

Monitoring Outcomes of PEPFAR Orphans and Vulnerable Children Programs in Kenya Comparison of 2016 and 2018 Findings from the MWENDO Panel Study

Purpose

This panel study was designed to assess changes in outcomes of programs for orphans and vulnerable children (OVC), using the standardized essential survey indicators (ESI) launched by the United States President's Emergency Plan for AIDS Relief (PEPFAR) in 2014, as part of its monitoring, evaluation, and reporting (MER) guidance. MEASURE Evaluation, funded by the United States Agency for International Development (USAID) and PEPFAR, collected data from beneficiaries of the USAID-funded APhiAplus and MWENDO projects, in western Kenya. In Round 1 of this panel study, conducted in 2016, 426 caregivers of OVC beneficiaries enrolled in APhiAplus Western Kenya were interviewed. Of that group, 377 (88.5%) whose enrollment had since shifted from APhiAplus to MWENDO were interviewed again for Round 2, conducted in 2018. The caregivers were asked about themselves, their households, and all children under age 18 who were under their care (1,438 in Round 1 and 1,348 in Round 2).

Project Description

MWENDO began in July 2017, after the five-year APhiAplus Western Kenya project ended. MWENDO is a five-year project implemented by Catholic Relief Services (CRS) Kenya. MWENDO resumed support for beneficiaries of APhiAplus Western Kenya and is continuing to enroll new beneficiaries. It focuses on OVC activities, delivering an array of programs and services, including HIV care and treatment; water and sanitation; malaria; family planning and reproductive health; maternal, neonatal, and child health; and human resources for health. These interventions are delivered through 38 local implementing partners (LIPs) that are mainly local nongovernmental, community-based, or faith-based organizations. All LIPs provide the same package of OVC services and assess beneficiary needs using standard methods and criteria. LIPs work with community home visitors, who play lead roles in assessing household needs through monthly visits and an annual household vulnerability assessment. They are also the primary service providers to registered OVC and their households.

This publication was produced with the support of the United States Agency for International Development (USAID) under the terms of MEASURE Evaluation cooperative agreement AID-OAA-L-14-00004. MEASURE Evaluation is implemented by the Carolina Population Center, University of North Carolina at Chapel Hill in partnership with ICF International; John Snow, Inc.; Management Sciences for Health; Palladium; and Tulane University. Views expressed are not necessarily those of USAID or the United States government. GR-19-76



HEALTH



Percentage of children whose primary caregiver knows the child's HIV status, based on an HIV test

	70.1%	74.6%	73.9%	72.7%
ROUND 1				
ROUND 2	82.1%	76.7%	81.5%	79.9%
	0-4 years	5-9 years	10-14 years	15-17 years

Of children ages 6-59 months,

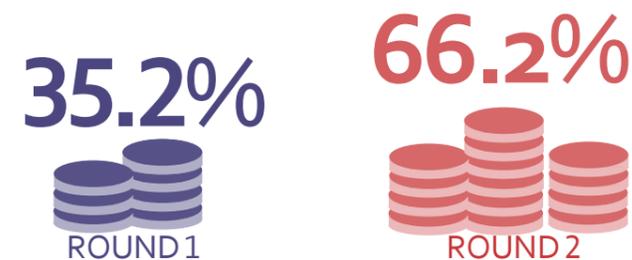


Children ages 0-17 years, who were too sick to participate in daily activities



ECONOMIC WELL-BEING AND RESILIENCE

Percentage of households that were able to access money to pay for unexpected household expenses



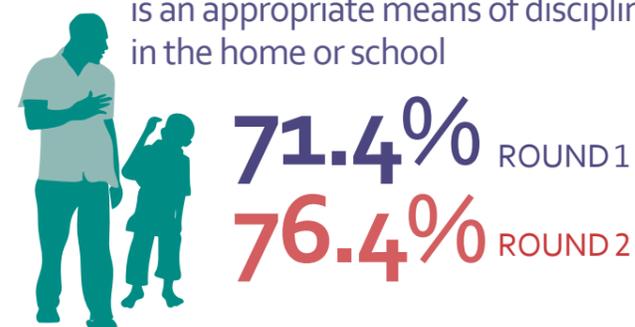
LEGAL PROTECTION

Percentage of all children who have a verified birth certificate



CHILD PROTECTION

Percentage of caregivers who agree that harsh physical punishment is an appropriate means of discipline in the home or school



EDUCATION

Children regularly attending school

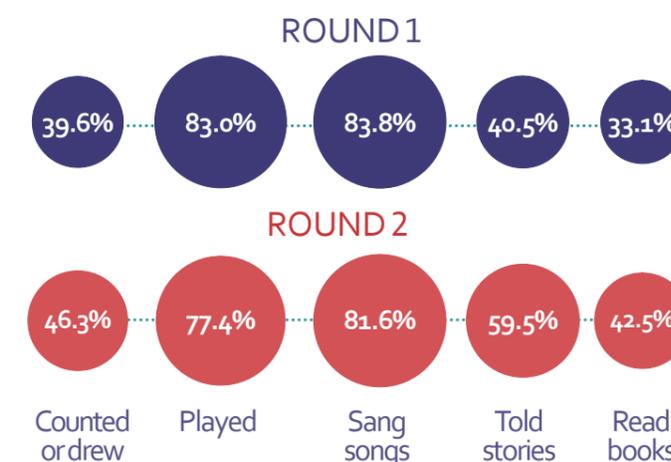


Children who progressed to a more advanced level in school

	89.8%	89.4%	89.9%
ROUND 1			
ROUND 2	96.3%	92.3%	91.7%
	5-9 years	10-14 years	15-17 years



Percentage of children < 5 recently engaged in stimulating activities



Note: Round 1 figures may not necessarily be identical to those presented in the fact sheet for Round 1 that MEASURE Evaluation published in 2018, because the data in this fact sheet derive only from the caregivers and children who were interviewed in both rounds.