



USAID
FROM THE AMERICAN PEOPLE

**HEALTH POLICY
INITIATIVE**



ORPHANS AND VULNERABLE CHILDREN (OVC) PROGRAMMING IN GLOBAL FUND HIV/AIDS GRANTS IN KENYA

SEPTEMBER 2010

This publication was produced for review by the U.S. Agency for International Development (USAID). It was prepared by Ruth Pfeleiderer and Oliver Kantai, Consultants, Health Policy Initiative, Task Order I.

Suggested citation: Pfliegerer, R., and O. Kantai. September 2010. *Orphans and Vulnerable Children (OVC) Programming in Global Fund HIV/AIDS Grants in Kenya*. Washington, DC: Futures Group, Health Policy Initiative, Task Order I.

The USAID | Health Policy Initiative, Task Order I, is funded by the U.S. Agency for International Development under Contract No. GPO-I-01-05-00040-00, beginning September 30, 2005. HIV activities under the initiative are supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Task Order I is implemented by Futures Group, in collaboration with the Centre for Development and Population Activities (CEDPA), White Ribbon Alliance for Safe Motherhood, and Futures Institute.

ORPHANS AND VULNERABLE CHILDREN (OVC) PROGRAMMING IN GLOBAL FUND HIV/AIDS GRANTS IN KENYA

SEPTEMBER 2010

The views expressed in this publication do not necessarily reflect the views of the U.S. Agency for International Development or the U.S. Government.

TABLE OF CONTENTS

Introduction	1
Methodology	1
Background	2
The OVC Situation in Kenya	2
The Kenyan OVC Response.....	2
The Global Fund in Kenya	4
Findings from Research	6
Progress in Addressing OVC.....	7
Challenges to the National OVC Response.....	7
Challenges Related to General Global Fund Issues.....	9
Attention to OVC in Global Fund Proposals and Grants	11
Implementation Issues	12
Role of the CCM in Guiding the OVC Response.....	12
Funding for OVC.....	14
Gender Mainstreaming	14
Age-appropriate Programming	14
Programming for OVC Living Outside the Care of Families.....	15
Conclusion and Recommendations	15
Annex A. List of Indicators	18
Annex B. Key Informant Interview Guide	20
Annex C. Survey Methodology	25
References and Other Resources	27

ACKNOWLEDGMENTS

The authors wish to acknowledge the support they received during the course of this assignment from the USAID | Health Policy Initiative, Task Order 1, in Kenya. In particular, they wish to thank Dr. Dan Wendo, Country Director; Ms. Dorothy Odhiambo, HIV Specialist; and all other staff who provided technical and operational support and input for this review.

The authors also especially thank all the respondents in Kenya who provided their valuable time and shared their knowledge, insights, and understandings. It is their input that ultimately informed this report. Their willingness to share their experiences with the Global Fund in Kenya will greatly benefit all countries involved in the response to children affected by HIV and AIDS.

In addition, the authors wish to acknowledge the efforts, support, and technical guidance from Ms. Amy Kay, Senior Technical Advisor for the Health Policy Initiative, and colleagues at the Washington, D.C., office. Their support is highly appreciated.

Finally, the authors recognize the financial support for this study provided by the U.S. Agency for International Development (USAID) and the technical guidance from Gretchen Bachman, Emily Osinoff, Kristen Stewart, and Shannon Kelly of USAID/Washington.

EXECUTIVE SUMMARY

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) is a major financier responding to HIV, including programs for orphans and vulnerable children (OVC) implemented with HIV funds. In June 2010, the Global Fund reported that programs funded by it have provided 4.9 million basic care and support services to orphans and vulnerable children. In the face of the growing OVC population, it is essential that additional opportunities made possible via the Global Fund be identified to ensure OVC are appropriately prioritized in grant processes.

The USAID | Health Policy Initiative, Task Order 1, conducted a comprehensive desk review to better understand the nature and extent of OVC in Global Fund HIV/AIDS grants and the processes involved. The project then supported a study in Kenya to explore the country situation influencing these processes. Information for the activity came from a review of proposal and grant-related documents available through the Global Fund website and interviews with key informants in Kenya. Kenya was chosen due to its high HIV prevalence rate, OVC burden, and a succession of proposals and grants over time. The Health Policy Initiative's presence in Kenya and related OVC programming, in addition to USAID/Kenya Mission support were also determining factors for country selection. The activity sought to enrich stakeholders' understanding of OVC GFATM programming to inform and support appropriate prioritization of OVC programming in the future.

Kenya's population is estimated to be 35.5 million people, of whom about 14.9 million are children below the age of 14 years. There are an estimated 2.4 million orphans in Kenya due to HIV and AIDS. Estimates from the current *Kenya National AIDS Strategic Plan 2009/10–2012/13* (KNASP III) state that, in 2008, there were an estimated 110,000 children (0–14 years) living with HIV and about 34,000 new child HIV infections each year. Besides children who are orphaned, an even greater number of children are vulnerable due to poverty, disease, abandonment, natural disasters, and civil unrest (e.g., 2007 post-election violence), and other causes. While it is estimated that between 30–45 percent of orphans due to all causes have ended up in charitable children's institutions, between 200,000–300,000 children are estimated to be on the streets of major cities in the country. These children end up on the streets due to loss of a parent or parents due to AIDS, poverty, family violence, and other factors.

For this study, key informant interviews were carried out with OVC stakeholders from government ministries, international organizations, the Country Coordinating Mechanism (CCM), principal recipients, sub-recipients, NGOs, faith-based organizations, and OVC network members. A questionnaire was designed and in-person interviews were conducted with 23 stakeholders from October to December 2009.

Kenya's Global Fund HIV/AIDS grants were awarded in three of nine rounds of proposal solicitations. None of these grants had OVC as the main component although OVC were included among other activities, such as care and support and programs targeting youth. In addition, Kenya's proposal using the recent National Strategic Application was not awarded. The proposal had sought funds for the Cash Transfer Program, a key approach of the Kenyan government in support of OVC.

Respondents identified several positive developments in Kenya's OVC response, including the restructuring of the national HIV response being undertaken under KNASP III, adoption of a costed *National Plan of Action for OVC, 2007–2010*, and the establishment of the National Steering Committee on OVC and the Parliamentary Committee on OVC. The government's emphasis on a family-centered approach was seen as a strength in Kenya's OVC response.

Despite these areas of strength, respondents also identified several areas of need:

- Coordination of national OVC response, including enhancing clarity and understanding of roles and responsibilities of various actors;
- Data on the OVC situation in the country to inform programming, including improving data gathering, conducting a situation analysis, and strengthening monitoring and evaluation (M&E) systems;
- Harmonization of guidelines related to OVC;
- Legal protections against abuse for OVC;
- Capacity of OVC program implementers and service providers; and
- Dissemination of information and strategies, including the *National Plan of Action*.

There are several additional concerns specifically related to the Global Fund:

- Lack of understanding of Global Fund mechanisms and processes among OVC stakeholders;
- Need for improved relationships between Global Fund and Kenyan stakeholders;
- Need for stronger advocates for OVC issues on CCM and for NGOs to work more closely together to lead the OVC response;
- Capacity gaps among principal recipients, sub-recipients, and OVC stakeholders at all levels, which will require further training in technical areas (OVC), program management, M&E, and Global Fund rules, processes, and mechanisms;
- Insufficient share of Global Fund grant money going to civil society, particularly considering the fact that civil society implementers offer the majority of OVC services at community level;
- Need for improved data on OVC to support advocacy for prioritization of OVC within Global Fund proposal and implementation processes;
- Insufficient gender mainstreaming; and
- Failure to address age-specific programming for OVC in Global Fund grants.

Given these challenges, the main recommendations are:

- Develop specific guidelines for Kenya (and other countries) on the inclusion of OVC in proposals and make the OVC component clearer and linked to a specific set of funds. OVC should not be hidden in other programmatic areas, but singled out as a distinct target group.
- Improve relationship between Kenyan stakeholders and the Global Fund through advocacy, sensitization, and capacity building on Global Fund processes for OVC stakeholders at all levels.
- Continue building the capacity of principal and sub-recipients and adopt a more rigorous pre-evaluation of NGOs during Global Fund proposal development to enhance grant performance.
- Clarify roles and relationships among OVC stakeholders within the newly restructured HIV response architecture and disseminate that information effectively.
- Include a strong OVC advocate within Kenya's CCM.
- Establish partnerships and networks among OVC stakeholders to strengthen their collective voice, improve data and coordination, and serve as a mechanism for building capacity of civil society to understand Global Fund processes and OVC technical issues.
- Improve systems to track and evaluate OVC and Cash Transfer Program data.
- Undertake OVC situation and gap analysis and conduct a regularly updated mapping of all OVC stakeholders.
- Strengthen dissemination of guidelines to all levels of OVC stakeholders, including training on how to use tools and guidelines properly.

It is hoped that this review will assist all stakeholders in Kenya, as well as other countries, to improve future planning and programming for OVC. The review does not constitute an evaluation of GFATM programming in Kenya. Rather, it provides an opportunity for a wider audience to learn from the Kenyan experience—a country committed to an OVC response.

ABBREVIATIONS

AIDS	acquired immune deficiency syndrome
ART	antiretroviral treatment
CCM	Country Coordinating Mechanism
CEDPA	Centre for Development and Population Activities
CSO	civil society organization
CTP	Cash Transfer Program
DFID	Department for International Development
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HPI	Health Policy Initiative
HIV	human immunodeficiency virus
ICC	Inter-Agency Coordinating Committee for HIV/AIDS
KENWA	Kenya Network of Women Living with HIV/AIDS
KIHBS	Kenya Integrated Household Budget Survey
KII	key informant interview
KNASP III	Kenya National AIDS Strategic Plan 2009/10–2012/13
M&E	monitoring and evaluation
MOGCS	Ministry of Gender, Children, and Social Development
NACC	National AIDS Control Council
NASCOP	National AIDS and STI Control Program
NGO	nongovernmental organization
NPA	National Plan of Action
NSA	National Strategic Application
OVC	orphans and vulnerable children
PEPFAR	President's Emergency Plan for AIDS Relief
PMTCT	prevention of mother-to-child transmission
PR	Principal Recipient
RAAAP	Rapid Assessment, Analysis, and Action Planning
STI	sexually transmitted infection
TOWA	Total War Against HIV/AIDS
UNAIDS	Joint United Nations Program on HIV/AIDS
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

INTRODUCTION

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM, also referred to as Global Fund) is a major funder of HIV programs, including those for orphans and vulnerable children (OVC). In June 2010, the Global Fund reported that programs funded by it have provided 4.9 million basic care and support services to orphans and vulnerable children. In the face of the growing OVC population, it is essential that additional opportunities made possible via the GFATM be identified to ensure OVC are appropriately prioritized in GFATM grant processes.

The USAID | Health Policy Initiative, Task Order 1, carried out a review of the Kenyan OVC response, including Global Fund grants, in 2009. The objectives of the review were to:

1. Enrich stakeholders' understanding of OVC in Global Fund HIV/AIDS grants, the processes involved, and the country situation influencing these processes; and
2. Assist stakeholders in Kenya and other countries in improving future planning and programming for OVC.

The review is not an evaluation of the performance of GFATM programming in Kenya. Rather, it is an attempt to explore ways to increase attention to OVC needs and issues within the proposal and grantmaking processes and among the in-country stakeholders who participate in these processes.

METHODOLOGY

The study in Kenya consisted of reviewing OVC documents and interviewing in-country key informants in Kenya. The Health Policy Initiative supported the Kenyan study as a follow-up to its comprehensive desk review of Global Fund HIV/AIDS grants (Zosa-Feranil et al., 2010). Documents for the desk review were retrieved from the GFATM website and included 261 approved HIV/AIDS grants across more than 100 countries. To hone in on in-country factors influencing grant processes, key stakeholders and program implementers in Kenya also provided documents on Global Fund-supported OVC programs, services, and participation. The documents were examined to determine: (1) the extent to which and how OVC were included in approved country proposals, grants, and disbursements of the GFATM for HIV/AIDS; (2) factors that facilitated or hindered the inclusion of OVC in GFATM grants, including the country situation; and (3) ways to strengthen OVC components in country-level projects.

In addition, key informant interviews were carried out with OVC stakeholders from government ministries, international organizations, the Country Coordinating Mechanism (CCM), principal recipients (PRs), sub-recipients, nongovernmental organizations (NGOs), faith-based organizations, and OVC network members. A questionnaire was designed (see Annexes A and B) and in-person interviews were conducted with 23 stakeholders from October to December 2009. See Annex C for additional information on the survey methodology.

BACKGROUND

The OVC Situation in Kenya¹

Kenya's population is estimated to be 35.5 million people, of whom about 14.9 million are children below the age of 14 years.² An estimated 2.4 million children in Kenya are orphans due to the HIV epidemic.³ In 2008, there were an estimated 110,000 children (ages 0–14 years) living with HIV and 34,000 new child HIV infections each year.⁴

Besides children who are orphaned due to HIV, an even greater number of children are considered vulnerable⁵ due to poverty, disease, abandonment, natural disasters and civil unrest (e.g., the 2007 post-election violence), and other factors. Some 30–45 percent of orphans due to all causes have ended up in charitable children's institutions. Another 200,000–300,000 children are estimated to be living on the streets of major cities in Kenya.⁶ Children of parents living with HIV and AIDS become vulnerable long before their parents die. Girls, in particular, assume caring responsibilities for ailing parents and parenting responsibilities for their siblings. They also may take on income- and sustenance-generating activities that can put them further at risk. Deteriorating circumstances due to the family's increasing poverty level and the impact of HIV and AIDS expose children to exploitation and abuse. Escalating crime and social disorganization are also contributing to the increasing vulnerability of OVC in Kenya. Traditionally in Kenya, orphans are absorbed into the extended family system; however, this traditional social safety net is under severe threat due to social and economic strains. Another factor is the psycho-social trauma suffered by OVC due to losing their parents and the family responsibilities they are left to bear. Also, when children lose their parents, they often lose their inheritance rights as well.

As in many low-resource countries, systems and services to prevent and respond to child maltreatment in Kenya are weak, and many cases go unreported. Maltreatment includes child neglect, abandonment, assault, sexual abuse, child prostitution, harmful cultural practices, and exploitative labor. Children who lack adequate adult care and protection are at higher risk of all forms of child maltreatment.

A majority of OVC are in critical need of essential basic services, and many suffer from physical and emotional distress. HIV and AIDS have created increased demand for child care and protection networks, improved strategies, and sustainable interventions. Community interventions and policy-based responses are needed to address the short- and long-term impact of the HIV epidemic. Appropriate OVC programming and skills transfer training approaches are needed that improve the well-being of orphans and vulnerable children by increasing their access to essential services, while also supporting the social and economic empowerment of affected families and households.

The Kenyan OVC Response

The Kenyan government provides leadership for the OVC response. The OVC response is based in the Kenya OVC Secretariat in the Department of Children's Services of the Ministry of Gender, Children, and Social Development (MOGCSD). The multisectoral National OVC Steering Committee was

¹ This section is based on various documents and practical programming experience in care and support for OVC. See, for example, *National Programme Guidelines on Orphans and Other Children Made Vulnerable by HIV/AIDS*.

² Kenya Integrated Household Budget Survey (KIHBS), 2005/2006.

³ MOGCSD. 2009. *National Plan of Action for Orphans and Vulnerable Children Kenya 2007–2010*. Nairobi: MOGCSD. See page 9.

⁴ *Kenya National AIDS Strategic Plan 2009/10–2012/13 (KNASP III)*.

⁵ *National Plan of Action for Orphans and Vulnerable Children Kenya 2007–2010*.

⁶ Ibid.

established to advise the government on OVC issues in policy, practice, and implementation; and to monitor OVC programming. Members include key ministries such as health, education, and finance; the National AIDS and STI Control Program (NAS COP); National AIDS Control Council (NACC); and development partners. It is chaired by the Permanent Secretary of the MOGCSD. The steering committee meets regularly to review and advise the government on OVC issues.

The National OVC Steering Committee carried out a Rapid Assessment, Analysis, and Action Planning (RAAAP) Process for OVC in 2004. Kenya was one of the first countries to carry out RAAAP. It was an effort to quantify the OVC situation, and it eventually led to the development of the *National Plan of Action (NPA) for OVC, 2007–2010*. The NPA includes policies and guidelines on OVC interventions in Kenya. It took several years to develop NPA, which was finally published in 2009. The policies and guidelines provide a strategic framework for the OVC response by program developers and implementers.

One of the key findings of the RAAAP assessment was that civil society organizations (CSOs) play an important role in supporting community-based responses to OVC. Nevertheless, many vulnerable children were still not being reached by current programs. These findings were the basis for establishing a comprehensive strategy that: (1) identifies OVC not being supported through NGOs and (2) provides their families, and in some cases foster families, with a cash subsidy. This strategy is referred to in the NPA for OVC. The first priority area in the plan is strengthening the capacity of families to protect and care for OVC at the household level.⁷

The RAAAP assessment provided the background to initiate the development of a cash transfer program for OVC in 2004. There was a growing concern about the increasing number of unregulated orphanages as well as the number of children growing up in institutional care rather than a family environment. Because poverty is a driving factor for an increase in institutional care, cash transfers that help stabilize families economically were considered likely to reduce the demand for orphanages.

The Kenyan Cash Transfer Program (CTP) began in 2005. Funding for the CTP comes mainly from the government, the World Bank, the United Kingdom's Department for International Development (DFID), and the United Nations Children's Fund (UNICEF). The majority of human resources of the Department of Children's Services are dedicated to the CTP, which is attempting to provide systematic support for OVC by strengthening households to take care of OVC. The government gives each family \$20 per child, which can be used for whatever families need including food, shelter, education, and health services. It is still a pilot program and will be evaluated in 2010.

Among the respondents in this study, the Cash Transfer Program was the best known and most cited program for OVC in Kenya. According to respondents, the CTP is a very labor-intensive program, which makes it difficult for the Department of Children's Services to provide leadership in other areas of the OVC response.

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) is another major source of funding for OVC and provided nearly \$50 million for OVC in 2010. With these funds, the government provides other OVC services such as free medical services for children below five years; free primary school, including scholarships for OVC; and legal support for inheritance. Approximately 60 percent of vulnerable children in Kenya receive some kind of support funded by PEPFAR. These funds support community- and family-based service provision but do not support the expansion of institutional care.

⁷ Cash Subsidies for Children affected by HIV/AIDS: Background Paper on the Pre-pilot and Pilot Initiatives, April 2005, p.1

The World Bank, DFID, and the government provide funding through the Total War against AIDS (TOWA) project. TOWA supports a range of services offered by NGOs to children at the community level, sometimes complementary to those provided through the CTP.

Many children receive support through very small community- and family-based initiatives. According to respondents, these efforts are not included in national data collection and plans.

The Global Fund in Kenya

Since 2003, the Global Fund has supported HIV programs in Kenya, including those for OVC. All Global Fund-financed programs in Kenya operate in conjunction with the national HIV/AIDS response structure. The HIV response is coordinated by the NACC Secretariat. The NACC also acts on decisions made by the NACC Board and the Inter-Agency Coordinating Committee (ICC) and ICC Advisory Committee. The ICC is a multisectoral partnership forum consisting of 56 members. It is overseen by a 17-member Advisory Committee and is chaired by the NACC. The ICC addresses various issues regarding the national HIV/AIDS program, such as planning, management, monitoring, financing, and coordination.⁸ It coordinates the Joint Annual Program Review for HIV and AIDS. The CCM for the Global Fund encompasses many constituencies, including government ministries, CSOs, and faith-based groups. The ICC ensures inclusion of all development partner activities, including activities of the Global Fund CCM.⁹

Proposal development in Kenya is guided by the CCM, which convenes a proposal writing committee that provides technical support to the ICC to draft Global Fund proposals. These proposals are approved by the ICC and receive final endorsement from the CCM. Currently, the CCM is not a legal entity and, according to key informants interviewed for this study, cannot be held fully accountable for performance. The PR does not sit on the ICC, only the CCM. The PR does not currently share its reports with the ICC and, therefore, the ICC has limited input related to GFATM issues.

There have been nine rounds of requests for proposals. Kenya submitted successful proposals to Global Fund rounds 1, 2, and 7, and almost \$315 million has been awarded for grants (see Table 1). None of the grants had OVC as a main component, but there were activities such as care and support for youth that addressed needs of OVC. Box 1 provides a summary of the main focus of the different rounds of grants, and how OVC figured within those rounds.

Table 1. Awarded Global Fund Grants in Kenya

Round; Start Date	Name of Organization Submitting Proposal	Name of Proposal	Principal Recipient	Funding Amount in US\$
Round 1 4/1/2003	Kenya Network of Women Living with HIV/AIDS (KENWA)	Community mobilization request proposal to fight HIV/AIDS	KENWA	220,875
Round 1 4/1/2003	Sanaa Art Promotion	Media interventions among youth in Nairobi, Central, Eastern, and Coast Provinces of Kenya	Sanaa Art Promotion	~ 2.65 million

⁸ See Kenya Global Fund Proposal Round 7.

⁹ Other members include the Total War Against HIV/AIDS (TOWA)—World Bank, Government of Kenya, DFID, Joint United Nations Team, Development Partners for Health, Global Alliance for Vaccines and Immunization, and private sector and civil society umbrella organizations. See KNASP III, p. 48.

Round; Start Date	Name of Organization Submitting Proposal	Name of Proposal	Principal Recipient	Funding Amount in US\$
Round 2 12/1/03	Kenya National Country Coordinating Mechanism	Proposal for additional support to fight AIDS, tuberculosis, and malaria	Ministry of Finance	~179 million for HIV component, of which about 67 million was not received
Round 7 11/20/08	Kenya National Country Coordinating Mechanism	Improvement of the quality of life of people living with HIV and AIDS and reduction of HIV infections	Ministry of Finance and CARE International	~132 million

Box 1. Summary of Rounds of Global Fund HIV Proposals and Grants in Kenya

Round 1. The two Kenyan HIV/AIDS proposals were relatively small and came from NGOs: KENWA received US\$220,875 for implementation of activities in three slums of Nairobi including support for education, shelter, food, clothing, and legal services for OVC. Sanaa Art Promotions received approximately US\$2.65 million for media interventions that targeted youth in Nairobi, as well as Central, Eastern, and Coast Provinces of Kenya.

Round 2. Kenya's proposal did not have a specific OVC component. The grant focused on voluntary counseling and testing, antiretroviral treatment (ART), continuum of care, and prevention of mother-to-child transmission (PMTCT). At the time of the submission, OVC were not a major priority of the national agenda. Round 2 grant management and implementation experienced a range of challenges and, therefore, Kenya did not receive all funds for Phase 2 of the grant disbursement. The delays in release of funding, as well as the loss of approximately US\$67 million for Phase 2, did have an impact on OVC, because those NGOs implementing activities at the community level found that they suddenly were not receiving expected resources. Delays, cut-offs, and the nature of short-term funding were cited as a major hurdles by NGO respondents working with OVC, because OVC need long-term planning and support. The problems experienced with the Round 2 grant performance influenced GFATM rejection of subsequent proposals.

Round 4. Kenya's proposal for US\$35 million, which was rejected, had a large OVC component for the CTP. Sixty percent of the proposal was to fund the development and expansion of the CTP for the most vulnerable children in Kenya, including children affected by HIV and AIDS. The balance of the funding was to be allocated mainly to finance collective community-based activities that would complement the cash subsidy to be delivered to families.¹⁰ One of the key weaknesses and reasons identified by respondents for rejection of the proposal was that the cash subsidy was new to Kenya, and there was not yet enough evidence that it would work in Kenya. Since then, UNICEF has been supporting the process of gathering information on the effectiveness of cash transfer. An evaluation of the CTP is planned for 2010.

Round 7. The Kenya proposal, which was funded, stated: "OVC are not prioritized in Round 7 grant, since support to OVC is provided through PEPFAR and UNICEF."¹¹ Respondents in this review agreed that OVC are not directly targeted in the grant. Rather, the grant focuses on prevention, most-at-risk populations and youth, the provision of ART, and access to counseling and treatment. OVC are targeted only if they are part of these groups and activities. Implementation for Round 7 was only beginning at the time of this study, although the Grant Agreement was signed in November 2008.

During the development of Round 7 and the NSA in Round 9, Kenya undertook a situation and gap analysis to

¹⁰ "Cash Subsidies for Children Affected by HIV/AIDS: Background Paper on the Pre-pilot and Pilot Initiatives," April 2005, p.2

¹¹ See Kenya Global Fund Proposal Round 7, p.36

assess total funding available from major donors such as PEPFAR, the World Bank, and DFID and that was outside the Global Fund. This analysis was used in developing the proposal for Round 9.

Round 9. Kenya was among the first countries to submit a National Strategic Application (NSA). An NSA varies from standard GFATM proposals because it explicitly builds on the country's national HIV/AIDS strategic plan. Kenya's NSA requested funding to roll out CTP. The application requested US\$21 million for only years 3 and 4 of the grant for the CTP because there were still sufficient funds for the CTP and OVC and also there was only so much capacity to manage these programs. Although the NSA was not funded, Kenya will have an opportunity to appeal this decision.

Proposals for Rounds 3, 5, 6, and 8 were also rejected, but did not have significant OVC-related components.

In 2006, the *Report on Kenya Global Fund Governance Architecture and Related Structures and Processes* (Hatib, 2006) made several recommendations regarding how to improve Global Fund performance. The government is undertaking a major restructuring of the national HIV/AIDS response for coordinating the implementation of KNASP III, which was officially launched on January 12, 2010. It is based on four channels—Health Sector HIV Service Delivery, Sectoral Mainstreaming of HIV and AIDS, Community/ Area-based HIV Programs, and Governance and Strategic Information—that operate as an integrated program. This approach should improve clarity of institutional roles and responsibilities. The plan should also increase efficiency by requiring accountability to NACC for performance and results.¹²

The restructuring also seeks to optimize the flow of information and reduce risks associated with governance constraints. It should improve the efficiency of in-country grant management by simplifying the funding flows and reporting and also the effectiveness of financial investments.¹³ The KNASP will align with all existing approved documents, such as the NPA.¹⁴ The appointment of a non-government PR for Round 7 to manage the NGO component of the grant (CARE International) is part of the process.

In the restructuring, the ICC will retain technical sub-committees to monitor and deliver higher-level technical support and results. It serves as the quasi-technical arm of the CCM but is responsible for all HIV and AIDS activities within the country. A KNASP III Oversight and Performance Monitoring Committee will be established as part of the restructuring process. Under the chairmanship of NACC, it will review achievements, address capacity gaps, and plan future work under the national plan. This committee requires approval by the Cabinet and will be housed at a ministry at the Permanent Secretary level and should lead to improved accountability.

FINDINGS FROM RESEARCH

The general findings from key informant interviews are presented in terms of overall progress in addressing OVC and remaining challenges, followed by findings on a series of specific topics. The results indicate that awareness about OVC issues has been increasing among Kenyan policymakers and political leaders, and thus support for OVC programming has been increasing as well. OVC programs are strongly linked with social protection. As more data become available in this area, the social protection component of the HIV response will be strengthened, since the government has agreed to the commitments of the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS. With regard to program implementation, service delivery was cited as having improved in recent years. Kenya's emphasis on

¹² Refer to KNASP III for more details.

¹³ KNASP III, p. 46

¹⁴ KNASP III, p. 35

community-based interventions as opposed to institutional-based interventions was also seen as a positive shift in the OVC response.

Progress in Addressing OVC

Respondents indicated that there have been positive directions in addressing OVC issues and Global Fund performance in Kenya. Among these positive attributes are the following:

- Key informants were optimistic that restructuring of the national HIV response under KNASP III would bring much needed changes to the HIV response, including the OVC response, and will greatly improve Global Fund performance.
- The establishment of the National Steering Committee on OVC and the Parliamentary Committee on OVC were seen as important steps in providing structure to the OVC response.
- The costed *National Plan of Action for OVC 2007–2010*, which provides policies and guidelines on OVC interventions in Kenya, is a strength of the OVC response even though the process of developing it took considerable time.
- Community- and family-centered support are the key entry points for OVC programming, and approximately 60 percent of OVC in the country receive some kind of support.¹⁵ This support was identified as a positive development in the OVC response by respondents. The government emphasis on a family-centered approach was also seen as a strength in the OVC response.
- Several large donors are now supporting the OVC response, and the Kenyan government has also committed itself through a substantial contribution, which is set to increase every year. *“In this financial year, the government allocated [Ksh.] 815 million for OVC interventions alone.”*¹⁶ (Respondent)
- Respondents cited the advent of PEPFAR in 2003 and the emphasis on prevention for young people as milestones.

Challenges to the National OVC Response

There are numerous challenges to improving progress in addressing the needs of OVC. These include challenges in the national OVC response, challenges related to Global Fund proposal development, and performance issues.

Respondents cited the lack of a standard, comprehensive definition of OVC and need for better data on gaps that influence OVC planning and programming in Kenya. Respondents felt it was necessary to undertake assessments to provide an evidence-based understanding of the OVC situation in Kenya, to have a better definition of vulnerability and OVC, and to improve programming, including monitoring and evaluation (M&E). In particular, they suggested the need for an OVC situation analysis.

“... the whole definition of who is an orphan ... the whole issue is really doing more assessment, more work as regards to either surveys just to let you know what is the need and what is the gap so that now that one can give a platform for getting more resources, evidence based that is.” (Respondent)

¹⁵ Respondent, International Organization

¹⁶ Figure in Kenyan shillings (~US\$11 million).

It was not clear to some respondents what agency should be providing leadership in which area of the national OVC response. There are multiple entities: the Department of Children Services, OVC Secretariat, OVC Steering Committee, NACC, and ICC. Coordination among them is not clear to all stakeholders. Some respondents were aware of the National Steering Committee on OVC and recommended strengthening this body, which is chaired by the Permanent Secretary of the MOGCSD. The Children's Department was seen as a key player which should provide more leadership in the OVC response. On the other hand, the NACC is seen as important for its overall coordination role.

The OVC program needs strong OVC champions, not only for the Global Fund, but in general.

"I think it is not very clear who should be championing the rights of OVC in the country ... You see within the NACC coordinating mechanism, the Ministry of Gender is supposed to champion that. And they do that [but] I'd say it is a weak ministry and a lot of things the Department does it has to be pushed by donors ... It's like the government is not very strong on exactly what they want. So, within NACC, they have left it to the Ministry of Gender and Children." (Respondent)

"Originally it was a mandate of the NACC to coordinate OVC programming, but this mandate was given up immediately after our first strategic plan ... The Children's Department had a comparative advantage over the NACC ... where the Children's Department was to coordinate all OVC programming and we actually adopted the conditional cash transfer program that was being supported in a kind of a basket mechanism including resources coming from Global Fund." (Respondent)

Lack of effective coordination of the OVC response was identified as a key weakness. Despite the fact that some government leadership is acknowledged, several respondents pointed to the importance of improving coordination structures. Also, OVC services are provided by many providers, but they are not coordinated, including at the community level. The capacity to regulate the proliferation of OVC programs is not sufficient given that the quality of services is often low, and service provision is not uniform. Since the management and coordination processes are too complicated, too few resources are reaching the children. What is well organized, according to respondents, is treatment, including PMTCT and care.

"Anything medical, [such as] prevention of mother to child transmission, that is well organized." (Respondent)

"So I would say apart from developing documents which we seem to be doing very well at national level, I think implementation still remains a challenge at the community level and the NGOs, [community-based organizations], and faith-based organizations have been left to do it on their own. Even when there are efforts to coordinate this, I think it is not well coordinated and there are some children who are missing out completely. But for government and this is unfortunate because the government thinks that with the cash transfer program, problem solved. And I think there is much more than cash transfer program and, of course, the percentage of population reached, I do not think it is 10 percent." (Respondent)

The NPA has many guidelines that need to be harmonized. Awareness raising and capacity building are required for program and project staff to know and understand the national guidelines. Better coordination at national and community level is also required.

“I would say, by developing these policies in the first place, that was a key milestone because you need to have a starting point ... Harmonization of these policies I think is another issue, and how they are implemented in the system. Because we have the NACC with its own policies, the Ministry of Home Affairs coming up with its own policies, the National Social Council of Children Services ... but harmonization of these issues so that the OVC issues can be addressed collectively, I think there is a gap. Because we have diverse guidelines but how do they relate.” (Respondent)

Lack of adequate legal protection from abuse for OVC was cited as a weakness in services. According to respondents, while there are services to protect OVC from abuse, they are inadequate and significant capacity gaps persist—e.g., children’s desks (responsible for legal protection of children) are in some police stations but not everywhere.

Respondents identified the need to build capacity among program implementers and service providers to reach OVC more effectively. It was acknowledged that USAID has provided support to build the capacity of NGOs. It was suggested that other sources of funding, outside the Global Fund, are needed to build the capacity of NGOs to manage and implement Global Fund projects, including appropriate reporting and M&E. Several respondents suggested applying a community systems strengthening package to strengthen the ability of NGOs to work with OVC.

“... civil society ... Their capacity is lacking a lot ... and I don’t think the government is in a position to assist the building of their capacity ... And then the civil society is saying unless you give us money how are we going to build our capacity ... So we need someone else outside Global Fund to come in and start building their capacity ... They can set apart some little money for capacity building so that it is not tied in with the main proposal because once you tie it in; it’s having the proposal bloated ... If we have built your capacity you should also be able to perform but now we have no funds, the government does not have enough funds, the development partners are also having just limited funds, they have tried, by the way they have tried. Like USAID, they have really tried to build their capacity but they are too many.” (Respondent)

Information dissemination within Kenya needs to be improved. Even at higher levels, many stakeholders did not know about relevant policies, guidelines and laws. Some respondents had trouble identifying relevant OVC stakeholders. OVC program and project staff also expressed a need to understand the national policies and guidelines (NPA for OVC policies and guidelines), as well as information on OVC stakeholders, projects that are being implemented, including those by NGOs, and results from OVC program reviews and evaluations.

“The issue of information dissemination in this country is a big problem. Like those policies, they are very good but how many people are aware of them even at this level? We are still grappling with which ones already exist.” (Respondent)

Challenges Related to General Global Fund Issues

There are numerous challenges to improving progress in addressing the needs of OVC that are related to general Global Fund proposal development and performance issues.

Support for the OVC response in Kenya has been affected by the Global Fund’s proposal development and performance. Among the challenges were limited capacity of the government to manage such a large, complex grant process and the quality of country proposals, some of which were not approved. The last

few years have required a steep learning curve, and Kenya has made and is still in the process of making important changes (e.g., restructuring the national HIV response).

Rejection of the Round 9 NSA application will influence programming for HIV and also OVC including the prioritization of activities. The government planned to use NSA funding to expand the CTP to other districts in 2010. Approximately 270,000 OVC (10% of OVC in Kenya) are currently being reached through CTP. About US\$219 million was expected to come from the Global Fund through the NSA¹⁷ to enable the CTP to reach 450,000 OVC. While the NPA includes strategies for OVC programs, implementing the strategies remains a challenge, especially in view of the lack of additional funding.

“Kenya cannot actually sustain HIV programming without the NSA going through given that it came up when we were developing our new strategic plan and we actually built in expected support from the Global Fund.” (Respondent)

In past Global Fund grants for OVC, there was less funding for NGOs than had been planned. In addition, the emphasis on treatment provision has meant insufficient funding for NGOs, which, furthermore, has to be shared among a large number of organizations.

Leadership on the CCM requires an OVC advocate. NGOs need to form partnerships and networks and work more closely together to lead the OVC response within this sector. This will allow NGOs to serve as OVC champions and leaders in the response. Currently, there is only one small NGO representing OVC on the CCM and, according to respondents, it does not have the needed capacity to push for OVC on the CCM agenda. It was also pointed out that smaller NGOs working at the community level have difficulties accessing funding. A nationwide network was suggested:

“[I]f the civil society can organize themselves, they would even be better placed to deal with [OVC issues] because they really interact with [OVC] more often than us. So, if they can be better organized and bring these issues to the CCM ... the CCM is ready to listen. But they have not brought them up.” (Respondent)

“You find that there are so many NGOs that deal with OVC in Kenya but the government does not harmonize them in such a way that they are funded together by the donors. Like if you have 10 organizations dealing with OVC, how do you stop repeating the same thing over and over, how does it harmonize those activities? ... All because the government is not doing enough to unite and ensure that there is a strong network at the grassroots. And even the NGOs themselves, I think it is also our role to ensure that we have a strong mechanism in order to ensure that we work together.” (Respondent)

In order to be able to prioritize OVC in Global Fund or other funding proposals, respondents emphasized the need for better data on OVC. Thus, data collection and monitoring systems have to be strengthened. It should be mentioned here that the NSA had a large component on strengthening the M&E system.

“...Everyone here now had committed to reporting through that one system. The support for that system was going to come from Global Fund, so if it does not come then we will have a very good program but will not have the capacity to get every person to report.” (Respondent)

¹⁷ Kenya National Strategic Application, p. 11

Attention to OVC in Global Fund Proposals and Grants¹⁸

One of the central questions of this review is the issue of whether or not OVC have been adequately addressed in Global Fund proposals and grants.

There was general agreement that OVC were included in all proposals and grants, although opinions were divided as to the extent and adequacy and the processes involved. NGOs generally believed that OVC were not adequately addressed, whereas other respondents addressed the strategic reasons for inclusion or non-inclusion. Opinions on inclusion of OVC were influenced by respondents' level of understanding of Global Fund processes, ongoing strategic processes in the country, and the roles of different stakeholders. Generally, respondents were unable to provide many details on the OVC work included in the proposals or grants.

“On most occasions, the OVC issue is not really highlighted as a key issue.”
(Respondent)

“So we have had a couple of proposals which did not have OVC completely because that was not a priority focus because other partners were picking that component. Thirdly, because also, because of the pressure on [antiretrovirals] ... if it is there it is part of home-based care ... So, one, it's a challenge of resources that we can ask for; two, is the competing priorities; and, three, is availability of alternative sources of support.”
(Respondent)

“We know Round 7 has a component for OVC but it is not adequate ... It is relevant because we are having care and support as one of the key things in this round but then the component for OVC is not big ... It is somehow embedded in care, support, and other interventions. It is very small and not specific. Like, let's say you have prevention as a major thing where you say you are targeting people who are at risk. Then you have categories of most-at-risk populations where you have commercial sex workers, men having sex with men, then you have OVC. Now for OVC it is hidden, it is not coming out ... OVC has always been in all the proposals but the component needs to be scaled up ... too small. It is not directly targeting the OVC. They are not saying this is for OVC. OVC just come as a by-the-way because of another target like care, support, or other interventions. So we are saying it needs to be directly ... But then, what we would recommend in the future is let us also have a component for OVC.” (Respondent)

Respondents were asked their opinions regarding the success of Global Fund resources in reaching OVC.¹⁹ One respondent who was involved in Round 2 implementation working for a faith-based organization mentioned that the funds had an impact by assisting both OVC and their caregivers. The issue of the proportion of grant money going to civil society was also raised, implying that funding is scarce, but it is civil society groups working in the communities who are the stakeholders providing services for OVC.

Respondents were asked about suggestions for improving the ways in which OVC issues could be more effectively addressed in Global Fund grants in the future. The Kenyan proposals to the Global Fund are closely linked to the KNASP. As this strategic document becomes stronger so should the Global Fund

¹⁸ KII Guide Question 7: Have you personally been involved in any of the Kenyan proposals and/or grants to the Global Fund? Question 8a: In your opinion, were OVC issues adequately addressed/included within Global Fund proposals? Question 8b: Of those proposals which included programming for OVC, which ones were approved by the Global Fund and awarded grants?

¹⁹ KII Guide Question 16: In your opinion, how effective has the Global Fund been at addressing the challenges in the Kenyan OVC response which we discussed earlier?

proposals. The recently proposed NSA reflects the priorities set by Kenya, the funding and gap analyses and implementation capacity, and focuses on scaling up the CTP.

Implementation Issues

There are concerns around Kenya's ability to implement current Global Fund grants on time. It was mentioned that if one PR experiences delays in achieving targets and delivering, the program performance of the other partners will be affected, since Kenya reports as a country to the Global Fund. However, generally Kenya has made great progress in better understanding the complex procedures necessary for managing a Global Fund grant, as well as making improvements and simplifications in its own system.

"... I think the country had a lot of challenges on interpreting the Global Fund requirement vis-à-vis the country reporting system because they were parallel and that has been a big challenge for Kenya. Because if, you see, Kenya has been very fertile ground for everyone coming and doing their experiments so that anybody with resources comes into the country and would like their own reporting systems adopted into the system. And that has been a challenge because one person reporting on almost the same activities has to write 5, 4 different reports. So that was a big challenge with Global Fund systems in this country and now we are committed to reforms because if Global Fund has to support the country, then it has to fit in the country's systems rather than running parallel." (Respondent)

"I think our reforms in the CCM started in the year 2006 and it has gone through some changes. We have introduced the newest of the changes which we think is what we require as a country to deliver—lining up or linking up the Global Fund requirements, the reporting requirements to our own systems in the country." (Respondent)

Respondents argued that the Global Fund should be flexible enough to adapt to the national structures, instead of requiring a country to establish separate national structures for Global Fund management and reporting and M&E to accommodate the needs of the Global Fund. The Kenyan system was not set up to handle Global Fund processes, for example, complex funding and reporting flows. Finally, in order to be able to better address all these issues, it was suggested that the Global Fund have one or two staff based in-country.

CARE International as PR has attempted to improve program management, with the aim of ensuring proper accountability, through implementing a capacity assessment of all potential sub-recipients as well as providing training in reporting, M&E, and project management. Sub-recipients were also required to provide detailed workplans with targets. This, however, has delayed the release and implementation of the first year funding.

Role of the CCM in Guiding the OVC Response²⁰

The contribution of the CCM to the OVC response in Kenya has been influenced by membership, general policy development, and the CCM structure. The most important aspect in this regard is the fact that the CCM is currently undergoing a restructuring as part of the general restructuring process, which should address some of its weaknesses. Changes in the CCM structure have also happened in the past. For example, until 2007, membership in the CCM was open. This led to inconsistencies in attendance and ownership of the mechanism. The CCM now has 21 members and 21 alternate members. The CCM supports the proposal development process, but its final decision is influenced by the guidance of

²⁰ KII Guide Question 10: Could you please describe how the CCM has contributed to the OVC response in Kenya?

technical bodies, as well as the makeup of its membership. The finalization of the OVC NPA and the KNASP III should influence its future decisions by providing the necessary framework and ensuring that more attention is paid to the issue of OVC.

“... I think the restructuring within CCM would be a good opportunity to ensure that true gaps—whether it is within the OVC or other issues—are addressed through the Global Fund and other mechanisms because they align more toward the national mechanism and as strong as the national mechanism is, that’s how strong the articulation would be of the response. So then you have to make sure that the OVC taskforce and other members are adequately represented in the national mechanism so that they can articulate better the need for OVC.” (Respondent)

It is understood that the CCM has a coordination function and is involved in proposal development and providing general oversight. However, there seems to be a lack of clarity among some respondents as to the role of the CCM, specifically in relation to the ICC. Statements around the CCM directing the ICC and, at the same time, the CCM being the body that approves what has been done at the lower level are good examples of this.

“... And then the CCM should in terms of OVC, it should advocate more proposals on OVC so that it is included in the main proposal when it is going to Geneva. I think we need more of that. And then they should be knowledgeable on issues of OVC, they should know what is happening.” (Respondent)

The rather complex process of developing a country proposal, as well as the often short time frames, was identified especially by civil society respondents. Many organizations shy away from participation because the process is too complicated and smaller NGOs simply do not have the necessary capacity to participate. The application form provided is relatively complicated to complete. Respondents referred to the CCM-led general process of developing a country proposal, which includes a call for proposals issued through the media and, based on proposals received and strategic decisions, the drafting of a country proposal by a drafting team, and final approval by the CCM. It was mentioned that civil society does not always understand why—if their application is successful and they are chosen as a sub-recipient—the final agreement differs from their proposal, both in content and targets. There are still a lot of gaps among civil society in understanding the Global Fund processes and requirements. Nevertheless, it was also mentioned that the situation has improved tremendously over the years. The Ministry of Finance has been providing training on the Global Fund and that has had a marked impact on improving processes and reporting.

It was also suggested by respondents to establish a forum for CSOs that can engage directly with the Global Fund, without having to go through the CCM.

“The back and forth thing with the PR, we have had it, it’s too much. And I think Geneva should also, I know they have a forum for CSOs but these forums should be strengthened where now the CSOs can be able to forward their grievances more effectively. Because, let’s say, now they say they are going to set up a complaints committee at the CCM level, then Geneva will say the complaints committee is the ultimate—‘if we do not hear your complaint from the committee then your complaint is null and void.’ I might have a genuine complaint, but the complaints committee will not be able to chart it forward for whatever reasons: maybe it is political; maybe it is sensitive to them. But then we need a forum in which we are able to, also as CSOs, to engage with the [Global Fund] probably directly.” (Respondent)

Some respondents mentioned that since the country develops the Global Fund proposals, it is up to the country to decide on the OVC component in the proposals. Others suggested that the Global Fund should make the inclusion of OVC mandatory.

Funding for OVC²¹

Respondents were asked whether they knew how much funding was assigned specifically to OVC in Global Fund grants. Since OVC were not prioritized in the grants and generally included in other target groups and activities, it would require a detailed analysis to determine the funding levels for OVC activities. The Global Fund has had a limited contribution to the challenges facing OVC in Kenya considering that proposals from Rounds 3-6 and 8, as well as the NSA, were rejected, and Round 2 was cut short. NGOs never received Round 2, Phase 2 funding, and this had a negative impact on their planned and ongoing programs for OVC, creating unexpected gaps. It was also mentioned that targets for OVC were never clear and, therefore, it was difficult to measure impact/success.

Gender Mainstreaming²²

Gender has been not been systematically addressed either in general OVC programming or in Global Fund OVC programming. Although the Call for Proposals requires mainstreaming of gender and human rights, actual mainstreaming remains weak. It was also mentioned that as the Social Pillar of the KNASP III is refined in the next few years, this would be an opportunity to address gender issues more strategically. In addition, gender planning, data collection, and monitoring at the implementation level remain weak.

“If you look at National Strategic Action Plan, gender has been really weak and it is there, but it is not really there, so that is not an issue of the NSA as much as it is the larger strategic issue. Gender has been reflected in many different fronts but if you look at a key indicator, the disaggregated numbers, it has not been filtered down to the programming level. If it is not at the programming level it becomes difficult to pull it up in the NSA. So what came in NSA was post-rape care, gender-based violence, management information system operations, and looking at key issues in terms of women ... operationalizing of standards.” (Respondent)

Age-appropriate Programming²³

Age-specific programming for OVC has not been addressed at all in the Global Fund grants. The grants talk about OVC in general, without going into the specific needs of different age groups.

“In Global Fund grants, it is completely ignored. When they talk about OVC, it is blanket; for example, we do not say Round 7 will include children zero to five years or such. It is blanket OVC.” (Respondent)

²¹ KII Guide Question 14: To the best of your knowledge, how much money has been allocated by the Global Fund to responses that directly benefit OVC? Question 15: How are these funds accessed by programs that support OVC?

²² KII guide Question 11: Could you please describe how gender issues have been addressed within OVC programming supported by the Global Fund?

²³ Question 12: Can you please tell us how OVC programming supported by the Global Fund has addressed the age-specific needs of OVC, including children under 5 and youth?

Programming for OVC Living Outside the Care of Families²⁴

The Global Fund grants in Kenya do not support children living in institutions. The proposed NSA focused on scaling up the CTP, which provides support to families. According to respondents, it is likely that NGOs serving as sub-recipients for Round 7 will work with street children and other OVC as part of their programs. The Global Fund supports youth groups and school health clubs, which might include children living outside the care of families.

CONCLUSION AND RECOMMENDATIONS

Kenya is currently at a stage where the momentum created by recent developments augurs well for the future. These developments should be recognized and supported. The findings of this report should be used to generate ideas on how best OVC can be included and prioritized in the Global Fund processes and to inform key stakeholders to realign their programs to prioritize OVC issues. The findings will enable better coordination of OVC interventions at the national level and act as further evidence to justify the restructuring of the CCM in Kenya. The key issues and recommendations for action in support of OVC in Kenya are summarized in Table 2. This review is intended to serve as a tool to help engage, lobby, advocate, and champion issues of OVC to the Global Fund and to further empower the work of the National OVC Secretariat and its partners throughout Kenya and beyond.

Table 2. Key Issues and Recommendations for Action in Support of OVC in Kenya

Global Fund and Kenya	
Key Issues	Recommendations
Global Fund is a major source of funding for the Kenyan HIV/AIDS response. However, OVC have not been addressed as a major priority in any of the grants.	<ul style="list-style-type: none"> Reconsider role of Global Fund in strengthening the Kenyan OVC response not just health systems in general. Develop specific guidelines for Kenya (or other countries) on the inclusion of OVC in proposals. Countries should make the OVC component in proposals clearer and linked to a specific set of funds. OVC should not be hidden in other programmatic areas, but singled out as a distinct target group. Define clear targets for OVC in proposals.
Several proposals and the Kenyan National Strategic Application were not accepted by the Global Fund.	<ul style="list-style-type: none"> While Kenya has already improved the process of developing proposals, capacity building for future applications is necessary for quality assurance, including how to address OVC.
The difficulties Kenya has had over the years with Global Fund grants have resulted in a somewhat negative perception of the Global Fund by several stakeholders in the Kenyan HIV/AIDS response.	<ul style="list-style-type: none"> It is necessary to improve the relationship between Kenyan stakeholders and the Global Fund through advocacy, sensitization, and a better understanding of country and Global Fund structures.
Lack of understanding of Global Fund mechanisms and processes among OVC stakeholders.	<ul style="list-style-type: none"> Capacity building on Global Fund processes for OVC stakeholders at all levels (government and civil society).

²⁴ Question 13: Could you please describe how OVC programming supported by the Global Fund has supported OVC living outside the care of families, including street children and children living in institutions?

Global Fund and Kenya	
Key Issues	Recommendations
Delays in Rounds 2 and 7 grant implementation were caused by capacity gaps among Sub-recipients and Principal Recipients.	<ul style="list-style-type: none"> • More rigorous pre-evaluation of NGOs is needed during proposal development. • Continue building the capacity of the PRs and sub-recipients, both technically and operationally, to ensure Round 7 grant performance. • Training tools must be developed to ensure more human resources in the initial phases of grant to support PRs and sub-recipients.

Definitions of OVC and Vulnerability	
Key Issues	Recommendations
The definitions of OVC and vulnerability are not widely understood.	<ul style="list-style-type: none"> • The NPA has clarified the definition of OVC. However, this definition needs to be disseminated to all stakeholders. • Refine the definition of vulnerability. • Use advocacy to change misperceptions and clarify the definition of OVC.

Leadership and Representation for OVC Issues	
Key Issues	Recommendations
There is no strong OVC advocate/champion within the CCM.	<ul style="list-style-type: none"> • There needs to be support for a strong OVC champion within the CCM and training for OVC advocacy.
There is a lack of clarity among OVC stakeholders as to who is leading and coordinating the response, and the relationships between different stakeholders (e.g., Department of Children Services, OVC Steering Committee, ICC, and NACC).	<ul style="list-style-type: none"> • Clarify roles and relationships among OVC stakeholders within the newly restructured HIV/AIDS response architecture and disseminate that information effectively.

Coordination of the Kenyan HIV/AIDS and OVC Response	
Key Issues	Recommendations
Coordination of the OVC response is weak at all levels.	<ul style="list-style-type: none"> • Conduct a regularly updated mapping of all OVC stakeholders. • Establish partnerships and networks among NGOs to strengthen their collective voice, build a unified approach, improve coordination, and share knowledge. • Build capacity within civil society to better understand Global Fund mechanisms and OVC technical issues. • Clearly determine the coordinating body for the OVC response and terms of reference as validated by OVC stakeholders
The structure of the Kenyan HIV/AIDS response is not conducive to planning and efficient management.	<ul style="list-style-type: none"> • Institutionalize the new Kenyan National Management and Accountability structure, which seeks to harmonize oversight and strengthen accountability, as soon as possible.
The development of guiding tools, such	<ul style="list-style-type: none"> • Dissemination of tools and guidelines must be made to all levels of

Coordination of the Kenyan HIV/AIDS and OVC Response	
Key Issues	Recommendations
as the National Plan of Action on OVC, took several years to develop. These tools are now in place, but there is a lack of understanding among stakeholders as to which guidelines exist and how they relate to each other.	OVC stakeholders. This should include training on how to use the tools and guidelines properly.
The Department of Children Services is managing the CTP, but it lacks sufficient capacity and human resources to manage and coordinate other OVC programs.	<ul style="list-style-type: none"> Support and strengthen the OVC Secretariat, within the Department of Children Services, to better manage OVC programming outside of the CTP.
Lack of human resources and technical capacity among key in-country stakeholders.	<ul style="list-style-type: none"> The Ministry of Finance needs to be further strengthened. Consider increasing the staffing level in the CCM Secretariat. Ensure NACC has appropriate coordination capacity.
The CTP is still in its pilot stage with evaluation planned for 2010.	<ul style="list-style-type: none"> Improve CTP based on evaluation findings. Share lessons learned as best practices for rollout in Kenya and replication in other countries.
The CTP is labor intensive and currently only reaches a small proportion of children in need.	<ul style="list-style-type: none"> A strong human resource base needs to be built to reach OVC more effectively. Improve systems to more effectively disburse existing CTP funds for OVC. Continue pursuing funding for the CTP (the NSA requested funds for the 3rd and 4th years of CTP).

OVC Programming Situation in Kenya	
Key Issues	Recommendations
There is an understanding both within the government of Kenya and donors that community- and family-centered approaches are preferred to institutional approaches to OVC.	<ul style="list-style-type: none"> The CTP is a family-centered approach and should be expanded, after evaluation and adjustments. Consider shifting to more community-based approaches. Explore OVC programming opportunities from a livelihoods perspective.
There is a lack of information regarding current OVC programming in Kenya. Most of the focus and knowledge is related to the CTP.	<ul style="list-style-type: none"> Undertake an OVC situation and gap analysis. Document best practices and lessons learned for OVC. Explore new program approaches. Develop OVC advocacy curricula and provide training to OVC stakeholders. Engage and advocate for OVC issues with key stakeholders in the Kenyan HIV/AIDS response, including donors.
Lack of donor-related knowledge among OVC stakeholders.	<ul style="list-style-type: none"> Undertake a mapping of donor funding and of organizations supporting OVC. Develop a database of donors, funding, and activities by region and target group and disseminate to OVC stakeholders Provide awareness-raising and opportunities for OVC stakeholders to meet with donors.
Weak M&E systems.	<ul style="list-style-type: none"> Improve M&E systems based on rapid capacity and gaps analysis.

ANNEX A. LIST OF INDICATORS

Interviewee Number:	
Organization Name:	
Name of Respondent(s):	
Position of Respondent:	
1. Type of Interviewee	
1. Global Fund sub-recipient yes or no	
1. Type of work done by organization in general	
1. Work on OVC done by organization	
2. Main OVC program areas/ types of services provided in Kenya	
3. Laws, policies, strategies mentioned	
3. Historical developments/ key milestones	
4. Main sources of funding and main donors mentioned	
5. Strengths of OVC response	
6. Barriers in OVC programming	
7. Interviewee involved in GF proposals	
7. Interviewee involved in GF grants	
7. Interviewee involved in which GF Round	
7. Role of interviewee in GF	
7. Interviewee understands GF processes yes/no	
8a. OVC included in proposals yes/no	
8a. OVC adequately addressed in proposals?	
8a. Processes to include OVC in GF proposals	
8a. Type of OVC work being addressed in proposals	
8a. Reasons for non-inclusion of OVC in proposals	
8b. OVC same in proposals and grants yes/no	
8b. Reasons for differences between proposals and grants	
8b. Reasons for non-acceptance of proposals	
9a. Main OVC stakeholders in GF applications and grants	
9b. Role of OVC stakeholders	
10. Member of CCM	
10. Effectiveness of CCM in guiding OVC response	
10. Suggestions to strengthen CCM guidance	
11. Inclusion of gender issues	
12. Inclusion of age-specific programming	
13. Support to OVC living outside the care of families, including street children and children living in institutions	
14. Funding amounts for OVC in different rounds	
15. Funding flows	

15. Success stories in funding for OVC through GF
15. Challenges to OVC accessing GF funds
15. How to improve efficiency, etc., of funding flows
15. Funds that reach community level and children in need
16. Role of GF in addressing barriers in general OVC response
17. Suggestions for future inclusion of OVC in GF
18a. Heard of NSA yes/no
18a. Understands NSA yes/no
18b. Effect of NSA on OVC programming
19. Additional information

ANNEX B. KEY INFORMANT INTERVIEW GUIDE

Key Informant Questionnaire

Informed consent for key informant interviews

Hello, my name is _____ and this is _____.

We are researchers with Task Order 1 of the USAID | Health Policy Initiative (HPI). The Health Policy Initiative is undertaking a global review of GFATM-related programming as it pertains to orphans and vulnerable children (OVC). The overall objective of this review is to understand how OVC programming is included and prioritized in the GFATM process. The review will enrich stakeholders' understanding of OVC GFATM programming to better inform and support appropriate prioritization of OVC programming in the future.

In addition, in-country reviews are being conducted to provide further detailed information. The proposed in-country reviews are designed to supplement data collected from the desk review of GFATM proposals in order to develop recommendations for OVC-related work supported by the GFATM.

HPI has chosen Kenya as a pilot country for in-country review. The review will include the collection of relevant program documents as well as qualitative data through interviews with key stakeholders.

In this interview, we will ask questions about the general OVC response in Kenya including the national policy and strategy frameworks regarding OVC.

Importantly, for the purpose of this study, we will ask specifically how OVC are being included in the Global Fund proposals, grants, and programming and ask you for suggestions on how OVC can further be prioritized in the Global Fund processes.

This discussion will take about one hour. Your participation in this interview is completely voluntary and anonymous, and you will not be compensated for your time. You may refuse to answer any question that you are not comfortable with and you will not be penalized. Nevertheless, open and sincere responses to the questions will be very much appreciated. If you wish, you may stop this interview at any point.

With your permission, we would like to use a tape recorder to assist us in capturing your responses accurately. To clarify, the taped conversation will be used solely for the purposes of aiding our note-taking accuracy. Your responses will remain confidential and will not be linked to you. We will be providing each interviewee with a unique anonymous identifier during data analysis. We expect to publish our findings in a report to HPI that will be used to inform the future direction of programming. We will share this report with you. HPI will make the final decision on whether or not to share the report publicly. No reference will be made to your name if the report is published. Do we have your permission to use a tape recorder?

I will be asking most of the questions, while _____ supports me by taking notes. He/She may also ask some clarifying questions during the course of our interview.

Do you have any questions at this time? If you have any questions after our discussion, please do not hesitate to contact Amy Kay, Senior Technical Advisor, Health Policy Initiative based in the U.S., phone 202-775-9680 ext. 710, email akay@futuresgroup.com or Dan Wendo, Country Director at the Health Policy Initiative/Kenya, phone 020-2723951/2, email dwendo@futuresgroup.com.

Do I have your permission to continue?

Section I: Background on OVC programming in Kenya

<p>General Information about Respondents</p>	<p>We would like to begin by finding out more about your work.</p> <p>1a. Can you briefly describe the mission of [<i>name of institution/organization/Ministry department</i>], your roles and responsibilities within [<i>name of institution/organization/Ministry department</i>], and how you and [<i>name of institution/organization/Ministry department</i>] have participated in the OVC response in Kenya?</p> <p>1b. Has your [<i>name of institution/organization/Ministry department</i>] received any funding from the Global Fund?</p>
<p>General Information about the OVC Response in Kenya</p>	<p>Now we would like to ask some questions about the Kenyan OVC response.</p> <p>2. Could you please describe, to the best of your knowledge, the main components of the OVC response in Kenya? <i>Probe if necessary:</i> What kind of services do most OVC receive? (i.e. education, psychosocial services, health services, food and nutritional services, shelter, legal support, economic strengthening support) How are these services delivered? (i.e. through family-centered programming, community-based programming, efforts to strengthen government child welfare systems)</p> <p>3. In your view, what have been the key programmatic or policy developments or milestones within the OVC response in Kenya? <i>a. Probe if not mentioned:</i> Please discuss any policies, laws, guidelines, and strategic plans that have influenced the Kenyan OVC response. <i>b. Probe if necessary:</i> Key policies might include the Kenya National AIDS Strategic Plan (KNASP), National Plan of Action for OVC 2007–2010 (NPA), HIV Prevention and Control Act 2006, Children’s Act, etc. <i>c. Probe if necessary:</i> Key programs might include the Cash Transfer Program, TOWA (Total War against AIDS), and free primary education.</p> <p>4. To the best of your knowledge, what are the main sources of funding and donors supporting the OVC response in Kenya?</p>
<p>Strengths and Weaknesses of the OVC Response</p>	<p>5. In your opinion, what are the strengths of the OVC response—what have OVC policymakers and program implementers done well?</p> <p>6. What do you believe to be the weaknesses of the OVC response—what have been the greatest challenges faced by OVC policymakers and program implementers?</p>

Section 2: Inclusion of OVC issues within Global Fund proposals and grants in Kenya

<p>Role of Interviewee</p>	<p>Now we would like to shift our discussion to the OVC response as it relates to the Global Fund.</p> <p>7. Have you personally been involved in any of the Kenyan proposals and/or grants to the Global Fund?</p> <p><i>Probe:</i></p> <ul style="list-style-type: none"> • <i>If yes:</i> Which round? What was your role? <i>Probe if necessary:</i> CCM member, coordination, proposal development, Principal recipient (PR), Sub-recipient, Sub-recipient selection committee, etc. • <i>If no,</i> Could you please describe the steps that are involved in winning a Global Fund grant?
<p>Inclusion and/or exclusion of OVC issues within Global Fund proposals and grants</p>	<p>8a. In your opinion, were OVC issues adequately addressed/included within Global Fund <u>proposals</u>?</p> <p><i>Probe:</i></p> <ul style="list-style-type: none"> • <i>If yes,</i> Which proposals? How were OVC issues addressed in these proposals? What components of the OVC response were highlighted in these proposals? • <i>If no,</i> why do you think that OVC issues were not adequately included in proposals? <p>8b. Of those proposals which included programming for OVC, which ones were approved by the Global Fund and awarded <u>grants</u>?</p> <p><i>Probe:</i></p> <ul style="list-style-type: none"> • <i>If approved,</i> do you know if grants addressed the same OVC issues as the proposals? If not, how were OVC issues addressed differently in grants and what were the reasons for these differences? • <i>If not approved,</i> do you know why proposals which included programming for OVC were declined?
<p>Key OVC stakeholders in Global Fund grants</p>	<p>9a. To the best of your knowledge, who are the main OVC stakeholders involved in previous and current Global Fund proposals and grants? Please describe stakeholders who participated in the proposal process, grant management, and oversight, as well as those who served as sub-recipients.</p> <p><i>Probe: Suggest stakeholders, if necessary:</i> civil society, faith-based organizations, government departments, donors, etc.</p> <p>9b. In what ways do/did these OVC stakeholders participate in the Global Fund proposals and grants? What were their roles and responsibilities?</p>
<p>CCM role in Kenya</p>	<p>10. Could you please describe how the CCM has contributed to the OVC response in Kenya?</p> <ul style="list-style-type: none"> • <i>Probe 1:</i> What have been the most significant contributions from the CCM? • <i>Probe 2:</i> How could the CCM strengthen or improve their involvement in the OVC response?

<p>Gender mainstreaming, age-appropriate programming, and programming for OVC living outside the care of families</p>	<p>11. Could you please describe how gender issues have been addressed within OVC programming supported by the Global Fund?</p> <p>12. Can you please tell us how OVC programming supported by the Global Fund has addressed the age-specific needs of OVC, including children under 5 and youth?</p> <p>13. Could you please describe how OVC programming supported by the Global Fund has supported OVC living outside the care of families, including street children and children living in institutions?</p>
<p>Funding to address OVC issues provided by the Global Fund</p>	<p>14. To the best of your knowledge, how much money has been allocated by the Global Fund to responses that directly benefit OVC? <i>Probe:</i> How much money has been allocated within each round?</p>
<p>Financial flows from Global Fund to PR to sub-recipient, including strengths, challenges, and ideas for improvement</p>	<p>15. How are these funds accessed by programs that support OVC? <i>Probe:</i></p> <ul style="list-style-type: none"> • How does funding flow? Once money has been released from the Global Fund, where does the money go, what are the channels? • Can you please describe any successful efforts to improve the efficiency, transparency, responsiveness and accountability of funding flows to program partners? • Can you share any challenges? • How could funding flows be made more efficient, transparent, responsive, accountable, etc.? • Do you think that the Global Fund has been successful in getting funds to the community level and to children in need?
<p>Role of Global Fund in addressing challenges</p>	<p>16. In your opinion, how effective has the Global Fund been at addressing the challenges in the Kenyan OVC response which we discussed earlier?</p>
<p>Suggestions for Global Fund inclusion of OVC in the future</p>	<p>17. Do you have any suggestions for ways in which OVC issues could be more effectively addressed in Global Fund grants in the future?</p>
<p>Knowledge of National Strategic Application and its implications</p>	<p><i>(for non-CCM members, ask first):</i></p> <p>18a. Are you aware of the Kenyan National Strategic Application (NSA) to the Global Fund? <i>Probe:</i> If no, do not ask further. If yes (and for all CCM members):</p> <p>18b. Do you believe that the Kenyan National Strategic Application (NSA) to the Global Fund will impact OVC programming in Kenya? <i>Probe:</i> If yes, how? If no, why not?</p>
<p>Wrap-up</p>	<p>Thank you for being so generous with your time. Your insights have been extremely valuable and will provide our team with a better understanding of OVC policy and programming in Kenya.</p> <p>19. As a final question, is there any other information that you think would be helpful for our team to understand?</p>

	<p>20. Do you have any questions for us before we complete our interview?</p>
--	--

Interviewer should close by encouraging respondents to contact him/her if they would like to add anything, by requesting permission to follow up on points discussed, and clarifying preferred method of follow up (email, phone, etc.).

ANNEX C. SURVEY METHODOLOGY

Questionnaire Design and Data Collection

The research team designed a key informant interview (KII) questionnaire for collecting information (Annex B). Interviews were conducted with 23 stakeholders working in OVC programs or related programs in Kenya. Stakeholders included heads of organizations, departmental heads, and managers from international organizations (including United Nations agencies), government ministries, CCM members, PRs, sub-recipients, NGOs, faith-based organizations, and OVC network members. Interviews were conducted through physical visits to the offices of the respective respondents, mainly around Nairobi, from October to December 2009.

Prior to conducting interviews with key stakeholders, the research team submitted a research protocol requesting clearance from the Health Policy Initiative's Internal Review Committee which certified that the research under the activity was exempt from human subject regulations and Institutional Review Board review. Consultants implementing the interviews also completed Ethics Training for Social and Behavioral Research certified by the Collaborative Institutional Training Initiative.

Data from the KIIs were analyzed using a matrix where transcribed material and KII notes were input to capture all respondents and individual answers for each question while providing a platform for comparison and identification of trends and key issues.

The Survey Process

To ensure quality and increased level of participation by all informants, the following steps were adopted:

Step 1: *Debriefing meeting to develop a common agenda* between Health Policy Initiative and the in-country consultants. The purpose of this step was to gain a common understanding of the proposed scope of work and determine a representative study sample.

Step 2: *Study team preparation* and refining the study instruments, including KII guides; arrangement of logistics for interviews; and internal consensus building discussions. The discussions covered the following: objectives of the study, content and concepts relevant to OVC interventions, and KII approach as well as issues of quality control and consistency.

Step 3: *Vetting and approval* involved project and USAID approval of the interview guides and review approach including the scope of work. Further, approval was requested for the interviewee list, as per the USAID/Kenya request.

Step 4: *Data collection*, which was conducted by the two consultants. The lead consultant asked informants questions while the support consultant took notes on all interviews. A recorder was used to record the interviews, but only after seeking consent.

Step 5: *Data analysis* of the data from the literature review and KIIs was analyzed and input into the data matrix.

Step 6: *Submission and discussion of draft report* on findings and recommendations on the way forward was presented and discussed with the Health Policy Initiative, OVC stakeholders, and USAID/Kenya for further input, after which a final report was completed.

Limitations of the Study

The original scope of work proposed focus group discussions with CCM members and other OVC stakeholders. However, due to conflicting schedules and priorities, organizing focus group discussions was not possible.

Despite continual efforts to arrange KIIs, consultants were not able to interview as many people as originally planned. In some cases, proposed respondents in senior positions declined interview requests due to scheduling conflicts. Nevertheless, the research team believes that the information available from the persons interviewed represents a reasonable cross-section of OVC stakeholders and provides a realistic picture of the OVC situation and perceptions in the country related to OVC and the Global Fund.

Not all respondents replied to all questions. In some cases, depending on the role of the respondent, the interviewers adjusted the order and wording of questions to accommodate for both time constraints and sensitivities surrounding the interview questions. Some respondents simply did not want to answer all questions. In some cases, the use of a tape recorder was not possible or consented to.

REFERENCES AND OTHER RESOURCES

Publications

- Irwin, A., A. Adams, and A. Winter. 2009. *Home Truths: Facing the Facts on Children, AIDS and Poverty*. Final Report of the Joint Learning Initiative on Children and HIV/AIDS.
- Pearson, R. and C. Alviar. 2007. *The Evolution of the Government of Kenya Cash Transfer Programme for Vulnerable Children between 2002 to 2006 and Prospects for Nationwide Scale-up*. Nairobi.
- UNAIDS and Accenture, 2007. *UNAIDS Accenture Financial Flow Project: Kenya Civil Society National Capacity Building Framework*.
- UNICEF. 2005. "Cash Subsidies for Children affected by HIV/AIDS: Background Paper on the Pre-pilot and Pilot Initiatives." New York: UNICEF.
- . 2007. "Can the Kenyan State Put the 300,000 Most Vulnerable Children in the Country on a Cash Transfer Program by the End of 2010?" New York: UNICEF.
- Zosa-Feranil, I., A. Monahan, A. Kay, and A. Krishna. 2010. *Review of Orphans and Vulnerable Children (OVC) in HIV/AIDS Grants Awarded by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Rounds 1-7)*. Washington, DC: Futures Group, Health Policy Initiative, Task Order 1.

Global Fund-related, Proposals, Grant Materials, and Other Documents

- Global Fund to Fight AIDS, Tuberculosis and Malaria. 2006. *Grant Performance Report KEN-102-G01-H-00*.
- . 2006. *Grant Score Card KEN-202-G03-H-00*.
- . 2008. *Country Coordinating Mechanisms Conflict of Interest*. The Global Fund Implementers Series.
- . 2008. *Grant Performance Report KEN-202-G03-H-00*.
- . 2009. *Grant Performance Report KEN-708-G09-H*.
- Hatib, A. 2006. *Kenya Global Fund Governance Architecture and Related Structures and Processes: Analysis of Recommendations and Proposed Actions*. www.hdwg-kenya.com/.../Recommendations%20&%20Actions%20-%20Hatib%20Report.doc [accessed December 16, 2009].
- Kenya Civil Society. 2006. *Civil Society Response to Hatib Report on Kenya Global Fund Governance Architecture and related Structures and Processes of January 2006*.
- . 2007. *Annex 16 Documentation of the Kenya Round 7 Proposal Development Process*.
- Kenya National Country Coordinating Mechanism. 2002. *Kenya National Proposal to address and reduce the Impact of HIV/AIDS, Tuberculosis and Malaria*.
- . 2007. *Improvement of the Quality of Life of people living with HIV and AIDS and reduction of HIV infection*. Kenya Round 7 Proposal in Response to the Global Fund 7th Call for Proposals.
- . 2009. *Kenya National Strategic Application to the Global Fund*.
- Kenya Network of Women with AIDS (KENWA). 2002. *Community Mobilisation Request Proposal to Fight HIV/AIDS*. Proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria.
- Sanaa Art Promotions. 2002. *Kenya Proposal to GFATM*.

Kenyan Policies, Plans, and Guidelines

- Ministry of Gender, Children, and Social Development (MOGCSD). 2009. *National Plan of Action for Orphans and Vulnerable Children, 2007–2010*. Nairobi: MOGCSD.
- Ministry of Health. 2005. *Kenya National Health Sector Strategic Plan 2005-2010*. Nairobi: Ministry of Health
- Ministry of Home Affairs, Department of Children Services. 2005. *Draft National Policy on Orphans and Vulnerable Children*. Nairobi: Ministry of Home Affairs
- Ministry of Home Affairs, in collaboration with National AIDS Control Council. 2003. *National Programme Guidelines on Orphans and Other Children Made Vulnerable by HIV/AIDS*. Nairobi: Ministry of Home Affairs.
- Ministry of Planning and National Development, Central Bureau of Statistics. 2007. *Kenya Integrated Household Budget Survey (KIHBS), 2005/06*. Nairobi.
- National AIDS Control Council (NACC), Kenya Office of the President, Kenya. 2008. *UNGASS 2008 Country Report for Kenya*. Nairobi: NACC.
- Office of the President. 2004. *Kenya National HIV/AIDS Strategic Plan 2005–2010*. Nairobi: Office of the President.
- . 2009. *Kenya National HIV/AIDS Strategic Plan (KNASP), 2009/10–2012/13*. Nairobi: Office of the President.
- Office of the Vice President and Ministry of Home Affairs. 2004. *Rapid Assessment, Analysis and Action Planning Process for Orphans and Other Children Made Vulnerable by HIV/AIDS in Kenya*. Nairobi: Office of the President.

Health Policy Initiative, Task Order I
Futures Group
One Thomas Circle, NW, Suite 200
Washington, DC 20005 USA
Tel: (202) 775-9680
Fax: (202) 775-9694
Email: policyinfo@futuresgroup.com
<http://ghiqc.usaid.gov>
<http://www.healthpolicyinitiative.com>