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LOCAL IMPLEMENTING PARTNER

MAPPING REPORT

BASELINE ASSESSMENT FOR THE NAIROBI/COAST ORPHANS AND VULNERABLE CHILDREN ACTIVITY (“NILINDE”)

**July 29, 2016**

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# USAID/Kenya and East Africa Evaluation Services and Program Support

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## DISCLAIMER

The author's views expressed in this report do not necessarily reflect the views of the U.S. Agency for International Development or the United States Government.

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## Table of Contents

Acknowledgements .....	i
Acronyms.....	iv
Executive Summary .....	iv
1. Background.....	1
2. Purpose of the Mapping.....	2
3. Methodology .....	2
4. Limitations.....	4
5. Profile of Newly Identified LIPs .....	4
6. Updating the Database.....	8
7. Conclusions .....	8
8. Recommendations .....	8
9. ANNEXES.....	9
<b>Annex I:</b> Mapping Template developed for the <i>Nilinde</i> Baseline Assessment .....	9
<b>Annex II :</b> Updated Database of OVC Local Implementing Partners (LIPs) in Four Counties <i>(separate Microsoft Word file)</i> .....	9

## List of tables

<i>Table 1: Additional LIPs Identified in Nairobi County</i> .....	5
<i>Table 2: Additional LIPs Identified in Kilifi County</i> .....	6
<i>Table 3: Additional LIP Identified in Taita Taveta County</i> .....	6
<i>Table 4: Additional LIPs Identified in Mombasa County</i> .....	7
<i>Table 5: Description of how the Final Database of LIPs engaged in OVC Service Delivery was derived</i> .....	7

## Acronyms

AAC	Area Advisory Council
CA	Capacity Assessment
CBHC	Community-based Health Care
CBO	Community-based Organization
CHU	Community Health Unit
CSO	Civil Society Organization
DCS	Department of Children’s Services
ESPS	Evaluation Services and Program Support
HES	Household Economic Strengthening
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
IBTCI	International Business and Technical Consultants, Inc.
KCSD	Kenya Children’s Services Directory
KSH	Kenya Shillings
LIP	Local Implementing Partner
M&E	Monitoring and Evaluation
NCCS	National Council for Children’s Services
NIP	Nairobi Integrated Program
OCAT	Organizational Capacity Assessment Tool
OVC	Orphans and Vulnerable Children
PEPFAR	President’s Emergency Plan for AIDS Relief
PI	Plan International
PLHIV	People Living with HIV
PSS	Psychosocial Support
US	United States
USAID	United States Agency for International Development

## Executive Summary

### Background

LIP mapping is a process of clarifying and categorizing the activities of the LIPs, their geographical coverage, capacity, interests and scope of work with regards to orphans and vulnerable children (OVC) service delivery. This is important as it forms the basis for LIP engagement, helps in planning, and reduces duplication of service provision and identifying new opportunities for strategic engagement in OVC service delivery. Mapping of OVC service providers is important for the Department of Children Services (DCS) and other OVC partners to monitor and coordinate their operations. Therefore, LIP mapping, development of OVC service providers and regularly updating the LIP database or directory is a critical process. Mapping helps identify organizations that offer services, their scope of service delivery and any strategic partnerships that need to be involved; and also helps identify the potential value of each opportunity and relationship.

Plan International (PI) is implementing a five-year (2015–2020) Cooperative Agreement with the United States Agency for International Development/Kenya and East Africa Mission (USAID/KEA) to increase support provided to OVC and their households under an activity referred to as “*Nilinde*.”

In May 2015, the precursor to *Nilinde* mapped local implementing partners (LIPs) involved in OVC service delivery in 47 counties including the institution-based OVC service providers. According to USAID/KEA, that mapping effort identified 178 LIPs supporting OVC across 47 mapped counties. However, given the dynamic nature of the program landscape in Kenya, there is a need to update the knowledge base on grassroots efforts that are addressing the needs of OVC and their families.

### Methodology

The LIP mapping described in this report was part of a broader baseline assessment focused in four counties (Nairobi, Mombasa, Kilifi, and Taita Taveta) covered by *Nilinde*. The starting point for the mapping exercise was an examination of the Kenya Children’s Services Directory (KCSD) 2015 and service provision records maintained by Pathfinder, the lead program implementer for the predecessor to *Nilinde*.

Four trained mappers (one assigned per county) employed a ‘snowball’ approach to identify LIPs that had not been previously captured in the above-mentioned databases. The process, which spanned over five days (April 25<sup>th</sup> – 29<sup>th</sup>, 2016), entailed consulting focal persons from County Departments of Children’s Services (DCS), Sub-county DCS, Area Advisory Councils (AACs), and active LIPs to direct mappers to additional LIPs. The assessment team applied a simple set of criteria to determine whether or not a newly identified entity should be included in the OVC LIP database. Using a template developed for the purpose of mapping, the mappers documented basic information on each newly identified LIP. A total of 49 assessment forms were completed by the mappers upon identification by the LIP that they were “new.” However, upon cross referencing the 49 completed assessments with the existing database, a total of 14 were assessed to be “new,” in that they do not appear to have received USAID funding previously and did not appear in the database. Six of the LIPs assessed were added to the database as they did not appear in the consolidated database however, they were not identified as new because they have received funding from USAID in the past although not directly.

### Basic Profile of Newly Identified LIPs

A total of 14 additional LIPs—seven in Nairobi, four in Kilifi, two in Mombasa and one in Taita Taveta were identified via the mapping exercise. The majority of newly identified LIPs were not comfortable disclosing their financial details to the mappers. In Nairobi, three of the newly identified LIPs only covered one ward each within the county while the remaining LIPs covered two to five wards. Their reach varies considerably: from as few as 22 OVC to as many as an estimated 6,000

OVC. Only one of the LIPs (Mukuru Promotion Center), implements all sectors of the basic service package<sup>1</sup> while the other six provide from one to 11 services. Food and nutrition is a major thrust of their work. All four of the newly identified LIPs in Kilifi provided financial information. The level of investment ranged from under KSH 36,000 to KSH 4.5 million. Only one LIP's OVC work spans multiple wards within the county providing from one to four of the basic services. All four LIPs serve less than 200 OVC, with one LIP serving as few as 17 children. Only one new LIP was identified In Taita Taveta, Taveta Children's Assistance. This LIP covers eight wards providing all of the basic services to 73 children. An estimated funding of KSH 4,195,000 is provided annually with most of the funding coming from the church. Two new LIPs were identified in Mombasa each covering five wards. One LIP provides food and nutrition to 28 children with an estimated monthly budget of KSH 265,000 while the other provides 4,000 children all of the basic services with a budget of KSH 612,835 in addition to in-kind donations. An updated, consolidated OVC LIP database resulting from the above-mentioned efforts now contains a total of 2,026 unique entries; Nairobi: 1616, Kilifi: 174, Taita Taveta: 162 and Mombasa: 74.

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<sup>1</sup> Food, Nutrition, Health, Education, Vocational Training, Psychosocial Support (PSS), Shelter & Care, Child Protection, Household Economic Strengthening (HES), Coordination of Care, Capacity Building.

## I. Background

For people infected and affected by the HIV/AIDS epidemic, HIV is not only a medical experience. It is also a social and emotional experience that profoundly affects the lives and the futures of those impacted by the HIV/AIDS virus. Programming for children orphaned and made vulnerable by HIV/AIDS contributes to the achievement of an AIDS-free generation by responding to the social (including economic) and emotional consequences of the disease on children, their families and the communities that support them.<sup>2</sup> The President's Emergency Plan for AIDS Relief (PEPFAR) program for AIDS-affected children has promoted resilience in children and the broader society by reducing adversity, and building services and systems that reach directly to their households and communities.<sup>3</sup>

LIP mapping is a process of clarifying and categorizing the activities of the LIPs, their geographical coverage, capacity, interests and scope of work with regards to orphans and vulnerable children (OVC) service delivery. This is important as it forms the basis for LIP engagement, helps in planning, and reduces duplication of service provision and identifying new opportunities for strategic engagement in OVC service delivery. Mapping of OVC service providers is important for the Department of Children Services (DCS) and other OVC partners to monitor and coordinate their operations. Therefore, LIP mapping, development of OVC service providers and regularly updating the LIP database or directory is a critical process. Mapping helps identify organizations that offer services, their scope of service delivery and any strategic partnerships that need to be involved; and also helps identify the potential value of each opportunity and relationship.

The National Council for Children's Services (NCCS) and the DCS are charged with the key mandate of coordination of service provision in the children's sector. As a result of increase in the level of awareness on child rights and welfare coupled with an increase in the number of service providers in the sector, the coordination of service provision has become a challenge. Service providers are duplicating efforts, some are operating below minimum standards while others are operating with no guidelines or minimum standards. For efficient and effective service delivery to children, the NCCS and the DCS, in collaboration with other stakeholders in the sector, conducted a national mapping of all children's service providers in the country in 2015. This exercise culminated in the development of a National Directory for Service Providers in the children's sector.

In 2015, Plan International (PI) was awarded a five-year Cooperative Agreement by the United States Agency for International Development's Kenya and East Africa mission (USAID/KEA) to increase support provided to OVC and their households under a activity referred to as "Nilinde." The aim of *Nilinde*, whose period of performance spans from August 24, 2015 to August 23, 2020, is to improve the welfare and protection of the most vulnerable households affected by HIV/AIDS by reducing economic vulnerability and empowering parents to make investments that will improve the health and well-being of OVC in Nairobi and Coast counties of Kenya.

The precursor to the current project, mapped LIPs involved in OVC service delivery in 47 counties in May 2015 including institution-based OVC service providers. According to USAID/KEA, that mapping effort identified 178 LIPs supporting OVC across all counties. However, given the dynamic nature of the program landscape in Kenya, there is a need to update the knowledge base on grassroots efforts that are addressing the needs of OVC and their families.

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<sup>2</sup> The U.S. President's Emergency Plan for AIDS Relief. Guidance for Orphans and Vulnerable Children programming, July 2012

<sup>3</sup> Binagwaho A, Noguchi J., et al. (2008). Community-Centered Integrated Services for Orphans and Vulnerable Children in Rwanda. Joint Learning Initiative on Children and HIV/AIDS

## 2. Purpose of the Mapping

The mapping described in this report is part of a broader baseline assessment for the *Nilinde* activity which also included a household survey, focusing on samples of OVC and their households; and an organizational capacity assessments (OCAs) of County Departments of Children’s Services and *Nilinde* LIPs. The mapping exercise expands upon the information gleaned from previous mapping efforts, with a focus on identifying additional LIPs involved in community-based OVC service delivery in four counties: Nairobi, Mombasa, Kilifi, and Taita Taveta. The main product emerging from this exercise is an expanded database of OVC LIPs that can be made available to USAID/KEA and Government of Kenya stakeholders. This report describes the process used to identify “new” LIPs, as well as the basic profile of the newly identified entities.

## 3. Methodology

**Data Sources:** The starting point for the mapping exercise was an examination of existing databases that contained information on entities involved in OVC-related work in the country: (1) the Kenya Children’s Services Directory (KCSD) 2015 and (2) a service provision database maintained by Pathfinder, the lead program implementer for the predecessor to *Nilinde*.

**Mapping Personnel:** International Business and Technical Consultants, Inc. (IBTCI), the agency contracted by USAID Kenya to undertake the *Nilinde* baseline assessment, recruited personnel through its Evaluation Services and Program Support (ESPS) program in Nairobi. More specifically, ESPS/IBTCI recruited four local professionals to serve as capacity assessors/mappers for the mapping exercise.<sup>4</sup> This team of individuals was lead by an expert OVC adviser recruited for the *Nilinde* baseline team. Both the OVC adviser and the team leader for the overall *Nilinde* baseline assessment provided technical oversight during the mapping process.

**Data Capture Tool:** The *Nilinde* baseline assessment team developed a simple template ([Annex I](#)) to capture priority information on LIPs that had not been previously documented in databases made available to the assessment team. The mapping template included all the elements listed in the KCSD, for example:

- Organization’s name
- Geographic coverage (sub-county, ward)
- Targeted number of OVC households
- Level of support/planned years of support
- Level of investment
- Technical areas of support in OVC programming<sup>5</sup>

**Schedule of activities:** A three-week preparatory period preceded fieldwork. The evaluation team participated in a one-week document review phase (April 3, 2016 through April 9, 2016) to read and analyze documents that were provided by USAID/KEA and sourced by IBTCI. Between April 10 through April 15, 2016, the team participated in the team planning meeting (TPM) to review the aforementioned databases to identify the subset of organizations that are actually involved in providing at least one service within Kenya’s minimum service package for OVC programming;

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<sup>4</sup> The individuals recruited and trained for the mapping activity were the same set of individuals trained to execute another component of the baseline assessment process: organizational capacity assessments of County Departments of Children’s Services and LIPs officially vetted and selected by USAID and PI for the *Nilinde* project.

<sup>5</sup> The following OVC service delivery areas were documented: Food and Nutrition, Health, Education and Vocational Training, Psychosocial Support, Shelter and Care, Child Protection, Household Economic Strengthening, Coordination of Care, and Capacity Building.

finalized the work plan and data collection tools; prepare for the in-brief meeting at USAID/KEA (held on April 25, 2016), and finalized other field logistics.

The TPM was followed by a one-week training phase (April 18 through April 22, 2016). The training program included giving the baseline team an overview of the *Nilinde* activity; review, and revision of survey questionnaires; training on LIP identification procedures; and finalization of field logistics. Fieldwork - Mapping was limited to four counties (Nairobi, Mombasa, Kilifi, and Taita Taveta), with one mapper assigned to each county for a total of five days (April 25 and April 29, 2016). Post-fieldwork - data analysis and report writing were conducted between May 30th and June 20, 2016.

**LIP Mapping Process:** The process varied slightly by county, as described below.

In Nairobi, the mapper visited the County Director of Children's Services as a courtesy call and introduced the LIP mapping exercise. The Director referred her to the sub-counties. She went to Langata and Starehe sub-counties but they did not have databases for LIPs working in OVC. What they had instead was a list of Children's Homes and Rescue Centers. This route of inquiry was not fruitful for the exercise and the mapper opted to use the community health volunteers to provide assistance in identifying new LIPs. The research assistants conducting the household survey were also helpful in identifying possible new LIPs. The mapper visited these LIPs and then used a snowball approach to identify additional LIPs. Attempts were made to interview members of area advisory councils (AAC) however it was found that most are not functioning in Nairobi.

In Mombasa, the mapper made a courtesy call to the County Director of Children's Services who referred her to the Likoni, Kisauni and Chagamwe sub-county DCSs. The sub-county DCSs had lists of LIPs working with OVC which the mapper used as a starting point to begin mapping. Due to time constraints, those close by were visited and interviewed. Those that were a great distance away, were contacted by phone. Three attempts were made to contact the LIPs by phone. The mapper also used a snowball approach when talking to LIPs to identify additional LIPs to visit or call. Additionally, the mapper met with the community health volunteers and the household survey research assistants (RAs) in an attempt to find additional LIPs however, they were not able to provide assistance on additional LIPs. Finally, the mapper talked to ten AAC members (Coast Women in Development, Community United for The Advocacy for the Child, World Vision Chagamwe, Sauti Ya Wanawake Pwani, Bamburi Education, Enforcers Committee, Deliverance Church Likoni, Constituency AIDS Control Committee, Likoni Community Football League and the Kenya Navy Hope Art Troop) and they helped in the identification of new LIPs.

In Kilifi, the mapper conducted a courtesy call with the County Director of Children's Services who provided a list of LIPs to the mapper that was used as a starting point to identify new LIPs. As in Mombasa, the mapper visited with LIPs that were close by and conducted phone interviews with those that were not as easy to access within the timeframe. A snowball approach was also used in identifying other LIPs who were not on the list provided by the Director. The mapper used the community health volunteers and the RAs to identify additional LIPs which proved helpful. The only member of the AAC available was the county DCS who was interviewed. The sub-county DCSs were not available at the time the mapping exercise was conducted.

Finally, in Taita Taveta, the mapper received a list of LIPs from the County Director of Children's during the courtesy call. He was the only member of the AAC the mapper was able to interview during the mapping exercise. The mapper reached out to the LIPs on the list with either a face-to-face visit or by phone and using the snowball methodology, he continued reaching out to LIPs that were referred to him.

In all four counties the mappers used the following inclusion criteria in determining whether a newly identified entity should be included in the updated OVC LIP database:

- Is registered with the Ministry of Social Services
- Is currently implementing OVC interventions

- OR -

- Has implemented OVC interventions within the past two years

The mappers contacted a total of 49 LIPs during this exercise: 18 in Nairobi, 14 in Mombasa, 12 in Taita Taveta and five in Kilifi. Ultimately, using the criteria above, 14 of those visited were determined to be new in that they did not appear in the databases provided and have not received funding from USAID either directly or indirectly in the past. Another six of those visited could not be found in the databases and therefore added, although they had worked with USAID partners in the past.

## 4. Limitations

The following are noted limitations of the process:

1. The database available from past/current implementers paints an incomplete picture regarding important implementation details. Vital details on some entities included in the original databases are missing.
2. A few organizations with which mappers made contact were reluctant to point out other organizations working with OVC in their same geographic areas. The assessment team speculates that this reluctance was due to concerns regarding competition for future funding. In addition, some LIP focal points directed mappers to organizations that were not actually offering OVC services, but were affiliated with that “index” LIP either formally or informally. The assessment team speculates that this was due to perceived prospects of obtaining further funding on the part of the LIP focal point.
3. Because the organizations encountered by the mappers were not *Nilinde* LIPs, there was reluctance among most of them to provide the mappers with details on their funding base. Consequently, this information is missing for most entities.
4. It was envisioned that two components of the baseline activity, mapping and the organizational capacity assessments would be done concurrently and that the mappers/assessors would be able to discuss potential new LIPs with the LIPs being assessed and then, using a snowball approach, begin the mapping. Due to the delay in vetting of the LIPs, there was a two-week gap between the mapping and the capacity assessment thus eliminating the ability of the mappers to tap into the knowledge of the established LIPs.

## 5. Profile of Newly Identified LIPs

Upon close review of the raw data, a total of 14 LIPs have been identified as new with an additional six identified as not appearing on any of the databases provided to the team but have been involved with USAID activities in some manner therefore they were not considered “new.” These 20 have been added to the consolidated database (*Annex II*). Of the 14 newly identified LIPs, seven are based in Nairobi, four in Kilifi, two in Mombasa and one in Taita Taveta. Tables 1 – 4 provide summaries of the organizations identified in each of the four counties via the mapping process.

**NAIROBI COUNTY:** The 2015 KCSD contained 3,292 organizations. Using the criteria described in Section 3, 1,676 organizations that appeared in the KCSD were excluded. 53 of these LIPs appeared in both the Pathfinder database and the KCSD database. Seven LIPs found in the Pathfinder database were not listed in the KCSD database. A total of 12 new LIPs were added to the Nairobi consolidated database; seven newly identified LIPs as well as five “old” LIPs that did not appear in either of the databases when merged. Table 5 below provides a synopsis of the database by county.

As seen in Table 1, all of the newly identified LIPs cover from one to five wards however, their reach varies considerably, from as few as 22 OVC to as many as an estimated 6,000 OVC. Donor

support of these LIPs is diverse with most of the LIPs being supported by a variety of local and international donors and NGOs. One is supported solely by the membership of their church. One LIP will receive support from *Nilinde* in the coming months in the areas of food, nutrition, health, education and vocational training and child protection. Two-thirds of the LIPs assessed received funding from “well-wishers” (individuals) and almost all have received in-kind donations. Support provided to another LIP is by the Ministry of Health and the Office of the President. World Food Program provides in-kind support of food to one of the LIPs. In terms of services provided, two of the LIPs provide all of the basic services while the other LIPs provide from two to eight services. Child protection is provided by all but one of the LIPs. Five of the seven do not provide coordination of care.

**Table 1:** Additional LIPs Identified in Nairobi County

Name of organization	No. of wards covered	No. of OVC reached	Duration of support (years)	Level of investment (\$)	OVC service delivery areas addressed
<b>1. Humanity for Orphans, Youth and Widows Initiative</b>	Mugumoini (1)	222	5	Not disclosed	Food, Nutrition Health Education Child Protection
<b>2. Ribakia Community Unit</b>	Kayole South, Kayole North, Kayole Central, Matopeni/ Spring Valley and Komarock (5)	3046	3	Not disclosed	Food, Nutrition, Health, Education, Vocational Training, PSS, Child Protection, HES, Coordination of Care, Capacity Building
<b>3. Mary Help for the Poor</b>	Embakasi Airport (1)	1442	6	Not disclosed	Food, Nutrition, Education, Vocational Training, PSS, Capacity Building
<b>4. Ukombozi Embakasi Chapter</b>	Embakasi Airport (1)	22	2	Not disclosed	Child Protection, HES
<b>5. Mukuru Promotion Center</b>	Kayaba Langalanga Viwandani South B (4)	6000	31	Not disclosed	Food, Nutrition, Health, Education, Vocational Training, PSS, Shelter & Care, Child Protection, HES, Coordination of Care, Capacity Building, Sponsorship
<b>6. Terminus Support Group Organization</b>	Dandora III Dandora IV (2)	1200	9	Not disclosed	Food, Nutrition, Health, Education, Vocational Training, PSS, Shelter & Care, Child Protection, HES, Capacity Building
<b>7. Salvation Army Dandora Phase 5 Orphans with HIV/AIDS Center</b>	Dandora Areas II, III, IV, V Embakasi North (5)	99	11	Not disclosed	Food, Nutrition, Health, Education, Vocational Training, PSS, Child Protection, HES, Capacity Building

**KILIFI COUNTY:** The 2015 KCSD contained 255 LIPs from Kilifi County. Using the criteria described in Section 3, 81 LIPs were removed from the database. Eleven of the LIPs in the Pathfinder database overlapped with KCSD and 56 that were in the Pathfinder database were not in KCSD. A total of five new LIPs were added to the database; four that could not be found in the database as well as do not appear to have received USAID funding directly or indirectly in the past and one that did not appear in the database but had worked with USAID partners. The LIPs in Kilifi County were the only mapped entities that provided financial information to the mapper, and there is variation in their level of investment, from under KSH 50,000 to KSH 4.5 million. Only one LIP's OVC work spans multiple wards within the county. Variation in the estimated number of OVC reached is not as large as was observed in Nairobi or Mombasa. All four LIPs serve less than 200 OVC, with one LIP serving as few as 17 children. None of the LIPs provide all of the basic services; education and vocational training is the most frequently provided service followed by food and nutrition. Donors range from an international NGO and the U.S. Embassy to the National AIDS Council with the most frequent donations coming from individuals.

**Table 2:** Additional LIPs Identified in Kilifi County

Name of Organization	No. Of Wards Covered	No. Of OVC Reached	Duration of Support (years)	Level of Investment (KSH)	OVC Service Delivery Areas Addressed
1. Humanist Organization	Mwawesa, Rabai, Ruruma (3)	113	1	791,000	Education and Vocational Training
2. Madzimani CDC	Mariakani (1)	193	1	4.5 Million	Health Education and Vocational Training Food and Nutrition Shelter
3. Tumaini Support Group	Mitangoni (1)	17	1	36,000	Food and Nutrition Psychosocial Support
4. Retain to Connect	Ganze (1)	39	1	650,000	Food, Nutrition, Education, Vocational Training

**TAITA TAVETA COUNTY:** The 2015 KCSD contained 173 LIPs from Taita Taveta County. Using the criteria described in Section 3, 11 LIPs were excluded from the database. One new LIP was identified in Taita Taveta. The consolidated database shows a total of 162 which includes the three LIPs that appear in both the Pathfinder and KCSD databases and nine LIPs found in the Pathfinder database but not in the KCSD database. The newly identified LIP provides all of the basic services with the exception of coordination of care and capacity building which they noted is due to lack of funding for these particular services. Funding for the various sectors ranges from KSH 100,000 annually (for food and nutrition to KSH 1.3 million annually for Household Economic Strengthening (HES) activities). The majority of donations come from religious organizations and individuals followed by cash and in-kind funding received from the National AIDS Control Council and the Constituency AIDS Control Committee.

**Table 3:** The Additional LIP Identified in Taita Taveta County

Name of Organization	No. Of Wards Covered	No. Of OVC Reached	Duration of Support (years)	Level of Investment (KSH)	OVC Service Delivery Areas Addressed
Taveta Children's Assistance	Mjini, Maho, Mboghoni, Chala, Njukini, Mata, Jipe and Masai Njoro	73	3	4,195,000	Food, Nutrition, Health, Education, Vocational Training, PSS, Shelter & Care,

Name of Organization	No. Of Wards Covered	No. Of OVC Reached	Duration of Support (years)	Level of Investment (KSH)	OVC Service Delivery Areas Addressed
	(8)				Child Protection, HES

**MOMBASA COUNTY:** The 2015 KCSD contained 515 LIPs from Mombasa County. Using the criteria described in Section 3, 441 LIPs were excluded from the database. Two new LIPs were identified. The consolidated database show a total of 65 LIPs found in the KCSD database, four LIPs that appear in both the Pathfinder and KCSD databases and three LIPs found in the Pathfinder database but not in the KCSD database. The new LIPs mapped in Mombasa cover five wards each without overlap. Happy Rock receives most of its funding from religious organizations and individuals to provide food and nutrition to OVC. World Vision's Changamwe Area Development Program is funded primarily from World Vision International organizations. Changamwe does not target OVC specifically but provides services to all vulnerable children.

**Table 4:** Additional LIPs Identified in Mombasa County

Name of Organization	No. Of Wards Covered	No. Of OVC Reached	Duration of Support (years)	Level of Investment (KSH)	OVC Service Delivery Areas Addressed
<b>Happy Rock Center<sup>6</sup></b>	Timbani, Bamburi, Mtpongwe, Kombani, Mshomori (5)	28	1	262,500	Food, Nutrition
<b>World Vision Changamwe ADP</b>	Bamba, Sokoke, Marafa, Garashi, Dagamra (5)	4000	2	612,835 <sup>7</sup>	Health, Education, Vocational Training, PSS, Child Protection, HES, Coordination of Care, Capacity Building

Table 5 provides a summary of how an updated database was derived from the above-described efforts. In total, the OVC LIP database (*Annex II*) contains 2,026 unique entries across the four target counties, the majority (69%) of which cover Nairobi County.

**Table 5:** Description of how the Final Database of LIPs engaged in OVC Service Delivery was derived

	Nairobi	Mombasa	Kilifi	Taita Taveta	All 4 counties
<b>No. of LIPs in the KCSD from the four target counties</b>	3292	515	255	173	4235
(-) LIPs in the KCSD database that are NOT implementing community-based OVC interventions (and thus excluded)	1676	441	85	11	1816
LIPs in the KCSD database that ARE implementing community-based OVC interventions	1544	65	102	149	1860
(+) LIPs included in Pathfinder's program database that were not in the KCSD	7	3	56	9	75

<sup>6</sup> This LIP plans to relocate to Eldoret in December 2016

<sup>7</sup> Covers funding for Education, Vocational Training, Child Protection and HES

	Nairobi	Mombasa	Kilifi	Taita Taveta	All 4 counties
database					
(+) LIPs listed in both the Pathfinder and KCSD database	53	4	11	3	71
(+) LIPs new to the database but not new to USAID	5	0	1		6
(+) Newly identified (mapped) LIPs	7	2	4	1	14
<b>Total no. of LIPs in the updated OVC LIP database</b>	<b>1616</b>	<b>74</b>	<b>174</b>	<b>162</b>	<b>2026</b>

## 6. Updating the Database

As the ESPS team was reviewing the database, we noted that there was a lot of missing information and set out to update the information as much as possible for the existing organizations, even though this was not in the original Statement of Objectives. Between June 28<sup>th</sup> and July 4<sup>th</sup>, we reached out to a total of 1,034 LIPs within the four counties either by email, phone, or both. We were able to update data on 328 of the LIPs. It is notable that the contact information available in the database for 399 of the LIPs is outdated in that the phone numbers were not in service, or were the wrong number and/or the email contacts provided were undeliverable. We have noted these findings within the database by color for ease of reference.

## 7. Conclusions

- Based on the review of the LIPs ESPS attempted to contact, there are many errors in the contact details. Given the database is one-year old, we cannot conclude that all of the LIPs no longer exist but question whether or not there might have been errors in transcribing data into the database.
- Coordination of care is lacking among the new LIPs identified.

## 8. Recommendations

- Having an updated correct database is essential. While keeping the database updated and ensuring the information therein is correct is time intensive, we recommend that the database is updated with correct information and kept updated. It may be worthwhile to have double data entry to catch errors.
- Based on *Nilinde's* activity 3.3 “strengthen coordination of care across community stakeholders to improve OVC wellbeing,” this might be an area in which the *Nilinde* team pays close attention.

## 9. ANNEXES

**Annex I:** Mapping Template developed for the *Nilinde* Baseline Assessment

**Annex II:** Updated Database of OVC Local Implementing Partners (LIPs) in Four Counties  
(*separate Microsoft Word file*)

**Annex I:** Mapping Template developed for the *Nilinde* Baseline Assessment

## **MAPPING TOOL**

To document newly identified LIPs carrying out OVC activities in the four counties targeted for the *Nilinde* baseline assessment (April 2016)

<b>COUNTY:</b>	
<b>SUB-COUNTY:</b>	
<b>WARD:</b>	
<b>NAME OF ASSESSOR:</b>	
<b>DATE MAPPING TEMPLATE WAS COMPLETED: (dd/mm/yy)</b>	
<b>NAME AND POSITION OF LIP FOCAL POINT:</b>	NAME: POSITION: EMAIL: TEL:
<b>CONTACT DETAILS OF LIP:</b>	LIP ADDRESS: TEL:

<b>1. NAME OF ORGANIZATION:</b>											
<b>2. TYPE OF ORGANIZATION:</b>											
A. Non-governmental organization (NGO)					D. PLWHA support group						
B. Community-based organization (CBO)					E. Self-help group/association						
C. Faith-based organization (FBO)					F. Other (specify):						
<b>3. NUMBER OF OVCs SERVED BY THE ORGANIZATION:</b>											
<b>4. NUMBER OF VULNERABLE HOUSEHOLDS SERVED BY THE ORGANIZATION:</b>											
<b>5. GEOGRAPHICAL COVERAGE, LEVELS AND DURATIONS OF INVESTMENT, ACCORDING TO OVC PROGRAM AREA:</b>											
	OVC PROGRAM AREA	COUNTY OF IMPLEMENTATION	NO. OF:		DONOR/FUNDING SOURCE	AMOUNT	CURRENCY (Tick one)		PERIOD OF FUNDING		
			SUB-COUNTIES COVERED	WARDS COVERED			USD	KSH	START YEAR	END YEAR	
<p><i>***If it is not possible to allocate budget amounts to specific program areas (e.g., if the LIP is implementing a 100,000 KSH project that entails food and nutrition, health, and psychosocial support strategies, and the LIP is unable to say what proportion of that budget is allocated to food &amp; nutrition, for example, just write the budget total (KSH 100,000) in the amount column. In the blank space provided at the end of the table, you can note that the figure quoted is the total budget.</i></p>	A. Food & nutrition										
	B. Health										
	C. Education & vocational training										
	D. Psycho-										



REFER TO PAGE 5 AND TICK ALL OF THE LIP's COUNTIES, SUB-COUNTIES, AND WARDS OF OPERATION

**ASSESSOR COMMENTS/NOTES:**

Tick all locations where the organization is implementing OVC-related activities.

<b>COUNTIES</b> <i>{Tick all that apply}</i>	<b>SUB-COUNTIES</b> <i>{Tick all that apply}</i>	<b>WARDS</b> <i>(Tick all that apply)</i>
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	<b>KILIFI</b>		<input type="checkbox"/> Ganze <input type="checkbox"/> Kaloleni <input type="checkbox"/> Kilifi North <input type="checkbox"/> Kilifi South <input type="checkbox"/> Magarini <input type="checkbox"/> Malindi <input type="checkbox"/> Rabai
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	Dabaso		Kayafungo		Mtepeni
	Ganze		Mariakani		Mwawesa
	Junju		Mwanamwinga		Sabaki
	Kakuyuni				

	<b>MOMBASA</b>		<input type="checkbox"/> Changamwe <input type="checkbox"/> Kisauni <input type="checkbox"/> Likoni
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	Bofu		Changamwe		
	Chaani		Likoni		Shanzu

	<b>NAIROBI</b>		<input type="checkbox"/> Dagoretti North <input type="checkbox"/> Dagoretti South <input type="checkbox"/> Embakasi Central <input type="checkbox"/> Embakasi East <input type="checkbox"/> Embakasi West <input type="checkbox"/> Embakasi North <input type="checkbox"/> Embakasi South <input type="checkbox"/> Kamukunji <input type="checkbox"/> Kasarani <input type="checkbox"/> Kibra <input type="checkbox"/> Langata <input type="checkbox"/> Makadara <input type="checkbox"/> Mathare <input type="checkbox"/> Roysambu <input type="checkbox"/> Ruaraka <input type="checkbox"/> Starehe <input type="checkbox"/> Westlands
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		Dandora area iii
		Eastleigh south
		Hospital
		Karura
		Kawangware
		Kayole south
		Kwa njenga
		Lower Savana
		Mowlem
		Mugumo-ini
		Nairobi south
		Njiru
		Roysambu
		Sarang'ombe
		Utali
		Viwandani
		Waithaka

	<b>TAITA TAVETA</b>		<input type="checkbox"/> Mwatate <input type="checkbox"/> Taveta <input type="checkbox"/> Voi <input type="checkbox"/> Wundanyi
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	Mwatate		
	Chawia		Wundanyi/mbale
	Chala		Sagala