

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



Established in the year 2000, Mercy Orphans is a well-informed 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. In 2015 October, the PROSPER Project was started as a follow on the previous TCB. The new integrated PROSPER Project was

engaged in the following interventions to ensure sustainability of household intervention.

- 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

Currently the PROSPER project supports 790 caregivers having 1,731 OVC (931 Male, 800 Female) in Nyatike Sub County Karungu Ward. Below are the highlights of progress of implementation during the year

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.

- 45 CHVs were trained on iCCM to promote malaria prevention among the PROSPER households in Karungu Ward

- Project team organized SILC group leaders training at the community level to enhance the capacity of the leaders to ensure adherence to the methodology.

PROGRESS UPDATES PER INTERMEDIATE RESULT

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

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



During the year, the project restructured the PSPs network to increase the capacity of the PSPs in sustaining SILC methodology delivery to caregivers SILC groups. During the year 676 (82Males, 594Females) caregivers are participating in SILC

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

Upscale of JFFLS in collaboration with MOA and MOE



During the year, the project team introduced the JFFLS to schools. The project provided the members of the JFFLS with improved chicken to get eggs for IGAs to the JFFLS. Through the JFFLS, the pupils are supposed to learn and replicate the good agronomy practices back home.es. 16 patrons and Facilitators (3Feemales, 13Males) undertook refresher training on facilitation of JFFLS.

The FFS at Otati and Lwanda benefited from a partnership with SEEDCO Company to establish demonstration farms for the seed products of SEEDCO. Through the FFS, we were able to share with the Caregivers on the market availability for their produce. SEEDCO and “The Hive” shared with the caregivers of the potential of their firms to buy from the farmers. One caregiver group comprising of 12 Female caregivers and 150 caregivers (16 M and 187 F) benefited from poultry in kind grant. Two caregiver groups comprising of 10 M and 45 F received beekeepers starter kits. To groups received moneymaker water pumps for irrigation.

IR 1.3: HHs with OVC have improved food utilization and nutrition for their HHs members.



During the year, 350 caregivers through project initiatives had well established kitchen gardens where most of them had planted local vegetables and in addition, caregivers were encouraged to continue having kitchen garden despite the unpredictable rains as every household uses water on a daily basis as a form of food sustainability. Having trained CHV on the nutritional needs, they were to roll

the activity down to the project households.

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

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

During the year, the social workers were able to conduct 110 home visits to address the issues of communicable diseases, the importance of making Leakey tins as a measure to prevent diseases. The project team conducted six Dialogue Days and Action Days to identify the health challenges and gaps affecting the community members. The project in partnership with the MOH conducted community outreaches and medical camps in the hard to reach communities of Kipingi and Not villages outreach where 285 people (81 Males, 204 Females) attended.

Output 2.1.1. Increased knowledge and practice on malaria prevention and diarrheal control



The project in partnership with MOH trained 45 CHVs on integrated community case management of malaria and diarrheal disease. The project also conducted community meetings to address issues on malaria prevention, household hygiene, jiggers' prevention and diarrheal control. There was a sharing meeting between different facilities in charges, the health partners and the SCHMT to

give feedback on service delivery.

Output 2.1.2 Increased referrals and linkages with GOK health services

During the year, the project sensitized the caregiver on good health seeking practices. In addition, the project encouraged community health volunteers to stress the need for complete referrals and ensure incases of health issues caregivers seek not only treatment but seek proper medical attention at the health facility whenever they fall sick. The project continued in sensitization for the need to register with NHIF and continue subscribing monthly to receive quality health care services. The project in partnership with the MOH Nyatike Sub County conducted two medical camps in arrears far away from the existing health facilities

IR 2.2: OVC have increased access to protection services

Output 2.2.1 OVC have necessary legal documents

During year, the project participated in the OVC annual events of the Day of African Child and World Orphans Day. The project also supported the sub-county children assembly held on 14th and 15th of April to give children platform to share challenges and empower them to know their rights.

IR 2.3: OVC have improved school attendance rates

During the year, 162 OVC were given school uniform to enable them attend school without shame of going to school with worn-out uniform. There was also an opportunity to share and address challenges OVC faced both at school and at home during school visits by the project social workers.

Output 2.3.1. Identify and address barriers to school attendance



Output 2.3.2 .Most and moderately vulnerable OVC receive direct education support

The project supported three OVC with vocational fee, 102 OVC with secondary school fees sponsorship.

IR 2.4: OVC HHs adopt improved WASH practices

To promote WASH interventions within the households, the project in partnership with the Public Health Department trained the 45 CHVs on CLTS. To motivate the caregivers who adopted the CLTS best practices, the project distributed hand washing materials to 133 (9 Males and 124 Females) caregivers.

Output 2.4.1 Increased knowledge on proper hygiene and sanitation practices



Through the routine home visits the community health workers were able to reach all the households with the messages on hygiene and sanitation, mostly keeping the compound clean to prevent mosquito breeding areas as a measure of preventing malaria and clearing bushes to stop people from defecating in the surrounding since this can cause communicable diseases.

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 advocates for OVC awareness of services provided by both the government and the local private sectors. These include bursaries, provisions by local non-government organizations and the business class within the area. Through partnership with the Department of Child, four OVC (2 Males and 2 Females) received presidential bursary and through the wards, 29 OVC (20 Males and 9 Females) received ward bursary. The County government, Governors bursary was awarded to seven OVC (6 Males and 1 Female).

IR 3.2: GOK effectively coordinates OVC service delivery

A stakeholders meeting was held involving all partners working in the Sub County where issues of birth certificate for the OVC was addressed. The project supported the birth registration department to bring Mobile birth registration done in the two Wards in Karungu. The organization being a member of both County, Sub County and Ward AAC participated in all the AAC meetings.

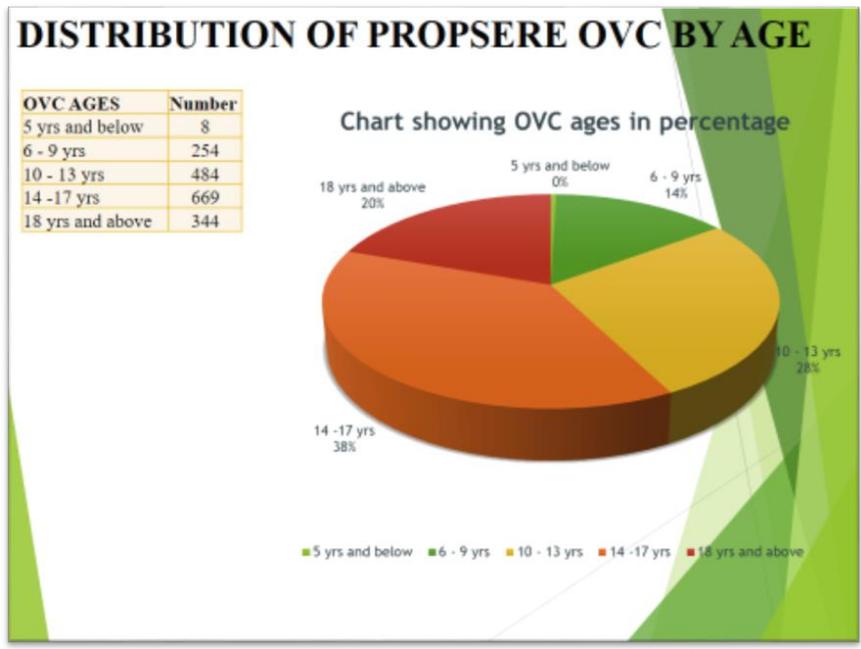
IR 3.3: Private sector provides linkage opportunities for OVC HHs

Through partnership with government state agencies, Bongu Widows and Widowers, which is a caregiver’s support group, received a grant of Kshs 100,000 from Women Enterprise Fund to support their group activities. The project in partnership with the KCB bank enlighten caregivers and community on the financial management principals.

PARTNERSHIPS

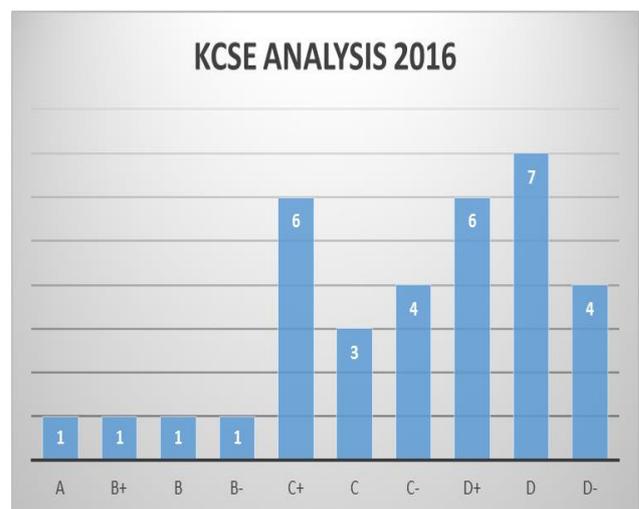
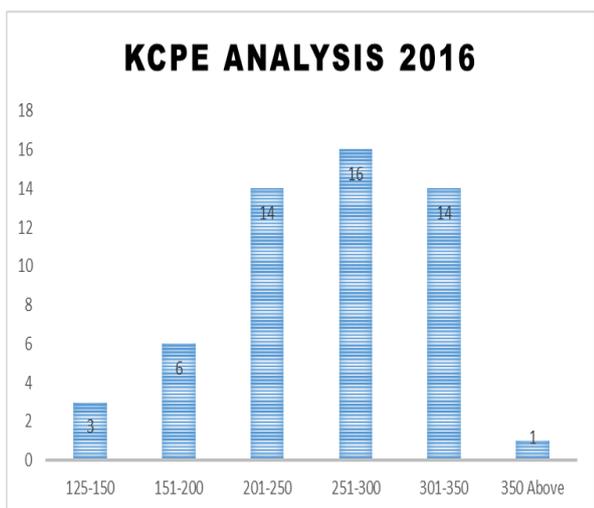
| PARTNERS | AREAS OF PARTNERSHIP |
|--|--|
| CRS-Kenya | For technical and financial support to implement the PROSPER, and THRIVE II projects |
| KCB Bank | Training of SILC Groups |
| Dala Kiye | In support for HIV+ orphans |
| Migori County Government | Through Ward Sponsorship program for needy children 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 need care and support under the project’s Community model has swollen beyond the project capacity. | Linkage with other service providers within the target area |



| No. OF OVC WHO SAT FOR KCSE 2016 | | | | |
|----------------------------------|-----------|-----------|-----------|--|
| GRADE | MALE | FEMALE | TOTAL | |
| A | 0 | 1 | 1 | |
| B+ | 1 | 0 | 1 | |
| B | 1 | 0 | 1 | |
| B- | 0 | 1 | 1 | |
| C+ | 5 | 1 | 6 | |
| C | 0 | 3 | 3 | |
| C- | 2 | 2 | 4 | |
| D+ | 4 | 2 | 6 | |
| D | 5 | 2 | 7 | |
| D- | 2 | 2 | 4 | |
| TOTAL | 20 | 14 | 34 | |

| MARKS | MALE | FEMALE | TOTAL |
|--------------|-----------|-----------|-----------|
| 125-150 | 2 | 1 | 3 |
| 151-200 | 3 | 3 | 6 |
| 201-250 | 7 | 7 | 14 |
| 251-300 | 13 | 3 | 16 |
| 301-350 | 10 | 4 | 14 |
| 350 Above | 1 | 0 | 1 |
| TOTAL | 36 | 18 | 54 |



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 |