

MERCY ORPHANS SUPPORT GROUP PROGRAM

C/O ST.CAMILLUS DALA KIYE CHILDREN WELFARE HOME

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OVC Project

ANNUAL REPORT

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INTRODUCTION

Mercy Orphans Support Program was established in the 2000 as a community based organization (CBO) working with rural communities in Karungu Division in Nyatike Sub County of Migori County. Mercy Orphans Support Group Program supports rural communities through a wide range of development projects designed to improve the health, quality of life, and self- reliance of households living with OVC and the community as a whole. during the reporting period 2016/ 2017, the organization has been successful in its implementation of PROSPER and THRIVE II projects in Karungu as a community. PROSPER as a project has the following interventions;

- Strengthening the capacity of households to care for OVC through an integrated approach to household support i.e. in kind grants, SILC, FFS and CT for households
- Mobilize community-based responses for care, support for OVC by strengthening caregivers support groups activities i.e. poultry keeping, horticultural farming
- Partnership with the Children’s Department to promote child right interventions through support of the VCOs and paralegals
- Ensure access to essential services for OVC like health care services, Health Education,, WASH and support to the community Units , Bursaries from CDF, Ward Bursaries, Presidential Bursary from the Children’s Department
- Engage other development partners and financial institutions to support the OVC initiatives community to support OVC actively.



However, as an organization we also have THRIVE II projects whose focus is on the first 1000 days of a child’s life. The project strategy is on the care group model where the women either pregnant or with children 2 years and below are grouped in to smaller groups within the community where they receive massage packages monthly to Strengthen the capacity of Care givers of children 0 to 2 years to ensure that they attain age appropriate developmental milestones. PROSPER project faced out in October 2017 having reached 790 caregivers with 1,731 OVC (931 Male, 800 Female) in Nyatike Sub County Karungu Ward. While THRIVE II project faced out in Dec 2017 having supported 1,431 neighbor women with a total 1,357 children (635Male, 722Female) and 119 pregnant women. THRIVE II is serving a six months extension period.

MOSGUP VISION

To be an organization that promotes improved livelihoods and equal opportunities to the OVC and community

MOSGUP MISSION

To initiate an effective community response to bring about holistic development of the OVC to participate in community development

MOSGUP GOAL

To improve the livelihood of 3,500 OVC and their estimated 1,311 household members in Nyatike Sub County through provision of compassionate care response and social support.

PROGRESS UPDATES PER INTERMEDIATE RESULT (PROSPER)

SO1: HHs with OVC in Homa Bay and Migori Counties have increased income and food security to meet the basic needs of OVC

IR 1.2: HHs with OVC has improved food production and access to markets

Upscale of JFFLS in collaboration with MOA and MOE

IR 1.1: Caregivers engage in savings and IGAs to meet the basic needs of OVC

SILC is community managed micro finance methodologies that offer saving, affordable loans and small funds to cater for emergencies. The project worked to strengthen household economic input through SILC activities. One of the many advantages of SILC has is its flexible nature, in that, it offers its members the ease to access financial services and to repay within stipulated time frame. Through SILC groups, OVC households have improved food security, education access as well as domestic livestock. SILC methodology is implemented with support of 16 PSPs and 4 Apprentices within the community and caregivers groups. The PSPs and the Apprentice support the SILC groups by proving, coaching and mentorship on community managed micro-finance. SILC have contributed towards household financial strengths as there is money circulation among the vulnerable households. 8 SILC groups comprising of 18 males and 182 females were linked to Uwezo funds. The project team through the caregivers groups categorized caregivers according to IGA they are involved in. This IGA classification has enabled the project to identify IGAs gaps to be focused during caregiver's business management skills training thus increase the numbers of caregivers involved in IGAs and strengthen their knowledge on IGA for increased household income.



IR 1.2: HHs with OVC have improved farm production and access to markets



"I decided to practice the skills that I learnt from the JFFLS at home so that I could help my grandmother to raise vegetables at home, reduce her expenses on vegetable and thus enable her to make savings for other household needs." Says Loriet, a JFFLS participant at Lwanda primary school who replicated the vertical sack garden at home Innovation being one of the SMART SKILLS that the MOSGUP staff were trained on; the project staffs discovered that the technique of hanging gardens helps farmers to beat the menace of roaming animals and scarcity of water. JFFLS are being equipped with knowledge to prepare vertical gardens to help boost vegetable production especially on the higher grounds away from the lakeshore. JFFLS is an eye opener to both members and non- members of JFFLS as they acquire new knowledge and skills in modern farm gardening to repatriate back at home.

The program in collaboration with the Ministry of Agriculture, Livestock and Fisheries supported the Field day at Lwanda primary school. The participants at the JFFLS were able to showcase the skills they learnt during the season to enable them propagate crops such as kales, spinach, green grams, cow peas and capsicum. They were able to demonstrate the different technologies on home gardening including; hanging gardens, vertical sack gardens and raised/sunken beds. MOSGUP is working with AL Naqel Holdings to offer contractual sisal farming modalities to support caregivers and the farmers. The program staff conducted monitoring visits to the groups and caregivers who were supported with the previous in-kind grants. The bananas at Rabare are fruiting whereas the groups at Alendo, Wangaya and Not villages had started harvesting honey from the hives they received as in kind grants from the project.



IR 1.3: HHs with OVC has improved food utilization and nutrition

Sensitization by CHV on food groups, food preparation and handling has enabled the OVC households to address dietary and diversify on balancing their food. This has created improved health for OVC and caregiver's growth and development. The farm less gardens have promoted access to green vegetables for household dietary needs without depleting the household merger resources in buying vegetables from the markets or other horticultural farms. Their vegetables budgets can now be channeled to OVC education and SILC group savings.



SO2: HHs with OVC have improved health, education, child protection and WASH practices

IR 2.1: HHs with OVC adopts appropriate health seeking practices.



The project for the period of one year has done routine outreach activities, dialogue days to sensitize the caregivers and the communities at large on the importance of adopting appropriate health seeking behavior through enlightening beneficiaries on the services provided by our health care providers at our referral points. Mercy orphans works with 45 (13males, 32females) Community health volunteers to support interventions within the OVC households.

IR 2.2: OVC have increased access to protection services

For the messages and service delivery on protection to reach the beneficiaries households, the staff have sensitized CHV on child rights issues, on this; the messages are rolled down to the household level. The messages include the need of caregivers to acquire relevant documents to enable the project to process death certificates for the deceased parents. The project through the 2 VCO held joint monthly meeting with the 45 CHVs to mentor them on child protection issues and ways to refer and follow up child abuse, these meetings have increased the CHVs knowledge on the importance of reporting child abuse cases. The VCOs involvement with the CHVs has helped in promoting efficiency in reporting cases of child abuse within the community within the stipulated timeframe.

IR 2.3: OVC have improved school attendance rates



The project has held 3 quarterly meeting with the OVC to share on educational way forward and best practice in order to achieve best grades. In the meetings they shared their experiences and the staff had the opportunity to enlighten them on what is expected of them both in school and at home to help them achieve their goal in life. The OVC from the same school were advised to embrace collaboration where they can share text books between themselves and other students as the project staff address the challenge with caregivers.

The staff held one meeting with caregivers of secondary supported OVC. The meeting discussed challenges affecting OVC school performance and used an opportunity to inform the caregivers on the school fees allocation for the various identified OVC and the part left for the caregiver to pay. The staff and CHV also visited households to share on the education messages.

13 OVC (9 Male, 4 Female) were linked to government bursaries. 3 were linked to county scholarship and received full secondary school sponsorship. 10 OVC (6males, 4females) were linked and received Presidential bursaries.

The project supported 87 OVC (48 Males, 39 Females) with school fees. , 4 OVC (4 Females) with special needs within most vulnerable HHs were supported with special education School fees; 3 in secondary school and 1 in primary school to retain them in school for better performance. 6 OVC (6 Males) who were not able to continue with secondary education were supported with vocational education fees, they are involved in various course i.e. driving, masonry and mechanics. The project anticipates that the OVC will earn a living after acquiring the vocational training skills and continue supporting the household siblings.

IR 2.4: OVC HHs adopt improved WASH practices



Wash activities includes; proper treatment of water through the use of chemicals such as chlorine, aqua tabs, purr and boiling effectively, use of tippy taps after visiting latrine and use of latrine to dispose human solid waste. To reduce the impact of communicable diseases the community health volunteers have sensitize caregiver's households with wash messages and proper waste disposal during routine home visits. The project conducted triggering sessions within the working area with the assistance of the community health volunteers, community health assistants and public health officer. This has enabled the number and use of toilets to increase in the community hence address open defecations for reduction of waterborne illness. This has improved household's hygiene and sanitation hence reduced cases of diarrheal diseases among OVC households.

S03: OVC HHs consistently access coordinated services from public, private and NGO actors

IR 3.1: LIPs deliver, advocate, and link OVC to core services

The project through participation in stakeholders meetings has ensured coordination of OVC services delivery within the county and the working area.

The project had Alumni meeting that was held and brought together 113 OVC (76 males, 37females) who are in various universities, colleges and jobs entities. The Alumni is a brainchild with sole purpose to offer current and former OVC opportunity to create networks for OVC internship and job placement. The alumni also mentor the continuing OVC in career development.

The staff had an opportunity to attend two capacity building sessions; one to review the SMILER tools and SMART skills. The trainings have improved the project capacity to implement its deliverables. The SMILER review meeting has helped in improving staff understanding using the tools as source documents for evidence based reporting. The SMART skills have enabled the project improve on groups organization for better groups performance in Agricultural innovations.



These Agriculture activities have seen OVC households adopting through innovation the farm less garden strategy to address the household food insecurity. One sub recipients financial monitoring was conducted to support the organization implement the internal control plans to promote financial accountability and adherence to the monitor expenditure and financial checks and balances reporting. Mapping OVC available services was conducted to enable the project link OVC to the actors for support. The project supported the child protection unit in Kanyasa ward to ensure that the VCO have a place for children to access child right information

IR 3.2: GOK effectively coordinates OVC service delivery

The project has continued to partner with the Department of children to deliver quality service to the OVC. The project has supported the services of the VCO for the FY16/17 and ensured they are motivated to deliver quality service to the community. To increase child protection capacities the Department of children Migori County has trained 2 VCO, 2 Paralegals and 3 staffs on child protection to advocate and bring child paralegal services closer to the community. The VCO reports to both the sub county children officer and the organization as a way of share information. In this there has been close working coordination between the office and the government departments.

In addition, the project in partnership with MOH has conducted stakeholders meeting, facility support supervision, and community outreach and community dialogue.

IR 3.3: Private sector provides linkage opportunities for OVC HHs

The organization has worked closely with the private sector to lobby for support to the community groups with a view to improve household livelihoods. In partnership with BCN the project conducted a one day private partners meeting. The meeting was aimed at bringing all the private sector in Migori to a round table discussion on the way forward for corporate social responsibility

The project has also engaged the local Sisal factory to engage with the caregivers groups to promote sisal farming with the groups. We are currently in the process of bulking sisal in two caregiver group sites as a long term plan for the sustainability of household interventions implemented by PROSPER Project.

UNDER THE THRIVE II PROJECT 2017

S01: Children under 2 years demonstrate increased attainment of age appropriate developmental milestones by 2017

1. Home Visits

Home visits were conducted by CGVs, CHVs and staff to ensure that the messages for the year are appropriately passed. All the planned messages were delivered during the household visit as follow up after the group meetings. These visits also helped inquire on challenges when trying to practice the new behaviors they commit to during the group meetings. A total of 1,216 Neighbor Women received House Hold visits, this representing the highest visit done in the whole year. A total of 454 children (225M, 229F) were referred for different ailments as well as 172 pregnant women for defaulting ANC visit and a further 213 sick mothers. The ailments for referral were mainly common and ranged from coughing, cold, fever, diarrhea and vomiting. All the referrals reported were complete. The year also saw us exit 8 beneficiaries through death. This number is inclusive of 2 Neighbor women and 6 children all after a short illness. 169 QIVCs were administered to the HH by both the staff and CHVs with 109 meeting the 80% threshold. The remaining 60 that never reached 80% were identified for mentoring to mentoring session and technical support to improve in their content delivery and score.

2. Care group meetings

Care group is conducted by CHV and attended by CGVs is a designated area of their choice. CHVs collect and share reports by CGVs, challenges met during the neighbor groups meetings as well as household visits. CGVs are given messages for the new month. A total of 27 care groups conducted their meetings with a total of 157 CGVs being the highest number attending the meetings in the year. Supportive supervision was also done by the project staff and the SCHMT team during the year to ensure that the CGVs are getting the right information and ensuring that they do pass the same information to the neighbor women. 38 QIVCs was administered by the staff and SCHMT team at the care group meeting with 30 of the scoring 80% and above the remaining 8 were identified for mentoring to mentoring session and technical support to improve in their content delivery and score.



3. Neighbor Group Meetings

Neighbor group sessions were conducted throughout the year with CGVs taking the lead in delivering the monthly messages. A total of 1216 neighbor women attended neighbor group meetings. 276 QIVC s were administered during the month to provide technical support to the CGVs in ensuring that messages for the month are delivered to the neighbor women. Out of them 113 QIVCs got above 80%. The remaining 163 were taken through mentoring and on job training to help improve their content delivery and scores. The year also saw us have supportive supervision to the neighbor groups by the CHAAs whose input helped us increase the understanding and delivery skills of the CGVs.



4. ECD space Activities.

ECD space is a designated play area for children situated at the health facilities where they get the opportunity to have monitored play while their mothers receive health talks, as they wait in line to be attended to by health providers. The place has locally and bought toys, is clean and spacious. Neighbor women are to be mentored through messages that can help them take care of their children in different stages in life even as they attain the different developmental milestones. Different messages were delivered every month all year round to the care givers attending the ECD space. A total of 6,526(344M, 6182F) care givers attended the ECD space a number inclusive of 3,650 Neighbor women and 2876 none THRIVE beneficiaries. We also had 5,351 (2701M, 2650F) children attending, and a total of 1,374 pregnant women. This attendance was boosted with the construction of two ECD spaces waiting bays in Nyamanga Dispensary and Karungu Sub District Hospitals, thus creating a sitting space, shade and a clean environment for play for the children.

MOH support

Ministry of health is key when it comes to our stakeholders with whom we work hand in hand in order for the project to move on smoothly. Stakeholders' meeting is where the project is reviewed, its sustainability is looked at and how the project can be able to move forward addressed. Ministry of health as a partner is able to help us in ensuring that Thrive II goals and objectives are met. We had 2 stakeholders meetings in the year where the Ministry of Health was represented fully through from the CHAs, health institution in charges, the MOH, CHVs and project staff.

The ministry of health helped us in carrying out supportive supervisions to care group and neighbor groups. It was an exercise that brought the neighbor women and CGVs together to ensure that they are doing the right thing during Neighbor group and care group meetings. A feedback meeting was then held to give an overall observation to the volunteers to help better their engagement with the neighbor women and care group volunteers.



Ministry of health was able to help us in ensuring that THRIVE II goals and objectives are met by conducting 8 supportive supervision meetings to 8 neighbor groups done by the CHAs.

Influential group meetings

The meeting involves father and mother in-laws of neighbor women together with the household members who contribute in the child's overall growth and development. Five meetings were held with a total attendance of 242 participants. These included 89 fathers and 60 mothers in law and 93 neighbor women.



WORLD AIDS DAY

The theme for 2017 was. The occasion was marked in Dala Kiye compound on 1st Dec 2017 in collaboration with We World, Dala Kiye, CARP and Mercy Orphans. Many activities were incorporated to make the day a success including exhibition, ball games, walking race while balancing a bucket full of water, rope pulling, essay writing, songs, skits etc. this saw the participation of the neighbor women and awarding of rewards to those who excelled

CCD Health facility.

During the year we were able to record a number CCD counseling happening at the health facilities where the lead nurses trained on CCD counseling used the card/checklist to counsel pregnant women and mothers of children 2 years and below. A total of 1,336 women received counseling in the year 2017.



Nurse Vincentia, at K.S.D.H.

1. LINKAGES

The month under reporting saw our beneficiaries benefiting from an outreach organized by Beyond Zero Campaign through the ministry of health. Through this a mobile clinic was organized in Okiro where our neighbor women and children got treatment. Children received immunization and treatment of small ailments. This helped more so the mothers who had delayed with the immunization due to the ongoing strike.



2. CAPACITY BUILDING

The year saw us have several capacity building trainings to both the staff and volunteers. These included the evaluate training to both staff and CHVs, Support supervision to staff, toy making to CHVs and ECDVs, WASH champions to CHVs and selected CGVs, Active listening to the CHVs and ECDVs, and a refresher training on flip book and ECDVs. All these trainings helped in improving the delivery and facilitation skills of both the staff, and volunteers thus delivery of a successful overall goal of the project.

MONITORING EVALUATION ACCOUNTABILITY AND LEARNING (MEAL)

During the FY16/17, The MEAL department has also done random household selection and visits as a check on service delivery advocated by project through the community health volunteers; this improves the quality of information reported in terms of accuracy. The staff has also done the household vulnerability assessment to ascertain the vulnerability status of our beneficiary households, these helps in prioritization on service delivery. In addition, the project has thrive to keep source documents of service provision in household files, this helps in tracking of service provided to household over a period of time. The department supports CHVs, VCO and AFS understand the desired goal of the project through sharing of reporting tools and desired captions to be input in the reporting templates.

PARTNERSHIPS

PARTNERS	AREAS OF PARTNERSHIP
CRS-Kenya	For technical and financial support to implement the PROSPER, and THRIVE II projects
KCB Bank	Training of SILC Groups
Dala Kiye	In support for HIV+ orphans
Migori County Government	Through Ward Sponsorship program for needy children and Governors bursary
MOALF	For agricultural extension services
Department of children under the National government	For CT and other Child Protection services
Department of Gender and Social Service	For registration of caregivers support groups

CHALLENGES	WAYS THEY WERE ADDRESSED
The No. of OVC that needs care and support under the project's Community model has swollen beyond the project capacity.	Linkage with other service providers within the target area

ACRONYMS

AAC	Area Advisory Council
AIDS	Acquired Immune Deficiency Syndrome
CHW	Community Health Worker
CT	Cash Transfer
CRS	Catholic Relief services
DAC	Day of African Child
ECD	Early Childhood Development
HIV	Human Immune Virus
ITN	Insecticide Treated Nets
MOSGUP	Mercy Orphans Support Group Program
MOALF	Ministry of Agriculture Livestock and Fisheries
MOU	Memorandum of Understanding
OVC	Orphans and Vulnerable Children
OWT	OVC Wellbeing Tool
PLWA	People Living With AIDS
PSP	Private service Provider
QI	Quality Improvement
SCCO	Sub County Children's Officer
SILC	Savings and Internal Lending Communities
TCB	The Child Behind
WOD	World Orphans Day
WAD	World AIDS Day