

# MERCY ORPHANS SUPPORT GROUP PROGRAM (MOSGUP)

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**Promoting Livelihoods and Equal Opportunities  
to the OVC and Community**

## **ANNUAL REPORT**

January – December 2019

## **PROGRAM PROFILE**

<b>Organization</b>	: Mercy Orphans Support Group Program
<b>Program Name</b>	: MWENDO Project
<b>Programming Areas</b>	: Orphans & Vulnerable Children Affected by HIV
<b>Total Target Client</b>	: 9,139 OVC
<b>Program Location</b>	: Karungu Division, Nyatike Sub County, Migori County.
<b>Reporting Period</b>	: October 2018 to September 2019
<b>Reporting Person</b>	: Dickens .O. Oyugi
<b>Designation</b>	: Project Coordinator

## **ACRONYMS & ABBREVIATIONS**

AAC	Area Advisory Council
CAP- YEI	CAP Youth Empowerment Institute
CBO	Community Based Organization
CCO	County Children Officer
CHV	Community Health Volunteer
CIDP	Community Integrated Development Plan
CPA	Case Plan Achievement
CPIMS	Child Protection Information Management System
CRS	Catholic Relief Services
CSI	Child Status Index
DCS	Department of Children Services
DREAMS	Determined, Resilient, Empowered, AIDS free, Mentored and Safe
FACES	Family AIDS Care and Education
GOK	Government of Kenya
GRA	Graduation Readiness Assessment
HH	Household
HHVA	Household Vulnerability Assessment
HIV	Human Immunodeficiency Virus
HTS	HIV Testing and Services
LIP	Local Implementing Partner
MWENDO	Making Well-informed efforts to Nurture Disadvantaged OVC
MoALF	Ministry of Agriculture Livestock and Fisheries
NHIF	National Health Insurance Fund
OLMIS	OVC Longitudinal Management Information System
OVC	Orphans and Vulnerable Children
QI	Quality Improvement
SCCO	Sub-County Children Officer
SMILER	Simple Measurement for Indicators for Learning and Evidence based Reporting
SOP	Standard Operational Procedure
SSN	Social Security Net
VTC	Vocational Training Centers
USAID	United States Agency for International Development

## **INTRODUCTION**

Mercy Orphans Support Program was established in the year 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 period 2016/2017, the organization successfully implemented PROSPER , THRIVE II and currently MWENDO OVC Program which is a five-year project (9<sup>th</sup> May 2017 - 8<sup>th</sup> May 2022) cooperative agreement between United States Agency for International Development (USAID) and Catholic Relief Services (CRS) projects in Kachieng, Kanyasa, Muhuru and North Kadem wards with a targeted projection of 9,139 OVC .

The approach targets to move away from long-term support and service provision to Case Management, a strengths-based and resiliency-focused approach, with more of a concerted effort to contribute towards the global effort to reach UN 95-95-95 viral suppression, evidence based impact on OVC families, consistency in data collection, interpretation and analysis to facilitate enhanced decision making relevancy, timely, context-sensitive and cost-effective.

## **ORGANIZATION COVERAGE AREA & WORK FORCE**

The organization covers Kachieng, Kanyasa, Muhuru and North Kadem Wards in Nyatike Sub County in the vast Migori County with 7719 OVC supported by 3,357 caregivers in equivalent number of households being supported by 143 CHVs in terms of identification, enrollment, providing services, referrals and monthly follow ups in the households.

## **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

## **Overall MWENDO Technical Approach**

- Strengthening the HIV and support systems to help the region attain the 95-95-95 targets
- Adopt a comprehensive Case Management Approach as key entry point to service delivery
- Focus on sustainability, graduation plans that promotes Social Behavior Change (SBC), Strengthen DCS structures and Child Protection Information Management system (CPIMS)

## **KEY INTERVENTION AREAS**

The key intervention areas were based on the case management as per the three sub – purposes with the following domains .i.e. Healthy, Schooled, Safe and Stable.

### **Sub Purpose 1: Increased access to health and social services for OVC and their families**

#### **Domain 1: Healthy**

**Health:** this service contributes to the well-being of the OVC and their household. The Case management approach ensures that all children and their HHs know their status and go through 95 95 95 progression to achieve quality of life. Again the all OVC under 5 years nutrition status are assessed through MUAC and any malnourished cases are referred. Also that all children reported sick get treatment as appropriate as well as conduct sexual reproductive health session for the adolescents in prevention of HIV and SGBV.

Thus, during the period under review, 143 CHVs conducted nutrition education and counseling through household visits to 7,719 OVC and MUAC assessments targeting the 1,017 OVC under 5 years, 431 CLHIV and expectant mothers in the project with no case of malnourishment being reported.

Viral load monitoring was conducted for 431 (210M, 221F) CLHIV, where 31 (11M, 20F) were found to be of high viral loads therefore referrals were made to the facilities for clinical observations. Knowledge of status was a key messages to the teens thus eligible cases prototype screening, counseling and testing was done to 309 (180M, 129F) where only 1 turned positive, referred and linked to care and treatment.

One OTZ session was held with 46 (m 25/21 f) where adherence, positive living, nutrition education counseling and importance of knowing viral load was discussed, while types of stigma and effects of discrimination were discussed.

Two health outreaches were conducted in North Kadem Ward and Kachieng' ward reaching a total of 991(488F, 503M) OVC and their caregivers, where the 991 OVC who attended were reached with the following services, 2M immunization, 348 (286F, 162M) vitamin A supplementation and growth monitoring, 419 (235F, 184M) treatment of minor childhood ailments, 309 (180M, 129F) HIV risk screening and testing to reduce morbidity and mortality rates among infants.

#### **Domain 11: Schooled**

**Education and Vocational training:** The service is significant as it's promotes the development of the OVC to become a responsible adult in future. MWENDO - MOSGUP ensures that all children are enrolled, retained, progresses and completes education as necessary and becomes engaged in activities that make them a responsible person later in life. Thus based on the OVC need, the program ensures that all children of school going age .i.e. 4 years and above are enrolled, retained and progresses to next level. This includes; facilitating support for education either through direct support or complete scholarships / bursaries .i.e. The School fees payment, provision of scholastic materials, sanitary towels for girls etc. Life skills promotion and performance monitoring.

Therefore; High vulnerable households and their OVC were targeted with services to enhance enrolment, retention and eventual transition in school levels, where payment of school fees to 174 (70F, 94M), provision of uniforms 315 (171F, 144M), and provision of sanitary towels to 4,184 girls was done.

**Domain: Safe**

**Child protection and legal support:** This is for child safeguarding issues to ensure that the child lives in safe environment free from abuse, neglect & exploitation in accordance to child rights convection standards. The CASE Management ensures that all caregivers understands and observes the child rights through sensitization during caregivers meetings, OVC children and adolescents) are also sensitized on their rights and child support structures in case of abuse during children club meetings and home visitations this is to mitigate violence, abuse, exploitation including sexual and gender based violence. All children to acquire legal registration through facilitation of provision of birth certificate. The CHVs assesses and monitors the OVC during HHs visit and reports the progress of the OVC as well as cases of abuse in case they notice/happen. Hence during the period under review. 7,719 (3,931M, 3,788F) with their caregivers were monitored by the 143 CHVs where all were found to be safe under adult care as no abuse, neglect or exploitation cases was reported. Again, 13 community outreaches were conducted to mobilize for birth registration applications where a total of 845 applications were received and submitted to the registrar of civil services where 151 birth certificates were received back and delivered to 151 (86F, 65M) OVC.

**Psychosocial Support and Care:** This promotes the well-being of the child .i.e. physically, mentally, spiritually and emotionally etc. The CASE Management ensured that the OVC remained psychologically stable. The assessment per child and the caregiver is done by the CHVs during home visits and services provided includes; counselling, mentorship and complete referral in cases where professional skills are required. Caregivers were also sensitized on good parenting skills that helps identify the need of the OVC as per their age cohort and how to address them in case they arise. MWENDO/MOSGUP psychosocial support (PSS) interventions ensured that OVC are placed and maintained in a stable and affectionate family environment by ensuring all children are under the care of an adult caregiver. Services included emotional care, spiritual support, linkage to support groups for enhanced adherence for the HIV positive OVC and caregivers, disclosure support, and peer-to-peer counselling to reduce stigma, discrimination and psychological impacts of HIV.

Household Assessment to enhance emotional wellbeing of OVC was conducted by CHVs during household's visits, where a total of 7,719 in 3,357 Households were provided with psychosocial counseling and life skills.

**Sub Purpose 2: Strengthened capacity of households and communities to protect and care for OVC****Domain: Stable****Household Economic strengthening initiative**

A total of 581 households (0-7 ratings) High vulnerable households were identified for assessment and enlisting to enrollment into future GoK OVC cash transfers. Again, 1405 caregivers continued to participate in SILC, to meet the needs of 3,823 OVC (1,899 m / 1924 f) which cut across, food, school fees and levies, shelter renovation, and business improvement. Cumulatively 49 (26 f / 23 m) supporting 146 (74 f/ 72 m) OVC have been supported to build capacity on resource mobilization to help cater for their most urgent and basic needs within the reporting period in

addition Access to affordable health care services is a hindrance to sustainability, MOSGUP continued supporting 46 (41f/5 m) caregivers supporting 107 (57 f/ 50) OVC with NHIF payment to facilitate access to affordable health care.

During the reporting period 47 caregivers supporting 221 OVC were benefited from Cassava. In addition to 26 caregivers supporting 210 OVC benefiting from tissue cultured bananas while there was continuous follow ups on caregivers supported in IGA initiatives through provision of productive assets, 120 (13 m/ 107 f) caregivers supporting 354 OVC (192 m/ 162 f) and 100 (5m / 95 f) caregivers supporting 277 OVC (141 m / 136 f) were provided with Goats and Improved Kienyeji Poultry respectively for long term sustainability.



### **ECD and Positive Parenting**

In an effort to facilitate caring and positive relations between caregivers and their teens, three caregiver's forums were held in Kibuon, Kakello Kakoth and East Kanyuor where 107 caregivers attended. The topics discussed were, family counselling i.e. HIV management, importance of viral load monitoring, adherence counseling and support, positive living and MWENDO project overview.

### **Sub-purpose 3: Strengthened child welfare and protection structures and systems for effective responses in targeted sub-counties**

In an effort to facilitate coordination, efficiency and comprehensive service delivery informed by sustainability approaches beyond donor funding some key collaborative activities were conducted.



*Caregiver SILC group during a meeting*

### **Commemoration days**

MOSGUP supported world Orphans day within Muhuru ward as well as at Dala Kiye whose aim was to highlight the plight of orphans and gave room to various stakeholders to map out strategies of mitigating on causes and lobby support for appropriate interventions in addressing recurrent issues. The Day of African child was also commemorated at Rongo, activity that was successfully held at Kuoyo Kodallo Primary School.

### **Stakeholders Meeting**

The DCS led a stakeholders meeting on 17<sup>th</sup> May 2019 at Annex Heritage Hotel Migori. Where all of the MWENDO and their LIPs BCN,KDDN,MOGUP and RAPADO alongside all sub county children officers, Coordinator Children's services Migori county, DCS headquarters, JIPIME County in addition to all the research assistants attended to share their own experiences and a review of the whole 5 day exercise and engagements.

One Children assembly was supported attended by 40 ( 19 f/ 21 m ) OVC under the auspices of the Sub County children's officer whose main objective was to offer forum for select OVC to air their concerns as children and help shape policy and decisions touching and affecting their lives.

One male staff attended a meeting sponsored by USAID on Development Outreach and Communications.

Support Project, an independent consultant and moderator, who were conducting research on behalf of USAID. The purpose of the research is to better understand your views on Kenya's progress, development, foreign aid, and how you consume information.



## Capacity Building Sessions

During the reporting period various capacity building sessions were held for both staffs and volunteers to bridge the gaps identified during periodic capacity assessment sessions. MWENDO offered two mentorship and coaching sessions on SURGE related interventions, where work plans were developed, with key focus on PLHIV OVC, caregivers, adolescent, HEI and expectant mothers with an aim of offering targeted interventions aimed at mitigation of HIV/AIDS as well as documentation and bi-directional referrals for completeness. Again, 1 (m) staff attended an Adolescent Adherence & Findings Dissemination meeting whose aim was to share on the recent finding relating to Adolescent adherence and suppression status aimed at informing and mitigation hence facilitating the 95/95/95 strategy among the adolescents

During the period MWENDO supported QI learning sessions where 4 (1f/3 m) i.e. 1 (f) staff and 3 (m) chief, VCO and LCHV attended with an aim of facilitating sharing, show casing and exchanging ideas of key areas of focus as well as a support supervision session for QI teams. A TA 2 refresher on share out calculation and PSP marketing training for 3 (m) staff was also done who then cascaded to 16 (8 m/ 8 f) to facilitate share out and PSP certification preparations.



## Divisional Area Advisory Council Meeting

Complementing government and local structures within the community necessitated incorporation of locational area advisory council in service provision. 2 AAC meetings took place during the reporting period .i.e. SORI AAC. The meeting focused on child protection issues in the community with strategies put in place towards mitigating.

## Lessons Learnt.

There is gradual gaining of acceptance and Economic strengthening strategy of SILC as a sustainable intervention in resource mobilization and therefore community ownership is at its best where it either layered, sequenced or integrated with good messaging thus gaining acceptance as VLSA have already taken precedent.