Monitoring Outcomes of PEPFAR Orphans and Vulnerable Children Programs in Kenya

2016–2018 Findings

Kisumu, Kenya

Workshop Report

March 20–21, 2019

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MEASURE Evaluation

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2016–2018 Findings

Kisumu, Kenya

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Workshop Report

March 20–21, 2019

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ACKNOWLEDGMENTS

We thank the United States President's Emergency Plan for AIDS Relief (PEPFAR) for its support of this workshop and of the surveys, the results of which were disseminated at the workshop.

We are grateful to the PEPFAR Kenya orphans and vulnerable children (OVC) team for their guidance and participation in this activity. We acknowledge the important role played by our colleagues at the African Population and Health Research Center, especially Nelson Langat, Silvia Onchaga, Anne Njeri, and Salma Musa, who were instrumental in conducting the surveys. We thank the United States Agency for International Development (USAID) Tupime Kaunti project team, based in Kisumu, for managing workshop logistics. We are especially grateful to Polycarp Otieno who successfully led the on-site workshop planning and operations.

We thank the workshop participants, all of whom contributed to the meeting's success. Special recognition goes to the project teams of Timiza 90, Making Well-Informed Efforts to Nurture Disadvantaged Orphans & Vulnerable Children (MWENDO), and the Walter Reed Program/Henry Jackson Foundation Medical Research International, who contributed their perspectives and expert interpretation of their projects' study findings and worked diligently to develop management response plans to strengthen their OVC programs, based on the results. We are also grateful to participants from the Department of Children Services for sharing their perspectives, and for considering how the findings can contribute to improvements of OVC programs across Kenya. We wish all participants great success in taking forward the recommendations and action plans that they developed at the workshop.

We thank the knowledge management team of the USAID- and PEPFAR-funded MEASURE Evaluation project, based at the University of North Carolina at Chapel Hill, for editorial, design, and production services.

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Cover

Participants in the dissemination workshop. Photo: Irit Sinai, MEASURE Evaluation, Palladium

CONTENTS

ABBREVIATIONS

APHRC	African Population and Health Research Center
CDC	United States Centers for Disease Control and Prevention
CHV	community health volunteers
MWENDO	Making Well-Informed Efforts to Nurture Disadvantaged Orphans & Vulnerable Children
OVC	orphans and vulnerable children
PEPFAR	United States President's Emergency Plan for AIDS Relief
USAID	United States Agency for International Development
WRP/HJFMRI	Walter Reed Program/Henry M. Jackson Foundation Medical Research International

BACKGROUND AND OVERVIEW

In 2018, the orphans and vulnerable children (OVC) team of the United States President's Emergency Plan for AIDS Relief (PEPFAR)/Kenya requested assistance from the United States Agency for International Development (USAID) and the USAID- and PEPFAR-funded MEASURE Evaluation project to conduct three panel studies and one cross-sectional survey for three ongoing PEPFAR OVC projects in western Kenya: Making Well-Informed Efforts to Nurture Disadvantaged Orphans & Vulnerable Children (MWENDO), a USAID-funded project of Catholic Relief Services; the Timiza 90 project of the United States Centers for Disease Control and Prevention (CDC); and the Walter Reed Program/Henry M. Jackson Foundation Medical Research International (WRP/HJFMRI) HIV project funded by the United States Department of Defense. This was the second round of data collection. MEASURE Evaluation completed the first one in 2016. In the three panel studies (one for each project) the same beneficiary households who were interviewed in 2016 were again interviewed. The main objective for the repeat survey was to evaluate the progress of the OVC projects over the two-year period. In addition, an independent cross-sectional survey (conducted for MWENDO only) was designed to provide a snapshot of the current status of MWENDO beneficiaries in areas not included in the 2016 survey. Fieldwork for the surveys was undertaken in October and November 2018.

MEASURE Evaluation conducted a workshop in Kisumu, Kenya, on March 20–21, 2019, to disseminate the results from the 2018 surveys. On the first day, program managers from the three projects met to review the findings from the four surveys and compare them with the 2016 findings. They discussed the findings extensively and brainstormed their implications. They then began developing management response plans for their projects. On the second day, they were joined by national- and county-level representatives from Kenya's Department of Children Services and managers of other PEPFAR-supported OVC projects in Kenya. Findings were again shared, this time including recommendations developed on the first day. The three implementing partners then continued working on their management response plans, while participants from the Department of Children Services and representatives from other OVC programs established recommendations for improving other OVC activities in Kenya based on the findings. The groups then reconvened in plenary and presented their final work.

This report summarizes the two-day workshop. (See Appendix A for the agendas.)

Day 1: Developing Project Management Responses Based on Comparisons of 2016 and 2018 Findings from the Four OVC Surveys

Objectives

There were two main objectives for the first day of the workshop:

- Compare results of the three 2016 surveys (Round 1) with the four 2018 surveys (Round 2): the MWENDO panel study, the Timiza 90 panel study, the WRP/HJFMRI panel study, and the MWENDO cross-sectional survey
- Develop project-specific management response plans based on the findings

Participants

Thirty-one people participated that day: 11 from MWENDO, nine from WRP/HJFMRI and the Department of Defense, four from Timiza 90, one from CDC, and one from Children of God Relief Institute.[1] The workshop was facilitated by the MEASURE Evaluation, Palladium activity manager and three co-facilitators from MEASURE Evaluation's local research partner: African Population and Health Research Center (APHRC). The USAID Tupime Kaunti project, led by Palladium, provided logistical support for the workshop and had one representative in attendance. (Appendix B lists the participants on the first day.)

Opening and Presentation

Irit Sinai, PhD, the MEASURE Evaluation activity manager, welcomed the participants to the meeting. She explained her role in managing the survey activity and in facilitating the workshop. She then shared meeting objectives and discussed the agenda (Appendix A).

Next, Dr. Sinai presented the 2018 findings, comparing them with those from 2016 (see Appendix C, PowerPoint slides 1–34). Findings from the surveys for all three OVC projects were presented together, but participants were encouraged to review the progress of each project independently, and not to compare them, because the projects were undertaken in different settings. Beneficiaries may have started at different levels of vulnerability, and the projects started operating at different times. The results presented were not final. They included Round 1 (2016) participants who had not been interviewed in Round 2 (12.5%). The final analysis will include only those households that were interviewed in both rounds. Still, trends shown were valid, and figures were expected to change only slightly, because of good response rates. This was explained to participants. Overall results are positive and show improvements in most indicators. Particularly notable is the significant improvement in the economic empowerment indicators. Similar trends were observed for all three implementing partners.

Discussion of Findings

Damazo Kadengye and Clement Odour (both of APHRC) led a discussion of the findings. When they presented the relevant PowerPoint slides this time, they encouraged participants to ask questions and discuss the reasons for the trends shown. Considerable time was spent on the few findings that were not as positive as expected. Table 1 shows highlights from the discussion.

[1]This organization works with OVC elsewhere in Kenya. They were invited to participate in the second day of the workshop only, but their representative attended both days.

Table 1. Highlights of Day 1 discussion

Issues/concerns raised	Explanation offered
Given that about 90% of caregivers interviewed in both rounds were the same, the number of caregivers reporting personally receiving services from the program was expected to increase, since that is incremental. Instead, the number remained constant for all programs except Timiza 90, where it decreased.	• Some services are intangible. In a conversation you can educate caregivers about something. This is considered a service, but the caregiver may not perceive it as such, because it is not as tangible as, for example, paying school fees. • Caregivers may respond based on their present needs, as opposed to what their need was two years ago. Therefore, they may no longer relate to services they received then. • Caregivers may have underreported ever receiving services, because of the word "personally" in the question. The question was intended to gauge receipt of services for the entire household, but the caregivers may not have interpreted it this way.
The percentage of children (ages 0–4) engaging in stimulating activities decreased.	• Community health volunteers (CHVs) pay less attention to sensitizing caregivers about the importance of stimulating activities for child development than they give to their other engagements with the caregivers. • Children are engaging more with phones (smart phones), and as a result they engage less in the activities listed in the question with an adult in the household.
Fewer young children were reported to attend preschool in 2018 than in 2016.	• In 2017, the Ministry of Education decreed that children should start school only at age 4. Therefore, many preschools no longer accept younger children.
Although the percentage of children with verified birth certificates significantly increased, it is still much smaller than desired (maximum 50% for Timiza 90; less for the other two projects).	• Some caregivers confuse having a baptismal card with having a birth certificate. Therefore, they do not follow up on the child's birth certificate. • A significant number of mothers give birth at home and the births are therefore not duly registered.
The percentage of caregivers who agreed that harsh physical punishment is appropriate increased.	• The past few years have seen an ongoing conversation about discipline in mainstream media as well as social media, presenting evidence purporting to show that schools that use corporal punishment have better academic performance overall than schools that do not. • While the projects include interventions to sensitize caregivers about the dangers of harsh physical punishment, they are not given as much emphasis as other interventions, partly because some CHVs may themselves be proponents of such punishment.

Group Work: Management Response Plans

Representatives of the three surveyed OVC implementing partners were tasked with developing management response plans for their projects, using templates distributed to them. They began this in the afternoon and presented the progress they had made to the plenary at the end of the day.

Development of Recommendations

Based on the draft management response plans developed the first day, MEASURE Evaluation drafted slides compiling recommendations drawn from the plans (incorporated in Appendix C, slides 35–43).

Day 2: Developing Action Plans and Completing the Project Management Responses Based on Comparisons of 2016 and 2018 Findings from the Four OVC Surveys

Objectives

The second day of the workshop had the following objectives:

- Present the results of the comparison of the three 2016 surveys (Round 1) with the four 2018 surveys (Round 2) to the session's wider audience, which included participants not affiliated with the surveyed projects
- Continue to develop project-specific management response plans, based on the findings
- Develop priority recommendations for strengthening OVC policies and programs in Kenya

Participants

Fifty-one people participated on the second day: seven from the Department of Children Services, nine from MWENDO, three from WRP/HJFMRI and the Department of Defense, five from Timiza 90, three from CDC, and 19 from other implementing partners. (Appendix B lists these participants.) As on the first day, USAID's Tupime Kaunti project had one representative, and the same MEASURE Evaluation and partner staff facilitated.

Opening, Presentation, and Discussion

Polycarp Otieno, of the Tupime Kaunti project, welcomed participants to the meeting and introduced Peter Ogindo, head of the Planning Section of the Department of Children Services (Nairobi), who gave opening remarks. Dr. Sinai then reviewed the objectives for the second day and the agenda. Next, she presented the findings, comparing 2016 and 2018 results, using the same slide deck used the first day, with the addition of the slides presenting the recommendations.

For the results shown on each slide, Dr. Sinai summarized what had been discussed the previous day and asked participants what they could add.

Group Work: Completion of Management Response Plans and Development of Recommendations for Strengthening OVC Programs and Services

In the afternoon of the second day, participants worked in groups. The MWENDO, Timiza 90, and WRP/HJIJFMRI groups completed their work on their management response plans. (See Appendix D for the final versions, in the template they used to develop them.) A representative from MWENDO joined the groups formed by Department of Children Services participants, which was tasked with identifying priority issues based on the survey findings and suggesting actions to address them. Overall, this group recommended the following tasks:

- Enhance mobilization of communities for uptake of OVC project services
- Improve advocacy to donor communities, related to gaps that require their support
- Build capacity of implementing partner staff and CHVs on changing attitudes toward corporal punishment
- Link OVC to legal help through the use of pro bono services
- Establish child-friendly recreational facilities to support early childhood development

- Encourage child participation in decision making on issues that affect them

A representative from MWENDO and another from WRP/HJFMRI joined the group of participants from other implementing partners, who were asked to develop recommendations for their projects and other OVC implementing partners, based on the survey findings. Table 2 presents this group's recommendations, which are consistent with those of all the other IPs and represent a consensus across the IPs who participated in the meeting. The five groups then presented their work to the plenary.

Table 2. Actions proposed for other implementing partners

Essential survey indicator	Actions for other implementing partners
% children ages 0–17 years too sick to participate in daily activities in past 2 weeks	Conduct nutritional and health assessments monthly; use data to prioritize OVC younger than five years, those who live with HIV, and those who live with a disability.
% children whose caregiver knows their HIV status	Adhere to 6-month screening and 12-month testing (for those at risk) guidelines.
% children living with HIV who are taking ARV [antiretroviral] drugs	• Increase community antiretroviral therapy distribution in hard-to-reach areas. • Strengthen treatment buddies/mentor mother/CHV engagement in treatment.
% children < 5 years of age who recently engaged in stimulating activities with any household member over 15 years of age	• Emphasize age-appropriate activities. • Encourage parents to use local materials to create toys. • Explore adding a play box in maternal and child health clinics, in collaboration with treatment partners.
% children ages 0–17 years who have a verified birth certificate	Sensitize caregivers on the process (the "how") of acquiring a birth certificate.
% children ages 5–17 years enrolled in school and did not miss school days in previous week	Respond to the gaps for irregular attendance and progression.

Closing Remarks

At the end of the afternoon, participants discussed the usefulness of the workshop to their work. Their reactions were overwhelmingly positive, and they were all excited to get back to work and implement the plans they had developed. Humprey Wandeo, the Kisumu County director for the Department of Children Services, provided closing remarks. He expressed appreciation to all of the participants for their contributions during the meeting and thanked MEASURE Evaluation for making the workshop possible. He promised greater, ongoing collaboration between his department and the implementing partners for continued improvement in OVC outcomes.

APPENDIX A. AGENDAS

Developing Project Management Responses to Findings
Comparing 2016 and 2018 Outcome Monitoring Surveys for Three PEPFAR Orphans and Vulnerable Children Projects (Round II)

Sovereign Hotel, Kisumu

Day 1: 20 March 2019

Objectives:

- Review findings from the four surveys in Kenya (Round 2)
- Develop project-specific management action plans

Time	Topic	Lead
9:00–9:15	Welcome and opening remarks	MEASURE Evaluation
9:15–10:30	Presentation of survey findings	MEASURE Evaluation
10:30–11:00	Tea/coffee break	
11:00–13:00	Q&A and discussion of findings	MEASURE Evaluation
13:00–14:00	Lunch	
14:00–15:30	Development of Management Response Plans (small group work)	Implementing partner teams
15:30–16:00	Presentation of drafts Management Response Plans to the plenary and closing	Implementing partner teams
16:00	Tea/coffee	

Developing Project Management Responses to Findings
Comparing 2016 and 2018 Outcome Monitoring Surveys for Three PEPFAR Orphans and Vulnerable Children Projects (Round II)

Sovereign Hotel, Kisumu

Day 2: 21 March 2019

Objectives:

- Review findings from the four surveys (for three projects) with key stakeholders
- Share proposed management response plans for the three projects based on the findings
- Develop priority recommendations for strengthening OVC policies and programs in Kenya

Time	Topic	Lead
9:00–9:15	Welcome and opening remarks	MEASURE Evaluation
9:15–10:30	Presentation of survey findings & discussion	MEASURE Evaluation
10:30–11:00	Tea/coffee break	
11:00–13:00	Presentation of survey findings & discussion (continued)	MEASURE Evaluation
13:00–14:00	Lunch	
14:00–15:15	Development of management response plans and priority recommendations (small group work)	Implementing partner and Department of Children Services teams
15:15–16:00	Presentation of management response plans and priority recommendation to the plenary and closing	Implementing partner and Department of Children Services teams
16:00	Tea/coffee	

APPENDIX B. PARTICIPANT LISTS

OVC ESI DISSEMINATION DAY 1, March 20, 2019

NAME	ORGANIZATION
Dennis Akeyo	APRHC
Clement Odour	APRHC
Damazo Kadengeye	APRHC
Willis Koyi	CABDA
Nereah Kamali	CABDA
Wilkister Ombima	CDC
Catherine Ngave	COGRI Lea Toto
Rhodah Jemeli	COGRI Lea Toto
Lucy Kibett	DOD
Sarah Goretty	DOD
Judith Ann Chepngetich	DOD
Stephen Okubo	DOD
Judith Owuor	DOD
George Onditi	St. Francis-DOD
Phillip Abila	DOD
Erastus Cheti	DOD-Agency
Phyllis Mboi	EGPAF-Timiza 90
Stephen Ooko	EGPAF -Timiza 90
Hillary Ng'endo	EGPAF -Timiza 90
Olive Molo	Jiu Pachi-MWENDO
Walter Adhao	Jiu Pachi-MWENDO
Everline Mogoi	KWOSP-MWENDO
Teresa Awili	KWOSP-MWENDO
Simon Peter	Make Me Smile-MWENDO
Elizabeth Gwaro	Make Me Smile-MWENDO
Dorcas Amolo	MWENDO OVC
Clement Oindo	MWENDO OVC
Roselyne Okumu	MWENDO OVC
Devina Amboga	MWENDO OVC
Polycarp Otieno	Tupime Kaunti
Hesbon Ooko	Tupime Kaunti

OVC ESI DISSEMINATION DAY 2, March 21, 2019

NAME	ORGANIZATION
Kenneth Otieno	AMPATH Plus
Dennis Akeyo	APRHC
Clement Odour	APRHC
Damazo Kadengeye	APRHC
Willis Koyi	CABDA-MWENDO
Nereah Kamali	CABDA-MWENDO
Adam Alibhai	CASE OVC
Patricia Nzioka	CASE OVC
Wilkister Ombima	CDC
Caroline Kambona	CDC
Catherine Ngave	COGRI Lea Toto
Rhodah Jemeli	COGRI Lea Toto
Beatrice Obutu	DCS Kisii
John Odinya	DCS Migori
Sammy Korir	DCS Nyamira
Peter Ogindo	DCS Planning And Development Section
Duncan Ng'eno	DCS-Bomet
Nabakwe Maube	DCS-Bungoma
Esther Wasige	DCS-Busia
Peter Kutere	DCS-Homa Bay
Richard Masika Wasike	DCS-Kakamega
Jane Rono	DCS-Kericho
Humphrey Wandeo	DCS-Kisumu
Jemin Onyango	DCS-Siaya
Aggrey Ambwaya	DCS-Vihiga
Lucy Kibett	DOD-HJFMRI
Judith Ann Chepngetich	DOD-HJFMRI
Stephen Okubo	DOD-HJFMRI
Judith Owuor	DOD-HJFMRI
Phillip Abila	DOD-HJFMRI
Phyllis Mboi	EGPAF -Timiza 90
Stephen Ooko	EGPAF-Timiza 90
Allan Mayi	EGPAF-Timiza 90
Winfred Nyanya	EGPAF-Timiza 90
Roselyne Okumu	Green Zone Agencies-MWENDO
Joseph Muga	HEALTHIT
Olive Molo	Jiu Pachi-MWENDO
Walter Adhao	Jiu Pachi-MWENDO
Everline Mogoi	KWOSP-MWENDO
Teresa Awili	KWOSP-MWENDO

Simon Peter	Make Me Smile-MWENDO
Elizabeth Gwaro	Make Me Smile-MWENDO
Clement Oindo	MWENDO OVC
Devina Amboga	MWENDO OVC
Celestine Asena	MWENDO OVC
Brigid Wangila	Nilinde
Joel Kuria	Nilinde
George Onditi	St. Francis
Polycarp Otieno	Tupime Kaunti

APPENDIX C. POWERPOINT PRESENTATION

Monitoring Outcomes of PEPFAR Orphans and Vulnerable Children Programs in Kenya

Photo: Promise Tangeman, Flickr

Irit Sinai
MEASURE Evaluation
Palladium

Clement Oduor, Dennis Akeyo, Damazo Kadengye
African Population and Health Research Center

March 20–21, 2019
Dissemination Workshop
Kisumu, Kenya

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Photo: Greg Westfall, Flickr

- Background
- Method
- Survey sample characteristics
- Round 1 & 2 comparisons of indicators

Why are we here?

Why is the United States President's Emergency Plan for AIDS Relief (PEPFAR) interested in programs for orphans and vulnerable children (OVC) in Kenya?

Why are you here?

Rationale

This study fulfills PEPFAR's requirements for monitoring, evaluation, and reporting (MER) of OVC programs.

The requirement includes collection of nine essential survey indicators (ESIs) every two years.

The study compares outcomes from 2016 and 2018.

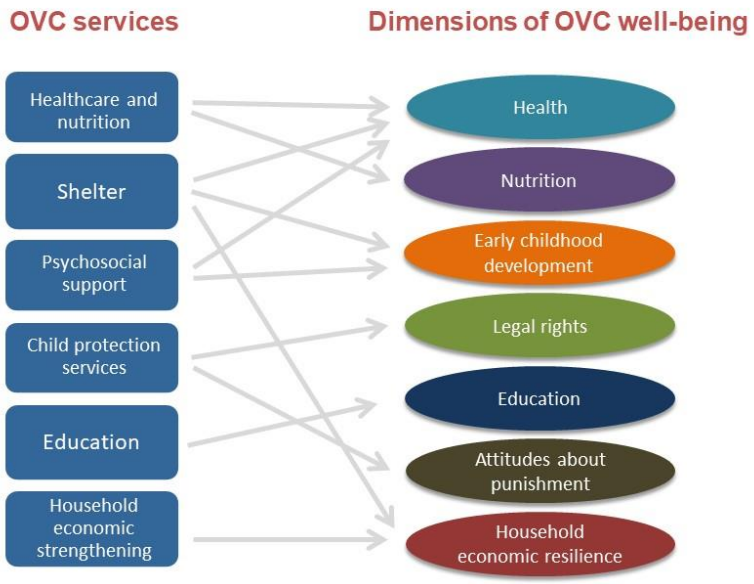
Kenya OVC projects surveyed

- MWENDO, a project of the United States Agency for International Development (USAID) implemented by Catholic Relief Services, took over in 2017 from the APHIAplus Western Kenya project, implemented by PATH.
- United States Centers for Disease Control and Prevention project Timiza 90, implemented by Elizabeth Glaser Pediatric AIDS Foundation
- United States Department of Defense HIV and AIDS project, implemented by Walter Reed Program/Henry Jackson Foundation Medical Research International (WRP/HJFMRI)

Project implementation

Implementing partner and period	Service delivery	Counties served	Number of people served, as of August 2018
MWENDO *2017-2022* APHIAplus *2011-2017*	38 local implementing partners (LIPs)	Bungoma, Busia, Homa Bay, Kakamega, Kisii, Kisumu, Migori, Nandi, Nyamira, Siaya, Trans Nzoia, Uasin Gishu, and Vihiga	Nearly 150,000
Timiza 90 *2016-2021*	5 LIPs	Homa Bay, Kisumu, and Siaya	~18,600
WRP/HJFMRI *2004-ongoing*	4 LIPs	Bomet, Kericho, and Narok	~19,600

Conceptual framework



Method: Design

2016

3 cross-sectional surveys (n= 426, 353, 209)

2018

- 3 panel studies, where households interviewed in 2016 were again interviewed
- 1 cross-sectional survey (MWENDO): 99 households randomly selected (not part of 2016 sample)

Method: Field work

- Ethics review, adherence, and compliance
- Caregivers provided informed consent
- Caregivers were interviewed about themselves, the household, and the children under their care
  - Round 1: November 28 to December 18, 2016
  - Round 2: October 29 to November 17, 2018
- Data collection:
  - Electronic data capture in local languages
  - Daily checks for quality control
  - Up to three attempts for caregivers not found at home

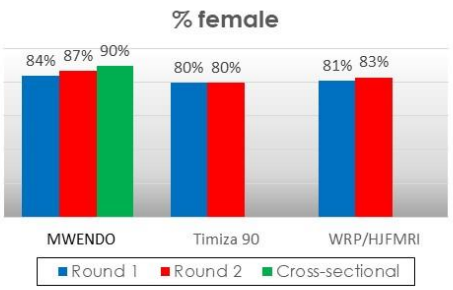
Method: Panel data analysis

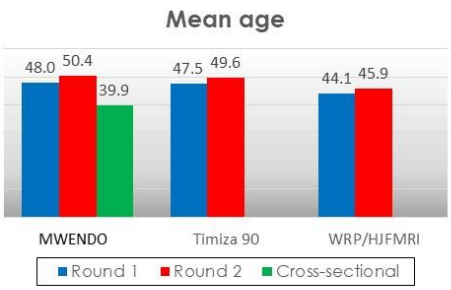
- Round 1 (R1) and Round 2 (R2) merged (two scenarios):
  - Many to one (compare all in R1 to all in R2)
  - One to one (compare only those in both R1 and R2)
- Analyses:
  - Point estimates for each of the MER indicators for the two rounds (proportions)
  - Confidence intervals around point estimates for each round
  - Statistical tests for the differences in estimates between the two survey rounds

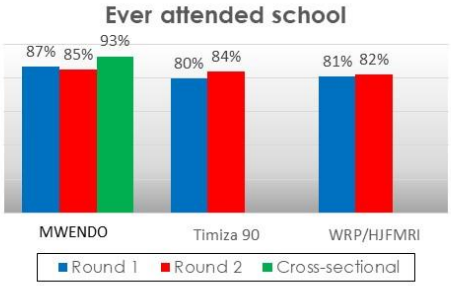
Survey sample results

	MWENDO		Timiza 90	WRP/HJFMRI
	Panel	Cross-sectional		
Household response rate	88.5% (377/426)	82.5% (99/120)	88.0% (184/209)	93.2% (329/353)
Number of caregivers interviewed	377	99	184	329
Number of children 0–4 years	188	56	75	140
Number of children 5–17 years	1,160	330	579	886
Total number of children	1,348	386	654	1,026
Households that "graduated"	2.9% (11/377)		3.3% (6/184)	6.4% (21/329)

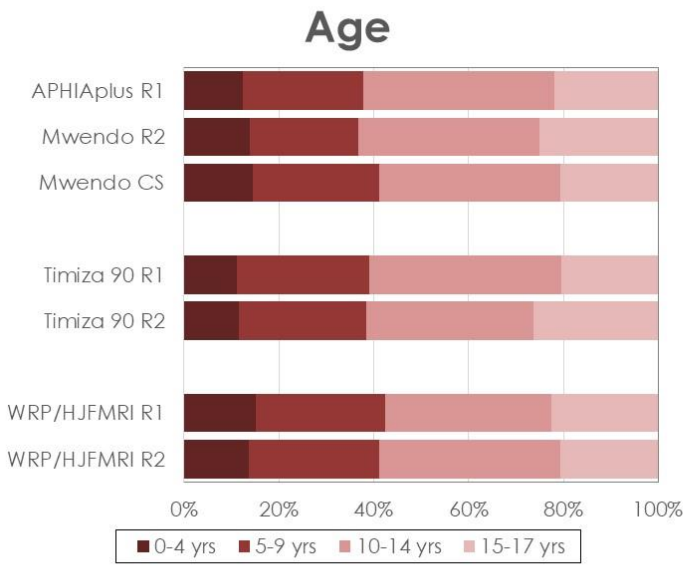
Caregiver characteristics







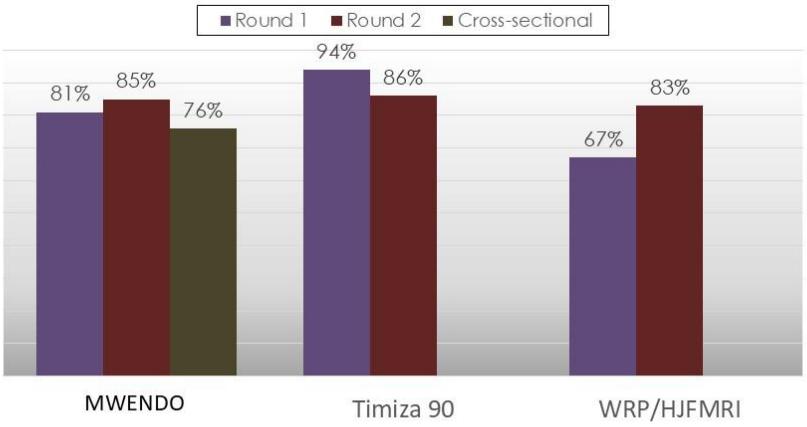
Children's characteristics



Receipt of services

Caregivers

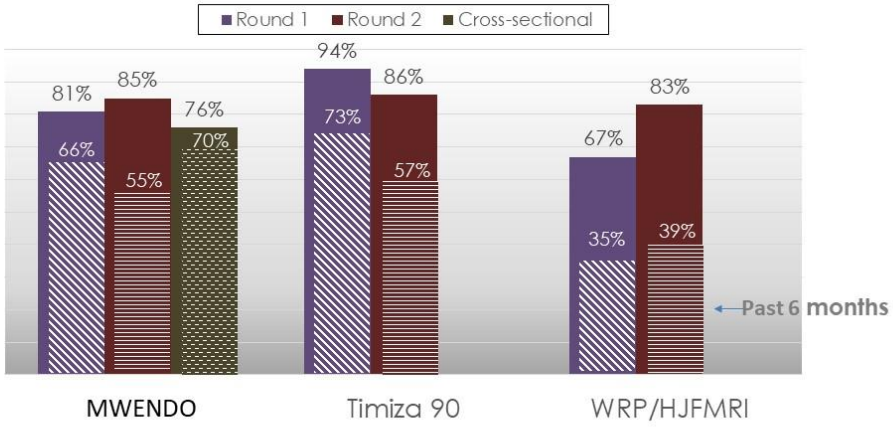
Percentage of caregivers who reported ever personally receiving services from the project



Receipt of services

Caregivers

Percentage of caregivers who reported ever personally receiving services from the project



Receipt of services

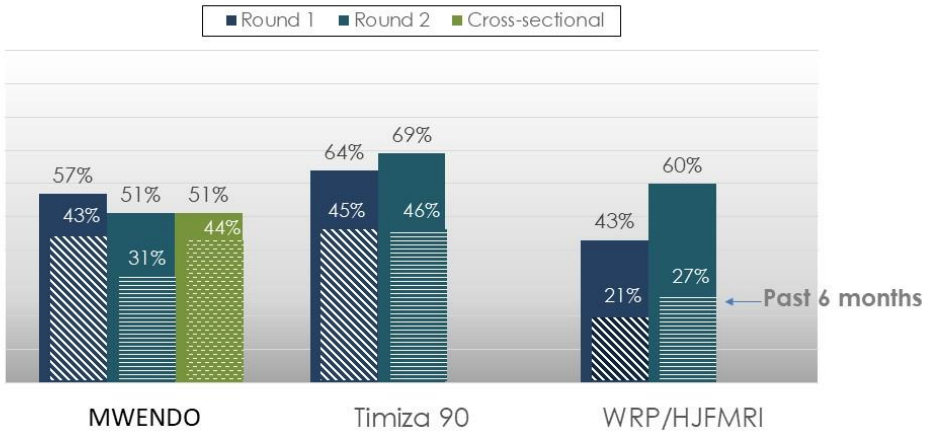
Caregivers

Percentage of children reported by caregivers to have ever received services from the project

Receipt of services

Children

Percentage of children reported by caregivers to have ever received services from the project



Essential survey indicators

Too sick to participate in daily activities

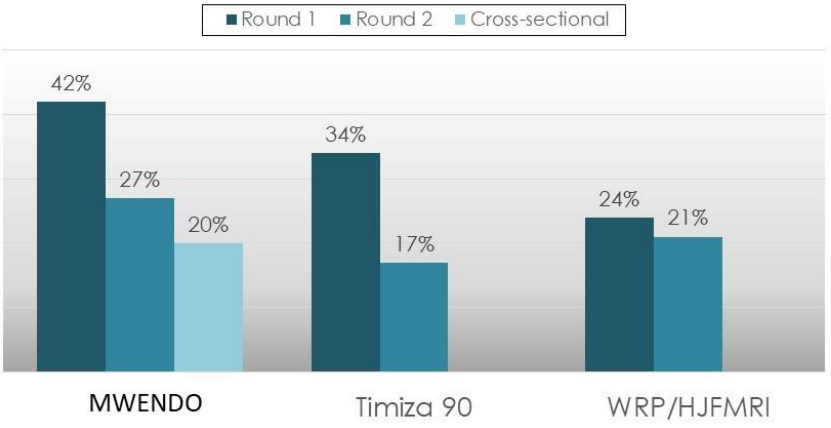
Health: OVC_SICK

Percentage of children ages 0–17 years too sick to participate in daily activities in past 2 weeks

Too sick to participate in daily activities

Health: OVC_SICK

Percentage of children ages 0–4 years too sick to participate in daily activities in past 2 weeks



Child's HIV status is known to caregiver

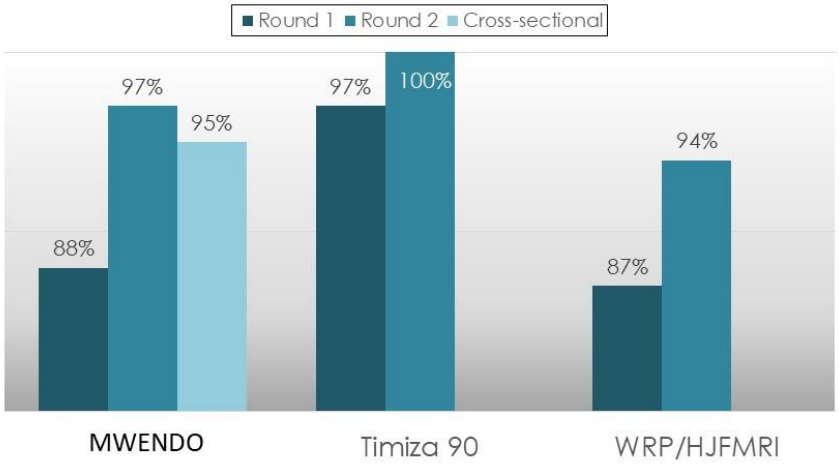
Health: OVC_HIVST

Percentage of children whose caregiver knows their HIV status

Children taking antiretroviral (ARV) drugs

Health: OVC_KE1

Percentage of children living with HIV who are taking ARV drugs



Malnutrition

Nutrition: OVC_NUT

Number of children aged 6 months–5 years who are malnourished (MUAC <125mm)

	Round 1	Round 2	Cross-sectional
MWENDO	4	0	0
Timiza 90	0	0	
WRP/HJFMRI	0	3	

Engagement in stimulating activities

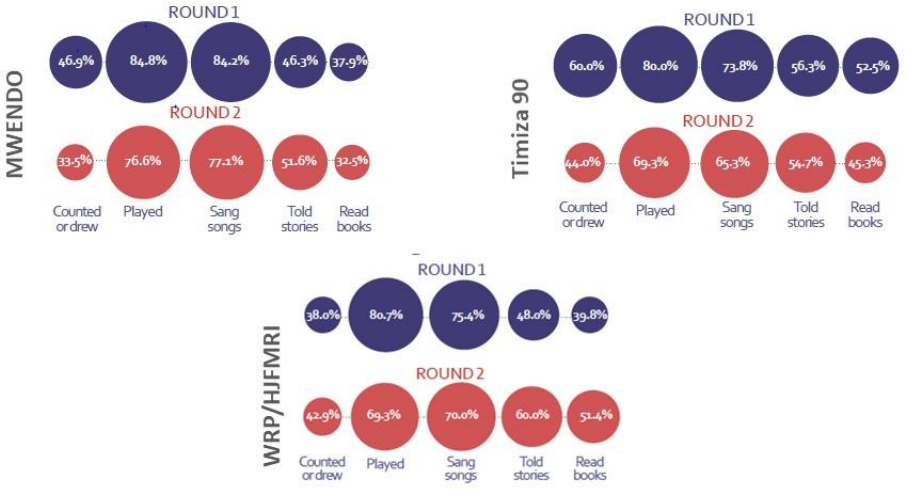
Early childhood development: OVC_STIM

Percent of children < 5 years of age who recently engaged in stimulating activities with any household member over 15 years of age

Engagement in stimulating activities

Early childhood development: OVC_STIM

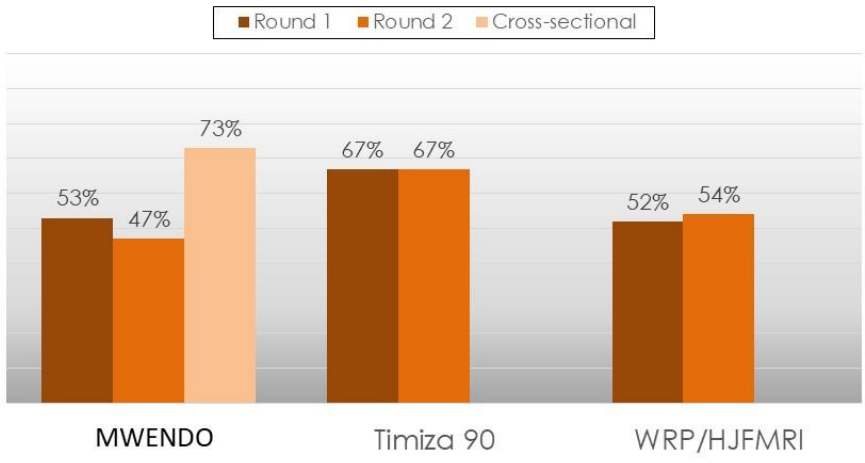
Percent of children < 5 years of age who recently engaged in stimulating activities with any household member over 15 years of age



Preschool enrollment

Early childhood development

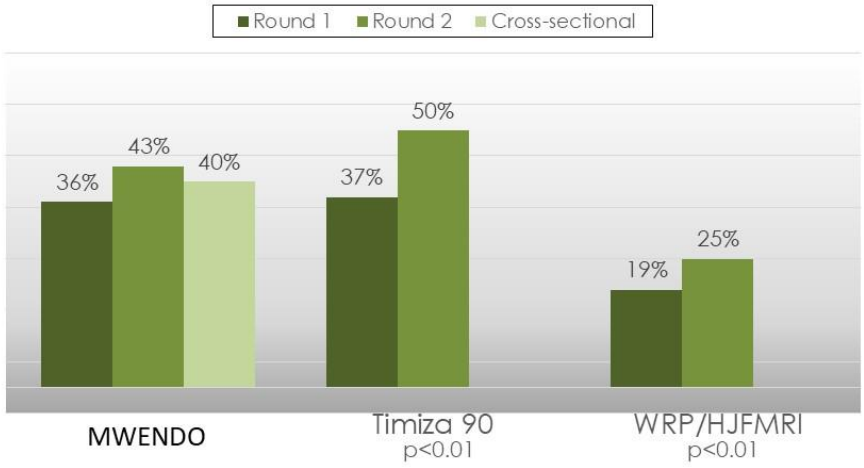
Percentage of children ages 2–5 years who were enrolled in preschool



Birth certificate

Legal rights: OVC_BCERT

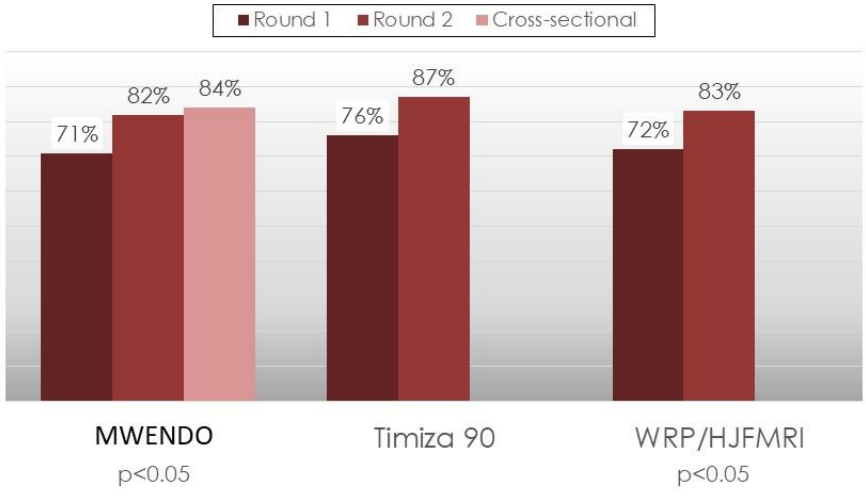
Percentage of children ages 0–17 years who have a verified birth certificate



Regular school attendance

Education: OVC_SCHATT

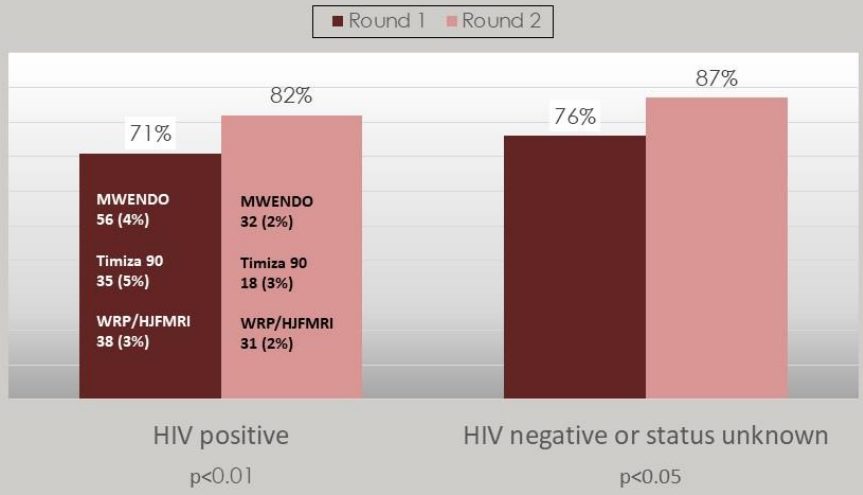
Percentage of children aged 5–17 years enrolled in school and did not miss school days in previous week



Children living with HIV are less likely to be regularly attending school

Kenya: APHIAplus, WRP/HJFMRI, and Timiza90 combined

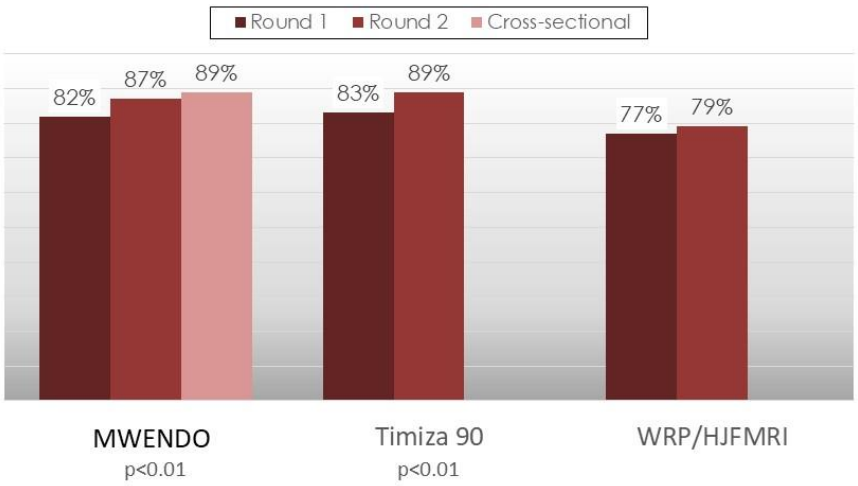
Percentage of children enrolled in school and did not miss school days in previous week



School progression

Education: OVC_PRGS

Percentage of children aged 5–17 years who progressed in school during the last year



APPENDIX D. MANAGEMENT RESPONSE PLANS

MANAGEMENT RESPONSE PLAN TEMPLATE

2018 OVC Essential Survey Indicators

Name of Project: MWENDO

Prepared by: Clement Oindo-M&E Specialist

Date prepared: 3/20/19

Overall Comments:

Health issue 1. OVC_SICK: Percent of children (aged 0–17 years) too sick to participate in daily activities (reduced from 31% to 17%				
Overall Strategy/Objective:	Ensure reduction to 10% children(0-17yrs) who are too sick to participate in daily activities by end of September 2019			
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
1.1 Review/update the case plan to include appropriate actions	End of September 2019	LIPs	To begin in April 2019	Review/update the case plan
1.2.Identification of cases	End of June 2019	LIPs	Ongoing.	Identification will be based on case plan and is continuous as routine.
1.3.Linkage and referral for appropriate services	End of December 2019	LIPs	Ongoing	Continuous
1.4 Conduct nutritional assessments monthly	End of Sept 2019	LIPs	Monthly	Ongoing

1.4 Sensitize CHV Identification of childhood illnesses Appropriate provision of referrals for treatment Conveying to caregivers the importance of routine immunization through age 5 and Encouraging caregivers to enroll in the national insurance scheme, and remain active in it	End of August	LIPs	Monthly	This will be done during CHV monthly meetings or at CHV cluster meetings
Health issue 2. OVC_HIVST: Percent of children (aged 0–17 years) whose primary caregiver knows the child's HIV status (from 74-78%)				
Overall Strategy/Objective:	To ensure caregivers know their HIV status and those of their children			
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
2.1 Identification of caregivers and OVC with unknown HIV status.	End of March	LIP	Monthly	During monthly data review meeting
2.2 Provide information to caregivers on the importance of HIV testing for the entire household	End of April	LIP	Continuous	By CHVs during HH visits and monthly cluster review meetings
2.2. Conduct Prototype Risk Screening (PRS) to OVC and caregivers with unknown HIV status.	Sep 2019	LIPs	Ongoing	Monthly
2.2. Collaborate with treatment partners/health facilities to conduct HTS for the HIV at risk OVC and caregivers	Sep 2019	LIPs	Ongoing	Monthly

2.3. Empower caregivers to be able to talk about the HIV status of the children under their care	Sep 2019	LIPs	Ongoing	This will be done during monthly meetings and positive parenting sessions.
Health issue 3. OVC_KE1: Percent of children (aged 0–17 years) living with HIV who are taking antiretroviral (ARV) drugs				
Overall Strategy/Objective:				
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
3.1.Identify and work with HIV positive cases not on treatment	Mid-April 2019	LIPs	Continuous/Monthly	Currently all HIV positive OVC are on treatment. This targets new enrollments
3.2. Ensure all positive are linked to support group.	End of April	LIPs	Weekly	Work closely with MOH
Nutrition issue 4. OVC_NUT: Percent of children (aged 6–59 months) who are undernourished				
Overall Strategy/Objective:				
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
4.1. Sensitize CHVs on MUAC and conduct MUAC assessments for children under five years during station days and home visits	Ongoing	LIPs	Monthly	During positive parenting meetings and HH visits
4.2. Refer all undernourished children for food supplementation and relevant health services	Ongoing	LIPs	Monthly	Working with GOK and other partners
4.3 Roll out nutrition education among caregivers of children under-fives year with a focus on enabling HHs to produce and consume micronutrient rich foods like OFSP- CIP, Beans- CIAT, local vegetables for improved health outcomes	Ongoing	LIPs	Monthly	During caregiver forums and HH visits by CHVs

The main purpose is to reduce Vitamin A deficiencies among expectant, lactating mothers and their children below 5 years old.				
Early childhood development issue 5. OVC_STIM: Percent of children <5 years of age who recently engaged in stimulating activities with any household member over age 15				
Overall Strategy/Objective:				
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
5.1. Roll out ECD and positive parenting sessions among caregivers	End of March	LIP	Monthly	Positive parenting groups have been established at LIPs
5.2. Identify children 0 – 5 years and their caregivers and support LIPs to establish ECD spaces at community levels	End of Sept	MWENDO	Monthly	
5.3. Encourage caregivers to enroll their young children in preschool	End of July	LIP	Monthly	QITs will play an important role in this service area
5.4 Periodically conduct a 'Family Fun Day' with caregivers and OVCs	End of Sept	LIP	Quarterly	This will be done when the children have closed schools to reach a good number of children.
Legal rights issue 6. OVC_BCERT: Percent of children (aged 0–17 years) who have a birth certificate				
Overall Strategy/Objective:	To ensure at least 90% of OVC have birth certificates by September 2019			
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
6.0 Program staff and CHVs sensitize caregivers on the importance of having a birth certificate – it is not just a government requirement	End of March	LIP	Monthly	This will be done during cluster meetings
6.1. Use CPIMS to generate data of OVC without birth certificates and conduct	End of June 2019	LIP	Monthly	This indicator will be featured in the monthly data review meetings conducted monthly a LIP level

follow up and necessary referrals				
6.2. support all of the OVC without birth certificate to acquire one	September 2019	LIP	Monthly	This is a continuous process which has already started at LIPs
6.3 CHVs help caregivers complete registration forms and mobilize required documentation	End of Sept 2019	LIP	Monthly	This will done during CHV monthly household visits
6.3 Institute and strengthen QITs at the LIP and community level to track and support birth certificate acquisition	September 2019	LIP	Monthly	QI meetings
6.4Engage with the birth registrar and deaths at AACs	End of March	LIP	Quarterly	

Education issue 7. OVC_SCHATT: Percent of children (aged 5–17 years) regularly attending school				
Overall Strategy/Objective:	To increase the percentage of children (5-17)yrs regularly attending school from 81.1% to 91.1% in MWENDO by March 2020			
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
7.1. Conduct case plan analysis to identify the cases and reasons for irregular attendance.	June 2019	LIP staff	Weekly	Case plan entries ongoing at LIPs.
7.2. Work with AACs and QIT to follow up on re-enrollment for improved school attendance	July 2019	LIP staff	Monthly	Ongoing

7.3. Sensitize caregivers on positive parenting and monitoring of school attendance, performance and retention	Sept 2019	LIP staff	Monthly	Ongoing
7.4. Strengthen collaboration with the Department of Children Services and work with quality-improvement teams to follow up on re-enrollment for improved school attendance and performance	End of March	LIP staff	Monthly	Currently ongoing.
Education issue 8. OVC_PRGS: Percent of children (aged 5–17 years) who progressed in school during the last year				
Overall Strategy/Objective:				
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
8.1 Use WB assessment and CPARA analysis report to inform actions for HHs with children not progressing well in school	June 2019	LIP staff	Bi-Annually	Ongoing
8.2 Conduct school visits and offer mentorship to the OVC	June 2019	LIP staff	Monthly	Ongoing
8.3. Conduct regular tracking of school attendance and performance	June 2019	LIP staff	Monthly	Ongoing
Attitudes about child punishment issue 9. OVC_CP: Percent of caregivers who agree that harsh physical punishment is an appropriate means of discipline to control children in the home or at school				
Overall Strategy/Objective:				
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
9.1. Sensitize caregivers on positive parenting.	Sept 2019	LIP staff	Weekly	Ongoing during the positive parenting sessions conducted weekly at the LIPs

9.2. Design community sensitization activities: About the dangers associated with harsh physical punishment Addressing the core drivers of harsh physical punishment Tackling social norms and attitudes toward harsh physical punishment	End of Sept 2019	LIP	Monthly	This will be achieved during the community reflection meetings conducted quarterly and the stakeholders meeting conducted annually.
Household economic well-being and Resilience issue 10. OVC_MONEY: Percent of households able to access money to pay for unexpected household expenses				
Overall Strategy/Objective:				
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
10.1. Link caregivers not enrolled in SILC groups to SILC groups	Sept 2019	LIP	Monthly	Ongoing
10.2. Initiation of IGAs	Sept 2019	LIP	Monthly	Ongoing
10.3. Link SILC groups to MFIs	Sept 2019			
Household economic well-being and Resilience issue 11. OVC_KE2: Percent of households able to access money to pay for expected household expenses				
Overall Strategy/Objective:				
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
11.1. Link caregivers not enrolled in SILC groups to SILC groups	Sept 2019	LIP	Monthly	ongoing
11.2. Initiation of IGAs	Sept 2019	LIP	Monthly	Ongoing
11.3. Link SILC groups to MFIs	Sept 2019	LIP	Monthly	Ongoing
Other issue 12. *Add as relevant*				
Overall Strategy/Objective:				

Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
12.1.				
12.2.				
12.3.				

MANAGEMENT RESPONSE PLAN TEMPLATE

2018 OVC Essential Survey Indicators

Name of Project: Timiza 90

Prepared by: Phylis Mboi

Date prepared: 20th March, 2019

Overall Comments:

OVC care is paramount for the children infected or affected by HIV in Homabay and EGPAF continues to strive to provide quality services to the supported households and children. The service provision is in line with the four domains of case management where the Household is healthy, secure, safe and schooled. The gaps identified were mainly in the safety domain where the indicators performing poorly compared to the first assessment. These issues were in early childhood development and in attitudes about parenting. EGPAF is committed to support the caregivers in the building positive parenting skills and that they embrace positive discipline. The data also shows that illness affects the younger child 0-4 years; EGPAF is committed to linkage and follow up of well-baby services including immunization for children under 5years. The CQI approach will be implemented to improve and maintain the high quality services that the LIPs provide to the OVC. To achieve this stakeholder engagement at the community and county levels will be strengthened.

Health issue 1. OVC_SICK: 13.3 Percent of children (aged 0–17 years) too sick to participate in daily activities				
Overall Strategy/Objective:	To improve the health outcomes for the Sick Children from 13.3% to >5% of the OVC who are found sick at anytime of home visit			
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
1.1. Training and sensitization of the CHVs on identification of childhood illnesses	Monthly (CHV monthly meetings)	Program coordinator	Number of CHVs trained	verify using attendance lists
1.2. Monitor Immunization schedule for the under fives	Quarterly	Social workers and CHVs	Number of Children receiving MCH services	Ensure the caregivers of the children under five continue with immunization until age 5
1.3. Provide referrals for medical treatment and make	Ongoing	CHVs/Field officers	Number of OVC referred and treated	

follow up on completion of the referral				
1.4 Sensitize caregivers on childhood illnesses and access to health services	Monthly	Social workers/ field Officers/CHVs	Number of Caregivers sensitized	Monthly monitoring of households
1.51.6. Ensure caregivers are enrolled and remain active in health insurance scheme - NHIF	Monthly	CHVs/Field officers	Number of caregivers enrolled into NHIF	All caregivers will join saving groups to accumulate savings for subscription payments
Health issue 2. **OVC_HIVST: 90.1 Percent of children (aged 0–17 years) whose primary caregiver knows the child's HIV status**				
Overall Strategy/Objective:	To support 100% of the Caregivers to know the children's HIV status and their own HIV status			
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
2.1. Provide information to the caregivers on the importance of HIV testing for the entire household	Monthly	Social workers/field officers	Number of caregivers attending the meetings	Caregiver meetings are held monthly to be used for providing the information
2.2. Empower caregivers to be able to talk about the HIV status of the children under their care with relevant persons	Monthly	Social workers/field officers	Number of caregivers attending meetings	Caregiver meetings are held monthly to be used for providing the information
2.3. Empower caregivers to be able to disclose HIV status to relevant persons	Monthly	Social workers/field officers	Number of caregivers attending meetings	Caregiver meetings are held monthly to be used for providing the information
2.4 Periodic HIV risk assessment for the sexually active adolescents	Annually/Biannually	Social workers/field officers/CHVs		Monitoring of the households will be done

2.5 Documentation of the reported HIV status in the OVC files	Monthly	Field officers/CHVs	HIV status results documented in the files	Internal quarterly DQA to be conducted
Health issue 3. OVC_KE1: 100 Percent of children (aged 0–17 years) living with HIV who are taking antiretroviral (ARV) drugs				
Overall Strategy/Objective:	To support 100% of the children living with HIV to be retained on ARVs			
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
3.1. Documentation of the CCC numbers (full number with MFL code) in the Case files	Quarterly	Social workers/Program coordinator/ M&E Officer	Verify all CLHIV case files	Photocopy the CCC cards and place in the case file
3.2. Monitor viral suppression	Monthly	M&E/Field officer	Proportion of the CLHIV who are virally suppressed	Improving the facility community linkage between the CHVs and health providers Improved caregiver treatment literacy at the health facilities
3.3. Promote disclosure among the caregivers and the OVC	Monthly	CHVs/field officers/HTS providers	Number of OVC with complete disclosure	
Nutrition issue 4. OVC_NUT: Percent of children (aged 6–59 months) who are undernourished				
Overall Strategy/Objective:	To Strengthen support on household nutrition education and assessments			
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
4.1. Train the CHVs on how to conduct nutritional assessments using the MUAC during home visits for ovc below 5Years.	April 2019	M&E officer/Field officer	Number of the CHVs trained on MUAC.	Routine home visits by CHVs
4.2. Continue to provide household nutrition education	Monthly	Social workers/CHVs	Number of households visited	Routine home visits by CHVs

4.3. Refer any under nourished OVC to health facilities for nutritional supplementation	Monthly	Social workers/CHVs	Number of households visited	Routine monitoring of ovc who are under 5 years
4.4.Support caregivers to grow locally available nutritious food.	Ongoing	Social workers	Number of households with active kitchen garden.	
Early childhood development issue 5. OVC_STIM: Seventy Six (76%) Percent of children <5 years of age who recently engaged in stimulating activities with any household member over age 15				
Overall Strategy/Objective:	To increase caregivers understanding of and engaging in stimulating activities with children < 5years by 10%			
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
5.1. Caregivers of ovc<5Years sensitization on early childhood development – milestones and activities to improve growth	Monthly	CHVs/field officer	Number of caregivers sensitized on early childhood development	
5.2. Sensitization of Caregivers to make deliberate efforts to engage in playing, singing, reading story books, story telling with the ovc	Monthly	CHVs/Field officers	Number of caregivers sensitized by CHVs	
5.3. CHVs to continuously discuss and observe if caregivers engage in stimulating activities with ovc during each home visit	Monthly	Field officers	% of under 5 years ovc engaged in stimulating activities	To enumerate types of stimulating activities. Suggestion to add this indicator in F1A
5.4 Conduct family fun days with caregivers and OVC to sensitize caregivers on early childhood development	During school holidays	Program coordinator/Social worker	Number of family fun days held in a year	Leverage on the support of the pediatric counsellors at the health facility.

Legal rights issue 6. OVC_BCERT: Forty nine (49.5%) Percent of children (aged 0–17 years) who have a birth certificate				
Overall Strategy/Objective:	To support ninety percent of OVC to have a birth certificate			
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
6.1. Coordination with the birth registrar's office to bring services to the community through outreaches	Twice a year	Program leads	Number of ovc provided with birth certificate.	Case workers to facilitate the acquisition of necessary documents
6.2. Assist caregivers with completion of the forms and organizing the documentation required for registration	Routine	Social workers	Number of ovc provided with birth certificate.	
6.3.				
Education issue 7. OVC_SCHATT: 87.1 Percent of children (aged 5–17 years) regularly attending school				
Overall Strategy/Objective:	To Support 100% of children to be retained in school and to regularly attend school			
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
7.1.Regular Monitoring of a child's school attendance	Quarterly	CHVs/	Number of ovc regularly attending school	
7.2. Routinely monitor school attendance, performance and retention	Quarterly	CHVs/	Number of ovc regularly attending school	
7.3.				
7.4.				
Education issue 8. OVC_PRGS: 89.0 Percent of children (aged 5–17 years) who progressed in school during the last year				
Overall Strategy/Objective:	To support 100% of children aged 5-17 years to progress in school			
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments

8.1. Discussion with Caregivers on allocating adequate study time for the OVC especially the girls	Monthly	CHVs/social workers	Number of ovc progressing to the next class	
8.2. Caregivers to allocate time to support the children with school/Home work	Monthly	CHVs/social workers	Number of ovc progressing to the next class	
8.3.				
8.4.				
Attitudes about child punishment issue 9. OVC_CP: 79.3 Percent of caregivers who agree that harsh physical punishment is an appropriate means of discipline to control children in the home or at school				
Overall Strategy/Objective:	To support caregivers to change their attitude and embrace positive discipline measures			
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
9.1. Conduct community mobilization on positive discipline	Quarterly	LIP Program Coordinator	Number of meetings conducted and positive discipline discussed	
9.2. Child protection committee through the community meetings will be used to emphasise on alternate forms of discipline	Quarterly	LIP Program Coordinator	Number of meetings conducted and alternate forms of discipline discussed	
9.3.				
Household economic well-being and Resilience issue 10. OVC_MONEY: 56.8 Percent of households able to access money to pay for unexpected household expenses				
Overall Strategy/Objective:	To support 80% of the caregivers have savings to use for unexpected household expenses			
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
10.1. Provision of start-up kits for those already in established business and monitoring their efforts to	Quarterly	Program coordinator	Number of caregivers provided with start-up Kits	

improve the business towards wellbeing of the OVC under their care				
10.2.				
10.3.				
Household economic well-being and Resilience issue 11. OVC_KE2: 66.8 Percent of households able to access money to pay for expected household expenses				
Overall Strategy/Objective:	To improve caregivers ability to engage in economic ventures to be able to provide basic needs to the children under their care			
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
11.1. Ensure all caregivers are engaged in saving groups and are actively saving.	Monthly	Social workers	Number of caregivers with savings in a group or on their own (e.g Phone)	
11.2. Encourage caregivers to embrace kitchen gardening.	Quarterly	Social workers	Number of households with active Kitchen Gardens	
11.3. Capacity build care givers on agribusiness activities.	Quarterly	Program coordinator	Number of Caregivers with active agribusiness enterprises	The PC to link with the Ministry of Agriculture to get support
Other issue 12. *Add as relevant*				
Overall Strategy/Objective:				
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
12.1.				
12.2.				
12.3.				

MANAGEMENT RESPONSE PLAN TEMPLATE

2018 OVC Essential Survey Indicators

Name of Project:

Prepared by: HJFMRI/WRP

Date prepared: 20/03/2019

Overall Comments: ESI provides a snapshot of the wellbeing of children and HHs served by HJFMRI/WRP project the results were useful in pointing out potential needs and program gaps.

Health issue 1. OVC_SICK: Percent of children (aged 0–17 years) too sick to participate in daily activities				
Overall Strategy/Objective:	All children should be fit to participate in daily activities			
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
1.1.increased enrollment into NHIF, UHC,etc (direct or referrals)	30/06/2019	Case managers, management	%HHs enrolled into NHIF, UHC,etc	Collaborate and network with other stakeholders
1.2. Enhanced HHs visit to monitor health status.	Continuous	Case worker	% HHs visited to monitor health status	Conduct nutritional and health assessment monthly
1.3.Capacity build caregivers/case workers to report when child becomes unwell	Continuous	caregiver	# of cases reported	Train and sensitize case workers to identify and report any sign of illness in children under there care.

Health issue 2. OVC_HIVST: Percent of children (aged 0–17 years) whose primary caregiver knows the child's HIV status				
Overall Strategy/Objective:	Ensure all caregivers know and can disclose the HIV status of all their children			
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
2.1.Support disclosure	Continuous	Case workers, case managers, health worker	# of cases disclosed	Empower caregivers to be able to talk about the HIV status of the children under their care
2.2Targetted HH screening and testing	Continuous	HTS, Case workers	# screened #tested	Provide information to caregivers on the importance of HIV testing for the entire household
2.3.				
Health issue 3. OVC_KE1: Percent of children (aged 0–17 years) living with HIV who are taking antiretroviral (ARV) drugs				
Overall Strategy/Objective:	100% enrollment of CLHIV to care and treatment			
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
3.1.HHs visits to do pill counts	Continuous	Case worker, Case manager	%Children taking their pills as prescribed	Conduct community sensitization activities to reduce stigma and discrimination associated with positive HIV status
3.2.Regular tracking of VL	Continuous	MOH, Case manager	%Children virally suppressed	Improve routine monitoring of viral load
3.3.				
Nutrition issue 4. OVC_NUT: Percent of children (aged 6–59 months) who are undernourished				
Overall Strategy/Objective:	All children are well nourished			
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments

4.1.Increseased nutritional assessments for <5yrs	Continuous	Case worker	#children undernourished	Conduct nutritional and health assessment monthly
4.2.				
4.3.				
Early childhood development issue 5. OVC_STIM: Percent of children <5 years of age who recently engaged in stimulating activities with any household member over age 15				
Overall Strategy/Objective:	All children <5 yrs in the program should engage in stimulating activities			
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
5.1.Sentize the caregivers on positive parenting	Continuous	Case manager	#caregivers trained on positive parenting	Periodically conduct a 'Family Fun Day' with caregivers and OVCs
5.2.				
5.3.				
Legal rights issue 6. OVC_BCERT: Percent of children (aged 0–17 years) who have a birth certificate				
Overall Strategy/Objective:	All children should have birth certificates			
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
6.1.Facilitate access to birth certificate	Continuous	Civil registrar, case manager, case worker, local admin	#children facilitated access to birth certificate	Program staff enhance coordination with the office of registration of births to bring services to the community, through increased frequency of outreach activities
6.2.Sensitize caregivers on proper storage of birth cert as a legal document	Continuous	case manager, case worker	#caregivers who can produce the birth certificate	Program staff and CHVs sensitize caregivers on the importance of having a birth certificate – it is not just a government requirement
6.3.				

Education issue 7. OVC_SCHATT: Percent of children (aged 5–17 years) regularly attending school				
Overall Strategy/Objective:	All school going children should regularly attend school			
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
7.1.Establishing and Tracking enrollment and retention	Continuous	MOEST, case manager, case worker	%children enrolled and retained in school	Routinely monitor school attendance, performance and retention
7.2.Supporting children to get essential learning materials	Continuous	MOEST, case manager, case worker	#Children supported with scholastic materials	Put in work plan and budget during budgeting process.
7.3.				
7.4.				
Education issue 8. OVC_PRGS: Percent of children (aged 5–17 years) who progressed in school during the last year				
Overall Strategy/Objective:	All school going children should progress in education			
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
8.1. Establishing and Tracking progression	Continuous	MOEST, case manager, case worker	%children who progressed in school	Conduct case plan analysis to identify the cases and reasons for irregular attendance and progression.
8.2. Supporting children with essential learning materials	Continuous	MOEST, case manager, case worker	#Children supported with scholastic materials	Put in work plan and budget during budgeting process.
8.3.				
8.4.				
Attitudes about child punishment issue 9. OVC_CP: Percent of caregivers who agree that harsh physical punishment is an appropriate means of discipline to control children in the home or at school				
Overall Strategy/Objective:	All caregivers should be taken through positive parenting			

Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
9.1.Sensitize caregivers on positive parenting	Continuous	Case manager	#caregivers trained on positive parenting	Design community sensitization activities: About the dangers associated with harsh physical punishment Addressing the core drivers of harsh physical punishment Tackling social norms and attitudes toward harsh physical punishment Strengthen positive parenting groups
9.2.				
9.3.				
Household economic well-being and Resilience issue 10. OVC_MONEY: Percent of households able to access money to pay for unexpected household expenses				
Overall Strategy/Objective:	All HHs should be able to pay for unexpected household expenses			
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
10.1.Strenthening networking, referral and collaboration	Continuous	Case managers, social department	#HHs engaged in HES	Strengthening Village Saving and Loaning Activities (VSLA) in caregiver support groups.
10.2.				
10.3.				
Household economic well-being and Resilience issue 11. OVC_KE2: Percent of households able to access money to pay for expected household expenses				
Overall Strategy/Objective:	All HHs should be able to pay for expected household expenses			
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments

11.1. Strengthening networking, referral and collaboration	Continuous	Case managers, social department	#HHs engaged in HES	Loaning Activities (VSLA) in caregiver support groups.
11.2.				
11.3.				
Other issue 12. Children living with disability				
Overall Strategy/Objective:	All special needs of CLWD in the program should be considered during program implementation			
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
12.1.Comprehensive care addressing the disability component	Continuous	Case worker, case manager	#CLWD whose disability is comprehensively cared for i.e special needs	Enhancing inclusivity in OVC program to address special needs of CLWD
12.2.				
12.3.				

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