

Monitoring Outcomes of PEPFAR Orphans and Vulnerable Children Programs in Kenya

Comparison of 2016 and 2018 Findings from the Timiza go 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 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 and PEPFAR, collected data from beneficiaries of the Timiza go OVC programs in western Kenya. In Round 1 of this panel study, conducted in late 2016, 209 caregivers of OVC beneficiaries enrolled in Timiza go were interviewed. Of that group, 184 (88%) were interviewed again in Round 2, conducted in 2018. The caregivers were asked about themselves, their households, and all children under age 18 who were under their care (718 children in Round 1 and 654 in Round 2).

Project Description

Timiza go is a PEPFAR project funded through the United States Centers for Disease Control and Prevention and implemented by the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)/Kenya. The project began in September 2016, and is expected to operate until 2021. It continues the work carried out by EGPAF under the Pamoja project, which ended in 2016. Timiza go works in Kisumu, Siaya, and Homa Bay Counties, in western Kenya. Since the first round of data collection, in 2016, Timiza go has more than doubled the number of beneficiary households it supports, owing to geographic expansion. The project's OVC work focuses on healthcare, nutrition, shelter, psychosocial support, child protection services, educational support, and household economic strengthening.

HEALTH



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

	80.0%	86.0%	82.9%	80.9%
ROUND 1				
ROUND 2	81.7%	95.5%	90.0%	95.5%
	0-4 years	5-9 years	10-14 years	15-17 years

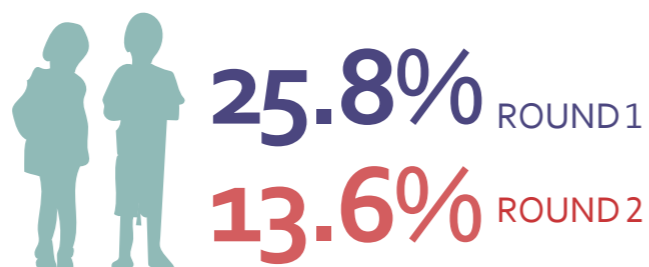
Of children ages 6-59 months,

ROUND 1 **No children**
 ROUND 2 **No children**



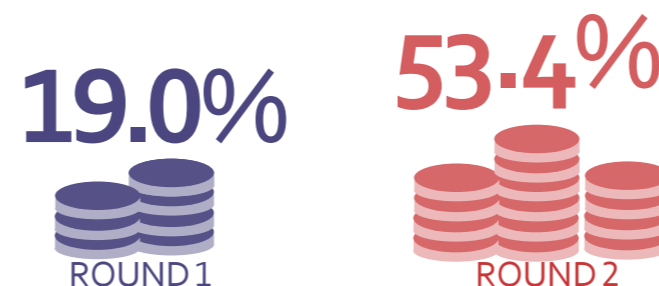
were undernourished

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



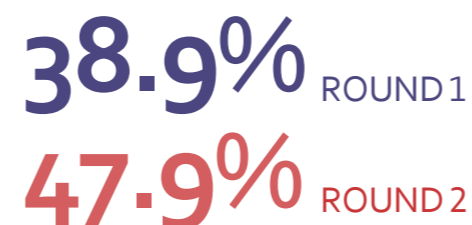
ECONOMIC WELL-BEING AND RESILIENCE

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



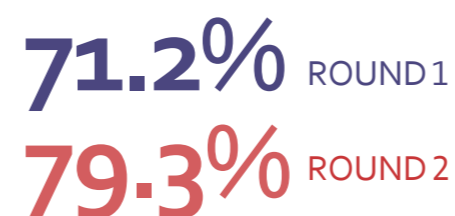
LEGAL PROTECTION

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



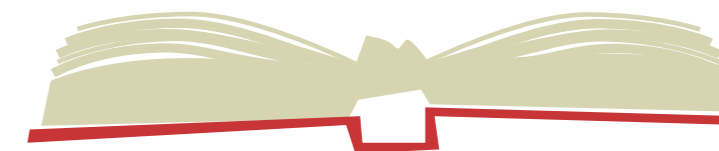
EDUCATION

Children regularly attending school

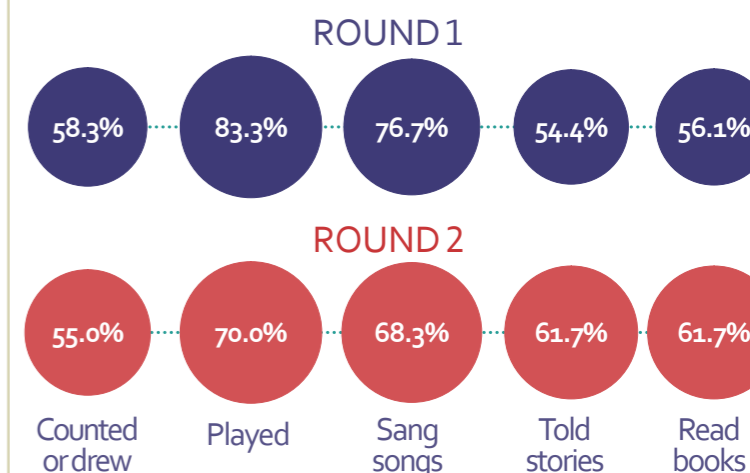


Children who progressed to a more advanced level in school

	93.1%	92.0%	94.7%
ROUND 1			
ROUND 2	93.1%	97.1%	96.2%
	5-9 years	10-14 years	15-17 years



Percentage of children < 5 recently engaged in stimulating activities



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-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-19-79



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.