

Kenya Research Situation Analysis on Orphans and Other Vulnerable Children Country Brief

**Boston University
Center for Global Health and Development**

in collaboration with

**University of Nairobi
Institute for Development Studies**

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Program Relevant Research Priority Areas

- *Comprehensive OVC Survey* - aimed at accurately documenting the magnitude and characterization of the OVC population in terms of numbers, age, gender, geographical location, and care placement (numbers in residential and family care).
- *Program-linked Evaluative Research* - aimed at evaluating the effectiveness and impact of various OVC interventions and models of care.
- *Program Relevant Scientific Evaluations* - aimed at providing specific strategic information for informing OVC programs; e.g. studies on drivers of vulnerability.

Recommended Supportive Actions for OVC Research

- *Develop National OVC Research Agenda* with implementation strategy, backed by resources
- *Commission National Longitudinal Cohort* to evaluate over time the effectiveness and impact of interventions on OVC.
- *Provide Funding Mechanism for OVC Research* by setting up an OVC research Fund or allocating at least 10% of OVC budgets to research.
- *Develop a robust monitoring and evaluation plan* to capture all the data gaps identified in this study.
- *Set up a Central OVC Database* to capture among other essential data, information on all OVC service organizations by geographical and service coverage, and numbers of OVC by gender, age, and geographic area.

Overarching Recommendations

- Support UNICEF/Children's Department in implementing the comprehensive national OVC survey
- Enhanced networking between the OVC programs for information/research sharing and quality of care and service delivery.

Key Findings

- No country definition of OVC. Exact number of OVC is not known.
UNAIDS: 1.4 million orphans.
NACC: 2.4 million orphans; 1.2 million due to AIDS.
UNGASS report: 100,000 children living with HIV.
UNICEF: 1.9 million OVC.
- National Response:
National OVC Policy, National Plan of Action, and a National OVC Steering Committee, Cash subsidy to households caring for OVC. Support community based responses to increase OVC access to essential services
- USG/PEPFAR Support: OVCs reached = 533,700
- From 23 organizations sampled 78% of OVC services are provided by NGOs; and 91% are funded by foreign donors. 63% indicated inadequate funding as a major challenge.
- Major gaps in the OVC knowledge base include inadequate data on:
 - *Magnitude and characterization of the OVC population*
 - *Effectiveness and impact of OVC interventions*
 - *Drivers of children's vulnerability and effective interventions*

Overview

Addressing the needs of orphans and vulnerable children (OVC) and mitigating negative outcomes of the growing OVC population worldwide is a high priority for national governments and international stakeholders that recognize this as an issue with social, economic, and human rights dimensions. Assembling the relevant available data on OVC in one place, and acknowledging the gaps that still exist in our knowledge, will assist policy makers and program implementers to make evidence-based decisions about how best to direct funding and program activities and maximize positive outcomes for children and their caretakers.

This Research Situation Analysis, Kenya Country Brief, presents a program-focused summary of available information on:

- The number of orphans and vulnerable children in Kenya.
- Current policies, programs and interventions designed and implemented to assist them.
- Gaps in these policies, programs and interventions.
- OVC research conducted between 2004 and 2008.
- Gaps in the Kenyan OVC evidence base.

The Brief analyzes the available data for critical gaps in the national response and our understanding about whether current interventions are fulfilling the needs and improving the lives of vulnerable children. The report then recommends actions required to increase the knowledge base for improving the effectiveness and impact of OVC programs.

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Method

We surveyed 23 OVC organizations providing services to OVC using a combination of qualitative and quantitative methods. Organization staff responded to a semi-structured questionnaire, and participated in key informant interviews and focus group discussions. A one day workshop was held to identify and agree on the key OVC priority questions. The workshop was attended by 25 participants from different organizations such as USAID, APHIA II implementing partners, CRADLE, PLAN International, ANPPCAN, Goal Kenya, Catholic Relief Services, SOS, Children’s Department, PSI and others. We also conducted a thorough review of the OVC literature, both published and unpublished. This brief and a more detailed country report are available from the authors.

Findings

Definition of OVC

Kenya is at the moment working on a country definition of OVC, but there has not been a conclusive agreement yet. Table 1 shows the multiple definitions of OVC provided by the 23 organizations we visited. As is clear from the numbers, each organization combines several characteristics in their definition of vulnerability.

Table 1: How Service Providers define OVC

Organization’s definition of OVC	Number of organizations
Children who have lost one or both parents to HIV/AIDS	20
Children who have lost one or both parents to other causes	20
Children having one parent infected with the HIV virus	18
Children who live without adequate adult support	18
Abused children	18
Children living on the street	17
Children who are in danger of living on the street	17
Children infected with the HIV virus	17
Children who are stigmatized	15
Children who are marginalized	14
Children who are discriminated against	13
Other: Standard definition under the national policy on OVC	2

Most of the organization’s definitions are similar to the PEPFAR definition of an OVC, which is a child, 0-17 years old, who is either orphaned or made more vulnerable because of HIV/AIDS. According to PEPFAR, a child is more vulnerable because of any or all of the following factors that result from HIV/AIDS: Is HIV-positive; lives without adequate adult support; lives outside of family care; or is marginalized, stigmatized, or discriminated against.

OVC in Kenya: Magnitude of the Problem

Providing care and support for OVC is one of the biggest challenges Kenya faces today, as the growing numbers overwhelm available resources. AIDS, fuelled by high poverty levels, is one of the main contributors to OVC incidence in Kenya. Understanding the magnitude of the problem and socio-demographic characteristics of OVC can provide the foundation for building programs of appropriate design, size and scope.

Adult HIV prevalence in Kenya is estimated by UNAIDS to be between 7.1% and 8.5%; and 150,000 to 180,000 children are estimated to have the virus. The most recent modeling of sentinel surveillance data indicates that HIV prevalence stood at 5.1% among adults at the end of 2006 compared with 10% in 1997/98.

The number of OVC in Kenya is not known partly because of lack of a common country definition of OVC, especially the term “vulnerable”. Different sources have continued to use an estimation of 2.4 million orphans in need of care and support from their extended families and communities. The following figures present a summary of the various estimates, using different definitions of vulnerability:

The 2003 Demographic Health Survey found that 2.3% of boys and 1.9% of girls under age 15 are double orphans. This proportion jumps to 25% for both boys and girls under age 18 who reported one or both parents dead. UNAIDS estimates the total number of orphans to be between 990,000 and 1,400,000. In 1998 15.3% of households reported having foster children; details about why these children were not living with their parents is not available. These DHS and UNAIDS estimates about the number of OVC are not, however, uniformly accepted within the country. Some stakeholders estimate that

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2,300,000 children are orphaned or vulnerable, but also claim that hard numbers do not exist. In 2007, the National AIDS Control Council (NACC) reported that 13.5% of children 0-18 are orphaned. The Kenya 2008 UNGASS report estimates the number of Orphans at 2.4million, out of which 1, 149,000 are AIDS orphans (UNAIDS/NACC, 2008). Estimates for the number who are vulnerable were not collected by NACC but the UNGASS report estimates the number of children living with HIV at 100,000.

National Response

The Kenyan government has responded by putting in place the National Plan of Action on OVC which helps to strengthen the capacity of families to protect and care for OVC, provide economic, psychosocial and other forms of social support, as well as mobilize and support community based responses to increase OVC access to essential services such as food and nutrition, education, health care, housing, water and sanitation. The Department of Children Services, within the Ministry of Gender, Children and Social Development, in collaboration with the National Steering Committee on OVC developed the OVC Policy, a key aspect of which is the provision of a direct predictable and regular cash subsidy of KSH 1,500 per month to households caring for OVC.

Program Characteristics and Service Gaps

Who is providing the services?

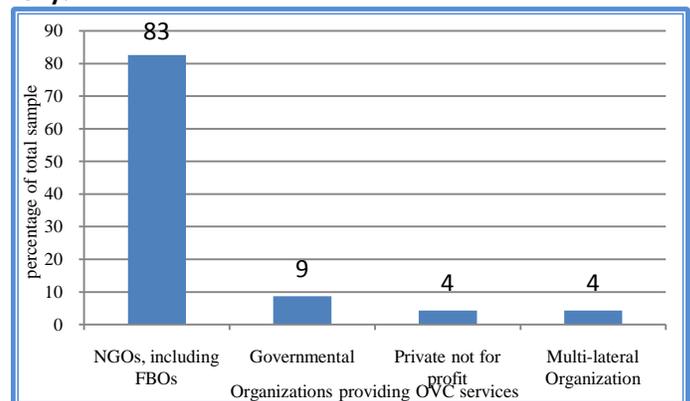
As shown in Table 3, coverage for children in different age groups from 1-17 is relatively even among the organizations we visited, but infants in their first year of life are receiving less assistance. Food and Nutrition and Protection are the services offered most frequently within all age ranges. Most of these organizations have over 500 OVC benefiting from their programs.

Table 3: Number of Organizations Providing Assistance to Each Age-Group

Age	Food & Nutrition	Shelter & Care	Protection	Health Care	Psycho-social Support	Education & Skills Training
0-1	12	5	7	5	4	4
1-5	15	7	11	8	8	7
5-10	16	11	14	9	10	9
10-15	17	12	13	10	9	9
15-18	14	11	12	9	10	10

Most of the organizations providing OVC services in Kenya are non-governmental organizations (78%). The rest include governmental (9%), private-not for profit (4%), faith-based organizations (4%) and multilateral organization (4%). Figure 1 presents the breakdown of the 23 organizations in our sample. Apart from the sampled organizations, the exact number of organizations working on OVC in Kenya is not yet known.

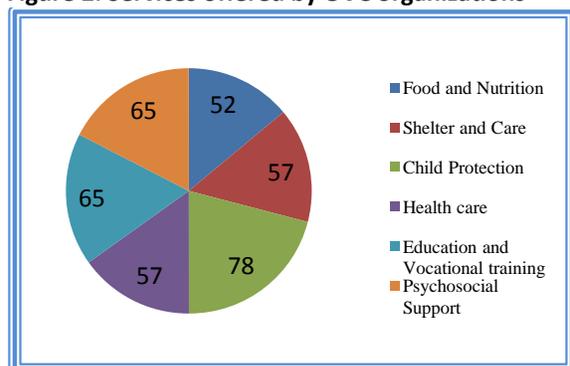
Figure 1: Types of Organizations Providing OVC Services in Kenya



What are the services provided and where are the gaps?

Figure 2 shows that the surveyed organizations provided one or more types of care. Seventy-eight percent of organizations provide protection against abuse and exploitation and 65% provide psychosocial support and education and vocational training. Just over half of these organizations (52%) offer food and nutrition services in the form of food assistance, nutrition counseling and education, and food security support (e.g. seed supply and gardening).

Figure 2: Services offered by OVC organizations



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Program Cost

The estimated budget in USD used by the sampled organizations to fund each type of OVC programming is presented in Table 4. Sixty-five percent (15 organizations) of the sampled organizations indicated lack of adequate funding to cover all their program costs. Only three (13%) organizations indicated an ability to cover all program costs and 5 (22%) reported being able to cover the costs at times.

Table 4: Program Monthly Budget

Budget (in USD)	Food & Nutrition	Shelter & Care	Protection	Health Care	Psycho-social Support	Education & Skills Training
Less than 1,000	-	-	-	-	-	-
1,000-10,000	4	1	1	-	1	-
10,000-50,000	1	3	3	1	2	2
50,000-100,000	3	3	4	3	3	3
100,000+	3	3	4	3	3	4

Research on OVC

Out of the sampled organizations 65% (15) have conducted research on orphans and or vulnerable children. Over 53% of the research work was conducted by people from within the organizations while the rest was carried out by independent researchers.

Monitoring and evaluation research are ongoing with most programs, with indicators tending to focus on numbers of children served or services provided. Data on numbers of OVC, program impact, and program cost are primary gaps in the current OVC evidence base.

What Information Is Missing and Most Needed?

While some valuable research has been conducted on OVC in Kenya, significant gaps remain. The lack of vital strategic information is hindering policy makers and program leaders from making well-informed decisions about the path forward. However, with limited resources available to divide between programming and research, a reasonable balance should be found to answer key questions without sacrificing support for critical services.

In the short term, the greatest impact of research will come from filling the most fundamental gaps in information: How big is the problem and who does it affect? Are current programs working, and if not, what will? What will it cost to have a positive impact? These “building blocks” will be useful both independently and in combination to make evidence-based decisions for the allocation of human and financial resources. These top priority areas are described in Table 5 below.

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Table 5: Research Priorities

Priority Research Area	Key Research Question(s)	Program Utility of the Research
<p>1. Comprehensive OVC Survey to determine the magnitude and full characterization of the OVC Population</p>	<ul style="list-style-type: none"> • What is the consensus definition of a “vulnerable child”? As noted earlier, many estimates exist, but without an agreed upon definition of vulnerability, the many different estimates of the number of OVC create more confusion than clarity about the scope of the problem. • What is the total number of OVC in Kenya, by geographic location (province, district, sub-location, and village)? • What are the subpopulation groups of OVC, their numbers, sex, age, and needs? • What proportion of OVC is under various living arrangements (e.g. family, institutions, etc) 	<p>With shared definitions and a clear understanding of the size and scope of the OVC problem, programs will have a better understanding of their target groups, to facilitate the tailoring of interventions. Policy makers will have initial information for the allocation of resources, and a baseline for comparing future data in order to assess progress at a national level. A clear definition and characterization of vulnerability will help programmers design effective strategies to prevent or reduce vulnerability. Knowledge of numbers, characteristics and needs of OVC in households, on the street, in orphanages, in children’s villages or group homes will help the country more effectively target its resources and services.</p>
<p>2. Program-linked Evaluation Research to determine the effectiveness and impact of various OVC interventions and models of care</p>	<ul style="list-style-type: none"> • What is the coverage of OVC interventions and do they reach the right targets? • What are the specific and measurable outcomes for quality and impact of different OVC interventions? • Are OVC Care and Support Programs providing quality services and achieving measurable impact? 	<p>Knowledge of what proportion of OVC in need is covered with the minimum package of OVC services at a point in time is a useful early indicator of program effectiveness, and would help policy makers and programmers plan how much more to scale up the programs to have the desired impact. To estimate coverage, there is need to have a good estimate of the target population; hence the need to identify total numbers of OVC and those most in need.</p> <p>For more concrete measures of effectiveness, programs can measure achievement against clearly defined desired outcomes. Common outcomes across a range of interventions facilitate the comparison of their utility and determination of the cost-effectiveness of the various interventions.</p>
<p>3. Program Relevant Scientific Evaluations to provide specific strategic information for informing OVC programs</p>	<p><i>Vulnerability and Effective Interventions</i></p> <ul style="list-style-type: none"> • What are the causes of child vulnerability? What are the community perceptions on the various reasons for child vulnerability? • How effective are the current interventions aimed at reducing child vulnerability? • What are the most effective interventions for preventing and reducing child vulnerability? 	<p>Finding the most effective and sustainable OVC interventions is of highest priority, but these are very complex issues. Qualitative research on the underlying causes (drivers) of vulnerability will provide guidance for deeper interventions than may currently be available.</p> <p>More importantly, research evidence that helps find the most effective strategies to prevent and reduce child vulnerability would be the most helpful for addressing the growing numbers of Vulnerable Children.</p>

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Table 5: Research Priorities (continued)

Priority Research Area	Key Research Question(s)	Program Utility of Research
<p>Program Relevant Scientific Evaluations (continued)</p>	<p><i>Specific OVC Service Domain Data Gaps</i></p> <ul style="list-style-type: none"> • <u>Nutrition</u>: What is the current coverage of food and nutritional support interventions to OVC? How effective are the current food and nutrition interventions in improving household food security and nutritional status of OVC? • <u>Shelter and Care</u>: What is the proportion of children in residential versus family-based care? What are the numbers of children under residential care and on the street? • <u>Child protection</u>: What are the main challenges faced by OVC by age and gender? What are the best interventions to deal with these challenges? What are the annual numbers of children involved in child labor, sexually abused, trafficked, in early marriage, etc.? • <u>Health</u>: What is the role of children in HIV and STI transmission given the prevalence of early/teenage sexual debuts in Kenya? • <u>Psychosocial Support</u>: What proportion of abused children is provided with psychosocial support services? • <u>Household Economic Strengthening</u>: What household strengthening interventions and models are in use? What proportions of caregivers are living in abject poverty? What are the challenges faced by households taking care of OVC? What proportion of households is receiving external support and who is providing the support? 	<p>For six of the seven OVC service areas, a number of gaps in knowledge were identified by OVC stakeholders at meeting held on 8th of May 2009. Finding answers to the various questions posed is essential for the effectiveness of the various interventions meant to meet the needs of OVC and for monitoring the overall response to the OVC challenge.</p>

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Recommended Supportive Actions for OVC Research

In addition to prioritizing research questions to be answered in Kenya, stakeholders can play a crucial role in creating a policy and funding environment for program-relevant research to thrive. Several key recommended actions are listed below.

- Adopt a National OVC Research Agenda with an implementation strategy clearly indicating priority research areas matched with resources. A National Research Agenda will help researchers know what areas the country needs more evidence to improve the effectiveness and impact of OVC programs and more likely help them focus on policy and program relevant national research priorities.
- Commission a National Longitudinal Cohort study, posing different research questions as needed. Following children and families being supported by various services, over an extended period of time, is the most reliable way to understand whether the services being provided are making a difference on the lives of the children, both in the short term and longer term.
- Develop and implement a robust plan to monitor and evaluate all OVC programming. Incorporate shared, well defined indicators across programs for ease of comparison.
- Set up a central OVC database to capture all demographic data on OVC, OVC care placements, service providers and their coverage in terms of services and geographically, etc. This will serve as a resource for planning and budgeting, and allow the Ministry of Community Development and Social Services know who is doing what and where and help coordinate services to improve synergy between service providers, reduce duplication of efforts, and improve efficiency in programming of resources.
- Engage national and international stakeholders to support program-relevant research. USAID, for example, has Basic Program Evaluation (BPE) and Public Health Evaluation (PHE) mechanisms to support research as well as programming.
- At the program level, it will be helpful for the Department of Children Services within the Ministry of Gender, Children and Social Development and partners to incorporate a National Scale-up Plan for OVC in the OVC National Plan of Action; with clear annual coverage targets matched with expected resources.

Overarching Recommendations

- Support to UNICEF and Children's Department in implementing the comprehensive national OVC survey
- The need for enhanced networking between the OVC programs for information/research sharing and quality of care and service delivery.

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Orphan and Vulnerable Children Comprehensive Action Research (OVC-CARE) Project

The Center for Global Health and Development has been awarded a USAID contract to fill critical gaps in the evidence base in order to improve the quality and coverage of OVC programs and guide cost-effective programming of OVC resources. For information on how to access this consortium, please contact Andrea Halverson, USAID Contract Officer's Technical Representative (COTR) at ahalverson@usaid.gov.

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Annex 1- Research undertaken on OVCs between 2004 and 2008 in Kenya

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The research works enlisted were given by the organizations as OVC research though some do not necessarily reflect key OVC care questions. Some deal with children in general while others deal with issues affecting orphans and/or vulnerable children.