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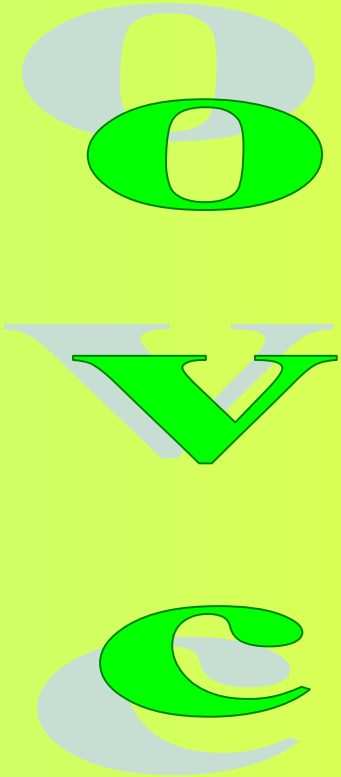

Orphans and other Children made Vulnerable by HIV/AIDS

16th – 19th December 2001

Matuu, Machakos

Kenya

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CBOs	Community Based Organizations
CHBC	Community Home Based Care
CHWs	Community Health Workers
FGDs	Focus Group Discussions
FHI	Family Health International
HIV	Human Immuno-Deficiency Virus
IEC	Information, Education and Communication
NACC	National AIDS Control Council
NASCOP	National AIDS and STDs Control Programme
NGIs	Non Governmental Individuals
NGO	Non Governmental Organization
OVC	Orphans and Vulnerable Children
STDs	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

ACKNOWLEDGEMENT

The Task force on Orphans and Vulnerable Children wishes to acknowledge with great appreciation the tremendous contributions of the following institutions in the planning and facilitation of the workshop for the development of Guidelines on the care and support of Orphans and other children made vulnerable by HIV/AIDS (OVC).

Special thanks go to the core committee members of the taskforce who worked tirelessly to make the workshop a success. They include Dr. Patrick Orege, Micah Kisoo and James Njuguna (NACC), Dr. Jane Muita (UNICEF), Julie Odhiambo (POLICY), Simon Ochieng (FHI), Pauline Mwololo NASCOP) and Noah Sanganyi (Children's Dept.).

We appreciate the facilitation by Bruce Warren and in a special way thank Eileen Mokaya who prepared the Workshop report.

Great appreciation goes to UNICEF and USAID for financing the workshop through Family Health International (FHI) and the POLICY Project.

We appreciate the inputs of all stakeholders who made valuable contributions during the workshop.

NACC Taskforce on Orphans Vulnerable Children Nairobi, February 2002.

EXECUTIVE SUMMARY

This report is a synopsis of the proceedings of the workshop and a record of the deliberations on the development of guidelines in specific program areas pertaining to orphans and other children made vulnerable by HIV/AIDS.

The *Orphans and Other Children Made Vulnerable by HIV/AIDS Workshop* was held between 16-19 December 2001 at the Ndallas Hotel in Matuu, Machakos, Kenya. The workshop was organized the National AIDS Control Council Taskforce on Orphans and other Children made vulnerable by HIV and AIDS.

The goal of the guidelines is to assist stakeholders in developing and implementing effective and sustainable programme responses to address the needs and rights of orphans and other children made vulnerable by HIV/AIDS, in Kenya. The specific purpose of the workshop was to "advance the development of national program guidelines on the care and support of orphans and other children made vulnerable by HIV/AIDS in Kenya."

The workshop objectives were to:

- Initiate the development of documented guidelines.
- Clarify operational definitions of key concepts: guidelines, child, orphan, and vulnerable child.
- Clarify the role of the Government of Kenya, civil society & religious organizations, donors and UN organizations with respect to the implementation of the guidelines.
- Clarify the format of the guidelines.
- Prioritize areas for additional research.

The first part of the workshop was devoted to clarifying key definitions as well as expectations for the content and format of the guidelines document. Workshop participants discussed and came to a consensus on the following definitions:

- A child is as a person under the age of 18.
- An orphan is a child who has lost one or both parents, or guardians to HIV/AIDS before reaching the age of 18 and who is dependent.
- A vulnerable child is *a* child in a household with a chronically ill parent/caregiver or a child living in a high-risk setting.
- A guideline is a statement or outline of a program issue and procedures to address the issue.

In the second part of the workshop, participants agreed that the following major program issues needed to be included in the guidelines.

- Care: Family & Community Responses
- Education
- Child Protection
- Stigmatization
- Psychosocial Support
- Health Care
- Food Security & Nutrition

- Promoting Children's Participation
- Community Mobilization
- Mainstreaming Gender

In the third part of the workshop, participants divided themselves into different thematic topics as outlined above and came up with key issues and thematic guideline recommendations.

Finally, participants agreed that the following sections were to be included in the guidelines document.

- Background (statement of need)
- Goal of the OVC Guidelines
- Programming Principles
- Program Guidelines
- Role of Stakeholders

The workshop concluded with participants making several recommendations for additional sections including one that presents the Government of Kenya's formal obligations and commitments to orphans and vulnerable children. This includes commitments in statutory law (i.e., the proposed Children's Act) and commitments and obligations derived as a result of being signatories to international conventions and treaties (i.e. Convention on the Rights of the Child).

1.0 INTRODUCTION

HIV/AIDS is the most serious of Africa's many public health problems, as it differs from other traditional public health challenges. The epidemic continues to expand affecting both adults and children, resulting in unique social and economic consequences. World wide, it is estimated that about 22 million people have died of AIDS; 36 million are currently infected with HIV and out of these, approximately 70% live in sub-Saharan Africa.

As the HIV epidemic continues to ravage sub-Saharan Africa, more challenges start emerging, which have significant effects on child survival growth and development. The number of orphans and children infected with HIV increases as a parallel epidemic to that of HIV infection on the adult population.

Kenya is one of the African countries with the highest prevalence of AIDS and incidence of HIV infection. According to the National AIDS Control Council and the Ministry of Health (AIDS in Kenya, 2001) there are about 2.2 million Kenyans living with HIV infection. To date the estimated number of those who have died of AIDS is over 1.5 million. An estimated 180,000 died in the year 2000 and another 300,000 became infected with HIV in the year 2000.

One of the worst consequences of AIDS deaths is an increase in the number of orphans. An orphan, as defined by UNICEF and UNAIDS, is a child under the age of 15 years who has lost the mother due to AIDS. With this definition, the number of AIDS orphans has probably reached over 900,000 today and will increase to 1.5 million by 2005 in Kenya.

HIV/AIDS has had a profound impact on Kenya and other African countries. The African extended family system that could have absorbed children orphaned by AIDS is unable to do so due to the rising levels of poverty. Poverty has eroded the capacity of Kenyan families to take up additional children and responsibilities. Prior to the AIDS epidemic, approximately 6% of the children under the age of 15 years in East Africa were orphans. These orphans were cared for by the extended family members, and when the need arose, community members came together to assist. However, the explosive spread of AIDS over the past 2 decades has contributed to a doubling in number of orphans.

The following are just a few of the problems children affected by AIDS and their families may experience:

- Psychological distress: The stress of losing a parent, and sometimes being separated from brothers and sister can reduce the ability to cope. The orphaned child may lose hope in his/her future.

- Anxiety about safety: Children living in families affected by HIV/AIDS worry about the future. This elevated degree of anxiety may trigger behaviour problems such as aggression or emotional withdrawal.

- Lack of parental nurturing: Denial, fear and stigma compound the stress within families dealing with AIDS. Parents may not be able to deal with their children's physical and emotional needs. Children may be unable to express their mixed feelings of grief, anger and fear.

- Problems with basic needs: Children affected by HIV/AIDS may experience food insecurity, shortage of clothing and inability to pay for medical care. Their caregivers will need additional income.

- Problems with inheritance: Orphans may lose their parent's property to "grabbing" by extended relatives or other people.

- Problems with safety and children protection: Households affected by HIV/AIDS are depleted of economic resources, and the child may need to generate cash. Working for a wage exposes a child to economic and

sexual risks. Girls orphaned by AIDS may be married at an early age to relieve their families of financial burden.

- Less education: The chance of children affected by HIV/AIDS going to school is reduced, and those who go spend less time in school. This is attributed to the lack of money to pay school fees, and time spent taking care and sick parents and younger sibling.

- Stigma and Discrimination: Fear of people living with HIV and AIDS is widespread, and communities react by isolating and discriminating against PWAs and their children. Fear of belief known to be having HIV and AIDS, is a powerful deterrent to people seeking voluntary testing and counseling, disclosing HIV+ status to family members/friends and AIDS. Parents often fear informing their children of being HIV+, which tends to increase children's anxiety and fear of not knowing what is happening to their parents and how to prepare.

1.2 Background Information on the Workshop

The technical Working Group of the National AIDS Control Council (NACC) set up a task force, to address issues of orphans and other children made vulnerable by the HIV/AIDS (OVC) epidemic in Kenya. Members of the task force were drawn from GOK Ministries, NGOs, CBOs, donor agencies and members of the National HIV/AIDS Technical Working Group. The main assignment for this task force was to develop appropriate guidelines on the care and support of OVCs.

The task force held several meetings in which members were sensitized on the need to develop National Guidelines for Care and Support of OVCs. The Task Force, therefore coordinated by NACC identified the need to establish clear program and service guidelines for OVC projects "that will ensure project quality control and maximum impact in Kenya." To advance the development of the program guidelines the OVC Task Force planned and coordinated a three-day workshop that was held in Matuu in Machakos district, from December 16-19, 2001. The workshop agenda is presented as Appendix 1.

Over 25 individuals representing the Government of Kenya, civil society, community-based organizations, donors and interested stakeholders attended the workshop.

This report, therefore, is a synopsis of the proceedings of the workshop and a record of the deliberations on the development of guidelines in specific program areas pertaining to orphans and other children made vulnerable by HIV/AIDS.

1.3 Purpose of the Workshop

Advance the development of national program guidelines on the care and support of orphans and other children made vulnerable by HIV/AIDS in Kenya.

1.4 Workshop Objectives

1. Initiate the development of written guidelines.

2. Clarify operational definitions of key concepts: guidelines, child, orphan, and vulnerable child.

3. Clarify the role of the Government of Kenya, civil society & religious organizations, donors and UN organizations with respect to the implementation of the guidelines.

4. Clarify the format of the guidelines.

5. Prioritize areas for additional research.

1.5 Workshop Methodology

During the workshop, a variety of methods were used to facilitate the effective involvement and participation of participants in achieving the objectives of the workshop. The following approaches were employed.

(i) Group Work and Group Discussions

At various periods of the workshop, participants worked in groups to discuss possible guidelines for the care and support of OVCs. Participants worked on various assignments and prepared presentations for the plenary discussion. This exercise helped the participants to pool together and utilize the best or promising practices in the development of guidelines.

(ii) Plenary Sessions

Plenary sessions led by a facilitator, provided content on specific issues. The plenary session began with a presentation and concluded with questions and further discussion.

(iii) Presentations

Participants were given the opportunity to present what their organizations were doing to address the issues and challenges facing orphans and vulnerable children. During these presentations participants were able to draw out best practices that would guide the development of the guidelines to care for and support orphans and other children made vulnerable by HIV/AIDS

(iv) Review of Relevant Literature

Participants were provided with a variety of selected documents that were intended to serve as reference materials to help in the development of the OVC guidelines.

2.0 WORKSHOP PROCEEDINGS

2.1 Opening Remarks

The workshop was officially opened by Dr. Orege, Deputy Director, National AIDS Control Council (NACC). Dr. Orege read the speech on behalf of Dr.Margaret Gachara, Director, NACC. In her speech, she thanked the task force members for the groundwork, which had culminated in this workshop. She also thanked the development partners such as FHI, UNICEF and POLICY Project in making this process a success. She further noted that HIV/AIDS is one of the major diseases that Kenya is facing in the post independence history, claiming about 700 lives daily and leaving many children helpless and without basic needs. Dr.Gachara's speech also noted that the socio-economic and cultural problems faced by OVCs in Kenya cannot be described by statistics or words and that the greatest challenge in programming for orphans and children made vulnerable by HIV/AIDS is the stigma associated with the scourge. In conclusion, the NACC stressed the importance of developing effective program guidelines for orphans and other children made vulnerable by HIV/AIDS.

Other speakers included Ms.Julie Odhiambo who gave some remarks on behalf of the Policy Project Director Angeline Siparo. In her speech she conveyed the director's greetings to all the participants and acknowledged the efforts made by the workshop organizers and members of the OVC task force. In her remarks she also reaffirmed POLICY Project's commitment to working with all the stakeholders in OVC programs. Dr Jane Muita (UNICEF) and Mr. Victor Masibayi (USAID) also welcomed participants and made presentation outlining their respective organization's work in the area of children and families affected by HIV/AIDS.

Mr. Noah Sanganyi gave a presentation on behalf of Mr. Sammy Ole Kwallah, Director, Children's Department, Ministry of Home Affairs. In his presentation he noted that half of the population of Kenya was comprised of children and young people. He also took cognizance of the fact that 80% of all orphans in Kenya are as result of HIV/AIDS. In his remarks he also stated that the main objective of the Children's Department on HIV/AIDS based on its Vision and Mission is to reduce the negative effect of HIV/AIDS pandemic on children in need of special protection (CNSP), especially, HIV/AIDS infected and affected children.

Mr. James Njuguna of NACC welcomed participants to the OVC meeting on behalf of NACC, FHI, Policy Project, Children's department (Ministry of Home affairs), UNICEF, members of the OVC task force and other stakeholders. He also introduced the workshop facilitators: Mr. Bruce Waring and Ms. Eileen Kwamboka. In his remarks he also highlighted the following:

- Process and purpose of the workshop
- Workshop objectives
- Proposed meeting agenda

2.2 Summaries of Presentations

2.2.1 Overview of the Orphan Situation in Kenya
Presentation by Dr.Jane Muita, UNICEF Kenya Country Office

Dr Jane Muita, UNICEF-Kenya, delivered an overview of the situation with respect to orphans and other children made vulnerable by HIV/AIDS in Kenya. Highlights of Dr.Muita's presentation appear below:

- 18.8 million people around the world have already died of AIDS, 3.8 million of them children.
- 34.3 million are currently HIV infected.
- UNAIDS/WHO estimates show that in 1999 alone, 5.3 million were newly infected with HIV.
- Estimates project that the number of children under the age of 15 who will have lost one or both parents from all causes, including AIDS, in a sample of 34 severely affected countries, will be 40.3 million by the year 2005 and 44.2 million by 2010.
- The number of children orphaned by AIDS in Kenya is currently estimated at 1.1 million and is expected to increase to 1.5 million by 2005 and to 1.9 million by 2010.
- It estimated that by 2010, 2.3-2.9 million children would have been orphaned by AIDS about 20-24% of al children.
- Children orphaned by AIDS are stigmatized, lack care and guidance, are neglected and discriminated upon.
- Psychological impact of HIV/AIDS on children is not well understood or programmed for.
- The extended family plays the most important role in the care of OVC but lacks capacity to provide quality care.

Dr.Muita outlined some of the Impact felt as a result of HIV/AIDS as follows:

- HIV and AIDS affects young people and 50% become infected just before they turn 25 and die before 35.
- Children left behind become a generation of marginalized people (CNSP) forced to care for sick adults, siblings and solicit income for families.
- Loss of adults impacts on the economy -loss of labor, expertise, and increased health costs, reversal of decades of investments in health, education and human development.
- Human rights based approaches are essential for success of prevention and care programmes.
- In ratifying the CRC government committed themselves to protect, respect and fulfill children's rights.
- Human rights programming is doing things the right way not just getting the right outcomes. It also has concern for process, participating, ownership and sustainability.

Dr. Muita further outlined some of the lessons learnt and what needs to be done. Some of the lessons learnt include:

- Extended families have been on the frontline.
- Other responses are small scale and fragmented.
- Lack of guiding principles.
- HIV/AIDS still a highly stigmatized illness.
- High level of psychosocial stress associated with the epidemic and its impact.

Below are some of the recommendations made in her presentation on what needs to be done.

- Break down wall of silence, denial and inaction.
- Strengthen legal and policy protection for affected families.
- Strengthen capacities of vulnerable children and families.
- Build capacity of government and communities.
- Establish social alliances to slow spread and provide care and protection.

2.2.2 Orphans and Other Children made Vulnerable by HIV/AIDS: Presentation by Simon Ochieng – Family Health International (FHI)

Simon Ochieng provided the participants with vital statistics on the HIV/AIDS situation in Kenya. In his presentation he noted that:

- The current Kenyan Population size to be over 28 million people
- That the children's population is about 44% of the entire population
- Over 50% of the population is less than 16 years old
- Number of 15-49 years that are HIV positive is about 2.2
- 1.5m people have died to date
- 150,000 children between 0-14 years are HIV positive
- There are about 900,000 orphans in the country

In his presentation he also defined who an orphan and vulnerable child is. An orphan is a child (i.e. an individual below the age of 18 or 15?) who has lost at least one parent. He further pointed out that "*HIV and AIDS May be a National disaster but the OVC crisis would be a time bomb however both are symptoms of a real problem that seem not to be addressed - sour relationships"* He also noted that a vulnerable child is one whose circumstances put him/her at the risk of being infected with HIV and AIDS.

Mr.Ochieng also itemized the commonly given needs of children and their silent needs. Common needs include: food, Clothing, Shelter, education and health. Whereas the silent needs included psychosocial support, emotional support, security, comfort and parental love. His presentation also highlighted what the plight of OVC was; which included, poor nutrition, school drop out, being household heads, poor health, early marriage, destitution, ignorance, stigma, insecure, abuse, exploitation and psychological trauma.

FHI's activities in the area of HIV/AIDS were also pointed out as indicated below.

- FHI/IMPACT Project is in :

Coast (Malindi, Kilifi, and Mombasa)
Rift Valley (Nakuru and Salgaa)
Western (Busia, Nzoia, Bungoma Burete /Mumias, Webuye, Kakamega

- FHI/IMPACT with over 20 implementing partners implements:

Behavior Change Communication
Voluntary Counseling and Testing
Care and support (PMTCT, TB, STI, HBC, OVC, IGA)

In his presentation, he made recommendation for intervention at different levels and also pointed out opportunities for intervention.

Recommendations for National Level interventions

- Support the government to put in place and enforce comprehensive policies to address unemployment, housing, migration, education, health, poverty and corruption.
- De-registration of unscrupulous NGO/CBOs

Community Level Recommendations

- Intensify prevention efforts
- Use children as the backbone of HIV Prevention efforts e.g. in messages
- Make VCT services available and accessible
- Improve access to Dual protection especially to both the adolescents and HIV positive people
- Improve access to antiretroviral drugs
- Empower the communities to deal with the problem through:
- Training Community Health Workers to be able to deal with emotional and psychological problems of OVC
- Sensitizing local leaders/PTAs on the plight of OVC and the need of children in general
- Intensify community sensitization efforts on the plight of OVC
- Intensify Home Based Care activities

Opportunities for Intervening

- Constituency AIDS Control Committees
- Adult education sessions
- Village Faith based groups
- Women groups
- Local Community Based Organizations

2.2.3 Response to the Needs of Orphans, Achievements, Constraints and Programming: Presentation by Catherine Kiara: Policy Project

Catherine Kiara, in her presentation outlined the following:

- Needs of orphans and other children made vulnerable by HIV/AIDS
- Definitions of orphans and the different categories of orphans
- Constraints faced in the care and support of OVCs
- Some of the achievements made so far in the care and support of orphans and vulnerable children.

Her presentation highlighted the following working definitions:

Orphans: Children under the age of 18 years who have lost both parents
AIDS orphans: A child under the age of 18 who has lost the mother to AIDS
Single orphan: Lost one parent
Double orphan: Lost both parents
Vulnerable Children: Children in need of special care and support e.g. street children, disabled, refugees and other abandoned children.

Ms. Kiara noted that the country had made achievements in terms of laws and legislations for orphans and vulnerable children. Some of these include:

1. The adoption of the convention on the rights of the child (CRC) by the general Assembly of the UN on November 1989.

2. Kenya's ratification on the CRC in 1990 bound it to uphold the rights laid out in the CRC and signaled a change in its approach to improve the well being of children.
   CRC represents a significant departure from the traditional welfare –based approach to children's development.

3. Children's bill passed by parliament in 2001, however awaiting presidential assent.

4. Ratification of the convention on the Elimination of all forms of discrimination against women (CEDAW) was adopted by the General Assembly of UN in 1979 and ratified in Kenya in 1984.

5. A National Programme of Action for children (NPA) was established in 1992 to implement the world declaration and plan of action for survival, protection and development of children. The NPA identifies problems, unmet needs and knowledge gaps, proposes strategies and a time frame for achieving those goals and the indicators to be used in the monitoring process.

Ms.Kiara also noted that Kenya is endowed with a variety of NGOs, CBOs, ROs, private sector and civil society that are keen on supporting children's activities. These organizations and institutions can be involved in: Capacity building and provision of complementary financial, technical and human resources.

Her presentation also highlighted some of the constraints faced in the care and support of OVCs, which include:

- Human and other resources in addressing OVCs issues
- No standard definition for OVCs
- Lack of children's participation in the formulation and implementation of their own programmes
- No policy in place to regulate proper care or guidelines on orphans.
- No coordination in the care and support of OVCs.
- No capacity building for care givers
- Minimal government support to orphans

The above presentations provided participants with more background information that would facilitate the development of the draft OVC guidelines. The section below highlights on some of the key concepts taken into account.

2.2.4 Response to Needs of Orphans, programming, Achievements and Constraints: Presentation By Dr.P.A.Orege, NACC

Dr.Orege noted that the situation of orphans places heavy burden on the care providers and increases vulnerability of orphaned children, threatening their very survival. He further noted that studies have shown that apart from needs that other children have including food, shelter, clothing, early stimulation and education, orphans require psychosocial support in many cases.

Dr.Orege highlighted that orphan hood can lead children into undesirable situations and circumstances that can promise their growth and development. He indicated the risk of being rejected by relatives for various reasons including the economic ones. Even if accepted, there is still the risk of abuse, neglect and exploitation. Dr.Orege noted that the worst cases can lead into homelessness, child labour, delinquency, street life and prostitution among other problems.

His presentation also indicated that HIV/AIDS in the middle of poverty placed heavy burden on already poor people by draining away valuable household and extended family resources through the prolonged period of adult morbidity. Many of these children are then left in the care of distant relatives, elderly grandparents or worse, care for themselves.

Dr.Orege noted that given the given the large and growing number of orphaned children and poverty in the country, it is necessary to devise an appropriate strategy that maxims benefits while minimizing costs. He pointed out that the strategy should be development oriented aiming at building capacity of communities to provide for their orphaned children and that the strategy entails mainstreaming orphan care activities on on-going development activities.

He noted that the following elements should be included in the National Orphans Policy:

- Community based approaches to orphan care are primary. The government to coordinate service providers to support and enable communities.
- Formal Foster care to be expanded as the second source of care
- Institutional care is the last resort, although temporary care may be needed for children awaiting placement
- Hospitals should record next of kin so relatives can be traced if children are abandoned
- Birth and death registration should be revitalized to monitor orphans
- Government should protect the property rights of orphans and these should be widely publicized.
- Self help groups should be developed to assist families with counseling and other needs
- NGOs should be encouraged to set up systems of community-based care in consultation with the government.
- The needs of all orphans should be included regardless of cause, death, religion or gender.
- A National task force should continuously plan, monitor and revise programmes and policies.

2.3 OVC Guidelines: Clarifying Definitions, Scope and Content

The purpose of this session was for the participants to discuss and agree on the following:

- An operational definition of a child.
- An operational definition of an orphan.
- An operational definition of a vulnerable child.
- An operational definition of a “guideline.”
- The goal of the guidelines.
- The major program issues to be addressed by the guidelines.
- The format of the guidelines: main sections.

2.3.1 Operational Definition of Child

Participants reviewed and discussed a proposed operational definition of a child for the guidelines. It was agreed that a child would be defined as:
“A person under the age of 18.”

2.3.2 Operational Definition of Orphan

Participants reviewed and discussed a proposed operational definition of "orphan" for the guidelines. It was agreed that an orphan would be defined as:

"A child who has lost one or both parents, or guardians to HIV/AIDS before reaching the age of 18 and who is dependent."

Participants also agreed that the guidelines include a statement on the definition of an orphan, which recognizes that:

- There is no standard definition of orphan.
- The proposed definition is widely used throughout sub-Saharan Africa and it is more inclusive than the definition of orphan used by UNICEF, UNAIDS, and WHO.
- Stakeholders have the right to use the definition of orphan that meet their policy and programming needs.
- Stakeholders involved in the implementation of the OVC guidelines are encouraged to adopt a definition of orphan that is as inclusive as their policy and programme frameworks will allow.

2.3.3 Operational Definition of a "Vulnerable Child"

Participants reviewed and discussed a proposed operational definition of "vulnerable child" for the guidelines. It was agreed that a "vulnerable child" would be defined as:

"A child in a household with a chronically ill parent/caregiver or a child living in a high-risk setting."

It was also agreed that the guidelines should include a statement to the effect that in the context of HIV/AIDS children are vulnerable when they:

- ✓ Have parents or caregivers who are ill or dying.
- ✓ Do not have parents.
- ✓ Do not have family.
- ✓ Do not have a home.
- ✓ Live in an area with high HIV prevalence or proximity to high-risk behaviors.
- ✓ Live on the street.
- ✓ Are girls.
- ✓ Are in jail or prison.
- ✓ Are exploited.
- ✓ Are discriminated against
- ✓ Are isolated.
- ✓ Live in an unsupportive or unhealthy environment.
- ✓ Have inadequate medical care.

2.3.4 Operational Definition of a Guideline

The participants reviewed a proposed operational definition of a guideline prepared by the facilitators and tentatively agreed upon the following definition.

"A guidelines is a statement or outline of a program issue and procedures to address the issue."

It was agreed further that the above definition needs to be refined further.

Workshop participants also agreed that a guideline should:

- State clearly and succinctly the issue or need to be addressed.
- Include a statement of the recommended action (policy or procedure) to address the issue/need.
- Recommend action that is based on current, documented, and widely recognized best practice(s).
- Include enough detail to provide guidance but should not be overly directive.
- Ideally be one paragraph in length and no more than 4 to 5 sentences.

2.3.5 Goal of the Guidelines

Participants reviewed a proposed statement on the goal of the guidelines and agreed on the following statement.

"The goal of the guidelines is to assist stakeholders in developing and implementing effective and sustainable programme responses to address the needs and rights of orphans and other children made vulnerable by HIV/AIDS in Kenya."

2.3.6 Major Program Issues to be addressed by the Guidelines

The participants reviewed a proposed statement of the major issues that should be addressed by the OVC guidelines. It was agreed that the following issues needed to be addressed:

- Care: Family & Community Responses
- Education
- Child Protection
- Stigmatization
- Psychosocial Support
- Health Care
- Food Security & Nutrition
- Promoting Children's Participation
- Community Mobilization
- Mainstreaming Gender

In addition to the above participants also suggested that "shelter" and "legal rights" issues should be included in "Child Protection".

2.3.7 Format of the Guidelines Document: Main Sections

The participants reviewed a proposed outline of the main sections for the format of the OVC guidelines document. It was agreed that the following sections were to be included in the document.

- Background (statement of need)
- Goal of the OVC Guidelines
- Programming Principles
- Program Guidelines
- Role of Stakeholders

In addition the participants suggested that the guidelines have a "stand alone" section outlining the Government of Kenya's formal obligations and commitments to orphans and vulnerable children. This includes commitments in statutory law (i.e., the proposed Children's Act) and commitments and obligations derived as a result of being signatories to international conventions and treaties (i.e. Convention on the Rights of the Child). Whenever possible the Government department(s) or bodies responsible for ensuring that each identified commitment is fulfilled should be identified.

In the section on "Stakeholders" it was also recommended that children be clearly identified as stakeholders and that the obligation and role of all stakeholders in the implementation of the guidelines be "clearly spelt out."

It was suggested that the section on "Programming Principles" could be adapted from the work of John Williamson and Susan Hunter, who have researched and written extensively in the area of policy and program responses to orphans and children made vulnerable by HIV/AIDS.

It was also recommended that the guidelines should:

- Include a statement on how the implementation of the guidelines will be monitored and evaluated;
- Include a section or statement on "management and coordination of the guidelines";
- Include a section or statement on "advocacy and partnership issues"; and
- Give direction on prevention issues for all children, including those who are not necessarily infected or affected by HIV/AIDS.

Emerging Issues

- Where does monitoring and Evaluation fit in the OVC guidelines?
- There is need to have a section on management and coordination of the guidelines
- There should be clear definitions on all the terms used in the guideline document
- Need to include Advocacy and partnerships issues in the guidelines
- There is need to domesticate and make the guidelines operational
- It was also suggested and resolved that shelter and legal rights be discussed under the protection section.
- If children are part of the stakeholders what is their role?
- Government obligation and the role of other stakeholders be clearly spelt out.
- The guideline document should also give direction on prevention on the children who are not affected.
- Suggested that prevention can be part of care of support
- Different types of care to be mentioned and suggestions made on conditions that determine the type of care recommended
- That the guidelines be classified under the framework of the convention of children's rights.
- Task force requested to look at some of the issues mentioned above and give guidance
- In the operational definition of a guideline it was suggested that the term policy be omitted
- It was recommended that the task force also review other existing guidelines from other countries like Malawi on the care and support of orphans.
- It was agreed by the participants that the guidelines be more programmatic rather than policy.

- **3.0 Group Work on the Development of Program Guidelines**

The results of the group work on the development of program guidelines are presented below. Each group was requested to identify the major program issue to be addressed, to develop issue statements, and identify the actions necessary to address each issue identified. Please note, however, that this format was not followed by each group, primarily because of time constraints. For example, some group identified major barriers to programming in a certain area and actions to address the barriers, but, did not have time to articulate issue statements. Consequently, the presentation of the group's work varies according to the approach of the group. In total, there were 8 group work sessions.

3.1 Care: Family and Community Responses

The group endeavored to develop program guidelines in the area of Care: Family and Community Responses. Before commencing work on the development of guidelines the group agreed that the care-related needs of orphans and vulnerable children varied by their age group. Consequently, the group identified the following "age groups".

0 – 5 YRS – Early Childhood Development

6 –10 YRS – Lower Primary

11 – 14 YRS – Upper Primary

15 – 18 YRS – Secondary/Tertiary

Age Group	Issues that need to be addressed
0-5 yrs	Immunization, Nutrition/Breast feeding, Stimulation/Psychosocial care, Basic Health Care Shelter and Clothing, Guidance, Pre-school education, Protection, Behavior Formation
6-14 yrs	Education, Shelter/Clothing, Food, Health, Guidance and Counseling, Behavior formation Stimulation, Psychosocial support, Reproductive Health Education, AIDS & HIV Education, Life survival skills, Protection
15-18 yrs	Basic needs (Education/ Health/Food/Shelter, Reproductive Health/AIDS/HIV Education Participation, Protection (Legal protection/ Property inheritance), Behaviour change Career guidance/counseling and vocational training/ entrepreneurial training, Income generating activities

Issue Statements

The group developed the following issue statements and recommended actions to address the identified issues.

Issue/Statement	Recommended Action
Very few community members are trained on the care of orphans and even so not comprehensively	• Train community care gives to understand and play their roles (Equip care givers with relevant skills). • Establish support services for care givers e.g. support counseling, home based care Kits, linkages/referrals.
Psychologically traumatized children, especially girls, are increasingly being pulled out of school to provide care for ailing parents and siblings	• Gender mainstreaming in the area of OVC (have gender consideration in dealing with OVC). • Establish community OVC support groups. • Establish linkages with HBC groups. • Establish psychosocial support mechanisms at the community level for OVCs. • Train family members on safe care practices.
Due to stigma and discrimination linked with HIV/AIDS in communities, care and support for orphans and vulnerable children is limited.	• Advocacy for rights of OVCs. • Equip communities with correct information about AIDS/HIV using correct channels. • Promote behavior change and attitude change. • Promote positive cultural practices and modify negative ones.
Families are increasingly unable to care for orphaned children.	• Community mobilization/Advocacy for rights and sensitization. • Community capacity building (Economic/IGA/Micro financing, training, pastoral care (Spiritual)). • Community resource mobilization. • Identification of community foster parents/care givers and support. • Networking. • Co-coordinating existing community activities and monitoring. • Identify and strengthen existing structures.
An increasing number of orphans and other vulnerable children are being put under the care of old grand parents who can no longer provide the required care services and who themselves need to be cared for.	• Support community responses for the case of orphans such as women groups, faith based programmes. • Establish support group for grand parents. • Training of grand parents in care of orphans and linkage with other interventions.
Some OVC caregivers exploit and abuse the OVCs under their care emotionally, physically and even sexually.	• Training of care givers as psychosocial support and counseling. • Involve the social services department in the case of OVC.
Several orphans are being abandoned without any responsible adult to take care of them.	• Strengthen the capacity of the children's department communities and CBOs to respond. • Support community sanitization and community initiatives for the care of OVC.

3.2 Education

The working group on education noted that HIV/AIDS had major impacts on the:

- Supply of education services.
- Demand for education.
- Changing clientele for educational services.
- Processes and content of education.
- Planning for the sector.

Issues/Statements	Recommended Action
Increasing number of children not able to access, retain and complete schooling.	• Waive school fees for OVCs and other school requirements. • Identify OVCs at an early age and sensitize caregivers on the need for the children to attend school. • Create awareness in the community on the needs for children to attend school. • Enforce the law on those who do not take the children to school. • Mobilize communities to take care of the sick so that the children can attend school. • Mobilize resources within the community to care for children and ill parents. • Establish and support non-formal schools and VTIs for the children (especially the adolescents). • School takes initiative to raise funds to meet OVC school requirements. • Channel GOK bursaries towards the levels of schooling where OVCs can benefit (especially at primary level). • Communities should initiate their own bursary funds and assist OVCs within the community.
Deteriorating quality of education.	• Build on the support groups within the community that also contribute towards the school community. • Train teachers on HIV/AIDS issues and life skills education. • Streamline registration inspection of the non-formal schools. • Schools have in place mechanisms of sustainable feeding programmes for the OVCs. • Expand the school-feeding programme to target OVCs.
There is inadequate capacity within the communities and schools to respond to educational needs of OVC.	• Mobilize school management boards/committees to respond to the needs of OVC. • Train teachers as counselors to respond to the psychological needs of the OVC and of teachers. • Establish peer counselors and CTCs in schools/ children to parents. • Have health programmes within the school to attend to the medical needs of the OVC.

3.3 Child Protection and Stigmatization

This group endeavored to develop guidelines for issues related to child protection and stigmatization. Major issues related to protection and stigmatization were identified and recommendations made to address them.

Issues/Statements	Recommended Action
Neglect and Abandonment	• Sensitization of community. • Economic empowerment of community to provide rights food, clothing, shelter, education and psycho- social support. • Sensitize community on rights of the children. • Stimulate resource mobilization through IGAs. • Capacity building and training.
Parental Mother to Child Transmission (PMTCT)	• Sensitize father, mother and community. • Strengthen and encourage VCT. • Provide procedures/guidelines for routine testing. • Avail drugs, supplies and treatment. • Adopt safe practices at delivery. • Continuous counseling and support. • Deal with stigma through sensitization. • Provide PMTCT at all levels of health care. • Revise training curriculum for medics. • Address fear and bad attitude among service providers. • Breastfeeding research (i) level of risk (ii) nutrition and alternatives
Economic Deprivation (rights)	• Resource mobilization – food, clothing, shelter, education, medical services. • Advocate for waivers and exemptions – mechanisms/systems, provisions. • raining and capacity building.
Disinheritance	• Sensitize community on existing legal provisions on property inheritance. • Encourage parents to write wills. • Empower community members to take care of orphans.
Child Labor	• Build capacity of community to understand that child labor is illegal and perpetuates poverty. • Build economic capacity of community to be self-sufficient and provide for the children. • Improve capacity of government to implement existing laws on child labor. • Build capacity of children to cope emotionally/psychologically with the trauma. • Orphans to be provided with vocational skills.
Sexual Exploitation	• Sensitization of the community and the children on the steps of taking legal redress against sexual exploitation. • Processes and psychosocial support. • Empower children with life skills. • Psychosocial support - counseling. • Legal redress. • Medical attention. • Capacity building for children on reproductive health. • Provide appropriate information on HIV/AIDS.
Stigmatization	• De-stigmatization. • Mainstreaming OVCs. • Provide appropriate HIV/AIDS information and sex education. • Advocate for breaking the silence. • Provide psychosocial support.

3.4 Psychosocial Support

Issues/Statements	Recommended Action
The psychological trauma experienced by orphaned children begins way before their parents die of AIDS and continues even after parental death.	• Parental access to VCT services so that they can know their status. • Build the skills of parents to disclose their status to their children and enable on-going discussions with the children. • Have support groups amongst ailing parents for support to one another. • Enable parents' access to support groups within the community.. • Have child-to-child support groups to assist the children through the trauma periods. • Establish counseling units within the school and community to attend to the psychological needs of the children. • Identify traditional and non-traditional associations/mechanisms that help the OVC cope through the trauma**.**
Inadequate capacity of the community to identify, manage and support psychologically traumatized children.	• Build capacity of schools and community to identify and deal with psychologically traumatized children. • Build capacity and enhance child-to-child approaches to coping with psychosocial needs of the children – in and out of school. • Provide home-based care to the affected families, assist in identifying and prioritizing their needs for assistance. • Use of youth clubs to give psychological support to orphaned children. • Sensitization and mobilization of all organizations such as religious institutions, CBOs, NGOs, etc., at the community to meet the psychological needs of OVC. • Sensitize and strengthen the capacity of local structures, like village/clan committees to take care of the needs of OVC.
The separation of orphaned children from their siblings.	• Encourage communities to keep the OVC children together after parental death. • Mobilize support for the families that have fostered children. • Have visits to the foster homes or other care centers where the children are living.
Uncertainty and insecurity about their future life without parents.	• Mobilize the religious leaders and sensitize them on need to support OVCs and also destigmatize them. • Use social activities like sports to emotionally support children – they socialize and develop a sense of belonging. • Mobilize and sensitize the community's capacity to meet the needs of OVC. • Mobilize the school community to keep and maintain OVCs in school. • Build the teacher's capacity to counsel the children. • Parents should be encouraged to discuss with their children as to who they will live with after parental death. • Ensure that parents prepare wills and share the same with the children**.**
Anxiety of children over having been infected by the parents.	• VCT for the children to determine their status. • Provide counseling services to children in and out of school. • Have "suggestion boxes" in schools or other centers and create forums for discussions. • Have information resource centers accessible to children and friendly to children. •

3.5 Food Security and Nutrition

Issue/Statement	Recommended Action
Nutritional malnutrition, deficiencies, lack of micronutrients.	• Growth monitoring and nutritional counseling. • Training care givers. • Nutritional supplementation/micronutrients. • Food aid. • School feeding for OVCs • Diversification of feeding.
Food insecurity, inadequacy, inaccessibility, storage, quantity, water, cost of production high.	• Promotion of dairy farming. • Support farming. • Support water projects. • MEDI support. • Food aid. • Advocate for incentives in farming. • Strengthen capacity for food production. • Promote organic farming. • Up stocking and restocking.
Lack of resources, lack of funds, space/grabbing.	• Sensitization and promotion of safer sex. • Prevention and control of HIV. • MEDI support for income generation. • Advocacy for legal support. • Community dialogue to address inheritance issues. • Promoting positive cultural behaviour through community dialogue. • PMTCT. • Research on infant feeding.
Link between nutrition and infections; a vicious cycle; resources being used for health care.	• Training of care givers. • Health care support. • Identify local foods for the infected. • Education on the link between nutrition and HIV/AIDS. • Environmental sanitation.
Institutions lacking quality foods for OVCs.	• Children's department to strengthen criteria for opening/running institutions. • Promote IGAs for sustainability. • Link them with food aid agencies. • Build capacities for resource mobilization • Reinforce monitoring of the institutions. • Mobilize the communities and promote ownership.
Child labor in commercial agriculture.	• Sensitize employers and communities on harmful child labor practices. • Build capacity of child labor department in the Ministry of Labor. • Enforce convention 182 and all other child laws. • Negotiate with school for time flexibility. • Sensitization on the value of education.
Street Children	• Build the capacity of the children's department. • Mobilization and sensitization at community level. • Resource mobilization to support rehabilitation and reintegration.
Discrimination of OVC on food provision.	• Sensitization on rights of children. • Enforce the children's bill. • Uphold living values. • Strengthen community structures to redress the plight of children.
Food as a disincentive against food production and schooling.	• Develop mechanisms on monitoring free food. • Food to be channeled through the right structures.

3.6 Health Care

The group identified major issues that are challenges and barriers to the provision of adequate health care to orphans and vulnerable children.

Issues/Statements	Recommended Action
- Re-emergence of infection. - Inadequate healthcare system. - Cost.	• Waiver health care costs for OVCs at all levels of health care. • Protect OVCs from opportunistic infections. • Promote awareness on health seeking behavior. • Give TBAs, CHWs authority to refer to government institutions. • Linkages/partnership between the public, community and private sector to offer free healthcare to OVCs.
- Cultural barriers to seeking health care. - Inadequate service providers in terms of capacity. - Inadequate drugs. - Religious beliefs and practices also hinder access to health care. - Rumors and misconceptions that surround HIV/AIDS. - Discrimination against OVCs. - Knowledge, attitudes and practices by health care providers in relation to HIV/AIDS.	• IEC to sensitize people on HIV/AIDS. • Promote community based health care system. • School-based health and nutrition programs to improve the nutrition of those OVCs that are affected. • Promote appropriate wet-nursing practices. • Integrated reproductive health services at the community level. • Integrating family planning with HIV education. • Promote and strengthen ECDs.

3.7 Community Mobilization

Major issues identified for OVC programming in the area of "community mobilization" are as indicated in the table below.

Issues/Statements	Recommended Action
Empowerment. Capitalistic shift of African socialism. Family Disintegration Recognition of community structure. Recognition of community opinion leaders. Identify community strengths/weaknesses Poverty Recognition of corps/skills in community mobilization Role modeling	Identify and scale up community role models in mobilization Strengthen the women in mobilization and decision making Involve the youth in mobilization Promote involvement of respected community structures Promote collective responsibility unified decision-making Involve the leadership in mobilization Appropriate community mobilization skills (e.g. PRA,TOT). Involvement of community resource (e.g. Persons and retirees etc.) Promote positive cultural practices Promote coalition and partnership

3.8 Promoting Children's Participation

Major Issues	Recommended Action
- The attitude that children know nothing (that children cannot make decisions). - Cultural barriers (children are not supposed to do something). - Misuse of children, manipulation and exploitation. - Economic constraints. - Religion and freedom to choose. - Lack of parental guidance and appropriate information. - Fear of peer influence as a barrier of freedom of assemble. - Preservation of identity – parenting tradition and family in relation to OVC situation. - Democracy, freedom of expression and channel of communication. - Freedom to play, leisure for children due to lack of resources . - Inability to identify children's talent which will facilitate attainment of education for personal fulfillment. - Use of needs approach in dealing with children in need of special protection (C.N.S.P). - Belief that sex cannot be discussed openly.	• Sensitizing the community on child development and their evolving capacity to participate. • Sensitize the community to discard those cultural barriers that hinders child participation and adopt good cultural practices. • Children must be informed on cultural values and practices. • Sensitize and reinforce children policies against child manipulation and exploitation. • Empower the communities economically to provide facilities for play and leisure. • Sensitize communities on how to utilize time for play and leisure. • Sensitizing the community to understand that children have choices on religious affiliations according to their evolving capacities. • Empower children to make informed choices and decision on religion. • Empower communities to provide the appropriate Information to their children. • Impart parental skills to the community. • Sensitize communities on leadership roles. • Impart parental skills to the community. • Empower community economically to provide adequate resources for play and leisure. • Sensitize the community to provide for adequate time. • Sensitize the community to guide children to utilize time appropriately. • Sensitize community to be able to identify children's ability. • Empower the community to provide career guidance. • Strengthening carrier guidance in school and children homes. • To initiate right based approach in programming for C.N.S.P. • Advocate for sexual reproductive health. • Empower community to talk about reproductive health openly. •

3.9 Mainstreaming Gender

The group members acknowledged that the definition of gender is derived from:

- Unique roles and Responsibilities assigned to men and women
- Societal norms about men and women.
- Social and cultural construct
- Molded by Expectations and norms
- Affect way in which women and men relate to each other
- Shapes their vulnerability to HIV/AIDS.

Some of the issues identified in Gender Mainstreaming include:

Poverty

- Access to Protection (Contraception)
- Access to Information
- Access to Treatment of STIs
- Access Safe delivery
- Negotiation powers
- Nutrition
- Migration - Men in search for jobs and women are left alone
- Discrimination

Social Cultural Issues

- Macho image for men-multiple sexual partners
- Girls and women expected to be complacent
- Social status for women
- Social cultural practices
- Psycho-cultures
- Women not allowed to talk, negotiate or initiate sex
- Female condom – expensive, unavailable not user friendly – lateral infections of men.
- Men in control of the condom
- Violence against women is culturally accepted
- Discrimination

Legal issues

- Land tenure system
- Property rights
- Religious/ statutory and customary laws increase women vulnerability
- Rape – ambiguity

Physiological Factors

- Heterosexual transmission higher from man to women
- STIs are symptomatic to women
- Uncircumcised men more vulnerable
- FGM – increase women vulnerability
- Male impotence.

The group identified major barriers/issues to mainstreaming gender concerns in OVC programs and actions to address those barriers.

Major Issues	Recommended Action
➢ Lack of understanding and knowledge ➢ Lack of training materials on HIV/AIDS ➢ Lack of policy document and guidelines ➢ Lack of gender trainers ➢ Political goodwill ➢ Lack of resources ➢ Lack of participation of men ➢ Misconceptions ➢ Negative attitudes towards gender issues ➢ Culture	• Sensitization and training • Develop HIV/AIDS materials/appropriate and specific • Hasten completion of Gender and HIV/AIDS Policy • Strengthen and Advocacy on gender • Capacity building • Target decision makers • Resource mobilization • Redistribution of resources • Develop strategies to increase men active involvement and participation (resources) • Support groups for men-mobilize • Address misconceptions about gender • Reinforce positive cultural practices, discard negative and harmful practices and create alternative rites where possible. • Create a supportive and appropriate legal frame work

4.0 OVC Research Priorities

Workshop participants identified the following "knowledge gaps" or "research needs" in program approaches to orphans and other children made vulnerable by HIV/AIDS.

- Mechanisms for maintaining community care giver's motivation and performance
- Sustainable community nutrition programs particularly addressing HIV/AIDS
- Effective psychology approaches
- Mainstreaming gender in OVC issues
- How do we emphasize and develop community-owned programs as opposed to community-based?
- How do we address special needs of HIV orphans, without targeting them for fear of "stigma"?
- How have other programs dealt with this issue?
- Use of community dialogue to absorb OVCs
- Effectiveness of approved schools in responding to needs of orphans and vulnerable children
- Operations research on community care of OVC
- Infant feeding options
- Documentation of best practices in orphan support
- Evaluation of interventions for OVC
- Baseline studies on the situation of orphans
- Research and mapping of current partner and their interventions
- Research to develop measurable indicators for monitoring and evaluation for OVC programs
- Community response to OVC
- Alternative feeding for infants born of mothers who are HIV/AIDS
- Developing linkages to existing community structure and initiative that support and integrate OVCs in the society

- Designing child friendly curriculum sensitive to the time needs of the children
- Upgrading of the inventory of OVC, widow, and widowers
- The socioeconomic impact of cultural practices
- Strengthening care structure in communities
- Operational research on the outcome of OVC
- Community research/diagnosis on the impact of OVC programs
- Knowledge, Altitude and skills of psychosocial influence on OVC, families and PLWHA
- Community response to fostering, inheritance and legal issues on OVCs
- Mother to child infection during breastfeeding
- Growth and development of grandparent fostered OVC
- Impact of HIV/AIDS on the social unit
- Psychosocial impact of HIV/AIDS and related illnesses and death on OVC
- Equitable distribution of NGOs working on OVCs countrywide
- Community coping mechanisms with their OVCs – Use best practices and replicate elsewhere with cultural implications having been considered
- Research on simple GAs that OVCs can be involved in OVC care and support
- How effective is it in ensuring adoption of non-risky behaviour by those affected
- The feasibility and sustainability of foster home programs
- Factors that influence access to education, retention and completion by an orphan and other children made vulnerable by HIV/AIDS
- Quality of care in children's homes
- Nutritional care by foster parents to OVC
- How does being born unwanted affect children's ability to adopt safer sex practices later in life as adults?
- How does parental HIV status affect children's personality development as relates to deviance/truancy?

5.0 Way Forward

During the closing ceremony, the Director of Family Health International (FHI), Mr. John McWilliam highlighted FHI's work in the area of orphans and vulnerable children. He emphasized that FHI was aiming at integrating home-based care with OVC issues and noted that he was hopeful that the guidelines would prove to be helpful with this task. He reiterated that FHI was ready to work in partnership with other organizations, as it has always done.

Before concluding the meeting, participants were given an opportunity to reflect and comment on the fulfilling and frustrating moments that they have experienced through their work or personal involvement with orphans and vulnerable children.

Appendix 1

ORPHANS AND OTHER CHILDREN MADE VULNERABLE BY HIV/AIDS GUIDELINES

WORKSHOP AT NDALLAS, MATUU

SUNDAY, DECEMBER 16, 2001	
4 pm on – wards	Arrival and Registration
DAY ONE: MONDAY, DECEMBER 17, 2001	
Time	**Activity**
8.00 am -8.30 am	Welcome and Opening Remarks
8.30 am -9.30 am	Overview of Orphan Situation in Kenya
9.30 am -10.00 am	OVC Guidelines: Clarifying definition, scope, and contents
10.00 am- 10.30 am	**TEA BREAK**
10.30 am – 1.00 pm	OVC Guidelines: Clarifying definition, scope, and contents (continued)
1.00 pm-2.00 pm	**LUNCH**
2.00 pm – 2.30 pm	Presentations by Stakeholders
2.30 pm – 4.00 pm	**Group Work** Group 1: Care: Family & Community Responses Group 2: Education
4.00 pm - 4.15 pm	**TEA BREAK**
4.15 pm – 5.15 pm	Group Presentations and Discussion: Groups 1 & 2
5.15 pm - 5.45 pm	**Wrap Up**
DAY TWO: TUESDAY, DECEMBER 18, 2001	
8.00 am-8. 15am	Review of Agenda
8.15 am-9.45 am	**Group Work** Group 3: Child Protection and Stigmatization Group 4: Psychosocial Support Group 5: Food Security and Nutrition
9.45 am-10.30	Official Opening
10.30 am-10.45am	**TEA BREAK**
10.45 am –12.15 pm	Group Presentations and Discussion: Groups 3, 4, and 5
12.15pm -1.15pm	OVC Guidelines: Operational Definitions
1.15 – 2.15 pm	**LUNCH**
2.15 – 4.00 pm	Panel Discussion: Clarifying the roles of the Government of Kenya, Civil Society Organizations, Donors, and Bilateral and Multilateral Organizations
4.00 pm- 4.15 pm	**TEA BREAK**
4.15 pm- 5.15pm	**Group Work** Group 6: Health Care Group 7: Promoting Children' Participation
5.15 pm-5.45pm	Group Presentations and Discussion: Groups 6 and 7
5.45-6.00	Wrap Up

DAY THREE: WEDNESDAY, DECEMBER 19, 2001	
Time	**Activity**
8.0 0 – 8.15 am	Review of Agenda
8.15 am- 10.00	**Group Work** Group 8: Mainstreaming Gender Group 9: Community Mobilization
10.00am- 10.45	Group Presentations and Discussion: Groups 8 and 9
10.45am – 11.00 am	**TEA BREAK**
11.00 am- 12.30 pm	OVC Research Priorities
12.30 pm-1.30pm	**LUNCH**
1.30 – 2.00 pm	Way Forward
2.00 pm-3.00pm	Closing Ceremony
DEPARTURE	

Appendix 2: Workshop Participants

	NAME	ORGANIZATION	CONTACT
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Appendix 3: SPEECH BY DR. MARGARET GACHARA,

DIRECTOR NATIONAL AIDS CONTROL COUNCIL

DURING OFFICIAL OPENING OF WORKSHOP

TO DEVELOP NATIONAL GUIDELINES

ON THE CARE AND SUPPORT OF ORPHANS

AND OTHER CHILDREN MADE VUNERABLE

BY HIV/AIDS AT DALLAS HOTEL, MATUU ON

18TH DECEMBER 2001.

THE ORGANIZERS,
DEVELOPMENT PARTNERS
LADIES AND GENTLEMEN

IT GIVES ME GREAT PLEASURE TO JOIN YOU TODAY IN THIS VERY IMPORTANT WORKSHOP TO DEVELOP NATIONAL GUIDELINES FOR THE CARE AND SUPPORT OF ORPHANS AND OTHER CHILDREN MADE VULNERABLE BY HIV/AIDS PANDEMIC.

I WISH TO THANK THE TASK FORCE MEMBERS FOR THE GROUNDWORK, WHICH CULMINATED TO THIS WORKSHOP, WHICH IS A MILESTONE IN THE CARE OF ORPHANS AND VULNERABLE CHILDREN IN KENYA.

I ALSO WISH TO THANK THE DEVELOPMENT PARTNERS (UNICEF, FHI AND POLICY PROJECT) FOR MAKING THIS PROCESS A SUCCESS. OUR JOY IS TO SEE THE COMPLETION OF THESE GUIDELINES AND THAT CHILDREN IN KENYA GET WHAT IS RIGHTFULLY THEIRS.

HIV/AIDS IS ONE MAJOR DISEASE KENYA HAS COME TO FACE IN POST INDEPENDENCE HISTORY CLAIMING ABOUT 700 LIVES DAILY AND LEAVING MANY CHILDREN HELPLESS AND WITHOUT BASIC NEEDS.

SO FAR, WE HAVE AN ESTIMATED 2.2 MILLION KENYANS LIVING WITH HIV/AIDS AND MORE THAN 1.5 MILLION ORPHANED CHILDREN. THE FIGURE OF OTHER CHILDREN AFFECTED INDIRECTLY BY HIV/AIDS IS EVEN MUCH HIGHER.

LADIES AND GENTLEMEN:

THE NUMBER OF PEOPLE DYING OF HIV/AIDS CALLS FOR PARTNERSHIP IN THE PROVISION OF CARE AND SUPPORT TO THE CHILDREN AND THE AFFECTED MEMBERS OF THE FAMILY. THE CURRENT NUMBER OF PEOPLE LIVING WITH THE VIRUS SENDS A TERRIFYING MESSAGE OF THE LIKELY NUMBER OF ORPHANS WE ARE BOUND TO HAVE IN THE NEAR FUTURE. EVEN IF HIV/AIDS INFECTION COULD LEVEL OFF TOMORROW, THERE WOULD STILL BE AN INCREASE IN THE NUMBER OF ORPHANS AND CHILDREN AFFECTED BY HIV/AIDS FOR THE NEXT 20 OR MORE YEARS

LADIES AND GENTLEMEN:

AT THIS JUNCTURE, I WOULD LIKE TO CALL UPON ALL OF YOU TO WORK TOWARDS DEVELOPMENT OF GUIDELINES THAT WILL ENHANCE THE CAPACITIES OF OUR COMMUNITIES TO IDENTIFY AND ADDRESS THE NEEDS OF OVCS.

THE SOCIO-ECONOMIC AND CULTURAL PROBLEMS FACED BY OVCS IN KENYA CANNOT BE DESCRIBED BY STATISTICS OR WORDS. KENYAN COMMUNITIES HAVE RESPONDED IN VARIOUS WAYS TO THE NEEDS OF OVCs. HOWEVER, WE DO NOT HAVE WRITTEN GUIDELINES TO GUIDE PROGRAMMING FOR THE CARE OF ORPHANS AND CHILDREN MADE VULNERABLE BY HIV/AIDS.

THE GOVERNMENT, NGOS, DONOR GROUPS AND PRIVATE INSTITUTIONS HAVE CONDUCTED SEVERAL RESEARCHES ON OVCS. THESE FINDINGS WILL COME IN HANDY IN DEVELOPING THE PROPOSED GUIDELINES.

SEVERAL NGOs AND CBOs HAVE INITIATED PROGRAMMES ON CARE OF OVCs. THIS GIVES AN ADVANTAGE TO THIS WORKSHOP, WHERE YOU ARE EXPECTED TO SHARE EXPERIENCES OF WHAT EACH IS DOING AND ADOPT THE BEST PRACTICES.

LADIES AND GENTLEMEN:

THE GREATEST CHALLENGE IN PROGRAMMING FOR OPRHANS AND CHILDREN MADE VULNERABLE BY HIV/AIDS IS THE STIGMA ATTACHED TO THE SCOURGE. THEREFORE, THIS IS AN AREA THAT NEEDS TO BE ADDRESSED BY THE PROPOSED GUIDELINES. INVOLVEMENT OF CHILDREN IN ADDRESSING THE NEEDS OF OVCs IS CRUCIAL SINCE THEY BEAR THE BLUNT OF THE SCOURGE WHEN THEIR PARENTS AND CAREGIVERS GET INFECTED AND DIE OF HIV/AIDS.

STRENGTHENING PARTINERSHIP AT ALL LEVELS AND BUILDING COALITIONS AMONG KEY STAKEHOLDERS WILL ENSURE ACCELERATION IN LEARNING AND INFORMATION EXCHANGE.

LADIES AND GENTLEMEN:

AS WE GIVE OUR CONTRIBUTIONS TOWARDS THE DEVELOPMENT OF THE GUIDELINES ON THE CARE AND SUPPORT OF THESE VULNERABLE GROUPS, IT IS MY HOPE WE WILL GIVE VIEWS THAT WILL NOT UNDERMINE COMMUNITY INITIATIVES ALREADY IN PLACE. THEIR CONTRIBUTIONS ARE CRUCIAL AND SHOULD BE SOUGHT WHEN COMING UP WITH THE FINAL DRAFT OF THE GUIDELINES. SO LONG AS THEIR IDEAS ARE SOUGHT THEY FEEL PART OF THE PROCESS AND LONG TO PARTICIPATE DURING IMPLEMENTATION.

IT IS ALSO MY EXPECTATION THAT THIS WORKSHOP WILL ENHANCE ACTION TOWARDS CHILDRENS' RIGHTS AND CREATE A FRAME WORK, WHICH WILL SERVE AS A BRIDGE FROM A NEEDS BASED APPROACH TO A RIGHTS BASED APPROACH TO CHILDREN AFFECTED BY HIV/AIDS. LET PARTNERS IN THE AREA OF OVCS ASSEMBLED HERE SHARE LESSONS LEAARNT AND EXPERIENCES AND IDENTIFY PROCESSES CONSTRAINTS AND CHALLENGES. BEST PRACTICES WILL EMERGE FOR REPLICATION ELSEWHERE.

LADIES AND GENTLEMEN:

FINALLY I HOPE AT THE END OF THIS WORKSHOP, GUIDELINES WILL BE DEVELOPED WHICH WILL GIVE INTERVENTION STRATEGIES ON THE CARE AND SUPPORT FOR OVCS AS OUTLINED IN THE NATIONAL STRATEGIC PLANS' PRIORITY AREA OF INTERVENTIONS.

THANK YOU

Appendix 4:Participants Presentations

RESPONSE TO THE NEEDS OF ORPHANS, PROGRAMMING, ACHIEVEMENTS AND CONSTRAINTS: PRESENTED BY ST. RITA NANGA WOMEN GROUP

In 1993, I took the first HIV/AIDS infected orphan to my house. His name was Ferdinand Ochieng. At that time, Ochieng was 7 years old. We lived with Ochieng for the next 8 years and he died on 30.01.2001 at the age of 15 years. During the years we lived with Ochieng, it was a journey that prepared the birth of St. Rita Nanga women Group.

In October 2000, I moved from Nairobi to Kisumu and formed a community-based groups registered under the name of St. Rita Nanga Women Group to provide continuum of care for orphans. The group straight away embarked in horticulture activities. One of the members donated a farm and thereafter followed by paultry farming. Currently the farm has sukuma, spinach, cabbages, onions, tomatoes, watermelon and cassava. The group has also sunk two boreholes to enable effective farming. We still do not have water pumps but are able to water the farm manually. From this farm we are able to sell the produce and use the proceeds to take care of the orphans.

Our group has recruited from our immediate community 40 orphans. From the total number, only two orphans have mothers who are very sick with HIV/AIDS infection. Our orphans are all in formal schools. I need to mention here that our memberships of 15 are volunteers, working with the children. Each member in this group has an Income Generating Activity (IGA) which is supplemented by the farm in assisting the orphans.

- For clothing, we appeal to our friends to donate to us all items in their houses not in use by their family members.

- We also request our friends to miss their lunches at least on Fridays together with their members, at least twice a month so that they contribute the same to our group. This has worked well so far, but can only subside the food.

- Currently we are in the process of raising money for school activities. The plan is to organize a chain fundraising where we start off with 15 people (members) at a contribution of 100/- and each person recruits the next equal number for the same amount and the chain continues. If it works, we should be able to:-

a) Pay school requirements
b) Buy zero grazing cow, to sell milk
c) Set up small Revolving Loan Scheme (RLS) for bigger orphans to start Income Generating Activities (IGA)
d) Establish medical subsidy

- For orphans whose land has not been grabbed and sold, the group intends to farm it out for the family to supplement our contribution constraints.

CONSTRAINTS

- **FAMILY HOSTILITY**
  Where younger orphans are driven out of their mother's houses by older orphans from stepmother, deprived of home comfort. Orphans in this situation often run to the street.

- **CHILD LABOUR**
  Misuse of younger orphans by guardians.

- **SALE OF PROPERTY**
  Very often orphans left have their parent's land grabbed and sold by uncles left.

- Lack of medication to affected orphans and finance to attend to the infected one. As a result even cases that are minor get out of hand.

- Lack of community education especially those living with the infected orphans to be able to know how to handle the situation with infections and to avoid infecting oneself.

- Counseling for the children following death of parents and for those taking care of them.

CNSP/OVC; CHALLENGES FACING IMPLEMENTING AGENCIES
Presented by: Mr. Ouma Otieno, SAOLA

SAOLA is a vocational training and rehabilitation Centre.

- **Establishment of SAOLA** – It has been a rough riding journey by SAOLA. SAOLA has been started three times and brought down just as many times due to lack of funds and training facilities.

- **Beneficiaries** – The age group between age 12-22 years cutting through young married mothers and men, to school dropouts.

THE CALL
Mr. Ouma Otieno the initiator of SAOLA is a person of 42 years old, who grew up and experienced one of the hardest times during childhood and teenage. When he grew up he decided to help others who are suffering like him before (when he was a child). Mr. Ouma has now worked for and with CNSPs in different capacities for the last 10 years or 11 years.

CONSTRAINTS
First there are the presenting problems, very touchy ones indeed, like idleness by the youth, drug abuse, child labour, child sexual exploitation and so forth. But there are the hidden and on understood ones like bad parental care and up bringing, abuse of children from family members, lack of food at the homes and houses, drunkenness by the guardians and foster parents, human greed and so forth that makes close relatives disinherit the orphans of their birth right or even constitutional ones. These complicates the problems and constraints the care givers experience.

Shelter – Some CNSPs go to the street or do all they do, due partly to the fact that they lack shelter and hence security and the life in the streets and the other children already living in there, provide just the excitements and a becoming environment for security and well being.

- There are few or no trained child handleers leading to failure in rehabilitation and placement of OVCs.

- Lack of enthusiastic support or networking from other stakeholder's e.g. the communities, NGOs, NGIOs, or even individual due to either rivalry between agencies, or community apathy, or NGOs disinterest/fatigue.

- There is the lack of interest or disinterest on the part of CNSPs/OVC themselves due maybe to various premises like shock of loosing their dear close kins, stigmatization from the members of the society or just the trauma resulting from the loss of parents, or extreme poverty at their homes.

- Difficulty of penetrating the donors, individual donors or bigger agencies by the upcoming and lesser known agencies.

- Label the community, attaches to the agencies working for or with CNSPs/OVC.

- Poor public relations due to lack of proper and appropriate marketing strategies on the part of the implementing agencies creating as a result misunderstanding and distrust and or hostilities from the communities and society in general within which we work and exist.

- Rivalries between the agencies and the tendencies by the bigger and better entrenched organizations to keep the heads of upcoming ones below the water level.

- Poor or no fundraising skills by the agencies dealing with CNSPs/OVC or just ignorance on their part of the funding or donor agencies needs and areas of operations.

- Conditionalities (inappropriate) by the donor agencies that are solely and largely at variance with the reality on the ground.

- Erratic and or vague vision, mission and objectives resulting into unachievable and unrealistic goals.

- There is the question of over ambitious indulgences by some CBOs mostly and a few NGOs or NGIs.

- Lack of ownership of responsibilities by the implementing agencies raising the question of authenticity or sincerity and lastly but not least, there is the question of appropriateness of some programmes.

In essence these are the summarized constraints practically experienced by SAOLAs members in the period of their work n the field of OVC/ CNSPs.

The other constraint is the question of the children becoming sexually wise at tender ages more so in the slum areas of the urban centers as at early as 9 years. This has a big impact on the concerned pupils as they become disorganized and disoriented unless they are being engaged in sex discussions. More often than not the female children would rather admire their male handlers and the male ones would look at their female handlers as any other lover or one fit to engage in sexual relationships.

HOME BASED CARE FOR PLWHA: Presented by: J. M. Kyallo Pathfinder International

Pathfinder community prevention and support for PLWHA (COPHIA) is a community based programme funded by USAID.

The programme has activities in Mombassa Municipality, Thika ,Nairobi (slums), Kakamega and Busia.

The programme works with local implementing partners (LIPS) in these areas, pathfinder collaborates with other NGOs in matters of Health. FHI, Policy, PSI, KAPC, K.REP, MAP International offer consultancy in relevant areas.

Local Implementing Partners (LIPS) - selection criteria used is: Accountability and a MOU signed between the LIP and pathfinder.

Nairobi - KENWA, KICOSHEP, Redeemed Gospel Church.

Mombasa - Kisauni, Jonvu (BI), Mtongwe BI, Likoni BI.

Thika - RAAG (Ruiru AIDS Awareness Group) TAAG, MOH, WEHMIS.

Kakamega - Kabras Jua Kali, Mukumu Mission Hospital, Butula, REEP.

Busia - Wowesok, MOH/Port victors, Red cross.

COPHIA works with volunteers from the LIPS. Community Health Workers (CHWS), TOT, service providers in MoH and others e.g. retired persons. The objective of COPHIA is to reach the PLWHA at home and provide care and support through caregivers.

Services provided at home include, self-care, Nutrition, Personal hygiene, Basic nursing care e.g. would care. The programme prepares TOT, CHW in HBC and counseling skills to enable them support the caregivers and PLWHAS at home.

TOT, CHWs are also given training in VCT, PMTCT and communication to build their capabilities to carry out their services effectively.

Response to Orphans

The programme supports identification of orphans within COPHIA areas by communities, from the clients given HBC.

LIPS are disbursed some grants for orphans to offer direct support.

Other support comes from the communities as indirect support.

Examples of support to orphans are:

RGC 40 orphans were given school uniforms. 40 orphans had their school fees paid.

WOWESOK 229 orphans were identified. Community members fostered 22.

MUKUMU 450 orphans were identified. 15 were given skills training in tailoring and mechanics, others were provided with seeds for planting.

REEP 250 orphans were identified. Some who were out of school due to one reason or another were put back, uniforms, books, examination fees, pens and desks were provided.

MOMBASA 945 orphans were identified. 20 received vocational training in tailoring, mechanics etc. CHWs volunteered to teach in informal education for the orphans.

KENWA A drop in center has been set for out of school children where they are given informal education and feeding.

Challenges

- Increase in number of orphans when the clients die.
- Support groups in response to psychological needs of orphans.
- Counseling skills and parenting skills to care givers and foster parents.
- Vocational skills training to orphans and PLWHA
- Lack of resources e.g. financial, food and other care materials.
- Prevention and protection of the caregivers from contracting HIV/AIDS during care of PLWHA.
- Provision of Home Based Care kit materials.
- Referral and net working with health Institutions.
- Strengthened collaboration and partnership among stakeholders.

Recommendations

- Increase or strengthen community care for PLWHA and orphans.
- Provide day care for foster parents and parents in need.
- Support groups should respond to psychological needs of orphans.
- Economic strengthening of households.
- School based services should be considered.
- Focus orphan support to sustainable activities within the communities.

RESPONSE TO THE NEEDS OF THE ORPHANS, PROGRAMMING, ACHIEVEMENTS AND CONSTRAINS: PRESENTED BY*: SAMUEL M. SILA*

Introduction

Kisayani Primary School has an enrolment of 586 pupils and 13 teachers. There are 100 orphans and 22 children with special needs among them. The school is situated at Kisayani Market about 10kms from Kibwezi town on the way to Kitui. The school is in Makueni district Kibwezi division Kathyaka zone.

The school has been experiencing a lot of problems as pertains to disadvantaged children who among them are orphans, children with special needs. Due to this issue, the school came up with tangible policies on how to deal with it once and for all.

Response

- First and foremost the school has created environmentally friendly atmosphere by adjusting physical features in the school for example building rams for physically disabled children.

- Creating awareness to both parents/guardians and regular children on orphans and vulnerable children in general, various activities in the school have been created to sensitize the community at large. These activities are child-to-child programmes, which help to highlight the plight of these children.

- Parental care is created at school which children feel loved and enhances their confidence.

- The school does not levy orphans and children with special needs and this helps them to be in school all the time of the year.

- The school provides some learning materials for orphans and children with special needs to help them learn well because some parents/guardians consider them as a burden to them.

- The school has set some programmes for guiding and counseling for both pupils and parents/guardians of orphans and children with special needs on how to learn well and how to care for the needs of orphans and children with special needs respectively.

Programming

- I have introduced inclusive education. This is a process of addressing learners' needs within educational available resources by creating opportunities to learning and preparing learners for life emphasis is on equality access and opportunity to education.

- We have reviewed school system and changed them rather than trying to change the learner.

- Provided a comprehensive educational plan that modifies curriculum to give maximum opportunity to children with special needs in Education including orphans for them to become productive members of the society.

- Develop positive attitude in parents, teachers, peers and the community at large towards children with special needs and orphans in education.

- Provide equal opportunities to all children. Children share knowledge and make friendship.

- This has been made successful by asking teachers to prepare individualized educational programme (I.E.P) for children with special needs. This is a written statement that describes what the teacher and other professionals will do to meet the special needs of a pupil with a learning problem.

- We have laid down plans to start a small home to house orphans and children with special needs however our donor has not responded yet.

Achievements

- We have succeeded in moving away from a state of segregation to inclusive learning. We now have all children together in their respective classes and attend to them according to their needs.

- All our pupils complete primary school course some orphans go as far as Starehe boys Center while others with special needs who score as low as 100 marks are easily accepted in the local polytechnics for practical courses.

- Parents/guardians have accepted to bring children with special needs and orphans to school with ease.

- We have succeeded in encouraging orphans and children with special needs to participate fully in music and sports activities to National levels.

- We have succeeded in sensitizing the staff members in the school to accept wholly orphans and children with special needs.

- World food programme project expanded feeding programme through Ministry of Education has enabled many orphans to be kept in the school learning and in good health.

- Won recognition from various stakeholders like AMREF, Action AID Kenya and the Ministry of Education Science and technology through the D.E.O Makueni not forgetting the National AIDS Control Council.

Constrains

Thou the school has achieved much, various constrains cannot go unmentioned. Inability of teachers to accommodate the diverse range of learning needs in classroom for example orphans with special needs need a good number of special trained teachers which the school lack at the moment.

Inflexible curriculum

This does not give extra time to attend to a child with special needs. There is negative attitude as far as orphans are concerned.

Financial strain in the school because the school uses a lot of money on orphans and children with special needs diverted from other school projects, which stop. In the final analysis orphans and children with special needs lack proper guardian waiting for any well wisher to fill the vacuum of a parent.

Response to the Needs of AIDS Orphans, Programming, Achievements and Constraints

Presented By Gad Awuonda, State Counsel, Attorney General's Chambers

The Kenyan legal development has in the recent past been premised on the domestic application of human rights norms and standards set out in the various international instruments to which the country is party. In discussing the issue of orphaned and vulnerable children it is important therefore to have regard to what is enshrined in the main international instrument on child rights, the Convention on the Rights of the Child. (CRC)

The CRC contains certain rights to which children are entitled and these can be categorized as follows:

Survival Rights: (CRC. Article 24:1; Article 6:1,2): These are the basic needs that children must have to ensure good health for adequate growth. Some of these are medical care, nutrition, shelter and clothing.

Development Rights: (CRC Article 6: Article 26: Article 28): These relate to the opportunities and means made available for children to have access to education, skills, training, recreation and rest, information, parental care and social security;

Protection Rights: (CRC Article 2: Article 19: 1,2: Article 32: 1: Article 33: Article 34: Article 36: Article 37): The legal and social provisions made by each nation to protect children from exploitation, drug abuse, sexual abuse, cruelty, separation from family, discrimination and protection from all forms of man-made or natural disasters: and

Participation Rights: (CRC Articles 12: Articles 14: Article 17): The opportunities and means given to children to express an opinion in matters affecting their lives such as freedom of worship, access to information about oneself, and freedom to give evidence where applicable.

Because HIV/AIDS is a fairly recent phenomenon the legal response to the challenges it posses has been found wanting in a number of respects. This presentation is confined to the law that relates to children of the victims who are thereby left orphans.

Our law did not envisage a situation where thousands of children would be left destitute not because the parents are unwilling to care for them but because the parents are not there altogether such that there is no way of enforcing responsibility against such parents. The traditional system that used to take care of orphaned children has been overwhelmed by the sheer number of children left orphans and destitute by HIV/AIDS. The persons on whose shoulders this responsibility falls are either too old and poor (parents of victims) or too young and unequipped (i.e. older siblings of the orphans).

This situation coupled by the natural decline of the African traditional social safeguards for orphaned children means that the law and its administration has to change accordingly to deal with the reality of thousands of orphaned children.

You are all aware that the law relating to children is currently in a transition. The Children Bill recently passed by parliament and awaiting presidential assent promises to revolutionize the administration of children affairs and would probably answer certain questions which currently face those in the child rights and welfare sector.

In this light, the presentation will discuss the law as it is currently in so far as this shows where we are heading; it will discuss the pertinent provisions contained in the Children Bill. It will as well discuss the available administrative arrangements in place both at the judiciary and in the government, which are aimed at addressing the issue of destitute children. It hoped that at the end of this presentation some light will have been shed on areas that still need attention and recommend (if any) action to be taken.

THE LAW RELATING TO ORPHANED CHILDREN

Kenyan law for obvious reasons does not specifically address children orphaned by AIDS as a specific category. This is true of the current (old law) as well as the new law. One of the reasons being that to law a destitute child due to whatever cause suffers similar consequences. So abandoned children, whose parents cannot be traced, children orphaned by other causes not necessarily AIDS etc are looked at by the law as belonging to a similar category

Therefore the approach taken with regard to this category of children is done under the rubric of children in need of care and protection.

The Children and Young persons Act Cap 141 while largely devoted to children in conflict with the law deals partially with orphaned children. In section 22 thereof, a child in need of protection etc, is a child who among other things: -

a) Has no parent or guardian, or has been deserted by his parent or guardian, or is destitute or a vagrant

b) Whose parent or guardian does not, or is unable to unfit exercise proper care and guardianship

c) Who is prevented from receiving compulsory education

d) Who is found begging or receiving alms or inducing the giving of alms, whether or not there are any pretence of singing, playing or performing.

Obviously orphans and vulnerable children fall within these categories of children.

The Act provides for a child in such circumstances as above to be apprehended without warrant and, without delay, brought before a court (by authorised officer, inspector or children or children's officer).

In the Act it is conceived that certain local authorities called "appointed local authorities" would have facilities to receive children who are in need of care and protection.

These authorities and approved societies, may also receive these children without need to go to court as long as certain reporting guidelines are followed.

The court can make a number of orders concerning such children including putting them under care of local authorities or fit person willing to take care of such children or have them put under care of an approved society.

The Guardianship of Infants Act Cap. 144 provides for parents while still alive to appoint guardians to care for their children after their demise. This can be done by deed or will. The court can also appoint a guardian for a child whose parents are unavailable. It must however be borne in mind that this is contingent on the appointed guardian agreeing to act as such. And this will only be possible mainly where there are resources left behind by the parents.

The Adoption Act Cap. 143 is another law, which is of relevance when discussing the old law. Adoption is a procedure that can enable destitute children join families in which they, for all legal intents and purposes, become members.

We however need to think of HIV/infected children who may not find adopters due to stigma and discrimination.

Moving away from the law dealing directly with children there is also the law relating to property management after the demise of parents leaving behind young children. One of the major challenges in the AIDS orphan issue is the huge economic problem it presents.

Before we think of the welfare schemes or charitable interventions we need to ensure that where the deceased parents had some property such property should be speedily and efficiently managed so that the orphans are not needlessly put in want and forced into destitution. Only after we have ensured that the estates of deceased parents are exhausted should we think of any welfare or charitable intervention by the community or the government.

How does the existing law help in this regard?

The Law of Succession Act is the main statute in this area. There are supportive legal regimes like the Public Trustee Act, and the Koranic position on the same. The law of Succession Act provides for the manner of administration of the estate of deceased persons.

The Family Division of the High Court has also just recently been established. Its major aim is to provide expedient means of disposing of matters relating to the family unit, one of these being the question of administration of estates of deceased persons. This is a most appropriate step given the enormity of the number of cases requiring attention in the wake of the AIDS pandemic.

In the guidelines there is need to consider the question of sensitization of communities on procedures and the law on management of the estate of deceased persons. This should aim at preventing intermeddling in the property to the detriment of orphans; sensitizing the people on the role of the Public Trustee and the District Commissioners who act as the ex-official agents of the Public Trustee.

THE CHILDREN'S BILL

As indicated before, this Bill will in many ways revolutionize the way children issues are handled in this country. It sets out the rights of the child which include

– Non Discrimination
– Education
– Health care
– Child labour etc

It consolidates

- The Guardianship of the Infants Act
- The Adoption Act
- The Children and Young Persons Act

It sets up the National Council for Children Services to coordinate child welfare and rights programmes. The council will have powers to among other things "design programmes for the alleviation of the plight of children with special needs or requiring special attention"

The Bill provides for free and compulsory education a provision which will ensure that no child is denied the right to education by reason of parents being unable to pay for their education or because they are orphans.

The Bill's overall spirit is to ensure that the Government, families and other stakeholders play their respective roles to ensure the full realization of the rights of the child as set out in the various international instruments that relate to children and as we perceive these rights and welfare as a nation.

Some matters contained in the bill which may be relevant for this exercise include the provisions relating to-

- The children's courts – to expedite cases concerning children with the child's best interest being the overriding principle.
- Forster care placement
- Care orders
- Sexual abuse - female circumcision
- Early marriage
- Management of children's institutions.

RESPONDING TO THE NEEDS OF ORPHANS AND VULNERABLE CHILDREN.
Presented by Dr.Boniface Maket, HACI Coordinator, Kenya

THE CHALLENGE

- Neither words nor statistics can adequately capture tragedy of children grieving for dying or dead parents, stigmatized by society through association with HIV/AIDS, plunged into economic crisis and insecurity by their parents' death and struggling without services or support systems in impoverished communities
- Children are being orphaned at a rate that family structures can not cope
- Bare no family is left untouched.
- Extended families are overstretched, communities are robed of a generation of adults in their most productive years.
- Children are either living with relatives, left on their own in households headed by children or living in the streets.
- Illness or death of one or both parents exposes an orphaned child to multiple sociological, economic and psychological effects.
  - Malnutrition, illness, abuse and sexual exploitation,
  - Lack of education---
  - Discrimination
  - AIDS is destroying a future of a generation of African Children
- Caretakers are vulnerable and live in vulnerable communities!--
- Situation worsens when orphans themselves develop HIV Symptoms
- Under five mortality in a number of African countries will triple or quadruple! Kenya may not escape this noose!-----eroding years of hard-won progress in child survival.
- Children affected by AIDS live in a state of powerlessness and despair----lack parental guidance and love, economic security and education.

HOPE FOR AFRICAN CHILDREN INITIATIVE-HACI

- This is an innovative initiative that seeks to address the entire child-focused prevention-care-mitigation continuum with mutually reinforcing program strategies.
- It provides the necessary framework which maximizes collaboration and impact at both national and international levels.
- It is pan-African in scope
- 80% of all resources raised will be spent to support community programs-
- Initial seed funding has been provided by the Bill and Melinda Gates Foundation.-setting in motion a process that will mobilize resources from all sectors and sources in he global community.

VISION

- To offer hope to millions of children affected by HIV/AIDS for a future of dignity as part of functioning, stable community.

MISSION

- To mobilize a global initiative to address the needs of African children affected by HIV/AIDS and to engage, strengthen capacities, mobilize and share effective practices among stakeholders at all levels.

GOALS

- To strengthen the capacity of African communities to:
  - Advocate, care for and support children impacted by HIV/AIDS and prevent further spread of HIV/AIDS
  - Improve orphans and other vulnerable children's welfare by increasing access to education, adequate food, psychosocial support, basic health services, and legal rights.
- To catalyze a global partnership to expand the resources available to achieve these goals

CORE STRATEGIC OBJECTIVES

- Building awareness and reducing the stigma surrounding HIV/AIDS
- Extending the life of the parent-child relationship

- Preparing the family for transition; and
- Ensuring the child's future.

HACI-An evolving partnership

- Five leading international NGOs came together, combined their experiences and resources to launch the Hope for African Children Initiative:
- PLAN International
- CARE
- Save the Children
- World Conference for Religion and Peace (WCRP)
- Society of Women Against AIDS in African (SWAA)
- These partners work through a Program Policy Council at the global level.
- At country level the partnership works through a Country Program council
- A country wide Technical Exchange Network will be established bringing together all key stakeholders.

HACI-GUIDING PRINCIPLES

- The initiative is focused on orphans and vulnerable children affected HIV/AIDS
- Activities will be based on geographical and program needs
- 80% of resources will be spent at the community
- HACI is an all inclusive, collaborative effort that reaches out to all organizations that add value to achieving its objectives and goals.
- All HACI partners will subordinate their organizational self-interest to work together as one for the achievement of the greater good of the initiative.
- The program is Pan-African, will a goal of mobilizing sufficient private and public resources to finance appropriate interventions in every African country that wishes to participate in the initiative.
- Initial efforts will focus on supporting stakeholders at all l levels to adapt, expand and sustain proven interventions in selected countries.
- THE HOPE FOR AFRICAN CHILDREN INITIATIVE SUPPORTED ACTIVITIES WILL CONTRIBUTE TO ACHIEVING GOALS SET FORWARD BY UNAIDS FOR 2005.

THE RESPONSE / Program guidelines

- Increase and strengthen families caring capacities through community mechanisms
- Strengthen economic coping capacities of families and communities
- Enhance capacity of families and communities to respond to psychosocial needs of orphans and vulnerable children and their caregivers.
- Develop multisectoral, mutually reinforcing program strategies that foster linkages between HIV/AIDS prevention activities, home-based care, and efforts to support orphans and vulnerable children
- Target the most vulnerable children and communities , not "AIDS" orphans.
- Give particular attention to how gender roles make a difference.
- Involve children and adolescents as "part of the solution"
- Strengthen the roles of schools and education systems
- Reduce stigma and discrimination
- Accelerate learning and information exchange
- Strengthen partnerships at all levels and build coalitions among key stakeholders
- Ensure that external support does not undermine community initiative and motivation
- Increase and strengthen community care.
- Work within and respect national AIDS policies
- Promote stronger government efforts to support orphans and vulnerable children.

CORE METHODOLOGIES

- All activities undertaken under the auspices of the initiative will be guided by the following methodologies:
- Rights-based

- Community mobilization
- Destigmatization
- Rights-based principles:
- Non-discrimination
- The best interest of the child
- Survival and development
- Opinion and participation

CIRCLE OF HOPE: Principles.

- Child-focused
- Represent the next generation of potentially infected young adults
- Directly impact on their families
- Can prevent new infections--stemming the future of the epidemic.
- Community-focused
- African families and communities are the frontline caregivers.
- Build capacity of community to care for orphans and vulnerable children
- Strengthen community capacity to expand coverage.
- Integrated
- Orphans/vulnerable children share same problems that other children experience in normal development in addition to HIV/AIDS challenges in their families.
- Destigmatization-prevention-care-mitigation continuum

CORE OBJECTIVES & STRATEGIES

- Building awareness and Reducing Stigma
- Engage religious and other community organizations to promote greater awareness and behaviour change initiatives
- Promote increased supply and demand for STD and HIV/AIDS information and services
- Involve young people and families living with AIDS in program design, implementation, monitoring and policy
- Advocate for social mobilization of public leaders and opinion makers at national, regional and local level
- Promote and catalyze responses to children affected by HIV/AIDS through systematic support of community, local and national level problem identification and mobilization.
- Generate demand in the community for voluntary counseling and testing services
- Raise awareness among health workers of the benefits of VCT
- Extending the life of the parent-child Relationship.
- Encourage community mobilization around opportunistic infections
- Build awareness of identification and treatment of opportunistic infections, particularly among health care workers and community care givers
- Encourage community and family care givers to provide more nutritious meals while HIV positive individuals are fighting opportunistic infections.
- Link children in AIDS-affected families to growth monitoring programs to enroll them in supplemental feeding programs.
- Encourage the development of school feeding programs and gardens.
- Preparing the Family for Transition
- Provide psychosocial support for families with HIV/AIDS-counseling, home-visits, memory books, support groups.
- Use participation in art and sports to emotionally support children
- Encourage will-writing and other means of securing property for children
- Reduce psychosocial injury of parent illness and death on children-counseling, youth clubs, memory books.

- Support expansion of post-test clubs
- Support IGAs
- Implement credit programs integrated with education.
- Ensuring the Child's Future
- Provide for school fees and materials for children from families impoverished by AIDS
- Support school-based interventions
  - life-skills training
  - Child to child education
  - youth clubs and theatre to promote rights of young girls, safe sexual behavour among boys and girls and understanding of families affected by AIDS.
- Provide technical and material support for-including practical life skills training in the later stages of basic education, and establish linkages with vocational training programs
- Support school-based health and nutrition programs that allow vulnerable children to remain in school.
- Advocate for family planning and HIV/AIDS prevention programs to be integrated into health programs at all levels-----extend to community
- Strengthen child survival programs to ensure vulnerable children have equal access to these services.
- Strengthen mechanisms at the community level to identify vulnerable children ensuring that affected get needed health and nutritional services at all ages.

CROSS-CUTTING STRATEGIES

- Advocacy
- Ensures vulnerable children and families have access to HIV prevention, care and support and hope for future without AIDS.
- Reduces stigma, a major barrier to addressing the needs of children and communities.
- Build coalitions of voices publicly advocating for the needs of orphans and vulnerable children
- Building capacity
- Strengthen capacity of national, local partners to plan, implement, monitor and evaluate child-focused HIV/AIDS programs
  - To maintain future responses to the plight f vulnerable children.
- Institutional and financial capacity
- inadequate technical expertise in counseling, home-based care etc
- CB based on community-identified needs.
- Partnering
- Primary management tool for expanding program impacts.
- Create conditions for effective joint programming implementation and shared responsibility at all levels.
- Shared mission and vision is a fundamental precondition to effective partnering.

CONSTRAINTS

- Organizational limitations
  - Geographic
  - Philosophy-vision, mission
- Resources
  - Competing priorities
  - Donor/recipient disconnect
- Politics
  - Local political climate
  - International scenarios
  - Community polarizations

CHALLENGES

- Organizational inertia
  - Internally-Innovate
  - Externally-government to take up the leadership
- Linkages and partnerships/collaboration
- Projects/programs
- Capacity building/training.
- Integrated/stand alone

OUTCOMES

- More children reached with care, support, and prevention programs
- Improved awareness of the difficulties faced by orphans and vulnerable children affected by AIDS in Kenya
- More coordinated approaches to children and AIDS programming in Kenya
- Fewer street children and more children kept within communities
- More orphans and vulnerable children attending school.
- Strengthened civil society sector through building advocacy efforts and NGO/CBO capacity
- A mobilized advocacy network in Kenya, regionally and internationally to support increased resources for children and better program and policies.
- Increased Kenyan religious leadership on AIDS in reducing stigma
- The collection, sharing, and application of “best practices” in care, support and prevention.

PAPER ON RESPONSE TO THE NEEDS OF ORPHANS, PROGRAMMING, ACHIEVEMENTS AND CONSTRAINTS BY MR. SAMMY OLE. KWALLAH DIRECTOR CHILDREN'S SERVICES DURING WORKSHOP FOR THE DEVELOPMENT OF NATIONAL GUIDELINES ON ORPHANS AND VULNERABLE CHILDREN DALLAS HOTEL MACHAKOS 17TH DECEMBER 2001

Kenya's population according to the National Census is about29 million; half of these are comprised of children and young people. With this figure, it is a mammoth task to guard the rights and interests of children. The high birth rate especially among the poor has proved to impact very negatively on the rights and welfare of Kenya's children.

The problems are compounded further by HIV/AIDS as it presents a major threat to the quality, quantity and use of human resources. HIV/AIDS is currently a disaster which goes beyond the conventional scales of health of prevention and cure, but poses itself as a critical` cross-cutting social problem. Due to AIDS, the situation of vulnerable children has changed dramatically.

It is critical to take cognisance that, 80% of all orphans in Kenya are AIDs victims (GOK/UNICEF 98). The most challenging impact of this pandemic is coming to terms with the disease and dealing with the interventions as concerns children. An estimated 1.5 million children (12% of all the children in Kenya) have already lost one or both parents to Aids. The number is projected to increase to 2.3 million. (20% of all the children in the country) by the year 2010. Whether or not these children are infected with the virus, they suffer immense psychological trauma. The children are denied basic closeness of the family and lack love, attention and affection. The children are forced to care for ill and dying parents and are removed from school to tend to farm work and household work. Due to increase in poverty and high cost of medical care the female children are pressurized into prostitution, to help pay for necessities their parents can no longer afford, thereby putting them at risk of HIV/AIDs. The children act as household heads supporting younger siblings and often help other children in difficult circumstances with food, shelter and friendship. The above problems overwhelm the children and increases their number that dropout of school, hence increasing the number of vulnerable children in the society.

The term 'orphan' carries with it a connotation of stigma and discrimination. People often do not have any idea on how to cope with the intense trauma of losing a parent and the consequent stigma from the community. The Government encourages as a matter of policy that, children be treated with the greatest sensitivity in recognition of the trauma faced which I must admit is often sadly lacking. The child is capable according to his/her age of having a say about what is going on in his/her life. Although most people overlook the importance of child counselling and support especially when the parents are unwell, our mission is to sensitise Kenyans to help the child face eventual death with less shock.

While the extended family in Kenya has traditionally fostered orphaned children, the growing number of these children has already overwhelmed the traditional care structures in the country like adoption. At the same time, elderly persons who loose adult children face potential economic hardship and the prospects of raising their orphaned children. These children suffer immense physical and mental torture at the loss of their parents and resources are inadequate to provide for the rest of the family members.

The phenomenon of family breakdown in AIDs has not really, been defined but evidence suggests that children are increasingly living in evolving family forms – families headed by grand parents, by children themselves and by single parents. Losses of productive adults translates to mean that children live with caregivers too old or to young and are too impoverished to provide for them. The extended family system that we had in Kenya simply does not exist. In private the 'would be' guardians express dismay at having to restart families especially with

the financial and emotional implications. Pre-dominantly women who are disadvantaged as they have less access to property and employment and who are poorer are the caregivers

The Department of Children's Services **Vision** is: *Stable Childhood Responsible Adulthood* and the **Mission** is: *To facilitate quality services for the welfare of the child through direct delivery and facilitation, supervision, coordination and collaboration with stakeholders*. In handling the children's problems, we have to take into consideration the best interests of the child. We treat each child according to his/her strengths and weakness in determining his/her future destiny. We invoke the Convention on the Rights of the Child statutes to provide new opportunities in respect for children rights and welfare. Therefore the main objective of the Department on HIV/AIDS based on the Vision and Mission is **To reduce the negative effect of HIV/AIDS pandemic on Children in Need of Special Protection (CNSP**) **especially HIV/AIDS infected and affected children.**
The Government initiated in 1990 District Children's Advisory Committees to coordinate all activities of children at the District level in programme planning and act as machinery for programme implementation. Kenya has 71 Districts, 52 of, which have functional DCAC's. Each DCAC has a membership of about 40 individuals who represent different grassroot organisations and institutions dealing with children.

The DCAC's identify priority areas in each district and programme interventions with a view to improving the welfare of children in each District. The thrust of these committees is to strengthen the planning of the District level particularly focussed on community participation and involvement in identifying and planning for Children in Need of Special Protection (CNSP). Children's `Department, therefore uses these committees to seek support for orphans and other Children in Need of Special Protection (CNSP).

As concerns the adoption of orphans who have lost parents in AIDs related cases, this has been extremely difficult. As mentioned earlier, most people are unwilling to take up the burden of these children because of the emotional and financial implications and stigmatisation. It has also not been possible to test all HIV/AIDs orphans to determine those that are positive and those negative, in order to make adoption easier. This is because of the expenses involved. Community rehabilitation programme is cost-effective as opposed to institutionalisation of children. The children are supported within their natural environments with the community support being brought on board. Worse still the adoptive parents have to convince themselves beyond reasonable doubt that they would take the burden of these children fully and most people are not able to do so.

The Government stated policy on possible options in programming for orphaned vulnerable children to HIV/AIDS is to involve, in partnership, the Civil Society and duty bearers in empowering the various organizations dealing with widows and orphans. This will provide a safety net for the children. Community mobilization can encourage rights for widows and orphans, co-operative childcare, orphan visitation programs and provide financial support.
The existing Children Homes that deal with HIV infected or affected children be empowered by private sector, bilateral and mult-lateral donors to be able to provide health care, quality education, guidance and counselling. We need to ensure adequate children protection services are in place and to facilitate NGOs and Community based care and support.

Orphans have a lot of potential and therefore their capacities need to be strengthened to meet their own needs, through provision of financial support to schools that have most of these orphans which will enable them to waive school fees, provide a meal, offer apprenticeship etc.

These gaps in application of rules procedures and regulations of relevant statutes that protect children and families are being addressed, rigorously by the newly established Family Division of the High, Court that is slowly spreading from Nairobi to the rest of the country. The Family Division with a wide jurisdiction will further be supplemented by the Children's Courts that will be created after the enactment of the Children's Bill, 2001. The Bill's memorandum of objects and reasons is to promote the well -being of children by assisting individuals, families and communities to over come special problems with which they are confronted. Part II of the Children Bill, 2001 has 19 Sections, which cover Safeguards for the rights, and welfare of the child, besides several other parts on Custody and Maintenance, Guardianship, Children in need of Care and Protection, foster care and placement and adoption especially assist HIV/AIDS orphans to secure their family properties for their future use

Counselling and guidance focuses on assisting people afflicted with HIV/AIDS and the family members to come to terms with the loss of life. General counseling is given to different people depending on their needs like those who suffer financial losses and orphans who are traumatized. This forms a major task of Children's Department

Peer counseling is now a priority of Child Rights Clubs in Approved Schools, Juvenile Remand Homes. primary schools and local churches. This focuses on child rights and HIV/AIDS impact on children For example, Kabete Approved School has Peer Counsellors who reach out to and raise awareness amongst other children in the school on HIV/AIDS and Sexually Transmitted Diseases.

Local fundraising activities are organized by various DCAC's especially for orphans to meet their school fees and other necessities at the community level..

The Department of Children's Services now utilizes the services of Volunteer Children's Officers in identifying orphans in the community and then take necessary action.

CONSTRAINTS

- Lack of coordination and networking among actors dealing with HIV/AIDS orphans
- Budget allocations to children's sector have been significantly too low and have impacted negatively on service delivery
- Lack of mobilizations skills at the community level

- The increasing number of HIV/AIDS infected and affected children including orphans without corresponding resources to provide for their needs is a big threat to inadequate resources available to cater for present numbers of AIDS orphans
- Lack of reliable data on HIV/AIDS that would guide planning of support projects.
- Inadequate number of personnel to address the demands of needy children.
- Lack of awareness of some members of the public on the mode of transmission of HIV/AIDS.
- Inhibiting cultural practices like FGM, child marriages, discriminative modes of education in sexes etc.