Follow-Up Activities = KES 2,366,631.NB. KES/KSHS = Kenya Shillings		US \$	US \$	US \$	US \$	US \$	US \$	US \$	US \$	US \$
1.1	Intensive Treatment Stage incl. 'Appendix Course' & Psycho-Soc Ed = KES 1,548,722/-									
1.1.1	Food	1,082					1,082	1,082	1,082	1,082
1.1.2	TOTs Expenditures	2,179					2,179	2,179	2,179	2,179
1.1.3	Membership Certificates	33					33	33	33	33
1.1.4	Transport - Recurrent Expense	3,345					3,345	3,345	3,345	3,345
1.1.5	COVID-19 Preventive Measurements (incl for TOTs)	235					235	235	235	235
1.1.6	Monitoring & Evaluation	40					40	40	40	40
1.1.7	Personnel Costs	6,703					6,703	6,703	6,703	6,703
1.1.8	Educational Hand-Outs	14					14	14	14	14
1.2	Maintenance Treatment Stage = KES 746,084/-						-	-	-	-
1.2.1	Food	797	36	111	218	49	761	687	469	420
1.2.2	TOTs Expenditures	539	14	125	176	17	525	414	238	221
1.2.3	Membership Certificates	14					14	14	14	14.30
1.2.4	Transport - Recurrent Expense	1,673	25	25	1		1,647	1,647	1,647	1,647
1.2.5	COVID-19 Preventive Measurements (incl. for TOTs)	152	2	9			150	144	144	143.67
1.2.6	Monitoring & Evaluation	40	1	1			39	39	39	39.01
1.2.7	Personnel Costs	3,351	50	50			3,301	3,301	3,301	3,301.20
1.2.8	Educational Hand-Outs	-					-	-	-	-
1.3	TOTs & KAP STAFF TRAINING & LEARNING/ SUPERVISION	632	5	7			626	624	624	624
2.	INSTITUTIONAL EXCELLENCE = KES 949,630						-	-	-	-
2.1.	Administrative Costs						-	-	-	-
2.1.1	Finance Personnel Cost	4,552	68	68			4,484	4,484	4,484	4,484
2.1.2	Office Rent	472				98	472	472	472	375
2.1.3	Security, Maintenance Site	119	2	2			117	117	117	117
2.1.4	Office- & Educational Equipment	2,265	34	34			2,231	2,231	2,231	2,231
2.1.5	Transport Office - Recurrent Expense	86	1	1			85	85	85	85
2.2.	Partnerships & Program Development	-					-	-	-	-
2.2.1	Certificates and Licenses	24	1	1	17		22	22	5	5
2.3.	Institutional Development Costs						-	-	-	-
2.3.1	Annual Financial Audit	171					171	171	171	171
2.3.2	External Evaluation KAP Programmes	74					74	74	74	74
2.3.3	Governance Expenses	359					359	359	359	359
2.3.4	Staffs Capacity-Building (Studies)	235	4	4			231	231	231	231
3.	OTHER						-	-	-	-
3.1	Emergency Assistance						-	-	-	-
3.2	Unbudgetted Items: B. Exchange Gain/Loss						-	-	-	-
3.3	Unbudgetted Items: C. Bank Charges						-	-	-	-
3.4	Unbudgetted Items: D.Bad Debts W/O						-	-	-	-
3.5	Difference btn actual & budgeted amount	(28,173)					(28,748)	(28,748)	(28,337)	(28,173)
TOTAL CASH PROJECT COSTS IN KSHS (3,316,260)		1,012	244	437	412	163	193	-	(0)	(0)

GLOBALGIVING PROJECT 2 FINANCIAL REPORT MAY 2023 – KENYA SHILLINGS (KES) –

FULL VERSION										
GLOBALGIVING BUDGET VS ACTUAL EXPENDITURE 01.05.2022-30.04.2023 - KENYA SHILLINGS (KES) (Period changed from 01.06.2022-31.05.2023) - "STEPS" ONLY										
PROJECT 2 - COMMUNITY TREATMENT OF 77 ADDICTED KENYAN CLIENTS		GlobalGiving Budget in year 2022-2023 per 02.06.2022-STEPS ONLY	EXPENDITURE thro 31.05.2022	EXPENDITURE thro 31.06.2022	EXPENDITURE 01.07.2022-31.12.2022	EXPENDITURE 01.01.2023-30.04.2023	BALANCE 'STEPS' ONLY by 31.05.2022	BALANCE 'STEPS' ONLY BY 31.06.2022	BALANCE 'STEPS' ONLY BY 31.12.2022	BALANCE 'STEPS' ONLY BY 30.04.2023
1. Project Activities -Treatment, Education, Counselling & Follow-Up Activities = KES 2,366,631		KES	KES	KES	KES	KES	KES	KES	KES	KES
1.1	Intensive Treatment Stage incl. 'Appendix Course' & Psycho-Soc Ed = KES 1,548,722/-									
1.1.1	Food	122,900					122,900	122,900	122,900	122,900
1.1.2	TOTs Expenditures	247,550					247,550	247,550	247,550	247,550
1.1.3	Membership Certificates	3,770					3,770	3,770	3,770	3,770
1.1.4	Transport - Recurrent Expense	380,090					380,090	380,090	380,090	380,090
1.1.5	COVID-19 Preventive Measurements (incl for TOTs)	26,688					26,688	26,688	26,688	26,688
1.1.6	Monitoring & Evaluation	4,500					4,500	4,500	4,500	4,500
1.1.7	Personnel Costs	761,627					761,627	761,627	761,627	761,627
1.1.8	Educational Hand-Outs	1,646					1,646	1,646	1,646	1,646
1.2	Maintenance Treatment Stage = KES 746,084/-						-	-	-	-
1.2.1	Food	90,600	4,100	12,600	26,260	6,380	86,500	78,000	51,740	45,360
1.2.2	TOTs Expenditures	61,200	1,600	14,224	21,224	2,200	59,600	46,976	25,752	23,552
1.2.3	Membership Certificates	1,625					1,625	1,625	1,625.00	1,625.00
1.2.4	Transport - Recurrent Expense	190,045	2,855	2,855	100		187,190	187,190	187,090	187,090
1.2.5	COVID-19 Preventive Measurements (incl. for TOTs)	17,300	260	979			17,040	16,321	16,321.35	16,321.35
1.2.6	Monitoring & Evaluation	4,500	68	68			4,432	4,432	4,432.00	4,432.00
1.2.7	Personnel Costs	380,814	5,722	5,722			375,092	375,092	375,091.70	375,091.70
1.2.8	Educational Hand-Outs	-					-	-	-	-
1.3	TOTs & KAP STAFF TRAINING & LEARNING/ SUPERVISION	71,775	620	820			71,155	70,955	70,955	70,955
2.	INSTITUTIONAL EXCELLENCE = KES 949,630						-	-	-	-
2.1.	Administrative Costs						-	-	-	-
2.1.1	Finance Personnel Cost	517,277	7,772	7,772			509,505	509,505	509,505	509,505
2.1.2	Office Rent	53,657				12,683	53,657	53,657	53,657	40,974
2.1.3	Security, Maintenance Site	13,494	203	203			13,291	13,291	13,291	13,291
2.1.4	Office- & Educational Equipment	257,411	3,867	3,867			253,544	253,544	253,544	253,544
2.1.5	Transport Office - Recurrent Expense	9,763	147	147			9,616	9,616	9,616	9,616
2.2.	Partnerships & Program Development	-					-	-	-	-
2.2.1	Certificates and Licenses	2,699	167	167	2,100		2,532	2,532	432	432
2.3.	Institutional Development Costs						-	-	-	-
2.3.1	Annual Financial Audit	19,447					19,447	19,447	19,447	19,447
2.3.2	External Evaluation KAP Programmes	8,414					8,414	8,414	8,414	8,414
2.3.3	Governance Expenses	40,798					40,798	40,798	40,798	40,798
2.3.4	Staffs Capacity-Building (Studies)	26,670	401	401			26,269	26,269	26,269	26,269
3.	OTHER						-	-	-	-
3.1	Emergency Assistance						-	-	-	-
3.2	Unbudgetted Items: B. Exchange Gain/Loss						-	-	-	-
3.3	Unbudgetted Items: C. Bank Charges						-	-	-	-
3.4	Unbudgetted Items: D.Bad Debts W/O						-	-	-	-
3.5	Difference btn actual & budgeted amount	(3,195,489)					(3,266,436)	(3,266,436)	(3,216,752)	(3,195,489)
TOTAL CASH PROJECT COSTS IN KSHS (3,316,260)		120,771.75	27,782	49,824.85	49,683.84	21,263.06	22,042.85	-	-	-



KAP STEPS EVALUATION 2023 – SUMMARY

The below is a summary of a short evaluation implemented by KAP into the effectiveness of its implementation of the 'Steps To Healthy Living' approach (designed by SAPTA). It was done in response to a query raised by Irish donor Mísean Cara. The query read:

3. Please justify and point to evidence, BRIEFLY, that shows the effectiveness of the community-based treatment of abuse/addiction used in this project

REPLY -

1.EFFECTIVENESS

After their treatment 55% of KAP Clients show complete sobriety since minimally six months, often (much) longer. An additional 26% demonstrate good progress towards recovery – with minimal dependency scores - but with occasional use. 19% still shows dependency to alcohol/drugs, of whom one-third has relapsed.

'Steps community-based treatment programme's cost per Client is Euro 211. This is 26% of in-patient treatment in a facility with moderate fees (Euro 808).

1.1. Background Information

Within one week, from the 17th – 24th March 2023, KAP evaluated four (4) of its seven Steps groups. All groups had completed minimally two years.

The four groups had in total 141 Clients: 86 'initial' clients + 55 'late-joiners'.

The 'late-joiners' are addicted people who request to join the programme after the six-days core-training, upon being attracted by the positive changes observed in their abusing friends (KAP clients).

99 clients out of the 141 had attended the Steps treatment programme for at least two years.

Within the short time available, out of these 99 clients, KAP Staffs MANAGED TO INTERVIEW 47 CLIENTS.

There were 26 female (55%) and 21 male (45%) Clients.

No.	Area	Start	Initial No. of Clients In Core Workshop	No. of Clients In Continued (Full) Training	New Clients (Friends) Joining after Core Workshop	TOTAL NO. IN LONG-TERM TREATMENT / TRAINING
1	Sokomoko - Matisi	March 2017	23	10	36	46
2	Community of Hope - Matisi	February 2019	27	17	9	26
3	Folkland - Matisi	April 2019	19	6	10	16
4	Nyota ya Asubuhi – Matisi	March 2021	17	11	0	11
	TOTAL		86	44	55	99
	NO. OF CLIENTS INTERVIEWED			39	8	47
	TOTAL EVER BEEN IN TREATMENT		141			



Interviews and their Results

KAP used the CAGE-AID questionnaire. This is an approved and valuable alcohol/drug dependency test. Whereas at the beginning of the Steps treatment process KAP also uses the more detailed Alcohol Use Disorder Test (AUDIT) for all its clients, time did not allow for its repeated use in this evaluation.

In the **CAGE** questionnaire respondents reply with 'Yes' or 'No' to four questions:

1. Have you ever felt that you ought to **C**ut down on your drinking or drug use?
2. Have people **A**nnoyed you by criticizing your drinking or drug use?
3. Have you ever felt bad or **G**uilty about your drinking or drug use?
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover? (**E**ye-opener).

This latter question is **the most important indicator** towards alcohol/drug dependency.

All the 47 clients scored a full 4 points (meaning 'intensive alcohol/drug dependency') at the start of their training/ treatment.

Minimally two years after their treatment they showed the following picture and changes:

	No. of Clients	Completely Sober for 6 months or more	Good progress towards recovery but with occasional use		Relapsed	Re-engaged in work other than brewing excl housework
			Without 'Eye Opener'	With 'Eye Opener'		
Interviewed	47	26	12	9	3	29
In Percentages %	100%	55%	26%	19%	6%	62%
		81%				

Thus we were happy to note that 26 out of the 47 respondents, more than 55%, were now completely sober since minimally six months, but most for much longer.

Out of the 45% who were still occasionally using alcohol/drugs the majority were making considerable progress and did not need an 'eye-opener' anymore, i.e. 26% of the total number of clients.

Whereas KAP aims at total sobriety and is aware of the dangers of occasional use, it notes that also the lives of the 26% have greatly improved: All 81% (55% completely sober + 26% 'good progress only') show improved health, they are clean and tidy, are able to take the initiative to do (non-alcoholic) work, help each other, have greatly reduced violent behaviours and adhere to life-saving medication (ARVs, TB, insulin, etc.).

62% of the interviewed Clients showed to have (re-) engaged in income-generating work other than brewing alcohol (a main occupation before joining the Steps treatment programme).

In addition, two of the now sober clients are again active Community Health Volunteers (CHVs), assisting AMPATH, Trans Nzoia's ARV provider, with tracing ARV and TB defaulters. An additional 3 Clients assist KAP as respected and effective (non-formal) abuse/addiction peer educators.

Two clients have psychiatric co-morbidities, and are now receiving treatment.



Several clients stopped defaulting, returned to their ARV and TB treatment, but a complete picture could not yet be obtained.

These achievements of our Clients are especially admirable considering the continued (very) abusive environments in which they live.

Many Clients thanked KAP deeply for 'saving their lives'. The link <http://goto.gg/55490> presents some testimonies.

Of those who still do need an 'eye-opener' (19%), showing continued dependency, one-third unfortunately had relapsed (3 out of the 47 respondents = 6%).

Note has to be taken that most Clients are extremely poor, with work in the lowest income, informal sector: washing clothes and fetching water for neighbours, firewood- and chicken soup sellers, toy-makers/hawkers, casual construction work, plaiting hair, shoemaking, hawking vegetables, poultry keeping, etc.

They do remain very vulnerable: When sickness strikes the income stops and hunger sets in. Their social challenges are enormous too.

Several Clients have HIV infection and also alcohol/drug use related co-morbidities such as diabetes or kidney and liver diseases. Often there is no medicine for the latter diseases available in the hospital. In such cases KAP tries to help find (local) well-wishers, also encouraging neighbours.

1.2. Cost effectiveness

In the 'Steps community-based treatment programme' the cost per Client per year is Euro 105 (i.e. Euro 6.316 divided by 60). Community-based treatment takes two years to complete, leading to the total cost per Client of Euro 211. These figures exclude the relations and the substantial number of community members also reached¹.

In-patient addiction treatment at a moderately-rated residential facility for the minimum of three months is Euro 808. Thus our Steps treatment programme cost 26% of in-patient treatment with moderate fees.

Note needs to be taken that this is thanks to the non-residential character of the 'Steps' treatment, the free-of-charge provision of venues, the involvement of Community Volunteers and the mildly-priced local hoteli (restaurant) catering services.

KAP also recognizes that there are Clients for whom non-residential treatment cannot work.

1.3. What happened to the remaining Clients?

Out of the total of 141 Clients:

- 47 were interviewed (see above)
- 12 had died (due to natural causes - often addiction/ poverty-related, but also due to lynching)
- 26 had moved to other parts of Kenya (at least 7 were said to now be sober, but mostly updates were not available)
- 56 could not yet be interviewed due to the short time available.

¹ KAP's "M06_LRG_0223_01.Multi-annual - Budget and Financial Report.EURO.FINAL.REVIEWED" refers. The budget is shared by Misesan Cara and other donors.



2. FURTHER EVIDENCE SHOWING EFFECTIVENESS OF THE 'STEPS COMMUNITY-BASED TREATMENT OF ABUSE/ADDICTION - 'STEPS' AND SAPTA:

KAP learned, adapted and adjusted its 'Steps to Healthy Living' approach from SAPTA (Support for Addictions Prevention and Treatment in Africa, Nairobi).

SAPTA's Mission is "to address substance abuse and related problems in society by devising evidence-based and quality programs built on understood overarching prevention and treatment principles."

It works together closely with the Kenya Ministry of Health and NACADA, and is a NASCOP approved Alcohol-HIV program. SAPTA was the 2018 'winner of the year' by ISSUP (the International Society of Substance Use Professionals).

The EVIDENCE BASED SUBSTANCE ABUSE PRACTICES USED IN SAPTA's 'STEPS' APPROACH are:

- Motivational interviewing: to assist the participant to change their motivation to engage in healthier choices
- Cognitive Behavioral Coping Skills: to correct distorted thinking and engage in healthier behavioral actions, e.g., drink refusal skills
- Introduction to AA (Alcoholics Anonymous)
- Relapse Prevention Skills
- The interaction of alcohol and risky sex/HIV; alcohol and ART.

Currently SAPTA's Steps program is under the direct supervision of Dr. Thomas Kresina, formerly of SAMHSA².

The 'Steps' program has also been successfully implemented in 40 Kenyan prisons among both affected prisoners and staff. Unfortunately detailed SAPTA statistics are not yet available.

² Dr. Kresina's is the Senior Public Health Advisor in the Division of Pharmacologic Therapies, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration (SAMHSA) USA, and functions as the full-time liaison to the US Office of the Global AIDS Coordinator in the Department of State. His duties are to provide technical assistance to countries receiving PEPFAR support related to substance abuse treatment as a component of their national HIV Prevention, Care and Treatment Program, to serve on substance abuse related Technical Working Groups of PEPFAR as well as enhance federal interagency collaborations related to substance abuse utilizing SAMHSA resources and expertise.