



CULTURE INFORMATION AND PASTORALIST DEVELOPMENT  
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## INTRODUCTION

OVC Sololo project operate Obbitu children home a residential village for 22 children. The bigger portion of the OVC Sololo project provides support for 356 OVC as HBC .the total OVC registered for support are 378 which by gender are 175 boys and 203 girls.

The project provides a holistic service for the OVC which addresses all basic needs within the limits of the budget.

The services for the OVC have greatly impacted positively on the growth and development of the individual child and the household members.OVC are at different level of their development a month the first group have completed their secondary school, 13 in secondary and primary schools

The CCM NHIF medical cover support has benefited many guardians and OVC and has improved the quality of health care service.

CIPAD appreciate the district children office in Moyale for continued support

The new constitution which brought the county has changed government policies and administration services for children. The county director of children services stays. The sub county administration is the current Moyale constituency. Sololo as a district is likely to have minimal role in children service.

## PLANNED ACTIVITIES FOR THE QUARTER

1. HBC Routine OVC services
2. Obbitu children village
3. NHIF medical services
4. OVC management committee meeting

## 5. New green house project

### HBC OVC ROUTINE SERVICES

This is a holistic services which include food and nutrition, health care, education, shelter and care, protection and care, psychosocial support and household economic empowerment. Government policy in force addresses this support as the minimum service standards which all organization working with OVC must envisage to meet.

To realize these standards OVC and household's data collection tools was developed by the government and development partners. CIPAD has incorporated this tool alongside the family and child information form which we have been using to collect information and share out for service delivery. The minimum service standard is a child specific need unlike previous approach where we provide the same service for all the children at one time. It brings out priority needs for each individual child and it is filled after every 6 months.

The data is collected at household level by Community health volunteers and OVC field officer. The information identifies the services to be provided for the OVC child. The services were provided at family level unlike previous communal distribution at CIPAD office.

#### 1. EDUCATION

Education is the main core service area for the OVC sololo project. All other services are usually pegged on education in that all children within school going age **Must** be enrolled at the nearest public primary school.

198 children benefited from this service. School attendance monitoring was done during home visits and school visits. The use of community health volunteers (CHV) would improve monitoring school attendance, retention and performance.

The OVC have performed fairly among all other children. The level of performance in the district has been declining.

We have experienced school drop outs among the OVC. 1 secondary school student and 4 were in primary schools dropped out of school. Guardians were not supervising performance in school.

#### 2. HEALTH CARE SERVICES

Sololo hospital was the main referral hospital for the OVC. The children and families attended the nearest health facility to their village. Both curative and preventive health service was provided for OVC.

When they fall sick the nurse at facilities refers them to Sololo hospital. Before they visit, they would come to paul guyo or CIPAD office to write a referral note to accept to pay the medical

bill. When an OVC was admitted they use their birth certificate and NHIF card of the guardian and present to sololo hospital to claim the charges from NHIF. The program assisted both the children and the guardians

200 mosquito nets were distributed during the quarter. The method of distribution was 1 -2 children received 1 net; 3 – 4 received 2 nets and 5 and above received 3 nets.

The table below summaries the number of OVC who fell sick during the quarter

months	Boys	Girls	Total	Common conditions	Remarks
JULY	7	5	12	Fungal,URTI, diarrhoea	Treated and cured
AUGUST	10	13	23	Diarrhoea, fungal, URTI, conjunctivitis	All treated and cured
SEPTEMBER	6	6	12	Worms, diarrhoea URTI	Treated and cured
TOTALS	23	24	47	As above	As above

One child was referred to Kenyatta National hospital that was terminally ill with cancer. The child has a feeding pipe in the belly. The cost of treatment was shared between OVC Sololo project and APHIAPLUSIMARISHA which contributed 40,000/= and Sololo project 55,000/= . It is our hope that the pipe will assist the child for better.

The number of guardians and children admitted to sololo hospital and their bill paid for by NHIF was 16 people.

#### HEALTH ASSESSMENT

This is an integrated health service, both nutritional, treatment and health education was conducted. Health assessment was conducted at school and household level. Though PFL was contracted to provide health care service, CIPAD has been working closely with Paul Guyo.

Health condition seen was treated on site or referred to Sololo hospital.

4 cases of malnutrition were reported the children were put supplementary food which was highly nutritious. The 4 cases have improved and jumped to green area of the tape.

Months	Target children	No. seen	No. not seen	Follow up
JULY	85	78	7	7
August	69	47	22	22
September	98	77	21	21
TOTAL	252	202	50	50

### 3. SHELTER AND CARE

This service includes shelter improvement like construction of houses or renovation of existing structures. 2 new houses were constructed for 2 families where 8 children would be protected from adverse weather and security. The houses were 2 roomed, slope roofed with iron sheet. both houses were not complete up to date.

Other services under care are clothing, beds and beddings like blankets, mattresses and containers for water

Below are the summaries of shelters and other care services provided

Services	Quantity provided
Shoes	71
Clothes	39
beds	11
Mattress	12
20 litre jenkins	8
Rechargeable lamp	1

## HOME VISITS FOR CHILD STATUS INDEX

MONTHS	TARGET OVC TO BE SEEN	No. seen	OVC not seen	Follow up
July	45	45	0	0
August	72	68	4	4
September	72	72	0	0
TOTAL	189	185	4	4

Home visit was done to assess the child current status in terms of access to basic needs which are

- A) Food and Nutrition
- B) Shelter and care
- C) Education
- D) Health care
- E) Protection from abuses, discriminations and legal rights
- F) Psychosocial support
- G) Households economic strengthening
- H) Coordination and linkages – district children officer, referral to service delivery points like chiefs, religious leaders ,teachers, health facilities and local leaders

These activities are carried out for every child after every 6 months, previously our OVC field officer was expected to generate this data and provide monthly updates as per monthly work plan and targeted OVC for each month. With support from APhiAPlus community health volunteers have been identified in each village that assist to collect this data and report it to OVC field officer who then verify and compile the data for the monthly updates. CHVs have a monthly meeting where data are brought and service needed are discussed and provided as per the priority in the child status index form and child information form. 2 meetings has been conducted one in august and the other end of September.

### FOOD AND NUTRITION

Food distribution was done in the second week of the month and food situation at family level assessed in the 3<sup>rd</sup> and 4<sup>th</sup> week by CHV and OVC field officer.

We have given all household food at the same time. Supplementary food vouchers for most needy and malnourished child was provided with extra food to correct the malnutrition.

Nutritional health assessment was very helpful to identify malnutrition cases and also show the impact of food distributed in terms of growth and development of the child.

4 cases of malnutrition were identified using MUAC and weight for height Z score during the health assessment. The cases was put on high protein food like milk, eggs, mashed beans and porridge APhiAPlus supported this cases with food purchase of 4,000/= per month.

All the children had marked improvement in their weight and MUAC during the quarter.

#### LEGAL PROTECTION OF OVC

Through CCM sponsored NHIF medical cover many OVC children have been issued with birth certificates. During the quarter 25 birth certificates was processed and distributed. Death certificates were also provided.

Guardians were advised on children rights and against FGM practices. This was done during home visits, food distribution educational materials distributions and public barazas

#### PSYCHOSOCIAL SUPPORT

This entails counseling of OVC and their guardians on issues that negatively affect them like loss of parents, HIV status, and harmful practices like early marriages, FGM physiological body changes and adolescence and peer influences. This is a service which is included in the minimum service standard and builds the moral values of individual child. Psychosocial support has not been strengthened in the previous work plan. It will be addressed as a service for a result to be realized in the next updates.

Psychosocial support service will be offered during health assessment session by Paul on all issues related to health and HIV status. Other places will be home visits by our field officer and CHV. School visits will also be able to offer this service not only to our OVC but to all children in the school.

The benefit of psychosocial support builds self esteem, confidence and reduces stigmatization among OVC children

#### HOUSEHOLD ECONOMIC STRENGTHENING

This service addresses sustainability and exit strategy for families in the project. It plans to empower the households to generate their own income instead of depending on handout which is never sustainable. In August our volunteers fetched water with 3 OVC children from Obbitu using donkeys and sold the water in Sololo town. The money from sale of water was shared among 3 families of the OVC.

Therefore, an income generating activities will be identified for families based on their own capacity of individual households; they can be empowered and then exited from food ration.

This activity has not yet taken off. More development partners will be requested for more input and support specific IGA for OVC families.

## COORDINATION AND LINKAGES

Coordination means services for OVC are not duplicated and target same OVC. The responsibility to coordinate is mandated to district children officer. Organization which provide OVC services are coordinated and sit on the same committee to share information and service provision to enhance equity of service for all OVC rather than duplicating it

Linkage is to assist OVC through referral to a service provide for example for legal support to link children to provincial administration to satisfy the registration form and district registrar of person to provide birth and death certificates. We link children to health facilities for immunization, supplementary feeding and to DEO for returning children back to school after dropping out.

In case of child abuses we link children to the police for redress in court of law. This service has not effectively started and we do not have data to report on.

## OBBITU CHILDREN VILLAGE

The village provide residential home for 22 OVC, they are 11 girls and 11 boys. Children in Obbitu were fed, clothed, enrolled in schools and their health taken care of. I Obbitu there is adequate facilities which is conducive for proper growth and development.

## SERVICES IN OBBITU VILLAGE

### ➤ ACCOMMODATION

Children have their own bed together with bed sheets, blankets. The beds are double Decker each double has a mosquito net.

### BUILDINGS

The buildings were in good state of repairs. The kitchen would require a repaint. Maintenance by Bonaya has not been completed though we had November as deadline. The door, the cinema forms.

### ➤ CLOTHING

Every child was provided with a new metal box for storing clothes. The children have adequate clothes at least each child has not less than 5 clothes. Our volunteers also bought in cartons of clothes and distributed for both Obbitu children and HBC children. Clothes were

mended as it gets torn and worn out after they are provided with new clothes as child specific need. Children are growing fast and taller the need to replace short and tight clothes is continuous process.

#### ➤ HEALTH CARE

The children have been generally health. Most health conditions reported by the health team included URTI. Jarso had frequent attack of Asthma all cases reported were treated immediately and some cases referred to Sololo hospital and were all cured.

The dispensary was not fully operational most of the time remained closed

Sanitation and water quality in Obbitu was good. Water was filtered and each compound has double latrine for each gender.

#### COMPOUND.

The compound is large and clean of litters. Each premises was served by a waste bins which was emptied into a refuse pit

#### WATER

Obbitu village depend on roof harvest for its source of water except for the guest house with tanks which were filled using water boozier. We had adequate water though towards the end of the quarter it became little. The rain came and saved the situation before we called a water boozier.

#### LIGHTING

The village is served by a generator and solar lights. The village did not experience any shortage of light. There were few cases when the generator got break down it was repaired by John Kalili.

The batteries for the children houses were getting weaker and require replacement. The security lights all function well. Spare bulb would be stocked and replaced after blown out.

#### PLAYGROUND

The village has adequate playing games which includes tyres, ropes, sliding, climbing and football pitch. Children play tug of war

#### GREEN HOUSE PROJECT

The pan 1 is about complete while pan 2 is near complete, the channel, dam liner, roofing and Part of the walling are complete, fence has not yet completed. The tanks have been done for both the pan. Pan 2 has collected water just less than half full. Green house were paid for and 2 workers were identified. The green house will be ordered soonest.

## OVC MANAGEMENT COMMITTEE

The committee conducted their in October; they deliberated on matters of services for the OVC. Minutes will be sent to you soonest

## NHIF

The services have supported many children and caregivers. The project will close by December but the fund which was not utilized will be paid as a lump sum at once by January 2014. This will continue to assist the members for some months

## PARTNERS

APHIAPLUS supported in treatment of sick children. They also provided Tom's shoes for OVC. Next quarter they will support school uniforms for 150 OVC and support PLWHIV with 30 goats for 15 members.

Compiled by

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**Program coordinators**