Kenya Research Situation Analysis on Orphans and Other Vulnerable Children
Final Report 2009

Boston University
Center for Global Health and Development
in collaboration with
University of Nairobi
Institute for Development Studies

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Executive Summary

Purpose of the Study
The main purpose of the study was to review the research done on OVC in Kenya, identify gaps in OVC knowledge, and synthesize available evidence to inform OVC policies and programmes. The overall goal is to come up with a National OVC Research Agenda that would provide ongoing strategic information and evidence for improving the effectiveness and efficiency of OVC programs.

Methods
Data for the analysis was gathered using review of secondary sources, semi-structured interviews of 23 organisations out of a sampled 28, key informant interviews, focus group discussions and a validation workshop attended by key stakeholders working with OVCs.

Key Findings
• Currently there is no country definition of OVC. Each organization has more than one definition of OVC. The definitions include children who have lost one or both parents, poverty and hardship, socio-economic marginalization and stigmatization. Based on the respective definitions, variant objectives and programs are designed to cater for the needs of the OVC.

• The exact number of Orphans and Vulnerable Children in Kenya is not known; partly because of lack of a common country definition of OVC, especially the “vulnerable.” UNAIDS estimates the total number of orphans to be between 990,000 and 1,400,000. The Kenya 2008 UNGASS report estimates the number of Orphans at 2.4million, out of which 1,149,000 are AIDS orphans (UNAIDS/NACC, 2008). Estimates for the number who are vulnerable were not collected by NACC but the UNGASS report estimates the number of children living with HIV at 100,000. Recent attempts by UNICEF to define child vulnerability and calculate a working figure shows an estimation of 1,910,271 OVC.

• Despite not having accurate OVC figures, the Kenyan government has responded by putting in place the National Plan of Action on OVC which helps to strengthen the capacity of families to protect and care for OVC, provide economic, psychosocial and other forms of social support, as well as mobilize and support community based responses to increase OVC access to essential services such as food and nutrition, education, health care, housing, water and sanitation. The Ministry of Gender, Children and Social Development in collaboration with the National steering committee on OVC developed the OVC Policy, a key aspect of which is the provision of a direct predictable and regular cash subsidy of KSH 1,500 per month to households caring for OVC.

• The exact number of Organizations working with OVC in Kenya is not known. Based on 23 Organizations who responded out of 28 identified, 78% of OVC services are provided by NGOs; with the rest being governmental (8.7%), private- not for profit (4.3%), Faith Based Organizations (4.3%) and multilateral organization (4.3%).

• Seventy eight percent of the sampled organizations promote child protection for the OVC in form of activities against abuse and exploitation and legal protection; but just about half provide food and nutrition services. Although there is a fair coverage of all age groups with OVC services, there are fewer organizations supporting OVC under one year old.

• Among the 23 organizations sampled, 21 (91%) are funded by foreign donors.
• 63% of the Organizations indicated lack of adequate funding to cover program costs as a major challenge. Other challenges faced by organizations providing OVC support in Kenya include inadequate child protection laws and policies compounded by negative culture and attitudes towards child protection issues; maintaining quality of care; inadequate support to and participation of households caring for OVC.

• Out of the sampled organizations 65% (15) have conducted research on orphans and or vulnerable children. Over 53% of the research work was conducted by people from within the organizations while the rest was carried out by independent researchers. Thirteen of these organizations have shared their results to enrich existing OVC programs.

• Major gaps in the OVC knowledge base include:
  o **Magnitude and characterization of the OVC population;** in terms of actual numbers of OVC by category of vulnerability, age, gender, geographic location to the lowest level, care placements (numbers in institutions, in families, child headed households).
  o **Effectiveness of OVC care and impact of OVC interventions;** in terms of meeting OVC basic needs and outcomes on health, education, and psychological development of the children.
  o **Drivers of children’s vulnerability and effective interventions.** There is lack of qualitative data on child vulnerability. Community perceptions on the various reasons for vulnerability are not captured by various sample surveys and censuses due to their quantitative nature. There is also no data on the most effective interventions for various types of vulnerability.
  o **Specific Service Domain Data Gaps:**
    - **Nutrition:** What is the current coverage of food and nutritional support interventions to OVC? How effective are the current food and nutrition interventions in improving household food security and nutritional status of OVC?
    - **Shelter and Care:** What is the proportion of children in residential versus family-based care? What are the numbers of children under residential care and on the street?
    - **Child protection:** What are the main challenges faced by OVC by age and gender? What are the best interventions to deal with these challenges? What are the annual numbers of children involved in child labour, sexually abused, trafficked, in early marriage, etc.?
    - **Health:** What is the role of children in HIV and STI transmission given the prevalence of early/teenage sexual debuts in Kenya?
    - **Psychosocial Support:** What proportion of abused children is provided with psychosocial support services?
    - **Household Economic Strengthening:** What household strengthening interventions and models are in use? What proportions of caregivers are living in abject poverty? What are the challenges faced by households taking care of OVC? What proportion of households is receiving external support and who is providing the support?

• Besides the specific data types, others gaps exist with regard to data disaggregation below the district to lower levels, lack of qualitative data and unreliable data timeliness.
Research priority Areas
During the stakeholder workshop, there was consensus that OVC research is an urgent imperative for all actors in the children’s sector or those working in one way or the other with children. In this regard, stakeholders pointed out some key areas touching on three categories which cover the main gaps in OVC knowledge identified:

a) **Comprehensive OVC Survey** aimed at accurately documenting the magnitude and characterization of the OVC population.

b) **OVC Service Delivery and Program-linked Evaluative Research**; aimed at evaluating the effectiveness and impact of various OVC interventions and models of care.

c) **Program relevant Scientific Evaluations** - aimed at providing specific strategic information for informing OVC policy and programs. These include studies on the main drivers of vulnerability in different regions and among different categories of OVC and studies that deal with issues in specific service domains such as nutrition, health etc.

Overarching recommendations
Besides the need for research to fill the identified priorities, the survey recommends two overarching directions:

i) Support to the UNICEF/Children’s Department in ongoing initiative for a comprehensive national OVC Survey

ii) Enhanced networking between the OVC programs for information/research sharing and quality of care and service delivery.

Recommended Supportive Actions for Research in OVC
To ensure that the gaps in the knowledge base identified in this study are filled, we recommend the following supportive actions by the Ministry of Gender, Children and Social Development in collaboration with Development Partners:

• Develop National OVC Research Agenda with Specific Priority Areas of Focus and implementation strategy, backed by resources

• Commission a National Longitudinal Cohort that will help researchers ask specific questions that address the specific research issues identified in this study and prioritized in the National Research Agenda.

• To set up an OVC research Fund or to allocate at least 10% of their OVC budgets to OVC research.

• Develop a robust monitoring and evaluation plan to capture all the data gaps identified in this study.

• Set up a Central OVC database to capture among other essential data, information on all OVC service organizations by geographical and service coverage, and numbers of OVC by gender, age, and geographic area.
1.0 Background Information

Kenya is reported to have a declining HIV incidence and prevalence partly due to awareness and behavior change. It is also attributed to the lower incidence of new infections and higher death rates. The most recent modeling of sentinel surveillance data indicates that prevalence stood at 5.1% among adults at the end of 2006 compared with 10% in 1997/98. The HIV and AIDS epidemic is changing with the introduction of free delivery of antiretroviral treatment (ART). Annual adult AIDS deaths peaked at 120,000 in 2003, reflecting the expanding number of new infections in the early 1990s. AIDS deaths would have remained at that level if it had not been for the rapid and expansive rollout of free antiretroviral treatment. By 2006, the annual AIDS mortality number had dropped to 85,000. This implies that ARVs have averted about 57,000 deaths since 2001.¹

Kenya is expected to have a deficit of USD 75 million by 2010 in its ART rollout targets which, raises concerns about the sustainability of the ART. The increasing child mortality rate of 120 per 1000 in 2007 as compared to 97 per 1000 in 1990 is also alarming. Of the 1.1 million HIV positive people, 18% are either children (0-15 years or older adults of 50 years and above. The estimated budget deficit for Kenya’s ART rollout targets by 2010 raises concerns about the long-term sustainability of ART.²

The number of OVCs in Kenya is not known partly because of lack of a common country definition of OVC, especially identifying what constitutes a “vulnerable” child. Different sources have continued to use an estimation of 2.4 million orphans in need of care and support from their extended families and communities.³ The National Plan of Action on OVC helps to strengthen the capacity of families to protect and care for OVC, provide economic, psychosocial and other forms of social support, mobilize and support community based responses and to increase OVC access to essential services such as food and nutrition, education, health care, housing, water and sanitation.

Recent attempts to define OVCs and calculate a working figure shows an estimation of 1,910,271 OVCs across the country as shown in Table 1 below. Despite these huge numbers of OVCs, their needs are largely unmet and no one knows for certain how many organizations are working in the respective provinces/regions and what exactly they are doing. This is explained by a weak regulatory system due mainly to limited resources and capacity to coordinate children’s services in the country.

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² Ibid.
³ Ibid.
Table 1: OVC by Province

<table>
<thead>
<tr>
<th>Province</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>Nairobi</td>
<td>49,383</td>
</tr>
<tr>
<td>Central</td>
<td>68,385</td>
</tr>
<tr>
<td>Coast</td>
<td>73,193</td>
</tr>
<tr>
<td>Eastern</td>
<td>126,533</td>
</tr>
<tr>
<td>North</td>
<td>37,955</td>
</tr>
<tr>
<td>Eastern</td>
<td>262,827</td>
</tr>
<tr>
<td>Nyanza</td>
<td>198,427</td>
</tr>
<tr>
<td>Rift</td>
<td>139,118</td>
</tr>
<tr>
<td>Valley</td>
<td>955,820</td>
</tr>
<tr>
<td>Western</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Nairobi</td>
<td>55,944</td>
</tr>
<tr>
<td>Central</td>
<td>87,097</td>
</tr>
<tr>
<td>Coast</td>
<td>81,192</td>
</tr>
<tr>
<td>Eastern</td>
<td>145,975</td>
</tr>
<tr>
<td>North</td>
<td>30,174</td>
</tr>
<tr>
<td>Eastern</td>
<td>237,172</td>
</tr>
<tr>
<td>Nyanza</td>
<td>169,658</td>
</tr>
<tr>
<td>Rift</td>
<td>147,237</td>
</tr>
<tr>
<td>Valley</td>
<td>954,450</td>
</tr>
<tr>
<td>Western</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>0-4</td>
<td>7,165</td>
</tr>
<tr>
<td>5-9</td>
<td>34,415</td>
</tr>
<tr>
<td>10-14</td>
<td>40,353</td>
</tr>
<tr>
<td>15-17</td>
<td>23,395</td>
</tr>
<tr>
<td>Total</td>
<td>105,327</td>
</tr>
</tbody>
</table>


One of the largest interventions on targeting OVCs among others social groups affected by HIV and AIDS (Presidential Emergency Plan for AIDS Response, PEPFAR) supported by the USA Government provides a conceptual definition of an OVC as a child, 0-17 years old, who is either orphanded or made more vulnerable because of HIV/AIDS. From this definition, an orphan is categorized as a child who has lost one or both parents to HIV/AIDS. Obviously, PEPFAR is keen on HIV and AIDS since this is its sectoral focus.

PEPFAR’s definition of a vulnerable child includes any child who is living in circumstances with high risks and whose prospects for continued growth and development are seriously impaired.

The child is more vulnerable because of any or all of the following factors that result from HIV/AIDS:

- Is HIV-positive;
- Lives without adequate adult support (e.g., in a household with chronically ill parents, a household that has experienced a recent death from chronic illness, a household headed by a grandparent, and/or a household headed by a child);
- Lives outside of family care (e.g., in residential care or on the streets); or
- Is marginalized, stigmatized, or discriminated against.

In the programme guidelines, PEPFAR acknowledges the need for community-specific definitions of vulnerability with regard to those vulnerable children who are mostly in need of services.

Kenya as a signatory to the United Nations Convention on the Rights of the Child enacted the Children Act in 2001. The Department of Children services within the ministry of Gender, Children and Social Development is mandated by the Children Act 2001 to ensure that the rights and privileges of all children are protected.

The Department of Children services in collaboration with the National steering committee on OVC developed OVC Policy, a key aspect of which is the provision of a direct predictable and regular cash subsidy of KSH 1,500 per month to households caring for OVC.

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4 USA Government. Orphans and Other Vulnerable Children Programming Guidance for PEPFAR. July 2006
1.2 Goal

The main purpose of the study was to review the research done on OVC in Kenya, identify gaps in OVC knowledge, and synthesize the available evidence to inform OVC policies and programmes. The overall goal is to come up with a National OVC Research Agenda that would provide ongoing strategic information and evidence for improving the effectiveness and efficiency of OVC programs.

1.3 Objectives

Specifically, the research will:

• Identify the various OVC Programs and models of care in each country
• Identify Key Challenges faced by various OVC Programs in meeting the needs of OVC
• Identify Research Undertaken to answer key OVC Care Questions between January 1st 2004 and December 31st 2008
• Identify Research Gaps/Unanswered Research Questions in OVC
• Produce a synthesis document that provides a knowledge base to improve program effectiveness and efficiency in responding to the needs of OVC
• Produce a National OVC Research Agenda (Research priorities)

2.0 Methodology

The research used a combination of quantitative and qualitative approaches as well as both primary and secondary sources. The methodology also used the following techniques in the triangulated approach and methodology: desk review, key informant interviews, focus group discussions and a stakeholder’s workshop. Data analysis was both quantitative (SPSS version) and qualitative.

Details of each of these methods are explained below.

2.1 Semi-structured interviews

Semi-structured interviews were used to gather data from identified organizations. A semi-structured questionnaire was administered to each organization. A total of 28 organizations were issued with the questionnaire, either hard or soft copies. A total of 23 organizations responded to the questionnaires.

2.2 Key Informant interviews

Key informants including the program/project managers, officers, and researchers were interviewed using an interview guide to attain key information on OVC programs, challenges, lessons learnt, and organisations research work among others.

2.3 Focus Group Discussions

There were four Focus Group Discussions (FGDs), organized and conducted with OVC program officers and legal advisors, program officer and field officers. Among the four groups two had three participants and the rest two representatives each. Purposive sampling was used to select organizations for FGDs offering variant OVC services e.g. legal services, medical services and child protection among others. FGDs were critically important for enabling the research to appreciate the services offered the OVCs (programs) and challenges facing the programs.
2.4 Review of Secondary Sources

Documents were obtained from both published and unpublished sources including but not limited to student theses and dissertations on OVC, project documents, situational analyses documents and research documents from various OVC programs, Institute of Development Studies library, Department of Sociology library, Institute of African Studies, Medical library, the internet among others.

Review of secondary sources was continuous during the survey period so as to capture documented information which emerged and was availed by respondent individuals and organizations in the course of the survey.

2.5 Stakeholders workshop

A one day workshop was held to identify and agree on the key OVC priority questions. The workshop was attended by 25 participants from different organizations such as USAID, APHIA II implementing partners, CRADLE, PLAN International, ANPPCAN, Goal Kenya, Catholic Relief Services, SOS, Children’s Department and PSI among others.

2.6 Data Analysis

Once collected, the data was appropriately analyzed. First, quantitative data was coded (for open-ended questions) and entered into the computer using the Statistical Package for Social Science (SPSS) software. This data was then organized, reduced, presented and interpreted using such summary statistics as percentages, tables and graphs of significance.

Second, qualitative data was reduced, organized and interpreted on the basis of themes generated from the research objectives. Qualitative techniques of data analysis, viz. successive approximation, trends analysis, illustrative method and was employed so as to systematize the process of data interpretation and overall presentation.

Both quantitative and qualitative types of data was collated with the secondary data and used to produce the Draft Report.

3.0 Survey Findings

This section is a presentation of the findings of the survey focusing on OVC research situation analysis in Kenya.

3.1 Types of Organizations and Sources of Funding

Most of the organizations providing OVC services in Kenya are non-governmental organizations (78.3%). The rest include governmental (8.7%), private- not for profit making (4.3%), Faith Based Organizations (4.3%) and multilateral organization (4.3%).
Out of a sample size of 23, 10 organizations started their operations in Kenya before 1980, 3 between 1981-1990, 6 between 1991 and 2000 and 4 between 2001 and 2008. Most of them have diversified OVC intervention programs covering different parts of the country.

The OVC programs are funded by various donors. These include foreign donors (91.3% - 21 organizations), Community (13% - 3 organizations), Government (21.7% - 5 organizations) and local donors (25%). Some of the foreign donors funding the sampled organizations (see Annex 2) include USAID/PEPFAR, World Vision (UK, US, Finland, Canada and Germany), DFID, ILO, World Bank, UNICEF, Save the Children Finland, SOS Kinderdorf International, Trocaire, UNIFEM, SIDA, Kindernothilfe, Child Aid, Hope, Ireland Aid, ILO/IPEC, Common Wealth Education Fund, Edukans Foundation, Royal Netherlands Embassy, United Churches of Canada and Dutch government. The government ministries funding OVC programs include the Ministry of Foreign Affairs, Ministry of Health and Ministry of Home Affairs. The local communities participate by providing donations in cash and in-kind as well as sponsoring children in various level of education. Other donors are the local corporate and the Safaricom Foundation. Funds from the above mentioned donors are used to enhance such OVC care programs as child protection, health, child rights and legal protection among others. It is through these funds that organizations work towards achieving objectives targeting the OVC as listed below.

### 3.2 Objectives of the OVC organizations

The following is a list of overall objectives of the sampled organizations.

1. To protect and promote the interests of all children in the republic of Kenya
2. To provide emergency rescue, protection, counseling, health care, sponsorship and restorative services to abused children, to those at risk through appropriate interventions, reintegration to families, long term care and increased community awareness on the rights of the Child
3) To provide a social protection system through regular cash transfers to families with OVC in order to encourage fostering and retention of OVC within their families and communities, and to promote their human capital development.
4) Health and HIV/AIDS mitigation response
5) Improve the living standard of the local communities and especially children
6) Generating resources for research and action in the field of prevention and protection against Child Abuse and Neglect
7) Conducting situational analysis on the state and rights of Child Abuse and Neglect in Africa
8) To enhance access to justice for children and to ground child rights in development and with communities
9) To enhance a child-friendly legislative and policy framework.
10) To work towards eradication of violence and exploitation of children.
11) To contribute to the general development of human rights in Kenya
12) To build families for children in need, help them shape their own futures and share in the development of their communities.
13) To facilitate socio-economic empowerment of street children, vulnerable youth and marginalized poor urban and rural communities through lobbying and capacity building, access to basic education and skills training and creation of linkages aimed at reducing poverty for decent livelihoods.
14) To popularize the draft convention on the Rights of the Child (UNHCR) and to lobby the government to adopt and ratify the UNHCR after it came into force.
15) Strengthen stakeholders capacity to implement right based programs focusing on the girl child
16) Enhance girls’ participation in education through action implementation
17) Strengthen the institutions capacity through coordination, training, monitoring and evaluation of the OVC programs.
18) Strengthen the networking and collaboration amongst OVC programs

Other organizational objectives related to the overall objectives targeting the Orphans and/or vulnerable children include:

a) To strengthen churches, families and communities to support children either orphaned or made vulnerable by HIV and AIDS in Kenya
b) Strengthening the social, legal and policy framework for protecting the rights of the girl child and/or OVC in general
c) To sensitize community members on causes, effects, care and protection of children who have been/or are at risk of abuse
d) To enhance the capacity of children to protect themselves from HIV/AIDS.
e) To extend the life of parent-child relationship through quality home based care.
f) To enhance supportive policies and environment that reduces the infection and impact of HIV&AIDS to OVC and PLWHA.
g) Advocacy against bad policies and practices.
h) Home placement of abused/abandoned children for foster care and rehabilitation.
i) Build the capacity of the vulnerable children through skills training.
j) Increase school enrollment, retention and completion of primary education for the OVC aged 6-17.
k) Increase care-givers level of awareness on OVC care and protection
l) Increase the number of OVC with birth certificates.
4.0 OVC Programs and Models of Care in Kenya

4.1 OVC definitions

Table 2 below shows the various definitions of OVC as provided by the organizations.

<table>
<thead>
<tr>
<th>Organization’s definition of OVC</th>
<th>No. of organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children who have lost one or both parents to HIV/AIDS</td>
<td>20</td>
</tr>
<tr>
<td>Children who have lost one or both parents to other causes</td>
<td>20</td>
</tr>
<tr>
<td>Children infected with the HIV virus</td>
<td>17</td>
</tr>
<tr>
<td>Children having one parent infected with the HIV virus</td>
<td>18</td>
</tr>
<tr>
<td>Children who live without adequate adult support</td>
<td>18</td>
</tr>
<tr>
<td>Children who are marginalized</td>
<td>14</td>
</tr>
<tr>
<td>Children who are stigmatized</td>
<td>15</td>
</tr>
<tr>
<td>Children who are discriminated against</td>
<td>13</td>
</tr>
<tr>
<td>Children living on the street</td>
<td>17</td>
</tr>
<tr>
<td>Children who are in danger of living on the street</td>
<td>17</td>
</tr>
<tr>
<td>Abused children</td>
<td>18</td>
</tr>
<tr>
<td>Other: Standard definition under the national policy on OVC</td>
<td>2</td>
</tr>
</tbody>
</table>

From the table, it is clear that each organization has more than one definition of OVC. Some of the organizations indicated all the above definitions. As a result variant objectives and programs are designed to cater for the needs of the OVC as defined by the organizations and elaborated below.

4.2 OVC Programs

There are six main types of programs provided to OVC. As indicated in table 2 below 12 organizations provide food and nutrition, 13 shelter and care, 13 health care, 15 psychosocial support, and 15 education and skills training. The entire sampled organizations (100%) promote child protection for the OVC. At least each organization provides two or three of the programs. Each of these programs has different forms of assistance which the organizations provide according to their target groups and objectives, e.g. under food and nutrition program there is (a) food assistance which is provided by 12 organizations (100%), (b) nutrition counseling and education given by 10 out of those providing food and nutrition (83.3%), and (c) food security provided by 9 out of 10 (75%) organizations. The following table gives an illustration of the different types of assistance given under each program.
Table 2: No. of organizations providing OVC programs

<table>
<thead>
<tr>
<th>No. of programs</th>
<th>Type of Program</th>
<th>Number of organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Food and Nutrition</strong></td>
<td><strong>12</strong></td>
</tr>
<tr>
<td></td>
<td>(a) Food Assistance</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>(b) Nutrition counseling and education</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>(c) Food security e.g. seed supply and gardening</td>
<td>9</td>
</tr>
<tr>
<td>2</td>
<td><strong>Shelter and Care</strong></td>
<td><strong>13</strong></td>
</tr>
<tr>
<td></td>
<td>(a) Care e.g. clothing, home based care</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>(b) Shelter (e.g. repair of provision of residential house/hut)</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>(c) Long term residential care e.g. orphanage, family based care,</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>(d) Alternative family care e.g. guardianship, foster care, adoption</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td><strong>Child Protection</strong></td>
<td><strong>18</strong></td>
</tr>
<tr>
<td></td>
<td>(a) Activities against abuse and exploitation</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>(b) Legal Protection</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>(c) Other: (i) Advocacy</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>(ii) Training and sensitization</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>(iii) Re-integration of children back into the communities</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td><strong>Health Care e.g. specific care for children with HIV</strong></td>
<td><strong>13</strong></td>
</tr>
<tr>
<td>5</td>
<td><strong>Psychosocial Support</strong></td>
<td><strong>15</strong></td>
</tr>
<tr>
<td></td>
<td>e.g. counseling, memory books, other psychological or spiritual assistance</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td><strong>Education and Skills Training</strong></td>
<td><strong>15</strong></td>
</tr>
<tr>
<td></td>
<td>(a) Primary education</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>(b) Secondary education</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>(c) Post Secondary education</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>(d) Vocational/skills training</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>(e) other – non formal education</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>- grants for education</td>
<td>1</td>
</tr>
</tbody>
</table>

Case Study 1: Dagoreti Child in Need Project

The project is run by AMREF and deals with street and vulnerable children. It is aimed at rescuing, rehabilitating, reintegrating and re-socializing children from the streets and other difficult circumstances back to their society, their families and schools. The community based project tries to meet its goal through strengthening community structures to uphold, protect and promote the rights of children. Since 2002, arts have become one of the main rescue, rehabilitation and communication
tools for the children from the streets. The artistic products that have been used to rehabilitate the children include *The Black Pinocchio, Mapenzi Tamu, Nyumba Hewani*, Malkia Designs and Jua Kali Drummers. The programs help the children build their self esteem, motivation and the need to go back to the Centre. This makes them feel part and parcel of the program. The work of art is also used to mobilize and educate the communities on HIV/AIDS and VCT.

AMREF provides food and nutrition, child protection, health care, psychosocial support, education and skills training. An example of a reintegrated family of four orphans (2 girl and 2 boys) who have been assisted to live together under the supervision of the community members was used to illustrate the various OVC programs provided by AMREF. Through the assistance of AMREF, the four orphans are being supervised, educated and provided with food and nutrition. The eldest boy is now in form 2, the girl (who is HIV positive) is working and the rest are still in school. The program has assisted the orphaned family to continue living together. According to the project manager, “institutions are not the best place for child growth and development. Separation of siblings to different institutions may lead to serious psychological issues that affect the children”. AMREF works in communities by strengthening, facilitating and stimulating them to solve their problems.

“All children report at the Centre in the morning to take a bath, breakfast and prepare for learning, which is experience based; where children are given a chance to share their experience. We don’t accommodate children but rather work with families. All our children are under the health care program” (interview with John Muiruri, Program manager).

Save the Children Sweden runs a diversion program that caters for OVC among other categories of children. Diversion is the practice of referring a child away from usual court procedures or prison, with or without conditions, and at any stage in the criminal justice process. Loyce Athieno is an example of a beneficiary of such a program in Kisumu. She narrated her story as follows:

**Case Study 2: Loyce Athieno, diverted child**

“Before I was staying at home with my mother. My mom got me when she was in form three and I do not know my father. My grandfather told her that its better she goes to stay somewhere else. My mother took us to Bungoma to rent a house. My mother became a prostitute to find food for us. Through that job my mother got sick, she got HIV. My mother died. And I ran away to Kakamega town. I was caught by the police in Kakamega and a madam from an orphanage took me from the police. I wanted to do the same job as my mom but I saw it was not good because she got HIV and died. So I decided to go to school where I finished primary. But there was no one to pay for secondary school so I was asked if I wanted to learn tailoring. I wanted to learn tailoring!”

*Source: SIDA, Documentation of diversion program- the Kenya experience*

**Case Study 3: Foster care program in korogocho by ANPPCAN**

This project responds to the needs of HIV/AIDS orphans in Korogocho slums, Nairobi. It encourages and facilitates foster care to look after children orphaned by HIV/AIDS. The program has currently 100 households under the cash transfer program. The cash is used to improve the standard of living for the household to create an enabling environment for the foster children. The main objective of the program is to promote foster care as a suitable care and protection system for children orphaned by HIV/AIDS. Such strategies as capacity building of foster families in parenting skills, behavior management, bereavement, child responsibilities and entrepreneurship skill make it easier for the
survival of the foster families. As a result of this program more HIV/AIDS orphans are supported due to the multiplier effect in replication of good practices in foster care. The program has also reduced the number of child abuse cases in the area.

Source: ANPPCAN

Table 3 shows the starting year of the programs and the number of organizations in each program and year. Most of the OVC programs above were started before 2004. The table below shows that more than 45 programs were started before 2004.

Table 3: Starting year of the support programs

<table>
<thead>
<tr>
<th>Date</th>
<th>Food and nutrition</th>
<th>Shelter and care</th>
<th>Child protection</th>
<th>Health care</th>
<th>Psychosocial support</th>
<th>Education and skills training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before 2004</td>
<td>9</td>
<td>9</td>
<td>10</td>
<td>7</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>2004</td>
<td>4</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2005</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2006</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2007</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2008</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>2009</td>
<td>1</td>
<td>3</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>18</td>
<td>16</td>
<td>17</td>
<td>12</td>
<td>12</td>
<td>12</td>
</tr>
</tbody>
</table>

All the OVC programs support both boys and girls as shown in table 4.

Table 4: OVC gender receiving support in each program

<table>
<thead>
<tr>
<th>Gender</th>
<th>Food and nutrition</th>
<th>Shelter and care</th>
<th>Child protection</th>
<th>Health care</th>
<th>Psychosocial support</th>
<th>Education and skills training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys only</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Girls only</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Boys and Girls</td>
<td>19</td>
<td>16</td>
<td>17</td>
<td>13</td>
<td>12</td>
<td>12</td>
</tr>
</tbody>
</table>

None of the organizations was reported to offer services to either boys only or girls only even when the organizations’ names indicate the gender of the target group such as the Girl Child Network.

Table 5: Number of Organizations providing assistance at each age-group

<table>
<thead>
<tr>
<th>Age</th>
<th>Food and nutrition</th>
<th>Shelter and care</th>
<th>Child protection</th>
<th>Health care</th>
<th>Psychosocial support</th>
<th>Education and skills training</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1yr</td>
<td>12</td>
<td>5</td>
<td>7</td>
<td>5</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>1-5yrs</td>
<td>15</td>
<td>7</td>
<td>11</td>
<td>8</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>5-10yrs</td>
<td>16</td>
<td>11</td>
<td>14</td>
<td>9</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>10-15yrs</td>
<td>17</td>
<td>12</td>
<td>13</td>
<td>10</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>15-18yrs</td>
<td>14</td>
<td>11</td>
<td>12</td>
<td>9</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>
Table 5 indicates the number of organizations providing OVC assistance to children of different age range before 2004 to 2007. Programs relating to food and nutrition, and those on child protection indicate a higher number of organizations offering the assistance in each age range as compared to the rest of the programs. Most of these organizations have an average of 500 and above children benefiting from their programs as shown in table 6.

**Table 6: No. of children benefiting from the programs**

<table>
<thead>
<tr>
<th>Number of children</th>
<th>Food and nutrition</th>
<th>Shelter and care</th>
<th>Child protection</th>
<th>Health care</th>
<th>Psychosocial support</th>
<th>Education and skills training</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-10</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>11-30</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>31-50</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>51-100</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>100-500</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>500+</td>
<td>14</td>
<td>13</td>
<td>14</td>
<td>9</td>
<td>9</td>
<td>9</td>
</tr>
</tbody>
</table>

Table 7 below shows the estimated budget in USD used by the organizations in each program. Although most of the organizations use more than USD 100,000 in each of the programs, 65.2% (15 organizations) of the sampled organizations indicated lack of adequate funding to cover all their program costs. There were only three organizations which indicated their ability to cover all program costs and 21.7% being able to cover the costs at times.

**Table 7: Program monthly budget**

<table>
<thead>
<tr>
<th>Budget (in USD)</th>
<th>Food and nutrition</th>
<th>Shelter and care</th>
<th>Child protection</th>
<th>Health care</th>
<th>Psychosocial support</th>
<th>Education and skills training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>1,000-10,000</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>10,000-50,000</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>50,000-100,000</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>100,000+</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

One of the pressing challenges expressed by the organizations was inadequate funding and dependency on external donor funding. This sometimes leads to sudden disruption of programs when the funds are not available. Insufficient funding also impacts negatively on the capacity building of teams dealing with OVC in terms of the number of trainings and the number of participants trained.\(^5\) It was noted during the key informant interviews that some OVC program personnel use their own resources to make follow up visits to children placed in foster care: “sometimes I am forced to use my pocket money to make follow up visits when

\(^5\) KAACR Annual Report 2007
the organization has run out of money.” Other challenges facing these organizations are listed in section 6.0 below.

4.3 OVC Models of Care

Two models of OVC care were identified. These were “Circle of Hope” and “5x5 model” used by HACI and CARE respectively. The “Circle of Hope” model is a child centered, community development model which focus on the child as the centre of comprehensive care interventions.

“Building Awareness | Destigmatization
Behavior Change
Country
Community
Families
Children
Religion

Supporting the Caregiver
Empowering the Child
Government
Local Institutions
NGOs
Prevention

Extending the Life of the Parent/Child Relationship
Preparing the Family for Transition
Ensuring the Child's Future
Ensuring the Child's Future


“The integrated approach has four strategic objectives which orientate Plan’s work with children in a world with HIV: Building awareness (destigmatization); extending the life of the parent/child relationship; preparing the family for transition, and ensuring the child’s future. This approach aims to reduce the vulnerability of children and ensures that children and their families are protected, basic needs such as access to health and education are met, and children continue to receive the care and support needed to realize their full potential”. One of the key benefits of HACI is expanded health care, psychosocial support and early childhood development among others."

HACI operated as a continent-wide entity from 2001 to 2007, working in nine countries (Cameroon, Ethiopia, Ghana, Kenya, Malawi, Mozambique, Senegal, Uganda, and Zambia) to assist orphans and address the causes of child vulnerability. HACI-initiated OVC activities and best practices still continue in Plan through the USAID

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funded Breaking Barriers project in Kenya, Uganda and Zambia. HACI has reached more than two million OVC in the nine program countries.7

**CARE’s Response: The 5X5 Model**

This model has five areas of intervention which are the individual child, the caregiver/family, the child care setting, the community and the National policy. Like the “Circle of Hope” model, the individual child is the primary beneficiary of all early childhood interventions. According to this model, its implementation mandates the measurement of impact on children’s physical, socio-emotional, and cognitive development using validated and culturally relevant tools and indicators. These data, combined with standard health and nutrition indicator data, contribute to the knowledge base of approaches and interventions that have proven to have the most meaningful impact on the development of a child. This model has five areas of impact namely health, child rights/protection, economic strengthening, food and nutrition, and child development.8

5.0 OVC Research, Monitoring and Evaluation

**Methods of Monitoring and Evaluation**

The following methods are employed to monitor and evaluate the OVC activities/programs:

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7 ibid
8 CARE, USAID and Hope for African Children Initiative, Promising Practices: Promoting Early Childhood Development for OVC in Resource Constrained Settings: The 5x5 Model
- Management Information System (MIS) assists in producing bimonthly reports
- Regular field visits are carried out to administer specific questionnaires
- Baseline surveys for evaluation
- Transformational Development Indicator Survey (TDI)/ Indicator tracking tables
- Routine data quality assessment
- (Participatory) Monitoring and Evaluations of activities and outputs against the set indicators, strategic plans/year plans/log frames
- Checking body weight to height ratio and other health improvements of children
- Home and school follow up visits to monitor reintegrated children
- Core HIV and AIDS Report Monitoring Systems (CHARMS)
- Activity/project tracking system and Progress/financial reports (monthly, quarterly, bi-annual, annual)/Documentation of activities
- Child status index form
- Child participation in giving progress reports by writing letters to their sponsors

### 5.1 Program Indicators

The above evaluation methods are utilized against program indicators to show the progress of the implementation plans. Various outcome indicators are used to monitor the OVC programs. These include:

- Proportion of children tested for HIV
- Number of children reached with prevention, treatment, care and support
- Number of households linked to safety nets. 
- Improved community acceptance and support of people affected and infected by HIV/AIDS including OVC and their families
- Reduced number of children in the streets
- More children staying with parents/guardians
- Number of children whose capacity has been enhanced
- Community awareness on OVC
- Number of children supported by the different OVC programs
- Number of children in the child rights clubs and number of clubs established.
- Lobbying of policies affecting children
- Research documents on OVC
- Number of children rehabilitated/ reintegrated
- Number of associations of street children
- Number of children not involved on anti-social behaviors
- Percentage of capacity utilization to provide quality long term care for the children at greatest risk
- Number of youth development and self reliance activities conducted
- Number of staff trainings conducted based on identified needs aligned to the care and support of children and youth in the SOS villages
- Number of families on the nutritional support program
- Increasing number of children accessing legal and psycho-social support
- Increased legislative change in line with international standards
- Increased child rights protection and enforcement
- Mainstreamed child rights issues in government programs
- Increase in use of human rights framework
- Number of foster care households
Number of cash transfer programme beneficiaries
Number of meetings held by child rights committees
Percentage of communities involved in the care and support for OVC
Number of groups (community/faith based) carrying out OVC programs
Number of OVC equipped with HIV prevention skills
Advocacy for OVC rights enhanced
Number of children rescued and admitted in the Centres
Number of successful home and follow up visits done
Progress reports from schools, vocational training institute and health facilities, courts, children’s department/programmes reports
Number of care givers being penalized for non school attendance, immunization and growth monitoring of OVC
Number of caregivers whose cash subsidy is deducted for not attending awareness sessions
Increase on number of children who have acquired birth certificates annually
Number of trained foster care households

6.0 Key Challenges facing OVC Programs

The following are key challenges facing various organizations in the provision of OVC services:
1. Limited resources- Most organizations are highly dependent on external donor funding.
2. The number of OVC in need of support is too high compared to available resources.
3. Entrenching the culture of child protection and children’s rights.
4. Working with the youth during the turbulent adolescent years.
5. Inadequate laws and policies for protection of children and unfriendly judicial processes.
6. Poverty limits children from accessing justice while families have no support systems and are unable to take care of children.
7. Negative culture and attitudes towards child protection issues.
10. Ignorance and limited knowledge among the public on child rights.
11. Health needs of OVC are inadequately met.
12. Sustainability of the programs when donor funds are stopped.
13. Inadequate participation of households.
14. Child headed families- children busy with family chores and have no time for education.
15. Some partners support only one or two children within a household which is discriminative.
16. Shortage of trained personnel.

Other challenges include:
1) No clear policy guidance in children work.
2) High stigma of HIV/AIDS orphans leading to inadequate care of OVC.
3) Low involvement of community and government structures in the care and support for the OVC.
4) Local political interference in the identification and provision of care to the community and insecurity in the program areas.
5) Constant migration of OVC from project area.
6) Poor networking leading to duplication of services.
7) Poor infrastructure and poor law enforcement (children Act and sexual offences act).
7.0 Lessons Learnt

Apart from the challenges encountered by the organizations providing OVC services, imperative lessons that could be used to improve OVC programs were listed as follows:

1. There is need for replication of best practices to the community level
2. Partnering, collaboration and networking of OVC programs, government, faith based organizations and civil society to benchmark for quality child-care provision should be enhanced
3. Focus on prevention of abandonment by strengthening the family is paramount
4. The child should be at the centre of any and all response systems.
5. Policy and legislative reforms are key to sustainable protection
6. Equal prioritization of social economic rights are key to access justice
7. Public readiness of need for child protection is positive, hence there is need for enhanced community awareness on OVC rights
8. There is need for comprehensive programs to address OVC needs.
9. Legal redress for children who have been abused is complicated, takes too long for the child and exposes the child to further abuse/violation of their rights
10. Families are capable to taking care of their children even if they are poor. However, time is needed to help them understand their environment and to source for support or form support systems
11. Documentation in children’s work is important for proper analysis which informs case management. Staff capacity building in recording and report writing is important
12. Working with children is labor intensive. Investing in professional staff and continual staff training/motivation is important but costly.
13. Community involvement is key from the onset of the programs to avoid dependency
14. The religious communities and FBOs play an integral role in OVC support by reduction of stigma to HIV. The strategy of working through the church is a means of sustainability for the program.
15. Branding of projects with the HIV and AIDS tag can inhibit disclosure on HIV status and lock out potential beneficiaries
16. Number of local organizations provided with technical assistance for HIV-related institutional capacity building.
17. Need to mobilize more resources for OVC interventions
18. Working with community based structures enhances provision of care and support to OVC and helps in reaching out to more children
19. Sponsorship and life skills training greatly improve opportunities for OVC to access education and employment
20. Economic empowerment for OVC guardians and older OVC goes a long way to improve their quality of life plus that of their siblings. Community can also be used to develop good targeting mechanisms and program sustainability.
21. Food security intervention is a necessity for the program
22. There is need to encourage foster care program
23. OVC still continue to suffer in the eyes of government and civil society due to lack of clear policies affecting OVC
24. Alternative family care is both good in quality and cost effective than institutionalization of children
25. Children are very effective agents of change both at policy, community and individual level
26. Duty bearers and the community are not yet aware of their role in OVC protection
27. Program operation manual is well designed when the ideas have been tested in different areas of the country
28. Program design needs the initiative of the local experts
29. External experts should always be required to subcontract to the local consultants in the program design and testing of different modules.

30. Cash transfers to the most vulnerable groups are implementable in low income countries like Kenya.

8.0 Research undertaken on OVCs between 2004 and 2008

Out of the 23 sampled organizations 65.2% (15 organizations) have conducted research on orphans and vulnerable children. Over 53.3% of the research work was conducted by people from within the organizations while the rest was carried out by independent researchers. The following is a list of the research undertaken by various organizations.

(a) Ministry of Gender, *Desk Review on Situational Analysis on OVC*, by independent researchers, ongoing


(c) SOS, *Child Rights Based Situation Analysis of Children without Parental Care or at Risk of losing Parental Care in Kenya*, 2008.

(d) The CRADLE, *Baseline Survey on OVC in Suba District*, 2005


(g) Girl Child Network, *Need of Care and Protection of Vulnerable Children*, 2001


(k) CWSK, *OVC and Child Labour in Nairobi, Nyeri, Kiambu and Kisumu*, 2001

(l) CWSK, *Teenage Mothers in Nairobi*

(m) CWSK, *Street Children in Nairobi*

(n) TDH_Netherlands, *Violence against Children with Disability*, 2008

(o) GOK OVC guidelines


(q) UNICEF, *Study of the Response by Faith-Based Organizations to Orphans and Vulnerable Children*.

(r) Family Health International, *A Vulnerability Assessment to find out whether the OVC enrolled meet the PEPFAR eligibility criteria*, 2008

(s) ANPPCAN, *Violence against Children in Kenya*, 2008

(t) USAID, *Conducting a Situation Analysis of Orphans and Vulnerable Children Affected by HIV/AIDS*, 2004

(u) USAID, CARE and Hope for African Children Initiative, *Promising Practices: Promoting Early Childhood Development for OVC in Resource Constrained Settings: The 5x5 Model*


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

The OVC research below is organized into seven different OVC research areas e.g. gender based violence, street children, orphans, etc.

(a) OVC Demography
From a review of secondary data emanating from MICS (2000), KDHS (2003), KIHBS (2005/6) and KAIS (2007), the following data already exists
i. Data exists on age and sex of OVC for District, Province and Nationally.
ii. OVCs can be categorized in terms of age, sex and the level of vulnerability and by region from the district level.
iii. The number and type of orphan hood can also be generated from existing data
iv. The number by sex, age, and regions of OVC receiving or not receiving basic needs viz: education shelter, food, medical care and clothing and by reason if not receiving.
v. Number of OVC heading households by age and sex.
vi. Number of OVC and care givers who are critically ill.

(b) Street Children
i. Mutua Wanza, Associations of Working Street Children and Youth at Risk, Unpublished MA project paper, University of Nairobi 2006

(c) Orphans
v. USAID, Evaluations of Five Programs for Orphans and Vulnerable Children in Kenya and Tanzania, FS-07-22 (11/08/07)

(d) OVC Care and Support
ii. Githinji Damaris, The Role of Community Level Initiatives in Care and Support to Orphans and Vulnerable Children (OVC) in the Pumwani Slums of Nairobi, Unpublished MA project paper, University of Nairobi, 2008.

(e) Children’s Rights


(f) Gender Based Violence


ii. Imbuye Joy, Sexual Harrassment of Girl Students in Secondary Schools in the City of Nairobi: Its effects on their Performance, Unpublished MA project paper, University of Nairobi 2008.


(g) Access to Health Care


iii. Michieka Esther, Drug and Substance Abuse: A Case Study of Primary Schools in Nairobi, Unpublished MA project paper, University of Nairobi 2006.


9.0 Impact of Research on Organizations Operations

According to the survey 86.7% (13 organizations out of 15 of those who conducted research) of the organizations shared the results of the research to enrich existing OVC programs. Some of the ways in which research impact on the organization’s operations include:

- Assist the organizations to develop program approaches and timely interventions
- They are the basis of continuation of existing programs and information for new strategic direction of the organizations
- Inform design and implementation of programs
- Lead to increased support
- Formulate activities around research findings
- Documentation and distribution of research findings e.g. KAACR, Alternatives to Corporal punishment, 2007
- Enable organizations contribute towards legal and policy reforms in child protection
- Enabled organizations to improve on HIV/AIDS and OVC programming
Enable organizations to address the issues that emerge from the research
The research work inform the project programming in chatting the strategic plan to cover prevention, care and support, advocacy and stigma reduction

10.0 National OVC Research Agenda (Research Priorities)

The key OVC research priorities were identified and agreed upon by the stakeholders during a one day workshop which was held on 8th of May 2009. These were: Various organizations have identified priority research areas that would help in improving the OVC programs.

There was consensus that OVC research is an urgent imperative for all actors in the children’s sector or those working in one way or the other with children. In this regard, stakeholders pointed out some key areas touching on three categories:

- Situational analysis for purposes of capturing the latest data on OVCs
- Service delivery and programming issues
- Technical scientific questions

Situational analysis for purposes of capturing the latest data on OVCs
Under this broad aspect, the main concerns were expressed as follows:

- There is need for a national survey on OVCs mapping out the numbers by different regions and districts. The ongoing UNICEF analysis is only at the level of secondary data analysis of which the data in question was not gathered with the relevant variables in mind. It would be critical for stakeholders to support this process. USAID, World Vision, World Bank and others are already in the Technical Working Group and National Steering Committee hence some consensus on the way forward can be reached.
- The national survey needs to address the gaps as provided for in the recommendations section (no. 1) below.

Service delivery and programming issues
These issues focus on the way services to OVCs are being delivered and with what results hence the key questions for research would be as follows:

- Are there specific programming models being used for children infected by HIV? This needs to be examined in light of the stigmatization of HIV infected children as well as the legal frameworks for protecting these children.
- To what extent are Rights Based Programming approaches being used in OVC programming and with what results?
- What are the capacity gaps and strengths of OVC care givers (including foster care givers and guardians) and social workers?
- Which is the most useful information system on children to capture those placed within institution and those under various program care? What opportunities do we have for such a system?
- How effective are OVC programs in Kenya and what are the factors for success or lack of it?
- What is the level of sustainability of the ongoing programs especially at the point of the individual child?

Technical scientific questions
These are issues that go beyond the situational analysis and programming effectiveness. They call for more rigorous and technical scientific attention and they include:
o What are the main drivers of vulnerability in different regions and among different categories of OVCs, e.g. intra and inter-household/family dynamics, culture, impact of child headed household factor?
o Do we have children with multiple vulnerabilities? What explains this situation and how can it be addressed in an effective way?
o To what extent is vulnerability age-specific? What programs are useful to address each age sets of vulnerability factors?
o What are the cultural and official definitions of the child headed household? In what specific ways is this household more vulnerability relative to the other households?
o What are the analytical differences between OVCs or MVCs (Most Vulnerable Children)? Which benefits can programs derive from focusing on each of these two?
o Which interventions are most effective by vulnerabilities in each region?
o What are the best paradigms/models in terms of the greatest/best and timely impact?
o What models produce best results in working with children? Are there best practices on child participation and the best levels of involvement to produce greatest impact?

The highest number of organizations preferred their research priorities to be conducted by a research organization or University followed by the Government, NGOs and own organizations (Chart 1). Some organizations indicated more than one preferred research organization while most portrayed a concern as to which research organizations should be trusted with conducting OVC research which is an indicator of the gravity and urgency of the research priorities identified.

Chart 1
The highest number of organizations preferred their research priorities to be conducted by a research organization or University followed by the Government, NGOs and own organizations. Some organizations indicated more than one preferred research organization while most portrayed a concern as to which research organizations should be trusted with conducting OVC research which is an indicator of the gravity and urgency of the research priorities identified.

### 10.1 Identifiable Data Gaps

The following are the existing data gaps on OVCs for Kenya:

**General**
- Which are the most effective models of delivery in terms of having the greatest impact?

**Food and nutrition**
- Number of children receiving support by type of nutritional support and agency

**Shelter and care**
- Number of OVC staying in the institutions
- Number of OVC staying in the streets

**Child protection**
- Actual ranking of problems facing OVC by sex and age
- Number of OVC in child labour and nature of the labour involved in.
- Number of OVC sexually abused
- Number of OVCs trafficked.
- Number of children in early marriage, FGM, etc.

**Health care**
- What is the role of children in the transmission of HIV and AIDS and STIs given the prevalence of early/teenage sexual debut in Kenya today?

**Psychosocial care**
- To what extent have abused children been provided with adequate psychosocial care?

**Education and training**
- No specific gap.

Besides the specific data types, others gaps exist with regard to:

a) Existing data does not capture levels below the district yet proper targeting of OVCs requires lower level (village, location, sub-location and division) identification and assessments.

b) The available data is heavily quantified at the expense of quantitative aspects of vulnerability. Community perceptions on the various reasons of vulnerability do not appear in the official documentation such as the sample surveys and censuses mainly due to their quantitative bias.

c) Data timeliness is questionable particularly with regard to how frequently it is available. For instance, MICS is 9 years old, KDHS 6 years and KIHBS 4 years, making them questionable given the interference by different socio-economic and political factors. Ideally the KDHS should have been updated in 2008.
11 Overarching Recommendations

Two over-arching recommendations are made by this analysis as follows:

1. The survey recommends support to the UNICEF/Children’s Department ongoing initiative for a comprehensive national OVC Survey to gather data on the following:

i. Age and sex of OVC within the village, Sub-location, Location and Constituency, District, Province and the National level.

ii. Category of OVC in terms of age, sex and the level of vulnerability.

iii. Number and type of orphan hood.

iv. Number by sex, age and regions, of OVC receiving and not receiving basic needs of life such as education, shelter, food, medical care and clothing and the reasons behind.

v. Number of OVC staying in the institutions and within the family set up and the views of the children in relation to where they are staying.

vi. Number of OVC within the streets.

vii. Number of OVC in child labour and the nature of labour they are involved in.

viii. Number, age and sex, of OVC who are heading families.

ix. Identify OVC, who might have been disinherited, i.e. the relatives took away their inheritance from the deceased parent(s).

x. Number of OVC who are trafficked

xi. Identify the number of care givers living under abject poverty.

xii. Establish the number of OVC and care givers who are chronically ill.

xiii. Rank by priority the main problems being faced by the OVC on the basis of age, sex and region.

xiv. Identify by type and number of organizations providing services to the OVC and the HH benefiting from each organization. This could also entail the different models in use.

xv. Rank by priority the main problems being faced by the HH taking care of OVC.

2. The survey also recommends an enhanced networking between the OVC programs for information/research sharing and quality of care and service delivery.
Based on an analysis of research gaps identified in this research situation analysis and the recommendations of the Stakeholders’ meeting held on the 08th of May 2009, the following Recommendations are being made:

<table>
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<tr>
<th>Priority Research Area</th>
<th>Key Research Question(s)</th>
<th>Program Utility of the Research</th>
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</table>
| **1. Comprehensive OVC Survey** to determine the magnitude and full characterization of the OVC Population | • What is the consensus definition of a “vulnerable child”? As noted earlier, many estimates exist, but without an agreed upon definition of vulnerability, the many different estimates of the number of OVC create more confusion than clarity about the scope of the problem.  
• What is the total number of OVC in Kenya, by geographic location (province, district, sub-location, and village)?  
• What are the subpopulation groups of OVC, their numbers, sex, age, and needs?  
• What proportion of OVC is under various living arrangements (e.g. family, institutions, etc) | With shared definitions and a clear understanding of the size and scope of the OVC problem, programs will have a better understanding of their target groups, to facilitate the tailoring of interventions. Policy makers will have initial information for the allocation of resources, and a baseline for comparing future data in order to assess progress at a national level. A clear definition and characterization of vulnerability will help programmers design effective strategies to prevent or reduce vulnerability. Knowledge of numbers, characteristics and needs of OVC in households, on the street, in orphanages, in children’s villages or group homes will help the country more effectively target its resources and services. |
| **2. Program-linked Evaluation Research** to determine the effectiveness and impact of various OVC interventions and models of care | • What is the coverage of OVC interventions and do they reach the right targets?  
• What are the specific and measurable outcomes for quality and impact of different OVC interventions?  
• Are OVC Care and Support Programs providing quality services and achieving measurable impact? | Knowledge of what proportion of OVC in need is covered with the minimum package of OVC services at a point in time is a useful early indicator of program effectiveness, and would help policy makers and programmers plan how much more to scale up the programs to have the desired impact. To estimate coverage, there is need to have a good estimate of the target population; hence the need to identify total numbers of OVC and those most in need.  
For more concrete measures of effectiveness, programs can measure achievement against clearly defined desired outcomes. Common outcomes across a range of interventions facilitate the comparison of their utility and determination of the cost-effectiveness of the various interventions. |
| **3. Program relevant Scientific Evaluations** to provide specific strategic information for informing OVC programs:  
3.1 Vulnerability and Effective Interventions | 3.1 • What are the causes of child vulnerability?  
What are the community perceptions on the various reasons for child vulnerability?  
• How effective are the current interventions aimed at reducing child vulnerability?  
• What are the most effective interventions for preventing and reducing child vulnerability? | Finding the most effective and sustainable OVC interventions is of highest priority, but these are very complex issues. Qualitative research on the underlying causes (drivers) of vulnerability will provide guidance for deeper interventions than may currently be available.  
More importantly, research evidence that helps find the most effective strategies to prevent and reduce child vulnerability would be the most helpful for addressing the growing numbers of Vulnerable Children. |
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<th>Priority Research Area</th>
<th>Key Research Question(s)</th>
<th>Program Utility of the Research</th>
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<tr>
<td>3.2 Specific OVC</td>
<td><strong>3.2 Nutrition:</strong> What is the current coverage of food and nutritional support interventions to OVC? How effective are the current food and nutrition interventions in improving household food security and nutritional status of OVC?</td>
<td>For six of the seven OVC service areas, a number of gaps in knowledge were identified by OVC stakeholders at meeting held on 8th of May 2009. Finding answers to the various questions posed is essential for the effectiveness of the various interventions meant to meet the needs of OVC and for monitoring the overall response to the OVC challenge.</td>
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<td>Service Domain Data</td>
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<td>Gaps</td>
<td><strong>Shelter and Care:</strong> What is the proportion of children in residential versus family-based care? What are the numbers of children under residential care and on the street?</td>
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<td><strong>Child protection:</strong> What are the main challenges faced by OVC by age and gender? What are the best interventions to deal with these challenges? What are the annual numbers of children involved in child labour, sexually abused, trafficked, in early marriage, etc.?</td>
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<td><strong>Health:</strong> What is the role of children in HIV and STI transmission given the prevalence of early/teenage sexual debuts in Kenya?</td>
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<td><strong>Psychosocial Support:</strong> What proportion of abused children is provided with psychosocial support services?</td>
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<td><strong>Household Economic Strengthening:</strong> What household strengthening interventions and models are in use? What proportions of caregivers are living in abject poverty? What are the challenges faced by households taking care of OVC? What proportion of households is receiving external support and who is providing the support?</td>
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**Recommended Supportive Actions for OVC Research**

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

- **Adopt a National OVC Research Agenda with an implementation strategy clearly indicating priority research areas matched with resources.** A National Research Agenda will help researchers know what areas the country needs more evidence to improve the effectiveness and impact of OVC programs and more likely help them focus on policy and program relevant national research priorities.
- **Commission a National Longitudinal Cohort study, posing different research questions as needed.** Following children and families being supported by various services, over an extended period of time, is the most reliable way to understand whether the services being provided are making a difference on the lives of the children, both in the short term and longer term.
- **Develop and implement a robust plan to monitor and evaluate all OVC programming.** Incorporate shared, well defined indicators across programs for ease of comparison.
- **Set up a central OVC database to capture all demographic data on OVC, OVC care placements, service providers and their coverage in terms of services and geographically, etc.** This will serve as a resource for planning and budgeting, and allow the Ministry of Community Development and Social Services know who is doing what and where and help coordinate services to improve synergy between service providers, reduce duplication of efforts, and improve efficiency in programming of resources.
- **Engage national and international stakeholders to support program-relevant research.** USAID, for example, has Basic Program Evaluation (BPE) and Public Health Evaluation (PHE) mechanisms to support research as well as programming.
- **At the program level, it will be helpful for the Department of Children services within the Ministry of Gender, Children and Social Development and partners to incorporate a National Scale-up Plan for OVC in the OVC National Plan of Action; with clear annual coverage targets matched with expected resources.**
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## Annex 2: List of key informants contacted

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
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<tr>
<td>Daniel Musembi</td>
<td>Ministry of Gender, Children and Social Development Department of Children Services- CT-OVC PROGRAM</td>
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<td>Eliub Mulili</td>
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<td>Irene Mureithi</td>
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<td>Gerald Kimathi</td>
<td>Kenyatta National Hospital</td>
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<tr>
<td>Mercy Musomi</td>
<td>Girl Child Network</td>
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<td>Bwibo Adieri</td>
<td>Plan Kenya</td>
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<td>Jean Paul Ndagijimana</td>
<td>World Relief Kenya</td>
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<td>Pauline Odunga</td>
<td>World Vision Kenya, Nairobi</td>
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<td>Zackayo Lolpejalai</td>
<td>World Vision Kenya, North Rift Zone</td>
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<tr>
<td>Bernard Mulei</td>
<td>World Vision Kenya, Mombasa</td>
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<tr>
<td>Elizabeth Owuor-Oyugi</td>
<td>Christian Childrens Fund</td>
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<td>Zipporah Muhoror</td>
<td>GOAL Kenya- Kiltimagh Rescue Centre Project</td>
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<tr>
<td>Hellen Mala, Stephen Mualo</td>
<td>African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN)</td>
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<td>Gilbert Onyango</td>
<td>The CRADLE – The Children Foundation</td>
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<tr>
<td>Njeri Ndungu</td>
<td>SOS Children’s Villages Kenya</td>
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<td>Josephine Muli</td>
<td>Undugu Society of Kenya</td>
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<td>Janet Githaiga</td>
<td>Kenya Alliance for Advancement of Children (KAACR)</td>
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<td>John Muiruiri</td>
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<td>Grace Mwangi</td>
<td>AVSI Foundation</td>
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<tr>
<td>Damaris Njoroge</td>
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<td>Ndung’u kiriro</td>
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<tr>
<td>Irene Muteti</td>
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<td>Margaret Lubaale</td>
<td>Pathfinder – APHIA II Nairobi</td>
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<td>Kate Vorley</td>
<td>USAID – Kenya</td>
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<td>Emma Sorensson</td>
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<td>Jeminah Owande</td>
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<td>Bud Crandall</td>
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<td>Jane Harriet Namwebya</td>
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<td>Rose Kerubo</td>
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<td>Jocelyn Muraya</td>
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<td>Sarah Kimathi</td>
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<td>Richard K. Kelwon</td>
<td>KNH. Social work</td>
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<td>Mary W. Kibe</td>
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<tr>
<td>Stephen Gichiku</td>
<td>CRS – Kenya</td>
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Annex 3: Survey Instrument for OVC Research Situation analysis

(Please attach copies of documents of evaluation and research that have been done.)

Kenya

Country:------------------------------------  Date:-------------------

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<td>Name of contact person</td>
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Acknowledgement: This instrument was adapted from work submitted to BU by Crystal Beukes and Ingrid de Beer of PharmAccess, Namibia; BU is highly grateful for their work.
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| 8. | **Type of organisation** | ( ) Governmental Organisation  
( ) Nongovernmental Organisation  
( ) Private, Not for profit organisation  
( ) Community based Organisation  
( ) Faith-based Organisation  
( ) Umbrella Organisation  
( ) Other (please specify) ______________________________ |
| 9. | **When did your organisation’s operations start in Kenya?** | ______________________________________________________ |
| 10. | **What are the overall objectives of your organisation?** | ______________________________________________________ |
| 11. | **What are your objectives targeted at Orphans and/or vulnerable children? (if different from No. 10)** | ______________________________________________________ |
| 12. | **What are the organisation’s sources of funding for orphans and/or vulnerable children?** | ( ) Community __________________________________________ |
( ) Local church, Which? ________________________________ |
( ) Government, Ministry? ______________________________ |
( ) Foreign donors, Which? ______________________________ |
( ) Local donor, Which? _________________________________ |
( ) Fundraising event, What? ______________________________ |
( ) Other: ____________________________________________ |
## OVC PROGRAM FOCUS

### 13. How does your organisation define the Orphans and Vulnerable children that you support? (Tick all that apply)

- [ ] Children who have lost one or both parents to HIV/AIDS
- [ ] Children who have lost one or both parents to other causes
- [ ] Children infected with the HIV virus
- [ ] Children having one parent infected with the HIV virus
- [ ] Children who live without adequate adult support
- [ ] Children who are marginalised
- [ ] Children who are stigmatised
- [ ] Children who are discriminated against
- [ ] Children living on the street
- [ ] Children who are in danger of living on the street
- [ ] Abused children
- [ ] Other: ___________________________________________

### 14. What type of assistance does your organisation provide to orphans and/or vulnerable children? (Tick all that apply)

#### Food and Nutrition
- [ ] Food assistance
- [ ] Nutrition counselling and education
- [ ] Food Security, e.g. seed supply and gardening
- [ ] Other Specify _______________________________

#### Shelter and Care
- [ ] Care, e.g. Clothing, home based care.
- [ ] Shelter (e.g. repair or provision of residential house/hut)
- [ ] Long term residential care, e.g. orphanage
- [ ] Other (Specify) _______________________________

#### Child Protection
- [ ] Activities against abuse and exploitation
- [ ] Legal protection
- [ ] Other (specify) _______________________________

#### Health care
e.g. specific care for children with HIV

#### Psychosocial Support
- [ ] e.g. Counselling, memory books, other psychological or spiritual assistance

#### Education and Skills Training
- [ ] Primary education
- [ ] Secondary education
- [ ] Post Secondary education
- [ ] Vocational/Skills training
- [ ] Other, (specify) _______________________________

- [ ] Other, specify _______________________________
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<td>2004</td>
<td></td>
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<td>1 – 5yrs</td>
<td>2004</td>
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<td>5 – 10yrs</td>
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<td>10 – 15 yrs</td>
<td>2006</td>
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<td>15 – 18yrs</td>
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<table>
<thead>
<tr>
<th>Number of children</th>
<th>Program 1</th>
<th>Program 2</th>
<th>Program 3</th>
<th>Program 4</th>
<th>Program 5</th>
<th>Program 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 -10</td>
<td></td>
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<td>11 -30</td>
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<td>31 – 50</td>
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<td>51 – 100</td>
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<td>100 – 500</td>
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<table>
<thead>
<tr>
<th>Budget (In US$)</th>
<th>Program 1</th>
<th>Program 2</th>
<th>Program 3</th>
<th>Program 4</th>
<th>Program 5</th>
<th>Program 6</th>
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<tbody>
<tr>
<td>Less than 1,000</td>
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<tr>
<td>10,000 -50,000</td>
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<tr>
<td>50,000 -100,000</td>
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<tr>
<td>100,000+</td>
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Local Currency Exchange Rate: __________________ = 1 US$
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<thead>
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<tbody>
<tr>
<td><strong>20.</strong></td>
<td><strong>Are you able to cover all costs needed for the programme?</strong></td>
</tr>
<tr>
<td></td>
<td>( ) Yes</td>
</tr>
<tr>
<td></td>
<td>( ) No</td>
</tr>
<tr>
<td></td>
<td>( ) Sometimes</td>
</tr>
</tbody>
</table>

**OVC RESEARCH, MONITORING AND EVALUATION**

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>21.</strong></td>
<td><strong>How does your organisation monitor/evaluate its activities/programs? (Please add supporting documents)</strong></td>
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<tbody>
<tr>
<td><strong>22.</strong></td>
<td><strong>What Outcome Indicators do you use to monitor your OVC Program(s)</strong></td>
</tr>
<tr>
<td></td>
<td>Indicator1.0</td>
</tr>
<tr>
<td></td>
<td>Indicator2.0</td>
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<tr>
<td></td>
<td>Indicator3.0</td>
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<tr>
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<td>Indicator4.0</td>
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<td>Indicator5.0</td>
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<tbody>
<tr>
<td><strong>23.</strong></td>
<td><strong>Has your program been externally evaluated?</strong></td>
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<tr>
<td></td>
<td>( ) Yes</td>
</tr>
<tr>
<td></td>
<td>( ) No</td>
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<td></td>
<td>If Yes; kindly provide a summary or full report</td>
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<tbody>
<tr>
<td><strong>24.</strong></td>
<td><strong>List up to five(5) Key Challenges and five(5) lessons learnt by your organisation in working with Orphans and or vulnerable children (Please attach separate sheets if your answers cannot fit in the spaces provided)</strong></td>
</tr>
<tr>
<td></td>
<td>Challenges</td>
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<tr>
<td></td>
<td>1.0</td>
</tr>
<tr>
<td></td>
<td>2.0</td>
</tr>
<tr>
<td></td>
<td>3.0</td>
</tr>
<tr>
<td></td>
<td>4.0</td>
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<tr>
<td></td>
<td>5.0</td>
</tr>
<tr>
<td></td>
<td>Lessons learnt</td>
</tr>
<tr>
<td></td>
<td>1.0</td>
</tr>
<tr>
<td></td>
<td>2.0</td>
</tr>
<tr>
<td></td>
<td>3.0</td>
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<td>4.0</td>
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</tbody>
</table>
| Has your organization conducted any research on orphans and or vulnerable children? *(Please add supporting documents)* | ( ) Yes  
( ) No |
| If yes, when? |   |
| If yes, what was the research about? |   |
| Who conducted the research? | ( ) People from within the organisation  
( ) Independent researchers  
( ) Other |
| Were the results of the research shared with the organisation? | ( ) Yes  
( ) No |
| How has the results of the research that was done impacted your organisation’s operations? |   |
| Are you aware of any other OVC research that has been conducted in Kenya between 2004 and 2008? | ( ) Yes  
( ) No  
If Yes, please provide reference or actual article/abstract |
| Is there any other research that you think that should be done that could improve your organisation’s work with orphans and/or vulnerable children? | ( ) Yes  
( ) No |
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>33. If yes, what research do you think should be done?</td>
<td></td>
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<td></td>
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<tr>
<td>34. Who do you think should conduct this research?</td>
<td>( ) Your organisation</td>
</tr>
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<td></td>
<td>( ) Government</td>
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<td></td>
<td>( ) NGO’s</td>
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<td></td>
<td>( ) Religious organisations</td>
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<td>( ) Tertiary Institutions</td>
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<td></td>
<td>( ) Community</td>
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<td></td>
<td>( ) A Research Organization or University</td>
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<td></td>
<td>( ) Doesn’t matter</td>
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Thank you for your cooperation, time and information.