

Monitoring Outcomes of PEPFAR Orphans and Vulnerable Children Programs in Kenya

Dissemination Workshop

August 2018



Monitoring Outcomes of PEPFAR Orphans and Vulnerable Children Programs in Kenya

Dissemination Workshop

Susan Settergren, MS, MPD, MEASURE Evaluation, Palladium
Walter Obiero, PhD, MEASURE Evaluation, Palladium

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MEASURE Evaluation
University of North Carolina at Chapel Hill
123 W. Franklin Street, Suite 330
Chapel Hill, NC 27516 USA
Phone: +1 919-445-9350
measure@unc.edu
www.measureevaluation.org

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ACKNOWLEDGMENTS

We thank the United States President's Emergency Plan for AIDS Relief (PEPFAR) for its support of this workshop and for implementation of the studies whose results were disseminated at the workshop.

We wish to thank the PEPFAR Kenya orphans and vulnerable children (OVC) team, led by Lize Ojowi, of the United States Agency for International Development (USAID)/Kenya East Africa, Wilkister Ombima of the United States Centers for Disease Control and Prevention in Kenya, and Sarah Goretty of the United States Department of Defense in Kenya for their guidance of and participation in this activity. We also thank Cheikh Faye of the African Population and Health Research Center, in Nairobi, who was instrumental in conducting the studies and helped to facilitate the workshop. We also thank the USAID Tupime Kaunti project team, based in Kisumu, for its management of workshop logistics and administration. We are especially grateful to Lillian Mageto, Polycarp Otieno, Hesbon Ooko, and Susan Muiruri, who successfully led on-site workshop planning, operations, and follow-up.

We thank the workshop participants, all of whom contributed to the successful outcomes of the workshop. Special recognition goes to the Timiza 90, Walter Reed Program/Henry Jackson Foundation Medical Research International, and MWENDO project teams, who contributed their perspectives and expert interpretation of their projects' study findings and worked diligently to develop management response plans to strengthen their OVC programs based on the results. We wish all participants, including the Department of Children Services and PEPFAR OVC partners outside of western Kenya, great success in taking forward the recommendations they developed at the workshop.

We thank the knowledge management team of MEASURE Evaluation, based at the University of North Carolina at Chapel Hill, for editorial and production services.

Cover: Workshop participants. Photo: Susan Settergren, MEASURE Evaluation, Palladium

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ABBREVIATIONS

APHIA	AIDS, Population and Health Integrated Assistance
APHIAplus	APHIS plus Western Kenya
ART	antiretroviral therapy
ESI	essential survey indicators
DCS	Department of Children Services (Kenya)
MER	monitoring, evaluation, and reporting
MWENDO	Making Well-Informed Efforts to Nurture Disadvantaged Orphans & Vulnerable Children
PEPFAR	United States President's Emergency Plan for AIDS Relief
OVC	orphans and vulnerable children
USAID	United States Agency for International Development
WRP/HJFMRI	Walter Reed Program/Henry M. Jackson Foundation Medical Research International

BACKGROUND AND OVERVIEW

In 2016, the orphans and vulnerable children (OVC) team of the United States President's Emergency Plan for AIDS Relief (PEPFAR)/ Kenya requested assistance from the United States Agency for International Development (USAID)- and PEPFAR-funded MEASURE Evaluation to conduct outcome monitoring surveys for three of its ongoing OVC projects in western Kenya: USAID's AIDS, Population and Health Integrated Assistance (APHIA) plus Western Kenya (APHIAplus) project; the United States Centers for Disease Control and Prevention's Timiza 90 project; and a project of the United States Department of Defense led by the Walter Reed Program/Henry M. Jackson Foundation Medical Research International (WRP/HJFMRI). The first round of these household surveys collected data for the nine PEPFAR OVC Essential Survey Indicators (ESI) and other related information. Reports for the three surveys can be found online at <https://www.measureevaluation.org/our-work/ovc/monitoring-outcomes-of-pepfar-ovc-programs/kenya/monitoring-outcomes-of-pepfar-orphans-and-vulnerable-children-programs-in-kenya> Round 2 of the surveys is planned for October/November 2018.

On May 30–31, 2018, MEASURE Evaluation conducted a workshop in Kisumu, Kenya, to disseminate the first round of survey results and facilitate development of project management responses to the findings. On Day 1, program managers from the three projects and the PEPFAR Kenya OVC team met to review the findings and development management response plans. On Day 2, they were joined by national- and county-level representatives from the Department of Children Services and managers of other PEPFAR-supported projects in Kenya. On this second day, findings from the surveys were shared and discussed, the three surveyed projects presented their management response plans, and all participants developed recommendations for advancing programs for OVC in Kenya. Agendas for these two days are given in **Appendix A**. This report presents a summary of the two-day workshop.

DAY 1. DEVELOPING PROJECT MANAGEMENT RESPONSES TO THE FINDINGS FROM THE THREE OVC ESI SURVEYS

Objectives

The main objectives of the first day of the workshop were as follows:

- Review findings from the three surveys (Round 1): APHIAplus, Timiza 90, and WRP/HJFMRI.
- Develop management response plans for each implementing partner.
- Plan the Round 2 surveys.

Participants

Twenty-one people participated in the **Day 1** meeting: five from the PEPFAR Kenya OVC team, three from WRP/HJFMRI and its partners, three from Timiza 90 and its partners, two from the Catholic Relief Services' Making Well-Informed Efforts to Nurture Disadvantaged Orphans & Vulnerable Children (MWENDO) project (which took on the beneficiaries of APHIAplus when that ended, in 2017), three from MEASURE Evaluation and its partner, and five from the Tupime Kaunti project, which also helped to organize the workshop. The list of participants is provided in **Appendix E**.

Opening and Presentations

MEASURE Evaluation's activity lead for the surveys—Susan Settergren—welcomed participants to the workshop and reviewed the purpose and agenda. PEPFAR Kenya's OVC team representative—Jeniffer Wasianga, of USAID—delivered opening remarks noting her appreciation of the insight into the program's outcomes that the surveys provided and her anticipation of a lively discussion interpreting the findings and what they say regarding how programs can be strengthened. MEASURE Evaluation staff then made the following two presentations:

1. ***Overview of the PEPFAR MER OVC Essential Survey Indicators: Purpose, methodology, implementation*** (by Walter Obiero). This presentation covered the background, purpose, and method and the nine Essential Survey Indicators. It also described the ESI Surveys that have been conducted to date in other countries (see **Appendix B**).
2. ***Monitoring Outcomes of PEPFAR OVC Programs in Kenya*** (by Susan Settergren). This presentation focused on major findings from the surveys among the three OVC projects: APHIAplus, Timiza 90, and WRP/HJFMRI. Findings from all three surveys were presented side-by-side (see **Appendix B**).

Questions and Answers (Q&A)

Participants generally said that the survey findings were expected and in most cases confirmed information that they had gathered through routine monitoring. Representatives of all three projects noted that they had already begun taking action in most areas and that they expected the outcomes had improved since late 2016, when the surveys were conducted. Discussion focused on two issues: why some of the households selected in the sample were unknown to local implementing partners and why a fairly high percentage of respondents reported that they had not received services from the OVC project within the past six months. Regarding the

first issue, it was agreed that more work is needed to keep the beneficiary registers up to date, comparing records at the project office with those of implementing partners and service providers. The following explanations were offered as to why caregivers reported that they had not received services:

- Caregivers misunderstood the questions. Although data collectors reportedly provided detailed examples of what was meant by “services,” this may not have been done consistently.
- Some caregivers may not have been aware of the services that the children they care for received (e.g., those that are offered through schools).
- Caregivers may have distrusted the interviewers because of cultural factors (i.e., “it takes a lot of trust for caregivers to open up”).
- Caregivers may be reluctant to acknowledge that they have received services, perhaps because they might expect services to then stop.
- Caregivers misunderstood what constitutes services—especially those that are intangible, such as counseling on parenting or psychosocial support.

Group Work: Management Response Plans

Representatives of the three projects broke out into small groups to prepare management response plans based on their survey findings. The MEASURE Evaluation team had prepared a plan template for each project (see **Appendix C**) with prepopulated data for each indicator. The groups were asked to address the following three questions when developing their plans:

- *Key issues:* What issues did the findings raise?
- *Key actions:* What actions will you take to respond to the issues?
- *Implementation of the actions:* Who is responsible for taking the actions? What is the timeframe for implementation?

Each project made significant progress in completing a management response plan for all nine essential survey indicators and the two Kenya supplemental indicators that were collected. For purposes of presenting this work to the broader stakeholder group on Day 2, however, the 11 indicators were divided among the three projects and each group prepared slides of their proposed actions (see **Appendix D**).

Planning for Round 2 of the Surveys

MEASURE Evaluation will conduct a second round of the OVC MER ESI surveys. Planning is currently under way and the surveys are expected to be completed by the end of 2018. All three projects are on board for the next round and will be available to review the study protocol and assist with sample selection and orientation of the data collection teams to the communities. Several issues were raised and recommendations were made with regard to Round 2:

- Interest was voiced in exploring ways to collect additional data on (1) antiretroviral treatment (ART) adherence, (2) adolescent pregnancy, (3) initiation of disclosure to children that they are HIV-positive, (4) gender vulnerability of the household, and (5) violence against children (e.g., look at the 2010 Violence Against Children Survey for potential survey items). MEASURE Evaluation will explore options for adding indicators related to these topics.

- If feasible, consider adding a qualitative component to illuminate linkages with care and treatment.
- The number of households being served by the projects has increased substantially. Thus, the proposed plan to collect data only from the households included in Round 1 will not present an accurate picture of the status of the current beneficiary population. Participants unanimously recommended that the Round 2 samples be selected to represent the entire beneficiary populations, as they were for Round 1.
- In order to explain why birth-certificate percentages were low, a question asking why they could not be shown will be added to the questionnaire. Similarly, a question on the cause of illness for children reported to be too sick to participate in daily activities will be added to identify the reasons.
- Participants also requested further analysis of the data, particularly comparing details about those living with HIV with details about those who are not. In order to obtain sufficient sample sizes for analysis, the three surveys should be combined.

DAY 2. 2016 OUTCOME MONITORING SURVEYS FOR THREE PEPFAR ORPHANS AND VULNERABLE CHILDREN PROJECTS

Objectives

The main objectives of the second day of the workshop were as follows:

- Review findings from the three surveys with (additional) key stakeholders.
- Share proposed management response plans for the three projects based on the findings.
- Develop priority recommendations for strengthening OVC policies and programs in Kenya.

Participants

Participants from Day 1 were joined by (1) representatives from the Department of Children Services (DCS) national office and the county offices in western Kenya represented by the three surveyed projects and (2) six additional PEPFAR-funded OVC projects from throughout Kenya. A list of the 57 participants is given in **Appendix E**.

Opening Remarks

A volunteer opened the Day 2 meeting with a prayer. Humphrey Wafula, representing Director of Children Services, welcomed all participants. He also explained that data from the surveys are critically important in helping to understand and improve OVC programs in order improve the well-being of vulnerable households.

Presentations and Q&A

The MEASURE Evaluation team delivered the two presentations made on Day 1 (see Appendix B). This was followed by a lively Q&A session in which participants confirmed that the issues covered by the surveys were also ones that they are tackling. Timiza 90, WRP/HJFMRI, and MWENDO representatives then presented their action plans to the plenary group. Participants said they appreciated hearing about these proposed strategies and drew from their experience to suggest how the strategies could be strengthened.

Group Work: Recommendations for Strengthening OVC Programs and Services

Participants broke into small groups organized by project. The Department of Children Services formed one large group across counties and at the national level. Each group was asked to identify priority issues motivated by the ESI findings and actions they would take to address the issues. The Timiza 90, WRP/HJFMRI, and MWENDO teams continued work to complete their management response plans. Table 1 summarizes by project and indicator the small group reports to the plenary group.

Table 1. Actions proposed by Department of Children Services and implementing partners

Essential Survey Indicator	Department of Children Services	Case OVC and Ampath+	Christian Health Association of Kenya	WRP: Kisumu and Kericho
Comment:	<i>Apart from coordinating implementing partners' activities, most of their work is referral and follow-up. Timeline follows their strategic plan.</i>			
TOO SICK (Percent of children too sick to participate in daily activities)	<ul style="list-style-type: none"> • Referrals for treatment • Rescue and replacement—alternative family care • Psychosocial support, criminal proceedings as needed • Building relationships 			<ul style="list-style-type: none"> • Improve child health status • Train caregivers to identify illness and on good health-seeking behavior • Strengthen bidirectional referrals
HIV STATUS (Percent of children whose primary caregiver knows the child's HIV status)	<ul style="list-style-type: none"> • Increase awareness of importance of HIV testing of children among caregivers 		<ul style="list-style-type: none"> • Link to care and treatment • Promote disclosure of HIV status • Enhance adherence to treatment 	
BIRTH CERTIFICATE (Percent of children who have a birth certificate)	<ul style="list-style-type: none"> • Strengthen coordination with the Department of Registration of Persons and make sure procedures are understood 			<ul style="list-style-type: none"> • Use data from child protection system to identify those missing birth certificates • Develop case plans for birth certificate acquisition
EDUCATION (Percent of children regularly attending school and Percent of children who progressed in school during the last year)	<ul style="list-style-type: none"> • Establish linkages with partners who can support school fees 			<ul style="list-style-type: none"> • Educate caregivers to keep OVC in school and on the importance of retaining kids in school
CHILD PROTECTION (Percent of caregivers who agree that harsh	<ul style="list-style-type: none"> • Positive partnering for parents: need guidelines on good parenting skills 			<ul style="list-style-type: none"> • Create awareness; sensitize children and caregivers on rights of children

Essential Survey Indicator	Department of Children Services	Case OVC and Ampath+	Christian Health Association of Kenya	WRP: Kisumu and Kericho
physical punishment is an appropriate means of discipline or control in the home or at school)	<ul style="list-style-type: none"> Prosecute perpetrators Promote use of child helpline 116 			<ul style="list-style-type: none"> Sensitize community health volunteers (CHVs) on child protection policies Train caregivers on Families Matter
HOUSEHOLD ECONOMIC RESILIENCE (Percent of households able to access money to pay for unexpected household expense)	<ul style="list-style-type: none"> Provide social protection services for OVC Offer bursaries 	<ul style="list-style-type: none"> Link to savings and loan association and microfinance Support initiation of income generating activities 	<ul style="list-style-type: none"> Build capacity of households and out-of-school children in entrepreneurship skills and record keeping Link households to microfinance institutions 	<ul style="list-style-type: none"> Conduct household vulnerability assessment Case plan assessment Empower households to access resources Train caregivers on financial literacy, savings, entrepreneurship Train caregivers on Savings and Internal Lending Communities and linkages with microfinance institutions

Additionally, the Tupime Kaunti project made the following commitments:

- Work with OVC partners through rollout of Child Protection Minimum Standards, development of data products, and building data analysis capacity
- Support counties and implementing partners for monitoring the second 90 (i.e., increasing access to ART)

Closing Remarks

The representative of the PEPFAR Kenya OVC team, Ms. Wasianga, encouraged all participants to use the management response plans and recommendations developed during the workshop to improve their programs. Mr. Wafula, of the Department of Children Services, expressed appreciation to all participants for their contributions and thanked MEASURE Evaluation for its efforts. He promised greater, ongoing collaboration between the department and implementing partners for continued improvement in OVC outcomes.

The workshop ended at 4:00 p.m.

APPENDIX A. AGENDAS

Developing Project Management Responses to Findings from the 2016 Outcome Monitoring Surveys for Three PEPFAR Orphans and Vulnerable Children Projects

Acacia Hotel, Kisumu

Day 1: 30th May, 2018

Agenda

<p>Objectives:</p> <ul style="list-style-type: none"> • Review findings from the three surveys (Round 1): APHIAplus Western, Timiza 90, and Walter Reed Program/Henry M. Jackson Foundation Medical Research International • Develop management response plans for each implementing partner • Plan for the Round 2 surveys 		
Time	Topic	Lead
8.00 – 8.15	Welcome and opening remarks	PEPFAR
8.15 – 8:45	Overview of the PEPFAR MER OVC Essential Survey Indicators: Purpose, methodology, implementation	MEASURE Evaluation
8.45 – 10.00	Review of findings from the three surveys in Kenya	MEASURE Evaluation
10.00 – 10.30	Tea/coffee break	
10.30 – 11:30	Q&A and discussion of findings	All participants
11:30 – 13.00	Development of Management Response Plans (small group work)	Implementing partner teams
13.00 – 14.00	Lunch	
14.00 – 14.30	Presentation of plans	Implementing partner teams
14:30 – 15.30	Planning for the Round 2 surveys	MEASURE Evaluation
15:30 – 16:00	Next steps and closing	PEPFAR
16:00	Tea/coffee	

2016 Outcome Monitoring Surveys for Three PEPFAR Orphans and Vulnerable Children Projects

Acacia Hotel, Kisumu

Day2: 31st May, 2018

Objectives:


- Review findings from the three surveys with key stakeholders
- Share proposed management response plans for the three projects based on the findings
- Develop priority recommendations for strengthening OVC policies and programs in Kenya

Agenda


Time	Topic	Lead
8.00 – 8.15	Welcome and opening remarks	Department of Children Services PEPFAR
8.15 – 8:45	Overview of the PEPFAR MER OVC Essential Survey Indicators: Purpose, methodology, implementation	MEASURE Evaluation
8.45 – 10.00	Presentation of findings from the three surveys in Kenya: APHIAplus Western, Timiza 90, and Walter Reed Program/Henry M. Jackson Foundation Medical Research International	MEASURE Evaluation
10.00 – 10.30	Tea/coffee break	
10.30 – 11:30	Q&A and discussion of findings	All participants
11:30 – 13.00	Presentation of Management Response Plans	Implementing partner teams
13.00 – 14.00	Lunch	
14.00 – 14.30	<ul style="list-style-type: none"> • Discussion of relevance of findings for other OVC programs • Development of recommendations 	Small groups
14:30 – 15.30	Presentation of discussion and recommendations to plenary	Small groups
15:30 – 16:00	Next steps and closing	PEPFAR Department of Children Services
16:00	Tea/coffee	

APPENDIX B. PRESENTATIONS


Tracking Orphan and Vulnerable Children Outcomes:
PEPFAR Monitoring, Evaluation, and Reporting (MER) Essential Survey Indicators




Walter Obiero
MEASURE Evaluation,
Palladium
May 30, 2018



Monitoring Outcomes of PEPFAR OVC Programs in Kenya



Susan Settegren
Walter Obiero
MEASURE Evaluation
Palladium
Cheikh Faye
African Population and
Health Research Center
May 30th, 2018
Dissemination
Workshop
Kisumu, Kenya



Double-click on the presentation to view it.

APPENDIX C. MANAGEMENT RESPONSE PLAN TEMPLATE

2016 OVC Essential Survey Indicators

Name of Project:

Prepared by:

Date prepared:

Overall comments:

Health issue 1. OVC_SICK: Percent of children (aged 0–17 years) too sick to participate in daily activities				
Overall Strategy/Objective:				
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
1.1.				
1.2.				
1.3				

Health issue 2. OVC_HIVST: Percent of children (aged 0–17 years) whose primary caregiver knows the child’s HIV status				
Overall Strategy/Objective:				
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
2.1				
2.2				
2.3				
Health issue 3. OVC_KE1: Percent of children (aged 0–17 years) living with HIV who are taking antiretroviral (ARV) drugs				
Overall Strategy/Objective:				
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
3.1				
3.2				
3.3				
Nutrition issue 4. OVC_NUT: Percent of children (aged 6–59 months) who are undernourished				
Overall Strategy/Objective:				
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
4.1.				
4.2.				
4.3				
Early childhood development issue 5. OVC_STIM: Percent of children <5 years of age who recently engaged in stimulating activities with any household member over age 15				
Overall Strategy/Objective:				
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
5.1				
5.2				

5.3				
Legal rights issue 6. OVC_BCERT: Percent of children (aged 0–17 years) who have a birth certificate				
Overall Strategy/Objective:				
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
6.1				
6.2				
6.3.				
Education issue 7. OVC_SCHATT: Percent of children (aged 5–17 years) regularly attending school				
Overall Strategy/Objective:				
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
7.1.				
7.2.				
7.3				
Education issue 8. OVC_PRGS: Percent of children (aged 5–17 years) who progressed in school during the last year				
Overall Strategy/Objective:				
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
8.1				
8.2				
8.3				
Attitudes about child punishment issue 9. OVC_CP: Percent of caregivers who agree that harsh physical punishment is an appropriate means of discipline to control children in the home or at school				
Overall Strategy/Objective:				
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
9.1				
9.2				

9.3.				
Household economic well-being and Resilience issue 10. OVC_MONEY: Percent of households able to access money to pay for unexpected household expenses				
Overall Strategy/Objective:				
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
10.1.				
10.2				
10.3				
Household economic well-being and Resilience issue 11. OVC_KE2: Percent of households able to access money to pay for expected household expenses				
Overall Strategy/Objective:				
Key Action(s):	Time Frame	Responsible Unit(s)	Monitoring	Comments
11.1				
11.2				
11.3				
Other issue 12. Add as relevant				
Overall Strategy/Objective:				
Key Action(s)	Time Frame	Responsible Unit(s)	Monitoring	Comments
12.1				
12.2				
12.3				

APPENDIX D. SMALL GROUP ISSUES AND ACTIONS

Double click on presentation to view it.

Management Response Plan

Project name: MWENDO OVC Project

Management Response Plan

Walter Reed Project/HJFMRI

OVC_SICK: Nineteen 19% of children (aged 0–17 years) were too sick to participate in daily activities

Overall strategy/objective: **Ensure access to health care**

Key actions:

1. Conduct frequent home visits to establish health status status
2. Train CHV's on assessment of basic symptoms of illnesses illnesses
3. Ensure linkage and referral to health
4. Encourage positive parenting

Management Response Plan

Project name: EGPAF TIMIZA 90

OVC ESI survey finding:
OVC_KE1: Ninety seven (97%) percent of children (aged 0–17 years) living with HIV were taking antiretroviral (ARV) drugs

Overall strategy/objective: Monitor adherence of the HIV positive OVC on ARVs

Key actions:

1. Link all HIV positive OVC to care & treatment services
2. Monitor viral suppression
3. Support the caregivers with knowledge and skills on positive parenting/treatment literacy

APPENDIX E. PARTICIPANT LISTS

Day 1: May 30, 2018

REGISTRATION FORM

Name of Meeting: PEPFAR OVC Est Result Dissemination Workshop
 Venue of Meeting: Acacia Hotel
 Date of Meeting: 30th May 2018

	NAME	ORGANIZATION/COUNTY	DESIGNATION	ID NUMBER	PHONE NO.	EMAIL ADDRESS	SIGNATURE
1.	POLYCARP OTIENO	TUPIME KAUZI	CPS	13294002	0720727220	Polycarp.Otieno@thePalladiumGroup.com	
2.	Caroline Kambozo	CDC	PHS-BE	11215963	0722846320	0106@cdc.gov	
3.	WILKISIER OMBIMA	CDC	P.A	13234134	0724256808	ynw4@cdc.gov	
4.	Phyllis A. Mboi	EGPAF	P.O OVC	13774193	0722286023	philliambo@pedaids.org	
5.	Joyce Okello Lumumba	EGHA/EGPAF	P.C-OVC	10963202	0720592216	okellojoyce4@gmail.com	
6.	Perpetua Otieno	OLPS	Proced coord	2858801	0721762692	perpetuaw@yahoo.com	
7.	Lillian Magebo	T.K	COP	21708106	0721263955	lillian.magebo@thePalladiumGroup.com	
8.	Dennis Koirir	TENWEK Hospital Walter Reed Prog.	OVC lead	22205416	0721230377	tenwekvet@tenwek.com	
9.	Lucretia Ribett	SCDP WRP	PM OVC	14596105	0723747335	okwiriamacy@yahoo.com	
10.	Justice Bett	WRP-HIF SRV	PC-OVC	10990771	0729104986	Justice.bett@usamru-kenya	

REGISTRATION FORM





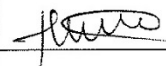



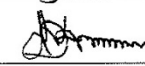
Name of Meeting: PEPFAR OVC PSI
 Venue of Meeting: Acacia
 Date of Meeting: 30th May 2018

	NAME	ORGANIZATION/COUNTY	DESIGNATION	ID NUMBER	PHONE NO.	EMAIL ADDRESS	SIGNATURE
1.	Appolonia Loko	CDC	Deputy Branch Chief of Programs	22217325	0710602785	Luo7@cdc.gov	
2.	Clement Oundo	CRS-musendo	Mgt Specialist	22315346	0726625915	clement.oundo@crs.org	
3.	Dorcas Amek	CRS-Musendo	Chief of Party	5301662	0783885018	dorcas.amek@crs-ny	
4.	Hesbon Ooko	Tupia Kaunti	DUP	13372743	0720261345	Hesbon.ooko@ipolladungup.com	
5.	VIOLA Dup	Tupia Kaunti	DUP	22277477	0720100477	Viola.Dup@ipolladungup.com	
6.	SARAH GORETTY	DOD	PO	22034174	07152816509	sarah.goretty@usamru-k.org	
7.	Cheikh Faye	APHRE	SRD	201556646	0739211509	cfaye@aphre.org	
8.	Susan Mumin.	TK	Procurement Assr	26151457	0728862785	Susan.mumin@tk	
9.							
10.							

Day 2: May 31, 2018


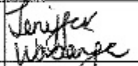

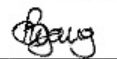
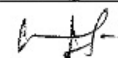





REGISTRATION FORM

Name of Meeting: PEPFAR OVC ESI RESULTS DISSEMINATION
 Venue of Meeting: ACACIA
 Date of Meeting: 31/05/2018

	NAME	ORGANIZATION/COUNTY	DESIGNATION	ID NUMBER	PHONE NO.	EMAIL ADDRESS	SIGNATURE
1.	DUNCAN K. NGENO	DCS - BOMET	P.C.O	11797144	0728290640	duncanngeno74@gmail.com	
2.	Phylis -A. Mboi	EGPAF TIMIZA 90	PO	13774193	0722286028	padriambos@pedevds.org	
3.	Willkister Ambima	CDC	P.A	13234134	0724256808	ynw4@cdc.gov	
4.	Caroline Kambona	CDC	BS	11215963	0722646320	0106@cdc.gov	
5.	Joyce Okello Lumumba	UHTA - EGPAF	PC	10963202	0720592216	okellojoyce4@gmail.com	
6.	Perpetua Okeno	Timiza 90-OLPS	PC	28588801	0721762692	perpetuakeno@yahoo.com	
7.	FRED SIMI	DCS - NAROK	P.C.O	1238322	0717180352	fredsimi@yahoo.co.uk	
8.	Justice Bett	WRP - Kericho	PC	10990771	0729104924	justicebett@usamru-kenya.org	
9.	LUCY RIBETT.	SCDP - WRP	PM	14596125	0723747330	okwbaivcy@yahoo.com	
10.	Dennis Korir	TENWEX HOSPITAL - WRP	PC	22205016	0721238377	tenwexnet@tenwex.com	

REGISTRATION FORM

Name of Meeting: PEPFAR OVC ESI RESULTS DISSEMINATION WORKSHOP
 Venue of Meeting: ACACIA
 Date of Meeting: 31/05/2018

	NAME	ORGANIZATION/COUNTY	DESIGNATION	ID NUMBER	PHONE NO.	EMAIL ADDRESS	SIGNATURE
1.	Bramwel Siku	CHAK	TA OVC Gender	11799958	0721593332	bsiku@chak.or.ke	
2.	Jeniffer Nyasianga	USAID	PMS	11222122	0714606653	jwasiana@usaid.gov	
3.	Dorcas Amul	CRS-MWANA	CDP	5301662	073385508	dorcas.amul@crs.org	
4.	BEATRICE OBUTO	DCS KISII	PCO	9660204	072071253	ccckisii@county@gmail.com	
5.	Mary Mbuga	DCS HQ	A-DCS	4409614	0721833809	wanquembouga@yahoo.com	
6.	JEMIN ONYANGO	DCS-SIAYA	PCO	7953252	0722265929	jeminonyango@gmail.com	
7.	GEORGE ARITA	WRESHA-WSP	PM	11825460	0722888200	arita@wresha.org	
8.	JACYNTER OMONDI	DCS-HQS	A-DCS	10548142	072264239	ajacynther@gmail.com	
9.	SARAH GORETTI	DOD	P.O	22034174	0715816509	sarah.goretti@usamw-ug	
10.	SYLVESTER OCHIENG	TRK	CPIS	1448216	0724846654	syvester.ochieng@palladiumgroup.com	



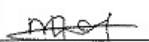
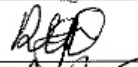

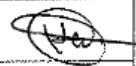
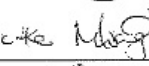

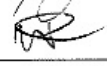
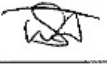
REGISTRATION FORM

Name of Meeting: PEPFAR OVC ESI RESULTS DISSEMINATION WORKSHOP
 Venue of Meeting: ACACIA HOTEL
 Date of Meeting: 21ST MAY 2018

	NAME	ORGANIZATION/COUNTY	DESIGNATION	ID NUMBER	PHONE NO.	EMAIL ADDRESS	SIGNATURE
1.	MUKOTWE A. PATRICK	DCS	C.O	24463679	0716212648	patgmu7@yahoo.com	
2.	ZUHURA S. KISSUA	Bomu	OVC Coordinator	13595975	0721679920	zuhurakissua@gmail.com	
3.	STEPHENE GEMUA	HSP	OVC	21883051	072339059	stephenkumbo@yahoo.com	
4.	DONATIA OWITI	HJF	OVC Coordinator	26203528	0711821013	awu08dora@gmail.com	
5.	PHILIP ABILA OKIMO	HJF/MRI	MRE	21203252	070413920	philipabilla@outlook.com	
6.	Philip Omudi	HJF	Data Manager	28946782	0790485318	philipomudi1@outlook.com	
7.	Alex Masbo	Nilinde-USAID	STA	21814505	0795757026	alex.masbo@plan-international.org	
8.	Alex Mwangoch	DCS	CO	24324782	0721137076	Mwangochaloxa@gmail.com	
9.	Stephen Mole	DCS	SCO	23016870	0723337899	stemole@yahoo.co.uk	
10.	BARASA M. ALVIN	DCS BUNGOMA SCCO		14722730	0721311854	barasa.alvin@gmail.com	

REGISTRATION FORM

Name of Meeting: 2016 OVC OUTCOME MONITORING SURVEY
 Venue of Meeting: ARAZIA HOTEL, MUMBU
 Date of Meeting: 31/5/2018

	NAME	ORGANIZATION/COUNTY	DESIGNATION	ID NUMBER	PHONE NO.	EMAIL ADDRESS	SIGNATURE
1.	KAREN OUNOR	TUPIME KAUATI	CPLS	12597915	0721257010	1C8e-0mar@the palladungroup.com	
2.	Pauline Suor	Pupine Kauati	CPLS	20729148	0740605646	Pauline.Suor@the palladungroup.com	
3.	MARTHA MBATHIA	DGS-NYAMIRA	SGGD	22339696	072352092	Mbuthiawang@yahoo.com	
4.	Randia Kamari	CASE-OVC	STA	11027798	0726244971	Rkamari@caseovc.org	
5.	Pete Nanyo	CASE OVC	MFE	13317771	0722286642	Pnanyo@caseovc.org	
6.	Kenneth Othman	ATVPA/PHS	OVC TA	21701974	07228282	othman@atvphs.mke	
7.	Moses Njehus	HealthIT	MFE	23075225	0721810371	mjehus@healthit.uonbi.ac.ke	
8.	HUMPHREY WANJAU	DCC - Kisumu	ADCS	2829713	0721412883	wandaol@jsho.co	
9.	WICKLIFE ORERO	HJF	PC	29739412	0723730807	wicklifeyan@gmail.com	
10.	SWABATH FARID	Bomu Hosp	HEIT	25704102	0703325274	swabathfarid@gmail.com	

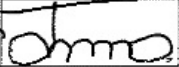



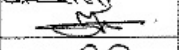
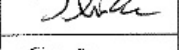
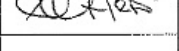
REGISTRATION FORM

Name of Meeting: 2016 OVC OUTCOME MONITORING SURVEY
 Venue of Meeting: ARAJA HOTEL, NUSUMU
 Date of Meeting: 31/5/2016

	NAME	ORGANIZATION/COUNTY	DESIGNATION	ID NUMBER	PHONE NO.	EMAIL ADDRESS	SIGNATURE
1.	Clement Oudo	CRS - MWENDO	M&E	22315546	072686995	clement.oudo@crs.org	
2.	Oduro Alfred Obuor	AMURT - ICOP	P.M.	23434938	0721111736	alobuor@amurtajica.org	
3.	VIDRA ROP	Tupira Kaviti	DVMS	2227747	0120160417	Vida.Rop@thepepfar.org	
4.	Jane Rono	DCS - Kencho	Ass Director Clubhouse Services	3870648	0722441337	jane.rono5@gmail.com	
5.	BOSIRE BARRACK	AMURT	M&I	11704052	0722377240	bbosire@amurtajica.org	
6.	JOSHUA MBI	DCS	CPIMJ	23273617	0723637568	mbai23@gmail.com	
7.	Cheikh Faye	MPHRC	PRO	201156646	0708357115 0739211509	cfaye@mphrc.org	
8.	NWAGAH JERRY	Health IT	SL	2275648	072259885	Jerry.nwagah@healthit.org	
9.	ISMAIC WAINAINA	AMPATH Plus	M&E	21248720	0723234660	iwainaina@ampathplus.or.ke	
10.	ERIC OSGUTE	USAID/TUPIRIA KAVITI	CPLS	22916574	0723172637	eric.osgute@thepepfar.org	

REGISTRATION FORM

Name of Meeting: PEPFAR OVC BSI RESULTS DISSEMINATION WORKSHOP
 Venue of Meeting: ARACIA
 Date of Meeting: 31/05/2018

	NAME	ORGANIZATION/COUNTY	DESIGNATION	ID NUMBER	PHONE NO.	EMAIL ADDRESS	SIGNATURE
1.	JAMES OMONDI	# DCS	SCCO	7953884	0713612544	ckokuriawest@fcho.com	
2.	VICTOR OGOTI	CHAK	M&E	24783248	0726598184	vsoti@chok.or.ke	
3.	AGREY AMBWAYA	DCS	PCO	9973398	0722665422	ambwayaagrey@45hoo.com	
4.	Kate Varley	USAID/NIUNDE	COP	012906	079021901	Kate.varley@pia-international.org	
5.	Israel Kuti	USAID/NIUNDE	M&E	1007607	072278110	Israel.Kuti@pia-international.org	
6.	Jitendra Kumar	AMURT	ED	31780687	0722701578	Jkumar@amurt.or.ke	
7.	POLYCARP OTIENO	TURAMB KOUNTI	CPS	1329402	0726222200	Polycarp.otieno@the-pilladamingoip.com	
8.							
9.							
10.							

MEASURE Evaluation
University of North Carolina at Chapel Hill
123 W. Franklin Street, Suite 330
Chapel Hill, NC 27516 USA
Phone: +1 919-445-9350
measure@unc.edu
www.measureevaluation.org

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