

**Children Affected by HIV/AIDS  
in Kenya: An Overview of Issues  
and Action to Strengthen  
Community Care and Support**

Report of a Combined USAID/UNICEF Assessment  
of Programming in Kenya for  
Children and Families Affected by HIV/AIDS

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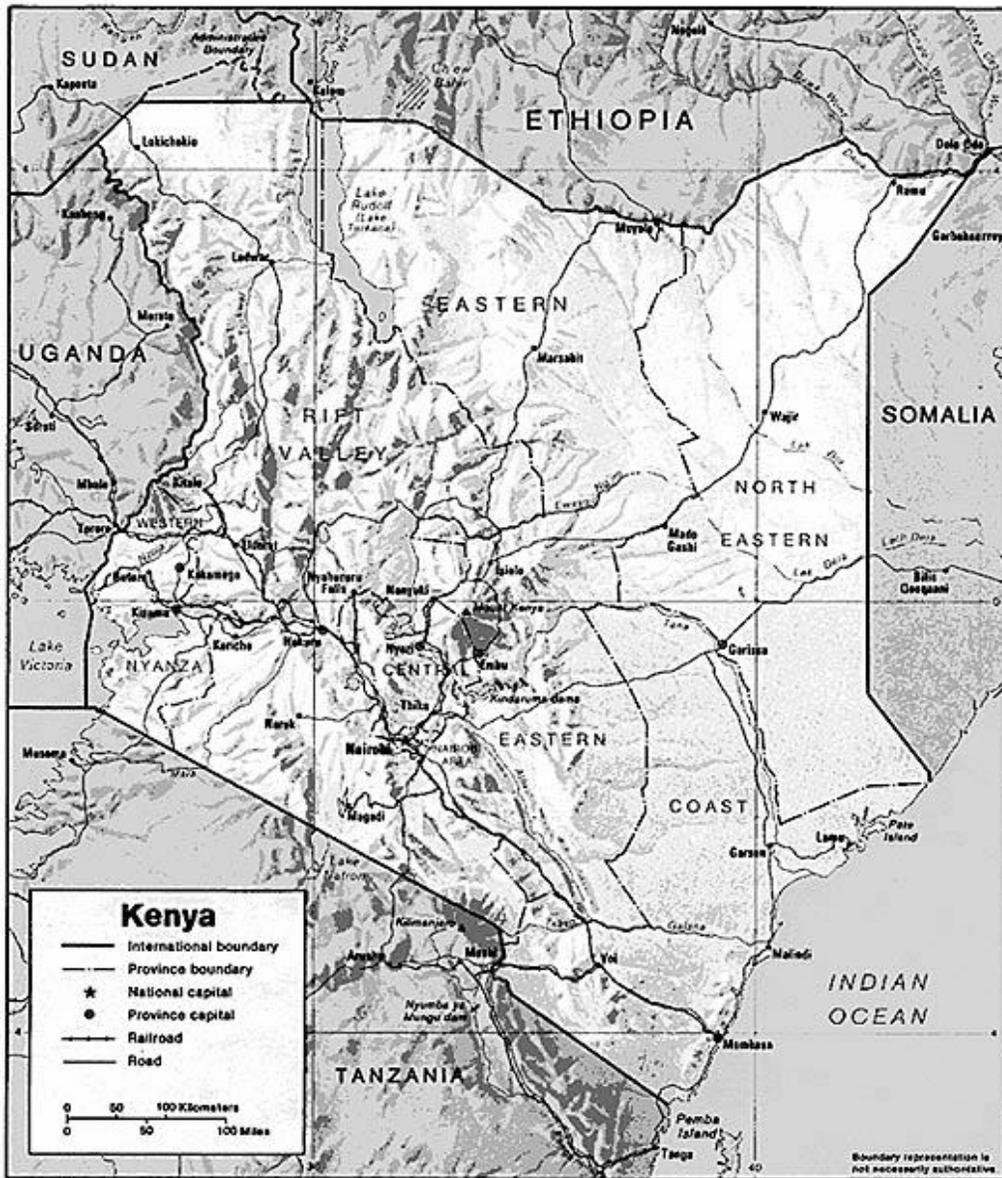
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## ACRONYMS

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CAC	Children’s Advisory Committees
CAINN	Children and AIDS International NGO Network
CBO	community-based organization
CMTS	Community Mobilization Technical Services
DANIDA	Danish International Development Agency
DHS	Demographic and Health Surveys
DIAC	District Intersectoral AIDS Committee
ESAR	East and Southern Africa Region (UNICEF)
GOK	Government of Kenya
ILO	business training institutes
HORIZONS	HIV Operations Research
KANCO	Kenya AIDS NGOs Consortium
K-CAN	Kenya Christian AIDS Network
KREP	Kenya Rural Enterprise Promotion
KICOSHEP	Kibera Community Self-Help Program
KWFT	Kenya Women’s Finance Trust
NASCOP	National AIDS/STDs Control Program
NGO	nongovernmental organization
MTCT	mother-to-child transmission
PAMFORK	Participatory Methodology Forum of Kenya
P/DIAC	Provincial and District Intersectoral AIDS Committees
PHN	Population, Health, and Nutrition
PLWHA	people living with HIV/AIDS
RFA	Request for Applications
SO	Strategic Objective
USAID	U.S. Agency for International Development





# INTRODUCTION

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An estimated 1.5 million Kenyan children, 12 percent of all the children in Kenya, have already lost one or both parents. AIDS is the major cause. By 2010, this number is projected to increase to 2.3 million, 20 percent of all children in the country (*Children on the Brink*). Kenya's only realistic hope of avoiding a serious deterioration of the already precarious welfare of these and other vulnerable children is to strengthen the capacities of its families, communities, and fundamental child protection structures. Concern about this situation led the U.S. Agency for International Development (USAID) and UNICEF to conduct a joint assessment of children affected by HIV/AIDS in Kenya in March 1999. The objectives of the assessment were as follows:

- Provide an overview of the extent to which HIV/AIDS is contributing to the vulnerability of orphans and other children and where the resulting problems are greatest;
- Examine the nature and adequacy of community, organizational, and governmental responses to these problems, with particular attention to such issues as community-based efforts, income-generating activities, and the role of institutional care;
- Review the legal and policy framework relevant to both problems and responses; and
- Recommend ways to identify and scale up effective responses (See Appendices 1 and 2 for respective scopes of work).

The assessment team included staff or consultants from UNICEF Headquarters' Child Protection Section, USAID's HIV/AIDS Division, and USAID's Displaced Children and Orphans Fund. The team reviewed available documentation, conducted interviews, held discussions with key informants, and participated in a stakeholders' meeting to identify and discuss recommendations on addressing the needs of families and children affected by HIV/AIDS (See Appendices 3, 4, and 6 for further details).



# BACKGROUND AND OVERVIEW OF THE PROBLEM

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## Overview of HIV/AIDS Epidemic in Kenya

According to 1999 estimates from the National AIDS/STDs Control Program (NAS COP), by 1998 HIV prevalence among Kenyan adults age 15 to 49 had increased to about 13.9 percent. Approximately 700,000 Kenyans have developed AIDS since the epidemic began in 1984, and 200,000 are expected to die in 1999. The number of deaths is expected to increase to 300,000 per year by 2005. It is estimated that about 2 million people, 1.9 million adults and 90,000 children, are currently living with HIV/AIDS in Kenya in 1998.

Sentinel surveillance of antenatal women provides the basis for estimating the extent of HIV infection in Kenya. The results for 1998 show several areas, including western Kenya (Busia and Kisumu), which border Lake Victoria, and a corridor east to Nairobi (Nakuru and Thika) where the number of pregnant women infected with HIV is greater than 20 percent. Levels of 10 to 20 percent are found adjacent to the lakeside districts (Kakamega and Kisii), to the North and Southeast of Nairobi and in Mombasa. The proportions of infected adults in many areas suggest that the number of ill and dying adults and children, and the number of children orphaned, have increased and will continue to increase rapidly over the next five years. AIDS deaths peak approximately 10 years after seroprevalence, and the number of orphans remains high for an additional decade. AIDS will be a major cause of death among children and adults over the next 10 years.

## Children Affected by HIV/AIDS in Kenya

One of the worst impacts of AIDS deaths on young adults is an increase in the numbers of orphans. NAS COP estimates that by the year 2000, the number of children under 15 who have lost their mothers to AIDS will increase to 860,000 and to 1.5 million by 2005 (*AIDS in Kenya*, 1999). By the year 2000, an estimated 153,000 Kenyan children will be carrying the HIV virus (U.S. Bureau of the Census). The number of children needing care and protection in Kenya will increase as AIDS deaths escalate. These

Children Affected by HIV/AIDS in Kenya	
<b>Estimated Orphans, All Causes by 2000- <i>Children on the Brink</i></b>	
Mother or both parents:	685,716 (5.4% <15)
Father:	838,097 (6.6% <15)
Total:	1,523,813 (12.0% <15)
<b>Estimated Orphans due to HIV/AIDS by 2000-NAS COP</b>	
Mother or both parents:	860,000
<b>HIV-Positive Children Living by 2000</b>	
* Number:	153,000
Percent:	1.2% of children <15
*Based on figures from U.S. Bureau of the Census	

children—whether or not they are infected with the virus—suffer the psychological trauma of watching a parent become ill and die, often having had to care for them during their illness.

Furthermore, new tuberculosis cases in Kenya have reached approximately 40,000 annually, 40-50 percent of which are also HIV positive. Thus, the number of affected children will also increase due to the increasing number of people with TB related to HIV/AIDS.

Children in Kenya are currently being affected by HIV/AIDS in a variety of other ways. These include the following:

- Infant and child mortality are expected to drastically increase by the year 2010;
- Many infants are born HIV positive;
- Infants born to HIV-positive mothers are sometimes abandoned;
- Children's opportunities for schooling are reduced; and
- Children from families that foster AIDS orphans may experience economic difficulties and neglect as household resources are stretched to provide care for orphaned relatives.

Studies in other countries have shown that the needs of orphans, like those of other children, vary by age and sex. The needs of children orphaned by AIDS are the same as those of other children in poverty: food, clothing, shelter, schooling, and health care. Children orphaned by AIDS may suffer additional stigmatization and discrimination.

# THE POLICY AND ORGANIZATIONAL ENVIRONMENT

## Government Policy Framework

The National AIDS/STDs Control Program within the Ministry of Health is the major implementing organization of the Kenyan government's HIV/AIDS program. Its *Second Medium Term Plan (MTP II 1992–1996)* called for the mitigation of the socioeconomic impacts of HIV/AIDS, including the care of children orphaned by HIV/AIDS.

*The Sessional Paper No. 4 of 1997 on AIDS in Kenya* presents the government's policies on HIV/AIDS. Its provisions include a statement that children who are infected and affected by HIV/AIDS will be protected from exploitation and discrimination using existing laws. However, the paper's blanket opposition to breastfeeding by HIV-positive mothers fails to recognize and address the complexities of that issue.

*NASCOP's Strategic Plan for 1999–2004* (released in June 1999) calls for programs to mitigate the socioeconomic impacts of AIDS at the community level. Its elements include establishing an orphan registration mechanism, identifying child-headed households, providing grants to educate orphans, mobilizing resources for the care of children orphaned by AIDS, and establishing apprenticeship skills development programs for widows and orphans.

A comprehensive revision of Kenya's laws related to children, which has been in process since 1995, is slated to be presented to Parliament in 1999. It will reportedly make Kenyan law consistent with the United Nations Convention on the Rights of the Child. This revision should make Kenyan law a useful tool in protecting the rights of all children, including those affected by HIV/AIDS.

Some government structures exist at the district and local levels that could contribute to the development of local responses to orphans and other vulnerable children. Each district is mandated to have a District Intersectoral AIDS Committee (DIAC), a subcommittee of the District Development Committee. The DIAC's main role is to provide leadership for and coordination of HIV/AIDS prevention and care activities at the district level. The DIAC acts as

### Characteristic Vulnerabilities of Children and Caregivers in Heavily Affected Districts of Kenya

#### Children

- Levels of orphaning high
- Declining immunization
- High malnutrition
- High infant and child mortality
- Low school attendance

#### Caregivers

- High maternal mortality
- More female-headed households
- Poverty, especially among female-headed households
- Early childbearing
- High fertility and large family size
- Poor access to clean water and sanitation

#### Services

- Use of birth attendants low
- Health services in short supply

an advisory body on HIV/AIDS issues to all implementing agencies in the district, monitors project implementation, and seeks solutions to problems that cannot be appropriately resolved through the normal lines of authority. The DIAC also advises the Ministry of Health and other ministries on policies and implementation related to sexually transmitted infections. Membership includes the district commissioner, the district medical officer, the district AIDS/STDs coordinator, the district education officer, the district planning and development officer, two representatives of nongovernmental organizations (NGO) or community-based organizations (CBO), one representative from the private sector, and representatives from the Ministry of Local Government and the district accounts office.

The Department of Children's Services has Children's Advisory Committees (CAC), which were created to bring together relevant government authorities and NGOs. The district-level CACs are subcommittees of the District Development Committees that seek to decentralize and coordinate activities for children at the local level, as well as promote community participation in identifying and planning for children in need of special protection. Thirty-nine of the district CACs are reportedly active. Another 10 have been established at divisional and local levels.

## **Networks**

Kenya has a number of nongovernmental groups that have begun to address issues related to vulnerable children and AIDS orphans. One network specifically concerned with HIV/AIDS is the Kenya AIDS NGOs Consortium (KANCO). KANCO is a membership coalition of over 400 organizations that focuses on networking, dissemination of information, and policy analysis and advocacy. KANCO publishes a directory of HIV/AIDS service organizations in Kenya that includes 24 organizations specifically working with orphans.

The Kenya Christian AIDS Network (K-CAN) of MAP International has about 20 active branches involving churches, Christian organizations, and individuals participating in HIV/AIDS activities. To ensure sustainability of AIDS activities by communities, MAP has been involved through this network in building the capacity of churches and communities to initiate, manage, and sustain their own AIDS programs. This capacity building has been done through distribution of resource materials and training of community leaders in program management.

Kenya has other networks that focus on issues relevant to the needs of vulnerable children, such as community mobilization, education, and nutrition. For example, the Participatory Methodology Forum of Kenya (PAMFORK) coordinates a network of practitioners in a range of technical sectors, promoting the use of participatory methodologies. This network provides a forum for members to share lessons learned about participatory processes, offers skills development training, and plays a role in quality control. This type of network potentially offers a source of technical expertise to HIV/AIDS-related activities. In addition, such networks could provide potential opportunities by which groups focusing on community-based approaches might become further sensitized to the needs of vulnerable children and ultimately contribute to mitigation of the impacts of HIV/AIDS in the communities in which they are working.

Networks also exist at the regional and global level. KANCO is a member of an international network of organizations focusing on children and HIV/AIDS—the Children and AIDS International NGO Network (CAINN). UNICEF’s East and Southern Africa Region (ESAR) has a Child Protection Network with staff responsible for interventions with children in especially difficult circumstances. USAID/Washington is developing an electronic discussion forum to enable organizations and individuals to share information globally about activities, lessons learned, and other issues related to children affected by HIV/AIDS.

## **USAID/Kenya**

USAID/Kenya has supported the Government of Kenya’s (GOK) prevention and treatment strategy in response to HIV/AIDS as part of the mission’s 10-year (1995–2005), \$160 million Population and Health Integrated Assistance Project. In June 1998, USAID/Kenya completed an intensive exercise involving over 200 stakeholders to design a new, five-year HIV/AIDS strategy for Kenya. Stakeholders reached overwhelming consensus that communities must be involved in the HIV/AIDS prevention and care programs.

As a result of these consultations with partners, the mission recently issued and awarded a Request for Applications (RFA) for a Cooperative Agreement to deliver community-based HIV/AIDS prevention, care, support services to selected populations in Kenya. USAID/Kenya will provide two million dollars for an initial three-year period. Two intermediate results are expected:

1. Improved capacity of local organizations in specific geographic locales to manage and implement care, support, and prevention services; and
2. Improved ability of local communities to identify their needs and develop and undertake activities focusing on home-based care and support for those infected with HIV/AIDS and for their families.

This RFA offers a valuable opportunity to provide support to people living with HIV/AIDS (PLWHA), their families, and their communities. It offers the potential for identifying prevention programs that are both effective and sustainable, and provides a unique opportunity to assess relationships between prevention efforts and care and support activities.

## **UNICEF/Kenya**

In 1996 and 1997, UNICEF funded NASCOP to develop and produce Sessional Paper No. 4. UNICEF's current activities target both national-level advocacy and support to mother-to-child transmission (MTCT) research, as well as community-based HIV/AIDS activities that build the capacity of communities to manage home-based care of orphans. UNICEF is working in conjunction with UNAIDS to encourage politicians to learn about HIV/AIDS and address the issues of this pandemic openly to decrease the stigma and end traditional practices that continue to spread the disease.

With regard to MTCT, UNICEF is working with the University of Nairobi and HORIZONS (funded by USAID) to test a project including voluntary testing and counseling of mothers, perinatal treatment of positive mothers and their babies with AZT, and research into appropriate replacement foods.

At the community level, UNICEF is working with the Provincial and District Intersectoral AIDS Committees (P/DIAC), churches, NGOs, and CBOs to gather positive, sustainable examples of home-based care of AIDS orphans that can be replicated elsewhere in Kenya. UNICEF is also working with communities in different districts—particularly with adolescents—to develop relevant IEC materials concerning HIV/AIDS prevention to be used locally in all types of youth groups. As another way of strengthening prevention understanding and behavior among youth, UNICEF is supporting the Population Communication for Africa group in conducting research on how to better communicate with youth about sexuality and HIV/AIDS so that current high-risk behavior can be changed.

UNICEF will also be supporting research into the impact of HIV/AIDS on education and the related effects on the increases in numbers of street children and child laborers. In the nine UNICEF-supported child labor awareness-raising workshops conducted in 1999 with key district-level GOK officers and NGOs, the causal relationship between HIV/AIDS and child labor was emphasized.

# **RESPONSES TO IMPACTS ON CHILDREN**

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## **Family and Community Care**

Traditionally, orphaned children have been provided care within their extended families. Placement with relatives may be more feasible than some organizations have recognized. The care and support program run by the Archdiocese of Nairobi's Eastern Deanery found that when 200 single, HIV-positive mothers were asked to identify someone who could care for their children if they became ill, one-half denied having any extended family members who could provide care. However, after developing a relationship with these same women, social workers found that almost all of the mothers did have relatives from whom they had become estranged. In almost all cases, the social workers were able to identify a grandmother or other extended family member prepared to provide ongoing care for the children when the mother became too sick to do so. It is significant that acceptance of these children was not contingent on providing cash or material assistance.

Foster care by neighbors, with the support of the community, is an option that is likely to be more viable in communities that have been sensitized and mobilized around the needs of vulnerable children or in communities in which members share strong religious or other ties. Another possibility for orphan care is the support of small group homes within the children's own communities through a religious body, NGO, or CBO.

Children's psychosocial needs are best met in family and community settings. As children grow from infancy to adulthood, they need consistent support, encouragement, and caring to develop in healthy ways. Infants and young children, for example, need to establish secure attachments to an adult care provider and develop a sense of trust, self-worth, and autonomy. Accomplishing these developmental tasks helps shape the child into the person he or she will become. HIV/AIDS within a family can cause great stress and anxiety, as well as material and social deprivation that can seriously disrupt a child's development. Children affected by HIV/AIDS suffer anxiety and fear during the years of parental illness, then experience grief and trauma with the death of a parent. Less tangible than the material problems children suffer, these psychosocial problems are less often addressed than material needs. Counseling can help parents recognize and respond to their children's fears about the future. Support to the household can help ill parents nurture their children for as long as possible. Community monitoring and attention to vulnerable children by neighbors, teachers, and peers can help support children whose emotional needs are not being met at home.

Groups of siblings sometimes decide to remain in their home after the death of both parents. With adequate support from the extended family or community members, this can be an acceptable solution because it enables children to maintain their closest remaining relationships and also retain ownership of their father's land. It may be the only way that some siblings can stay together after the death of their parents, an important factor in their psychosocial well-being.

Numerous NGOs, church groups, and other types of organizations in Kenya were found to be mobilizing communities to prioritize needs and develop solutions. Although the primary focus of the organizations may not be orphans or HIV/AIDS, they have the potential to contribute to the care of affected children. Integrating a focus on orphans and other vulnerable children among communities that have already been mobilized would be an efficient way of reaching orphans and other children affected by HIV/AIDS. For example, the Danish International Development Agency-funded (DANIDA) Community-Based Nutrition program is mobilizing communities in 10 districts, some of which have a high percentage of children who are orphans.

Two of the community-based programs observed in Kenya were the Kibera Community Self-Help Program (KICOSHEP) in the Kibera slums and the Eastern Deanery Community-Based Health Care and AIDS Relief Program. KICOSHEP builds community capacities and provides services. The program works to reduce the stigma against PLWHA, trains health workers, provides care to PLWHA, provides treatment for TB patients, and trains village volunteers who help counsel caregivers and orphans. The program finds temporary foster families for orphans and tries to find relatives who can provide long-term care. At the time the team visited, KICOSHEP was working with and trying to protect about 60 child-headed households.

The Eastern Deanery program provides care and support to AIDS patients in the slums of the eastern part of Nairobi. More than 350 volunteer community-based health workers from these communities have been trained and are supported by professional nurses, social workers, educators, and counselors. Helping ill parents to plan for the care of their children is part of the program's activities. Social workers visit single HIV-positive mothers and have a high rate of success identifying relatives to provide long-term care.

## Institutional Care

Although most countries in eastern and southern Africa have adopted strategies that minimize reliance on institutional care, residential institutions have proliferated in Kenya. The Department of Children's Services reports that Kenya has 64 registered and 164 unregistered institutions, which house approximately 35,000 children. This proportion of the country's total child

### Disproportionate Use of Institutions

In Kenya, the proportion of children who are orphans is substantially lower than in Uganda (Hunter and Williamson), but a much larger proportion of Kenyan children live in institutions. In 1992, approximately 2,900 children were living in residential institutions in Uganda, about .03 percent of the country's total child population. The number in such care was subsequently reduced through a family reunification program (*Managing Uganda's Orphans Crisis*, 1991 ). The 35,000 children reported to be in Kenyan institutions are about 0.3 percent of the country's total child population, 10 times the

proportion of the country's total child population is about 10 times greater than that of neighboring Uganda before that country began a program of reuniting institutionalized children with their families (see box). With support from USAID, Uganda significantly reduced the number of children living in orphanages between 1992 and 1997 by enforcing its policies on standards for institutional care and a family reunification program. Unless Kenya begins a similar approach, the number of children in its institutions can be expected to grow substantially as HIV/AIDS increases the number of orphans.

Although residential care has its place in responding to the needs of children without families, the large number of children in long-term care and the rapid increase in the number of orphaned children projected are problematic for several reasons:

- Orphanages generally do not adequately meet children's developmental needs, especially those of younger children. Inevitable staff turnover in an institution precludes the attachment to adult caregivers that children need. When children grow up without family and community connections, they are cut off from the support networks they will need as adults, as well as the opportunities to learn the skills and cultural background that children learn in families.
- As has been seen in many countries where institutional care is available and families are under economic stress, children are sent to institutions as an economic coping mechanism.
- Institutional care is not economically feasible for large numbers of children. The cost of supporting a child to live in an institution is substantially higher than the cost of supporting care by a family. The World Bank reported that the annual cost of residential care in Kagera, Tanzania in 1992 was approximately \$1,000—5.7 times the cost of supporting a child in a foster home (*Confronting AIDS, 1997*). One high-quality institution in Nairobi reported annual running costs of about \$1,600 per child. (As a point of reference, the gross domestic product per capita in Kenya was \$320 in 1996 (*State of the World's Children 1999*).
- Since the costs of institutions will be impossible to sustain on a large scale, if the number of children continues to increase, they will suffer from neglect when resources are depleted or the system collapses. Resources will not be available to sustain institutional care at anything approaching an acceptable standard, and institutions will consume both resources and goodwill that could produce much greater impacts through community-based efforts.

As a strategy to respond to the growing number of children orphaned by HIV/AIDS, providing more places in institutional care is an expensive way to increase the problem. As is the case in other countries, it is likely that the overwhelming majority of children in Kenya's residential institutions are there for economic reasons, not because they do not have a living parent or relatives. However, for children who are living on the street, perhaps due to abusive or otherwise unbearable conditions, residential care—if they want and are able to find a place—can be the only immediate alternative. For emergency cases, institutions should be used, but only on an interim basis while a family-based placement is arranged.



## **STRATEGIES TO RESPOND TO THE CRISIS**

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The scale of the epidemic in Kenya is already too large for any single actor to mitigate effectively the impacts of HIV/AIDS on children and families. Furthermore, these impacts can be expected to increase substantially for another decade or more. It is therefore imperative that UNICEF, USAID, other international and bilateral bodies, the Government of Kenya, organizations concerned with development, organizations concerned with children, organizations concerned with health, religious bodies, community-based groups, and the private sector recognize their respective capacities and interests in mitigating the impacts of HIV/AIDS. They must begin to collaborate more intensively and effectively.

Kenya has the potential to lead the way in addressing this enormous problem. Key elements are as follows:

- The government has adopted an HIV/AIDS policy;
- Comprehensive children's legislation is being proposed;
- Government, religious, and NGO networks exist;
- There are models of effective community mobilization and expertise; and
- There are state-of-the-art microfinance institutions.

*However*, the following elements are missing:

- Effective mechanisms for ongoing collaboration among all key actors;
- Consensus on the way forward;
- A comprehensive strategy; and
- Adequate policy framework and enforcement capacity.

### **Improve Policy Framework**

The situation of orphans and other vulnerable children in Kenya will become increasingly urgent within the next five years as AIDS-related mortality escalates. A comprehensive strategy is needed to guide policies and programs that can identify and address the needs of these children. Other countries in the region have taken this step (Appendix 7). Malawi established its orphans' policy in 1992, and a draft policy has been developed in Zimbabwe. Uganda, South Africa, and Swaziland have or are currently taking a broad look at policies in this area. Two essential elements that these initiatives share are (1) recognition by the government that it would be unable to manage the child protection and care requirements of all orphans and vulnerable children as a consequence of the HIV/AIDS epidemic, and (2) a commitment to cooperation and collaboration of all actors in support of community development and capacity building to provide care and support services for families and children affected by HIV/AIDS.

A number of donors and stakeholders in Kenya are already trying to address the needs of orphans and vulnerable children. Providing opportunities for these groups to join together in their efforts would enable the identification, advancement, and implementation of a more effective strategy and policies to address the needs of these children. Such opportunities could be made through existing networks and information sharing through meetings, workshops, and conferences.

## **Target Assistance**

It is vital to target available financial and material resources to the geographic areas where children and families are having the most difficulty coping with the impacts of HIV/AIDS and, within these areas, to the most vulnerable children and households. Statistical data can be used to develop indicators of vulnerability. It is also necessary to consider where relevant services are already being provided. Mapping both vulnerabilities and current programs can help identify gaps and areas needing greater attention. These are important first steps, but decisions about geographic targeting and what to support must involve people in the most affected areas. These people are best placed to identify their many problems and know best how they are coping. Also, they are in the best position to identify the children and households that are at greatest risk. The most vulnerable members of a community are the least likely to make their needs known, and local residents are much better able to assess and compare individual needs and vulnerabilities than are outsiders, whatever their training (*Developing Interventions to Benefit Children and Families Affected by HIV/AIDS: A Review of the COPE Program in Malawi for the Displaced Children and Orphans Fund*, 1996).

Finally, even where a program is intended to benefit children orphaned by HIV/AIDS, to avoid stigmatizing these children such activities should not be targeted specifically to “AIDS orphans.” It is important to target areas where HIV/AIDS has created many orphans and communities are having difficulties meeting their needs. However, within these communities assistance should be directed to the most vulnerable children and households, regardless of the specific causes of their vulnerability.

## **Build Capacity Using Participatory Approaches**

In the developing countries most heavily affected by HIV/AIDS, the majority of activities focusing on mitigation of the impact of the disease have fallen into two categories:

1. NGO programs whose paid staff deliver direct relief and development services to affected children and families, sometimes using trained community volunteers. Many of these programs have produced good results, but with relatively limited geographic coverage and a cost per beneficiary too high to reach more than a fraction of the families and communities made vulnerable by HIV/AIDS.

2. Community-based initiatives that have produced good results at a low cost per beneficiary but whose geographic coverage have also been very limited.

If community-based projects grounded in participatory development techniques can be scaled up effectively, this approach may provide a cost-effective, sustainable way to address the crisis.

A number of Kenyan organizations have long experience using participatory methodologies to mobilize communities around many types of development issues. Some train other development workers in this area. Existing community mobilization activities could provide an operational and training base to scale up efforts for mitigating the impacts of HIV/AIDS. Groups active in community mobilization with whom the team met included the Community-Based Nutrition Program of the Ministry of Home Affairs, National Heritage, Culture and Social Services (funded by DANIDA); the Aga Khan Foundation (primary health care program); and PAMFORK.

Although practitioners interviewed by the team use different participatory tools and mobilize communities around varying issues, the process they follow to achieve community ownership and participation is similar. Yet many programs that call themselves participatory or community-based are not. External organizations must act as catalysts and facilitators of the participatory process, not directors of activities. It is extremely important that any organizations that USAID and UNICEF support are held to rigorous standards of excellence in participatory methodology. (See supplementary report, "Community Mobilization and Microfinance Services as HIV/AIDS Mitigation Tools," which provides guidelines for identifying and developing effective participatory initiatives.)

Caution should also be exercised when introducing grants or other external resources. On the one hand, initiating a community mobilization effort by offering free goods as an incentive can result in failure. On the other hand, a community can exhaust all its own resources. When this happens, the community can become demoralized and overwhelmed. A modest and carefully timed injection of external resources can make a significant positive impact.

<b>Lessons Learned from Kenyan Studies</b>	
T	It is important to keep orphaned children from the same family together.
T	It is equally important to keep orphaned children in their home, family, and community and to ensure that they stay at school with the same friends and teachers.
T	In many cases, children are left in circumstances where they become responsible for the daily struggle to survive, and provide themselves sufficient food and shelter. They are forced to drop out of school. Their caregivers, often elderly women, are unable to cope.
T	Poorer households caring for orphans face extreme economic stress.
T	Orphans and caregivers need ongoing psychosocial support.
T	Dying parents often do not make care arrangements or talk with their children about the future.
T	NGOs, churches, and community volunteers are playing important roles in assisting orphans and their guardians.
T	External support to AIDS-affected households by government departments or NGOs is extremely limited in relation to the scale of the problems.
T	Coordination and cooperation among those providing care to orphans and other vulnerable children are almost nonexistent.

Ensuring that all relevant stakeholders have solid skills will also be extremely important. However, carrying out programs and training others to use participatory techniques are two entirely different matters. PAMFORK would be able to identify trainers of high quality, if not to provide training themselves. Staff of the DANIDA-funded Community-Based Nutrition Program would also be a good source for skill development or advice concerning effective trainers. UNICEF contracts with a business called Community Mobilization Technical Services (CMTS) that trains staff in participatory techniques.

## **Help Improve Household Incomes**

HIV/AIDS puts enormous economic stress on households as they care for sick family members, experience the loss of a productive adult, or absorb one or more orphans. Many NGOs reported that the families' ability to cope with the consequences of HIV/AIDS relies largely on their capacity to stabilize or increase their income. When their safety nets fail, households turn to their extended families, neighbors, and communities. In addition, groups that mobilize to provide a community safety net often seek to create a sustainable source of funds to finance their assistance to such households, usually through some type of income-generating project. As a result, almost every NGO interviewed felt tremendous pressure to develop income-generating schemes to mitigate the impacts of HIV/AIDS within households and to finance community activities.

Often, the support given attempted to increase individual incomes through group-run enterprises. Another variation the team observed was a scheme initiated with the hope of providing ongoing funds for a group's social development activities when the individuals were really interested in increasing their income. Or, the NGO providing assistance and the community tried to do both—meet individual needs and secure funds for the groups activities.

Practitioners from both community mobilization and microfinance must recognize that increasing individual household income and mobilizing financial resources for group-based social activities must be supported differently. The tension between individual and communal needs is exacerbated by practitioners' tendency to use the term "income generation" indiscriminately. If the purpose and desired impact of income-generating activities are not clear, planners will have difficulty matching the appropriate microenterprise "tool" to the needs of project beneficiaries.

Planners designing community mobilization programs should not use microcredit schemes to solve the financing needs of group-based activities. A better option is to build on Kenya's long history of *Harrabee* for raising funds. Engaging in intermittent income-generating projects is a typical communal response to raising funds for community needs. Examples of such efforts are as follows:

- In Nairobi's Kibera area, KICOSHEP's youth program raises funds for orphan visiting and HIV/AIDS prevention activities by charging admission to movies they play on the NGO's VCR. Other groups produce aprons, needlework, and baskets to earn money.

- One women’s group in Kibera participates in an informal rotating savings and credit association, also known as a “merry-go-round.” They donate very small amounts to visit sick people, care for orphans, and conduct neighborhood clean ups. They also help out a nursery school and a clinic when they are able.

When needs overwhelm funds raised in the above manner, groups want—or are encouraged by donors to initiate—externally funded, income-generating projects (essentially community-run enterprises). Planners should be wary of this approach. Such communal businesses are notoriously risky endeavors that have great difficulty in generating significant profit, and frequently require more management skills than a community can offer.

A few organizations have enlisted the help of business training institutes (ILO), individuals with those skills (Faulu Africa board member), or other networks with training modules in income-generating activities (KANCO) to counter the risk and to bridge skill gaps. But unless the tension between individual and communal needs is resolved, all the training in the world will not make the business work or make it produce enough for both individual and communal needs.

## **Partnerships Between Income Generation for Social Development and Microfinance Initiatives**

Strengthening household and community capacities to produce income vital to mitigate the impacts of HIV/AIDS and programming in this area require specialized skills. Recognizing that they do not necessarily have the background to analyze, design, and carry out effective, sustainable economic interventions, some professionals involved in HIV/AIDS prevention, care, and support programs have turned to microfinance practitioners for assistance. (See supplementary report, "Community Mobilization and Microfinance Services as HIV/AIDS Mitigation Tools," which provides additional information about microfinance and community mobilization as HIV/AIDS impact mitigation tools.)

“Marrying” credit and social development activities is a challenge that requires careful planning. Health and social welfare organizations that approach microfinance institutions about potential collaboration must realize that these institutions cannot stray too far from certain operating principles because, despite their promise, their programs are complex to implement.

A few examples illustrating the challenges of collaboration between microfinance and various social development activities follow:

- In Kisumu, an Aga Khan Foundation project that specializes in primary health care activities decided that increasing their members’ income would increase the ability of some of the members (community health workers) to perform their community volunteer work. The foundation hoped this income would enable others to contribute toward establishing a sustainable source of funds for their health activities. Project staff consequently linked their groups to WED (CARE). Its group members were able to increase their individual incomes

and repay their loans, but were unable to sustain additional contributions from their profits for the groups' activities. The community health workers were still overwhelmed by the needs of those to whom they made health visits.

- Other organizations, seeking to use microfinance as a tool to increase individual incomes, have approached the Kenya Rural Enterprise Promotion (KREP), Faulu Africa-Food for the Hungry, and the Kenya Women's Finance Trust (KWFT) for assistance. They requested that microfinance institutions either provide credit directly to individuals in their target group or help them design a scheme they would run themselves. Although the intent was clear, the results were mixed.

Although microfinance programs are operating successfully in communities seriously affected by HIV/AIDS, increasing illness and death cause problems for these programs. However, the representatives of institutions interviewed during the assessment did not want to create panic through careless directives from the senior management to field officers. A representative of KWFT said that one way she wanted to deal with the situation was to raise the subject with clients. Rather than talking directly about AIDS, she would suggest that clients brainstorm on ways they could support each other in the event of illness or absence from the business. A next step would be for KWFT to examine how they might help clients to help themselves. Since the two highest priorities (and costs) for clients are paying school fees and covering medical costs, she would like to develop products where clients would have an opportunity to create medical and school fee funds.

The strategy used by KREP is more direct. Managers instructed credit promoters to talk about the impact of AIDS on client businesses. Keeping in mind that they did not want to lose clients but needed to minimize the risk to the institution, the major thrust of these talks was to encourage clients to enlist spouses, relatives, grown children—anybody—to keep the business alive when the owner's health began failing. In this way, the business could continue providing a source of income for the deceased clients' family and children. At the same time, there would be someone to take over the business, and KREP would not lose clients (assuming the new person was acceptable to the solidarity group).

Although microfinance works well for strengthening individual household incomes, it does not necessarily provide enough funds for group-based activities. Moreover, skills in providing financial services to poor clients do not guarantee skills in designing income-generating schemes for a group's social development activities. When supporting economic activities, donors and implementors should clearly distinguish between the objectives of increasing household incomes and mobilizing financial resources for group-based social development activities. It is important to recognize that the goal of strengthening individual household income must be supported differently from that of mobilizing financial resources for group-based social activities. The supplementary report, "Community Mobilization and Microfinance Services as HIV/AIDS Mitigation Tools," provides additional information.

## **Linking Prevention and Care**

Care and support activities for persons living with HIV/AIDS and their families should include prevention efforts. The prevalence of HIV/AIDS in Kenya continues to rise, as does the recognition of the need for care and support to PLWHA and their families. Both prevention of further spread of the disease and mitigation of its effects must be supported with the limited resources available for HIV/AIDS-related efforts. Models are needed of the most effective ways to integrate these activities in ways that maximize impact on both prevention and mitigation. For example, care and support activities could provide opportunities to address prevention among a population that might otherwise be resistant to such efforts.

Although evaluation of the relationship between prevention and care and support is still needed, participation in care and support activities may reinforce prevention through the following means:

- Making HIV/AIDS a more concrete reality in the minds of program volunteers and other caregivers;
- Stimulating a more realistic assessment of personal risk among community members and a better understanding of potential consequences for themselves and their families;
- Increasing opportunities to provide prevention information;
- Generating hope and the sense that it is possible to control what happens through the solidarity and empowerment of community action; and
- Providing an acceptable starting point in communities that are resistant to discussing sex-related issues.

## **Greater Attention to Adolescents**

Programs that focus on meeting the needs of children affected by HIV/AIDS should address the needs of children of all ages, including adolescents. Interventions are sorely needed to provide emotional, economic, educational, and social support to youth—whatever their ages.

It is likely that adolescents who are living with parents who are ill or have died are at increased risk of becoming infected with HIV/AIDS, as well as experiencing other psychosocial or economic impacts. A number of factors contribute to their increased risk of infection. For example, they may

- Experience stigmatization, discrimination, and marginalization associated with HIV/AIDS;

- Be responsible for the support of younger siblings when the parent dies and face pressure to exchange sex for money or gifts;
- Be more vulnerable to sexual abuse or other violence;
- Be emotionally vulnerable and risk sexual relationships to fill emotional needs; and
- Face extreme risks of forced sex and pressures to exchange sex for money or other goods if HIV/AIDS has pushed them onto the street.

Information is lacking on the impact that involving adolescents in care and support activities will have on their risk of contracting HIV/AIDS. Little research has examined the relationship between involvement in care and support efforts and HIV/AIDS prevention among youth, although anti-AIDS clubs and other types of youth groups have been involved in such activities throughout Africa. In addition to reduced risk of HIV/AIDS to adolescents, there are potentially many other benefits to involving youth in mitigating the impact of the disease in their communities. An opportunity is provided to involve adolescents as part of the solution—providing support to each other, to younger children, and to those that are ill as a result of HIV/AIDS.

## **Monitoring and Evaluation**

The unprecedented nature of the HIV/AIDS pandemic necessitates ongoing monitoring of impacts, evaluation of interventions, and research on strategic issues. Many organizations in Kenya and elsewhere in Africa are attempting to meet the needs of children affected by HIV/AIDS with a variety of approaches. These approaches include community mobilization, microenterprise development, community-based support, material assistance, payment of school fees, counseling, and residential care. Some organizations are evaluating their efforts and sharing their findings; others are not.

Much greater effort is needed to identify the types of activities that are most effective, most sustainable, and least costly—in social and financial terms—and under which conditions they are most appropriate. Because the impacts of the epidemic greatly outstrip current programming resources, those resources must be used as efficiently and effectively as possible. The needs are overwhelming, the resources limited. Government, donors, and NGOs need to know the optimal methods for program implementation and scaling up responses. Future efforts to use those resources wisely to care for the most children in the best way must include lessons learned from current efforts through serious monitoring and evaluation.

Cross-fertilization, sharing of information and technical assistance, and dissemination of results within and across sectors will contribute to the development of improved capacity to evaluate interventions and identify the best approaches to meet the vast and growing needs of children affected by HIV/AIDS.

# **RECOMMENDATIONS**

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## **Support the Development of a National Policy Framework**

UNICEF/Kenya and USAID/Kenya should collaborate with the Government of Kenya and other partners to develop and then support the government in establishing a national policy to guide the protection and care of orphans and other vulnerable children as other countries have done. To develop understanding, commitment, and support, this policy should be produced through an inclusive, participatory process of situation analysis and consensus building among key stakeholders. The process should include a systematic review of current policies and procedures in health, education, and social services to identify ways to improve access to services for HIV/AIDS-affected children and families.

## **Define Priority Issues**

UNICEF/Kenya and USAID/Kenya should support activities (workshops or consultancies) that define priority issues to be addressed. Such issues might include eliminating financial barriers to basic education for all children; strengthening protection of inheritance rights of widows and orphans (both girls and boys); clarifying policy regarding HIV and breastfeeding; and improving adherence to informed consent policies, especially as they concern the testing of pregnant women and infants and the subsequent notification of HIV status.

## **Strengthen Networks**

UNICEF/Kenya and USAID/Kenya should take the lead in supporting effective structures at national, district, and local levels for information exchange and collaborative planning among all key actors and across all technical sectors. At the national level, such structures would include key ministry departments, international organizations, bilateral development agencies, NGOs, religious bodies, and organizations of PLWHA. The mobilization process should include stimulating and strengthening the involvement of existing networks and ensuring ongoing opportunities for key stakeholders to exchange information on issues and program activities and to identify opportunities for collaboration and mutual support.

## **Build Local Capacity**

USAID/Kenya and UNICEF/Kenya should build into the programs they support measures to build local capacity in such areas as participatory approaches for community mobilization; monitoring and evaluation; and proposal writing and fundraising for CBOs, NGOs, and religious organizations providing social services.

## Research, Data Collection, and Analysis

UNICEF/Kenya and USAID/Kenya should support the collection and use of relevant data on the status of the problem, as well as on the programs and services available, to identify districts and communities that should be given priority when allocating resources. In addition, they should support the collection of data, and rapid analyses documenting the situation of children and families affected by HIV/AIDS. The two organizations should also support collection of information on trends in orphaning, coping strategies, and community support for AIDS-affected households, group income generation, psychosocial needs, and reduction of stigma and discrimination.

The 1999 Kenyan Census could provide data and the basis for reliable projections of the number of children needing assistance in each part of the country. Such projections would facilitate developing realistic strategies and planning for protection and care. USAID and UNICEF should make every effort to ensure that data on orphans is collected again this year, that the data is analyzed in a timely manner, and that the results are made available to policy makers and program planners as quickly as possible. Data collection approaches in the Kenyan Demographic and Health Surveys (DHS) could also be modified to help provide a more accurate picture of the impacts of HIV/AIDS on the orphan situation. DHS could also collect data on caregiving patterns by region, information that would aid the development of effective strategies for community development and support.

Large, centrally directed exercises to enumerate orphans are not advisable. They are expensive to develop and maintain, and no national orphan registration system has been found to be workable. Although registration may be a useful step for a local group, it can create expectations that services will follow, which leads to misrepresentation and inflated numbers.

## Joint Initiative on Community Mobilization and Microfinance

In one or more geographic areas, UNICEF/Kenya and USAID/Kenya should collaborate in implementing and evaluating an initiative that overlaps community mobilization and state-of-the-art microfinance. The geographic area or areas should be selected using criteria developed for targeting in Kenya. The activities selected for this initiative should show strong potential for being scaled up, for effectiveness, and for operational sustainability. The budgets and baseline data for these activities should be structured so that the cost per beneficiary of each activity can be easily calculated. Such calculation should be part of the monitoring and evaluation process. The lessons learned through monitoring and evaluating this initiative should be widely disseminated through the networks described in this report. Through this initiative, USAID/Kenya and UNICEF/Kenya should determine which kinds of microfinance services most effectively strengthen household economic capacities in areas seriously affected by HIV/AIDS. USAID/Kenya's Population, Health, and Nutrition (PHN) office should ensure that the staff managing the Results Package for Strategic Objective 2 (SO2) are involved in this process. (SO2: "Increased Commercialization of Smallholder Agriculture and Natural Resource Management")

## Integrate Orphans and Vulnerable Children's Issues into Other Development Programs and Sectors Within USAID and UNICEF

UNICEF/Kenya and USAID/Kenya should identify and pursue opportunities to incorporate protection and care for orphans and other vulnerable children into current development and HIV/AIDS activities (e.g., home-based care, health services, nutrition programs, or efforts to increase opportunities for education).

USAID/Kenya's strategic objective teams should review current and planned programs across sectors to identify opportunities to increase the protection and care of orphans and other vulnerable children. USAID/Kenya's PHN office should work with other strategic objectives and strategic framework teams to identify areas for collaboration around mitigation of the impacts of HIV/AIDS. Appendix 8 includes areas for potential collaboration between mitigation of HIV/AIDS impacts and other SOs. Similarly, UNICEF/Kenya program teams should continue to review areas where programming for orphans and other vulnerable children can be integrated into regular programming, education, health, water, and sanitation.

### Link Prevention with Care and Support Activities

USAID/Kenya and UNICEF/Kenya should each review their existing and planned care and support activities and HIV prevention initiatives to identify opportunities for these activities and initiatives to reinforce each other. Activities should be examined for their potential to be integrated in a way that maximizes impact on both prevention and mitigation. Evaluation should be conducted to determine whether a synergistic effect exists between prevention and mitigation efforts and, if so, how to increase the effectiveness of these activities.

### Psychosocial Needs

USAID/Kenya and UNICEF/Kenya should review current and planned programs to identify ways to incorporate measures to accomplish the following:

- Increase awareness of the psychosocial needs of children affected by HIV/AIDS among home-based care providers, other health professionals, teachers, and community leaders;
- Increase the social integration of orphans and other children affected by HIV/AIDS within their schools, clubs, sports, recreation, and other community activities;
- Provide training in supportive counseling to people working with children and adolescents affected by HIV/AIDS;
- Reduce stigma and discrimination toward people with or affected by HIV/AIDS; and

- Involve adolescents as participants and beneficiaries in programs for orphans and other vulnerable children.

### Initiative to Reduce Stigma and Discrimination

UNICEF/Kenya and USAID/Kenya should seek the collaboration of NASCOP, KANCO, support groups of PLWHA, religious bodies, and representatives of the media to identify ways to reduce stigma and discrimination related to HIV/AIDS in Kenya, perhaps within a workshop format. Such activities should identify the consequences for individuals and the public of stigma and discrimination, examples of positive efforts, and additional actions that could be taken. UNICEF and USAID/Kenya should involve senior government officials in the workshop and promote the wide publication of its findings. UNICEF/Kenya and USAID/Kenya should review their current and planned programs to identify opportunities to reduce stigma and discrimination related to HIV/AIDS, such as involving more groups in care and support activities.

### Identify Best Practices

UNICEF/Kenya and USAID/Kenya should continually document and disseminate information on the best practices for mitigating the impacts of HIV/AIDS on children and families. They should collaborate with stakeholders to identify sustainable, effective approaches that can be implemented on the same scale as the problems they address. These organizations should use development and HIV/AIDS networks to disseminate findings. The RFA will provide USAID/Kenya with an opportunity to identify best practices. These organizations should give particular attention to measuring the effectiveness of interventions, the contexts and conditions in which they are effective, their relative costs per beneficiary, their sustainability, and their potential for being scaled up. Best practices would be defined as those programs that demonstrate effectiveness, potential sustainability, and the potential to be scaled up to reach large numbers of people. Finally, USAID/Kenya and UNICEF/Kenya should ensure that their project implementers include ways to collect information about best practices in their normal monitoring and evaluation procedures.

### Monitoring Demographic Changes

USAID and UNICEF should collaborate with the Department of Children's Services and other stakeholders to develop a clearer overview of institutional care for children in the country; assess compliance with current standards and the adequacy of the standards themselves; assess the adequacy of laws and policies that guide decisions on placement, acceptance, and retention of children in residential care; review the adequacy with which the proposed Children's Statute addresses any gaps; and develop a plan to protect the best interests of children in need of care.

## **APPENDICES**

# **APPENDIX A: USAID – SCOPE OF WORK**

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## **ASSESSMENT OF HIV/AIDS ORPHANS AND VULNERABLE CHILDREN IN KENYA**

### **I. Introduction**

In June 1998, USAID/Kenya completed a design for a new HIV/AIDS strategy which included, for the first time, a recommendation that USAID work in community-based prevention, care and support activities. The new strategy proposes to *improve the capacity of communities to identify their needs and develop, coordinate and implement appropriate HIV/AIDS/STI prevention, care and support activities*. An important element of community-based activities will be finding effective ways to address the problems of increasing numbers of orphans and vulnerable children. A community-oriented approach focused on building the capacity of the community to deal with the issue of AIDS orphans is felt to be more sustainable in addressing, over the long-term, the impact that the HIV/AIDS epidemic in Kenya will have on families, communities and especially children.

Therefore, USAID/Kenya has requested assistance in undertaking a situation analysis in order to provide a basis for planning effective action. A team of three technical advisors from the U.S. and staff from USAID/Kenya will undertake a two-week assessment of the situation confronting HIV/AIDS orphans and other vulnerable children in Kenya. The U.S. team will include a micro-finance expert, a person with expertise in programs dealing with displaced children and orphans and a technical advisor in HIV/AIDS from G/PHN. The assessment team will outline the extent of the problem of AIDS orphans. It will identify groups and programs currently working with orphans and other vulnerable children. It will explore existing and potential micro-finance or income-generating programs to support children's' programs. Finally, it will make recommendations to USAID/Kenya about possible program interventions.

### **II. Background**

Over 1.4 million Kenyans are HIV positive and there is no sign that infection rates will level off in the near future. In Kenya, data collected annually since 1990 from sentinel sites throughout the country indicate that among adults in urban areas, about 12 to 13 percent are HIV positive. In rural areas the seroprevalence is about 8 to 9 percent. By the year 2000, the cumulative number of AIDS deaths since 1984 will increase from over 100,000 today to 1 million. One of the worst impacts of AIDS deaths among young adults is an increase in the number of orphans.

An AIDS orphan is defined as a child under the age of 15 who has lost his/her parent(s) to AIDS. UNICEF estimated that there were 300,000 children under the age of 15 orphaned by AIDS in 1996 in Kenya. If the present trend continues, the number of AIDS orphans will increase to

600,000 by the year 2000 and will reach nearly 1 million by 2005. Meanwhile AIDS is projected to raise child mortality significantly over the next 10 years.

Traditionally, extended families -- supported by communities -- have been the main caretakers of surviving children when a parent dies. The death of a parent means that there will be an increased burden on both the immediate and extended family and the community to provide care for these children, including health care and school fees. With increasing numbers of AIDS illnesses and deaths, however, families and communities are becoming overwhelmed.

In cases where the extended family or community cannot provide assistance, the burden falls on the public sector, religious organizations or other NGOs to provide care and services for children either in institutions or through provision of assistance to families or communities. In the absence of any safety net, children will die or become homeless. Thus, now more than ever, effective community involvement is necessary in assuring the well being of these children.

### **III. Scope of Work**

USAID/Kenya requires that the consulting team undertake an assessment which will outline the HIV/AIDS orphans/vulnerable children situation in Kenya and provide recommendations to USAID/Kenya. *Children on the Brink* and other guidance from USAID/Washington has suggested a conceptual framework for six intervention strategies which may be needed to undertake a comprehensive program targeting orphans and vulnerable children. The main elements of these strategies are to 1) increase the capacity of families and children to cope and support themselves and 2) to increase the capacity of communities and governments to respond appropriately -- including assuring appropriate policies, monitoring and, where necessary, services.

#### **A. Issues to be addressed**

##### 1. Extent of the problem

What information already exists about the numbers and location of vulnerable children, including AIDS orphans? Is any kind of systematic monitoring done to collect information on health and socioeconomic impact of HIV/AIDS on families and children? What areas have the highest concentration of orphans? What is the relative situation in rural and urban? What are the critical unmet needs of AIDS orphans/vulnerable children? Where are the gaps in service? Is there coordination or information sharing among government, donors, religious organizations or non-governmental organizations on the issue of improving the situation of vulnerable children?

##### 2. Institutional and community responses to the problem

What kinds of international or local institutions and organizations exist to deal with the problem of vulnerable children? What kinds of programs are being carried out? How are the programs supported? Describe creative community responses to the problems of vulnerable children. Are there communities which are identifying and assisting needy families; targeting assistance, monitoring of vulnerable children, or protecting legal rights? Are there programs which use

community resources to repair deteriorating houses, provide labor sharing to decrease the burden on affected families or provide scholarships or apprenticeships for youth? Are there innovative prevention and care activities being undertaken which could provide models for programs? Describe successful income generation activities which have been used to improve households' income generating activities to decrease the financial burden caused by AIDS. Examples might include women's lending and savings groups, microcredit lending programs or material inputs for specific activities such as gardening or raising livestock. Explore linkages of USAID's on-going micro-enterprise activities with AIDS prevention and care activities.

### 3. Policy and legal environment

What are the existing laws, policies, practices concerning orphans, AIDS orphans and street children? Are there laws or policies allowing government intervention to protect abused or neglected children, especially those that have lost one or both parents? Are there regulations regarding the placement of children in foster families? Are there registration procedures and standards governing institutional care of children? Are they enforced? Are there laws and policies concerning women's and children's rights? Are women allowed to own and inherit land or other property? Are there laws regulating access to credit for women? What role does the national or local governments or other bodies play in establishing policies that reduce burdens on families and children, such as discriminatory insurance policies, mandatory pre-employment testing? Does the government have policies or laws which assure services to orphans, especially healthcare and education? Is the private sector encouraged to participate in HIV/AIDS prevention and care?

For all three issues, where successful programs exist, what are the measures of "success" and what is the potential to scale them up?

### **B. Proposed activities of the team**

- Meet with the USAID/Kenya staff to review overall HIV/AIDS strategy and programs. Review activities and priorities in the area of AIDS orphans/vulnerable children as well as expected outcomes of assessment.
- Review relevant documents on orphans/vulnerable children in Kenya.
- Meet with UNICEF, other donors and stakeholders to share program information and explore opportunities for collaboration.
- Meet with Government of Kenya officials to understand legal and policy framework and the children's advocacy infrastructure at the national and provincial level.
- Meet with individuals and organizations that are involved in orphans/vulnerable children programs and activities. Visit rural and urban institutions catering to orphans and other children with special problems who need institutionalization or special education.

- Meet USAID staff in the Agriculture, Business and Environmental Office (ABEO) and with individuals and organizations involved in income generating activities or microenterprise activities at the community level. Identify successful microfinance activities.

### **C. Document preparation**

USAID/Kenya requests that, insofar as possible, the final document be prepared prior to the departure of the entire team on March 12, 1999. Ideally the format would be as follows:

1. Executive summary
2. Overview of the problem
  - the current AIDS orphans/vulnerable children situation in Kenya
  - current legal and policy environment
  - household and community coping behavior
  - gaps, constraints
3. Summary of existing programs and brief analysis of their quality, reach and cost effectiveness.
  - Include:
    - summaries on both institutional and community programs visited
    - summary of programs which provide financial support including direct transfers, feeding programs, daycare centers, home-based care, counseling, community services, income generating activities, microfinance and skills training.
4. Recommendations to USAID/Kenya

### **IV. Level of Effort**

The team will be in Kenya from March 1-12, 1999. A 6-day workweek is authorized for the U.S. based consultants.

### **V. Relationships**

The consultants will work under the general direction of the Chief of the Office of Population and Health. Day-to-day guidance and oversight will be provided by the Technical Advisor for AIDS and Child Survival.

### **VI. Logistical Support**

**Only consultants with USAID security clearances will have access to U.S. Government computers.**

**March 9 Roundtable discussion with stakeholders including UNICEF, Feed the Children, Childlife Trust, American Refugee Committee, Nyumbani and others as appropriate**

**March 10-11 Write report**

**March 12 Present findings and recommendations to USAID/Kenya, discussion**

## **APPENDIX B: UNICEF ASSESSMENT OBJECTIVES**

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Representing UNICEF, Susan Hunter's primary objectives were to

1. Investigate mechanisms to support community based programming for children and families affected by HIV/AIDS and promote further development of strategies of support for community-based programs for families and children affected by HIV/AIDS;
2. Review the existing policy environment and safety nets for protection of vulnerable children in Kenya given the expected severity of the impact of the HIV/AIDS epidemic. The safety nets to be explored include public welfare assistance, access to health, education and welfare systems, and food security; and
3. Identify ways to realize effective links between community-based AIDS care and prevention organizations and microfinance programs.

Her secondary objectives were

4. To encourage sector specific planning to identify, project and monitor the impact of HIV/AIDS on development and the care and protection of children through interviews with key line ministries; and
5. To heighten awareness of the importance of women's rights in child protection and care.

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## APPENDIX D: LIST OF CONTACTS

Organization	Contact Name	Tel/address/email	Comments
CRS	<b>Jean Marie Adrian</b> - Rep. for Kenya & Tanzania <b>Jennifer Overton</b> - Head of Health/Nutrition	Rank Xerox House, 2 <sup>nd</sup> floor, P.O. Box 49675, NBI Tel: 740985-741355-750567 CRSKenya@Form-net.com	administering grant to Nyumbani conducts care/support activities
Nyumbani	<b>Father Angelo D'Agostino</b> – Founder, Medical Director	P.O. Box 21399, NBI Tel: 716829 Nyumbani@aricaonline.co.ke	receiving child survival supplemental funds for community work
Ministry of Home Affairs - Department of Children's Services	<b>S. Ole Kwallah</b> , Director of Children's Services <b>Carolyn Odoyo, Margaret Basigwa, Edward Ounia</b>	Jogoo House 'A' P.O. box 46205 Nairobi, Kenya Tel: 228411 243977	
Ministry of Planning and Finance	<b>Philip Jespersen</b> - GTZ		source of Kenya economic/social indicator information
Daystar University	Lawrence Ressler Visiting professor in social research	Roberts Wesleyan College, 2301 Westside Drive, Rochester, NY 14624 Tel: (716) 594-6469 e-mail: LSRessler@aol.com	on sabbatical in Kenya
Community Services Initiative	<b>Lazarus Koech</b> - Director <b>Dr. Jennifer Ochola</b> - Consultant HIV/AIDS	Tel: 445020 (Community Services Initiative) Tel: 564016 (Dr. Ochola)	telephone interview NGO providing TOT on HBC, PHC in Homa Bay and Kisumu. Sees orphans as an emerging issue among CBOs
Faulu	<b>Ted Vale</b> -Director Andrew Mwikamba	Tel: 577290-4	telephone interview microfinance

KICOSHEP	<b>Anne Owiti</b> - Director	P.O. Box 49531 or 79741 Tel: 571081 - 571600	supported by FTC extensive community activities in Kabera
Machandanyiko	<b>Gabriel Mukanga</b> – Business Development Officer <b>Jane Nzioki</b> – Social worker	Same as KICOSHEP	microfinance scheme
KANCO	<b>Allan Ragi</b> – Coordinator <b>Esther Gatua</b> – Program Officer <b>Margaret Gatei</b> – Worksite Officer	Chaka Road, PO Box 69866 Tel: 717664 – 715008 Kenaid@iconnect.co.ke www.kanco.or.ke	network of HIV/AIDS programs
MAP, International	<b>Wilfred Amalimba</b> <b>Michael Wamae</b>	PO Box 21663 NBI Tel: 728599	network of religious organizations
KREP	<b>Aleke Dondo</b> - General Manager	Ring Road, Kilimani, PO Box 39312 NBI Tel: 572323 – 572422 krep@arcc.or.ke	research and info dissemination NGO; microfinance
University of Nairobi	<b>Aine Costigan</b> – Project Manager, STD/HIV Control Project  <b>Dorothy McCormick</b> – Sr. Research Fellow, REME project	Dept of Community Health, PO Box 19676 NBI Tel: 714852 – 725960 Aine@ratn.org  Inst. For Development Studies PO Box 30197 NBI TEL: 337436-338741 IDS@NBNET.CO.KE	Aine works with WOFAK  Dorothy manages a DFID funded project on microfinance impact evaluation
Consultant	<b>Kirsten Havemann</b>	P.O. Box 57420 Nairobi, Kenya Tel: 582922 Email: Sif@AfricaOnline.co.ke	PRA/PLA resource/researcher developed community based nutrition program

UNICEF	<b>Helena Eversole</b> <b>Rachel Odede</b> -, Project officer, AIDS <b>Kimberly Gamble-Payne</b> – Regional Sr. Policy Advisor, Child Rights <b>Mamadou Bagayoko</b> – Chief, Basic Education <b>Deryck Ommodo</b> , Project Officer for children in need of protection <b>Connie Nyatta</b> , Assistant Project Officer, Education <b>Nazim Mithe</b> , CNSP Project Officer	P.O. Box 44145 NBI Tel: 622157 - 622158	
Kenya Women's Finance Trust (KWFT)	<b>Rosemary Macharia</b> – Chief Program Officer	Muchai Drive, P.O. Box 55919, NBI Tel: 712823-725255-712903 kwft@arcc.or.ke	Microfinance Inst. Rosemary sits on Pendezezu Letu's board
Mandaleo	<b>Dorcias Amolo</b> – Girl Child, MCH, HIV/AIDS <b>Nellie Luchemo</b> – HIV/AIDS <b>Misoi Jemosbey</b> – Public Relations	Mandeleo House Tel: 223300-242948-222095	Girls Education w/ tech. asst. from AED
NASCOP	<b>Roselyn Mutemi</b>		co-author of situation analysis. Recognized and advocated for OVC since
MCSS Dept. of Social Services	<b>Grace Maina</b> – Sr. Nutrition Officer, DANIDA CB Nutrition program <b>Dr. Ombech Abidha</b> – Project Coordinator	9 <sup>th</sup> Floor Electricity House PO Box 30276 NBI Tel: 216783-339906 Fltp@tt.sasa.unon.org Abidha@africaonline.co.ke	PRA/PLA resource persons
CARE	<b>Muhoro Ndungu</b> – Director M&E unit	Muchai Drive, P.O. Box 43864 Tel: 711227 – 724674 - 724667	manages WED (soon to be WEDCO) & HH livelihood security approach

The Futures Group International	<b>Don Dickerson</b> - Project Coordinator	Mucai Drive P.O. box 75367 Nairobi, Kenya Tel: 718135 – 719540 Fax: 724194 Email: don@futures.co.ke	works with RT
Aga Khan Foundation	<b>John Tomaro</b> – based in Geneva <b>Margaret Kaseje</b> – based in Tanzania <b>Nazira Jaffer</b> - National Director <b>Josephine Ojiambo</b> - Project Development Officer <b>Jessica Kola</b> – Facilitator/trainer, Community Health Program/KISUMU	3 <sup>rd</sup> Parklands Ave, PO Box 41523, NBI Tel: 750185-750290-750229 njaffer@africaonline.co.ke kaseje@akftz.org akhskio.calvacom.fr PO Box 530 Kisumu Tel: 43530-43516-40312	
Feed the Children (FTC)	<b>Ian Lethbridge</b> – Regional Coordinator, Africa <i>Lorraine Goodrick, Health Advisor</i>	PO Box 61530 NBI Tel: 562589 FeedKenya@Form-net.com Goodrick@key.net.au	Supports Pendezeu & KICOSHEP, microfinance scheme will support Anglican Church network to do KICOSHEP-type work
Research Triangle Institute	<b>Jim Kocher</b> – Kenya Director, Policy project <b>Shawn Aldridge</b> – Health Policy Analyst	3040 Cornwallis Rd PO Box 12194, RTI Park, NC USA tel: (919) 541-7261 jek@rti.org	works with Futures Groups – setting up policy workshops- should try to include OVC issues
AED	<b>Liz Thomas</b> – Program Officer, Pop & Health	1825 Conn. Ave NW, WDC USA Tel: (202) 884-8783 Elthomas@aed.org	provides support to Mandaleo’s Girl Child program
Pendezeu Letu	<b>Martin Swinchat</b> – Director <b>John Muiruri</b> – Program Coordinator <b>Mary Warvinge</b> – Business development officer		

Widows and Orphans Welfare Society of Kenya	<b>Hilda Orimba</b> – National Executive Chairman Trustee NGO Council of Kenya	P.O. Box 74609, Nairobi Kenya Tel: 602713 Fax: 606266	extensive network of community-based widows groups
PAMFORK	<b>Charity Kabutha</b> – Regional Director, WINROCK International, African Women Leaders in Agriculture & Environment	State House, PO Box 60745 Tel: 711590-712966 Winrock@africaonline.co.ke NB: PAMFORK's tel. # isn't working	Charity is a member, not employee of PAMFORK, PRA/PLA resource person,
Archdiocese of Nairobi Eastern Deanery	<b>Father Edward Phillips</b> – chair	P.O. Box 43058 Nairobi, Kenya Tel: 811421 445 447 FAX: 444954 Email: phillips@africaonline.co.ke	providing care and support; currently seeking funds to expand activities to address OVC
Rachier & Company Advocates	<b>A.D.O. Rachier</b> – Advocate, Commissioner for Oaths & Notary Public	P.O. Box 55645 Nairobi, Kenya 22 <sup>nd</sup> floor – South Wing Anniversary Towers University Way Tel: 210613/212186 247818/247847 FAX: 247807 e-mail: rachier@africaonline.co.ke	source of extensive policy-related information
Department of Pediatrics Kenyatta Hospital	<b>Ruth Nduati</b>	Tel: 714851	pediatrician: extensive research/involvement in activities related to HIV+ children, MTCT, etc.

Ministry of Health Health Sector Support Program	<b>Alberto Gallacchi</b> – Adviser <b>Mark Ayallo</b> – Adviser	Ministry of Health PO box 20729 Nairobi, Kenya Tel: 254 2 722 711 254 2 725 694 Fax: 254 2 717773 Email: agh@hessp.com MarkA@hessp.com	DANIDA Also supports community-based nutrition program; child-to-child project IGA to sex workers; and other HIV/AIDS prevention activities. potential collaborator on community mobilization and IGA
USAID	<b>George Mugo</b> <b>Zachary Ratemo</b>		potential collaboration: SOs re Title II, Microfinance
USAID REDSO/ East	<b>Michele Folsom</b> <b>Melinda Wilson</b>		potential collaboration with UNICEF/regional activities. Added PHN SOTA course on OVC
International Community for Relief of Starvation and Suffering (ICROSS)	<b>Michael Elmore</b> – <b>Meegan</b>	P.O. Box 507 Ngong Hills Kenya Tel: 254-2 560494 Te;/fax: 254-2 566811 icross@form-net.com	extensive research, including difference between AIDS orphans and other orphans

## **APPENDIX E: MEMBERS OF THE ASSESSMENT TEAM**

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The USAID consulting team included three members: **John Williamson, MSW**, and **Jill Donahue** of the Displaced Children's and Orphan's Fund, and **Linda Sussman, Ph.D.**, a member of USAID's Global HIV/AIDS Division. John Williamson is the Senior Technical Advisor for USAID's Displaced Children and Orphans Fund. He co-authored *Children on the Brink* and has 20 years of experience developing programs for children affected by armed conflict and families and children affected by HIV/AIDS. He has worked for the Office of the United Nations High Commissioner for Refugees and Christian Children's Fund and has provided consulting services to UNICEF and various other organizations in situation analysis, program design, funding, and implementation. His work has focused primarily on Africa and Southeast Asia.

Jill Donahue is a microenterprise and community development specialist who has worked extensively with USAID and the U.S. Peace Corps as well as with Save the Children Fund/US on the development of family and community based responses to HIV/AIDS. She has experience in more than 10 Eastern, Southern and Western African countries, and is now working regularly with the Displaced Childrens and Orphans Fund on in-country program design, monitoring and evaluation.

Linda Sussman serves as technical advisor to the HIV/AIDS Division, Office of Health and Nutrition, in the Global Bureau at USAID. Her work focuses on social and behavioral science and research. At USAID, she has been involved in a variety of issues as they relate to prevention of HIV/AIDS and mitigation of the impact of the disease including prevention of mother to child transmission, monitoring and evaluation, adolescent-related activities, prevention of trafficking of women and children, reproductive health, and care and support of PLWHA and their families. Dr. Sussman received her doctorate from the Johns Hopkins University School of Public Health. She also has a masters degree in education and had worked in the community with adults and children with disabilities before receiving her degree in public health.

The UNICEF consultant engaged for the site visit was **Susan Hunter, Ph.D.** Dr. Hunter has been working with UNICEF on the development of programs for families and children affected by HIV/AIDS since 1989, when she worked with UNICEF's Kampala office to develop the first prototype programs for the region. Dr. Hunter was principal author of *Children on the Brink*. She has worked for UNICEF, Save the Children/UK, and USAID at headquarters level and on residential and short term missions to Botswana, Ethiopia, Malawi, South Africa, Swaziland, Tanzania, Zambia, and Zimbabwe for program development in this area. Most recently, she worked with regional and country offices to develop UNICEF's new program strategy for families and children affected by AIDS, and is currently overseeing its implementation. Prior to coming to Kenya, she worked with UNICEF-government-NGO teams to complete assessments of national programs in Botswana, Malawi, Mozambique, Kenya, Uganda, South Africa, Swaziland, Zambia and Zimbabwe. She is a medical anthropologist and demographer with substantial publications in HIV/AIDS and health systems management.

## **APPENDIX F: STAKEHOLDER MEETING - RECOMMENDATIONS**

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A meeting was held on March 9, 1999, attended by representatives of various organizations whose work is related to care and support of people affected by HIV/AIDS and their families. Participants were asked to identify relevant topics for discussion. Working groups were created around each topic. Each group presented recommendations in a plenary session, a summary of which is presented below. Recommendations from this “Stakeholders’ Meeting” are reflected in the recommendations presented by the assessment team in the body of the report “Orphan Programming in Kenya: Building Community Capacity to Manage Comprehensive Programs for Prevention, Care and Support”:

### **Stigma Reduction**

Stigma reduction would have a significant effect on improving the lives of children affected by HIV/AIDS. It is important to re-evaluate messages about HIV/AIDS to ensure that they are not, in fact, increasing stigma toward people living with the disease and their families. The following are three ways to increase and improve advocacy efforts and decrease stigma toward HIV/AIDS affected children and adults:

- Increase public awareness through improved media appeal. Ensure that the message is clear, explicit, and direct.
- Involve both formal and informal leaders in the effort, including politicians, teachers, and religious leaders. Ensure that they have accurate information and that their messages will contribute toward reduction of stigma.
- Support interventions that focus on the entire community. Ensure that they do not single out people infected or affected by HIV/AIDS, thereby increasing the stigma and discrimination toward those people by the rest of the community.

### **Research/Monitoring and Evaluation (M&E)**

- A) Establish ongoing research on the affect of HIV/AIDS on children.
- Design a method of collecting and disseminating data on the prevalence of infection and mortality among children with HIV/AIDS and the number of children orphaned by AIDS.
- B) Increase self-monitoring of activities related to HIV/AIDS and children.
- Support a mechanism to develop the capacity of organizations involved in HIV/AIDS programming to monitor and evaluate program effectiveness. Monitoring and evaluations

plans should be a key requirement to receiving funds.

C) Mobilize donors to support research and M&E related to children and HIV/AIDS.

- Establish a donor and stakeholder information forum on children and HIV/AIDS to share research, identify best practices, and identify areas for additional research to increase and improve effective programming.

D) Support baseline study.

- In 1999, undertake a community sensitive baseline study of community care and coping mechanisms of orphans and vulnerable children. (Note that this was recommended by NASCOP in 1994 but not funded).

## **Community Development**

Home-based care programs alone will not be able to cope with the vast needs of people affected by HIV/AIDS. Resources within the communities will need to be tapped to reduce cost and ensure sustainability. These resources might include involvement of traditional care givers, volunteers, etc.

Programs will only be sustainable if the local community “owns” the project. Communities should be involved from the beginning of program planning. They should identify priorities of the community, develop action plans, and identify resources to carry them forward. Training should be made available regarding income generating activities. HIV/AIDS education should also be provided to the community.

The needs of children whose parents have HIV/AIDS should be anticipated and addressed long before the death of their parents. Programs that provide care and support to people living with HIV/AIDS should be broadened to address the needs of their children. Curriculum should be developed to train counselors to provide psychological support to children affected by HIV/AIDS.

There is a need for dialogue among those who are working on issues related to orphans and vulnerable children—community workers, home-based care providers, people living with HIV/AIDS, opinion leaders, NGOs, CBOs, networks, religious organizations, government organizations, donors, etc. “Lessons learned” need to be identified and then shared among all those involved.

## **Economic Strengthening**

Increased information is needed about the types of economic strengthening activities that work for communities affected by HIV/AIDS. Information sharing will improve the appropriate and effective implementation of activities to increase economic levels and safety nets of affected communities.

Resources within the community should be accessed to develop community capacity. Assist

communities to identify resources that are available, leveraging external resources with internal means.

There are a number of strategies to increase income for different types of groups. It is important to distinguish between these strategies when considering which is most appropriate and likely to achieve the goals of the group. Group income generating activities include groups guaranteeing individual credit, groups organized for support of social development activities, and group businesses to increase individual income.

## **Policy**

Policy affects the lives of children both in terms of protection (legal protection such as inheritance laws, etc.) and ensuring their care (their health, education, jobs for their parents, etc). Policy related to children is developed and implemented by the government of Kenya, private sector, civic society, and donors: (1) The government policies affecting children are reflected by policy statements developed and implemented by the various ministries—Health; Education; and Home Affairs, National Heritage, Culture and Social Services. (2) The policies developed by the private sector affect children through job protection to their parents, and medical care and other benefits provided to the families by employers. (3) Civil society policies, such as those of NGOs, CBOs, and religious organizations, will provide guidance regarding the care and support of vulnerable children by those organizations. Decisions about whether or not to extend current structures and resources to address the needs of these children will be influenced by such policies. 94) Donor policy will guide the support of resources to activities addressing the needs of orphans and vulnerable children.

Recommended actions include

- Infant and child mortality are expected to drastically increase by the year 2010; Establish Kenya Children's Forum, consisting of NGOs, religions institutions, private sector, donors, etc.
- Support local initiatives, such as children's forums;
- Advocate for enactment of Children's Bill 1998; and
- Increase access to all government policy documents and advocate that they be operationalized.

## APPENDIX G: PROGRAMMING INNOVATIONS IN NEIGHBORING COUNTRIES

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Note: Notable innovations appear in bold face type

Country	Planning & Finance	Health	Education	Social Welfare	Agriculture & Land	Non-governmental
<b>Botswana</b>	Multisectoral Population and Economic Impact Study	NASCOP orphan estimates	Barriers to access for orphans	Welfare benefit scheme; child law review		Private sector partnerships for micro-credit
<b>Malawi</b>		NASCOP orphan estimates	Implementing free primary education; <b>voluntary creches /pre-schools</b>	Welfare benefit scheme; leading community based care development; <b>child law review and policy development</b>		<b>NGO/Government Coordination at National and Local Levels; integrated into formal social welfare system; COPE model</b>
<b>South Africa</b>	Aggregate costing models of care			Welfare benefit scheme; testing models of care in one region; leading community based care development; child law review		NGO/Government Coordination at National and Local Levels; integrated into formal social welfare system

<b>Swaziland</b>	Multisectoral Population and Economic Impact Study	NASCOP orphan estimates; barriers to health sector access for young children		Welfare benefit scheme (being revised); child law review	Vulnerability mapping and impact assessment	NGO/Government Coordination at National and Local Levels
<b>Uganda</b>	Costing impact for educational changes		Increased access (financial) for orphans; limited free primary education	Leading community based care development; <b>child law review</b>	Vulnerability mapping and impact assessment	NGO/Government Coordination at National and Local Levels
<b>Zambia</b>		NASCOP estimates;	<b>Large alternative</b>	Welfare benefit scheme; child		NGO/Government Coordination at
<b>Zimbabwe</b>				<b>Leading community based care</b>		<b>NGO/Government Coordination at National and Local</b>

## **APPENDIX H: POTENTIAL AREAS OF OVERLAP WITH SO'S OUTSIDE POPULATION, HEALTH, AND NUTRITION**

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SO1 Democracy and Governance - Effective demand for sustainable political, constitutional, and legal reform.

IR 1: Civil society strengthening

IR 3: Better informed public.

*Overlap:* community mobilization and participation, advocacy and improved policy related to free education, access to healthcare, inheritance rights, and poverty alleviation.

SO2 Agriculture, business, and environment

IR 1.3: Title II program

*Overlap:* projects funded under Title II are already providing nutrition interventions to improve health of vulnerable children.

IR 2.1: Increased growth of micro- and small enterprises

*Overlap:* promotion of widening access to microfinance services.