



CULTURE INFORMATION AND PASTORALIST DEVELOPMENT
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INTRODUCTION

The quarter experienced reduced short rains causing drought during the month of December. OVC sololo project operates in 7 locations namely Sololo ramata, sololo Makutano, Damballafachana, Waye, Anona, Golole and Uran.

OVC Sololo project provide care and support in a holistic approach. Services provided are based on data collected during the home visit. Child specific needs were addressed through information collected for each child

Services provided included education, health care, care and protection, food and nutrition, and counseling. The number of registered OVC are 378, 175 boys and 203 girls. 23 children live in Obbitu children home.

There was positive growth and development of the individual child and the household members.

NHIF medical cover served many children and guardians during the quarter under review

CIPAD had strong collaboration support from the sub county children officer in Moyale

PLANNED ACTIVITIES FOR THE QUARTER

1. HBC Routine OVC services
2. Obbitu children village management and services
3. Monitoring services utilization NHIF medical cover
4. OVC management committee meeting
5. New green house project

OVC ROUTINE SERVICES

More children were served under HBC OVC support. 366 children were served

OVC were served in holistic approaches 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.

253 children benefited from school uniforms supported by APHIAPLUS. School attendance monitoring was done during home visits and school visits. The use of community health volunteers (CHV) improved monitoring school attendance, retention and performance.

253 children were provided with school stationeries which includes exercise books,

368 children received rubber shoes provided by APHIAPLUS project.

Generally the performance among the OVC was poor some performed fairly among all other children. 5 children from Obbitu children home were top 10 in their respective schools and classes

We have experienced school drop outs among the OVC. 1 secondary school girl dropped out of school at Obbu girls and 4 were in primary schools dropped out of school. There was poor guidance from the caretakers and parents

SCHOOL DROP OUTS

Child name	CH. NO.	HOME AREA	COMMENTS	RECOMMENDATION
Q.M.	0201	Damballafacana 15 years	Moved to Nairobi. not available for project monitoring	Removal from program
T.D.	0119	Ramata 2. Oba village	Dropped out of school since 2011. Refused to repeat to class 4	Removal from program
B.C.	0291	Sololo Makutano	Age 18years. Dropped from Obbu girls in 2013, moved away from Makutano to mado adi, does no specific activity	Removal from program
N.T.	0230	Sololo Makutano	Age 15 years, dropped out of school, left care takers home but within Makutano. Does not come for health assessment	Removal from program
K.K.	0411	Sololo Makutano	Age 18 years, completed class 8 but performed poorly. Does not come for health assessment, and refuse to be taken pictures or information	Removal from program
A.D.	0132	Anona	15 years, Dropped out of school in 2012, works as house helper to fetch water by donkeys.	Removal from program
H.Q.	0072	Ramata 1	18 years, dropped out of school. employed as a herder	Removal from program
Q.C.	0062	Ramata 1	17 years, dropped out of	Removal from

			school. Does not do anything in particular, seen mostly on the street of sololo town	program
J.D.	0318	Ramata 1	Age 18 years Dropped out in January 2013, Stays at home and helps family chores	Removal from program
D.H.	0001	Ramata 1	Age 20 years, completed secondary school and scored C- she is CHV for CIPAD and volunteers for Aphiaplus HIV ART- CC clinic in sololo hospital. Needs college support	Removal from program

2. HEALTH CARE SERVICE

The program provides health care service through NHIF and payment of treatment at outpatient. Health assessment was done on monthly basis for the targeted number of OVC. This service is being provided through PFL contracted by the program. OVC field officer advises the care takers on water quality, personal hygiene and home cleanliness during home visit. The table below summaries health conditions seen during the quarter

months	Target	Actual seen	Not seen	Follow up	No. not well	underweight	remarks
October	28	15	13	13	9	0	Cases treated and cured
November	55	39	16	16	8	1	Treated and cured
December	16	14	2	2	10	3	Treated and cured

3. SHELTER AND CARE

2 houses were fitted with metallic doors and windows. The house were completed and already inhabited. It gave protection for 8 OVC.

Clothing was provided for OVC children during the quarter under review as summarized below

months	Services	Quantity provided
October	0	0
November	Provision of shoes - clothing	56 21
December	Clothing	14

HOME VISITS FOR CHILD STATUS INDEX

MONTHS	HH VISITED	No. OF OVC TARGETED	NO.,CHILDREN SEEN	% of children seen
October	24	100	100	100
November	18	55	49	90
December (Follow up)	5	20	19	95
TOTAL				

Observation was done besides interviewing the child and the guardians. Children were active playful and alert. General comments observed during the home visits the services input do not translate into high output from the children in terms of performance. There was a lot of repetition. Children were well dressed and all had minimum of 3 clothes at home.

Sanitation in most homes was very poor, none had pit latrines. There was presence of 100 litre plastic container in all homes, and it had water. Utensils provided were available, blankets were

also seen but a lot of misuse likes tying around the wall to close unfinished wall, portioning of the houses. Most beds were of local tradition made by the care givers

The land where the families live also belongs to them but they do not have registration document. In some families few had chicken, and goats.

FOOD AND NUTRITION

Short rain was very little hence farming activity was limited/ the crops dried up before flowering. This discouraged farmer's hence negligible number of people tilled their land. There was lack of food in their market. Food was brought across the boulder from Ethiopia,. The program purchase is food supply from the market through identified supplier who were contracted to supply cereals and fresh vegetables and fruits especially for Obbitu children

The table below provides summaries of food distributed for HBC children

Food items	October	November	December	Total foods	Total cost
Maize KG	2,750	2,750	2,750	8,250	297,000
Beans kg	990	990	990	2,860	171,600
Sugar 50kg bags	3	3	3	9	44,700
Tea leaves Boxes	1	1	1	3	19,800
Cooking oil boxes 24kg	5	5	5	15	40,500
Salt bundles	3	3	3	9	5,400
Bar soap boxes	3	3	3	9	13,500
Transport hire	2,500	2,500	2,500	7,500	7,500
TOTAL					600,000

LEGAL PROTECTION OF OVC

This was to process birth certificates for OVC and 10 new birth certificates was processed and supported by CCM. This is an ongoing activity though CCM has phased out. The challenges were illiteracy of the guardians that they do not attach the importance of birth certificate until a child reaches class 8. A general problem in the community was they under report the child's age.

PSYCHOSOCIAL SUPPORT

Children were advised against harmful behaviours and harmful cultural practices. Children were counseled during home visit on typical situation within the home environment, caregivers were also counseled during home visits, health assessment and during food distribution on monthly basis. The day care teacher also have Saturday afternoon with the children to examine their books and advice them.

HOUSEHOLD ECONOMIC STRENGTHENING

5 Families received 1 donkey each. They use for fetching water and firewood; the family receive about 200 shillings daily from 2 trips of water. 2 more donkeys will be given to 2 families soon.

24 families benefitted from 1 she goat each supported by APhiAPlus project. The goats was planned to breed and increase in number

OBBITU CHILDREN VILLAGE

Obbitu village accommodated 23 children, 11 girls and 12 boys. Registered children were 22. The village provides support holistically. The village have 4 women care takers and 5 security personnel, day care teacher and village supervisor

SERVICES IN OBBITU VILLAGE

1. ACCOMMODATION

The accommodation is good conditions, all children sleep on owns bed and have adequate beddings. Cleanliness was good and there was adequate water in Obbitu village from the roof harvest. The short rain failed and 4 water boozers of water was purchased. the water was used for all family chores.

2. CLOTHING

The children have enough home clothes; children grew out of the clothes very fast. Obbitu children benefited from clothes donated by our volunteers during their visits

3. HEALTH CARE

The children have been healthy but 3 children had frequent Asthmatic attack. It was managed by inhalers.

Most conditions seen at health facility and health assessment were URTI, gastroenteritis, 2 children got brucellosis infection and were treated and cured. 1 case was referred to Kenyatta hospital and later died of cancer of the throat

Health assessment was conducted on monthly basis for the target children. Minor cases of were treated and major cases referred to health facility. The dispensary for Obbitu children was not operationalized.

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

WATER

The main source of water for Obbitu village is from roof harvest. The water has been enough for about 9 months. But when rainy season fails then water shortage was experienced in month of December 2013. Water consumption at the village has increased. The growth of the children increases water for bathing, and the volume of clothes which were washed increased. Donkeys were used to fetch water from the pan.

LIGHTING

Obbitu village was served by Solar by the day and a generator by the night. There were 3 functional generators used by the village. The generators were in good state of repair. Minor breakdown was seen by John Kalili who was able to correct the problem. The power in the children house 2 is low most a time they use kerosene lamp. It might be the problem of the battery because it has not been replaced since installation. The security light was functioning well. A few bulbs require replacement. The light in the food store is not functioning. The green house building has no electrical wiring

BUILDINGS

James Bonaya had a long list of maintenance work left behind by December 2013. Most of the activity included at the guest house, cinema, play ground, children's beds, and watchmen toilet and taps of water tanks. Though some were not done to completion most were done and completed to our satisfaction. The 2 kitchen were repainted

COMPOUND.

The traditional fence get dry very fast and was easily destroyed by wild animals like baboons and Kudus who live within the Obbitu environment, the compound had litter bins where children or adults can store waste and emptied in to refuse pit and burnt on site. The compound was generally free from litters. 1 grounds man daily maintain the cleans of compound

PLAYGROUND

The children had many games to play under the roofed play ground. They repeatedly played until they felt like bored, hence looking for new games to play. Some of the game includes swing ropes, sliders, tyres, sand; and football children actively play and were alert. It improved their physical growth and development

GREEN HOUSE PROJECT

The pan 2 was nearly complete. The chain link fencing was also complete. Te purchase of the green house was completed and the kit arrived in 1st week of January 2014. 4 tanks to harvest water from the roof of the pans were installed and a waits the next rainy season to collect water. It has collected some little water.

CHALLENGES

The short rain failed reducing the quantity of water in Obbitu.

Poor performance and drop out among the children is warring

The phasing out of NHIF by CCM likely to hinder access to quality health services for the caregivers and OVC

CONCLUSION

The program should make clear exit strategy for each child in line with the GOK policy and regulations. Clear steps and conditions for dropping OVC from the program should be defined to make the children and the guardians accountable for non compliance with the conditions of the program care and support for OVC Sololo project.

Gufu Guyo

Program coordinators