

Comprehensive Assistance, Support and Empowerment of Orphans and Vulnerable Children (CASE OVC) in Kenya

Progress Update | December 2019

Your support of the Comprehensive Assistance, Support and Empowerment of Orphans and Vulnerable Children (CASE-OVC) is transforming the lives of children and young people who have been affected by HIV across 17 counties in Kenya. In the last year, 133,988 orphans and vulnerable children (OVC) have received support to enhance their health, safeguard their wellbeing, and to improve their future prospects. As a result of the project activities, OVC and their households are demanding and gaining access to health, education and social services; households have improved access to sustainable livelihoods, their caregiving and protection capacity is enhanced and an enabling environment is being created to foster transformational change by ensuring that systems and structures for child welfare are responsive, inclusive and accountable to the needs of OVC. On behalf of all the vulnerable children and families across Kenya who have benefited from your generosity, thank you for supporting this vital work.

Project Overview

There are 1.2 million children in Kenya who have been orphaned by HIV/AIDS, and hundreds of thousands who are infected with HIV themselves. Kenya has achieved progress in scaling up HIV/AIDS prevention and treatment, and in addressing the complex impacts of the disease, but the epidemic's influence on children remains a significant challenge due to lack of access to quality healthcare, rapidly changing social and economic conditions and systemic structural and capacity gaps in government and community organisations which have led to barriers for OVC in claiming their rights. To most families, HIV has added an extra burden that exacerbates the overwhelming challenges they face with already stretched resources.

As a direct result of your support, Christian Aid has been able to address key barriers and gaps in service provision through delivery of a targeted programme of work designed to ensure that children affected by HIV are provided with the support and care they need to thrive. Collaborating with stakeholders in government ministries, health facilities, educational and vocational centres and psychosocial support service centres across Kenya, the project is providing a suite of services which are driving improvements in the health and treatment of OVC, helping vulnerable households to become economically resilient and improving the systems to ensure more effective and joined-up service provision for OVC moving forward.

Project Highlights

As a direct result of your support, we are delighted to say that during the last year $\,-\,$

- CASE-OVC has assessed almost 50,000 households and has developed case plans to inform provision of targeted services, focused on need
- 156,4100VC received health and nutrition support to enhance their wellbeing
- 186,3520VC received child protection and pyschological support
- 186,3520VC recieved education support, helpong them to stay in school
- 59,091 households caring for 129,967 OVC have been supported to increase their household incomes, setting them on the path to self-reliance
- 4,354 households caring for 7,694 OVC have been graduated from project support upon achieving stability and self-reliance and a further 44,604 households are on the path to graduation. This reflects the fact that their circumstances have changed to the extent that they are now considered to have low vulnerability and no longer require support



<u>Objective 1: Improved access to health, education and social services for vulnerable children/ orphans</u> and their families

HIV support:

During the reporting period, we undertook activities to accelerate the identification and enrollment of children living with HIV. This resulted in a further 8,180 Children Living with HIV being enrolled in the project. This means to date, 10,742 Children Living with HIV are being supported by the program.

Of the new project beneficiaries, those newly diagnosed with HIV were put on treatment immediately. Children who could not access treatment due to travel costs were supported to attend clinical appointments or to have antiretrovirals delivered to them. Additionally, those who had stopped treatment have been traced and received counselling and support in order to restart their care. In this way we ensure that these children have the best chance to go on to live full and healthy lives.

Within the wider communities, the project is working to champion positive social norms in HIV prevention and management. In Kiambu county, 50 faith leaders were identified as community champions and are helping to support efforts to address HIV/AIDS stigma and discrimination amongst the congregants. A further 33 adolescent girls living with HIV have been empowered to become youth champions to support HIV prevention messaging and encourage their peers living with HIV to adhere to treatment plans. Changing these social norms has a huge impact in ensuring that Children Living with HIV experience a safe, supportive community environment.

• Educational support:

The project monitored 127,241 OVC at various stages in the educational lifecycle (from those at early childhood development stage to those in tertiary level education). To ensure school attendance and retention, case workers met with both teachers and caregivers to discuss ways to improve pupil performance. These meetings led to implementation of a range of educational interventions tailored to individual need, including support to cover school fees and provision of school materials and menstrual hygiene kits. Through linkages to government departments we were also able to leverage support in the form of



government educational bursaries for 391 OVC, enabling these children to stay in secondary education and gain the education and skills which will transform their future prospects.

We also saw increasing numbers of caregivers prioritising their children's education, with 1,828 caregivers reporting that they are now utilising more of their household income to meet the educational needs of their children. This is a positive sign for future sustainability, demonstrating increased ownership amongst caregivers and the community, for the welfare of OVC.

Child Protection:

To enhance caregivers' knowledge on child protection, health and parenting skills, 11,594 caregivers were sensitised on the importance and process of acquiring birth certificates, positive planning and health insurance coverage. 1,213 adolescents also received training on sexual and reproductive health and a further 100 caregivers were trained on a family matters programe, giving them skills to communicate with the girls on sexuality, child sex abuse and gender based violence. As a result of these efforts, two children were rescued from abuse and neglect and were placed in safe spaces in collaboration with the department of children's services. A further 2,265 OVC were supported to acquire birth certificates, a vital step towards accessing a range of child protection, education and inheritance benefits.

Nutritional support:

During the reporting period, the nutritional status of 5,818 OVC was assessed. As a result of this assessment, 62 OVC were referred to health facilities for acute malnourishment, 36 households were provided with food subsidies or linked to government food programs and 796 OVC were dewormed and provided with Vitamin A. The project also reached 18,699 OVC and 4,890 caregivers with nutrition awareness information. A further 88 caregivers were supported to start kitchen gardens (ensuring access to healthy homegrown produce) and 1,219 Children Living with HIV households were reached with water, sanitation and health (WASH) messages. Health and sanitation play a crucial role in safeguarding children and building reslience within households so these interventions will reap long-term benefits.

Objective 2: Improved children's' economic sustainability, caregiving and protection

Value chain development:

6,243 caregivers (caring for 14,502 OVC) were trained on good agricultural practices, marketing techniques, business planning and budgeting. 123 marketing clusters were set up and linked to buyers of agricultural commodities. As a direct result of this project 20,133 caregivers are engaged in a range of new income generation activities ranging from vegetable growing, livestock rearing, potato farming and dairy farming.

The project also rolled out the use of marketing centres for the aggregation and marketing of farm produce to enable households to secure better prices for their produce on the market. In the reporting period, 123 aggregation centres were established to facilitate marketing activities, negotiation of contracts and other commercial activities. 297 caregivers across 6 marketing groups have already reaped the benefits, in some cases securing up to 100% to 200% increases in price for their produce. These interventions play a vital role in ensuring self-sufficiency.

Agricultural support:

444 caregivers were provided with agricultural start-up kits. In Laikipia County, 27 caregivers were provided with drip irrigation kits to enable them to engage in agricultural activities throughout the year. Households have also been supported with dam liners to harvest rainwater and are growing vegetables in kitchen gardens, earning an average of KES 2,000 per household. These interventions are helping to ensure a regular supply of fresh food for the family throughout the year for both household consumption and for sale.

Income diversification support:

4,732 caregivers were trained on non-agricultural enterprises and business management skills to diversify household incomes, making these households more economically resilient to climate-related shocks. The project trained caregivers on income generating activities including soap making, beadwork and baking. 426 caregivers were provided with business start-up kits and supported to start a range of micro enterprises including food stalls, sewing businesses, salons and barbershops.



Access to credit and financial services:

Alice Wamuhu Chege and her new sewing business

The project supported the development of 1,277 Village Savings and Loan Associations/VSLAs (communitybased savings and loan groups) which collectively reached 29,953 caregivers. These VSLAs have directly resulted in a 12% increase in savings and a 16% increase in loans amongst the target households. 8,905 caregivers have been trained on record keeping, financial management and budgeting. Analysis of loan utilisation indicates that key reasons for families taking these loans out are to start up a business, for education fees and to purchase productive assets. This is a very positive sign of improved financial capacity amongst beneficiaries as they are investing in the human and productive capital that will help transform their circumstances moving forward.

Objective 3: Strengthened, inclusive and accountable protection systems for the vulnerable

• Building capacity of systems and structures supporting OVC:

In collaboration with the Department of Children's Services, the project conducted household data validation in three countries to verify the existence of OVC in households and to record the level of service provision received. Quality data is vital for effective targeting of services for OVC and will play a key role in enhancing the Department of Children's Services' ownership, leadership and use of OVC data for decision making moving forward.

• Strengthening coordination and community engagement to protect OVC:

To support service delivery and coordination, 20 Area Advisory Council meetings, a child protection working group aimed at addressing teenage pregnancies and stakeholder forums to resolve a number of issues affecting OVC were undertaken. Additionally, the project utilised several community dialogue platforms, local radio stations, support group meetings and church forums to address child protection issues. In partnership with the Anti-FGM Board Narok County, the project participated in the 2nd National End FGM Conference (entitled 'Ending FGM is My Responsibility') that targeted 22 hotspot countries. Local engagement and ownership is vital both for the immediate project success and the long-term sustainability of this work, so we are delighted that this project continues to generate strong stakeholder engagement at local, regional and national level.

The impact of your support - Elizabeth's Story

Elizabeth Wanjiru, a caregiver of 3 OVC joined a villages savings and loan association (VSLA) last year. Through her membership of the group she was able to build up her savings and take out a loan of KES 4000 which she used to purchase a second-hand sewing machine that she uses for her tailoring work. This generated sufficient profit to pay back her loan. She also used her savings to lease a small piece of land where, with training and support provided through the project, she was able to grow vegetables, tomatoes and peas. She has also been linked to a buyer, (Cannery Hotel in Naivasha) who buys her produce at KES 20 per kg above the market price. The profit generated from this business has been used to pay her son's school fees. Due to her success from the VSLA, she has been appointed as a VSLA champion and is encouraging other caregivers to join VSLA groups.



Future plans and funding needs

We hope you enjoyed reading about the progress that has been made and we look forward to updating you further over the year ahead. With the help of incredible supporters like you, we have already raised £675,000 towards this project. We currently need to raise a further £123,000 in order to successfully meet this year's objectives and would value your continued support for this crucial work. Every £1 given towards this amount, will provide £10 towards the project as a result of the co-funding arrangement with USAID.

Over the next year we aim to continue this life-changing work, scaling-up and building on the activities above including -

- Accelerating case managment, case plan development and graduation of households from the programme that are no longer vulnerable due to the project interventions
- Facilitating caregivers to attend trade fairs for skills transfer and facilitating market linkage forums to support economic empowerment activities

Technical support to partners on child protection management information systems and establishing and strengthening transition committees in all counties. Thank you for your support of this vital work and for the difference it is making to vulnerable children and families across Kenya. Your support is transforming the lives of these children, their families and their communities.