



CULTURE INFORMATION AND PASTORALIST DEVELOPMENT

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## **INTRODUCTION**

Sololo OVC project mainly targets home based care and support and Obbitu children village. The OVC HBC were monitored through home visits and collecting child and family information and shared with the donor on monthly basis. Further the information was used to provide child specific needs beside the general provision for all the children.

Obbitu children village provide accommodation for OVC with adequate facilities and access to basic needs

CIPAD continued to get support from the community and GOK line ministries.

Major notable services include residential services at Obbitu children home, health care services, Education and food provision.

Noted achievement were processing of birth and death certificates and NHIF medical cover for OVC and their household members

## **PLANNED ACTIVITIES**

1. Routine activities and facilities Obbitu village
2. Routine HBC food distribution and supplementary food voucher
3. Routine OVC and family information monthly update
4. HBC school stationeries
5. OVC secondary school fees payment
6. Health assessment by PFL
7. NHIF medical cover for OVC and guardians

8. OVC management committee meeting

**1. OBBITU CHILDREN'S VILLAGE.**

***TUME, DIQO AND RUQIA IN NEW UNIFORMS***



***Obbitu children protect themselves against rain during the April rainfall***

Obbitu village was established on the model of Borana culture to enhance children community integration. Children live in households headed by a mother caretaker and house helpers like in most families. There is a village supervisor known as the father of the village. The village integrates with the neighborhoods and share common play ground and entertainment like cinemas.

The compound is large with extension of farming land for green house project.

The number of children accommodated was 22, 11 girls and 11 boys. The criteria of admitting children was

1. Being orphan and had no close relative to take in for care.
2. Abandoned children
3. Children from destitute families
4. Children rescued from harmful cultural practices and other abuses
5. Children whose families are HIV positive and are on Home based care

Children are registered for care and support through OVC management committee who are community representative and assess whether a child meets the criteria for registration for care and support.

## **FACILITIES IN OBBITU VILLAGE**

### **1. CHILDREN HOUSE**

Currently there are 2 children houses with kitchen facilities and washrooms. Both houses are in good state of repairs though the kitchens require repainting. Maintenance was done frequently

## **WATER AND SANITATION**

Obbitu village was served by water harvested from roofs through roof catchment and 8 other tanks filled through water boozers hired from ministry of water. About 170,000 litres was collected for domestic work in the village

Each house is served by a twin latrines separate for boys and girls. The last rainy season eroded the walls of the children's latrines and was temporary repaired and in good condition.

### **FATHER HOUSE**

The father's house doubles as the office and accommodation. Despite the chipped floor of the living room, the house is in good state of repair. The external rear wall was flooded from the last rainy season. The flood was discharged through a channel away from the wall.

## **OVC MONITORING EVALUATION OFFICE**

This is where monthly data of OVC is collected, stored and disseminated to the donor. The office is adequately furnished with electricity connected from the main generator. Also solar panel installed supplements power during the day. The desk top computer has ceased to function.

### **READING ROOM**

The room has been furnished with tables' chairs and bench. Children have started using it for evening reading and weekends. The day care children use it during the day.

### **DISPENSARY**

The dispensary has been stocked with drugs from PFL. Drugs are used from the dispensary for the children and the workers. Very ill children were referred to sololo hospital or private clinic. The tables require Formica for even top cover. The room did not have curtains and wash hand facilities, this will be provided soon.

## **FOOD AND NON FOOD STORE**



The store provided safe custody of foods and non food items and materials. The lighting in the room is not sufficient due to wiring problem. This will be addressed when Mauro comes to Obbitu. Both stores have been in utilized effectively.

### **GUEST HOUSE.**

The guest house is in good state of repair. Minor maintenance of ceilings, closets and taps were carried out. Currently in use by Dr. Pino Bollini. It has adequate water from 8 water tanks on the hill and served by both generators and solar panel

### **LIGHTING**

The 3 generators are all working well, with no mechanical problem. The battery of the main generator was replaced a new. A few security bulbs were blown off. It will be replaced as soon as news once is bought. Maintenance by John Kalili was good t our expectation

### **OVC HOME VISIT DATA SUMMARY**

PERIOD	FAMILY MONTHLY TARGET	NO SEEN	NO NOT SEEN	FOLLOW UP	MONTHL Y OVC TARGET	FOLLOW UP	NO SEEN	NO NOT SEEN	REMARKS
APRIL	25	25	0	0	105	0	104	1	Absent from home
MAY	17	15	2	2	55	1	46	10	Moved out -absent from home
JUNE	0	0	0	2	0	10	9	1	Moved to Nairobi

### **ACTIVITY DURING HOME VISIT**

#### **1. Children information**

During the visits identification of learning materials for the OVC was carried out at school level and individual child level based on class level.

One thing children requested was to be provided with mosquito nets

### **FAMILY INFORMATION**

Guardians were requesting for improved sanitation e.g. digging of pit latrine, education on nutrition and hygiene.

All families have 100 litre water storage containers but most lack the 20 litre jerken for drawing water with. The previously issued were broken and they look up to the project to replenish.

## **SHELTER IMPROVEMENT**

23 families were identified for shelter improvement as they are the most affected. Their homestead is poorly constructed with poor local materials and thatched with few grass bundles. It has many holes and leaking top. This exposes children to risk of security, and health hazard like pneumonia.

## **FOOD AND NUTRITION**



***Obbitu children distributing milk***



***HBC food distribution***



## **HBC FOOD DISTRIBUTION**

Obbitu children were provided with adequate quantity and quality and different varieties. Children have gained more than 2kg each according to the last health assessment but greatly increased in height.



Main food provided per month included maize, beans, rice, meat, milk, vegetables and fruits, Sweets and biscuits were provided occasionally.

Cases of malnutrition has reduced in Obbitu children

## **EDUCATION**



***Obbitu children reading in the evening.***

***HBC SCHOOL STATIONARIES DISTRIBUTED***

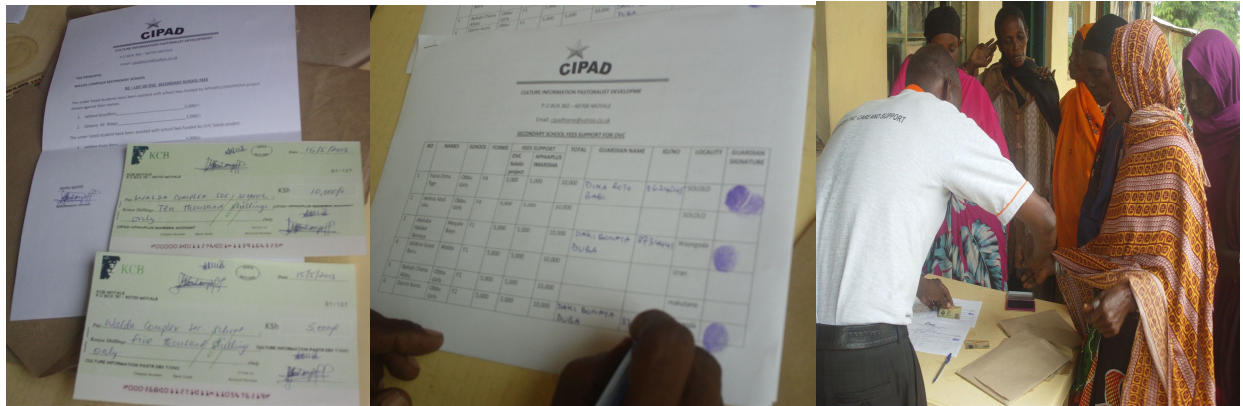
All school going age are enrolled and are regularly attending classes. About 70% of OVC transit to the next class but 30% remain in the same class due to poor performance.

School performance was fair and average for the OVC. 16 children were able to become top five in their respective classes. They were motivated by giving prizes for their effort.

Learning materials like textbooks, school bags, geometry, report forms and OVC secondary school fees for 27 children.

School uniforms were distribute for 234 children and school stationeries like exercise books, pens, pencil and erasers

## **OVC SECONDARY SCHOOL FEES CHEQUES SIGNED FOR BY GUARDIANS**



### ***Cheques for OVC secondary school fees and guardians signing on behalf of the children***

The organization has OVC who are already registered and are in secondary school. There were fewer children in the program who could benefit from the bursary. Therefore the field officer would identify together with the OVC management committee. The list of OVC in secondary school was tabled before the management committee meeting and they discuss each name for vetting after will they approved a list of 27 beneficiaries. The list was displayed at all public notice board in town, market and public offices.

The beneficiary students were required to bring school fees forms and performance report forms. The vouchers were signed for by the guardians on behalf of the child. CIPAD presented the cheque to the school and receipts received by the organization.

This activity was greatly appreciated by the community. Some said “you have identified the right beneficiaries be blessed”, while other commented on the posting of the list on public notice board that “this was transparent way”.



### ***OVC from 4 different schools provided in school uniforms***





***Mathew from DEO's office presenting textbooks. On the right chief Hussein presenting death certificate for Mohamed Dulacha an OVC from MadoAdi location during distribution of learning materials***



***Provision of text books and school bags for OVC in primary schools.***



## HEALTH ASSESSMENT – PFL.

PFL is charged with providing health service to all 378 children in the program. The program was designed to have each child to be visited after every 6 months.

On assessment PFL were expected to provide quality data on the health status and growth monitoring. They were also expected to make follow up on cases of malnutrition and illness

The data below summaries the number of children who benefited from health assessment

TIME	OVC MONTHLY TARGET	FOLLOW UP FROM PREVIOUS MONTH	TOTAL FOR THE MONTH	NO. OF OVC SEEN	NO. OF OVC NOT SEEN	REMARKS
APRIL	131	19	150	105	45	
MAY	26	45	71	0	71	NO assessment was carried out
JUNE	85	71	156			
TOTAL	242	135	377			

2 children from different families were malnourished. The families were put on supplementary food vouchers. They were Family numbers 103 and 039 both from Sololo Ramata.

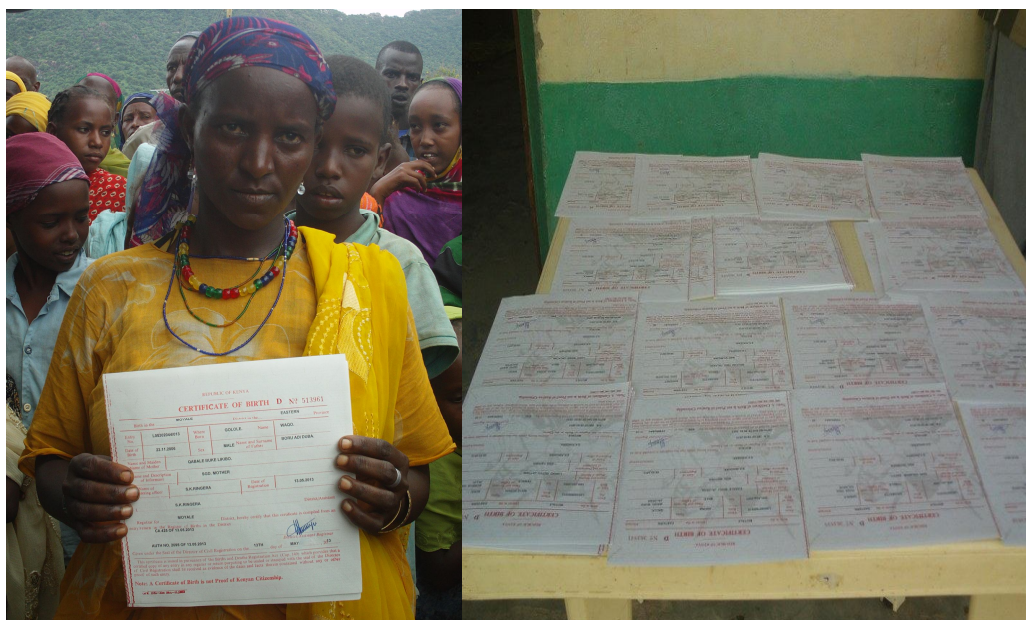
The performance from PFL was not satisfactory and requires to be redefined for better output  
We request for more commitment from PFL



***Paul Guyo conducting Health assessment Abduba providing food for Qabale waqo for OVC at Sololo primary school***

### **OVC LEGAL PROTECTION.**

Due to high illiteracy level the community does not attach importance to the birth certificate, neither death certificate. CIPAD has taken the initiative to create sensitization and process birth certificate for OVC.



***Qabale Buke from Golole showing Birth certificates for her 5 children. On the right 60 birth certificates displayed for distribution.***

Through support from NHF CCM, the organization processes birth certificate for OVC. The guardians fill in the application forms and present it to the provincial administration for identification and approval for registration. After they complete the signature the guardians

bring the forms to CIPAD who then take it to Moyale civil registration office to process the birth or death certificates. The certificate will then be distributed during OVC home visits.

## **OVC MANAGEMENT COMMITTEE**

The role of OVC management committee is to link community participation in the welfare of OVC. They vet beneficiaries using agreed criteria. They conduct meetings on quarterly basis.

They also monitor the quality and quantity of the services provided for OVC by the organization. The meeting is conducted on quarterly basis

CIPAD has used the community institution like village elders, religious leaders and good neighborliness to be able to identify the OVC for support. The individual guardians or parents may also present their vulnerability.

The names of OVC will then be listed and waits vetting by the OVC management committee with a membership of 16 members. The members were drawn from institutions and community structures working with children their composition include

- |                                |                         |
|--------------------------------|-------------------------|
| 1. village elders 2            | 6) ministry of health 1 |
| 2. provincial administration 1 | 7) OVC beneficiaries 2  |
| 3. FH Kenya Sololo office 1    | 8) CIPAD 3              |
| 4. Religious leaders 2         | 9) Youth 1              |
| 5. Ministry of education 1     | 10) women groups 2      |

The list of OVC will be tabled in the OVC management committee meeting which usually sit on quarterly basis. The committee discusses the merits of each name and come up with the approved list which would be forwarded to the donor. They also vet these children who will be dropped from the program

The OVC are supported on health service, food and nutrition, education support, clothing, accommodation, shelter improvement and legal protection.





*OVC management committee in a meeting*

## **BUILDING MAINTANCE**



Bonaya James repairing the window and mosquito wire at children house

This entails inspections of all facilities and advising management to make a budget for the maintenance activities. James would be required to provide a cost for the work after which it would be procured by management. A number of sites were repaired which include the swinging chain at the playground, doors of the kitchen of children's house, mosquito wires over windows, leaking tanks and taps at the guest house. Some places were not yet repaired. CIPAD is in the process of procuring after we shall receive a budget from Bonaya soon

## **CAPACITY BUILDING FOR STAFFS**



The organization benefited from various training from APhiAPLUSIMARISHA an AMREF consortium. CIPAD was identified as a local implementation partner in OVC and BCC in HIV/AIDS

MR Gufu and Abdi benefitted from OVC programming training in Isiolo and Abduba, Abdi and Hadija benefited from nutrition training in Marsabit.

The knowledge would improve services delivery for OVC in the core services areas.

### **NHIF HEALTH CARE SERVICES**



#### ***NHIF beneficiaries display their NHIF membership cards***

The medical insurance cover through NHIF has been benefited many members around 120. Mostly adults benefitted than children, due to lack of birth certificates.

CIPAD mobilized beneficiaries, provincial administration and district civil registrar Moyale district to facilitate acquisition of birth certificate for OVC children. Because of this effort over 300 birth certificates has been processed by the organization. The certificate was paid for by CIPAD through CCM NHIF project.

### **CONCLUSION**

Most activities were achieved and are routine ongoing, the organization enjoyed full community support and GOK collaboration.

The best practice was the distribution of learning materials at the community market witnessed by the whole population. The signing for receipt vouchers of school fees by the guardians was a success story as a transparency and accountability to the beneficiaries. It also raised awareness of the community on the activities of CIPAD. The activities was officiated by ministry of education and provincial administration which strengthened collaboration

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