

# Monitoring Outcomes of PEPFAR Orphans and Vulnerable Children Programs in Kenya Comparison of 2016 and 2018 Findings from the Mwendo Cross-Sectional Study

## Purpose

This cross-sectional survey was designed to assess the current status 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. PEPFAR requires ESI data to be collected every two years. 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 the first round, conducted in 2016, 426 caregivers of OVC beneficiaries enrolled in APHIAplus Western Kenya were selected for interview from all households served by the project in the region, using a cluster sampling design. The 2018 survey was done independently of the previous survey. It consisted of interviews with 99 caregivers randomly selected from households that were not part of the 2016 survey and were served by three local implementing partners (LIPs) working with the Mwendo project. In both rounds, caregivers were asked about themselves, their households, and all children under age 18 who were under their care (1,438 children in 2016 and 386 in 2018).

## 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 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.

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## HEALTH



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

	0-4 years	5-9 years	10-14 years	15-17 years
2016	68.4%	77.7%	74.4%	72.0%
2018	78.6%	92.2%	93.2%	93.8%

Of children ages 6-59 months,

2016 **2.7%**  
2018 **No children**



were undernourished

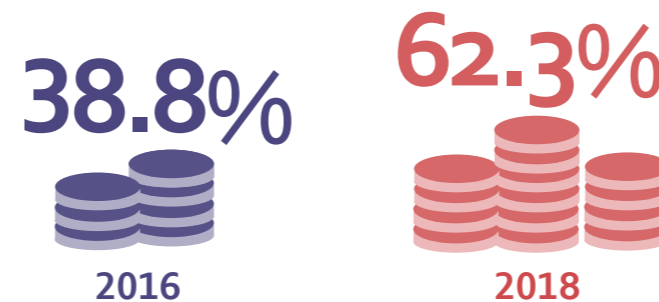
Children ages 0-17 years, who were too sick to participate in daily activities

2016 **31.4%**  
2018 **12.7%**



## 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

2016 **36.2%**  
2018 **40.4%**



## CHILD PROTECTION

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



2016 **72.3%**  
2018 **74.7%**

No statistically significant change

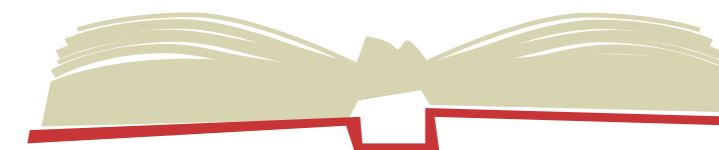
## EDUCATION

Children regularly attending school



Children who progressed to a more advanced level in school

	5-9 years	10-14 years	15-17 years
2016	89.3%	83.0%	72.9%
2018	72.0%	95.9%	96.1%



Percentage of children < 5 recently engaged in stimulating activities

