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CULTURE INFORMATION PASTORALIST DEVELOPMENT

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INTRODUCTION

Culture Information Pastoralist Development (CIPAD) collected data on Existing OVC in Sololo through Village elders in 2004. The data was later presented to stakeholders meeting in Moyale.

In July 2004, CIPAD initiated care and support for orphans and vulnerable children and people living with HIV/AIDS.

The support was done through CIPAD members' monthly contribution and registered friends of orphan children Sololo. The support started with 10 household with total of 20 children below 15 years

In October, 2008 CIPAD entered partnership agreement with CCM. The partnership entailed that CCM provide funding of KSHS – 100,000 for home based care for OVC on monthly basis.

The fund assisted the children and household members to acquire

- Foods
- School uniforms
- health assessment and treatment

Due to this support the number of household supported increased over time to the current 110H/H.

The number of OVC also increased over time to the current 350 children. The number of PLWHIV/AIDS increased to 50. The access to ARV and nutrition support and counseling has greatly improved the quality of life of PLWHIV. The first client identified in July, 2004 is still a live and strong physically.

The partnership with CCM came to an end on 30th June, 2010. CIPAD entered agreement with Mondeco onlus in July 2010. The agreement entails handing over of all physical development on the land called Obbitu children village to CIPAD. The parcel of land known as Obbitu children village was registered in the ownership of CIPAD

HOME BASED CARE.

This is the major activities. To support the child at his/her guardian home. This has the advantages of

- maintain link and relationship with the nuclear family and extended families of the child
- maintain identity of the child in tradition and customary way within community environment
- Share responsibility with the guardians in support of the child.
- It reduces the cost of providing for and maintenance of the child.

ACTIVITIES TARGETTING HBC

1. NUTRITIONAL SUPPORT

A balanced food ration was provided on monthly basis. Main foods distributed on monthly basis include the following

- Maize
- Beans
- Cooking oil
- Sugar
- Rice
- Tea leaves

Other item distributed occasionally was soap to improve personal hygiene and household cleanliness.

HEALTH ASSESSMENT

Medical examination is carried out on quarterly basis for all children registered as HBC

Examination include physical assessment of all the body and parts e.g. the eyes, ears, mouth,

Nutritional assessment is done as the weight, upper circumference and the height. S.D is calculated to see deviation.

The assessment is done by Paul representing ministry of health.

DEWORMING

De-worming and Vit.A supplementation was done in the quarter of July – September

Number of children who attended the assessment was:-

July – September – 105 children

- Malnutrition cases – 0
- Disease condition- 0
- De- worming/ Vit.A – 105

October – December – 65

- Malnutrition cases – 7
- Disease condition – 0

HOME VISITS

Home visits were carried out in the month of August – 110 households visited. The visits were done together with visitors from Italy and CIPAD staffs Mr. Abduba and Tume. The visits were very physical walking was done from one household to the other. Areas visited were Sololo Raamata, Sololo Makutano, Damballafachana, Golole, Anona, Madoadi and Wayegoda. These are the distribution centers of the Obbitu children.

The purpose of home visits was to:-

- Take photos of children on the project for finding sponsorship
- To identify family background and home environment
- To compile accurate child history and information
- To ascertain the existence of the children in the household
- Follow-up for nutritional, health and education monitoring

EDUCATION OF HBC

Home based care children are mostly in nursery and primary school, few are in secondary school.

In this last quarter 250 report form booklets were purchased for distribution to those in school to monitor performance and progress of each child.

This area has not been captured very well. So it became one of the challenges to be addressed this year.

CIPAD has zoned educational centres of the HBC according to the nearest primary school. There is 8 centers which include Sololo primary, Hawecha primary, Anona primary, Golole, Madoadi , Wayegoda, Sololo makutano and Damballafachana. Each center has its own file of children in that school and can be easily monitored.

OBBITU CHILDREN VILLAGE

20 children were listed to be accommodated in Obbitu village. 17 children are now living in Obbitu village. 3 children were very young and breast feeding so will be accepted in the village after they reach 2 years.

Number of girls – 9

;; ;; boys – 8

Children living in Obbitu are categorized as children who need care and protection, these are children exposed to certain degree of abuse due to lack of accessibility to basic needs such as shelter, food, health, education and security.

FOOD RATION

There are adequate food stuffs for Obbitu children. Obbitu are fed 3 square meals with snacks and tea breaks. Food is served in balance diet and different variety.

Foods are purchased through tender and others purchased over the counter by cash. Fruits are the hardest to get because it is not locally available in Sololo. Occasionally oranges were bought from Moyale. Fresh vegetables mainly cabbages and potatoes are bought from Lorries which Passes Sololo to sell this commodities. Cow's fresh milk is not available in Sololo due to current severe drought in the area. Powder milk is supplemented for tea not for drinking

EDUCATION

Obbitu Children were attending public school. The children were in the same school before they were accommodated at Obbitu village.

The number of children in school was – 7, they are 3 girls and 4 boys.

CIPAD started nursery class for the remaining 10 children in Obbitu village, 6 girls and 4 boys.

6 children out of the 10 will proceed to primary class 1.

4 children will continue to be nursery, 3 boys and 1 girl.

Children will be admitted in private academy for quality learning and teaching. Older children will walk to Gada academy. While young ones will walk to the nearer starehe academy.

Children in school this January

- Class 3___ 2 boys
- Class 2___ 1 boy
- Class 1 ____10. i.e. 6 girls _____ 4 boys

Dido nyuke was the best boy in his class and moved to grade 3, while Jamal was number 11 in his class and also moved to class 3 too. Jarso moved to class 2. Others did not perform well hence were retained in class 1.

HEALTH

Health assessment was done In August and December.

The number of under weight children was 7 in August, but in December none of the children were under weight. This was encouraging. Caretaker mothers were congratulated for the good job. Children have increased in size, weight and height. They are lovely, playful and very active. They grow out of their clothes very fast

A few complains was received from the children this included the following diseases

- Ring worms on the head
- Amoebiasis
- URTI
- Malaria

The conditions were treated at Sololo hospital and a private clinic with laboratory.

To reduce time spent by mother caretakers at health facilities with assistance from Paul we established a first Aid at the village. The first Aid can treat minor illness like Amoeba, URTI, ring worms, eye infection, malaria and fever. 5 girls and 4 boys were taken to health facility for treatment or treated at the village first Aid.

Generally children have been growing healthy with very few illnesses.

CLOTHINGS

Clothes was provided for all the children adequately, and replaced as need arises with special attention to girls.

WATER

When Obbitu children village was opened each house had 1 water tank full of water. They exhausted it. The piped water near the guest house was also exhausted.

The village has 4 donkeys to fetch water from Sololo Raamata dam. Each house get 8 jerken of water per day. The water is turbid and have high load of microorganisms

The village also received 1 water boozier from Gufu Duba. Therefore the village had adequate water constantly. This has translated into improved personal hygiene for the children and general cleanliness of the village personnel, clothes, utensils and good food.

TRAINING

1. Abduba attended 1 day stakeholders meeting at Embu
2. Mr. Gufu attended TOT training for OVC managers at Meru
3. Obbitu village personnel and Obbitu village management committee were trained by District children officer Moyale in August for 3 days.
4. Abduba attended 3 days workshop on OVC at Isiolo

MEETINGS

2 meetings were conducted for Obbitu management committee in September and December.

1 Obbitu personnel staffs meeting in December was conducted to monitor performance, advice and way forward

ELECTRICITY

Mr. Andrea and his colleagues repaired the generator and solar inverter in sarah's house. The visitors installed security lights on the compound. The village night time is like it is not in Sololo.

CIPAD appreciate and give a big thank you to Andrea and his team for their very hard work in Obbitu children village.

CHALLENGES

1. MOBILITY

CIPAD motorbike is old frequent with break down. This hindered home visits to collect child updates timely for reporting.

2. DOCUMENTATION

Inadequate data on every child sponsored, no photos printed and filed for children on the program. Lack of adequate skills on computer applications e.g. photos.

3. PERSONNEL

Only one person do home visit. Educational data on performance and progress to the next level is not maintained. This delay timely update report to donor

PLANNED FUTURE ACTIVITIES

1. Improve documentation updates on child background, education, photos, and health.
2. Purchase of 2 motor bikes using saved fund from the project. 1 for Obbitu village and 1 for HBC home visits.
3. Construction of 1 pit latrine for the fathers house
4. Initiate poultry farming for Obbitu village

Compiled by

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