

## COMMUNITY-BASED CARE FOR ORPHANS & VULNERABLE CHILDREN (CBCO) PROGRAM



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***Final Report for Cost Extension Period (June 1, 2010 to March 31, 2011)***

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**ACRONYMS**

ART	Anti Retroviral Therapy
BIDII	Benevolent Institute of Development Initiatives
CA	Christian Aid
CBCO	Community Based Care for Orphans and Vulnerable Children
CBO	Community Based Organization
FBO	Faith Based Organization
FGD	Focus Group Discussion
FY	Financial Year
HIV	Human Immunodeficiency Virus
IDCCS	Inter Diocesan Christian Community Services
IDP	Internally Displaced People
M&E	Monitoring and Evaluation
n/a	Not Applicable
NGO	Non-governmental Organization
OVC	Orphan and Vulnerable Children
PSS	Psychosocial Support
PEPFAR	President's Emergency Plan for AIDS Relief
PLWH	People Living With HIV
REPSSI	Regional Initiative for Psychosocial Support
SLA	Savings and Loan Association
SO	Strategic Objective
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USD	United States Dollar

## I. EXECUTIVE SUMMARY

### 1.1 Introduction

The following Final Report documents the work undertaken by Christian Aid (CA) and its partners towards the implementation of the PEPFAR-supported Community Based Care for Orphans and Vulnerable Children (CBCO) program. It covers the program extension period from July 1, 2010 to March 31, 2011.

CA had been implementing a five year PEPFAR- funded CBCO program is striving to improve quality of life for orphans and vulnerable children (OVC) affected by HIV through community-based responses in Kenya, Uganda, Zambia, and Nigeria from 2005 to 2010. By the end of the track one grant, the program had directly supported **38,631 OVC** in the four countries. In Kenya, the program had a portfolio of 7900 direct OVC beneficiaries. At the end of the program, the Kenya program was offered a 9-month cost extension grant that was managed through the USAID-Kenya offices. The objective of the extension was to enable continuation of assistance to OVC while transition of track one services was synchronized with the (AIDS, Population and Health Integrated Assistance (APHIA)Plus services. The extension period covered July 1 2010 to March 2011. The total budget for CA's work plan for the PEPFAR Track One extension – \$ 426,173 (\$ 363,507 from USAID and \$62,666 from CA cost sharing.

**During this extension the CBCO program directly supported 7911 OVC** in the core program areas of education and vocational training, food and nutrition, protection, psychosocial support, shelter and care, healthcare, and economic strengthening. Moreover, **7436 (94%) of these OVC benefited from three or more services** directly through the program. A total of **4,033 OVC caregivers were also trained** during the reporting period to strengthen the care and support provided to the participating OVC, as well as to promote the sustainability of this support.

The program was implemented by two sub partners, namely the Benevolent Institute of Development Initiatives (BIDII) and the Inter- Diocesan Christian Community Services (IDCCS). The program covered 6 counties in Eastern and Nyanza Provinces as presented below:

COUNTRY	PARTNER	COUNTY	SUB-DISTRICT
Kenya	BIDII	Machakos	Lita, Mbee and Kathiani Sub-locations
		Makueni	Mavivye, Kiima-Kiu and Kilome Sub-locations

COUNTRY	PARTNER	COUNTY	SUB-DISTRICT
	IDCCS	Siaya	Nyajuok, East Kaudha, West Kaudha Sub-locations
		Homabay	Kadik, Kochola, Kokidi, Kamwania Sub-locations.
		Kisumu	West Kolunje, Katolo and Achege Sub-locations
		Migori	Bande Sub-locations

Local Implementing Partners and Partner Profile:

Christian Aid has a long standing partnership with Benevolent Institute for Development Initiatives (BIDI), a local non-governmental organization based in Machakos district since 1998. In 2006, CA formalized a relationship with a second sub-partner for its participation in the CBCO Program – Inter Diocesan Christian Community Services (IDCCS). This organization is a faith-based community development organization, and it operates extensively throughout marginalized rural communities in Nyanza Province.

## **1.2 Program Review:**

### ***1.2.1 Project Goal, Strategic Objectives, Activities, and Results.***

**Project Goal:** To improve the quality of life of over 7,500 orphans and vulnerable children (OVC) affected by HIV through community-based responses in Kenya

The CBCO program’s four strategic objectives for Kenya were as follows:

1. To strengthen, develop, and expand effective community-based approaches to ensure that boy and girl OVC have sustained access to essential services that lead to improved quality of life.
2. To support advocacy on stigma and discrimination, promoting rights of OVC, and their protection from exploitation, violence and sexual abuse.
3. To support capacity building, training and cross-organizational learning for sub-partners, community-based organizations (CBOs), and other stakeholders at local and regional levels.
4. To document and disseminate learning, nationally, regionally, and internationally.

The CBCO service coverage and eligibility criteria are summarized in the table below:

<b>INTERVENTION CATEGORY</b>	<b>CRITERIA TO BE MET</b>
Educational and Vocational Training	<ul style="list-style-type: none"> <li>• <i>Educational Support:</i> The obstacles preventing an OVC from regularly attending school must be removed. In most cases, this involved the provision of financial support, and at least a 50% contribution must be made towards the OVC's school fees, uniform, etc. through the project. However, in many cases the barriers may not be directly economic. For example, a female OVC may be pulled from school to look after her ailing parent. If the project's interventions work to provide part-time care to the ailing parent to enable her to attend school, then she can be counted as served by the project.</li> <li>• <i>Vocational Support:</i> The OVC must have acquired new and marketable skills through one of the project's vocational training programs, which act to improve his or her short-term and long-term employment prospects.</li> </ul>
Economic/ Strengthening	<ul style="list-style-type: none"> <li>• The OVC must be a member of a household that is directly participating in and benefiting from the project's income generating activities and is, in turn, also benefiting from the increased household income gained.</li> </ul>
Food and Nutritional Support	<ul style="list-style-type: none"> <li>• The OVC must be a member of a household that is directly participating in and benefiting from the project's food and nutritional activities and is, in turn, also benefiting from the food produced and/or increased income gained.</li> </ul>
Health Care Access	<ul style="list-style-type: none"> <li>• The served OVC must have graduated from or be actively participating in the project's 3 month long life skills training program. This means that they would have had to participate in at least 75 percent of the sessions facilitated by the project's trained peer facilitators.</li> <li>• Barriers preventing OVC from accessing appropriate healthcare must be removed through the project's interventions. As with education, many of these barriers may be economic, and at least a 50% contribution must be made toward the relevant medical expenses, e.g., hospital costs, medicine, transportation, etc., or else the health services must be provided by the project directly.</li> </ul>
Psychosocial Support	<ul style="list-style-type: none"> <li>• The served OVC must have participated at least once weekly in the project's psychosocial support interventions (i.e., Kids Clubs, life skills, adult mentorship) by peer educations and Mentors that have been trained through the project. This is to ensure that the psychosocial support is consistent enough to make an impact on the children and that is being delivered in accordance with recognized standards for best practice.</li> </ul>
Shelter and Care	<ul style="list-style-type: none"> <li>• The served OVC must have been removed from a situation where he or she had no or inadequate shelter to one in which they have. This must be through the direct work of the project. The definition of "adequate shelter" will be applicable to the local socioeconomic context.</li> </ul>
Protection	<ul style="list-style-type: none"> <li>• The served OVC must be actively monitored and visited at least twice per month by volunteers trained in child protection.</li> </ul>

**Strategic Objective 1:** *To strengthen, develop, and expand effective community-based approaches to ensure that boy and girl OVC have sustained access to essential services that lead to improved quality of life.*

In order to achieve this objective, the project continued to strengthen its innovative and organically developed community-based model to provide OVC with holistic and sustainable care and support.

Through this community-based model, the participating OVC accessed most, if not all, of the following core services: Economic strengthening – through which guardians were supported to increase their household income levels; Psychosocial support – through participation in kids and life-skill clubs; Healthcare support – at least 3,500 OVC served through health education, deworming as well as support for treatment whenever possible; Food and Nutrition – mostly focused on increasing food security at household level to increase access by OV; Protection – covered areas such as improved shelter, care practices, OVC rights and legal support in cases of abuse; Educational support – 300 OVC served through payment of fee for secondary and vocational training.

### ***Economic Strengthening***

The program used the Savings and Loan Associations (SLA) approach to increase the household income levels. Guardians of eligible OVC joined to form SLA groups through which they made deposits at a weekly basis. Through the groups, they received trainings on savings, financial planning, small business management and entrepreneurship. By the end of the Track 1 in June 2010, 115 such groups had been formed comprising 4033 guardians. During the extension period, Christian Aid contracted a micro-enterprise development consultant to assess the comparative advantages of SLA groups and increase production of households. The assessment revealed that even though this approach seemed to have been successful in encouraging members to develop a savings culture and access credit to start small income generating activities, there was low impact in increasing household income levels. This was attributed to factors such as:

- Guardians started IGAs that were too small to be able to produce substantial products to significantly increase their earnings.
- A poor and uncoordinated approach disempowered the guardians from taking advantage of opportunities and markets around them, especially in agriculture.

Following recommendations by the study, the program initiated a more **innovative wealth creation** strategy aimed at increasing the household earnings by the guardians. Through this new approach, 4-5 SLAs were merged together to form a 'producer group'. A producer group consists of 120 to 150 members from one area. Through the assistance of a contracted Micro-enterprise Development consultant, the producer groups analyzed their business opportunities and risks and have developed business action plans. They also received training on group dynamics, business planning, simple accounting and marketing. The consultants also helped to establish links with other stakeholders such as

government agricultural extension services, market linkages through signing of supply contracts for their markets. Decisions by the producer groups were informed by four considerations: 1) market demand and profit margins for the crops; 2) resiliency to adverse climatic conditions; 3) scale; and 4) sustainability. The project supported crop diversification, including the promotion of drought resistant crop varieties, and irrigation facilities e.g., treadle pumps, gravity fed mechanisms, and/or rain-water harvesting methods.

Producer groups were assisted with capital to raise inputs for establishment of their business ventures. Support provided was specific to the group requirements. For instance,

- 5 producer groups focusing on fish farming were supported to purchase water supply equipment (water pump, filter and piping) as well as dam liner for their fishpond. The group members contributed by digging out the pond. Through linkages with the local fisheries department, they were able to receive fingerlings to stock their fishponds.



*Fish ponds established by producer groups in Machakos district. Each pond holds approximately 10,000 fish that will be harvested every 6-9 months. The members will make approximately USD 80,000 per harvest*

- 2 producer groups participating in 'aloe vera' production were linked to the Kenta Agricultural Research Institute to access good quality seedlings. The Project provided capital to procure the seedlings while the group contributed through preparation of the land and paying of land lease. In Makueni district where land holdings are small, the producer groups leased land from land owners. Through the program, the partners assisted in developing and signing of the lease agreements to protect the groups from exploitation and risk.



*OVC caregivers prepare the land for Aloe vera cultivation. The group has managed to plan on ¼ acre from which they will make USD 150,000 in 18 months through sale of the leaves to meet the growing demand for aloe vera by cosmetics and health industries.*

- 10 producer groups engaged in rabbit keeping were linked with East Africa Rabbits, a company that processes and exports rabbit meat from where they procured good quality rabbits for production and signed supply contracts. Signing a supply contract has provided the groups with assurance for markets once they begin their supply. The partners participated in the negotiations to protect the groups from exploitation. The project provided the groups with capital to buy the initial inputs for their businesses. The groups anticipate making profits of more than 60,000 Kenya shillings every four months.
- In Nyanza province 9 groups in Homabay and Siaya counties received training and capital to establish apiaries for bee-keeping and honey production. The areas are conducive for bee-keeping and through technical training and advice from Kenya Beekeepers Association, the groups purchased 180 Langstroth bee hives through which they project to harvest honey that will be sold to the local market as well as marketed through the association. The technical staff from the association developed a follow up schedule with the groups for further support beyond the PEPFAR project.
- 24 Producer Groups engaged in poultry farming received capital to purchase building materials for a community based chicken run. The groups contributed locally available materials such as sand, water and bricks while the project contributed cement, timber, iron sheets and payment for a skilled builder. The groups members worked as assistants to the builder to support him in building the chicken runs. Members then brought chicken into the chicken house while the project bought a cock of improved indigenous variety to help with improving the poultry yields. The groups have since been linked to a Nguku Chicken farm, a locally based chicken supply company where they will be selling their chicken once they mature. The groups will be able to tap into the increasing demand for free range chicken in the country. The groups were able to sign supply contracts at favorable prices for the next 6 months.



*One of the 24 poultry houses constructed for the producer groups.*

*Left: supervision of ongoing work.*

*Right: The finished house.*

By the end of the program, the 115 SLAs had merged to form 33 producer groups. These groups have also been registered with the Ministry of social development as CBOs. The registration was done to make them legal entities and increase their opportunities for fundraising. The producer groups/ CBOs have also completed their action plans and started on their income generations activities.

In Eastern province where all the groups are based in rural areas, 12 producer groups were formed. Out of these, 5 groups are engaging in fruit farming and were linked to *Technoserve*, a NGO that works with local farmers, providing technical services and market linkages. The groups have signed contracts with *Technoserve*, which will link them to large markets to enable them sell their passion fruits. The CBOs/ producer groups were also supported to apply for the PEPFAR community grants in May 2011.

In addition, trends from the SLAs loan reports indicate an incremental rise in the number of guardians who borrowed loans to start or develop their small businesses as compared to the initial loans where they would borrow to purchase food.

Overall, this intervention has revolutionized how the SLAs conduct business. The producer groups have the potential to develop viable enterprises able to meet the basic needs of 7900 OVC beyond this program.

### **Food Security and Nutrition**

Household food security and the nutritional status of the OVC was a direct indicator for the project. To address food security and nutritional issues, the project integrated agricultural trainings in the SLA meetings and trainings. Guardians received education on improved farming techniques to enable them to provide balanced diets for their households. Such trainings included establishment of kitchen gardens, multiple storey/ container gardens, food preservation and preparation techniques, organic farming and agro forestry.



Multi-story Garden - Machakos District

*Kales growing in a multi storey garden in Machakos and Arrow roots growing in a sunken polybag in Siaya*



In addition, 4100 households in Nyanza received seeds prior to the long rains in March 2011. Each household received 2 Kg of sorghum, 4 Kg of beans and 2 kg of maize. 300 households in Ahero also received sweet-potato vines.

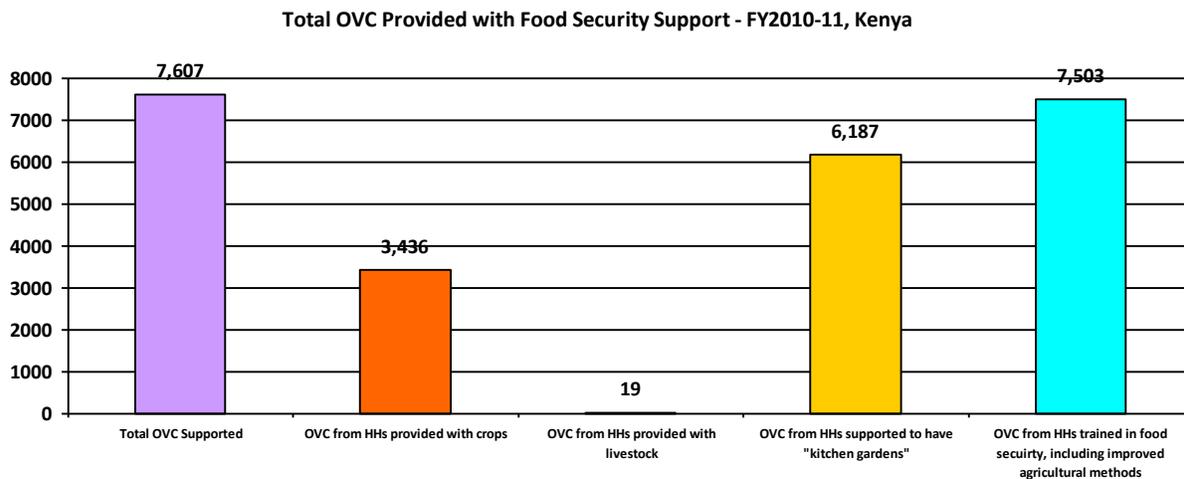


*SLA members admire a dairy goat at the home of Mary Auma in Ahero and right, seed distribution in Ahero.*

Since most areas covered by the project were semi arid, the projects encouraged the community to plant and grow trees for environmental conservation as well as a source of fruits. SLA and OVC committee members were tasked with the responsibility of ensuring that each household had at last 5 varieties of ferterlizer (sesbania, faidherbia, leucuenia and Calliandra) and fruit trees in their compounds. During the extension, the project was able to provide 12,000 tree seedlings to OVC households which included 8,000 grafted mangoes and 2,700 seedlings of tissue culture (Improved) bananas from the Kenya Agricultural Institute (KARI). By the end of the project, 20 youth groups comprising 300 youth had established tree nurseries at village level to supply seedlings and meet the growing demand for seedlings that arose after the seedling distribution as well as generate income.



The impact of these activities was evidenced by the increasing number of households who reported having had 3 meals during the home visits and through the Child Status Index form. A review of the SLA loan and credit books also revealed that fewer members were borrowing money to buy food and more have been borrowing money to boost their businesses and to raise capital for the producer groups. This is an indication that households were more stable by the end of the program and could afford to meet their basic needs.



In general, the program has enhanced the capacity of guardians to increase their household food security status through sustainable interventions such as improved farming methods, nutrition training, and through relevant linkages with technical support services as evidenced by their close collaboration and networks with the Ministry of Agriculture, Kenya Agricultural Research Institute.

***Psychosocial, Life Skills, & Safe Sex/Preventive Practices***

- 2,800 OVC between the ages of six to 11 years of age whose guardians are attached to the SLA groups continued to participate in **Kids Clubs** activities on a weekly basis (or during school vacation time if at boarding school). Trained facilitators took children through a revised Kids club manual, which engages a more participative and interactive approach. Children reported that they enjoyed the kids club sessions more than the previous sessions and this enhanced their participation and interest.
- During this extension, the kids clubs were opened to all students in school rather than limit the membership to exclusively cover OVCs. This was done to prevent stigmatization as well as reach out to other children in similar situations but not enrolled into the program. One challenge that arose from this was the larger number of children per facilitator. The project addressed this by recruiting and training teachers inschool to also participate in the kids clubs. In 3 schools in Makueni, the kids club was integrated into after school activities. This participation by teachers also served as a sustainability strategy to ensure continuity of psychosocial stimulation for the children.
- As a result of these sessions, teachers have reported that the OVC are more confident and articulate in expressing themselves. The CSI score from the child assessments and follow-ups conducted in March 2011 indicated that 70% of the children in primary school have recorded improved grades in the year 2010. This can be partly attributed to confidence building at the kids clubs as well as focus and attention to studies.



*Mary Ouma presents a poem from the Kids club during a school function at Kaudha primary school in Nyanza province.*

The project also supported schools to organize and carry out sporting events where children interacted freely and expressed themselves. Health talks were provided during the sporting events. The project provided sporting equipment and CBCO facilitators and mentors talked to children on different topics such as human values (kindness, love, peace, humility, respect, responsibility etc), etiquette, children rights and health issues. During the extension, 15 schools received various sporting equipment through the program, and organized 4 sporting events each.

Additionally, the lifeskills club at Kaudha Primary school (Yala Zone, Siaya County) were given some space at the school farm where they have been growing kales during the rainy season and also kept local goats at the school as well. Towards the end of the extension, they managed to sell all the goats and instead bought local cows with the money obtained. They hope to one day initiate a diary project from this initiative to support their education in future. This will be possible since the area is climatically suitable for such.



- 3,500 Older OVC – those between the ages of 12 to 17 – were mobilized into **youth clubs** and participated in the program’s **life skills** sessions on a weekly basis (or during school vacation time if at boarding school). Given the evidence through studies done on youth behavior, more efforts were made to affect those determinants likely to promote safe sex attitudes, i.e., HIV knowledge, self-awareness, and plans and hope for the future, and to confirm (through qualitative research) whether poverty and capacity to resist peer pressure are really uncorrelated with unsafe sex practice. During the extension the youth, especially those out of school were increasingly involved in the producer group activities to also participate in income generation activities. The youth were also encouraged to form and register youth groups to be able to access the government assistance to the youth. As a result, 5 youth groups had been registered by the end of the project and had been able to access the Youth Enterprise Development Funds at constituency level.

#### ***Health: HIV / Malaria testing and prevention***

In association with increased safe sex and HIV/AIDS awareness activities, CBCO encouraged and supported households and OVC to seek VCT services and other healthcare support. By the end of the project, **3047(76%) of the OVC caregivers** had been tested for HIV in both Eastern and Nyanza provinces. 2500 were found to be HIV positive and were enrolled into a complementary program for continued support and follow-up. **35 OVC** who also tested positive were supported to access ART services through the MOH. They also received specialized counseling and follow-up. These children were also transferred to the Comic Relief funded; Filling– the-Gap program that supports people

with HIV, at the end of the project. The program is also making an effort to transfer the children to the APHI Plus program for continued support.

Through integration with the Rural Transport Network for Health (RTN) project, the program provided home based care visits to OVC households through health education and minor treatments were done by Community Health Workers (CHWs). Seventy (70) of the CBCO facilitators were trained as CHWs and eleven (11) provided with motorbikes through which they were able to visit the households. Prompt diagnosis and treatment (or referral for serious cases) was done especially for households living far from the health facilities, or among the old, sickly and disabled. Through this activity, the general health of OVC and their family members remained at acceptable levels. There were no cases of emergencies among the beneficiaries, attributed to this prompt response. In addition to home visits, the program also engaged the community in environmental sanitation and clean up exercises to reduce the incidence of diseases. Market clean-ups, home spraying and clearing of bushes also involved children in the kids and life-skill clubs to encourage and educate them on the value of good health practices and malaria prevention.



*Spraying of houses during a malaria campaign in Makeni*

### **Child Protection & Mentorship**

260 adult Mentors were trained and supported to improve their capacity to support the psychosocial needs of both OVC and their guardians. More effort was made during the extension period to develop their capacity to both monitor and support OVC and provide them with quality adult mentor support. This was complimented with the use of the Child Status Index (CSI) which is used as a basic case-management tool, as advocated by UNICEF. Mentors were responsible for visiting the homes of each of their fellow SLA members at least once per month using this tool. During the home visit, they spent time with the OVC, thereby providing them with adult mentorship support, as well as ensuring they were not being physically or mentally abused, stigmatized, and/or discriminated against. When minor child protection cases were identified, the guardians in question were counseled to explore and encourage them to adopt alternative ways of treating the children. Through this mechanism, the project continued to ensure that all participating OVC were systematically monitored and, therefore, benefited from child protection support, as well as one-one-one adult mentorship.

Where serious abuse cases were reported, the project supported in ensuring legal redress and support for the children. During the extension period, 3 cases of serious abuse (1 sexual abuse and 2 physical abuse) were reported. The project, together with the respective District Children offices sought legal action for the cases which resulted in trials and conviction of the abusers. The children also received trauma counseling and follow-ups to help them cope with the abuse.

OVC committees formed in each impact zone also continued to be trained on child rights issues to enable them advocate for the rights of the children and OVC. The committees have also incorporated membership from local authorities and the district children officers to provide them with authority to promptly address child rights issues at community level. In addition, the CBCO facilitators and mentors were trained as para-legals through the Filling-the-Gaps project. After the training, they were supported to form a network for community legal and psychosocial support for children and PWHIV which is closely linked with the government to address rights issues. OVCs have been made aware of the presence of these para-legals to be able to seek help when their rights are abused, or when they feel that they are not safe. The partners will continue to support this network through other projects beyond the PEPFAR funding.

Caregivers were continually trained on improved support to children under their care. During the SLA meetings, 10 minutes was dedicated to discussing childcare issues and reports from the home visits by the mentors shared. Caregivers shared their experiences and learned from each other. Cases of neglects or poor care were dealt with individually. As a result, the CSI score among the OVC at the close of the program indicated a high score among 93% of the children.

### ***Education Support***

The education component of the project addresses the heavy burden felt by OVC households especially in accessing secondary education. Due to their low economic status, most families with children in secondary school had been unable to afford the high fees and thus children dropped out of school after primary education. In addition, some caregivers neglected facilitating their children to attend even the free primary education.

Thus, the program ensured that all children in OVC households accessed primary education. Through the local authority especially the chiefs, the program was able to sensitize the community on the value of education and also ensure that all children of school going age were enrolled into a primary education. The effect of this was that chiefs took up the responsibility to enforce the law. During the extension period, all primary school going children in the CBCO profile attended schools regularly with minimum cases of truancy. In addition, the program worked closely with the local chiefs to ensure that other caregivers in the community enrolled all school going children to primary school to receive basic education.

Project resources were focused on secondary school and vocational training support. OVC committees

were involved in identifying the needy cases among the OVC households from the start of the Track 1 project. Priority was given to double orphans or children from very poor households. Once identified, the project paid for the tuition fees for these children as well as boarding fees for cases who were admitted into schools far away from their homes.

The extension period proposed to assist 300 children in meeting their educational needs. By the end of the project, a total of 359 children had received educational support. 256 OVC received secondary school fee support (This figure included 228 students previously supported through the Track 1 period and 28 new OVC) while 103 OVC received support to attend vocational training.

Guardians were required to cater for other costs such as minor supplies and support for the children. Some of the guardians were also able to raise a portion of the school fees from their income from small businesses. This enabled the project to cover more children than the proposed 300.

The project paid up fees upfront for these students until completion of their course to avoid drop outs after the end of the project. This move was applauded by both caregivers and teachers as they concurred that drop out rates were high due to lack of school fees.

Vocational training was offered for OVC who had dropped out of school and could not integrate back to the formal education system for some reason. The children were provided an opportunity to learn and develop skills that later can be used for income generation. After the training, the project assisted the OVC to get jobs at the local informal markets or provided start-up capital for them to begin their own establishments. During the extension, the project followed up all beneficiaries from previous years and found that out of 859 OVC supported with vocation skill training, 700 had secured jobs as local artisans while 85 had successfully started their own businesses. Two of these beneficiaries had also started offering informal training to youth in their areas and were transferring skills as well as making an income.



*Susan Maingi (in black shirt) from Machakos received Vocation Training support through the program. After the training, she received a sewing machine through which she started a clothing and tailoring shop in her village. By the end of her first year, she was making money out of tailoring, but also providing tailoring and knitting training for 3 youth in her village. In this picture, she gives her story to Christian Aid and USAID visitors to her shop.*

Through a complementary grant from the Maurice and Hilda Laing trust, the project was able to support

30 OVCs to access tertiary education in various universities and colleges. This covered a gap in the PEPFAR fund that excluded children over 18 years old due to the eligibility criteria.

**Strategic Objective 2:** *To support advocacy on stigma and discrimination, promoting rights of OVC, and their protection from exploitation, violence and sexual abuse.*

Through the SLA approach, caregivers of OVC have accessed training and exposure on the rights of OVC. In each zone, a coordinating committee referred to as the 'OVC committee' is responsible to organizing and coordinating OVC activities at community level ( such as home visits by mentors, OVC follow-ups in school, kid and lifeskill club sessions). These committees comprised representatives from the SLAs, the facilitators, mentors and stakeholders such as the local administration and teachers from the schools with large numbers of beneficiaries enrolled.

The OVC committees were trained on child rights and especially on the importance of advocating for the rights of the OVC. The roles of the committee included addressing any abuse issues, sensitizing the community on the rights and plight of the OVCs and their families as following up on legal redress for cases reported. During the extension, there was more involvement and networking with the district children's officers who were integrated into the committee.

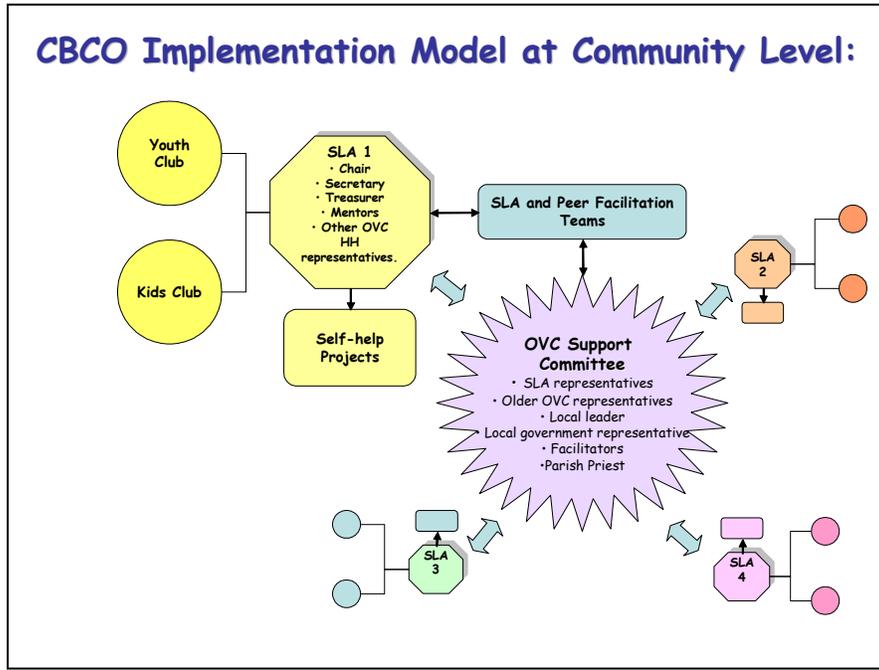
The program's exit strategy was to develop the capacity of the OVC themselves to cope effectively with stigma and discrimination and avoid situations where they could fall victim to violence, exploitation, and/or sexual abuse. This was done via CBCO's life skills program, the focus of which was to build self-esteem, confidence, identity, and future direction among the participating OVC, as well as to increase their capacities to manage relationships, make wise decisions, communicate effectively, and avoid HIV, other STIs, and unwanted pregnancy. The OVCs were also informed of safe havens and refuge areas to report to whenever they felt in danger. They were also provided with call cards to the child helpline (116) to access in times of distress. Mentors and facilitators were trained as paralegals and have been taken up the role of community champions for the rights of children, women and PLWHIV. The OVC were informed of the paralegals in their communities who they can report cases of abuse or discrimination.

The strengthening of OVC committees will ensure continuity of OVC supervision and sustainability at the end of the project.

**Strategic Objective 3:** *To support capacity building, training and cross-organizational learning for sub-partners, community-based organizations (CBOs), and other stakeholders at local and regional levels.*

**Community-level:** As per the program's original concept, OVC Support Committees were established in the participating communities with several technical subcommittees under them, e.g., those focusing on child protection, psychosocial support, food security, resource mobilization, etc. While this model

proved effective in some communities, it soon became apparent that the SLAs are better suited to fulfill many of the functions of the technical subcommittees. Given this, the organizational model that is now being pursued at community-level is as follows:



Capacity building through trainings and exposure visits were conducted during the extension period to provide the committees with knowledge and skill to ground their activities post project. Two consultants were recruited from November 2010 to March 2011 to develop the capacity of the OVC committees and producer groups in micro-enterprise development, fundraising, marketing and networking skills as well as general leadership skills. Through the trainings with support from the consultants, 30 out of 33 producer groups formed had been registered as community based organizations with the Ministry of Social Development. The groups were also supported to apply for other funds such as the PEPFAR community grants, the Total War on Aids (TOWA) grants by the National Aids Control Council among others. From these efforts, 2 groups in Makueni successfully accessed funding from PELAM (Participatory Ecological Land Management ) NGO and 1 in Siaya was funded through the Constituency Development Fund (CDF). Seven groups have also been enrolled into a farmer’s project implemented through Technoserve where they will continue to receive agricultural support and market linkages for wealth creation.

Two exposure visits were organized for the producer groups to visit farmers engaged in various agricultural activities in small land holdings. The visits highly motivated the group members to take their farming seriously while planning for economic gain. The groups were able to visit farmers engaged in

horticultural farming, poultry rearing, rabbit and goat keeping. From the visits, they were able to transfer the new knowledge into their activities.

At Sub-partner level dedicated training continued. Specifically, the sub-partners have been trained in the core interventions associated with CBCO, and were regularly provided with user-friendly programmatic materials to support the interventions. Monitoring support trips were made to the sub-partners twice per quarter on average, where they were mentored in the programmatic, data capture, and financial management aspects of the program. This also involved the development of sub-partner-specific action plans to strengthen critical implementation, data quality assurance and financial management processes. Three quarterly meetings were organized during the extension period to review and build on the project progress. The CBCO project coordinators at partner level were sponsored to attend a 3-day M&E workshop in South Africa in March 2011.

**Strategic Objective 4:** *To document and disseminate learning, nationally, regionally and internationally.*

CBCO's FY2010 Annual Performance Assessment was carried out in April 2010. The report was compiled and finalized during the extension period. This report was disseminated in September 2010 to other OVC implementing partners, respective District Children's departments (and the Ministry of Children, Gender and Social Services), Christian Aid country programs globally and USAID (Kenya and Washington), among others. A best-practice document from the Track 1 implementation period was also produced and disseminated during this extension period.

Stakeholder's forums were organized in Eastern (Machakos) and Nyanza (Kisumu) provinces by partners to share learning during the close out period. The forums were attended by representatives from various government ministries, local authority, civil society and community leaders. The participants in both forums appreciated the achievements of the CBCO program.

The CBCO program has emerged as one of the best practice case model of OVC programming approaches in terms of its cost-effectiveness and value for money. As a result of this, USAID- Project SEARCH commissioned Boston University to conduct an operational Research on the impact of the SLA approach in OVC interventions. The research is currently being conducted on the CBCO program by Boston University in conjunction with Christian Aid, Kenya Medical Research Institute and the partners. The analysis of the data is ongoing by the time of report submission. The results will be shared with USAID, national and international stakeholders and relevant government departments implementing OVC related activities. The report will be finalized by August 2011 and dissemination to be carried out in September 2011.

Christian Aid will continue to learn from the CBCO program and integrate these learning with current and new programs. Successful approaches and models such as the SLA, producer group, child

mentorship and guardian empowerment are already being integrated in various community health and HIV programs.

This final report will be shared to Christian Aid country offices, USAID, Government ministry of Children, Gender and Social services and other national and international stakeholders. In addition, the report will be uploaded into the Christian Aid website for global access.

***1.2.2 Overall Summary of Results, Successes, and Achievements***

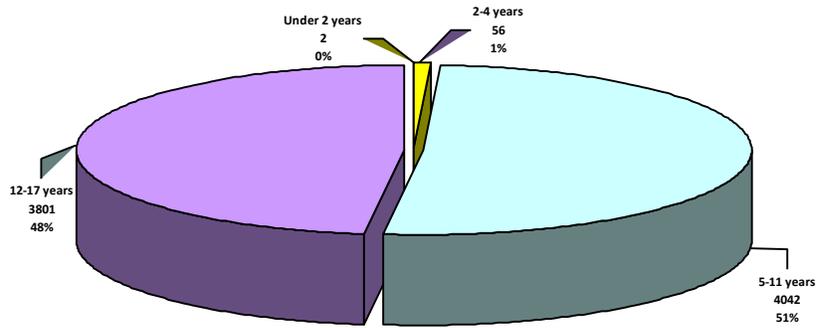
- *7,911 – 4,184 boys and 3,717 girls – directly benefited from CBCO’s interventions during the reporting period, and 7,515 (94%) accessed three or more core services. 4033 adults who care for these OVC were also trained to provide them with improved material and non-material support.*

CORE PROGRAM AREA	FY10/11 TARGET	ACTUAL TO DATE	%	SPECIFIC INTERVENTIONS UNDERTAKEN
Food and Nutritional Support	7500	7607	101.4%	<ul style="list-style-type: none"> <li>• Households caring for 3,436 and 19 OVC benefited from improved varieties of seed and livestock, respectively. Those caring for 6187 OVC were also supported to establish kitchen gardens, and the guardians of 7503 OVC were trained in improved security. Finally, exceptionally destitute households caring for 583 OVC were provided with direct food aid.</li> </ul>
Protection	7500	7113	94.8%	<ul style="list-style-type: none"> <li>• 7113 OVC were monitored by trained Mentors every two weeks and the guardians of 6704 OVC were trained in child protection. 28 minor cases of abuse were identified by the Mentors, which were resolved by counseling the guardians in question, and 3 serious abuse cases were identified, referred to the local authorities and the assailants convicted through the law.</li> </ul>
Healthcare	7500	7751	103.3%	<ul style="list-style-type: none"> <li>• 3,500 older OVC participated in the program’s life skills sessions on a weekly basis, which included HIV related training. 2,819 older OVC also received complementary HIV training outside the context of the life skills sessions. 12 OVC were also provided with direct medical support by project medical staff and 180 others with various ailments were referred to local healthcare facilities. 2500 guardians found to be HIV + were integrated into support groups through the filling the gaps project. 35 OVC who tested Positive for HIV were linked with the district hospitals to access ART and were frequently followed up.</li> </ul>

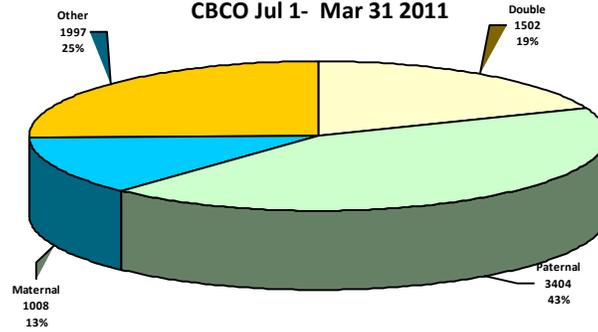
**Final Report (July 1 2010 to March 31 2011): Christian Aid**

<b>CORE PROGRAM AREA</b>	<b>FY10/11 TARGET</b>	<b>ACTUAL TO DATE</b>	<b>%</b>	<b>SPECIFIC INTERVENTIONS UNDERTAKEN</b>
Psycho-social Support	7500	7911	105.5%	<ul style="list-style-type: none"> <li>• 2,800 younger OVC and 3,500 older OVC participated in the program's Kids Clubs and life skills sessions, respectively. The guardians of 3971 OVC were trained in PSS, and 7911 OVC received one-on-one counseling support from the program's trained Mentors.</li> </ul>
Education and Vocational Training	300	358	119.3%	<ul style="list-style-type: none"> <li>• 256 and 103 older OVC benefited from secondary school and vocational skills training support. In additions, 44 younger OVC were provided with financial support to attend purchase uniforms for primary school through the producer groups initiatives.</li> </ul>
Economic Strengthening	7500	7911	105.5%	<ul style="list-style-type: none"> <li>• Guardians caring for 7911 OVC participated in the program's SLA component. Of the 3472 members who actively saved during the reporting period, 64% received loans to pursue income generating activities. Finally, the guardians of 7527 OVC actively participated in the formation of producer groups through which they received training in improved crop production, financial management, marketing and fundraising. Out of these, 4033 were actively engaged in income generation activities at household and group levels.</li> </ul>
<b>Overall Total</b>	<b>7500</b>	<b>7911</b>	<b>105.4%</b>	

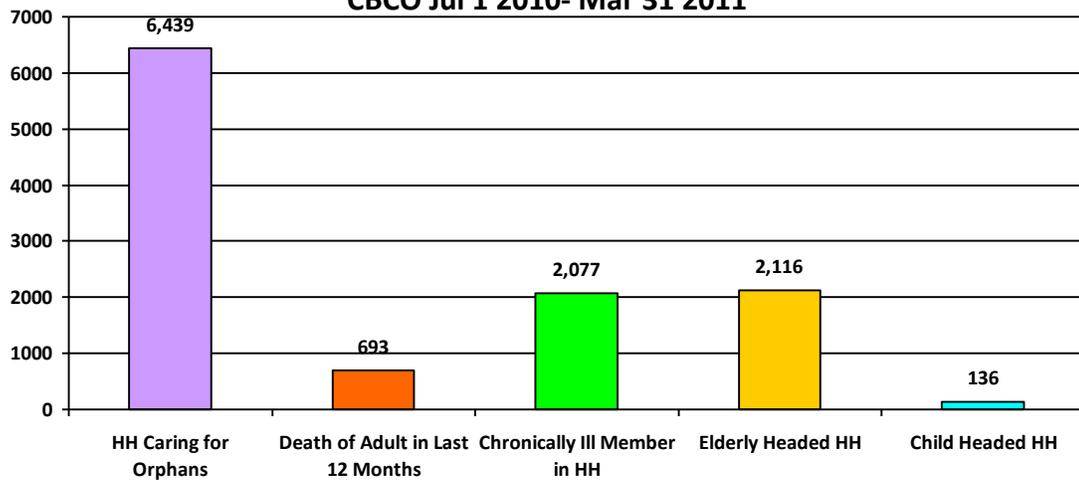
OVC Supported, by Age - Jul 1 2010 to Mar 31 2011



OVC Supported, by Vulnerability criteria - CBCO Jul 1- Mar 31 2011



OVC Supported by Household Characteristic, CBCO Jul 1 2010- Mar 31 2011



### *1.2.3 Major Challenges, Constraints, and Lessons Learned*

#### 1.2.3.1 Major Challenges and Constraints:

The main challenges and constraints that the program experienced during the reporting period are as follows:

- *Demand for secondary school support far outstrips the program's financial capacity in Kenya.*  
Secondary school is relatively expensive in Kenya. This, coupled with the relatively small sizes of the sub-partners' annual grants, resulted in only a handful of older, in-need OVC receiving such support. Moreover, the household income from the CBCO economic strengthening activities was not adequate to enable caregivers to fully meet the educational expenses. To overcome this constraint, the partners encouraged guardians to raise part of the fees to enable more children to be assisted by the program. Christian Aid also secured some additional funds to support 30 more to attend secondary and tertiary education.
- *A slightly greater proportion of boys, as opposed to girls, continue to benefit from the CBCO program.*  
As the service coverage numbers reveal, 55.6% of the OVC that were supported in FY2010/11 were boys and 44.2% were girls. While the gender service gap is less from what it was in previous years, there was still disparity in the enrolment. However, no new beneficiaries were enrolled during the extension period. As such, Christian Aid and the sub-partners continued to attempt to address the cultural issues that are result in a slightly greater number of male OVC participating in and benefiting from the program.
- *Severe drought conditions in Kenya seriously hampered the progress of the program particularly in relation to long-term food security and economic strengthening interventions.*  
The CBCO's sites are located in rural areas. As such, the livelihoods of the participating households are heavily dependent on agriculture, which has been seriously and negatively impacted by the prolonged draught. Christian Aid worked with the implementing partners to mitigate this by providing the households with drought tolerant crops and relevant planting techniques. The producer group approach also helped the groups and households to diversify their food and income sources from rain-dependent agriculture thus provide a cushion during the dry periods.

1.2.3.2 Lessons Learned:

The following lessons and recommendations were agreed upon by partners during the program review meeting in March

- There is need to ensure long term income generating activities by guardians through sustainable approaches such as the newly formed producer groups. There is need to continue supporting the producer groups to develop into stable income for households and guardians through strengthened market linkages and access to technical services. This will ensure continued support for OVCs in the long run.
- There is need to transfer the OVCs to the APHIA plus program in Eastern and Nyanza provinces to ensure continuation of services to OVCs while producer groups stabilize.
- There is a lot of technical services and support services available that OVC guardians can access to enhance their enterprises. Such as government bodies such as Ministry of Agriculture, KARI, Technoserve and other. Although the program has made efforts to provide linkages, more needs to be done to solidify these linkages to organization to build the confidence of the producer groups to access these services.
- Special attention needs to be provided to OVCs who are HIV + by ensuring effective HIV pediatric support and linkages. Pediatric support is not easily available compared to support to adults with HIV. Discussions have been held with respective APHIA Plus (JHPiego and Path International in Eastern and Nyanza provinces respectively) take over HIV positive OVC for continued care and support.

## 2.0 Program Development and Management

### 2.1.3 Monitoring and Evaluation

#### 2.1.3.1 Overview:

CBCO's Monitoring Guidelines were successfully implemented during the reporting period. This included:

- Updating lists of registered OVC for FY2010/11
- Supporting SLAs and OVC Support Committees to compile lists of OVC that received support on a monthly basis, as well as holding review meetings with them and the community facilitators at community level.
- Carrying out of quarterly reflection exercises with the committees, SLAs, OVC household representatives, and older OVC to review the quality of the interventions and explore strengthening opportunities. CBCO's own intervention-specific quality checklists developed during Track 1 implementation were used to facilitate this.
- Updating CBCO's OVC Tracking Databases on a quarterly basis and sending the associated reports to CA's Nairobi office.
- Quarterly reports and review meetings with the USAID AOTR (Agreement Officer Technical Representative)
- Monthly monitoring field visits by Christian Aid staff.

#### 2.1.3.2 Results Framework:

The performance measurement framework presented in Annex I was pursued as agreed in the work plan submitted to USAID on July 1 2010.

#### 2.1.3.3 Results of Monitoring Approaches:

CA has worked with its sub-partners to put in place quality checklists for CBCO's core interventions. These checklists are used during quarterly reflection exercises at community level to systematically review each intervention. At the end of the discussions, the sub-partner field staff members work together with the focus group discussion (FGD) participants to score various dimensions of the intervention under review. They then come up with practical intervention strengthening suggestions.

Quarterly assessment of child focused interventions are monitored through the Child Status Index (CSI) through which the mentor scores each child's achievement through a score matrix in the components of health, food and nutrition, education, psychosocial, protection and economic strengthening by the guardian. Children who record a low score and followed up to ensure that they receive better quality care and support. As a result, there has been a constant increment in the number of children who recorded high scores during the progressive quarters, which is a pointer towards improved well being of OVC.

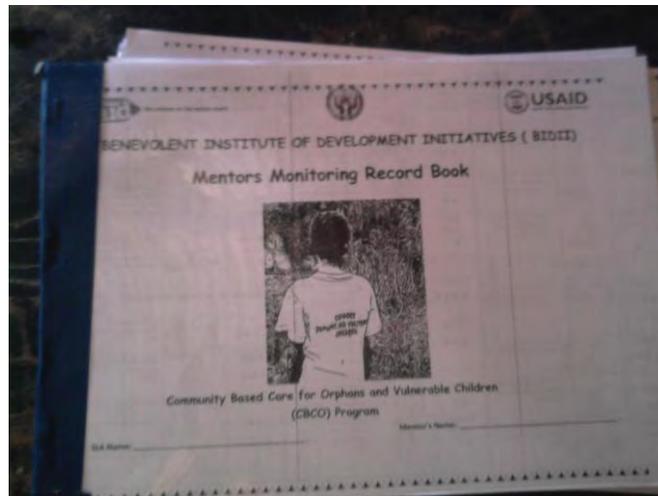
Financial monitoring is done through quarterly visits to partners by the Christian Aid Finance and Compliance Officer. The partners have received training on USAID rules and regulations, and reporting procedures. During the field monitoring visits, the finance officer checks that spending is eligible. As a result, partners have complied with the grant requirements and implemented the budget effectively.

Program monitoring is conducted during monthly field visits by Christian Aid's M&E officer. During the visit, the M&E officer and partner staff visited random SLAs during their meetings, interviewed mentors as well as conducted random visits to OVC homesteads, schools and clubs to ensure that project objectives were met and for data quality assurance. As a result of the visits, the program and partners were able to identify weak areas that required follow-up to strengthening to improve on service delivery of the program. The chief of party also conducted periodic visits to ensure that the program was on track.

Through the above monitoring approaches and resulting outcomes, the CBCO extension project has been dynamic and innovative and has provided the partners and beneficiaries with opportunities for learning and sustained growth and benefits beyond the PEPFAR funding.

#### 2.1.3.4 New Monitoring Tools and Methods:

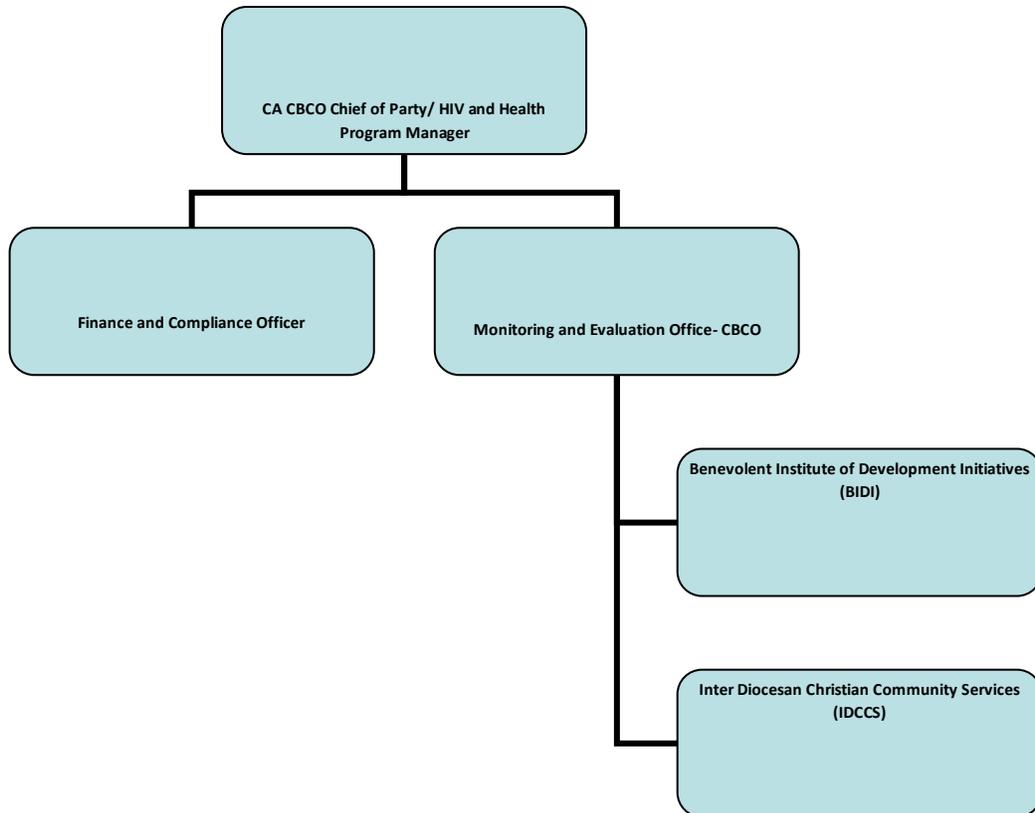
Improved child protection monitoring tools were developed in 2010 and introduced in the monitoring framework. In particular, the Child Status index developed by UNICEF was introduced to the mentors and used to assess the status of children at a quarterly basis.



## 2.2 Program Management

### 2.2.1 Organizational Chart Within Program:

The program was effectively managed through the following structure:



### 2.2.2 Changes in Key Personnel:

The CBCO Chief of Party left the program in September 2010 and the role was handed over to Christian Aid’s HIV and Health program manager without interrupting the running of the program. In addition, a Monitoring and Evaluation Officer was hired in September to coordinate and monitor program activities.

### 2.2.3 Changes in Organizational Structure:

The program management and coordination was handed over from Track one to USAID-Kenya Office. At organizational level, the coordination and management was handed over from the board to the East Africa Program. The East Africa HIV and Health Manager led the program, supported by a finance and compliance and Monitoring and Evaluation Officers. Integration of the CBCO program to Christian Aid’s Kenya program has had the benefit of linking CBCO with other ongoing health programs thus maximizing on the benefits to OVCs and their guardians.

One partner rebranded and changes its name from The Inter Diocesan Christian Community Services (IDCCS) to ACK Development Services (ADS). This however did not change its organizational structure.

### 2.3. *Program close-out Strategies*

Program activities were completed by March 2011. The extension period focused on building on, and strengthening sustainability mechanisms that had been implemented during the 5 year project. The sustainability strategies were:

- Strengthening the economic strengthening component to ensure more viable business opportunities for the households: This was done by further developing the savings and loan associations into larger, cooperative based producer groups. The producer groups served as cooperatives through which individuals can access markets for their produce while at the same time generating income through group activities. Through this approach, the members have a stronger bargaining power in terms of selling their produce and also have been linked to larger markets such as fruits, poultry, honey and rabbits. Supply contracts signed by the producer groups will ensure market assurance for the members as well as challenge them to produce high quality products which will sell at a higher price, therefore more income for the households.
- Training of para-legals and strengthening of the linkages between the OVC committees and the district children's officers and legal networks will ensure that the community continues to advocate, follow up and intervene in cases of child protection and abuse.
- Integration of the CBCO with other ongoing health projects ensured leveraging for costs for some of the activities as well as continued support for the OVC households through different programs. For instance the Filling- the Gaps Project that supports people living with HIV, supported caregivers and OVC who tested positive and ensured that services to these beneficiaries continues even after the close out of CBCO. The Rural Transport Network for Health enrolled CBCO facilitators and trained them as community health workers. This will ensure that the facilitators not only continue visiting and interacting with the OVC households but also provide health education and services where needed.
- The program also made attempts to transfer the OVC portfolio to the APHIA plus program in the respective area. This however has not been concluded by the time of report submission. However, discussions are underway and positive feedback received from JHPEIGHO and PATH. JHPIEGHO has proposed to pick up OVCs after the end of 2011 and has advised Christian Aid to continue supporting the OVCs in the meantime.
- Beneficiaries of CBCO have been included in the newly developed PPA health and wealth program funded by DFID. Producer groups will benefit from the wealth component of this program and all OVC households will be included in the health intervention.

## **2.4 Conclusion**

The Community Based Care for Orphans and Vulnerable Children (CBCO) Program was successfully implemented in Kenya through the support of Christian Aid and USAID. The program positively impacted directly, on the lives of 7911 through 4033 caregivers and indirectly to over 15,000 children in Kenya's Eastern and Nyanza provinces. Through the Savings and Loan Association (SLA ) approach as well as formation of Producer Groups, the program achieved in improving the income of the OVC households, thus ensuring continued support to OVCs beyond the project. The program is negotiating transfer of the OVC beneficiaries in the CBCO program to the APHIA Plus programs in the respective provinces to ensure smooth transition and continued support to the beneficiaries while they develop their economic activities. However, there is still a huge need for support for orphans and vulnerable children in these communities.