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SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN IN NAIROBI AND COAST COUNTIES OF KENYA (NILINDE) QUARTERLY PROGRESS REPORT

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USAID KENYA

Support for Orphans and Vulnerable Children in Nairobi and Coast Counties of Kenya (Nilinde)

FY 2017 Q4 PROGRESS REPORT

July 1st – September 30th 2017

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ACRONYMS AND ABBREVIATIONS

AAC	Area Advisory Council
AMURT	Ananda Marga Universal Relief Team
AO	USAID Agreement Officer
AOR	USAID Agreement Officer's Representative
APDK	Association of Persons with Disability, Kenya
Aphiaplus	AIDS, Population and Health Integrated Assistance Project
CB	Capacity building
CBO	Community-based organization
CBT	Community-based Trainer
CDF	Community Development Fund
CCC	Comprehensive Care Clinics
CCI	Charitable Children Institutions
CHMT	County Health Management Team
CHV	Community Health Volunteer
CHW	Community Health Worker
CII	Community Implementing Initiative
CoP	Chief of Party
CLHIV	Children Living with HIV
CMM	Community Mentor Mother(s)
CPIMS	Child Protection Information Management Systems
CUC	Court user Committee
DATIM	Data, Accountability, Transparency and Impact
DCoP	Deputy Chief of Party
DCS	Department of Children Services
DO2	USAID Kenya's Development Objective 2
ECD	Early Childhood Development
ECCD	Early Childhood Care and Development
EMMP	Environmental Monitoring and Mitigation Plan
FGD	Focus Group Discussions
FP	Family Planning
FPP	Focal Point Person
GOK	Government of Kenya
GRI	Graduation Readiness Index
HES	Household Economic Strengthening
HF	Health Facility
HTS	HIV Testing Services
HVA	Household Vulnerability Assessment
IBTCI	International Business & Technical Consultants Inc.
ICS	Investing in Children and Societies
IDEWES	Institute for Development and Welfare Services
IMA	IMA World Health
JKF	Jomo Kenyatta Foundation
JOL	Journey of Life
KCBF	Kenya Commercial Bank Foundation
KCPE	Kenya Certificate of Primary Education
KOPLWA	Kibera Orphan People Living with AIDS
LCHV	Lead Community Health Volunteer
LIP	Local Implementing Partner
LKM	Learning and Knowledge Management
LOA	Letter of Authorization
MCWC	Mukuru Child Wellness Centre

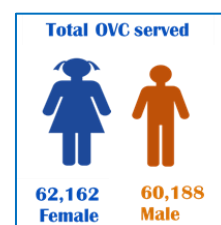
m2m	mothers2mothers
M&E	Monitoring and Evaluation
MIS	Management Information System
MOH	Ministry of Health
MUAC	Mid-arm Upper Circumference
NGO	Non-governmental organization
NIP	Nairobi Integrated Project
NHIF	National Hospital Insurance Fund
NOFI	Njiru Organic Farmers Integrated
NCPWD	National Council for Persons with Disabilities
OCA	Organization Capacity Assessments
OLMIS	OVC Longitudinal Management Information System
OMB	Office of Management and Budget
OTP	Outreach Therapeutic Programs
OVC	Orphans and Vulnerable Children
PCC	Progressive Care Coalition
PEP	Post-exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PCC	Progressive Care Coalition
PMP	Performance Monitoring Plan
PPP	Public Private Partnership
PwP	Prevention with Positives
PWR	Participatory Wealth Ranking
RDQA	Routine Data Quality Assessment
RFA	Request for Application
RGC	Redeemed Gospel Church
ROFO	Ruai Organic Farmers Organization
SAPR	Semi-Annual Performance Report
SCCO	Sub County Children Officer
SDP	Service Delivery Partner(s)
SFP	Supplementary Food by Prescription
SHOFCO	Shining Hope for Communities
SI	Strategic Information
SILC	Savings and Internal Lending Communities
SJCC	St. John Community Centre
SOPs	Standard Operating Procedures
TEC	Technical Evaluation Committee
TRP	Technical Resource Partners
TOL	Tree of Life
TOT	Training of Trainers
TVET	Technical and Vocational Education and Training
USAID	United States Agency for International Development
USG	United States Government
VAC	Violence against Children
VAT	Value Added Tax
VCO	Volunteer Children Officer
VSLA	Village Savings and Loan Association
WAD	World AIDS Day
WASH	Water, Sanitation and Hygiene

I. EXECUTIVE SUMMARY

This Quarterly Progress/Performance Report for Cooperative Agreement AID-615-A-15-00005 covers the period from July 1 to September 30, 2017. This is the fourth quarter of the project's Year II period.

The Nilinde consortium is comprised of two international partners: Plan International and mothers2mothers (m2m), and two local partners: AMURT and Childline Kenya. The project works closely with 32 sub-grantees (hereinafter referred to as Service Delivery Partners (SDPs) who, with the Nilinde supported community workforce provide frontline responses to the various needs households caring for OVC need. Nilinde continued to work with key stakeholders such as the Government of Kenya (GoK), international organizations, and USAID/PEPFAR funded mechanisms and through community based structures to maximize program impact and sustainability.

With approximately 58,317 households caring for OVC across the six target counties of Nairobi, Mombasa, Kilifi, Kwale, Taita Taveta and Lamu, Nilinde works with a wide range of stakeholders and partners to ensure improved outcomes for OVC and their families. During this quarter, Nilinde served a total of 122,350 OVC (60,188 Male, 62,162 Female) against a COPI6 target of 148,967.



Of these, a total of 104,369 OVC (51,540 Male, 52,829 Female) received a variety of Health, Nutrition and HIV services; 88,341 (43,268 Male, 45,073 Female) OVC received psychosocial support (PSS), 31,222¹ OVC benefited from education services, including 30,772 OVC receiving school fees and levies through Plus Up funds. The cumulative number of OVC with known HIV status is 89,448 with 10,848 (5,396 Male, 5,452 Female) accounting for newly tested during this reporting period. A total of 64 OVC tested positive bringing the cumulative total of HIV positive OVC to 4,436² (2,143 Male, 2,293 Female) this is an increase from the 4,025 CLHIV reported at Semi-Annual Reporting period. HIV positive OVC continued to participate in various support group activities for strengthened treatment adherence support.

51,221 OVC (25,124 Male, 26,097 Female) were reached with child protection services service, including information on prevention of child abuse, neglect and reporting of child protection cases using the toll free 116 number and "speak out boxes". The cumulative number of OVC reached with birth certificates to 4,393 (1,356 < 5 years; 3,037 > 5 years). 14,332 Caregivers were sensitized on positive parenting with community conversations revolving around gender based violation, girl child education and, advocacy on child rights. This brings a cumulative total of 42,996 caregivers ever trained in caregiving by Nilinde. As at June 2017, Nilinde had provided assets to 12,105 highly vulnerable households against a caseload of 23,042³ households (HHs), had provided a range of economic strengthening interventions of 19,201 moderately vulnerable households against a caseload of 27,180 HHs and entrepreneurship training for 2,758 least vulnerable households against a caseload of 8,095 HHs. In addition a total of 8,877 households received NHIF.

In view of the need to align with the PEPFAR pivot, Nilinde successfully transitioned out of Lamu County as at September 30, 2017. As reported previously, Nilinde focused its efforts in building the capacity of the Lamu County Transition, accelerating service delivery to the 2,752 supported by the project and with targeted support for USAID's 4C project, undertook a household graduation readiness assessment to inform graduation plans all resulting in 305 OVC graduated out of project support and 2,447 OVC transferred to Aga Khan Foundation and World Vision for continued support.

Other notable key achievements include the full decentralization and operationalization of OLMIS across all Service Delivery partners, Utilization of Plus up funding to provide enhanced support to OVC and their families with a focus on Support to Health access and health promotion, education

¹ Whereas 31,222 were served with a range of education services the project takes cognizance that only 10,460 are reflected in OLMIS as at 30th September '17, data cleaning is in progress

² Nilinde is cognizant of the fact that in OLMIS the number of CLHIV reflected as at 30th Sept is 3,583 OVC (3,272 <18, 311 >18) against a confirmed enrolment of 4,436 CLHIV. Nilinde is currently doing data cleaning to ensure that all services rendered to CLHIVs are entered into OLMIS

³ Targets are based on HVA 2 results by household vulnerability categorization

support (ECCD, primary and secondary levels), asset transfer to highly vulnerable households, Psychosocial support and Child protection. Details of achievements against target are provided in this report. A 99.4% burn rate against the US\$ 5.2million for Plus Up was achieved. The unutilized balance against budget (0.6% amounting to US\$ 31,738 will be utilized to increase access to National Health Insurance Fund (NHIF) for highly vulnerable households and households caring for CLHIV.

The security situation in the Coastal Region remains a key issue of concern. During this quarter, an increased number of terrorist-related threats were reported, with some counties issuing new travel alerts and advisories. Security challenges arising from the on-going campaigns by political parties hampered some of the work, more so in Coast region and particularly in Lamu and in certain pockets of Nairobi's urban slum areas, particularly Kibera.

With 31 sub-grants under award to Service Delivery partners, capacity building continues to be a cornerstone of Nilinde's support to a range of small to medium sized organizations. Building on IBTCI findings and recommendations.

During quarter I of Year 3, Nilinde will focus on capacity building of community workforce on Data Demand Information and Utilization (DDIU), strengthening data quality, CPIMS migration, improve on filing and documentation and scale up case plans for CLHIV and least vulnerable households on path to graduation. In addition concerted efforts will be made to complete transfer of household economic strengthening assets to approximately, least vulnerable households (LVHs), initiate exit plans for OVC older than 18years and out of school; conduct HVA 3, initiate community link desks and undertake functionality assessment of new and existing Quality Improvement Teams (QITs). To ensure optimal compliance of the project's 32 sub grantees, Nilinde will conduct site visits and on the job training on US government procurement rules and regulations and cost share reporting.

II. KEY ACHIEVEMENTS (QUALITATIVE IMPACT)

Overview

This Quarterly Progress/Performance Report of Cooperative Agreement AID-615-A-15-00005 covers the period from July 1st, 2017 through to September 30th, 2017.

Nilinde works to improve the welfare and protection of children affected by HIV and AIDS, increasing household resiliency and strengthening community and county systems and structures for social and child protection. The Nilinde consortium is comprised of two international partners: Plan International and mothers2mothers (m2m), and two local partners: AMURT and Childline Kenya. The project works closely with a range of key stakeholders such as the Government of Kenya (GoK), civil society organizations (CSO) and community based structures to maximize program impact and sustainability. Nilinde continued operations in six counties namely Nairobi Mombasa, Kilifi, Kwale, Taita Taveta, and Lamu. Following graduation of 305 OVC and transfer of the balance of 2,447 OVC to World Vision and the Aga Khan Foundation, project operations ceased in Lamu as at end of September, 2017.

Nilinde served a total of 122,350 OVC (60,188 Male, 62,162 Female); of which 111,091 OVC are <18 and 11,259 OVC are >18. This represents 82% of the 148,750 active OVC (73,285 Male, 75,465 Female). The 122,350 OVC served is represented by 117,760 Active OVC; 1,115 OVC graduated; 3,453 OVC transferred and 22OVC exited without graduation. As part of Nilinde's alignment to PEPFAR pivot strategy, a total of 795 OVC were graduated out of Nilinde's Lamu County; while the balance of 1,957 OVC were transferred to other non-USG service providers. As a result, there were zero active OVC in Lamu County as at September 30, 2017.

Service Delivery to OVC

Nilinde posted gains across all service areas such as health, education, child protection and household economic strengthening through collaboration with key partners such as Ministry of Health, Department of Children's Services, Afya Pwani and Afya Jijini. These gains were amplified by the Plus Up obligation of US\$ 5.2 Million which served to increase and deepen project reach to OVC and their households; compliment planned activities as articulated in work plan Year 2 and enhance goodwill and relations between the different layers of the project implementers and beneficiaries. The funds also broadened the platform for engagement between the project and schools supported to implement School Improvement Plans (SIPs). Noteworthy is the fact that Nilinde expended 99.4% of the Plus Up obligation. The balance will be used to provide social protection (NHIF) to highly vulnerable households and households caring for CLHIV.

Key achievements following enhanced project implementation include: An increase of OVC with known status by an additional 10,848 OVC, leaving a balance of 32,902 (27%) with unknown status; increase in CLHIV served from 4,025 OVC (SAPR) to 4,436⁴ OVC; increased reach and support for 2,978 positive adolescents and 1,200 caregivers of CLHIV to improve treatment adherence. To date, 3,905⁵ CLHIV have case plans. In education, a cumulative total of 124,085 OVC were tracked by Nilinde's community workforce to ensure school attendance. Nilinde had provided assets to 12,105 highly vulnerable households against a caseload of 23,042⁶ HHs, had provided a range of economic strengthening interventions of 19,201 moderately vulnerable households against a caseload of 27,180 HHs and entrepreneurship training for 2,758 least vulnerable households against a caseload of 8,095 HHs. Nilinde reached 51,221 OVC with child protection services including legal assistance and age-appropriate information on child rights. Cumulatively, a total of 60,659 OVC (29,783 Male, 30,876

⁴ Nilinde is cognizant of the fact that in OLMIS the number of CLHIV reflected as at 30th Sept is 3,583 OVC (3,272 <18, 311 >18) against a confirmed enrolment of 4,436 CLHIV. Nilinde is currently doing data cleaning to ensure that all services rendered to CLHIVs are entered into OLMIS

⁵ Of the 4,436 CLHIV enrolled, 3,905 have case plans with regular follow up done by CMMs or CHVs, however 3,583 were confirmed served within the reporting period and services entered into OLMIS by September 30, 2017. With operationalization of OLMIS and noting that the reporting rates at the time of reporting was at 82%, Nilinde will focus on improving reporting rates and ensure that all services provided to CLHIV are recorded in OLMIS/CPIMS in a timely manner.

⁶ Targets are based on HVA 2 results by household vulnerability categorization

Female) have received birth certificates, of which 1,806 OVC (879 Male, 927 Female) for this quarter are under 5 years.

Youth Buffer Support Strategy

Nilinde continues to implement a youth buffer strategy that will see at least 4,248 out-of-school to responsibly transition out of the program. Nilinde continued to partner with private public partners such as the KCB foundation, GIZ, Technical Universities of Coast and Nairobi and RTI to provide requisite employability and business skills to enable youth to build sustainable livelihoods, post-Nilinde. These partnerships resulted in vocational and other support to 1,366 youth⁷

Lamu Exit and Household Graduation

Nilinde successfully transitioned 1,160 households (2752 OVC) out of project in Lamu County. Out of these total, 305 households (795 OVC) graduated upon attainment of graduation pass mark and the balance out 855 households (1,957 OVC) transferred to World Vision and the Aga Khan Foundation. A strengthened DCS and transition team remains on hand to monitor outcomes of these OVC. In addition to Lamu, Nilinde graduated 220 households (441 OVC) in Nairobi following application of both the 4Children Graduation benchmarks and the project Graduation Readiness Index (GRI).

Operationalization of OLMIS

The project made strides in shifting from manual reporting of OVC and household service provision to optimal utilization of Orphans and Vulnerable Children Longitudinal Management Information System (OLMIS) and Child Protection Information Management System (CPIMS). Using OLMIS, the project is now able to as enabled the project to determine children with unknown status and at higher risk to inform targeted testing, assessing timeliness of service delivery while strengthening age-appropriate programming. The project made a remarkable step of reporting to USAID using OLMIS yielding an 82% reporting rate against total active caseload of 148,750 OVC.

Sub Grants

The grants team conducted 31 on-site visits (22 Nairobi; 9 Mombasa) The site visits entailed, detailed review of financial documentation, assessment of bank and cash management systems, review of cost share contribution and an interrogation of procurement processes to ensure compliance with USAID regulations, best practice, Kenyan law and the organizations' own policies. The Service Delivery Partners (SDPs) received on job training on how to identify sources of costs share and to capture and document the same. Nilinde also assessed capacities and competencies and gauged improvements made from previous site visits. The team also facilitated a Grants compliance workshop in Nairobi and Mombasa for 32 partners. The training was conducted in September '17 and the topics trained included: (i) Cash Management; (ii) Cost share support; (iii) Enhanced internal controls; and (iv) VAT. These topics were selected based on the findings of previous quarter's site visits. The objective of the training was to address gaps which were identified as common across all SDPs in the previous quarter. The training is expected to result in improved outcomes on the four areas of training. As a result of the foregoing interventions and the Grants Compliance training conducted, partner capacity enhancement was noted the following areas:-

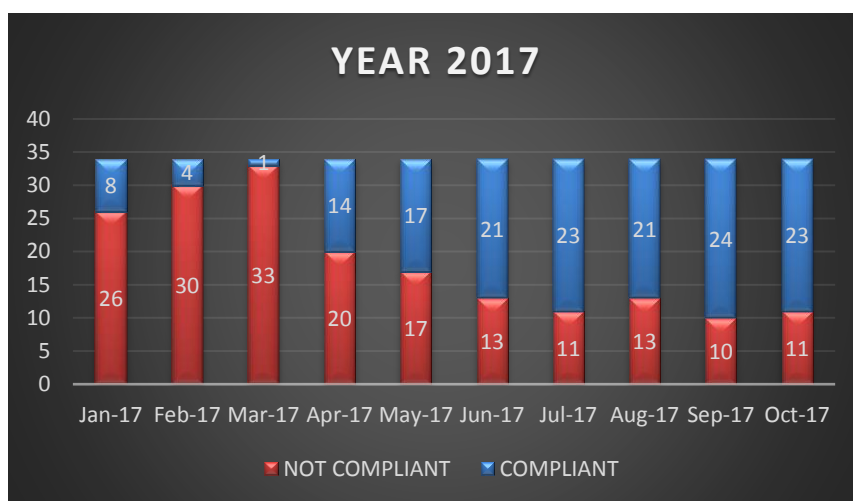
- I. The total amount of cost share reported increased from 9,309,757 to 13,470,006 representing a 45% increase from the previous quarter.

Month	Quarter 3			Quarter 4		
	April	May	June	July	August	September
Total Amount of cost share (KES)	2,642,921	3,217,177	3,449,659	4,884,217	5,018,373	3,567,416

⁷ 1,250 youth trained and active members of voluntary savings and loans associations; 120-KCB supported youth and; 96-TUK.TUM beneficiaries.

- The total disallowed costs and number of partners having disallowed costs has reduced. There was a decrease from KES 362,401 to KES 146,804. The number reduced from two partners having disallowed costs to only one partner with disallowed costs.

The number of SDPs, submitting complete, accurate and timely monthly financial and narrative reports increased from 20 (59%) to 22 (67%) representing a 6% increase from the previous quarter. This led to timely reimbursements translating to higher burn rates as compared to previous quarters.



Public Private Partnerships

World Bicycle Relief

The partnership between Nilinde and World Bicycle Relief (WBR) served to provide simple, sustainable and durable buffalo bicycles to Community Health Volunteers (CHVs) in the Coast region to improve their mobility to conduct household visits and provide services to target households. For every 3 bicycles purchased by the Nilinde, WBR contributed 2 bicycles bringing the total bicycles to 448 bicycles (269-Nilinde, 179-WBR) distributed in Kilifi County. Nilinde implemented a measurement framework track use and performance of these bicycles after slightly over one year of delivery. The assessment adopted a mixed sequential study design, utilizing questionnaires, focused group discussions and key informant interviews with CHV, Lead CHV and Caregivers.



Figure 1: CHV Beneficiaries at Kilifi Laneobava

The assessment revealed that the use of the bicycles; increased number of households visited to households for Children Living with HIV (CLHIV) on treatment and care; improved CHV motivation reducing attrition; improved status of CHV in the community; improved access to markets while increased earning power and; Enhanced efficiency in data collection and reporting. CHVs also indicated that they were able to CHVs are able to accompany children to hospitals and health facilities at no costs and fetch water and firewood to support OVC and their individual households.

KCB Foundation - Nilinde Partnership

Nilinde continues to engage the KCB Foundation (KCBF), in three programs to successfully implement a buffer support strategy to transfer youth out of the project;

KCBF – 2Jijiri (120 youth): Youth are set to graduate in Year 3 quarter 1. The partnership will seek to link the youth to training programs in preparation for employment and transferrable skills for further job placement.

KCBF and GIZ: Through Technical University of Kenya (TUK)-Nairobi and Technical University of Mombasa (TUM), youth have been enrolled into competence-based modular courses for four occupations, Heavy Machinery, Machine Maintenance, Instrumentation and welding. GIZ provides full scholarship and transport allowance to the youth while Nilinde provides coursework material and stationeries to facilitate the studies. Placement will be provided post-training.

KCBF and GIZ MIC College: Building on the existing relationship with KCBF and GIZ, Nilinde was given training slots for 135 youth (70 male and 65 Female) in the MIC College for training on Agribusiness-hydroponic technology. This partnership officially kicks off Year 3 Quarter 1. Youth will be trained for two months course, organized in groups of 8-10, supported to form companies and given interest-free loans for startup businesses. A grace period of 1 year will be applied to allow their businesses to grow.

Output 1: Increased access to health and social services for OVC and their families

Provision of age appropriate health and social services within Nilinde is anchored largely on the Year One program experience, the International Business and Technical Consultants Inc. (IBTCI) baseline survey (2016) findings⁸ pointed out common areas of unmet concerns across the 6 project counties. Nilinde identified and focused on some of these unmet needs for instance, HIV testing services (HTS) thus bringing the cumulative total with known status to 89,448 OVC (81,077 < 18 years 39,555 Male, 41,522 Female). Of this the total OVC > 18 is 8,371 9.3%. (The achievement in HTS, is attributed to the *Plus Up* Award funds received at the tail end of Quarter 2 (Year 2).

Nilinde continued to ensure provision of quality health and social services through a multiplicity of strategies drawn from the Year 2 work plan and the project's results framework. These included coordination, mobilization and capacity building of the community volunteer workforce (i.e. Community Health Volunteers (CHVs), Community Mentor Mothers (CMMs) and CBT-Community based trainers), caregivers, GoK structures such as Area Advisory Councils (AACs) and Schools.

1.1 Greater community involvement in health and social service delivery, promotion and use for OVC well-being

The community workforce serve as a direct link and liaison between the project and the households, and are the frontline workers for Nilinde. With a view to ensuring that children are free from harm and have access to their rights and to care, protection and support, Nilinde continued to engage and increase community involvement in children's issues – with specific attention to the needs of OVC.

Nilinde approach is three pronged; community level, school based and ECCD. In community, Nilinde employs the services of CHVs, CMMs, CBTs and VCOs to deliver various services and through households visits improve service delivery at the household level especially given that Nilinde is family centered. Through SDPs capacity building and empowerment of this workforce, such capacity building includes trainings, mentorship, OJTs, support supervision.

During this reporting period an estimated total of 5,259 community workforce that constituted 3,819 CHVs (also trained as HES Mentors), 84 CMMs, 146 VCOs, 461 ECD and select caregivers to deliver various services during guided households' visits. Targeted capacity building and technical assistance was provided at the community level to CHVs, CBTs and CMMs in thematic areas such as a) Data quality – updating Form IA and Form IB b) Leadership for Hope” and Changing the poverty mindset Training (HES Mentors) c) CMM In-service five days training; Adherence, Disclosure, Community Family Folder(M&E), ECD, & OVC-Y d) CHVs/VCOs Legal Aids, Child protection, case management and succession planning, NPA 2015-2022.

Nilinde continued to support CMMs to roll out case plans for CLHIV and adolescents. As result 3905 OVC living positively have case plans. The CMMs work closely with CHVs for purposes of

⁸ IBTCI findings revealed that 1) older OVC were more likely than younger OVC to possess birth certificates; and that OVC in Kilifi County for instance OVC aged 0-4 were least likely to possess birth certificates.. 2) There was a high number of OVC who do not know their HIV status. 3) Different counties had different successes as well as challenges in linking OVC to social protection. Other unmet areas included HIV status, low immunization coverage, low birth registration rates for the under-fives, school levies and poor tracking of school attendance and progression.

strengthening support to HH with positive children or caregivers. In addition, CHVs continue to receive on going sensitizations on 90-90-90, bi directional referrals, and use of essential tools for reporting, PSS and parenting skills among other areas. They also ensure effective referrals by accompanying and facilitating clients to service delivery points and documenting the same.

Within the school structures, Nilinde trained a workforce of 500 teachers, school directors and ECD Assistants and continued to support utilization of school clubs as safe spaces to provide information to OVC, foster peer learning while raising the voice and level of participation of OVC in matters affecting their well-being. The topics covered under the education related training include Nutrition and WASH, New Education Curriculum, Child Rights and Child Protection, Integration of health education in schools and Formation of School Health Clubs, Development of play materials using local materials and Keeping the ECD environment safe for Children, New Education Curriculum.

To improve coordination of service, Nilinde continued to engage community structures include AACs, QI teams and chiefs to facilitate greater access to child protection services such birth certificate outreaches, responses to child abuses and coordination of services amongst various players at county and sub county level. Nilinde continued to engage with these structures through active participation and hosting county accountability forums with DCS playing an active role.

Branding compliance for Nilinde community cadres

To promote Nilinde's brand visibility, create awareness in the community and to improve confidence in delivery and uptake of services provided in the project, a total of 3,499 CHVs, CMMs and CBTs in Nairobi & Coast counties received branded vests, bags and name tags for necessary identification and visibility of the USAID Nilinde project. This has increased ownership and goodwill among the existing community workforce. An additional 500 pieces will be procured in the subsequent quarter to cover additional volunteers newly recruited.



Figure 2: CHVs in their Branded Nilinde gear

Community Conversations

Nilinde continued to constructively engage the community on context-specific issues related to service provision. 54 community conversations were conducted reaching 3,464 (1,325 Male, 2,139 Female) participants who included caregivers, community opinion leaders, and local administration. Areas of conversations included election preparedness, HTS, birth registration, cash transfer access, sensitization on early marriages, child protection, and improving hygiene and sanitation and PLHIV stigma and discrimination reduction. These were conducted through the Community Action Committees (CAC) and MoH officials.

Home visits to households

CHVs, CMMs and CBTs conducted household visits reaching out to 122,350 OVC (60,188 Male, 62,162 Female) OVC. The visits addressed issues of child protection and positive parenting for caregivers, tracking of OVC school performance, growth and development monitoring, psychosocial support, food and nutrition, household graduation assessment, household vulnerability assessment among other social health and economic indicators measurable at house level.

Involvement in World Breastfeeding Week

Nilinde participated in the World Breastfeeding Week that was observed from 1-7 August 2017, whose theme was “Sustaining Breastfeeding Together”. 122 breastfeeding mothers were reached with information on proper breastfeeding practices and the role of breastfeeding on the development of a child in Kilifi County



Figure 3: Nilinde CHV engaging lactating mothers during World Breastfeeding Week

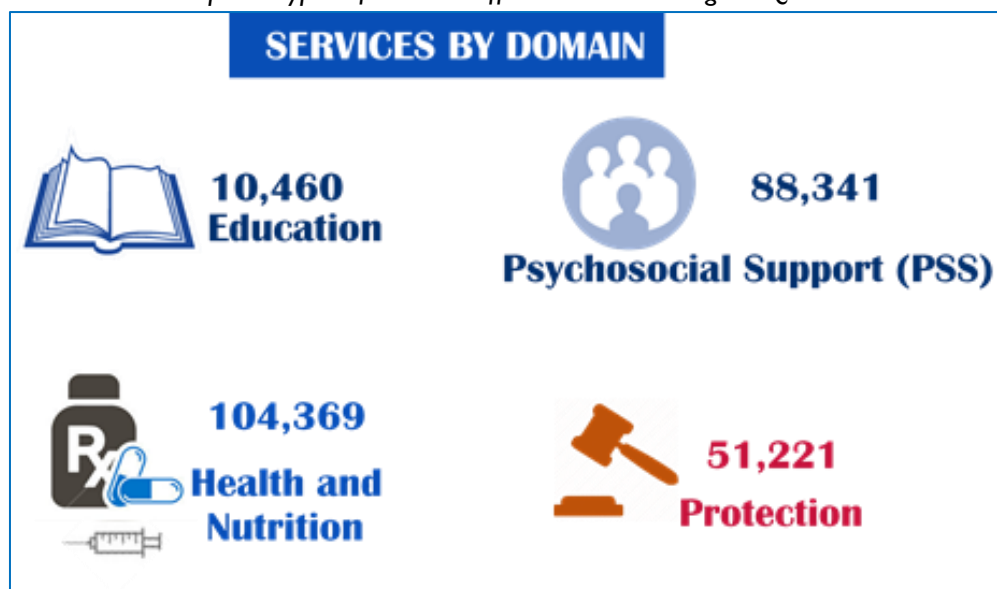
Nairobi County also participated in a peace walk during the elections period themed “Mimi Mkenya Nachagua Amani” (As a Kenyan; I choose Peace). This was meant to raise awareness on the need for peaceful coexistence amongst community members. CHVS used this event to sensitize the community on child protection to ensure a peaceful environment for all OVC during the election period.

1.2 Increased number of OVC receiving age-appropriate and quality services including HIV services

Nilinde continued to provide household and community based services to OVC and their families, aimed at improving child wellbeing. Out of the total 122,350 (60,188 Male, 62,162 Female) were served in this period. 79,843 OVC (39,406 Male, 40,437 Female) received 1 or 2 services while 42,507 (20,782 Male, 21,725 Female) were reached with 3 or more services.

The table below shows examples of service areas provided to OVC for the period July to September 2017.

Graph 1: Types of Services Offered to OVC during the Quarter



It is worth noting that whereas 10,460 children were served with education support as is reflected in OLMIS, Nilinde was able to reach a total of 31,222 with a variety of education services using Plus Up funds. Details of the sub components of each service area as reflected above are provided in the subsections that follow.

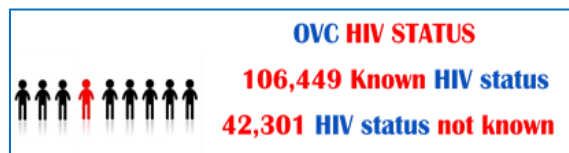
Health Access, HIV and Nutrition Services.

Nilinde reached a total of 104,369 OVC (51,540 Male, 52,829 Female) with Health, HIV and nutrition services. Out of those served 60,285 OVC (29,931 Male, 30,354 Female) were provided with health and nutrition education, and 10,848 OVC (5,393 Male, 5,452 Female) were tested for HIV and 64 OVC (23 male, 41 female) identified as HIV positive, and escorted for enrolment to HIV care and treatment. A further 15,806 OVC (7,936 Male, 7,870 Female) were supported and linked to access treatment for minor illness (including referrals for malnourished OVC), while 17,843 OVC (8,965 Male, 8,878 Female) supported with supplementary feeding and 17,630 OVC (8,737 Mal, 8,893 Female) were linked to Vitamin A supplements and 4,399 OVC (2261 Male; 2138 Female) were screened for anthropometric measurements to support their nutritional status of which 114 OVC (47 Male; 67 Female) were severely malnourished and linked to supplementary feeding services. Out of the 104,369 served under health, access and Nutrition, Plus up funds enabled Nilinde to not only reach HTS achievements above, but also reached 7,364 adolescent OVC (3,189 Male and 4,175 Female) through adolescent health forums. Key messages included; prevention with positives, sexual reproductive health and behavioural risk reduction. Similarly 2,998 (1,482 Male, 1,516 Female) OVC were supported to participate in CLHIV support group sessions.

Promoting HIV testing services, linkages to treatment and care and monitoring viral suppression

The 1st 90: HIV testing services

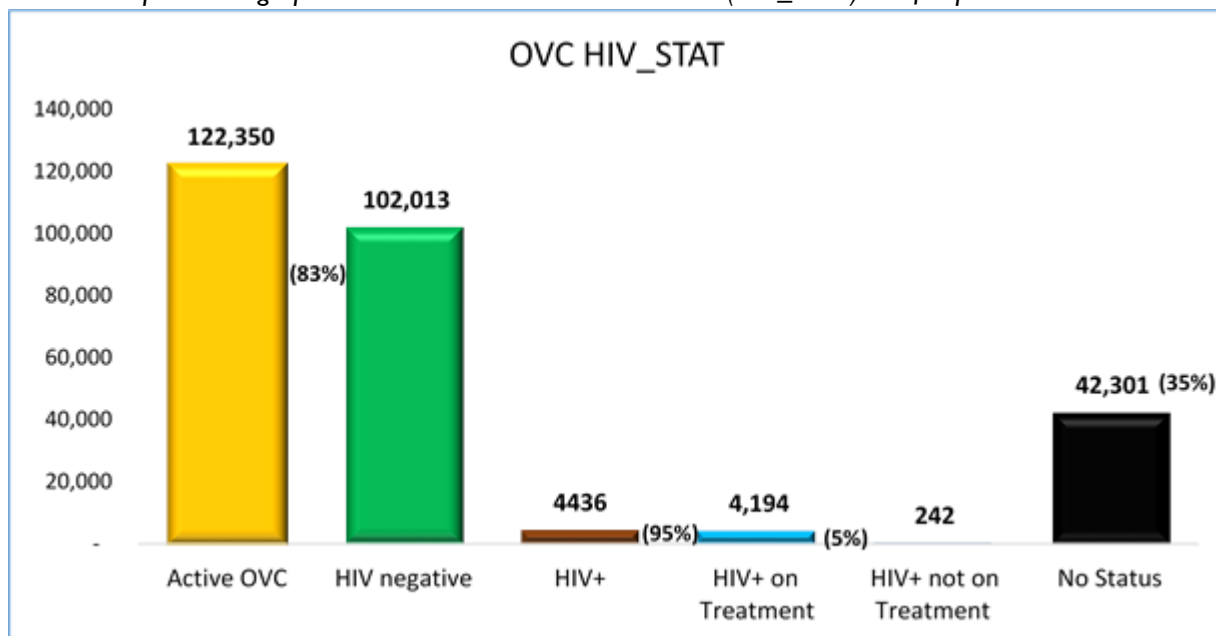
In this Quarter, Nilinde continued to increase known status of its caseload by providing focused attention on utilization of the target prototype risk screening algorithm by USAID, testing at mapped-hot spots and enrolling OVC with known positive status into care and treatment. Through partnerships with Ministry of Health, Afya Jijini and Afya Pwani, the project supported targeted door-to-door testing and community outreach events guided by OLMIS data and focuses on those at higher at risk. These efforts yielded 10,848 OVC tested bringing the cumulative total to 89,448 OVC out of the total caseload of 122,350 OVC served (111,091 <18 years; 11,259 >18years). The total number of OVC with unknown HIV status is 32,002 (27%). Nilinde will in Year 3, continue to employ strategies to ensure OVC with unknown status are support to know their HIV status.



Out of the total of 89,448 OVC with known status, 8,371 (9.3%) are above 18 years while the total number of <18 OVC with known status, stands at 81,077 (39,555 Male, 41,522 Female). Of the 89,448 OVC with known status, 85,865 OVC are HIV negative (77,805 <18 years; 8,060 >18). The number of HIV positive OVC stands at 4,436 (4,058 <18 years; 378 >18), up from 4,025 CLHIV as at SAPR. Out of the 4,436 CLHIV (2,143 male, 2,293 female). This information was obtained as a result of full operationalization of OLMIS and confirmed 4,436 CLHIV enrolled although OLMIS shows 3,583 CLHIV (3,272 <18 years, 311 > 18 years served). Concerted efforts are being made to improve reporting rates for CLHIV and data cleaning.

In the next quarter, the project will expand reach and accelerate treatment follow up and defaulter tracing to improve retention by optimal use of CMMs in collaboration with Facility Mentor Mothers (FMM) and treatment champions. To assist caregivers with disclosure and post-disclosure, Nilinde will continue collaborating with facility mentor mothers support the CMMs.

Graph 2: The graph below shows the Nilinde HIV status (HIV_STAT) as of September 2017



The graph above shows Nilinde's total number of CLHIV as at September 2017 to be 4,436 OVC (4,058 < 18 years, 378 > 18 years). Through CMMs, Nilinde will continue to assist caregivers with disclosure and post-disclosure.

The 2nd and 3rd 90: HIV Care and Treatment and HIV Case Management

In order to ensure a strong continuum of care and a focus on the second and third '90', community mentor mothers and CHVs in different sites through intensive case finding, identified and linked 95% of CLHIV to care and treatment services in nearby health facilities..

Out of a total of 3,583⁹ CLHIV, 95% i.e. 3,398 CLHIV (3,103 < 18 years; 295 > 18) (95%) are linked to treatment. The other 185 (169 < 18 yrs) CLHIV (5%) are not on treatment, for multiple reasons that include; lack of access to health information at facility level compounded by the caregiver's unpreparedness to disclose HIV status to children; stigma and discrimination. Through home visits and caregiver support group meetings, CMMs, CHVs and treatment champions will continue to sensitize caregivers on benefits of disclosure and positive living with a focus on the caregivers of the 185 CLHIV.

The project will continue to employ the services of both Community Mentor Mothers (CMMs) and CHVs through home visits and caregiver support group meetings to assist caregiver disclosure and ensure all CLHIV with known status are adequately linked.

Nilinde served 3,583 CLHIV with a variety of services including support to treatment adherence, scale up and participation in support group activities, nutrition, TB pre-screening, and viral load tracking. Adolescent peer-to-peer forums which facilitated linkage to HTS and Sexual Reproductive Health Services (SRHS) were convened. In addition, Nilinde supported psychosocial support groups for PLHIV-caregivers and CLHIV to support age appropriate disclosure and retention in HIV care and treatment.

In order to strengthen the 2nd and 3rd 90, Nilinde recruited and trained additional 35 CMMs to scale up CLHIV case management. The CMMs and CHVs accompanied the newly diagnosed 64 CLHIV (23 male, 41) to the health facility for same day enrollment in antiretroviral therapy (ART). CMMs and CHVs also provided appointment reminders and conducted monthly and quarterly household visit for both new and old CLHIV, reaching a total of 3,583 CLHIV. CLHIV support at the household included

⁹ CLHIV whose records were reflecting in OLMIS as at September 30th, 2017 out of total confirmed enrolled of 4,436 CLHIV

ARV adherence monitoring, including identification and support of CLHIV treatment buddy as well as supporting age appropriate HIV status disclosure to improve retention in HIV care and treatment.

Nilinde continued to work with health facilities to track and document viral load test results and other health parameters, for 3,398 CLHIV on ARV treatment. As a result of the community and facility efforts, a total of 1,348 (680 male, 667 female) have viral test results, among whom 1,213 (571 male, 642 female) are virally suppressed, while 87 OVC (46 Male, 41 Female) have viral loads above 1000 copies/m.

CLHIV Case Plan Categories

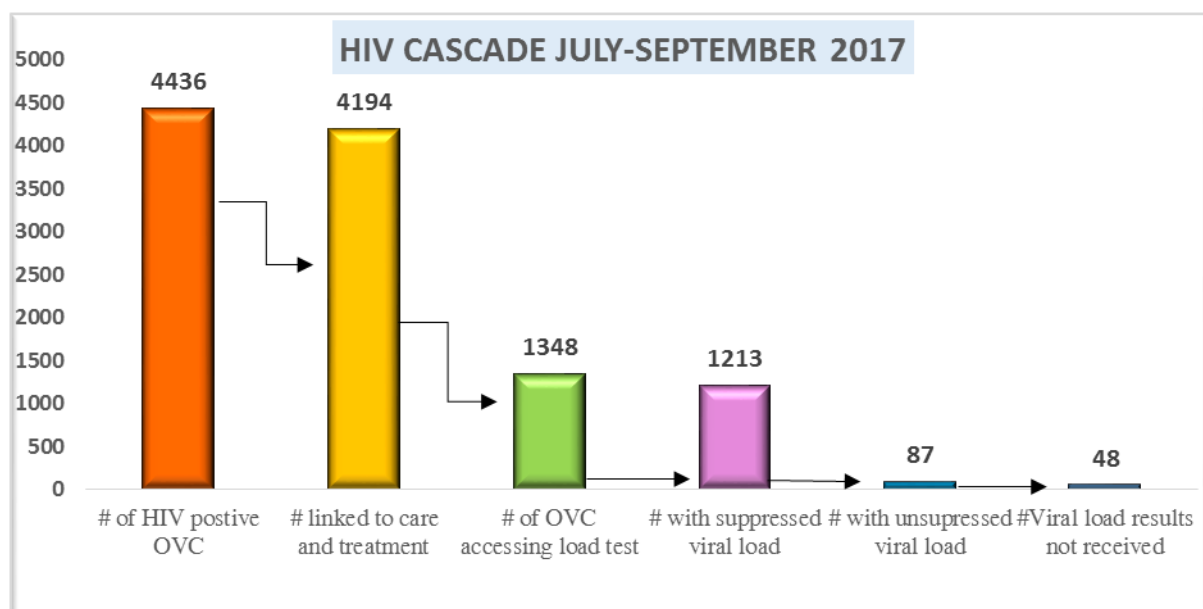
Out of 4,436 CLHIV enrolled, 3,905 -88 %-(1,951 Male, 1,954 Female) have case plans, out of which 87 CLHIV with detectable viral loads and therefore have intensified case management plans. Among whom 1700 case plans (792 Male, 908 Female) were managed by CMMs, including 87 CLHIV (46 Male, 41 Female) with viral load > 1000/copies, who are under intense joint targeted follow. Moving forward, the project will increase the number of CMMs from 84 to 115 to ensure the balance of 554 CLHIV without case plans as at September 2017, have standardized case plans and are regularly tracked for adherence and viral suppression. Nilinde will among other strategies attach each CLHIV to a CMM for support and case management and institute deliberate mentorships approach where the 35 newly trained CMMs will each be attached to 2-3 CHVs to provide mentorship for CLHIV case plans and facilitating CMMs to rove to more additional sites outside their coverage.

Table 1: Summary of categories of CLHIV case plans as rolled out this quarter.

Category	Sex			Case Plan Type
	Total	Male	Female	
Total CLHIV with case plans	3,905	1,951	1,954	<ul style="list-style-type: none"> - OVC case files opened for all CLHIV - Monthly interaction of CLHIV with CMM or CHV - HIV treatment status established, including tracking of viral load test results - CHV or CMM diary/black book used as the household primary information source
CLHIV not requiring intensified attention under CMM follow up (sub set of all CLHIV with case plans)	1,700	792	908	<p>Continuous case management by CMMs:</p> <ul style="list-style-type: none"> - Community Family Folder used for case management (anchored in the OVC files) - Regular follow up provided by CMM (monthly/quarterly) - Identification and support to household CLHIV ART treatment buddy - Viral load tracking test tracking, ART adherence monitoring - Clinic appointment reminders provided by CMM - Enrolled in community/facility age appropriate CLHIV PSS groups

Category	Sex			Case Plan Type
	Total	Male	Female	
<p>CLHIV with special medical need under CMM intense follow up (sub set of CLHIV under CMM follow up)</p> <p>E.g. High Viral load, non-ART adherence, severe malnutrition) (Community Family Folders used as a standard tool for CLHIV case management)</p>	87	46	41	<p>Intense tracking and case management by CMMs jointly with CHV, Caregiver, Health facility and SDP</p> <ul style="list-style-type: none"> - Community Family Folder used for case management (anchored in the OVC case files) - Targeted joint and focused action/case plans developed to aiming to improve status (reduce viral load, improve ART adherence and improve nutrition status) - 2 weekly household interaction by CMMs - Identification and support to household CLHIV ART treatment buddy - Initiate and support HIV disclosure process - ARV direct observed therapy (DOTS) provided by CMMs - Clinic appointment reminders and escort by CMMs - Follow up for repeat Viral load test and results after 3 months done by CMM - Follow up to treatment switch by CMMs (as appropriate) - Escort to Special clinic (as appropriate) done by CMM and caregiver - Provision/Linkage to nutrition intervention, including food supplementation - Enroll in age appropriate HIV PSS group at health facility or community within a month - Case conferencing coordinated by SDP Project Coordinator

Graph 3: HIV Cascade: Children Living with HIV care continuum



Caregiver ARV Adherence training and Monitoring ARTV adherence among CLHIV

A total of 550 caregivers (91 male, 459 female) in Nairobi, Mombasa and Kilifi were trained on HIV drug adherence, age appropriate disclosure for caregivers to OVC, stigma and discrimination and nutrition to strengthen their ability to support adherence and disclosure. CMMs assessed the level of antiretroviral adherence of children living with HIV, CMMs conducted pill counts and administered a set of questions to caregivers to assess if they recalled the events about the children's feelings about ARVs in the last seven days (seven day recall). The CMMs graded the adherence levels (Table 1 below), and developed case plans to improve ARV adherence of children with moderate and low adherence levels.

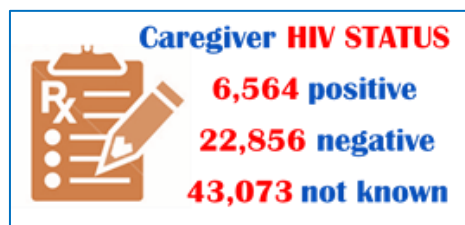


Table 2: CLHIV levels of ART adherence

Level of adherence	OVC assessed for ART adherence		
	Male	Female	Total
High ART adherence	348	272	620
Moderate ART adherence	22	23	45
Low ART adherence	14	12	26
Total	384	307	691

Health forums and boot camps adolescents

In previous periods, Nilinde conducted 2 hour' support group sessions for CLHIV, forums for adolescent girls and boys as well as caregivers with guided content from facilitation by CMMs and MOH facilitators. During this quarter, Plus Up funds, enabled Nilinde plan and organize for a whole day structured event with guided content and an expanded reach serving a total of 7,364 adolescents (3,189 Male, 4,175 Female) out of the adolescent OVC enrolled in the project. Plus up funds enhanced Nilinde's level of engagement with adolescents during health forums addressing a range of topics such as prevention with positives, Sexual Reproductive Health (SRH) messaging, Risky behavior, Stigma and discrimination, Adherence, drug and substance abuse, and life skills. As part of those reached, 708 adolescents (361 Male, 347 Female) living with HIV participated boot camps in Taita Taveta, Kilifi and Mombasa counties aimed at; enhancing emotional, psychosocial and educational support to CLHIV through experience sharing and the provision of health education; creating awareness and facilitating

treatment adherence and; building a cohort of treatment champions to empower youth living with HIV.

The table below shows gender disaggregated data of adolescent OVC who participated in the health forums and boot camps.

OVC health forums and boot camps (for CLHIV)

Table 3. OVC health forums and boot camps per county

County	Boot camps for CLHIV			Health Forums		
	Male	Female	Total	Male	Female	Total
Taita Taveta	61	67	128	61	67	128
Kilifi	67	113	180	1,310	1,546	2,856
Kwale	0	0	0	296	314	610
Mombasa	233	167	400	195	252	447
Lamu	0	0	0	142	228	370
Nairobi	0	0	0	1,185	1,768	2,953
Total	361	347	708	3,189	4,175	7,364

Nilinde had targeted to scale up health forums and boot camps over the School holidays in August using Plus up funds and to reach the Plus up target of 16, 992. However, the pending 9,628 turn-out was low as most adolescents travelled up-country with their caregivers during the election period. These activities will continue in the first two quarters of Year 3 to reach more adolescents.

Support Groups for OVC and Caregivers

Out of the total 4,436 enrolled CLHIV, Nilinde continued supporting a total of 2,978 CLHIV (1,713 Male, 1,870 Female) through homogenous support groups in all 6 counties by attending age-disaggregated support group meetings across an estimated 183 support groups. Of this number plus up funds enabled Nilinde reach a total of 2,978 OVC through CLHIV support groups. Support group activities were facilitated by at least two facilitators drawn from the pool of either; CMMs, NASCOP certified counsellors and or OVC treatment Champions¹⁰. During these sessions, age and categorization (4-7; 9-12; 13-18 implying young children, adolescent and caregiver support groups) allowed for application of age appropriate discussions around health, treatment, care, support and the thorny issue of disclosure. Nilinde supported SDPs comprehend support group facilitation guidelines through onsite visits the Job Training (OJT) for SDPs which led to an increased participation of CLHIV in support groups. Support group sessions were guided using existing customised content drawn from NASCOP such as Prevention with Positives (PwP) curriculum, an abridged version of the HERO's Handbook for peer mentors and treatment champions among others.

CLHIV Group Sessions: Nilinde supported a total of 36 community based psychosocial support groups (22-CLHIV groups, 14 Adolescent groups). The number of OVC attending support group sessions increased from 2,292 to 2,978 OVC and adolescents as a result of Plus Up funds. SDPs were taken through On the Job Training (OJT) on support group' facilitation guidelines, leading to increased participation of CLHIV in support groups. During the support forums, OVC were placed in teams defined by respective age groups to ensure delivery of age-appropriate services and messages. Trained peer educators/ facilitators covered different topics using the Prevention and Access to Care and Treatment (PACT) curriculum, Journey of Life (JOL) manual, an abridged version of the HERO's Handbook for peer mentors and treatment champions and Prevention with Positives (PwP) manual. Adolescents living with HIV were also provided mentorship and support to younger OVC on how to deal with ARVs, fatigue, and stigma and discrimination

¹⁰ These are HIV infected adolescents who have excelled in treatment as a result of adherence who motivate other adolescents

Adolescent Support Groups: Out of the 36 support groups held, 14 sessions were dedicated to community adolescent peer-to-peer group sessions reaching a total of 448 adolescents (232 Male, 216 Female) under the leadership of the Community Mentor Mothers. These group sessions enabled adolescents to share experiences on issues affecting their health and educated adolescents on the need to control risky behaviors which predispose them to HIV infections. Out of the newly tested 10,845, a total of 40 adolescents with unknown HIV status were referred to health facility for HTS and they all tested HIV negative. CMMs will continue to provide preventions education to encourage adolescents to remain HIV negative. The OVC caregivers will also be supported to on disclosure process by CMMS in order to improve their confidence to provide age appropriate HIV status disclosure to OVC.

In Taita Taveta and Mombasa counties, 26 adolescent champions were trained to lead others during support group meetings to achieve adherence, retention in care and treatment. The champions will receive continue to receive further training to ensure they carry out their roles satisfactorily

Support Groups for HIV caregivers: CMMs and CHVs facilitated HIV positive caregiver PSS groups, reaching a total of 1,031 caregivers (131 Male, 900 Female) of OVC enrolled in the project. Topics covered included; the disclosure process and when to disclose HIV status to a child; how to prevent HIV reinfection through consistent and correct use of condom; ART drug adherence; viral load monitoring and; family planning. Caregivers shared freely about their HIV status and supporting each other on ART adherence and HIV disclosure. With increased number of CMMs, Nilinde will continue to enroll more caregivers into community PSS groups and identify and train caregiver disclosure champions, who will support other caregivers on disclosure issues.



Figure 4: Children in a support group session

Stigma and Discrimination

Nilinde recognizes that children and caregivers living with HIV are prone to stigma and discrimination and has trained the CHVs and CMMs to address and help prevent the same including and not limited to the guided home visits. Adolescent health forums and Support groups for CLHIVs were held across the 6 counties and adolescent OVC, CLHIV & and their caregivers reached with messages on stigma and discrimination and empowered to prevent self-stigma and to report cases of violation.

A total of 2,300 OVC (1,127 male, 1,173 female) and 1,059 Caregivers (221 male, 838 female) and were reached with stigma and discrimination messages through trainings, community conversations, school outreaches, VSLA and, support group sessions. In view of the SIMS core essential element on Stigma reduction, Nilinde will scale up and strengthen the cascade on CHVs and caregivers sensitization and ensure that cases of stigma and discrimination for those living positively are spotted and addressed across all settings.

Support Group for Children Living With Disability

A total of 423 Children (197M, 226F) living with disability (CLWD) were reached in support group and mentorship sessions. Additionally, Nilinde paid school fees for 43 CLWD, provided sanitary towels, nutrition support among other services. In partnership with Kenya Institute of Special Education, an Occupational Therapy Unit was launched Kasarani sub county and, occupational therapy services offered to 252 OVC (130M, 122F Caregiver sessions were also conducted to help them perform home therapy on their own as well as proper nutrition practices for their children). Anchored on the household case plans, Nilinde assessed and developed individual case plans for each of the 252 OVC to assist monitor and support child specific milestones and independence given the unique vulnerabilities around CHWD, however going forward Nilinde plans to ensure case plans for OVC are developed and actualized at HH level.



Figure 5: CLWD undergoing OT Session

Nutrition assessments, support and referrals

Nilinde (CMMs and CHVs) conducted household growth monitoring for 0-5 years by observing the road to health charts as well as assessing the developmental milestones. They also performed nutrition pre-screening assessment using MUAC tapes, to identify, refer and follow up children with stunted growth or moderate to severe malnutrition. A total of 4,399 OVC (2,138Male, 2,261Female) were reached during the quarter bringing a cumulative total of 10,603 screened using anthropometric measurements to establish their nutritional status of whom 114 OVC (47 male; 67 Female) were moderately to severely malnourished and were referred for nutritional interventions¹¹ where they were offered Plumpy' Nut®, and other supplements to help them attain the required weight. Through its partnership with Proctor & Allan (E.A) Ltd, Nilinde received 50 dozens of Nutri-Rich porridge flour for 300 OVC living with disabilities from Clay City ward in Kasarani Sub County. In addition, 100 caregivers of children with nutritional challenges were offered nutritional education and counseling to enable them support the children to full health and nutrition status.



Figure 6: baby Joy* undergoing anthropometric measurement

Deworming: a total of 655 OVC (324 Male, 331 Female) were given *Albendazole* deworming tablets during an outreach that was conducted in partnership with MOH's department of nutrition in Nairobi County.

Water Sanitation and Hygiene: In-order to reduce the cholera outbreak that was rampant during this reporting period, Nilinde put extra effort to sensitize and educate households on cholera prevention, including proper hygiene and hand washing practices. Additionally, 173 households in Nairobi's informal settlements received water treatment kits through MOH partnerships. Ten (10) schools received training on hygiene and safe water treatment, reaching a total of 150 children (60 Male, 90

Female) through children's clubs. The trainings were conducted in partnership with MOH Public Health Officers and the school club patrons.

Psychosocial (PSS) support for OVC and Households

At the start of Year II, Nilinde developed and disseminated a Standard of Practice (SOP) or Psychosocial (PSS) Care in line with the new GOK Guidelines for PSS to emphasize emotional and social development together with the development of coping skills among OVC to deal with trauma

¹¹ The moderately malnourished OVC were referred to Kangemi HC, Dandora I Health Center, EDARP, Ruai Health Center, Tabitha Clinic and Lea Toto.

and emergencies. The SDPs were trained on a three pronged approach to PSS service delivery: a) child level PSS; b) caregiver PSS and c) the community level PSS. At the child and parent level, Nilinde has been focusing on scaling-up parenting skills and support groups to help children to gain awareness of their feelings and build self-control, and caregivers to address their emotional needs. The positive parenting training coupled with individual follow up sessions (with parents) during guided home visits has helped both OVC and the caregiver to build relationships that foster a sense of belonging in the family and community; and to cope with stress and trauma in an appropriate manner. During the quarter CMMs played a key role in PSS care and support for children and adults affected by HIV.

As a result of the above mechanisms, Nilinde reached 88,341 OVC (43,268 Male, 45,073 Female) with psychosocial support (PSS) services, of whom 68,781 (33,696 Male, 35,085 Female) were provided with basic counselling. Through support groups and peer club sessions 18,237 OVC (9,016 Male 9,221 Female) received focused messages such as: Self-esteem, disclosure and understanding of ARV adherence Individual counseling was also provided through structured home visits, to a large majority of OVC.

A total of 2,673 households were sensitized and/or trained on positive parenting aimed at improving parenting practices to an estimated 8,019 OVC. Additional thematic areas covered during the parenting sessions included; child development, gender based violence, girl child education, and advocacy on child rights. According to self-reported cases, many caregivers have reported improved relations with their OVC a case in point OVC testimonial at HWWK during the graduation ceremony.

Nilinde further trained 76 CHVs and VCOs (4 Male, 72 Female) on OVC Psychosocial Support guidelines to enable them train caregivers to provide PSS for children. Nilinde also piloted training of 45 CHVs (15 Male, 30 Female) on PSS using WHO's Problem Management-Plus Module (PM+), a curriculum that enables CHVs to offer basic counseling during household visit, and helps to lower the stress levels and promote effective coping skills among caregivers. The training will continue to be cascaded to CHVs in the project to increase caregiver reach.

At community level, 54 community conversations were conducted by Community Action Committees (CACs) and MoH, reaching 3,464 participants (1,325 Male, 2,139 Female), including caregivers, opinion leaders, and local administration. These community conversations are expected to increase uptake of services, identify and respond to PSS needs in families and communities and; mentor, support and guide caregivers and the community at large, care and protection to children under their care.

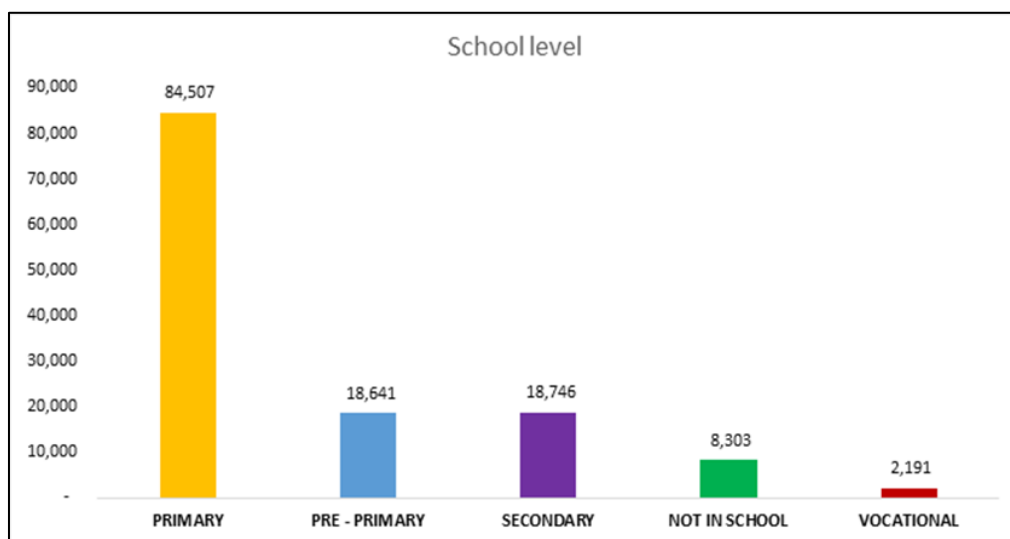
Education Services to OVC and their household

Nilinde continued to partner with Ministry of Education, Science & Technology (MoEST), County Education department and the local administration to offer key interventions that seek to reduce barriers to school enrolment, attendance, and progression for OVC. This was done through community/caregivers sensitization on importance of OVC school enrolment and caregiver's role in supporting OVC education, regular monitoring of OVC school attendance. A cumulative total of 124,085¹² (61,087 Male, 62,998, Female) OVC were served with education services through tracking of school attendance, with 22,067 OVC having been tracked as missing school for less than 5 days and more than 5 days in a month. Through liaison with CHVs and Teachers, Nilinde will continue supporting school going OVC to ensure high school retention rates.

¹² Of the total OVC reached with education services, a total of 8,947 (4,358 Male, 4,588 Female) have been keyed into OLMIs and the remaining numbers will be reported through OLMIS in the next reporting period

Below find the graph showing the school enrolment that translates to OVC tracked and attending school

Graph 4: OVC School Enrolment



From the above graph, It's of worth noting that while majority of Nilinde OVC are enrolled and attending school regularly, 8, 303 OVC are not in school because 803 have finished vocational training and awaiting linkages to job, others, 2,255 OVC have completed secondary school and preparing to join tertiary or university institutions of learning while an estimated 5,245 OVC are not of school going. Nilinde is tracking attendance closely and working with School institutions including ECDs and primary schools to ensure there are no school dropouts attributed to any reasons.

To increase school enrollment and retention, a total of 31,222¹³ OVC received education services, including 30,772 OVC (11,679 Male, 19,091 Female) receiving schools fees and levies through Plus up funds (ECD levies 9,402 (3,757 Male, 5,645 Female), Primary School levies-14,388 (5,641 Male, 8,747 Female) and Secondary School fees 6,982 (2,283 Male and 4,699 Female). The project ensured that 1,107 OVC in form 4 (516 Male, 591 Female), will successfully seat the 2017 Kenya Certificate of Secondary Education (KCSE) exams, through payment of requisite school fees.

In partnership with MoEST at National and County education department, 183 teachers from 76 schools (37 Male, 146 Female) were trained on how to engage caregivers for OVC school preparedness and parental involvement in education. The education support enhanced by the Plus Up funds has tangibly boosted school enrolment and retention among OVC from 99,237 OVC (48,651 Male, 50,586 Female) as at June 2017 to 124, 085 OVC (61,087 Male, 62,998, Female) highlighted above. It is anticipated that this effort will continue keeping OVC retained in school in the school calendar year and subsequently boost their chances of progressing to the next grade.

ECCD Services

Holistic child development is critical for learning among children. To support this development, Nilinde partnered with MoEST and Nairobi county Education Department to roll out Community Led Action for Children Model (CLAC) in 17 ECDE centres. The model addresses OVC school readiness, nutrition, health education and caregiver involvement in OVC education. Through this trainings and awareness session, a total of 461 (85 male 376 female) teachers, CHVs and CMMs were trained using the CLAC model on child development milestones. Through the trained teachers and CMMs, 4,844 (1,742 male, 3,102 female) caregivers were reached with messages on how to effectively engage OVC in stimulating activities and on the importance of parental involvement/school preparedness for under 5s. It is expected that the teachers will cascade this training to more caregivers to facilitate cognitive stimulation and learner preparedness to transition to the next level of education.



Figure 7: OVC playing and using learning using supported materials at Fairview ECD in Nairobi County)

Block Grant in ECCD centres: Through plus up funds, Nilinde provided block grants to 80 ECCD centres with 6,047 OVC (3,083 male, 2,964 female) in support of respective School Improvement Plans (SIPs); this included provision of learning and play materials to support engagement of under-fives in stimulating activities. An additional 6 ECDE centres were supported to procure portable blackboards and furniture (chairs and tables) to support school retention for 261 OVC (124 Male, 137 female) enrolled in the Alternative Provision of Basic Education and Training (APBET/Informal schools).



Figure 8: Children using portable education board

Teacher Training in ECDE centres: Nilinde partnered with KICD (Kenya Institute of Curriculum Development) at county level to capacity build ECDE teachers on the new ECDE Curriculum (Tayari), set to roll out in 2018. In Kibra sub-county a total of 82 ECD teachers (24 male, 58 female) were trained on the new curriculum components focusing on OVC nutrition, OVC school preparedness and OVC involvement in play through stimulating activities. As a result of this a total of 2,240 OVC (1,107 male, 1,133 female) benefitted from stimulating activities through use of materials locally developed by the teachers during the trainings. Nutrition and WASH in early childhood education is a core component in child development and growth. Through Nilinde and Nestle Kenya partnership, a total of 20 ECD teachers and 1,720 OVC (843 Male, 877 Female) enrolled in 10 ECDE Centres were able to receive nutrition and WASH education as well Nutrition IECE Materials. The 10 Centres also benefitted from training on detergent soap making and staff are currently making soaps for use in their respective schools.

Primary and Secondary School Support

School Fees Support: A total of 22,539 OVC (13,986 Male, 8,553 female) were supported with school fees levies/bursaries for the entire academic year these includes: 21,370 (13,446 Male, 7,924 Female) through plus up and 1,169 (540 Male, 629 Female) through normal programming. Nilinde anticipates that through the school levies support provided for the OVC from highly vulnerable HHs for the whole year majority, OVC will be retained in school, their attendance will be regular and therefore will progress to the next level or grade.

School Improvement Plans: Nilinde Partnered with MoEST to conduct regular school monitoring and development of School Improvement Plans (in schools where majority of OVC are enrolled in). Through this partnership, Nilinde supported 54 Schools (to develop and continuously implement School Improvement plans (SIPs) to address OVC school enrolment and retention. The SIPs addresses issues such as inadequate teaching and learning materials, lack of school feeding programs, lack of adequate WASH facilities in school and lack of school levies.



Figure 9: children during a school club activity

School life skills Club Training: A total of 20 teachers (8 Male, 12 Female) were trained on formation of school life skills clubs. The teachers went on to initiate school clubs comprising 20 children each in 10 schools. These clubs are expected to increase awareness on the importance of education and ASRH as well as offer safe spaces for the OVC to articulate their education needs and challenges. Through these clubs, a total of 1,422 adolescent girls were reached with menstrual hygiene training and a year's supply of sanitary towels to boost school attendance.

Back to School Enrollment Drives: Nilinde participated in back-to-school enrollment drives conducted with support from the local administration, MoEST, Women Education Researchers Kenya (WERK) and Life skills promoters who are implementing a UNICEF funded program dubbed “Bring them back to school”. This initiative helped to re-enroll 230 OVC (131 Male, 99 Female) back to primary school through provision of school uniform, school fees and School stationery.

Education support for Adolescent Girl: Nilinde reached out to 4,126 girls through mentorship and peer-peer group sessions in Nairobi and Coast regions. Topics covered included, life skills, ASRH, career counselling, talent identification and development. Out of these a total of 2,427 adolescent girls (1,422 -Nairobi, 1,005-Coast) received menstrual hygiene information and supply of sanitary towels to boost their school attendance. To promote girls enrolment and retention, MoEST education officers, local administration leadership and Nyumba Kumi initiative reached out to a total of 3721 caregivers (867 Male, 2,854 Female) in Kwale, Kilifi and Nairobi through community conversations to address girls’ enrolment and retention in school. Main challenges addressed included early marriage, child labour and inadequate parental support. There is growing anecdotal reports by CHVs indicating positive change in caregiver participation in OVC education.



Figure 10: School girls receiving dignity kits

Technical Vocational Education and Training Opportunities (TVET): Nilinde worked closely with county education office across the project areas to lobby for allocation of funding to OVC from high vulnerable HHs reaching a total of 70 OVC; 59 OVC (37 Male, 22 Female) through direct payment by Nilinde and 11 OVC (11 Male, 22 Female) through linkages to government bursaries.

Provision of NHIF for marginalized HH

A total of 8,877 ¹⁴households were reached with the National Hospital Insurance Fund. These are 1,123 Households below the target of 10,000 Households an under achievement that is attributed to the increase in the number of months covered by the payment per household from the initial 4 months to a period of 6 months per household to ensure a sufficient safety net to these individual households.

¹⁴ Nilinde anticipates to support more HHs for CLHIV and those from highly vulnerable HHS to access NHIF in the subsequent quarter.

Child Protection

Nilinde continued to ensure that OVC are protected from child abuse, neglect, exploitation and harmful cultural practices. To achieve this, the project applied a two-pronged approach; a) training children on their rights as right holders and b) equipping caregivers and other stakeholders to identify and respond to child abuse cases. Sensitization sessions held resulted in 51,221 OVC (25,124 Male, 26,097 female) with child protection services, out of which 24,792 (12,301 Male, 12,491 Female) were provided with legal assistance, 577 OVC (271 Male, 306 Female) rescued from abusive environment while 38,297 OVC (18,778 Male, 19,519 Female) received age appropriate information on prevention of child abuse, neglect and reporting of child protection cases using 116 and strategically positioned speak out boxes. As a result of awareness creation on child protection, 13 cases were reported through the DCS and case plans developed involving cases around sexual abuse, defilement, neglect and physical abuse. Nilinde will follow these case plans to their logical conclusion.

In addition, to OVC reached and through Plus Up funds Nilinde in collaboration with CRADLE Foundation; 724 CHVs (including 147 VCOs) were trained on Succession planning, identification, reporting and bi-directional referral of child abuse cases among OVC. This brings to a total of 39% of CHVs {1,303 CHV (390 Male, 911 Female)} trained. The training has strengthened the capacity of CHVs who are scheduled, in Year 3, to cascade the training to caregivers and 43,440 OVCs to participate in the development of memory book concept to encourage caregivers make secure plans for the future care of their children, encourage communication between caregivers and their children, disclosing important information, writing important family history, memories, hopes/dreams, messages and succession planning. The remaining 2,048 CHVs (61%) will be targeted in year III implementation period through a cascading model.

Nilinde held a one-hour live radio show aired on Pamoja FM¹⁵; a Kibera Community Radio Station to increase community awareness on child protection and improve children's safety in the community. The show covered the following topic areas: types of abuses, potential child abusers and referral pathway. During the show, 15 listeners called in and 30 interactive text messages were received and addressed. Furthermore, 25 OVC (7 Male, 18 Female) participated in children's parliament and deliberated on; insecurity, drug and child abuse, and neglect. The children proposed possible measures that they felt would ensure that they remain safe and secure from child abuse.

Despite the heightened political tensions that hampered Civil Registration Officers from effectively conducting outreaches to the communities to vet and register OVCs for birth certificates, 8,404 (4,182 Male 4,222 Female) OVC were registered. Of these 1,704 (878 Male, 906 Female) OVC are under 5 years of age. This bring to a cumulative total of 9,081 OVC below the age of 5 years and 59,169 OVC over 5 years have Birth certificates to date which forms 43% and 46% respectively of the OVC within those age categories. This bring to a cumulative total of 9,081 OVC below the age of 5 years and 59,169 OVC over 5 years have Birth certificates to date which forms 43% and 46% respectively of the OVC within those age categories. These documents will facilitate OVC to enroll for education in ECCD and access other social protection services like inclusion in families' succession plans in the event of death of a caregiver. In addition, Nilinde through the SDPs submitted 1,430 application forms to the civil registrar office for processing. For the OVC under 5 years the document will facilitate OVC enrolment for education in ECCD and access other social protection services like inclusion in families' succession plans in the event of death of a caregiver.

1.3 Strengthened referrals and linkages to essential services

Health: In the reporting quarter, utilizing the MOH 100 referral tool a total of 5,636 OVC (2,505 Male 3,131 Female) were referred for various health and nutrition services across the 6 counties. The number has gone down in comparison to the last quarter, 11,821 OVC (6,259 Male, 5,562 Female), April-June 2017, owing to the sense of insecurity in the informal settlements during the period prior, during and immediately after the August 8, general elections in Kenya. Referrals were made for services such as, clinical, WASH, viral load monitoring, PMTCT, child protection and legal services. 64 (23 Male, 41 Female) OVC tested positive for HIV and were linked for comprehensive care and treatment at health facilities; 138 OVC and caregivers (49 Male, 89 Female) were provided with access

¹⁵ A local radio station in Kibera with estimated 450,000 daily listeners

to health services, including viral load (16), HTS (93), post-natal services (3) and treatment for minor ailments (5). 56 OVC found to be moderately malnourished after the nutrition screening were referred for nutritional interventions in different facilities and 655 OVC (324 Male, 331 Female) referred for deworming.

Education: Nilinde continued to sensitize quality improvement teams and CHVs on available education bursaries and other support at the county level and by private foundations and organizations. Nilinde, worked with National and County Government, Equity Wings to Fly, to secure bursaries and scholarships for 57 OVC. Nilinde partnered with Nairobi Chapel and Students from Daystar University to support career and mentorship forums reaching 827 girls. Finally, Kenya Red Cross society in partnership with Nilinde donated school uniforms to 450 OVC.

Child Protection: During this quarter Nilinde trained a total of 851 (284 Male, 567 Female), CHVs and VCOs with a view to imparting them with knowledge and skills to respond to child protection issues. Topics covered included, identification of all forms of child abuse and child, neglect cases, referrals and case management.

In the subsequent quarter, Nilinde has planned to strengthen the achievement of complete referral and linkages through continuous training of the community workforce on referral, availing and using referral black books and establishing an active designated focal person at the referral points as well as conducting periodical data review sessions. Nilinde will also revise and cascade a referral bi-directional tool for adoption that will be used for tracking complete referrals. As a result institutionalize community link desks and Capacity building for SDPs on effective referral systems.

Table 4: Capacity building of community workforce

Community Cadre	Area of training / Sensitization	Number trained		
		Male	Female	Total
CHVs	Data quality – updating Form IA and Form IB	87	231	318
	Leadership for Hope” and Changing the poverty mindset Training (HES Mentors)	2,969	4,919	7,888 ¹⁶
	Growth Monitoring and nutrition skills	1	3	4
CMM	Recruitment and 10 day-Pre--service training of new CMM	0	35	35
	5-days CMM In-service training; Adherence, Disclosure, Community Family Folder(M&E), ECD, & OVC-Y	0	21	21
VCOs (146) and CHVs (705)	Legal Aids, Child protection, case management and succession planning, NPA 2015-2022	284	567	851
ECD and Primary School Teachers	Nutrition and WASH, New Education Curriculum, Child Rights and Child Protection, Integration of health education in schools and Formation of School Health Clubs, Development of play materials using local materials	85	376	461
ECD Support staff	Child Rights, Child Protection, WASH and Detergent Making	4	16	20
ECD Directors	Keeping the ECD environment safe for Children, New Education Curriculum	5	14	19
Community Leaders (Chiefs, Religious Leaders, village elders and Nyumba Kumi representatives)	Child Protection and legal protection and their role in building community support for care of OVC in Lamu	24	5	29

¹⁶ All CHVs were trained and an additional 4,069 Select caregivers under output 2 Household economic strengthening

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

The HES interventions are designed to address some of the household needs identified in the IBTCI-led baseline survey such as inability of majority of households (HHs) to pay for food expenses, average monthly expenditures exceeding average monthly incomes for majority of the households and majority of households allocating largest portion of their expenditure on food and schooling among others. As provision of targeted interventions continues, households gradually become more resilient and move from one level to another, while the least vulnerable households reach a point where they graduate out of the project support creating room for the enrolment of more households within the saturation counties. As at June 2017, Nilinde had provided assets to 12,105 highly vulnerable households against a caseload of 23,042¹⁷ HHs, had provided a range of economic strengthening interventions of 19,201 moderately vulnerable households against a caseload of 27,180 HHs and entrepreneurship training for 2,758 least vulnerable households against a caseload of 8,095 HHs. As at June 2017, Nilinde through its Youth Buffer Support strategy had reached 940 over 18 out of school youth (450 Nairobi, 490 Coast) with YSLA, youth friendly entrepreneurship and small business management, and Lifeskills & employability skills. During this period, the project reached an additional 66 with vocational training, 331 with entrepreneurship and small business management skills, 170 were linked to job opportunities and 120 with employability skills.

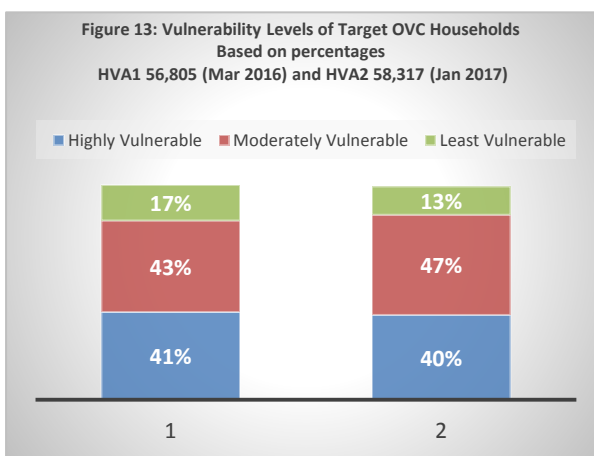
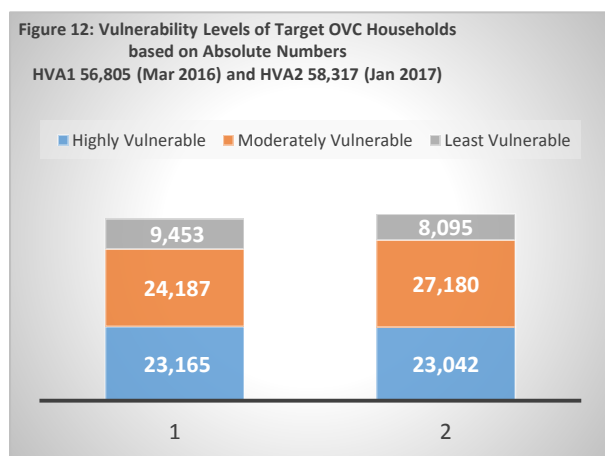
The project reached 14,332 (2,830 Male, 11,502 Female) caregivers with parenting skills reaching a cumulative total of 42,996 OVC. Through Plus Up funds, 724 LCHVs were trained on succession planning and child protection, the training will be further cascaded in the next quarter.

Nilinde, through its household economic strengthening (HES) strategy aims to empower target households to care and provide for the needs of their children rather than relying on external assistance. By categorizing the target households into 3 levels of vulnerability and providing specific blocks of HES interventions to each category over a period of time, the project gradually empowers the households enabling them to reduce their economic vulnerability and gain the confidence and resilience to progressively begin taking care of the essential needs of their children.

Output 2.1: Building sustainable economic initiatives to enable households to meet the basic needs of their children

Nilinde's technical approach to Household Economic Strengthening (HES) is centered on provision of targeted interventions that gradually build the economic assets of 58,317 households.

Nilinde utilizes results from periodic Household Vulnerability Assessments to determine provision of specific HES interventions to households across 3 levels of vulnerability. The diagrams above show the distribution households among the 3 levels of vulnerability as determined by the two consecutive HVAs that have been conducted by the project in March 2016 and January 2017 respectively.



¹⁷ Targets are based on HVA 2 results by household vulnerability categorization

An analysis of HVA 1 and HVA 2 revealed that concerted efforts targeted highly vulnerable households in relation to uptake in MGR, kitchen garden and voluntary participation in VSLA groups is influencing households ability to graduate from the HVHH to the MVHH, moving forward Nilinde will continue to encourage participation of all HH in VSLA over and above the original design to target MVHH.

In contrast to HVA 1, HVA 2 data shows some regression for households in the LVHH category which could be as a result of an over focus on HVHH and MVHH. This is reaffirmed through the GRI pilot project in Nairobi County in which only 50% of the sample size of households in the LVHH category attained the pass mark for graduation. This has resulted in an increase of households under the MVHH category despite gains made. Following provisional and now confirmed HVA 2 data, Nilinde is now making concerted efforts to provide targeted support to LVHH through enhanced interventions in trainings, market linkages and value chain development all of which are informing Year 3 priorities.

In this quarter, Nilinde put more concerted effort in targeting Least Vulnerable Households in an effort to prepare them well for graduation. These efforts included linkages to suitable markets and financial service providers and skills training in entrepreneurship and small business management and value chain development among others. A total of 220 least vulnerable households from Nairobi County were graduated this quarter based on the Nilinde¹⁸ Graduation Readiness Index (GRI). With sustained provision of targeted HES interventions to least vulnerable households, Nilinde targets to graduate at least 40% of the least vulnerable households out of project support based on the GRI score mark. The on-going application of the GRI tool across all LVHH will allow Nilinde analyze the specific areas of weakness of LVHH and refine strategies already put in place to ensure case achievement.

During this period Nilinde used results from HVA 2 to provide targeted HES interventions to households as further detailed in Appendix 6 – HES Interventions provided to OVC Households.

A. Building Community Structures that promote HES

The project uses a combination of CBTs, Economic Strengthening Committees (ESCs) and Household Graduation Committees to promote the HES agenda. In this regard the project trained 252 members of the Household Graduation Committees (HGCs) from 30 SDPs on the processes, tools and models used by Nilinde project and their roles in graduating households. These trainings equipped the 7-member committees comprising mainly of L-CHVs and CHVs with knowledge, and confidence to coordinate household economic strengthening activities and monitor the effect of the interventions on the target OVC households. Additionally, the project trained 4,550 CHVs and select caregivers to effectively support and mentor OVC households in economic strengthening matters, bringing the total number trained during the year to 7,888 against a target of 6,600. The training modules used were: “Leadership for hope Curriculum” and “Visioning and Changing of poverty mind-sets module”. These trainings prepared and equipped the CHVs and caregivers to pro-actively discover and release their leadership potential and make a positive impact on their own finances, projects and their local communities. Increasingly, caregivers and CHVs are realizing their inherent potentials and taking leadership steps by starting personal economic enterprises and other social enterprises.

Table 5: Summary of efforts made to build the community structures.

Building community structures that promote HES	No. of Persons				
	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Cumulative
Train members of the ESCs on the modalities of graduation of households	180				180

¹⁸ This is based on the projects experience on the percentage of households graduated in Nairobi County

Train members of the HGCs on the modalities of graduation of households				252	252
Train CHVs as HES mentors to OVC households			3,338	4,550	7,888
Train L-CHVs as supervisors for HES mentors		380			380

B. Social Protection Interventions targeting highly vulnerable households.

The table below captures support to Highly Vulnerable Households.

Table 6: Interventions to HVHH

HES Intervention to highly vulnerable (HV) households	No. of households				
	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Cumulative
Sensitize and support HV households to form/join MGRs	1,990	2,569	3,144	4,608	12,311
Transfer productive assets to HV households		-	3,074	12,105	15,179
Train HV households on kitchen gardens	129	1,161	4,662	3,355	9,307
Train HV households on life skills/basic resource management		-	5,524	3,242	8,766

Highly vulnerable households sensitized and supported to join and form Merry Go Rounds

The project through its network of CHVs, LCHVs and CBTs sensitized and supported 4,608 (Coast-1,661, Nairobi – 2,947) highly vulnerable households to join and form MGRs bringing the total number of households reached to 12,311 against an annual target of 10,000. Through this intervention, marginalized households were introduced to a very rudimentary and easily accessible financial instrument that assisted them begin learning the discipline of saving. The targeted caregivers used the savings accumulated through these MGRs to meet some of the basic needs of their children such as paying for schools levies, nutrition and health care while others were enabled to initiate small income generating activities to support their families.

Siri Ya Jikoni (Secret of the Kitchen)

The project tracked households participating in MGRs in Nairobi and noted that there were two types of MGRs that the households were engaged in. In one type, members contributed money and in another type also known as “Siri ya Jikoni” (Secret of the kitchen), members contributed food stuff. Average membership of each Siri ya Jikoni was about 10 caregivers. Female caregivers were actively engaged in these groups with some participating in both. The “Siri ya Jikoni” MGRs were held once or twice a week and participating caregivers received up to 2-3 weeks’ worth of food stuff.

Productive assets transferred to highly vulnerable households.

Target households were identified during the first household vulnerability assessment conducted by the project in March 2016. As a result of the asset transfer, the project expects multiplication of small stock which is expected to help households accumulate assets for purposes of nutrition and basic household income. The decision on the types of agricultural productive assets transferred to the households was made with consultation from the ministry of agriculture, livestock and fisheries (MOALF) officials from the respective counties. This ensured that the assets would adapt well to respective climatic and environmental conditions and aligned to respective county government strategic plans. Target households selected their preferred choice of assets and underwent training

for effective management of these assets. MOALF officials inspected and certified all assets prior to procurement and distribution.

Nilinde transferred productive assets to 12,105 HVHH (5,075-Nairobi, 7,030–Coast), bringing the total number of households that have received the assets to 15,179 against an annual target of 20,128¹⁹ (consisting of 10,000 HHs from Year 2 work plan target and 10,000 HHs from Plus Up target). The balance of 4,949 households will receive their preferred productive assets in Year 3, Quarter 1.

Type of Productive Asset Transferred	Number of highly Vulnerable Households that have received productive assets						
	Nairobi	Kilifi	Mombasa	Kwale	Taita Taveta	Lamu	Total
Indigenous Chicken	1,027	4,587	44	359	327	326	6,670
Indigenous Goats	341	1,563	165	204	183	192	2,648
Rabbits	15	128	-	-	-	-	143
Beehives	-	136	-	-	2	19	157
Cassava Cuttings	-	268	-	19	-	-	287
Pigeon peas certified seeds	-	6	-	15	-	-	21
Total HHs that received diverse agricultural assets	1,383	6,688	209	597	512	537	9,926
Total HHs that received assorted non-agricultural assets	5,075	21	157				5,253
Total HHs that received productive assets	6,458	6,709	366	597	512	537	15,179

In the urban areas, households received non-agricultural productive assets to stimulate growth of their income generating activities. These non-agricultural assets were identified through a consultative exercise in which the target households were asked to choose their most preferred type of livelihood/income generating activity/small business venture. Their preferred choices were listed down and analyzed to find the top twenty most preferred types of livelihoods/small business ventures. Through a consultative exercise, the most critical assets or combination of items required to set up each type of small business venture listed was identified, bunched together into a kit and costed. Of the twenty most preferred types of small business ventures, 11 had kits whose estimated market cost fell within the available budget allocation per household. These kits included among others, hair dresser kit, barber kit, mobile hotel kit, 3-wheeled sausage trolley kit, 2-wheeled trolley kit, 10-liter Tea dispenser kit, Cooler box kit, fruit juicer/blender kit among others. A menu of these 11 kits was prepared and re-circulated to all the target households for them to choose from. The project procured these kits through an open tender and distributed them to the target households after providing them with basic training on small business management. The photos below show some of the caregivers who have since initiated small business units after receiving their preferred productive assets.



Figure 11: Caregiver sells boiled maize and beans made using stove and saucepan from her mobile hotel



Figure 12: Caregiver sells snacks using Mobile 3-wheeled sausage trolley provided by Nilinde

Highly vulnerable households trained on Kitchen gardens

¹⁹ Nilinde anticipated savings informing the target increase of 128 HHs

Nilinde in collaboration with officials from respective county government line ministries trained 3,355 HVH (1,467-Nairobi, 1888-Coast) on kitchen gardening bringing the total number trained in the year to 9,307, against an annual target of 5,000. The positive variance is attributed to the high demand that this training has received within the community especially within the rural areas. As a result of this training, a total of 1,910 HVH (749-Nairobi, 1,161-Coast) have set up fully functional kitchen gardens which ensures a balanced diet without relying on expensive market supplies thereby improving their livelihood.



Figure 13: Margaret, a caregiver shows off her kitchen garden that she set up after being trained by Nilinde



Figure 14: A caregiver in Kilifi County tending to her kitchen garden

Highly vulnerable households trained on life skills and basic resource management.

A total of 3,242 HVH (1,279-Nairobi, 1,963-Coast) were trained on life skills and basic resource management bringing the total number trained this year to 8,766, against an annual target of 5,000. The training equipped caregivers with knowledge and skills to identify and effectively manage and utilize resources within their reach to support their households.

C. Activities targeting Moderately Vulnerable Households

The Table below summarizes interventions provided to Moderately Vulnerable Households (MVH) in Year 2.

Table 7: Interventions to MVHH

HES Intervention to moderately vulnerable households (MVHs)	No. of households				
	Oct-Dec 2016	Jan-Mar 2017	Apr-Jun 2017	Jul-Sep 2017	Cumulative
Train and monitor 1,607 VSLAs reaching 29,699 members	13,978	11,320	16,631	19,201	19,201
Train 5,000 MVHs on Financial literacy.	0		1,982	2,175	5,741
Sensitize 5,000 MVHs to subscribe to NHIF thru VSLA platform	0		2,357	3,375	6,966
Train 5,000 MVHs on integrated gardens & PHM.	0		2,408	1,421	4,352

Train 2,000 MVHs on irrigated agriculture and DTC	0		433	1528	2,067
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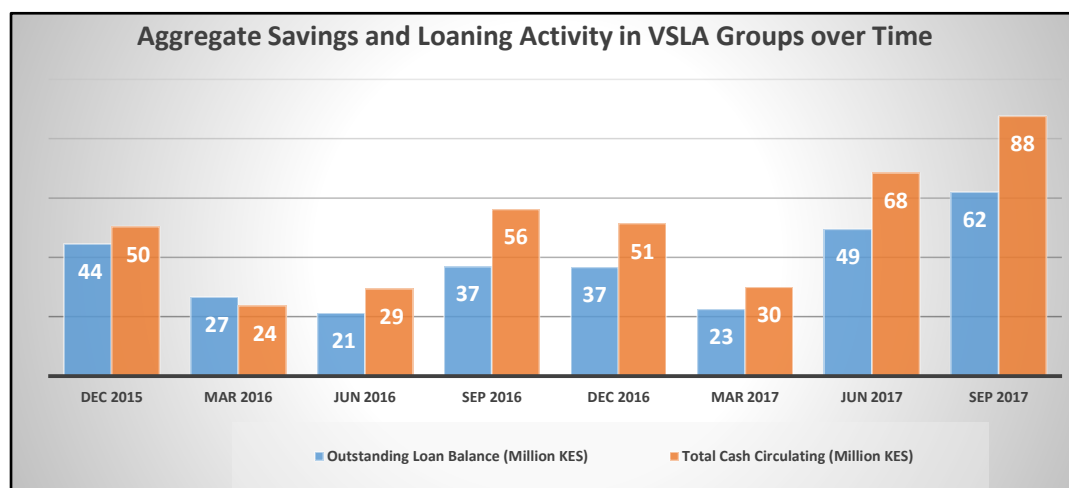
Existing and newly formed VSLA groups trained and monitored

A total of 1,607 (623-Nairobi, 984-Coast) Voluntary Savings and Loans Associations (VSLAs) were monitored and reported. This represented a 5.6% increase in the number of VSLAs reported in the previous quarter which was 1,521. The table below summarizes the performance of the Nilinde VSLA portfolio during the current reporting period.

VSLA Performance - July to September 2017							
County	No. of VSLAs that have been reported this Quarter	Total Membership	No. of Caregivers	No. of caregivers as a percent of total membership	Total Cash Circulating (aggregate savings)	Outstanding Loan Balance (At end of Sept 2017)	Average Saving/HH
Nairobi	623	11,306	9,728	86%	35,259,306	26,378,963	3,119
Kilifi	447	7,804	4,554	58%	15,746,281	10,606,317	2,018
Mombasa	128	1,774	1,054	59%	4,308,769	2,924,204	2,429
Taita Taveta	156	3,613	1,513	42%	14,071,493	12,162,389	3,895
Kwale	157	3,119	1,405	45%	13,298,678	7,143,117	4,264
Lamu	96	2,083	947	45%	4,924,142	2,795,850	2,364
Total	1,607	29,699	19,201	65%	87,608,669	62,010,840	2,950

The total membership in the VSLAs was 29,699 (11,306-Nairobi, 18,393-Coast) representing a 14% increase to the 26,045 reported in the previous quarter. The number of caregivers actively involved in the VSLAs was 19,201 (9,728-Nairobi, 9,473) up from 16,631 caregivers reported in the previous quarter. Finally, the number of OVC who were supported through the saving groups was 39,210 (18,963-Nairobi, 20,247-Coast) up from 35,589 OVC reported in the previous quarter.

As at the end September 2017, all 1,607 Nilinde-supported VSLAs had accumulated savings of KES. 88 million (US\$ 880,000) in the loan fund, from which members took small but easily accessible loans. The total amount of outstanding loans stood at KES.62 million (US 620,000). Most of the loans were used for meeting diverse household needs as well as for business purposes. The total savings represents an increase of 29%, compared to the last quarter. Finally, the average savings per household stood at KES.2, 950 (US\$29) compared to KES.2, 628 (US\$26) recorded in the previous quarter.



Moderately Vulnerable households trained in financial literacy.

To empower moderately vulnerable households to make sound financial decisions regarding investments, Nilinde trained 2,175 caregivers (521-Nairobi, 1,654-Coast) out of the annual target of 5,000 on financial literacy. This brought the cumulative total, since project inception to 5,741.

VSLA Platform used for sensitization of Moderately Vulnerable Households on NHIF
Using the VSLA platform, the project sensitized 3,375 MVHH (3,348-Nairobi, 27-Coast) on benefits of the National Hospital Insurance Fund Scheme (NHIF), against an annual target of 5,000. The cumulative total of households that have subscribed to NHIF through the VSLA platform is 6,966. By subscribing to NHIF, the households continue to access appropriate healthcare services while protecting and accumulating their assets which would otherwise have been sold off so to meet health-related needs.

Moderately Vulnerable Households trained on integrated gardens & post-harvest management.

The project trained 1,421 caregivers (603-Nairobi, 818-Coast) on integrated gardens and post-harvest management bringing the total number trained to 4,352 out of a target of 5,000. The trainings conducted by line ministry officials, equipped the caregivers with improved agricultural practices for enhanced production and income. It is expected that the caregivers will use skills gained to enhance farm production and implement more effective post-harvest management leading to improved self-reliance and sustainability. In addition, at least 100 caregivers in Taita Taveta County acquired certified sorghum seeds from the USAID sponsored Kenya Agricultural Value chain Enterprises (KAVES) Project²⁰ through linkage by Nilinde. These seeds were used during the planting season in August.



Figure 15: Caregivers receiving sorghum seeds from USAID KAVES project in Njukini-Taita Taveta County

Moderately Vulnerable Households trained on irrigated agriculture & drought tolerant crops

Nilinde trained 1,528 MVH (567-Nairobi, 961-Coast) on irrigated agriculture and drought tolerant crops (DTC), bringing the total number trained to 2,067 against a project target of 2,000. As a result of the training, caregivers gained skills and knowledge on irrigated agriculture leading to enhanced farm production and incomes leading to increased self-reliance.

²⁰ Kenya Agricultural Value Chain Enterprises activity works with smallholder farmers, businesses, and national and county government partners to address constraints up and down the value chain (such as agro-processors, input suppliers, transporters, exporters, retailers, financiers) and develop fully-functioning, competitive value chains.

D. Activities Targeting Least Vulnerable Households (Income Growth Interventions)

The Table below summarizes interventions to Least Vulnerable Households since project inception.

Table 8: Intervention to LVHH

HES Intervention to least vulnerable households (LVHs)	No. of households				
	Oct–Dec 2016	Jan–Mar 2017	Apr–Jun 2017	Jul–Sep 2017	Cumulative
Link 5000 LVHs to suitable financial service providers				1,884	1,884
Train 5,000 LVHs on entrepreneurship & small business management skills.	680	467	1,428	2,758	5,333
Train 200 caregivers as artisans in energy saving technologies				331	331
Train 40 select CBTs on pro-poor agri-value chain development			40		40
Support 5,000 LVHs adopt the principle of collective action in VCD				336	336
Conduct Household Graduation Assessment (HGA)#1			520	6,935	7,455
Support the graduation ceremony of LVHs that qualify based on the GRI				336	336

Least vulnerable households linked to suitable financial service providers

The project linked 1,884 (Coast – 699, Nairobi – 1,185) LVHs to various financial service providers including MFIs, banks, SACCOs etc. bringing the total linked during the year to 2,365. Using VSLA meetings, financial literacy and entrepreneurship and small business management (ESBM) training

forums, officers from diverse MFIs and banks such as Equity bank were invited to sell their products and services to caregivers to enable them make informed choices on service providers that best suit their needs. This linking allowed caregivers whose financial needs exceeded solutions offered by VSLAs to have access to bigger loans.

Formation on Caregivers SACCO

Following a training, caregivers from Kibera in Nairobi County formed a Caregivers SACCO aptly titled *Tunza Toto (Nurture the child)* Network. The purpose of the Sacco is to organize and promote the welfare and economic interests of its members by actively promoting; saving and borrowing, personal growth, members' education on proper use of credit, poverty reduction, human dignity and co-operation. A total of 210 caregivers have already filled Sacco membership forms. By November 2017, members will start saving cash with a view to accessing loans per the Sacco rules.

Least Vulnerable Households trained on Entrepreneurship and Small Business Management skills.

Nilinde in collaboration with Equity Bank and other Private Sector partners trained 2,758 LVH (1,868-Nairobi, 890-Coast) against a target of 5,000, on entrepreneurship and small business management skills. This brings the total number trained in Year 2 to 5,333 and since project inception to 7,396. Through this training, caregivers acquired skills and knowledge on establishing and managing small business enterprises for enhanced income, improved self-reliance and sustainability. It is expected that enhanced businesses will provide more income for improved support of OVC under their care.

Caregivers trained on energy saving technologies

Nilinde in partnership with MOALF trained 331 caregivers (303-Nairobi, 28-Coast) from least vulnerable households on energy saving technologies such as fireless cookers and solar heaters bringing the total trained in year 2 to 331 against a target of 200. The caregivers are now able to construct fireless cooker baskets and solar cookers, providing them with an income generating activity that can potentially and sustainably improve their livelihood status.

Least Vulnerable Households trained on value chain development

Forty (40) Nilinde-trained Community Based Trainers (CBTs) mobilized and trained caregivers across the project counties on pro-poor value chain mapping, analysis and selection. As a result, 21 farmer groups consisting of 336 caregivers were formed. These groups begun practicing coordinated production and marketing of their farm produce with the aim of accessing more competitive markets for improved incomes.

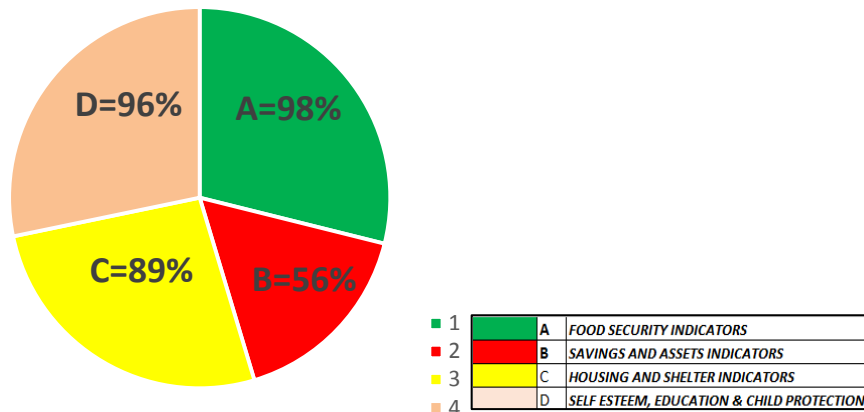
AGAPE Support Farmers Group

The Agape Support Farmers Group, is made up of 12 members, all caregivers, in Kilifi County. The group was formed in June 2017 following a training by Nilinde on value chain development. The group chose to specialize on the green gram value chain within their locality. The group hired 1 acre of land at KES.2, 000 per planting season and received certified green gram seeds and training on conservation agriculture from Ministry of Agriculture. In August 2017, the group harvested 135kg of green grams from the farm, sold the produce at Kes.120 (about US\$1) per kilo. A total of Kes.16, 200 (US\$ 160) from this sale was deposited in the group kitty. Dominic, one of the caregivers in the group, taking care of 4 OVC took out a loan of KES. 5,500 from the group kitty to pay school fees for Loice, his 15-year old daughter, in Form 1 at Myeye secondary school in Malindi. The group is currently preparing land in readiness to plant cassava.

Household Graduation Assessment done for Least Vulnerable Households

The project conducted its first household graduation assessment (HGA#1) using Nilinde's Graduation Readiness Index (GRI) to assess 6,935 Least Vulnerable Households (Nairobi-3,942, 2,993-Coast) across all project 5 counties except Lamu, which adopted the 4 Children Graduation benchmark to facilitate transition of the County. The household assessments were done at SDP level by 3-member Household Graduation Assessment Teams (HGATs), trained on the modalities of administering the GRI tool in target households. Only households ranked "least vulnerable" in the last 2 consecutive HVAs and garnering a GRI score of 150 and above were deemed ready for graduation out of project support. By end of the quarter, 1,142 households (876-Nairobi, 266-Coast) had qualified to graduate based on the GRI score mark. Nilinde supported 2 household graduation ceremonies for 220 households in Nairobi County and 116 households in Lamu County, bringing the total number of graduated households to 336. The exercise is still on-going and all Least Vulnerable households that continue to qualify will be notified and prepped for graduation ceremonies to be held within the next quarter. Below is a sample of household graduation assessment findings from Nairobi County, capturing some emerging trends:

Graph 5: Variations on performance of LVHHs in different domains of the Nilinde GRI based on a sampled SDP in Nairobi County



A key observation is that 56% of sample LVHHs demonstrate a general lack of assets. This implies that many of the households that were rated “least vulnerable” in Nairobi County generally lack assets (both liquid and tangible). These emerging patterns will influence the strategies adopted by the Nilinde project in Year 3. Some of these strategies adopted by Nilinde in the Year 3 work plan include: targeting least vulnerable households for involvement in VSLAs, targeting least vulnerable households for training on financial literacy with a special focus on practical investments options and a special focus on training the least vulnerable households on entrepreneurship and small business management skills. Next quarter Nilinde will move forward to apply GRI for other least vulnerable households in other four (4) counties to better understand the county context specific dynamics that may influence resilience building for least vulnerable households.

**E. Household Economic Strengthening Interventions targeting Youth
Youth Buffer Strategy**

Nilinde actively supports a buffer strategy for >18 years out of school youth to allow for new enrolment of OVC as guided by the COP 17 targets. The total number of youth are: 11,259 (5,878 Male 5,381 Female) with approximately 4,248 out school (2,131 Male, 2,117 Female) who will be exited in Year 3. The project will employ a time bound, multi-pronged and staggered approach to buffer youth out while ensuring successful exit from the project and transition into adulthood.

The Youth Buffer Support Strategy involves:- (i) A needs assessment through career development, (ii) Formations of Youth Savings and Loans Associations (YSLAs) groups or clubs after which they will be (iii) equipped with demand driven training that include EYL, Lifeskills and employability skills and/or (iv) enrolled for Technical Vocational Education Training. The Community Based Youth Trainers will build the capacities of the youths for a 6 months duration after which the youths will be graduated out of the project. Of the successful graduates, 2% of these cohort will be used as mentors and coaches for another 3 months post-graduation.

Nilinde will therefore channel all emerging opportunities for youth through the formed and functioning YSLAs, this will create incentive for youths to join, form and maintain their YSLA so as to access those opportunities. This opportunities will include among others: Government grants, TVET, CDF supports, training in diverse field etc.

Nilinde will continue to engage and develop a more positive working relationship with key partners for vocational training such as KCBF, RTI, McKinsey, GIZ and learning institutions including Technical University of Kenya (TUK), Technical University of Mombasa (TUM) and Miramar International College 9MIC). In Year 3, Nilinde targets to graduate 4,396 youth, to create room for those who are turning 18years to enroll into the youth buffer strategy. Among these targeted for graduation will be the 120 youth who benefited from KCBF 2Jijiri initiative, 96 youth at the TUK and TUM under

GIZ/KCBF, 8 Youths at MRI through RTI for Vocational training, 135 Youth at MIC college and 1,250 youths trained in the already formed YSLAs

Table 9: HES Interventions Targeting Youth

HES Interventions Targeting Youth	No. of Youth (Out of School)				
	Oct-Dec 2016	Jan-March 2017	April – June 2017	July – September 2017	Cumulative
Youth trained on youth friendly savings methodology.			30	1,220	1,250
Training youth on youth-friendly entrepreneurship and small business management skills.			790	988	1,778
Life skills and Employability skills			415	1,069	1,484

Table 10: Youth Buffer Support Strategy Activities

Vocational Training Opportunity	Duration of course	Institutions involved	Current No. of Youths	Start Date	End Date	Status & Remarks
Nilinde Private Partnership driven						
Various (Mechanical, hair and beauty, Housekeeping and laundry Electrical installation/wireman Automotive mechanical engineering Catering Food and beverages Welding and fabrication)	3 months	KCBF <i>Utalii college, NITA, YMCA, ECT</i>	120 (M-59, F-61)	Feb 2016	May 2016	1 passed away 20% are employed or self employed 76% are not employed 2 youth have received KCBF loan for business startup. 3 youth they loan are being processed
Hydroponics agribusiness course	2 months	KCBF, GIZ, MIC(141)	141 (M-,65 F- 76)	Sept 2017	Dec, 2017	Course on-going for all 141 youths. On completion, they will form groups of 10, register companies, get land, get interest free loan & ready market for their produce
Heavy machinery & Instrumentation	3 months	GIZ <i>TUK (48), TUM (50)</i>	96 (M-69 , F-27)	June 2017	Oct 2017	They are proceeding for 3 months industrial attachment thereafter graduate in January

Motorcycle mechanic & salon	3-6 months	RTI, MRM Institute	10 (5M-5,F-)	June 2017	Dec, 2017	2 dropped out 4 youths graduated this quarter. Nilinde provided tool box. 4 others continuing course.
Youth empowered for success	8 week	Various VT institutions	115 (17 m, 98F)	May /June 2017	Sep 2017	Mercy Corps and HWWK Bold Idea for Girls program The training also includes life skills and employability skills The training has been completed and the youth are currently forming YSLA.
Computer skills	1 month	African Internet Community Taita Taveta	10 (4m,6F)	April 2017		The 10 youth are currently employed.
Carpentry, Masonry & Mechanical skills	3 months	Village polytechnics Malindi	56 (26M,30F)			They just start the training
Nilinde Bursaries						
Welding, tailoring, hairdressing	3 months		192 (M-88, F-104)	July 2017	Oct 2017	Bursaries paid for my Nilinde.

Output 2.2: Increase knowledge and skills of caregivers on OVC care and protection

The purpose of positive parenting skills training is to strengthen the capacity of caregivers to care and protect OVC, promote parent-child communication, advance caregiver involvement in child wellbeing while enhancing the capacity of children to protect themselves and be active participants in decision making. The sessions utilized GOK approved curriculum like the National Council for Children Services (NCCS) Manual on good practices in childcare, PLAN International CLAC Module; Skillful Parenting; and Families Matter Program (FMP) which is an evidence based intervention to support caregivers break cultural barriers and communicate important messages about HIV, sexually transmitted infections, and pregnancy prevention to their children, with the ultimate goal of reducing risky sexual behavior among adolescents.

Nilinde also utilized complementary approaches to train Caregivers in Positive Parenting. One of the approaches is the “Champion Caregiver” approach; in which an SDP identifies 10 Champion Caregivers who is trained and afterwards is expected to cascade the knowledge and skills to other caregivers. These Champions were trained on three modules namely Care for HIV/AIDS Affected and Infected Children, Communicating Effectively with Children and Children with Special Needs using the Good Practice in Child Care manual. The second approach involved the use of the weekly VSLA meetings with the caregivers, where lead-CHVs piggy-backed on such forums to teach the caregivers, especially those in the newly formed VSLA groups, on the need for skillful parenting in relation to child care, child development and behavior modification amongst other topics. The above positive parenting approaches enabled Nilinde to reach 14,332 (2830 Male, 11502 Female) caregivers with positive parenting skills and knowledge information, thereby reaching a total of 42,996 OVC (21,068 Male, 21,928 Female). It is expected that continuous caregiver sensitization and training, will build stronger family relationships resulting in more resilient, happier and well-adjusted OVC.

Output 2.3 Link OVC household to social safety net programs

National Hospital Insurance fund

Nilinde strongly believes that social protection structures build ecosystems where individuals and families especially the poor, vulnerable, People Living with Disabilities (PLWD) People Living with HIV (PLHIV), the elderly and HH can cope with risks, crises and shocks in their lives. The project made a choice to focus on social protection strategies for the households and their OVC in health. Several collaborative meetings were held with officers from the National Health Insurance Fund (NHIF) within the various sub-counties in the respective counties with a view to facilitating the registration of more highly vulnerable households to NHIF in order to give them access to health care services. The meetings were also coupled with intensive sensitization of caregivers through VSLAs. All these efforts yielded NHIF registration of 8,877 (supported by Plus Up funds) households bringing the cumulative total of 12,396 households.

Cash transfer

Nilinde linked 74 caregivers (34M, 40F) to the GoK cash transfer program led by children department. This brings the cumulative total of households receiving cash transfer to 974. In the next quarter, the project will continue to lobby for more households to receive the GoK cash transfer support.

Output 3: Strengthened child welfare and protection systems at the national level, and improved structures and services for effective responses in targeted counties and sub-counties

Building on the IBTCI OCA and Nilinde funded M&E Capacity Assessments in Quarter 4, the project made meaningful progress towards achieving a strengthened child welfare and protection system. Nilinde supported the GOK national monitoring and MIS for OVC through a) conducting data review meetings at SDPs b) ensuring routine data quality assessments (RDQA) c) Technical assistance to ensure OLMIS at SDP/consortium reporting and use d) Data migration and interoperability between CPIMS and OLMIS e) Documentation and Data Security. The second agenda under this item was to strengthen the capacity of national and county institutions to deliver quality services to OVC and this was largely achieved through a) capacity strengthening of SDPs b) coaching and mentoring, c) Supporting 1 SDP in the LAMU transition cycle, d) Playing a crucial role in the dissemination of the M&E capacity assessment of the Department of Children services, e) Actively participating in the USAID SIMS, f) Quality Improvement Finally, in strengthening coordination of care to improve OVC well-being the project undertook to a) strengthen the referral system b) Training of Court users committees on child protection c) Support the AAC & LIPs and county level structures.

3.1 Support GOK national monitoring and management information system for OVC.

3.1.1 Partnerships supported by USG between the national and county levels

The government of Kenya launched Child Protection Information Management System (CPIMS) whose primary objective is to collect and manage information on child protection related issues, to coordinate child protection responses, assist in policy formulation and to facilitate evidence based decision making. In this quarter significant strides were made by the project in collaboration with HealthIT and Tupime County in migrating OLMIS data into CPIMS. Following the data migration, the project in conjunction with HealthIT and Tupime County intends to train SDP staff and scale-up the system across all SDP including selected LIPs within the month of November. Efforts will also be put in place to ensure SDP and project staff are able to utilize CPIMS for decision making and reporting in the coming seasons. Below is a roadmap of activities which will lead to successful transition of OLMIS to CPIMS.

Table 11: Transition activities to CPIMS

Transition activities to CPIMS	Timeline
Consolidate OLMIS SDP data to one master DB	20th Oct
Share merged DB with HealthIT for migration	23rd Oct
HealthIT and Tupime migrate Nilinde data to CPIMS and provide full access to Nilinde staff	TBD

Perform data verification exercise to ensure consistency between OLMIS and CPIMS reports after migration and feedback to HealthIT and Tupime county	Nov 1-30 th
Train SDP regular users and champions on CPIMS in Coast and Nairobi (<i>This will involve program people and M&E</i>)	Nov 7-9 th
Conduct SDP infrastructural readiness assessment to inform procurement, where need be.	Nov 13-Dec 20 th , 2017
Scale up CPIMS to SDP level	Dec 2017-Jan 2018
Perform additional data verification at SDP level using a standard approach and provide feedback to HealthIT and Tupime county	Dec 2017-Jan 2018
Provide continuous TA to SDP users	Continuous

3.1.2: Use of OLMIS for data management and decision making

Nilinde has gradually taken a shift from manual reporting of service provision to OVC and their households to using OVC Longitudinal Management Information System (OLMIS) platform. The project provided technical assistance to SDPs on how to capture quality data on services provided to beneficiaries through the system and subsequently using data to inform decisions. During the quarter under review, the project decentralized the system to all SDPs in a bid to enhance transparency, accountability and ownership of data at SDP level. With the intensive rollout of OLMIS across the SDPs an improvement was observed in Data Management Processes as compared to previous quarters. This also saw a remarkable turn of events which transformed the culture of data management and use at SDP and project level. In future, the project will continue supporting the use of MIS to ensure SDP and project staff generate information from a central pot to ensure uniformity and data consistency during decision making. The project made a remarkable step of reporting to USAID using OLMIS with a reporting rate of 82% with an active caseload of 148,750 active OVC within 3 months of full operationalization. The same data was uploaded into DATIM to demonstrate the project APR performance. In the coming quarter, the project will continue building capacity of SDP and consortium staff on DDIU and transitioning of data entry in CPIMS.

3.1.3: Performance review meeting with documented evidence and action plans

Nilinde has continued to conduct data review meetings to discuss the project performance across reportable indicators against set targets. These forums triggered discussions on best performed indicators and worst performed indicators; which have led to drawing of varied ways of improving the general project performance. The meetings were held at SDP level in both Nairobi and Coast and involved the SDP point persons, LCHVs and CHVs as well as GOK representatives from DCS. Consequently a total of 75 data feedback meetings were held within the quarter. Verification of OVC HIV status was a key agenda this quarter with all SDPs cleaning up their manual filing system as well as beneficiary data entered in to OLMIS.

Continual coaching and mentorship of lead CHVs were a value add in the meetings as this was noted as a standing agenda among other agenda items such as SIMS findings, and CHVs reporting. In the next quarter, Nilinde will continue to prioritize the following:

- Ensure monthly CHV and SDP data agenda driven meetings based on OLMIS/CPIMS with key performance indicators as part of SDP scope of works
- Build capacity of CHVs through refresher trainings and orientation on data collections tools
- Utilize simple data visualization tools to assist in meaningful data for information use
Community workforce capacity development on the importance of data quality especially through their roles and responsibilities in adhering to all dimensions of data quality while collating data at the household level.
- Continual mentorship of DCS and line government ministries on querying key performance indicators for learning and accountability.
- Strengthen regular performance tracking to demonstrate trend over time on key performance indicators.

3.1.4: Routine Data Quality Assessment (RDQA)

During this reporting period the project has witness remarkable progress in strengthening data quality. Building on the findings of the 38 RDQAs conducted in the quarter, the project continued to engage SDPs to clear data entry back log, cleaning and utilization of data for strategic decision making. The project used the gap analysis approach to identify gaps within specific indicators such as CLHIV and developed systematic measures to address the challenges while mentoring SDP staff on how to prevent a recurrence of the same. While this has been ongoing, this quarter has experienced continual provision of capacity building efforts on Data Clerks and SDPs M&E officers on data triangulation through OLMIS in a bid to identify underlying quality issues. Again, this quarter data quality discussions were extended to include OVC Served, birth certificates, plus-up services, HTS, ART linkages and viral load tracking. Consequently to ensure RDQA exercises are standardized, Nilinde reviewed the RDQA checklist. In the coming quarter, Nilinde has prioritized to roll-out the DQA checklist and provide training to SDPs staff. A robust action plan will be developed to ensure RDQAs are done in every quarter in each LIP and have the findings discussed in SDP monthly data reviews involving representatives from respective LIPs. Similarly, DQA activities will be cascaded downwards to the workforce level where the CHV and LCHV will be tasked to ensure certain basic quality checks are looked into before data flows from the source. In future the project intends to track implementation of DQA through a web-portal which will contain some in-built alerts to trigger action. In addition to initiative for the next quarter, Nilinde will continue to:

Provide on-going technical support to SDP M&E staff and data entry clerks to enter quality data in OLMIS/CPIMS;

- Stretch the scope of RDQA to cover broader aspects of data quality which will ensure congruence between primary data sources and OLMIS;
- Develop, disseminate and train SDP staff on standard operating procedures related to improving data quality across all levels of the data flow;
- Support formation and strengthening of quality improvement teams;
- Identify and train data quality champions whom will be seconded to high volume SDP to strengthen data quality at LIP level
- Track implementation of RDQA at LIP level and ensure timely action points are addressed

3.1.5: Use of standard data collection tools

The use of standard data collection tools goes a long way in ensuring consistent collection of data and uniform indicator definition across all project levels. During the quarter under review, the project made deliberate efforts to harmonize the list of tools used in data collection in a bid to reduce the burden of data collection on CHV. Through these efforts, the project eliminated the use of DATIM aggregated tool from the CHV and only retained the basic forms (FIA, FIB among other simple tools) which will be used in monitoring and service beneficiaries. In line with Nilinde programing, the project revised FIA and FIB to make them as comprehensive as possible in responding to beneficiary monitoring and needs. In the coming quarter, the project will ensure adequate supply of data collection tools to all LIP and provide continuous mentorship on indicator definitions and interpretation.

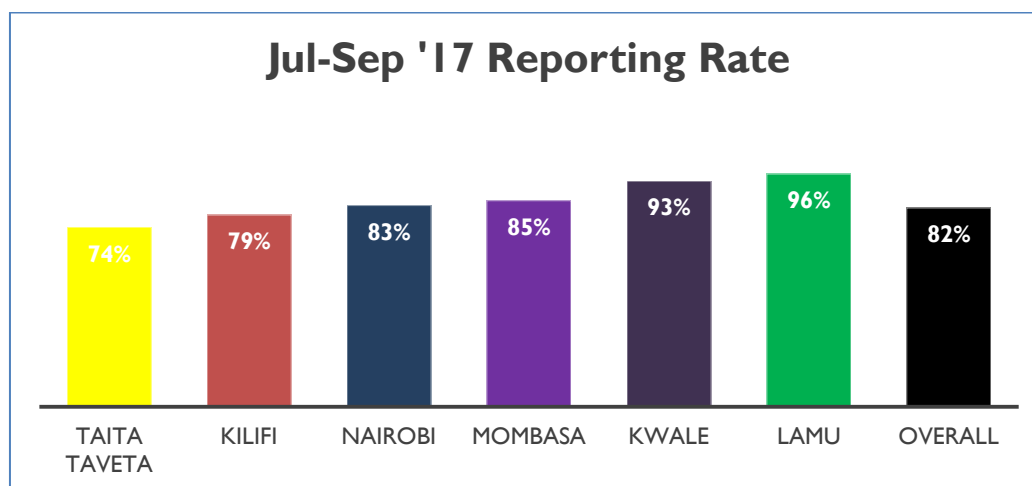
3.1.6: Strengthening data demand and information use

During the quarter under review, the project managed to put deliberate efforts in supporting the SDP on data demand and information use. This was done through identification of key priority performance indicators such as HIV_STAT, Education support, HES and OVC serve. The use of OLMIS played a fundamental role in generating reports for program consumers which spurred health conversations on quality, consistency and completeness of data in OLMIS. The information also provided depth in discussing the nature of beneficiaries who received various services through disaggregation of sex and age. The project intends to invest heavily on DDIU to ensure that everyone is able to identify their critical role in the value chain which will subsequently improve the level of programming and services to beneficiaries. The project will also dedicate more time in identifying key performance indicators and mentoring SDP staff and workforce on how to use data for decision making.

3.1.7: Tracking project reporting rates

One of the key outcome indicators used to assess how a project is performing within a given period is through the tracking of reporting rates. By definition, reporting rate is a function of number of active

OVC a project has been able to serve over a specified period of time – in this case quarter. During the quarter under review, the project managed to serve overall of 82% of 148,750 active OVC; with Lamu County leading at 96% and Taita scoring the lowest with 74% as shown in below graph. This was a notable performance considering it was achieved through use of OLMIS for the first time in the project.



Looking at the number of OVC served within the quarter, Nairobi served the highest (67,739) number of caseload followed by Kilifi (32,462). The project will put measures in place to track reporting rates on a monthly basis to provide an opportunity for timely corrective measures by LIP/SDP. In terms of enrolments, the project achieved 99.9% of the total COP 16 target of 148,967 by the close of year 2 which was a remarkable performance – see below analysis.

Table 12: OVC Served against COP '16 Target and Active Caseload

County	COP 16 target	# of active OVC	# of OVC served
Lamu	2,754	2,752	2,642
Taita Taveta	6,352	6,165	4,592
Kwale	4,628	5,268	4,892
Mombasa	11,503	11,769	10,023
Kilifi	43,480	41,020	32,462
Nairobi	80,250	81,776	67,739
Total	148,967	148,750	122,350

3.1.8: Documentation and data security and protection

Documentation, data security and protection forms a critical component of the project to ensure that all beneficiary information is well organized, secured and only accessible to authorized members. During the quarter under review, Nilinde procured and distributed 143 (75 Nairobi, 68 Coast) cabinets alongside 70,000 spring files and file suspension holders distributed in SDP within Nairobi; the coast region had adequate spring files. Confidentiality of the soft copy OVC database was also enhanced by ensuring that OLMIS system has different access levels with variant user management rights and passwords depending on functionality of the user.

The project also developed and shared a SOPs to guide comprehensive filing of beneficiary documents. In the coming quarter, more effort will be put in place to ensure that systematic tracking and 100% updating of standard beneficiary documents across all LIPs. In the coming quarter, documentation of services and filing will also be identified among the key performance indicators for all SDPs in year three.

3.2 Strengthen the capacity of national and county institutions, including local organizations, to deliver quality services to OVC

3.2.1 Capacity strengthening of service delivery partners (SDPs)

In a bid to ensure SDPs have both technical and organizational capacity to deliver high quality services to OVC, Nilinde continued to intensify evidence based informed capacity building interventions to the SDPs and the community workforce. One of the round two SDPs, ACCS point persons and lead CHVs were trained on Nilinde OVC standard data collection tools with an expectation that they would cascade the same knowledge to their 30 CHV. With the decentralization of OLMIS to SDP level SDP M&E focal point persons were provided with training on the system through a 1 day session held in both Nairobi and Coast counties where representatives from all 22 SDPs in Nairobi and 10 in Coast were oriented on the basics of OLMIS, report generation and basic troubleshooting.

Responding to the IBTCI and internal assessment findings, Nilinde organized capacity development for 56 board members and senior management teams from all SDPs in Nairobi County (except KICOSHEP that had not been contracted) on risk management, governance and administration. To ensure the acquired skills are put into practice, improving contingency planning for effective and efficiency OVC programme operation, the board members and SMT members developed Risk Management Plans for their respective SDPs. It is anticipated that the respective SDPS will be more proactive in managing risks by anticipating them way in advance and developing mitigation measures that would allow for business continuity in case of uncertainties emerging due to changing political, environment, legal and economic contexts. For instance the boiling political climate due to nullification of election was a key risk considered with best case, worst case scenarios and mostly likely case scenarios being analyzed and respective alternative measures deliberated and plans developed. Consequently, to ensure the knowledge and skills acquired are cascaded to the community workforce, the board and SMT members hinted on the intention to extend similar training to LCHV, CHVs and household respectively. One key strategy to address election related uncertainties was to ensure that CLHIV have uninterrupted access to ART treatment.

3.2.1.1 Coaching and mentorship sessions for SDPs

Building on evidence from IBTCI Organizational Capacity Assessment (OCA), management and capacity assessment during the pre-award period pointing to lack of robust and rigorous strategic plans for YIKE, Kadamwa and CIPK Taita Taveta. Nilinde offered participatory coaching and mentorship sessions to each of these SDPs to develop strategic plan development road maps. Additionally, Kwetu Centre was supported to review their strategic plan with technical support from Nilinde. Through a participatory process led by the SDPs leadership in collaboration with all relevant stakeholders working on their thematic areas including health and social services for OVC sector evoked rich discussions and eventual development of robust strategic road maps for the organizations. SDPs were oriented on all pillars of strategic planning to help them internalize and anticipate change, mobilize human and financial resources, implement systems for effective service delivery and, enhance organizational sustainability. In the next quarter, the project will support SDPs to put strategies in place for local resource mobilization and development of more sound governance structures.

Nilinde continued to mentor organizations on resource mobilization and overall strategic management, as part of on-going technical support to SDPs to ensure strengthened organization capacity and business continuity. Advisory services were offered to 4 SDPs (DSW, CBHC, WOFAK, SCOPE) targeting senior management teams on effective supervision and coordination of teams for quality services to OVC and their caregivers. The project trained the board of 1 SDP (HWWK) on effective and strategic board management and owing to the veracity of the material the training curriculum will be rolled out to other SDPS in the second quarter of Year 3. Two (2) SDPs namely; Kwetu Centre and Njukini CBO, were guided on the mapping of donors and investors which culminated in the development of Resource Mobilization Plans. As a result, a number of targeted discussions, concept notes and proposals have been developed and submitted to the identified donors with Njukini CBO submitting a proposal to the Japanese Embassy seeking financial support to renovate a school with Nilinde-supported OVC (Chumvini Primary School).

3.2.1.2 Department of Children Services

In line with the action plan for meaningful partnership and active engagement with the department of children services the quarterly high-level accountability and progress meeting was held in Lamu with the following objectives: Dissemination of the DCS M&E Assessment, Discussion on the short, medium

and long term interventions in response to the assessment, Key progress reports of Nilinde per county and share a brief on year 3 Nilinde Priorities. The meeting came up with key action including joint supportive supervision, roadmap for CPIMS uptake especially at SDP and a high level re-alignment meeting in Quarter 1 of Year 3.

3.2.1.3 Sustainability Framework & Transition Model

Nilinde undertook to utilize experiences from the USAID PIVOT in Lamu as a learning platform where the service delivery partners SDPs, LIPs and the community were introduced into a new way of looking into community transformation. Building on the Nilinde household graduation model and utilizing the 4C model a sustainability framework was developed that involved the development of a resilience model aimed at building and graduating households through local mechanism driven by the community. The transition committee was trained in OVC Case management approach, stakeholder engagement, resource mobilization, community philanthropy, household assessment & graduation techniques, local advocacy, investment and organizational coordination. In Year 3 the framework will be used in the all other Nilinde counties of Nairobi, Mombasa, Kwale, Kilifi and Taita Taveta as a means of ensuring OVC care after LOP.

3.2.1.4 Site Improvement Monitoring System (SIMS)

Within the quarter, USAID, using the Site Improvement Monitoring System (SIMS) evaluated 14 sites from 9 SDPS in Nairobi to ensure oversight, accountability and continuous quality improvement of services provided to OVC and their household within the quarter. Of the 14 sites assessed only 1 site scored below 50% falling within the “25/50” rule. The table below indicates the number of sites assessed by USAID over the last one year and summary scores per core essential element (CEE):

Table 13: Summary scores for the sites assessed

Region	Total Sites assessed (T=94)	Total CEEs assessed	Meets Expectations	Surpasses Expectations	Needs Improvement	Needs Urgent Remediation
Coast	80	1,670	176	1,136	288	70
Nairobi	14	217	24	72	74	47
Core Essential Elements CEE		Summative Response Action Analysis				
CEE#: C_1.14 [214] Reducing Stigma and Discrimination [AP]		✓ Nilinde will refresh LIPs with previously provided SoP on rights of children and stigma discrimination.				
CEE#: C_1.08 [208] Data Quality Assurance [AP]		✓ Nilinde will ensure that DQA is engrained in SDPS SOWS as well as a web based tracking portal allowing central monitoring from Nilinde.				
CEE#: C_1.05 [205] Beneficiary/client records [AP]		✓ Nilinde revised OVC filing SoP that will inform the regular spot checks by Nilinde team combined by RDQA				
CEE#: C_1.09 [209] Supporting Role of Community-based Cadres [AP]-focus on bi-directional referrals		<ul style="list-style-type: none"> ✓ Nilinde will collaboratively assign and designate point of contacts for referral/linkages who will be trained to utilize standard referral tools before 31st November 2017. The quick response package for Community Cadre will also include support supervision with logs/documentation available at the sites. ✓ Strengthen referral mechanism through strategy underpinned by link desks as captured in Y3 work-plan starting with high volume sites and rollout plan. 				

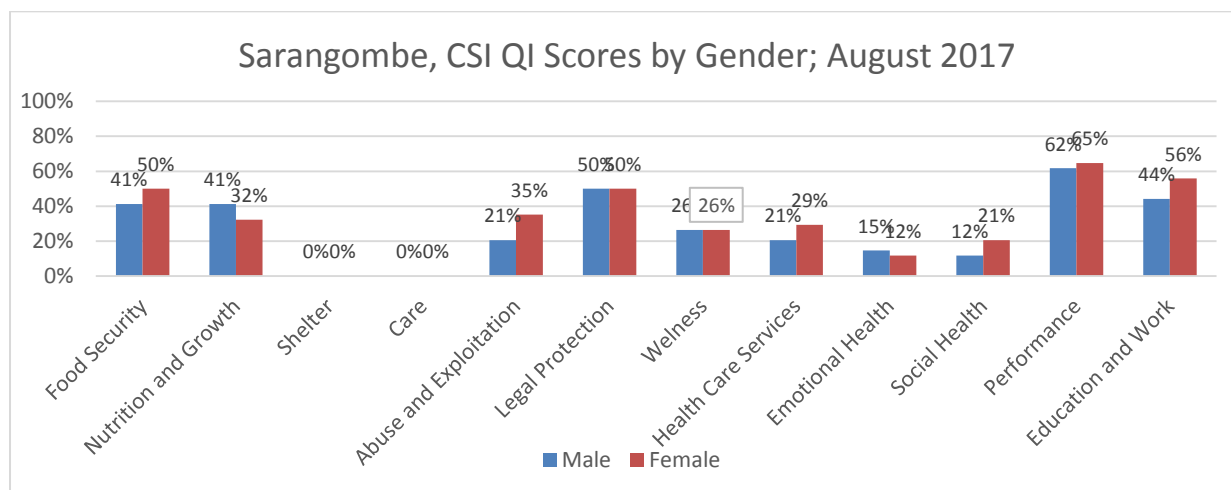
Core Essential Elements CEE	Summative Response Action Analysis
CEE#: C_3.01 [252] Case Management Services [OVC]'	<ul style="list-style-type: none"> ✓ Nilinde will intentionally prioritize onsite technical support & oversight to SDPs to ensure that the updating of individual OVC and caregiver files with services provided. ✓ Additionally, all households will have case plans utilizing the Nilinde case management file with the following road map; <ul style="list-style-type: none"> ○ Maintenance counties –Dec 2017; ○ Nairobi County (4/9 wards)-Dec 2017 ○ Mombasa-Feb 2018 ○ Kilifi-Feb 2018 ○ Nairobi (5/9 wards)-by Feb 2018

Illustrative Planned Activities for Next Quarter

- Collation of data and reports on SIMS.
- Training of SDP staff on resource mobilization; concept note and proposal development.
- Training of board members on roles and responsibilities.
- Training of SDP programme staff on technical report writing.

3.2.1.5 Quality Improvement

During the quarter 27 QI Teams carried out their quarterly meetings that were mostly guided by analysis the Child Status Index, and identification of priority needs based on community conversations and other forums. All the QI teams are implementing the Planning Doing Study Act (PDSA) approach and have identified different solutions to identified priority areas. The teams identified the priority areas, and planned on what they exactly were going to do, when and how to do it, the expected results and the changes to be made based on the findings. Below is an example of a CSI score sheet used by 1 QI team in Sarang’ombe, Nairobi County to plan activities around two key priority areas namely, child protection and education.



Eleven (11) QI teams in Langata Sub-county went on an exchange visit to Aphia Plus Nuru Ya Bonde in Kajiado County to learn more about effective management of QI teams. Lessons learnt e.g. prioritization of needs, identification of collaborators and linkages, development and implementation of action plans and reporting using project templates will be cascaded to other SDPs and will be used to improve the composition of QI teams, conduct their meetings and implement respective work plans to improve quality of services to OVC.

3.3 Strengthen coordination of care to improve OVC well-being

3.3.1 Strengthening the Functionality of the Referral System

3.3.1.1 Strengthen the capacity for establishment of robust child protection systems and case management

Nilinde fast tracked capacity building of the Lamu County AAC and the transition team in readiness for transition out of the county. This capacity building efforts facilitated operationalization of case management to ensure quality service delivery and eventual case achievement for 2752 OVC (1160 HHs). Nilinde trained 36 County AACs members (28M, 8F) drawn from different government line ministries, 11 civil society organizations and community volunteers. Key areas focused included overall quality improvement in broad case management and specific child protection concerns, and key minimum service standards for OVC programming. Despite project close-out in Lamu County, the Lamu County DCS will continue to leverage of established structures and networks to support sustainability of service delivery to OVC and child protection interventions through initiatives such as case conferencing meetings where cases reported to DCS will be discussed at length and solutions found.

3.3.1.2 TOT training on case management and referral guidelines with DCS HQ

Nilinde collaboration with Department of Children Services developed child protection case management and referral guidelines. Further, a four days TOT training for DCS staff was conducted where they contributed in developing a training manual on the same. There was a total number of 19 participants (8 Male, 11 Female) drawn from Department of Children Services, ChildLine Kenya, ICS (Investing in Children & Societies) and Pulse Kenya. In addition to the training manual, the team resolved on the training modules and various facilitation methods to be used during consequent trainings. The team provided feedback on the draft training manual to include:

- Review appropriateness of the training methodology.
- Review the flow of content.
- Critically relook at the content in the manual in-line with the case management guidelines.
- Identify and address target audience or individuals to be trained.

After the inclusion of the feedback given above; the DCS carried out 6 pre-test trainings of the facilitator's manual in six Counties – Kwale, Uasin Gichu, Garissa, Siaya, Nakuru and Kakamega. Out of the six Counties only Kwale county is implementing Nilinde project but the results will be used to inform national case management processes, roles and responsibilities of key actors in case management and referral. A total number of 223 (130 Male, 93 Female) DCS officers were trained as case managers and child protection actors as case workers and key referral actors during the training. The trainees will be expected to cascade the information to other counties. The TOTs proposed some amendments to the guidelines which have since been incorporated, however this delayed the cascading to the SDPs for the last quarter of Year 2. This has now prioritized for Year 3 Quarter 1 where Nilinde in collaboration with DCS, will cover the targets for Year 2 Quarter 4 and Year 3 Quarter 1.

3.3.1.3 Training of court users committees (CUC) on child protection for linkages and referral

To ensure that there is a short turnaround time in adjudicating children cases as well as preventing victims of abuse from being re-traumatized in the course of multiple provision of services Nilinde trained from Milimani Law Court Users Committee (CUC) on case management process. The training equipped CUC with skills and understanding of their role in ensuring the best interest of the children while serving children in the justice system. In addition, CUC were trained on adopting the alternative dispute resolution for cases affecting children and the parents/caregivers. They were also sensitized on the need for a collaboration between the informal justice system and formal system.

The expected outcome of the training was to have children remain within the safety net of the family. Caregivers reported with deviant behavior will be enrolled in mandatory parenting classes to alter deviant behaviors of parents and caregivers. Caregivers will further be linked to other service providers such as agriculture officers to create economic stability and improve the wellbeing of the child. Currently two caregivers are undergoing mandatory parenting classes to address the cases of child neglect. The two day workshop saw the participation of thirteen key persons representing the judicial system in Nairobi. The participants were able to draft a work plan on how to improve children's outcomes in the judicial system based on the best interests of the child.

3.3.1.4 Support the AACs, LIPs, and county institutions to improve OVC wellbeing through use of data to improve quality of services.

Nilinde recognizes the outcomes resulting from county level structures like AAC in creating a platform to share data to facilitate joint analysis and decision making among stakeholders. Through such platforms, Nilinde has been able to advocate for OVC to access essential services such as social protection programs, child protection services, relief food, etc. The fora also holds stakeholders working in counties accountable in realizing the NPA (2015-2022) interventions. With this in mind, Nilinde continued to be a voice for action for OVC by supporting and participating in 15 sub county AAC meetings and 1 county AAC meeting in Taita Taveta, Kwale, Nairobi and Lamu counties. Participants comprising of government officials and non- governmental stakeholders discussed and came up with solutions on transition plans, progress of child protection cases reported for the quarter, development of NPA work plans, and sharing of quarter achievements. In the next implementing period, Nilinde will continue engaging these structures in ensuring there is a strengthened and functional collaboration of child protection stakeholders by supporting CPIMS utilization and operationalization of case management process.

Learning Knowledge and Management

During the quarter under review, the project supported the development of a technical **Community Mentor Mothers (CMM) publication** titled “Enabling holistic and family centered care for children living with HIV in Kenya: Introduction of the Community Mentor Mother approach”. The document was fully drafted by the end of the reporting period and will be submitted for USAID Kenya review during the October-December quarter. The development of the brief relied not only on project data, it also involved close interactions with SDP and community workforce who are directly involved in monitoring CLHIV, ensuring multiple points of view. It explores the rationale for the CMM model and its’ family-centered approach. It looks at how it has been implemented, challenges, successes and preliminary results, including impact on ART adherence. The brief also highlights the utility of the approach with adolescents. Finally, it provides lessons that will continue to inform Nilinde’s efforts to further strengthen support to children and caregivers living with HIV. Going forward, 100% of Nilinde’s 4,079 CLHIV and their caregivers will benefit from the learning that was generated through this exercise. The expansion of the CMM approach is expected to be aided in part by seven existing CMM demonstration sites, which will serve as Centers of Excellence to provide learning exchange opportunities for other Nilinde partners. The publication itself will be made available widely in print in Kenya as well as online by Plan USA, in order to enable sister organizations to learn from and also apply this adaptation of the traditional MM model, which ultimately supports the 90-90-90 goals and ensures quality of care for CLHIV and their caregivers.

During the quarter, **Nilinde implemented additional components of its Learning and Knowledge Management (LKM) strategy**: A consultant supported the Nilinde team and partners to conduct **one Mid-Action Review meeting** for project staff and **two Learning Exchange meetings**- one for Coast, one for Nairobi - involving service delivery partners.

- The Mid-Action review discussion was organized around the “healthy, safe, stable, secure and schooled” concept in order to cover all aspects of the program’s reach, while emphasizing a deeper discussion around case management, HES approaches and institutional strengthening, which reflect the project’s intermediate results. The methodology looked at project design, “what actually happened”, what we would do differently next time and what else we hope to have learned from the project in one year’s time. Issues that were ultimately highlighted –with recommendations provided for each one- focused on: data and data systems; prioritizing within work planning and implementation; and workforce capacity. The knowledge gained from this process was well timed with Year 3 work planning, and progress on the highlighted issues will be tracked.
- The Learning Exchange meetings were developed in order to provide an open forum for dialogue and knowledge exchange between Nilinde’s partners. The LEMs were designed to be safe forums for honest discussion of partner implementation experiences to date, to explore successes, challenges and opportunities for the next three years. Ultimately, the LEMs are meant to support partners to advance the quality of programming and impact; as such, each meeting wrapped up

with a session on developing potential solutions. Issues discussed included case management and how to manage community cadres.

Finally, work continued this quarter on the **development of a research protocol** for a study that will provide stronger evidence and information around the impact of the CMM model on HIV status disclosure, care and treatment adherence and service retention amongst OVC households. It is expected that IRB approval for this protocol will be sought in the October- December quarter.

Communications

Content gathering stories, photos for various media

The Communications desk continued to collect and share USAID Nilinde content in the form of stories and photos. These have been used to share progress, achievements and success stories on the project on various media such as: Plan Kenya's Facebook & Twitter pages.

Capacity building for partners on branding and marking

Capacity building for partners on branding and marking compliance was done during the reporting period. These guidance was shared during site visits, through email contact and during training sessions. Site visits for three (HWWK, MCWC and AVSI) SDPs in Nairobi and three (Kwetu, DSW and CIPK) in Coast region. These guidelines were shared jointly with the M&E, Grants and Programs teams.

Distribution of branded merchandise to Nilinde's Community Volunteer workforce

During the reporting period, branded merchandise was distributed to Nilinde's Community Volunteer workforce who are the Community Health Volunteers and Community Based Trainers in Nairobi and Coast counties. The merchandise include branded vests, back packs and name tags for identification and visibility purposes. A total of 3,499 CHVs and CBTs in Nairobi and Coast counties benefited. A balance of about 500 will be done in the following quarter to cover additional number of volunteers and SDP staff. *Photos below of volunteers with branded vests and bags during community forums.*



Targeted Communications for Children by Children – final step

In the previous quarter, USAID Nilinde pursued an exciting activity on development of IEC materials for children as developed by children. This was based on three key themes i.e. parental neglect; sexual exploitation; child participation. Nilinde worked with Hope World Wide Kenya (HWWK) to pilot the IEC materials, working with a group of 30 children (15 boys and 15 girls) aged 10-12 years old from Thawabu primary school, in Kayole's informal settlement in Nairobi County. During the reporting period, the developed posters were shared with the Department of Children Services HQ and approved for dissemination as planned.

Graduation Ceremony at Hope World Wide Kenya (HWWK)

Hope World Wide's Graduation ceremony was held on 26th September at Komarock in Nairobi County. A total of 220 households qualified to graduate based on Nilinde's Graduation Readiness Index and therefore graduated out of USAID support. The ceremony saw the attendance of caregivers, volunteers and stakeholders. The event was graced by the Assistant County Commissioner, Ms. Ali who was accompanied by other colleagues from Department of Children Services, Ministry of Education and Ministry of Agriculture amongst others. The highlight of the event was presentation of certificates and cutting of a cake with the graduates. *Photos below of the ceremony*



Plus up Funds

Nilinde utilized Plus Up funds to accelerate provision of priority services to OVCs providing wider and deeper and wider reach. As at end of September '17, the project has expended 99.4% of the Plus Up obligation. The balance will be used to provide social protection (NHIF) to highly vulnerable households. Key achievements through Plus Up funds include the following:-

Health Access and Health Promotion: Nilinde reached a total of 10,848 OVC against a target of 4,418 OVC with HTS services. The over achievement of targets was realized through Nilinde's joint planning and collaboration with CASCOs and SCASCOs and through partnerships with Afya Jijini and Pwani in the respective regions that led to successful implementation of health forums which were used to provide targeted HIV counselling and testing services. A total of 2,998 OVC (against a target of 2,292 OVC) were reached through support groups. The project reached a total of 8,877 households with the National Hospital Insurance Fund (NHIF) against an expected target of 10,000 households. The under achievement of the target by 1,123 Households is as attributed to the increase in the number of months covered by the payment per HH from the initial 4 months to a period of 6 months per household to ensure a sufficient safety net to these individual households. Finally, Nilinde reached 7,364 OVC during health forums against a target of 16,992 OVC. The under achievement by 9, 628 because Nilinde has targeted the August holidays but this proved difficult due to the electioneering period. Health forums interventions remain a priority and will be held from Year 3, quarter 2.

Education Support (Primary/Secondary School): A total of 14,388 OVC against a target of 14,368 OVC were reached. The project over achieved in this intervention area by 20 OVC due to savings realised in fee amounts. Further, 7,522 OVC received secondary school levies against a target of 93% (i.e. 6982) of the original target of 7,522 OVC. Nilinde did not achieve this targets as planned because the project had budgeted with US\$90 for school fees per child in day schools but ended up spending US\$140 per child in day schools as the total tuition fees for the academic year thus the underachieved numbers. Nilinde will continue to identify and serve most vulnerable OVC with fees.

Early Childhood Development: The project supported a total of 9,402 OVC with ECD levies against a target of 8,770 OVC. 90 ECD centres attended by Nilinde supported OVC, were supported to receive learning and play materials for early stimulation of <5years. An additional 54 schools to develop community driven school improvement plans to address WASH interventions, Feeding program and support provision of play and learning materials.

Economic Strengthening: 7,888 Caregivers and CHVs (against a target of 1,380) were trained to become effective HES mentors to OVC households. Initially, plus up funds were to support payment of CHV stipends to conduct home visits, the activity was deemed unsustainable given the short duration of the funds. The activity was consequently changed to support of community workforce through funding IGAs with funds in the range of \$ 380 to \$1200 to enable them start off and expand both social and commercial enterprises. The project reached. 3,677 CHVs against a target of 1,200 CHVs. Finally, 10,000 highly vulnerable households received productive assets to 10,000 highly vulnerable households fully meeting the set Plus up target.

Child protection: Nilinde collaborated with CRADLE Foundation to roll out trainings for 724 CHVs and VCOs on Succession planning, Signs of identifying child abuse among OVC and appropriate bi-directional referral and reporting. The 724 CHVs will roll out a cascade plan to reach 43,440 OVC against the set target of 46,389 OVC. In Year 3, quarter 1.

Plus Up funds afforded Nilinde the opportunity to; deepen its reach to OVC and their households; compliment support as articulated in work plan Year 2 and improve relations with beneficiaries and the community at large.

III. ACTIVITY PROGRESS (QUANTITATIVE IMPACT)

Table 13: Nilinde Project's Year 2 July– September, 2017 Achievements against work plan Target

Output I: Increased access to health and social services for OVC and their families.									
AWP ACTIVITY REF:	INDICATOR REF	OUTPUT	Source (Ministry/Other)	ACTIVITY	TARGET		RESPONSIBLE PARTY	Quarterly Timelines	
					GOK/ County	Nilinde		July-September 2017	Comments
--	OVC_SERV	I.1	--	Mobilize and engage county leadership in OVC service delivery & scale-up.		6 ²¹	Plan	6	Consortium led County engagement Forums targeting leadership.
--		I.1	--	Map services, coordination mechanisms & capacity to accept referrals.		6 ²²	Plan, M2M	0	Nilinde will build on the Plan Kenya mapping conducted several months ago to it is fit for purpose and aligned with Nilinde's service delivery model.

²¹ This figure represents each of the six project counties.

²² This figure represents each of the six project counties.

Output 1: Increased access to health and social services for OVC and their families.

AWP ACTIVITY REF:	INDICATOR REF	OUTPUT	Source (Ministry/Other)	ACTIVITY	TARGET		RESPONSIBLE PARTY	Quarterly Timelines	
					GOK/ County	Nilinde		July-September 2017	Comments
--		1.1	--	Develop case management approach (ages & stages) to highlight critical services for HH with OVC.		1	Plan	1	To date the approach has been embedded as part of Nilinde strategy for informing service delivery, case plans have been developed; <ol style="list-style-type: none"> 1. Total of 3,905 CLHIV with case plans; 2. Total of 87 CLHIV with special medical need under CMM intense follow up (sub set of CLHIV under CMM follow up); 3. 681 HHs of the total HHs assessed in Lamu were put under case plans following a graduation benchmark under 4C before they were transitioned to World Vision and Aga Khan Foundation 4. Total of 43 OVC living with disability had case plans to ensure that they were prioritized for school levies, sanitary towels and nutrition services provision. 5. Actualizing case plans for >18 years to support graduation and/or exit from Nilinde
--		1.1	--	Mobilize community support for OVC through volunteer recruitment and management.		4,000 ²³	LIPs/SDPs, M2M, Plan	3,840	Reported number consists of 3,800 CHVs and 40 CBYTs.

²³ This figure represents the estimated number of Community Health Volunteers/Household Economic Strengthening Mentors who will assist households.

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

AWP ACTIVITY REF:	INDICATOR REF	OUTPUT	Source (Ministry/Other)	ACTIVITY	TARGET		RESPONSIBLE PARTY	Quarterly Timelines	
					GOK/ County	Nilinde		July-September 2017	Comments
--	OVC_SERV OVC_NUT	1.1	--	Conduct home visits to vulnerable households.		50,000	LIPs, M2M, Plan	58,317	This is the cumulative number of HHs visited as at this quarter. Quarter Jul-Sept 2017 -58,317 This is an increase from 56,805 HH reported as at June 2017 in view of the onboarding of new SDPs to cover Households
--		1.1	--	Support OVC/HH advocacy to reduce stigma and discrimination in service accessibility and delivery.		76 ²⁴		76	
--	OVC_SERV OVC_SICK	1.1	--	Build capacity of community members to identify and respond to child protection issues.		56,805 ²⁵	LIPs, Childline Plan	6,954	Count Trainings (including Positive Parenting) and Sensitizations conducted to HH level by SDPs, AACs, Chief Barazas, Nyumba Kumi Barazas and ECCDs. Cumulative 45,239 HHs were served as at September 2017.
--	OVC_SERV OVC_NUT	1.1	--	Establish support groups for marginalized households.		1,000 ²⁶	LIPs, M2M, Plan	0	The results realised are reflective of the reality of the needs on the ground and with the focus of supporting the unique needs of CLHIV, positive caregivers and Children with disability No new Support group were established. Nilinde continues to work with the 211 existing.

²⁴ This figure represents two outreach activities in each of the 38 project sub-counties.

²⁵ This figure represents 56,805 Households caring for 148,967 OVC based on Household Vulnerability Assessment (HVA) I.

²⁶ This target refers to the estimated number of support groups operational on the ground for CLHIV and/or HIV positive caregivers, children with disability, youth adolescent group.

Output 1: Increased access to health and social services for OVC and their families.

AWP ACTIVITY REF:	INDICATOR REF	OUTPUT	Source (Ministry/Other)	ACTIVITY	TARGET		RESPONSIBLE PARTY	Quarterly Timelines	
					GOK/ County	Nilinde		July-September 2017	Comments
--	OVC_SERV	1.1	--	Develop SBCC messages to promote desired behaviors for care, reduce risky behavior, and protection of children at risk.		6 ²⁷	Plan, Childline	6	
--	OVC_BCERT	1.2	--	Support and strengthen access to birth certificates for OVC.		33,800 ²⁸	Plan, LIPs, M2M	4,393	59,846 OVC cumulative as at June. A cumulative of 60,659 OVC out of 122,350 OVC served have a birth certificate as at September 2017.
--	OVC_HIVST OVC_ACC	1.2	--	Promote HIV testing of OVC and adolescents and link to treatment and care services as appropriate.		111,997 ²⁹	LIPs, M2M, Plan	10,848	Cumulative= 89,448 with known HIV status. Of the 10,848 new tests done this quarter 64 were positive.
--	OVC_HIVST OVC_ACC OVC_SCHAT OVC_SICK	1.2	--	Support OVC households to access critical health services.		25,583 ³⁰	LIPs, M2M, Plan	16,958	Critical health services refer to HIV care & treatment, nutrition, Immunization, prevention of childhood illnesses, Malezi bora. Count the number of HHs from OLMIS. 16,958 HH representing 104,369 OVC.

²⁷ This target refers to the dissemination of unique messages for improved care practices, reduction of risky behaviors and protection of children at risk.

²⁸ This target refers the number of OVC to be supported in Year 2; it represents 30% of the estimated number of OVC who require birth certificates.

²⁹ This target is based on 70% of Year 2 caseload as per approved Year 2 work plan

³⁰ This figure represents the estimated number of households served by Pathfinder International (APHIA plus Nairobi & Coast Counties). The number will be confirmed during the Household Vulnerability Assessment (HVA).

Output 1: Increased access to health and social services for OVC and their families.

AWP ACTIVITY REF:	INDICATOR REF	OUTPUT	Source (Ministry/Other)	ACTIVITY	TARGET		RESPONSIBLE PARTY	Quarterly Timelines	
					GOK/ County	Nilinde		July-September 2017	Comments
--	OVC_HIVST OVC_PRGS OVC_ACC OVC_SCHAT T	1.2	--	Support OVC households to access education services.		105,000 ³¹	LIPs Plan	31,222	This was done through regular school attendance monitoring by use of Nilinde Education tracking tool, provision of uniforms and materials as well payment of school fees and levies to Vulnerable OVC
--	OVC_HIVST	1.2	--	Provide psychosocial support to OVC and their households.		150,000 ³²	LIPs Plan	88,341	
	OVC_PRGS	1.2	--	Increase school readiness through parent/ caregiver education.		50,000 ³³	Plan, AMURT	4,844	
	OVC_SERV	1.2	--	Expand/support ECCD services.		7500 ³⁴	Plan, AMURT	6,047	
--	OVC_PRGS OVC_SCHAT T	1.2	--	Assist communities to develop and implement School Improvement Plans.		76 ³⁵	LIPs, Plan	54	
		1.2	--	Conduct awareness and advocacy campaign on girls' enrolment & retention in school.		44 ³⁶	LIPs, Plan	44	

³¹ This target represents the estimated number of OVC who will receive education support.

³² This target represents all OVC supported in Year 2 Quarter 1.

³⁴ This target refers to 50% of the number of OVC that are under age five.

³⁵ This target represents two schools in each of the project's target 38 sub-counties.

³⁶ This target represents one campaign in each of the 38 sub-counties and 6 counties.

Output 1: Increased access to health and social services for OVC and their families.

AWP ACTIVITY REF:	INDICATOR REF	OUTPUT	Source (Ministry/Other)	ACTIVITY	TARGET		RESPONSIBLE PARTY	Quarterly Timelines	
					GOK/ County	Nilinde		July-September 2017	Comments
--	OVC_HIVST	1.2	--	Organize men's meetings to promote and model desired behaviors.		44 ³⁷	LIPs, M2M, Plan	0	Use of male champions, opinion leaders, community conversations around health, parenthood, community mentor fathers, HES male involvement, community deviants, male CHVs, Male YSLAs etc.
--		1.3	--	Support community and clinical collaboration for complete referrals for OVC and their households.		6 ³⁸	Plan, M2M Childline	6	6 Counties support focused on training for CHVs, Case management, OVC rescued from abusive environment and legal assistance.
--		1.3	--	Strengthen AACs through targeted capacity building initiatives.		38 ³⁹	LIPs Childline, Plan	38	
		1.3	--	Provide support to GoK to provide training and tools to strengthen case management at the county level.		44 ⁴⁰	LIPs ChildLine, Plan	23	Nairobi- 9 Sub Counties and Mombasa-4, Taita-Taveta-4 , Lamu-2 and Kwale-4 Sub counties

³⁷ This target represents one men's meeting in each of the 38 sub-counties and 6 counties.

³⁸ This target represents the number of counties.

³⁹ This target represents support to one AAC in each of the 38 sub-counties covered by the project.

⁴⁰ This target represents support to each of the 6 Counties and 38 Sub-counties.

Output 2: Capacity of households and community strengthened to protect and care for OVC.

AWP ACTIVITY REF:	INDICATOR REF	OUTPUTS	Source (Ministry/Other)	ACTIVITY	TARGET		RESPONSIBLE PARTY	Quarterly Timelines	
					GOK/ County	Nilinde		July-September 2017	Comments
		2.1	--	Train members of HGC on modalities of graduation		252	Plan	252	Cumulative 252
		2.1		Train CHVs and select caregivers as HES mentors to OVC household		3800	Plan SDPs	4,550	Cumulative 7,888
		2.1		Sensitize and support highly vulnerable households to join and form MGRs		10,000	SDPs	4,608	Cumulative 12,311
--	OVC_Serv OVC_Money	2.1	--	Transfer of productive assets to highly vulnerable households.		20,000 ⁴¹	Plan SDPs	12,105	Cumulative 15,179
		2.1		Train highly vulnerable households on kitchen gardens		5,000	SDPs Plan	3,355	Cumulative 9,307
		2.1		Train highly vulnerable households on life skills and basic resource management		5,000	SDPs Plan	3,242	Cumulative 8,766
--	OVC_Money	2.1	--	Train and support new and existing VSLA groups.		12,000 ⁴²	SDPs Plan	19,201	
		2.1		Train moderately vulnerable households on financial literacy		5,000	SDPs Plan	2,175	Cumulative 5,741
		2.1		Sensitize moderately vulnerable households to subscribe to NHIF through VSLA platform		5,000	SDPs Plan	3,375	Cumulative 6,966
		2.1		Train moderately vulnerable households on integrated gardens and PHM		5,000	SDPs Plan	1,421	Cumulative 4,352

⁴¹ This figure refers to the estimated number of households receiving a one-time asset transfer.

⁴² This figure refers to the number of households expected to participate in the VSLA groups.

Output 2: Capacity of households and community strengthened to protect and care for OVC.

AWP ACTIVITY REF:	INDICATOR REF	OUTPUTS	Source (Ministry/Other)	ACTIVITY	TARGET		RESPONSIBLE PARTY	Quarterly Timelines	
					GOK/ County	Nilinde		July-September 2017	Comments
		2.1		Train moderately vulnerable households on irrigated agriculture & DTC		2,000	SDPs Plan	1,528	Cumulative 2,076
		2.1		Link least vulnerable households to suitable financial service providers		5,000	SDPs Plan	1,884	Cumulative 2,365
--	OVC_Money	2.1	--	Train least vulnerable households on entrepreneurship & small business management.		5,000 ⁴³	SDPs Plan	2,758	Cumulative 5,333
--	OVC_Money	2.1	--	Train caregivers as artisans in energy saving technologies		200	Plan SDPs	331	Cumulative 331
		2.1		Support least vulnerable households adopt the principle of collective action in VCD		5,000	SDPs Plan	336	Cumulative 336
		2.1		Conduct household graduation assessment (HGA#1)		9,000	SDPs Plan	6,935	Cumulative 7,455
		2.1		Support graduation ceremony of least vulnerable households that qualified on GRI		4,500	SDPs Plan	336	Cumulative 336
--	OVC_Money	2.1	--	Train youth on youth friendly savings methodology YSLA		1,500 ⁴⁴	SDPs Plan	1,220	Cumulative 1,250
		2.1		Train youth on youth friendly entrepreneurship & small business management skills		5,000	SDPs Plan	988	Cumulative 1,484

⁴³ This figure refers to the estimated number of households in the 'ready to grow' category.

⁴⁴ This figure refers to the number of vulnerable youth to be reached in Year 2.

Output 2: Capacity of households and community strengthened to protect and care for OVC.

AWP ACTIVITY REF:	INDICATOR REF	OUTPUTS	Source (Ministry/Other)	ACTIVITY	TARGET		RESPONSIBLE PARTY	Quarterly Timelines	
					GOK/ County	Nilinde		July-September 2017	Comments
--	OVC_SERV OVC_STIM	2.2	--	Establish low-cost childcare services.		7500 ⁴⁵	LIPs Plan	6,308	Quarter Apr-June 2017-12, 271
--	OVC_STIM	2.2	--	Continued support to Family Days		38 ⁴⁶	LIPs Plan M2M	6	Quarter Apr-Jun 2017-38 6 from Nairobi SDPs.
--	OVC_Serv	2.3	--	Support household and community-level outreach to promote links to safety nets.		5,000 ⁴⁷	LIPs Plan	8,877	Quarter Apr-Jun 2017-3,591. Cumulative 7,403. Cumulative total to 16,280 as at September 2017 8,877-NHIF.
--		2.3	--	Provide links to adult literacy projects		500 ⁴⁸	LIPs Plan	1,726	World literacy day, CHV campaigns ,linkages to adult liteacy classes Quarter oct- Dec 101 Quarter Apr-Jun 2017-0

⁴⁵ This target refers to half of the number of OVC who are under 5 years of age who will be reached through low-cost childcare services

⁴⁶ One in each of the 38 sub-counties.

⁴⁷ This target refers to the estimated number of households who will be linked to safety net projects.

⁴⁸ This target refers to the estimated number of caregivers who will be supported to join adult literacy projects; it is demand-driven activity.

Output 3: Strengthened child welfare and protection systems at the national level, and improved structures and services for effective responses in targeted counties.

AWP ACTIVITY REF:	INDICATOR REF	OUTPUTS	Source (Ministry/Other)	ACTIVITY	TARGET		RESPONSIBLE PARTY	Quarterly Timelines	
					GOK/ County	Nilinde		July-September 2017	
--	--	3.1	--	Strengthen MIS at the County Level		6	Plan	6	OLMIS operationalized with data available across 6 counties;
--	--	3.2	--	Develop MOU between the DCS and Nilinde		1	Plan	0	Letter of engagement in place.
--	--	3.2	--	Provide targeted capacity building to local institutions to improve quality services through referrals		38 ⁴⁹	Childline, Plan, AMURT	38	
--	--	3.2	--	Sponsor Annual County Child Forums		6 ⁵⁰	Plan, AMURT	0	
--	--	3.2	--	Assess capacity of local implementing partners		50 ⁵¹	Plan	4	Jul-Sept 2017 = 3 SDPs and 1 Consortium Partner as aligned to partners targeted by IBTCI.
--	--	3.2	--	Strengthen capacity of local implementing partners		50 ⁵²	Plan	31	All 31 SDPs and 3 consortium partners provided with TA.

⁴⁹ One per sub-county on average

⁵⁰ Partial sponsorship of some activities during the child forums

⁵¹ The total number of LIPs will depend on the response to the RFA and clustering of LIPs; this figure is an estimate.

⁵² The total number of LIPs will depend on the response to the RFA and clustering of LIPs; this figure is an estimate.

Output 3: Strengthened child welfare and protection systems at the national level, and improved structures and services for effective responses in targeted counties.

AWP ACTIVITY REF:	INDICATOR REF	OUTPUTS	Source (Ministry/Other)	ACTIVITY	TARGET		RESPONSIBLE PARTY	Quarterly Timelines	
					GOK/ County	Nilinde		July-September 2017	
--	--	3.2	--	Prepare Transition Plans for Maintenance Counties		3	Plan	1	Lamu, Kwale and Taita Taveta. Quarter Apr-Jun 2017= 1 for Lamu.
--	--	3.3	--	Support the AACs, LIPs, and county institutions to improve OVC wellbeing through use of data to improve quality of services.		44 ⁵³		38	Include monthly review meeting at SDP level, review of county level data with DCS and County government, monthly CP reports shared with DCS. Quarter Apr-Jun 2017-66.
--	--	3.3	--	Develop learning and knowledge management framework		1	Plan	0	Quarter Apr-Jun 2017- 1.
--	--	3.3	--	Establish and identify learning platforms for knowledge sharing		6	Plan	1	Quarter Apr-Jun 2017= 6.

⁵³ 38 sub-counties and 6 counties

MONITORING AND EVALUATION									
AWP ACTIVITY REF:	INDICATOR REF	OUTPUTS	Source (Ministry/Other)	ACTIVITY	TARGET		RESPONSIBLE PARTY	Quarterly Timelines	
					GOK/ County	Nilinde		July-September 2017	
--	--	--	--	Review, adapt, develop and disseminate data collection and reporting tools and templates.		15	Plan	32	
--	--	--	--	Conduct quarterly data review & learning meetings.		44	Plan	96	These are the CHV Monthly feedback meetings.
	--	--	--	Bi-annual PMP review and M&E refresher for staff and local partners.		1	Plan	1	
--	--	--	--	Strengthen data quality.		continuous	Plan	34	All 31 SDPs and 3 consortium partners.

PROJECT MANAGEMENT									
AWP ACTIVITY REF:	INDICATOR REF	OUTPUTS	Source (Ministry/Other)	ACTIVITY	TARGET		RESPONSIBLE PARTY	Quarterly Timelines	
					GOK/ County	Nilinde		July- September 2017	
--	--	--	--	Hold quarterly partner coordination meeting and GOK meetings in each county		21 ⁵⁴	Plan Childline LIPs M2M	12	Jul-Sept 17 = 12 (1 in Lamu, 5 CLK, 6 Plan.)
--	--	--	--	Submit quarterly performance and financial reports.		4	Plan Childline LIPs M2M	1	Cumulative is 4.
--	--	--	--	Develop and issue RFA and/or APS for Implementing Partners, issue sub-awards to IPs based on established criteria and findings from pre-award assessments.		1	Plan	0	1 RFA developed and issued in year 2.
--	--	--	--	Monitor, provide technical assistance and ensure capacity building to Local Implementing Partners.		50 ⁵⁵	Plan	32	
--	--	--	--	Develop Year 3 work plan		1	Plan Childline SDPs M2M AMURT	1	1 developed and submitted in August 2017.

⁵⁴ This figure represents three county-level quarterly meetings, and three national-level quarterly review meetings with the DCS.

⁵⁵ The total number of LIPs will depend on the response to the RFA and clustering of LIPs; this figure is an estimate. (Note: this activity is linked to 3.2.6 Strengthen the capacity of local implementing partners.)

Table 14: Nilinde Project Performance Monitoring Plan (PMP) – Project Year 2, January –March, 2017

Indicator		Disaggregation	Reportin g frequenc y	Year 2 Target	Achievement				Remarks (deviations from planned targets)
#	Title				Q1	Q2	Q3	Q4	
1	Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS	Sex: <1 Male, <1 Female, Age: 1-4 Male, 1-4 Female, 5-9 Male, 5-9 Female, 10-14 Male,10-14 Female, 15-17 Male, 15-17 Female, 18-24, Male, 18-24 Female, 25+ Male, 25+ Female	Quarterly	148,967 (COP 16)	155,169 <1 Male (772) <1 Female (972) 1-4 Male (9948) 1-4 Female (10452) 5-9 Male (21534) 5-9 Female (21995) 10-14 Male (23096) 10-14 Female (24016) 15-17 Male (13273) 15-17 Female (13575) 18-24, Male (7463) 18-24 Female (7321) 25+ Male (392) 25+ Female (360)	123,608 <1 Male (230) <1 Female (233) 1-4 Male (7848) 1-4 Female (8352) 5-9 Male (17534) 5-9 Female (17995) 10-14 Male (17096) 10-14 Female (18016) 15-17 Male (11273) 15-17 Female (11575) 18-24, Male (6463) 18-24 Female (6321) 25+ Male (352) 25+ Female (320)	136,785 <1 Male (681) <1 Female (717) 1-4 Male (9,697) 1-4 Female (10,183) 5-9 Male (21,011) 5-9 Female (21,426) 10-14 Male (22,804) 10-14 Female (23,171) 15-17 Male (13,131) 15-17 Female (13,964)	122,350 <1 Male (442) <1 Female (439) 1-4 Male (7,102) 1-4 Female (7,346) 5-9 Male (17,418) 5-9 Female (17,870) 10-14 Male (19,557) 10-14 Female (20,659) 15-17 Male (9,791) 15-17 Female (10,467) 18-24, Male (5,748) 18-24 Female (5,286) 25+ Male (130) 25+ Female (95)	Variance between COP 16 target and achievement to date is 12,182. These OVC will be served in the July-Sept 17 Quarter to ensure COP 16 target is achieved. OVC Served age cohort have been aligned with PEPFAR guidelines to capture 0-17 Years only.
2	Percent of (OVC) children whose primary caregiver knows the child's HIV status	Sex Age (0-4, 5-9, 10-14, 15-17 yrs.	Biannually	70%	36%	65%	66%	87%	Cumulative with known HIV status as at Apr-Jun 2017 is 95,624. OVC tested during the quarter are 10,848. Cumulative with known HIV status as at September 2017 is 106,449.
3	Number of youth who received youth friendly services through USG supported programs	Gender County Type of service	Biannually	15,000	500	8,215	35%	9,317	Health forums, Boot Camps, PPPs, YSLAs
4	Percent of OVC who progressed in	Sex	Biannually	70%	96%	90.4%	N/A	N/A	

	school during the last year	Age (5-9 yrs., 10-14yrs, 15-17yrs)							
5	Percentage of orphans and vulnerable children (<18 years old) with HIV Status reported to implementing partner(including status not reported) disaggregated by status type	Sex: <1 Male, <1 Female, Age: 1-4 Male, 1-4 Female, 5-9 Male, 10-14 Male, 10-14 Female, 15-17 Male, 15-17 Female, 18-24, Male, 18-24 Female, 25+ Male, 25+ Female	Quarterly	79,998	61,771 <1 Male (182) <1 Female (202) 1-4 Male (4359) 1-4 Female (4473) 5-9 Male (8520) 5-9 Female (8908) 10-14 Male (9701) 10-14 Female (9836) 15-17 Male (5113) 15-17 Female (5268) 18-24, Male (2494) 18-24 Female (2446) 25+ Male (127) 25+ Female (142)	108%	66%	87%	106,449 with known status out of 122,350 OVC Served.
6	Percent of children under 5 who have a birth certificate	Sex County	Biannually	70%	53.9%	43.4%	35%	35.4%	1,806 July-Sept 2017 6,492 out of 18,328 under 5 year's caseload have a birth certificate.
7	Number of target institutions that have improved capacity as a result of USG assistance	County Sector	Biannually	60	25	27	31	34	31 SDPs and 3 Consortium Partners.
8	Number of service providers trained in referring OVC to necessary services	County Sector	Annually	4,675	54		1418	851	284 Male and 567 Female.
9	Number of OVCs accessing essential services	Sex Age (0-4, 5-9, 10-14, 15-18yrs)	Quarterly	148,967 (CoP Target)	155,169 <1 Male (772) <1 Female (972) 1-4 Male (9948) 1-4 Female (10452) 5-9 Male (21534) 5-9 Female (21995) 10-14 Male (23096) 10-14 Female (24016)	123,608 <1 Male (230) <1 Female (233) 1-4 Male (7808) 1-4 Female (8312) 5-9 Male (17534) 5-9 Female (17995) 10-14 Male (17096) 10-14 Female (18016) 15-17 Male (11273)	136,785 <1 Male (681) <1 Female (717) 1-4 Male (9,697) 1-4 Female (10,183) 5-9 Male (21,011) 5-9 Female (21,426) 10-14 Male (22,804) 10-14 Female (23,171) 15-17 Male (13,131)	122,350 <1 Male (442) <1 Female (439) 1-4 Male (7,102) 1-4 Female (7,346) 5-9 Male (17,418) 5-9 Female (17,870) 10-14 Male (19,557) 10-14 Female (20,659) 15-17 Male (9,791)	A cumulative of 136,785 OVC out of 148,967 COP 16 were served. Variance between COP 16 target and achievement to date is 12,182. These OVC will be served in the July-Sept 17 Quarter

					15-17 Male (13273) 15-17 Female (13575) 18-24, Male (7463) 18-24 Female (7321) 25+ Male (392) 25+ Female (360)	15-17 Female (11575) 18-24, Male (6463) 18-24 Female (6321) 25+ Male (392) 25+ Female (360)	15-17 Female (13,964)	15-17 Female (10,467) 18-24, Male (5,748) 18-24 Female (5,286) 25+ Male (130) 25+ Female (95)	to ensure COP 16 target is achieved.
10	Percent of OVC households able to access money to pay for unexpected household expenses	County	Every 2 909090	45%		49.7%	24%	35%	13,553 Households Apr-Jun 17. (Cumulative as at Sept 19,661) 6,108 July-Sept.
11	Proportion of OVC caregivers involved in saving & loans groups	County Sex	Annually	75%	57.8%	49.7%	76%	71%	18,375 HH Apr-Jun. 19,201 HH Jul-Sept out of 27,180 MVHH (HVA2)
12	Percent of children <5 years of age who recently engaged in stimulating activities with any household member over 15 years of age	Sex Age (0-11 months; 12-23 months; 2-4 years)	Annually	70%		0	90%	76%	18,854 Apr-Jun 17 13,901 out of 18,328 under-fives caseload. M-6996 F-6905
13	Number of households who have been trained in parenting and caregiving skills	County	Biannually	75,000	2,043	12,456	17533	14,332	Cumulative as at September 2017 42,996.
14	Percent of youth who demonstrate critical life skills following a USG supported training	Gender County Age (10-18; 18-35)	Annually	50%	120	0	24%	1,069.	20,133 Apr-June. Indicator was revised in Jul-Sept to report on Number and not percentage. 1,069 HES life skills and employability skills training.

15	Number of eligible households taking care of OVC linked to safety net programs	County	Biannually	14,000	232	5,523	3,037	8,877	
16	Availability of a harmonized monitoring information system for OVC	County Sector	Biannually	50%	6	6	6	32	OLMIS operationalized and decentralized to all 32 Nilinde SDPs
17	Number of partnerships supported by USG between the national and county levels	County Sector	Annually	7	7	1	18	7	6 Counties + 1 National Mechanism.
18	Use of information to inform program planning	County Sector	Annually	50%	60%		23	34	Planned integration of OLMIS into CPIMS will allow for county and sub county level dialogues on data to inform future programming based on trend analysis. 34=31 SDPs + 3 Consortium partners.
19	Number of CSOs receiving USG assistance that are engaged in advocacy as a result of USG support.	County Type	Biannually	50%	25		12	32	

IV. CONSTRAINTS AND OPPORTUNITIES

During the general elections there was slow service delivery especially for activities that required national identity cards, such as NHIF cards, Birth Certificates and OVC registrations for new SDPs in the election hotspots like Kibera. Most caregivers as well as CHVs travelled upcountry to vote during August elections and delayed in returning to Nairobi. This slowed down the project activities such as community conversations, Family fun days, FMP sessions and other services that require direct community involvement. It is worth noting that in several areas in the informal settlements where Nilinde operates, there was heightened tension and anxiety in the community, which further exacerbated the above delays. The impact of this environment was a drop in levels of service delivered to OVCs in all output areas versus project targets with a recognizable effect in number of NHIF cards, Birth registrations despite an elaborate RRI with the DCS, Support group meetings, Health forums and VSLA. The affected areas include Kibera, Mathare, Dandora and Korogocho.

Security risks in Lamu continued to play a major role in program implementation with staff travel being monitored and OVC graduation activities being undertaken after security clearance from Plan security advisors. Threat levels remained fluid with severe restrictions owing to pockets of violence occasioned by sporadic Al-Shabaab attacks in mainland Lamu posing severe restriction to project activities as the threat to life was deemed critical at some stage of the quarter. Nilinde subscribes to services offered by USG funded Partner Liaison Security Information (PLSO) project, in addition Plan International has contracted Warrior Insight as Security advisors and hence Nilinde continued to receive up to date real time security briefings allowing programmatic and course redirection on a need basis.

Plus up activities were very intensive, requiring quick turn-around time and had a very short implementation frames making modifications to sub-grantees non-viable and hence Plan International as the prime had to implement directly thereby challenging the core staff and to some extent disenfranchising the SDP model. The benefits of Plus-up far outweigh the implementation challenge and Nilinde looks forward to implementing another round of Plus Up funds as it deepens the projects reach for OVCs and their households.

Nilinde had promised to develop and share learning products to be posted onto USAID funded learning and sharing websites. The project hired an LKM advisor who then left having written an LKM plan. To address the gaps, Nilinde hired a consultant to document key lessons on the community mentor mother model and this will be shared widely in the USAID circles. Additionally the project is at an advanced stage of hiring a full time learning and knowledge advisor to ensure that the LKM agenda is covered along the key thematic areas of child protection, household economic strengthening, social protection, community workforce, Management Information System and health.

The full operationalization of OLMIS has provided a multi-faceted approach to handling data quality and data flow issues across service delivery and data reporting pathways. This reality, has provided an opportunity for appropriate behaviour change across all levels. Nilinde will put deliberate efforts towards building capacity of community workforce, SDP staff including that of consortium partners on data quality, DDIU.

The toll free 116 line collapsed during this reporting period and CLK has been using a manual system which has affected efficient utilization of data to inform timely response plans. Childline Kenya is in discussions with another donor with a view to upgrading the 116 toll free helpline MIS.

V. PERFORMANCE MONITORING

Nilinde undertook a range of performance monitoring activities that focused on improving quality of service delivery, data quality and reporting. These activities were both demand and supply driven mentorship targeting Nilinde staff and 32 SDPs in Nairobi and coast counties. Key among performance monitoring activities included: viral load tracking, project reporting rates tracking, SIMS assessment and response, operationalization of OLMIS and migration to CPIMS. Scale up and tracking of case plans for timely response to CLHIV needs coupled with onsite supportive supervision visits and Routine Data Quality Assurance (RDQA's). Tailor made visits, grants compliance and spot check visits, site level Organizational capacity assessment (OCA) exercises all of which will continue to support performance monitoring of Nilinde's key deliverables.

VI. PROGRESS ON GENDER STRATEGY

Nilinde continues to offer pluralistic approach that values the diversity among both men and women in the entire programming cycle in accordance with SDG No 5 to achieve gender equality and empower all women and girls. A Plan International led Gender Equality Self-Assessment (GESA) was administered in August 2017 to assess the organizations alignment to Plan's Global policy on Gender Equality and Inclusion 2017, the GESA tools administered to Nilinde staff, SDP representatives and beneficiaries was a 360 Degree tool undertaking holistic view of the entire project through questionnaires, Focus Group Discussion (FGD), Key informant interviews, Self-assessments, gender equality partner assessments and desktop literature review. The activity assessed gender equality issues relating to women's participation in decision making during implementation. It evaluated program tools and staff perspectives on their appropriateness in programming consequently identifying strengths, gaps and opportunities for improved programming. The findings distilled that Nilinde as a project is yet to grasp the link between gender and child protection. It observed that Nilinde's intentionality in intervening through the local community structures such as QI Teams, Nyumba-Kumi initiatives and Area Advisory Councils (AACs) to identify and provide appropriate responses to children envisages sustainability and incrementally propels Nilinde to a gender transformative programming in communities with eventual gender equality programming. Moving forward, the project will leverage on implementation of DREAMS in Nairobi and Mombasa Counties DREAMS^{light}⁵⁶ in KILIFI, to secure the wider community buy-in whilst working with opinion leaders and existing structures, through dialogue forums to challenge the social cultural stereotypes and social/gender norms inhibiting Adolescent Girls and Young Women (AGYW) from fully participating in the programme. DREAMS will target men as champions for change in gender norms, sexuality, relationships and onboarding of women in decision-making and enhanced access to social economic opportunities to improved OVC programming.

⁵⁶ The "DREAMS-Light" package includes: Healthy Choices for Better Future (HCBF), age-appropriate reproductive and sexual health messaging, school-based health program curriculum, dignity kits, and Young Men As Equal Partners (YMAEP) intervention

VII. PROGRESS ON ENVIRONMENTAL MITIGATION AND MONITORING

Table22: USAID/Kenya SO3 Health, EMMR Reporting form, July–September 2017

List each Mitigation measure from column 3 in the EMMR Mitigation Plan (EMMR Part 2 of 3)	Status Mitigative measures	List any outstanding issues relating to required conditions	Remarks
Nilinde supported households will be linked to GOK Agriculture and Livestock officers for guidance ensuring adherence to GOK standards and regulations for smallholder agricultural and small livestock activities	Agricultural Asset transfer that involved distribution of Goats poultry, rabbits and cassava cuttings was preceded with intensive with a focus on the environmental friendly decomposition and use of animal remains. No objection and movement permits were issued by the Livestock officers at the respective recipient counties.	N/A	Regulations adhered to.
Training and messages will emphasize good agricultural practices, organic farming principles : use and propagation of indigenous varieties of crops and animals, promote tree planting and use of energy saving technologies	Agricultural assets distributed were indigenous poultry and locally adapted	N/A	Regulations adhered to and follow up to be done to ensure compliance.

List each Mitigation measure from column 3 in the EMMR Mitigation Plan (EMMR Part 2 of 3)	Status Mitigative measures	List any outstanding issues relating to required conditions	Remarks
	<p>variety of cassava cutting and pigeon peas seeds as recommended by the local MOA.</p> <p>Caregivers were trained on climate smart technologies such as the use of sunken beds and ZAI pits. Project beneficiaries were trained on energy saving technologies such as use of fireless cookers.</p>		
<p>Voucher systems may not include land-clearing equipment, PPE, pesticide, fishing equipment, irrigation material or other similar tools that may cause unintended environmental impact</p>	<p>No voucher system implemented this quarter and planned voucher systems not anticipated to include these items.</p>	<p>N/A</p>	<p>N/A</p>
<p>Gems sector guidelines are consulted (http://www.usaidgems.org/sectorGuidelines.htm) in development of sub-grants and environmental review forms are completed for each IP</p>	<p>The sub-grants have complied with the terms on the Nilinde</p>	<p>N/A</p>	<p>N/A</p>

List each Mitigation measure from column 3 in the EMMR Mitigation Plan (EMMR Part 2 of 3)	Status Mitigative measures	List any outstanding issues relating to required conditions	Remarks
	EMMP by completing the ERF. The sub-grants were trained on comprehensive environmental compliance.		
ER report (for grantees with activities of unknown or moderate risk) produced, implemented by grantee and monitored by Nilinde.	No implementation yet. Grantees were trained on completion of ERF using checklist and guidelines as well as the development of EMMP	N/A	N/A
Activities re-designed for any grantee whose activities have potential to cause significant environmental threat.	As above	N/A	N/A
Grantee monitoring is carried out for grantees with EMMPs.	Nilinde has support sub-grantees to develop EMMPs and monitoring tools and this will be monitored quarterly.		
Obtain NEMA permits related to noise regulations prior to conducting public awareness raising campaigns.	All the project mobilization, sensitization and functions were		

List each Mitigation measure from column 3 in the EMMR Mitigation Plan (EMMR Part 2 of 3)	Status Mitigative measures	List any outstanding issues relating to required conditions	Remarks
	conducted within the confines of institutions like schools, social halls, churches and conference halls and this did not require NEMA permits and approvals.		

VIII. PROGRESS ON LINKS TO OTHER USAID PROGRAMS

The table below provides an overview of collaborations with USAID funded projects that are enhancing service delivery to OVC under Nilinde project.

USAID Project	Areas of collaboration
<i>Afya Jijini/Afya Pwani/ Global Communities</i>	Mapping out of the roll out of DREAMS in Nairobi and Mombasa Counties and <i>Dreams lite in Kilifi</i>
RTI/K-YES (Kenya Youth Employment and Skills program)	Vocational/life skills training targeting youth that dropped out of school. Nilinde is working with this partner to supports the buffer-out strategy for youth over 18 years.
McKinsey-Generation Kenya	Vocational training/ life skills targeting youth that scored D+ and above. Nilinde is working with this partner to support the buffer-out strategy for youth over 18 years.
4Children	Nilinde adopted 4C tools for example Pathways Out of OVC programming, 4C Graduation Tool to facilitate the transition process in Lamu county. The 4C model builds on stakeholder commitment, comprehensive services and organization

	coordination, coupled with Nilinde graduation model creates a sustainable transition process that is community owned with resilience. In Y3 Nilinde will collaborate with 4C to scale up into Nairobi, Kilifi, Taita Taveta, Kwale and Mombasa Counties.
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IX. PROGRESS ON LINKS WITH GOK AGENCIES

Nilinde continued to build upon the good will and buy-in from national and county governments established to date, with a continued focus on engagement with the devolved departments in each county and core government ministries. Table below captures key collaboration with GOK

GOK	Areas of collaboration
DCS	Collaboration in rolling out and implementing CPIMS for child protection issues in training case management protocols to CHVs and VCOs. Lamu county DCS and other Lamu county government agencies supported the transition and assisted in transfer of Nilinde beneficiaries to Aga Khan Foundation and World Vision. The DCS intensively supported the cascade of case management to the Lamu community workforce. Nilinde also supported county/sub-county AAC meetings to strengthen ways of addressing child protection issues including child abuse cases, reporting and bidirectional referrals within the sub-county and ward level.
MOH	Support in HTS, linkage in care and treatment for our CLHIV and testing of viral load. In addition support in interventions for malnourished OVC in the project. Training CHVs on anthropometric measurements for OVC nutrition support for under 5 years.
MOEST	Collaborated during the provision of block grants and training of ECD teachers and development of school improvement plans
MOA	Quality assessment of agricultural assets, kitchen garden training

X. PROGRESS ON USAID FORWARD

Partnerships:- In the period of reporting, Nilinde continued to further the USAID Forward Agenda. The planned Lamu County exit provided Nilinde with the opportunity to grow partnerships and this was achieved through the Lamu County Government, Department of Children Services, Aga Khan Foundation, World Vision and 4C. The Lamu exit also presented the opportunity to develop a transition committee with beneficiaries and affected groups being involved in planning and roll out of all ceremonies and events. Children were also involved in planning the order of activities and the IEC materials for the events.

Innovations :- Nilinde continues to pilot the community mentor mother model and is developing depth towards driving the 90-90-90 agenda through a proper case management model with viral suppression. Nilinde has also championed and innovated the PPP model for youth and this model is gaining traction with corporate sector. Nilinde also innovated the growth of social protection for caregivers using NHIF and it's hoped that with time.

Results :- In Year 3 Nilinde will drive a KPI based model for all Nilinde LOE consortium and service delivery partners' employees. Measurements dashboards will be developed to show results of the efforts.

XI. SUSTAINABILITY AND EXIT STRATEGY

During this reporting period, Nilinde focused on addressing sustainability at multiple levels, including:

1. Household level: - Nilinde's approach to building sustainability at the Household level is anchored in building a case plan for the entire family utilizing a household economic strengthening strategy. Further, Nilinde's graduation approach results in different interventions based on household economic, social and health stability as assessed through the household graduation readiness indicator.
2. Community level: Nilinde intentionally works through the community workforce as this cadre represents the most important asset in Nilinde's delivery model for goodwill, ownership and sustainability as an integral component for graduation of households caring for OVC. Nilinde continues to build the capacity of 3,819 comprising CHVs, CBTs and CMMs, to identify risks that OVC face, develop case plans and ensure services are provided through a case management approach.

Sustainability Plans for all counties - Nilinde continues to ensure that by working through existing community structures, best practices are passed on into posterity and enshrined way beyond the life of the project. The project also intends to develop the capacity of the service delivery partners to interact with local stakeholders and form transition teams to ensure that OVC care efforts stretch beyond September, 2020.

Lamu County Transition Update	
Capacity Building - Council of Imams and Preacher of Kenya (CIPK)	<ul style="list-style-type: none"> ▪ Capacity needs assessment of CIPK done. ▪ Strategic planning process on-going. ▪ CIPK Staff and Lead focal persons trained on child protection and safeguarding. ▪ Cascade of child protection training.
Capacity Building of GoK and Community structures	<ul style="list-style-type: none"> ▪ DCS supported to initiate & establish a Functional County AAC. ▪ 2 OVC Quality Improvement Teams strengthened. ▪ Case management Training of child protection case workers and case managers. ▪ County Engagement for joint implementation of transition Plan.
Capacity Building of Transition Team	<ul style="list-style-type: none"> ▪ County Transition team established composed of 20 members. ▪ Training of transition Team on networking and partnership building. ▪ Adaptation of case management guidance and tools from 4Children. ▪ Case management training of transition team. ▪ Cascading of case management training to 146 CHV and roll out of graduation assessment.
Output 1: Increased access to health and social services for OVC and their families	<ul style="list-style-type: none"> ▪ 244 OVC-School Uniforms & scholastic materials. ▪ 2620 OVC tested. ▪ 68 CLHIV enrolled to care and treatment. ▪ 84 supported with secondary School bursaries and 200 supported with ECD/Primary levies. ▪ 1534 OVC received birth certificates.
Output 2: Strengthened capacity of households and community to protect and care for OVC.	<ul style="list-style-type: none"> ▪ 146 CHVs in trained as HES mentors. ▪ 12 CBTs trained on VSLA methodology. ▪ 537 HVHH trained on livestock management ▪ 462 HVHH received assorted agricultural assets. ▪ 202 HVHH trained on kitchen gardening ▪ 947 caregivers of 2180 OVC actively involved in VSLA groups. ▪ 40 OVCs youths trained on entrepreneurship and small business. ▪ 116 youth linked to vocational training. ▪ 16 TOTs and 1160 caregivers trained on positive Parenting. ▪ 218 HHs receive NHIF medical cover.

Case Achievement			
Graduation Assessment results	Assessment results	Households	OVC
	Ready for Graduation	305	795
	On Path to graduation	681	1435
	Total	986	2230
Transfer of OVC	Organization	Number of Households	Number of OVC
	World Vision	393 (Hindi Ward)	554
	Aga Khan	388 (Witu Ward) 417 (Mkunumbi Ward)	998 1,100
		Total 805 HH	Total 2198
Key events	Closeout	Graduation ceremony for 306 Households (795 OVC) on 20 th September, 2017	
		Close-out ceremony held on 28 th September, 2017	

XIII. SUBSEQUENT QUARTER'S WORK PLAN

Program

- Capacity building of community workforce on Data Demand Information and Utilization (DDIU)
- Strengthening data quality
- CPIMS migration
- Improve on filing and documentation
- Scale up case plans for CLHIV and least vulnerable households on path to graduation
- Complete transfer of household economic strengthening assets
- Initiate exit plans for OVC older than 18years and out of school
- Conduct Household Vulnerability Assessment #3
- Initiate community link desks
- Undertake functionality assessment of new and existing Quality Improvement Teams (QITs)

Operations

- Submission of 2 SDP Scopes of Work and Budgets to USAID for concurrence;
- 31 SDP quarterly site visits and on-job trainings;
- Preparation of 34 partner modifications
- Ensure optimal compliance of the project's 32 sub grantees
- Conduct site visits and on the job training on US government procurement rules and regulations and cost share reporting
- Facilitate the external audit – A133
- Preparation of PEPFAR expenditure analysis for Year 2
- Capacity building Partners on Cost share reporting
- Coordinating the procurement and distribution of the balance productive assets to the households

XV. ACTIVITY ADMINISTRATION

N/A

XVIII. SUCCESS STORY

Fulfilling our promise and transforming communities

Paul Mwaniki is a community champion in his locale.

Mwaniki is a resident community health volunteer and focal point person covering various site locations within USAID Nilinde's operations in Lamu County. His reflections on Nilinde's work is broad as the story starts when the project launched its operations in Lamu County in 2015. To date, Mwaniki currently supports 409 OVC from 141 HHs who have benefited from various services through Nilinde.

Most recently and what stands out for Mwaniki was that he was able to engage with school teachers in his locale regarding OVC who had dropped out due to lack of school fees. Out of the 409 OVC, 134 OVC were supported with education bursaries and able to resume their studies. Other services accredited to USAID Nilinde's support are 389 OVC (95%) achieved birth certificate registration, while 400 OVC (98% of his assigned caseload) were tested and linked for care and treatment.

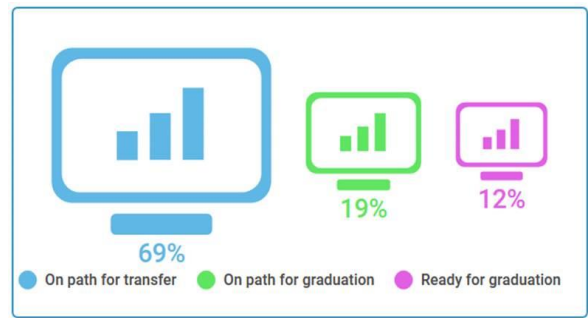
His engagement with Nilinde has enriched his experience as he has been trained on household economic strengthening initiatives, health systems strengthening on nutrition education, referrals and linkages and positive parenting among others. This combined information has been helpful in sharing knowledge, skills and in observing attitude change during household visits. Nilinde's strategy is deliberate in working and engaging with Community Health Volunteers (CHV) to strengthen the Community Units in partnership with the Ministry of Health. Health Volunteers such as Mwaniki are part of an important network at the community level linking families to health facilities and other OVC support.

One family that stands out for Mwaniki, is a youth headed household. At twenty five years, Francis Mwangi takes care of his three siblings, all boys David aged 17, Patrick aged 15 and Amos aged 12 years. Their mother, who was a single parent, passed on in 2014 due to a terminal illness. He also takes care of his young son aged two. Mwaniki along with the community volunteer attached to this household would regularly check on them for psychosocial support. Through Nilinde, the adolescent siblings (David and Patrick) were supported with education bursaries as they had dropped out of school. Additionally, with follow up home visits the children were linked to a community social fund kitty to be able to meet their basic needs. Through USAID Nilinde the family was supported with a young goat which provides milk for the family. Francis was able to raise some capital to start a small business selling pastries such as chapati and mandazi. He has made gainful steps as this business has enabled him to supplement his livelihood and support his siblings. A key achievement as noted by Mwaniki is that Francis was able to support his young son access birth certificate registration.



Figure 15: Francis Mwangi, 25 Years Old from a Youth headed Household

Another milestone for the community champion is that in the month of September 2017, 141 of his assigned HHs were included to be part of the overall 986 target HHs that were assessed using the 4C tool on standard graduation benchmark. A total of 116 out of the 986 households met the benchmarks and therefore graduated out of USAID support. 82 of Mwaniki's assigned HHs out of the 116 households (and out of the 12% of those ready for graduation, see graphic) reached this target being the highest number among five sites. This marked a great milestone for beneficiaries and an achievement for Mwaniki and his team.



USAID Nilotide Lamu County Graduation readiness assessment results

Paul Mwaniki is one of among many other USAID Nilotide volunteer cadre working in Nairobi and Coast counties. Nilotide is working with 3,800 Community Health Volunteers in the five counties; there are 153 CHVs in Lamu County who ensure service provision and linkages at the household level. Nilotide works closely with CHVs so as to promote an integrated approach to critical service delivery - a deliberate engagement with the government to improve health and education outcomes. *(Photo shows Mwaniki during a home visit)*



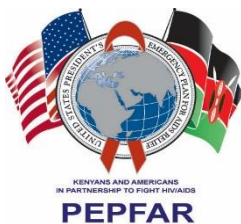
ANNEXES & ATTACHMENTS

Annex I: Lamu County Profile



LAMU COUNTY PROFILE

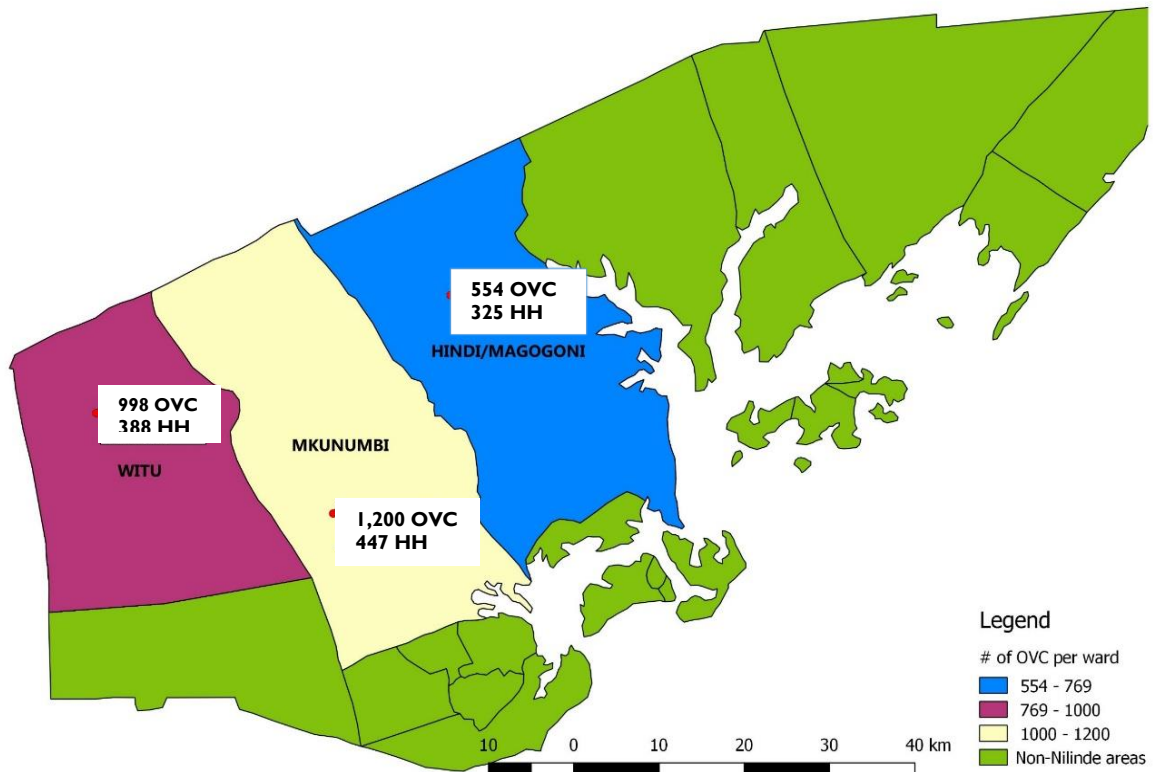
Transition, Graduation and close out



Background Information

USAID Nilinde was operational in Lamu West working in Hindi, Mukunumbi and Witu wards. Nilinde transitioned out from Lamu County based on a pivot decision where USAID focuses on the highest impact interventions in key geographic areas where data demonstrates the highest prevalence of HIV.

Lamu Nilinde OVC caseload per ward



2,752 OVC Served with critical services



1 Service Delivery Partner
Council of Imams and Preachers of Kenya (CIPK)
 Working in Lamu West Sub County

Nilinde worked with the Council of Imams & Preachers of Kenya (CIPK) as the lead service delivery partner in Lamu County reaching 2,752 OVC with critical services. Service Delivery in support of Orphans and Vulnerable Children focused on: Social Protection safety nets (through the National Hospital Insurance Fund), Education support, strengthening Child Protection Systems, Case Management, Economic Strengthening and Capacity Building.

Case Management Process

The transition process began with a partner mapping exercise and engaging Lamu county stakeholders which identified the following:- Lamu County Government, DCS, World Vision in Hindi, Aga Khan Foundation in Mukunumbi and Witu, Catholic Diocese and Anidan working in entire Lamu for child protection-related referrals and safe space, which resulted to formation of transition team. This team was then trained for 5 days in case management, sustainability, networking and resource mobilization. The curriculum was adapted from 4Children and tailored to fit the local context. The team of 30 drawn from the Lamu County government (Health, Agriculture, Civil Registration, Education), Department of Children Services (DCS), CSO's and the community workforce. The team was then tasked to cascade and train another 146 CHVs and this was accomplished within the quarter.

Description of terms

Graduation: Household Members that have achieved both the goals of the OVC program, as outlined in the Graduation Benchmarks, and the goals identified by the household and outlined in the case plan.

Transfer: The movement of a child and/or household from active participation in a given program, to another source of case management support - government support, community support, or support provided by a program funded by another program.

Transition: The shift in responsibility for an overall OVC response within a community from donor support to local



Photo: Transition team during dissemination of graduation assessments results

In order to transition the families well USAID Nilinde undertook a transition graduation⁵⁷ assessment with the following objectives:

- To assess readiness of 1160 Households for graduation as part of the transition⁵⁸ process out of Lamu
- To develop time-sensitive case plans for households that do not attain the Graduation pass-mark.

The trained CHVs collected data using 4C's adapted tool with 986 out of 1160 HHs (85%) being reached; 174 Households not reached due to insecurity in Mainland Lamu. The results of the initial graduation assessment are represented in the table format below;

⁵⁷ Graduation: Household Members that have achieved both the goals of the OVC program, as outlined in the Graduation Benchmarks, and the goals identified by the household and outlined in the case plan.

⁵⁸ Transition: The shift in responsibility for an overall OVC response within a community from donor support to local support and ownership

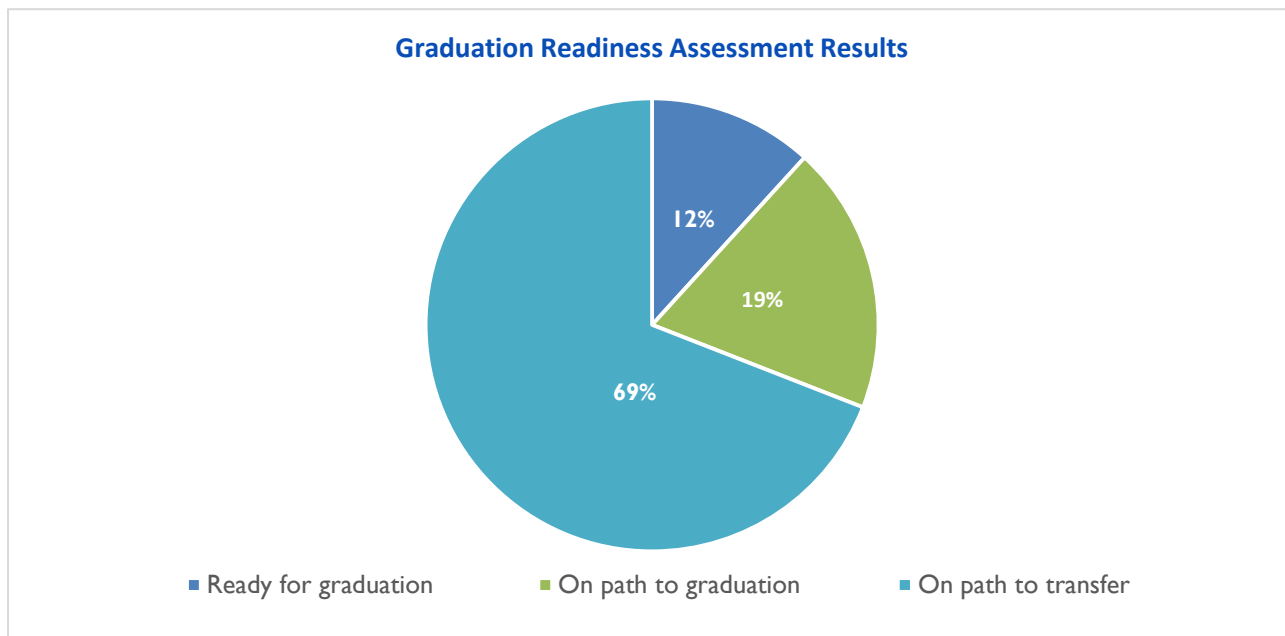
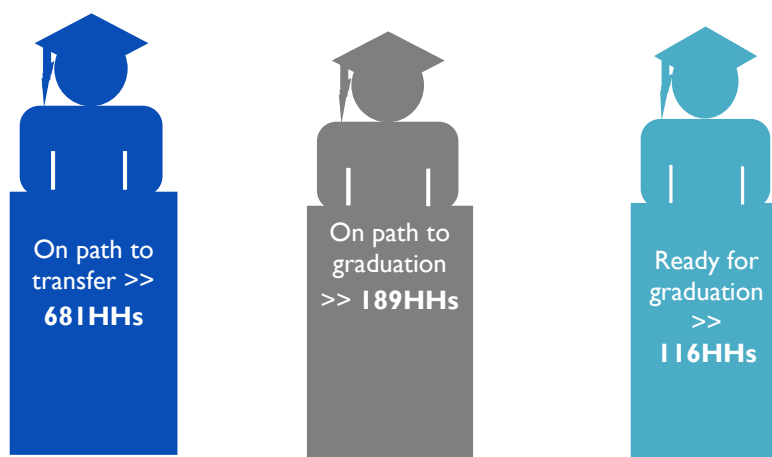


Table 1: Graduation readiness assessment results for Lamu USAID Nilinde



The results were later disseminated to the transition team and they deliberated with clear understanding of the HH ready for graduation, on the path for graduation and finally on the path for transfer⁵⁹. The transition was bestowed with oversight to ensure integrity in the process of the HH graduation. Based on the assessment the:

- HH who were ready for graduation; were prepared and informed on the category they fall with case closure and invites to graduation ceremony
- HH on path to graduation; case plans were developed, analyzed and through CIPK short term interventions were addressed for example sanitary pads, birth certificate, NHIF, IGA's, School Fees
- All the cases were closed for USAID support
- HH on path to transfer; case plans were developed, analyzed and based on the partners mapping they were distributed as shown below:

⁵⁹ Transfer: The movement of a child and/or household from active participation in a given program, to another source of case management support - government support, community support, or support provided by a program funded by another program.

- The table also expands on key competencies and activities that the organizations involve themselves in community engagement. The organizations received the cases based on their areas of coverage and as per their request. In addition, The Catholic Diocese supported 16 Nilinde-supported households displaced in Witu due to insecurity on the mainland (Lamu).
- Later in the month of September, CIPK conducted assessment for the 174 households not covered during the initial graduation assessment with the results being shared with transition team, AAC and DCS for linkages.

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	Name of organization	Type of Support	Ward	No of OVC
1	World Vision*	OVC service delivery Education, Child protection, Health and Nutrition)	Hindi Ward	325 HH 554 OVC
2	Aga Khan Foundation**	In and out of school youth	Witu and Mkunumbi ward	388HH- Witu (998 OVC) 447 HH- Mkunumbi (1200 OVC) Total 835 HH 2198 OVC
3	ANIDAN	Child Protection/rescue/safe space	Lamu Island and Mainland	As need arises
4	Catholic Diocese of Malindi***	Child Protection/rescue/safe space	Lamu mainland and Island	As need arises*
5	Ministry of Health (MOH)	Health and treatment	Lamu island and mainland	68 OVC
6	Council of preachers and Imams in Kenya (CIPK)	Provide follow up support with the transition team	Lamu County	

Graduation Ceremony & Close Out

These events served to hold a ceremony for graduating households and an exit ceremony. During the ceremonies, the Lamu County leadership, spearheaded by the DCS and education director, were actively involved in the planning, execution and smooth delivery of the programme. The transition team through the leadership of DCS will provide oversight as Nilinde exits Lamu County.

Nilinde's Lamu graduation ceremony was held at Mwanarafa Hall, Lamu Island on Wednesday September 20th with the Governor of Lamu, Hon Fahim Twaha as the chief guest. The ceremony saw the participation of graduating households from Hindi, Mkunumbi, Witu, Uziwa and Mokoe. Other guests who graced the occasion were: Lamu County Commissioner Gilbert Kitiyo, Department of Children Services and other key departments such as Agriculture, Civil Registration. The Lamu County Transition Team led by Abdalla Bargash were also present. A total of 116 met the graduation benchmark and therefore graduated. As a sign of this achievement, the caregivers were issued with certificates, a wall clock and an eco-woven bag



Lamu Transition team Chair addressing the participants



Lamu Governor, County Commissioner and other guests with the Graduating caregivers



Lamu Governor Hon Fahim Twaha presents certificates to caregivers during the ceremony



Kate Vorley, Chief of party Nilinde addressing participants at the graduation ceremony

Nilinde Lamu Closeout Ceremony was held on Thursday September 28th at Lamu Forte with the participation of lead CHVs and caregivers representing the ward, various departmental heads such as Health, Education, Agriculture, Livestock, Fisheries and Civil Registration. The function was graced by the Deputy County Commissioner Lamu accompanied by Ms. Judy Odour DCS HQ representative and other Coast region DCS coordinators.

The highlight of the ceremony was in three parts: i) presenting branded plaques to the Department of Children Services and other 8 key departments; ii) a plaque was also presented to CIPK for their coordination and leadership as a service delivery partner in Lamu County; iii) The next presentation

was the handover of the OVC lists to the DCS, Chair Transition Team, Aga Khan and World Vision. The third and final presentation was appreciating the Transition team and all CHVs from the six sites with certificates.

Handover of the OVC data first shared with the DCS and partner organizations such as Aga Khan and World Vision during the exit ceremony. Each received a file package comprised of the following,

- Master list of OVC by ward
- SOP for case transfer
- Household case plan analysis
- Case closure form
- Graduation assessment report
- Assessment report for 174 families previously not assessed

Finally a presentation was made by children from Mahmoud Bin Fadhili Girls School on IEC materials with child protection messages



Lamu County DCS Maxwell Titima receiving an appreciation plaque



Chief of Party presents the OVC data to the Chairman of the Transition Team, Abdalla Bargash



Assistant county Commissioner during exit ceremony



IEC presentation by USAID Niline beneficiary

Annex 2: Plus Up Funds-Progress against Targets

Plus up Funds: Achievement against Targets						
Sub-Category	Intervention	Target	Achievement			
			Female	Male	Total	
a). GBV Prevention and survivor care	N/A	N/A	N/A	N/A	N/A	
b). Health Access and Health promotion	HTS: Mobilization & Transport Community outreaches and door-to-door	4,418 OVC	5,452	5,393	10,845	
	HIV+ OVC Support Groups (Target of 2,292 OVC)	2,292 OVC	1,516	1,482	2,998 OVC	
	Provision of NHIF for marginalized HH (Target of 10,000 households)	10,000 HHs	N/A	N/A	8,877 HHs	
	Adolescent - Health Days events/open days (Target of 16,992).	16,992 OVC	4,175	3,189	7,364 OVC	
c). Education Support	School Levies-Primary school levies	14,368 OVC	5,641	8,747	14,388	
	School Levies-Secondary school levies	7,752 OVC	2,283	4,699	6,982	
d). Early Childhood Development	Block grant: ECD School Improvement Plans -Provision of Learning materials & staff training	90 block grants			90 block Grants	
	School Levies-ECD levies	8,770 OVC	3,757	5,645	9,402 OVC	
e). Economic Strengthening	Train CHVs as HES Mentors to OVC households & L-CHVs as supervisors of HES mentors.	1,380	2,276	5,612	7,888	
	Support CHVs to conduct home visits ⁶⁰	1,200 CHVs	883	2,794	3,677 CHVs	
	Transfer productive assets to highly vulnerable households	10,000 HHs			10,000 HHs	
f). Psychosocial support	Training of Community Mentor Mothers (CMMs) in parenting skills & counseling	100 CMMs		39	39 CMMs	
g). Nutritional Food security	N/A	N/A	N/A	N/A	N/A	
h). Child Protection	Legal Aid Clinics: Mobilization of legal service providers, stationary, transportation facilitation to serve an additional 46,389 OVC.	46,389 OVC			724 CHVs mobilized to support cascade to 46,389 OVC by Quarter 1 of Year 3.	
i). Case Management	N/A	N/A	N/A	N/A	N/A	

NB: The achievements above are partly reported in OLMIS for APR purposes while other remaining data is work in progress and will be reported in Quarter 1 of Year 3.

⁶⁰ Implementation strategy changed to cash grants to CHV groups to boost Income generating activities and to enhance sustainability of this workforce.

Annex 3: School Levies and Bursaries

No.	Bursary Awarded	Male	Female	Total Beneficiary	Level of education Child involved in
1	Nilinde driven Bursary(SDP level)	57	41	98	Secondary
2	Nilinde driven Bursary(SDP level)	200	250	450	Primary
3	Nilinde driven Bursary(SDP level)	175	190	265	ECD
5	Plus up funds	1,656	3,069	4,725	Secondary
6	Plus up funds	2,770	3,759	6,529	Primary
7	Plus up funds	2,315	2,677	4,992	ECD
8	CDF				Secondary
9	County Government	9	17		Secondary
10	Life skills Promoters	99	131	230	Primary
11	Privately funded bursaries(Wings to Fly)	1			Secondary

Annex 4: Support to School Improvement Plans

No	Name of School	School Improvement Need Identified BOM	SIP Implementation timelines	Achievements from August -September 2017
1	Universal ECD	1.Inadeqaute Play and Learning Materials 2.Lack of school feeding Program	July 2017- January 2018	1.ECD teachers and support staff trained on production of liquid soap locally 2.Supported with Play materials
2	Kisuk ECD	1.Inadeqaute Play and Learning Materials 2.Poor WASH facilities in school	July 2017- January 2018	1.ECD teachers and support staff trained on production of liquid soap locally 2.Supported with Play materials
3	Fairview EC	1.Inadeqaute Play and Learning Materials 2.Lack of hand washing facilities in school	July 2017- January 2018	1.ECD teachers and support staff trained on production of liquid soap locally 2.Supported with Play materials
4	Gifted Hands ECD	1.Inadeqaute Play and Learning Materials	July 2017- January 2018	1.ECD teachers and
5	Bosco Boys School	1.Lack of Library furniture and books 2.Inadeqaute Play and Learning Materials	July 2017- January 2018	1.Supported with Play materials
6	Siloam ECD	1.Inadeqaute Play and Learning Materials 2.Incoporation of Feeding programs to schools	July 2017- January 2018	1.Supported with Play materials
7	Ujamma community based school	1.Inadeqaute Play and Learning Materials	July 2017- January 2018	1.Supported with Play materials

8	Linda Care CBO Schools	1.Inadeqaute Play and Learning Materials	July 2017–January 2018	1.Supported with Play materials
9	Miracle and Victory school	1.Lack of Play and Teaching materials 2.Purchase of New ECDE Curriculum and Guidelines	July 2017–January 2018	1.Supported with Play materials
10	Jitahidi Community school	1.Purchase of school desks 2.Lack of adequate WASH facilities	July 2017–January 2018	1.Supported with Play materials
11	St Catherine ECD	1.Need to incorporate school feeding programs in school 2.Inadeqaute ECD play Material	July 2017–January 2018	1.Supported with Play materials
12	Blessed Children center school	1.Improvement of WASH facilities in schools (toilets)	July 2017–April 2018	1.Supported with Play materials
13	Ushirika children center school	1.Equiping and Fencing of children outdoor play field	July 2017–April 2018	Implementation set to begin in November
14	Future leaders ECD	1.Equiping and Fencing of children outdoor play field	July 2017–April 2018	Implementation set to begin in November
15	Victory and Hope ECD	Lack of appropriate play materials –Poor WASH facilities	July 2017–April 2018	Teachers trained to locally develop the materials
16	St Martin Kibagare School	1.Lack of appropriate play materials 2.Feeding program in schools	July 2017–January 2018	Teachers trained to locally develop the materials

17	St Johns Church Academy	1.Equipping of school library	July 2017–January 2018	–Develop proposal to different Organizations
18	Child Survival ECDE	1.Need to have Feeding Programs in school	July 2017–January 2018	Implementation set to begin in November
19	St Joseph Community Education Center	2.Lack of appropriate play materials	July 2017–January 2018	Teachers trained to locally develop the materials
20	Thawabu Primary schools Kayole ECDE	1,Equipping and Fencing of children outdoor play field	July 2017–January 2018	Implementation set to begin in October
21	Kayole Primary school	1.Lack of adequate play and teaching materials	July 2017–January 2018	Implementation set to begin in November
22	Vipingo primary–ECD	Lack of adequate play and teaching materials	Sept 2017–January 2018	Teacher trained in child developmental milestones and stimulation
23	Kizurini primary–ECD	1. Inadequate Outdoor/indoor play materials for ECDE children	Sept 2017–January 2018	Implementation set to begin in October
24	Mbugoni Primary–ECD	1.Inadequate Outdoor/indoor play materials for ECDE children	Sept 2017–January 2018	Teacher trained in child developmental milestones and stimulation
25	Kawala Primary	1.Inadequate Outdoor/indoor play materials for ECDE children	Sept 2017–January 2018	Teacher trained in child developmental milestones and stimulation
26	Ribe Primary school	1.Inadequate Outdoor/indoor play materials for ECDE children	Sept 2017–January 2018	Implementation set to begin in October
27	Pingilikani Primary school	1.Inadequate Outdoor/indoor play materials for ECDE children	Sept 2017–January 2018	Teacher trained in child developmental milestones and stimulation

28	Shariani pri-ECD	1.Inadequate Outdoor/indoor play materials for ECDE children	Sept 2017– January 2018	Teacher trained in child developmental milestones and stimulation
29	Kizingo pri-ECD	1.Inadequate Outdoor/indoor play materials for ECDE children	Sept 2017– January 2018	Teacher trained in child developmental milestones and stimulation
30	Mwarakaya pri-ECD	1.Inadequate Outdoor/indoor play materials for ECDE children	Sept 2017– January 2018	Teacher trained in child developmental milestones and stimulation
31	Vwewesi Primary-ECD	1.Inadequate Outdoor/indoor play materials for ECDE children	Sept 2017– January 2018	Teacher trained in child developmental milestones and stimulation
32	Chanagande pri-ECD	1. Inadequate indoor/ Outdoor play and learning materials for ECDE children	Sept 2017– January 2018	Teacher trained in child developmental milestones and stimulation
33	St Michael Primary school -ECD	1.Inadequate indoor/ Outdoor play and learning materials for ECDE children	Sept 2017– January 2018	Implementation set to begin in October
34	Chiferi Primary school ECD	1.Inadequate indoor/ Outdoor play and learning materials for ECDE children	Sept 2017– January 2018	Teacher trained in child developmental milestones and stimulation
35	Kaliangombe Primary ECD	1.Inadequate indoor/ Outdoor play and learning materials for ECDE children	Sept 2017– January 2018	Teacher trained in child developmental milestones and stimulation
36	Precious Pearls Primary schools	1.Lack of adequate Play and learning materials	July 2017– January 2018	Implementation set to begin in November

37	Jitahidi Academy	1.Lack of adequate Play and learning materials	July 2017–January 2018	Implementation set to begin in November
38	Joy Spring Educational Centre	1.Lack of adequate Play and learning materials	July 2017–January 2018	Implementation set to begin in November
39	Perijang Nursery	1.Lack of adequate Play and learning materials	July 2017–January 2018	Implementation set to begin in October
40	Shadrack Kimalel Primary	1.Inadeqaute WASH facilities in school	July 2017–January 2018	–Plan to be implemented from October
41	Joseph Kangethe primary	2.Euiping of school library and provision of Meals in ECD	July 2017–January 2018	Implementation set to begin in October
42	Jamuhuri Primary school	2.Euiping of school library and provision of Meals in ECD	July 2017–January 2018	Implementation set to begin in October
43	St Andrews ACK Education	2.Euiping of school library and provision of Meals in ECD	July 2017–January 2018	Implementation set to begin in October
44	Perijang Nursery	1.Lack of adequate play and teaching materials	July 2017–January 2018	1.Supported with Play materials
45	Jitahidi Academy	1.Lack of adequate play and teaching materials	July 2017–January 2018	1.Supported with Play materials
46	Karanja Road Primary	1.Lack of adequate play and teaching materials	July 2017–January 2018	1.Supported with Play materials
47	Dr Livingstone Primary	1,Provision of Desk and chairs in Primary school	July 2017–January 2018	–Proposal developed and community mobilised to contribute local materials,
48	River road Primary school	2.Lack of adequate play and teaching materials	July 2017–January 2018	1.Supported with Play materials

49	PAG Good shepherd ECD ECD	1.Lack of adequate play and teaching materials	July 2017–January 2018	1.Supported with Play materials
50	Mwamboni ECD	1.Lack of adequate play and teaching materials	Sept 2017–January 2018	Implementation set to begin in October
51	Lugwe Primary school	1.Lack of adequate play and teaching materials	Sept 2017–January 2018	Teacher trained in child developmental milestones and stimulation
52	Mkwakwani pri School	1.Lack of adequate play and teaching materials	Sept 2017–January 2018	Supported with a session on understanding BOM roles and responsibilities
53	Mwabila school	1.Lack of adequate play and teaching materials	Sept 2017–January 2018	Supported with a session on understanding BOM roles and responsibilities and girls mentorship
54	Kinani Primary school–ECD	1.Lack of adequate play and teaching materials	Sept 2017–January 2018	Teacher trained in child developmental milestones and stimulation

Annex 5: CLHIV Case Plan Categories

Category	Sex		Case Plan Type	
	Total	Male		Female
Total CLHIV with case plans	3905	1951	1954	<ul style="list-style-type: none"> - OVC case files opened for all CLHIV - Monthly interaction of CLHIV with CMM or CHV - HIV treatment status established, including last viral load test results - CHV or CMM diary/black book used as the household primary information source - Family folder used as the CMM standard tool for case management
CLHIV not requiring intensified attention under CMM follow up (sub set of all CLHIV with case plans)	1700	792	908	<p>Continuous case management by CMMs:</p> <ul style="list-style-type: none"> - Community Family Folder used for case management (anchored in the OVC files) - Regular follow up provided by CMM (monthly/quarterly) - Identification and support to household CLHIV ART treatment buddy - Viral load tracking done - Clinic appointment reminders provided by CMM - Enrolled in community/facility age appropriate CLHIV PSS groups - Monitoring household ART adherence and support the disclosure process`
CLHIV with special medical need under CMM intense follow up (sub set of CLHIV under CMM follow up) E.g. High Viral load, non-ART adherence, severe malnutrition) (Community Family Folders used as a standard tool for CLHIV case management)	87	46	41	<p>Intense tracking and case management by CMMs jointly with CHV, Caregiver, Health facility and SDP</p> <ul style="list-style-type: none"> - Community Family Folder used for case management (anchored in the OVC case files) - Targeted joint and focused action/case plans developed to aiming to improve status (reduce viral load, improve ART adherence and improve nutrition status) - 2 weekly household interaction by CMMs - Identification and support to household CLHIV ART treatment buddy - Initiate and support HIV disclosure process - ARV direct observed therapy (DOTS) provided by CMMs - Clinic appointment reminders and escort provided by CMMs - Follow up for repeat Viral load test and results after 3 months done by CMM - Follow up to treatment switch by CMMs (as appropriate) - Escort to Special clinic (as appropriate) done by CMM and caregiver - Provision/Linkage to nutrition intervention, including food supplementation - Enroll in age appropriate HIV PSS group at health facility or community within a month - Case conferencing coordinated by SDP Project Coordinator

Annex 6: HES Interventions provided to OVC Households

During the reporting period, 63,905 targeted HES interventions/services (31,838-Nairobi, 32,067-Coast) against an annual target of 95,000 (inclusive of Plus-Up targets of 17,000) were provided to OVC households based on their vulnerability level as determined by HVA 2. This brings the total number of targeted HES interventions/services provided to target OVC households since project inception to 157,696 (81,679-Nairobi, 76,017-Coast). The table below captures a summary of targeted HES interventions/services provided to OVC households based on their vulnerability level during the reporting period.

Total Number of Targeted HES Interventions Provided to OVC Households on the basis of their Vulnerability Levels												
	HVA # 2 Results Jan 2017				No. of HES Interventions provided this quarter (Jul-Sept 2017)				Cumulative no. of HES Interventions provided since inception			
County	HVHHS	MVHHS	LVHHS	Total # of HHs	HVHHS	MVHHS	LVHHS	Total Provided	HVHHS	MVHHS	LVHHS	Total Provided
Nairobi	11,706	14,783	4,831	31,320	12,536	15,504	3,798	31,838	21,676	49,899	10,104	81,679
Kilifi	6,972	6,844	1,818	15,634	11,783	7,897	1,215	20,895	20,547	21,795	1,960	44,302
Mombasa	2,056	2,407	624	5,087	2,037	1,702	747	4486	3,029	4,515	766	8,310
Taita Taveta	852	1,759	322	2,933	701	1,771	221	2693	2,267	7,017	366	9,650
Kwale	898	945	384	2,227	777	1,512	49	2338	2,018	5,926	77	8,021
Lamu	558	442	116	1,116	210	1,287	158	1655	1,266	4,310	158	5,734
Total	23,042	27,180	8,095	58,317	28,044	29,673	6,188	63,905	50,803	93,462	13,431	157,696