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Kenya OVC Track 1

Support for Orphans and Vulnerable Children Affected by HIV/AIDS

Final Project Report

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Bearing one another's burden



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Acronyms and Abbreviations

AAC	-	Area Advisory Council
BB	-	Breaking Barriers
BCC	-	Behavior Change Communication
CBO	-	Community-Based Organization
CTF	-	Community Talent Facilitator
FBO	-	Faith-Based Organizations
HBC	-	Home-Based Care
IGA	-	Income Generation Activities
M&E	-	Monitoring and Evaluation
NFE	-	Non-Formal Education
NHIF	-	National Hospital Insurance Fund
OVC	-	Orphans and Vulnerable Children
PET	-	Participatory Educational Theater
PLHA	-	People living with HIV and AIDS
PSC	-	Psychosocial Caregivers
PSS	-	Psychosocial Support
STI	-	Sexually Transmitted Infection
VCT	-	Voluntary Counseling and Testing

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I. PROJECT SUMMARY

The USAID-funded Support for Orphans and Vulnerable Children affected by HIV/AIDS project (referred to as Kenya OVC Track I from here onwards) was a six-month follow-on award to the five-year Breaking Barriers Project, implemented in Kenya, Uganda, and Zambia, that ended in September 2010. Kenya OVC Track 1 continued to build on the Breaking Barrier project in Kenya to support orphans and vulnerable children (OVC) in Nairobi, Siaya, and Kisumu counties in the country. During the project period from October 1 2010 to March 31 2011, the project sought to increase OVC access to education, psychosocial support (PSS), and home-based care (HBC) by strengthening existing educational and religious institutions, resources and infrastructures. Kenya OVC Track 1 worked with communities, government and a broad network of faith-based communities in Kenya to:

- Create a supportive institutional and societal environment for OVC and other children affected by HIV and AIDS by coordinating the efforts of teachers, caregivers, faith communities and OVC themselves;
- Equip teachers and caregivers with an integrated set of psycho-support skills to counsel children on coping with parental illness or death;
- Enhance the capacity of CBOs and FBOs to strengthen the capacity of both FBO and school-community coalitions to facilitate linkages between OVC households to other critical health and material support services;
- Train a wide range of local community, religious and government leaders in advocacy skills to promote and strengthen the partnership between people living with HIV and AIDS (PLHA) and community groups, to raise local awareness and reduce HIV and AIDS related stigma towards affected children and families in the community; and
- Strengthen community-led economic and advocacy initiatives for sustainability for OVC care and support.

The Kenya OVC Track 1 project was led by Plan Kenya and implemented by the following 4 partners:

- St Johns Community Center (SJCC) – a FBO that adopted an integrated community development approach working with the urban poor in the Puwmani slum in Nairobi county;
- Kisumu Urban Apostolate Program (KUAP), also known as *Pandipieri* – a FBO with an integrated approach for working on prevention, care, treatment, and support for PLHA and OVC in poor, urban communities in Kisumu county;
- Rangala Family Development Program (RFDP) – a CBO with strong ties at the grassroots level with rural communities in Siaya county; and
- Inter-Religious Council of Kenya (IRCK) – a faith-based umbrella organization with a strong advocacy focus working in Kisumu and Siaya counties.

The overall goal of the six-month extension was to increase opportunities for OVC to access their right to protection, survival and development. The project aimed to increase OVC access to education by providing them with PSS and HBC to address the needs of their families and mitigate effects on their school attendance, performance, and rights violation. The project also monitored devolved funds and how these funds were utilized to support OVC in the community. In an effort to provide sustainable solutions at the community level, the project interventions focused on economic empowerment and advocacy

approaches at the community level. Recognizing that no one organization can single-handedly address the needs of OVC, Plan Kenya and its partners worked closely with the Government of Kenya, FBOs, CBOs, and other NGOs throughout the project implementation period. This final performance report covers activities for the period from October 1 2010 to 31 March 2011.

II. SUMMARY OF ACHIEVEMENTS

During the six-month project period, Plan and its partners made considerable progress in improving the lives of OVC and their families through the provision of psychosocial support (PSS). The project has successfully reached OVC and their families through economic empowerment programming and advocacy efforts to improve mechanisms of social protection for OVC. The tables below provide information about the OVC and caregivers reached during the life of the project and also during this reporting period:

Table 1: OVC Served With 2 or More Services (October 2010 – March 2011)

OVC	Total Served
Male	5,906
Female	5,502
Total	11,408

Table 2: Essential Services, (October 2010 – March 2011)

BENEFIT	MALE	FEMALE	TOTAL
Health Care	3,308	2,964	6,272
Nutrition	2,541	2,321	4,862
Education	2,275	2,812	5,087
Shelter Care	14	56	70
Protection	1,046	1,357	2,403
Psychosocial Support	4,130	4,375	8,505
Livelihood	3,160	2,268	5,428

Table 3: Caregivers Trained (PSS, IGA, BUDGET TRACKING, and AAC) (October 2010 – March 2011)

Caregivers	Number Trained
Male	1,051
Female	1,941
Total	2,992

III. PROGRESS BY COMPONENT

The key accomplishments of the Kenya OVC Track 1 project during the implementation period between October 1, 2010 and March 31, 2011 are as follows (see Annex 2 for achievements by quarter):

Component 1: Improve access to quality education, psychosocial support and community-based care for OVC and OVC households.

- Provide scholarship support to St. Johns Informal School:** The non-formal school at St. John’s enrolls children above 9 years of age as a means to provide access to basic education for all children from urban poor families in the community. The project provided training materials for St. John’s to train OVC on various hands-on skills. Materials were purchased for classes in wood work, home sciences, and metal work. Through this activity, the project supported a total of 159 OVC in the second quarter of the project. The children learned how to make wooden kitchen trays, rostrums for drama festivals, aprons, dresses, scarves, hats, and metal coat hangers.
- Provide vocational training for older OVC:** The children attending the NFE School at St. John’s enter school at a later age and are faced with numerous socio-economic vulnerabilities resulting from situations such as the loss of one or both parents to the AIDS epidemic, general neglect by parent or guardian due to poverty, and HIV/AIDS related stigma and discrimination. Oftentimes, these OVC are 17-20 years of age by the time they enter class eight. The opportunity for vocational training provided these children with basic survival skills in the event that they do not continue in furthering their education. A total of 22 OVC were enrolled in vocational training during the life of the project. St. John’s supported a total of 10 older OVC with vocational training for dress making, hairdressing, catering, and auto repair during the first quarter; Pandipieri supported a total of 12 older OVC to undertake similar vocational courses during quarter two. This activity was beneficial in that it empowered the older OVC to be independent and economically self-reliant by preparing them to earn a living using the skills learned.
- Establish and strengthen health and HIV child-to-child clubs:** The project established and supported 50 clubs as planned during the life of the project. These clubs meet on a weekly basis and disseminate information about HIV prevention to both in and out-of-school children. Their main activities include HIV/AIDS stigma reduction and raising awareness about reproductive health, STIs, and sexuality. Through this activity, St. John’s reached 200 (96 boys, 104 girls) children at the NFE School; Pandipieri reached 4,231(2,022 boys, 2,209 girls) children in all the supported schools in Kisumu county. At Rangala, the project reached 1,008 OVC (491 boys, 517 girls) with PSS support using the group counseling approach, and trained 775 OVC(410 boys, 365 girls) in schools on life

skills for BCC, HIV/AIDS, drugs abuse and reproductive health. Through the child-to-child clubs, the project reached a total of 6,214 OVC during the life of the project.

- **Train caregivers in PSS counseling for OVC:** A total of 481 PSS counselors were trained during the life of the project. 156 PSS counselors were trained in the first quarter and 325 in the second quarter with a total of 4,543 OVC reached through this activity during the life of the project. Overall, the PSS support empowered children to deal with the loss and bereavement of their parents and guardians and helped raise their self-esteem. PSS teachers at schools held regular meeting to assess the quality of the PSS services provided at school. Refresher trainings were critical in filling gaps in knowledge and day-to-day challenges faced while providing PSS. Training on memory book writing also served as a component of psychosocial support for OVC and sick parents and guardians. The memory books provide a therapeutic outlet for children to remember their parents and also serve to enhance child protection in cases of disinheritance.
- **Train and engage in and out-of-school OVC through theater for improved health seeking behavior:** The Kenya OVC Track 1 project used theater as a youth-friendly tool to empower in and out-of school OVC. A total of 613 youths were trained in using theater as a means to relay HIV/AIDS prevention messages. In the first quarter, St. John's trained 30 youths in Participatory Education Theatre (PET) and Pandipieri conducted trainings for 214 club members in theatre for development. In the second quarter, Pandipieri conducted additional trainings for 273 youths and OVC and Rangala trained 96 youths in theater for development. After the trainings, over 9 youth forums were held by the implementing partners resulting in a total of 539 OVC (325 males and 214 females) reached throughout the life of the project.
- **Support home-based caregivers:** The project continued to support over 600 home-based caregivers during the project period. The home-based care services included visiting PLHAs in the community, ensuring adherence to drugs, and ensuring treatment of opportunistic infection, as well as care of OVC. Pandipieri procured and distributed 51 kits in the first quarter and 62 kits in the second quarter, reaching 1,179 PLHA clients. The Rangala home-based caregivers were linked up with the Ministry of Agriculture and received sorghum, soya and millet seeds to provide nutritional support to their clients. Also, through a partnership with Centre for Disease Control/Kenya Medical Research Institute (CDC/KEMRI), 6 home-based caregivers were trained in management and care of PLHA clients with advanced symptoms in addition to home-based counseling and testing.
- **Mobilize and support youth groups to support community-based hygiene promotion efforts:** Working with St. John's, the program supported a total of 14 youth groups in community hygiene improvement efforts. Seven youths groups were recruited in the first quarter and seven in the second quarter. Each youth group comprising of an average of 40 members, engaged in clean up activities and earned additional income. The youth groups charged a small fee of KES 20 from every household and provided a refuse bag which they collect every week. Additionally, 94 non-formal education and staff rangers' club children teamed up with Kinyago village residents to clean garbage that had piled up in the village causing hygiene challenges.
- **Support registration of households with the National Hospital Insurance Fund (NHIF):** St. John's took the lead in mobilizing communities to register with NHIF. Forty-four households were registered in the first quarter and 166 households in the second quarter with a total of 210 households registered and 443 OVC (209 males, 234 females) reached through this activity during the life of the project from October 1 2010 to March 31 2011. The OVC and their families are now able to access



Eunice is a home-based caregiver serving the PLHAs in the Pwamani project area

health care services at the government mission and private hospitals at subsidized rates. However, registration of more OVC households with this scheme continued to be a challenge due to lack of registration documents (such as a birth certificate) and a pending court case that challenged implementation of some aspects of the new National Hospital Insurance Fund.

- **Support youth and OVC to promote immunization, VCT, and STI treatment:** Led by Pandipieri, a total of 982 youth received immunization and treatment as well as home-based care and VCT during the life of the project (477 in first quarter; 505 in second quarter). The treatment focus was mainly on STI and VCT testing which allowed the youth to know their status. A total of 51 youth tested positive in the second quarter (20 male, 31female); the rest tested negative. Those who tested positive have initiated treatment. Peer counseling for 30 youth forums in various secondary schools and communities was also conducted.
- **Support youth to develop and disseminate youth-friendly IEC materials on HIV/AIDS, drug abuse and teenage pregnancy:** At Rangala, where this activity was implemented, youth and younger OVC were supported to use their artistic talents to develop drawings and posters with messages on HIV/AIDS, reproductive health, and drug abuse to raise awareness about these issues. Each of the 33 schools working with Rangala received 16 posters developed by pupils in the schools to be placed in their classes and notice boards for awareness creation. A message was also developed by children that said *'listen to children's voices'* which was printed on t-shirts and distributed to 100 children to sensitize the community about the importance of child rights and protection. Youth friendly IEC materials were developed and disseminated to the youth during community outreach activities. Talent development was continuously conducted in schools through the support of community theater facilitators. Two awareness forums were conducted in addition to the weekly forums in schools. These forums took place in clubs, schools, and between different schools. A total of 1,294 children (731 males, 563 females) were reached through this activity in quarter two. This effort has been an effective method of spreading messages on BCC, HIV prevention and teenage pregnancies. At St. Johns, 146 footballs were procured and 110 branded with BCC messages. The talent shows have had a positive impact on children's self esteem and were instrumental in enabling OVC and out of school youths to improve their life skills and learn about reducing HIV exposure and infection.



OVC act out a skit with support from Community Talent Facilitators in school

Component 2: Increase capacity of OVCs, OVC families and community organizations that serve them to mobilize and manage internal and external resources, and carry out quality programming.

- **Organize training for caregivers/guardians in biogas technology and use:** St. John's organized an exposure visit for 40 caregivers and guardians to the Umande Trust to learn about biogas technology and use in October 2010. In November 2010, participants received biogas technology training that focused on human waste collection, digestion, and tapping the gas for domestic use. The training was part of an effort to educate participants on this innovative technology for waste management at the community level. Both the exposure visit and the training were intended as preparation for the

procurement and installment of the bio-digester equipment (planned for the second quarter of the project) that would assist in improving hygiene as well as provide a source of income for the community through the sale of biogas. However, the procurement of the bio-digester was not possible due to a delay in disbursement of funds by the co-funder of this activity. Since the amount budgeted for the procurement of the bio-digester in the project budget was not sufficient to cover the purchase price of the equipment, this activity was not completed as planned.

- **Train caregivers/guardians on pineapple farming for income generation:** In an effort to reduce economic vulnerabilities, pineapple husbandry as an income generation activity was introduced under Kenya OVC Track 1. Rangala organized a visit to a pineapple farm for 13 caregivers at the Malaba farmer's school in December 2010. Subsequently, 61 guardians and caregivers were trained on pineapple husbandry in the first quarter. The farmers were supported with over 113 pineapple suckers each as part of small grant scheme to promote income generation. An additional 318 caregivers were trained in the second quarter due to the multiplier effect created by trained caregivers training additional people. Parents meeting in schools and chiefs meeting (referred to in local language as *barazas*) provided forums for these trainings to take place. A total of 379 (133 males, 246 females) caregivers were trained (more than the 120 caregivers planned) during the life of the project. It is estimated that more than 20,000 suckers will be available to pass on to other members in the community after the initial 17 months of planting. This effort will ensure the communities are able to sustain provision of essential services to OVC beyond the project life. Some of those trained caregivers/guardians took the initiative to organize themselves in groups and mobilized their own resources to buy pineapple suckers without the support of the organization to increase pineapple production and improve livelihoods (see Annex 1 for success story related to this activity).
- **Train and support caregivers on IGA:** Pandipieri supported the training of 51 caregivers on a wide range of entrepreneurial activities that included marketing, book keeping, business opportunity identification, and fish preservation during the second quarter. In addition, a total of 31 health and HIV clubs in 27 schools in the Rangala project area were supported to start IGAs in the second quarter. Club members brainstormed and were assisted by Community Talent Facilitators (CTFs), PSS teachers, project officers, volunteers, and head teachers to identify the most viable income generating activities in their locality. As a consequence of trainings and brain storming sessions, a range of IGAs have been initiated by club members and their families that include raising poultry, mushroom husbandry, sheep/goat keeping, tree nurseries, weaving, cereals farming and tailoring. A total of 26 caregivers at Pandipieri, 48 caregivers in Rangala and 5 PLHA groups (20-30 per group) at IRCK were supported with seed funds to start or continue entrepreneurial income generation activities.
- **Support children with innovative skills:** In addition to entering school at a later age, many of the students at the St. John's NFE School also do not complete their education, leading to a high dropout rate. To address this challenge, six vocational training students at St. John's served as mentors to 37 of the neediest children at the NFE School in the first quarter and an additional 12 OVC were mentored in the second quarter. These children were taught how to make creative and educational products from recycled carton boxes, fabric, wool and old newspapers. These products created and developed by the children were used as decorative art at the NFE School and were put up for sale. In order to enhance their capacity, an observation study tour was organized to Kitengela Glass Works to learn more about recycled products during the first quarter. Other trainings were held on making sweets at an Indian confectionary. The children continued with their group income generating activities to raise funds for the club in subsequent period of project implementation. Twelve children were trained in salsa dance during the second quarter. The team will perform salsa dances at

ceremonies and other community functions and charge a fee. As part of the marketing of innovative products, a display board with prices has been erected.

- **Training caregivers on parenting skills:** In order to support OVC guardians/caregivers, Rangala developed a parenting skills program. Rangala trained 631 parents in 14 schools through this unplanned and innovative activity. Topics covered included roles of parents in terms of basic counseling for children, emotional and physical care for children, parent and child relationships, and how to be good role models for children. All these have improved the relationship between caregivers and children and opened communication channels to enhance parental guidance and reduce truancy among children. The parents have also opened channels of parent-to-parent consultation in cases of challenges in handling children issues.

Component 3: Promote a supportive environment to advocate for essential services and reduce stigma and discrimination against OVCs, PLHA and OVC families.

- **Conduct a national budget tracking and advocacy workshop/ train school management committees in advocacy and budget tracking skills:** Plan Kenya organized a three-day national budget tracking and advocacy workshop, which was held from December 14-17, 2010 and included 20 project staff from all the partner organizations. The workshop objectives ensured that the participants acquired skills in budget tracking for advocacy, care and support of OVC. The purpose of budget tracking skills is to empower stakeholders with the necessary capacity for tracking the entire process of budgeting, disbursement and utilization of public funds in order to ensure that resources allocated for projects and programs by the government, local authorities, NGOs, private foundations and communities have been utilized as intended. The partner organizations were trained on budget tracking in the context of social protection schemes being rolled out in the country. Through the workshop activities, the partners developed action plans on how to roll out the training in their own areas of operation. This type of capacity-building is intended to ensure access of resources for OVC through a transparent and participatory community process. A total of 40 budget monitors were trained by Plan Kenya (20) and IRCK (20) in the first quarter; after the training, these trained monitors developed work plans and initiated community sensitization and monitoring of devolved resources in the community.

Additionally, St. John's held three trainings targeting 41 home-based caregivers and resource mobilizers for OVC care and support in the second quarter on the devolved funds and how to access and track these funds in a structured way. Pandipieri trained 68 school management committees and 25 head teachers on budgeting tracking. At Rangala, the monitoring department organized trainings on budget tracking and devolved government funds for school management committees and trained a total of 198 (72 males, 126 females) participants in budget tracking for advocacy, care and support of OVC. Those who were trained are carrying out the same training to more community members. The training is now demand-driven as the education officers from the Ministry of Education are inviting trainers to school forums to sensitize parents as they have come to understand the importance of empowering parents to be more involved in protection of OVC in schools. This activity has made a significant impact on the levels of awareness and influence the community has over the management of devolved resources. An elderly caregiver commented during the sensitization on budget tracking: *'we have never known that old people like us are cared for by the government.'*

- **Conduct study on cash transfer management to increase OVC access to advocacy and protection resources:** The Government of Kenya's Cash Transfer Program for Orphans and Vulnerable Children (CT-OVC) has two main objectives: 1) to provide a social protection system

through regular cash transfers to households living with OVC in order to encourage fostering and retention of OVC within their households and communities; and 2) to promote the human capital development of OVC. The study conducted by IRCK attempts to understand the structure of the CT-OVC program, examines the process used in the implementation of the program, and identifies the role of religious leaders in the planning, implementation and monitoring of the funds. The study proposes avenues to increase and expand participation of religious leaders in the available spaces of engagement (see Annex 3 for complete report submitted as separate document).

- **Train Area Advisory Council (AAC) members on child protection:** The Area Advisory Council (AAC) is an important government and community structure which promotes the realization of the rights of children to protection, survival and development at community level. In the first quarter, St. John's trained 25 AAC members; an additional 50 AAC members were trained in the second quarter with a total of 75 members trained on child rights and protection during the project period. The course content covered mainly AAC composition and mandate, police and child protection, Charitable Children Institutions, child abuse and neglect, child participation, HIV and AIDS and children, drugs and substance abuse, resource mobilization and networking and linkages. Government officials facilitated the training using the approved training syllabus manual. Participants developed action plans to protect children – specifically OVC – as part of the training. These trainings have been crucial in training AAC members on child protection issues and have enabled them to address issues of child neglect, abuse and abandonment among the urban poor.
- **Train teachers on child rights and protection:** To address cases of child abuse common in the Puwmani slums, St. John's identified and trained 25 NFE teachers (17 teachers and 8 club patrons) on child protection and rights during the first quarter. The teachers and patrons are expected to educate the children on their rights and protect children by creating a safe learning environment. Additionally, 31 members of the child protection team were trained on child rights specifically in the villages where child abuse is rampant. At Pandipieri, 42 vulnerable children were removed from the streets and given shelter and care.
- **Engage religious leaders on cash transfer management to increase OVC access to advocacy and protection resources:** The cash transfer study report and findings were disseminated to 35 religious leaders. The dissemination provided an opportunity for the religious leaders to learn about the CT-OVC program operations. As part of this activity, religious leaders developed action plans on how they planned to ensure that information about the social protection scheme is shared with their respective congregations and how they foresee their role in screening beneficiaries. The religious leaders also resolved to participate in the cash transfer management committees in order to play a more active role in the program.
- **Interactive forum between youth and duty bearers (parents and the government):** In the second quarter, at Rangala, an interactive forum was organized for youth and duty bearers in which 32 youths (13 males, 19 females) and 12 duty bearers (6 males, 6 females) were trained, including the District Officer, Divisional officer, Youth officer, Government departmental heads, security officers, chiefs, local political councilors. Issues presented by the youth included harassment by police, challenges in accessing identity cards and birth certificates, youth unwilling to disclose their HIV status, delays by government authorities in responding to child abuse cases. The forum opened the door for continuous interactions through *barazas* where youth were encouraged to participate to make their voices heard throughout the district to influence change and gain access to information as such forums are currently being used to disseminate information and other government policies.

Component 4: Monitoring and Evaluation – Strengthening Database Management.

- **Database design and installation:** Following the recommendation for a strengthened OVC database in the Breaking Barriers final evaluation, a database system was developed and installed under Kenya OVC Track 1 and 20 staff members from partner organizations were trained in the second quarter on database use. The staff members were trained to collect data, enter it in the system and extract reports. This database installation has started to improve quality of data for programming and decision making by the partners. Most of the partners have started to input the data. The OVC database captures OVC profile and age, status of parents, quality of services received, and the provider of those services. All this information is useful in increasing quality of care and support. The partners will continue to use this database as a means of reporting OVC support to the government as well as other partners. The database has successfully increased speed and accuracy in data entry, analysis, and data retrieval.

IV. CHALLENGES AND CONSTRAINTS

The Kenya OVC Track 1 project started on October 1 2010, immediately after the close-out of Breaking Barriers. As a result of this, the project staff at Plan Kenya and the partner organizations did not change. Although this stability was advantageous for programming purposes, it did cause a strain for the staff members who were not only involved in the closing out of the Breaking Barriers project but also in the start-up of Kenya OVC Track 1; the overlap between close-out and start-up activities led to delays in implementation in the first quarter. Furthermore, the performance period in the first quarter was cut short due to the Christmas holidays in December when both government and schools were closed. Since schools serve as an entry point into the community for all of the partner organizations, some of the activities were postponed until the second quarter. Despite these challenges, the project partners successfully implemented most planned project activities by the end of the six-month project period.

The following planned activities were not accomplished:

Component 1: Improve access to quality education, psychosocial support and community-based care for OVC and OVC households

- **Registration of proposed 700 households with the NHIF:** It was originally planned that 350 households would be registered under the NHIF each quarter, for a total of 700 households registered by the end of the project. Most of the households earmarked for registration with NHIF did not have their birth certificates and other official documents required for registration. Therefore, only 210 households were registered during the entire life of the project. St. John's management tried all means and ways to ensure that the National Hospital Insurance fund reduced registration requirement.

Component 2: Increase capacity of OVCs, OVC families and community organizations that serve them to mobilize and manage internal and external resources, and carry out quality programming.

- **Procurement of bio-digester equipment:** During the proposal stage, it was decided that the procurement of the bio-digester would be a joint effort between Plan and other donors funding SJCC. However, a delay in the disbursement of funds by the other donors prevented the program to buy the equipment before the close of the project. Plan International USA proposed using unused project funds to procure the equipment but the request was denied since the original plan was that Plan would only cover a portion of the cost.

V. PROJECT MANAGEMENT AND COORDINATION

Project management remained an important aspect of the Kenya OVC Track 1 project in ensuring that project goal and objectives are met as planned. Most of the activities were completed by March 31 2011. This was possible because partner organizations were aware of the short timeframe for project implementation and developed comprehensive work plans to ensure that all activities are completed on time. In the performance and monitoring plan, a number of monitoring tools and mechanisms were put in place. These included regular partner meetings organized by Plan Kenya which ensured effective coordination at the field level to address any deviations and challenges.

In addition, the Kenya OVC Track 1 project was visited by Plan International USA program manager and finance officer in January 2011 for project backstopping. During this visit, the Plan USA team supported the team in Kenya to set up systems for improved monitoring of project activities at the field level and reviewed financial information for the project. The financial oversight ensured compliance to the approved budgets by all partners.

VI. LESSONS LEARNED

The project was successful and most planned activities were implemented by the end of the project. A cadre of dedicated field staff who have been serving OVC and their families since the Breaking Barriers project have worked hard to ensure that this follow-on award ensures a better life for OVC and their families beyond the six-month project period. With sustainability in mind, Plan Kenya and the four partner organizations have put great emphasis on programming that advocates for the rights of OVC and leads to their economic empowerment. Psychosocial support has continued to be the focus of the project in order to empower OVC and build their confidence to excel in school and their lives ahead. Below are some examples of key lessons learned during the Kenya OVC Track 1 project:

- The project partners all have an integrated approach to OVC care and support which helps ensure that the OVC beneficiaries from this project will continue being supported once the project is over. Below are examples of this integrated approach to programming that ensures sustainability of many Kenya OVC Track 1 activities:
 - A total of 210 households were registered with the NHIF which involved payment of the initial fees by the project; however subsequent payments into the insurance scheme to maintain insurance status will be paid by the beneficiaries themselves who are engaged by St. John's in income generating self-help groups that are currently ongoing and will continue beyond the Kenya OVC Track 1 project.
 - The pineapple husbandry activity built the capacity of 379 caregivers to engage in pineapple farming as a source for income generation. This activity will continue through the community pass-on system where farmers will train other community members in farming and provide them with pineapple suckers to plant their own gardens.
- Involving guardians in life skills/parenting trainings has helped alleviate challenges faced by caregivers and guardians in caring for OVC. In many cases, guardians trained in parenting skills have

later participated actively in parent-teacher meetings and have voluntarily discussed the importance of parenting in large forums and meetings for guardians.

- Memory book writing has been therapeutic for beneficiaries involved in this activity and has helped OVC to use these books as a tool to release emotional stress. This has also been a productive activity for parents of OVC engaged in memory book writing as this activity provides a space for parents to write to their children about their lives when they were young and share personal experiences. Memory book writing has also helped in cases of disinheritance.
- The Kenya OVC Track 1 project utilized experiential learning models in the form of exposure visits during the biogas training and the pineapple husbandry activity. Exposure visits organized as part of both activities have been successful and proven to be strong tools for capacity building.

Annex 1: Kenya OVC Track 1 Success Story

From Poverty to Pineapples: Improving Livelihoods of OVC and their Families in Kenya

“Our livelihood is in these bananas and pineapples.”

Mr. Wilbard is the primary caregiver to his nieces and nephews after his brother died from AIDS. Like many others living in Kisumu County in Kenya, he shares the responsibility of bringing up orphans and vulnerable children (OVC) who have lost their parents to the AIDS epidemic. Through Plan’s Breaking Barriers and Kenya OVC Track 1 projects, vulnerable households such as that of Mr. Wilbard’s have been able to support themselves through banana and pineapple farming introduced by the two projects respectively.

In 2009, one of the children living with Mr. Wilbard received 3 banana suckers through Breaking Barrier’s ‘pass-on-the-gift’ approach at the Uyoma primary school in Kisumu County. The “pass-on-the-gift” approach required each family initially benefitting from a project provided input (e.g., banana or pineapple sucker, etc.) to contribute a specified portion of their first harvest to another vulnerable family in the community. Mr. Wilbard set aside land to plant the banana suckers and now has 60 fruit bearing trees. The income generated from the sales has enabled him to support his nephews and nieces under his care and has motivated him to continue expanding land for banana production. Mr. Wilbard’s success in banana production earned him a chance to be considered for pineapple husbandry training and was then supported with 130 pineapple suckers under the Kenya OVC Track 1 project.



Mr. Wilbard’s pineapple farm bears its first fruit.

Success of Pineapple Farming:

“At first we doubted the bananas, but later realized their value. We cannot doubt pineapples; they will add even more value.”

The success of the banana project contributed greatly to the smooth introduction and community acceptance of pineapple husbandry under Kenya OVC Track 1. Since banana farming had already broken the barriers of doubt, pineapple farming was viewed as beneficial for the entire community. Land, time, and farming tools were willingly set aside to expand crop production.

In establishing pineapple farming, schools identified caregivers to be trained, and the caregivers then set up field schools in their homes to train OVC families. Subsequently, 61 guardians and caregivers were trained on pineapple husbandry and were each supported with 113 pineapple suckers to promote income generation, improve economic status, and sustain community needs. One pineapple produces, at minimum, ten suckers and three fruits per year. On average, 113 pineapples will bring an OVC household US\$400 from suckers and fruits, which will continue to increase as replanting progresses. It is estimated that after 17 months, 20,400 suckers will be available to pass on to other members of the community.

By the end of the project on March 31 2011, Kenya OVC Track 1 had trained 379 caregivers on pineapple farming. The pineapple husbandry activity will continue through the community “pass-on-the-gift” system in the coming months and year. Through this intervention that provided initial materials and technical support for pineapple husbandry, Plan’s right-based approach empowered OVC and their families to increase household incomes and therefore, support vulnerable OVC in a way that was sustainable beyond the life of the project.

Annex 2: Kenya OVC Track 1 Activities Completed as per Project M&E Plan

Component 1	Activity	Actual Targets (Oct 10-Mar 11)	Q1 Achievement (Oct–Dec 10)	Q2 Achievement (Jan-Mar 11)	Total Targets Achieved
Improve access to quality education, psychosocial support and community-based care for OVC and OVC households	1.1 Provide scholarship support to St. Johns Informal School	150 OVC	0	159	159
	1.2 Provide vocational training for older OVC	10 OVC	10	12	22
	1.3 Establish and strengthen 50 health and HIV child-to-child clubs in schools	50 child-to-child clubs established and strengthened	50	50	50
	1.4 Train caregivers in PSS counseling for OVC	645 caregivers trained (peer educators, teachers, religious leaders, and home-based caregivers)	156	325	481
	1.5 Train and engage in and out-of school OVC through theater/drama for improved health seeking behavior	620 in and out-of-school OVC	244	369	613
	1.6 Support home-based caregivers with health kits	100 kits distributed to 100 caregivers	51	62	113
	1.6 Supervise home-based caregivers	600 home-based caregivers	600	600	600
	1.7 Mobilize and support youth groups to support community-based hygiene promotion efforts	14 youth groups	7	7	14

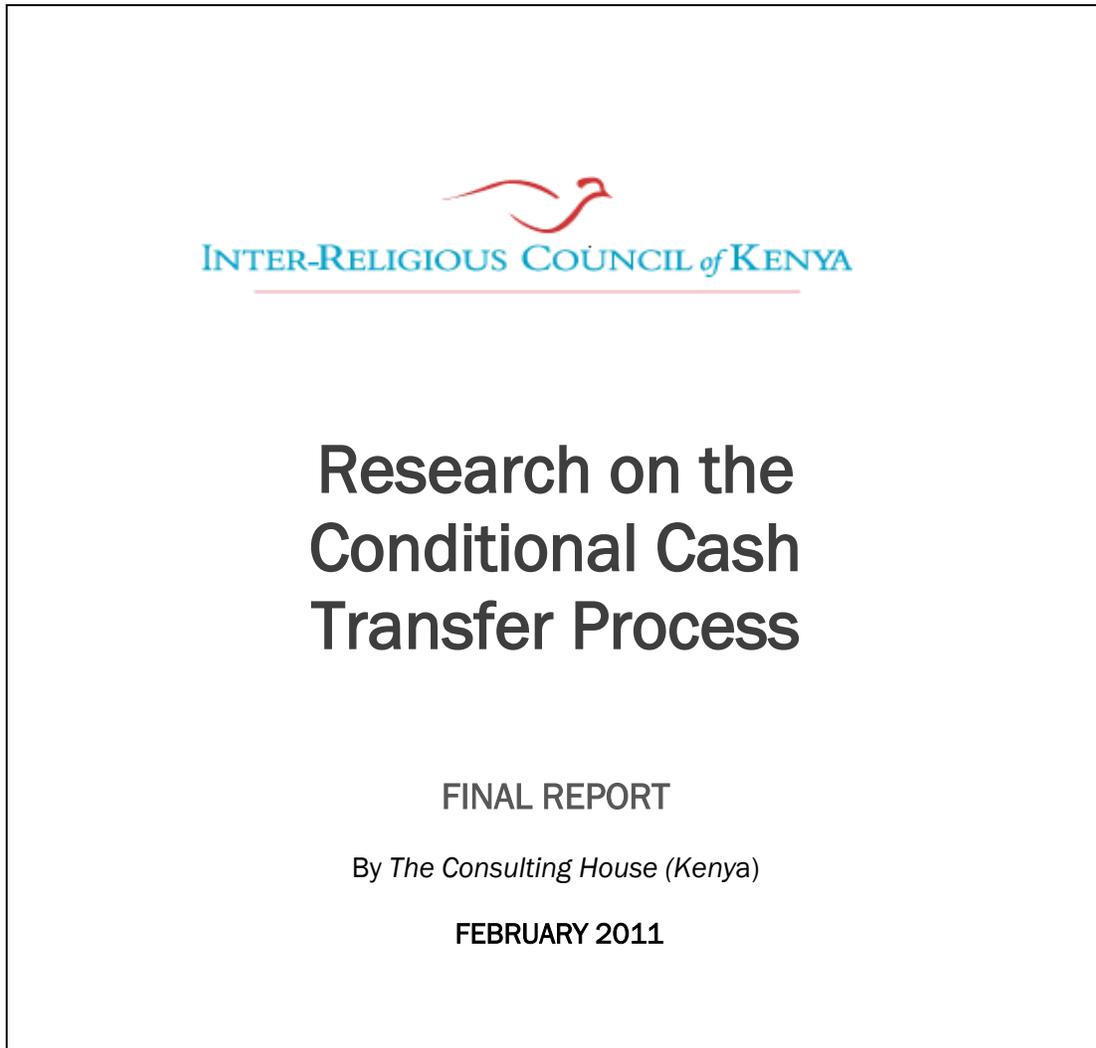
	1.8 Support the registration of households with the National Hospital Insurance Fund	700 households	44	166	210
	1.9 Support youth and OVC to promote immunization, VCT, and treatment of STIs	1,000 youth tested through HBC, VCT, immunizations, and STI treatment	477	505	982
	1.10 Support youth/peer educators to develop IEC materials	580 youth/peer educators	0	1294	1294
Component 2	Activity	Actual Targets (Oct 10 - Mar 11)	Q1 Achievements (Oct - Dec 2010)	Q2 Achievements (Jan - Mar 2011)	Total Targets Achieved
Increase capacity of OVCs, OVC families, and community organizations that serve them to mobilize and manage internal and external resources, and carry out quality programming	2.1 Organize training for caregivers/guardians in biogas technology and use	1 biogas technology training organized	1	0	1
	2.1 Train guardians in biogas technology and use	100 guardians	40	0	40
	2.1 Procure bio-digester equipment	1 Bio-digester	0	0	0
	2.2 Train community members in pineapple farming to enable income generation	120 community members	61	318	379
	2.3 Train caregivers in entrepreneurial activities	60 caregivers	0	51	51

	2.3 Support caregivers and PLHAs to initiate viable projects for IGA	26 caregivers through Pandipieri; 48 caregivers through Rangala; 20 caregivers through IRCK	0	26 caregivers through Pandipieri; 48 caregivers through Rangala; 5 caregivers through IRCK	26 caregivers through Pandipieri; 48 caregivers through Rangala; 5 caregiver groups (20-30 per group) through IRCK
	2.4 Support children with innovative skills	60 children	37	12	49
Component 3	Activity	Actual Targets (Oct 10 - Mar 11)	Q1 Achievements (Oct - Dec 2010)	Q2 Achievements (Jan - Mar 2011)	Total Targets Achieved
Promote a supportive environment to advocate for essential services and reduce stigma and discrimination against OVCs, PLHA and OVC families	3.1 Conduct national budget tracking and advocacy workshop for community members and project staff	20 community members and project staff attended	20	0	20
	3.1 Conduct national budget tracking and advocacy workshop for community/religious leaders	20 community/religious leaders attended	20	0	20
	3.1 Conduct study on cash transfer management to increase OVC access to advocacy and protection resources	1 study covering 3 counties (Nairobi, Siaya, Kisumu)	0	1	1
	3.2 Train 14 Area Advisory Councils (AAC) on child protection	75 AAC members (from 14 AACs trained)	25	50	75

	3.2 Train School Management Committees in advocacy and budget tracking skills	27 School Management Committees trained	0	27	27
	3.2 Train teachers on child rights and protection	25 teachers trained	25	0	25
	3.3 Engage religious leaders on cash transfer (social protection) process based on research recommendations	35 religious leaders	0	35	35
Component 4	Activity	Actual Targets (Oct 10 - Mar 11)	Q1 Achievements (Oct - Dec 2010)	Q2 Achievements (Jan - Mar 2011)	Total Targets Achieved
Strengthen Database Management	4.1 Design database	1 database	0	1	1
	4.2 Install database at Plan Kenya head office and at partner organizations	1 database installed	0	1	1
	4.3 Train staff on database management	9 staff members from partner organizations trained on database management	0	9	20



Annex 3: OVC Cash Transfer Research Report by IRCK



LIST OF ABBREVIATIONS

AAC	Area Advisory Council
FBO	Faith Based Organization
CCT	Conditional Cash Transfer
CT-OVC	Cash Transfer Programme for Orphans and Vulnerable Children
DC	District Commissioner
DCO	District Children's Officer
DDO	District Development Officer
DEO	District Education Officer
DHO	District Health Officer
DOSC	District OVC Sub-Committee
DSO	District Statistics officer
IRCK	Inter-Religious Council of Kenya
LOC	Locational OVC Committee
MIS	Management Information System
NCCS	National Council of Children's Services
NGO	Non-Governmental Organization
OVC	Orphans and Vulnerable Children
TCH	The Consulting House (Kenya)
VCO	Volunteer Children's Officer

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O Executive Summary

INTRODUCTION

1. **The Brief.** The CT-OVC¹ programme has two main objectives². First, to provide a social protection system through regular cash transfers to households living with OVC in order to encourage fostering and retention of OVC within their households and communities. Secondly, to promote the human capital development of OVC.
2. The task for which this Report is written is threefold. One, to interrogate the structure of the CT-OVC programme. Two, to examine the process used in the implementation of the Programme. And three, to identify the role of religious leaders in the planning, implementation and monitoring of the funds. Primarily we were to identify the extent of involvement of religious leaders in the CT-OVC Programme and propose avenues to increase and expand their participation in the available spaces of engagement.
3. **Methodology and Process.** We relied on both primary and secondary sources of data. The secondary sources included National Policies and other forms of literature³. A total of 15 Policies and documents were reviewed⁴. The primary data⁵ was collected from a total of 167 respondents spread across selected districts in Nairobi and Siaya Counties⁶. Data extraction employed three techniques; Key Informant Interviews (KIIs), In Depth Interviews (IDI) and Focus Group Discussions (FGDs). The tool used for data extraction was a [Check List](#) developed at the Inception Stage and attached to the Inception Report. At the conclusion of our fieldwork, we generated a Debrief Presentation and discussed its contents during a Debrief Workshop held at Milimani Resort,

¹ While the TOR referred to the programme as Conditional Cash Transfer Programme (CCT), the name provided by the Ministry of Gender, Children and Social Development and employed by the beneficiaries is Cash Transfer Programme for Orphans and Vulnerable Children (CT-OVC). This is the name that we will use in this report.

² *Social Protection: Cash Transfer Programme*, Ministry of Gender, Children and Social Development, Department of Children Services

³ The list of Literature reviewed is contained as **Annex II** of this Report.

⁴ The team deployed two team members to scan through the literature.

⁵ Sampling details were spelt out in the Inception Report. They are also contained at Section 1.3 of the Report.

⁶ The Schedule of respondents interviewed is attached as **Annex III** of the Report.

Kisumu on 25th February 2011. This meeting brought together IRCK Interfaith Networks, some of whom we had encountered in the field.

SUMMARY OF FINDINGS

Overall Findings

1. **Spaces of Engagement.** Spaces exist for the engagement of religious leaders, however it appears they do not have a **voice** hence **hearing** on the other side is limited. In this context we understand 'voice' to mean the ability to identify, frame and articulate interest and to be relevant. In situations where the voice is completely lacking, the religious leaders involved are prone to absenteeism. While in situations where the hearing is limited the voice conveyed is irrelevant.
2. **Value Proposition vis a vis Interest.** The value proposition of the religious leaders is obvious; they command a regular, captive audience. However their interest proposition is not clearly articulated. If the interest proposition is not defined two assumptions can be made. One, the investment is inconsequential. Two, there is ignorance or lack of awareness of what can be harvested from that relationship.
3. **Conditions for Continued Eligibility.** In some regions stringent requirements for continued eligibility are enforced and fines levied on caregivers in the event of non-compliance. However, in other regions, the programme is implemented without conditions.
4. **CT-OVC Linkages with Other Programmes.** Where there were complimentary programmes targeted at the OVC caregivers or beneficiaries, the value of the grant increased. ARV programmes targeted at HIV positive caregivers of the OVC enabled them to remain healthy and care for the OVC while feeding programmes helped subsidize the cost of feeding OVC.

Specific Findings

Structure

5. **Structure for Childrens' Services.** The Children Act (Act 8 of 2001) establishes the National Council for Childrens Services (NCCS) and mandates it to institute Area Advisory Councils (AAC)⁷ . The AACs are formed in three levels of operation: District, Division or Location. The CT-OVC Programme has tapped into this existing structure and is one of the programmes supervised by the AACs.

⁷ Section 32 (2) (q) of the Children Act

6. AACs are allowed to form subcommittees for the specialised aspects of their functions. In this regard, the District OVC Subcommittee (DOSC) was formed as a technical arm of the AAC. It is responsible for the overall management of the CT-OVC programme and facilitates the selection of the Location OVC Committee (LOC). The LOC is the centre of gravity of the CT-OVC Programme And is responsible for its implementation on the ground.
7. **Structure for the CT-OVC Programme.** Structure exists as stipulated in policy with variations and omissions. The deviation from policy does not however affect the process of the CT-OVC Programme. Given this scenario, the processes in the programme are interrogating the structure.

Process

Process Consistency

8. **Beneficiary Identification.** There was consistency in the manner in which beneficiaries were identified and in the application of the selection criteria as envisaged in policy.
9. **Information Flow.** District Children Officers relied heavily on local administration as their link to the community. The manner in which updates and notifications for awareness sessions were communicated to beneficiaries was as follows:



10. **Purpose of the Funds.** The caregivers of OVC in the CT-OVC Programme had a clear understanding of the intended purpose of the funds allotted to them under the program, “...*hii ni pesa ya watoto*” was the constant reference to the programme by the beneficiaries.

Process Deviation

11. **Discontinuation from the Programme.** A caregiver and beneficiary can be terminated from the program for various reasons. The understanding of what constituted these grounds for termination differed and in some regions included refusal by widowed female caregivers to be inherited.
12. **Amount Disbursed per Beneficiary.** The amounts disbursed to beneficiaries were reviewed thrice. First, the program started with disbursement of Kshs 500 per OVC per month in 2004/05 and 2005/06⁸. Secondly, the amount

⁸ *Cash Transfer for Orphans and Vulnerable Children Programme*, Carren Ogoti, Department of Children Services

disbursed was increased in 2006/07 to Kshs 1,000 per month per household as opposed to per OVC⁹. Finally, based on the prevailing poverty index, the rural consumption index, the average income of the area that the programme is to run and the government's ability to sustain the program in the absence of donors/partners, the amount was further reviewed both by the Government and partners to Kshs 1,500 per household per month¹⁰.

13. **Entry Strategy.** The process of the programme did not appear cyclical where attrition is replaced by new entries within the cycle of the program. In most of the areas under study, the list generated when beneficiaries were identified at the start of the programme was still in use as a guide/checklist for disbursements.
14. **Monitoring and Evaluation.** Within the CT-OVC Programme the three major structural committees are mandated with different levels of monitoring and evaluation. The AAC is tasked with the overall monitoring of the programme at the district level. The District OVC Sub-Committee (DOSC) is to monitor the progress/development of identified OVC and their households. And the Location OVC Committee (LOC) is to conduct continuous monitoring of the progress of OVC in the CT-OVC programme. While the LOC in some areas conduct follow up on the progress of the OVC, there is no substantive monitoring and evaluation in practice.

SUMMARY RECOMMENDATIONS

From the aforementioned, four overall recommendations lend themselves.

1. **Interest Proposition.** Religious leaders need to clearly envision and articulate their interest proposition in the CT OVC programme. FBOs should have a similar understanding and agreement on the fundamentals of the OVC. Only then will they be able to voice their interests in one voice.
2. **Positioning.** Religious leaders should position themselves as opinion leaders in the community. One of the requirements to join the LOC is that the individual is an opinion leader. The religious leaders should exploit informal spaces that give them this leverage and can position themselves as opinion leaders. Due to the constant and regular audiences they have with the community, they are able to fashion themselves as a modicum of stability and high moral authority. This is especially useful in the background of administration that is not constant. One of the challenges to the institutional memory and stability of the programme the study found out, was that the staff turn over of the chiefs and the children officers is high and fairly frequent.. Therefore the religious leaders have an opportunity to position themselves as a stable, high moral authority institution.

⁹ Ibid

¹⁰ Ibid

3. **Engagement in Children's Activities.** Religious leaders should engage themselves in children activities and publicize their engagement, if they want to increase their involvement and participation in the LOC and AAC structures. They can provide psycho social support i.e. counselling services to these OVC. A case in point is the LOC chairperson for Korogocho who happens to be a pastor but is also the headmaster of a local Primary school. Religious institutions can help locate opportunities for OVC for example maintaining an up to date database of OVCs for recommendation to bursary and scholarship programmes such as CDF (Constituency Development Fund) among others.
4. **Education.** The religious leaders should make use of their 'power behind the pulpit' to educate and sensitize their congregants on issues affecting OVCs in their communities. They can inform the public on the plight of the OVC. In addition, they can educate their congregants on proper behaviour and practices to prevent the spread of AIDS. The leaders can encourage congregants to go for testing at VCT centres and lead by example. They can also have programmes in the church that will educate people on available economic activities and how to start up and manage small businesses. This last function can be in collaboration with the NGOs and CBOs for greater outreach.

1 Introduction

1.1 THE CT-OVC PROGRAMME

1. The OVC Secretariat in the Department of Children's Services of the Ministry of Gender, Children, and Social Development is the foremost department in the Government that addresses the situation of OVC in Kenya. Under the OVC Secretariat, the National OVC Steering Committee was established to advise the government on OVC issues in policy, practice, and implementation; and to monitor OVC programming. The National OVC Steering Committee carried out a Rapid Assessment, Analysis, and Action Planning (RAAAP) Process¹¹ for OVC in 2004 which quantified the OVC situation, and led to the development of the *National Plan of Action (NPA) for OVC, 2007–2010*. One of the key findings of the RAAAP assessment was that many vulnerable children were still not being reached by programs targeted at OVC¹². These findings were the basis for establishing a comprehensive strategy as proposed in the National Plan of Action for OVC¹³ that¹⁴: (1) identifies OVC not being supported through NGOs and (2) provides their families, and in some cases foster families, with a cash subsidy.
2. The CT-OVC programme began with a pre-pilot phase in December 2004¹⁵. Funding for the programme comes mainly from the Government of Kenya, the United Nations Children's Fund (UNICEF), the World Bank, and the United Kingdom's Department for International Development (DFID)¹⁶. The programme draws its human resources from the Department of Children's Services.
3. The programme is guided by three main objectives¹⁷. One, establishing a social protection mechanism that makes regular, predictable cash transfers to households that take care of orphans and vulnerable children. Two, creating an incentive system for taking care of OVC through fostering and retention of OVC within families and communities. Three, helping to promote human capital

¹¹ *Background Paper on Conditional Cash Subsidies for Children Affected by HIV/AIDS*, March 2005

¹² *Orphans and Vulnerable Children (OVC) Programming in Global Fund HIV/AIDS Grants in Kenya*, USAID, September 2010

¹³ Priority Strategic Area 1 (1.1), National Plan of Action

¹⁴ Ibid

¹⁵ *Background Paper on Conditional Cash Subsidies for Children Affected by HIV/AIDS*, March 2005

¹⁶ *Orphans and Vulnerable Children (OVC) Programming in Global Fund HIV/AIDS Grants in Kenya*, USAID, September 2010

¹⁷ Ibid

development of OVC to help as many of them as possible to break out of the poverty cycle and dependency.

1.2 RESEARCH RATIONALE

4. The Research on the Cash Transfer Programme for Orphans and Vulnerable Children was focused on the following areas:
 - a. **Identification of CT-OVC Beneficiaries.** We tracked the process used in the identification of households that will benefit from the programme. Specifically, we identified the criteria used in identification and found out the extent of involvement of religious groups in defining and applying the criteria.
 - b. **Selection.** Selection is two-fold and is guided by criteria. First, we identified the criteria that was used in the selection of households that will benefit from the programme and determined the extent of involvement of religious groups in the definition and application of the criteria. Second, we identified the criteria used in the selection of religious leaders to participate in the implementation and monitoring of the CT-OVC Programme.
 - c. **Follow up of CT-OVC Beneficiaries.** We distinguished follow up from monitoring and evaluation and identified the committees in the structure tasked with these functions. Further we determined the scope of monitoring and evaluation as well as its frequency.
 - d. **Documentation of the CT-OVC Operations.** While completing the research on the CT-OVC Programme, we undertook the documentation of the successes and challenges faced in the implementation of the Programme.
5. A detailed research ToR is attached at **Annex I** of the report.

1.3 RESEARCH METHODOLOGY

1.3.1 Sources of Data

6. For purposes of this research, two sources of data; secondary and primary were employed.

1.3.1.1 Secondary Sources

7. The research relied on three classes of data. First was CT-OVC generated literature. This included committee guides, targeting manuals, enumerator guidelines and progress reports. The second class was legislative and policy instruments dealing with children. These documents illustrated the structure

for the implementation of childrens' issues and situated the CT-OVC Programme within that structure. The third class was grey literature, such as reports, articles and presentations on the CT-OVC Program documented by development partners and other organizations interested in the programme. This class was included in the research to find out how development partners perceived CT-OVC. A total of 15 documents were reviewed¹⁸. Details of the Literature Reviewed are attached at **Annex II** of this report.

1.3.1.2 Primary Sources

8. **Sampling Frame.** CT-OVC is currently being implemented in 37 districts¹⁹. The sampling frame for the study was Siaya and Nairobi Counties²⁰.
9. **The Respondents.** The primary data was collected from a total of 167 respondents spread across selected districts in Nairobi and Siaya Counties²¹. Three categories of informants were targeted. **The first** comprised of Government Officers linked to CT-OVC. These included provincial administration and DCOs. **The second** group was constituted by (i) Beneficiaries under the programme (ii) Caregivers to beneficiaries (iii) control groups that provided a comparative analysis. **The third** comprised of (i) IRCK Stakeholders, these were the two institutions i.e. St. Johns Community Centre and Rangala Family Development Program identified by IRCK at the Inception phase (ii) Representatives of Pumwani and Siaya Interfaith Networks.
10. **Extraction Instrument.** The checklist was the primary instrument of data extraction for the research.
11. **Extraction Methods.** Three methods of data extraction were employed; Key Informant Interviews (KIIs), In depth Interviews (IDI) and Focus Group Discussions (FGDs). A detailed list of Interviewees is attached at Annex III of the report.

1.4 RESEARCH LIMITATIONS

12. **Time Frame.** The main limitation to this research was the time frame within which the research was to be carried out. The total research period of 12 days limited the number of respondents we could reach and interview.
13. **Payment of Respondents.** In Korogocho District the respondents demanded payment in order to be interviewed. This limited the number of respondents that we could interview.

¹⁸ The team deployed two team members to scan through the literature.

¹⁹ www.gender.go.ke

²⁰ TOR 8

²¹ The Schedule of respondents interviewed is attached as **Annex III** of the Report.

2 Structure

2.0 INTRODUCTION

1. The structure for CT-OVC has the following six committees, the National Council for Children's Services, The District Area Authority Council; the Division Area Authority Council; the Location Area Authority Council; the District OVC Sub Committee (DOVC) and the Location OVC Committee (LOC). The composition of all these committees can be found in annex IV. The intention of this chapter is to look at
 - a. The Structure of the CT OVC programme as exists in Policy;
 - b. The Structure of the CT OVC programme in practice;
 - c. Deviation of the Structure in Practice from Policy ;
 - d. Positioning of the religious leaders in each committee.
2. Our analysis focused on four things. One, the structure as stipulated in policy. Two, the structure as exists in practice. Three, the deviation from practice as it affects the CT OVC programme. Four, the position of religious leaders within the CCT Programme.

2.1 NATIONAL COUNCIL FOR CHILDREN'S SERVICES (NCCS)

3. **The Structure of the CT OVC programme as exists in Policy.** The National Council for Children's Services was established under the Children Act, 2001. This institution was established to exercise general supervision and control over the planning, financing and coordination of Child rights and welfare activities and to advise the government on any aspects mentioned above.²²
4. **The Structure of the CT OVC Programme in Practice.** The NCCS has the mandate to create and supervise subsequent bodies and committees that will aid in the implementation of children's programmes including the CT OVC programme.²³
5. In exercising the mandate above, the council has formed four committees that are mandated to carry out specific tasks. These are; Resource Mobilization, Management & Organization Development Committee; Advocacy, Media Participation & Partnership Committee; Planning ,Research, Monitoring & Evaluation Committee and Policy Development & Legal Issues Committee.²⁴

²² The Children Act Part IV Section 32(1)

²³ The Children Act Part IV Section 32(2a) and Section 32 (2e)

²⁴ The National Council for Children's services website. Can be accessed at www.nccs.go.ke

6. The Resource Mobilization, Management & Organization Development Committee is tasked to mobilize resources and ensure they are used efficiently. The Advocacy, Media Participation & Partnership Committee is tasked with raising awareness and effective media participation in children issues. The Planning, Research, Monitoring & Evaluation Committee is tasked with planning and coordinating the implementation of policies and programmes. The Policy Development & Legal Issues Committee formulates policies and guidelines on various aspects relating to children.
7. The NCCS has also gone ahead to establish District AAC (Area Authority Council); Divisional Area Authority Council and Locational Area Authority Council. The NCCS established two bodies to help in the implementation of the CT-OVC programme specifically. These are the District OVC Sub committee (DOSC) and the Locational OVC Committee (LOC).²⁵
8. **Deviation.** There are no clear deviations from the structure of NCCS in policy and structure in practice. However, some innovations were noted; using the co-option power vested in it, the council has created committees with clearly divided tasks to enhance efficiency. It has also formed the Area Authority Councils at a district, division and location level to represent the NCCS at each respective level. Moreover, it has established the LOC and the DOSC to specifically aid in implementing the CT -OVC programme.
9. These innovations do not undermine the working of the CT OVC. On the contrary, the delegation of specific tasks to committees and co option of value adding individuals, ensures proper division of labour leading to increased effectiveness.
10. **Positioning of Religious Leaders.** The Children Act purposefully provides three slots to leaders representing religious organizations, nominated by the Episcopal Conference, the National Council of Churches of Kenya and Supreme Council of Kenya Muslims, respectively.²⁶This draws representation from the Catholic Christians, Protestant Christians and Muslim community. The religious leaders can exploit these spaces to pursue a unified agenda presented with a common voice. Active contribution from this position can be used to influence policy making and implementation.
11. There is no documentation provided that shows how the committee members are chosen. However if the Council members have a say in that issue, then religious leaders can lobby to be represented in these committees especially if they possess the necessary technical skills needed for eligibility to the committees. Therefore religious leaders should be equipped with the

²⁵ Ministry of Gender, Children And Social Development. Department of Children Services.Family Booklet, CT-OVC. Programme without Conditions, Pg 8.

²⁶ The children Act 2001 .Part IV Section 31.

necessary competencies if they want to increase their involvement in the NCCs at the committee level.

12. According to the Children Act, the chairperson of the NCCS is a presidential appointee who shall be an eminent person that is knowledgeable in, or has actively contributed to the promotion of the rights and welfare of children. Religious leaders can collectively nominate and lobby for one of their own who fulfils these qualifications to be appointed. Religious leaders have the advantage of a perceived high moral standing of their office by the public, thus command moral authority. However, there is need for greater involvement in children affairs and a united lobbying front if religious leaders intend to aim for this position.

2.2 DISTRICT AREA AUTHORITY COUNCIL (AAC)

13. **The Structure of the CT OVC programme as exists in Policy.** The NCCS is required, among its specific functions to establish AACs to specialize in various matters affecting the welfare of the children.²⁷The AAC is therefore a statutorily recognized structure with legal guidance on its composition and mandate. AACs represent the NCCS in their areas of operation.
14. The District AACs came into being in 2001 with the enactment of the Children act. Previously, they had existed as District Children Advisory Committees (DCACs) which had been formed in 1992 through a Presidential Administrative Directive to address issues affecting children at the District level. This was in line with the then District Focus for Rural Development Policy. The AACs sought to address some of the issues that had handicapped the DCAC such as funding, membership and training among others.²⁸ Therefore the NCCS drew up guidelines covering the structure and function of the AACs.
15. The District AAC composition is a replication/reflection of the composition of the National Council for Children's Services (NCCS) at the district. It has representatives from all the line ministries, members from the private sector, NGO and children representatives.
16. Within the CT-OVC programme, the role of AAC is to:
 - a. Identify/approve of the locations in the district where the CT-OVC programme will be implemented.
 - b. Select among its members a District OVC Sub Committee (DOVC) who will be in charge of supporting the implementation of the CT-OVC programme on behalf of the AAC. The DOVC is the executive arm of the District AAC.

²⁷The children Act 2001.Part IV Section 32 (g).

²⁸Guidelines for Formation and Operation of Area advisory Councils 2006.The National Council of Children's Services. Rationale for Guidelines for AACs Pg 7

- c. Apart from the mandatory members of the OVC Sub Committee, recommend other members for the committee who will add value to committee.
- d. Monitor the programme within the district level²⁹

17. The Structure of the CT OVC Programme in Practice. The structure of the District AAC in practice is very similar to the structure as provided for in policy, save for a few deviations. It is chaired by the District Commissioner of the respective district. The District AAC meets after every 3 months i.e. on a quarterly basis. The District Children's Officer (DCO) ordinarily works with the AAC to implement activities for Children. The District Children Officer (DCO) of Ministry of Gender and Children Affairs (MOGCA) is the focal person in the district. Just as it is stated in the policy guidelines, s/he is also the Secretary of AAC and the convener of meetings.

18. Deviation of Practice from Policy. There are a few deviations from structure as stated in policy and structure in practice. The policy guidelines clearly spell out that there shall be two children representatives; a boy and a girl nominated from child led initiatives in the districts who will sit in the AAC. However, during the field study in Korogocho and Siaya, there were no children representatives sitting in the committees.

19. The composition of representatives from Faith Based Organisations was not followed to the letter as stated in the Children Act. Instead, its representation varied depending on the dominant religion in an area.³⁰

20. In Siaya, the District Statistics Officer was initially involved when the CT OVC programme kicked off in 2005 but with time has delegated attendance of the quarterly AAC meetings to his deputy.

21. The Children Act does not include the Registrar of births and deaths among the members of the NCCs. However the district registrar of births and deaths was present in the district AACs in both Siaya and Korogocho. The Ministry of Gender, Children and Social Development points out in one of its official documents that this particular deviation is a widespread practice³¹. Inclusion of the registrar of births and deaths in the AAC is important since one of the key goals of the CT-OVC is to ensure registration of births and to ensure the OVC have birth certificates. For feedback on the implementation of this objective, this particular official has to sit in the District AAC.

²⁹Ministry Of Gender, Children and Social Development, Sub-Annex 1: Guidelines for Committees. Cash transfer programme for orphans and vulnerable children (CT-OVC).August 2008. Prepared by Ayala Consulting.

³⁰ This was revealed in an in depth Interview with the District Children's Officer of Siaya District.

³¹Ministry Of Gender, Children and Social Development, Sub-Annex 1: Guidelines for Committees. Cash transfer programme for orphans and vulnerable children (CT-OVC).August 2008. Prepared by Ayala Consulting.

22. In Korogocho, the District Lands Officer (DLO), Public Health Officer (PHO) and Voluntary Children Officers (VCO) have been co-opted into the AAC.
23. **Positioning of Religious Leaders.** The District AAC in line with the NCCS guidelines has allocated three slots for Faith Based Organisations. Religious leaders have formal spaces that they can use to implement the CT-OVC programme. For example, due to their close and regular contact with their congregations, they can be very effective in monitoring the effectiveness of the programme. The religious leaders have an opportunity to act as a link between the community and the District AAC and form part of the feedback mechanisms available to the beneficiaries and the community in general.
24. One of the roles of the AAC is to appoint extra members to the DOSC who can demonstrate that they will add value to its operations. The DOSC gives one slot for religious leaders but leaves room for extra members at the prerogative of the AAC. The religious leaders in the AAC can use their position to push for extra representation of religious leaders in the DOSC. This is a very reasonable argument due to the numbers of community members that interact with FBO leaders. Their presence on the DOSC will be very advantageous in the implementation of CT-OVC since they have a huge outreach in the community.

2.3 DIVISION AREA AUTHORITY COUNCIL (AAC)

25. **The Structure of the CT OVC programme as exists in Policy.** The division AAC is a statutory body that is legally envisioned in the Children Act 2001.³² After the Children Act was enacted in 2001, the previously existing DCAS became the AAC under the new Act. The AAC name came without the preceding 'District' tag giving the NCCS flexibility to replicate itself at all levels of governance as the NCCS saw fit. Thus the NCCS established its presence at the division level through the Division AAC.
26. This committee is chaired by the District Officer and the Secretary is the District Children's Officer. The DCO convenes the committee meetings which are held on a quarterly basis.
27. **The Structure of the CT OVC Programme in Practice.** Neither Siaya nor Korogocho had a division AAC in place.
28. **Deviation of Practice from Policy.** The deviation from policy is that there were no Division AACs in the area the field study was conducted. Upon further inquiry as to why there were no division AACs, several reasons were given. One, the membership of the Division AAC was very similar to that of the District AAC hence there was repetition of roles.³³

³²The children Act 2001.Part IV Section 32q.

³³ This was explained in an in depth interview with the district children's officer at Siaya

29. Two, the CT OVC program is one of the many programs being run by the ministry of gender, children and social development, therefore, time is of essence and should be used effectively. As such replicating a district meeting at a division level is a waste of resources that could be used for their programmes. There were very few organisations CBOs and NGOs spread out in some of the areas. In such cases, these organisations were already adequately represented at the District AAC.
30. The third reason given was that there were administrative changes in provincial administration that resulted in the some divisions being upgraded to districts.
31. **Positioning of Religious Leaders.** The guidelines for forming the Division AAC have three slots allocated to FBOs. Where this committee is present, the religious leaders should take up these positions. However, this committee is rarely constituted due to its perceived redundancy and the need for efficient use of resources. Therefore, involvement of religious leaders at this point may be ineffective.

2.4 LOCATION AREA AUTHORITY COUNCIL (AAC)

32. **The Structure of the CT OVC programme as exists in Policy.** The Location AAC represents the NCCS at the location level. It is answerable to the Division AAC. The committee is chaired by the chief and the Zonal Education Officer acts as the secretary.
33. **The Structure of the CT OVC Programme in Practice.** From the field study in Korogocho and Siaya Counties, there were no LOC Committees.
34. **Deviation of practice from policy.** The deviation in this scenario is the absence of Location AACs on the ground despite presence of policy guidelines for their existence. This absence was explained to be a consequence of the presence of the Location OVC Committee which has an almost similar membership composition as the Location AAC.³⁴
35. This notwithstanding, it is the view of the consultant that the absence of Location AACs actually increases the effectiveness of the CT OVC programme. One, it prevents redundancy of roles thus saving on valuable time and resources. Secondly, it does not make the hierarchical structure of the programme much easier to understand and adhere to since there are no parallel bodies at the same level.
36. **Positioning of Religious Leaders.** The policy guidelines have provided three slots for faith based organisations. However, the view of the consultant is that there is very minimal space for participation in this committee due to the fact that it is not in place. Nevertheless, where the committee exists in practice,

³⁴ This was revealed in an in depth interview with the Chairman of the LOC in Korogocho.

religious leaders should take up their positions and use these spaces to articulate matters related to the CT OVC programme.

2.5 DISTRICT OVC SUB COMMITTEE (DOSC)

37. The Structure of the CT OVC programme as exists in Policy .This is the executive arm of the district AAC. It was specifically constituted for implementation of the CT-OVC program. Members of the DOSC are set out in Annex V. Other than the mandatory 9 members, other members can be recommended by the District AAC. The DOSC comprises between 9-13 members depending on the size of the district. Members of this committee select one person among them to be the chairperson of the committee while the DCO remains the secretary of the committee and the key focal person for the programme.³⁵

38. Some of the roles of the DOSC include

- a) Orient and sensitize district administrators and opinion leaders on the CT-OVC Programme.
- b) Sensitize communities within the selected location on the CT-OVC programme.
- c) Facilitate the formation of Location OVC Committee.
- d) Help in the training process of Location OVC Committee on CT-OVC and their roles in the programme.
- e) Assist the Location OVC committee to identify enumerators for data gathering on households with OVC.
- f) Help in the training process of enumerators
- g) Supervise the administration of the questionnaire by LOC members and enumerators.
- h) Review ranking listings of eligible households.
- i) Present with the DCO, the final list of eligible households with OVC to community for validation.
- j) Help in the training process of caregivers for selected households with OVC
- k) Assist in the signing process of agreements between the family representative and GoK Children's Department.
- l) Facilitate the opening of accounts by beneficiary caregivers
- m) Monitor the progress/development of identified OVC and their households
- n) Maintain an inventory of CBO and NGOs working for children in the location

39. The Structure of the CT OVC Programme in Practice. Siaya has set up a DOSC whose functions are guided by the guidelines provided for in the policy documents. Korogocho does not have a DOSC in place.

³⁵Ministry Of Gender, Children and Social Development, Sub-Annex 1: Guidelines for Committees. Cash transfer programme for orphans and vulnerable children (CT-OVC).August 2008. Prepared by Ayala Consulting.

40. **Deviation of practice from Policy.** The deviation from policy is that the structure of the CT-OVC programme in Korogocho does not have a DOSC. From the district AAC, the next committee in its structure is the LOC. The key person who connects these two committees is the District Children's Officer.
41. **Positioning of Religious Leaders.** Religious leaders have been allocated one slot in the DOSC under the policy guidelines. Hence, using their influence in the district AAC, they can lobby to get extra slots apportioned to religious leaders. The district AAC has the power to recommend extra members into the DOSC if these extra members can demonstrate that they will add value to the operations of the DOSC. The DOSC, working together with the LOC is heavily involved in matters at the community level. These include sensitization of the community about the CT OVC programme, formation of the LOCs, assisting the LOC to select enumerators among others. The religious leaders can argue and demonstrate that they are well placed to perform some of these functions due to their close interaction with the community.
42. In addition, religious leaders will also be well placed to assist in the monitoring of the programme. Across the board, it was apparent that monitoring and evaluation of the programme is wanting. This is a gap in the structure that religious leaders can effectively fill. Their position in the DOSC and in the AAC will enable them to get feedback about the programme and come up with corresponding guidelines and responses that are in tandem with the feedback received.

2.6 LOCATIONAL OVC COMMITTEE (LOC)

43. **The Structure of the LOC as exists in Policy.** The LOC was established specifically for implementation of the CT OVC programme. One of the responsibilities of District OVC Sub Committee (DOSC) is to facilitate the selection of Location OVC Committee (LOC). The DOSC does this by mobilizing opinion leaders and community members of the selected location in public *barazas* who have the intention to assist OVC within their location with a cash transfer programme. At the end of this general meeting, the community is requested to select among them a committee that would assist the DOSC to identify households with OVC within their location. Total membership of this committee ranges from 7–15 depending of the context of the location
44. In regards to the CT-OVC programme, the roles of the LOC are:
 - a. Identify households with OVC within their location
 - b. With the guidance of DOSC, identify enumerators for the data collection exercise for their location
 - c. Guide enumerators through the routes where eligible households were identified by the LOC, if needed
 - d. Mobilize community for validation exercise
 - e. Assist in the enrolment of selected households

- f. Conduct continuous monitoring of the progress of OVC in the CT-OVC programme
- g. Guide District and National teams to OVC households whenever they visit
- h. Sensitize the community on CT-OVC

45. **The Structure of the LOC in Practice.** From the field study, the LOC was the committee in the CT OVC programme that the community was mostly familiar with. The LOC mostly followed the policy guidelines to execute its functions. In Korogocho, where there was no Division AAC or DOSC, the role of the LOC was even greater. The committee worked closely with the District Children's Officer and the Local Administration in execution of its duties.
46. **Deviation of Practice from Policy.** There were no noted deviations of the LOC. However there were some innovations. It was noted in both Siaya and Korogocho that the monitoring and evaluation component of the CT OVC programme was wanting. In Korogocho, the LOC come up with their own monitoring and evaluation tools. Although these tools were not perfect, they were able to record some key information such as births and deaths of children in the location. The LOC would also track movements of the beneficiaries within Korogocho and report this to the District children's Officer.³⁶
47. In Siaya, the District Statistics Officer and the Deputy District Statistics Officer noted questionable practices and reported these practices to the District Children's Officer and the District Commissioner.³⁷
48. The innovations suggested above were commendable and it is the view of the consultant that they help in the effectiveness of the CT OVC programme. Monitoring tools provide feedback and raise red flags on pertinent issues. These issues can then be addressed early on preventing waste of resources. It has also encouraged ownership of the programme where the gaps in the programme were filled by community initiatives so as to increase the effectiveness of the programme.
49. **Positioning of Religious Leaders.** Religious leaders can play a big role in the LOC. By virtue of the position of this committee, it plays a key role in the identification and selection process, education and sensitization as well as monitoring of the programme. Religious leaders are effectively placed to fill all these roles due to their close interaction with the community.

³⁶ Migration of a beneficiary outside Korogocho disqualifies the person from being a beneficiary. However, movement within different villages in Korogocho is acceptable. However, since lists of beneficiaries are grouped according to villages, the LOC will notify the DCO about a beneficiary's migration so that the beneficiary's name can feature in the list of the area the latter has moved to.

³⁷ Key Informant Interviews with the District Statistics Officer and the Deputy District Statistics Officer.

50. The LOC calls for members to be opinion leaders in the community with children interests at heart. It was worth noting that out of the nine opinion leaders in Korogocho LOC, three of them were religious leaders. However, they were selected because they all had running programmes that targeted children in their communities. Not only did they have close interactions with the community, they also demonstrated a passion for children interests. The former made them opinion leaders in the community while the latter qualified them to join the LOC and participate in the CT OVC programme.
51. In Siaya, the LOC mostly comprised of NGOs and CBOs that were involved in Children activities. There was only one religious leader in the LOC. This is an example of under utilized space that religious leaders can increase their involvement in.

2.7 VALUE PROPOSITION VS. INTEREST PROPOSITION OF RELIGIOUS LEADERS.

52. Findings from the field study conducted in Siaya and Korogocho, and the literature review identified spaces for religious leaders to involve themselves in the CT OVC programme. The involvement can take place in formal spaces outlined in the structure of the programme and in informal spaces.
53. The reduced involvement is explained by lack of a relevant voice. In this context, voice is defined as the ability to identify interest, frame interest and articulate interest. Where there is no voice, hearing is low. Lack of a relevant voice can be attributed to absenteeism.³⁸ In circumstances where a voice was present, it was not listened to.³⁹ Informal spaces occupied by religious leaders with regard to CT OVC are underutilized despite the fact that religious leaders can be involved up to 30% of CT-OVC structure. This specially relates to the role of monitoring and follow up procedures.
54. **Value Proposition.** Value proposition can be defined as the gains which religious leaders add to the CT OVC programme by increasing their involvement in the programme. The value proposition of the religious leaders in the CT-OVC programme is obvious and lies in the fact that they are positioned at the beginning and at the end of the programme structure. Religious leaders have regular captive audiences i.e. their congregations that they interact with and can exert subtle influence over. Moreover, the office of religious leaders is viewed by the community as a role model and generally commands a high moral authority in the community. These two factors combine to give religious

³⁸ A Key informant interview with an AAC member revealed that there were no religious leaders in the committee. This was confirmed by another key informant Interview where the respondent reported absence of Muslim representatives at an AAC election

³⁹ A reverend in Mathare had heard about the CT OVC Programme and the committees and was interested in participating but was told all spaces are taken.

leaders a chance to be opinion leaders in the community. Being opinion leaders gives them a chance to influence identification and selection processes through the LOC. It will also make them an effective avenue for receiving feedback due to the close and regular interactions of their offices with the community.

55. **Interest Proposition.** Interest proposition is the gains accrued by the religious leaders from participating in the CT OVC programme. The interest proposition of religious leaders in the CT OVC programme is not obvious. The consultant suggests that this could be due to lack of a common interest, specifically the absence of a lowest common denominator. The lowest common denominator would be the most basic and fundamental items that all the religious leaders are in agreement about and factors are key in determining the level of participation in the CT OVC. Lowest common denominators would include for example the definition of an orphan, the definition of a vulnerable child among others.
56. Absence of a common lowest denominator could be taking place at two levels. The first level would be disagreement between religious leaders on one side and the Ministry of Gender, Children and Social Development on the other hand. The second level could be disagreement between members of the faith based organisations.

3 Process

3.0 INTRODUCTION

1. The processes in the CT-OVC Programme are divided into four broad phases: **One**, beneficiaries are identified by LOC. **Two**, the identified beneficiaries are validated by enumerators. **Three**, the eligible households are validated by the community. **Four**, the households that successfully pass the validation are enrolled in the program.

3.1 IDENTIFICATION OF BENEFICIARIES

2. The process of identification begins with the training of LOC members on how to use Form 1 to produce a *List of Identified Households*. The LOC look for and visit households with OVC. Within the context of the CT-OVC Programme, OVC are defined as follows:⁴⁰
 - i. A child who has lost one or both parents (i.e., partial/total orphan)
 - ii. A child who is living in a household where at least one parent, caregiver or child was chronically ill for the last 3 months or more. The illness suffered must be terminal i.e. cancer, HIV/AIDS or tuberculosis.
 - iii. A child who is living in a child-headed household. This is where the caregiver is below 18 yrs old.
3. The List of Identified Households generated by the LOC must meet a threefold eligibility criteria⁴¹. One, the households identified must be hard core poor households⁴². Two, the households identified must have permanent members

⁴⁰ Targeting Guidelines Summary, CT-OVC Programme Kenya, Ministry of Gender, Children and Social Development

⁴¹ Targeting Guidelines Summary, CT-OVC Programme Kenya, Ministry of Gender, Children and Social Development

⁴² Hard core Poor households are defined as families that cannot provide for their basic needs including appropriate shelter, food, schooling, health care and clothing due to lack of income.

of orphans or vulnerable children (OVC) who are between 0 – 17⁴³ years old. Three, the households identified must not be benefiting from another programme that provides similar benefits whether they are cash or in kind.

4. In policy, the LOC and DOSC members decide in a meeting which households qualify to be included into the List of Identified Households. However, in practice the LOC coordinates with the DCO directly while filling out the forms and is unsupervised in conducting the initial selection of households to visit. In areas where the LOC did not include community elders, community members and provincial administration expressed the view that the beneficiaries selected though poor were not hard core poor households. The reasons advanced for this were that though the LOC members belonged to the community, they did not interact as frequently with the hard core poor members as the community elders or the provincial administration and thus could not effectively identify these households.
5. The completed lists of identified households are submitted to the District Children Officer who submits the forms to the National OVC Secretariat where the information is entered into the Management Information System (MIS). The MIS makes automatic verifications of the data to identify contradictions with respect to eligibility and data entry consistency. For the MIS to consider a household eligible it must meet three conditions: (1) have at least one OVC (2) must not be a beneficiary of other transfer programmes (3) Must meet the poverty threshold. The MIS produces a list of “ambiguous” cases⁴⁴ to be reviewed by LOCs.
6. The level of understanding of the caregivers and beneficiaries of the process of identification was dependent on willingness of the individual caregivers to interrogate the programme. Majority of the caregivers felt that the programme was an award that should be accepted without questioning its sufficiency or motive.

3.2 VERIFICATION OF IDENTIFIED BENEFICIARIES

7. Once the MIS has generated a list of potential beneficiaries enumerators are selected and trained on how to use Form 2 to verify the information collected by the LOC. This verification is meant to serve three purposes⁴⁵. One, to confirm the vulnerability situation of the households. Two, to compliment the information available on the households. Three, to verify the poverty situation of the household.
8. Enumerators individually visit the same households that were identified by the LOC, sometimes with the assistance of a village elder or LOC member to help

⁴³ Below 18 years old, as per Children’s Act, Cap. 586

⁴⁴ A case is considered ambiguous if the three conditions for eligibility are met yet the LOC marked the household as not eligible

⁴⁵ Enumerators Guidelines, CT-OVC Programme, Ministry of Gender, Children and Social Development

the enumerators locate the households. It is noteworthy that the validation undertaken by the enumerators does not include any new households if the ones identified by the LOC do not meet the criteria nor does it evaluate whether the houses identified were the hard core poor within that area.

9. The DCO and DOSC member are the overall supervisors of the verification exercise. However in practice, the DCO supervises the enumerators directly without the assistance of DOSC. A cursory analysis of the process of identification will clearly show that the DCO bears the burden of supervision for the CT-OVC programme which is only one of the child related programs that the office handles. In order to assist the DCO effectively perform his duties, Volunteer Children Officers can be hired and are used in some districts to ease the DCOs workload.

Recommendation. Religious leaders continually interact with the community. In this regard they can work together with the DCO in a volunteer capacity to supervise the verification of households identified.

10. The completed forms are submitted to the DCO by the enumerators, and the DCO in turn submits the forms to the OVC Secretariat for entry into the MIS system. At this phase a *Priority List*⁴⁶ is generated. The MIS has the capability of producing different types of priority lists using four types of ranking variables: **(1)** By the number of orphans for form 1 or OVC for form 2 (from more to less); **(2)** By the number of disabled members (from more to less); **(3)** By the age of child caregiver (from youngest to oldest up to 18 years of age); **(4)** By the age of adult caregiver (from oldest to youngest up to 19 years of age)
11. The Priority list is helpful in the event of insufficient financial resources to support all eligible households. If more resources become available in the future, the remaining households are included in order of priority. This practice was evidenced in Siaya County where potential beneficiaries on waiting lists have continued to be included in the programme subject to the availability of funds.

3.3 VALIDATION BY THE COMMUNITY

12. Prioritized eligible household lists are sent back to the community for validation. The list is presented and approved in a public baraza organized by the DCO and DOSC members. In practice the public barazas are organized through the coordination of the local administration and the DCO. This is the final instance of review for determining if the household identified belongs in the programme.
13. Before validation begins, the DCO officer explains to the community the prioritization that took place to choose the households according to available

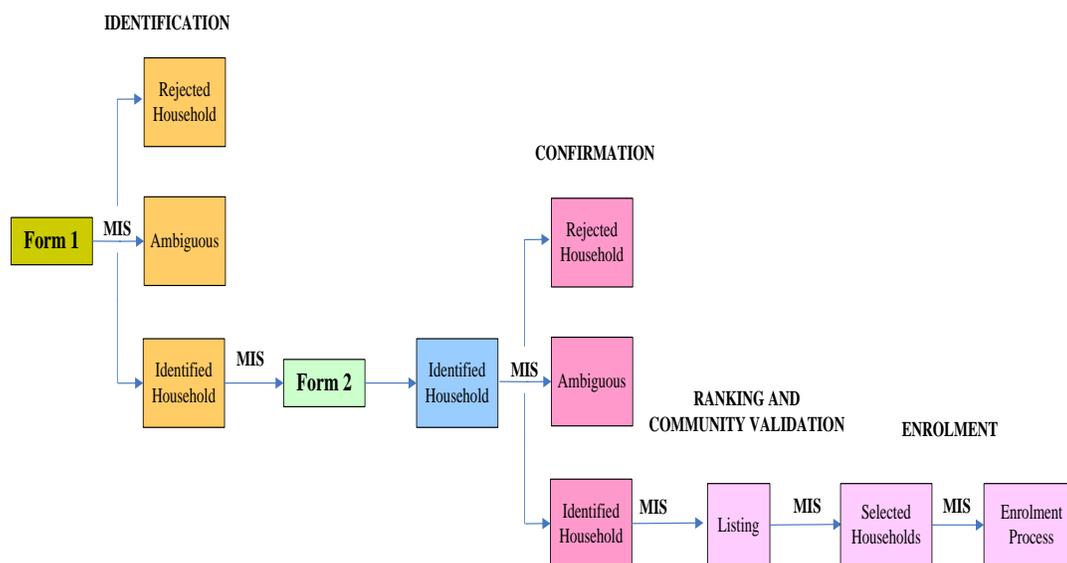
⁴⁶ *Priority List* is a management mechanism of the programme for prioritizing the extremely vulnerable households.

resources. The DCO further explains that if more resources are available, new beneficiaries will be chosen from the prioritized list. The understanding that new beneficiaries could be included from a prioritized list differed on the ground. In some areas, respondents were aware of a waiting list of potential beneficiaries who could be included into the program subject to the availability of funds.

14. The validation process is as follows: The households on the priority list are paraded before the baraza for the community to ascertain their eligibility. If the baraza believes some cases must be reviewed because they were included by mistake, the LOC supported by DOSC members are charged with reviewing these cases. In addition, if during the validation the community detects a household that was not considered in the targeting process that could be eligible, a list is provided to include this particular household for the next targeting process. In practice however, only one targeting process for identification has been carried out since the programme began in 2004/05. It is the understanding of the District Children Officers that the programme is up for review in 2012 and that this may be the next opportunity for targeting and identification.
15. Religious leaders as part of the community should be actively involved in the validation process. Religious leaders already have mechanisms within their religious institutions that target widows and OVC they have interacted with and can identify the different levels of poverty and the households that fill these spaces.
16. The final approved list of “*Selected Households*” and the reviewed cases are sent to MGCSO to be entered into the MIS for invitation for enrolment into the programme.

FIGURE 1: Step By Step Procedure⁴⁷

⁴⁷ Targeting Guidelines Summary, CT-OVC Programme Kenya, Ministry of Gender, Children and Social Development



3.4 ENROLMENT IN THE CT-OVC PROGRAMME

17. Selected households that have successfully undergone the identification and selection processes are invited to enrol in the program. Special enrolment events are organised to include the selected households as programme beneficiaries. The enrolment events are to achieve three objectives: (1) validate and confirm information on the households. (2) orient households on the programme rules. (3) signing of the programme agreement and provision of programme ID cards for collection of payments. The Identification Card for the programme that shows the name of the caregiver authorized to receive payment, their programme ID number and National ID number. This card is used at the collection points together with the National ID.

3.4.1 Payments

18. The Selected households are allotted Kshs 1500 per month payable every two months at selected post office branches within the target districts. The Treasury department deposits money into the National Post Corporation of Kenya account, this money is then disbursed to the Post Office branches designated for the CT-OVC programme together with a pay roll listing the caregivers authorized to receive payment. A copy of the pay roll is also sent to the DCO.

19. The practice is the payment of the beneficiaries of two districts per post office branch. This is done for a duration of two weeks; one week is allotted per district. The centralization of payment is necessary to allow the District Children Officer to supervise the process. Though the members of DOSC and LOC and mandated to assist the DCO in the supervision of the CT-OVC Programme, their involvement is dependent on the willingness of the individual member to volunteer his/her time.
20. The payment of the beneficiaries was conducted on a regular basis in practice and was in progress at the time of fieldwork for the months of January/February 2011.
21. In the event that a caregiver has lost their Programme Identification Card, they are to notify their respective LOC member, who in turn informs the DCO to issue a letter to the caregiver. Despite this, either the DCO or the LOC member must be present at the time of payment to the caregiver to access the funds. This heavy reliance on the Committees exposes the caregivers to the exploitation especially from LOC members who are not financially capacitated to undertake their functions and may demand a cut.
22. At the end of the collection period, the Post Office branches submit returns to the National Headquarters stating how much money was allocated, how much was collected and what balance remained. The liquid cash remains at the post office branches but the National Postal Office writes a cheque to the Treasury Department for the total amount not collected at all its branches.
23. At a subsequent collection period, a caregiver who did not collect their money is entitled to the full amount. The amount disbursed by the Treasury department will include the uncollected amount yet the physical monies never left the post office branch. This component of payment emerged during fieldwork and should be further interrogated in order to determine its trail.

3.4.2 Monitoring and Evaluation

24. Monitoring is the tracking of programme implementation against indicators to ensure that the steps as laid down have been followed and evaluation is the determination of the effectiveness, efficiency and relevance of a program. While the LOC conducted periodic follow up on the beneficiaries of the programme, a clear monitoring and evaluation mechanism for the programme was not clearly evident.
25. The beneficiaries understood the follow up visits conducted by the LOC to constitute the monitoring and evaluation component of the Programme. These are not an effective measure of the successes of the programme as they are ad hoc and specialized to LOC conducting the follow up. The tools generated to roll out the follow up differ and the LOCs are not capacitated to effectively execute the follow up.

4 Recommendations

OVERALL RECOMMENDATIONS

5. **Interest Proposition.** Religious leaders need to clearly envision and articulate their interest proposition in the CT OVC programme. FBOs should have a similar understanding and agreement on the fundamentals of the OVC. Only then will they be able to voice their interests in one voice.
6. **Positioning.** Religious leaders should position themselves as opinion leaders in the community. One of the requirements to join the LOC is that the individual is an opinion leader. The religious leaders should exploit informal spaces that give them an edge and can position themselves as opinion leaders. Due to the constant and regular audiences they have with the community, they are able to fashion themselves as a modicum of stability and high moral authority. This is especially useful in the background of administration that is not constant. One

of the issues the study found out was that the chiefs and the children officers are constantly being reshuffled. Therefore the religious leaders have an opportunity to position themselves as a stable, high moral authority institution.

7. **Engagement in Children's Activities.** Religious leaders should engage themselves in children activities if they want to increase their involvement and participation in the LOC and AAC structures. They can provide psycho social support i.e. counselling services to these OVC. A case in point is the LOC chairperson for Korogocho who happens to be a pastor but is also the headmaster of a local Primary school. Churches can help locate opportunities for OVC for example recommending them for bursary and scholarship programmes such as CDF (constituency Development Fund) among others.
8. **Education.** The religious leaders should make use of their regular congregations and educate and sensitize them on issues affecting OVC in their communities. They can inform the public on the plight of the OVC. In addition, they can educate their congregants on proper behaviour and practices to prevent the spread of AIDS. The leaders can encourage congregants to go for testing at VCT centres and lead by example. They can also have programmes in the church that will educate people on available economic activities and how to start up and manage small businesses. This last function can be collaboration with the NGOs and CBOs for greater outreach.

Annexes

Annex I: TOR
Annex II: List of Literature Reviewed
Annex III: List of Interviews Conducted
Annex IV: Composition of Committees
Annex V: Inception Report
Annex VI: Checklist
Annex VII About IRCK

**Annex I:
Terms of Reference**

INTER-RELIGIOUS COUNCIL OF KENYA

Terms of Reference for a Research on the Cash Transfer process in Nairobi and Siaya Districts, Kenya

1.0 Introduction

Of an estimated 15 million Kenyan children, approximately 1.7 million are orphans. About one-third of them are barely able to comprehend their loss, having not reached five years of age. 650,000 have lost their parents due to AIDS. Moreover, the number of orphans is projected to grow to 2.5 million by 2010, with 500,000 of these children having lost both parents.

Behind the numbers are courageous efforts by Kenyans around the country to absorb children orphaned or made vulnerable by HIV/AIDS (OVCs) into traditional extended family systems. Additionally, there is concern about the number of unregulated private orphanages in the country and the current lack of capacity in government to regulate institutional care for children.

The Ministry of Home Affairs (MOHA) advocates for foster care and adoption as the preferred means of ensuring that OVCs receive the adult care and guardianship they need for their healthy growth and development. But in a country where over half of the population lives below the poverty line, it is not surprising that the traditional social safety net of informal fostering is under severe stress as families struggle to feed, clothe and shelter themselves. It is also further threatened by HIV/AIDS, whether because the care-givers themselves are ill and unable to take care of the orphans anymore or because the children are sick and the costs of their treatment are prohibitive for families that are already poor.

In recognition of the above issues, the national OVC committee, chaired by the PS MOHA, carried out a Rapid Assessment, Analysis and Action Planning Process for OVC (RAAAP) in 2004. A core element of the assessment phase of the RAAAP was a purposive sampling of 160 organisations known to be working on OVC issues in all parts of the country. Key issues included understanding how they decided what they were going to do and for which OVCs and how their strategies fit into some sort of locally managed comprehensive strategy that would amount to a safety net for the most vulnerable children. One of the key findings was that while civil society organisations are playing an active role in facilitating community-based responses to the OVC issue, many vulnerable children are fall through the cracks.

This finding formed the basis for the keen desire of the state, through the MOHA, to establish a comprehensive system that identified remaining vulnerable children that have not been picked-up by the large mainly civil society network of actors and provided their families, and in some cases foster families, with a cash subsidy. This amounted to a new social safety net aimed at the most vulnerable children in society to add to other safety nets that the state currently manages [1]. This strategy is referred to in the National OVC Action Plan, whose first priority area in the plan is strengthening the capacity of families to protect and care for OVCs at the household. In Africa, similar approaches have been employed for many years in South Africa and Botswana, while Namibia, Zambia and Tanzania are trying to build comparable schemes.

In Kenya, the government MOHA together with NACC developed a cash subsidy scheme for orphans as a key element of a strategy aimed at encouraging foster care in families rather than in institutions this resulted in the submission by the Kenya CCM to the Global Fund for HIV, TB and Malaria (GFATM) of a \$35 million proposal in 2004, 60 per cent of which funded the development and expansion of the cash subsidy scheme for the most vulnerable children. The balance of the funding mainly financed collective community-based activities that complemented the cash subsidy which was delivered to families.[2]

The objectives of the Cash Transfer scheme are:

- i. To strengthen the capacity of families to protect and care for OVC, ensuring that orphans can stay within their communities and be cared for effectively. Transfers are currently directed to vulnerable and poor households selected through a defined targeted system.

- ii. To provide a social protection system through regular and predictable cash transfers to families living with OVC in order to encourage fostering and retention of OVC within their families and communities and to promote their human capital development.
- iii. The transfer is expected to improve health and education outcomes for OVC. The Program also aims to enhance guardians' knowledge (e.g. through training on issues such as nutrition and health care practices) as well as to improve the civil registration of OVC.

The community component of this scheme is meant to ensure that religious leaders are represented in the local Area Advisory Council, whose responsibility includes the selection, monitoring and reporting on the implementation of the program. IRCK has been involved in advocacy for access to education for OVC since 2006 by mainly working with religious leaders to ensure the OVC access various services and resources made available by various sectors. We intend to engage a researcher to interrogate the processes and structures in the CCT implementation and identify avenues through which religious leaders should be involved in the planning, implementation and monitoring of these funds.

2.0 Goal of research

To provide IRCK with a clear picture of the current situation in the management of the Conditional Cash Transfer (CCT) scheme with focus on involvement of religious leaders in the management committees and generate comprehensive information to enable formulation of adequate strategies and identification of better methods to involve religious leaders in the processes.

3.0 Objectives

- i. To assess the extent to which guidelines and procedures are adhered to in the identification, selection, support and follow up of beneficiaries to the CCT.
- ii. To provide findings on the identification process, involvement (or lack of) of religious leaders in the CCT management committees and their effectiveness in their supposed role within those committees.
- iii. To provide suitable recommendations on selection criteria, skills requirements and engagement of religious leaders in the implementation and monitoring of CCT.
- iv. To identify suitable strategies (steps, skills and actions) that can be adopted for better involvement of religious leaders in the CCT processes and overall management of the CCT.
- v. To document successes and challenges of the CCT operations in the target district.

4.0 Outputs

- ❖ A report giving comprehensive information with clear recommendations on assignment presented to IRCK.
- ❖ A verbal debriefing from the Consultant(s) to IRCK and its partners.

5.0 Outcomes

Clear recommendations that help IRCK:

- i. Establish clear strategies for advocacy by religious leaders in the CCT processes
- ii. Build a case for greater emphasis on the involvement of faith communities in the management of OVC support grants
- iii. Engage the relevant stakeholders and departments in ensuring efficient management of decentralized resources
- iv. Generate a proposal that would assist in involving religious leaders in the planning, implementing and monitoring of other decentralized funds at the community level.

6.0 Activities/Strategies

The Researcher will be expected to develop the methodology of the research. Such methodology will take into consideration internationally acceptable methods of carrying out similar work including and not limited to:

- Document reviews
- Sampling and data collection techniques for which questionnaires, key informant interviews, focused group discussions etc. and data analysis aspects.
- Discussions with partner organizations (Inter-religious structures, Churches and mosques)
- Field visits and Community group discussions

The researcher will be required to propose to IRCK, in their response to the solicitation for an expression of interest to these Terms of Reference, their methodology, strategy and activities in attainment of the study objectives and goal.

7.0 Timeframe

The exact time frame will be informed by, the methodology, sample and sample size selected but is not expected to exceed 12 days for development of study tools,

familiarization meetings with key community members, training of research assistants, data collection and analysis and the final report writing.

8.0 Location:

The survey will cover Nairobi and Siaya Counties within the Republic of Kenya. The researcher will base the study on the investigation of a minimum of six (three from each county) AACs of CCT committees whichever is applicable.

9.0 Deliverables

The Researcher will be expected to submit a hard and soft copy of a detailed work plan within two (2) days of signing the consultancy contract.

A draft report will be expected three (3) days after the end of the survey and the final report is expected 2 days after IRCK comments.

The contents of the report shall be as follows:

- i. Executive summary (covering major findings and recommendations).
- ii. Background.
- iii. Description of the objectives of the mission and execution methodology.
- iv. Findings.
- v. Problems encountered.
- vi. Recommendations.
- vii. Annexes covering Terms of Reference, abbreviations, data collection formats and questionnaires used references, graphs, tables, etc.).

10.0 Responsibilities

The Programs Officer of IRCK Health and Children program will ensure the overall coordination of the survey in conjunction with the IRCK Executive Director; the Researcher will be expected to work closely with local IRCK inter-religious networks and other relevant stakeholders.

The IRCK Executive Director will have overall responsibility and accountability for the survey and will provide guidance through all stages of the studies.

11.0 Requirements

The Researcher should have:

- ❖ Demonstrated knowledge and expertise in OVC related interventions by faith communities.

- ❖ Demonstrated knowledge and expertise in conducting baseline surveys and developing monitoring and evaluation systems specific to peace building and conflict transformation work.
- ❖ Demonstrated analytical skills
- ❖ Excellent writing skills.
- ❖ Demonstrated understanding of the decentralized resources that aim at supporting OVC

12.0 Application process and Appointment

Applications shall be invited from individuals and firms interested to carry out this work. The solicitation for applications will be made by IRCK within its network of member RCBs and collaborating partners.

All interested parties must submit a technical and financial proposal explaining their understanding of the Terms of Reference and how they intend to conduct the Survey. The proposal should also elaborate on the process and methodology that the Researcher will undertake towards completing the assignment giving an indication of the time frame they expect to complete the exercise. An updated CV plus a recent piece of work they have completed is to be submitted alongside the proposal no later than 3rd February, 2011 to IRCK. 3 days after application, IRCK shall list all applications. A review of applications for short listing if more than five applications are received shall be done using a set criteria. If less than three applications are made, IRCK shall reopen the application process. Shortlisted applicants shall thereafter be invited to defend their applications and methodologies to a select panel. The chosen applicant shall be notified in writing two days after the interview and they are expected to commence work by second week of February 2011.

Annex II: List of Literature Reviewed

1. *Background Paper on Conditional Cash Subsidies for Children Affected by HIV/AIDS*, March 2005
2. *Cash Transfer for Orphans and Vulnerable Children Programme*, Carren Ogoti, Department of Children Services
3. Children Act
4. Ministry of Gender, Children and Social Development, Guidelines on the Formation and Operation of AAC
5. Ministry of Gender, Children and Social Development, CT-OVC Committee Guidelines
6. Ministry of Gender, Children and Social Development, CT-OVC Targeting Manual

7. Ministry of Gender, Children and Social Development, CT-OVC LOC Guidelines
8. Ministry of Gender, Children and Social Development, CT-OVC Enumerator Guidelines
9. Ministry of Gender, Children and Social Development, CT-OVC Target Guidelines Summary
10. Ministry of Gender, Children and Social Development, CT-OVC Supervisor Guidelines
11. Ministry of Gender, Children and Social Development, What is the OVC
12. National Plan of Action for OVC
13. *Orphans and Vulnerable Children (OVC) Programming in Global Fund HIV/AIDS Grants in Kenya*, USAID, September 2010
14. Political Economy of Cash Transfers In Kenya, Report by Overseas Development Institute
15. *Social Protection: Cash Transfer Programme*, Ministry of Gender, Children and Social Development, Department of Children Services

**Annex III:
List of Interviewees**

KEY INFORMANT INTERVIEW (KII)

No	Name	Title/ Designation	Institution
1.	Erasmus Muinde	Vice Chair	Pumwani Interfaith Network
2.	Adam Mothu	Deputy Treasurer	Pumwani Interfaith Network
3.	Evans Atonya	Chief	Pumwani Location
4.	Frederick Egondi	Chief	Huruma Location

5.	Nelson Kambale	Assistant Chief	Korogocho
6.	Charles Awino	Assistant Chief	Nyayo
7.	Ali Omar	Sheikh	Shauri Moyo Mosque
8.	Boaz Cherotich	District Commissioner	Siaya District
9.	Edward Otieno	Reverend	AAC Member & Chairman Siaya Interfaith Network
10.	Rozilla Isalambo	Programme Officer	Rang'alla Family Development Programme
11.	Rose Waringa	Programme Officer	Rang'alla Family Development Programme
12.	Terry Onyango	Treasurer	Siaya Interfaith Network
13.	Michael Abiya	Treasurer	Siaya Interfaith Network
14.	Frederick Ojwang	Chief	Siaya Township Location
15.	Morris Otieno	Chairman	LOC Siaya Township
16.	Joram Nyang'a	Secretary	LOC Siaya Township

IN DEPTH INTERVIEWS (IDI)

No	Name	Title	Institution/Designation
17.	Peris Macharia	Programme Officer – Child Development Programme	St John's Community Centre
18.	Mary Kibe	Programme Officer – HIV/AIDS And Orphan Support	St John's Community Centre
19.	Pastor Peter Mukilima Idaki	Chairman	LOC Korogocho
20.	Harriet Waweru	Korogocho LOC Vice Chairperson	Korogocho LOC
21.	Faith Kamau	District Children,S Officer	Kasarani /District
22.	Emmanuel Ogot	Reverend	Church Of Christ In Africa
23.	Mugun P Kaan	District Children's Officer	Siaya District
24.	Morris Aringo	District Statistics Officer	Siaya District
25.	John Opondo	Deputy District	Siaya District

		Statistics Officer	
26.	Hellen Adhiambo Nyang'awo	OVC Beneficiary	Siaya District
27.	Eunice Atieno	OVC Beneficiary	Siaya District
28.	Kenya Ngota	Post Master	Siaya District
29.	Dr. Francis Kuria	Executive Director	IRCK

FOCUS GROUP DISCUSSIONS (FGDS)

CT-OVC CAREGIVERS

Korogocho

No	Name	Title	Institution/Designation
30.	Karl Max Otieno Andanwa	OVC Beneficiary	Korogocho
31.	Grace Atieno Omondi	OVC Beneficiary	Korogocho
32.	Pamela Akinyi Rapenda	OVC Beneficiary	Korogocho
33.	Silas amanga Singoro	OVC Beneficiary	Korogocho
34.	Pamela Aoko Oluoch	OVC Beneficiary	Korogocho
35.	Judith Kahawa Mukoya	OVC Beneficiary	Korogocho
36.	Martha Wangui Wamburu	OVC Beneficiary	Korogocho
37.	Loice Awinja Osundwa	OVC Beneficiary	Korogocho
38.	Anna Akinyi Muruka	OVC Beneficiary	Korogocho
39.	Lillian Achieng Sirawa	OVC Beneficiary	Korogocho
40.	Mary Wambui Waheto	OVC Beneficiary	Korogocho
41.	Mumina Hassan	OVC Beneficiary	Korogocho
42.	Laali Mbula Mutulu	OVC Beneficiary	Korogocho
43.	Beatrice Nyariera Mungeu	OVC Beneficiary	Korogocho
44.	Mary Wangui Njuguna	OVC Beneficiary	Korogocho
45.	Alex Lusi Omollo	OVC Beneficiary	Korogocho
46.	Florence Akinyi	OVC Beneficiary	Korogocho
47.	Zainabu Nechesa Alala	OVC Beneficiary	Korogocho
48.	Margaret Malucho Kuboko	OVC Beneficiary	Korogocho
49.	Harriet Waweru	Korogocho LOC Vice	Korogocho LOC

		Chairperson	
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Sidindi

No	Name	Title	Institution/Designation
50.	Francis Ondere	OVC Beneficiary	Sidindi- Ugenya district
51.	Martin Magolo	OVC Beneficiary	Sidindi- Ugenya district
52	Josephine Awino	OVC Beneficiary	Sidindi- Ugenya district
	Rispa Olang'	OVC Beneficiary	Sidindi- Ugenya district
	Dorca Okallo	OVC Beneficiary	Sidindi- Ugenya district
55	Joyce Odawa	OVC Beneficiary	Sidindi- Ugenya district
56	Mary Atieno	OVC Beneficiary	Sidindi- Ugenya district
57	Consolata Ajwang	OVC Beneficiary	Sidindi- Ugenya district
58	Priscilla Onyango	OVC Beneficiary	Sidindi- Ugenya district
59	Clarice Otieno	OVC Beneficiary	Sidindi- Ugenya district
60	Mary Aloo	OVC Beneficiary	Sidindi- Ugenya district
61	Jennifer Mrende	OVC Beneficiary	Sidindi- Ugenya district
62	Jane Onyango Adikinyi	OVC Beneficiary	Sidindi- Ugenya district
63	Consolata Anyango	OVC Beneficiary	Sidindi- Ugenya district
64	Jane Achieng	OVC Beneficiary	Sidindi- Ugenya district
65	Paul Okech	OVC Beneficiary	Sidindi- Ugenya district
66	Richard Apinya	OVC Beneficiary	Sidindi- Ugenya district

Sijimbo

No	Name	Title	Institution/Designation
67	Wilfrida awino	OVC Beneficiary	Sijimbo
68	Leocadia obonyo	OVC Beneficiary	Sijimbo
69	Magdalene olengo	OVC Beneficiary	Sijimbo
70	Beatrice atieno	OVC Beneficiary	Sijimbo
71	Christine awino	OVC Beneficiary	Sijimbo
72	Susan adhiambo	OVC Beneficiary	Sijimbo
73	Maria adikinyi sande	OVC Beneficiary	Sijimbo
74	Midina Amollo	OVC Beneficiary	Sijimbo
75	Peter otieno	OVC Beneficiary	Sijimbo

CT-OVC BENEFICIARIES

Markuny Primary School

No	Name	Title	Institution/Designation
76	Anne Achieng	OVC Beneficiary	Markuny Primary School
77	Agneta Atieno	OVC Beneficiary	Markuny Primary School
78	Dickens Otieno	OVC Beneficiary	Markuny Primary School
79	Josephon Ouma	OVC Beneficiary	Markuny Primary School
80	Edwin Otieno	OVC Beneficiary	Markuny Primary School
81	Austin Oduor	OVC Beneficiary	Markuny Primary School
82	Brian Odhiambo	OVC Beneficiary	Markuny Primary School
83	Milton Ochieng	OVC Beneficiary	Markuny Primary School
84	Jack Odhiambo	Teacher*	Markuny Primary School

* The Teacher supervised the discussion.

Sijimbo Primary School

No	Name	Title	Institution/Designation
85	Margaret Atieno	Pupil-OVC Beneficiary	Sijimbo primary School
86	Sylvester Otieno	Pupil-OVC Beneficiary	Sijimbo primary School
87	Michael Ochieng	Pupil-OVC Beneficiary	Sijimbo primary School
88	Tracy Anyang	Pupil-OVC Beneficiary	Sijimbo primary School
89	Rojaes Omondi	Pupil-OVC Beneficiary	Sijimbo primary School
90	Movine Chieng	Pupil-OVC Beneficiary	Sijimbo primary School
91	Angela Brandy	Pupil-OVC Beneficiary	Sijimbo primary School
92	Frederick Juma	Pupil-OVC Beneficiary	Sijimbo primary School
93	Naphtali Omondi	Pupil-OVC Beneficiary	Sijimbo primary School
94	Amos Owino	Pupil-OVC Beneficiary	Sijimbo primary School
95	Rhodah Achieng	Pupil-OVC Beneficiary	Sijimbo primary School
96	Alice Atieno	Pupil-OVC Beneficiary	Sijimbo primary School
97	Geoffrey Juma	Pupil-OVC Beneficiary	Sijimbo primary School
98	Buck Erick Okako	Pupil-OVC Beneficiary	Sijimbo primary School
99	Ivonne Aluoch	Pupil-OVC Beneficiary	Sijimbo primary School
100	Lydia Atieno	Pupil-OVC Beneficiary	Sijimbo primary School
101	Hansroy Ochieng	Pupil-OVC Beneficiary	Sijimbo primary School
102	Kevine Wesonga	Pupil-OVC Beneficiary	Sijimbo primary School

CONTROL GROUP: CARE GIVERS*Shauri Moyo*

No	Name	Title	Institution/Designation
103	Anastacia Wanza	Control Group	Shauri Moyo
104	Saada Juma	Control Group	Shauri Moyo
105	Beatrice Muriithi	Control Group	Shauri Moyo

106	Jennifer Kimani	Control Group	Shauri Moyo
107	Alice Chaka	Control Group	Shauri Moyo
108	Edith Adala	Control Group	Shauri Moyo
109	Batuli Mwhaki	Control Group	Shauri Moyo
110	Amina Wanjiru	Control Group	Shauri Moyo
111	Mariam Ismael	Control Group	Shauri Moyo
112	Justina Wamune	Control Group	Shauri Moyo
113	Christine Akinyi	Control Group	Shauri Moyo
114	Mary Anyango	Control Group	Shauri Moyo
115	Judith Rubai	Control Group	Shauri Moyo
116	Ednah Akinyi	Control Group	Shauri Moyo

Mathare

No	Name	Title	Institution/Designation
117	Pauline Orege Onyango	Control Group	Mathare
118	Grace Anyago Opined	Control Group	Mathare
119	Paul Ochollah Andelia	Control Group	Mathare
120	Sunday Adhiambo	Control Group	Mathare
121	Beatrice Akinyi Awiti	Control Group	Mathare
122	Rose Achieng Achieng	Control Group	Mathare
123	Philister Akinyi Ouru	Control Group	Mathare
124	Winnie Auko Odhiambo	Control Group	Mathare
125	Teresa Atieno Okumu	Control Group	Mathare
126	Seline Nyalwidhe	Control Group	Mathare
127	Tobias Oyula	Control Group	Mathare
128	James Oyoo	Control Group	Mathare
129	James Akello	Control Group	Mathare
130	Molly Achieng Odhiambo	Control Group	Mathare
131	Pamella Akinyo Oduor	Control Group	Mathare
132	Consolata Anyango Odonde	Control Group	Mathare
133	Scophy Oyugo	Control Group	Mathare
134	Rose Ogombo	Control Group	Mathare
135	Sheila Wasonga	Control Group	Mathare

136	Mourice Okumu	Control Group	Mathare
136	Sarah Ouma	Control Group	Mathare
138	Pamela Atieno	Control Group	Mathare
139	Jane Sikuku	Control Group	Mathare
140	James Omondi	Control Group	Mathare
141	Willis Obaje	Control Group	Mathare
142	Peter Aete	Control Group	Mathare
143	Ezekiel Ongonga	Control Group	Mathare
144	Michael Otieni J.	Control Group	Mathare
145	Peter Okinyo	Control Group	Mathare
146	Phanuel Otieno	Control Group	Mathare
147	Jane Adhiambo	Control Group	Mathare
148	Margaret Adhiambo	Control Group	Mathare
149	John Anyang'o	Control Group	Mathare
150	Pamela Owino	Control Group	Mathare
151	Alice Awino	Control Group	Mathare
152	Jane Atieno	Control Group	Mathare
153	Coseleter Isanya	Control Group	Mathare
154	Millicent Awuor	Control Group	Mathare
155	Margaret Ogolla	Control Group	Mathare
156	Dora .A. Ojwang	Control Group	Mathare
157	Mary Atieno	Control Group	Mathare

Siaya Township

No	Name	Title	Institution/Designation
158	Jully Obok	Control Group	Siaya Township
159	Judith Okech	Control Group	Siaya Township
160	Margaret Musega	Control Group	Siaya Township
161	Mary Olando	Control Group	Siaya Township
162	Petronila Odinga	Control Group	Siaya Township

SERVICE PROVIDER: Teachers

No	Name	Title	Institution/Designation
163	Hellen Odindo	Teacher	Markuny Primary School
164	Zaddok Odhiambo	Teacher	Markuny Primary School
166	George Odhiambo	Teacher	Markuny Primary School
167	Boniface Amolo	Teacher	Markuny Primary School
168	Allan Ochieng	Teacher	Markuny Primary School
169	Jeremiah Owino	Teacher	Markuny Primary School
170	Jacob Odhiambo	Teacher	Markuny Primary School

171	Hannington Otieno	Teacher	Markuny Primary School
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**Annex IV:
Composition of Committees**

NATIONAL COUNCIL FOR CHILDRENS SERVICES (NCCS)

Eminent person appointed by the President – Chairperson
Director of Children’s Services – Secretary
Permanent Secretary in the Ministry responsible for matters relating to children
Permanent Secretary in the Ministry responsible for matters relating to education
Permanent Secretary in the Ministry responsible for local authorities
Permanent Secretary in the Ministry responsible for health
Permanent Secretary in the Ministry responsible for finance
Permanent Secretary in the Ministry responsible for labour
Attorney-General
Commissioner of Police
Six (6) persons representing NGOs engaged in child welfare activities
Three (3) persons representing religious organizations, nominated by the Episcopal Conference, the National Council of Churches of Kenya and Supreme Council of Kenya Muslims
Two (2) representatives of the private sector

DISTRICT AAC

District Commissioner (DC) – Chairperson
District Children’s Officer – Secretary
District Education Officer
District Medical officer
Officer commanding Police Division (OCPD)
District Social Development Officer
District Probation officer
Clerk to the Council
Council Chairperson or equivalent
District Labour officer
District Information officer
Registrar of Birth & Deaths
Children’s Magistrate or representative from the Judiciary
District Planning Officer
Two (2) children representatives: a boy and a girl nominated from child led

initiatives in the districts
Six (6) persons representing NGOs engaged in child welfare activities
Two (2) representatives of the private sector (business community)
Three (3) persons representing FBOs

DIVISIONAL AAC

District Officer (DO) – Chairperson
District Children’s Officer – Secretary
Area Education Officer
Public Health Officer
Officer commanding Police Station (OCS)
Social Development Officer
Representatives of Local Authorities
Children’s Magistrate or representative of the Judiciary
Divisional Agricultural Officer
Divisional Water Officer
Voluntary Children’s Officer(s)
Two (2) children representatives: a boy and a girl nominated from child led initiatives in the districts
Six (6) persons representing NGOs engaged in child welfare activities
Two (2) representatives of the private sector (business community)
Three (3) persons representing FBOs

LOCATIONAL AAC

Chief/ Assistant Chief – Chairperson
Zonal Education Officer – Secretary
Voluntary Children’s Officer from the location
Public Health Officer
Area councilor(s)
Three (3) representatives of FBOs
Three (3) representatives of CBOs
Two (2) representatives from the private sector (business community)
Two (2) representatives of opinion leaders in the location
Two (2) children representatives; a boy and a girl

DISTRICT OVC- SUB- COMMITTEE (DOSC)

District Children’s Officer
District Statistics Officer
District Development Officer

District Education Officer
District Health Officer
District Civil Registrar Officer
District Labour Officer
Representative of Faith Based Organization
Representative of Non-Governmental Organization

**Annex V:
Inception Report**

Research on the Conditional Cash Transfer Process

A. Background Preliminaries

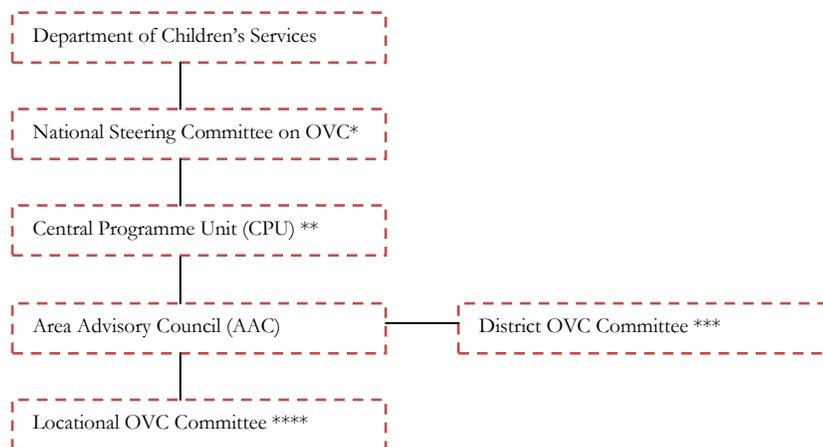
A.1 The Conditional Cash Transfer Programme

1. The Conditional Cash Transfer (CCT) Programme was developed in three phases. Phase I was a pre-pilot project at the end of 2004 covering 500 OVC households in three districts (Kisumu, Garissa, Kwale).⁴⁸ During phase II the programme was substantially expanded to cover 30,000 OVC in seven districts in June 2006. Phase III was launched in 2008 with a target of reaching 300,000 OVC by 2011.
2. The CCT programme is guided by three main objectives⁴⁹. One, establishing a social protection mechanism that makes regular, predictable cash transfers to households that take care of orphans and vulnerable children. Two, creating an incentive system for taking care of OVC through fostering and retention of OVC within families and communities. Three, helping to promote human capital development of OVC to help as many of them as possible to break out of the poverty cycle and dependency.

⁴⁸ The Political Economy of Cash Transfers in Kenya, pg 6. Sourced from Overseas Development Institute Website: <http://www.odi.org.uk>

⁴⁹ Ibid

3. Structure of the CCT Programme. The structure of the CCT Programme is as follows⁵⁰:



Key

* Provides policy guidelines on the programme

** Located at the Department of Children Services and coordinates the programme

*** A technical arm of the AAC⁵¹ coordinated by the District Children's Officer that implements the programme at the district level.

**** Assists in identification of the beneficiaries and monitoring of the programme at the locational level.

A.2 The Process of the CCT Programme

4. *Process of the CCT Programme.* These are the procedures used in the identification and selection of families to benefit from the CCT Programme and the procedure used in the disbursement of funds.
5. *Identification and Selection of Households to Benefit from the Programme.* A community based approach blended with proxy-mean test is used to identify eligible households. Communities are sensitized about the program and they identify the most needy households using Location OVC committees (LOC) and

⁵⁰ Sourced from the Ministry of Gender, Children and Social Development: www.gender.go.ke, accessed on 3rd February 2011.

⁵¹ This will comprise the central thrust of our inquiry.

later validate the beneficiary lists in community gatherings for ownership of the programme and social accountability.⁵²

6. *Cash Transfer Mechanism.* The money per child is Kshs.1500/= per month which is paid once every two months. The maximum number of children supported per household is two. Thus a caregiver is allotted a maximum of Kshs. 6000/=. Cash payments are disbursed through the post office and the district treasury.
7. While identifying and delineating the structure and process, we will locate the religious leaders within these spaces and thereby provide a clear picture of the current situation in the management of the Conditional Cash Transfer (CCT) Programme.

B. Objectives of the Research

8. *Identification of CCT Beneficiaries*⁵³. The identification of individual households to benefit from the CCT Program takes place on a community level. Communities are sensitized about the program by the Area Advisory Council (AAC), identify the most needy households using Location OVC Committees (LOC) and later validate the beneficiary lists in community gatherings.
9. We will assess the extent to which this criteria is being adhered to, determine the extent of involvement of religious groups in defining and applying the criteria and propose strategies to locate religious groups in the decision making and implementation structures if they have been omitted.
10. *Selection.*⁵⁴ We understand that selection is two-fold and is guided by criteria. First is the selection of families to benefit from the CCT Programme. Secondly, the selection of religious leaders to participate in the implementation and monitoring of the CCT Programme.
11. We will establish whether a criteria exists that guides the Locational OVC Committees in selecting the individual families that will benefit from the CCT Programme from the lists of families identified by the community⁵⁵. The consultant will assess the extent to which this criteria is being adhered to and determine the extent of involvement of religious groups in defining and applying the criteria.
12. Once we have identified the different spaces of engagement and located religious groups within these spaces, the skills and experiences required of the different individuals required to fill these positions will be revealed. These skills and experiences will inform the criteria which will be used to select the

⁵² Supra note 3

⁵³ TOR 3.0 (i) (a), TOR 3.0 (ii) (a) and TOR 3.0 (iv) (b)

⁵⁴ TOR 3.0 (i) and 3.0 (iii)

⁵⁵ We were unable to locate one in literature.2

individual religious leaders who will populate the management committees for the implementation and monitoring of the CCT Programme.

13. *Follow up of CCT Beneficiaries*⁵⁶. We understand that a monitoring and evaluation mechanism is in place to ensure effective implementation of the CCT Programme.⁵⁷ Religious leaders continually interact with the community. In this regard they are strategically placed to aid in the implementation of the monitoring and evaluation mechanism on various levels. Due to their location in the community, religious leaders can find out whether families selected to benefit from the CCT Programme are accessing the funds and using them for their intended purpose. In addition, the religious leaders can provide feedback on whether or not the programme is working. We will determine the extent of involvement, if any, of religious leaders in the existing monitoring and evaluation mechanism and recommend techniques to increase their involvement.
14. *Documentation of the CCT Operations*⁵⁸. While completing the research on the CCT Programme, we will undertake the documentation of the successes and challenges faced in the implementation of the CCT Programme.

C. Methodology

15. *Sources of Data*. The consultant will use two main sources of data; secondary data and primary data.
16. *Secondary data*. Secondary sources are divided into grey literature and academic literature. Grey literature consists of material that is published in non-academic circles such as *inter alia*, newspapers, reports, and websites. Academic literature is that which is published in scholarly circles backed by verifiable information.
17. *Primary data*.
 - a. **Sampling Frame**. The sampling frame for the study is Siaya and Nairobi Counties⁵⁹. The ToR provides that the objective of the study is to assess the extent to which guidelines and procedures are adhered to in the identification, selection, support and follow up of CCT beneficiaries. We will conduct our assessment at the level where decisions are made.
 - b. **Sampling Approach**. We will first use cluster sampling to identify the respondents then within the selected clusters we will use the random sampling method.

⁵⁶ TOR 3.0 (i), TOR 3.0 (iii) and TOR 3.0 (iv)

⁵⁷ Sourced from the Ministry of Gender, Children and Social Development: www.gender.go.ke, accessed on 3rd February 2011.

⁵⁸ TOR 3.0 (v)

⁵⁹ TOR 8

- c. **Methods of data extraction.** We will use the following methods of data extraction.
- i. Key Informant Interview (KII). These are interviews with people who have a unique perspective on the subject matter. Such people have a deep understanding of processes and communities where they are based. These will include: religious leaders, care givers, the respective chairs of the AACs, personnel at the post office and district treasuries and officials at the ministry of Gender, children and social development.
 - ii. In-depth Interview (IDI). The in-depth interview is a technique designed to elicit a vivid picture of the participant's perspective on the research topic. It focuses on gaining all the knowledge that the participant has on the research topic. Participants will include households that are beneficiaries of the CCT Programme, post office and district treasuries personnel.⁶⁰
 - iii. Focus Group Discussions (FGDs). This is an organized discussion with a selected group of individuals to gain information about their views and experiences of a topic. The consultant will have sessions with groups of 8-12 people selected on basis of gender, age and where necessary income.
- d. **Categories of Respondents.** These will include the Beneficiaries of the CCT Programme, the religious leaders, key officials within the CCT structure and caregivers. Female headed households will be contrasted with male headed households; child headed households will be contrasted with adult headed households; and female child headed households will be contrasted against male headed households.
- e. At community level, however, we will include a control group which will be 30% of the sample size.

Task Administration

18. The assignment budget will be used as a tool for cost control. While each team member will be responsible for the quality control of her or his individual outputs, the Principal Investigator will supervise and assure quality as per the TCH standards. Regular and close consultations amongst the team members will also contribute to the quality improvements of the outputs and the process. The team members have worked together in the past on large assignments and boost each other's expertise and competencies.

⁶⁰ The ministry of Gender, Children and Social Development

19. *The Reference Group.* A critical component of quality control is the reference group. This is to be convened by IRCK. Briefing meetings between the team and this group will be regular for quality checks.

D. Manning Schedule

Research Item	Number of Days	The Outputs
Inception workshop with IRCK	1 day	Inception Report <ul style="list-style-type: none"> • Detailed work plan • Instruments of Research
Research on the Conditional Cash Transfer Program	8 days	Draft Report
Preliminary Results Forum with IRCK and Partners	1 day	Critique Draft Report
Report Writing	2 days	Final Report

D.1 The Expected Outputs

20. The team will provide the following reports.

21. *Inception Report.* This will be provided at the start of the assignment outlining the assignment plan, schedule, and draft instruments that will be used for data collection.

22. *Draft Report.* The report will contain among others an interrogation of the structure of the Conditional Cash Transfer (CCT) Programme; an examination of the process used in the implementation of the Programme; an identification of the role of religious leaders in the planning, implementation and monitoring of the funds and the recommendations on the way forward.

23. *Final Report.* This will be the agreed version between IRCK and the consultants but will largely follow the guidelines as provided in the ToR.

ANNEX

THE CHECKLIST

A. STRUCTURE OF CCT PROGRAMME

A1. CCT Structure

1. What is the implementing structure of the CCT Programme?

2. *(Key Informant Interview – Inter Faith Networks, AACs, Post Office staff & District Treasuries)*
3. What is the level of interaction between the structures?
4. What is the level of engagement with other members of the society? *(These include NGOs, CBOs and religious leaders)*
5. What are the distinct roles and responsibilities of the structures?
6. What is the composition of each level of structure?
7. What mechanism is used to sensitize communities regarding the CCT Programme?

A2. Monitoring and Evaluation

1. Who is responsible for the Monitoring and Evaluation of the CCT Programme?
2. What skills are necessary/ required to perform this function?

A3. Exit Strategy

1. Is it gradual or abrupt? *(KII with officials)*
2. What would cause discontinuation from the programme *(FGDs - beneficiaries, inter faith networks, LOCs, CBOs; KII - M&E)*

B. PROCESS OF CCT PROGRAMME IMPLEMENTATION

B1. Disbursement

1. Who is the designate recipient of these funds (Show us slips to confirm receipt of payment *(verification of disbursement)*)?
2. From where are the funds collected?
3. How are beneficiaries notified of incoming funds? (These may include chief's barazas, religious gatherings, school assemblies, short text messages)
4. Does the post office/ district treasury receive the money on a regular basis ?
5. *Cross check the above slips with district treasuries and post office to ensure disbursed money is reaching registered, qualified beneficiaries*

B2. Purpose of funds

1. How much do you get from the CCT Programme ?
2. Who benefits from the funds?

3. What do you spend the money on?
4. *(If they miss out on expense such as uniforms etc. then probe further to find out how that need is met)*

B3. Burden of Care (Opportunity Cost)

1. What is the approximate distance from the household to the nearest hospital?
(Translate this into cost)
2. What is the approximate distance from the household to the nearest School?
(Translate this into cost)
3. What is the nature of increased workload/responsibility for being a beneficiary of the Programme?

B4. Awareness sessions

1. What mechanisms are used to publicize the awareness sessions?
2. Who conducts the awareness sessions? *(Health workers, educationist, religious leaders, local administration)*
3. How often are awareness sessions held?
4. How often does the caregiver attend awareness sessions?
5. How have you benefited from these sessions? *(Use proxy measures through observation to complement the Q&A to see if the aims are achieved)*

B5. Continuing eligibility

1. If you have a beneficiary between 0-5 yrs, may we see the growth monitoring card?
2. Where do the beneficiaries go to school?
3. In the last school term, how many times has the child missed school? For what reason?
4. Where do you channel your concerns regarding the CCT Programme *(religious leader, local administration, headmaster, LOC, AAC, donor)?*

B6. Monitoring and Evaluation

1. How often are the beneficiaries visited?
2. What tools are used for data collection?

3. Who are the main respondents? *(These may include schools, health centres, religious leaders)*
4. What is the consistency of the visits, are they regular or random.

C. POSITIONING OF RELIGIOUS LEADERS

C1. Role of religious leaders (How respondent can provide this without research bias)

1. How often do you go to church/mosque?
2. What ways does your religious institution and its leaders play a role in your everyday life?
3. How would you like your religious leader to be more involved in this programme?
4. If so, in what ways would their involvement be of greater benefit to you?

C2. Capacity Audit guidelines (Religious Leaders)

On a scale of 1 – 5 (with 5 being most skilled) please rate your capacity/skill level in the following:

1. Community mobilization skills
2. Civic participation *(how to engage the community to question the programme)*
3. Participatory governance
 - i. Do you understand the policies?
 - ii. How do you break them down to the community's level of understanding?
 - iii. Are you able to interpret budgets?
 - iv. How do you access information?
 - v. How have you sensitized the community on socio cultural factors such as gender issues, stigma etc?

Annex VII. About Inter-Religious Council of Kenya, (IRCK)

1.0 Introduction

The Inter-Religious Council of Kenya (IRCK), formerly known as World Conference on Religions for Peace-Kenya (WCRP-Kenya), was registered under the laws of Kenya in 1983 as a chapter of the World Council on Religion and Peace.

It was founded by top leadership from the Catholic, Protestant, Muslim and Hindu communities in Kenya who subscribed and signed its founding Constitution. It is therefore a coalition of all faith communities in Kenya, working together to deepen interfaith dialogue and collaboration for common action, as well as mobilizing the moral and social resources of religious people to address shared concerns.

However, IRCK's existence during the 1983-2002 period was largely characterized by conference participation, interspersed by modest-ad-hoc interfaith dialogue and action. There was hardly any planned, systematic programme activities during the 19 years and keeping the organization alive mostly depended on the commitment of a core group of persons within the organization.

In April 2002, the then WCRP-Kenya commenced its first substantive institutionalized programme work with the establishment of a Task Force on HIV&AIDS and Children. This initiative was particularly inspired by the African Religious Leaders' Conference on HIV&AIDS and Children held in Nairobi in June 2002

In 2004, the organisation changed its name to IRCK (from WCRP-Kenya Chapter) to reflect the local nature and delineate itself from the narrow thematic mandate the name WCRP gave. However, the organisation remains the local affiliate of WCRP International. It also has linkage with the African

Council of Religious Leaders, the continental body of faith communities working on the same principles.

The IRCK draws its membership from all religious communities in Kenya ‘as represented by their various religious coordinating bodies (RCBs), provided they are in agreement with the purposes and constitution of the IRCK.’

1.1. IRCK’s Principles

IRCK is guided by two principles, which are embedded in its Constitution under Article III. The principles are:

Representativity: - recognizes that a person or group of persons can represent, formally or informally, the concerns of a larger community. The principle therefore acknowledges that religious communities, their structures and representatives are to be respected and duly taken into account in the work of inter-religious cooperation. Respect for this principle should guide the review and/or development of the IRCK structures and selection of members and officers within the structures

Subsidiarity: - guides decision making and implementation and recognizes that local decisions and actions can be taken at the local level and national decisions at the national level. This principle should be applied in the development of the IRCK in a fashion that takes into account and respects the autonomy and operations of individual religious communities in the country.

1.2. Purpose of IRCK

According to its Constitution, the purpose of IRCK is:

1. To promote interfaith fellowship and inter-religious dialogue and sharing of values which can be related to building a peaceful and just society in Kenya and the world at large;
2. To encourage and assist the religious communities in Kenya to discern areas of convergence in their respective faith traditions’ moral commitments that can be harnessed to building a peaceful and just society in Kenya;
3. To plan and implement collaborative advocacy programs based on these shared moral commitments in Kenya and other parts of the world.
4. To mobilize resources for capacitating the faith communities to implement programs and activities geared to achieving the moral and shared commitments for a just and peaceful society.
5. To research and document the issues and their causations that limits the full and just fulfilment of the life of Kenyans, as God’s creations.

2.0 Mission, Vision and Goal

2.1 Vision

Faith communities living in peace; united in socio-economic action for Kenya.

2.2 Mission

To promote tolerance and understanding among faith communities in Kenya through mobilizing joint actions for socio-economic development.

2.3 Goal

To be an informed voice of conscience promoting sustainable peace and development in Kenya

2.4 Core Values

1. Unity and Tolerance
2. Compassion and Charity
3. Stewardship
4. Equity
5. Non-partisan
6. Innovativeness.

3.0 Structure

The IRCK is legally registered as a society. Its structure takes cognizance of the unique structures of faith communities in Kenya whilst maintaining a broad-based ownership of the organisation.

The administrative and oversight organs are populated by the various faith communities that form the membership of IRCK through their religious coordinating bodies namely:

Catholic Christian	Kenya Episcopal Conference (KEC)
Muslims	Supreme Council of Kenya Muslims (SUPKEM) National Muslim Leaders Forum (NAMLEF)
Protestant Christians	National Council of Churches of Kenya (NCCK) Evangelical Alliance of Kenya (EAK) Organisation of African Instituted Churches (OAIC Kenya)
Hindus	Hindu Council of Kenya
Seventh Day	Seventh Day Adventist Church

3.1 Steering Board

The Steering Board, which is the mandate body of the organisation, is composed of the Chairs and General Secretaries or their equivalents of the eight religious coordinating bodies (RCB).

3.2 Executive Committee

This is management organ of the organisation and is populated by senior executives of the religious coordinating bodies. These are the general secretaries of the religious or their equivalents of the coordinating bodies. The Executive Committee exercises the management and oversight control of the organisation, its staff and assets.

4.0 Programs

IRCK programs are in:

- i. Health and Children
- ii. Peace and Conflict Transformation
- iii. Economic Justice and Livelihoods
- iv. Governance
- v. Environment and Climate Change

5.0 Task Forces

Task Forces are formed around the main thematic areas. There are Task Forces on the areas of Health & Children , Peace and Economic Justice and governance. With this project, IRCK will establish a core team of the members that will function as a nucleus for the formation of a Task Force

6.0 IRCK Secretariat

The IRCK Secretariat is headed by an Executive Director who is Secretary to the Executive Committee. The Secretariat is responsible to the Executive Committee for the effective implementation of all programs. The secretariat, in specific program area implementation, is supervised by the relevant Task Force.

The Task Forces, through periodic reporting, are responsible to the Executive Committee for ensuring that the programs respond to the needs of faith communities. The secretariat of IRCK occupies a large town house office along Mararo Road, off Gitanga Road and is fully functional with key program, administrative and financial operations and functions manned.

The IRCK, has exhibited the unity, capability and functionality of faith communities working together. Furthermore, in the recent past, IRCK at all levels, has gone through a process of reform and revitalization which has resulted in even greater

representation and inclusion of faith communities in the IRCK structures that should result in a robust engagement.

Ends/

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