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INUKA COMMUNITY-BASED OVC PROJECT (ICOP)

FINAL REPORT (JULY 2013 TO JUNE 2018)



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ACRONYMS AND ABBREVIATIONS

AAC	Area advisory Council
AEO	Area Education Officer
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
AMURT	Ananda Marga Universal Relief Team
CBO	Community-Based Organization
CG	Caregiver
CU	Community Units
CSI	Child status index
CHW	Community Health Worker
DCO	Sub County Children's Officer
DMOH	Sub County Medical Officer of Health
ECD	Early Childhood Development
FBO	Faith-Based Organization
GOK	Government of Kenya
HES	Household Economic Strengthening
HH	Household
HIV	Human Immunodeficiency Virus
ICOP	ICOP Community OVC Project
IRA	Intermediate Result Area
ITN	Insecticide-Treated Net
VSLA	Village Savings & Loaning association
M&E	Monitoring and Evaluation
MOA	Ministry of Agriculture
MOE	Ministry of Education
NGO	Non-Governmental Organization
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHWA	People living with HIV and AIDS
OVC	Orphans and Vulnerable Children
PO	Project Officer
QI	Quality Improvement
SMC	School management Committees
SW	Social Worker
URC	University Research Company
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

The Inuka Community based OVC project (ICOP) was a Five- year project funded by United States Agency for International Development (USAID) and successfully implemented by Ananda Marga Universal Relief Team (AMURT). The project aimed at expanding service coverage and improving the overall wellbeing of 11,000 Orphans and Vulnerable Children (OVC) living in 4150 households in Bondo and Rarieda Sub-counties of Siaya County under the following intermediate result areas (IRs):

- Access to age-appropriate essential services for the betterment of the health of 11,000 neediest OVC and 4,150 OVC care-givers through direct, home-based and referral services enhanced.
- Capacity of local communities built to deliver sustainable, quality, high impact range of critical services to OVC and caregivers
- The economic capabilities of 3000 households looking after targeted OVCs Strengthened.
- Quality improvement of OVC service delivery within the 2 Sub Counties promoted

Activities conducted under each IR was based on, and guided by project baseline survey report, Household Vulnerability assessment report, CSI reports, M&E plan and activity work plans. ICOP, in partnership with the Ministry of Health, Ministry of Agriculture, the Directorate of *Immigration* and Registration of Persons under the *Ministry* of Interior and Coordination of National Government, the *Department of Children's Services* (DCS) in the Ministry of Gender, Children and Social Development together with other implementing partners that included the Centre for Health Solutions (CHS) and other stakeholders offered key services to the 11,000 OVC and the 4150 caregivers enrolled in the project. The major activities that were conducted included: Supporting children's (CLHIV)support groups; Monitoring and support supervision of VSLA groups; Quality Improvement Review meetings; Monthly CHVs meetings; Tracking of households on the path to graduation; Tracking Households directly supported with IGA startups; Home visits; Data Quality Assurance; School visits; Graduation Readiness Assessments; Processing of OVC birth certificates; Nutritional Education; Graduation of HH that attained the Graduation Benchmark scores; and School fees payment for needy OVC in secondary schools.

In enhancing program management and monitoring, AMURT Senior Management team led by the Executive Director, the Technical Director, the Programs Manager, M&E Manager and the Finance and Grants Manager regularly visited the field to review project implementation progress and addressed emerging challenges. USAID, led by the AOR also organized quarterly Implementing Partners' meetings which offered platforms for sharing experiences and challenges. The meetings also created opportunities for learning from other USAID-funded Implementing partners like *Wezesha*, *Nilinde*, *Ampath*, *COGRI* among others. The Coordinating Comprehensive Care for Children (4C) played a major role toward the last two years of the project in training ICOP staff and sharing of Case Management tools. This was a major boost as the project, through the knowledge, skills and tools learnt from 4C was able to implement Case Management leading to graduation of 1456 Households (consisting of 3123 OVC) that had attained at least 17 marks within the new graduation benchmarks of **HEALTHY**, **STABLE**, **SAFE** and **SCHOOLED** criteria.

Quantitative impact

OVC SERVICE AREA	ACTIVITY	ACHIEVEMENT			Results and Impact
		Male	Female	Total	
Food and Nutrition	Caregivers with kitchen gardens	224	1234	3135	<i>Improved food security and nutrition within the OVC Households</i>
	Nutrition Education to caregivers	422	434	856	
	Linkage to One Acre Fund	679	689	1368	
	Linkage to East Africa Malt	585	549	1134	
Education	School visits			3433	<i>Improved School enrolment, attendance, performance and progression</i>
	OVC successfully Linked to Bursaries	412	455	867	
	OVC issued with sch. uniforms	2469	2631	5100	
	OVC supported with Solar lamps	301	342	625	
	OVC supported with sanitary towels			3800	
	OVC in primary supported with Scholastic materials	3225	3331	6556	
	OVC in ECD supported with Scholastic materials	608	757	1365	
	OVC supported with school fees	671	679	1350	
	OVC enrolled for vocational training	131	70	201	
Child Protection	OVC supported with birth certificates	4693	4795	9488	<i>Right to identity and protection enhanced</i>
	OVC supported during Children's Assembly			36	
	OVC empowered on child rights	2593	2444	5037	
Psychosocial Support	Home visits by CHVs	3475	3853	9363	<i>Children's emotional well-being tracked</i>
	OVC counseled	13	18	31	
	Adolescent OVC Mentored	2245	2283	4528	
	Sensitizing caregivers on Parental skills	65	133	198	
	OVC reached with protection messages through child right clubs' debates	1722	1940	3662	
Shelter and Care	OVC shelter renovated			356	<i>Improved safe shelter</i>
Health	OVC health care referrals	224	132	356	<i>OVC health and promoted</i>
	OVC treated for malaria by CHVs	154	151	305	
	OVC linked to HIV Care and Treatment	372	427	799	
	OVC reached during support group meetings	295	314	609	
	OVC on care virally suppressed	243	326	569	
	OVC reached with HTS services	4431	4098	8529	
HES	Households tracked for HES	25	636	761	<i>Economic well-being of OVC households promoted</i>
	VSLA groups formed and tracked			183	
	Number of HH graduated			1456	
	VSLA linked to MFI			89	

Qualitative impact

The project conducted a baseline survey at inception, Mid-term evaluation in the year 2016, and end-term evaluation conducted in 2018 when the project was ending. After the baseline, the project recruited CHV's through community participation at barazas and Lead CHV's through an interview. This was in line with the ICOP recruitment guidelines. The CHV's were then trained on OVC care, recruitment tools and child rights before recruiting OVC. Eleven (11) QI teams were also trained on different topics to enable them actively support the project in different interventions. The project cumulatively supported 1350 needy OVC in secondary school with school fees payment and distributed school uniforms to 5,100 needy OVC in primary school. This is in addition to 700 OVC in Early Childhood Development Education (ECDE) and 7000 pupils supported with scholastic materials. 201 OVC were also enrolled into market driven vocational skills training at various youth polytechnics. This resulted to improved school enrolment, retention, performance and transition. Under **Food and Nutrition**, the project supported 3,135 caregivers to establish kitchen gardens as well as reaching 4150 OVC households on nutrition education. This led to improved food and nutrition in targeted OVC households. In **health**, the project enhanced access to preventive and curative health care services, cumulatively linking 1571 OVC under 5yrs to immunization services and ensured that 843 of them were regularly receiving growth monitoring services, linked 799 OVC to care and treatment, and 8529 on HTS. This contributed to improved health outcomes for OVC and caregivers. Under **shelter and Care**, 356 households were cumulatively supported with iron sheets and nails to renovate dilapidated OVC houses with the community members mobilized to provide labor and other materials, enabling OVC to live in more secure and safe shelters. In strengthening **child protection**, the project cumulatively supported 9,488 OVC acquire birth certificates, and collaborated with the Department of Children Services in Siaya county in piloting Child Protection Information Management System (CPIMS) to support case management.

Lessons Learned

During implementation period, several lessons were learned including: Early communication and preparation of exit strategies ensures smoother project close out, there is need to have a clear time-frame for OVC transition from one project to another, Effective stakeholder's involvement in OVC service provision ensure continuous service provision to key services, need to integrate rigorous HIV prevention measures at Household levels, viral load tracking for CLHIV is made possible through closer engagement with health facilities, Case management approach is effective in preparation and eventual graduation of households.

Challenges

- Higher expectations from the community
- Food and nutritional challenges for CLHIV
- Prolonged droughts
- Negative cultural practices

Recommendations

1. OVC programs should adopt Case Management approach in household interventions
2. CPIMS functionality should be improved to make OVC data management easier for OVC IPs
3. OVC caregivers should be sensitized and supported to form/join VSLA groups
4. Supporting OVC caregivers on IGAs requires an in-depth local market scanning and analysis
5. OVC QI teams should strongly be integrated with existing sustainable community systems
6. There is need for greater involvement of both national and county government for enhanced sustainability

PROJECT DESCRIPTION AND OBJECTIVES

The Inuka Community based OVC project (ICOP) was a Five- year project funded by United States Agency for International Development (USAID) and successfully implemented by Ananda Marga Universal Relief Team (AMURT). The project was designed with the context of challenges hampering effective OVC service delivery in Bondo and Rarieda sub-counties, and was implemented for a period of five years, from July 2013 to June 2018. Bondo and Rarieda sub-counties are within Siaya county with one of the highest HIV burden in Kenya. This has been occasioned by high HIV prevalence rates that have contributed to increased mortality rates attributed to HIV-related illnesses and increased number of OVC in the county. The project was designed to mitigate on the effects of HIV/Aids to orphans and vulnerable children, and with the aim of providing care and essential support services to OVC in Bondo and Rarieda sub-counties.

The project aimed at expanding service coverage and improving the overall wellbeing of 11,000 Orphans and Vulnerable Children (OVC) living in 4150 households in Bondo and Rarieda Sub-counties of Siaya County under the following intermediate result areas (IRs):

- Access to age-appropriate essential services for the betterment of the health of 11,000 neediest OVC and 4,150 OVC care-givers through direct, home-based and referral services enhanced.
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- The economic capabilities of 3000 households looking after targeted OVCs Strengthened.
- Quality improvement of OVC service delivery within the 2 Sub Counties promoted

Data on progressive OVC recruitment per location and number of CHVs in the locations

Sub County	Location	OVC five-year target	OVC recruited year one	OVC recruited in YR two	OVC supported in year three	OVC supported in year four	OVC Supported in year five
Rarieda	Central Asembo	1000	0	1000	1000	1000	1000
	East Asembo	1100	800	300	1100	1100	1100
	East Uyoma	1250	1250	0	1250	1250	1250
	South Uyoma	500	300	200	500	500	500
Bondo	West Yimbo	1150	0	1150	1150	1150	1150
	Central Yimbo	700	0	700	700	700	700
	North Sakwa	1200	1075	125	1200	1200	1200
	South West Sakwa	1200	1070	130	1200	1200	1200
	West Sakwa	1100	0	1100	1100	1100	1100
	South Sakwa	1000	700	300	1000	1000	1000
	Central Sakwa	800	0	800	800	800	800
TOTAL		11000	5195	5805	11000	11000	11000

ACTIVITIES UNDERTAKEN AND KEY ACHIEVEMENTS (QUALITATIVE IMPACT)

IR 1: Access to age-appropriate essential services for the betterment of the health of most in need needy OVC and caregivers through direct, home based and referral services enhanced

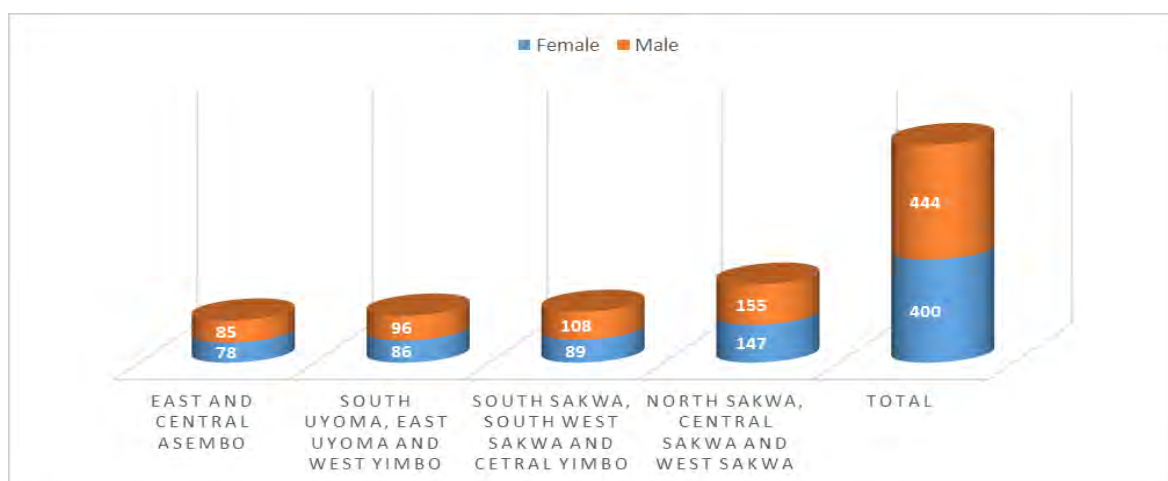
1.1 Food and Nutrition

Over the past five years, the project planned to conduct interventions that would ensure the 11,000 OVC and their households receive adequate food and Nutrition. This was conducted through the following activities.

1.1.1 Nutritional Education

Nutrition education sessions were conducted by CHVs during the OVC home visits, targeting all the 844 caregivers with OVC under 5-years old across the eleven locations of project implementation to ensure that there are no major cases of malnutrition within the OVC households. The CHVs also utilized the MUAC tapes provided to them to enhance growth monitoring for the OVC under 5 years. Through this, the project has ensured continuous and prompt growth monitoring of OVC under-five thereby eliminating cases of malnutrition in the communities that we serve through prompt detection and management of acute malnutrition cases that they may come across. The caregivers also got an opportunity to be sensitized on easily available and cheaper balanced diet, proper food preparation, cooking and hygiene so as to equip them with the most appropriate ways of preparing food while retaining the high nutritional value of the food during home visits by the CHVs and LCHVs.

Distribution of OVC under Five Years



1.1.2 Kitchen garden Establishment

A total of 1458 kitchen gardens were established/maintained during the project life. Kitchen gardens remain a key intervention of ensuring regular availability of nutritious meals to OVC households. The project witnessed tremendous improvement in the number of sustainable kitchen gardens established by the caregivers, particularly those with OVC aged 5 years and below. This was credited to the successful training that was carried out by Ministry of Agriculture in collaboration with Ki-WASH. During the training, the caregivers were also taken through practical sessions in strategically positioned demo-plots that were willingly provided by some of the caregivers. Some caregivers managed to establish more than one kitchen garden having witnessed the great benefits of the kitchen gardens that included; easy management, availability of fresh vegetables and fruits, accessibility, reduced cost of purchasing food for family consumption. In terms of households, a total of 926 caregivers (224 males and 702 females) currently have established kitchen across the 11 locations of ICOP project implementation against the targeted 844. Sensitizations were continuously done by CHV and QIT to establish and maintain more kitchen gardens with the onset of the expected short rains.

1.1.3 Linkage of OVC Households with Agricultural firms

The project has cumulatively worked with food and nutritional service providers namely: Ministry of Agriculture, CGS (County Government of Siaya, MOH (Ministry of Health) Welt Hunger Hilfe and Momentum within the 11 locations. Most of the caregivers were reached during community sensitization forums which were held at the locational level as they were training the caregivers on drought tolerant crops which they can plant depending on the type of soil and terrain at the different locations. In collaboration with the Ministry of Agriculture and Q.I teams, the project partnered with other two Agricultural firms namely One Acre Fund which is USAID funded and the East African Maltings. One Acre-Fund is currently offering seeds and manure on loans and at subsidized price to farmers who cannot afford to buy them from the local Agro vets. This initiative will go a long way in helping the caregivers to become successful farmers since they are not only getting the items on a loan basis but are also provided with on-site trainings on the different seeds that they have managed to purchase. All the 1368 caregivers who managed to purchase the seeds and manure during this quarter also got the opportunity of getting Grevillea seedlings for environmental conservation. East African Maltings was the other agricultural firm that we managed to link the caregivers. The said firm intends to make use of the various bare lands to do Sorghum growing program. The firm will

also provide seeds, manure and ploughing items to 1134 caregiver that were linked to the company. The project is currently waiting for the names of the farmers who will have qualified to have their farms be put in use by the East African Maltings Company. It is envisioned that the above interventions will help in boosting sorghum production not only as a food crop but also as a cash crop.

1.1.4 Distribution of farm implements

In order to boost food security and nutrition through establishment of kitchen gardens and expansion of cultivated land, 187 *pangas* and 820 *jembes* were issued to Caregivers based on households needs assessment. Needs assessment was done by the CHVs and verified at public barazas upon which the items were issued. This was done in the month of July 2014. An impact assessment of the distribution noted that in as much as it is a need towards food security it did not have a great impact towards increased food production. It emerged that weather, cultural beliefs, lack of storage and apathy due to low harvest are the key contributors to food insecurity. The project thus prioritized community engagement to diffuse these beliefs and change attitude through the quality improvement teams and the department of Agriculture.

1.1.5 Advocacy meetings on Food and Nutrition

Following the previous CSI that had been conducted within the last four years, it was noted that food insecurity continued to score badly compared to other domains. The project thus linked with the Ward agricultural officers who managed to sensitize OVC caregivers on food production, storage and preservation. The caregivers that were sensitized learned the importance of early land preparation, timely planting, weed and pest management, timely harvesting and proper crop storage and preservation. It was noted that if the above issues were correctly done, then food insecurity will be permanently solved within the 11 locations of OVC project implementation. The Ward Agricultural Officers are currently tracking the caregivers and offering on-site trainings to ensure proper implementation of the interventions.

1.1.6 Junior Farmers Field and Life Schools (JFFLS) approach

The project identified 10 schools to pilot JFFLS approach with the aim of initiating a sustainable response to empower orphans and vulnerable children living with HIV and affected by HIV/AIDS burden in the County. It also aimed at improving self-esteem, livelihood options and long-term food security for vulnerable boys and girls living in rural areas, and instituting gender equal attitudes, improve nutrition, agricultural knowledge and life-skills among children in a participatory way thereby reducing their risk of pursuing HIV-risky survival strategies. The training was attended by 20 teachers (2 per school). After the training, these 20 teachers formed 10 JFFLS groups in targeted schools and gradually strengthened them into engaging in small scale farming in their respective schools.

1.2 Education

Schooling is important to children, not only as a means of helping them to gain life skills, vocational skills and to prepare them to support themselves (an issue of importance to children affected by HIV/AIDS), but also as a principle mechanism for their social integration and psychosocial development. Going to school helps make life normal for children. To this end, ICOP has endeavored over the last five years to ensure that OVC are enrolled, attending school regularly and progressing from one level to the other. The project paid attention to OVC infected by HIV/AIDS. This is because of discrimination and stigmatization staged against them which results into either the children enrolling late or dropping out of school altogether.

Education intervention was achieved through the following activities as per the OVC school levels:

Education level	Number of OVC	Intervention
ECD	833	School visit to track retention and performance, scholastic materials, school uniforms.
Primary education	5502	School visits to monitor retention and performance, school uniforms, sanitary towels
Secondary	1636	School fees, scholastic materials, school uniforms, sanitary towels, CDF bursary, school visits
Vocational students	143	School visit to track retention and performance, School fees, sanitary towels, Start-up kits

1.2.1 Sensitization of community and stakeholders to support Education services

The project held stakeholders' meetings to mobilize and rally stakeholders towards OVC Education. In the first stakeholders' meeting, participants were able to identify some of the barriers to Education such as child labor in the fishing industry, hawking at bus stops and early pregnancy. Stakeholders agreed to hold further sensitization meetings within affected communities to find solutions to these barriers. The second meeting was held at *Lwak* secondary school, presided by the local MP, and attended by all sub County stakeholders in Education (TSC, KNUT, head teaches, local implementing partners and parent representatives). This meeting drew a road map to improve performance in Rarieda Sub County by enhancing retention and progress in school. Among the strategies identified were to enlighten the community about devolved funds, which supports Education such as CDF and OVC Scholarship Fund at the department of children services. Local Implementing Partners were also encouraged to support more children especially in secondary schools. From these meetings, one OVC by the name *Ogol* who had dropped out of school in the year 2011 was re-enrolled to *Ndigwa* secondary school through the support of OVC Scholarship Fund. 22 more community meetings were held across the two sub Counties to address the growing concern of child labor along the beaches and solutions reached implemented in year two of project with remarkable success.

1.2.2 Education stakeholders' meeting on ECD

To build partnership and collaborations, ICOP participated in an education stakeholder meeting on Integrating HIV and AIDS programming in ECD Education. Stakeholders shared various challenges ECD education is experiencing in Siaya County which included:

- Lack of policy guidelines on establishment of ECD centres,
- ECD education was still not free in Siaya County
- Lack of child friendly schools.

1.2.3 Stakeholders meeting on enrolment of school dropouts back to school

To strengthen partnership and collaboration, ICOP participated in an education stakeholder meeting to plan for OBS "Operation Back to School" initiated through Bondo Sub-county AAC. The meeting conducted in June 2015 was attended by Deputy County Commissioner, MOH,

Sub-County children officer, Sub-County registration officer, AMURT/ICOP, Plan International', KNUT officials, PTA and sponsors (Catholic Church and Anglican Churches of Kenya). The meeting outlined the steps to be undertaken to operationalize the initiative as:

- Mobilize caregivers to take their children to school
- Link poor OVC to CDF bursary and NGO supporting school fees
- Sub county Director of Education gave updates on enrolment and transition

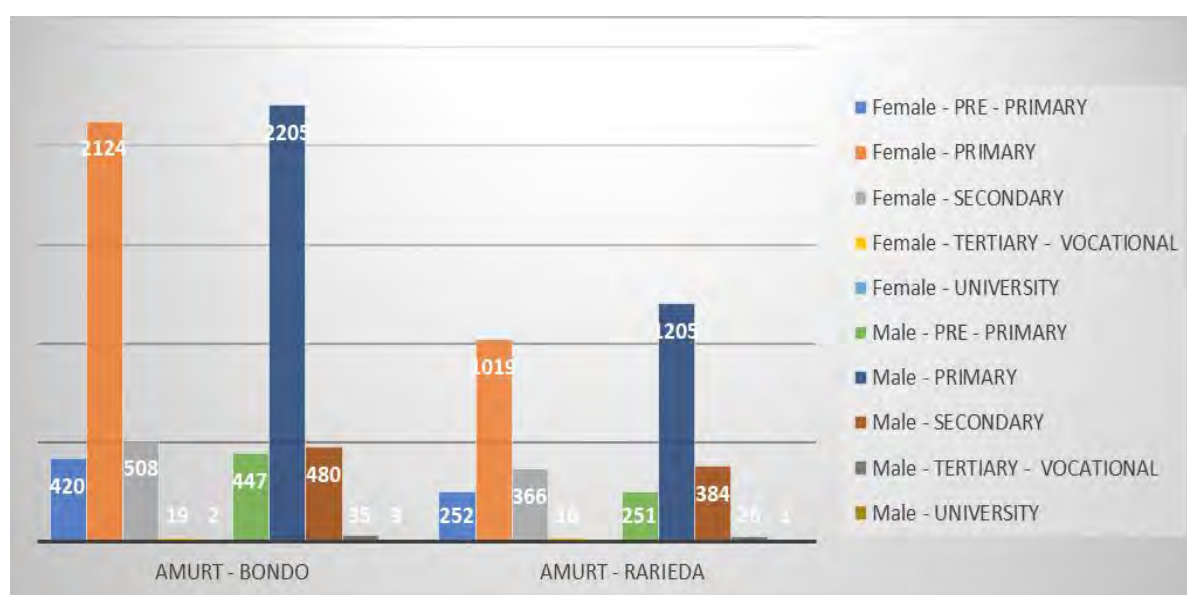
Through this initiative, Bondo Sub-County AAC recorded 6.2% increase in school enrolment for areas along the beaches.

1.2.4 Identification and supporting needy OVC with school fees

Working through CHVs, LCHVs and project officers, the project identified and supported 1350 OVC for school fees support during the project. These OVC were vetted by CHVs, QI teams and project staff using school report forms, fee balances, level of need for each child and vulnerability status of their households. The process prioritized 744 OVC for support and subsequently paid school fees for the selected children with fees allocation for each child ranging from KSH 2,500/- to 47,000/- per year. The project also conducted school visits to monitor performance and attendance of the school fees beneficiary to determine the impact of the service. The project further shared the list of beneficiaries with Ward administrators and Ministry of education to synchronize with county bursary master list.

1.2.5 School visits to monitor enrollment and retention

The project through Community health volunteers, LCHV and staff conducted monthly school visit to monitor attendance, retention and progression reaching 7,198 school going OVC in primary and secondary (3748males and 3450 females). This is against 9,765 OVCs as illustrated in the figure below. These visits were conducted in 93 primary schools and 54 secondary schools. 22 ECDE Centres and 4 vocational training institutions.



Among those visited, 46 children were noted to have missed school for more than a week in three months because of sickness (21), and taking care of ailing caregivers (9), taking care of siblings (12), and truancy (4). The cases were more among lower primary school (23 in lower primary, 14 in upper primary and 9 in secondary school).

The table below is an illustration on how the cases were handled:

Cases	Male	Female	Total	Action taken
sickness	8	13	21	The children were accompanied to the health center for treatment. They have since recovered and attending school.
Taking care of the ailing caregiver	2	7	9	The caregivers were referred for treatment in the neighboring health facility accompanied by a responsible relative. The children were counselled and escorted to school by LCHV. The schools were also made aware of incidences for monitoring.
Taking care of siblings	8	4	12	The project identified a responsible caregiver to take care of the siblings.
Truancy	2	2	4	Caregivers were advised to accompany their under-fives to school

It was noted that majority of the OVC (over 90%) were regularly attending schools. Absenteeism cases were due to illness, lack of school fees and truancy which the project continually responded to through mentorship, counselling and payment of school fees. CHVs also followed up these cases by referring the OVC for PSS and to health facilities for treatment. In addition, the project staff followed up 146 older OVC who were supported to undertake various market driven vocational skills in four vocational youth centers in Bondo and Rarieda Sub Counties. It was noted that out of the 146 older OVC trainees, 118 were regularly attending training while 5 deferred their courses due to various challenges that included long distance to the centres and general laxity. These issues were addressed by the project in collaboration with the care givers and polytechnic heads.

1.2.6 OVC supported with scholastic materials

The project cumulatively supported 7,921 with scholastic materials ranging from exercise books, Geometrical sets, pens, pencils, crayons, erasers and rulers. These materials were issued based on assessed and prioritized OVC needs, and level of schooling. The distribution was categorized into ECD and lower primary. Those in ECD level were supported with 4 pieces of (A5) exercise books, a pack of crayons, 3 pencils and Eraser while those in lower Primary school level received 5 pieces of (A5) exercise books, 3 pencils, Erasers and ruler. The distribution of scholastic materials to the OVC not only equipped them with writing/learning materials but also contributed towards improved school attendance, performance and retention.

1.2.7 OVC supported with uniforms

To improve school attendance, build OVC self-esteem and promote their identity, the project through CHVs, LCHVs and QITs identified, vetted and supported 5100 OVC with school uniforms. With injection of plus up funds in year four, the project prioritized supporting primary school going OVC with school uniforms. This was meant to improve school attendance and uphold their dignity among peers.

1.2.8 Identification and support of OVC with sanitary towels.

The project supported adolescent girls with sanitary towels over the five years not only with the objective of reducing cases of absenteeism occasioned by menses, but also to improve on their hygiene and boost their self-esteem. This notably resulted to improved school attendance and performance amongst targeted adolescent girls. It also contributed to a reduction in cross-generation sexual relationships amongst the school going girls who no longer go for older men

for sanitary towels, in exchange for sexual favors that may result to unwanted pregnancies or sexually transmitted infections and/or HIV. The project team cumulatively identified and supported 3800 adolescent girls with six-month pack of sanitary towel and panties. These Adolescent girls were identified by CHVs during home visits, and verified by Project officers and the data clerk through OLMIS and CPIMS. The girls were also trained on the use and safe disposal of the towels. With this support, the project contributed in reducing cases of absenteeism, promoted self-esteem and hygiene amongst beneficiaries.

1.2.9 Identification and support of older OVC for vocational training

The project cumulatively identified and supported enrolment of 201 VC into different Technical Vocational Education & Training (TVET) institutions within Bondo and Rarieda sub-counties. They were trained on various market-driven courses including carpentry, masonry, mechanic, tailoring and dressmaking. In further empowering older OVC to self-reliance, the project also supported the graduands with start-up kits which they used to venture to the job market. A total of 59 vocational graduands were cumulatively supported with start-up kits which included sewing machines, welding machines, mechanical tool boxes and salon equipment. These tools have significantly enhanced their technical skills through continued use in the job market, and substantially improved income generation. The project through the technical institute managers also linked 23 of the graduands to job markets.

Technical Course undertaken	Male	Female	Total
Dress making	3	14	17
Masonry	7	0	7
Salon	0	12	12
Carpentry	8	0	8
Mechanics	6	0	6
Welding	6	0	6
Electrical	3	0	3
Total	33	26	59

1.2.10 Linkage of OVC to devolved funds

To leverage on the available devolved funds with Siaya County, the project through CHVs, LCHVs and Project Officers collaborated and worked closely with the National and County government to support payment of school fees for needy OVC in a more coordinated approach. A cumulative total of 867 OVC (436 males and 431 females) were successfully linked to various bursaries since within project implementation period. Each of the 867 beneficiaries from the eleven locations who applied for the CDF bursary through project linkages, received at least Ksh. 2,000 of school fees support. The Area Members of Parliament for Bondo and Rarieda constituencies particularly played huge roles in ensuring the beneficiaries got the assistance.

1.2.11 OVC supported with Solar Lamps to improve performance

Going by the result of CSI conducted in December 2016, lack of adequate lighting at home was identified as a major reason for not doing school assignment thus leading to poor performance. Thus, the project identified and distributed solar lamps to 625 OVC (316 male and 309 female)

in year four. Those targeted were the KCPE and KCSE candidates. Among these are 126 OVC on HIV care (62 males and 64 females).

1.2.12 School Holiday Follow Up

The project in conjunction with CHVs ensured OVC are positively engaged during the long school holidays. They urged the OVC to enroll in the nearby libraries in order to access books and have friendly environment for studying. 76 female OVC that are over 18 years and are out of school were also linked to DREAMS holiday package events for the adolescents where they engaged in evening games like football and netball. They also benefitted from sessions over the weekends.

1.3 Health

The project desired outcome in this service area was to ensure that OVC are accessing preventive and curative health services through the following activities:

1.3.1 Medical Referrals

The project through CHVs and LCHVs referred 695 (362 females and 333 males) beneficiaries to health facilities for treatment of various ailments including malaria, coughs, diarrheal illnesses and tropical wounds in order to improve access to medical services. Out of the referrals made, 9 were supported by the project as in patients. The CHVs and the ICOP team continually sensitized caregivers to seek medical attention in health facilities as soon as possible and not visit traditional herbalists or buy drugs without a doctor's prescription. ICOP CHVs who are aligned to MOH were also able to treat 105 (54M, 51F) who fell ill with malaria and diarrhea. Health related cases have decreased due to improved accessibility to the government health facilities for OVC and their caregivers.

1.3.2 Health Education

To address emerging health issues, HIV being of great concern, the project held 11 locational-based Health education forums reaching 1,090 children and caregivers during which the children were made aware of the need to undertake routine HIV testing and other screenings. This was done in partnership with KCCB, Ace Africa and Impact Research Development Organization. The project also conducted sensitization forums in secondary schools on need to know the HIV status and emphasized the need for teachers to provide conducive environment for students living with HIV to access ARVs. This was underscored by Dr. Sirengo, Director NASCOP, who noted that more than 75,000 adolescents living positively in schools are not accessing ARVs because sometimes teachers deny students permission to seek and honor their clinical appointment dates, which increases the chances of them defaulting on taking the lifesaving medication. In some schools, he noted that teachers even confiscate students' drugs while inspecting their luggage. The caregivers were also taught on other emerging health issues such as Dysentery, Malaria, Typhoid, Cholera and Polio and water treatment methods such as boiling. They were also encouraged to take children under five for immunization services, deworming of children, hand washing and maintaining of personal hygiene. This was done by project Staffs and CHVs and LCHVs in partnership with Ministry of Health.

1.3.3 Distribution of Long Lasting Insecticide Treated Nets

Malaria was ranked as number one cause of child mortality from the baseline survey results. As a strategy, the project distributed 600 insecticide treated mosquito nets to 600 households within the period. To avoid duplication, this was conducted in consultation with the ministry of health who also distribute LLITNs in the County. All the other 3,550 households under the project also benefitted from distribution of LLITNs conducted by MOH.

1.3.4 Sensitization forums on primary health care

The project held 93 forums to sensitize the community on Primary Health Care, including avoidance of open defecation. The sensitizations were a follow up of trainings undertaken by project staff on primary healthcare in October 2014. During that training, the County WASH coordinator shared with the participants the current statistics of diarrhea cases in the two sub-counties. The fact sheet indicated that 67% of the diarrhea cases were caused by poor disposal of fecal waste. The process followed by follow ups on latrine construction.

1.3.5 Enrollment into NHIF

To ensure improved access to medical services for targeted OVC caregivers, ICOP enrolled and paid NHIF annual subscription fee for 705 highly vulnerable OVC households. Through this scheme, all members of these households have easily been accessing healthcare services at local health facilities including in and outpatient services that integrates HIV care and treatment. The project paid six monthly contributions to 293 households and one-year monthly contributions to 512 households. Thereafter, the households continued making monthly contributions on their own.

1.3.6 Promotion of WASH in schools

The project trained 8 staff and 222 CHVs through the department of Public Health on Primary Health Care. This highlighted the need to promote Safe water, hygiene and sanitation practices in schools. The project subsequently identified 20 schools which were targeted with WASH messages. In partnership with MOH, the project conducted six health forums on proper hand washing, and latrine use to caregivers. Further, with assistance of County WASH coordinator, the project reached Primary school pupils with tailor-made health message “STOP DIARRHOEA! WASH HANDS WITH SOAP AFTER VISITING LATRINES”. This message was inscribed on the walls of 21 Primary schools’ latrines to promote uptake hygiene amongst children.

1.3.7 Medical Camps

The project organized and conducted 9 medical camps cumulatively reaching 3915 COP beneficiaries in Rarieda and Bondo sub counties respectively. This was done in partnership with COSMOS, Siaya County and the Bondo and Rarieda Sub County Health Management Teams (SCHMT). The beneficiaries were able to receive various health services ranging from ANC (anti-natal clinic) immunizations and vaccinations, HTS, Maternal and child care and provision of medicines. In the month of June 2018 for instance, the project in collaboration with the Ministry of Health conducted one-day free general medical camp in East Uyoma (Naya Health Centre) and Central Yimbo (Usigu Health Centre) in Rarieda and Bondo Sub counties respectively. The activity supported the general community with medical care reaching 851

children and adults. 17 medical staff were also present to support the event which was supervised by 6 personnel from the MOH Bondo. An array of services was offered ranging from cervical cancer screening, nutritional supplements for under 5 years, HIV testing and counselling, health talks and family planning services.

1.3.8 Strengthening of referrals and Linkages with health services (SCHMT, CHMT)

ICOP in collaboration with Kenya Aids Strategic Work under the Ministry of Health and other key stakeholders was involved in improving monitoring, reporting and data sharing. The project conducted quarterly feedback meetings with CHMT and SCHMT to update the County and the Sub-county on key milestones in HIV interventions and to strengthen referrals. This ensured quality, accessible and affordable health care services through other HIV implementing partners and government stakeholders that share information and harmonize work plan on linkages to health care services and referrals as was the case with CHS, IRDO, KCCB, Plan International, SCASCOs and CASCO. This has improved the linkage system and referrals through the efforts of our CHVs, LCHVs and staff to care and treatment to our beneficiaries and caregivers.

1.3.10 Growth monitoring

The project in collaboration with MOH has monitored 844 OVCs (434 males and 410 females), with priority given to the under 5 to ensure that OVC have steady growth and full developmental milestones. This was done through the CHVs, LCHVs and staff in coordination with Community Health Assistants and health care workers during home visits and health facilities forums such as Malezi bora, Prevention of Mother to Child Treatment (PMTCT) clinics, Ante natal Care clinics and during support group meetings.

1.3.11 HIV prevention and reproductive health forums for youth and adolescent

The ICOP project championed across health messages targeting the sexually active adolescent boys and girls in different separate forums. In these forums, boys and girls were mentored separately on reproductive health, prevention of HIV and STIs, Life skills and choice on career. The project cumulatively reached 4,483 (2,256 boys and 2,227 girls) sexually active adolescents. This has contributed to increased knowledge and inculcation of risk reduction measures towards HIV and STIs infection. The project also participated in a one-day feedback session on County Assessment to Strengthen Adolescent Component of National HIV Program. The session was attended by NASCOP, NACC, CHS, department of children services, MoH, Siaya County Director of Health, DREAM Partners (KCCB and Impact research) among other LIP.

1.3.12 OVC linked to Community Case management (malarial, acute diarrheal illnesses, malnutrition)

In partnership with County Government of Siaya and UNICEF, the project trained 87 CHVs on Community Health Strategy and Case Management through M-learning for six months. M-Learning platform is created to provide CHVs with reference materials necessary for diagnosis of illnesses such as Malaria, Acute diarrheal illnesses, Malnutrition, prescription of drugs and effective referrals. Upon completion of the course, the UNICEF provided all participants with smart phones installed with data application for referencing in disease diagnosis and

prescription. The phones are interlinked such that any service rendered by CHV is reflected at the CHA's phone. This has improved referral and follow up system.

1.3.13 Caregivers reached through “Malezi Bora” campaign.

In partnership with Ministry of Health, ICOP project facilitated the Malezi bora activities in Rarieda Sub County to all schools within project period. The major activities conducted were deworming, provision of Vitamin A supplements and Bilharzia treatment. To achieve this, the project worked closely with the CHVs to ensure that all the children have been reached both at school and home. A cumulative total of 2,321 children were reached (1060 males and 1,261 females). The intervention is meant to reduce cases of ringworms, reduce skin infections, good vision, growth and development.

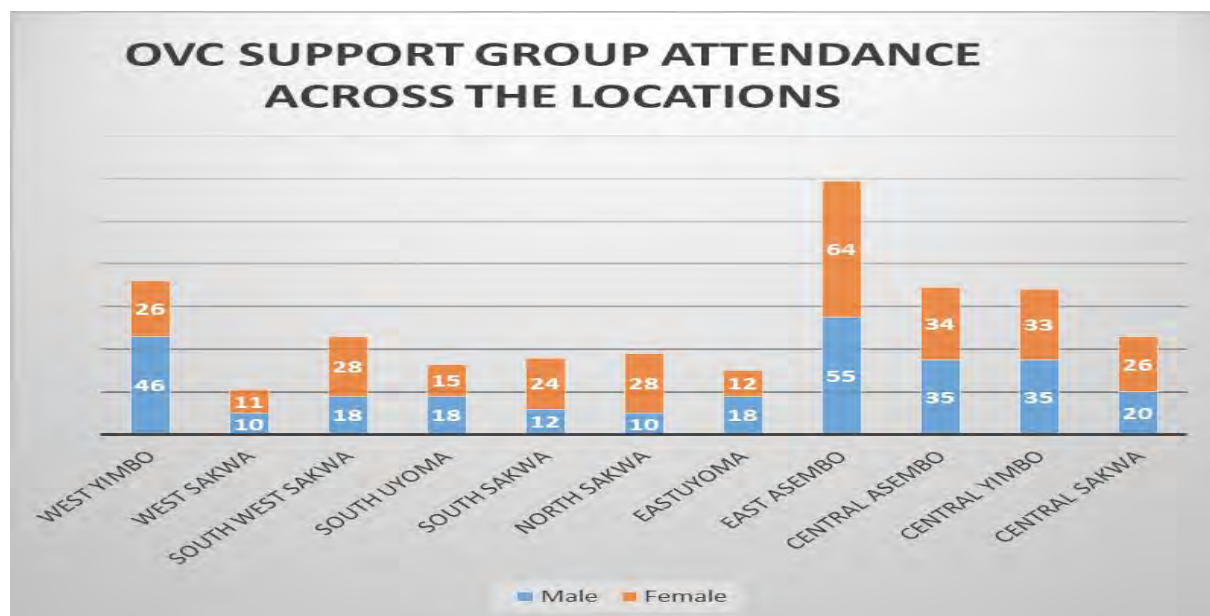
1.3.14 Children support groups

ICOP, being an HIV project took key interest in supporting children on care and treatment to cope and live a normal life just as all other children who are not infected with HIV and to ensure they adherence to treatment. The project facilitated support groups for a total of 578 OVC (277 Males and 301 Females) who are enrolled for care and treatment in 21 facilities located within the 11 locations of project implementation. This is summarized below:

OVC on Care Support Group Attendance breakdown per facility

NO	NAME OF FACILITY	LOCATION	Number Reached		
			Male	Female	TOTAL
1	Got Agulu Health Centre	West Yimbo	15	10	25
2	Nyangera Dispensary	West Yimbo	8	3	11
3	Kambajo Dispensary	West Sakwa	10	11	21
4	Kapiyo Health Center	South West Sakwa	18	28	46
5	Naya Health Centre	South Uyoma	18	15	33
6	Nyaguda Health Centre	South Sakwa	7	8	15
7	Anywongi Health Centre	South Sakwa	5	4	9
8	Mawere Health Centre	North Sakwa	9	18	27
9	Rambugu Dispensary	North Sakwa	1	10	11
10	Kunya Dispensary	East Uyoma	17	13	30
11	Ragengni Health Centre	East Uyoma	1	9	10
12	Lwak Health Centre	East Asembo	35	37	72
13	Abidha Health Centre	East Asembo	30	27	57
14	Ongielo Health Centre	East Asembo	14	22	36
15	Saradidi Health Centre	Central Asembo	9	9	18
16	Mabinju Health Centre	East Asembo	11	6	17
17	Usigu Health Center	Central Yimbo	25	27	52
18	Radier Dispensary	Central Yimbo	13	6	19
19	Uyawu Health Centre	Central Sakwa	12	17	29
20	Ndeda Island Dispensary	Central Sakwa	8	6	14
21	Ndori Health Centre	Central Asembo	26	25	51

	<i>TOTAL</i>		<i>277</i>	<i>301</i>	<i>578</i>
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During the support group meetings, the project supported the health facility staff to monitor the children's growth and health (adherence). They also mentored the children on care about key life skills that makes them confident, raise their self-esteem hence enabling them to live normal lives. Clinical assessments and viral load samples were also collected during the appointment dates and analyzed for progress on viral load suppression and CD4 counts as indicated below:

DESCRIPTION	MALE	FEMALE	TOTAL	PLANNED CORRECTIVE MEASURE
OVC assessed for the first time	2	4	6	Monthly follow up and tracking
Total number of children assessed clinically in project period	277	301	578	Case conferences with other facilities to check on progress of ICOP OVC enrolled in those facilities
OVC in support groups	372	427	799	Address disclosure issues
OVC virally suppressed (<1000 copies)	241	312	553	Reinforce adherence promotion messages
OVC virally unsuppressed (>1000 copies)	127	119	246	Identify the factors hindering adherence and address accordingly
OVC on 1st line regimen	125	179	304	Reinforce key adherence promotion messages and address identified challenges

OVC on 2nd line regimen	153	96	249	Ongoing Adherence counseling and do a follow up
OVC malnourished	0	0	0	Continue with regular growth
Referrals	0	0	0	Strengthen linkages through case conferencing

95-95-95 Adherence Progress for Pediatrics and Adolescents

AGE COHORT	OVC suppressed			OVC non-suppressed		
	MAL E	FEMA LE	TOTAL	MALE	FEMA LE	TOTAL
Paediatrics (<12yrs)	126	122	248	71	70	161
Adolescence(>12yrs)	140	165	305	56	49	146
Total	266	287	553	127	119	246

1.4 Psychosocial support

The effect of HIV/AIDS among many Orphans and Vulnerable Children is associated with great distress, trauma and depression. Mental or psychosocial stress affects children and has a negative impact on their emotional & mental development and well-being. The project therefore undertook PSS interventions to strengthen inner resources of the OVC, reduce the psychosocial impacts of HIV/AIDS, build resilience of OVC and enhance their coping capacities. To achieve this the project conducted the following activities:

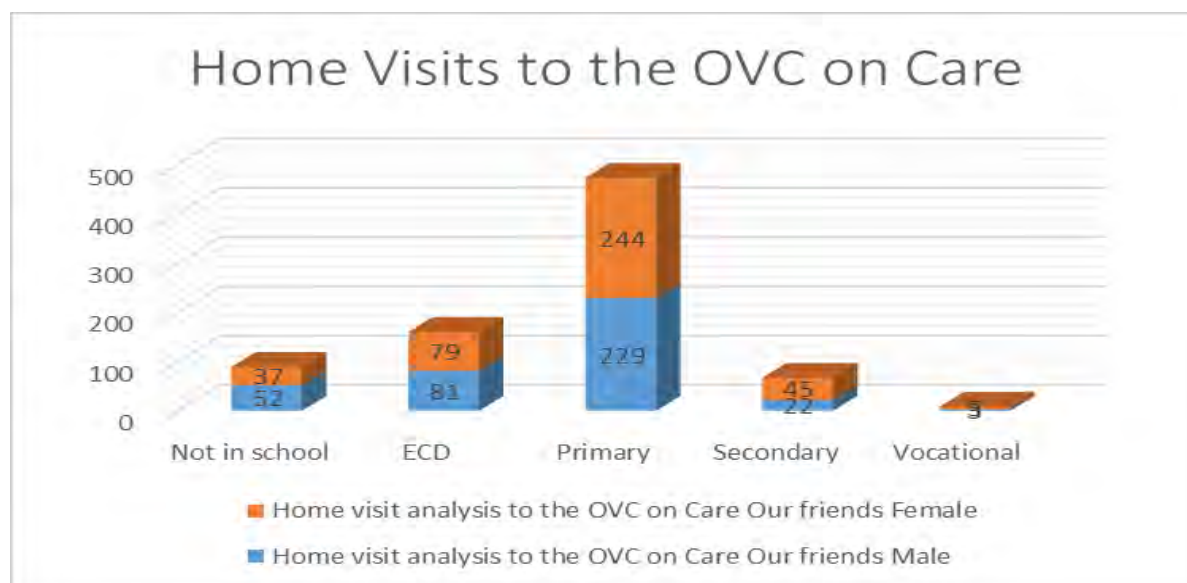
1.4.1 Home visits

To keep abreast with beneficiaries' psychosocial needs, the project conducted home visits to all OVC and their caregivers once a month. During the home visits, CHV's assess the general wellbeing of the household members and offer guidance and counseling where needed. The project cumulatively visited 10,808 OVC and 3,192 caregivers as illustrated in the diagrams below.

Home visit analysis							
SCHOOL LEVEL	Our friends		Negative		Not Known		Total
	Male	Female	Male	Female	Male	Female	
Not in school	52	37	471	383	59	47	1049
ECD	81	79	449	438	68	55	1170
Primary	229	244	2869	2922	199	157	6620
Secondary	22	45	897	785	48	34	1831
Vocational	3	5	53	68	5	4	138

Total	387	410	4739	4596	379	297	10808
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The graph below illustrates home visits to OVC on care



1.4.2 Identifying and consoling with OVC undergoing grief and Trauma (OVC in need of PSS)

The project through CHV, LCHV, HTS champions and staff rolled out a plan of identifying and consoling with OVC and caregivers undergoing grief, sadness, trauma and depression because of loss of beloved ones, Testing HIV positive, failing in exams and brutal punishment from caregiver. The plan entailed identifying the cases during home visit through observation, inquiring or both. The CHVs then recorded cases in case record sheet to provide basic counseling depending on the case. Cases requiring special intervention were forwarded to the project officers who identified professional counselors for counseling. During the project period, 11 OVC (5males and 6 females) in need of professional counselling services were identified by CHV. Out of the 11, six (6) were traumatized as a result of poor response to HIV/AIDS drugs, two (2) were bereaved, one tested HIV positive and three (2) neglected by their caregivers.

Cause of Trauma, grief	Male	Female	Total	Action taken
Poor response to HIV/AIDS drugs	2	4	6	The OVC and their caregiver were accompanied to the CCC by the clinician. They were enrolled into a new treatment regimen.
Bereavement	1	1	2	They were counseled and are under close monitoring
Tested HIV positive	1	0	1	The OVC were accompanied to the clinic and enrolled into care and

				treatment
Neglect	1	1	2	In liaison with area chief and QI team the caregiver was reunited with her children

1.4.3 Mentorship sessions

To prepare children for the challenges and problems that they may encounter in their lives, the project enrolled adolescent boys and girls into a mentorship program. The program was conducted over the holidays (April, August and December) when Children are available. Cumulatively, 4483 adolescent OVC (2256 boys and 2227 girls) participated in two-day mentorship sessions conducted at the locational level. The sessions were facilitated by trained facilitators from DREAMS partners (IRDO and KCCB). The sessions covered among other topics life skills, drug and substance abuse, sexual and reproductive health and HIV/AIDS, career choices, child right and responsibility. These sessions were meant to empower the adolescent boys and girls to be more assertive in decision making and to prevent them from engaging in risky/harmful behavior like premarital sex which may lead to STI and contracting HIV. For sustainability purposes the project trained 200 CHVs and 21 LCHVs on OVC care and mentorship. With this knowledge, the project staff, CHV and LCHV are well equipped to conduct mentorship sessions thereby reducing on the cost of hiring mentors. The CHV were also be able to handle psychosocial issues as they occur and not wait until holidays.

1.4.4 Open days

Open days provided opportunity for project beneficiaries to interact and build their interpersonal skills besides receiving key multiple services at this ‘one stop shop ‘set- ups. The project held 11 locational open days reaching 11,612 OVC and Caregivers. The beneficiaries were involved in games such as sack race, potato race, relay, Soccer, Net ball, Volleyball, Balloon blowing and dancing. Apart from the games, Nutritional assessment was done and those found malnourished were referred to the nearest Government Health facilities for nutritional management. This was done by CHVs assisted by the nurses. Beneficiaries were also sensitized on child protection issues and legal documents such as need for birth certificates, death certificates, ID cards and Title deeds. Furthermore, children and caregivers were put into age appropriate clusters through which they were sensitized on health choices, family matters and household economic strengthening.

1.4.5 Sensitization forum on PSS

In order to empower the caregivers and CHVs with knowledge and skills on PSS to enable them offer regular emotional, social, spiritual, mental and physical support to OVC. The project sensitized 560 caregivers and CHVs on Psychosocial support services. The major objectives of sensitization were:

- To strengthen families and communities in provision of PSS.
- To strengthen networks, linkages and resource mobilization of PSS service providers.
- To facilitate integration of psychosocial support with other services targeting vulnerable children and their households.

Sensitization forums were done by Project Officers in four locations. It is expected that caregivers and CHVs will cascade the knowledge and skills gained to their VSLA members.

1.5 Shelter and care

1.5.1 Shelter Renovations

According to the baseline survey, 30% of OVC lived in unsafe and dilapidated structures that did not meet acceptable standards- safe, clean and secure. ICOP over the last five years identified and renovated a total of 352 dilapidated shelters within 11 locations by providing iron sheets and roofing nails. This ensured the beneficiaries stayed in a dry, safe, adequate and secure environment according to the local standards. The project also mobilized the community to provide round poles, labor and other building materials for renovating shelter for targeted needy caregivers. Through VSLA, other caregivers were able to borrow money and undertake renovation of their shelters such as replacement of worn out iron sheets, doors and windows. The community culture was a serious impediment to this especially to widow-headed households, which were discriminated against when it came to labor support from the community. Clan elders had to play a key role in ensuring these marginalized members of the community received support.

1.5.2 Care assessment and distribution of blankets

According to the baseline survey results, 86% of the OVC had adequate bedding and home clothes. The project advocated through Members of County Assembly (MCA) and other Local Implementing Partners for support and bought home clothes and bedding for the remaining 14% of the OVC which translated to 1,540 OVC. Out of this, the project in year two supported 500 OVC with blankets.

1.5.3 Caregivers sensitized on parenting skills

31 young parents and 76 old caregivers were sensitized on parenting skills during home visits conducted by CHVs. This has helped in equipping them with necessary skills to care and support. LCHVs and CHVs continued sensitizing caregivers on appropriate parental skills which resulted to reduced cases of child neglect and truancy. Riding on achievements realized after caregivers were trained on parental skills, the trained caregivers cascaded the training to their VSLA group members. A total of 3,071 additional caregivers were reached this way in year two.

1.5.4 OVC Reintegrated into the Family

During the five years period, the project with support from Department of Children services identified and placed 7 OVC under the care of alternative caregivers following demise of their parents. These OVC were enrolled back to school, and were able to adapt to their new environment.

1.5.5 Care

The project through CHV and LCHV conducted home visits to the households during which the caregivers and the OVC are sensitized on importance of keeping their houses safe, water treatment, clean and secure through minor repair i.e. smearing the walls with mud and general

proper care of children by adults. One male OVC who was sent away by his guardian who had taken him in after the post-election violence. The project, in consultation with the Department of Children Services and the local administration identified an appropriate alternative foster home to enable the child continue with his education uninterrupted.

1.6 Child protection

The project, through CHVs, LCHVs and staff supported and worked closely with the Department of Children Services, local government structures such as AACs, QI teams, chief's barazas and other local players to strengthen child protection systems at the community level and to improve access to child protection services at the household level. This was achieved through the following activities:

1. 6.1 processing of birth certificate

As a way of ensuring that all our OVC have entitlement to their identity rights, the project is processed birth certificates to the OVC who did not have the certificates. A cumulative total of 10,154 OVC were supported to acquire birth certificates against a target of 11,000 OVC.

The project continued to sensitize caregivers on benefits of birth certificates and other legal documents for their children. This was done with support of Civil Registration Department, Registrar of Births and Deaths who gave priority to the OVC served by the project in the processing of birth certificates.

1.6.2 Support Children Assembly

Children assembly is a Kenyan initiative involving children in Governance. Children across the country meet at sub County level, County level and at National level to elect their representatives. In year one, ICOP project supported 15 children from Siaya County attend the National children assembly in Nairobi in the month of June 2014. The project has also been supporting the county children assemblies over the past five years. These assemblies were held at the Care for the Earth and supported by ICOP and other partners including Plan International, ChildFund Kenya. The children were given a platform to air out their views on challenges that they are facing at home and which are affecting them both socially and psychologically thereby limiting their educational performance. All the participants were given a gift hamper. Girls' gift hampers contained a bucket with sanitary towels, shoe polish, umbrella, toothpaste and toothbrush. The Boys' gift hamper contained shoe polish, umbrella, toothpaste and toothbrush and handkerchiefs.

1.6.3 Children International Days

The Project recognized and supported commemoration of '*The day of the African child*' (DAC) and the *World Orphans Day*. These two events were marked at the two sub-counties levels. The events were attended by sub County stakeholders and graced by Member of Parliament for Rarieda constituency.

1.6.4 Awareness creation on child rights

Awareness creation meetings were held at the village level to advocate for child rights. Some of the child right vices identified were child labor, prostitution at the beaches, neglect by relatives

and Child trafficking to towns. In partnership with ANPPCAN, a roadmap for addressing these vices was developed and implemented from year two.

1.6.5 Area advisory council meetings

To strengthen local mechanisms in dealing with child protection issues in Bondo and Rarieda sub-counties, ICOP regularly supported quarterly sub-county AAC meetings during the five years period. A total of 27 meetings were supported. The meetings discussed a wide range of coordination of children services issues that included Presidential scholarship award, the role of AACs in child protection, commemoration of children events, operation back to school, handling and referral of defilement cases (in particular filling of P3 forms), child protection, mobilizing the community to take up their role in protecting children from abuse, emerging child abuse cases, referral and reporting of abuse cases.

1.6.6 Community and OVC sensitization on child protection

In order to educate OVC on child rights, responsibilities and protection issues, the project held 5 Locational forums. This was a follow-up of the recommendations given during County children protection forum held in Bondo Sub County. The forums reached 320 participants among them children, club officials, police, chiefs, LIPs, caregivers, children's Office and child rights club patrons. The forum identified the following gaps in reporting and dealing with child right issues

Gaps identified	Way forward
Lack of referral channels	Partners who have a role in child right issues to develop a referral directory
Fear of justice process	Sensitization forums to be held with partners including judiciary to educate the community on justice process and its requirements.
Inadequate victims support system	There is need to provide counseling services to the victims.
Stigmatization to the children	Need to form and strengthen child rights clubs and make them vibrant. There is need to offer support to the victims.

1.6.7 County children legal and social protection forum

The project organized for a one-day County children legal and social protection forum which was held in February 2015 with the following objectives:

- How to improve access to social and legal services and ensure quality services to children.
- How to enhance public participation in the delivery of justice to children.
- How to build a platform for sharing experiences and information on child protection issues.
- Forums for sharing feedback on information about children.

The forum was attended by provincial administration, regular police, and office of prosecution, ANPPCAN, AMURT, KNUT and National administration. The forum discussed the following issues and recommendations:

- Best interest of the child should always be put first in cases involving children

- Child participation should be key in such forums.
- Addressing the family responsibilities is key in child protection.
- Involving medical practitioners on issues of child protection is important to ensure holistic approach in child protection.
- Creation of awareness and sensitization to the communities on child protection issues.
- Stop issuance of *Disco Matanga* (vigil night dance) permit-consultation should be done before they are issued.
- P3 form – Office of the DPP to write to hospital (medical superintendent) about changes on P3 forms.
- Witness disappearing - DPP enlightened participants that witness disappearance is a key challenge leading to delayed justice.
- ICOP project to sensitize caregivers on child protection through community barazas

1.6.8 Formation of School Child right clubs

To promote OVC participation in child protection issues which enable them make decision on matters affecting them, the project formed 20 more child right clubs in addition to the 20 clubs formed in year one. Child right clubs' patrons were identified by schools after which they were trained by the project on child rights, club formation and management. The training was based on the framework for national child protection and national children policy. The patrons have since then formed the clubs. The project is currently studying various approaches to sustain the clubs such as junior field and farmers' schools.

1.6.9 School Child right club's debates

To ensure OVC are educated on child rights, the project conducted inter-school club debates. The debates were held in the hosting schools mainly discussing issues of children right and responsibilities. The debates among school-going children was found to be among the best ways of sensitizing pupils on child rights and evaluating their knowledge on the same.

1.6.10 Child Safeguarding Policy

Child safeguard is an activity aimed at making organizations take responsibility over their own staff, operations and ensuring that their programs do no harm to children. In the year 2017, the project through PIMA trained two staff on child safeguarding for 5 days in Kisumu. The two staff later cascaded the training to 4 project officers and subsequently cascaded the training to 21 LCHVs who were empowered on how to recognize factors that increase a child's vulnerability to maltreatment. The training covered the need to assess caretakers handling children, monitor behaviors of child handlers, creating environment which reduces chances of child maltreatment and developing a culture that is child-focused, transparent and respectful. In addition, the project supported review of organizational child safeguarding policy, and adopted it for use by the project staff, CHVs, LCHVs and stakeholders that worked closely with ICOP. These enhanced approaches of handling children issues and improved care for children.

1.6.11 CPIMS (Child Protection Information Management System)

ICOP project in conjunction with DCS and PIMA supported piloting of CPIMS in Siaya County that saw six ICOP staff given CPIMS access rights to facilitate recording/reporting cases

through the system. The DCS also inducted four project officers and two data clerks on case management record sheets which were filled by CHVs on emerging cases, and submitted to DCS for entry into the CPIMS. Child protection cases were filled in case record sheets by the Sub-County Children officer. The project subsequently migrated OLMIS into CPIMS which enabled systematic follow up and monitoring of all children from a centralized system. This has enhanced tracking of child protection cases not only by the project but also by the government and other concerned agencies.

IR 2: To build Capacity of local communities to deliver sustainable, quality, high impact range of critical services to OVC

2.1 Training of CHWs and caregivers in the care and management of OVC and their health

21 LCHVs, 200 CHVs and 5 Project staff went through a five days intensive training, to equip them with skills and knowledge on Care and management of OVC. This training was conducted by the 5-project staff and 2 Sub County Children Officers from Bondo and Rarieda Sub-Counties, using the World Vision curriculum, OVC Minimum standards and the Children's ACT 2001. LCHVs and CHVs subsequently cascaded the training to caregivers.

2.2 Capacity building seminars for ECDE teachers, school management committee and selected parents on basic Nutrition, growth promotion and childhood development conducted.

In partnership with Department of Children services and Plan international, 15 ECD teachers, 15 School Management Committee Members, 10 Parent Teachers' Association (PTA) members and 15 primary caregivers were trained on growth, Nutritional promotion and childhood development. This was done to build capacity of key stakeholders to take keen interest in the development of children particularly at early childhood.

2.3 Training school club patrons and chiefs on child rights

In order to build the capacity of children and teachers to appreciate child right issues, the project trained 40 school club patrons from selected schools within the two sub Counties on Child Rights. The teachers then formed and/or strengthened existing child rights clubs in their schools.

2.4 Training of CHVs on OVC care

Having recruited additional 200 CHVs and 21 LCHVs in July 2014, the project trained all of them on OVC care for three days. The training took place in August 2014 at the village park Hotel. ICOP Project Officers facilitated the training, having been trained by *Stawer consultants* on OVC Care the previous year. The topics covered included Minimum quality standards for OVC service delivery, Child rights and abuse, National and international framework on children Rights, CSI, Growth and development in children, Counseling and communicating with OVC, accompanying OVC through life challenges, reporting tools, and Psychosocial support.

2.5 Strengthening Department of Children services

With the creation of new sub-county children offices, the project supported each sub-county children office in Rarieda and Bondo sub-counties with a computer to strengthen the officer's

capacity to do clerical duties and maintain data bases for vulnerable children in their respective counties.

2.6 Training of Caregivers and CHVs on VSLA and Business skills

The project reached 124 CHVs (43 Males, 81 Females) and 332 VSLA officials (63 Males and 269 Females) from Rarieda and Bondo Sub counties with training on VSLA and Business skills. The participants included CHVs, VSLA Chairpersons, Secretary and Treasurers from the VSLA groups that had been established by the caregivers through support from the project. The training equipped the caregivers with skills and knowledge on how to establish businesses such as small-scale farming (integrated agriculture) and different types of business for income generation to support OVC households. The training took place at the Locational levels in the month of September 2014.

2.7 Training CHVs and VSLA officials on VSLA SPM methodology

The project trained 896 VSLA officials (Chair person, two Money Counters, the Secretaries and the Treasurers) and CHVs on Selection Planning and Management (SPM) methodology based on **Care Kenya curriculum of village savings and loaning associations**. The three-day training was facilitated by community VSLA Trainer of Trainers. With these skills and close monitoring, the groups have been able to journey through to maturity. Having trained 218 groups for three days, the groups started saving and loaning amongst members and initiating IGAs that empowers their Households. The project continued to facilitate community VSLA ToTs to conduct periodic mentorships sessions for the groups.

2.8 Training of caregivers on parental skills

To build the capacity of caregivers on parental skills, the project trained 710 CHVs and caregivers within the five years period. The trainings were done in the months of April and May 2015, at the locational level by the Parenting Skills Trainer of Trainees (TOTs) using the REPPSI (Regional Psychosocial Support Initiative) curriculum to promote parent-to-child relationship. Trained caregivers in turn cascaded the knowledge gained to other caregivers through their VSLA meetings, cumulatively reaching 1911 caregivers. This training was particularly tailored for parents who were experiencing parenting challenges either with their own children or with the OVC they are taking care of. Some of the topics that were covered included Communication with children, Conflict management, Leadership/servant hood and Child rights

2.9 Training of staff on case management

Two ICOP Staff attended a three -days training on case management for children who have been abused. Various stakeholders who attended pledged to support each other to ensure the Counties are safer for children. It was financed by *Child Help Line* and attended by key stakeholders within the County including the County and Sub County Children Officers.

2.10 Training staff and LCHVs on HIV/AIDS

ICOP staff were sensitized on the issues of HIV/AIDS during one of the Continuous Professional Development sessions. At the end of the training, the participants acquired

information and knowledge on HIV infection, transmission, progression, management and prevention including stigma reduction. This training was done with the sole objective of increasing awareness about HIV at workplace and the community in order to reduce stigma and discrimination.

2.11 Training staff on gender norms

During the month of November 2014, ICOP Staff and the Lead Community Health Volunteers underwent training on Gender issues in order to increase their knowledge and skills on gender awareness, lobbying and advocacy. The training also enhanced the participants' understanding of approaches and strategies of gender mainstreaming and integration.

The one-day training also empowered the staff and LCHVs to implement gender mainstreaming during service delivery in the various locations that ICOP is working in. The LCHVs and the Project Officers were also able to cascade down the trainings to the community level by disseminating knowledge and skills gained to the CHVs during the CHVs Monthly Review Meetings. The caregivers were also reached during their VSLA group meetings where they were sensitized by their respective CHVs on Gender issues, stigma and discrimination.

2.12 Capacity strengthening of existing SMCs, AACs, and CBOs to support child rights

The project supported Educational stakeholders' workshop on child rights. The workshop was held at *Village Park hotel* for both Rarieda and Bondo Sub-Counties. The meeting was attended by KNUT officials, Sub-Counties Education Officers, Sub-Counties Children Office, and County Coordinator of Children Affairs, TSC, Sub-county coordinator of ECD, ECD Teachers from 20 schools and SMCs from 20 schools and head teachers from 20 primary schools. The workshop aimed at identifying child right issues affecting pupils in primary schools. The workshop achieved the following:

- Participants identified forced repetition to be a leading factor to school dropout along the lake; such children resorted to fishing.
- Corporal punishment is still rampant in schools thus there is need for KNUT and TSC to sensitize teachers on alternative discipline.
- Most ECD centers are grilling children thus hampering brain and personality development. Thus, Sub County ECD coordinators should ensure the syllabus is followed and children are taught by trained teachers.
- ECD teachers should be trained to develop teaching Aids from locally available materials. AMURT will spearhead the process.

2.13 Training caregivers on support group formation

To promote enrolment and retention of caregivers living with HIV/AIDS in care and treatment, the project conducted a two-days training on support group formation and management. The training was conducted by facilitators from the local Patient support centers within 5 locations reaching out to 322 caregivers. They were equipped with knowledge and skills on adherence counseling, defaulter tracing, index client /family testing. This translated to more vibrant support groups, reduction of stigma and more linkages to care and treatment.

2.14 Training caregivers on IGA (goat/sheep/poultry farming)

The caregivers that benefitted from the goat/sheep and poultry grant from ICOP underwent a 3-days training to empower them with skills and knowledge on disease prevention and treatment, feeding, value addition and general care of animals for better yields. The training was done by ICOP in collaboration with the Department of Livestock Development. The selection of caregivers for this training was also based on the most vulnerable caregivers to be supported to access increased income, growth and wealth creation opportunities. The trained caregivers in turn shared the knowledge and skills gained with other caregivers during their VSLA group meetings.

2.15 Training of Staff and LCHV on PHDP

The project conducted a three-day PHDP (Positive Health, Dignity and Prevention) training to staff and LCHV to equip them with knowledge and skills in prevention of HIV amongst people infected with HIV, improve adherence, reduce self-stigma and promote enrolment and retention to care and treatment. This training was facilitated by the Bondo and Rarieda Sub County Aids and STI Coordinators.

2.16 Stakeholders meeting on improved disease prevention, referral and linkages

The project organized a one-day stakeholders' meeting where it reached all the health facility in-charges from the eleven locations of project operation. During the meeting, the participants were able to come up with a referral directory for enhanced referral and linkages. This has contributed to the strengthening of project referral system leading to improved number of beneficiaries accessing health care services at the local MOH facilities.

2.17 LCHV and staff trained on gender mainstreaming

The project identified gender norms and inequalities as a key factor that increases women's and girls' vulnerability to HIV due to multiple factors, including limited ability to negotiate safer sex, engaging in transactional sex, and the fear to undergo HIV testing and counseling, disclose and access HIV treatment because of fear of violence and abandonment. Subsequently, the project trained 5 staff members and 21 LCHV on gender mainstreaming focusing on last four approaches as highlighted in PEPFAR gender strategy document which include:

- Integrated health service models
- Community and civil society engagement
- Meaningful participation of women, girls, boys, men, people with other gender identities and vulnerable groups
- Health systems strengthening to ensure capacity and quality for gender activities along the HIV continuum of care

With the training, the project-initiated activities based on PEPFAR gender Framework to promote involvement of beneficiaries of all gender in project implementation.

2.1.8 School patrons trained on JFFLS

Junior field and farmers' life schools (JFFLS) was considered a sustainable response to empower orphans and vulnerable children living in communities burdened with HIV and AIDS pandemic.

- A way to improve the self-esteem, livelihood options and long-term food security of vulnerable boys and girls living in rural areas;
- A means to institute gender equal attitudes, improve nutrition, agricultural knowledge and life-skills among children in a participatory way thereby reducing their risk of pursuing HIV-risky survival strategies;
- An important instrument in promoting respect for the sustainable use of the world's natural resources based on the real and locally identified needs of orphans and vulnerable children;
- An attempt to be inclusive of both in- and out-of-school youth.

The two-day training targeted 10 primary schools to which child right clubs had been formed in 2014. Each school seconded 2 patrons to initiate and implement the initiative. The training covered the objective of JFFLS, how to get started and how to monitor activities initiated by the clubs. These trained teachers subsequently cascaded acquired knowledge and skills to their pupils in the child rights clubs during regular club meetings. Some of the children have since embraced the spirit of JFFLS and initiated agricultural activities and rearing of small livestock within their households hence contributing to improving food security and nutrition status.

2.19 Monthly CHV, LCHV, CBT review meetings

Monthly CHV, LCHV and CBT review meetings acts as avenues for feedback and on job training sessions. The team meets to collect reports and give an update about the scheduled activities and plan for the subsequent activities. ICOP has been holding regular monthly review meetings with the CHVs, LCHVs and the CBTs. During the meetings that were spear-headed by the project officers, the team discussed scheduled project activities, achievements and gaps shared. The POs also used the opportunity to review OVC minimum standards to ensure that service delivery is done as per the set standards. They also gave feedback on the CHV reporting rates which is generated from OLMIS. The team also made follow ups on the previous month's pending tasks. The monthly review meetings were also used by the CBTs to share their VSLA reports with the team. On the other hand, the CHVs shared reports on the progress of OVC and their households. The LCHVs also shared the HES reports and briefed the teams on the progress of QI teams within their respective locations. After the monthly review meetings, the CHVs normally have one hour to update the files of OVCs under their care. This has led to an improvement in the individual OVC files.

2.20 Training of staff on Child Protection

In partnership with the County Children Coordinators and Child Helpline Kenya, the project was able to participate in a 2 day training on child protection together with other likeminded organizations working within the county so as to be able to address most of the child protection issues which was shared from the findings of the cases at the children offices and child helpline (116) Centre, Child neglect was one of the major topic discussed and hence the partners on board were trained on parental skills and life skills so as to be ToTs (trainers of trainees) of the caregivers that they are working with. It is envisioned that once the information has been

cascaded down to the caregivers and relevant stakeholders there will be decline in child neglect and family re-integration.

2.21 Capacity building of QI teams and their eventual transformation to CBOs

The QI coached have been mentoring the 11 QI teams to ensure that they grow into maturity. They have been helping the teams in the tracking of change ideas, documentation of best practices and success stories. In April 2017 ICOP organized learning session for all the 11 QI teams. During the learning sessions, the QI teams shared experiences and challenges with one another, hence helping the teams to identify their strengths and weaknesses and how best to address them. Currently 10 of the QI teams have been registered with the department of social services as CBOs and self-help groups. The teams are also engaged in various IGAs initiatives that they established through support of ICOP. The IGA established by the teams includes; hiring of tents and chairs, table banking, farming of drought resistance crops, selling of cereals and rearing of local goats.

2.22 USAID/OGAC (Office of the Global Aids Coordinator) Field Visit

In May 2017, ICOP had the privilege of being visited by the officials from the Office of the Global Aids Coordinator (OGAC). The project managed to share and learn a lot from the OGAC/USAID visit to the ICOP field offices. Some of the issues learnt included; how to report OVC on care in the DATIM reports- adults (those above 18years should not be included, eligibility criteria correlate with level of OVC vulnerability; need to focus on HES to promote resilience and sustainability beyond the project period.

2.23 Training LCHV and staff on PSS

The project in the month of August 2017, trained 21 LCHVs, 5 project staffs for 3 days on psychosocial support. The training was meant to equip the project team with skill to offers, monitor psychosocial services. The training which took place at the Don hotel was based on REPPSI curriculum, OVC minimum standards for service delivery and PSS national guideline. It focused on the importance of PSS, domains of PSS such as social, physical, mental, emotional and cognitive. After the training, the LCHVs and project team cascaded the training to 198 CHV at the location level.

2.24 Training of community-based trainers (CBTs)

Over the last two years the project has been conducting monthly monitoring of the 221 VSLA groups at the village level using LCHVs and CHVs. This proved ineffective due to inadequate skills to train and nurture VSLA group. Because of this, the project noticed fallout by members from the groups, loan defaults and loss of money by members during share outs. To strengthen the groups, the project trained 21 CBTs for three days on VSLA methodology. The trained CBTs have since assessed all the 221 VSLA groups and categorized them as infant, adolescents and adults. Where infants are those groups that have just been formed or reconstituted after disintegration, adolescent groups are groups that meet regularly but are still storming, adult groups are category of groups which have matured; they have shared out consistently for two cycles.

2.25 Rarieda professional development forum

ICOP, in the month of December 2016, engaged the Rarieda Professional Development Association to highlight the milestones and gaps that the project is currently facing and their role as a community. The meeting took place at Tin Toler Hotel in Ndori attended by 72 professionals drawn from Rarieda Sub-County. Area MP also attended to give support for the undertaking in Rarieda. During that forum, the project shared a list of vocational students who are looking for experience and placement. The project also took the opportunity to identify mentors who were then engaged in the mentorship initiative.

2.26 Training of Project Staff on APOC, HTS and Prep

The 5 days training was held at the Tea Tot hotel in Machakos County. The objective of the training was to learn more on Adolescent package of Care (APOC) and be able to integrate them with OVC programming especially on how best the program can focus on partnerships with various key partners and stakeholders to enable it give comprehensive package of services to the adolescents. The New HIV and Testing Services (HTS) guideline was shared with emphasis on the algorithm and the changes made in consent and the personnel involved. Pre-Exposure Prophylaxis (Prep) (a new prevention treatment launched in Kenya seven months ago) with the main goal of ensuring zero new HIV infections in Kenya BY 2020 updates were shared amongst the participants for adoption and implementation. Three project officers (2 Male and 1 Female) represented ICOP in the training which was organised by the Ajiri Dada Project (ADP), a Dreams' Innovation challenge being implemented by AMURT in the informal settlement slums in Nairobi.

IR3: Strengthen economic capabilities of 3,000 households looking after targeted OVC

3.1 Support linkage of households to IGA activities.

48 poultry farmers from all the six locations were linked to *Techno serve* and trained on Poultry rearing. The methodology used during the linkage process was exposure visits whereby newly trained caregivers from each location had an opportunity to visit successful poultry farmers from other locations.

3.2 OVC Stakeholders dialogue meetings

The project held three dialogue meetings in year one. The first meeting was held in December at the *Village Park Hotel in Bondo* to map existing implementing partners in the two sub Counties such as NGO's, parastatals, CBO's and GoK to familiarize with each Project. One key output of the meeting was the development of a partner matrix indicating the name of the organization, areas of operation, beneficiary targeted and services offered. Through this, participants were able to link and partner with one another. 11 LIPs and 8 GoK officials attended the meeting.

The second meeting took place in Quarter four with ICOP project hosting the stakeholders' meeting at *Village Park, Bondo*. The meeting had the following in attendance: Sub-County Children Officer, Area Chiefs and Assistant Chiefs from all the six Project locations, *Ruma Women Development Group and Rafiki wa Maendeleo Trust*. The main Objective of the meeting was to disseminate baseline survey report and share project progress reports. Food banks were suggested as a sure way of ensuring food security; participants however gave

suggestions that this can only be viable when food is in abundance. It was therefore deemed important to sensitize the community on new farming techniques. In the meeting it was suggested that stakeholders meeting need should be taken seriously and held regularly to encourage partnerships and linkages.

The third stakeholders meeting took place on 23rd June 2014 at *Tin toler in Ndori* attended by GoK ministries (children's department, MOH, MOA, Provincial administration, Police), and three OVC LIP's (*Rafiki wa Maendeleo, Ranalo compassion, Ruma women development*). The Objectives of the meeting was to share with stakeholders their work plans and to mark out activities for partnership. The following activities were earmarked. Marking of World International Days such as World Orphans Day, Day of the African Child and world AIDS Day, Health campaigns such as de-worming, Vaccination campaigns and Immunization exercise.

3.3 OVC households linked to social safety nets

Social safety nets are non-contributory transfer programs, which seek to prevent those vulnerable to shocks and poverty from falling below a certain poverty level. The Government has introduced several social safety net programs such as cash transfer, CDF bursary, and OVC bursary among others. ICOP project linked 7 highly vulnerable households to cash transfer for support in year one. An additional 217 OVC are in the waiting linked in year two, three and four.

3.4 Formation and Mentorship of VSLA groups

The project had targeted to form 25 VSLA groups by mid of year two, but as a result of awareness creation meetings conducted on the benefits of VSLA, 222 groups have so far been formed. The project has continued to support the 222 existing VSLA groups through monthly and need-based supervision. ICOP has been tracking trickledown effect of loans borrowed from VSLA at the household level.

3.5 Development of community resource directory

ICOP project participated in a meeting held by National Council for children in planning and mapping of service providers in children sector. The meeting took place in Nairobi and was devolved to the County level.

3.6 "Mbuzi moja" initiative through revolving group grant

A total of 40 VSLA groups were supported with revolving grant of 10,000/= to initiate IGA at the household level. From this grant, 243 caregivers have been able to benefit with goat or sheep or Poultry. The groups started an initiative in which at the end of the cycle, each household will have benefitted from either a goat or sheep. The VSLA group members are borrowing money from the groups and using the loan to buy either one of the animals. After a month, they refund the loan to allow other members to benefit. 104 VSLA groups begun the "*Mbuzi Moja initiative*" on their own initiative without the Project grant. This initiative has created economic security at the household level.

3.7 Mapping of most vulnerable households for direct support.

The project initiated the process of identifying highly vulnerable households for direct support. This was done through home visits by administering household vulnerability assessment tools. This exercise commenced in June 2015 and was finalized in July 2015.

3.8 Direct support to vulnerable households

In year four, the project identified 1513 vulnerable households targeted for direct support on HES, out of which 769 households were supported initiate IGAs of their choice. The identification process involved home visits by CHVs and LCHVs where they administered Household vulnerability assessments forms in order to choose the most vulnerable households for support. The forms were later analyzed and vetted by QIT members and project staff who narrowed down to 769 caregivers as eligible. The various IGAs included poultry keeping, goat/sheep rearing, fish mongering, small retail shops, grocery vendors, and cereals vendors, second hand clothes selling and selling of ready-made clothes.

The project tracked and appropriately monitored these ventures to ensure households that benefitted are effectively supported to graduate from one level of vulnerability to the next. This was done by the community-based trainers (CBTs) and economic strengthening committees (ESC) with the support of project staff.

3.9 Distribution of Vocational start-up kit

The project supported 55 graduands from vocational training institutions with different start-up kits including sewing machines, hair driers, welding machine, high pressure washing machine, and masonry/mechanics tools. These start-up kits were issued to beneficiaries to improve their self-reliance and strengthen household economic abilities by commencing income generating activities.

3.10 Caregiver VSLA group linked to microfinance institution

ICOP managed to link 5 VSLA groups to microfinance institutions over the past three months. Before the linkages the groups were properly trained on the benefits of having bank accounts, loan application, savings and business selection and planning. The groups were linked to Equity bank, Cooperative and KCB bank, these group can now sustain themselves through business they are carrying out with the help of banks.

IR4: Quality improvement of OVC service delivery within the 2 sub Counties promoted

Quality Improvement has since inception been a cornerstone for ICOP OVC programming. Quality care is defined as the provision of the correct mix of services for each child, family and community and is offered based on current best practices and expert knowledge. It thus enables children, families and communities to take their own local decisions about care and services they receive leading to improvement in quality of services rendered. ICOP Quality Improvement training was conducted by URC-ASSIST in Kisumu. 4 project officers, project manager, M&E manager and programs manager attended the training. The training was to equip the project team with knowledge on QI and how to form QI teams.

4.1 Formation and training of QI teams

Following the above training, the project formed eleven location-based QI teams. The teams were formed in March 2014 and May 2015 with a membership of 15 each. Members of the QI teams were drawn from various professional backgrounds such as agriculturalist, Educationist, administrators and health practitioners. QI team members were trained for three days on OVC Service delivery minimum standards, CSI and group formation. This took place at Village Park hotel. Since the formation, the QI teams have conducted CSI surveys and analyzed the results with assistance from URC ASSIST. CSI results indicated that shelter; food and Nutrition were of highest priority. During the support supervision of QI teams by the project accompanied by URC ASSIST, it was realized that the teams had bonded well and understood their roles. They had also identified the change ideas and were regularly monitoring them for adaption or adoption.

4.2 Learning sessions by URC ASSSIST

URC-ASSIST organized for a learning session bringing together several QI teams from APHIAPLUS western and AMURT. *South West Sakwa and East Asembo* QI teams took part in the learning sessions in Kisii town. Through the learning session, the QI teams were able to interact with other mature QI teams thus leaning how to identify, implement and record change ideas.

The project also participated in the national Quality Improvement teams learning sessions in Nairobi organized by URC-ASSIST in July 2016. The session was attended by QI teams from Nyanza, Rift valley, Central and Eastern provinces. The two days' sessions gave our QI team representatives a rare opportunity to learn from other teams and share their experience.

The project also organized a QI learning session in the month of April 2017 in which all the members of the eleven QI team were represented. The learning session offered the QI team members an opportunity to learn and share experiences with one another. They also shared challenges and best practices realized during QI implementation. Each QI team shared what they had been doing and this helped the teams know where they are, that is, they can know whether they are doing the right thing or not.

4.3 USAID SIMS Exercise

USAID/USG team conducted regular SIMS with the aim of applying the SIMS (Site Improvement Monitoring System) tool to the Project. During these exercises, USAID Team led by ICOP'S AOR informed those present that the tool was being tested by all USG programs worldwide and it was at its trial stage. Through two group sessions, the Tool was successfully applied to AMURT staff and the results discussed in an open forum at the end of the exercise. The findings were ranked in form of colored dash board results consisting of Red, yellow, light green and dark green, representing areas of most weakness, fairly good, strong and very strong respectively. It proved a very useful exercise for the project as it clearly brought out areas of strength and weaknesses for the project. An action plan was developed to address areas of most weakness that included, maintaining a project training log, improving food and Nutrition assessment services, OVC referral tools, HIV prevention and referrals especially amongst girls, HTC referrals, secure OVC records storage and Data quality assurance activities. Corrective

measures for weak areas were outlined after the exercise and implemented in the month of October 2014.

USAID conducted a second SIMS exercise in the month of May 2015 in 2 locations (South West Sakwa and East Asembo). The activity was attended by QI teams, CHVs, LCHVs and caregivers. This helped identify gaps in programing which are currently being addressed. A third SIMS exercise was conducted by in *North Sakwa and East Uyoma* locations targeting the capacity of CHVs and QI teams in the community. The exercise was able to identify the strengths of the teams and gaps in implementation of the project. USAID team, led by Project AOR noted that the teams were maturing and if mentored well, would do more than they are doing currently.

4.4 Achievement of QI teams

Improved service delivery: with the involvement of QI teams in service delivery in the past years the project has noticed improved level of trust and community involvement. From the June CHV report, it was noted that QI teams have been instrumental in mobilizing caregivers and community undertake their roles of helping OVC and defusing dependency syndrome that has been a major challenge to implementation. Most beneficiaries have had higher expectations on the level of support from the project. In addressing this challenge, East Uyoma QI team for instance, has been instrumental in improving household nutritional and food security status through distribution of drought resistance and early maturing cassava cuttings to OVC caregivers six months ago. Central Sakwa QI team was able to track 2 HIV positive OVC in the three months and successfully re-linked them to care and treatment.

During the last period under review, QI teams have improved implementation by enhancing coordinating with various service providers at the locational level such as LAAC and VCOS. During the last quarter of the year, for instance, QI teams supported vetting of OVC beneficiaries targeted for school fees support. The teams were able to provide valuable information on those already benefiting from other existing bursaries in the location. This was vital in determining the amount of school fees support allocation per child.

4.5 Monthly coaching sessions

ICOP has eleven Quality Improvement teams in the eleven locations of project implementation. All the eleven teams have been trained on QI concepts. The project, through the project Officers who are also Quality Improvement Coaches have been offering monthly coaching to all the eleven QI teams. This was done through regular monitoring of the activities (Change ideas) being implemented by the QI teams to ensure that they are on the right track. The QI coaches attend their QI monthly meetings and guides the QI teams especially on the technical aspects. The coaches also ensured strict implementation of the QI team's work plans. The project officers also played a key role in linkages with government line ministries like the Ministry of Agriculture, Health and Children's department amongst others. The coaches also support the teams in data collection, analysis and presentation.

4.6 Data Quality Assurance

During the last five years, ICOP with the support of the Programs Manager and the M&E Manager conducted Data Quality Assurance at the office and the locational levels. The findings highlighted some gaps that the project officers, LCHVs and the CHVs agreed to address promptly. The CHVs also continued with filing by ensuring that the relevant OVC documents like copies of birth certificates, school progress reports, growth monitoring tools and adherence tracing tools are updated and available in the OVC files.

4.7 Data cleaning

To improve the usability of the OLMIS system, the project embarked on the process of ensuring timely entries of form 1As, continuous data cleaning and giving feedback to CHVs.

The project over the last five years has been regularly cleaning the database so as to get rid of duplicates and also to ensure correct details of the OVC have been captured in OLMIS. The cleaning was also done to realign the OVC with their CHVs and Caregivers, update school and school levels, HIV status and Facilities that the HIV positive OVC are linked to. The project also noted that the ages of some OVC had not been correctly entered hence corrected the anomalies by verifying their birth certificate details.

4.8 Staff Meetings

The project staff met every Monday of the week to discuss various project issues with regard to project implementation, data quality and proper documentation. This has led to proper organization of various documents within the office with priority given to plus up activities and OVC files.

CONSTRAINTS AND OPPORTUNITIES

CONSTRAINTS

Some project activities were delayed by the perennial national teachers strike. The project had to postpone certain activities that were to be conducted at the school level. This directly affected learning in the schools as well.

With the closure of ANPPCAN and Child Fund Kenya projects in West Yimbo, there was increased demand for the project to enroll more children in that ward.

The project experienced delay in supporting shelter renovation due to poverty and contextual cultural dynamics which ranged from wife inheritance and birth order. Through the involvement of community elders and the church the project was able to ensure that the houses are put up without acrimony by adopting alternative ways of circumventing these challenges. Poor geographical terrain was also a challenge. However, the project and the community members mobilized some youth to carry building materials to the site. Harsh weather conditions have also led to poor crop yield especially in kitchen garden thereby affecting food and nutrition of some OVC household. CHVs and LCHVs have been urging OVC caregivers to irrigate their kitchen gardens in the evenings to prevent from drying up

OPPORTUNITY

The project's success on VSLA methodology and its application has been largely attributed to using approved community VSLA ToT who had been trained by Care- Kenya. This contributed to quicker understanding and uptake of VSLA among the project beneficiaries and CHVs.

The Government has devolved several services and funds to the County level; such as increased CDF funds, subsidized farming equipment's like tractors, cash transfer among others. ICOP project-initiated linkages of OVC and caregivers to these services and funds.

The project has been able to link well with the communities, who have entirely owned up the project. This is a big stride towards sourcing of community contribution especially where ICOP project cannot support.

With the pre-testing of HIS (health insurance subsidies) in Central Sakwa Location, the project will ride on lessons learnt to inform roll out of NHIF support for more OVC households in other locations.

The department of children affairs has initiated the process of establishing a child protection committee for Rarieda sub-county. The project will work through the committee to address child protection issues in the region.

LESSONS LEARNT

The project has been including the OVC above 18 years when reporting on the HIV starts and HIV access in the DATIM. However, with the feedback from the OGAC and USAID teams in May last year, the project learnt that only OVC aged 18 years and below ought to be included in this report. Other lessons learnt included:

- Data validation is key in all interventions to ascertain the validity of the information shared.
- Case plans in OVC implementation is key to offering family centered and child focused interventions while ensuring household involvement and ownership.
- Proper documentation enhances accountability and integrity.

CHALLENGES AND MITIGATIONS

Challenges faced	Mitigation measures
Lack of commitment form some QI team members	The Project Officers held meetings to address challenges faced by the affected teams. QI functionality Assessment to be conducted and SWOT analysis done by end of January 2018
Poor time management by some CHV	The project officers to introduce a time log across all the 11 locations. Time management to form part of performance assessment of the CHV
Inadequate knowledge of OVC care and low performance on the part of some	Every new CHV was paired against an older CHV for on job training

CHVs.	
Most of the VSLA groups have not shared out hence they cannot be registered in e-recording	E-recording to be finalized in January 2018 upon graduation of some VSLA groups and a way forward developed on E-recording of groups that are yet to graduate

PERFORMANCE MONITORING

The project maintained an M&E team that consists of Project Manager, M&E Manager, M&E field desk person, project officers and lead LCHV's from local grass root community organizations. Data collection is conducted by the CHV's on a continuous basis using instruments and reporting forms that are standardized. Data collection and onward submission levels and dates for the project were well laid down. The CHV's submit their monthly data to the LCHV's by 25th of every month that in turn aggregate the data and submit to the Projects M/E desk Person by 27th of each month. The desk Person used to send the overall aggregated data to Nairobi based M/E manager by 29th of each month with subsequent development of monthly reports by 5th of the following month. The M/E manager makes monthly visits to the field to discuss feedback with the field team. The M/E manger also prepared quarterly and annual reports from the aggregated data that was shared with USAID, Sub County children's officers and the other project staff. AMURT management conducted quarterly performance monitoring visits to the field office. These visits were meant to ascertain progress in implementation and addressing emerging issues. A report of such monitoring exercise was regularly shared with the staff for learning purposes

ICOP Project Manager conducted weekly field support supervision visit to support project officers and Lead CHV's performance. Monitoring involves conducting home visit to various OVC households to ascertain home visit frequency by CHV's, LCHV's and project officers. Monthly meeting is held with the CHV's during which they submit their reports to the LCHV's. At such meetings discussions are held on over or underperformance

Community involvement and participation was maintained during key events, this is done by observing community participation in decision making for instance distribution of items, recruitment of CHV's and OVC

The project supported annual LCHV meeting and one LCHV meeting every quarter and addressed their roles and responsibilities, new reporting tools, data quality assurance, data flow and review of the work plan. It was purposed that after the meeting, the project activities and reporting would be effective and timely.

The project held weekly meetings to track progress of activities. This was done during Monday morning meetings attended by all staff. During these meetings, each project staff shares a report on activities undertaken in the last week and their work plans for the new week. They also share challenges and opportunities experienced during the week. This enhances harmony and teamwork in project implementation and improves performance.

The project supported monthly QI meetings. The QIT members were involved in the analysis of CSI results, coming up with new change ideas, vetting of beneficiaries to be supported with school fees, school uniforms, shelter renovations and HES.

Support supervision: Quarterly support supervision by HQ team was interchangeably conducted during the period by the Executive Director, Finance Manager, Programs Manager and the M&E manager. Through such visits they sensitized the staff on M/E, data flow and importance of genuine and timely reporting. The support accelerated service delivery and motivated the staff.

PROGRESS ON GENDER STRATEGY

Gender policy is a public policy, which intends to address gender barriers in the community. For instance, involvement of men and women in sharing of power and decision-making at all levels. ICOP project has addressed this by adhering to 2/3-gender majority in recruitment of staff and CHV's.

Gender issues are not major concerns in Rarieda and Bondo sub Counties. This is manifested in popular participation such as elections where women come out strongly to speak out their minds. However, as a project we are fostering gender involvement in forming QI teams and identifying older OVC for vocational training. The project also gives equal opportunity to all gender when identifying caregivers to be linked to HES activities. Equal opportunity is also adhered to when it comes to OVC recruitment. All project reports have data disaggregated by gender to ensure the project does not deviate from this critical Gender observance

ICOP Project staff in year two conducted 3 sessions of training on gender mainstreaming which has been cascaded to QI teams and VSLA groups. The project in the coming financial year will sensitize adolescent girls on gender norms during mentorship sessions. Promoting girl child education has remained an important aspect of promoting female involvement in decision making. The project supported 40 Girls with sanitary towels to reduce absenteeism during menses. This in turn helps improve performance and reduce stigma at school. To promote men involvement on HBC (Home based care), the project trained both Male and female caregivers on prevention with positives. Both genders were equally represented in the trainings.

Gender issues are not major concerns in Rarieda and Bondo sub Counties. This is manifested in popular participation such as elections where women come out strongly to speak out their minds. However, as a project we are fostering gender involvement in forming QI teams and identifying older OVC for vocational training. The project also gives equal opportunity to all gender when identifying caregivers to be linked to HES activities. Equal opportunity was also adhered to when it comes to OVC recruitment. Over the past five years of ICOP implementation, the project has been using community forums to advocate for male involvement at the locational level. There has been improved involvement of men in the care of the OVC under their care in terms of nutritional education support, involvement in promotion of food security within the households and taking their children whenever the children fall sick.

More men are making interest and enrolling in the VSLA groups to boost their savings and loaning. All these were initially dominated by women but men are becoming more involved.

In order to improve girl's knowledge on risky sexual behavior and be more assertive- an evidenced based intervention towards protecting adolescent girls from HIV and unplanned pregnancies, the project linked with the Impact Research and Development Organization (DREAMS project) to mentor the adolescent girls from Rarieda sub county during the April holidays. All project reports have data disaggregated by gender to ensure the project does not deviate from this critical Gender observance.

PROGRESS ON ENVIRONMENTAL MITIGATION AND MONITORING

The project while training CHV's on recruitment tools, topics on solid waste disposal i.e. waste papers, used water cans and pins were covered.

QI teams were trained on quality improvement. During the training they were also taught on effect of deforestation, contour ploughing and planting of draught resistant crops.

While distributing sanitary towels, girls were taught on the use and disposal of the pads. They were sensitized on disposal methods such as burning, burying or throwing in public dustbins. CHV are continuously following girls issued with the pads to monitor use and disposal.

Caregivers were also sensitized about cleaning of Mosquito nets; dispose cleaning detergents and disposing of old used nets. For instance, cleaning detergents should be kept away from children and used sachets burnt. Old nets should be burnt or dumped into the public waste bins.

To increase knowledge on environmental conservation strategies among school going pupils, the project supported inter school debate on the effect of tree planting to the environment.

Natural and human induced disasters have become a common and they directly affect children in many ways. The project through Disaster Response Committees set at the sub-county level has been able to get weather updates which are communicated to the QI teams and 4150 caregivers to enhance preparation. El-Nino warning were adequately reported to caregivers and a follow up training on digging trenches and building gabions were conducted at the location level. Due to this prompt update and training only one case was reported in which a house was swept away. The household was linked to county government for support.

ICOP also sensitized 121 farmers through agriculture extension officers to plant trees to increase forest cover.

PROGRESS ON LINKS TO OTHER USAID PROGRAMS

USAID program	How	Remark
URC ASSIST	Trained staff on QI. Providing technical support such as analysis of CSI tools. Offering continuous support supervision at the field level.	This is a useful link that ensures the project remains on track with QI teams.
Aphia Plus Rift	Trained staff on OLMIS, and has been offering periodic assistance when called for.	They have been of great help addressing issues emerging from OLMIS
Aphia Plus Western	Data sharing and lesson learning through regular meetings to ensure development of proven strategies in implementation.	Useful data sharing that has helped prevent double dipping. ICOP has also benefited from joint trainings in OVC mentorship
Techno Serve	Training caregivers in Poultry farming	Has worked well and 46 caregivers have already trained and ready to commence this viable agri business
PIMA PROJECT	There has been continuous	There has been tremendous

	consultation with PIMA whenever we face some challenges with OLMIS	improvement in OLMIS system from 47% to 86% reporting rate.
APHIAPLUS Western	Through knowledge sharing on implementation of HES, and how to overcome unforeseen challenges	Successful implementation of direct support to vulnerable household.
TECHNOSERVE	Capacity build caregivers to be supported with poultry for HES	Caregivers were empowered with knowledge and skills.
American International Health Alliance (AIHA)	Helped in planning and organizing of the 16 days of activism against Gender Based Violence in Bondo	
Plan International	Supported the official opening of the Child Protection Unit in Bondo	
Centre for Health Solutions (CHS)	Helped in planning and organizing of the 16 days of activism against Gender Based Violence in Bondo	
KIWASH	Supported agricultural sensitization meeting	
One Acre fund	Linking of farmers to get seeds and fertilizers at subsidized prices.	

PROGRESS ON LINKS WITH GOK AGENCIES

GoK Department	HOW	WHERE	WHY
Ministry of Labor, Social Security and	Data sharing	County children's office	To update the County children coordinator on

Services			Project progress
	Meeting	Sub-County office	To plan for project launch
Ministry of Agriculture	meeting	Sub-County office	To link farmers to buy subsidized seeds for planting and on-site training
Ministry of Education	meeting	Sub-County office	To discuss how to increase enrollment and retention of OVC in schools
Ministry of Health	Formation of support groups	Bondo and Rarieda	The project engaged PSC personnel to train and form 89 support groups
	Medical referrals	Bondo and Rarieda	The project worked closely with MoH to ensure referrals of patients are effective
Office of president, interior and coordination of national government	Processing of birth certificate.	Bondo and Rarieda	The office of registrar of person has been instrumental in processing birth certificates of OVC

PROGRESS ON USAID FORWARD

The project worked closely with USAID implementing partners and local institutions to realize the 'USAID Forward' as described below:

Towards promoting sustainable development through high-impact partnerships and local solutions, the project established 11 Quality Improvement teams that are composed of 15 members each who have continuously supported the project by ensuring that service delivery is done on priority needs of the OVC. The teams are from the community who will continue supporting OVC beyond project life.

Towards realizing results on a meaningful scale through a strengthened USAID, the project has sensitized County Stakeholders and leadership on the areas of focus for USAID funds. The

County leadership committed to support the project and ensure that the funds are rightfully used for the welfare of OVC and their households.

The project has identified and scaled up innovative approaches as breakthrough solutions to intractable development challenges by encouraging the care givers to start their own groups and engage in VSLA 's that will eventually culminate in Income generating activities for improved household income and better lives for the OVC.

ICOP project staff were trained by PIMA a USAID funded project on child protection information management system, a system that will work towards improving reporting and follow up on child protection cases. The project is currently using the innovation to ensure improved reporting.

Working with sub-county AAC, the project initiated a back to school operation along the beaches. The initiative is meant to ensure improved enrollment in school.

The project working with HAART international delivered high quality sanitary towel accompanied by pants for the adolescent girls. This kind of innovation will go along to ensure interventions supported by USAID funds are quality and sustainable.

SUSTAINABILITY AND EXIT STRATEGY

Sustainability remains a key pillar in ensuring that communities and stakeholders, through existing structures, sustains interventions initiated by the project. To realize this, ICOP project recruited CHV's in their villages of residence. They will thus continuously provide Home based care. They have also been linked to community units (CU) for continuous involvement in community issues.

By sharing database with Sub County Children officers, the project ensures that GoK has adequate information about the Project beneficiaries to promote linkages and to ensure they take up the role of supporting the OVC when the project exits.

The project in the last financial year endeavored in supporting Sub-County Area advisory council. During the meetings, the project shared data of the case load and the current interventions with AAC members. Through this the project was able to effectively refer and link caregivers to other long-term services existing in the sub-county such as subsidized seeds, Uwezo funds, presidential bursary for OVCs and probono services through children department.

The project has over time trained 11 QI teams and registered all of them as CBOs to strengthen its structure and identity. With the registration of 5 QI team the project envisions that those time will be stable entities that can effectively advocate and lobby the community, LIP and county government to support OVC. The project continued to build the capacity of QI team to identify social-economic factors deterring development of their community, hence taking the responsibility of continuously advocating for the wellbeing of their locations. All the eleven QIT have been directly supported with funds to start an IGA. This will ensure their continued existence and supporting the OVC even after the project. The Two remaining QIT will be supported start IGAs as well.

ICOP has continued to strengthen community systems such as AAC, QI teams, Chiefs Barraza's, CHVs and Community units in improving livelihoods of targeted 11,000 OVC living in 4150 households. The project has also linked Households to cash transfer programs and DREAMS initiative. This multifaceted approach is aimed at sustaining service delivery at the household level.

ICOP LIFE OF THE PROJECT FINANCIAL INFORMATION

On June 26, 2013, USAID awarded AMURT the sum of US\$ 2,995,897 in grants and cost sharing amount of US\$ 160,762 to provide support for ICOP in Kenya, CoAg AID-623-A-13-13-00003, for the period beginning with the effective date June 26, 2013 and ending June 25, 2018. The objective of the project is to expand service coverage, and improvement of the overall wellbeing of OVCs, and their households in Bondo and Rarienda Districts of Siaya County

During the five years of implementation, the financial management of the program was guided by the following agreements, circulars, standard provisions, policies and laws

- The agreement between USAID and AMURT;
- USAID Automated Directives System Chapter 636-“Program Funded Advances” ;
- OMB Circular A-122 “Cost principles for Nonprofit Organization” (2 CFR Part 230) and Circular A-21 “Cost Principles for Educational Institutions” (2 CFR Part 220);
- Federal Acquisition Regulation (FAR), Part 31, Contract Cost Principles and procedures;
- USAID Acquisition Regulation (AIDAR), which supplement the FAR;
- Mandatory Standard Provisions for Non-U.S. Nongovernmental Grantees (USAID Automated Directives System, Chapter 303 Internal Mandatory References);
- Standard provisions Annex for Agreements with Foreign Governments (USAID Automated Directives System, Chapter 350);

The financial reports were also prepared and reported on a modified cash basis, modified to accrue for outstanding payables and receivables at the end of the financial period.

Grants were received and recorded in Kenya Shillings. Expenditure was also recorded in Kenya Shillings. For reporting purposes, all transactions in Kenya Shillings were translated to US dollars based on weighted average.

Programmatic Activities and Plus Up Report

- 1) **TEC** (Total Estimated Cost) **USD 2,995,897** – This amount includes both Programs and Plus Up funds.
- 2) **Obligations** (the funds authorized to end of project date for expenditure on the activity; this is NOT the Total Estimated Cost, but amount obligated up to the end of the project), which is **USD 2,995,897** at OLR rate of 99.15 will be equals to **KES 297,053,434**
- 3) **Actual expenditures** through the reporting period i.e. the total expenditure as at the end of the project is **KES 298,663,048** (Programs **KES 210,759,705** and Plus Up **KES 87,903,343**)

a) Programmatic Activities

Financial Expenditure Report (Pipeline Burn-Rate)

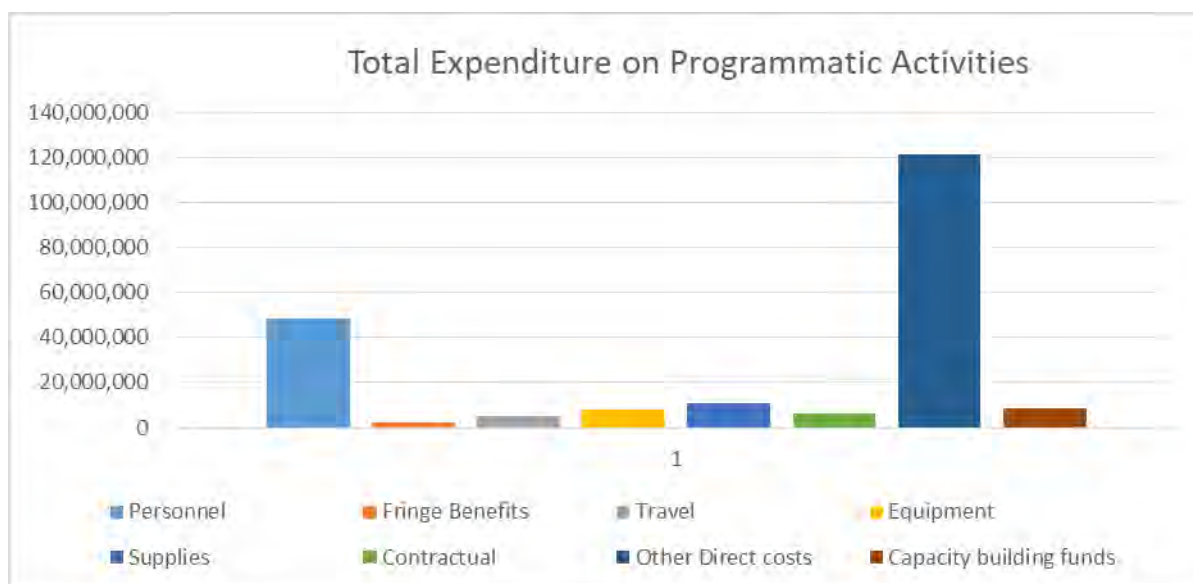
The cash flow chart (Figure 2) below is derived from the financial table (Figure 1), also provided in this section of the report. Both provide a visual representation of the actual “burn rate” of the program activities. The main categories include: Personnel, Fringe Benefits, Travel, Equipment, Supplies, Contractual, Other Direct costs and Capacity building funds.

- 1) **TEC** (Total Estimated Cost) **USD 2,119,800**
- 2) **Obligations** (the funds authorized to end of project date for expenditure on the activity; this is NOT the Total Estimated Cost, but amount obligated up to the end of the project), which is **USD 2,119,800** at OLR rate of **99.15** will be equals to **KES 210,185,187**
- 3) **Actual expenditures** through the reporting period i.e. the expenditure as at the end the project is **KES 210,759,705**.

Figure 1: Table on expenditure on Programmatic Activities

Expenditure	Approved Budget	Total Expenditure July 2013-June 2018 KES
Personnel	53,405,665	48,671,318
Fringe Benefits	2,089,755	2,096,284
Travel	5,029,751	5,136,596
Equipment	8,081,701	7,902,096
Supplies	11,924,450	10,972,951
Contractual	7,662,172	6,465,566
Other Direct costs	113,147,514	121,075,056
Capacity building funds	8,844,179	8,439,837
TOTAL	210,185,187	210,759,705

Figure 2: Diagrammatic chart on expenditure on Programmatic Activities



b) Plus Up Activities

AMURT contractual obligation was modified with an additional funding namely Plus Up intervention which commenced in May 2017 and ended September 2017.

Financial Expenditure Report (Pipeline Burn-Rate)

The cash flow chart (Figure 4) below is derived from the financial table (Figure 3), also provided in this section of the report. Both provide a visual representation of the actual “burn rate” of the Plus Up activities. The main categories include; Primary Education Support, Secondary, Education Support, Early Childhood Development, Child Protection, Health Access and Health Promotion, Economic Strengthening, Psychosocial Support, Nutrition/ Food Security, Case Management and Admin costs.

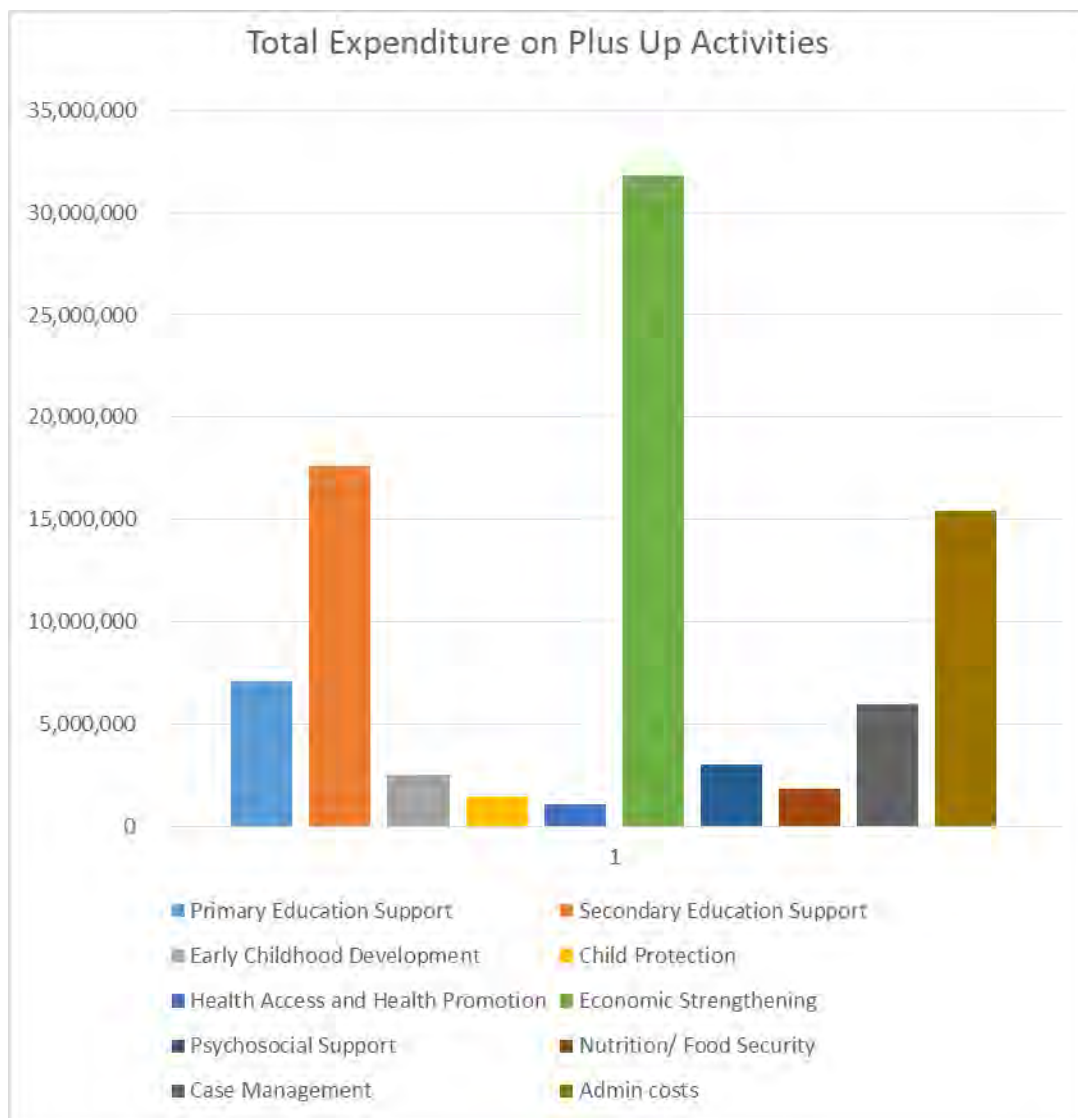
- 1) **TEC (Total Estimated Cost) USD 876,097**
- 2) **Obligations** (the funds authorized to end of project date for expenditure on the activity; this is NOT the Total Estimated Cost, but amount obligated up to the end of the project), which is **USD 876,097** at agreed rate of **99.15** will be equals to **KES 87,609,700**
- 3) **Actual expenditures** through the reporting period i.e. the expenditure as at the end of the project is **KES 210,759,705**.

Figure 2: Table on expenditure on Programmatic Activities

Expenditure	Approved Budget	Total Expenditure May 2017- Sept 2017 KES
Primary Education Support	7,072,412	7,072,412
Secondary Education Support	17,594,103	17,638,185
Early Childhood Development	2,533,500	2,539,296
Child Protection	1,434,800	1,456,657
Health Access and Health Promotion	1,093,700	1,099,828

Economic Strengthening	31,760,550	31,838,318
Psychosocial Support	3,014,200	3,050,380
Nutrition/ Food Security	1,790,000	1,826,056
Case Management	5,898,812	5,977,128
Admin costs	15,417,623	15,405,083
TOTAL	87,609,700	87,903,343

Figure 2: Diagrammatic chart on expenditure on Pus Up Activities



LESSONS LEARNED

- Early communication and preparation of exit strategies ensures smoother project close out by enabling the beneficiaries to come to terms and be able to look for other external support for their OVC.
- There is need to have a clear time-frame for OVC transition from one project to another. Well planned and well-coordinated approach to OVC transition is key in ensuring uninterrupted service provision to OVC supported by USAID implementing partners. It offers an opportunity for in-depth interaction with the available OVC data thus ensuring proper targeting for transitions without affecting the COP targets of the receiving partner.
- Effective stakeholder involvement in OVC service provision ensure continuous service provision to key services like food and nutrition, educational support and health care support beyond the project period.
- Over the past year, the project employed community participation as a strategy of recruitment and distribution of OVC health commodities and essential materials. During distribution of the commodities, caregivers, LIP's and Government ministries are provided with beneficiaries list and are also invited to take part in the actual distribution of the items. This open approach has worked out well for the Project. It has created an opportunity for allowing members of the community know their beneficiaries and advice the project accordingly in cases of double dipping such as cash transfers. It has also created an opportunity for the community members to supplement Project efforts where demand outstrips project resources. Case in point is an incidence where community members have offered to support the Education of some OVC, mentorship, bursaries and shelter where the community contributed half the budget of the renovations through labor and timber.
- Over the last year, we adapted the method of community vetting of newly recruited OVC. This process involved bringing all recruited OVC to a public baraza together with their care givers and CHV's. In these forums graced by the presence of area chiefs, community members were openly asked to confirm that in deed the children hailed from most in- need backgrounds. More than 90% of the children passed the process. This way the Communities feel more engaged and has led to increased ownership, transparency and acceptability of the Project with some able members promising to support the OVC.
- The Project's initial approach towards vocational training was to take selected older OVC to Polytechnics for training in selected courses. However, after engaging community members, elders and other stakeholders in a consultative forum, it emerged that taking the Children to informal training workshops owned by local artisans would prove even more effective. It was evident that from experience such artisans normally are the first to offer the trainees employment and thus this would be a better approach in translating acquired skills into meaningful employment of the OVC for subsequent achievement of the desired household economic improvement
- There is need to integrate rigorous HIV prevention measures at Household levels. We learnt from our experience visiting OVC households at the beaches that domestic quarrels and violence is a strong driver of the scourge at the beaches. Parents who may be discordant normally abandon their Children following such squabbles and go out looking for other alternative sexual partners, a thing that can go for days. Eventually they come back infected or weaker health wise, a situation that aggravates the already deplorable state of the children or one that can even lead to mother to child transmission of HIV in case of future conception. We have introduced basic training on counseling and prevention of Gender based violence amongst OVC household to our CHVs.

RECOMMENDATIONS

1. OVC programs should adopt Case Management approach in household interventions
2. CPIMS functionality should be improved to make OVC data management easier for OVC IPs
3. OVC caregivers should be sensitized and supported to form/join VSLA groups
4. Supporting OVC caregivers on IGAs requires an in-depth local market scanning and analysis
5. OVC QI teams should strongly be integrated with existing sustainable community systems
6. There is need for greater involvement of both national and county government for enhanced sustainability