



USAID | **KENYA**
FROM THE AMERICAN PEOPLE

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

MAY 2019

This publication was produced for review by the United States Agency for International Development. It was prepared by Plan International.

USAID KENYA

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

FY 2019 Q2 PROGRESS REPORT

01 JANUARY – 31 MARCH 2019

Award No: AID-615-A-15-00005

Prepared for Rose Kerubo Mokaya, AOR
United States Agency for International Development/Kenya
C/O American Embassy
United Nations Avenue, Gigiri
P.O. Box 629, Village Market 00621
Nairobi, Kenya

Prepared by
Plan International USA
1255 23rd St. NW
Suite 300
Washington DC 20037

DISCLAIMER

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

CONTENTS

- CONTENTS i
- ACRONYMS AND ABBREVIATIONS..... 1
- I. NILINDE EXECUTIVE SUMMARY.....3
- II. KEY ACHIEVEMENTS (Qualitative Impact)5
- III. ACTIVITY PROGRESS (Quantitative Impact).....22
- IV. CONSTRAINTS AND OPPORTUNITIES.....28
- V. PERFORMANCE MONITORING.....28
- VI. PROGRESS ON GENDER STRATEGY33
- VII. PROGRESS ON ENVIRONMENTAL MITIGATION AND MONITORING33
- VIII. PROGRESS ON LINKS TO OTHER USAID PROGRAMS.....35
- IX. PROGRESS ON LINKS WITH GOK AGENCIES.....35
- X. PROGRESS ON USAID FORWARD36
- XI. SUSTAINABILITY AND EXIT STRATEGY36
- XII. GLOBAL DEVELOPMENT ALLIANCE37
- XIII. SUBSEQUENT QUARTER’S WORK PLAN37
- XIV. FINANCIAL INFORMATION38
- XV. ACTIVITY ADMINISTRATION41
- XVI. GPS INFORMATION.....41
- XVII. SUCCESS STORY.....42

ACRONYMS AND ABBREVIATIONS

AAC	Area Advisory Council
AIDS	Acquired Immune Deficiency Syndrome
AHAIC	Africa Health Agenda International Conference
AMURT	Ananda Marga Universal Relief Team
AO	USAID Agreement Officer
AOR	USAID Agreement Officer's Representative
APHIA	AIDS, Population and Health Integrated Assistance Project
ART	Antiretroviral Therapy
ARV	Antiretroviral
ASRH	Adolescent Sexual and Reproductive Health
CBO	Community-Based Organization
CBT	Community-Based Trainers
CDC	Center for Disease Control
CHV	Community Health Volunteers
CRS	Civil Registration Services
CoP	Chief of Party
COP	Country Operational Plan
CLAC	Community Led Action for Children
CLHIV	Children Living with HIV
CMM	Community Mentor Mothers
CPIMS	Child Protection Information Management Systems
CRD	Civil Registration Department
CSI	Child Status Index
CSO	Civil Society Organization
DATIM	Data, Accountability, Transparency and Impact
DCS	Department of Children Services
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe
EAC	East African Community
ECD	Early Childhood Development
ECDE	Early Childhood Development Education
ECCD	Early Childhood Care and Development
EMMP	Environmental Monitoring and Mitigation Plan
EMMR	Environmental Monitoring and Mitigation Reporting
ESBM	Entrepreneurship and Small Business Management
GBV	Gender-Based Violence
GOK	Government of Kenya
HES	Household Economic Strengthening
HH	Household
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Services
HVA	Household Vulnerability Assessment
HVHH	Highly Vulnerable Households
IGA	Income Generating Activities
IP	Implementing Partner
IT	Information Technology
KPI	Key Performance Indicator
KRA	Kenya Revenue Authority

LAAC	Location Area Advisory Council
LCHV	Lead Community Health Volunteer
LIP	Local Implementing Partners
LLITN	Long-lasting Insecticide Treated Mosquito Nets
LVHH	Least Vulnerable Households
m2m	mothers2mothers
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MER	Monitoring, Evaluation, and Research
MIS	Management Information System
MOALF	Ministry of Agriculture, Livestock, and Fisheries
MOEST	Ministry of Education Science and Technology
MOH	Ministry of Health
MUAC	Mid-arm Upper Circumference
MVHH	Moderately Vulnerable Households
NCCS	National Council for Children Services
NHIF	National Hospital Insurance Fund
NICRA	Negotiated Indirect Cost Rate Agreement
OJT	On the Job Training
OLMIS	OVC Longitudinal Management Information System
OSY	Out of School Youth
OTZ	Operation Triple Zero
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother-to-Child Transmission
PPP	Public Private Partnership
PSSG	Psychosocial Support Group
QI	Quality Improvement
QIT	Quality Improvement Teams
RDQA	Routine Data Quality Assessment
SAPR	Semi-Annual Performance Report
SDP	Service Delivery Partners
SIMS	Site Improvement through Monitoring System
SOPs	Standard Operating Procedures
STI	Sexually Transmitted Infection
TWG	Technical Working Group
USAID	United States Agency for International Development
USG	United States Government
VAT	Value Added Tax
VL	Viral Load
VSLA	Voluntary Savings and Loan Association
WASH	Water, Sanitation and Hygiene
YSLA	Youth Savings and Loan Associations

I. NILINDE EXECUTIVE SUMMARY

This Quarterly Progress Report for Cooperative Agreement AID-615-A-15-00005 covers the period from January 1 to March 31, 2019. Support for Orphans and Vulnerable Children in Nairobi and Coast Counties of Kenya, hereinafter referred to as “Nilinde,” works to improve the welfare and protection of vulnerable children affected by HIV. Nilinde supports creative and innovative evidence-based approaches that strengthen the capacity of caregivers and communities to provide for children’s basic needs, while also strengthening social systems and structures to improve support to orphans and vulnerable children (OVC). To achieve this, the project works closely with sub-grantees (hereinafter referred to as Service Delivery Partners - SDPs), as well as Nilinde-supported community workforce members who provide frontline responses to the various needs of households caring for OVC.

Nilinde also collaborates with USAID-funded care and treatment partners, including Lea Toto, Afya Jijini, Afya Pwani, and University of Maryland at the county and sub-county levels. Nilinde leverages its strategic alliances with the Department of Children Services (DCS) under the Ministry of East African Community (EAC), Labor and Social Protection as well as the Ministries of Health, Education, Civil Registrar, and Agriculture in order to mutually support OVC and their caregivers and deliver a range of services.

The quarter was characterized by the implementation of planned activities during January and early February, with a rapid shift to operational and programmatic closeout in March, following the February 7th notification of lack of additional funding by USAID Kenya. We thus report here a mix of standard activities and closeout actions, with the latter occurring towards the end of the quarter.

Qualitative and Quantitative Impact

Increased access to health & social services for OVC and their families

This marks the first quarter that the PEPFAR OVC_SERV indicator reflects children who have received services for the past two consecutive quarters. The past two quarters in this case coincide with PEPFAR’s most recent semi-annual performance report (SAPR) period. Thus, we refer in this report to SAPR-reported data where applicable. During the SAPR period of October 2018 to March 2019, Nilinde served 128,741 (62,769Male; 65,972Female) OVC, out of which 125,285 (61,129Male; 64,156Female) were actively served and 3,456 (1,640Male; 1,816Female) graduated within the reporting period. Of the remaining 125,285 OVC served, 115,360 (56,077 Male; 59,283 Female) were under 18 years of age while 9,925 (5052 Male; 4,873 Female) were 18 or older. The overall reporting rate for OVC served was 92% against an active caseload of 139,692 OVC. Age-appropriate services were provided in education, health, nutrition, HIV, and child protection.

During the SAPR period, Nilinde supported 4,298 OVC living with HIV, including 3,876 under age 18 and 422 over age 18. 91% of all OVC <18 and 90% of all OVC >18 knew their HIV status. All children living with HIV (CLHIV) are linked to care and treatment, with 3,962 reporting viral load results. 3,789 of them, representing 96%, have achieved viral load suppression. Of the 4,298 OVC living with HIV, 4,081 were served. The services for CLHIV included: health and nutrition, psychosocial support, food baskets and education through school fees support.

During the January-March quarter, Nilinde collaborated with county departments of health to serve 83,691 OVC with essential health and nutrition services. Other core services provided during the quarter included child protection for 60,199 OVC, psychosocial support (basic counselling) to 59,288 OVC, and household economic strengthening activities that supported 74,912 OVC. Community Health Volunteers (CHVs) and schoolteachers supported the tracking of school attendance during the quarter for 125,989 OVC (61,390Male; 64,599Female) enrolled in schools. Nilinde continued supporting interventions to address school absenteeism, including the facilitation of school fee bursaries for 3,169 (1,500 Male; 1,669 Female) highly marginalized OVC.

Strengthened capacity of households and communities to protect and care for OVC

The project continued to monitor the progress of productive assets provided to highly vulnerable households. There was an increase in the number of productive assets this quarter, including an 18% increase in poultry and a 16% increase in goats, contributing to increased household resilience. During the SAPR reporting period, 42,703 (4,801 Male; 37,902 Female) caregivers were actively involved in 1,367 VSLAs. The total loan funds circulating within the monitored groups was Ksh. 49,912,786 while the outstanding loans to members was Ksh. 30,155,445. Nilinde has cumulatively trained 12,605 caregivers on Entrepreneurship and Small Business Management (ESBM), and caregivers continued to set up new business ventures.

Over the same period, 7,878 households enrolled in GoK social protection programs. Through VSLA, 3,485 (498 Male; 2,987 Female) participants were newly enrolled in NHIF this quarter.

The project worked with 56,143 caregivers to improve their positive parenting skills during the SAPR period through community sensitization forums and VSLA meetings. As a result, caregivers participated in their children's education through assistance with homework, tracking of progress, and involvement in school activities, in this way contributing to OVC retention in schools.

During the quarter, Nilinde developed 12,564 case plans, bringing the total number of case plans developed to 32,687 (48%) out of 68,075 households in the project. Nilinde employed a mentorship approach to train 424 CHVs on case management in Kilifi and Taita Taveta counties.

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

Nilinde conducted 72 RDQA across Nairobi and Coast regions this quarter. The RDQA process included follow-up to previous action plans developed, in-depth gap analysis, and mitigation measures. The reporting quarter recorded an improvement in the data completeness dimension from 81% in the previous quarter to 89%, while consistency improved from 68% to 75%. Nilinde has systematically worked towards aligning active OVC to its lower COP 18 target of 133,945 by focusing on graduation and youth buffering. Staff participated in strategic partnership meetings that contribute to the capacity of its SDPs to continue using CPIMS for decision-making.

Constraints and Opportunities

Prior to this quarter, the project reduced its number of SDPs in response to budget reductions. This process accelerated this quarter due to the notice of lack of additional funding. The remaining ten SDPs were provided with notice of the end of their subawards, and all remaining agreements were closed on March 31st. The unanticipated closure of the project resulted in a reduced level of activity and challenges in communicating or explaining the closure to project partners. Simultaneously, steps were taken to map out a demobilization plan, closeout budget, and staff phase-out plan in line with remaining closeout activity requirements. The demobilization plan was submitted to USAID Kenya on March 31st.

Constraints were also experienced due to the fact that the project was in the process of bringing on board replacements for three out of five key personnel at the time of the notification of lack of additional funding, leaving the remaining project team to shoulder project leadership and management during this transition period.

Subsequent Quarter's Work Plan

Based on the February notification from USAID of project closure due to lack of additional funding, Nilinde concluded support to households and children at the end of March 2019. During the April-June quarter, key activities will include submission of SAPR data, quarterly reporting, subgrantee administrative closeout, handover meetings with the DCS in each county, development of a handover report, closeout meetings with partners at both Coast and Nairobi, and life of project data analysis in preparation for final reporting. In addition, Nilinde will produce lessons learned documents and follow-up on other administrative and finance close-out tasks.

II. KEY ACHIEVEMENTS (QUALITATIVE IMPACT)

Overview

This quarter's Performance Report of Cooperative Agreement AID-615-A-15-00005 covers the period from January 1 to March 31, 2019, which is Quarter 2 of Year 4 of the project. Nilinde works to improve the welfare and protection of children affected by HIV, increasing household resiliency and strengthening community and county systems and structures for social and child protection. In the January – March 2019 reporting period, Nilinde operated in five counties, including Nairobi County and four counties in the Coast Region: Mombasa, Kilifi, Kwale, and Taita Taveta. 128,741 OVC were reached in the SAPR period with a range of critical services. These are discussed in depth within the respective output areas below, with information on January-March services.

At the same time, activity levels were reduced this quarter following receipt of a communication on February 7th from USAID Kenya that no additional obligation of funding was anticipated for the Nilinde Project. Plan initiated a closeout process that included closure of all SDP subagreements by March 31st. Additional information is provided below on the closeout process.

Service Delivery Partners

Nilinde has worked with ten SDPs this project year. This includes five SDPs in the Coastal region and five in Nairobi. Each SDP had an OVC caseload and budget allocation to enable them to implement project activities in line with their scopes of work. However, this quarter service delivery to OVC was only possible during the months of January and the first part of February due to the notification from USAID of no further funding for Nilinde.

Service Delivery to OVC

It should be noted that the January – March 2019 quarter represents the first quarter in which PEPFAR Kenya OVC partners were required to begin a shift towards reporting version 2.3 of the OVC_SERV indicator. Among other changes, this required tracking of services provided to children over two consecutive quarters. In this report, we distinguish between data that is reported for the January – March quarter, which is the majority of data reported, and data that is cumulative for the two-quarter period. In the case of the latter, we reference the PEPFAR SAPR reporting period, which coincided with the end of this quarterly reporting period.

Nilinde has an enrolled caseload of 139,692 (68,283Male; 71,409Female) OVC against a Year 4 COP target of 133,945 OVC. The project was still in the process of graduating households through case plan achievement and ensuring the buffered transition of older youth, in order to align with its lower Year 4 COP target. During the SAPR period of October 2018 to March 2019, Nilinde served 128,741 (62,769Male; 65,972Female) OVC, out of which 125,285 (61,129Male; 64,156Female) were actively served and 3,456 (1,640Male; 1,816Female) were graduated within the reporting period.

Key achievements for the quarter included:

- By the end of the quarter, 32,687 case plans had been developed, covering 48% of households.
- After just two quarters of Year 4 implementation, knowledge of HIV status by caregivers stood at 91% against an annual target of 95%.
- All CLHIV in Nilinde's active caseload - 4,298 - are linked to care and treatment; 97% reported viral load results, and of these, 96% achieved viral load suppression.
- During the January-March quarter, the project reached:
 - 83,691 children with essential health and nutrition services;
 - 1,889 children with HIV testing via referrals;
 - 24,633 adolescent girls with mentorship by an older person;
 - 59,679 children with information on child rights;
 - 966 children with linkages to legal assistance for abuse cases;

- 15,627 children with psychosocial support groups;
- 59,288 children with basic counselling;
- 125,989 children with school attendance monitoring;
- 8,446 children under age 5 recently engaged in stimulating activities;
- 285 CHVs with training on the causes of gender-based violence;
- 7,878 households with enrolment in GoK social protection programs (cumulatively since Oct. 2018);
- 42,703 households caring for 74,912 OVC with 1,367 VSLA groups, including 63% of caregivers involved in VSLA against an annual target of 60%;
- 2,770 young people with graduation from Nilinde through its Youth Buffer Strategy;
- 707 new households enrolled in NHIF;
- 164 project sites with routine data quality assessments; and
- 10 SDPs with performance review meetings for capacity building.

Sub-grants

Nilinde worked with ten Service Delivery Partners this quarter. Each one received a sub-agreement modification during the quarter for to extend the period of performance for grants that were ending on 28 February 2019, to 31 March 2019. As indicated above, they were also provided with notice of the closure of the project and initiated their own closeout plans, with the support of Nilinde.

Close out

Key ongoing closeout activities that were underway by the end of the quarter included:

- Development of an overarching demobilization plan, which was submitted to USAID on March 31st;
- A detailed asset disposition plan, which was also shared with USAID Kenya;
- Development of detailed tracking tools and/or transition plans for all aspects of closeout: human resources, financial, compliance, administration, subawards, program reporting and deliverables, and final closeout/handover/transition activities, among others.
- As of 31 March 2019, 13 SDPs out of the earlier-shuttered 23 were closed, with certificates issued. The process is ongoing for the remaining 20.

Critical and important closeout questions remain around the transition and handover of information and OVC files to incoming USAID partners, as well as what are the key messages that Plan and the Nilinde team are able to convey at this time to community and government partners regarding future USAID support. Plan International and the Nilinde team will compile all key information into a consolidated handover report, including county-specific information, for ease of transition to new partners.

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

I.1 Greater community involvement in health and social services delivery promotion and use for OVC well-being

Highlights (Jan-Mar quarter)

- 12,564 case plans developed in Jan-March quarter for a cumulative total of 32,687
- 143 LCHVs participated in review meetings
- 604 (234 Male, 370 Female) community members engaged in community conversations
- 2 AAC and 10 QIT meetings held

This quarter, the total community workforce stood at 3,503. This number includes 3,033 CHVs, 167 Lead CHVs, 172 CBTs, 35 Community Based Youth Trainers, and 96 Community Mentor Mothers (CMMs).

Community Workforce Empowerment and Capacity Building

Nilinde employed a mentorship approach to train 424 CHVs (143Male; 281Female) this quarter on case management in Kilifi and Taita Taveta Counties. Additionally, 21 female CHVs were trained on child protection and hygiene. Other capacity building for the CHVs included on-the-job training and review of data collection and reporting tool during monthly CHV meetings.

Community Conversations

Nilinde continued to support structured community conversations this quarter, targeting community leaders to promote community-led OVC care and response. Nineteen community conversations were conducted this quarter, reaching 726 (288Male; 438Female) community members. The discussions focused on child protection, educational support, parenting skills, health education, succession planning, social protection and household economic strengthening. Conversations were organized around five public primary schools. Participants agreed that caregivers would visit schools at least twice a term to discuss the progress of their children with greater focus on upper classes. In Ruai and Dandora sub counties of Nairobi, the area chiefs also led the Location Area Advisory Council (LAAC) in championing for child protection.

Quality Improvement Team Activities

During the quarter, ten Quality Improvement Team (QIT) meetings were held with an aim of improving the social wellbeing of Nilinde beneficiaries and the community. QIT are community led structures that empower the community members and the local leadership to address key community challenges using locally available resources. The meetings planned for a new Child Status Index (CSI) exercise, sourcing for bursaries for children transitioning into secondary schools and food security initiatives.

Household Visits

During the SAPR period, 128,741 (62,769M, 65,972F) OVC were monitored and provided with services. Of those reached, 116,046 OVC (56,419Male; 59,627Female) were below the age of 18 years while 12,695 (6,345Male; 6,350Female) OVC were above 18 years. The services offered were education monitoring, WASH sensitization, growth monitoring for children under 5, psychosocial support, health and nutrition services, HIV prevention and counselling, household economic strengthening, child protection and GBV screening, response and sensitization. Mentor Mothers monitored CLHIV, especially those with high viral loads. They also delivered HIV prevention and treatment messages. CMMs emphasized daily observation therapy to improve adherence and viral suppression. To ensure quality of services offered and end-to-end communication, Nilinde staff made direct visits to 819 households.

Project Closure Notification Meetings with CHVs

Nilinde held meetings this quarter with 143 Lead Community Health Volunteers (LCHVs) to inform them of the project closure. In addition, 30 meetings were held with all the CHVs at site level to inform them of the same.

Case Management Approach

Nilinde continued to develop case plans and achieved 32,687 (48%) case plans by the end of this quarter, for households representing 66,424 OVC. The table below presents the analysis including entry into the systems and ready to graduate households.

Table 1: Nilinde case management and case plan progress update

County	# of HH Total Caseload	# of HH Case plan developed	# HH EpiData entry	HH Ready to Graduate	HH Near Graduation	HH Not Near to Graduate
KILIFI	17,202	6,116	4,632	351	1,537	3,763
KWALE	2,207	571	565	45	264	262
MOMBASA	5,804	2,413	2,413	50	566	1,797
NAIROBI	39,561	22,277	18,309	1,786	6,095	10,650
TAITA TAVETA	3,301	1,310	1539	150	425	1,122
Grand Total	68,075	32,687 (48%)	27,458 (88%)	2,382	8,887	17,594

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

Nilinde worked with the Department of Children Services (DCS), Civil Registration Services (CRS) and USG partners to facilitate provision of services to OVC that included health, HIV, nutrition, education, child protection, psychosocial support, and household economic strengthening. Within the SAPR reporting period, the project served 128,741 OVC (62,769Male; 65,972Female) of which 125,285 (61,129Male; 64,156Female) were active served, while 3,456 (1,640Male; 1,816Female) graduated.

1.2.1 Implementation of County specific 90-90-90 strategy

Highlights (Jan-Mar quarter)
<ul style="list-style-type: none"> • 114,552 (91%) out of 127,014 of OVC <18 years knew their HIV status at the end of the quarter • 1,889 OVC received HIV testing services in the quarter • 3,723 HIV positive OVC are linked to Antiretroviral Therapy (ART) • 3,614 (97%) OVC have updated viral load results to Nilinde • 3,452 (96%) OVC have achieved viral load suppression

The 1st 90: Increased knowledge of HIV status among OVC

As of the end of the quarter, 114,552 (55,727Male; 58,825Female) active OVC know their HIV status. From this, 104,653 (50,873 Male; 53,780 Female) OVC < 18 years who were served know their HIV status. This represents 91% performance achievement against the total annual target of 95%. Table 2 provides a breakdown. Of those who know their status and were served, 100,930 (49,117Male; 51,813Female) are HIV negative, and 3,723 (1,756Male; 1,967Female) are HIV positive; 10,707 (5,204Male; 5,503Female) have unknown HIV status. Of those with unknown status 4,046 (2,021Male; 2,025Female) OVC have a low risk of infection and are currently not in need of HIV Testing Services, (HTS) while 6,661 (3,185Male; 3,476Female) OVC have not reported their HIV status to the project for various reasons. These include slow follow-through by some caregivers on completing referrals and hence delays in reporting results of HTS to the project. Nilinde served 9,925 (5,052Male; 4,873Female) OVC >18 years in the reporting period. Of the total served, 8,996 (4,566Male; 4,430Female) OVC have a known HIV status, which is a 91% performance achievement. Out of those with known status, 8,638 (4,389Male; 4,249Female) are HIV negative, and 358 (177Male; 181Female) are HIV positive. 929 (486Male; 443Female) have unknown HIV status.

Table 2: Overall HIV_STAT by Age Cohorts Active Served (< 18)

Age range	NEGATIVE		NOT KNOWN		POSITIVE		LINKED TO RXN	
	Female	Male	Female	Male	Female	Male	Female	Male
a.<1yrs]	90	49	11	8	1	1	1	1
b.[1-4yrs]	4475	4362	572	636	131	119	130	118
c.[5-9yrs]	15818	15484	1846	1664	437	425	434	425
d.[10-14yrs]	20498	19353	2100	1952	849	766	842	763

Age range	NEGATIVE		NOT KNOWN		POSITIVE		LINKED TO RXN	
	Female	Male	Female	Male	Female	Male	Female	Male
e.[15-17yrs]	10932	9869	974	944	549	445	547	444
Grand Total	51,813	49,117	5,503	5,204	1,967	1,756	1,954	1,751

An analysis of the county performance in the 1st 90 - Knowledge of HIV status - against COP 19 targets for OVC <18 years old is shown in Table 3. It indicates a very good overall performance in each county with Mombasa at 97%, Taita Taveta 94%, Kwale 93%, Nairobi 90% and Kilifi at 89%. This mirrors the overall project performance at 91% for the same indicator.

Table 3: County Performance in HIV STAT Indicator <18years

County	County Actives served	HIV Negative	HIV Positive	HIV Positive Linked	HIV positive Not Linked	Test Not Indicated (Low risk)	Other reasons (High risk & Unknown)
Kilifi	31,281	27,295	660	660	0	1,147	2,192
Kwale	3,140	2,786	133	133	0	160	61
Mombasa	9,627	8,791	550	550	0	47	239
Nairobi	66,801	58,003	2,224	2,224	0	5,269	1,332
Taita Taveta	4,469	4,055	156	156	0	36	222
Project Total	115,318	100,930	3,723	3,723	0	6,659	4,046

The 2nd 90: Sustained Anti-Retroviral Therapy (ART)

Nilinde has an active caseload of 4,298 (3,876 < 18 years, 422 > 18 years) OVC living with HIV, and all are linked to HIV treatment. Out of these, 4,081 (3,723 < 18 years, 358 > 18 years) OVC were served during the SAPR period and 4,109 this quarter. The OVC are linked to care and treatment in 475 health facilities (government and private) across the five project counties; HIV care and treatment is supported by different clinical treatment partners in the project areas. Nilinde has continued working closely with its partners to ensure sustained ART for the CLHIV. CMMs worked closely with CHVs to monitor implementation of CLHIV family case plans through monthly household visits to ensure sustained treatment, adherence to clinic appointments, and follow-up on drug adherence as advised. The project continued to support CLHIV psychosocial support group (PSSG) meetings where both CLHIV and their caregivers received key messages on the importance of adherence to ART.

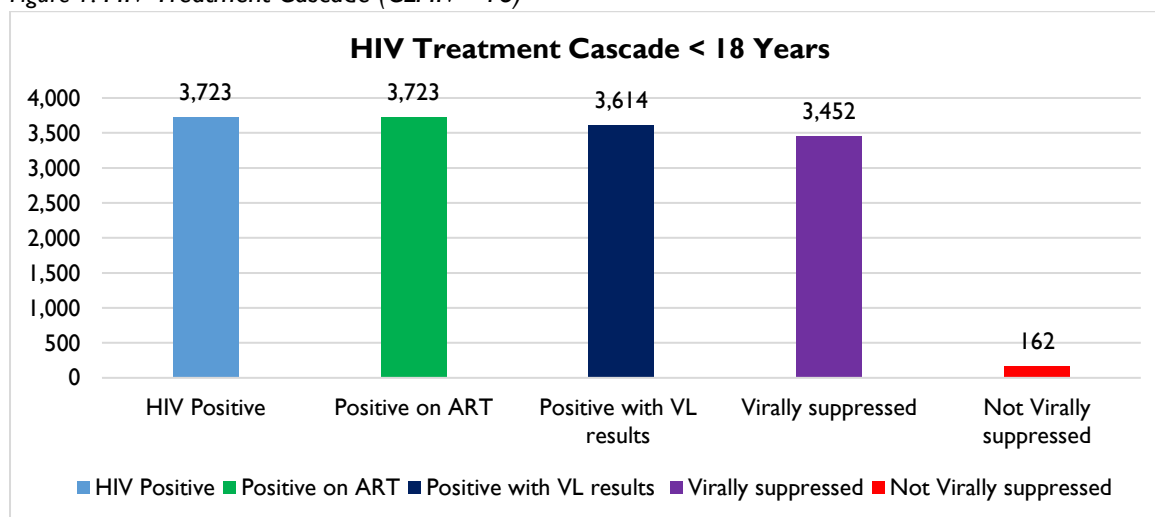
The 3rd 90: Sustained Viral Load Suppression

Sustained viral load suppression is the main goal of HIV treatment. Nilinde continued working with its community workforce of CMMs and CHVs to provide direct service delivery to CLHIV to achieve and sustain VL suppression. The project supported CMMs to link CLHIV with high viral loads to Operation Triple Zero (OTZ) clubs and monitored them to ensure they were actively participating and practicing what they had learnt. CMMs and CHVs continued to monitor implementation of family case plans, they conducted routine household ARV adherence monitoring through pill counts and 7-day recall adherence assessments to check if any ARV pills were missed and conducted enhanced adherence. CMMs immediately traced back any missed appointments at the health facilities.

Overall, Nilinde made great strides in accessing viral load results of CLHIV. Monitoring was carried out by working with caregivers, health facilities and the 20027 SMS platform to gain access to viral load results for its CLHIV. Out of the 3,723 CLHIV < 18 years served during the SAPR period, 3,614 (1,709Male; 1,905Female) have reported viral load results to the project, out of which 3,452 (1,611Male; 1,841Female) have achieved viral load suppression. This represents 97% access to viral load results up from 95% reported in the last period, and 96% viral load suppression. The increase in results shared with the project has also shown a decrease in the number of children with high viral loads, which was down to 162 (98Male; 64Female). We attribute the improvement to consistent follow

up by CMMs of the CLHIV working at household level, frequent meetings with CLHIV caregivers and sensitization of project partners, CHVs and caregivers on the importance of viral load results. As a result, caregivers are able to demand results from facility staff and share them with the project. Out of the 358 OVC > 18 years linked to treatment 348 (173Male; 175Female) have reported viral load results to the project with 337 (166Male; 171Female) reported to have achieved viral load suppression with 11 (7Male; 4Female) not achieving VL suppression.

Figure 1: HIV Treatment Cascade (CLHIV <18)



Empowering Adolescent Girls and Boys

Highlights (Jan-Mar quarter)

- 36,246 adolescent girls aged 10-17 years were served as at SAPR and 38,027 this quarter
- 24,633 girls received mentorship by an older person this quarter
- 3,922 adolescent girls (10 -17 years) reached with DREAMS interventions in 2 counties
- 529 adolescent girls tested for HIV this quarter

Nilinde provided a range of targeted services to 38,027 adolescent girls aged 10 -17 years this quarter. 23,445 girls were reached with health education while 24,633 underwent one on one mentorship sessions with adults older than them; 18,661 received basic counselling. Adolescent girl forums addressed key messages on HIV risk reduction, menstrual hygiene, sexual and reproductive health rights, GBV awareness, and mentorship. Attendees received HTS, peer counselling sessions and sanitary towels. In total, 529 girls aged 10-17 years received HIV testing services and 118 girls received sanitary towels.

Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe (DREAMS)

During the quarter, Nilinde reached 3,922 adolescent girls aged 10-17 years in 28 wards assigned with DREAMS targets and with DREAMS services through collaboration with the USG DREAMS partners in Nairobi and Mombasa counties. This included 2,610 ages of 10-14 years and 1,312 ages of 15-17 years. The services included 274 girls receiving education services, 2,359 health and nutrition education, 101 HTS, 2,259 mentorship and 1,781 basic counselling.

Age appropriate essential health and nutrition services

Highlights (Jan-Mar quarter)

- 83,691 OVC reached with health and nutrition services
- 11,458 OVC < 5 years enrolled under Nilinde and 9,853 served this quarter
- 460 OVC received Long-lasting Insecticide Treated Mosquito Nets (LLITN)
- 1,109 under 5 OVC received Vitamin A supplementation
- 1,084 under 5 OVC were dewormed

Nutrition and essential package for health for children under five

Nilinde reached 83,691 OVC with health and nutrition services during the quarter. These ranged from nutrition education to MUAC assessments, LLITN, Vitamin A supplementation, deworming and growth monitoring. Out of the 11,458 (5,668Male; 5,790Female) active OVC < 5 years 9,853(4,915Male; 4,938Female) were served this quarter. CHVs also referred children under 5 for a number of other services: 1,109 OVC (523Male; 586 Female) received Vitamin A supplementation, 1,084 (507 Male; 577 Female) received deworming services, 460 (218 Male; 242 Female) received LLITN, 246 (141Male; 105Female) were referred for MCH services and 1,954 (902Male; 1,052Female) were referred for treatment of minor childhood illnesses. In order to expand health and nutritional interventions, Nilinde reached 6,211 caregivers with health education on topics such as use of LLITNs, good nutrition, WASH practices, diarrhea management, personal hygiene, and prevention of both communicable and non-communicable diseases.

1.2.2 Strengthening Child Protection

Highlights (Jan-Mar quarter)
<ul style="list-style-type: none"> 60,199 OVC were reached with information on child rights 565 OVC received birth certificates including 46 (16Male; 30Female) OVC <5 years 8 (3Male; 6Female) OVC who were identified as victims of abuse or violence were linked to appropriate service providers 1,854 caregivers (574Male; 1,280Female) trained and provided with information on child abuse and neglect

Nilinde has continued to work closely with the DCS in order to address all emerging child protection issues in a timely manner. To cement the partnership, Children Officers were involved in household visits where possible. Strengthening the capacity of caregivers and OVC to prevent and report child abuse cases at community level has also been a continuous exercise.

This quarter,60,199(29,372 Male; 30,827 Female) OVC were reached with information on child rights and responsibilities. 966 (466 Male; 500 Female) OVC received legal assistance for abuse cases, and 565 (230 Male; 335 Female) OVC received birth certificates, for a cumulative 61,441 OVC with birth certificates. Of these, 4,029 (2,022 Male; 2,007Female) are under the age of 5. Also, 264 (127 Male; 137 Female) OVC were reunited with their families.

To protect OVC rights to inheritance and secure their property, 85 (19male; 66Female) caregivers were supported to develop succession plans in order to safeguard the future of their children, family assets, and future guardianship of the children in the event of loss.

Table 4: The table below summarizes cases handled by LIPs supported by Children's Officers and Chiefs

	Type of case reported	Name of County	Case reported to DCS/Chief's office	No of OVC	Sex	Action taken/progress
1	Child neglect	Kilifi	Yes	1	M	Two girls rescued by the Children's Officer following a case of child neglect. The child is currently accommodated at Bakita children's home and attending school. The child was supported to testify in court and it is expected that justice will be served in favor of the child.
2	Child neglect	Kilifi	Yes	1	M	The Children Officer has temporarily placed the child with an alternative caregiver. Plans are in place for the temporary caregiver to be supported with cash so that he is able to meet the basic needs of the child.

Gender Based Violence (GBV)

Highlights (Jan-Mar quarter)

- 285 CHV trained on the causes of GBV
- 372 men reached with information on gender and gender based violence
- 80 households reached with GBV sensitization through home visits
- 256 school children reached with GBV prevention messages

Nilinde builds the capacity of community workforce to prevent and respond to GBV issues at the community level. Nilinde supported five young people to participate in the International Women's Day celebration on March 8, 2019 to promote gender equality. Plan International's global campaign, *Girls Get Equal*, will sustain this girls' engagement approach. The campaign champions youth-led social change and is aimed at girls' and women's empowerment.

Nilinde also conducted adolescent peer-to-peer support group sessions to create awareness on gender-based violence to help girls protect themselves and raise their voices against GBV. During these sessions, HIV prevention, care and treatment, stigma and discrimination and protection from early pregnancy messages reached 133 adolescents.

Social and Legal Protection

Highlights (SAPR period)

- 7,878 enrolled in GoK social protection programs during SAPR period
- 3,485 households supported registered for National Hospital Insurance Fund (NHIF) during the SAPR period
- 85 households have documented succession plans

Through the HH visits, Nilinde sensitized households on the importance of legal documents including: identity card (ID), title deed, death and birth certificates. To make it easy for household members to access key documents such as NHIF coverage, the project sensitized caregivers on the need to formalize the kinship care practice for non-biological children under their care with relevant administrative offices. The sensitization touched on the importance of NHIF, how to access and use NHIF. Through VSLA, 707 (84 Male; 623 Female) newly enrolled in NHIF and are currently receiving treatment with the use of NHIF cards.

Psychosocial Support

Highlights (Jan-Mar quarter)

- 15,627 OVC participated in psychosocial support groups
- 59,288 OVC provided with basic counselling
- 8,446 OVC under 5 years benefitted from stimulating activities

This quarter, Nilinde reached 59,288 (28,618 Male; 30,670 Female) OVC with basic counselling services that were offered through household visits, support group sessions and peer club meetings. 15,627 (7,555 Male; 8,072 Female) participated in psychosocial support groups (PSSG) and 2,974 (1,427 Male; 1,547 Female) OVC received life skills training and mentorship to address identified needs. OVC engagement in stimulating services is core in identifying gaps that might hinder their holistic development; 8,446 (4,119 Male; 4,327 Female) OVC under 5 years were engaged in stimulating play activities through ECD platforms and home visits.

1.2.3 Education Enrolment, Retention and Progression

Highlights (Jan-Mar quarter)

- 125,989 OVC tracked as attending school
- 8,446 OVC <5 engaged in stimulating activities
- 2,616 OVC re-enrolled in school

Nilinde continued to conduct community sensitization forums and household visits to address root causes of school absenteeism and drop out among OVC. Different avenues to improve school enrolment were identified, such as linkages to GOK funds, parental involvement in OVC education, continuous material support and mentorship programs. Capacity building for schoolteachers and CHVs must be a priority to help track school attendance and address the identified gaps that keep children out of school. Addressing the specific challenges in OVC case plans will be an appropriate first step towards continuous capacity building in this area.

Tracking school enrolment, retention, and progression

Schoolteachers and CHVs supported the tracking of school attendance for 125,989 OVC (61,390 Male; 64,599 Female) OVC enrolled in different levels of schools. Interventions to address school absenteeism and progression included bursaries, among others. Specifically, 3,055 (1,453 Male; 1,602 Female) highly marginalized OVC were supported with school levies while 158 girls received sanitary towels and 114 (47 Male; 67 Female) were paid for fees.

Through coordination with Nilinde, Ahadi Trust Kenya provided school shoes and books to 504 OVC (177 Male; 327 Female) enrolled in different primary schools in Nairobi County. Friends Church Ruai provided detergents and participated in school clean up exercises including renovation of toilets for accessibility to benefit 17 children living with disability. One boy living with disability was also supported with a wheel chair to aid in his mobility. The Nairobi Women MP office allocated 20 slots for needy OVC to access secondary education fees for their second term. Overall, provision of school fees and scholastic materials boosted school attendance for 114 (47 Male; 67 Female) OVC in secondary school and 3,055 OVC (1,453 Male; 1,602 Female) in ECD and Primary schools. Additionally, school clubs, mentorship programs, and peer-peer support clubs have contributed to retention of OVC in schools. These initiatives have contributed to sustained school enrolment and retention, while also enabling community involvement in finding strategies to support secondary education for vulnerable children.

1.3 Strengthened bidirectional referrals and linkages to essential services for OVC

Highlights (Jan-Mar quarter)

- 307 OVC referred for education support
- 82 active community link desks
- 2,568 referrals made to different health services
- 40 households supported with food packages

Bidirectional referrals complimented service provision for OVC. The referrals continued to be timely and individualized to services needed by OVC after assessments through FIAs and case plans. The existing 82 community link desks played a key role in enabling bidirectional referrals. This approach has seen improved documentation and reduced barriers to OVC and their caregivers in accessing assorted services. During the period under review, community cadres made referrals for various services including 12 for nutrition, 307 for educational support, 2 for child protection related issues and 2,568 for health services.

Lessons Learned

- There is need to continuously mentor and train the CHVs in the program to ensure that the caregivers and OVC are provided with targeted, quality services and those caregivers receive updated information from time to time.
- There is need to sustain OVC support groups especially among the CLHIV. The groups have proven to be beneficial in terms of OVC peer learning, strengthening OVC confidence and promoting drug adherence.
- Positive parenting training for caregivers has been a successful intervention in raising awareness around good parenting and enhancing caregivers' ability to act as good role models to their children.

- The case management approach presents both challenges and benefits. It is an effective way to address OVC and household needs because its participatory nature enables a true picture of family needs and resources to emerge, thus helping identify how to best support their sustainable livelihoods. It ensures that the family plays a role in solving their own problems.
- Although case management is good for enabling targeted service delivery, it is a very laborious exercise. The case-planning template developed in Kenya is long; caseworkers spend a minimum of 2-3 hours to administer it at household level (often over multiple HH visits). Given the low literacy levels of the core caseworkers – CHVs - the lengthy tool will remain as a challenge in terms of both speed of rollout and its satisfactory completion.
- It is important to think of innovative ways of involving male caregivers in various project activities such as training and VSLA. When both women and men participate and the latter feel a greater sense of engagement, especially in economic strengthening, household stability and resilience can be achieved more quickly. Ultimately, this may contribute to lessened violence against the female caregivers as well.
- Bi-directional referrals are crucial in serving OVC comprehensively as they ensure that families receive multiple services in effective ways and avoid overlap between programs. It allows optimal service delivery to OVC and their families and must be a multi-sectoral effort.

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

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

Highlights (at March 31st)

- 3,806 goats currently owned by project beneficiaries
- 31,793 poultry owned by the caregivers
- 6,556 caregivers own functional kitchen gardens
- 1,367 VSLA groups with 26,302 caregivers supporting 52,604 OVC monitored
- Ksh. 49.9million saved through 1,367 VSLAs and easily accessible to members.

Building capacity of community structures and households to enable them transition from vulnerability to resilience was Nilinde’s key focus over the project period. Through use of case management, 2,382 households met the benchmarks for graduation while 8,887 households were near graduation by the end of the quarter. Due to limited budget this quarter, the project focused on monitoring the outcomes of activities carried out in the previous quarters. This section shares select transformative stories that emerged from some of beneficiary households monitored during the reporting period.

Strengthened community structures that support OVC Capacity building and strengthening of community grassroots units is crucial for effective and sustainable service delivery. In the beginning of Year 3, the project supported 164 (97 Coast, 67 Nairobi) CHV groups with grants worth Ksh. 16.9 million, using Plus Up funds to invest in income generating activities (IGA) that would enable them sustainably provide support to the OVC. Continued monitoring and support was provided to ensure their continuity and profitability. The income obtained from these social enterprises is being used by the group or invested as determined by CHV group members. This support, coupled with leadership and poverty reduction trainings, has motivated many CHVs to start and run



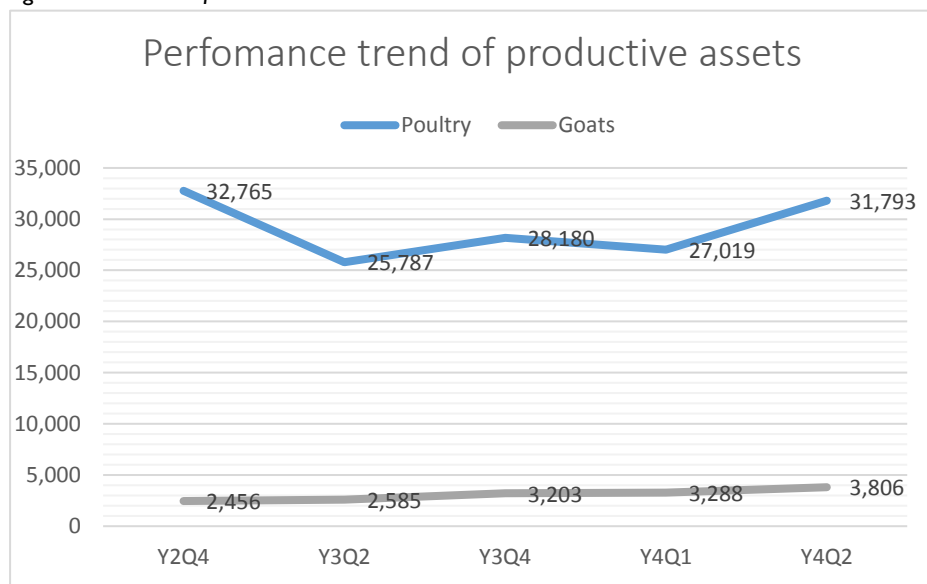
Figure 2. Some of the goats owned by Shangia CHV group in Mariakani. Shangia CHV group has recently sold 9 goats for Ksh. 40,500 and supported 5(2 Male, 3 Female) OVC with school fees. Shangia is a beneficiary of a Nilinde project grant.

their own enterprises aimed at enhancing their livelihoods and promoting self-reliance. With the closure of the project, majority of the sites that received grants for IGA have shown capacity to continue meeting some of their expenses such as rent and service delivery to OVC.

Monitoring of productive assets transferred to highly vulnerable households

The transfer of productive assets to households has helped to build resilience of vulnerable households by providing an asset base that families can fall back to in times of crises. The project continued to monitor the progress of productive assets provided to highly vulnerable households and in particular their impact on OVC wellbeing. The quarter has seen an increase in the number of productive assets. Poultry increased by 18% to 31,793 while goats increased by 16% to 3,806 indicating an upward accumulation of productive assets and a contribution towards building household resilience.

Figure 3: Number of Productive Assets overtime



Keeping children in school using productive assets

Naomi Masha Bokole (pictured) a caregiver who was ascertained to be highly vulnerable during Nilinde’s first household vulnerability assessment, received a goat in September 2017. After 15 months, the goat had reproduced twice. She now had three goats. When schools re-opened, Naomi sold one of the goats at Ksh. 4,500 and bought school uniforms and scholastic materials for her two grandchildren. “Were it not for the goat I received from the project, my grandchildren could have gone to school without uniforms and books,” said Naomi. With the persistent drought in Kilifi and other coastal areas, Naomi says that goats are well suited to survive in her environment. Naomi, like other caregivers, is using her productive assets (goats) to bounce back during difficult times.



Figure 4: Naomi with her two remaining goats

VSLAs promote savings for vulnerable households

Nilinde has continued to mobilize caregivers into savings groups to help households anticipate, plan for, and recover from the effects of shocks, thus protecting their livelihood, reducing chronic vulnerability and facilitating growth. Savings group meetings have also provided a platform to train caregivers on parenting skills and boost NHIF subscriptions. During the quarter, 26,302 (3,732Male

22,750 Female,) caregivers were actively involved in 1,367 VSLAs. The total amount circulating within the monitored groups as loan fund was Ksh. 49,912,786 while the outstanding loans to members stood at Ksh. 30,155,445. The total number of OVC who received support through the VSLA initiative was 74,912. While the number of members in the active groups is high, average savings per member was low this quarter, as most groups started their saving in February 2019 after the annual share-outs in December 2018 and January 2019. The table below shows a summary of the VLSA status report.

Table 5: VSLA status report as of March 2019

County	No of VSLAs	Total Membership	No of caregivers	% of caregivers in the VSLAs	Total cash circulating (Loan Fund)	Outstanding loan balance	Average savings/HHs
Kilifi	327	9,483	6,596	70%	7,113,139	4,623,703	331
Nairobi	733	17,592	13,198	75%	26,490,860	12,938,000	1,196
Mombasa	73	3,421	2,125	62%	900,310	795,940	263
Kwale	173	5,432	2,457	45%	14,604,647	11,720,020	2,688
T/Taveta	61	2,657	1,926	72%	803,830	77,780	303
Total	1,367	38,585	26,302	68%	49,912,786	30,155,445	905

Empowering caregivers through the VSLA platform

Violet joined Changamka VSLA group in 2017. In January 2018, she took a loan of Ksh. 20,000 (USD 200) and invested in a cereals and grocery business. The mother of three OVC has been operating the business for more than one year. The business makes an average monthly income of Ksh 10,000 (USD 100). From the business, Violet has kept her children in school without having to rely on relatives and friends as before. She recently paid secondary school fees for her daughter who was joining form one. 'I also attended a training on financial literacy which has enabled me keep my records well, I know when am making profit or not,' she says. Violet now has a constant source of income. 'These groups are far more beneficial than we initially thought,' she says.



Figure 5: Caregiver cereals and grocery business

Improving entrepreneurship and small business management (ESBM) skills

By engaging in income generating activities and seeking alternative sustainable livelihoods, vulnerable families can increase their income and become more resilient. The Nilinde Project has cumulatively trained 12,605 caregivers on ESBM. This quarter, caregivers were able to set up 390 new business ventures with the project providing technical support.

Small-scale business ventures providing alternative income sources to households



Figure 6: Mary Katana, a caregiver from Ganze, attends to her customer at Malanga Trading Center. Mary set up a secondhand clothing business after the Nilinde project trained her on ESBM.



Figure 7: James Gachece, a caregiver in Mombasa, attending to his customers. James is among the Nilinde beneficiaries who set up businesses after being trained on ESBM.



Figure 8: Eunice Adhiambo at her business in Taveta



Figure 9: Mary Nabwire at her cereal business in Mombasa

Youth Buffer Strategy

Nilinde's approach is to reach young people who are nearing age-out from the program through periodic career development fora that enable the project to understand the gaps and their needs, and to link them to available support systems. During the quarter, Nilinde supported 372 youth (198Male; 174Female) to apply for the second phase of Kenya Youth Employment and Opportunities Project (KYEOP). Cumulatively 2,770 (1298Male, 1472Female) >18 youth were exited through graduation during the reporting period. The table below shows disaggregation by county.

Table 6: Number of OSY exited during the October 2018 – March 2019 period

County	Male	Female	Total
Mombasa	305	312	617
Kilifi	115	120	235
Kwale	8	5	13
Taita Taveta	18	23	41
Nairobi	852	1012	1,864
Grand Total	1,298	1,472	2,770

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

Highlights (SAPR period and quarter)

- 38,029 caregivers equipped with parenting skills, including 15,148 this quarter
- 56,143 participants in child's education through assistance with homework, tracking child's progress and involvement in school activities, including 23,795 this quarter
- 3,280 caregivers attend adult literacy classes this quarter

Through community sensitization forums and VSLA meetings, Nilinde continued to reach caregivers with positive parenting skills. As a result, 23,795 caregivers participated in their children’s education this quarter through assistance with homework, tracking of progress and involvement in school activities thus contributing to OVC retention in schools.

Children <5 Stimulating Activities

Nilinde collaborated with ECCD teachers to promote child growth and development through positive parental engagement. Nilinde used Community Led Action for Children (CLAC) model and the National Council for Children Services (NCCS) positive parenting manual to reach caregivers, who went on to support 8,446 (4,119 Male; 4,327 Female) OVC to be engaged in different forms of stimulating activities. Through CLAC meetings, 204 OVC were re-enrolled back to school this quarter. Parents and teachers have also increased their participation in school meetings, and increased investment in school play and learning materials. Working with Early Childhood Development Education (ECDE) centers has enabled Nilinde to expand reach to young children beyond working directly with caregivers.

2.3 Link OVC households to social safety net programs

Highlights (Jan-Mar quarter)
<ul style="list-style-type: none"> • 707 caregivers registered for NHIF through VSLA enrolled in NHIF • 1,463 caregivers sensitized to NHIF benefits and enrolment

Nilinde sensitized 1,463 caregivers (197Male; 12,66Female) caregivers on the benefits of National Health Insurance Fund. As a result, 707 (84Male; 623Female) new households enrolled in NHIF. During the full SAPR period, through referrals, 577 caregivers (86Male; 491Female) were linked to government cash transfer programs under the safety net strategy of building household resilience. An additional 2,991 (434Male; 2,557Female) and 1,279 (240Male; 1,039Female) were supported to access loans from Micro Finance Institutions, UWEZO and other Enterprise Funds respectively.

Lessons Learned

Household resilience is a result of coordinated multiple interventions led by the communities themselves. When communities understand their vulnerabilities, are empowered to respond and build their own supportive structures, households become more resilient and supportive of orphans and vulnerable children. The multiplication of productive assets and related benefits derived from this process that were observed this quarter, along with the ongoing development of caregiver businesses that were generated from earlier project inputs and training, are evidence of this self-sustaining possibility of HES interventions.

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

Highlights (Jan-Mar quarter)
<ul style="list-style-type: none"> • All 10 SDPs fully reported using CPIMS • 72 RDQAs held with timely action plans at local implementing partner (LIP) level • County performance review meetings held at SDPs with participation from DCS • 716 monthly data driven review and feedback meetings conducted with CHVs

3.1 Support GOK national monitoring and management information system for OVC

During the quarter, the project conducted capacity building exercises and refresher training for all SDPs on how to generate and navigate CPIMS for quality reports. Fourteen M&E staff and data clerks were re-trained to support and increase data management and use at the LIP levels. The DCS and Nilinde also conducted supportive supervision to LIPs and SDPs to improve OVC service delivery beyond the life of the project. Joint support supervision was intended to promote continuous sharing of progress, inculcate adaptive learning for project improvement, and enhance LIP and SDP ability to leverage the services provided by the DCS and other stakeholders.

Several efforts undertaken and reported in support of the use of national MIS for OVC under 3.1 also contribute to 3.2 in that they strengthen capacity of national and county institutions, as well as local organizations, to deliver OVC services. Thus, 3.2 activities are partially reported under 3.1.

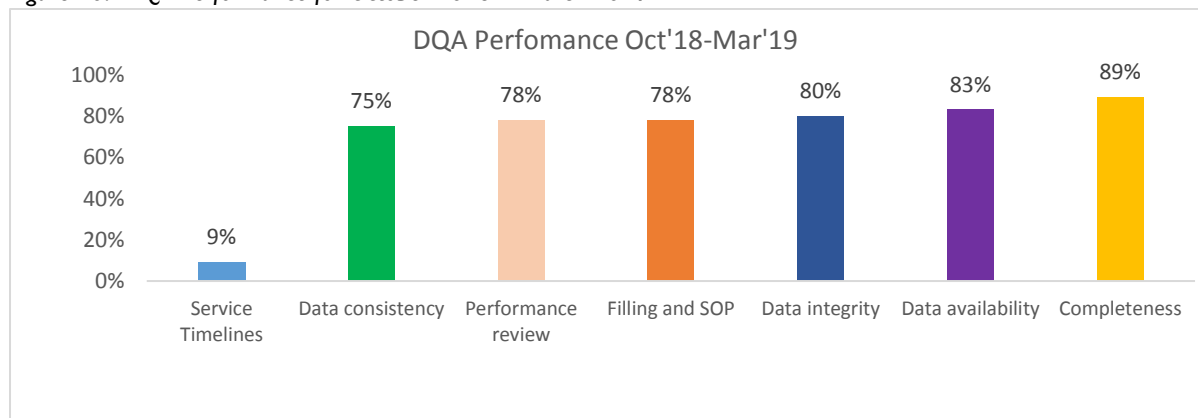
3.1.1 Partnerships supported by USG between the national and county levels

Two data review meetings attended by the DCS and Sub-County Children Officers were held this quarter. Nilinde used the opportunity to share progress reports with the county teams and advocate for inclusion of more OVC households into cash transfer programs in the subsequent phase of enrolment. The meetings also discussed issues of child abuse, response, and mitigating measures.

3.1.2: Routine Data Quality Assurance (RDQA)

Out of 164 project sites, Nilinde conducted 72 routine data quality assessments within the quarter. The project then followed up on the RDQA action plans to ensure implementation. During the quarter, data completeness and data availability scored highly, while service timeliness was ranked lowest due to slow processes at procurement level.

Figure 10: DQA Performance for October 2018 – March 2019



3.1.3 Capturing of LIP Geo-coordinates

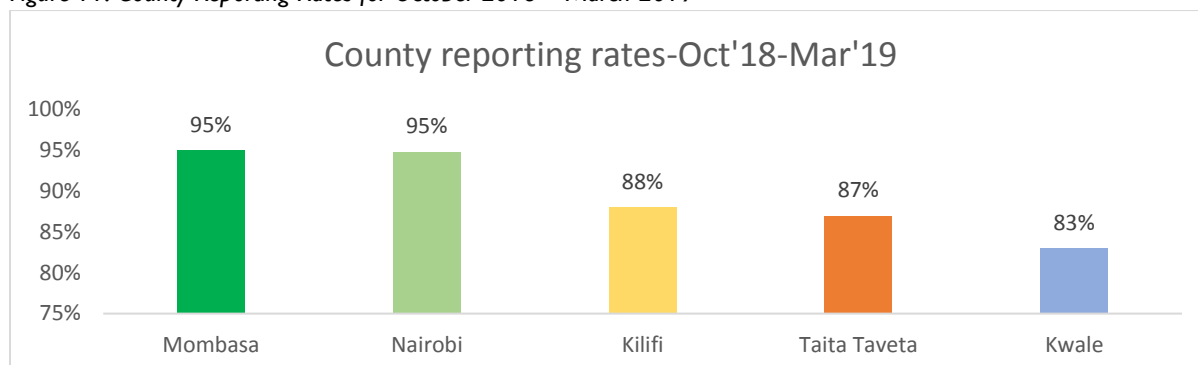
In a bid to support supervision at the LIP level, all the geo-coordinates for 163 sites were captured last quarter, which translated to 99% coverage of sites with geo-coordinates. The final one, scheduled to be added this quarter, is located in a network poor area and has thus proved difficult to capture.

3.1.4: Tracking project reporting rates

During the SAPR reporting period, 128,741 (62,769M, 65,972F) OVC were served, representing 92% of the total number of OVC, 139,692 (68,283Male; 71,409Female,). The number of graduated OVC during the period was 3,456 (1,640M, 1,816F), while the number of OVC exited without graduation was 20,378 (9,945Male; 10,433Female). Out of the exited without graduation, 5,929 (2,774Male; 3,155Female) exited through attrition while 14,499 (7,171Male; 7,278Female) were not reached with

services in either of the past two quarters. See the break down on performance per county in the figure below:

Figure 11: County Reporting Rates for October 2018 – March 2019



3.1.4: Performance review meetings with documented evidence and action plans

Ten review meetings of current and previous action plans were held this quarter at the SDP levels and data review meetings held at the site level. With the unexpected closedown of the project by the end of March, closeout meetings were held in all 164 sites to ensure a smooth transition and safety of the OVC documents and data at site/SDP levels.

3.1.6 Use of standard data collection tools

Nilinde has trained all SDPs on the new, revised tools that incorporated reporting of case plan activities previously not captured. A three-day training was held this quarter in Coast and Nairobi regions with 21 participants gaining skills on the new MER guideline and monthly reporting tools.

Nilinde used monthly data review meetings to sensitize workforce and staff on the CPARA tool for appropriate and correct data capture. Close mentoring of CHVs by SDP field staff helped in internalizing the tool towards capturing quality data.

3.1.7 Strengthening data demand and information use

Nilinde has championed data for decision-making at both SDP and LIP level to make informed decisions and track critical indicators at household level. An increase in data ownership at site level has been observed. All 164 sites have continuously used OVC master lists and adopted talking walls to present their data visually in the language of their respective communities.

3.1.8. Documentation, Data Security, and Protection

To maintain confidentiality of beneficiary information, Nilinde has emphasized use of lockable cabinets, and signing authorization forms before accessing beneficiary documents. Nilinde has also developed and rolled out filing SOP and guidelines. As a result, 140 LIPs have attained a filing status of between 50% and 90% while 12 have achieved 100% filing SOP compliance.

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

Quality Improvement Teams

Nilinde has established 37 functional Quality Improvement (QI) teams. The teams comprise key government departments providing various services to children. These include education, food and nutrition, protection and health, and activities address priority needs that are determined through the child status index (CSI). The QI teams will continue to play an important role in sustaining service delivery to OVC beyond the life of the project. While in some counties the uptake has been slow, Nilinde has continued to offer capacity mentorship to the QI teams in order to grow their functionality and enhance their influence for improved service delivery.

Site Improvement Monitoring System (SIMS)

No SIMS activity took place during the January – March 2019 period.

Capacity Development

Nilinde has increasingly built capacity of SDPs and LIPs to strengthen their capacity to source for alternative funding, increase efficiency in management and service delivery for beneficiaries, and build strategic partnership with both government and private sector institutions. In the period under review, the project engaged SDPs on the reality of the USAID localization agenda and their strategic role in it. Due to the unexpected communication around funding cuts leading to project close out, Nilinde held close out meetings at 164 LIP sites in coast and Nairobi regions to celebrate the gains of the project including in organizational development and sustain their growth.

Learning, Knowledge Management and Communication

During the quarter, Nilinde organized internal learning forums to prepare staff for closeout documentation processes. Staff were trained on technical documentation, including lessons learned, using a collective review model. The technical documentation responds to Nilinde's key learning questions and legacy areas. Nilinde also developed templates for story identification, technical briefs and a lessons learned publication. Nilinde staff has followed up, completing the collection of stories of change across the four domains of OVC programming; these will feature in the above-mentioned, forthcoming learning documents. The exercise included collection of stories of change directly from SPDs, providing them with a template will be useful beyond the life of the project. Nilinde used the USAID success story and photography guide during these exercises.

With support from Plan International, Nilinde staff made two oral presentations, following acceptance of two abstracts, at the Africa Health Agenda International Conference (AHAIC 2019) in Kigali, Rwanda in March 2019. The presentations were well received as promising good practices in enhancing access to universal health care in Africa. The topics were: i) *Simplifying health financing for vulnerable populations towards universal health coverage*, and ii) *Community Link Desks as a Best Practice in Strengthening Community-Facility Health Service Delivery: A Case study of USAID Nilinde Project*. Nilinde has developed corresponding brochures on the topics, which have been shared internally.

Nilinde's abstract submission to the 10th International AIDS Conference on HIV science (IAS 2019) has been accepted for a poster presentation. The abstract topic is *The Results from a Community Mentor Mother-Led Case Management of Children Living with HIV: A Case Study of USAID's Nilinde Project*. Participation in conferences have enhanced USAID visibility and increased interest in OVC programming.

3.3: Strengthen coordination of care to improve OVC well-being

Nilinde continued to hold strategic meetings with HealthIT, Tupime County, USAID and DCS to discuss CPIMS strengthening, data validation, and MER version 2.3 for OVC programming. Nilinde also held meetings with national and county DCS counterparts to inform and prepare them for the project close out, and discuss sustainability measures. Additional meetings will be held in the April-June quarter, for full handover of key datasets and county information.

Lessons Learned

Despite the important role that QITs have taken up in OVC programming, they require greater resourcing in the initial phase. Thematic groups can be formed within the QI teams to ensure that resource mobilization is a continuous process. It will be important for GoK offices such as the DCS and the health sector to take up strong roles in the QITs in order to ensure that the approach becomes part of OVC programming.

III. ACTIVITY PROGRESS (QUANTITATIVE IMPACT)

Activity Ref	MER Indicator	Output	Data Source (Ministry /Other)	ACTIVITY	Target Year 4	Responsible Party	Oct- Dec 2018	Jan – Mar 2019	Comments/Remarks
Output 1: Increased access to health and social services for OVC and their families									
Activity 1.1: Greater community involvement in health and social services delivery, promotion and utilization of OVC well-being									
	OVC_SERV	1.1.1		Targeted training of case workers	482	Partners	527	424	Field Officers responsible
		1.1.2		Refresher training for all CHVs	1350	Partners	0	0	
		1.1.3		Application of benchmarks & development of case plans	53,000	Partners	6,565	12,564	
		1.1.4		Monthly stipend for CHVs	2700	Partners	3,228	3033	
		1.1.5		Monthly stipend for LCHVs	163	Partners	267	167	
		1.1.6		Facilitate CMM stipend to carryout monthly activities (CLHIV/adolescents/PLHIV)	112	Partners	100	96	
		1.1.7		OJT for CHVs on CMM model	1,960	Partners	0	0	
		1.1.8		CMM quarterly review meeting	4	Plan	1	1	1 review meeting for each site (8 sites) once a quarter for two quarters

Activity 1.2: Increased number of OVC receiving age appropriate and quality services

1.2.1 Implementation of County specific 90-90-90 strategy

		1.2.1.1	OJT on nutritional assessments	2700	Partners	0	0	
		1.2.1.2	Trainers fee (facilitation)-OJT on nutritional assessments	100	Plan/Partners	0	0	
		1.2.1.3	Active case finding for malnutrition among 16,431 under 5s	16,431	Partners	10,927	0	
		1.2.1.4	Provision of Nutrition package -for malnourished under 5s	1333	Partners	58	0	
		1.2.1.5	444 MUAC tapes for 148 LIP sites	444	Plan	0	0	
		1.2.1.6	Deworming and Vitamin A Supplementation	100	Partners	0	2,193	
		1.2.1.7	Malezi Bora campaigns with MOH. Mobilization fee for CHVs to mobilize OVC Under five years to outreach sites.	16,431	Partners	10,927	0	
		1.2.1.8	Adolescent boot camps for provision of Health education and services in Sexual and reproductive health services, STI screening and treatment for adolescents	33,336	Partners	48,242	0	
		1.2.1.9	Mobilization of CHVs for boot camps	300	Partners	0	0	
		1.2.1.10	Support for county/sub county HMT meetings	5	Partners	0	0	
		1.2.1.11	Support for adolescent (ASRH) peer support group meetings	5000	Partners	12,441	5,879	

		1.2.1.12		ASRH champion transport and lunch	100	Partners	0	0	
		1.2.1.13		Linkage and referral to DREAMS safe spaces YFC and Binti shujaa clinics	2000	Partners	3,481	3,922	
		1.2.1.14		Mobilization and screening of OVC with unknown status and HIV negative (testing done by treatment partners)	35,608	Partners		0	
		1.2.1.15		Purchase HIV testing consumables for compliment GoK supply targeting with unknown status	0	Partners	3,171	0	
		1.2.1.16		PSS support groups for children (CLHIV) and caregivers to address adherence to ART	86	Partners	86	86	
		1.2.1.17		Transport for CLHIV with high viral load to attend bi-weekly ART clinics and viral load monitoring	500	Partners	1,318	50	
		1.2.1.18		Transport for caregivers with high viral load to attend bi-weekly facility clinics	500	Partners	0	0	
		1.2.1.19		Food basket for CLHIV without food	Need based	Partners	145	28	High VL CLHIV
		1.2.1.20		Meeting with CLHIV in boarding schools	200	Partners	0	0	CLHIV in secondary school
		1.2.1.21		Back to school kitty for CLHIV	450	Partners	0	1	CLHIV in secondary school
		1.2.1.22		Review meeting with caregivers of CLHIV with high viral load (Transport)	28	Partners	0	16	

1.2.2: Strengthening Child protection									
		1.2.2.1		Positive parenting training for caregivers in VSLA groups	1131	Partners	11,802	38,029	
		1.2.2.2		Child abuse, GBV referrals cases and legal assistance & referrals	300	Partners	14	328	
		1.2.2.3		Integrating Child protection & Mentorship of CHVs/ case workers/ case conference in cohorts of 40 Case workers (use existing structures e.g. QI)	250	Plan	0	0	
		1.2.2.4		Support highly vulnerable HH with NHIF	5567	Partners	3,978	707	
		1.2.2.5		Support for birth certificate for under 5s OVC.	100%	Partners	4,924	565	1,850 total birth certificates facilitated during the quarter.
1.2.3: Education enrolment, retention and progression									
		1.2.3.1		Tracking attendance through HHs monitoring	ongoing	Partners	131,799	125,989	
		1.2.3.2		Support secondary school fees for cases of highly vulnerable	1330	Partners	298	114	412 school fees and 5643 school levies
		1.2.3.3		Support school fees for primary day for cases of highly vulnerable	600	Partners	3282	3,055	Captured above in 1.2.3.2
		1.2.3.4		Provide school uniform for vulnerable girls and CLHIV	1650	Partners	21	40	
Output 2: Strengthened capacity of households and community to protect and care for OVC									
Activity 2.1: Build sustainable economic initiatives to enable households to meet the basic needs of their children									

2.1.1: Income Growth Interventions: Directed at Least Vulnerable Households									
		2.1.1.1		Training of 1050 new VSLAs (reaching approx. 13,650 HHs)	1050	Groups	47	0	
		2.1.1.2		Mentorship and ongoing TA for existing VSLAs	1050	Plan	1,435	1,673	
		2.1.1.3		Semi-annual peer review forums	4	Plan	0	0	
		2.1.1.4		Train 250 CBTs on online based VSLA application	250	Plan	0	0	Will be done in Q2
		2.1.1.5		Airtime for 250 CBTs for monitoring, , supporting and reporting VSLAs using online based VSLA application	250	Plan	0	0	Will be done after the training of CBTs in Q2

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

3.1: Support National OVC monitoring and management information systems

3.1.1: Build capacity of SDP, LIP, consortium partners and DCS to access and utilize CPIMS to manage data for decision-making

		3.1.1.1		Support Quarterly review meetings for the 10 SDPs with Plan	40	Plan	10	10	
		3.1.1.2		Conduct on-site mentorship/training of staff on M&E KPI	200	Plan	30	23	One at site and one at Plan Nilinde Offices
		3.1.1.3		Support monthly data review with LCHVs	163	Plan	163	143	
		3.1.1.4		Support monthly beneficiary document verification at site level	96	Plan	24	10	
		3.1.1.5		Semi-annual stakeholders (MOE, MOA, DCS, MOH,	4	Plan	0	0	

				SDPs)performance review meeting					
		3.1.1.6		Photocopy of Household Case Management Tools and needed stationaries (complimentary)	37,000	Plan	37,000	0	Received all tools on time (IA, IB, Case plans, etc.)
		3.1.1.7		Other M&E tools	12,000	Plan	12,000	0	Received all tools on time.
		3.1.1.8		Capacity development of SDPs on branding and marking	100%	Plan	0	5	
		3.2.1.1.		International day celebration - World Orphans day and World AIDS day	2	Plan	1	0	
		3.2.1.2		Publication	See note	Plan	2	0	Initial target was 1,000 copies. This has been revised to # publications. Not all will be produced in hard copy.
		3.2.1.3		Registration for conferences and participation	100%	Plan	0	1	
		3.2.1.4		Support establishment of 8 additional QITs	8	Partners	0	0	Note that initial target of 45 referred to all QITs; new QIT target was 8.
		3.2.1.5		Conduct 10 SDP led regional QI learning sessions (for the 45 QITs)	45	Partners	0	0	Note that target of sessions was 10.
		3.3.2		Support for child protection CPIMS in Kwale and at national level	n/a	Plan	0	10	
		3.3.3		Capacity building on child protection for CPIMS at SDP level Travel & Logistics	2	Plan	1	10	

IV. CONSTRAINTS AND OPPORTUNITIES

Constraints

In the reporting period – in early February - Plan International USAID received notice from USAID of lack of additional funding for the Nilinde Project. The Nilinde Project thus moved quickly into a closeout phase. As a result, this quarter saw a significant reduction of services provided to OVC.

Additional implications included a lower than planned number of case plans developed during the quarter, as the planned for training for the community workforce could not take place in line with funding cuts. In the meantime, low literacy levels among community health volunteers continue to be a barrier to quick case plan development. The CHVS are the core caseworkers and the only ones whose numbers are large enough to reach full case plan coverage in a timely way. As such, the project continued to make use of the CHVs who were previously trained on case management. Among those CHVs whose capacity has been built through training and/or through on-job trainings and mentorship (by both SDP staff and Plan led Nilinde staff), they are now equipped to continue to review the developed cases as necessary as they continue to offer services to the OVC.

Although Nilinde has fully embraced CPIMS in data management, the system has sometimes had technical hitches mainly caused by low internet and inadequate network coverage. This has an effect on data entry, generation of reports, and in some instances, SDPs have experienced delays in submission of reports.

There are still challenges with caregivers' inability to sustain the NHIF health scheme. The fee of Ksh. 500 charged by NHIF per month is still high particularly for caregivers living in rural areas. Nilinde has shared this feedback with NHIF Managers and the two parties have continued push for review of the monthly rates. There are also efforts to encourage caregivers to borrow loans from VSLA where possible, to expand their businesses so that they are able to meet the health insurance costs. Sensitization sessions by CHVs and CBTs have continued targeting those caregivers not enrolled in VSLA and where necessary, Nilinde has linked caregivers to other county government sponsored health programmes.

Opportunities

With the increased knowledge and use of CPMIS and the enhanced system that will incorporate other data such as the case plan data, other key stakeholders such as the DCS are now able to access the systems and to continue to play a coordination role. Data is also now being shared through the AACs, and the government is already using the data for planning purposes in OVC programming.

V. PERFORMANCE MONITORING

During the reporting period, Nilinde ensured that there was quality especially with regard to data by providing guidance and supportive supervision to the SDPs and LIPs on CPIMS, case plan development and monthly reporting tools.

The project staff offered technical assistance via supportive supervision, mentorships, on-the-job (OTJ) training and formal trainings to the SDPs. Part of this technical assistance included OTJ training and mentorship on CPIMS and EpiData. The project also continued monitoring service delivery and achievement of targets by review of monthly reports and giving feedback on these reports.

PERFORMANCE MONITORING PLAN

#	Indicator Title	Disaggregation	Year 4 Target	Q1 (Oct-Dec 18)	Q2 (Jan-Mar 19)	Remarks (deviations from planned targets)
1	Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS	Sex: <1 Male, <1 Female,	133,945	148,793	128,741	128,741 OVC served out of a target of 139,692.
				<1yrs Male (140)	<1yrs Male (58)	
				<1yrs Female (208)	<1yrs Female (102)	
				1-4yrs Male (6480)	1-4yrs Male (5117)	
				1-4yrs Female (6530)	1-4yrs Female (5178)	
				5-9yrs Male (204474)	5-9yrs Male (17573)	
				5-9yrs Female (21104)	5-9yrs Female (18101)	
				10-14yrs Male (24850)	10-14yrs Male (22231)	
				[10-14yrs Female (26424)	[10-14yrs Female (23584)	
				15-17yrs Male (12600)	15-17yrs Male (11440)	
				15-17yrs Female (13925)	15-17yrs Female (12662)	
				18-24yrs Male (8026)	18-24yrs Male (6350)	
				18-24yrs Female (7900)	18-24yrs Female (6345)	
				25+yrs Male (74)		
	25+yrs Female (58)					
2	Percent of (OVC) children whose primary caregiver knows the child's HIV status	Sex	95%	89%	91%	Cumulative with known HIV status as at Oct 2018-March 2019 is 125,855 out of Active caseload 139,692.

#	Indicator Title	Disaggregation	Year 4 Target	Q1 (Oct-Dec 18)	Q2 (Jan-Mar 19)	Remarks (deviations from planned targets)
		Age (0-4, 5-9, 10-14, 15-17 yrs.				OVC tested during the quarter are 1,889
3	Number of youth who received youth friendly services through USG supported programs	Gender County Type of service	9,000	12,698	6,971	YSLAs=756,EYL= 336, Life Skills= 5879
4	Percent of OVC who progressed in school during the last year	Sex Age (5-9 yrs., 10-14yrs, 15-17yrs)	70%	N/A	N/A	Annual Indicator
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,	95%	89%	90%	Active with known HIV status as at Jan-March 2019 is 114,552 out of Active 127,014
		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				
6	Percent of children under 5 who have a birth certificate	Sex	100%	35%	35%	Cumulative with b-Cert 4,029 out of 11,458 <5Yrs OVC Caseload.
		County				
7	Number of target institutions that have improved capacity as a result of USG assistance	County	10	10	10	
8	Number of service providers trained in referring OVC to necessary services	County	1,350	3,429	3,429	
		Sector				
9		Sex	133,945	148,793	128,741	128741 OVC served

#	Indicator Title	Disaggregation	Year 4 Target	Q1 (Oct-Dec 18)	Q2 (Jan-Mar 19)	Remarks (deviations from planned targets)
	Number of OVCs accessing essential services	Age (0-4, 5-9, 10-14, 15-18yrs)		<1yrs Male (140)	<1yrs Male (58)	
				<1yrs Female (208)	<1yrs Female (102)	
				1-4yrs Male (6480)	1-4yrs Male (5117)	
				1-4yrs Female (6530)	1-4yrs Female (5178)	
				5-9yrs Male (204474)	5-9yrs Male (17573)	
				5-9yrs Female (21104)	5-9yrs Female (18101)	
				10-14yrs Male (24850)	10-14yrs Male (22231)	
				[10-14yrs Female (26424)	[10-14yrs Female (23584)	
				15-17yrs Male (12600)	15-17yrs Male (11440)	
				15-17yrs Female (13925)	15-17yrs Female (12662)	
				18-24yrs Male (8026)	18-24yrs Male (6350)	
				18-24yrs Female (7900)	18-24yrs Female (6345)	
				25+yrs Male (74)		
	25+yrs Female (58)					
10	Percent of OVC households able to access money to pay for unexpected household expenses	County	80%	43%	39%	42,703 out of 68,075 HH (On VSLA 42,703 & Financial Literacy trainings 9,608)
11	Proportion of OVC caregivers involved in saving & loans groups	County	60%	67%	33%	42,703 Caregivers out of 68,075
		Sex				
12	Percent of children <5 years of age who recently engaged in stimulating activities with any household member over 15 years of age	Sex	90%	74%	73%	8,777 OVC out of 11,458 <5Yrs Population.
		Age (0-11 months; 12-23 months; 2-4 years)				
13	Number of households who have been trained in parenting and caregiving skills	County	1,131	17,729	15,148	F=33,187 M=4,842 This breakdown is cumulative for Oct 2018-Mar 2019.---Jan-Mar
14		Gender	90%			

#	Indicator Title	Disaggregation	Year 4 Target	Q1 (Oct-Dec 18)	Q2 (Jan-Mar 19)	Remarks (deviations from planned targets)
	Percent of youth who demonstrate critical life skills following a USG supported training	County				Not measured.
		Age (10-18; 18-35)				
15	Number of eligible households taking care of OVC linked to safety net programs	County	52,000	6,584	2,389	
16	Availability of a harmonized monitoring information system for OVC	County	8	10	10	All 10 SDPs are using CPIMS
		Sector				
17	Number of partnerships supported by USG between the national and county levels	County	7	10	11	GOK (DCS, MOE, MOH, CRD, County Administration), CDC, AFYA Jijini, Afya Pwani, Lea Toto, Global Communities, USAID Health IT
18	Use of information to inform program planning	County	10	10	10	All 10 SDPs used information to inform planning, as did all 5 counties.
		Sector				
19	Number of CSOs receiving USG assistance that are engaged in advocacy as a result of USG support.	County	0	n/a	n/a	Bi-annual. Not measured.

VI. PROGRESS ON GENDER STRATEGY

Earlier, Nilinde guided the SDPs on the importance of integrating gender equality into programming and documenting gender equality outcomes. The project continued to build on the gains made by the gender TWGs, and to encourage participation of both male and female in all project interventions with a view to making Nilinde programmatic approaches from gender neutral to gender transformative. Some of the key issues identified in the past and being addressed at community level include access to and control over assets and resources; gender roles, responsibilities and time use; cultural norms and beliefs; patterns of power and decision-making; and policies and regulations. The project has in the previous quarters trained 632 Boy-Child champions, who continue to be an asset to the project and they continue to advocate for girls' empowerment in the community.

VII. PROGRESS ON ENVIRONMENTAL MITIGATION AND MONITORING

Nilinde's SDPs have all been trained on environmental monitoring and mitigation reporting (EMMR) with a view to ensuring that they comply. Throughout the reporting period, SDP compliance was monitored and the status is shown in the table below.

List each Mitigation measure from column 3 in the EMMR Mitigation Plan (EMMR Part 2 of 3)	Status on mitigation measures	List any outstanding issues relating to required conditions	Remarks
Voucher systems may not include land-clearing equipment, PPE, pesticide, fishing equipment, irrigation material or other similar tools that may cause unintended environmental impact	No voucher system implemented this quarter and planned voucher systems not anticipated to include these items.	N/A	N/A
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	The sub-grants have complied with the terms on the Nilinde EMMP by completing the ERF. The sub-grants were trained on comprehensive environmental compliance.	N/A	N/A
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 supported sub-grantees to develop EMMPs and monitoring tools and this is monitored quarterly.		

List each Mitigation measure from column 3 in the EMMR Mitigation Plan (EMMR Part 2 of 3)	Status on mitigation measures	List any outstanding issues relating to required conditions	Remarks
Obtain NEMA permits related to noise regulations prior to conducting public awareness raising campaigns.	All the project mobilization, sensitization and functions were 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 the Nilinde project.

USAID Project	Areas of collaboration
<i>Afya Jijini/Afya Pwani</i> , Global Communities	Nilinde supported DREAMS initiatives in Nairobi and Mombasa Counties. Nilinde partnered with Afya Jijini & Afya Pwani to carry out interventions for adolescent girls in the safe spaces Nairobi & Mombasa counties.
<i>Lea Toto</i>	Nilinde has continued to have cordial relations with Lea Toto, which has seen care and treatment services being offered to CLHIV.
USAID Health IT	In the reporting period, USAID Health IT has provided Nilinde with ongoing technical assistance on CPIMS. All SDPs in the project are now reporting in CPIMS.

IX. PROGRESS ON LINKS WITH GOK AGENCIES

In the reporting period, Nilinde continued its collaboration with the DCS, as well as with other GOK Ministries such as education and health for delivery of various services to OVC. This collaboration involved several government agencies both at national and county levels. The table below stipulates GoK agency partnerships and areas of collaboration.

GoK Agency	Area of collaboration
Ministry of Education	Building on previous collaboration with the Ministry of Education officers for capacity building at ECD and primary schools, monitoring of previous interventions continued by the GOK officers. This included supporting OVC to receive scholastic assistance, and follow up with ECD teachers after trainings.
DCS	The community-level officers from the DCS continued to be very instrumental in the delivery of quality services to OVC. The Voluntary Children' Officers work hand in hand with the CHVs and were very useful in reporting and following up on child abuse cases as well as ensuring bidirectional referrals within the sub-county and ward level.
Ministry of Health	Nilinde is SDPs working together with the CHVs continued to work with the MOH representation and structures at the community level. Collaboration with MOH included services to OVC such as referrals to government health facilities for HTS, referrals for care and treatment as well as for viral load testing. Other services included nutritional education, assessments, and provision of supplements.
Civil Registration Department (CRD) & Provincial Administration & Police ¹	Collaboration with the GOK Civil Registration Services Department continued during the reporting period. This has resulted in 1,830 OVC obtaining birth certificates between January and March 2019.
National Hospital Insurance Fund	The NHIF officers have continued to be instrumental in raising awareness of health insurance benefits to caregivers within the five

¹ These are departments in the Ministry of Interior and Coordination of National Government

GoK Agency	Area of collaboration
	counties of Nilinde’s operation. This is evidenced by the number of caregivers who have continued to renew their NHIF subscriptions.
Ministry of Agriculture Fisheries and Livestock	The Ministry’s officers are instrumental in the continuity of extension support in crop farming & good agricultural practices and livestock IGAs for Nilinde caregivers. This is key to sustainability of the gains made post Nilinde. As such, there is evidence of multiplication of the productive assets that were given to caregivers as well as sustained kitchen gardens, which ensure good nutrition, and supplementation of incomes and resiliency of households.

X. PROGRESS ON USAID FORWARD

In the reporting period, the project’s Service Delivery Partners collaborated with DCS representation at the community level in the form of AACs and LAACs in review and response plans for OVC needs. Continuous capacity building to SDPs staff through OTJ trainings and mentorship was carried out on CPIMS and on the use of EpiData for case plans. Use of EpiData for analysis of the case plans was intended to inform targeted service delivery to the OVC.

XI. SUSTAINABILITY AND EXIT STRATEGY

Sustainability has been inculcated in the Nilinde project from Year I, and it has been continuous and progressive. The approach has been at three levels. First, Nilinde works at household level, whereby sustainability has been anchored in its household economic strengthening strategy. By providing targeted and meaningful support directed to households caring for OVC, Nilinde increased the capacity of caregivers to provide and care for their children. From Year I, HES activities, life skills trainings, and capacity building of caregivers in caring for their children were some of the strategies employed by Nilinde.

The second approach to sustainability has been at the community level whereby the community workforce represents an important asset in Nilinde’s delivery model for goodwill, ownership, and sustainability as an integral component for holistic and comprehensive service delivery to OVC. Nilinde has been continuously building the capacity of its community workforce members to support the delivery of various services to OVC and their caregivers in a holistic and multi-sectoral way. Therefore, the CHVs are able to identify risks that OVC face, develop case plans, and ensure services are provided through a case management/priority needs approach.

The third approach to sustainability that Nilinde has been employing is that of utilizing and working through the existing County/Sub-County level systems. During the quarter, Nilinde continued to strengthen government DCS and other systems that support OVC through meaningful engagement and ensured linkages to opportunities with other stakeholders.

XII. GLOBAL DEVELOPMENT ALLIANCE

N/A

XIII. SUBSEQUENT QUARTER'S WORK PLAN

Based on the February notification from USAID of project closure due to lack of additional funding, Nilinde concluded support to households and children at the end of March 2019.

During the April – June quarter, project staff will:

- Compile and submit SAPR data;
- Compile the January - March performance report;
- Obtain final financial and programmatic reports from subgrantees and facilitate subgrantee administrative closeout;
- Hold handover meetings with the DCS in each county to ensure comprehensive DCS knowledge of project data and information regarding partners;
- Undertake life-of-project data analysis in preparation for final reporting;
- Carry out financial and administrative closeout tasks such as those related to asset disposition and others and as outlined in the separately submitted demobilization plan;
- Finalize learning and project legacy documents for dissemination at close-out meetings and beyond; and
- Develop a Handover Report to assist USAID Kenya and incoming implementing partners in their efforts to support Nilinde communities and households.

As instructed by USAID, Plan will not undertake an endline assessment of Nilinde.

XV. ACTIVITY ADMINISTRATION

Personnel

During the January-March quarter, two non-key Nilinde staff exited the project. During January, efforts were underway to recruit three out of five vacant key personnel positions: Chief of Party, OVC Manager and Finance Manager. Plan had submitted a COP candidate for approval by the time USAID notice was received. Plan had also finalized selection of new candidates for OVC Manager and Finance Manager – earlier candidates were not approved by USAID – when notice was received from USAID of lack of additional funding. The current team is therefore facilitating the closeout of the project.

By the end of the quarter, staff transition plans were being developed based on the remaining life of project activities and demobilization plan. As reported in the demobilization plan, the majority of staff will exit the project during the months of May and June, following the completion of reporting deliverables (SAPR report, Jan-Mar and Apr-Jun quarterly performance reports, and preparation of the project's final report), among other closeout tasks. A very small and decreasing number of staff may remain during the months of July and August to finalize reporting, especially financial reporting, documentation archiving and audit preparation.

Contract, Award or Cooperative Agreement Modifications and Amendments

During this quarter, the primary focus and priority was to work towards full closeout of all of Nilinde's 33 SDPs. A variety of interventions were employed to ensure the closeout processes were undertaken in compliance with all requirements. As at 31 March, 2019, 13 SDPs had been closed and certificates issued to them, while the process was ongoing for the remaining 23.

All ten active SDPs were issued with sub-agreement modifications this quarter. The purpose of the modifications was to extend the period of performance for grants that were ending on 28 February, 2019 to 31 March, 2019. The partners were notified of the end of project.

Action plan for the coming quarter | April – 30 June, 2019

In the coming quarter, April to June 2019, we will work to close out the remaining 20 SDPs. We will also work on meticulously archiving all grants management records, as well as preparing the final grants report.

XVI. GPS INFORMATION

N/A

XVII. SUCCESS STORY

Why “it’s all about you”

Three years ago, Peter had no voice. He was barely earning any income from his small vegetable farm situated along the Nairobi River. His children were often sent home due to school fees arrears. He was worried that his children – all girls – would drop out and lead dissatisfied lives. Peter never imagined he could support or mentor others because he had so much to deal with.

At some point, the 50-year-old father of three children and guardian to three orphaned adolescent girls, stopped farming. This was due to high contamination of the water, a factor that led to frequent hospitalization. In 2016 however, he was enrolled into the USAID Nilinde project as a highly vulnerable household. His last-born daughter was at the verge of dropping out of school due to huge unpaid school fees. Peter remembers these days, when his family went without food.

Among other support, Nilinde provided Peter’s household with a sack of charcoal and three sacks of briquettes as part of its household economic strengthening strategy to boost his income streams. In addition to this, he attended business management and financial literacy training sessions. He soon joined a Village Savings and Loaning Association (VSLA) and was able to pay the household bills and keep some money as savings. With continuous mentorship and consistent savings, Peter increased his stock and moved the location of his business. He was able to keep up with the NHIF monthly subscription for his family. The adolescent girls under his care were supported with school fees and sanitary pads through the project.

Today, Peter is running one of the most successful charcoal businesses in the Ruai area. He has hired three youth on a casual basis who support him with transport, sales and marketing. Having started with one sack, Peter now sells up to 40 sacks, making an average of Ksh. 3,600 per day (USD 36). Over time, he moved from being highly vulnerable and was soon least vulnerable. *(Photo: Peter at his business premise)*



Following a Graduation Readiness Assessment, that seeks to identify households that are exhibiting strong resilient outcomes, Peter’s household was ranked as ready to graduate. He was among 220 households that graduated in a colourful community event in September 2017. “I have been supported so well and grown so much”, he says as he reflects. *(Photo: Peter received his graduation certificate)*



Because of his achievements, Peter began to encourage other caregivers – he soon became a voice in his community. He was selected to mentor other caregivers and has so far taken the lead in the formation of two VSLAs. In addition, because of his active participation (and voice), Peter was recently nominated by the Kasarani MP to join the Constituency Uwezo Fund. This activity allowed him to link 150 needy secondary students to bursary funds early in the year. Peter is also the Chairman of the project’s Quality Improvement Team (QIT) in Ruai. The team has been vibrant, creating linkages and networking for school bursaries through the National Government Constituency Development Fund, the Nairobi City County Development Fund, and bursaries from the women representative. The entire effort has resulted in support equivalent to Ksh. 2 million, reaching over 500 vulnerable children. The QI team is also supporting and mentoring 50 caregivers on kitchen gardening initiatives. “*Change is about you - success is about you and failure is also about you – either way, it’s all about you*”, he says.