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## HOUSEHOLD SURVEY REPORT

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

July 29, 2016

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*Nilinde* Baseline Household Survey Report

July 29, 2016

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**DISCLAIMER**

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

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## Acronyms

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>AMURT</b>	Ananda Marga Universal Relief Team (AMURT)
<b>CBO</b>	Community-based organization
<b>CHU</b>	Community Health Unit
<b>DCS</b>	Department of Children’s Services
<b>ECD</b>	Early childhood development
<b>ESPS</b>	Evaluation Services and Program Support
<b>FBO</b>	Faith-based organization
<b>GoK</b>	Government of Kenya
<b>GPS</b>	Global Positioning System
<b>GNI</b>	Gross national income per capita
<b>HES</b>	Household economic strengthening
<b>HIV</b>	Human Immunodeficiency Virus
<b>IBTCI</b>	International Business & Technical Consultants, Inc.
<b>KDHS</b>	Kenya Demographic and Health Survey
<b>KNBS</b>	Kenya National Bureau of Statistics
<b>KIHBS</b>	Kenya Integrated Household Budget Survey
<b>KSH</b>	Kenya shillings
<b>LIP</b>	Local implementing partner
<b>LQAS</b>	Lot quality assurance sampling
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MOH</b>	Ministry of Health
<b>NHIF</b>	National Hospital Insurance Fund
<b>OCA</b>	Organizational capacity assessment
<b>OVC</b>	Orphans and vulnerable children
<b>RA</b>	Research Assistant
<b>SID</b>	Society for International Development
<b>USAID</b>	U.S. Agency for International Development

## Glossary of Key Terms

**Community Health Unit (CHU):** Within Kenya's health system, the CHU is a level I health unit comprising about 5,000 individuals. Community-health extension workers oversee the unit with support from a cadre of community health workers/volunteers.

**Demand:** A willingness and/or ability to seek, use, and/or receive particular services.

**Gross national income (GNI) per capita:** GNI per capita is gross national income divided by mid-year population. The team used the World Bank Atlas method to convert this figure to its US-dollar equivalent.

**Global Positioning System (GPS):** GPS is a navigation system that provides location and time information.

**Household economic strengthening (HES):** HES is a concept that links vulnerable families to economic services and/or opportunities to expand their assets and/or promote their market participation.

**Local implementing partner (LIP):** LIP is a term broadly used to refer to community- and faith-based organizations that are formal partners of a project and that have defined roles in grassroots or community-based implementation of project activities.

**Lot quality assurance sampling (LQAS):** LQAS is a random sampling technique that is widely used in public health and social science applications. Analysts classify subunits of a population as acceptable or unacceptable depending on the number of failures observed in a random sample of a given lot.

**Operations research:** This refers to the application of scientific principles to test programmatic solutions (tools, strategies) to implementation challenges and/or service delivery problems.

**Orphans and vulnerable children (OVC):** For the purposes of the *Nilinde* activity, OVC are defined as children who are HIV-infected, have HIV-infected caregivers/family members, or who reside in AIDS-affected communities.

**Sub-county:** Under Kenya's devolved governance system, the sub-county is the administrative unit that provides coordination and oversight of community-level service delivery; it is roughly akin to a district under the former national governance structure.

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## Executive Summary

### Background

According to the UNAIDS *Gap Report 2014*, Kenya is among a limited number of countries that have experienced noteworthy declines in AIDS-related deaths. Between 2009 and 2013, the country experienced a 32 percent reduction in AIDS-related mortality. However, at all levels of society today, families and communities are still contending with the health, social, and economic impact of HIV and AIDS. In 2013, there were an estimated 2.5 million orphans and vulnerable children (OVC) in Kenya with over 40 percent of cases attributed to HIV and AIDS.<sup>1</sup> In recent years, there has been widespread recognition that responses must evolve from child-focused approaches to household-focused approaches to effectively and sustainably mitigate the impact of the HIV and AIDS epidemic on children, their families, and their communities.

Plan International (PI) received a five-year Cooperative Agreement from USAID/Kenya/East Africa (USAID/KEA) in 2015 to increase the support provided to OVC and their households under an activity referred to as “*Nilinde*.” PI has three key implementing partners: Ananda Marga Universal Relief Team (AMURT), ChildLine, and Mothers2Mothers. PI also works with a constellation of community-based organizations (CBOs) and faith-based organizations (FBOs) that serve as local implementing partners (LIPs) for the *Nilinde* activity.

USAID contracted with IBTCI to conduct a comprehensive baseline assessment of the current situation for OVC and their families in four counties in Kenya served by *Nilinde*: Nairobi, Mombasa, Kilifi, and Taita Taveta. This baseline assessment (the Household Survey Report) will help establish baseline and yearly targets for the program and will assist USAID/KEA and key stakeholders in a number of ways. The assessment will: help refine implementation strategies according to the report findings; augment revisions of *Nilinde*'s learning strategy; measure progress toward expected results; and determine USAID/KEA's contribution to county-specific outcomes.

IBTCI assembled a highly qualified team of professionals for the assessment, led by a senior public health specialist with both evaluation and HIV technical expertise. She worked in conjunction with two seasoned local experts (an OVC advisor and an M&E specialist/data manager). Locally recruited, experienced sub-team leaders coordinated baseline fieldwork in each target county, including the work of 37 RAs.

### Methodology

The overall assessment design incorporated a stratified, two-stage cluster sampling approach with a lot quality acceptance sampling (LQAS) technique. The assessment team aggregated data from the selected wards to yield county-specific estimates of the performance indicators and to identify wards that would require concerted effort from the onset of the program. The team's analysis took into account design weights to estimate county-specific parameters.

The team gathered data concurrently in the four counties between April 25 and May 5, 2016. The assessment team developed three structured questionnaires: one for OVC caregivers/heads of household: one for OVC 0 to 4 years old (administered to the OVC's caregiver) and one for OVC 5 to 17 years old. For OVC under ten years of age, the caregiver provided all information pertaining to the child. The assessment team interviewed OVC aged 10 to 17 years directly. Field personnel for the baseline assessment obtained informed consent for all interviews conducted. The team interviewed a

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<sup>1</sup> National AIDS Council of Kenya. 2014. *Kenya AIDS Response Progress Report 2014*. [http://www.unaids.org/sites/default/files/country/documents/KEN\\_narrative\\_report\\_2014.pdf](http://www.unaids.org/sites/default/files/country/documents/KEN_narrative_report_2014.pdf)

total of 2,786 respondents (see Table 1) from 17 wards in Nairobi, 5 wards in Mombasa, 10 wards in Kilifi, and 5 wards in Taita Taveta.

**Table 1.** Sample Sizes according to County, *Nilinde* Baseline Survey, 2016

Respondent Category	County				All Four Counties
	Kilifi	Mombasa	Nairobi	Taita Taveta	
OVC Caregivers/Heads of Household (TARGET: 38 interviews per ward)	380	190	646	177	<b>1,393</b>
OVC: 0 to 4 years old (TARGET: 19 interviews per ward)	190	95	323	82	<b>690</b>
OVC: 5 to 17 years old (TARGET: 19 interviews per ward)	190	95	323	95	<b>703</b>
<b>Across all respondent categories</b>	<b>760</b>	<b>380</b>	<b>1,292</b>	<b>354</b>	<b>2,786</b>

## Key Findings

The following table presents baseline values for *Nilinde* performance indicators derived from the household survey. IBTCI presents *Nilinde* performance indicators obtained from other data sources (namely, organizational capacity assessments) in a separate report.

**Table 2.** Baseline Values for *Nilinde* Performance Indicators

Performance Indicator	Baseline Estimate For: <sup>2</sup>			
	Nairobi	Mombasa	Kilifi	Taita Taveta
<b>Percent of OVC school attendance</b>	<b>93%</b>	<b>97%</b>	<b>95.3%</b>	<b>89.5%</b>
• Among females	88.9%	91.7%	100.0%	90%
• Among males	100.0%	100.0%	90.9%	88.9%
<b>Percent of OVC school attendance</b>	<b>66.7%</b>	<b>77.8%</b>	<b>55.6%</b>	<b>70.6%</b>
• Among females	66.7%	75.0%	50.0%	77.8%
• Among males	60.0%	75.0%	60.0%	75.0%
<b>Percent of OVC who have progressed in school (over the past one year)</b>	<b>72.2%</b>	<b>76.9%</b>	<b>68.8%</b>	<b>76.5%</b>
• Among females	70.0%	60.0%	70.0%	71.4%
• Among males	75.0%	77.8%	62.5%	77.8%
• Among primary school attendees	71.4%	75.0%	66.7%	73.3%
• Among secondary school attendees	100.0%	100.0%	100.0%	100.0%
<b>Percent of older OVC (10 to 17 years old) who have acquired vocational and technical skills</b>				
• Among females	0.0%	0.0%	0.0%	0.0%
• Among males	0.0%	0.0%	0.0%	0.0%
<b>Percent of children under five fully immunized</b>	<b>31.6%</b>	<b>57.6%</b>	<b>52.6%</b>	<b>43.8%</b>
• Among females	40.0%	57.6%	50.0%	33.3%
• Among males	20.0%	60.0%	50.0%	50.0%
<b>Percent of OVC tested for HIV and status known by child and/or caregiver</b>	<b>55.6%</b>	<b>61.1%</b>	<b>44.4%</b>	<b>72.2%</b>
• Among females	55.6%	63.6%	57.1%	77.8%
• Among males	60.0%	57.1%	44.4%	71.4%
<b>Percent of children with legal documents</b>	<b>42.0%</b>	<b>42.1%</b>	<b>18.9%</b>	<b>65.7%</b>

<sup>2</sup> Values presented in the table are estimates weighted by number of OVCs per ward within a county.

Performance Indicator	Baseline Estimate For: <sup>2</sup>			
	Nairobi	Mombasa	Kilifi	Taita Taveta
• Among OVC 0 to 4 years old	36.8%	31.6%	10.5%	56.3%
• Among OVC 5 to 17 years old	55.6%	52.6%	26.3%	73.7%
<b>Percent of OVC households able to access money to meet basic needs</b>	<b>18%</b>	<b>21.1%</b>	<b>15.8%</b>	<b>28.6%</b>
<b>Knowledge of caregivers involved in family strengthening activities (%)</b>				
• Knowledge of two or more sources of legal protection	81.6%	76.3%	47.4%	45.7%
• Knowledge of two or more ways to reduce healthcare costs	26.3%	7.9%	7.9%	8.6%
• Knowledge of three or more essential services to which all children under five are entitled	84.2%	85.0%	73.7%	93.8%
Knowledge of three or more essential services to which all children aged 5 to 17 years old are entitled	84.2%	84.2%	84.2%	89.5%
<b>Percent of eligible households receiving social protection support</b>	<b>65.8%</b>	<b>28.9%</b>	<b>42.1%</b>	<b>68.6%</b>
<b>Knowledge among community members and groups on national child policy/standards and guidelines (%)</b>	<b>76.3%</b>	<b>65.8%</b>	<b>52.6%</b>	<b>83.3%</b>

One of the advantages of using the LQAS is its ability to assess ward performance against a set cut-point or threshold (Annex 1). The analysis applied a performance benchmark of 50 percent and used LQAS decision points of five, six, and seven that corresponded to sample sizes of 13, 16, and 19, respectively. This served as a decision value<sup>3</sup> for all survey indicators. Below are indicators for the largest numbers of wards that did not meet the threshold for adequate coverage. The assessment team denoted with an asterisk (\*) the cases where all wards were below adequate for a given indicator. The team conducted data analysis using SPSS (version 23).

- Known HIV status of OVC\*
- OVC possession of legal documentation\*
- Full immunization
- Household ability to meet basic expenses
- Vocational and technical training of older OVC (14-17 years of age)\*

**The following wards had below adequate coverage for full immunization:**

- Nairobi: Sarang'ombe, Nairobi South, Njiru, Kayole South, Viwandani, Mowlem
- Mombasa: Bofu
- Kilifi: Gongoni
- Taita Taveta: All wards have adequate coverage.

<sup>3</sup> Decision values (d) determine the LQAS classification in order to identify program parameters that have reached a certain coverage threshold. The assessment team used one decision value (d) in order to classify lots according to two bands of program coverage: "adequate" and "not adequate."

**Table 3.** The following wards had below adequate coverage concerning households' abilities to meet basic expenses

Adequacy of households (by ward) able to meet basic expenses				
County	Not Adequate		Adequate	
	0 to 4 households	5 to 17 households	0 to 4 households	5 to 17 households
Nairobi wards	17	16	0	1
Mombasa wards	4	5	1	0
Kilifi wards	9	10	1	0
Taita Taveta wards	4	3	1	2

The assessment noted that Njiru ward (in Nairobi), Shanzu ward (in Mombasa), Mwaweza ward (in Kilifi), and Mbale and Sagalla wards (in Taita Taveta) were classified as OVC households that had adequate abilities to meet basic expenses.

## Conclusions

From the data gathered, the assessment team has drawn the following conclusions:

1. Levels and differentials observed in the baseline survey are generally consistent with data from Government of Kenya (GoK)-endorsed data sources such as the *2014 Kenya Demographic and Health Survey* (KDHS).
2. Using a number of proxies for vulnerability/economic disadvantage, the households included in the *Nilinde* Baseline Survey are more likely to be worse off than those in the national averages for various key indicators such as those related to quality of shelter. When one uses quality of shelter and access to safe water and improved sanitation as proxies for vulnerability/disadvantage, Kilifi households are more disadvantaged than are the households in the other three counties.
3. A clear line of demarcation is evident between counties with large urban/peri-urban populations (Nairobi, Mombasa) and counties with remote, deeply rural populations (Kilifi, Taita Taveta). While some outcomes favor urban settings, dynamics operating within such settings (e.g., cost of living, expansion of household size) create a different type of vulnerability than that found in rural settings.
4. The discrepancies in a number of key variables that exist across the four counties underscore the importance of *not* adopting a *one size fits all* program approach.
5. While some outcomes demonstrate gender parity (e.g., school enrollment), the assessment team documented female disadvantage for particular outcomes (e.g., full immunization, grade progression). This suggests that complex, gender dynamics are at play among OVC as they are for all children.
6. Data on grade progression disaggregated by level of schooling (primary versus secondary) suggests that the challenge of ensuring continuity of education must be addressed for all OVC, including those still in primary school.
7. The chasm that exists between average reported household income and average reported household expenses, as well as the documented difficulties many households have in meeting basic needs, are justification for the *Nilinde* activity's prominent household economic strengthening component.
8. The income-expense divide also demonstrates the need to improve linkages between OVC and formal mechanisms of social protection and support (e.g., health fee waivers, OVC bursaries, and government cash transfers).
9. Difficulties in identifying young OVC during fieldwork and the apparent mobility of OVC has implications for tracking and monitoring the outcomes of OVC beneficiaries over the life of the activity.

## Recommendations

Based on the assessment findings, the team proposes the recommendations that follow:

1. Focus on achieving outcomes (e.g., possession of birth certificates) on which other priority outcomes (e.g., school enrollment) depend.
2. Redouble efforts to ensure that both adults and children receive testing for HIV and receive their test results. This is a pivotal entry point for a constellation of treatment and support interventions that can address the holistic needs of OVC and better position them to attain certain outcomes (e.g., continuity of education).
3. Identify and address the drivers and root causes of observed inequities, for example, gender differences (between boys and girls) concerning full immunization coverage, school enrollment in the higher grades, and other key outcomes.
4. To facilitate the achievement of quality educational outcomes such as school performance and continuity of education among OVC, stakeholders should address demand-side issues, such as gender norms; caregiver perceptions of the value of education; and differential treatment of OVC compared to other children. Stakeholders should also address supply-side issues, such as formal GoK mechanisms to facilitate OVC access to and progression through the formal education system; and teacher capacity to respond to the special needs and realities of OVC.
5. Expand vocational and technical training opportunities for older male and female OVC (14 - 17 years of age).
6. Strengthen community-based surveillance of OVC and vulnerable families to inform targeting and tracking.
7. Investigate and address the dynamics and drivers of household decision making related to monthly expenditures/consumption to maximize the benefits of applying household resources to meet the basic needs and rights of OVC.
8. Explore further how to operationalize the reduction of health care costs even in rural OVC households as part of a resilience strategy.
9. Conduct implementation research to understand more fully the gender dynamics at play in order to improve the outcomes of all OVC.
10. Explore possible means of tracking OVC and vulnerable families, such as those living in informal settlements in Nairobi, to ensure continuity of care and/or services.
11. Test ways in which mobile technology might facilitate tracking of OVC and minimize attrition/loss-to-follow-up for outcomes such as immunization, continuity of education, and HIV testing with linkages to support.
12. Test models that capitalize on existing household resources (e.g., agricultural land, farm animals) in addition to linking households to new income-generating opportunities to support sustainable improvements in household economic security.
13. Produce a county case study on Taita Taveta to serve as a roadmap for other counties in adopting a systems approach to improving outcomes of OVC and their families.

## I. Background

### Program Context

The Republic of Kenya has achieved some level of stability concerning the country's HIV and AIDS epidemic. According to the UNAIDS *Gap Report 2014*, Kenya is among a limited number of countries that have experienced noteworthy declines in AIDS-related deaths. Between 2009 and 2013, Kenya showed a 32 percent reduction in AIDS-related mortality.<sup>4</sup> However, at all levels of society, families and communities continue to contend with the health, social, and economic impact of HIV and AIDS. If HIV- and AIDS-related interventions stay at their current levels, the projected annual number of AIDS-related deaths through 2020 will be approximately 60,000 and the number of OVC will continue to increase.<sup>5</sup> In 2013 to 2014, there were an estimated 2.6 million OVC in Kenya with over 40 percent of cases directly attributed to HIV/AIDS.<sup>6</sup> In recent years, there has been widespread recognition that responses must evolve from child-focused approaches to household-focused approaches to effectively and sustainably mitigate the impact of the epidemic on children, their families, and their communities.

### The *Nilinde* OVC Activity in Nairobi and Coast

USAID/KEA awarded Plan International (PI) a five-year Cooperative Agreement in 2015 (August 2015 to August 2020) to increase support for OVC and their households under an activity referred to as "*Nilinde*." The aim of *Nilinde* is to improve the welfare and protection of the most vulnerable households affected by HIV and AIDS by reducing economic vulnerability and empowering parents and caregivers to make investments in the health and well-being of OVC in Kenya's Nairobi and Coast counties (Mombasa, Kilifi, Taita Taveta, Kwale, and Lamu).

PI is implementing the *Nilinde* activity in collaboration with three key partner agencies: Ananda Marga Universal Relief Team (AMURT), ChildLine, and Mothers2Mothers. They also are working with a constellation of LIPs. Over this five-year program, *Nilinde* will target at least 92,990 vulnerable households, including 187,035 vulnerable children, youth, and adults. *Nilinde*'s efforts will contribute to the following three main outcomes:

1. Increased access to health and social services for OVC and their families;
2. Capacity of households and communities strengthened to protect and care for OVC; and
3. Strengthened child welfare and protection systems at the national level, and improved structures and services for effective responses in targeted counties.

## II. Purpose and Objective of the Baseline Assessment

Robust baseline data will be essential to evaluate the effectiveness of the *Nilinde* project. USAID contracted with IBTCI to conduct a comprehensive baseline assessment of the current situation for OVC and their families in *Nilinde*'s target counties. Although *Nilinde* spans six counties, at USAID/KEA's direction, IBTCI focused its baseline data collection in Nairobi, Mombasa, Kilifi, and Taita Taveta counties. The baseline assessment was a dual-purpose endeavor: to aid USAID/KEA and *Nilinde* implementers in establishing baseline and yearly targets for the program, and to inform USAID/KEA and key stakeholders on whether or not counties are achieving expected results during the implementation period.

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<sup>4</sup> UNAIDS. 2015. *UNAIDS Gap Report 2014*, page 9.

[http://files.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2014/UNAIDS\\_Gap\\_report\\_en.pdf](http://files.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2014/UNAIDS_Gap_report_en.pdf)

<sup>5</sup> National AIDS Council of Kenya. 2014. *Kenya AIDS Response Progress Report 2014*.

[http://www.unaids.org/sites/default/files/country/documents/KEN\\_narrative\\_report\\_2014.pdf](http://www.unaids.org/sites/default/files/country/documents/KEN_narrative_report_2014.pdf)

<sup>6</sup> National AIDS and STI Control Program (NAS COP), Kenya. *Kenya AIDS Indicator Survey 2012: Final Report*.

Nairobi, NAS COP. June 2014; Veronica Lee et.al (2014); *Orphans and Vulnerable Children in Kenya: Results From a Nationally Representative Population-Based Survey*. J Acquir Immune Defic Syndr \_ Volume 66, Supplement 1, May 1, 2014

The baseline assessment consisted of three main outputs:

- a household survey, focused on samples of OVC and their households;
- organizational capacity assessments (OCAs) of County DCSs and *Nilinde* LIPs; and
- a mapping of CBOs and FBOs that are implementing OVC-related work but have not been included in existing databases or listings of OVC service providers.

This report focuses on the methodology, findings, and recommendations from the OVC Household Survey Report.

### **III. Household Survey Methodology**

#### **Key Survey Indicators and Differentials Explored**

The *Nilinde* assessment team collected baseline data using the indicators provided by USAID/KEA in the Statement of Objective (SOO). The household survey described in this report produced point estimates of key indicators. Later in the project, comparisons can be made against these point estimates (e.g., via an end line household survey) to calculate percent changes. As outlined in the SOO, the household survey identified baseline estimates for the following indicators that relate to the three identified outputs listed in the Background section of this report:

Performance indicators related to Output 1 (“Increased access to health and social services for OVC and their families”):

- Percent of OVC school enrollment
- Percent of OVC regularly attending school
- Percent of OVC who progressed in school during the last year
- Percent of older OVC who have acquired vocational and technical skills
- Percent of children under five who are fully immunized
- Percent of OVC whose primary caregiver knows the child’s HIV status
- Percent of children who have a birth certificate
- Percent of children who have at least one adult (> 18) parent/caregiver with whom they co-reside.

Performance indicators related to Output 2 (“Capacity of households and communities strengthened to protect and care for OVC”):

- Percent of OVC households able to access money to meet basic needs
- Percent in knowledge of caregivers involved in family strengthening activities
- Percent of eligible households receiving social protection support
- Knowledge among community members and groups on national child policy/standards and guidelines (as a percent)

As mentioned in the Background section of this report, *Nilinde* has three identified outputs to which it will contribute. Because Output 3 relates to systems and structures, organizational capacity assessments (OCAs) were the primary data sources for baseline estimates of Output 3 indicators. We present these findings in a separated OCA baseline report.

#### **Sampling Strategy**

The overall assessment design incorporated a stratified, two-stage cluster sampling approach with an LQAS technique. We used this design to: (i) provide county-specific population health estimates related to OVC programming; and (ii) identify wards within the four target counties that would require concerted efforts from the onset of the program. *LQAS obtains the smallest sample size possible while still achieving statistical significance at the aggregate (county) level.*

**Stratification by counties:** Each county served as the primary stratum for the survey. The assessment team identified all wards within each county and proposed stratification by counties to: (i) minimize sampling errors; (ii) ensure representation; and (iii) identify wards within a county that are below the proposed coverage levels.

**First stage—selection of wards (clusters):** The team obtained a random sample of wards with equal probability of selection within each county. These wards served as the primary units for the survey. The probability of selecting a ward varied by county. Probabilities ranged from between 22 percent in Nairobi to 100 percent in Taita Taveta depending on the OVC yield per ward/county.<sup>7</sup> The assessment team selected 37 wards for the survey distributed as follows: 17 wards in Nairobi; 5 in Mombasa; 10 in Kilifi and 5 wards in Taita Taveta. The selected wards represent approximately 26 percent (37/144) of wards supported and 39 percent of all OVC served.<sup>8</sup>

**Second stage—selection of OVC households/OVC:** The OVC performance indicators under Output 1 required three subgroups/samples of interest: (i) a subgroup of 0 to 4 year olds—to estimate immunization coverage; (ii) a subgroup of school-going children (5 to 17 years old) to estimate school enrollment, attendance, and progression; and the OVC caregivers. The team used the LQAS technique with samples of 19 households/OVC to select the OVC for each of these subgroups.<sup>9</sup> These households/OVC served as the secondary units for the survey. The resulting sample was representative at the county level, and the estimates took into account the design weights for OVC. Table 4 presents both target and actual sample sizes achieved for the household survey.

**Table 4.** Target and Actual Sample Sizes according to County: *Nilinde* Baseline Survey, 2016

Respondent Category	County								All Four Counties	
	Kilifi		Mombasa		Nairobi		Taita Taveta		Target	Actual
	Target	Actual	Target	Actual	Target	Actual	Target	Actual		
OVC Caregivers/Heads of Household (TARGET: 38 per ward)	380	380	190	190	646	646	190	177	1406	1393
OVC: 0 to 4 years (TARGET: 19 per ward)	190	190	95	95	323	323	95	82	703	690
OVC: 5 to 17 years (TARGET: 19 per ward)	190	190	95	95	323	323	95	95	703	703
<b>All Respondent Groups</b>	<b>760</b>	<b>760</b>	<b>380</b>	<b>380</b>	<b>1292</b>	<b>1292</b>	<b>380</b>	<b>354</b>	<b>2812</b>	<b>2786</b>

Within each selected ward, the LQAS technique yielded 19 interviews for OVC under five years, 19 interviews for OVC 5 to 17 years old, and 38 interviews with the caregivers of sampled OVC. To select an OVC, the research team prepared a list of all OVCs (categorized by age) in the randomly selected wards and used a systematic random sampling approach to select 19 OVC from each group. However, field teams discovered that community listings of OVC were incomplete and outdated. Consequently, the teams worked with local focal persons to update the listings before selecting respondents.

The team interviewed a caregiver or the head of household in charge of each OVC. Within a given household, information was only collected pertaining to one OVC and his/her caregiver/head of

<sup>7</sup> DATIM – Data for Accountability, Transparency and Impact (2015)

<sup>8</sup> *ibid*

<sup>9</sup> Sampling weight: The proposed sampling procedure results in unequal probability of selection (including an OVC in the sample). Consequently, the assessment team computed sampling weights as the inverse of the probability of selecting a ward multiplied by the probability of selecting an OVC in each ward.

household. For OVC under ten years of age, the caregiver provided all information pertaining to the child. The team interviewed OVC aged 10 to 17 years directly. Field personnel for the baseline assessment obtained informed consent for all interviews conducted.

## Data Collection Tools

The baseline team developed three structured questionnaires to guide the household survey ([Annexes 2 to 4](#)):

- Questionnaire for OVC Caregivers/Heads of Household
- Questionnaire on OVC 0 to 4 years old (administered to the OVC's caregiver)
- Questionnaire on OVC 5 to 17 years old.

All instruments were available in English and Kiswahili and were pretested before initiating fieldwork.

## Organization of Fieldwork

**Household survey team composition:** Through its ESPS office, IBTCI assembled a highly qualified team of professionals to conduct the baseline assessment in the four target counties. Three key personnel led the team. Donna Espeut, PhD, a senior public health specialist, served as the Team Leader and brought both evaluation and HIV technical expertise. She worked with two seasoned Kenyan experts—an OVC Specialist Jack Buong' and an Evaluation Specialist Peter Njuguna. Four sub-team leaders (one in each of the four counties) coordinated the fieldwork in each county, respectively.

**Recruitment of Research Assistants:** Thirty-seven RAs collected field data and were responsible for gathering household survey data. ESPS recruited the RA team through the Kenya National Bureau of Statistics (KNBS). All RAs had prior experience in conducting national surveys and field-related data collection activities specifically in the assigned regions. Using this approach, the team completed fieldwork within the assigned timeframe.

**Schedule of activities:** A three-week preparatory period preceded the fieldwork. The evaluation team participated in a one-week **document review phase** (April 3 through 9, 2016) to read and analyze documents (provided by USAID/KEA and sourced by IBTCI). The following week the **team planning meeting (TPM) phase** began (April 10 through April 15, 2016). During this time, the team finalized the work plan and data collection tools, prepared for the in-brief meeting at USAID/KEA (held on April 25, 2016), and finalized other field logistics. Following the TPM, the team participated in a one-week **training phase** (April 18 through 22, 2016). The training program provided the evaluation team with an overview of the *Nilinde* project; gave them an opportunity to review, pre-test, and revise the survey questionnaires. The team also received training on handheld devices and the Dooblo SurveyToGo software and sampling procedures. They also finalized field logistics. The team pre-tested the survey instruments at the Githogoro slum in Karura Ward, Nairobi County.

**Fieldwork:** the team collected household data concurrently in the four target counties between April 25 and May 5, 2016. **Post-fieldwork:** the team then conducted data analysis and report writing between May 30 and June 20, 2016. [Annex 5](#) contains the full list of members who formed the *Nilinde* baseline assessment team.

## Data Management

Field teams collected the survey data with smartphones and Samsung Galaxy Tab 2 devices and uploaded data from completed questionnaires to a remote server on a daily basis. The use of information technology substantially reduced the data management burden for this exercise. The ESPS team programmed skip patterns and other logical control patterns into the software to support data quality. As a result, data cleaning issues were minimal.

## Data Analysis

The findings presented in this report are weighted estimates of *Nilinde's* performance indicators. The analysis presents county-specific estimates obtained by aggregating observations in the sampled wards. The team conducted data analysis using SPSS (version 23) software. **Point estimates:** Three types of differentials were explored throughout the analysis: (i) county, (ii) sex of the OVC (male, female), and (iii) age group (where appropriate, 0 to 4 years old, 5 to 17 years old). However, the analysis does not adjust for confounding any factors. **LQAS classification of wards:** The analysis used a performance benchmark of 50 percent and LQAS decision points of 5, 6 and 7 that corresponded to the sample sizes of 13, 16, and 19, respectively, for all indicators.<sup>10</sup> The team classified wards with observed cases above the decision point as having “adequate coverage,” or, otherwise, as having “not adequate coverage.” (See [Annex 6](#), LQAS Decision Tables.)

## OVC Stakeholder Meetings

Before finalizing survey results and the draft survey report, the baseline assessment team presented provisional findings to OVC stakeholders in the Nairobi and Coast counties on June 2 and 3, 2016, respectively. Approximately 50 participants ([Annexes 7 and 8](#)) spanning the following stakeholder groups attended each meeting:

- County and sub-county personnel from the DSC in Nairobi, Mombasa, Kilifi, and Taita Taveta counties
- PI
- Key partners (e.g., AMURT)
- Proposed *Nilinde* LIPs
- USAID
- ESPS/IBTCI Kenya technical personnel
- Baseline assessment key personnel

## Ethical Considerations

Participation in the survey was solely voluntary. Respondents signed informed-consent forms, which included their right to refuse participation or to end the interview at their discretion. The RAs interviewed caregivers on behalf of each OVC under ten years old. The informed consent statement, available in both English and Swahili, appears in [Annexes 9 and 10](#).

The team secured participant confidentiality at all stages of the process. All raw data are stored with IBTCI's ESPS office and will be included with the baseline deliverables submitted to USAID/KEA.

## Challenges/Limitations

Random selection of households was difficult due to the suboptimal quality of the sampling frames. Upon arrival in the counties and wards to conduct fieldwork, field teams quickly discovered that OVC registers were largely incomplete and outdated. Fortunately, the community health workers and volunteers (CHVs) knew their communities and had a general sense of where vulnerable children/households were located. As a result, field teams engaged in on the spot updating of OVC lists. They worked closely with local personnel (e.g., CHVs, community health units (CHUs), focal points, and LIP staff) who knew both the numbers and locations of OVC and their families. For every sampled ward, sub-team leaders worked with community focal points to update the sampling frame before the RAs arrived to gather data within that given ward.

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<sup>10</sup> We based the LQAS classification on a decision value (d), to classify program parameters as having reached a certain coverage threshold. We used one decision value (d) in order to classify lots according to two bands of program coverage: “adequate” and “below adequate.”

The identification of young OVC was also challenging. In some instances, OVC under the age of five appeared to be a “hidden” or hard-to-reach sub-population. Prior to reaching school age, they seem to be a mobile population making them difficult to systematically identify and track.<sup>11</sup> Thus, additional effort was required to identify target numbers of young OVC. In some wards of Taita Taveta, the field team adopted a “catch-all” approach for OVC 0 to 4 years old since they encountered fewer than 19 OVC in that age group. Some OVC stakeholders noted that this finding was consistent with recent fertility reduction in Taita Taveta.<sup>12</sup>

#### IV. Key Findings

This section of the report presents a summary of baseline values for selected *Nilinde* performance indicators, followed by a detailed analysis of findings pertaining to sampled households, caregivers, and OVC. For each unit of analysis (i.e., household, caregiver, OVC), the relevant *Nilinde* performance indicator is discussed separately.

As noted earlier, this report presents baseline findings only for the *Nilinde* performance indicators that the assessment team was able to determine through the household surveys.

#### Overview of Baseline Situation vis-à-vis *Nilinde* Performance Indicators

**Table 5a.** Baseline Estimates for Survey-based Performance Indicators by County

<b>OUTPUT 1 (INCREASED ACCESS TO HEALTH AND SOCIAL SERVICES FOR OVC AND THEIR FAMILIES)<sup>13</sup></b>				
	Nairobi County	Mombasa County	Kilifi County	Taita Taveta County
<b>Percent of OVC school enrollment</b>	<b>93%</b>	<b>97%</b>	<b>95.3%</b>	<b>89.5%</b>
• Among females	88.9%	91.7%	100.0%	90%
• Among males	100.0%	100.0%	90.9%	88.9%
• Among 5 to 9 year olds	100.0%	100.0%	100.0%	75.0%
• Among 10 to 17 year olds	91.7%	100.0%	92.3%	100.0%
<b>Percent of OVC school attendance<sup>14</sup></b>	<b>66.7%</b>	<b>77.8%</b>	<b>55.6%</b>	<b>70.6%</b>
• Among females	75.0%	80.0%	65.0%	80.0%
• Among males	60.0%	75.0%	65.0%	75.0%
• Among 5 to 9 year olds	71.4%	75.0%	50.0%	83.3%
• Among 10 to 17 year olds	63.6%	80.0%	58.3%	72.7%
<b>Percent of OVC who have progressed in school (over the past one year)</b>	<b>72.2%</b>	<b>76.9%</b>	<b>68.8%</b>	<b>76.5%</b>
• Among females	75.0%	75.0%	75.0%	80.0%
• Among males	75.0%	66.7%	75.0%	75.0%
• Among primary school attendees	71.4%	75.0%	66.7%	73.3%
• Among secondary school attendees	100.0%	100.0%	100.0%	100.0%
<b>Percent of older OVC (10 to 17 years old) who have acquired vocational and technical skills</b>				
• Among females	0.0%	0.0%	0.0%	0.0%
• Among males	0.0%	0.0%	0.0%	0.0%

<sup>11</sup> As observed during field work and confirmed during OVC Stakeholder consultations in Mombasa and Nairobi, June 2 to 3, 2016.

<sup>12</sup> *Ibid.*

<sup>13</sup> Values presented in the table are weighted estimates (by gender and number of OVC per ward within a county).

<sup>14</sup> Defined as attended school during the week before the survey.

**Table 5b.** Baseline Estimates for Survey-based Performance Indicators by County

<b>OUTPUT 1 (INCREASED ACCESS TO HEALTH AND SOCIAL SERVICES FOR OVC AND THEIR FAMILIES)<sup>15</sup></b>				
	Nairobi County	Mombasa County	Kilifi County	Taita Taveta County
<b>Percent of children under five fully immunized<sup>16</sup></b>	<b>31.6%</b>	<b>57.9%</b>	<b>52.6%</b>	<b>43.8%</b>
• Among females	40.0%	57.6%	50.0%	33.3%
• Among males	20.0%	60.0%	50.0%	50.0%
<b>Percent of OVC tested for HIV and status known by child and/or caregiver</b>	<b>55.6%</b>	<b>61.1%</b>	<b>44.4%</b>	<b>72.2%</b>
• Among females	55.6%	63.6%	57.1%	77.8%
• Among males	60.0%	57.1%	44.4%	71.4%
<b>Percent of children with legal documents<sup>17</sup></b>	<b>42.0%</b>	<b>42.1%</b>	<b>18.9%</b>	<b>65.7%</b>
• Among OVC 0–4 years old	36.8%	31.6%	10.5%	56.3%
• Among OVC 5–17 years old	55.6%	52.6%	26.3%	73.7%
<b>Percent of children who have at least one adult (&gt; 18) caregiver with whom they co-reside</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>94.4%</b>

**Table 5c.** Baseline Estimates for Survey-based Performance Indicators by County

<b>OUTPUT 2 (CAPACITY OF HOUSEHOLDS/COMMUNITIES STRENGTHENED TO PROTECT/CARE FOR OVC)</b>				
	Nairobi County	Mombasa County	Kilifi County	Taita Taveta County
<b>Percent of OVC households able to access money to meet basic needs<sup>18</sup></b>	<b>18%</b>	<b>21.1%</b>	<b>15.8%</b>	<b>28.6%</b>
• Percent of households able to pay for food expenses in the last month	55.3%	68.4%	60.5%	65.7%
• Percent of households able to pay for school expenses in the past month	53.1%	71.4%	56.3%	62.5%

**Table 5d.** Baseline Estimates for Survey-based Performance Indicators according to County

<b>OUTPUT 2 (CAPACITY OF HOUSEHOLDS/COMMUNITIES STRENGTHENED TO PROTECT/CARE FOR OVC)</b>				
	Nairobi County	Mombasa County	Kilifi County	Taita Taveta County
<b>Knowledge of caregivers involved in family strengthening activities (%)</b>				
• Knowledge of two or more sources of legal protection	81.6%	76.3%	47.4%	45.7%
• Knowledge of two or more ways to reduce health care costs	26.3%	7.9%	7.9%	8.6%
• Knowledge of three or more essential services to which all children under five are entitled	84.2%	85.0%	73.7%	93.8%

<sup>15</sup> Values presented in the table are weighted estimates (by gender and number of OVC per ward within a county).

<sup>16</sup> Calculated based on either vaccination card or caregiver report of vaccines received.

<sup>17</sup> Defined as possession of a birth certificate.

<sup>18</sup> Defined as being able to cover both food expenses and school expenses.

<ul style="list-style-type: none"> <li>Knowledge of three or more essential services to which all children 5 to 17 years old are entitled</li> </ul>	84.2%	84.2%	84.2%	89.5%
<b>Percent of eligible households receiving social protection support<sup>19</sup></b>	<b>65.8%</b>	<b>28.9%</b>	<b>42.1%</b>	<b>68.6%</b>
<b>Knowledge among community members and groups on national child policy/standards and guidelines (%)<sup>20</sup></b>	<b>76.3%</b>	<b>65.8%</b>	<b>52.6%</b>	<b>83.3%</b>

As seen in [Table 5a-5d](#) and described in detail in subsequent sections, there is tremendous variation between counties in many of the key indicators, with noted differentials between male and female OVC and younger and older OVC. In addition to the point estimates summarized in tables 5a to 5d, above, [Annex II](#) includes weighted data tables that contain the 95 percent confidence limits for each estimate.

### General Characteristics of OVC included in the Nilinde Baseline Survey

Among OVC under the age of five, the median age was two years old in Nairobi, Mombasa, and Kilifi counties. In Taita Taveta, the median OVC age was three years old. Among OVC 5 to 17 years old, the median age was 12 years old in Kilifi; 11 years old in Nairobi and Taita Taveta; and 10 years old in Mombasa.

In each of the four counties, children 10 years old and older accounted for a higher proportion of the sample of OVC 5 to 17 years old. This was particularly true in Kilifi County, where 68 percent of OVC 5 to 17 years old were age 10 and older (compared with 56 to 58 percent in Nairobi, Mombasa, and Taita Taveta). Across the four counties, more variation occurred in the median age of OVCs 5 to 17 years old. The median age was highest in the Kilifi sample and two years lower in the Mombasa and Taita Taveta samples.

The following is a discussion of findings related to education and vocational training—themes that the baseline assessment team assessed only for OVC over the age of five.

### Baseline estimates of Nilinde Performance Indicators related to OVC

#### Percent of OVC school enrollment

The assessment team tabulated this indicator based on a single survey question directed to OVC 5 to 17 years old: “Are you enrolled in school now?” At least nine of 10 OVC 5 to 17 years old confirmed their enrollment in school in each of the four counties. Taita Taveta had the lowest female enrollment (83.3 percent) and the greatest room for improvement in gender parity (male enrollment: 100 percent).

All OVC noted their enrollment in school in Nairobi, Mombasa, and Kilifi. In contrast, a higher proportion of male OVC than female OVC confirmed their enrollment in school at the time of the interview in Taita Taveta County (100 percent and 83 percent, respectively).

Interesting differentials also emerge when one examines other sub-groups of OVC. For example, in Nairobi, Mombasa, and Kilifi, there was universal enrollment for OVC aged 5 to 9 years old at the time of the respondent interviews. In contrast, only three-fourths of OVC 5 to 9 years old confirmed enrollment in school in Taita Taveta. In Nairobi and Kilifi, 92 percent of OVC 10 to 17 years old

<sup>19</sup> “Eligibility” not assessed: indicator calculated based on proportion of households reporting that they received ANY of the following: government cash transfers; NHIF; health fee waivers; LIP school fee support; or government school fee support.

<sup>20</sup> Defined as the proportion of OVC caregivers able to cite three of more of the following child rights: protection, education, shelter, health, participation, food, and clothing.

confirmed enrollment in school, compared with 100 percent of their counterparts in Mombasa and Taita Taveta.

When RAs asked why a child was not in school, lack of money was the most frequently cited reason in Nairobi, Mombasa, and Kilifi. In contrast, the main reason cited in Taita Taveta was that the parent/guardian did not want the child to attend school.

**Table 6.** LQAS assessment of service coverage—OVC school enrollment

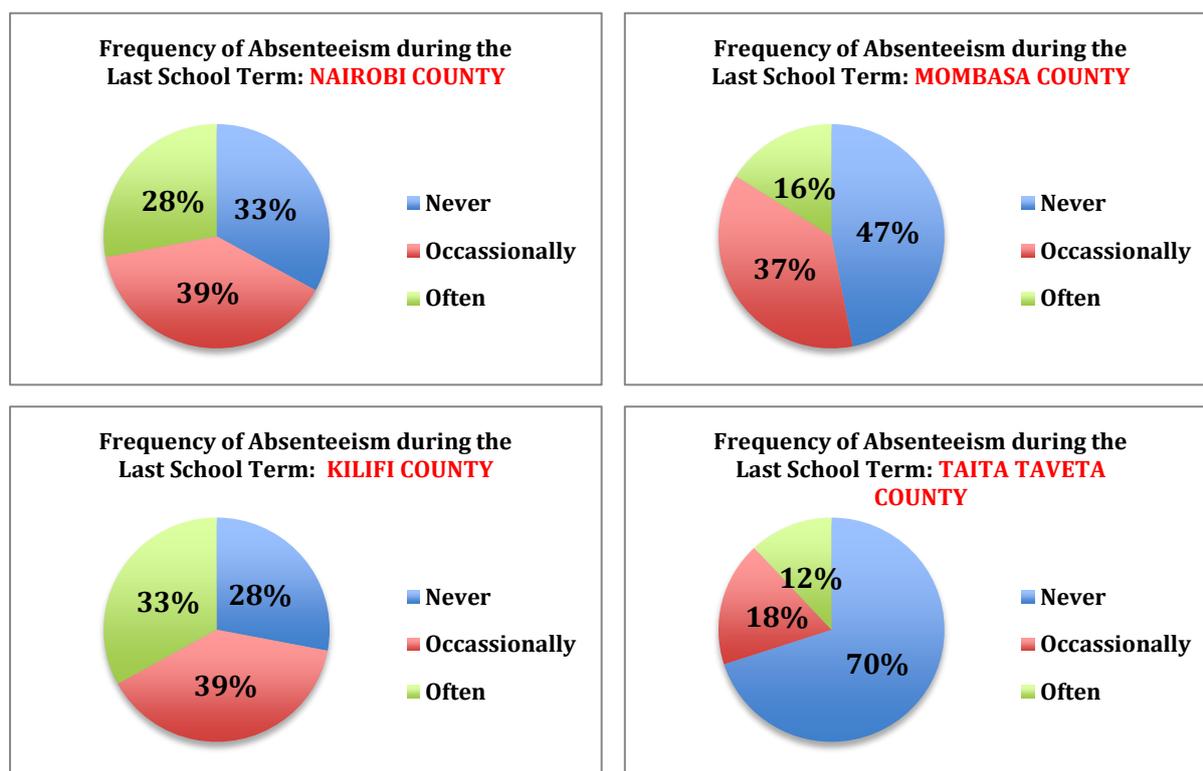
County	Sub-county/ Constituency	Selected Ward	Sample Size	LQAS Cutoff	Observed Cases	Service Adequacy (Coverage >50%)	
Nairobi	Kibra	Sarang'ombe	19	7	19	Adequate	
		Ruaraka	Utalli	19	7	17	Adequate
		Embakasi North	Dandora Area III	19	7	19	Adequate
		Kamukunji	Eastleigh South	19	7	16	Adequate
		Starehe	Nairobi South	19	7	17	Adequate
		Embakasi South	Kwa Njenga	19	7	17	Adequate
		Kasarani	Njiru	19	7	18	Adequate
		Embakasi Central	Kayole South	19	7	16	Adequate
		Embakasi East	Lower Savana	19	7	17	Adequate
		Mathare	Hospital	19	7	16	Adequate
		Langata	Mugumo-ini	19	7	19	Adequate
		Dagoreti North	Kawangware	19	7	19	Adequate
		Makandara	Viwandani	19	7	19	Adequate
		Westlands	Karura	19	7	17	Adequate
		Dagoreti South	Waithaka	19	7	18	Adequate
		Embakasi West	Mowlem	19	7	18	Adequate
	Roysambu	Roysambu	19	7	18	Adequate	
Mombasa	Likoni	Mtongwe	19	7	17	Adequate	
		Bofu	19	7	18	Adequate	
		Kisauni	Shanzu	19	7	19	Adequate
		Changamwe	Changamwe	19	7	19	Adequate
			Chaani	19	7	19	Adequate
Kilifi	Kaloleni	Mariakani	19	7	16	Adequate	
		Mwanamwinga	19	7	18	Adequate	
		Kayafungo	19	7	19	Adequate	
		Kilifi South	Mtepeni	19	7	17	Adequate
			Junju	19	7	19	Adequate
		Malindi	Kakuyuni	19	7	18	Adequate
		Kilifi North	Dabaso	19	7	19	Adequate
		Ganze	Ganze	19	7	18	Adequate
		Magarini	Gongoni	19	7	19	Adequate
	Rabai	Mwawenza	19	7	18	Adequate	
Taita Taveta	Mwatate	Mwatate	19	7	16	Adequate	
		Chawia	19	7	16	Adequate	
		Taveta	Challa	19	7	17	Adequate
		Wundanyi	Mbale	19	7	17	Adequate
		Sagala	Sagala	19	7	19	Adequate

At baseline, all wards had school enrollment coverage above the 50 percent benchmark.

### Percent of OVC attending school

While baseline estimates of school enrollment are generally encouraging, findings pertaining to school attendance suggest that there is room for improvement over the life of the *Nilinde* activity. As shown in Figure I, OVC in Taita Taveta County were much less likely than their counterparts in the other three counties to miss school during the previous school term.

**Figure I.** Frequency of Absenteeism during the Last School Term by county, *Nilinde* Baseline Survey, 2016



**Table 7.** LQAS assessment of service coverage—OVC school attendance

County	Sub-county/ Constituency	Selected Ward	Sample size	LQAS Cutoff	Observed cases	Service adequacy (Coverage >50%)
Nairobi	Kibra	Sarang'ombe	19	7	14	Adequate
	Ruaraka	Utalli	19	7	10	Adequate
	Embakasi North	Dandora Area III	19	7	10	Adequate
	Kamukunji	Eastleigh South	19	7	9	Adequate
	Starehe	Nairobi South	19	7	11	Adequate
	Embakasi South	Kwa Njenga	19	7	12	Adequate
	Kasarani	Njiru	19	7	11	Adequate
	Embakasi Central	Kayole South	19	7	9	Adequate
	Embakasi East	Lower Savana	19	7	11	Adequate
	Mathare	Hospital	19	7	13	Adequate
	Langata	Mugumo-ini	19	7	11	Adequate
	Dagoreti North	Kawangware	19	7	15	Adequate
	Makandara	Viwandani	19	7	12	Adequate
	Westlands	Karura	19	7	13	Adequate

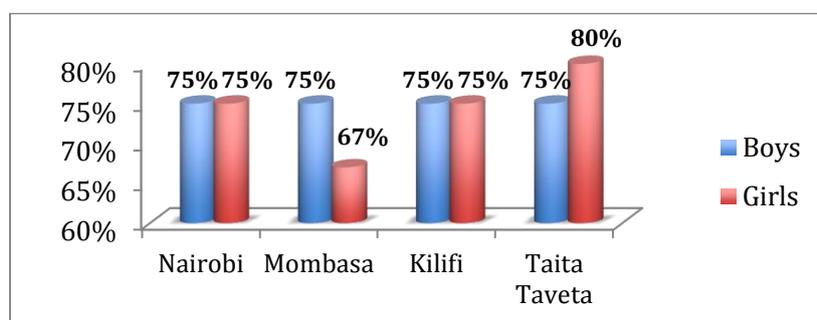
	Dagoreti South	Waithaka	19	7	10	Adequate
	Embakasi West	Mowlem	19	7	12	Adequate
	Roysambu	Roysambu	19	7	9	Adequate
Mombasa	Likoni	Mtongwe	19	7	12	Adequate
		Bofu	19	7	13	Adequate
	Kisauni	Shanzu	19	7	15	Adequate
	Changamwe	Changamwe	19	7	16	Adequate
		Chaani	19	7	14	Adequate
Kilifi	Kaloleni	Mariakani	19	7	7	Adequate
		Mwanamwinga	19	7	10	Adequate
		Kayafungo	19	7	11	Adequate
	Kilifi South	Mtepeni	19	7	9	Adequate
		Junju	19	7	14	Adequate
	Malindi	Kakuyuni	19	7	6	Not Adequate
	Kilifi North	Dabaso	19	7	11	Adequate
	Ganze	Ganze	19	7	14	Adequate
	Magarini	Gongoni	19	7	9	Adequate
	Rabai	Mwawenza	19	7	8	Adequate
Taita Taveta	Mwatate	Mwatate	19	7	13	Adequate
	Mwatate	Chawia	19	7	12	Adequate
	Taveta	Challa	19	7	11	Adequate
	Wundanyi	Mbale	19	7	12	Adequate
	Sagala	Sagala	19	7	13	Adequate

At baseline, 90 percent of the wards in Kilifi had school attendance coverage above the 50 percent benchmark. All wards in the other three counties, had coverage above 50 percent.

### Percentage of OVC who have progressed in school over the last one year

The baseline survey documented the class/form the OVC was currently in, as well as the class/form s/he was in the previous school year. As shown in Figure 2, male OVC had higher rates of grade progression in all counties except Kilifi. The gender divide in grade progression was largest in Mombasa County, where 66.7 percent of male OVC and 75 percent of female OVC had progressed to a higher grade since the last school year.

**Figure 2.** Rates of School Progression by Sex of the OVC according to County, *Nilinde* Baseline Survey, 2016



There was also a noteworthy pattern when one disaggregated the data according to primary versus secondary school. Among OVC in secondary school, school progression was 100 percent. In contrast, among OVC attending primary school, grade progression was 71 percent in Nairobi, 75 percent in Mombasa, 67 percent in Kilifi, and 73 percent in Taita Taveta.

**Table 8.** Percent of OVC who have progressed in school over time

Percent of OVC who have progressed in school over time				
	Nairobi	Mombasa	Kilifi	Taita Taveta
<b>Percent in OVC who have progressed in school over time</b>	<b>72.20%</b>	<b>76.90%</b>	<b>68.80%</b>	<b>76.50%</b>
• Among females	75.00%	75.00%	75.00%	80.00%
• Among males	75.00%	66.70%	75.00%	75.00%
• Among Pre-primary attendees	50.00%	50.00%	50.00%	50.00%
• Among primary school attendees	71.40%	75.00%	66.70%	73.30%
• Among secondary school attendees	100.00%	100.00%	100.00%	100.00%

### Percentage of OVC who have acquired vocational and technical skills

Using unweighted estimates, the rate of exposure to vocational and technical training opportunities among OVC over ten years old was less than four percent across the four counties.

### Percent of children under five fully immunized

The baseline estimate of children under five fully immunized differs from the standard calculation of full immunization coverage in national surveys such as the KDHS. The team based the estimates in the text box on either a vaccination card or a mother’s recall of vaccinations received. The assessment team also used this evidence to tabulate baseline estimates for the *Nilinde* performance indicator. Based on a comparison of the baseline OVC estimates and the 2014 KDHS estimates, full immunization coverage for OVC was much lower than coverage for all children. The USAID/KEA based this performance indicator on all OVC under five years old, whereas KDHS based this indicator solely on OVC aged 12 to 23 months old.

OVC in Nairobi were least likely to be fully immunized (32 percent), and OVC in Mombasa were most likely to be fully immunized (58 percent). Kilifi (53 percent) and Taita Taveta (44 percent) had comparable levels of full immunization coverage among OVC under the age of five.

**2014 KDHS Estimate**

*Full immunization coverage among OVC aged 12 to 23 months old, 2014 KDHS:*

**Nairobi:** 74.4%

**Mombasa:** 78.6%

**Kilifi:** 74.1%

**Taita Taveta:** 88.8%

There was a noteworthy gender differential in full immunization coverage. Male OVC under the age of five were much more likely to have been fully immunized than female OVC under the age of five in Nairobi, Mombasa, and Kilifi.

Examination of antigen-specific vaccination rates can shed light on possible bottlenecks and shortfalls in achieving full immunization coverage. In Taita Taveta and Nairobi, the rate of measles vaccination was a stark departure from the vaccination rates for other antigens. For example, with the exception of Rotavirus vaccination, coverage for all other vaccines was between 52 percent and 55 percent. Similarly, in Taita Taveta, coverage for all other vaccines was 50 percent, while measles vaccination coverage was just 43.8 percent.

OVC in Mombasa (72 percent) were more likely than OVC in the other three counties (53 percent in Nairobi, 63 percent in Kilifi, and 53 percent in Taita Taveta) to possess vaccination cards (verified by the interviewer). In Nairobi, vaccination card possession was comparable for boys and girls (62 percent and 50 percent, respectively). In the other three counties, boys were more likely than were

girls to possess vaccination cards, with the starkest gender differential in Taita Taveta (67 percent for boys and 50 percent for girls).

**Table 9.** LQAS assessment of service coverage—Children under five fully immunized

County	Sub-county/ Constituency	Selected Ward	Sample size	LQAS cutoff	Observed cases	Service adequacy (Coverage >50%)
Nairobi	Kibra	Sarang'ombe	19	7	5	Not Adequate
	Ruaraka	Utalli	19	7	10	Adequate
	Embakasi North	Dandora Area III	19	7	9	Adequate
	Kamukunji	Eastleigh South	19	7	9	Adequate
	Starehe	Nairobi South	19	7	4	Not Adequate
	Embakasi South	Kwa Njenga	19	7	9	Adequate
	Kasarani	Njiru	19	7	6	Not Adequate
	Embakasi Central	Kayole South	19	7	6	Not Adequate
	Embakasi East	Lower Savana	19	7	7	Adequate
	Mathare	Hospital	19	7	9	Adequate
	Langata	Mugumo-ini	19	7	8	Adequate
	Dagoreti North	Kawangware	19	7	7	Adequate
	Makandara	Viwandani	19	7	4	Not Adequate
	Westlands	Karura	19	7	10	Adequate
	Dagoreti South	Waithaka	19	7	7	Adequate
	Embakasi West	Mowlem	19	7	5	Not Adequate
	Roysambu	Roysambu	19	7	12	Adequate
Mombasa	Likoni	Mtongwe	19	7	9	Adequate
		Bofu	19	7	6	Not Adequate
	Kisauni	Shanzu	19	7	16	Adequate
	Changamwe	Changamwe	19	7	10	Adequate
		Chaani	19	7	11	Adequate
Kilifi	Kaloleni	Mariakani	19	7	8	Adequate
		Mwanamwanga	19	7	11	Adequate
		Kayafungo	19	7	9	Adequate
	Kilifi South	Mtepeni	19	7	11	Adequate
		Junju	19	7	15	Adequate
	Malindi	Kakuyuni	19	7	13	Adequate
	Kilifi North	Dabaso	19	7	11	Adequate
	Ganze	Ganze	19	7	7	Adequate
	Magarini	Gongoni	19	7	6	Not Adequate
Rabai	Mwawenza	19	7	8	Adequate	
Taita Taveta	Mwatate	Mwatate	13	5	5	Adequate
	Mwatate	Chawia	16	6	9	Adequate
	Taveta	Challa	19	7	9	Adequate
	Wundanyi	Mbale	18	7	7	Adequate
	Sagala	Sagala	16	6	7	Adequate

At baseline, immunization coverage in the wards varied by counties: 35.3 percent of the wards in Nairobi, 80 percent in Mombasa, 90 percent in Kilifi, and 100 percent in Taita Taveta.

## Percent of children with legal documents

For the purpose of measurement, the baseline assessment focused on possession of a birth certificate given its importance in granting access to formalized social services such as education. There was tremendous regional variation in this indicator: 42 percent in Nairobi and Mombasa, 19 percent in Kilifi, and 66 percent in Taita Taveta. As shown in Table 10, OVC above the age of five years old were much more likely than younger OVC to possess birth certificates. For example, 56 percent of older OVC versus 37 percent of younger OVC had birth certificates in Nairobi; 53 percent of older OVC and 32 percent of younger OVC had birth certificates in Mombasa. Even in Kilifi, which had the lowest proportion of OVC with birth certificates, older OVC were more than twice as likely as their younger counterparts to have a birth certificate (26 percent and 10 percent, respectively). Taita Taveta had the greatest success in this regard: with 74 percent of older OVC and 56 percent of younger OVC possessing birth certificates. This finding is consistent with anecdotal information shared with the baseline assessment team on the successful mobilization and multi-sectoral collaboration that exists in Taita Taveta with respect to OVC support.<sup>21</sup>

The 2014 KDHS limits its assessment of possession of birth certificates to children under the age of five. In addition, it does not provide county-specific estimates of birth certificate possession. Nevertheless, as shown in the text box on the previous page, birth certificate possession is low for all children under five.

### 2014 KDHS Estimates of Relevant Indicators

*Percentage of children under 18 years living with both biological parents:*

Nairobi: 54.2%

Coast Region: 67.0%

*Percentage of children under 18 years living with mother, but father deceased:*

Nairobi: 4.7%

Coast Region: 5.7%

*Percentage of children under 18 years living with father, but mother deceased:*

Nairobi: 1.1%

Coast Region: 0.5%

*Percentage of children under 18 years old with both biological parents deceased:*

Nairobi: 0.8%

Coast Region: 0.8%

*Percentage of under-five years with a birth certificate, 2014 KDHS:*

Nairobi: 42.6%

Coast Region: 26.1%

**Table 10.** Possession of a birth certificate

Possession of a birth certificate								
	Nairobi		Mombasa		Kilifi		Taita Taveta	
	0 to 4	5 to 17	0 to 4	5 to 17	0 to 4	5 to 17	0 to 4	5 to 17
Do you have a birth certificate?	30%	55.6%	31.6%	52.6%	10.5%	26.3%	56.3%	73.7%

On possession of birth certificates, the baseline estimates reflect the perceived Coast “disadvantage.” There is a high degree of birth certificate possession in Taita Taveta (56 percent among OVC under five years old and 74 percent among OVC aged 5 to 17 years old) and the extremely low degree of birth certificate possession in Kilifi (11 percent and 26 percent among under-fives and 5 to 17 year olds, respectively).

<sup>21</sup> As mentioned by OVC stakeholders at an OVC Stakeholder Dissemination/Consultative Meeting for Coast Counties, held in Mombasa, on June 2, 2016.

**Table II.** LQAS assessment of service coverage—OVC (0 to 4 years) with legal documents

County	Sub-county/ Constituency	Selected Ward	Sample size	LQAS Cutoff	Observed cases	Service adequacy (Coverage >50%)
Nairobi	Kibra	Sarang'ombe	19	7	8	Adequate
	Ruaraka	Utalli	19	7	6	Not Adequate
	Embakasi North	Dandora Area III	19	7	6	Not Adequate
	Kamukunji	Eastleigh South	19	7	7	Adequate
	Starehe	Nairobi South	19	7	6	Not Adequate
	Embakasi South	Kwa Njenga	19	7	5	Not Adequate
	Kasarani	Njiru	19	7	0	Not Adequate
	Embakasi Central	Kayole South	19	7	4	Not Adequate
	Embakasi East	Lower Savana	19	7	4	Not Adequate
	Mathare	Hospital	19	7	4	Not Adequate
	Langata	Mugumo-ini	19	7	2	Not Adequate
	Dagoreti North	Kawangware	19	7	8	Not Adequate
	Makandara	Viwandani	19	7	6	Not Adequate
	Westlands	Karura	19	7	6	Not Adequate
	Dagoreti South	Waithaka	19	7	4	Not Adequate
	Embakasi West	Mowlem	19	7	1	Not Adequate
	Roysambu	Roysambu	19	7	7	Adequate
Mombasa	Likoni	Mtongwe	19	7	3	Not Adequate
		Bofu	19	7	4	Not Adequate
	Kisauni	Shanzu	19	7	5	Not Adequate
	Changamwe	Changamwe	19	7	4	Not Adequate
		Chaani	19	7	5	Not Adequate
Kilifi	Kaloleni	Mariakani	19	7	3	Not Adequate
		Mwanamwinga	19	7	1	Not Adequate
		Kayafungo	19	7	0	Not Adequate
	Kilifi South	Mtepeni	19	7	1	Not Adequate
		Junju	19	7	1	Not Adequate
	Malindi	Kakuyuni	19	7	2	Not Adequate
	Kilifi North	Dabaso	19	7	4	Not Adequate
	Ganze	Ganze	19	7	3	Not Adequate
	Magarini	Gongoni	19	7	2	Not Adequate
	Rabai	Mwawenza	19	7	3	Not Adequate
Taita Taveta	Mwatate	Mwatate	13	5	6	Adequate
	Mwatate	Chawia	16	6	6	Adequate
	Taveta	Challa	19	7	4	Not Adequate
	Wundanyi	Mbale	18	7	5	Adequate
	Sagala	Sagala	16	6	7	Adequate

At baseline, possession of legal documents among OVC (0 to 4 years), varied by counties—12 percent of the wards in Nairobi, 0 percent in Mombasa, 0 percent in Kilifi, and 80 percent in Taita Taveta had adequate coverage (above 50 percent).

**Table 12.** LQAS assessment of service coverage—OVC (5 to 17 years) with legal documents

County	Sub County/ Constituency	Selected Ward	Sample size	LQAS Cutoff	Observed cases	Service adequacy (Coverage >50%)
Nairobi	Kibra	Sarang'ombe	19	7	3	Not Adequate
	Ruaraka	Utalli	19	7	6	Not Adequate
	Embakasi North	Dandora Area III	19	7	3	Not Adequate
	Kamunkunji	Eastleigh South	19	7	5	Not Adequate
	Starehe	Nairobi South	19	7	6	Not Adequate
	Embakasi South	Kwa Njenga	19	7	7	Adequate
	Kasarani	Njiru	19	7	6	Not Adequate
	Embakasi Central	Kayole South	19	7	5	Not Adequate
	Embakasi East	Lower Savana	19	7	7	Adequate
	Mathare	Hospital	19	7	1	Not Adequate
	Langata	Mugumo-ini	19	7	7	Adequate
	Dagoreti North	Kawangware	19	7	5	Not Adequate
	Makandara	Viwandani	19	7	6	Not Adequate
	Westlands	Karura	19	7	6	Not Adequate
	Dagoreti South	Waithaka	19	7	8	Adequate
	Embakasi West	Mowlem	19	7	6	Not Adequate
	Roysambu	Roysambu	19	7	1	Not Adequate
Mombasa	Likoni	Mtongwe	19	7	9	Adequate
		Bofu	19	7	9	Adequate
	Kisauni	Shanzu	19	7	6	Not Adequate
	Changamwe	Changamwe	19	7	7	Adequate
		Chaani	19	7	3	Not Adequate
Kilifi	Kaloleni	Mariakani	19	7	3	Not Adequate
		Mwanamwinga	19	7	2	Not Adequate
		Kayafungo	19	7	2	Not Adequate
	Kilifi South	Mtepeni	19	7	3	Not Adequate
		Junju	19	7	4	Not Adequate
	Malindi	Kakuyuni	19	7	2	Not Adequate
	Kilifi North	Dabaso	19	7	3	Not Adequate
	Ganze	Ganze	19	7	5	Not Adequate
	Magarini	Gongoni	19	7	5	Not Adequate
	Rabai	Mwawenza	19	7	4	Not Adequate
Taita Taveta	Mwatate	Mwatate	19	7	10	Adequate
	Mwatate	Chawia	19	7	11	Adequate
	Taveta	Challa	19	7	8	Adequate
	Wundanyi	Mbale	19	7	11	Adequate
	Sagala	Sagala	19	7	11	Adequate

At baseline, possession of legal documents among OVC (5 to 17 years), varied by counties—23.5 percent of the wards in Nairobi, 60 percent in Mombasa, 0 percent in Kilifi and 100 percent in Taita Taveta had adequate coverage (above 50 percent).

## Characteristics of OVC Caregivers included in the Survey

**Caregiver age:** The vast majority of OVC caregivers interviewed were between the ages of 18 and 49 years old. Taita Taveta had the largest sample of OVC caregivers aged 50 years and older with no caregivers under 18 years. Caregivers under the age of 18 years old only accounted for 0.5 percent of the sample in Kilifi and Mombasa, and only 0.3 percent of the sample in Nairobi.

**Caregiver sex:** At least eight of 10 OVC caregivers interviewed were female. In the Nairobi sample, only 5 percent of caregivers were male, compared with 11 to 12 percent of caregivers interviewed in each of the other three counties.

**Caregiver's relationship to the OVC:** OVC included in the baseline survey were more likely to live with both biological parents if they were under the age of five than if they were 5 to 17 years old. For example, In Nairobi, 37 percent of OVC were under the age of five versus 20 percent who were 5 to 17 years old. In Mombasa, the figures were 50 percent versus 44 percent; in Kilifi, they were 40 percent versus 27.8 percent; and in Taita Taveta, the figures were 31 percent versus 15.8 percent. The assessment team presents rates of orphanhood in a subsequent section on the characteristics of OVC included in the sample. However, when neither of the child's biological parents was the primary caregiver, grandmothers were the most common type of caregiver, ranging from 16 percent in Mombasa to 38 percent in Taita Taveta. Aunts or uncles were the second most likely OVC caregiver across the four counties.

**Table 13.** OVC co-residing with caregivers

		Nairobi	Mombasa		Kilifi		Taita Taveta		
		0 to 4	5 to 17	0 to 4	5 to 17	0 to 4	5 to 17	0 to 4	5 to 17
<b>Living with both parents</b>		36.8	20	50	44.4	40	27.8	31.3	15.8
<b>Living with mother, but</b>	Father deserted	42.1	25	30	16.7	10	5.6	31.3	21.1
	Father deceased	15.8	25	10	22.2	40	55.6	18.8	31.6
<b>Living with father, but</b>	Mother deserted	0	0	0.5	0	0	0	0	5.3
	Mother deceased	0	10	5	5.6	5	5.6	12.5	10.5
<b>Single orphaned (father or mother)</b>		15.8	35	15	27.8	45	61.2	31.3	42.1
<b>Both deceased</b>		5.3	20	0	11.1	5	5.6	6.3	15.8
<b>Primary caregiver of double orphan</b>	Sister/ brother	0	0	0	0	0	5.6	0	0
	Aunt/ uncle	10	15.8	0	5.3	5.3	5.6	12.5	16.7
	Grandmother/ father	20	15.8	15.8	15.8	15.8	1.1	37.5	38.9
	Other relative	0	5.3	0	5.3	0	0	0	0
	Friend	0	0	0	0	0	0	0	0
	No one/self	0	0	0	0	0	0	0	0
	Other	0	0	0	0	0	0	0	0

## Baseline estimates of *Nilinde* Performance Indicators related to OVC caregivers

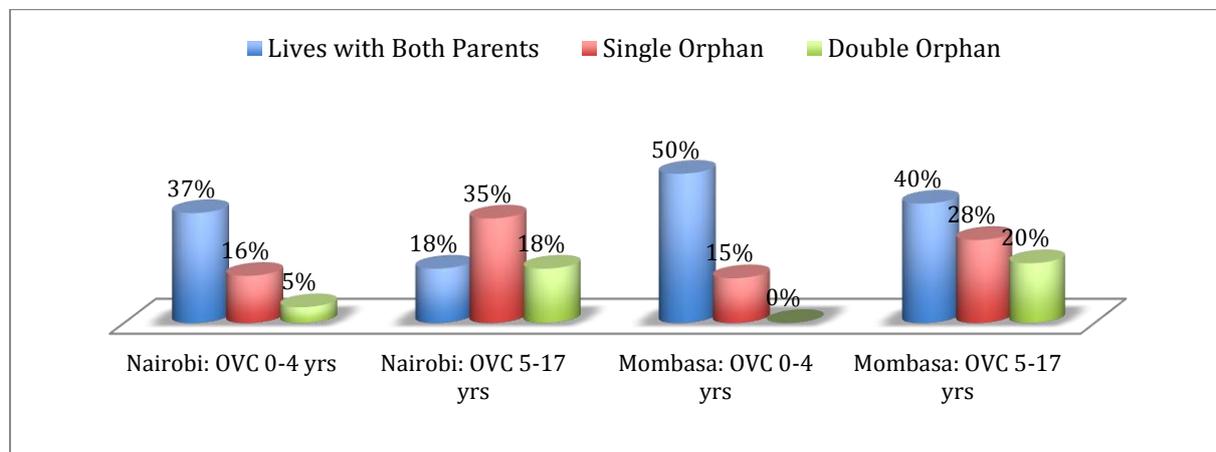
### Percent of children who have at least one adult parent/caregiver with whom they co-reside

As presented in Table 14, 100 percent of OVC in Nairobi, Mombasa, and Kilifi counties lived with at least one adult over the age of 18 years who was their parent/caregiver. The corresponding estimate in Taita Taveta was 94 percent. There were also interesting differences across counties and age groups with respect to OVC's living arrangements. As shown in Figures 3 and 4, children living with both biological parents accounted for the largest segment of OVC in the baseline survey.

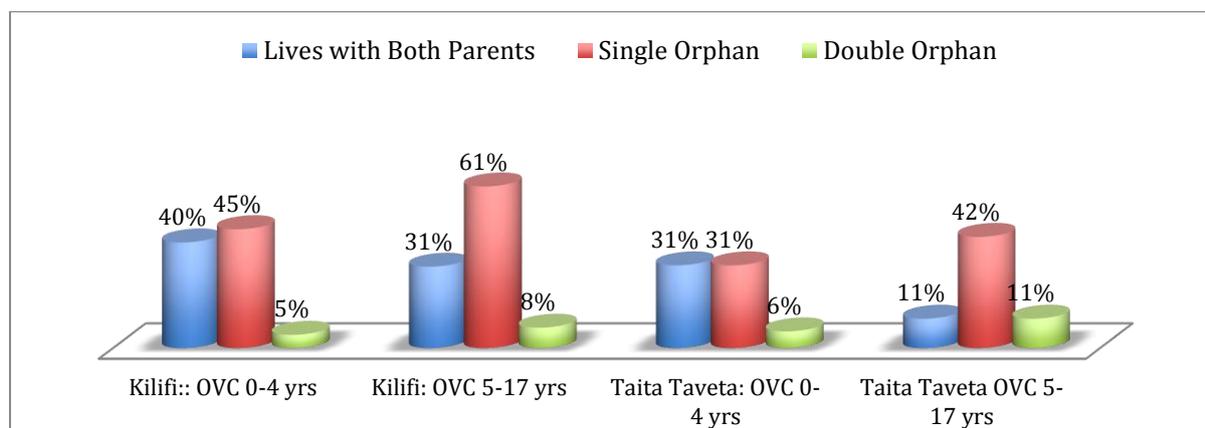
In each of the four counties, a higher proportion of OVC aged 5 to 17 years old were single orphans (i.e., either biological mother or biological father was deceased) than were OVC under the age of five. The rate of single orphanhood was highest among 5-17-years-old OVC in Kilifi (61 percent) and lowest among OVC under the age of five in Nairobi and Mombasa (16 percent and 15 percent, respectively). However, in Kilifi, OVC under five years old also had a high level of single orphanhood (45 percent), exceeding the rates observed among older OVC (5 to 17 years old) in Taita Taveta (42 percent), Nairobi (35 percent), and Mombasa (28 percent).

Nairobi-based OVC aged 5 to 17 years old had the highest proportion of double orphans (i.e., both biological parents were deceased) at 20 percent. In the other three counties, corresponding values for OVC in that same age group were 11 percent in Mombasa, 6 percent in Kilifi, and 16 percent in Taita Taveta. Among OVC under the age of five, no double orphans existed in Mombasa, 5 percent existed in Nairobi and Kilifi, and 6 percent existed in Taita Taveta.

**Figure 3.** Living Arrangements and Orphanhood among OVC in Nairobi and Mombasa Counties, *Nilinde* Baseline Survey, 2016



**Figure 4.** Living Arrangements and Orphanhood among OVC in Kilifi and Taita Taveta Counties, *Nilinde* Baseline Survey, 2016



The 2014 KDHS documented that roughly one in five households (21.0 percent) in Kenya included orphans or foster children, with rural households being twice as likely as urban households to include OVC (26.4 percent and 13.0 percent, respectively).<sup>22</sup> As would be expected, a lower proportion of OVC than children overall live with both biological parents. The KDHS did not provide county-specific estimates, but the higher rate of this type of living arrangement in the Coast compared to Nairobi is consistent with what the team observed in the *Nilinde* Baseline Survey.

**Table 14.** LQAS assessment of service coverage—Children who have at least one adult (above 18 years old) parent/caregiver with whom they co-reside

County	Sub-county/ Constituency	Selected Ward	Sample Size	LQAS cutoff	Observed Cases	Service Adequacy (Coverage >50%)
Nairobi	Kibra	Sarang'ombe	19	7	19	Adequate
	Ruaraka	Utalli	19	7	19	Adequate
	Embakasi North	Dandora Area III	19	7	19	Adequate
	Kamukunji	Eastleigh South	19	7	19	Adequate
	Starehe	Nairobi South	19	7	19	Adequate
	Embakasi South	Kwa Njenga	19	7	19	Adequate
	Kasarani	Njiru	19	7	19	Adequate
	Embakasi Central	Kayole South	19	7	18	Adequate
	Embakasi East	Lower Savana	19	7	19	Adequate
	Mathare	Hospital	19	7	19	Adequate
	Langata	Mugumo-ini	19	7	19	Adequate
	Dagoreti North	Kawangware	19	7	19	Adequate
	Makandara	Viwandani	19	7	19	Adequate
	Westlands	Karura	19	7	19	Adequate
	Dagoreti South	Waithaka	19	7	19	Adequate
	Embakasi West	Mowlem	19	7	19	Adequate
	Roysambu	Roysambu	19	7	19	Adequate
Mombasa	Likoni	Mtongwe	19	7	19	Adequate
		Bofu	19	7	19	Adequate
	Kisauni	Shanzu	19	7	19	Adequate
	Changamwe	Changamwe	19	7	19	Adequate
		Chaani	19	7	19	Adequate

<sup>22</sup> 2014 KDHS, Table 2.9, page 22

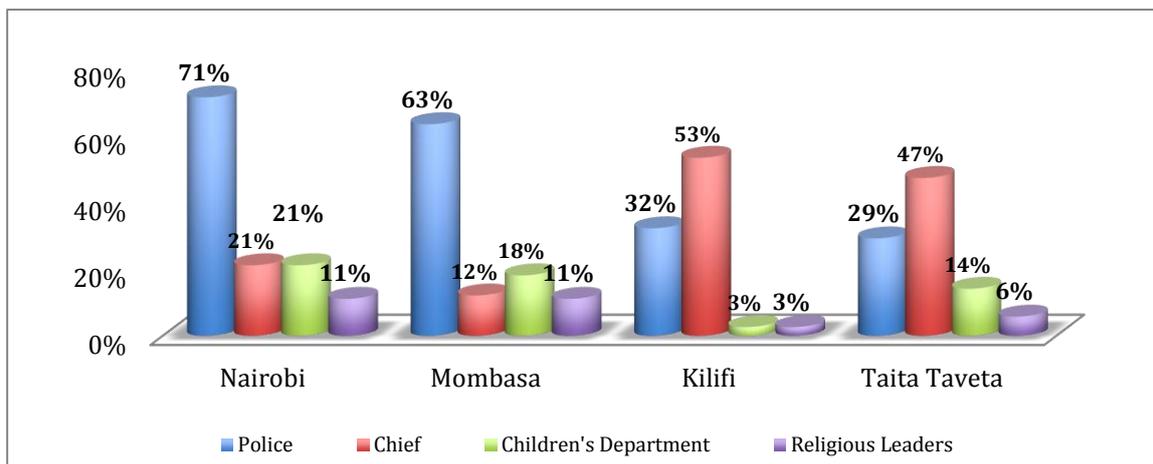
Kilifi	Kaloleni	Mariakani	19	7	19	Adequate
		Mwanamwinga	19	7	19	Adequate
		Kayafungo	19	7	19	Adequate
	Kilifi South	Mtepeni	19	7	19	Adequate
		Junju	19	7	19	Adequate
	Malindi	Kakuyuni	19	7	19	Adequate
	Kilifi North	Dabaso	19	7	19	Adequate
	Ganze	Ganze	19	7	19	Adequate
	Magarini	Gongoni	19	7	19	Adequate
	Rabai	Mwawenza	19	7	19	Adequate
Taita Taveta	Mwatate	Mwatate	19	7	15	Adequate
		Chawia	19	7	19	Adequate
	Taveta	Challa	19	7	19	Adequate
	Wundanyi	Mbale	19	7	19	Adequate
	Sagala	Sagala	19	7	19	Adequate

At baseline, all four counties had adequate levels (above 50 percent) of children co-residing with at least one adult (above 18 years old) parent/caregiver.

#### Knowledge of caregivers involved in family strengthening activities

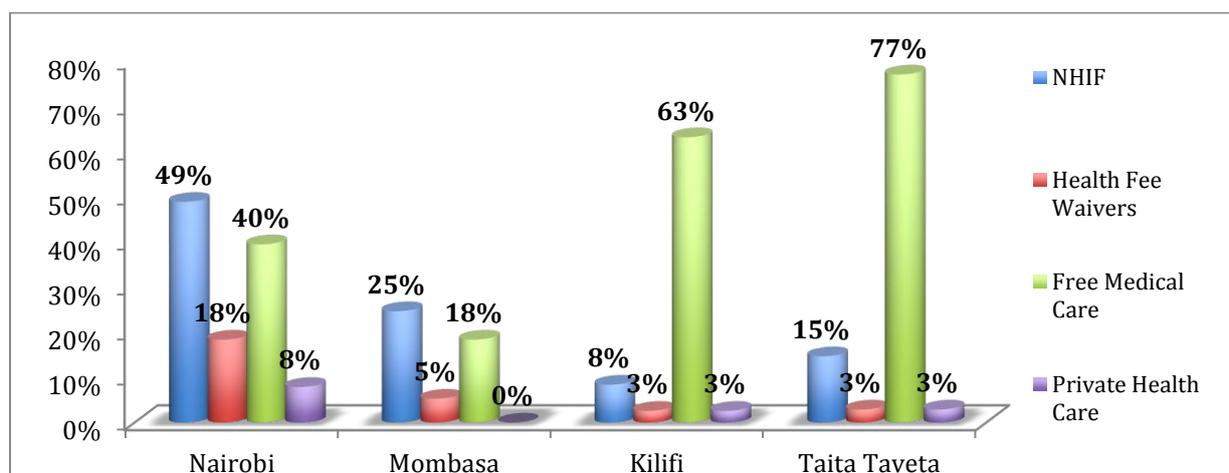
**Knowledge of sources of legal protection:** Caregiver knowledge of sources of legal protection was high, with police being the most frequently cited source, followed by Chiefs, DCS, and religious leaders. A much higher percentage of caregivers in Kilifi (53 percent) and Taita Taveta (47 percent) mentioned the Chief than those in Mombasa and Nairobi. DCSs were a prominent source of legal support in Nairobi and Mombasa (Figure 5).

**Figure 5.** Main Sources of Legal Protection Cited by OVC Caregivers according to County, *Nilinde* Baseline Survey, 2016



**Knowledge of ways to reduce healthcare costs:** When asked about ways to reduce healthcare costs, OVC caregivers in Nairobi and Mombasa were most likely to mention the National Hospital Insurance Fund (NHIF) (49 percent and 25 percent, respectively), whereas OVC caregivers in Kilifi and Taita Taveta mentioned free medical care (63 percent and 77 percent, respectively) (Figure 6).

**Figure 6.** Percentage of OVC Caregivers Citing Different Ways to Reduce Healthcare Costs, *Nilinde* Baseline Survey, 2016



**Knowledge of essential services to which all children are entitled:** Across the four counties, caregivers of OVC under five years old were least likely to cite education as a necessity. The most frequently mentioned necessities were healthcare (in Taita Taveta), clothing and shelter (in Kilifi), healthcare and shelter (in Mombasa), and food in Nairobi.

Caregivers of OVC aged 5 to 17 years old were most likely to cite education as the service to which all children are entitled. The least frequently mentioned services were food (in Taita Taveta and Kilifi) and healthcare in Mombasa and Nairobi.

**Knowledge of ‘protections’ to which all children are entitled:** Caregivers of OVC under five years of age were most likely to mention immunizations as a protection to which children are entitled (in Mombasa and Taita Taveta). In Nairobi and Kilifi, the most common answer was appropriate family/household-based care. The least frequently mentioned protections were psychosocial support in Kilifi (0 percent) and Taita Taveta (12 percent) and birth certificates in Nairobi and Mombasa (5 percent in each).

Caregivers of OVCs aged 5 to 17 years old were most likely to cite appropriate family and household-based care as protections in Nairobi, Mombasa, and Kilifi. Equally mentioned were birth certificates in Taita Taveta. The least frequently mentioned protections were psychosocial support in Taita Taveta (5 percent); immunizations, birth certificates, and psychosocial care in Kilifi (0 percent); early childhood development (ECD) in Mombasa (0 percent); and birth certificates and ECD in Nairobi (5 percent).

### OVC households

With the exception of the Kilifi sample (with a survey response rate of 92.0 percent), participation in the survey was near universal (at least 98 percent). In the Nairobi and Mombasa samples, the households included in the survey are classified as “urban” (100 percent in Nairobi and 99.5 percent in Mombasa). The assessment team observed the exact opposite in Kilifi and Taita Taveta. In Kilifi, 92.9 percent of selected households are “rural” and 98.3 percent are rural in Taita Taveta.

Among households included in the sample in Nairobi, Mombasa, and Taita Taveta counties, the median household size was five members with an average of three household members under the age of 18 years old and two household members age 18 and above. In Kilifi county, the median household size was six members, with an average of four household members under the age of 18 years old and two household members age 18 and above.

## General Household Characteristics

**Quality of shelter:** Although the baseline survey did not entail a full-fledged vulnerability assessment of households in which OVC reside, it did document a number of characteristics that are indicative of poverty and/or vulnerability such as the quality of shelter.

Concrete was the predominant material for flooring among sampled households in Nairobi and Mombasa counties (66 percent and 47 percent, respectively), whereas flooring made of earth, sand, and/or dung was more common in Kilifi (87 percent) and Taita Taveta (86 percent) counties. It is noteworthy, however, that even in Nairobi and Mombasa, a sizable proportion of households had flooring made of earth/sand/dung (21 percent and 37 percent, respectively).

Most households sampled in three of the four counties had a roof made of metal/iron sheets (87 percent in Nairobi and Mombasa; 94 percent in Taita Taveta). In Kilifi, however, the roofing in five of every 10 sampled households (53 percent) was made of thatch/palm.

The 2014 KDHS does not provide county-specific estimates for the above indicators, however, KDHS urban and rural estimates on flooring material suggest that households included in the *Nilinde* baseline sample—particularly those from Kilifi—have poorer quality shelter than that reported for the national average.<sup>23</sup> (See text box to right.)

**Access to improved drinking water sources:** Among sampled households, access to improved drinking water sources was much higher in Nairobi (90 percent) and Mombasa (79 percent) — counties with large urban/peri-urban populations — than in Kilifi and Taita Taveta (far below 50 percent). This pattern is consistent with the 2014 KDHS.

**Access to improved sanitation facilities:** There was tremendous variation in household access to improved sanitation facilities. Sanitation access was lower than safe water access in all four counties. Only 30 percent of sampled households in rural Kilifi had access to improved sanitation facilities compared to 74 percent and 68 percent of sampled households in Mombasa and Nairobi, respectively. Also noteworthy is the extent to which sampled households in Kilifi have *no* toilet facility whatsoever, with residents still relying on the bush or field (38 percent) a phenomenon not observed in the other three counties.

In the strictest sense, shared facilities often do not count in tabulations of access to improved sanitation. However, when access to improved but shared toilet facilities is considered, estimates from the *Nilinde* Baseline Survey are comparable to estimates from the 2014 KDHS.

### 2014 KDHS Estimates of Relevant Indicators

*Most common flooring material*

#### **Urban Households**

- Cement: 70.3%
- Earth/sand/dung: 15.9%

#### **Rural Households**

- Earth/sand/dung: 70.0%
- Cement: 28.4%

*Percentage of households using improved drinking water sources:*

**Urban:** 88.2%

**Rural:** 59.1%

**National:** 71.3%

*Percentage of households with improved sanitation facilities*

**Urban:** 25.5% (When shared facilities that are 'improved' are counted: 75.9%)

**Rural:** 20.6% (When shared facilities that are 'improved' are counted: 35.9%)

**National:** 22.7%

*Percentage of households with electricity:*

**Urban:** 68.4%

**Rural:** 12.6%

**National:** 36.0%

*Percentage of households with mobile phones:*

**Urban:** 94.2%

**Rural:** 80.0%

**National:** 86.0%

<sup>23</sup> Kenya National Bureau of Statistics, Ministry of Health, National AIDS Control Council, Kenya Medical Research Institute, National Council for Population and Development, and The DHS Program/ICF International. 2015. *Kenya Demographic and Health Survey 2014*. Rockville, Maryland, USA

## Economic Reality of Sampled Households

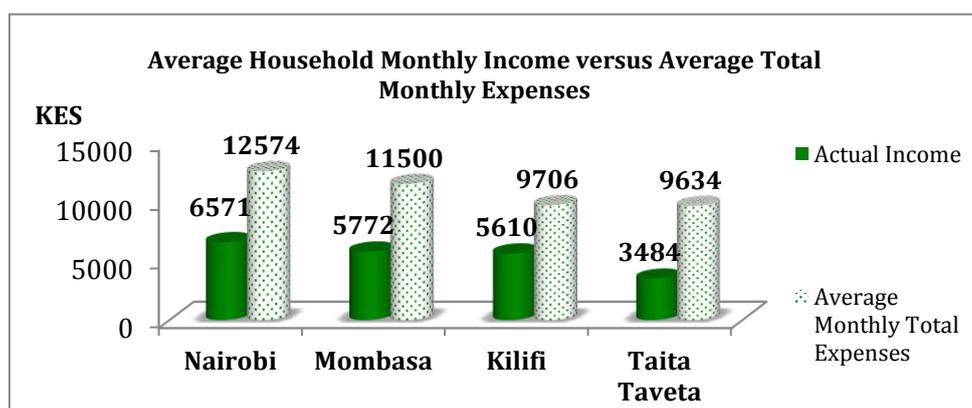
**Household possessions:** Outside of Nairobi, electricity was a luxury item for the overwhelming majority of households sampled. Eighty-four percent of households sampled from Nairobi have access to electricity, compared with only 32 percent of households in Mombasa, 6 percent in Taita Taveta, and 3 percent in Kilifi. With the exception of Nairobi, the households in the baseline sample had less access to electricity than those reported in the 2014 KDHS estimates for urban and rural areas. (See text box above.)

One encouraging finding was the extent of mobile phone ownership. According to the baseline survey, at least 90 percent of households in Nairobi and Mombasa, 80 percent of households in Taita Taveta, and 71 percent of households in Kilifi owned at least one mobile phone. Similarly, the 2014 KDHS documented high levels of mobile phone ownership.

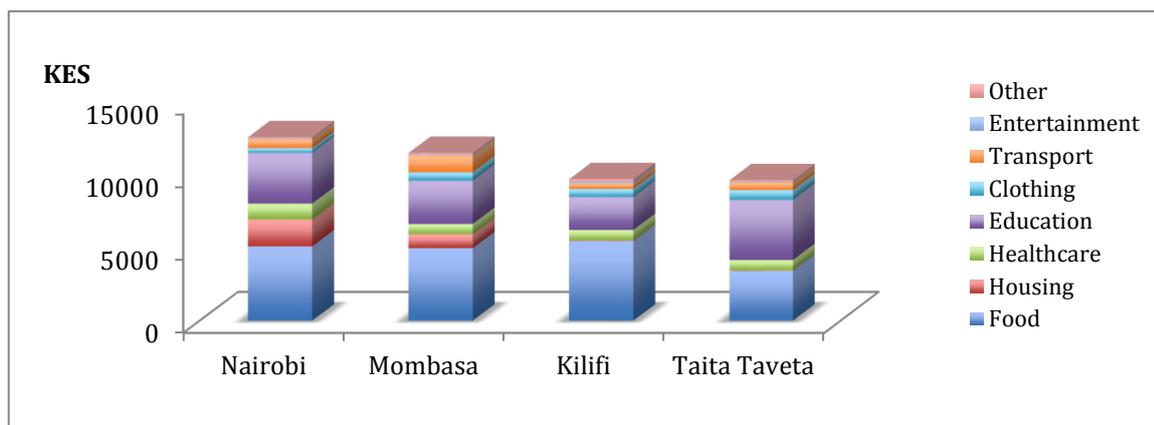
Agricultural land ownership was more common for sampled households in Kilifi (63 percent) and in Taita Taveta (85 percent) than for sampled households in Nairobi (29 percent) and Mombasa (18 percent). Possession of farm animals (most commonly chickens and goats) was also higher in Kilifi (53 percent) and in Taita Taveta (72 percent).

**Reported household income and consumption:** The *Nilinde* Baseline Survey collected extensive information on household income and expenditures. As shown in Figure 7, a chasm exists between average reported monthly household income between Nairobi and Mombasa (KSh 6,571 and 5,772, respectively), and between Kilifi and Taita Taveta (KSh 5,610 and 3,484, respectively). However, one observation is consistent: average monthly expenses far exceed average monthly income among sampled households in all four counties. As shown in Figure 8, food and education account for the majority of spending among sampled households (68 percent in Nairobi, 69 percent in Mombasa, 80 percent in Kilifi, and 78 percent in Taita Taveta). Another observation is that housing (denoted in red in Figure 8) is an expense with which households in Nairobi and Mombasa must contend, whereas households in Kilifi and Taita Taveta do not share this same burden.

**Figure 7.** Comparison of Average Household Monthly Income and Average Total Monthly Expenses according to County, *Nilinde* Baseline Survey, 2016

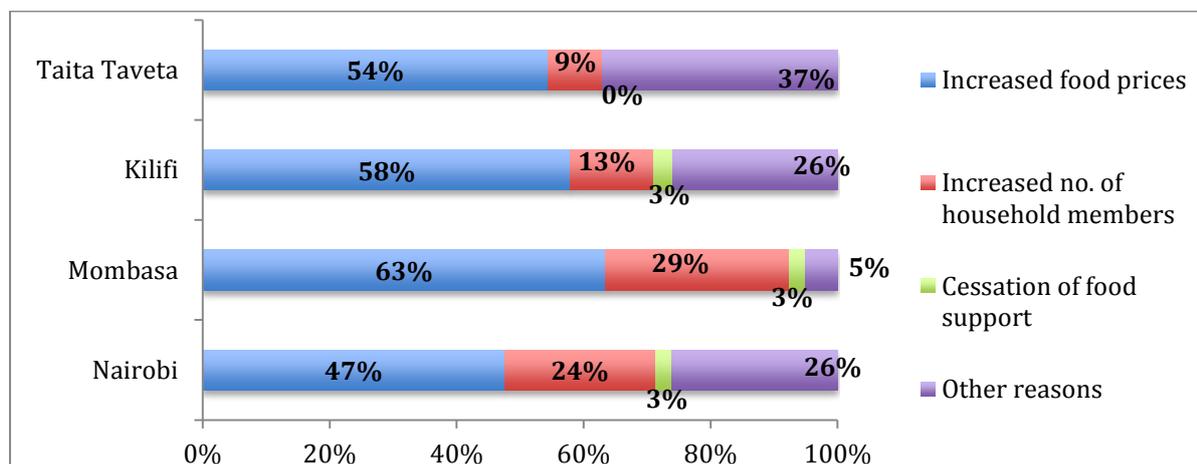


**Figure 8.** Average Monthly Household Spending on Different Expenses according to County, *Nilinde* Baseline Survey, 2016



The ability to cover food expenses was the one area for which sampled households in Nairobi were at a notable disadvantage relative to sampled households in the other three counties. As presented in Table 5c, almost half of Nairobi households experienced difficulty meeting monthly food expenses compared with three or four of every 10 households in the other three counties. Even more striking was how changing dynamics affected the ability to cover food expenditures. In all four counties, approximately seven of ten households reported that the amount the household spent on food had changed over the past year. Respondents mentioned increased food prices as the main culprit, as well as an increase in the number of people living in the household. As shown in Figure 9, much higher proportions of households in Mombasa and Nairobi have had to absorb additional individuals into the household within the past year than households in Taita Taveta or Kilifi.

**Figure 9.** Reasons Cited for Increased Household Food Expenditure according to County, *Nilinde* Baseline Survey, 2016



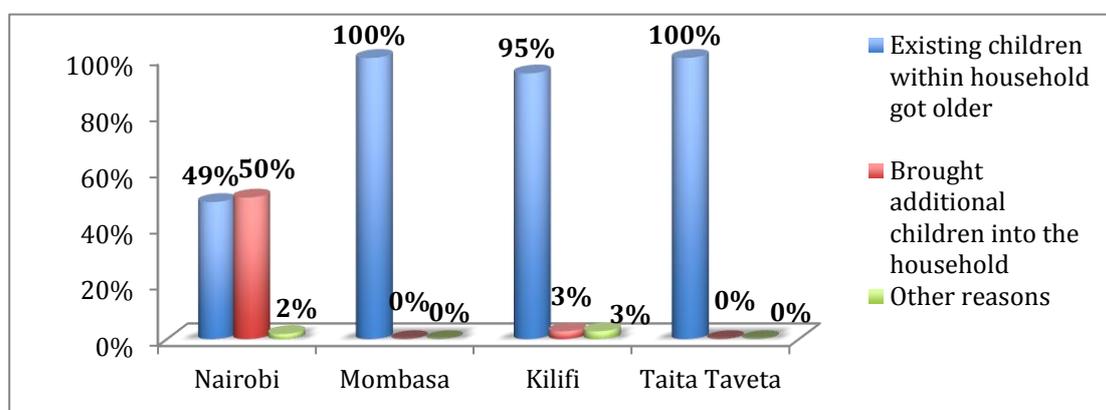
A large majority of households incurred school-related expenses in the month preceding the respondent interview. However, only half of sampled households in Nairobi incurred such expenses compared to 87 to 89 percent of households in Kilifi and Taita Taveta.

At least six of ten households reported that school expenses had increased for the household in the past year, with increased school fees and increased costs of school uniforms and supplies cited as the main reasons. In Nairobi, a higher proportion of respondents mentioned increased costs of school uniforms (74 percent) than increased school fees (61 percent) or than an increase in “other school-related costs” (24 percent). The assessment team observed a similar pattern in Taita Taveta.

Respondents attributed 66 percent to school-related expenditures; 43 percent to school uniform costs; and 18 percent to “other school-related costs.” Unlike in Nairobi and Taita Taveta, respondents in Mombasa and Kilifi attributed increased school expenditures to school uniform costs and school fees in equal proportions. In Mombasa, 58 percent of respondents mentioned an increase in the cost of school uniforms, compared with 55 percent mentioning school fees, and 24 percent mentioning “other school-related costs.” Corresponding values in Kilifi were 68 percent (in uniform costs), 71 percent (in school fees), and 29 percent (in “other school-related costs”).

Another noteworthy finding relates to the impact of changes in household composition on school expenditures. For example, 21 percent of households in Kilifi, 16 percent in Nairobi and Mombasa, and 6 percent in Taita Taveta also mentioned an increase in the number of school-going household members. A possible reason for this increase is the natural age progression of children residing in the household. However, in Nairobi, for more than half of all sampled households the number of school-going members of the household increased because additional children were brought into the household (Figure 10).

**Figure 10.** Main Reasons why the Number of School-going Members increased over the Past Year according to County, *Nilinde* Baseline Survey, 2016



### Comparison of household expenditures with other national studies

National efforts are underway to estimate current household economic issues via the 2015/16 Kenya Integrated Household Budget Survey (KIHS).<sup>24</sup> The team compared the *Nilinde* Baseline Survey findings against expenditure data from a 2013 study conducted by KNBS and the Society for International Development (SID). According to that study, average household expenditures in Kenya were KSh 3,440 per adult per month, with noteworthy differences between rural households and urban households (KSh 2,270 and KSh 6,010, respectively).<sup>25</sup> Considering that the average household in the *Nilinde* Baseline Survey consists of at least five members (two of whom are adults), this would equate to roughly KSh 4,540 in rural areas and KSh 12,020 in urban areas.

These estimates are comparable to what the assessment team reported in the predominantly urban samples of Nairobi and Mombasa in the *Nilinde* Baseline Survey, but are far lower than the numbers reported in the predominantly rural samples of Kilifi and Taita Taveta. The 2013 KNBS-SID study documented mean household expenditures of roughly KSh 7,200 for Nairobi households, KSh 5,800 for Mombasa households and KSh 2,900 for both Kilifi and Taita Taveta households.<sup>26</sup> The same study

<sup>24</sup> As noted on the Kenya Bureau of Health Statistics website, URL: [http://www.knbs.or.ke/index.php?option=com\\_phocadownload&view=category&id=129:2015-16-kenya-integrated-household-budget-survey-kihbs&Itemid=599](http://www.knbs.or.ke/index.php?option=com_phocadownload&view=category&id=129:2015-16-kenya-integrated-household-budget-survey-kihbs&Itemid=599)

<sup>25</sup> Kenya National Bureau of Statistics (KNBS) and Society for International Development (SID) 2013. *Exploring Kenya's Inequality: Pulling Apart or Pooling Together?* <http://inequalities.sidint.net/kenya/wp-content/uploads/sites/3/2013/10/SID%20Abridged%20Small%20Version%20Final%20Download%20Report.pdf>

<sup>26</sup> *Ibid.*, page 16.

also provided other insights into the extent of extreme poverty and consumption. For example, the proportion of individuals spending less than KSh 1,440 per month (an expenditure level indicative of the lowest wealth quintile in Kenya) was only 0.6 percent in Nairobi and 5 percent in Mombasa, compared with 40 percent in Taita Taveta and 51 percent in Kilifi.

**Ability to save:** Despite reported difficulties in meeting monthly household expenses, some households included in the survey did report being able to set aside a small amount of savings. Approximately 1 in 3 households in Nairobi (35 percent) and in Mombasa (32 percent) reported that they had some savings, compared with 26 percent of households in Kilifi and 17 percent of households in Taita Taveta.

**Table 15.** Percent of households making savings by county

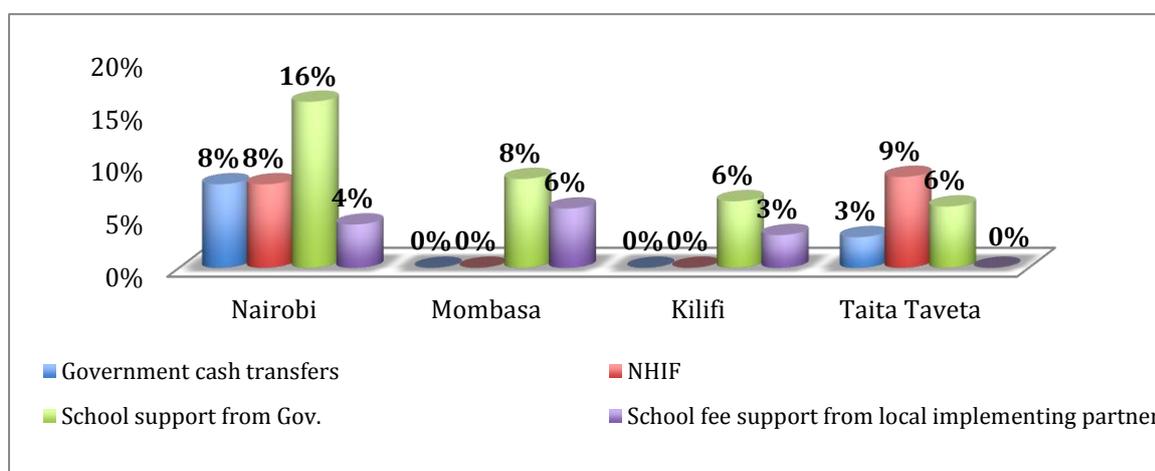
Percent of households making savings by county				
	Nairobi	Mombasa	Kilifi	Taita Taveta
Yes	35.1%	32.4%	26.3%	17.1%
No	64.9%	67.6%	73.7%	82.9%

### Percent of eligible households receiving social protection support

The ability to tap into existing mechanisms of social protection is vital to equipping vulnerable families with the resources necessary to deal with routine and unexpected expenses. According to the baseline survey, health fee waivers are, by far, the most widely cited formal means of social protection support, as reported by 29 percent in Mombasa, 42 percent in Kilifi, 66 percent in Nairobi, and 69 percent in Taita Taveta. Figure 11, which excludes health-fee waiver support, depicts the prominence of GoK-sponsored support relative to other forms of social protection support.

Among other forms of social protection support (such as cash transfers, the NHIF, and school fee support from implementing partners), respondents in all counties except Taita Taveta most frequently cited GoK school fee support. In Taita Taveta, NHIF was the most frequently mentioned form of social protection support (9 percent). As shown in Figure 11 below, the proportion of households receiving government-sponsored, school-related support was much higher in the Nairobi sample (16 percent) than in the other counties (6 to 8 percent).

**Figure 11.** Percentage of Sampled Households Receiving Various Forms of Social Protection Support other than Health Fee Waivers according to County, *Nilinde* Baseline Survey, 2016



Some households were also reliant on informal support. For example, 9 percent of households in Nairobi, 8 percent in Mombasa and Kilifi, and 14 percent in Taita Taveta relied on money and support from friends and relatives as a source of monthly “income.”

### Percent of OVC households able to access money to meet basic needs

**Table 16.** Proportion of OVC households able to access money to meet basic needs

Proportion of OVC households able to access money to meet basic needs				
	Nairobi	Mombasa	Kilifi	Taita Taveta
<b>Ability to access money to meet basic needs (food, medical, and school-related)</b>	<b>18.0%</b>	<b>21.1%</b>	<b>15.8%</b>	<b>28.6%</b>
Able to meet food expenses	55.3%	68.4%	60.5%	65.7%
Able to meet medical expenses	28.9%	34.2%	28.9%	43.0%
Able to meet school-related expenses	44.7%	52.6%	47.4%	55.6%

Less than a third of OVC households were able to access money to meet basic needs (food, medical, and school-related expenses). Across the four counties, of the three expenses assessed, OVC households were less likely to meet medical expenses.

**Table 17.** The following wards had below adequate coverage of household’s ability to meet basic expenses

Wards whose households had adequate ability to meet basic expenses				
County	Not Adequate		Adequate	
	0 - 4 households	5 -17 households	0 - 4 households	5 -17 households
Nairobi wards	17	16	0	1
Mombasa wards	4	5	1	0
Kilifi wards	9	10	1	0
Taita Taveta wards	4	3	1	2

The assessment noted that in Njiru ward (in Nairobi), Shanzu ward (in Mombasa), Mwaweza ward (in Kilifi), and Mbale and Sagalla (in Taita Taveta) were classified as having OVC households that had an adequate ability to meet basic expenses.

## V. Conclusions

The baseline survey findings have yielded a number of insights. The team has drawn the following conclusions from the data:

1. Levels and differentials observed in the baseline survey are generally consistent with data from GoK-endorsed data sources such as the 2014 KDHS.
2. Using a number of proxies for vulnerability/economic disadvantage, the households included in the *Nilinde* Baseline Survey are more likely to be worse off than those in the national averages for various key indicators such as those related to quality of shelter. When one uses quality of shelter and access to safe water and improved sanitation as proxies for vulnerability/disadvantage, Kilifi households are more disadvantaged than the households are in the other three counties.
3. A clear line of demarcation is evident between counties with large urban/peri-urban populations (Nairobi, Mombasa) and counties with remote, deeply rural populations (Kilifi, Taita Taveta). While some outcomes favor urban settings, dynamics operating within such settings (e.g., cost of

living, expansion of household size) create a different type of vulnerability than that found in rural settings.

4. The discrepancies that exist across the four counties for a number of key variables underscores the importance of *not* adopting a *one size fits all* program approach.
5. While there is gender parity for some outcomes (e.g., school enrollment), the documented female disadvantage for particular outcomes, such as full immunization and grade progression, suggests that complex gender dynamics are at play among OVC, as they are for all children.
6. Based on the data on grade progression, disaggregated by level of schooling (primary versus secondary) suggests that the challenge to ensure continuity of education must be addressed in earnest for primary-school-age OVC, not just for older OVC.
7. The chasm that exists between average reported household income and average reported household expenses, as well as the documented difficulties many households have in meeting basic needs, are justification for the *Nilinde* project's prominent household economic strengthening component.
8. The income-expense divide also suggests the need to improve linkages to formal mechanisms of social protection support such as health fee waivers, OVC bursaries, and government cash transfers.
9. Difficulties in identifying young OVC during fieldwork and the apparent mobility of OVC has implications for tracking and monitoring outcomes over the life of the project.

## VI. Recommendations

The baseline assessment team proposes the following based on the survey's findings:

### Prioritization

1. Focus on achieving outcomes on which other priority outcomes depend. For example, birth certificates grant OVC access to a range of social services such as formal education and legal protection. Consequently, the team recommends that acquisition and maintenance of birth certificates be a priority in the early stages of the project.
2. Redouble efforts to ensure that both adults and children are tested for HIV and receive their results. This is a pivotal entry point for a constellation of treatment and support interventions that can address the holistic needs of OVC and better position them to attain certain outcomes (e.g., continuity of education).

### Equity

3. Identify and address the drivers and root causes of observed inequities, for example, gender differences between boys and girls in full immunization coverage, school enrollment, and other key outcomes. Narrowing the gender divide will likely require more robust behavior change communication strategies, informed by context-specific evidence, to address social and gender norms that are critical to affecting social and behavioral change.

### Quality

4. The observed drop-off in levels of school enrollment versus school attendance and school progression suggest that there might be both demand-side issues<sup>27</sup> and supply-side issues<sup>28</sup> that should be addressed to ensure continuity/progression and *quality* educational outcomes among OVC.

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<sup>27</sup> E.g., gender norms, caregiver perceptions of the value of education, differential treatment of OVC compared to other children.

<sup>28</sup> E.g., formal GoK mechanisms to facilitate OVC access to and progression through the formal education system, teacher capacity to respond to the special needs and realities of OVC.

5. In addition to addressing gaps related to access to basic education and the transition from primary to secondary school, vocational and technical training opportunities should be expanded for older OVC.

#### Evidence to Inform Decision Making

6. Strengthen community-based surveillance of OVC and vulnerable families to inform targeting and tracking.

#### The Nilinde Learning Agenda

7. Investigate dynamics and drivers of household decision making related to monthly expenditures/consumption to maximize the benefits of applying household resources to meet the basic needs and rights of OVC.
8. Explore further how to operationalize the reduction of health care costs even in rural OVC households as part of a resilience strategy.
9. Conduct implementation research to understand more fully the gender dynamics influencing the outcomes of both young and older OVC.
10. Identify effective and sustainable means of tracking OVC to mitigate known impediments to continuity of care (e.g., mobility of young OVC and vulnerable families, such as those living in informal settlements in Nairobi).
11. Given high levels of mobile phone ownership, test ways to track OVC with mobile technology to improve continuity of care and/or services, and, ultimately, improve outcomes in immunization, continuity of education, and HIV testing with linkages to support.
12. Test models that capitalize on existing household resources in addition to linking households to new income-generating opportunities; for example, build on ownership of agricultural land and farm animals by Kilifi and Taita Taveta households, and facilitate access to income-generating activities to support sustainable improvements in household economic security.
13. Taita Taveta appears to be a positive outlier for some outcomes, as seen through anecdotal evidence provided by local OVC stakeholders on the success of a multi-sectoral, systems approach to addressing the needs of OVC and household survey data on birth certificate possession and gender parity in education. Therefore, the team suggests that the project develop a county case study on Taita Taveta to serve as a roadmap for other counties in adopting a systems approach to improving the outcomes of OVC and their families.

## **ANNEXES**

ANNEX 1: Assessment of Ward Performance vis-à-vis LQAS Thresholds

ANNEX 2: Questionnaire for OVC Caregivers/Heads of Households

ANNEX 3: Questionnaire on OVC Aged 0-4 Years

ANNEX 4: Questionnaire on OVC aged 5–9 Years

ANNEX 5: List of Members of the Baseline Assessment Team

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ANNEX 7: List of Participants, Mombasa/Coast OVC Stakeholders Meeting

ANNEX 8: List of Participants, Nairobi OVC Stakeholders Meeting

ANNEX 9: Informed Consent Statement in English

ANNEX 10: Informed Consent Statement in Kiswahili

ANNEX 11: Weighted Data Tables

## ANNEX I: Assessment of Ward Performance vis-à-vis LQAS Thresholds

Table I: Adequacy assessment of NILINDE Performance Indicators

			PERFORMANCE INDICATORS															
			Adequate Coverage (i.e., >50%)	Below Adequate Coverage (i.e., <50%)														
County	Sub County	Ward	School Enrollment	School Attendance	School Progression	HIV status known by child and caregiver	Vocational and technical training	Fully immunized	OVC tested for HIV and status known	Possession of legal documentation, OVC 0-4	Possession of legal documentation, OVC 5-17	Living with at least 1 adult > 18 years	Household access to money to cover basic expenses: <b>OVC 0-4 years</b>	Household access to money to cover basic expenses: <b>OVC 5-17 years</b>	Knowledge of caregivers involved in family strengthening activities	Knowledge of caregivers of 0-4 year olds re: child policy	Knowledge of caregivers of 5-17 year olds re: child policy rights/standards	
Nairobi (17 wards)	Kibra	Sarang'ombe																
	Ruaraka	Utalli																
	Embakasi North	Dandora Area III																
	Kamukunji	Eastleigh South																
	Starehe	Nairobi South																
	Embakasi South	Kwan njenga																
	Kasarani	Njiru																
	Embakasi Central	Kayole South																
	Embakasi East	Lower Savana																

			PERFORMANCE INDICATORS														
Adequate Coverage (i.e., >50%)			Below Adequate Coverage (i.e., <50%)														
County	Sub County	Ward	School Enrollment	School Attendance	School Progression	HIV status known by child and caregiver	Vocational and technical training	Fully immunized	OVC tested for HIV and status known	Possession of legal documentation, OVC 0-4	Possession of legal documentation, OVC 5-17	Living with at least 1 adult > 18 years	Household access to money to coverage basic expenses: <b>OVC 0-4 years</b>	Household access to money to coverage basic expenses: <b>OVC 5-17 years</b>	Knowledge of caregivers involved in family strengthening activities	Knowledge of caregivers of 0-4 year olds re: child policy	Knowledge of caregivers of 5-17 year olds re: child policy/standards
	Mathare	Hospital															
	Langata	Mugumoini															
	Dagoreti North	Kawangware															
	Makandara	Viwandani															
	Westlands	Karura															
	Dagoreti South	Waithaka															
	Embakasi West	Mowlem															
	Roysambu	Roysambu															
Mombasa (5 wards)	Likoni	Mtongwe															
		Bofu															
	Kisauni	Shanzu															
	Changamwe	Changamwe															
		Chaani															

			PERFORMANCE INDICATORS														
Adequate Coverage (i.e., >50%)			Below Adequate Coverage (i.e., <50%)														
County	Sub County	Ward	School Enrollment	School Attendance	School Progression	HIV status known by child and caregiver	Vocational and technical training	Fully immunized	OVC tested for HIV and status known	Possession of legal documentation, OVC 0-4	Possession of legal documentation, OVC 5-17	Living with at least 1 adult > 18 years	Household access to money to cover basic expenses: <b>OVC 0-4 years</b>	Household access to money to cover basic expenses: <b>OVC 5-17 years</b>	Knowledge of caregivers involved in family strengthening activities	Knowledge of caregivers of 0-4 year olds re: child policy	Knowledge of caregivers of 5-17 year olds re: child policy/standards
Kilifi (10 wards)	Kaloleni	Mariakani															
		Mwanamwinga															
		Kayafungo															
	Kilifi south	Mtepeni															
		Junju															
	Malindi	Kakuyuni															
	Kilifi north	Dabaso															
	Ganze	Ganze															
	Magarini	Gongoni															
	Rabai	Mwawenza															
Taita	Mwatate	Mwatate															
	Mwatate	Chawia															
	Taveta	Challa															
	Wundanyi	Mbale															
	Sagala	sagala															

Table 2: LQAS assessment of service coverage – OVC school enrollment

County	Sub-county/ Constituency	Selected	Sample size	LQAS Decision point	Observed cases	Service adequacy (Coverage >50%)	Unweighted	Weighted	95% Confidence Interval
Nairobi	Kibra	Sarang'ombe	19	7	19	Adequate			
	Ruaraka	Utalli	19	7	17	Adequate			
	Embakasi North	Dandora Area III	19	7	19	Adequate			
	Kamunkunji	Eastleigh South	19	7	16	Adequate			
	Starehe	Nairobi South	19	7	17	Adequate			
	Embakasi south	Kwa Njenga	19	7	17	Adequate			
	Kasarani	Njiru	19	7	18	Adequate			
	Embakasi Central	Kayole South	19	7	16	Adequate			
	Embakasi East	Lower Savana	19	7	17	Adequate			
	Mathare	Hospital	19	7	16	Adequate			
	Langata	Mugumo-ini	19	7	19	Adequate			
	Dagoreti North	Kawangware	19	7	19	Adequate			
	Makandara	Viwandani	19	7	19	Adequate			
	Westlands	Karura	19	7	17	Adequate			
	Dagoreti South	Waithaka	19	7	18	Adequate			
	Embakasi West	Mowlem	19	7	18	Adequate			
	Roysambu	Roysambu	19	7	18	Adequate			
				<b>323</b>		<b>300</b>		<b>92.9%</b>	<b>94.6%</b>

LQAS assessment of service coverage – OVC school enrollment									
County	Sub-county/ Constituency	Selected	Sample size	LQAS Decision point	Observed cases	Service adequacy (Coverage >50%)	Unweighted	Weighted	95% Confidence Interval
Mombasa	Likoni	Mtongwe	19	7	17	Adequate			
		Bofu	19	7	18	Adequate			
	Kisauni	Shanzu	19	7	19	Adequate			
	Changamwe	Changamwe	19	7	19	Adequate			
		Chaani	19	7	19	Adequate			
			<b>95</b>		<b>92</b>		<b>96.8%</b>	<b>97.6%</b>	<b>(95.2, 98.8)</b>
Kilifi	Kaloleni	Mariakani	19	7	16	Adequate			
		Mwanamwinga	19	7	18	Adequate			
		Kayafungo	19	7	19	Adequate			
	Kilifi south	Mtepeni	19	7	17	Adequate			
		Junju	19	7	19	Adequate			
	Malindi	Kakuyuni	19	7	18	Adequate			
	Kilifi north	Dabaso	19	7	19	Adequate			
	Ganze	Ganze	19	7	18	Adequate			
	Magarini	Gongoni	19	7	19	Adequate			
	Rabai	Mwawenza	19	7	18	Adequate			
			<b>190</b>		<b>181</b>		<b>95.3%</b>	<b>95.3%</b>	<b>(92.4, 97.1)</b>
Taita	Mwatate	Mwatate	19	7	16	Adequate			
		Chawia	19	7	16	Adequate			
	Taveta	Challa	19	7	17	Adequate			
	Wundanyi	Mbale	19	7	17	Adequate			
	Sagala	Sagala	19	7	19	Adequate			
			<b>95</b>		<b>85</b>		<b>89.5%</b>	<b>88.1%</b>	<b>(84.1, 91.2)</b>

**Table 3: LQAS assessment of service coverage – OVC school attendance**

County	Sub-county/ Constituency	Selected	Sample size	LQAS Decision point	Observed cases	Service adequacy (Coverage >50%)	Unweighted	Weighted	95% Confidence Interval
Nairobi	Kibra	Sarang'ombe	19	7	14	Adequate			
	Ruaraka	Utalli	19	7	10	Adequate			
	Embakasi North	Dandora Area III	19	7	10	Adequate			
	Kamukunji	Eastleigh South	19	7	9	Adequate			
	Starehe	Nairobi South	19	7	11	Adequate			
	Embakasi south	Kwa Njenga	19	7	12	Adequate			
	Kasarani	Njiru	19	7	11	Adequate			
	Embakasi Central	Kayole South	19	7	9	Adequate			
	Embakasi East	Lower Savana	19	7	11	Adequate			
	Mathare	Hospital	19	7	13	Adequate			
	Langata	Mugumo-ini	19	7	11	Adequate			
	Dagoreti North	Kawangware	19	7	15	Adequate			
	Makandara	Viwandani	19	7	12	Adequate			
	Westlands	Karura	19	7	13	Adequate			
	Dagoreti South	Waithaka	19	7	10	Adequate			
	Embakasi West	Mowlem	19	7	12	Adequate			
	Roysambu	Roysambu	19	7	9	Adequate			
			323		192		<b>59.4%</b>	<b>62.2%</b>	<b>(56.8, 67.3)</b>

<b>LQAS assessment of service coverage – OVC school attendance</b>										
County	Sub-county/ Constituency	Selected	Sample size	LQAS Decision point	Observed cases	Service adequacy (Coverage >50%)	Unweighted	Weighted	95% Confidence Interval	
Mombasa	Likoni	Mtongwe	19	7	12	Adequate				
		Bofu	19	7	13	Adequate				
	Changamwe	Kisauni	Shanzu	19	7	15	Adequate			
		Changamwe	Changamwe	19	7	16	Adequate			
		Changani	Changani	19	7	14	Adequate			
			95		70		<b>73.7%</b>	<b>75.7%</b>	<b>(70.6, 80.1)</b>	
Kilifi	Kaloleni	Mariakani	19	7	7	Adequate				
		Mwanamwinga	19	7	10	Adequate				
		Kayafungo	19	7	11	Adequate				
	Kilifi south	Mtepeni	19	7	9	Adequate				
		Junju	19	7	14	Adequate				
	Malindi	Kakuyuni	19	7	6	Not Adequate				
	Kilifi north	Dabaso	19	7	11	Adequate				
	Ganze	Ganze	19	7	14	Adequate				
	Magarini	Gongoni	19	7	9	Adequate				
	Rabai	Mwawenza	19	7	8	Adequate				
			190		99		<b>52.1%</b>	<b>51.5%</b>	<b>(46.1, 57)</b>	
Taita	Mwatate	Mwatate	19	5	13	Adequate				
		Chawia	19	6	12	Adequate				
	Taveta	Challa	19	7	11	Adequate				
	Wundanyi	Mbale	19	7	12	Adequate				
	Sagala	Sagala	19	6	13	Adequate				
			95		61		<b>64.2%</b>	<b>64.4%</b>	<b>(59.1, 69.4)</b>	

**Table 4: LQAS assessment of service coverage – Children under five fully immunized**

County	Sub-county/ Constituency	Selected	Sample size	LQAS Decision point	Observed cases	Service adequacy (Coverage >50%)	Unweighted	Weighted	95% Confidence Interval
Nairobi	Kibra	Sarang'ombe	19	7	5	Not Adequate			
	Ruaraka	Utalli	19	7	10	Adequate			
	Embakasi North	Dandora Area III	19	7	9	Adequate			
	Kamunkunji	Eastleigh South	19	7	9	Adequate			
	Starehe	Nairobi South	19	7	4	Not Adequate			
	Embakasi south	Kwa Njenga	19	7	9	Adequate			
	Kasarani	Njiru	19	7	6	Not Adequate			
	Embakasi Central	Kayole South	19	7	6	Not Adequate			
	Embakasi East	Lower Savana	19	7	7	Adequate			
	Mathare	Hospital	19	7	9	Adequate			
	Langata	Mugumo-ini	19	7	8	Adequate			
	Dagoreti North	Kawangware	19	7	7	Adequate			
	Makandara	Viwandani	19	7	4	Not Adequate			
	Westlands	Karura	19	7	10	Adequate			
	Dagoreti South	Waithaka	19	7	7	Adequate			
	Embakasi West	Mowlem	19	7	5	Not Adequate			
	Roysambu	Roysambu	19	7	12	Adequate			
			323		127		39.3%	31.2%	(26.4, 36.4)

LQAS assessment of service coverage – Children under five fully immunized									
County	Sub-county/ Constituency	Selected	Sample size	LQAS Decisio n point	Observed cases	Service adequacy (Coverage >50%)	Unweighted	Weighted	95% Confidence Interval
Mombasa	Likoni	Mtongwe	19	7	9	Adequate			
		Bofu	19	7	6	Not Adequate			
	Kisauni	Shanzu	19	7	16	Adequate			
	Changamwe	Changamwe	19	7	10	Adequate			
		Chaani	19	7	11	Adequate			
			95		52		<b>54.7%</b>	<b>59.8%</b>	<b>(54.4, 65.0)</b>
Kilifi	Kaloleni	Mariakani	19	7	8	Adequate			
		Mwanamwinga	19	7	11	Adequate			
		Kayafungo	19	7	9	Adequate			
	Kilifi south	Mtepeni	19	7	11	Adequate			
		Junju	19	7	15	Adequate			
	Malindi	Kakuyuni	19	7	13	Adequate			
	Kilifi north	Dabaso	19	7	11	Adequate			
	Ganze	Ganze	19	7	7	Adequate			
	Magarini	Gongoni	19	7	6	Not Adequate			
	Rabai	Mwawenza	19	7	8	Adequate			
			190		99		<b>52.1%</b>	<b>51.8%</b>	<b>(46.4, 57.2)</b>
Taita	Mwatate	Mwatate	19	7	5	Adequate			
		Chawia	19	7	9	Adequate			
	Taveta	Challa	19	7	9	Adequate			
	Wundanyi	Mbale	19	7	7	Adequate			
	Sagala	Sagala	19	7	7	Adequate			
			95		37		<b>38.9%</b>	<b>44.3%</b>	<b>(39.0, 49.8)</b>

**Table 5a: LQAS assessment of service coverage – Children (0-4 years) legal documents**

County	Sub-county/ Constituency	Selected	Sample size	LQAS Decision point	Observed cases	Service adequacy (Coverage >50%)	Unweighted	Weighted	95% Confidence Interval
Nairobi	Kibra	Sarang'ombe	19	7	8	Adequate			
	Ruaraka	Utalli	19	7	6	Not Adequate			
	Embakasi North	Dandora Area III	19	7	6	Not Adequate			
	Kamukunji	Eastleigh South	19	7	7	Adequate			
	Starehe	Nairobi South	19	7	6	Not Adequate			
	Embakasi south	Kwa Njenga	19	7	5	Not Adequate			
	Kasarani	Njiru	19	7	0	Not Adequate			
	Embakasi Central	Kayole South	19	7	4	Not Adequate			
	Embakasi East	Lower Savana	19	7	4	Not Adequate			
	Mathare	Hospital	19	7	4	Not Adequate			
	Langata	Mugumo-ini	19	7	2	Not Adequate			
	Dagoreti North	Kawangware	19	7	8	Not Adequate			
	Makandara	Viwandani	19	7	6	Not Adequate			
	Westlands	Karura	19	7	6	Not Adequate			
	Dagoreti South	Waithaka	19	7	4	Not Adequate			
	Embakasi West	Mowlem	19	7	1	Not Adequate			
	Roysambu	Roysambu	19	7	7	Adequate			
			323		84		26.0%	34.5%	(29.5, 40)

**Table 5b: LQAS assessment of service coverage – Children (0-4 years) legal documents**

County	Sub-county/ Constituency	Selected	Sample size	LQAS	Observed cases	Service adequacy (Coverage >50%)	Unweighted	Weighted	95% Confidence Interval
Mombasa	Likoni	Mtongwe	19	7	3	Not Adequate	<b>22.1%</b>	<b>22.4%</b>	<b>(18.2, 27.2)</b>
		Bofu	19	7	4	Not Adequate			
	Kisauni	Shanzu	19	7	5	Not Adequate			
	Changamwe	Changamwe	19	7	4	Not Adequate			
		Chaani	19	7	5	Not Adequate			
			95		21				
Kilifi	Kaloleni	Mariakani	19	7	3	Not Adequate	<b>10.5%</b>	<b>8.6%</b>	<b>(6.0, 12.1)</b>
		Mwanamwinga	19	7	1	Not Adequate			
		Kayafungo	19	7	0	Not Adequate			
	Kilifi south	Mtepeni	19	7	1	Not Adequate			
		Junju	19	7	1	Not Adequate			
	Malindi	Kakuyuni	19	7	2	Not Adequate			
	Kilifi north	Dabaso	19	7	4	Not Adequate			
	Ganze	Ganze	19	7	3	Not Adequate			
	Magarini	Gongoni	19	7	2	Not Adequate			
	Rabai	Mwawenza	19	7	3	Not Adequate			
				190		20			
Taita	Mwatate	Mwatate	19	7	6	Adequate	<b>29.5%</b>	<b>35.6%</b>	<b>(30.6, 41.0)</b>
		Chawia	19	7	6	Adequate			
	Taveta	Challa	19	7	4	Not Adequate			
	Wundanyi	Mbale	19	7	5	Adequate			
		Sagala	Sagala	19	7	7			
			95		28				

**Table 6a: LQAS assessment of service coverage – OVC households ability to meet basic needs (Caregivers of 0-4 years)**

County	Sub-county/ Constituency	Selected	Sample size	LQAS Decision point	Observed cases	Service adequacy (Coverage >50%)	Unweighted	Weighted	95% Confidence Interval
Nairobi	Kibra	Sarang'ombe	19	7	5	Not Adequate			
	Ruaraka	Utalli	19	7	4	Not Adequate			
	Embakasi North	Dandora Area III	19	7	2	Not Adequate			
	Kamukunji	Eastleigh South	19	7	3	Not Adequate			
	Starehe	Nairobi South	19	7	3	Not Adequate			
	Embakasi south	Kwa Njenga	19	7	3	Not Adequate			
	Kasarani	Njiru	19	7	1	Not Adequate			
	Embakasi Central	Kayole South	19	7	4	Not Adequate			
	Embakasi East	Lower Savana	19	7	2	Not Adequate			
	Mathare	Hospital	19	7	2	Not Adequate			
	Langata	Mugumo-ini	19	7	6	Not Adequate			
	Dagoreti North	Kawangware	19	7	3	Not Adequate			
	Makandara	Viwandani	19	7	1	Not Adequate			
	Westlands	Karura	19	7	3	Not Adequate			
	Dagoreti South	Waithaka	19	7	4	Not Adequate			
	Embakasi West	Mowlem	19	7	1	Not Adequate			
	Roysambu	Roysambu	19	7	4	Not Adequate			
			323		51				

**Table 6b: LQAS assessment of service coverage – OVC households ability to meet basic needs (Caregivers of 0-4 years)**

County	Sub-county/ Constituency	Selected	Sample size	LQAS	Observed cases	Service adequacy (Coverage >50%)	Unweighted	Weighted	95% Confidence Interval
Mombasa	Likoni	Mtongwe	19	7	5	Not Adequate			
		Bofu	19	7	6	Not Adequate			
	Kisauni	Shanzu	19	7	11	Adequate			
	Changamwe	Changamwe	19	7	5	Not Adequate			
		Chaani	19	7	2	Not Adequate			
			95		29				
Kilifi	Kaloleni	Mariakani	19	7	3	Not Adequate			
		Mwanamwinga	19	7	5	Not Adequate			
		Kayafungo	19	7	1	Not Adequate			
	Kilifi south	Mtepeni	19	7	5	Not Adequate			
		Junju	19	7	2	Not Adequate			
	Malindi	Kakuyuni	19	7	3	Not Adequate			
	Kilifi north	Dabaso	19	7	6	Not Adequate			
	Ganze	Ganze	19	7	2	Not Adequate			
	Magarini	Gongoni	19	7	3	Not Adequate			
	Rabai	Mwawenza	19	7	10	Adequate			
			190		40				
Taita	Mwatate	Mwatate	19	7	4	Adequate			
		Chawia	19	7	4	Adequate			
	Taveta	Challa	19	7	6	Not Adequate			
	Wundanyi	Mbale	19	7	5	Adequate			
	Sagala	Sagala	19	7	7	Adequate			
			95						

**Table 6c: LQAS assessment of service coverage – OVC households ability to meet basic needs (Caregivers of 5-17 years)**

County	Sub-county/ Constituency	Selected	Sample size	LQAS Decision point	Observed cases	Service adequacy (Coverage >50%)	Unweighted	Weighted	95% Confidence Interval
Nairobi	Kibra	Sarang'ombe	19	7	4	Not Adequate			
	Ruaraka	Utalli	19	7	2	Not Adequate			
	Embakasi North	Dandora Area III	19	7	4	Not Adequate			
	Kamukunji	Eastleigh South	19	7	1	Not Adequate			
	Starehe	Nairobi South	19	7	4	Not Adequate			
	Embakasi south	Kwa Njenga	19	7	3	Not Adequate			
	Kasarani	Njiru	19	7	9	Adequate			
	Embakasi Central	Kayole South	19	7	1	Not Adequate			
	Embakasi East	Lower Savana	19	7	2	Not Adequate			
	Mathare	Hospital	19	7	1	Not Adequate			
	Langata	Mugumo-ini	19	7	2	Not Adequate			
	Dagoreti North	Kawangware	19	7	2	Not Adequate			
	Makandara	Viwandani	19	7	2	Not Adequate			
	Westlands	Karura	19	7	2	Not Adequate			
	Dagoreti South	Waithaka	19	7	1	Not Adequate			
	Embakasi West	Mowlem	19	7	1	Not Adequate			
	Roysambu	Roysambu	19	7	4	Not Adequate			
			323		46				

**Table 6d: LQAS assessment of service coverage – OVC households ability to meet basic needs (Caregivers of 5-17 years)**

County	Sub-county/ Constituency	Selected	Sample size	LQAS	Observed cases	Service adequacy (Coverage >50%)	Unweighted	Weighted	95% Confidence Interval	
Mombasa	Likoni	Mtongwe	19	7	3	Not Adequate				
		Bofu	19	7	1	Not Adequate				
	Changamwe	Kisauni	Shanzu	19	7	1	Not Adequate			
		Changamwe	Changamwe	19	7	2	Not Adequate			
		Chaani	Chaani	19	7	1	Not Adequate			
			95		8					
Kilifi	Kaloleni	Mariakani	19	7	0	Not Adequate				
		Mwanamwinga	19	7	4	Not Adequate				
		Kayafungo	19	7	4	Not Adequate				
	Kilifi south	Mtepeni	19	7	2	Not Adequate				
		Junju	19	7	5	Not Adequate				
	Malindi	Kakuyuni	19	7	3	Not Adequate				
	Kilifi north	Dabaso	19	7	5	Not Adequate				
	Ganze	Ganze	19	7	1	Not Adequate				
	Magarini	Gongoni	19	7	3	Not Adequate				
	Rabai	Mwawenza	19	7	3	Not Adequate				
			190		30					
Taita	Mwatate	Mwatate	19	7	6	Not Adequate				
		Chawia	19	7	1	Not Adequate				
	Taveta	Challa	19	7	3	Not Adequate				
	Wundanyi	Mbale	19	7	7	Adequate				
	Sagala	Sagala	19	7	7	Adequate				
			95		24					

## ANNEX 2: Questionnaire for OVC Caregivers/Heads of Households

Nilinde OVC Baseline Assessment:  
Household Questionnaire for OVC Heads of Households

### IDENTIFICATION DATA

001.	QUESTIONNAIRE IDENTIFICATION NUMBER	
002.	COUNTY	
003.	SUB-COUNTY	
004.	WARD	
005.	TYPE OF LOCATION	1 = Urban 2 = Rural
006.	HOUSEHOLD NUMBER	
007.	CAREGIVER'S SEX	1=Male 2=Female
008.	CAREGIVER'S AGE	1 = under 18 years 2 = 18-49 years 3 = 50 years and above

### INTERVIEW LOG

INTERVIEWER COMMENTS		Interview Comment Codes
1 = Interview completed 2 = Respondent refused to be interviewed 3 = Respondent started the interview but did not complete it 4 = Multiple attempts made but respondent was not available to be interviewed 5 = Respondent not capable of giving consent to be interviewed (e.g., mentally ill, too sick, drunk, etc.) 6 = Others (specify)		
009.	INTERVIEWER CODE	
010.	DATE INTERVIEW COMPLETED (day/month/year)	
011.	START TIME OF INTERVIEW	[ ]:[ ]

**CHECKED BY TEAM LEADER: Signature \_\_\_\_\_ Date \_\_\_\_\_**

<u>Comments</u>
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**Section I: OVC Households Status**

No.	Questions	Coding Categories
<b>QUESTIONS 12-14 ARE BASED ON DIRECT OBSERVATION. DO NOT READ THESE QUESTIONS ALOUD TO THE RESPONDENT.</b>		
012.	MAIN MATERIAL OF THE ROOF	1 = No roof 2 = Thatch/palm leaf 3 = Plastic/Polythene sheet 4 = Wood planks 5 = Cardboard 6 = Metal/iron sheets 7 = Asbestos 8 = Cement 66= Other (specify): _____ — 99 = NOT OBSERVED
013.	MAIN MATERIAL OF THE FLOOR	1 = Earth/sand/dung 2 = Wood planks 3 = Parquet or polished wood 4 = Vinyl (PVC) 5 = Ceramic /terrazzo tiles 6 = Concrete cement 66= Other (specify): _____ 99 = NOT OBSERVED
014.	MAIN MATERIAL OF THE EXTERIOR WALLS	1 = No walls 2 = Cane/palm/trunks 3 = Mud 4 = Bamboo 5 = Stone with mud 6 = Plywood 7 = Cardboard 8 = Cartons/polythene 9 = Wood 10 = Cement 11 = Stone with cement 12= Bricks 13= Iron sheets 66=Other (specify): _____ 99=NOT OBSERVED

No.	Questions	Coding Categories		
015.	My first set of questions will help us to get a better understanding of your household. To start, how many people <b>under the age of 18 years</b> live in this household?	_____ <b>UNDER 18 YEARS</b>		
016.	How many people <b>over the age of 18</b> live in this household?	_____ <b>OVER 18 YEARS</b>		
017.	Does your household have (a)....?  <b>ASK RESPONDENT ABOUT EACH ITEM (A TO J), READING EACH ITEM ALOUD AND RECORDING A YES OR NO RESPONSE FOR EACH.</b>		<b>Yes</b>	<b>No</b>
		a) Electricity	1	2
		b) Solar panel	1	2
		c) Radio	1	2
		d) Television	1	2
		e) Mobile telephone	1	2
		f) Fixed-line telephone	1	2
		g) Refrigerator	1	2
		h) Sewing machine	1	2
		i) Plough	1	2
018.	Does your household have a....?  <b>ASK RESPONDENT ABOUT OWNERSHIP OF EACH ITEM (A TO F), READING EACH ITEM ALOUD AND RECORDING A YES OR NO RESPONSE FOR EACH.</b>		<b>Yes</b>	<b>No</b>
		a) Bicycle	1	2
		b) Animal-drawn cart	1	2
		c) Motorcycle	1	2
		d) Vehicle	1	2
		e) Boat with a motor	1	2
		f) Canoe	1	2
019.	Does your household own any land?	1=Yes 2=No→ <b>SKIP TO Q.21</b>		
020.	Approximately how much land does your household own? <b>RECORD THE AMOUNT AND SELECT THE MEASUREMENT UNIT MENTIONED BY THE RESPONDENT (I.E., ACRES, HECTARES, FEET).</b>	_____ acres / hectares /feet ( <i>INDICATE UNITS</i> )		
021.	What is the <b>main</b> source of <b>drinking</b> water used by your household?	1 = PIPED INTO DWELLING 2 = PIPED TO COMPOUND/PLOT 3 = PUBLIC TAP/STAND PIPE 4 = BOREHOLE 5 = PROTECTED WELL 6 = UNPROTECTED WELL 7 = PROTECTED SPRING 8 = UNPROTECTED SPRING 9 = RAINWATER 10 = TANKER TRUCK 11 = WATER VENDOR 12 = SURFACE WATER <b>(E.G., RIVER/DAM/LAKE/POND/STREAM/ CANAL/ IRRIGATION CHANNEL)</b> 13 = OTHER  _____ <b>(SPECIFY)</b>		
022.	What do you usually do to make the water safer to drink? <b>KEEP ASKING 'Anything else?' UNTIL THE RESPONDENT HAS NO MORE RESPONSES</b>	A = DO NOTHING B = BOIL C = ADD BLEACH/CHLORINE		

	<b>FOR THIS QUESTION. RECORD ALL MENTIONED.</b>	D = STRAIN THROUGH A CLOTH E = USE WATER FILTER (CERAMIC/SAND/COMPOSITE/ETC.) F = SOLAR DISINFECTION G = LET IT STAND AND SETTLE H= OTHER _____ (SPECIFY) Z = DON'T KNOW	
023.	What kind of toilet facility do most members of your household use?	1=FLUSH TO PIPED SEWER SYSTEM 2= FLUSH TO SEPTIC TANK 3 = FLUSH TO PIT LATRINE 4 = FLUSH TO SOMEWHERE ELSE (E.G., RIVER) 5= FLUSH, DON'T KNOW WHERE 6=VENTILATED IMPROVED PIT LATRINE 7 = PIT LATRINE WITH SLAB 8 = PIT LATRINE WITHOUT SLAB/OPENPIT 9 = COMPOSTING TOILET 10 = BUCKET TOILET 11 = HANGING TOILET/HANGING LATRINE 12 = NO FACILITY/BUSH/FIELD  96 = OTHER (SPECIFY) _____	
024.	How many of each of the following animals does this household own?  <b>ASK RESPONDENT ABOUT OWNERSHIP OF EACH ITEM (A TO J), READING EACH ITEM ALOUD AND RECORDING A NUMBER FOR EACH ANIMAL.</b>  <b>IF NONE ENTER '000'. IF UNKNOWN ENTER 998.</b>	a) Traditional cattle b) Dairy cattle c) Beef cattle d) Donkeys or mules e) Goats f) Sheep g) Pigs h) Chickens i) Other poultry j) Other livestock	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____

**Section 2: OVC Households access to money to meet basic needs**

No.	Questions	Coding Categories
025.	<p>I would now like to ask some questions about your household's expenses.</p> <p>Roughly how much is your household's monthly income?  <b>IF RESPONDENT IS UNSURE, ENCOURAGE HER/HIM TO GIVE AN ESTIMATE. IF S/HE STILL DOESN'T KNOW, SELECT DON'T KNOW.</b></p>	<p>_____ , _____ KSH</p> <p><input type="checkbox"/> DON'T KNOW</p>
026.	<p>What are the sources of income for this household?  <b>(IF NO INCOME REPORTED IN Q23, SELECT 'A' (NO INCOME REPORTED) AND SKIP TO Q.26. IF INCOME WAS REPORTED IN Q23, SELET ALL RESPONSES THAT APPLY. KEEP ASKING 'Anything else?' UNTIL THERE ARE NO MORE SOURCES TO RECORD.)</b></p>	<p>A = NO INCOME REPORTED → <b>SKIP TO Q.29</b>            B = Agriculture            C = Self employed, not related to agriculture (Describe work (e.g., 'shop owner') in the space provided:            _____ )            D = Informal employment (e.g., domestic work, juakali, etc.)            E = Formal employment            F = Government cash transfers            G = Money/support from friends or relatives            H= OTHER (Specify)            _____</p> <hr/> <p>Z = DON'T KNOW</p>
027.	<p>About how much do you spend each month on the following:</p> <p><b>READ EACH OF THE FOLLOWING ITEMS ALOUD AND RECORD THE AMOUNT SPENT PER MONTH.</b></p> <p>(a) Food?            (b) Rent/housing?            (c) Health care/medical bills?            (d) School fees/education?            (e) Clothing?            (f) Transport/fares?            (g) Entertainment?            (h) Other items or issues?</p> <p><b>IF RESPONDENT DOESN'T KNOW AMOUNT SPENT FOR A PARTICULAR ITEM, ENCOURAGE HER/HIM TO TRY AND ESTIMATE THE AMOUNT. IF S/HE STILL DOESN'T KNOW, SELECT 'DON'T KNOW' FOR THAT ITEM.</b></p>	<p>(a) Food: _____ KSH</p> <p><input type="checkbox"/> DON'T KNOW</p> <p>(b) Rent/housing: _____ KSH</p> <p><input type="checkbox"/> DON'T KNOW</p> <p>(c) Health care/medical bills: _____ KSH</p> <p><input type="checkbox"/> DON'T KNOW</p> <p>(d) School fees/education: _____ KSH</p> <p><input type="checkbox"/> DON'T KNOW</p> <p>(e) Clothing: _____ KSH</p> <p><input type="checkbox"/> DON'T KNOW</p>

		<p>(f) Transport/fares: ____ _ , ____ _ KSH</p> <p><input type="checkbox"/> DON'T KNOW</p> <p>(g) Entertainment: ____ _ , ____ _ KSH</p> <p><input type="checkbox"/> DON'T KNOW</p> <p>(h) Other items: ____ _ , ____ _ KSH</p> <p>(Specify: _____ )</p>
028.	Is your household able to save any money?	<p>1=Yes</p> <p>2=No</p>
029.	<p>Do you or any member of your household participate in any income-generating activities?</p> <p><b>(DO NOT PROMPT RESPONDENT. CIRCLE ALL MENTIONED. KEEP ASKING 'Anything else?' UNTIL THE RESPONDENT HAS MENTIONED ALL ACTIVITIES IN WHICH THE HOUSEHOLD PARTICIPATES.)</b></p>	<p>A= Food stuff (cooked, raw, grains)</p> <p>B= Second-hand items</p> <p>C= Other petty trading</p> <p>D= Retail /whole sale shop (grocery)</p> <p>E = Unprocessed milk products</p> <p>F = Butchery/Fish selling</p> <p>G = Other animal products</p> <p>H= Phone shop/repair/phone transfer/Mpesa</p> <p>I = Tailoring</p> <p>J= Crafts /carpentry</p> <p>K= Brewing/brewery</p> <p>L= Transport</p> <p>M= Mechanic</p> <p>N = Electronics repair</p> <p>O =Haircutting/salon</p> <p>P =Agricultural processing</p> <p>Q =Restaurant/ bar/lodging/hotel</p> <p>R= NO PARTICIPATION IN INCOME-GENERATING ACTIVITIES</p> <p>S = Other (specify) _____</p> <p>Z=Don't Know</p>
030.	<p>I would now like to ask you some questions about your household's food.</p> <p>During the last month (four weeks), was your household able to pay for food expenses?</p>	<p>1=Yes</p> <p>2=No</p> <p>98=Don't Know</p>
031.	<p>During the last four weeks, how did your household get food to eat?</p> <p><b>DO NOT READ THE LIST OF RESPONSES TO THE RESPONDENT. MULTIPLE RESPONSES ALLOWED. KEEP ASKING 'Anything else?'</b></p>	<p>A=Crops from the farm</p> <p>B=Livestock outputs</p> <p>C=Livestock Sale</p> <p>D=Employed on a Farm</p> <p>E=Employed doing household chores</p> <p>F=Employed in the private sector</p> <p>G=Employed by the government</p> <p>H=Own business/retailing/selling food</p> <p>I=Rental income (house, equipment, animals)</p> <p>J=Money given by friends or family /donors</p> <p>K=Only relied on food donation</p>

		L=Other (specify): _____ Z=Don't Know
032.	Has the amount your household spends on food changed over the past year?	1=Yes 2=No → <b>SKIP TO Q.34</b> 98=Don't Know → <b>SKIP TO Q.34</b>
033.	Why?  <b>MULTIPLE RESPONSES ALLOWED. RECORD ALL MENTIONED. KEEP ASKING 'Any other reasons?' UNTIL THE RESPONDENT MENTIONS NO OTHER REASONS.</b>	A=Stopped receiving food donations/food support B=Reduced household food stores C=More disposable income D=Food prices went up E=More people live in household now F=Fewer people live in household now G=Harvest produced food; no need to buy H=Received food support I=Food prices went down J=Other: _____ Z=Don't Know
034.	Did your household incur any unexpected household expenses in the last 12 months?  <b>IF RESPONDENT NEEDS EXAMPLES OF WHAT YOU MEAN BY 'UNEXPECTED HOUSEHOLD EXPENSE,' YOU CAN MENTION 'house repair' or 'urgent medical treatment.'</b>	1=Yes 2=No → <b>SKIP TO Q.37</b> 98=Don't Know → <b>SKIP TO Q.37</b>
035.	Was your household able to pay for these expenses?	1=Yes 2=No 98=Don't Know
036.	Thinking about the last time you had an unexpected household expense, how did you cover the costs? <b>DO NOT READ RESPONSES ALOUD. CIRCLE ALL THAT APPLY. KEEP ASKING 'Anything else?'</b>	A=Crops from the farm B=Livestock outputs C=Livestock Sale D=Employed on a Farm E=Employed doing household chores F=Employed in the private sector G=Employed by the government H=Own business/retailing/selling food I=Rental income (house, equipment, animals) J=Money given by friends or family /donors K=Government cash transfer L=Other (specify) _____ Z=Don't Know
037.	Where do members of your household <b>usually</b> go for health care?  <b>(CIRCLE ONLY ONE)</b>  <b>IF RESPONDENT MENTIONS 'PRIVATE HEALTH FACILITY,' PROBE WITH THE FOLLOWING QUESTION:</b>	1= NO WHERE 2=Public health facility 3=Private health facility—free/waived fees 4=Private health facility—pays fees 5= Chemist/pharmacy 6=Religious leaders 7=Traditional healers 8=Other (Specify) _____ 98=Don't Know

	<p><b>“Do you have to pay fees to receive care at that facility, or do you get the services for free?”).</b></p> <p><b>IF FREE, SELECT RESPONSE #3. IF THE HOUSEHOLD HAS TO PAY A FEE, SELECT RESPONSE #4</b></p>	
038.	<p>What are the main ways that your household pays for health care?</p> <p><b>MULTIPLE RESPONSES ALLOWED. CIRCLE ALL MENTIONED. KEEP ASKING ‘Anything else?’ UNTIL THE RESPONDENTS STOPS MENTIONING WAYS.</b></p>	<p>A = DOES NOT SEEK HEALTH CARE  B= CANNOT PAY FOR HEALTH CARE  C = NHIF  D = Medical Insurance  E = Personal/household funds  F = Health fee waivers  G = OTHER (Specify)</p> <hr/>
039.	<p>Has the amount your household spends on healthcare changed over the last year (12 months)?</p>	<p>1=Yes  2=No →<b>SKIP TO Q.41</b>  3=Don’t know →<b>SKIP TO Q.41</b></p>
040.	<p>Why did the amount you spend on healthcare change?</p> <p><b>MULTIPLE RESPONSES ALLOWED. RECORD ALL MENTIONED.</b></p>	<p>A=Household member was sick  B=Household member pregnant/had baby  C=Had to buy drugs  D=Routine check-ups  E=Household member had an accident  F=Other _____  Z=Don’t Know</p>
041.	<p>Did your household incur any <u>school-related expenses</u> in the last 12 months?</p>	<p>1=Yes  2=No →<b>SKIP TO Q.47</b>  98=Don’t Know →<b>SKIP TO Q.47</b></p>
042.	<p>Was your household able to pay for these expenses?</p>	<p>1=Yes  2=No  98=Don’t Know</p>
043.	<p>What are the main ways that your household pays school-related expenses?</p> <p><b>(CIRCLE ALL THAT APPLY. KEEP ASKING ‘Anything else?’)</b></p>	<p>A=Crops from the farm  B=Livestock outputs  C=Livestock Sale  D=School fees support from LIP  E =School fee support from Government (CDF, bursaries, etc)  F=Employed on a Farm  G=Employed doing household chores  H=Employed in the private sector  I=Employed by the government  J=Own business/retailing/selling food  K=Rental income (house, equipment, animals)  L=Money given by friends or family /donors  M=Other (specify)</p> <hr/> <p>N=Don’t Know</p>
044.	<p>Has the amount your household spends on education changed over the last year (12 months)?</p>	<p>1=Yes  2=No →<b>SKIP TO Q.47</b>  98=Don’t Know →<b>SKIP TO Q.47</b></p>
045.	<p>Why did the amount you spend on education change?</p> <p><b>MULTIPLE RESPONSES ALLOWED. RECORD ALL MENTIONED.</b></p>	<p>A=School fees increased →<b>SKIP TO Q.47</b>  B=School requirements, such as: uniforms, school books →<b>SKIP TO Q.47</b>  C=PTA costs or transportation costs increased→<b>SKIP TO Q.47</b>  D=Number of school going members in the household increased  E=Withdrawal of previous support →<b>SKIP TO Q.47</b></p>

	<p><b>IF RESPONDENT MENTIONS NUMBER OF SCHOOL-GOING MEMBERS INCREASED (RESPONSE D), PROCEED TO Q46.</b></p> <p><b>FOR ALL OTHER RESPONSES, PROCEED TO Q47.</b></p>	<p>F=School fees reduced, add other support received→<b>SKIP TO Q.47</b></p> <p>G=PTA costs or transportation costs reduced→<b>SKIP TO Q.47</b></p> <p>H=Number of school going members in the household reduced→<b>SKIP TO Q.47</b></p> <p>I=Support from government/other agencies →<b>SKIP TO Q.47</b></p> <p>J=Other: _____ →<b>SKIP TO Q.47</b></p> <p>Z=Don't Know →<b>SKIP TO Q.47</b></p>
046.	<p><b>ONLY ASK IF RESPONSE TO Q45 WAS D:</b></p> <p>Why did the number of school-going members in your household increase?</p>	<p>1 = Because children living in the household got older (of school-going age)</p> <p>2 = Because brought additional children into the household</p> <p>3 = OTHER (Specify): _____</p>
047.	<p>Approximately how much money did your household spend on making improvements (e.g., home repairs, new furniture) to your home in <u>the last 12 months</u>?</p> <p><b>(IF RESPONDENTS SAYS '0' OR 'NO HOME IMPROVEMENTS, SKIP TO Q.49.</b></p> <p><b>IF THE HOUSEHOLD SPENT MONEY ON IMPROVEMENTS, WRITE THE AMOUNT IN THE SPACE PROVIDED)</b></p>	<p>_____ [Kshs]</p> <p><input type="checkbox"/> <b>NO MONEY SPENT→Q.49</b></p>
048.	<p>How did you pay for those home improvements?</p> <p><b>(CIRCLE ALL MENTIONED. KEEP ASKING 'Anything else?')</b></p>	<p>A = Household savings/salary</p> <p>B = Government cash transfer</p> <p>C = Loan</p> <p>D = Profits from business</p> <p>E = OTHERS (Specify) _____</p>

### Section 3: Knowledge of caregivers involved in family strengthening activities

No.	Questions	Coding Categories
<b>Household income and property</b>		
049.	<p>I would now like to ask your opinion on a few different topics.</p> <p>What income-generating activities are you aware of?</p> <p><b>DO NOT READ RESPONSES ALOUD. CIRCLE ALL THAT APPLY. KEEP ASKING 'Anything else?'</b></p> <p><b>IF THE RESPONDENT PROVIDES ONE RESPONSE ONLY THEN SKIP TO Q.51</b></p>	<p>A=Food stuff (cooked, raw, grains)</p> <p>B= Second-hand items</p> <p>C= Other petty trading</p> <p>D= Retail /whole sale shop (grocery)</p> <p>E= unprocessed Milk products</p> <p>F= Butchery/Fish selling</p> <p>G= Other animal products</p> <p>H= Phone shop/repair/phone transfer/Mpesa</p> <p>I= Tailoring</p> <p>J= Crafts /carpentry</p> <p>K= Brewing/brewery</p> <p>L= Transport</p> <p>M= Mechanic</p> <p>N= Electronics repair</p> <p>O=Haircutting/salon</p> <p>P=Agricultural processing</p> <p>Q=Restaurant/ bar/lodging/hotel</p> <p>R=Other (specify)</p> <p>Z=Don't Know <b>SKIP TO Q.51</b></p>

050.	Which one can bring the most money to this household? <b>SINGLE RESPONSE (CIRCLE ONLY ONE)</b>	1 = Food stuff (cooked, raw, grains) 2 = Second-hand items 3 = Other petty trading 4 = Retail /whole sale shop (grocery) 5 = Unprocessed Milk products 6 = Butchery/Fish selling 7 = Other animal products 8 = Phone shop/repair/phone transfer/ Mpesa 9 = Tailoring 10 = Crafts /carpentry 11 = Brewing/brewery 12 = Transport 13 = Mechanic 14 = Electronics repair 15 =Haircutting/salon 16 =Agricultural processing 17 =Restaurant/ bar/lodging/hotel 18 =Other (Specify): _____ _____ 98=Don't Know
<b>Food security and nutrition</b>		
051.	Are you aware of what foods a household should eat on a daily basis to have a balanced diet?  If YES, can you please tell me what those foods are?  <b>IF RESPONDENT IS NOT AWARE (ANSWERS 'NO' CIRCLE A (DOES NOT KNOW)). MULTIPLE RESPONSES ALLOWED. RECORD ALL MENTIONED. ALL TYPES OF MEAT (SEAFOOD, MUTTON, RED MEAT, CHICKEN, ETC.) ARE CODED IN THE SAME CATEGORY (CATEGORY G)</b>	A=DOES NOT KNOW B= DAIRY PRODUCTS C = FRUITS D = GRAINS (e.g. ugali, maize, rice) E= LEGUMES (e.g., beans, green grams) F = VEGETABLES G = MEAT/CHICKEN/FISH H = OTHER (Specify) _____
052.	Are you aware of any extension services from the Ministry of Agriculture and other ministries such as fisheries and livestock?	1=Yes 2=No→ <b>SKIP TO Q54</b> 98=Don't Know→ <b>SKIP TO Q54</b>
053.	Has your household received any of those services?	1=Yes 2=No 98=Don't Know
054.	Are there any children from this household who are benefiting from feeding programs in school?	1=Yes 2=No 98=Don't Know
<b>Water and Sanitation</b>		
055.	What ways of safe human waste disposal are you aware of? <b>(CIRCLE ALL MENTIONED. KEEP ASKING 'Anything else?')</b>  <b>IF RESPONDENT JUST SAYS 'PIT LATRINE,' ASK THE FOLLOWING: 'Do you cover it</b>	A=Main Sewer B=Septic Tank C=Cess Pool D=Covered Pit Latrine E=Uncovered Pit Latrine F=No Facilities/Bush G=Bucket Latrine H=Other (Specify _____)

	while in use, or only when it is full?" <b>IF RESPONDENT ANSWERS 'When full,' SELECT UNCOVERED PIT LATRINE (Category E)</b>	Z=Don't Know
056.	What sources of safe drinking water are you aware of?  <b>(CIRCLE ALL MENTIONED. KEEP ASKING 'Anything else?')</b>	A=Piped Water B=Public Taps/Stand Pipe C=Protected Well/Borehole D=Unprotected Well/Borehole E=Protected Spring Water F=Unprotected Spring Water G=Rain Water H=Tanker Truck I=Cart With Small Tank J=River / Dam/ Lake/ Pond/ Stream/ Canal K=Bottled Water L=Other (Specify _____) Z=Don't Know
057.	What can a person do to make the water safer to drink?  <b>(CIRCLE ALL MENTIONED. KEEP ASKING 'Anything else?')</b>	A=Boil B=Add Bleach/Chlorine C=Strain Through A Cloth D=Use Water Filter (Ceramic/Sand/Composite) E=Solar Disinfection F=Let It Stand And Settle G=Nothing H=Other (specify): _____ Z=Don't Know
<b>Health Services</b>		
058.	Where can a person go to receive health care services when sick?  <b>CIRCLE ALL MENTIONED. DO NOT PROMPT. KEEP ASKING 'Anything else?'</b>  <b>IF RESPONDENT MENTIONS 'PRIVATE HEALTH FACILITY,' PROBE WITH THE FOLLOWING QUESTION: "Do you have to pay fees to receive care at that facility, or do you get the services for free?").</b>  <b>IF FREE, SELECT RESPONSE #3. IF THE HOUSEHOLD HAS TO PAY A FEE, SELECT RESPONSE #4</b>	1= NO WHERE 2=Public health facility 3=Private health facility—free/waived fees 4=Private health facility—pays fees 5= Chemist/pharmacy 6=Religious leaders 7=Traditional healers 8=Other (Specify): _____  98=Don't Know
059.	How can a household reduce health care costs? <b>CIRCLE ALL MENTIONED. DO NOT PROMPT. KEEP ASKING 'Anything else?'</b>	A=NHIF B=Fee waivers C=Free medical care D=Private health insurance E=Others (specify) _____  Z=Don't Know
060.	How can a household prevent malaria?	A= Sleep under/use mosquito nets B= Insecticide spray

	<b>CIRCLE ALL MENTIONED. DO NOT PROMPT. KEEP ASKING 'Anything else?'</b>	C=Mosquito repellent D=Clearing bushes E=Draining/no standing water F=Other (specify) _____  Z=Don't Know
<b>Protection</b>		
061.	Where can household members access legal protection services when needed? <b>CIRCLE ALL MENTIONED. DO NOT PROMPT. KEEP ASKING 'Anything else?'</b>	A=Police B=Children's department C=Teacher D=Religious leader E=Relative F=NGO/CBO/FBO G=Paralegals H=Chief I=Lawyer J=Others (specify) _____ Z=Don't Know

**Section 4: Knowledge among community members and groups on national child policy/standards and guidelines**

No.	Questions	Coding Categories
062.	Are you aware of any of child rights?	1=Yes 2=No → <b>SKIP TO Q64</b> 98=Don't Know → <b>SKIP TO Q64</b>
063.	What are those rights? <b>(DO NOT PROMPT, BUT KEEP ASKING 'Anything else?' CIRCLE ALL MENTIONED.)</b>	A=Right to protection B=Right to education C=Right to shelter D=Right to health E=Right to participation F=Right to food G=Right to clothing H=Others (Specify _____) Z=Don't Know
064.	I just have two more questions.  Do you believe that physical punishment is a good way of disciplining or controlling a child at home or in school?	1=Yes → <b>END</b>  2=No  98=Don't Know
065.	How do you discipline your child?	A = Talk to the child B = Refuse/deny food C = Lock child outside of the house D = OTHERS (specify): _____

I have come to the end of my questions. Is there anything you would like to add or ask us?

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Thank you for participating in this interview!

066.	END TIME	[ ]:[ ]
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### ANNEX 3: Questionnaire on OVC Aged 0-4 Years

Nilinde OVC Baseline Assessment:

Household Questionnaire on Orphans and Vulnerable Children **Ages 0-4 Years Old**

#### IDENTIFICATION DATA

001.	QUESTIONNAIRE IDENTIFICATION NUMBER	
002.	COUNTY	
003.	SUB-COUNTY	
004.	WARD	
005.	TYPE OF LOCATION	1 = Urban 2 = Rural
006.	HOUSEHOLD NUMBER	
007.	CAREGIVER'S SEX	1=Male 2=Female
008.	CAREGIVER'S AGE	1 = under 18 years 2 = 18-49 years 3 = 50 years and above

#### INTERVIEW LOG

INTERVIEWER COMMENTS		Interview Comment Codes
1 = Interview completed 2 = Respondent refused to be interviewed 3 = Respondent started the interview but did not complete it 4 = Multiple attempts made but respondent was not available to be interviewed 5 = Respondent not capable of giving consent to be interviewed (e.g., mentally ill, too sick, drunk, etc.) 6 = Others (specify)		
009.	INTERVIEWER CODE	
010.	DATE INTERVIEW COMPLETED (day/month/year)	
011.	START TIME OF INTERVIEW	[ ]:[ ]

**CHECKED BY TEAM LEADER: Signature \_\_\_\_\_ Date \_\_\_\_\_**

Comments

#### SECTION 1: BACKGROUND INFORMATION

\*\*\*\*AS A REMINDER, ALL QUESTIONS SHOULD BE POSED TO THE CAREGIVER OF THE CHILD.\*\*\*\*

No.	Questions	Coding Categories	
012.	Record / Confirm Child's Name What is the child's name?		
013.	Record / Confirm Child's Sex	Female Male	1 2
014.	In what month and year was {NAME} born?	Month [ ]	Year [ ] [ ] [ ] [ ]

015.	How old was {NAME} at his/her last birthday?	[ ][ ] years
016.	<p>Before I ask specific questions about [NAME], I would like to ask you about the kinds of services a child under the age of 5 years should receive. What are those services?</p> <p><b>(DO NOT READ THE RESPONSES ALOUD BUT DO KEEP ASKING 'Anything else?' UNTIL THE RESPONDENT CANNOT MENTION ANY MORE SERVICES. RECORD ALL MENTIONED.)</b></p>	<p>A =appropriate family/household based care  B =appropriate housing/shelter  C =received all immunization as per the schedule  D =health care  E =receives proper nutrition/food secure  F =has birth certificate  G =appropriate clothing  H =access to early childhood development  I =receives psychosocial support when appropriate  J =caregiver receives information on OVC care  K= education  L =Others (Specify _____)  Z =Don't Know</p>

**SECTION 2: CHILD HEALTH**

No.	Question	Coding Category																																																	
017.	Do you have a card where [NAME's] vaccinations are written down? <b>IF YES, ASK FOR CARD /MOTHER CHILD BOOKLET</b>	Yes, seen Yes, not seen No Don't know	1 2 → <b>SKIP TO Q19</b> 3 → <b>SKIP TO Q19</b> 98 → <b>SKIP TO Q19</b>																																																
018.	<b>CHECK NAME ON CARD TO MAKE SURE CARD RELATES TO CHILD IN QUESTION. DOCUMENT THE VACCINATIONS RECORDED ON THE CARD. ONLY INCLUDE DOCUMENTED VACCINATIONS HERE.</b>	<table border="1"> <tr> <td data-bbox="799 577 1034 674"></td> <td data-bbox="1034 577 1150 674">Yes, documented</td> <td data-bbox="1150 577 1398 674">No</td> </tr> <tr> <td data-bbox="799 674 1034 730">a) BCG</td> <td data-bbox="1034 674 1150 730">1</td> <td data-bbox="1150 674 1398 730">2</td> </tr> <tr> <td data-bbox="799 730 1034 786">b) OPV 0</td> <td data-bbox="1034 730 1150 786">1</td> <td data-bbox="1150 730 1398 786">2</td> </tr> <tr> <td data-bbox="799 786 1034 842">c) OPV 1</td> <td data-bbox="1034 786 1150 842">1</td> <td data-bbox="1150 786 1398 842">2</td> </tr> <tr> <td data-bbox="799 842 1034 898">d) OPV 2</td> <td data-bbox="1034 842 1150 898">1</td> <td data-bbox="1150 842 1398 898">2</td> </tr> <tr> <td data-bbox="799 898 1034 954">e) OPV 3</td> <td data-bbox="1034 898 1150 954">1</td> <td data-bbox="1150 898 1398 954">2</td> </tr> <tr> <td data-bbox="799 954 1034 1010">f) PENTA 1</td> <td data-bbox="1034 954 1150 1010">1</td> <td data-bbox="1150 954 1398 1010">2</td> </tr> <tr> <td data-bbox="799 1010 1034 1066">g) PENTA 2</td> <td data-bbox="1034 1010 1150 1066">1</td> <td data-bbox="1150 1010 1398 1066">2</td> </tr> <tr> <td data-bbox="799 1066 1034 1122">h) PENTA 3</td> <td data-bbox="1034 1066 1150 1122">1</td> <td data-bbox="1150 1066 1398 1122">2</td> </tr> <tr> <td data-bbox="799 1122 1034 1178">i) PCV 10 (1)</td> <td data-bbox="1034 1122 1150 1178">1</td> <td data-bbox="1150 1122 1398 1178">2</td> </tr> <tr> <td data-bbox="799 1178 1034 1234">j) PCV 10 (2)</td> <td data-bbox="1034 1178 1150 1234">1</td> <td data-bbox="1150 1178 1398 1234">2</td> </tr> <tr> <td data-bbox="799 1234 1034 1290">k) PCV 10 (3)</td> <td data-bbox="1034 1234 1150 1290">1</td> <td data-bbox="1150 1234 1398 1290">2</td> </tr> <tr> <td data-bbox="799 1290 1034 1346">l) Rota 1</td> <td data-bbox="1034 1290 1150 1346">1</td> <td data-bbox="1150 1290 1398 1346">2</td> </tr> <tr> <td data-bbox="799 1346 1034 1402">m) Rota 2</td> <td data-bbox="1034 1346 1150 1402">1</td> <td data-bbox="1150 1346 1398 1402">2</td> </tr> <tr> <td data-bbox="799 1402 1034 1458">n) Measles</td> <td data-bbox="1034 1402 1150 1458">1</td> <td data-bbox="1150 1402 1398 1458">2</td> </tr> <tr> <td data-bbox="799 1458 1034 1552">o) Others (specify)</td> <td data-bbox="1034 1458 1150 1552"></td> <td data-bbox="1150 1458 1398 1552"></td> </tr> </table>		Yes, documented	No	a) BCG	1	2	b) OPV 0	1	2	c) OPV 1	1	2	d) OPV 2	1	2	e) OPV 3	1	2	f) PENTA 1	1	2	g) PENTA 2	1	2	h) PENTA 3	1	2	i) PCV 10 (1)	1	2	j) PCV 10 (2)	1	2	k) PCV 10 (3)	1	2	l) Rota 1	1	2	m) Rota 2	1	2	n) Measles	1	2	o) Others (specify)			
	Yes, documented	No																																																	
a) BCG	1	2																																																	
b) OPV 0	1	2																																																	
c) OPV 1	1	2																																																	
d) OPV 2	1	2																																																	
e) OPV 3	1	2																																																	
f) PENTA 1	1	2																																																	
g) PENTA 2	1	2																																																	
h) PENTA 3	1	2																																																	
i) PCV 10 (1)	1	2																																																	
j) PCV 10 (2)	1	2																																																	
k) PCV 10 (3)	1	2																																																	
l) Rota 1	1	2																																																	
m) Rota 2	1	2																																																	
n) Measles	1	2																																																	
o) Others (specify)																																																			
<p><b>IF THE CHILD HAS A VACCINATION CARD, <u>AND</u> INFORMATION ON ALL VACCINATIONS IS RECORDED ON THE CARD, SKIP TO Q.29.</b></p> <p><b>IF YOU HAVE DOCUMENTED SOME VACCINATIONS FROM THE MCH CARD, BUT THERE ARE GAPS IN THE VACCINATION RECORD, PROBE WITH Qs. 19-28 BELOW.</b></p> <p><b>IF THE CAREGIVER CANNOT PRODUCE A VACCINATION CARD FOR CHILD, READ ALL OF Qs. 19-28 TO PROBE FOR ANY VACCINATIONS RECEIVED.</b></p>																																																			
019.	Has [NAME] received a vaccine against tuberculosis, that is, an injection in the arm that usually causes a scar? (BCG)	Yes No Don't know	1 2 98																																																

<b>020.</b>	Has the child received OPV, which is drops given in the mouth?	Yes No Don't know	1 2→ <b>SKIP TO Q22</b> 98→ <b>SKIP TO Q22</b>
<b>021.</b>	How many times was the OPV vaccine received?	Once Twice Three times Four times Don't know	1 2 3 4 98
<b>022.</b>	Has the child received the PENTAVALENT vaccination, that is, an injection given in the thigh, sometimes at the same time as polio drops?	Yes No Don't know	1 2→ <b>SKIP TO Q24</b> 98→ <b>SKIP TO Q24</b>
<b>023.</b>	How many times was the PENTAVALENT vaccine received?	Once Twice Three times Don't know	1 2 3 98
<b>024.</b>	Has the child received the PCV-10 (pneumonia vaccination), that is, an injection given in the thigh, at the same time as polio drops?	Yes No Don't know	1 2→ <b>SKIP TO Q26</b> 98→ <b>SKIP TO Q26</b>
<b>025.</b>	How many times was the PCV-10 (pneumonia vaccine) received?	Once Twice Three times Don't know	1 2 3 98
<b>026.</b>	Has the child received drops for rotavirus, also referred to as "Rota?" Those drops are given at the same time as polio drops.	Yes No Don't know	1 2→ <b>SKIP TO Q28</b> 98→ <b>SKIP TO Q28</b>
<b>027.</b>	How many times did {NAME} receive rotavirus drops?	Once Twice Don't know	1 2 98
<b>028.</b>	Has the child received a measles injection, that is, a shot in the arm at the age of 9 months or older?	Yes No Don't know	1 2 98

### SECTION 3: HIV TESTING

No.	Question	Coding Categories	
029.	I would now like to change the topic to discuss some other issues. Have you ever heard of HIV, the virus that causes AIDS?	Yes No Don't know	1 2 → <b>SKIP TO Q33</b> 98 → <b>SKIP TO Q33</b>
030.	Do you know your HIV status?	Yes No Don't know	1 2 98
031.	Do you know the HIV status of [NAME]?	Yes No Don't know	1 2 98
032.	Has {NAME} ever been tested for HIV but you did <b>not</b> receive his/her results?	Yes No Don't know	1 2 98

## SECTION 4: FOOD CONSUMPTION

No.	Question	Coding Category			
<b>033.</b>	<p>Now I would like to ask you about liquids or foods (NAME) had yesterday during the day or at night.</p> <p>Did (NAME) drink or eat any of the following?</p> <p><b>READ EACH OF THE ITEMS LISTED IN A-R OUT LOUD TO THE RESPONDENT. RECORD YES OR NO FOR EACH.</b></p>		<b>YES</b>	<b>NO</b>	<b>DK</b>
		A) BREASTMILK.....	1	2	8
		B) PLAIN WATER . . . . .	1	2	8
		C) FORMULA .....	1	2	8
		D) MILK .....	1	2	8
		E) TEA OR COFFEE . . . . .	1	2	8
		F) OTHER LIQUIDS .....	1	2	8
		G) BABYCEREAL .....	1	2	8
		H) PORRIDGE/GRUEL.. . . . .	1	2	8
		I) GRAINS .....	1	2	8
		J) RED/YELLOW VEGETABLES..	1	2	8
		K) ROOTS, TUBERS. . . . .	1	2	8
		L) GREEN/LEAFY VEGETABLES	1	2	8
		M) MANGO, PAWPAW, GUAVA	1	2	8
		N) OTHER FRUITS .....	1	2	8
		O) MEAT, CHICKEN, FISH, EGGS	1	2	8
		P) BEANS, PULSES . . . . .	1	2	8
		Q) SOUR MILK, CHEESE . . . . .	1	2	8
		R) ANY OTHER SOLID/ OR MUSHY FOOD . . . . .	1	2	8
		Z) NOTHING TO EAT. . . . .	1	2	8
<b>034.</b>	Were the foods and liquids that (NAME) ate yesterday typical of what s/he normally eats?	Yes		1	
		No		2	
<b>035.</b>	In the past four weeks, did you have any difficulties providing enough food for [NAME]?	Yes		1	
		No		2	

## SECTION 5: LEGAL PROTECTION

No.	Questions	Coding Categories
036.	Which of the following are applicable to [NAME] <b>(READ THE OPTIONS ALOUD. CIRCLE ONLY ONE.)</b>	Mother and Father alive Mother alive, Father deserted (or survival unknown) Mother alive, Father deceased Father alive, Mother deserted (or survival unknown) Father alive, Mother deceased Both Mother and Father deceased
037.	What is the relationship between you and [NAME]?  <b>DO NOT READ RESPONSES RECORD ONLY ONE</b>	Biological mother Biological father Sister and/or brother Aunt and/or uncle Grandmother and/or Grandfather Other relative Neighbor Friend Other: _____
038.	Does [NAME] have a birth certificate?	Yes No Don't know
039.	Could you please show me [NAME's] birth certificate?	Seen / confirmed Not seen / not confirmed

I have come to the end of my questions. Is there anything you would like to add or ask us?

Thank you for participating in this interview!

040.	END TIME	[ ]:[ ]
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## ANNEX 4: Questionnaire on OVC aged 5–9 Years

Nilinde OVC Baseline Assessment:

Household Questionnaire on Orphans and Vulnerable Children **Ages 5-17 Years Old**

### IDENTIFICATION DATA

001.	QUESTIONNAIRE IDENTIFICATION NUMBER	
002.	COUNTY	
003.	SUB-COUNTY	
004.	WARD	
005.	TYPE OF LOCATION	1 = Urban 2 = Rural
006.	HOUSEHOLD NUMBER	
007.	CAREGIVER'S SEX	1=Male 2=Female
008.	CAREGIVER'S AGE	1 = under 18 years 2 = 18-49 years 3 = 50 years and above

### INTERVIEW LOG

INTERVIEWER COMMENTS		Interview Comment Codes
1 = Interview completed 2 = Respondent refused to be interviewed 3 = Respondent started the interview but did not complete it 4 = Multiple attempts made but respondent was not available to be interviewed 5 = Respondent not capable of giving consent to be interviewed (e.g., mentally ill, too sick, drunk, etc.) 6 = Others (specify)		
009.	INTERVIEWER CODE	
010.	DATE INTERVIEW COMPLETED (day/month/year)	
011.	START TIME OF INTERVIEW	[ ]:[ ]

**CHECKED BY TEAM LEADER: Signature \_\_\_\_\_ Date \_\_\_\_\_**

Comments

### SECTION 1: BACKGROUND INFORMATION

**AS A REMINDER:** → IF THE CHILD IS AGE 5–9 YEARS, INTERVIEW THE CHILD'S CAREGIVER.  
 → IF THE CHILD IS AGE 10–17 YEARS, INTERVIEW THE CHILD DIRECTLY, BUT THE CAREGIVER MUST GIVE CONSENT FOR THE CHILD TO BE INTERVIEWED.

No.	Questions	Coding Categories
012.	<b>Record / Confirm Child's Name</b> What is your name? <b>FOR 5-9 YEARS OLD, POSE QUESTIONS TO CAREGIVER, E.G., "What is the child's name?"</b>	

013.	Record / Confirm Child's Sex	Female Male	1 2
014.	In what month and year were you born? <b>FOR 5-9 YEARS OLD, POSE QUESTIONS TO CAREGIVER, E.G., "In what month and year were NAME born?"</b>	Month [ ][ ]	Year [ ]   [ ]   [ ][ ]
015.	How old were you at your last birthday? <b>FOR 5-9 YEARS OLD, POSE QUESTIONS TO CAREGIVER, E.G., "How old is {NAME}?"</b>	[ ][ ] years	
016.	What kinds of services should a 5-17 year old receive?  <b>(DO NOT READ THE RESPONSES ALOUD. HOWEVER, KEEP ASKING 'Anything else?' UNTIL THE RESPONDENT CANNOT NAME ANY MORE SERVICES. RECORD ALL MENTIONED.)</b>	A =appropriate family/household based care B =appropriate housing/shelter C =received all immunization as per the schedule D =health care E =receives proper nutrition/food secure F =has birth certificate G =appropriate clothing H =access to early childhood development I =receives psychosocial support when appropriate J =caregiver receives information on OVC care K=education L =Others (Specify _____) Z =Don't Know	

## SECTION 2: HIV TESTING

No.	Question	Coding Categories
017.	I would now like to change the topic again to discuss some other issues. Have you ever heard of HIV, the virus that causes AIDS? <b>FOR 5-12 YEARS OLD, POSE Qs 17-19 TO THE CAREGIVER</b>	Yes 1 No 2→ <b>SKIP TO Q.21</b> Don't know 8→ <b>SKIP TO Q.21</b>
018.	Do you know your HIV status?	Yes 1 No 2 Don't know 8
019.	<b>***SKIP THIS QUESTION IF THE CHILD DIRECTLY ANSWERED Q.18***</b>  Do you know the HIV status of [NAME]?	Yes 1 No 2 Don't know 8
020.	Has {NAME} ever been tested for HIV but you did <b>not</b> receive his/her test results?	

## SECTION 3: CHILD EDUCATION

No.	Question	Coding Category	
021.	Have you <u>ever</u> been enrolled in school? <b>FOR 5-9 YEAR OLDS, POSE QUESTIONS TO CAREGIVER, E.G., "Has NAME ever been to school?"</b>	Yes 1 No 2→ <b>SKIP TO Q23</b>	
022.	Are you enrolled in school <u>now</u> ? <b>FOR 5-9 YEAR OLDS: Is {NAME} enrolled in school now?</b>	Yes 1→ <b>SKIP TO Q24</b> No 2	
023.	Why do you NOT go to school?  <b>DO NOT READ RESPONSES ALOUD. MULTIPLE RESPONSES ALLOWED. RECORD ALL MENTIONED. KEEP ASKING 'Any other reason?' UNTIL THE RESPONDENT CAN MENTION NO OTHER REASONS.</b>	No money for school materials, transport..... I am too sick to attend school ..... School is too far away /no school ..... I have to work ..... ..... I have to care for household members ..... Parent/guardian does not want me to go to school ..... ..... I don't like school ..... School was not in session ..... Other: .....  DON'T KNOW .....	A→ <b>SKIP TO Q29</b> B→ <b>SKIP TO Q29</b> C→ <b>SKIP TO Q29</b> D→ <b>SKIP TO Q29</b> E→ <b>SKIP TO Q29</b>  F→ <b>SKIP TO Q29</b> G→ <b>SKIP TO Q29</b> H→ <b>SKIP TO Q29</b>  I→ <b>SKIP TO Q29</b>  Z→ <b>SKIP TO Q29</b>

024.	<p>What class/form are you in <u>now</u>?  <b>FOR 5-9 YEAR OLDS: What class/form is {NAME} in now?</b></p> <p><b>FIRST, CIRCLE THE CORRECT CODE NEXT TO THE CURRENT LEVEL OF SCHOOLING (I.E., PRE-PRIMARY=1, PRIMARY=2, SECONDARY=3). THEN, USE THE SPACE PROVIDED NEXT TO THE RESPONSE TO WRITE THE SPECIFIC CLASS/FORM THE CHILD IS CURRENTLY IN.</b></p>	<p>1..... PRE-PRIMARY (1-3) [           ]</p> <p>2.....PRIMARY (Class 1-8) [           ]</p> <p>3.....SECONDARY (Form 1-4) [           ]</p> <p>8..... DON'T KNOW</p>	
025.	<p>During the last <u>school week</u>, did you miss any school days for any reason?</p>	<p>Yes No</p>	<p>1 2→<b>SKIP TO Q27</b></p>
026.	<p>Why did you miss school days during the last school week?</p> <p><b>DO NOT READ RESPONSES ALOUD. MULTIPLE RESPONSES ALLOWED. KEEP ASKING 'Anything else?' RECORD ALL MENTIONED.</b></p>	<p>No money for school materials, transport...  I am too sick to attend school...  School is too far away / no school...  I have to work...  I have to care for household members...  School was not in session...  I don't like school...  Parent/guardian does not want me to go to school...  Other: _____</p> <p>A B C D E F G H I</p>	
027.	<p>During the <u>last school term</u>, how often did you {NAME} miss school?</p> <p><b>READ RESPONSES ALOUD TO THE RESPONDENT AND CIRCLE ONLY ONE ANSWER.</b></p>	<p>NEVER...  OCCASSIONALLY (MAXIMUM ONCE A MONTH)...  OFTEN (TWO OR MORE TIMES A MONTH)...  DON'T KNOW...</p> <p>1→<b>SKIP TO Q.29</b> 2 3 8</p>	

<p><b>028.</b></p>	<p>What were the main reasons why you missed school last term?</p> <p><b>DO NOT READ RESPONSES ALOUD. MULTIPLE RESPONSES ALLOWED. KEEP ASKING 'Anything else?' RECORD ALL MENTIONED.</b></p>	<p>No money for school materials, transport...</p> <p>Was too sick to attend school...</p> <p>School is too far away / no school...</p> <p>I hade to work...</p> <p>I had to care for household members...</p> <p>School was not in session...</p> <p>I don't like school...</p> <p>Parent/guardian does not want me to go to school...</p> <p>Other: _____</p>	<p>A</p> <p>B</p> <p>C</p> <p>D</p> <p>E</p> <p>F</p> <p>G</p> <p>H</p> <p>I</p>
<p><b>029.</b></p>	<p>IF CHILD HAS NEVER BEEN ENROLLED IN SCHOOL, CIRCLE 3, AND PROCEED TO Q.33. OTHERWISE ASK THE FOLLOWING:</p> <p>Were you enrolled in school during the <b>previous school year</b>?</p>	<p>Yes</p> <p>No</p> <p>NEVER ENROLLED IN SCHOOL</p>	<p>1</p> <p>2→<b>SKIP TO Q31</b></p> <p>3→<b>SKIP TO Q32</b></p>
<p><b>030.</b></p>	<p>What class/form were you in the <u>previous school year</u>?</p> <p><b>FOR 5-9 YEAR OLDS: What class/form was {NAME} in the previous school year?</b></p> <p><b>FIRST, CIRCLE THE CORRECT CODE NEXT TO THE APPROPRIATE LEVEL OF SCHOOLING (I.E., PRE-PRIMARY=1, PRIMARY=2, SECONDARY=3). THEN, USE THE SPACE PROVIDED NEXT TO THE RESPONSE TO WRITE THE SPECIFIC CLASS/FORM THE CHILD WAS IN LAST YEAR.</b></p>	<p>1..... PRE-PRIMARY (1-3) [       ]</p> <p>2.....PRIMARY (Class 1-8) [       ]</p> <p>3.....SECONDARY (Form 1-4) [       ]</p> <p>8..... DON'T KNOW</p>	

<p><b>031.</b></p>	<p>What is the highest class/form that you {NAME} have <u>completed</u>?</p>	<p>1..... PRE-PRIMARY (1-3) [       ]</p> <p>2.....PRIMARY (Class 1-8) [       ]</p> <p>3.....SECONDARY (Form 1-4) [       ]</p> <p>8..... DON'T KNOW</p>	
<p><b>032.</b></p>	<p>Have you been to any vocational institution?</p>	<p>Yes No</p>	<p>1 2→<b>SKIP TO Q34</b></p>
<p><b>033.</b></p>	<p>What vocational or technical skills have you acquired?</p> <p><b>MULTIPLE RESPONSES ALLOWED. CIRCLE ALL MENTIONED.KEEP ASKING 'Anything else?' UNTIL NO OTHER SKILLS ARE MENTIONED.</b></p>	<p>Carpentry   A Masonry    B Mechanics   C Cosmetology   D Tailoring    E Customer care   F Plumbing    G Electrician   H Others specify _____ I</p>	

### SECTION 4: FOOD CONSUMPTION

No	Question	Coding Category			
		YES	NO	DK	
034.	<p>Now I would like to ask you about liquids or foods you ate yesterday during the day or at night.</p> <p>Did you drink or eat any of the following?</p> <p><b>READ EACH OF THE ITEMS LISTED IN A-Z OUT LOUD TO THE RESPONDENT. RECORD YES OR NO FOR EACH.</b></p>	A) PLAIN WATER	1	2	8
		B) MILK	1	2	8
		C) TEA OR COFFEE	1	2	8
		D) OTHER LIQUIDS	1	2	8
		E) PORRIDGE/GRUEL..	1	2	8
		F) GRAINS .....	1	2	8
		G) RED/YELLOW VEGETABLES	1	2	8
		H) ROOTS, TUBERS	1	2	8
		I) GREEN/LEAFY VEGETABLES	1	2	8
		J) MANGO, PAWPAW, GUAVAI	1	2	8
		K) OTHER FRUITS	1	2	8
		L) MEAT, CHICKEN, FISH, EGGS	1	2	8
		M) BEANS, PULSES	1	2	8
		N) SOUR MILK, CHEESE	1	2	8
O) OTHER FOODS	1	2	8		
Z) NOTHING TO EAT	1	2	8		
035.	Were the foods and liquids that you ate yesterday the kinds of things that you normally eat?	Yes		1	
		No		2	
036.	In the past four weeks, did you have any problems getting enough food to eat?	Yes		1	
		No		2	

### SECTION 5: CHORES & WORK

No	Questions	Coding Categories	
037.	<p>I would like to ask about any work that you do ({NAME} does)?</p> <p>Do you (Does {NAME}...) do any work....?</p> <p><b>READ RESPONSES ALOUD TO THE RESPONDENT. CIRCLE ONLY ONE ANSWER.</b></p>	AT HOME ONLY (SUCH AS HOUSEHOLD CHORES)....	1 → SKIP TO Q. 40
		OUTSIDE OF THE HOME ONLY...	2
		<u>BOTH</u> AT HOME AND OUTSIDE THE HOME...	3
		<u>NEITHER</u> AT HOME OR OUTSIDE THE HOME...	4 → SKIP TO Q. 43
		DON'T KNOW...	8 → SKIP TO Q. 43
038.	<p>What kinds of work outside the home do you sometimes do?</p> <p><b>DO NOT READ RESPONSES ALOUD. MULTIPLE RESPONSES POSSIBLE; CIRCLE ALL MENTIONED. KEEP ASKING 'Anything else?'</b></p>	Hawk goods	A
		Sell food at market	B
		Household / farm chores for <u>other</u> families	C
		Work in a restaurant or bar	D
		Help out in shop	E
		Construction	F
		Sewing	G
		Mechanic	H
		Clerk, Delivery, Administrative	I

No	Questions	Coding Categories
	<b>UNTIL NO OTHER JOBS/WORK ARE MENTIONED.</b>	Other: _____ J
039.	How often do you do work <b>outside the home?</b> Would you say....? <b>READ RESPONSE CATEGORIES ALOUD BUT ONLY RECORD ONE ANSWER.</b>	Every day / most days Several times a week Once a week Once in a while 1 2 3 4
040.	About how much time do you spend per day doing this work?	Less than 1 hour 1-2 hours 3-4 hours More than 4 hours It depends / it is different everyday 1 2 3 4 5
041.	Do you usually receive money for any of the work that you do?	Yes No Don't Know 1 2→SKIP TO Q43 8→SKIP TO Q43
042.	What do you do with the money you get? <b>MULTIPLE RESPONSES ALLOWED. Keep prompting Anything else?</b>	Give to parents / guardians Pay for my school expenses Pay for school expenses of others Buy food for myself Buy food for others Buy other things for myself Save it Other: _____ A B C D E F G H

## SECTION 6: LEGAL PROTECTION

No	Questions	Coding Categories
043.	Which of the following apply to your situation?	Mother and Father alive Mother alive, Father deserted (or survival unknown) Mother alive, Father deceased Father alive, Mother deserted (or survival unknown) Father alive, Mother deceased Both Mother and Father deceased 1 2 3 4 5 6 7

044.	<p><b>If the OVC is between ages 5-10 years ask caregiver - what is the relationship between you and this child</b>          If both are deceased, Who takes care of you?  <b>If the respondent is a child older than age 10 years, ASK “What is your relationship with your caregiver/head of the household?”</b>  <b>Do not read responses. Record one primary response only.</b></p>	Biological mother Biological father Sister and/or brother Aunt and/or uncle Grandmother and/or Grandfather Other relative Neighbor Friend No one/self Other: _____	1 2 3 4 5 6 7 8 9 10
045.	Do you have a birth certificate?	Yes No Don't know	1 2→END 88→END
046.	Could you please show me the birth certificate?	Seen / confirmed Not seen / not confirmed	1 2

I have come to the end of my questions. Is there anything you would like to add or ask us?

Thank you for participating in this interview!

<b>043.</b>	END TIME	[ ]:[ ]
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## ANNEX 5: List of Members of the Baseline Assessment Team

No.	Name
<b>Team Leader</b>	
1	Donna Espeut
<b>M&amp;E Specialist</b>	
2	Peter Njuguna
<b>Subject Matter Expert - OVC Specialist</b>	
3	Jack Buong
<b>Sub Team Leaders</b>	
4	Joseph Ochieng (Taita Taveta)
5	Eunice Musembi (Nairobi)
6	Margaret Makumi (Kilifi)
7	Caroline Mramba (Mombasa)
<b>Capacity Assessors/Mappers</b>	
8	Herman Jaoko
9	Grace Jowi-Jobita
10	Immaculate Akello
11	Mercy Anzazi Mwangea
<b>Research Assistants (other regions)</b>	
<b>Kilifi</b>	
12	Anthony Maina Kabutu
13	Grace Njeri Kibathi
14	Magdalene Sidi Ngala
15	Samson Juma
16	Sydney Muteti
17	Salome Wairimu
18	Makona Roselyn Nasambu
19	Abdallah Tsuma
20	Joseph Mbuguah Sitote
21	Linet Pesa Maloba
<b>Mombasa</b>	
22	Dhuka Kitsao Dhuka
23	Kondo Mwanajuma Mohammed
24	Khadija Omar Khamis
25	Salma Hassan Mahamoud
26	Beatrice Torori

<b>Taita Taveta</b>	
27	Joyce Kavemba Mwangangi
28	Kioko Joshua
29	Eric Simwa Sambo Liyai
30	Evelyn Kottonya
31	Kyalo Mukosi Mbindyo
<b>Nairobi</b>	
32	Alice Etori
33	Elizabeth Wanjohi
34	George Ochieng Okuku
35	Mercy Lisangari
36	Michael Ngatia Nyawira
37	Sagire Robi Lucas
38	Beatrice Onyango
39	Douglas Otworu
40	Francis Kamau
41	James Osewe
42	Janet Nankui Harrison
43	Olivia Oywer
44	Pauline Mutisya
45	Josephine Anudo
46	Priscilla Mueni
47	Deborah Sang
48	Mumbua Stellamaris
<b>Translators</b>	
49	Betty Kalama
50	Noni Mumba

## ANNEX 6: LQAS Decision Tables

<b>LQAS Table: Decision Rules for Sample Sizes of 12–30 and Coverage Targets/Average of 10%–95%</b>																		
Sample Size*	<b>Average Coverage (Baselines)/Annual Coverage Target (Monitoring and Evaluation)</b>																	
	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%	65%	70%	75%	80%	85%	90%	95%
12	N/A	N/A	1	1	2	2	3	4	5	5	6	7	7	8	8	9	10	11
13	N/A	N/A	1	1	2	3	3	4	5	6	6	7	8	8	9	10	11	11
14	N/A	N/A	1	1	2	3	4	4	5	6	7	8	8	9	10	11	11	12
15	N/A	N/A	1	2	2	3	4	5	6	6	7	8	9	10	10	11	12	13
16	N/A	N/A	1	2	2	3	4	5	6	7	8	9	9	10	11	12	13	14
17	N/A	N/A	1	2	2	3	4	5	6	7	8	9	10	11	12	13	14	15
18	N/A	N/A	1	2	2	3	5	6	7	8	9	10	11	11	12	13	14	16
19	N/A	N/A	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
20	N/A	N/A	1	2	3	4	5	6	7	8	9	11	12	13	14	15	16	17
21	N/A	N/A	1	2	3	4	5	6	8	9	10	11	12	13	14	16	17	18
22	N/A	N/A	1	2	3	4	5	7	8	9	10	12	13	14	15	16	18	19
23	N/A	N/A	1	2	3	4	6	7	8	10	11	12	13	14	16	17	18	20
24	N/A	N/A	1	2	3	4	6	7	9	10	11	13	14	15	16	18	19	21
25	N/A	1	2	2	4	5	6	8	9	10	12	13	14	16	17	18	20	21
26	N/A	1	2	3	4	5	6	8	9	11	12	14	15	16	18	19	21	22
27	N/A	1	2	3	4	5	7	8	10	11	13	14	15	17	18	20	21	23
28	N/A	1	2	3	4	5	7	8	10	12	13	15	16	18	19	21	22	24
29	N/A	1	2	3	4	5	7	9	10	12	13	15	17	18	20	21	23	25
30	N/A	1	2	3	4	5	7	9	11	12	14	16	17	19	20	22	24	26

N/A: *Not applicable*, meaning LQAS can not be used in this assessment because the coverage is either too low or too high to assess an SA. This table assumes the lower threshold is 30 percentage points below the upper threshold.

- : Lighter shaded cells indicate where *alpha* or *beta* errors are  $\geq 10\%$ .
- : Darker shaded cells indicate where *alpha* or *beta* errors are  $> 15\%$ .

## ANNEX 7: List of Participants, Mombasa/Coast OVC Stakeholders Meeting

NILINDE: DISSEMINATION ATTENDANCE LIST – COAST

June 2, 2016

Bliss Resort, Mombasa

#	Name	Work Position	Organization/Department
1.	Robert Thuku	Voi Children's Officer II	Children's Department Voi
2.	Alice Kijala	Project Manager - OVC MSA and Malindi	AMURT
3.	Caroline Mramba	Consultant	IBTCI/ESPS
4.	Michelle Ell	DCOP	Plan International
5.	Yvonne Mwenda	Program Support Officer	Plan International
6.	Chrispine Kiridia	OVC Coordinator	CARITAS
7.	Felix Thyaka	Accountant	CARITAS
8.	Zubeda Salim	Program Officer	Plan International
9.	Mwasiwa Boga	County Council for Children's Services	DCS – Taita Taveta
10.	Rosemary Migiro	County Coordinator	Plan International
11.	Maurice Tsuma	County Council for Children's Services	DCS - Kilifi
12.	Sheikh Aziz	Chairman	C.I.P.K
13.	Elizabeth Mbuka	County Council for Children's Services	DCS - Mombasa
14.	Maxwell Titima	Sub-County Children's Officer Lamu West	DCS
15.	Peter Ndolo	Sub-County Children's Officer Lamu East	DCS
16.	Gilbert Aluoch	M&E Advisor	Plan International
17.	Steve Ingabo	HESTL	Plan International
18.	Silas C. Simiyu	Program Coordinator	CIPK – Taita
19.	Alex Masibo	Senior Technical Advisor	Plan International
20.	Erick K. Ngure	Program Officer	Kwetu Training Centre
21.	Ezekiel Kodonde	Program Coordinator	WOFAK
22.	Joram Oranga	M&E Officer	WOFAK
23.	Noel Mkindi	County Coordinator	Plan International
24.	Valentine Maole	SCCO	Children Department
25.	Rosephilis Kanyotu	Social Development Officer, DCS	Department of Children Services
26.	Said Abdu	Accounts	CIPK
27.	Patrick M. Kinyae	Njukini Treasurer	Njukini CU
28.	George Migosi	Lamu DCS	Lamu
29.	George Ouma Coordinator	RPC	Deutsche Stiftung Weltbevoelkerung (DSW)
30.	Sammy Korir	SCCO	DCS Malindi
31.	Naomi Kazungu	Children Officer	Children's
32.	James Chebon	Children Officer – Kisauni	DCS
33.	Sebastian Muteti	Children's Officer - Magarini	DCS
34.	Bramuel Mwendwa	Accounts and Admin	Taveta
35.	Mwakale Mumbo	Children's Officer - Changambwe	DCS
36.	Mgandi Ndurya	Children Officer – Taveta	DCS
37.	Shiateya Nkara	Manager P&P	DSW – Kenya
38.	Kate Vorley	COP NILINDE	Plan International

39.	Maina Kennedy Kuria	SCCO – Kaloleni/Rabai	DCS
40.	Dr. George Kamau	Country Director	DSW Kenya
41.	Daniel Mbogo	SCCO - Ganze	DCS
42.	Mercy Marende	Project Officer	Kwetu Training Centre
43.	Caroline Achami	SCCO Kilifi	DCS
44.	Rahab Wambui	SCCO - Mvita	DCS
45.	Kinyili Kingola	CHU	Njukini CU
46.	Paul Mwai	Senior M&E Advisor	IBTCI/ESPS
47.	Dr. Maxwell Omondi	Public Health Specialist	IBTCI/ESPS
48.	Donna Espeut	Consultant Team Leader	IBTCI/ESPS
49.	Peter Mwaura	Consultant	IBTCI/ESPS
50.	Jack Buong	Consultant	IBTCI/ESPS

## ANNEX 8: List of Participants, Nairobi OVC Stakeholders Meeting

#	Name	Work Position	Organization/ Department
1	Zebedee Mkala	Team Head, Health Social Services	Plan International NILINDE
2	Ngata Wainaina	Director	Children Hope Foundation
3	Dorcas Anupi	Project Coordinator	Beacon of Hope
4	Sam – Dennis Mwangi	Children’s Office	DCS - Embakasi
5	Sandra Kangai	Program Support Officer	Plan International – NILINDE
6	Alex Masibo	Senior Technical Advisor	Plan International
7	Peter Njuguna	Director	St. John’s Children Centre
8	Rosalia Makau	Project Coordinator	Community Implementing Initiative
9	Frank Oshea	Director	Reuben Center
10	Hellen Mafumbo	Children Officer – Makadara	DCS
11	Mr. Nyamumbo Sese	Deputy County Commissioner - Kibra	Kibra sub-county
12	Mercy Mukeni	Director	IECE
13	Eve Oswere	Finance	Youth Development Forum
14	Jerusha Chege	County Coordinator	Plan International NILINDE
15	Susan Anjichi	County Coordinator	Plan International NILINDE
16	Steve Ingabo	HESTL	Plan International
17	Rosinah Nthenya	M&EC	Plan International
18	Roselyn Nyakundi	Project Lead	Hope worldwide Kenya
19	Phelix Rapando	ESO	Plan International
20	Dennis O. Okello	County Coordinator	Plan International
21	Beth Njoroge	Children Officer	DCS – Embakasi
22	Dr. Maxwell Omondi	Public Health Specialist	IBTCI/ESPS
23	Comfort Karimi	Children Officer	Children’s Department
24	Hesboners Luke	MSE	Deaf Empowerment Kenya
25	Eunice Moraa	SCCO - Langata	DCS
26	Judy Wachira	SCCO - Dagoretti	DCS
27	Teddy Oracha	Program Coordinator	Mukuru Child Wellness Center
28	Edith Nyambura	M&E	Kenya Network of Women with Aids
29	Dr. E. Kinyanjui	Technical Director	AMURT
30	Dr. Jitendra Kumar	Executive Director	AMURT
31	Lilian Seii DOI	ACCI - Njiru	
32	Philip Nyakwana	Program Manager	Movement of Men Against Aids in Kenya
33	Raphael Okoth Opondo	Sub-county Clerk	Ministry of Interior
34	Mr. Phillip Lemalasia	Deputy County Commissioner	Langata sub-county
35	Nellie Wambui Kinyati	Program Manager	Kadamwa CBO
36	Edward Murungi	Program Officer	Kenya Network of Women with Aids
37	Jane Wathome	Executive Director	Beacon of Hope
38	Steven Samba	Program Director	Youth Initiatives Kenya
39	David Kitavi	CEO	Youth Development Forum

<b>40</b>	Valerie Ndege	Program Manager	Mother2Mothers
<b>41</b>	Bernadette Mwangi	SCCO - Njiru	DCS
<b>42</b>	Rose Mokaya	Specialist	USAID K
<b>43</b>	Emily Kimanzi	SCCO – Kamukunji	DCS
<b>44</b>	Alice Hamisi	Program Coordinator	RIDA
<b>45</b>	Paul Mwai	M&E Advisor	IBTCI/ESPS
<b>46</b>	Donna Espeut	Consultant Team Leader	IBTCI/ESPS
<b>47</b>	Peter Mwaura	Consultant	IBTCI/ESPS
<b>48</b>	Jack Buong	Consultant	IBTCI/ESPS
<b>49</b>	Cyndi Scarlett	Chief of Party	IBTCI/ESPS
<b>52</b>	Rosemary Were	Program Support Manager	IBTCI/ESPS

## ANNEX 9: Informed Consent Statement in English

### INFORMED CONSENT STATEMENT FOR HOUSEHOLD SURVEY

*(Must be read for all respondents)*

Good day. My name is \_\_\_\_\_, and we are conducting an assessment for a project that aims to strengthen how communities and organizations address the needs of orphans and vulnerable children and their families. The project is being implemented in collaboration with the Government of Kenya, USAID and other stakeholders. The purpose of our assessment is to learn more about the types of services needed, ways to strengthen household access to support services, and ways to strengthen some of the organizations that are serving your community.

You were selected to provide information because you represent an important part of the community. Any information you share is strictly confidential. Your name will never be released with any of the findings, and the information you share will NOT have a negative effect on your access to services in the future. This interview is voluntary, and you have the right to withdraw from the interview at any point without consequences.

You will NOT be paid to participate in this interview. However, because we believe your views are important, we hope that you will answer all of the questions I will ask. As part of the interview, I will be asking some very personal questions. Please be as honest as possible because this will help us better understand how the Government of Kenya and community organization can improve the access and quality of support services to households and children in need.

At this time, do you have any questions? Are you willing to participate in this study?

YES	→	<b>PROCEED</b> with data collection.
NO	→	Thank the person. <b>DO NOT PROCEED</b> . Select the next eligible respondent.

Interviewee signature

---

Interviewer signature

---

DATE (DD/MM/YYYY):

---

Note the Record No. for the interview: \_\_\_\_\_

## ANNEX 10: Informed Consent Statement in Kiswahili

### KAULI YA KUTOA IDHINI YA KUSHIRIKI KATIKA UTAFITI

(Lazima isomwe na watu wote wanaohojiwa, bila kuzingatia mbinu ya ukusanyaji wa data)  
Hujambo. Jina langu ni \_\_\_\_\_, na tunafanya tathmini ya mradi ambao lengo lake ni kuimarisha vile jamii na mashirika tofauti yanovyo shughulikia mahitaji ya watoto yatima na wale wasioweza kujikimu na jamii zao. Mradi huu unafanywa kwa ushirikiano wa serikali ya Kenya, USAID na wadau wengine. Madhumuni ya tathmini hii ni kujua aina ya huduma zinazohitajika. Njia za huduma saidizi na njia za kuboresha mashirika ambayo yana hudumu katika jamii yenu.

Umechaguliwa ili utoe maelezo kwa sababu unawakilisha maoni muhimu ambayo tunahitaji kuzingatia katika tathmini hii. Maelezo yoyote utakayoyatoa yatakuwa ni ya siri. Jina lako halitawahi kuonyeshwa wakati wowote ambapo matokeo yatachapishwa, na habari utakazozitoa hazitaathiri uwezo wako wa kupata huduma siku zijazo. Mahojiano haya ni ya hiari, na una uhuru wa kujiondoa kwenye mahojiano wakati wowote ule bila kuathiriwa kwa vyovyote vile.

Hutalipwa ili kushiriki katika mahojiano haya. Hata hivyo, kwa kuwa tunaamini kuwa maoni yako ni muhimu, tunatumaini kwamba utajibu maswali yote nitakayokuuliza. Katika sehemu ya mahojiano, nitakuuliza maswali kadhaa ya kibinafsi sana. Tafadhali sema ukweli kwa kiwango cha juu iwezekanavyo, kwa sababu hii itatuwezesha kuelewa vizuri jinsi Serikali ya Kenya, jamii na mashirika tofauti inaweza kuboresha upatikanaji na ubora wa huduma saidizi kwa familia na watoto wenye mahitaji.

Sasa, je, una maswali yoyote? Je, uko tayari kushiriki katika utafiti huu?

NDIYO	→	<b>ENDELEA</b> na ukusanyaji wa data.
LA	→	Mshukuru anayehojiwa. <b>USIENDELEE.</b> Chagua mtu mwingine anayefaa.

Sahihi ya anayehojiwa \_\_\_\_\_

Sahihi ya anayeuuliza maswali \_\_\_\_\_

TAREHE:(SIKI/MWEZI/MWAKA): \_\_\_\_\_

Andika Nambari ya Rekodi ambayo itaandikwa kwenye zana ya mahojiano: \_\_\_\_\_

## ANNEX II: Weighted Data Tables

### Household Characteristics

#### Household Drinking Water

**Table I:** Percent distribution of households and de jure population by source of drinking water and time to obtain drinking water, according to County

Background characteristic	Nairobi		Mombasa		Kilifi		Taita Taveta	
	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
Improved facilities	67.5		74.4		2.7	29.7	0.0	52.9
Flushed to piped sewer system	24.3		2.6		0.0		0.0	
Flush to septic tank	8.1		2.6				0.0	
Flush to pit Latrine	2.7		10.3		0.0	2.7		14.7
Ventilated improved Pit latrine	2.7		5.1		0.0	5.4		0.0
Pit latrine with a slab	27.0		53.8		2.7	21.6	0.0	35.4
Compositing Toilet	2.7		0.0			0.0		2.9
Non-Improved Facilities	32.4		25.6		0.0	67.5	2.9	44.0
Flush to somewhere else	8.1		0.0		0.0		0.0	
Flush don't know where	5.4		0.0		0.0		0.0	
Pit latrine without slab/open pit	10.8		17.9		0.0	27.0	2.9	38.2
Bucket toilet	0.0		0.0		0.0		0.0	
Hanging toilet	0.0		0.0		0.0	2.7	0.0	
No facility/bush/field	2.7		7.7		0.0	37.8	0.0	2.9
Other ways	5.4		0.0		0.0	00.0	0.0	2.9

## Household Sanitation Facilities

Table: Household Sanitation facilities

**Table 2:** Percent distribution of households and de jure population by type of toilet/latrine facilities, according to residence

Background characteristic	Nairobi		Mombasa		Kilifi		Taita Taveta	
	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
Improved facilities	67.5		74.4		2.7	29.7	0.0	52.9
Flushed to piped sewer system	24.3		2.6		0.0		0.0	
Flush to septic tank	8.1		2.6				0.0	
Flush to pit Latrine	2.7		10.3		0.0	2.7		14.7
Ventilated improved Pit latrine	2.7		5.1		0.0	5.4		0.0
Pit latrine with a slab	27.0		53.8		2.7	21.6	0.0	35.4
Compositing Toilet	2.7		0.0			0.0		2.9
Non-Improved Facilities	32.4		25.6		0.0	67.5	2.9	44.0
Flush to somewhere else	8.1		0.0		0.0		0.0	
Flush don't know where	5.4		0.0		0.0		0.0	
Pit latrine without slab/open pit	10.8		17.9		0.0	27.0	2.9	38.2
Bucket toilet	0.0		0.0		0.0		0.0	
Hanging toilet	0.0		0.0		0.0	2.7	0.0	
No facility/bush/field	2.7		7.7		0.0	37.8	0.0	2.9
Other ways	5.4		0.0		0.0	00.0	0.0	2.9

**Basic aspects of housing**

**Table 3a:** Percent distribution of households by housing characteristics, according to residence (Nairobi, Mombasa, Kilifi and, Taita Taveta)

Housing characteristic	County			
	Nairobi	Mombasa	Kilifi	Taita Taveta
Flooring material				
Earth/sand/dung	21.1	36.8	86.8	85.7
Wood planks	0.0	0.0	0.0	0.0
Parquet or polished wood	0.0	0.0	0.0	0.0
Vinyl (PVC)	0.0	2.6	0.0	0.0
Ceramic/terrazzo tiles	2.6	0.0	0.0	0.0
Concrete Cement	65.8	47.4	10.5	8.6
Not Observed	10.5	5.3	2.6	5.7
Other	0.0	7.9	0.0	0.0
Total	100	100	100	100
Roof material				
No roof	0.0	0.0	0.0	0.0
Thatch/palm leaf	0.0	7.9	52.6	0.3
Plastic/Polythene	0.0	0.0	0.0	0.0
Wood Planks	0.8	0.0	0.0	0.0
Cardboard	0.0	0.0	0.0	0.0
Metal/iron sheets	86.5	86.8	44.7	93.9
Asbestos	0.0	0.0	0.0	0.3
Cement	5.4	1.1	0.0	0.0
Not Observed	8.1	5.3	2.6	3.0
Other	0.0	0.0	0.0	0.0
Main Wall material				
No walls	0.0	0.0	0.0	0.0
Cane/palm/trunks	0.0	0.0	0.0	0.0
Mud	10.8	17.5	81.1	50.0
Bamboo	0.0	0.0	0.0	0.0
Stone with Mud	13.5	25.0	5.4	16.7
Plywood	0.0	0.0	0.0	0.0
Cardboard	1.0	0.0	0.0	0.0
Cartoons/polythene	1.0	0.0	0.0	0.0
Wood	0.0	0.0	0.0	0.0
Cement	8.1	20.0	2.7	5.6
Stone with cement	16.2	30.0	8.1	2.8
Bricks	0.0	2.5	0.0	14.7
Iron Sheets	43.2	0.0	0.0	2.8
Not observed	8.1	5.0	2.7	2.8
Other	0.0	0.0	0.0	0.0

## Household Possessions

**Table 3b:** Percentage of households possessing various household effects, means of transportation, agricultural land, and farm animals, by Counties

Possessions	County			
	Nairobi	Mombasa	Kilifi	Taita Taveta
<b>Household effects</b>				
Electricity	84.2	31.6	2.6	5.7
Solar Panel	2.6	2.6	5.3	8.6
Radio	36.8	28.9	15.8	48.6
Television	50.0	26.3	2.9	5.7
Mobile telephone	89.5	89.5	71.1	80.0
Fixed-line telephone	0.0	0.0	0.0	0.0
Refrigerator	2.6	2.6	0.0	0.0
Sewing machine	3.4	0.0	2.2	2.0
Plough	0.0	0.0	2.2	2.1
Grain grinder	0.0	0.0	7.6	0.0
<b>Means of transport</b>				
Bicycle	5.3	2.6	15.8	17.1
Animal-drawn cart	0.0	0.0	2.6	0.0
Motorcycle	0.0	0.0	2.6	0.6
Vehicle	5.3	2.6	15.8	17.1
Boat with a motor	0.0	0.0	0.0	0.0
Canoe	0.0	0.0	0.0	0.0
<b>Land ownership</b>				
Ownership of Agricultural land	28.9	18.4	63.2	85.7
Average Acres (Acres)	1.3	2.1	2.2	2.0
<b>Ownership of farm animal</b>				
Traditional cattle	3.2	0.0	15.1	27.1
Dairy Cattle	2.1	0.0	0.0	4.7
Beef cattle	0.0	0.0	0.0	0.0
Donkey/mules	0.0	0.0	0.0	0.0
Goats	4.1	4.7	33.6	40.1
Sheep	0.0	0.0	2.6	9.0
Pigs	0.0	0.0	0.0	0.0
Chickens	16.3	13.1	52.9	72.3
Other poultry	0.0	3.7	10.6	8.4
Other livestock	0.0	0.0	0.0	3.6

**Population Surveyed by Age, Sex, County**

**Table 4:** Percent distribution of the household population surveyed by three-year age groups, according to sex and residence

Age	County			
	Nairo	Mombasas	Kilifi	Taita Taveta
<b>OVCs interviewed</b>				
5-9 years	42.1	44.4	31.6	42.1
10-17	57.9	55.6	68.4	57.9
<b>Caregivers Age</b>				
<18	0.0	0.0	0.0	5.6
18-49	81.6	81.6	76.3	60.0
>50 years	18.4	18.4	26.7	40.0
<b>Sex of caregiver interviewed</b>				
Male	8.7	12.9	9.5	12.9
Female	91.3	87.1	90.5	87.1

**Output I: Increased access to health and social services for OVC and their families**

Output I: Illustrative Performance Indicators:

**Percent of OVC school enrolment (by county)**

**Table 5:** Percentage of children enrolled in school for school-aged children by background characteristics

Background characteristic	Nairobi	Mombasa	Kilifi	Taita Taveta
<b>OVCs enrolled by Age</b>				
5-9	100.0	100.0	100.0	75.0
10-17	91.7	100.0	92.3	100.0
Total	100.0	100.0		100.0
<b>OVCs enrolled by Sex</b>				
<b>Female</b>				
Yes	88.9	91.7	100.0	90.0
<b>Male</b>				
Yes	100.0	100.0	90.9	88.9

**Table 6:** Percentage of OVCs attending school by County, Sex and Age

	County			
Characteristics	Nairobi	Mombasa	Kilifi	Taita Taveta
During the last school week did you miss any school days				
Yes	33.3	22.2	44.4	29.4
No	66.7	77.8	55.6	70.6
OVCs Attending schools by sex				
Female	66.7	75	50	77.8
Male	60	71.4	50	71.4
OVCs Attending schools by age				
5-9 years	71.4	75	50	83.3
10-17 years	63.6	80	58.3	72.7
During the last school term how often did you miss school?				
Never	33.3	47.4	27.8	70.6
Occasionally	38.9	36.8	38.9	17.6
Often	27.8	15.8	33.3	11.8

## Number of OVC who have progressed in school over time (by county)

**Table 7.** Percentage grade progression for school-aged children who attended school in the previous year by background characteristics

Background characteristic	Nairobi	Mombasa	Kilifi	Taita Taveta
<b>Enrolled in school previous year</b>				
Yes	94.7	73.7	94.7	100.0
No	5.3	26.3	5.3	0.0
Never enrolled	0.0	0.0	0.0	0.0
<b>What class/form are in now</b>				
Pre-Primary (1-3)	11.1	22.0	17.6	11.8
Primary (1-8)	66.7	72.2	76.5	76.5
Secondary (Form 1-4)	22.2	5.6	5.9	11.8
Don't know	0.0	0.0	0.0	0.0
<b>What class/form were you in the previous year</b>				
Pre-Primary (1-3)	22.2	20.0	22.2	15.8
Primary (1-8)	66.7	73.3	72.2	78.9
Secondary (Form 1-4)	11.1	6.7	5.6	5.3
Don't know	0.0	0.0	0.0	0.0
<b>Highest class/form completed</b>				
Pre-Primary (1-3)	21.1	31.6	26.3	26.3
Primary (1-8)	63.2	63.2	63.2	68.4
Secondary (Form 1-4)	15.8	5.3	5.3	5.3
Don't know	0.0	0.0	5.3	0.0
<b>OVCs who have progressed over time</b>				
Boys progressed in grade	75.0	77.8	62.5	77.8
Girls progressed in grade	70.0	60.0	70.0	71.4
Average progression in grade	72.2	76.9	68.8	76.5
<b>Education Level</b>				
Primary	71.4	75.0	66.7	73.3
Secondary	100	100	100	100

## Number of older OVC who have acquired vocational and technical skills (by county)

**Table 8:** Percentage of OVC 5-17 years that have acquired vocational and technical skills, by county (Unweighted data)

Background	Nairobi	Mombasa	Kilifi	Taita Taveta
Acquired vocational and technical skills				
Yes	4.3	2.1	2.1	3.2
Vocational by Sex				
Female	3.2	1.8	1.1	2.0
Male	5.3	2.6	3.0	4.5

**Table 9:** Percentage of OVC 5-17 years that have acquired vocational and technical skills, by county (Weighted data)

Background	Nairobi	Mombasa	Kilifi	Taita Taveta
Acquired vocational and technical skills				
Yes	5.3	0.0	0.0	5.3
No	94.7	100.0	100.0	94.7
Vocational by Sex				
Female	0.0	0.0	0.0	0.0
Male	0.0	0.0	0.0	11.1
By Age				
5-9	0.0	0.0	0.0	0.0
10-17	0.0	0.0	0.0	11.1

**Percent of children under five fully immunized (by OVC, and by county).**

Tabulation of the immunization data based on the KDHS format. (The data are based on the Vaccination card)

**Table 10:** Percentage of children age 0-59 months who received specific vaccines at any time before the survey (according to a vaccination card), and percentage with a vaccination card, by background characteristics

County	BCG	DPT-HepB-HIB			Polio				Measles	All Basic vaccinations	Pneumococcal			Fully Vaccinated	No vaccinations	Percentage with a vaccination card Seen
		1	2	3	0	1	2	3			1	2	3			
<b>County</b>																
Nairobi	55.0	55.0	52.4	50.0	55	55	52.4	50	40	38.1	55.0	50.0	50.0	36.8	47.4	57.1
Mombasa	68.4	68.4	68.4	68.4	68.4	68.4	68.4	68.4	63.2	57.9	68.4	68.4	31.6	61.1	33.3	72.2
Kilifi	63.2	57.9	63.2	63.2	57.9	63.2	57.9	63.2	57.9	52.6	57.9	57.9	42.1	52.6	36.8	63.2
Taita Taveta	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	43.8	43.8	50.0	50.0	50.0	43.8	50	53.3
<b>Sex</b>																
<b>Nairobi</b>																
Male	54.5	54.4	45.5	45.5	54.5	54.5	45.5	45.5	36.4	27.3	50	45.5	45.5	30	50	54.5
Female	55.6	55.6	55.6	55.6	55.6	55.6	55.6	55.6	44.4	44.4	55.6	55.6	55.6	44.4	44.4	55.6
<b>Mombasa</b>																
Male	66.7	62.5	62.5	62.5	62.5	62.5	62.5	62.5	62.5	62.5	62.5	62.5	62.5	62.5	37.5	66.7
Female	72.7	72.7	72.7	70	70	72.7	70	72.7	63.6	60	72.7	72.7	70	60	30	72.7
<b>Kilifi</b>																
Male	60	60	60	60	60	60	60	60	56.6	50	55.6	55.6	55.6	50	40	66.7
Female	66.7	60	60	60	66.7	60	60	60	55.6	55.6	60	60	60	55.6	33.3	60
<b>Taita Taveta</b>																
Male	57.1	57.1	57.1	57.1	57.1	57.1	57.1	57.1	50	50	57.1	57.1	57.1	50	50	66.7
Female	44.4	50	44.4	44.4	44.4	50	44.4	44.4	40	44.4	50	44.4	44.4	44.4	55.6	50

Data are based on the caregivers report

**Percentage of children age 0-59 months who received specific vaccines at any time before the survey (Based on the two vaccination sources)**

**Table II:** Percentage of children age 0-59 months who received specific vaccines at any time before the survey (according to the mother's report)

	BCG	DPT-HepB-HIB			Polio			Measles	All Basic vaccinations	Pneumococcal			Fully Vaccinated	
		1	2	3	0	1	2			3	1	2		3
<b>County</b>														
Nairobi	55.0	55.0	52.4	50.0	55	55	52.4	50	40	38.1	55.0	50.0	50.0	31.6
Mombasa	68.4	68.4	68.4	68.4	68.4	68	68.4	68.4	63.2	57.9	68.4	68.4	31.6	57.6
Kilifi	63.2	57.9	63.2	63.2	57.9	63	57.9	63.2	57.9	52.6	57.9	57.9	42.1	52.6
Taita Taveta	50.0	50.0	50.0	50.0	50.0	50.0	50.0	50.0	43.8	43.8	50.0	50.0	50.0	43.8
<b>Sex</b>														
<b>Nairobi</b>														
Male	54.5	54.4	45.5	45.5	54.5	55	45.5	45.5	36.4	27.3	50	45.5	46	30
Female	55.6	55.6	55.6	55.6	55.6	56	55.6	55.6	44.4	44.4	55.6	55.6	56	44.4
<b>Mombasa</b>														
Male	66.7	62.5	62.5	62.5	62.5	63	62.5	62.5	62.5	62.5	62.5	62.5	63	62.5
Female	72.7	72.7	72.7	70	70	73	70	72.7	63.6	60	72.7	72.7	70	60
<b>Kilifi</b>														
Male	60	60	60	60	60	60	60	60	56.6	50	55.6	55.6	56	50
Female	66.7	60	60	60	66.7	60	60	60	55.6	55.6	60	60	60	55.6
<b>Taita Taveta</b>														
Male	57.1	57.1	57.1	57.1	57.1	57	57.1	57.1	50	50	57.1	57.1	57	50
Female	44.4	50	44.4	44.4	44.4	50	44.4	44.4	40	44.4	50	44.4	44	44.4

**Proportion of OVC tested for HIV and status known by child/and or caregiver (by county)**

**Table 12:** Coverage of Prior HIV Testing among Children Aged 5-17 Years

Background characteristic	Nairobi	Mombasa	Kilifi	Taita Taveta
Ever heard of HIV AIDS	100	100	90	94.7
Sex				
Male	100	100	100	100
Female	100	100	100	90.9
Known HIV status for the caregiver	78.9	83.3	66.7	88.9
Sex				
Male	80	71.4	70	87.5
Female	77.8	90.9	75	90
Known HIV status of the OVC	55.6	61.1	44.4	72.2
Sex				
Male	60	57.1	44.4	71.4
Female	55.6	63.6	57.1	77.8
OVC tested but did not receive the result	5.3	5.6	11.8	27.8
Sex				
Male	10	0	10	37.5
Female	11.1	0	12.5	22.2

**Percent of children with legal documents (by county)**

**Table 13:** Children's Living Arrangements and Orphan hood

		Nairobi		Mombasa		Kilifi		Taita Taveta	
		0-4	5-17	0-4	5-17	0-4	5-17	0-4	5-17
Living with both parents		36.8	20.0	50.0	44.4	40.0	27.8	31.3	15.8
Living with mother	Father deserted	42.1	25.0	30.0	16.7	10.0	5.6	31.3	21.1
	Father dead	15.8	25.0	10.0	22.2	40.0	55.6	18.8	31.6
Living with father but	Mother deserted	0.0	0.0	0.5	0.0	0.0	0.0	0.0	5.3
	Mother dead	0.0	10.0	5.0	5.6	5.0	5.6	12.5	10.5
Both dead	Mother and father deceased	5.3	20.0	0.0	11.1	5.0	5.6	6.3	15.8
Primary caregiver of double orphan	Sister/brother	0.0	0.0	0.0	0.0	0.0	5.6	0.0	0.0
	Aunt/uncle	10.0	15.8	0.0	5.3	5.3	5.6	12.5	16.7
	Grandmother/father	20.0	15.8	15.8	15.8	15.8	1.1	37.5	38.9
	Other relative	0.0	5.3	0.0	5.3	0.0	0.0	0.0	0.0
	Friend	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	No one /self	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Do you have birth certificate		30.0	55.6	31.6	52.6	10.5	26.3	56.3	73.7

**Output 2: Capacity of households and communities strengthened to protect and care for OVC**

*Output 2 Illustrative Performance Indicators*

**Table 14:** Percent of OVC households able to access money to meet basic needs (by county)

County				
Expenses	Nairobi	Mombasa	Kilifi	Taita Taveta
During the last 4 weeks was the household able to pay for food expenses				
Yes	55.3	68.4	60.5	65.7
Did the household incur an urgent medical expense				
Yes	48.6	47.4	44.7	54.3
Was the household able to pay for the expenses				
Yes	61.1	72.2	64.7	78.9
Did the household incur school related expense				
Yes	84.2	76.3	86.8%	88.6
Was the household able to pay for the expenses				
Yes	53.1	71.4	56.3	62.5
Total				

**Table 15: Percent in Knowledge of Caregivers Involved in Family Strengthening Activities**

Percent in knowledge of caregivers involved in family strengthening activities (by county)		Nairobi	Mombasa	Kilifi	Taita Taveta
		<b>IGA activities</b>			
Household income	Food stuff (cooked raw, grains)	65.8	81.6	47.4	60.0
	Second hand items	47.4	50.0	89.5	55.6
	Other petty trading	34.2	39.5	23.7	25.7
	Retail/whole sale shop (grocery)	47.4	50.0	34.2	22.9
	Unprocessed milk products	0.0	0.0	0.0	8.6
	Butchery/fish selling	10.5	28.9	13.2	8.3
	Other animal products	5.3	5.3	2.6	8.6
	Phone shop/repair/Mpesa	2.6	7.9	0.0	11.1
	Tailoring	18.4	18.4	7.7	13.9
	Crafts/Carpentry	5.3	7.9	5.3	8.6
	Brewing/Brewery	0.0	5.3	10.5	0.0
	Transport	5.3	10.5	2.6	8.6
	Mechanic	2.6	2.6	0.0	2.9
	Electronic repair	0.0	2.6	0.0	0.0
	Haircutting/salon	21.1	18.4	2.6	8.6
	Agricultural processing	5.3	2.6	10.5	25.2
	Restaurant/bar/lodging	18.4	10.5	2.6	5.7
	Other	22.	30.3	22.8	14.8
Food Security	<b>Balanced diet</b>				
	Does not know	0.0	0.0	0.0	0.0
	Dairy products	36.8	34.2	15.8	54.3
	Fruits	42.1	42.1	26.3	27.8
	Grains	52.6	44.7	26.3	60.0
	Legumes	52.6	60.5	18.4	61.1
	Vegetable	63.2	55.3	26.3	62.9
	Meat/Chicken/fish	42.8	40.4	40.4	26.5
	Other	5.5	8.9	8.9	5.8
	Extension services	28.2	26.3	27.0	68.6
	Child benefiting from feeding programs	31.6	10.5	31.6	14.3
Water/Sanitation	<b>Ways of safe human disposal</b>				
	Main Sewer	57.9	7.9	2.6	28.6
	Septic tank	26.3	26.3	10.5	17.1
	Cess pool	2.6	5.3	0.0	2.9
	Covered pit latrine	76.3	89.5	63.2	80.0
	Uncovered pit latrine	26.3	23.7	31.6	31.4
	No facilities /Bush	10.5	31.6	11.8	5.1
	Bucket latrine	8.8	1.6	10.5	5.6
	Other	5.7	6.0	0.0	14.5
	Don't know	3.4	0.0	0.0	3.3
<b>Source of safe drinking water</b>					

	Piped water	63.2	21.1	63.2	60.0
	Public Taps/Stand Pipe	65.8	86.8	28.9	45.7
	Protected well/borehole	42.1	57.9	18.4	17.1
	Unprotected well/borehole	13.2	26.3	5.3	5.7
	Protected spring water	5.3	10.5	7.9	8.6
	Unprotected spring water	0.0	10.5	0.0	5.7
	Rain Water	34.2	26.3	21.1	37.1
	Tanker Truck	5.3	5.3	7.9	2.9
	Cart with Small Tank	5.3	10.5	5.3	0.0
	River	6.5	5.4	14.8	10.9
	Bottled	3.6	0.9	13.3	8.2
	How to make water safer to drink				
	Boil	94.7	84.2	76.3	74.3
	Add bleach/Chlorine	94.7	84.2	65.8	54.3
	Strain Through a cloth	5.3	10.5	5.3	2.9
	Use water filter (ceramic/sand/composite	5.3	5.3	2.6	0.0
	Solar disinfection	7.9	0.0	0.0	0.0
	Let it stand and settle	0.0	0.0	0.0	5.2
Health Services	Where to seek for health care services				
	No where	0.0	0.0	0.0	0.0
	Public Health facility	94.7	94.7	97.4	100.0
	Private health facility- free/waived fees	68.4	28.9	13.2	20.0
	Private health facility-pays fees	47.4	60.5	18.4	19.2
	Chemist/Pharmacy	36.8	36.8	21.1	20.9
	Religious leaders	0.0	0.0	0.0	0.0
	Traditional healers	0.0	0.0	7.1	8.3
	How to reduce health care cost				
	NHIF	48.9	24.7	8.4	14.7
	Free Waiver	18.4	5.3	2.6	2.9
	Free Medical care	39.5	18.4	63.2	77.1
	Private	7.9	0.0	2.6	2.9
	How to prevent malaria				
	Sleep under/use mosquito nets	94.7	100.0	94.7	97.2
	Insecticide spray	15.8	18.9	13.2	11.4
Mosquito repellent	15.8	10.5	10.5	2.9	
Clearing bushes	23.7	26.3	18.4	14.3	
Other	2.6	0.0	0.0	0.0	
Protection	Where to access legal protection				
	Police	71.1	63.2	31.6	28.6
	Children department	21.1	18.4	2.6	14.3
	Teacher	0.0	2.6	0.0	2.8
	Religious	10.5	10.5	2.6	5.7
	Relative	0.0	0.0	0.0	0.0
	NGO/CBO/FBO	0.0	0.0	0.0	0.0
	Paralegals	0.0	0.0	0.0	0.0
	Chief	21.4	12.1	53.2	46.9
	Lawyer	0.0	0.0	0.0	0.0
Other	0.0	4.2	10.5	8.5	

**Table 16:** Number of eligible households receiving social protection support (by county)

	County			
	Nairobi	Mombasa	Kilifi	Taita Taveta
<b>Source of income</b>				
No income	2.6	21.1	0.0	0.0
Agriculture	2.6	2.6	15.8	41.7
Self employed	31.6	31.6	26.3	2.9
Informal employed	60.5	36.8	39.5	42.9
Government cash transfers	7.9	0.0	0.0	2.9
Formal employment	2.6	5.3	5.3	0.0
Money/support from friends and relatives	10.5	7.9	10.5	14.3
Other	15.8	28.9	28.9	17.1
<b>Medical bills</b>				
Doesn't seek health care	0.0	0.0	0.0	0.0
Cannot pay for health	5.3	2.6	0.0	0.0
NHIF	7.9	0.0	0.0	8.6
Medical insurance	2.6	0.0	0.0	0.0
Personal/household funds	34.2	81.6	68.4	40.0
Health fee waivers	65.8	28.9	42.1	68.6
Others	13.2	7.9	2.6	2.9
<b>School related Expenses</b>				
Crops from the farm	0.0	0.0	9.1	38.2
Livestock outputs	0.0	0.0	4.3	3.8
Livestock Sale	0.0	0.0	4.1	0.0
School fees support from LIP	4.1	5.6	3.1	0.0
School Support from government	15.7	8.4	6.3	5.8
Employed on a farm	0.0	0.0	6.3	15.8
Employed doing household chores	24.8	19.7	11.7	14.2
Employed by Private sector	10.9	5.6	9.3	4.4
Employed by government	0.0	0.0	0.0	0.0
Own business	24.5	43.4	29.1	4.5
Rental income	0.0	5.4	0.0	0.0
Money from friends	26.9	32.7	29.3	24.3
Other	27.7	27.4	17.5	20.9
Total				

**Table 17:** Percent of knowledge among community members and groups on national child policy/standards and guidelines (by county).

Background characteristic	County			
	Nairobi	Mombasa	Kilifi	Taita Taveta
<b>Aware of any of child rights</b>				
Yes	86.8	76.3	63.2	94.3
Right to protection	39.4	37.4	20.7	57.4
Right to education	72.5	66.8	51.9	76.5
Right to shelter	39.0	45.8	35.3	63.3
Right to health	41.6	42.1	38.4	61.6
Right to participation	10.5	9.1	0.0	18.6

Right to food	71.4	66.8	57.8	78.5
Right to clothing	46.9	44.1	43.2	57.6

**Table 18:** Has the amount of your household spends on food changed over the past year?

Background characteristic	Nairobi		Mombasa		Kilifi		Taita Taveta	
	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
Yes	71.1		68.4	0.0	5.3	63.2	3.0	60.6