

MERCY ORPHANS SUPPORT GROUP PROGRAM

C/O ST.CAMILLUS DALA KIYE CHILDREN WELFARE HOME

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OVC Project

ANNUAL REPORT

October 2007 TO September 2008

We care for OVCs. Hospitality and good service to the poor is our aim.

INTRODUCTION

Mercy Orphans Support Group Program implementing The Children Behind- (TCB) project is a CRS-Kenya funded project whose overall goal is to reduce the impact of HIV/AIDS among Karungu community of Migori district in Nyanza province. The project targets 3,500 Orphans and Vulnerable Children (OVC) and their families and is implemented in the whole Karungu division which has 4 administrative locations and 8 sub locations.

To achieve the objectives of the TCB project, MOSGUP deliver a comprehensive package of care and support to the OVC and their household members through Community Based Care Strategy. This package includes nursing and medical care, psychosocial care, relief for social needs and community education, HIV prevention and community empowerment. This provide the most effective way of addressing the complexity of needs of OVC and their household members and enable them to live more productively and also reduces the stigma associated with HIV/AIDS within the community. In cases where an OVC or a household member is living with HIV/AIDS, the strategy has helped in reducing the in-patient stay and thereby saves family resources that would be spent on costly hospital care. Community care and support have been evaluated to be the most efficient and effective model in caring and supporting OVC. The most preferred places for OVCs in this project is the immediate nuclear family, the extended family, supported elderly and/or child or adolescence headed households, adoptions and foster families.

Emphasis is placed on support to encourage self-reliance rather than dependency on ongoing external inputs through the introduction of the silc methodology. The spirit of voluntarism is the backbone of the project. The volunteers are motivated by good will, compassion, the plight of seeing vulnerable children, the necessity of helping the needy and calling to serve God because most of the volunteers are attached to different churches.

To ensure quality service provision to the all beneficiaries, CRS Kenyan strengthens the capacity of the three implementing partners in the target areas to manage community based care and support to OVC, their caregivers and immediate family members through the provision of technical, managerial and financial assistance. To achieve this end, the project undertakes interventions in prevention and life skills education and capacity building for community health workers and caregivers on orphan support and care to enable them provide quality care and support to OVC. Project staffs are also trained on OVC programming including orphan support and care, counseling, nursing care, hygiene and nutrition.

Outlined below are the objectives of MOSGUP

- i) 3,500 OVC and their family members demonstrate enhanced medical and psychological well being
- ii) Targeted local communities prioritize the needs of OVC households and carry out activities to care for and support them
- iii) 50% of the targeted households and their families demonstrate improved quality of life
- iv) 3,500 OVC and their family members in the targeted areas gain skills necessary to reduce their risk of HIV infection
- v) To improve the capacity of the project and the community members to provide quality care and support to 3,500 OVC and their families.

Mission

To reduce the impact of HIV/AIDS among community of Karungu division of Migori district in Nyanza province.

Vision

To have a community where orphans and vulnerable children are integrated in the existing community structures and supported with the basic necessities of life.

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SUMMARY OF ACTIVITIES DURING THE REPORTING PERIOD

- Referral of OVC, caregivers and CHWs for treatment and ART
- Home visits
- School visits
- Training caregivers and CHPs on primary health care and OVC care
- Guidance and counseling
- Life skills education
- Provision of water guard
- Training caregivers on safe water use
- Provision of sanitary towels to girls
- Provision of ITNs
- Community sensitization
- Promotion of agricultural activities
- Implementation of the silc methodology
- Support for educational expenses
- Provision of supplementary food (ART households and normal needy households)
- Shelter improvement
- Monthly update meetings with PLWAs
- Implementation committee monthly meetings
- Quarterly review meetings
- Training of school management committees
- Staff trainings
- Strengthening silc groups

Health support

Clinical care / Nursing care

The project has a referral tool which is used by the direct beneficiaries to seek treatment from the referral points/ points of service. There are three service points namely St. Camillus mission hospital, Karungu sub district hospital and Riat community Dispensary. Two volunteer representatives are issued with the referral forms which are issued to the clients in the community. Most of the cases are handled at the service points except for complex cases which are usually referred to the district hospital or Moi Referral hospital Eldoret accompanied by the project nurses

Follow up visits are conducted by the volunteers, nurses and social workers to ensure drug adherence. The treatment cost in these service points are made at the end of the month.

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Fig. 1: An OVC admitted at the St.Camillus mission hospital our referral hospital

Anti retroviral therapy support

During monthly caregivers support group meetings, mobilization is done on the importance of seeking VCT services. After the caregivers have gone for VCT, those who are HIV positive are usually encouraged to join the PLWAs support group to ensure continuity of support. The support groups for the PLWAs usually meet once in a month and the major activities they do during these meetings are:

- Sharing problems and encouraging one another
- Merry go round as an income generating activity
- Nutrition education by the project nurses
- Drug adherence
- They are also being taken through the silc methodology

The PLWAs always receive food supplement every month (15kgs of beans and 15 kgs of maize). The project staffs also carry out routine home visits to monitor drug intake and the side effects of the drugs. There are 275 PLWAs enrolled under the ART program. 160 of them are already on ARVS

Home based care PLWA

Since there are 275 PLWAs enrolled under the ART program and at the same time they are providing care to OVCs, the project has trained 72 CHWs on HBC. These volunteers usually carry out home visits and train the PLWAs on how to manage some opportunistic infections and refer if there is no improvement. This we have been doing in collaboration with the Karungu sub district hospital.

Guidance and counseling

This is usually done depending on issues. Group counseling is mostly done to post primary students mostly concerning their academic performance and general behaviour in school. Most of the sponsored OVCs, if not given proper guidance might end up involving themselves in anti social behaviour. Caregivers also get the service on demand.

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Water and Sanitation

Most of the caregivers are not able to access safe water for household use thus in collaboration with care Kenya, we managed to train 72 CHWs on safe water use and sanitation. After the training, the project started issuing the households with water guard 150ml bottle for use in purification of water for household use. This they receive ever two months to ensure continuity in treatment of water for use in the household.

Provision of mosquito nets

The project area is usually a mosquito infested area; hence most of the cases seeking treatment in the service points are malaria cases. To ensure reduction in malaria cases, the project have ensured that every household has at least two mosquito nets. This year the project managed to give out additional 190 ITNs to PLWAs. The project also conducted training to 72 volunteers on how to prevent malaria, which they also replicate to the caregivers during home visits and group meetings.



Fig. 2: Caregivers receiving ITNs for malaria prevention

Education support

Payment for ECD levies

Nursery levies were paid to all supported OVCs in the 33 which the project works with in the division. The levies are usually paid by social workers in schools to help identify the OVCs who are to benefit from the service. The projects' target for the year was 300 OVCs; however the levies were paid to 228 OVCs. The project designed a payment form which is signed by the head teacher and the volunteer representative of the area.

Provision of school uniforms

The project has so far distributed 667 school uniforms to OVCs in various schools. The measurement is usually taken at a central point with different schools coming on appointed dates. The distribution of the uniforms are also done at a central point with the help of the volunteers.

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Fig. 3: Some of the supported OVCs who received school uniforms

Payment of KCPE examination fees

162 OVCs enrolled this year as KCPE candidates. A total of 105 boys and 57 girls were registered. The payments are made directly to the schools with a well designed form for payment. The form must be signed by the area volunteer and the school head teacher.

Vocational training support

Currently we are supporting 44 OVCs in various vocational training institutions. Payment is normally made through cheques and receipt issued. We are expecting 3 OVCs to graduate this year. The other one who graduated in the previous years have been very happy and has constantly made connections with the project.

Secondary sponsorship

The project is currently supporting 145 OVCs in secondary. Out of the total OVCs benefitting from secondary support, 107 are boys and 38 are girls. At the start of the year the OVCs who did class eight in the previous year brings their results and those who get above 300 Marks are supported in secondary and the rest are advised to either go for vocational training or opt to repeat. There is a sponsorship form filled by the area social worker then the recommendation letter from the former head teacher. The continuing students are also met every school holiday to monitor their academic progress and discuss issues affecting them in and out of school.

Strengthening PTAs

This year the project organized training for school management committee members in collaboration with the ministry of education. The committee members were trained on their roles and responsibilities, basic accounting to ensure accountability in managing school accounts, child rights, leadership skills and communication skills. The training also enabled the project to outline to the schools their role and the role of the project in ensuring that quality education is provided in all the schools. A total of 80 committee members were trained.

Provision sanitary towels to reduce school absenteeism

During the year, the project managed to distribute 1,820 sanitary towels. This is done on a monthly basis. There were certain months when the girls did not receive the supply because the supply delayed hence there was reported cases of girls not going to school during this period. The provision of sanitary towels promotes girl child education.

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Psychosocial support

Guidance and counseling

Guidance and counseling is normally done as need arises. Some of the cases are normally reported by CHWs or individual caregivers.

The staffs normally schedule dates to meet clients either at home or in the office depending on the environment which is conducive. The issues vary from time to time. Some of the frequent cases which need guidance and counseling are indiscipline among OVCs, child abuse and neglect and caregiver needing guidance on where to seek for VCT services.

Strengthening support groups / peer clubs

There are 33 peer clubs in total but only 20 are actively involved in conducting education sessions. These clubs meet on a weekly basis. The project has trained two teachers per school in life skills. These teachers take charge in conducting peer club sessions in the schools. The project social workers also carry out routine visits to these clubs to provide technical support.

Spiritual support

Mercy orphans support group program collaborates with the St.Camillus pastoral care group to provide spiritual support to the caregivers. Most cases we refer to the pastoral care for spiritual guidance.

Home and school visits

All the 33 schools were visited in the year. Visits were made to follow up on OVC progress in school, payment of levies and conduct supervisory visits to the school peer clubs.

Home visits are done on a monthly basis. These visits are done after assessing the CHWs monthly reports, which provides us with the information on the situation on the households during the previous months. Follow up is done on the cases which require urgent attention. During the visits, assessment is done on the situation of OVC, conduct needs assessment, carry out counseling sessions and observe the general sanitation of the households. The project staffs usually hold education sessions with the caregivers during these visits.

Other Intervention areas

Shelter Improvement

This is done in collaboration with the caregivers support groups. The support groups identify those who are living in dilapidated shelters; they contribute part of the materials required for putting up the shelter. After that the project social worker carries out assessment in the household to verify the same after which he/she recommends the house for improvement. The project will then provide the roofing materials for the house. During this reporting period, the project helped to improve 55 dilapidated houses in collaboration with the caregivers support groups.

Nutrition support – *Food to ART clients and needy OVC households*

This is usually done once a month. Households with either OVC or caregiver under ART program receive 15kgs of Beans and 15kgs of Maize. Other needy OVC households especially child headed households and households headed by old caregivers also receive 15kgs of maize every month. During this year, 250 households with either OVC or caregiver under ART program received 15kgs of Beans and 15kgs of Maize every month. Except for some months when supply was not there. 263 normal households also received 15kgs of maize on a monthly basis.

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Fig. 4: Caregivers receiving monthly food ration

Agricultural support

The Agricultural extinction department came up as a result of the biting need for food that was realized in the caregiver houses. For the year starting October 07 to August 08, the following agricultural activities were carried out:-

FIRST QUARTER (*Oct 07 to Dec 07*)

Being the beginning of the financial year, the project agriculture department was very busy with the monitoring of cassava farms which have helped in maintaining household food security in the supported households.

- Construction of 1 poultry demonstration house, (*kosiemo caregiver support group*)
- Group visits for the purpose of mobilization and sensitization, with vision of identifying viable and implemental agricultural activities
- Provision of supplementary food to 250 ART clients and 360 most needy households.
- Group visits/ cassava farm visits (32 groups)



Fig. 5: Caregivers harvesting cassava tubers from their group farm

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SECOND QUARTER (*Jan 08 to March 08*)

This is the quarter when the country was faced with the worst ever post election violence which hindered implementation of program activities.

- Group visit (21 groups visited)
- Identifying of new cassava bulking sites within the groups (19 groups identified)

THIRD QUARTER (*April 08 to June 08*)

This was a very busy quarter with a lot of activities taking place combining those activities that were not implemented in the second quarter.

7 improved bucks were bought and distributed to help upgrade the local goats. They are two breeds Saanen and Alpine.

1. Buying and distribution of seeds for planting

- Maize 2kg packets 998 packets
- Sorghum 2kg packets 274 packets
- Beans 2kg packets 1,200 packets
- Cassava 104 bags, (11 groups planted, about 21 acre of land)

2. Agro-enterprise training

Otati caregivers Support group members were trained for 3 days, and a total of 75 care givers were trained.

The following areas were covered

- What is agro-enterprise?
- Collective production & marketing
- Group governance / Resource management.
- Participatory approach to Agro – enterprise.
- Merits of collective marketing.
- Collective calculation to product profit.
- Market visit

After the training, market visit was carried out to identify market opportunities for the groups to sell their farm produce.

3. Livestock disease control.

A total of 36 people were trained. The purpose of training on this was to enhance the capacity of the groups.

4. Tree nursery

It has been carried out with the following groups

- Riat
- Wachara
- Lwanda
- Obondi
- Otati A&B

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5. Seed banking

The care giver groups have been sensitized on the importance of seed banking and by now as a project we have 320 kg of Bean seeds in the store.

FORTH QUARTER (*July 2008 to August 25, 2008*)

In this quarter the following activities were done:

Local poultry training for caregivers support groups.

Agro-enterprise training, for Obware care giver support group and a total of 101 people were trained for 3 days.

Pot vegetable growing

The project did this training to ensure that caregivers have fresh and free Vegetables from their homes by the use of household water. The purpose of this was to supplement the household nutritional intake among households where orphans live.



Fig. 6: Pot vegetable growing demonstration to caregivers

Strengthening income generation through Savings and Internal Lending Communities (SILC)

MOSGUP Silc methodology was rolled out in April 2007. This was done in the eight sub locations within Karungu Division. We had eight field agents who were trained and a backup of eight CHWs were also trained in the methodology making the trainees to be sixteen in number. This was actually to help in cases where a field agent happens to get away or gets engaged in another activity

The program had a slow start as many of the community members were very cautious in joining the silc group and some level of resistance was experienced in some parts of the community. This was attributed to the poor performance of some micro-finance organizations that had been there before and did not actually benefit the community members. Some of the community members had fallen prey to this **MFI's** as they either had some of their assets taken or sold to cater for a loan. The worst experience was of a village bank that was initiated by some organization which finally disappeared with all the savings of its members and up to date, there whereabouts still remains unknown.

Apart from the MFIs, most of the community members have had been members a **merry-go-round** which was also evident that in most cases they never had a good ending. Each and every community member had a bitter experience of it.

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In order to overcome this experience, MOSGUP first targeted the existing caregivers support groups with the methodology whom were given very strict supervision by the field agents and the program staffs.

During the first cycle most of the groups opted to have it for six months to assess whether it really works. After the end of the first cycles, it was evident that most of the community members were motivated in joining the silc groups as there was an increase in membership and the mushrooming of new associations particularly those for non program beneficiaries.

At the beginning, MOSGUP had a total of **40** Silc associations and currently they stand at **67** Associations.

Program performance Summary

No.	ITEM	Total/ Percentage
1	No. of Silc associations	67
2	Total no. of members	1116
3	Percentage women membership	88%
4	Cumulative value of savings	Kshs.388,994/=
5	Cumulative Value of Loans	Kshs. 351,673/=



Fig. 7: Silc member getting her savings from the group

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HIV/AIDS prevention activities

Formation of HIV/AIDS education clubs in schools

During the reporting period, 33 schools within the coverage area were visited and HIV/AIDS education clubs strengthened. 2 teachers per were trained as life skills ToT trainers to guide the clubs on formulating club activities. The project staffs were to carry out routine supervision visits to ensure that the intended purposes of the peer clubs are met. A total of 22 peer clubs were formed and actively involved in HIV/AIDS education in schools. The club members usually meet weekly to discuss HIV/AIDS issues. The club members are also involved in community outreach activities.

Caregiver education

During the year, 360 caregivers support group meetings were held. The group members were taught on the importance of knowing their zero status very early and VCT. They were also taught on how to involve the young people on discussion on sexuality without the cultural hindrance.

Community awareness creation - IEC, BCC

The project staffs and the community volunteers are actively involved in mobilizing and sensitizing the community on public speaking, access to VCT services and HIV prevention and control.

Participate in World AIDS day

As a partner in the fight against HIV, the project has been involved in activities aimed at reducing the impact of HIV/AIDS in Karungu Division. The World AIDS Day theme “**KEEP THE PROMISE - LEADERSHIP**” was aimed at challenging leaders to come out and address the challenges faced in the fight to reduce the impact of HIV/AIDS. The community was actively involved in the mobilization process to help make the days successful. A lot of activities took place during these three days of marking the 2007 World AIDS Day. There was free counselling and testing, Bicycle riding competition, essay writing competition, Ball games, songs, dramas and poems. The caregivers support groups were also assigned tents to display their artefacts and also sell to the gathering to boost their kitty for supporting OVCs. The community held procession from all directions from the community to be in solidarity with the people living with HIV/AIDS. The processions were flagged off by the District Officer and the Chief West Karungu Location. At the Dala Kiye grounds, several activities were taking place. Wang'aya ART group comprising of 21 ART clients under MOSGUP used the tent they were assigned to display their hand works and also sell their farm produce. They had handmade ropes, baskets and agricultural produce like Beans, oil made from cow milk or cream.

Provision of VCT services / mobile / stand alone

Mobile VCT is normally done in collaboration with the Ministry of Health- Karungu Sub District Hospital. Project staffs schedule the dates and areas to be visited then contact the ministry of Health Staffs to avail themselves for the date to carry out mobile VCT in the community. During the mobile VCTs those who are found to be positive are referred to the ART clinics at St.Camillus mission hospital or at the Sub District hospital which also has Patient Support Center. During the year 10 mobile VCTs were conducted. 640 males were tested and 90 tested HIV positive and were referred to the ART clinics. 896 females were tested and 120 tested HIV positive and were also referred to the ART clinics.

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Participate in the day of the African child

MOSGUP and St.Camillus Dala Kiye had the privilege of hosting the 2008 Day of African Child Migori District in Karungu. All child focused organizations in Migori district attended the function with the Migori District Children's Officer as the chief Guest. All the 33 schools that the project works with were represented by 40 pupils each. The project printed T-shirts which were presented to orphans who participated with poems, songs and dramas.



Fig. 8: Pupils with the motto of the Day of African Child

Community / institutional capacity building activities

Staff training

During the reporting period, 2 project staffs (Project officer & Agricultural officer) attended 5 days training on Agro enterprise. 1 Nurse was trained on HIV/AIDS and Nutrition. 5 Staffs were trained on Community Based Integrated Management of Childhood Illnesses. 1 staff attended 5 days silc update training and 2 staffs were trained on project management.

Training of Community Health Workers (CHW)

During the reporting period, 36 CHWs were trained on primary Health Care and HBC for PLWAs. The remaining 36 had been trained on the same. 8 silc agents went for a 5 days refresher training in Homa Bay.

Training of caregivers

During the reporting period, various trainings were conducted for caregivers support groups; Agro enterprise training for caregivers support groups where 8 caregivers support groups were reached (75 males and 211 females) attended. Nutrition education was done monthly for the PLWAs support groups (275 members of the support group reached). Poultry diseases and control was done for caregivers support groups doing poultry keeping (36 males and 112 females) were reached. Animal diseases and control, training was also conducted. Pot vegetable growing was also conducted for the caregivers support groups.

On-site monitoring and supportive supervision

During the reporting period, 14 monitoring visits to the project were made by CRS project officers. During the visits, they offered technical support where necessary and also carried out household visits to ensure that services reach the targeted beneficiaries.

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Technical workshops

During the year, 3 staffs (Project Officer, Project Coordinator and Accountant) attended 3 days By-Annual review meeting held in Kisumu. Also 6 staffs attended 3 days annual planning meeting held in Kisumu.

Quarterly review meetings with stakeholders

During the year 4 quarterly review meetings were held with stakeholders to review activities implemented by the project within the quarters.

Monthly meetings with CHWs and implementation committees

During the reporting period, 12 monthly meetings were conducted with the CHWs to review and receive their field reports. The monthly meetings are used to help the project field staffs to plan for the activities to be implemented every month. 12 implementation committee meetings were also held. The implementation committees usually meet every month to help review planned activities. 10 committee members were also trained on management for 3 days.

ACTIVITIES AND ACHIEVEMENTS FOR THE YEAR

Objective 1: 3,500 OVC and their families demonstrate enhanced medical and psychological well being	
PLANNED ACTIVITIES	ACHIEVEMENTS
1.0 Refer OVCs for treatment	919 OVCs were referred and treated and their treatment bills paid by the project
1.1 Refer caregivers for treatment	472 Caregivers were referred and treated and their treatment bills paid by the project
1.2 Refer CHWs for treatment	11 CHWs were referred and treated and their treatment bills paid by the project
1.3 Home visits by CHWs	10,832 home visits were conducted by the CHWs
1.4 Provision of sanitary towels to 1,820 girls	4,672 girls received sanitary towels in the year
1.5 Provision of water guard to 1,200 households	1,208 households received water guard for household water treatment
1.6 Home visits by staffs	940 home visits were conducted by the project staffs
1.7 Referral of PLWAs to the ART clinic	65 PLWAs were referred for ART
1.8 Provision of ITNs	190 households received insecticide treated Nets
Objective 2: Targeted local communities prioritize the needs of OVC households and carry out activities to care for and support them	
2.0 Strengthen common interest groups	72 common interest groups were visited
2.1 Supervisory visit to silc groups	67 silc groups were formed
2.2 Conduct monthly update meetings with silc agents	12 monthly update meetings with silc agents were conducted
2.3 Training CHWs on primary Health care	36 CHWs were trained on PHC
2.4 Provision of certified seeds	1,208 households received certified seeds for planting
2.5 Establish a tree nursery	5 tree nurseries were established for five caregivers support groups
2.6 Conduct caregivers support group meetings	118 caregivers support group meetings were held

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2.7 Agro enterprise training for caregivers	2 caregivers support groups were trained on agro enterprise development
2.8 Nutritional education to caregivers	250 caregivers were trained nutrition
2.9 Training school management committees	80 school management committee members were trained on basic accounting to ensure efficiency and effectiveness in management of schools
2.10 Training CIGs on grain storage and live stock chemicals	16 volunteers were trained in chemical handling and provided with pumps for spraying livestock as an income generating activity for the groups
2.11 Bean seeds bulking	320 kgs of beans were banked for the caregivers in preparation for next season's planting
2.12 Buying of improved bucks	7 Bucks were bought and given to 7 caregivers support groups for upgrading their local goats
Objective 3: 50% of the targeted households demonstrate improved quality of life	
3.0 Shelter improvement	55 dilapidated shelters were improved by the project through provision of iron sheets
3.1 Payment of Vocational fees to 60 OVCs	44 OVCs received vocational sponsorship in terms of training fees
3.2 Payment of nursery school fees	228 OVCs in nursery received nursery school levies
3.3 Payment of secondary school fees to 143 OVCs	143 OVCs received post primary sponsorship in terms of school fees
3.4 Provision of school uniforms to 1,500 OVCs	1,500 OVCs in primary schools received school uniforms
3.5 Provision of food supplement to 250 HHs on ART	250 with either a caregiver or OVC under ART program received nutritional supplement every month
3.6 Provision of food supplement to 350 needy households	263 households received supplementary food supplement on a monthly basis
3.7 Payment of KCPE enrolment fees	162 OVCs in class eight received KCPE enrolment fee
3.8 Provision of bedding and clothing's	622 OVCs received beddings and clothing's
Objective 4: 3,500 OVC and their families gain skills necessary to reduce their risk of HIV infection	
4.0 Conduct PLWAs support group meeting	12 PLWAs support group meetings were held in the year
4.1 Conduct 24 mobile VCTs	10 VCT sessions were conducted in collaboration with KSDH – 90 males tested HIV positive and 120 females tested HIV positive
4.2 Supervisory visit to school peer clubs	22 school peer clubs were visited by the project staffs in the year
4.3 Refer caregivers to the VCT	7 caregivers were counseled and referred for ART services. Counseling services are always voluntary
4.4 Conduct school visits	33 schools in the project coverage area were visited by the project staffs to monitor the progress of the OVCs
4.5 Participate in the Day of African child	The project in collaboration with other organizations working in Karungu division hosted the Migori District Day of African child at St. Josephs Alendo primary
4.6 Participated in World AIDS Day	The project was actively involved in marking the World AIDS Day 2008

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Objective 5: To improve the capacity of the project and the community members to provide quality care and support to 3,500 OVC and their families

5.0 Conduct 4 quarterly review meetings	4 quarterly review meetings were held with the stakeholders to the project implementation process
5.1 Conduct 12 CHWs monthly update meeting	12 CHWs monthly update meetings were conducted
5.2 Train 2 staffs on project management	2 staffs were trained on project management to help improve on the service delivery
5.3 Enrolment of 500 new OVCs	500 additional OVCs were enrolled on top of the existing number of project beneficiaries
5.4 Train staffs on community based IMCI	4 staffs were trained on community based integrated management of childhood illnesses
5.5 Training of Silc field agents	8 silc agents and 1 staff were trained on silc management information system
5.6 Training staffs on Agri business	2 project staffs were trained on agro enterprise development
5.7 Conduct 12 implementation committee monthly meetings	12 implementation committee meetings were held to plan and monitor the program progress
5.8 Conduct one planning meeting	1 planning meeting was held to develop detailed implementation plan for the fiscal year 2008/2009

Lessons Learned

- Silc can work with any group of persons since very old grandmothers can also be able to save enjoy the benefits of silcs
- Longer cycles enables accumulation of higher savings
- Through silc the caregivers are able to meet some of the minor expenses incurred by the program and hence enhancing sustainability of the support given i.e. nursery levies, exam levies etc

Achievements

- Most of the community members have been able to recognize that silc works
- Some of the program beneficiaries were able to pay nursery levies and purchase uniforms for their OVCs with the silc funds
- During the post election violence a caregiver who had started small business using the loans from silc was able to provide for the community members from her household as many people could not make it to the market

Challenges

- Dependency on project. The new associations are not ready purchase their silc box and instead expect the program to supply them with the box
- Most of the members are not able to identify the best I.G.A's to initiate with the loans.
- Most men are still hesitant to join or form silc associations
- Some of the members are not able prioritize the best activity to put the saved amount on after their graduation and share out

Way forward

- Encourage the members in taking loans
- Training the members on best micro enterprise activities
- Encourage the members on the use of the counter books other than the printed ledgers

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- Targeting male groups in forming silc associations
- Encouraging graduations and share outs during periods when money can be used effectively I.e. January, when children are going back to school
- Encourage long cycles of about 12 months to enable proper savings

CHALLENGES

- Extensive drought that led to poor harvest hence increased food shortage in the supported households
- OVC and caregivers could not access treatment for two months due to suspension of services by CRS
- Political mayhem in January hindered implementation of some activities
- Delay in opening of schools hindered payment of school levies and follow up on peer clubs
- Delay of funds disbursement hindered implementation of some activities
- Increasing number of orphans needing care and support
- Difficulty in placement of OVCs after the death of their caregivers
- Loss of one OVC and 4 caregivers
- Frequent transfer of teachers hindered implementation of life skills in schools
- Upcoming organizations with good packages for volunteers has posed a challenge to our organization's use of volunteers
- Additional levies in secondary and vocational institutions

WEAKNESSES

- Inadequate staff capacity building
- Delay in buying of silc boxes hindered implementation of silc methodology in some silc groups
- Inability to supply sanitary towels and water guard to the beneficiaries in time
- Delay in submission of reports to CRS

STRENGTHS

- Community health promoters cooperated in carrying out program activities despite the political violence
- Silc methodology was positively received in the community as some of the silc groups have graduated and started the second phase
- Silc strategy has helped in improving household resource base
- Cassava has helped households during this time of food crisis
- Staff retention has been very good as we have not lost staffs during this period
- The project has been able to demystify retrogressive cultural practices as the community has been able to plant sorghum despite cultural practices attached to it

RECOMMENDATIONS

- Enhancement of capacity building and motivations for staffs
- Timely wiring of funds to enable timely implementation of planned activities
- Improve on volunteer motivation package
- Increased cassava growing as a strategy to address food insecurity
- Increase the number of OVCs being supported by the project

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ACTIVITIES PLANNED FOR THE NEXT YEAR (FY2008- FY2009)

Objective 1 3,500 OVC and their family members demonstrate enhanced medical and psychological well being

- Referral of OVCs for medical care
- Referral of caregivers for medical care
- Referring of CHPs for medical care
- Referral of PLWAs for ART services
- Provision for sanitary towels for girls
- Promotion of personal hygiene
- Guidance and counseling
- Home visits by staffs
- Home visits by CHWs
- Provision of ITNs

Objective 2: Targeted local communities prioritize the needs of OVC and carry out activities to care for and support them

- Refresher training for CHWs on primary health care
- Provision of improved Bucks
- Provision of improved cocks
- Formation of junior farmer field schools
- Training of CIGs on agro enterprise
- Strengthening of silc and opening it to other community members
- Improvement of existing tree nurseries
- Provision of horticultural seeds to households
- Organize farmers field days
- Formation of child support committees
- Training of child support committees

Objective 3: 50% of targeted households and their families demonstrate improved quality of life

- Secondary school fees support
- Shelter improvement
- Vocational training support
- Support for school uniforms
- Payment of nursery levies
- Payment of KCPE enrolment fees
- Provision of clothing and bedding
- Supplementary food support to needy households
- Nutritional supplement to ART clients
- Special Education support

Objective 4: 3,500 OVC and their family members gain skills necessary to reduce their risk of HIV infection

- PLWHAs monthly support group meetings
- Promotion of mobile VCT

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- Participate in World AIDS Day
- Development and distribution of IEC/BCC materials
- Strengthening and supervision of school peer clubs
- Inter school peer club competition
- Quarterly life skills training for OVCs

Objective 5: Strengthen the capacity of the project to deliver quality care and support to 3,500 OVC and their families

- Training caregivers on child rights
- Quarterly review meetings
- Participate on the day of African child
- Participate on the World Orphan Day
- Implementation committee monthly meetings
- Monthly update meetings with CHWs
- Monthly staff meeting

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