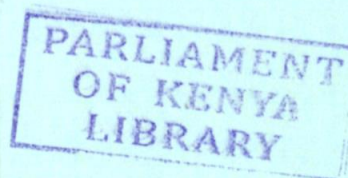


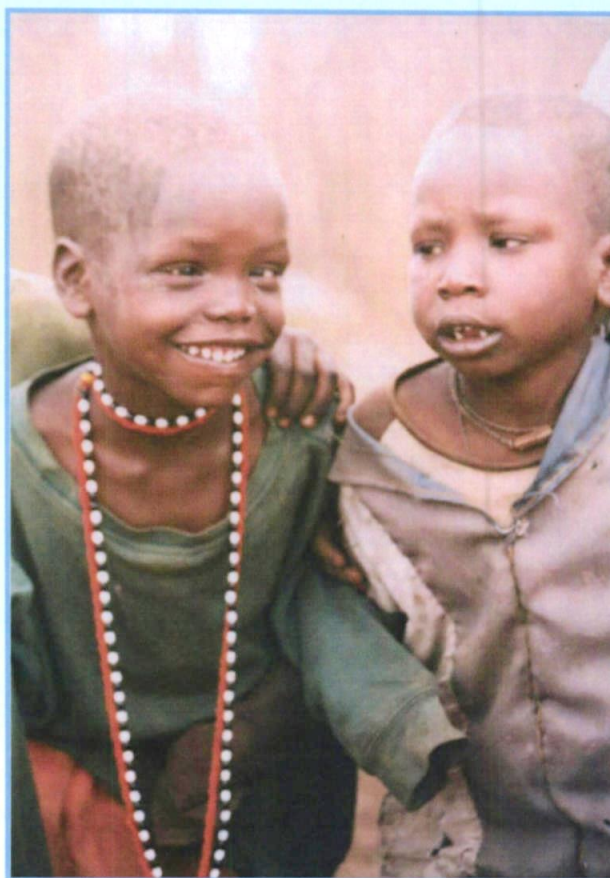


Republic of Kenya



National Policy on Orphans and Vulnerable Children

Office of the Vice-President and
Ministry of Home Affairs



November 2005

Final Draft

Foreword

Alongside other forms of socio-economic deprivation, the HIV/AIDS pandemic is a major contributor to the vulnerability of the Kenyan family today. The welfare of children is at stake. The number of orphans is expected to rise to 2 million by 2010, with HIV/AIDS contributing up to 60% of the total cases. These children have indeed limited access to psychosocial and economic support, leaving them among the most vulnerable of our Kenyan society.

In response to this situation, a National Steering Committee (NSC) on Orphans and Vulnerable Children (OVC) was constituted in May 2004 to deliberate upon interventions to assist such children. The Committee is headed by the Ministry of Home Affairs. A rapid assessment on the state of OVC was carried out in June 2004 with the support of various development partners. The report of this assessment described the regrettable vulnerability of children, demanding immediate action. Consequently, the NSC noted the need to come up with a national policy on OVC to steer interventions.

In its commitment to improve the lives of OVC in Kenya, the Government introduces the *National Policy on Orphans and Vulnerable Children*, which is intended to ensure that all Kenyan children who are orphaned or vulnerable are able to achieve their full potential.

The policy seeks to support and protect the rights of OVC in the areas of child survival, child development, child protection and child participation. Its objectives are to:

- Ensure that orphans and vulnerable children have their basic survival needs met and rights fulfilled.

- Support orphans and vulnerable children to develop to their full potential.
- Protect orphans and vulnerable children from all forms of abuse, exploitation and discrimination.
- Ensure the full and meaningful participation of orphans and vulnerable children in all matters affecting their lives.
- Mainstream OVC issues and concerns into all Government policies, in collaboration with all stakeholders.

It is important to note that the implementation of the *National Policy on Orphans and Vulnerable Children* requires the involvement of all stakeholders at all levels. There will therefore be need for collaboration and networking in order to achieve the goal specified in the policy so that orphans and vulnerable children in Kenya may be fully protected, enjoy their rights and reach their full potential.

Acknowledgements

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Contents

| | |
|--|--------|
| Foreword | iii |
| Acknowledgements | v |
| Abbreviations | ix |
| Definitions and terms | xi |
| SECTION ONE: THE CONTEXT | |
| 1. Introduction | 1 |
| 2. The Situation of Orphans and Vulnerable Children in Kenya | 2 |
| 2.1 The status of children | 2 |
| 2.2 Orphaned and vulnerable children | 3 |
| 2.3 Children and HIV/AIDS | 4 |
| 2.4 Responding to the needs of orphans and vulnerable children | 5 |
| 3. Legal and Policy Framework | 7 |
| 3.1 International instruments | 7 |
| 3.2 National laws and policies/programmes/plans | 9 |
| 3.3 HIV/AIDS plans and guidelines | 13 |
| 3.4 Cultural norms and religious laws | 14 |
| SECTION TWO: THE POLICY FRAMEWORK | |
| 4. Guiding Principles | 15 |
| 5. Scope | 16 |
| 6. Goal and Objectives | 17 |
| 6.1 Policy goal | 17 |
| 6.2 Policy objectives | 17 |
| SECTION THREE: POLICY PROVISIONS | |
| 7. Thematic Areas | 18 |
| 7.1 Child survival | 18 |
| 7.2 Child development | 21 |
| 7.3 Child protection | 23 |
| 7.4 Child participation | 27 |
| OVC Policy from PageMaker layout – December 2005 | vi |

| | |
|---|----|
| 7.5 Mainstreaming issues and concerns of orphans and vulnerable children | 29 |
| 8. Institutional Framework | 29 |
| 8.1 Office of the Vice-President and Ministry of Home Affairs | |
| 8.2 National Council for Children's Services | 30 |
| 8.3 Area Advisory Councils | 30 |
| 8.4 Local Authorities | 31 |
| 8.5 Ministry of Finance | 31 |
| 8.6 Ministry of Planning and National Development | 32 |
| 8.7 Other key institutions | 32 |
| 9. Implementation Strategies | 32 |
| 10. Resource Mobilization | 36 |
| 11. Monitoring and Evaluation | 36 |
| 12. Review of Policy | 37 |
| APPENDIXES | |
| A: Categories of Vulnerable Children – Official Definitions | 38 |
| B: Roles of OVC Stakeholders | 42 |
| C: National OVC Steering Committee and Technical Working Group | 48 |

Abbreviations

| | |
|------------|--|
| AAC | Area Advisory Council |
| ACRWC | African Charter on the Rights and Welfare of the Child |
| AIDS | Acquired immune deficiency syndrome |
| ART | Antiretroviral therapy |
| ARV | Antiretroviral drugs |
| ASAL | Arid and semi-arid lands |
| CBO | Community-based organization |
| CCF | Christian Children's Fund |
| CNCP | Children in need of care and protection |
| DCS | Department of Children's Services |
| DfID | Department for International Development (UK) |
| ECD | Early childhood development |
| EFA | Education for All |
| ERSWEC | Economic Recovery Strategy for Wealth and Employment Creation |
| FBO | Faith-based organization |
| FPE | Free primary education |
| GTZ PROSYR | GTZ Integrated Promotion of Disadvantaged Children and Youth |
| HACI | Hope for African Children Initiative |
| HIV | Human immunodeficiency virus |
| ICESCR | International Covenant on Economic, Social and Cultural Rights |
| IGA | Income-generating activity |
| KDHS | Kenya Demographic and Health Survey |
| KNASP | Kenya National HIV/AIDS Strategic Plan |
| MDGs | Millennium Development Goals |
| MOEST | Ministry of Education, Science and Technology |

| | |
|------------|--|
| MOH | Ministry of Health |
| MTCT | Mother-to-child transmission (of HIV) |
| NACC | National AIDS Control Council |
| NCCS | National Council for Children's Services |
| NGO | Non-government organization |
| NHIF | National Hospital Insurance Fund |
| NSC | National Steering Committee on OVC |
| OVC | Orphans and vulnerable children |
| OVP-MOHA | Office of the Vice-President and Ministry of Home Affairs |
| PRSP | Poverty reduction strategy paper |
| RAAAPP | Rapid Assessment, Analysis and Action Planning Process (for OVC) |
| TWG | Technical Working Group (on OVC Policy) |
| UNCRC | United Nations Convention on the Rights of the Child |
| UNICEF | United Nations Children's Fund |
| UNICEF KCO | United Nations Children's Fund Kenya Country Office |
| UNGASS | United Nations General Assembly Special Session on HIV/AIDS |
| USAID | United States Agency for International Development |
| VCT | Voluntary counselling and testing |

Definitions and Terms*

| | |
|----------------------------|---|
| Caregiver** | A parent or guardian who is charged with responsibility for a child's welfare – including comfort, upbringing, guidance, provision of basic rights and realizing human rights |
| Child orphaned by HIV/AIDS | A child whose mother, father or both parents have died of HIV/AIDS |
| Child*** | Any human being under the age of 18 years |
| Discrimination | An action based on a pre-existing stigma; a display of hostile or negative behaviour towards a group or member(s) of a group on account of their membership of that group |
| Double orphan | A child who has lost both natural parents (as a result of death) |
| Duty bearer | Any person or institution, including the State, with responsibility for the welfare of a child |
| Gender*** | A set of characteristics, roles and behaviour patterns that distinguish women from men – socially and culturally |
| Orphan | A child who has lost one or both parents (as a result of death) |
| Orphan, maternal | A child who has lost their natural mother (as a result of death) |

| | |
|------------------------|--|
| Orphan, paternal | A child who has lost their natural father (as a result of death) |
| Service provider*** | An individual employed or attached to a formal institution that provides professional care or services, such as teachers in school or nurses and doctors in health care facilities |
| Stigma | The holding of derogatory social attitudes or beliefs, the expression of negative effect, or display of hostile or discriminatory behaviour towards members of a group, on account of their membership of that group |
| Succession planning*** | Mechanisms for parents to give instructions on economic, legal, emotional and practical matters that affect the lives of their children |
| Vulnerability | A heightened or increased exposure to risk as a result of one's circumstances |
| Vulnerable child | A child whose safety, wellbeing and development are, for various reasons, threatened, including children who are emotionally deprived or traumatized |

* See Appendix A for additional terms.

** Adapted from Republic of Kenya, Ministry of Home Affairs and NACC, *National Programme Guidelines on OVC* (2003).

*** Republic of Kenya, The Children Act, Cap 586.

Section One

The Context

1. Introduction

- 1.2 HIV/AIDS was declared a national disaster by the President of the Republic of Kenya on 25 November 1999. Led by the National AIDS Control Council (NACC), implementation of the latest Kenya National HIV/AIDS Strategic Plan (2005/06–2009/10) (KNASP) emphasizes a multi-sector response to the epidemic and the importance of targeting vulnerable groups, including orphans and vulnerable children (OVC).
- 1.3 The Children Act, Cap 586, provides wide-ranging safeguards for the rights and welfare of the child.
- 1.4 In addition, Kenya, as a signatory to the Declaration adopted at the United Nations General Assembly Special Session on HIV/AIDS (UNGASS), is committed to developing and adopting a National Policy on Orphans and Vulnerable Children.
- 1.5 Guided by the National Steering Committee on OVC (NSC) and under the auspices of the Office of the Vice-President and Ministry of Home Affairs (OVP-MOHA), wide ranging consultations – with key stakeholders, with Government, with implementers and with children – were held to develop the policy.

2. The Situation of Orphans and Vulnerable Children in Kenya

Children represent a nation's most valuable national treasure. In Kenya that treasure is threatened by many challenges, including the HIV/AIDS epidemic. This *National Policy on Orphans and Vulnerable Children* is intended to promote and protect the rights of all children, with special emphasis on those who are orphaned or otherwise made vulnerable by their circumstances.

2.1 The status of children¹

One fifth of the Kenyan population is six years and younger and nearly half (48%) is below 15. Over 53% of Kenyans live in absolute poverty, which means that many children – 8.6 million – live below the poverty line.

In terms of health status, 30% of children under-five are stunted and 6% are wasted. Infant mortality is 77 per 1,000 live births and under-five mortality is 115 per 1,000 live births. Only 57% of children aged between 12 and 23 months are fully vaccinated and malaria kills 26,000 children every year. Harmful traditional practices persist – 32% of girls and women are circumcised.

Only 58% of children under 15 live with both their parents. One quarter (25%) live with their mothers (and not their fathers) and 3% live with their fathers (and not their mothers). Another 11% do not live with either of their parents (and are considered as “fostered”).

In terms of education, a million more children have been enrolled in school since the introduction of free primary education (FPE) in January 2003 – bringing to 7.2 million the number of children in primary school. Of these, 1.2 million

children (17%) of currently enrolled children are orphans; drop out rates in primary school are 5.4%. Of all children, 92% of those with both parents alive are in school, whereas only 88% who have lost both parents are in school.

Access to early childhood development (ECD) and education remains low, with 65% of children aged three to six years currently not accessing ECD services. An estimated 62% of children do not have birth registration documents.

Nationally 1.3 million children (aged 5 to 17) were engaged in child labour in 1998/99. Most of these were in commercial and subsistence agriculture, fishing, and domestic service. The majority of working children are aged 10–14 years, and the highest proportions are found in Coast, Eastern and Rift Valley Provinces (19–19.8%).

2.2 Orphaned and vulnerable children

An estimated 1.78 million Kenyan children are orphans, approximately 11% of all children under 15 (KDHS 2003), compared with 9% in 1998. Nationally, 2% of these children are double orphans, 9% have lost their father and 4% have lost their mother. Some 40% of orphans reside with grandparents, 34% with other relatives, and 7% are fostered or adopted. Nyanza Province has the highest rate of double orphans, at 6%.

Up to 6 million Kenyan children require special care and protection – 40% of the country's total child population.

2.3 Children and HIV/AIDS

2.3.1 Infected children

Children born to HIV infected mothers risk infection during pregnancy, delivery and breastfeeding. An estimated 13,300 children were born with HIV in 2002.

Older children are also vulnerable to HIV infection. Among young women, 18% are infected with HIV within two years of becoming sexually active. Of the 900,000 children orphaned by HIV/AIDS, 78,000 aged 0 to 14 are thought to be HIV infected.²

2.3.2 Affected children

About half of Kenya's orphans lost their parent(s) to HIV/AIDS.³ This is expected to increase to 2.3 million by 2010. Among the many issues affecting these orphans are psychological stress and trauma. In addition, parental illness and death may rob children of their inheritance and above all of parental love, care and protection.

In fact, children are vulnerable long before their parents die. Girls, in particular, assume caring responsibilities for ailing parents and parenting responsibilities for their siblings. With agricultural productivity negatively affected by HIV/AIDS, food security is increasingly threatened, adversely affecting the nutritional status of children. Children from affected families may drop out of school and the education of all children is affected by the impact of the epidemic on education quality.

Generalized poverty and disintegrating family circumstances expose children to exploitation and abuse. Evidence suggests that among the possible consequences of increasing numbers of OVC could be escalating crime and social disorganization.

The extent of vulnerability depends on whether the child is infected, including whether there are relatives willing and able to take care of them. It is also related to whether they are allowed to go to school and how they are treated in the community. Other significant factors are the degree of psychosocial trauma they suffered as a result of losing their parents and the responsibilities they are left with.

2.4 Responding to the needs of orphans and vulnerable children

Key responses to the growing problem of OVC have been developed and implemented in the past decade. These include:⁴

- A strategic work plan (2005–2009) for the implementation of The Children Act.
- The National Council for Children's Services (NCCS) launched in September 2002 and replicated in the administrative areas through Area Advisory Councils (AAC).
- The establishment of a representative National Steering Committee (NSC) on OVC.
- A draft National OVC Action Plan (2005–2009).
- A Rapid Assessment, Analysis and Action Planning Process (RAAAP) that quantified the problem and outlined priority interventions.
- Development of the National AIDS Control Council (NACC) Strategic Plan that includes strategies to address the impact of the epidemic on OVC.
- The development and launch of a National Action Plan on Education for All for the period 2003–2015.
- A School Bursary Policy that targets orphans and other vulnerable children.
- An Early Childhood Development (ECD) Sessional Paper (2005).
- A draft Gender and Education Policy.
- Adoption of a uniform code of conduct for children's officers and volunteer children's officers.
- Rules and regulations for the management and running of charitable children's institutions and adoption.
- A legislative review, which identified gaps and proposed changes in Kenyan law with regard to OVC.
- Establishment of an informal Parliamentary Committee on OVC to raise political awareness.

- An increased total budgetary allocation to the Department of Children Services (DCS) by Government.
- Data available on immunization, education, birth registration, nutrition and child labour.
- Establishment of a crime prevention system and treatment of delinquencies within the juvenile justice system.

In 2004, it was estimated that non-government organizations (NGOs) provided one or more services to 973,372 OVC, faith-based organizations (FBOs) to 498,716; and community-based organizations (CBOs) to 58,734.

3. Legal and Policy Framework

The framework for this policy stems from a variety of national and international laws, covenants, agreements and other commitments.

3.1 International instruments

Kenya is signatory to a number of international conventions and agreements that provide for the protection of children and promotion of their rights. Of significance are the following:

3.1.1 The World Declaration on the Survival, Protection and Development of Children, which was agreed at the World Summit for Children in September 1990.

3.1.2 The Millennium Summit in September 2000, which identified eight Millennium Development Goals (MDGs), all of which are relevant, in some way, to the rights of all children, including OVC. They are:

- 1) *To eradicate extreme poverty and hunger.*
- 2) *To achieve universal primary education.*

- 3) *To promote gender equality and empower women.*
- 4) *To reduce child mortality.*
- 5) *To improve maternal health.*
- 6) *To combat HIV/AIDS, malaria and other diseases.*
- 7) *To ensure environmental sustainability.*
- 8) *To develop a global partnership for development.*

3.1.3 The Education for All (EFA) goals, set at the World Conference on Education for All in 1990 in Jomtien, Thailand, and reviewed at the 2000 Dakar meeting, which committed nations to achieving education for all by 2015 or earlier.⁵

3.1.4 The International Covenant on Economic, Social and Cultural Rights (ICESCR – 1966), which is the pre-eminent international treaty dedicated to the protection of economic and social rights.

3.1.5 The UN Convention on the Rights of the Child (UNCRC – 1989), which is a framework that guides programmes for all children, including OVC. The principles of the CRC are:

- *The right to survival, development and protection from abuse and neglect (Art. 6);*
- *Non-discrimination (Art. 2);*
- *The right to have a voice and be listened to (Art. 12); and*
- *That the best interests of the child should be of primary consideration (Art. 3).*

3.1.6 The African Charter on the Rights and Welfare of the Child (ACRWC), adopted in 1990, which places the UNCRC in an African context by recognizing the special cultural and peculiar issues defining the lives of children in Africa.

3.1.7 The Convention on the Elimination of Child Labour, 1999, which seeks to prevent the engagement of children in the worst forms of child labour.

3.1.8 The Declaration of Commitment by the UN General Assembly Special Session on HIV/AIDS (UNGASS) held in 2001 that set specific targets for all signatory nations. Recognizing that children orphaned and affected by HIV/AIDS need special assistance, nations agreed to:

65. By 2003, develop and by 2005 implement national policies and strategies to build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS including by providing appropriate counselling and psycho-social support, ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; and protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance.

66. Ensure non-discrimination and full and equal enjoyment of all human rights through the promotion of an active and visible policy of de-stigmatization of children orphaned and made vulnerable by HIV/AIDS.

67. Urge the international community, particularly donor countries, civil society, as well as the private sector, to complement effectively national programmes to support programmes for children orphaned or made vulnerable by HIV/AIDS in affected regions and in countries at high risk and to direct special assistance to sub-Saharan Africa.

3.2 National laws and policies/programmes/plans

Kenya has over 60 pieces of legislation dealing with children's issues. Important amongst these are the following:

3.2.1 The Constitution of the Republic of Kenya, which in Chapter 5 provides protection of the fundamental rights and freedoms of all Kenyans, including children.

3.2.2 The Children Act, Cap 586, which provides extensive protection for children. Of relevance are the following:

- Government and the family are responsible for the survival and development of the child (505).
- Child participation and non-discrimination are entrenched (506).
- Children have the right to live with and be cared for by their parents.
- There is provision for parental responsibilities.
- Children are entitled to a basic education – which is free and compulsory.
- The right to health and medical care is secured.
- Protection from economic exploitation, from hazardous work or work that interferes with education, and from armed conflict is provided.
- There is provision for alternative parentage – guardianship, foster care placement and adoption.
- Protection from physical and psychological abuse, neglect, and other forms of exploitation is explicitly stated, as is protection from harmful cultural practices and rites.
- A child's right to privacy (subject to parental guidance) is guaranteed.
- Ways of dealing with child offenders within the juvenile justice system are provided for.
- Finally, the duties and responsibilities of the child are detailed.

3.2.3 The Poverty Reduction Strategy Paper (PRSP), which outlines strategies for alleviating poverty and specifies how

special interest groups – including children – can participate in the process.

3.2.4 The Economic Recovery Strategy on Wealth and Employment Creation (ERSWEC), which outlines the development strategies and policies the Government is pursuing, and which, in turn, have implications for children.

3.2.5 The National Policy on Food Security, which provides for improved agricultural inputs, strategies to improve nutrition and the establishment of safety nets that are essential for food security.

3.2.6 Many sectoral laws, policies and programmes that further define rights and access to specific services for children and OVC, for example:

- The Education Act, Cap 211, provides for the running of the **education system** and is currently under review to be in line with the free primary education (FPE) policy, which provides for access to primary education for all, and emphasizes completion and quality of education as well. The Act also addresses the need to target hard-to-reach and marginalized children and recognizes the importance of post-education employment opportunities. Other policies include the policy on re-entry to school of girl mothers, the secondary school bursary scheme and the policy on mainstreaming gender in non-formal education, together with special needs education.
- For the **judiciary**, a Strategic Plan serves as a blueprint for the improvement of the Judiciary's efficacy in the performance of its mandate of the due administration of justice in the country. Among the objectives of the plan is to ensure not only that Kenyans, including children, have access to justice, but also that there is timely resolution of disputes with equality, fairness and integrity.

- Within the **health sector**, the Public Health Act, Cap 242, places an obligation on parents to ensure that their children are immunized and allows schools to refuse entry to children who have not had the proper immunizations. There are also a number of health programmes that specifically ensure access to health services and make provision for children's wellbeing.
- In terms of **succession**, the Law of Succession Act, Cap 160, is the principal statute governing matters of inheritance, succession and the administration of the estates of deceased persons. The Law of Succession secures the inheritance rights of OVC by providing that property left behind for double orphans (where there is more than one) devolves to them in equal shares, regardless of the sex of the orphans. It further provides that where there are surviving children, the estate cannot be administered by only one person. This checks possible wastage of the estate.

The Office of the Public Trustee, which is established by the Public Trustee Act, Cap 168, is an essential institution in succession matters, especially as regards protecting the rights of vulnerable children. The Public Trustee is the administrator of last resort and should ideally intervene in cases where no one is able or willing to administer the estate of a deceased person.

The Office of the President through the Provincial Administration also plays an important role in succession and inheritance matters, and being easily accessible to members of the public (from the lowest level), it provides a good avenue for vulnerable children, including OVC, to access legal remedy.

- The **housing sector** is addressed by the National Housing Policy Sessional Paper, which is intended to arrest deteriorating housing conditions countrywide and to bridge the shortfall in housing stock arising from demand that far surpasses supply, especially in urban areas. The paper intends to facilitate the progressive realization that housing is a basic right of all vulnerable groups, including children in difficult circumstances. It provides that in order to ensure a conducive environment for the physical and psychological growth of children, the Government will use housing as an entry point to break the vicious cycle of poverty, which all too often forces poor children out on to the streets.
- The Employment Act, Cap 226, is the principal statute on **labour issues** in Kenya. The Act acknowledges the spectre of child labour and sets out rules in respect of the employment of children, such as in industrial undertakings, and prohibits the employment of children in certain places.
- Within the sphere of **local government**, the Ministry of Local Government has an ongoing programme for children living on the streets that endeavours to move children and street families from the streets and into rehabilitation programmes.
- An ongoing programme in the arena of **law enforcement** is in place to set up child protection units in police stations. There are also special training programmes for the police on ways of handling children.

3.3 HIV/AIDS plans and guidelines

HIV/AIDS-related plans and guidelines make provisions for OVC in a range of ways. Of relevance are:

3.3.1 The Kenya National HIV/AIDS Strategic Plan 2005/06-2009/10 (KNASP), which has identified the following priorities related to OVC:

- Keep parents alive;
- Mainstream OVC into sectoral priorities and programmes;
- Education and free primary education for OVC;
- Care, protection and rehabilitation of children living or working on the streets;
- Child participation;
- Children's rights;
- Social protection (in various forms);
- Registration of children (and death certificates of parents);
- Income-generating activities (IGAs) for OVC;
- Advocacy; and
- Succession planning.

3.3.2 The National Programme Guidelines on orphans and other children made vulnerable by HIV/AIDS (2003), which provides principles and priorities to guide OVC programming.

3.4 Cultural norms and religious laws

3.4.1 The Children Act, Cap 586, safeguards the child from harmful cultural rites such as female genital mutilation and early marriage, and the Law of Succession, Cap 160, contains a number of provisions that can be used to secure the inheritance rights of OVC.

Section Two

The Policy Framework

4. Guiding Principles

All responses for OVC shall be developed and implemented in accordance with the following principles:

- 4.1 The family, extended family and the State shall remain the primary support structures for the care, protection and support of OVC.
- 4.2 Programmes for the care, support, protection and development of OVC shall respect cultural belief systems and ethical values – except where these are determined to cause harm to the child – and shall be guided by relevant national and international legal and policy instruments.
- 4.3 No child shall be discriminated against in access to and the provision of care, support and protection.
- 4.4 Gender sensitivity and inclusiveness shall be emphasized, and programming shall recognize and address the special needs of girls.
- 4.5 Likewise, programming shall respond appropriately to the needs of children who are marginalized or who have special needs.
- 4.6 Institutional care shall be a last resort, when all other social safety nets are not available, or are not the best option for the child's care, support and protection.

4.7 Transparency, accountability and good governance shall be required of all stakeholders providing care, support and protection to OVC.

4.8 The best interests of the child shall guide all decision making and child participation will be upheld at all levels.

4.9 Communities, families and children themselves will be empowered to cope with the challenges represented by the HIV/AIDS epidemic.

These principles are, in turn, supported by the 12 principles in the National Programme Guidelines on OVC (2003) adopted by many countries following a consultative process led by UNICEF's Kenya Country Office, and representing a common framework for action.⁶

5. Scope

5.1 The *National Policy on Orphans and Vulnerable Children* covers all children defined as orphaned (maternal, paternal and double orphans) and vulnerable.

5.2 Priority target groups considered in the *National Policy on Orphans and Vulnerable Children* shall be:

- Orphaned children;
- Children who are abandoned or neglected;
- Child offenders;
- Children infected or affected by HIV/AIDS;
- Children living in child-headed households;
- Children living with elderly guardians; and
- Children whose lives and circumstances render them especially vulnerable to the impact of HIV/AIDS.

6. Goal and Objectives

6.1 Policy goal

The goal of the *National Policy on Orphans and Vulnerable Children* is to ensure that all children in Kenya who are orphaned or vulnerable are protected and supported in order to achieve their full potential – physical, intellectual, social, emotional and spiritual – and to realize their rights.

The goal of the *National Policy on Orphans and Vulnerable Children* will be pursued in accordance with national efforts to address the HIV/AIDS epidemic, including strategies to minimize the number of children who are orphaned or made vulnerable by the epidemic.

6.2 Policy objectives

The objectives of the *National Policy on Orphans and Vulnerable Children* are to:

- Ensure that orphans and vulnerable children have their basic survival needs met and rights fulfilled.
- Support orphans and vulnerable children to develop to their full potential.
- Protect orphans and vulnerable children from all forms of abuse, exploitation and discrimination.
- Ensure the full and meaningful participation of orphans and vulnerable children in all matters affecting their lives.
- Mainstream OVC issues and concerns into all Government policies, in collaboration with all stakeholders.

Section Three

Policy Provisions

7. Thematic Areas

The policy seeks to support and protect the rights of orphans and vulnerable children in four key areas:

- Child survival
- Child development
- Child protection
- Child participation

It is acknowledged that OVC frequently require support and protection in many areas and the policy therefore recognizes that as a minimum “package”, there should be services provided for OVC in all four of these areas.

7.1 Child survival

Key in this respect is accelerating poverty reduction programmes and household economic empowerment and providing social safety nets, such as direct assistance, to meet the immediate basic needs of the poorest households in the short term.

7.1.1 Shelter

Strategies and interventions are required to uphold the rights of all children to remain on their family’s land, to have adequate shelter, such as by improving housing and protecting them from evictions, and to enjoy child-friendly living environments. Also in this regard, children have the right to adequate clothing, bedding and other survival needs.

7.1.2 Food security and nutrition

Of importance are strategies to:

- Strengthen community-based initiatives for OVC to cope with the impact of HIV/AIDS, such as by providing agricultural inputs – like seeds, fertilizers and tools.
- Establish food security safety nets (both emergency and long term) for OVC while at the same time building the capacity and skills of OVC to sustain themselves in the future.
- Develop an effective agricultural strategy, into which the needs of OVC, including those living in the ASAL regions, are mainstreamed and which addresses provisions such as micronutrient supplementation, food fortification, nutrition in emergencies and so on.
- Reduce gender-based differences in access to and control of resources such as land and livelihoods.
- Provide nutrition education and counselling for children, parents and guardians.
- Improve access and affordability for OVC to a nutritionally balanced diet on a sustainable long-term basis.

7.1.3 Hygiene, safe water and sanitation

Strategies should include:

- Allocating more resources, both financial and human, towards providing effective health-related services such as access to safe water, proper shelter and sanitation for all children.
- Ensuring that the water privatization policy enhances children's access to safe and adequate drinking water.

7.1.4 Health care

Strategies to address constraints to health care access and quality, including factors such as the negative consequences of cost-sharing policies, will aim to:

- Improve the health status of OVC by building the health-related capacity of communities and delivery of quality basic services by competent and well-trained providers.
- Prevent and treat common diseases including promoting and providing reproductive health care and HIV prevention services.
- Extend free medical care that is currently available for under-fives to all OVC up to 18 years.
- Improve access to health care for OVC, e.g., in rural and marginalized areas through mobile clinics and to services such as for immunization and VCT and for children who go alone to a health facility.
- Provide appropriate treatment for HIV infected children, including free antiretroviral treatment (ART) and nutritional supplements.
- Strengthen medical care, including home-based care, for children living with HIV and AIDS.
- Strengthen existing information systems and update data on the health status of children.
- Review the NHIF policy/scheme to cover the needs of OVC.

7.1.5 Drugs and substance abuse

In recognition of the relationships between drug and substance abuse and the risk of HIV infection, linkages will be made with national and local initiatives on combating drug and substance abuse.

7.2 Child development

Key in this respect is an appreciation that child development involves a holistic approach, taking into consideration the physical, emotional, intellectual, spiritual and social aspects of child development.

7.2.1 Education

Education is a fundamental right and keeping children in school has been shown to reduce the risk of HIV infection as well as of early marriage, early sexual involvement, etc. Strategies in this area will include:

- Using schools, other learning institutions and education personnel to identify and support OVC.
- Ensuring that OVC are enrolled in and complete basic education.
- Strengthening learning opportunities for children with special needs, such as special schools.
- Establishing non-formal education options, especially for working children, that do not compromise education standards and quality, and strengthening extra-curricular activities such as cultural activities, in partnership with relevant Ministries.
- Initiating flexible schooling options and reviewing school attendance requirements, such as uniforms.
- Strengthening support programmes for OVC, including school feeding, health, bursaries and sponsorship, shelter, care, and protection.
- Extending the provision of bursaries for OVC to attend secondary schools even at constituency level, with due regard given to gender.
- Providing textbooks, uniforms and essential sanitary products as a way of removing barriers to access to schooling for OVC.
- Strengthening and supporting initiatives to achieve gender parity in education.
- Supporting HIV/AIDS mainstreaming into the school curriculum, including teaching life skills, and spiritual, social, moral and ethical values.
- Improving OVC's access to HIV/AIDS information.

- Improving the institutional capacity of existing schools in order to accommodate OVC.
- Strengthening education-related partnerships and redefining roles, such as those of the DCS in respect of bursary allocations.

7.2.2 Early childhood development (ECD)

As education should begin at an early age, strategies to increase access to ECD, particularly at public ECD centres, will be undertaken, such as:

- Reducing the cost of ECD, with the ultimate aim of ensuring that ECD becomes a component of free education.
- Establishing mobile ECD centres (such as at watering points for pastoral communities) and prison-based and hospital-based ECD centres.
- Establishing ECD centres for children living or working on the streets and OVC-friendly ECD programmes.
- Integrating ECD into religious and cultural systems.

7.2.3 Leisure, recreation, sports and cultural activities

Also important will be initiatives to promote the participation of children in extra-curricular activities that will enhance their development. Facilities for these activities should be created at sites such as schools.

7.2.4 Psychosocial support

In addition to love and care, all children require psychosocial support. For OVC, and particularly in the context of HIV/AIDS, effective psychosocial support is a critical intervention. Programmes are necessary to:

- Prepare teachers to handle the special needs of OVC, including by providing pre- and in-service training on psychosocial support.
- Provide counselling services for OVC, parents, caregivers and service providers.

- Support comprehensive appropriate psychosocial interventions for OVC that are appropriate to their age, culture, language and religion.
- Promote positive attitudes to OVC.

7.2.5 Social welfare and support

Direct and indirect assistance of various types can be a critical component of effective support to OVC. Programmes should:

- Provide specific and appropriate support to child-headed households.
- Address caregiver issues – resources, skills, support – especially for elderly caregivers.
- Support the integration of community-based care and support services, such as income-generating activities (IGAs), feeding schemes, adult literacy, etc., and involve community members in the selection of beneficiaries.
- Facilitate the transition of older OVC (who may no longer qualify for certain types of support) to other forms of social protection.

7.3 Child protection

Key in this respect are efforts to strengthen the legal and policy framework, improve coordination within the child rights sector, and build institutional capacities within the justice system for protecting the rights of OVC. This implies a child-friendly legal infrastructure, including child-friendly courts and decentralized Family Courts.

7.3.1 Birth registration

Because birth certificates are a requirement for so many forms of support, there must be:

- Birth (and death) registration and identity card services at no cost and widely available (such as through the local chiefs and supported by community leaders).

- A high profile campaign on the importance of birth registration as a right and prerequisite for citizenship, voting, acquisition of property and securing the many other rights of children.
- A campaign to increase the number of birth registration centres throughout the country with a special focus on communities living in arid and semi-arid lands (ASALs).
- Advocacy for a more accessible and affordable, less bureaucratic, and more inclusive process of birth registration for all children.

7.3.2 Adoption, guardianship, foster care and custody

- Efforts should be made to ensure that procedures for adoption and other forms of alternative care are known and easy to follow.
- Alternative parenting arrangements that are in the best interest of individual OVC should be promoted, with institutionalization considered only as a last resort. Post adoption monitoring is critical, particularly in the case of international adoptions.
- Memory books for children who will lose their parents are encouraged.
- Lawyers appointed and supported by Government shall handle inheritance matters for OVC on a *pro bono* basis.

7.3.3 Institutional care

Transitional institutional care for OVC may be necessary at times, but the ultimate aim must always be to return children to their families (biological or adoptive) if possible and if in the child's best interests. OVC centres and community daycare centres may need to be established to cater for children who cannot be integrated into a family or where community lifestyles make this difficult. To ensure proper care in such circumstances, such institutions will be registered and

measures will be effected to ensure compliance with minimum standards of service provision.

7.3.4 Property rights and inheritance

To prevent children who are orphaned from losing their inheritance, initiatives will be introduced to:

- Provide communities with civic education and build the capacity of Chiefs and local leaders on matters relating to succession so that they can ensure that OVC rights to inheritance are not violated.
- Improve awareness of the existence and functions of the Office the Public Trustee at all levels.
- Strengthen the Office of the Public Trustee to ensure that children's property rights are always protected.
- Expand access to Family Courts by decentralizing them to deal efficiently and in a timely manner with family disputes and inheritance issues.

7.3.5 Juvenile justice

As some children who are orphaned, or are facing orphanhood, may come into conflict with the law or may require legal protection or redress, it is important to ensure that the juvenile justice system can address their particular needs. There is therefore need for a comprehensive legal and regulatory framework to facilitate access to legal aid and to protect the rights of OVC.

7.3.6 Protection from discrimination, abuse, exploitation, violence and trafficking

Families, communities and the State shall be involved in the protection of OVC from discrimination, abuse (physical, sexual and emotional), exploitation, violence and trafficking. Systems and processes will be improved by:

- Emphasizing the protection of all OVC and girls in particular.

- Enforcing the sanctions that exist to address cases of discrimination, abuse and exploitation.
- Formulating guidelines for combating child labour, child sexual abuse, child sex tourism and child trafficking, and other forms of exploitation.
- Instituting long-term preventive measures such as poverty alleviation, combating HIV transmission, eradicating harmful cultural practices and creating public awareness.
- Providing psychosocial support for children affected by discrimination, abuse, exploitation, violence and trafficking.
- Harmonizing existing laws dealing with children to ensure that optimal protections are in place.

7.3.7 Protection from harmful cultural practices

Recognizing that all children, especially girls, are at risk from harmful cultural practices, as well as issues such as early marriage, efforts will be scaled up to:

- Raise awareness of such harmful cultural practices.
- Identify and advocate for the change of cultural norms and religious beliefs or practices that negatively affect children, including promoting alternative rites of passage.
- Impose or enforce sanctions.
- Strengthen positive protective cultural practices.

7.3.8 Labour and employment

To address the problem of child labour, it is necessary to:

- Strengthen rehabilitative measures, withdraw children from hazardous and exploitative work, and redirect them back to school.
- Institute preventive measures, such as poverty reduction, advocacy for children's rights and capacity building.
- Put in place deterrent measures to deal with cases of exploitative child labour.
- Institute programmes aimed at the elimination of child labour.

7.3.9 Children in need of care and protection (CNCP)

Declaring CNCP a national challenge and preparing a special strategy paper clearly outlining both short- and long-term interventions is required for a focused approach. This would be accompanied by lobbying for an allocation of the national budget to programmes for children in this category.

7.3.10 Protection from disasters

Children whose lives are affected by disasters, refugee children who are orphaned, etc., will be prioritized in emergency situations.

7.4 Child participation

Key in this respect is the right of all children to information and a commitment to involving children and especially OVC in all matters pertaining to them.

7.4.1 OVC as rights holders

To address the lack of awareness and acceptance of the rights of children it is necessary to:

- Conduct nationwide advocacy campaigns to raise awareness of children's rights.
- Promote community and family understanding of OVC.
- Address the specific needs of adolescent orphans.

7.4.2 Mechanisms (at all levels) for listening to the voices of OVC

- Children's participation – in their homes, communities, schools and society – will be fostered and will be institutionalized in all appropriate forums.
- The opinions and needs of OVC will be actively sought – such as where and with whom they choose to live – wherever possible using existing mechanisms and forums and in consultation with their caregivers.

- In addition, child rights clubs should be established in schools as a channel through which children can express their opinions.

7.4.3 Capacity building for OVC

OVC may have multiple roles to fulfil and to enable them to cope, they will be provided with tailored capacity and skills development initiatives, within a secure, caring and supportive environment.

7.4.4 Duties and responsibilities of OVC

Balancing the rights of OVC are the duties and responsibilities accorded to them. Mechanisms and processes will be established to facilitate this, linked to age and context appropriate capacity building to enable them to assume these roles.

7.5 Mainstreaming issues and concerns of orphans and vulnerable children

Implementing the strategies in the four thematic areas requires multi-sector partnerships. It is essential therefore that all sectors in society assume their respective roles to realize the goal and objectives of this *National Policy on Orphans and Vulnerable Children*. Equally, all Government policies should explicitly reflect the concerns and targets expressed within this policy.

8. Institutional Framework

Because of the cross-cutting nature of the task of meeting the needs of OVC, the institutional framework is similarly broad, involving a range of government authorities, non-government organizations and agencies, and the private sector. Appendix B indicates the scope of stakeholders in this area, while Appendix

C lists the members of the OVC National Steering Committee and the Technical Working Group that developed this Policy. These are likely to also be key players in the ongoing implementation of the policy.

8.1 Office of the Vice-President and Ministry of Home Affairs

The Office of the Vice-President and Ministry of Home Affairs (OVP-MOHA), through the Department of Children's Services (DCS), shall safeguard the welfare of children and, in particular, assist in the establishment, promotion, coordination and supervision of services and facilities designed to advance the wellbeing of children and their families.

The OVP-MOHA will use the National Steering Committee on OVC (NSC) as the national structure that will ensure the implementation of the National Policy on OVC by mobilizing resources and reviewing the National Plan of Action on OVC as a tool for implementation, monitoring and evaluating of the policy.

8.2 National Council for Children's Services

The National Council for Children's Services (NCCS) shall fulfil the following functions in relation to the implementation of this policy:

- Determine child welfare priorities.
- Plan, supervise and coordinate public education programmes.
- Facilitate donor funding.
- Provide technical and other support services to agencies participating in child welfare programmes.
- Prescribe training requirements and qualifications for authorized officers.

- Develop national guidelines for use by Area Advisory Councils (AACs).
- Provide adequate and sustained funding for the work of the AACs.
- Other functions as prescribed in The Children Act, Cap 586.

8.3 Area Advisory Councils

At a decentralized level, Area Advisory Councils (AAC) shall, within their areas of jurisdiction and in accordance with The Children Act, Cap 586, Section 32(q), oversee the planning, financing and coordination of child rights and welfare activities.

Specifically AACs will:

- Be strengthened to access and disperse available resources for OVC.
- Identify priority areas for intervention in child welfare programmes.
- Identify causes and appropriate interventions for children in need of care and protection.
- Encourage community participation through networking.
- Be capacitated to establish structures and provide or facilitate services for OVC.

8.4 Local Authorities

Local Authorities shall fulfil the functions specified in The Children Act, Cap 586 (Second Schedule), to:

- Safeguard and promote the rights and welfare of children in their respective jurisdictions.
- Promote the good upbringing of children by their families.
- Provide financial assistance towards the expenses of maintenance, education and training of children.

In addition, the Ministry of Local Government should facilitate the allocation of funding of OVC programmes. Clear regulations on the disbursement of these funds should be put in place.

8.5 Ministry of Finance

The Ministry of Finance will develop fiscal and monetary policies that are favourable to OVC.

8.6 Ministry of Planning and National Development

The Ministry of Planning and National Development will ensure that OVC concerns are catered for in its national development planning.

8.7 Other key institutions

Many other institutions have critical functions to fulfil in supporting OVC, ensuring their appropriate representation, and addressing their specific needs and rights issues.

Functions of key public structures and Ministries (e.g., Education and Health), the private sector, and civil society are defined in the National Programme Guidelines on OVC (2003). These functions are detailed in Appendix B.

9. Implementation Strategies

9.1 Implementation of the *National Policy on Orphans and Vulnerable Children* requires that:

- The National Plan of Action on Orphans and Vulnerable Children will be reviewed and used as a tool for securing sustainable funding to support implementation and establish

systems to allocate and distribute resources equitably, including to CBOs and other local organizations.

- All stakeholders at all levels are involved in enforcing the policy. This requires improved communication and coordination, among others. In addition, coordination shall be improved to address the challenge of different OVC-related issues falling within the mandate of a number of different Ministries.
- All duty bearers fulfil their roles, as specified in the policy.
- OVC be identified, in order to facilitate their access to services, and support provided through specially targeted programmes.
- Blockages in the current system be identified and addressed, such as improving the fee waiver system for medical attention for all children; adoption procedures, etc.
- Concerns or issues related to OVC be integrated at all programme stages and opportunities such as planning, resource mobilization, research, etc.
- Organizations and stakeholders adopt a rights-based and child-centred approach.
- Exchanges of information about experiences be promoted.
- Successful small initiatives (such as the pilot project to provide direct cash subsidies to families caring for OVC) be brought to scale.

9.2 Implementation of the provisions of this policy shall include:

9.2.1 Advocacy to:

- Mobilize political commitment and will and reallocate national resources.
- Mobilize influential leaders to reduce stigma, silence and discrimination.
- Engage local leaders in responding to the needs of OVC and increase civil society participation.

- Strengthen and support social mobilization activities at the community level, including activities that enable community members to talk more openly about HIV/AIDS.
- Promote children's human and legal rights.
- Review and reform laws and policies dealing with children.

9.2.2 Prevention, care and support interventions to:

- Establish priority needs across a continuum from prevention to care and support.
- Stimulate and strengthen community-based responses and partnerships, prioritizing the most vulnerable children, and creating or maintaining household resources and community safety nets.
- Prevent or delay orphaning, by collaborating with programmes to prolong parents' lives.
- Integrate OVC support with home-based care, voluntary counselling and testing (VCT) and prevention of mother to child transmission of HIV (MTCT) activities.
- Provide social support (financial, material, psychosocial) to foster care families, to child-headed households, and to child and elderly caregivers.
- Address OVC issues in different circumstances, e.g., in pastoral communities.

9.2.3 Capacity building – at all levels – to:

- Strengthen community capacity to identify vulnerable children and to design, implement and monitor local OVC support activities.
- Enhance the capacity and resilience of OVC themselves.
- Reform and strengthen institutional structures and systems, such as building capacity of officers at

district and national levels to handle children's issues.

9.2.4 Research, monitoring and evaluation activities to:

- Regularly assess the situation of children in general and OVC in particular and the changing/emerging impacts of HIV/AIDS, and then use such data to inform participatory strategic and programme planning.
- Establish a comprehensive framework for monitoring and evaluating interventions at all levels that support and protect the rights of OVC and for allocating responsibility and specifying time frames.
- Identify OVC – through the creation, maintenance and utilization of a national OVC database – and then conduct regular, scheduled monitoring of OVC.
- Conduct research to inform interventions for OVC.

9.2.5 Management and coordination processes to:

- Adopt other resource mobilization and strategic funding approaches that are consistent with current national processes.
- Put mechanisms in place to ensure sustainability of programmes.
- Improve cooperation and coordination across sectors and areas, such as pooling human, financial and material resources so as to reduce duplication.
- Ensure good governance of OVC programmes, coupled with close monitoring and supervision of interventions.
- Support NGOs and community-based partners supporting OVC, in areas such as technical assistance, policy and planning guidance, training, and resources.

- Mainstream OVC into sectoral priorities and programmes.

These strategies, in turn, should remain aligned with the priorities and targets in the National HIV/AIDS Strategic Plan (2005/06-2009/10) and the seven specific implementation strategies in the National Plan of Action on Orphans and Vulnerable Children (2005–2009).

10. Resource Mobilization

In light of the increasing numbers of orphans and vulnerable children, and the national concern to protect and promote their rights, adequate and increasing funds shall be mobilized and allocated to ensure the implementation of all provisions of this *National Policy on Orphans and Vulnerable Children* in accordance with the National Plan of Action on Orphans and Vulnerable Children. This will be done in accordance with the current thinking regarding partnerships and pooling of funds, including the allocation of funds for local development.

11. Monitoring And Evaluation

Strategic results to be achieved, monitored and measured include:⁷

- Capacity of the family to protect and care for OVC strengthened.
- Community-based response mobilized and supported.
- Access to essential services, including education, health care and birth registration improved.
- Performance of services to children enhanced.

- Government policy and legislative reform sustained to protect vulnerable children (and resources channelled to families and communities).
- Awareness of the need to create a supportive (and gender sensitive) environment for children and families affected by HIV/AIDS promoted at all levels through advocacy and social mobilization.
- Capacity to monitor and evaluate programme effectiveness and quality strengthened and expanded.
- Coordination and institutional structures strengthened and supported.
- Sectoral mitigation programmes in place that target OVC.

12. Review of Policy

The policy will be reviewed at regular specified intervals of a period of three to five years in order to take into account changing circumstances. Such reviews will involve consultations at all levels.

Appendix A

Categories of Vulnerable Children – Official Definitions

A child made vulnerable by HIV/AIDS⁸

A child who:

- Has lost one or both parents
- Has a chronically ill parent (regardless of whether the parent lives in the same household as the child)
- Lives in a household where in the past 12 months at least one adult died or was sick for 3 of the last 12 months before dying
- Lives in a household where at least one adult was seriously ill for at least 3 months of the last 12 months
- Lives outside of family care (i.e., lives in an institution or on the streets)

A vulnerable child, in the context of HIV/AIDS⁹

Children are vulnerable if they:

- Are orphaned
- Or their parents are living with HIV/AIDS
- Have parents or caregivers who are ill or dying
- Do not have parents
- Have lost one or both parents
- Have a chronically ill parent

- Live in a household where in the past 12 months at least one adult died and was sick for 3 of the last 12 months before dying
- Live in a household where at least one adult was seriously ill for at least 3 months of the last 12 months
- Live outside of family care
- Do not have a family
- Do not have a home
- Live in an area with high HIV prevalence, or proximity to high risk behaviours
- Live on the streets
- Are on drugs/sniff glue
- Are refugees or displaced
- Are girls
- Are mothers or fathers (biological as opposed to sibling minders)
- Have parents or guardians who are in prison
- Are exploited
- Are isolated and discriminated against
- Live on their own in a child-headed household
- Live in an unsupported or unhealthy environment
- Have inadequate medical care
- Are physically challenged (disabled)
- Are under threat, such as from negative cultural or religious practices or persecution

A child in need of care and protection (CNCP)¹⁰

A child living in a high risk setting, such as those who:

- Have no parent or guardian, or have been abandoned by their parent or guardian, or are destitute
- Are found begging or receiving alms
- Have parents or guardians who have difficulty parenting

- Have parents or guardians who do not, or are unable or unfit to, exercise proper care and guardianship
- Are truant or are falling into bad associations
- Are prevented from receiving education
- Being a female, are subjected to or are likely to be subjected to female circumcision or early marriage or to customs and practices prejudicial to the child's life, education and health
- Are being kept in any premises that, in the opinion of a medical officer, are overcrowded, unsanitary or dangerous
- Are exposed to domestic violence
- Are pregnant
- Are terminally ill, or whose parent is terminally ill
- Are disabled and are being unlawfully confined or ill treated
- Have been sexually abused or are likely to be exposed to sexual abuse and exploitation including prostitution and pornography
- Are engaged in any work likely to harm their health, education, mental or moral development
- Are displaced as a consequence of war, civil disturbances and natural disasters
- Are exposed to any circumstance likely to interfere with their physical, mental and social development
- Are engaged in the use of or trafficking of drugs or any other substance that may be declared harmful

Child mothers and children in or heading child-headed households are also in need of care and protection.

Appendix B

Roles of OVC Stakeholders¹¹

National AIDS Control Council

- Coordinating and supervising organizations implementing OVC activities
- Mobilizing resources at the national and international levels
- Allocating available resources
- Facilitating the development of sector-specific OVC programmes
- Facilitating the development of policies, strategies and guidelines for the prevention and control of HIV/AIDS
- Collaborating and networking with local and international information systems
- Coordinating research on OVC
- Monitoring and evaluating OVC intervention programmes

Office of the Vice-President and Ministry of Home Affairs

- Monitoring adherence with national policies and laws
- Developing and implementing a national policy for OVC
- Providing a secretariat at the National Council for Children's Services
- Coordinating services provided to enable communities to deal with OVC care and support more effectively
- Ensuring that OVC activities are implemented according to The Children Act No. 8 of 2001
- Protecting and promoting the survival, development, protection and participation rights of OVC through the Area Advisory Councils

- Ensuring protection of OVC property rights, per The Children Act No. 8 of 2001
- Encouraging formal foster care and adoption of OVC
- Taking a leadership role in advocacy and public relations for OVC
- Taking a leadership role in advocacy and public relations for OVC
- Training communities on the care and protection of OVC
- Sensitizing communities on OVC activities through guidance and counselling
- Identifying and categorizing OVC
- Providing legal protection for OVC
- Developing a data bank on OVC

Department of Social Services

- Mobilizing communities for effective participation in OVC programmes
- Mainstreaming OVC issues at all levels of development
- Creating awareness of issues related to OVC at the community level
- Improving the economic base of women's groups, youth groups and other groups through training in micro enterprises and linkages to credit institutions
- Training groups in management and leadership skills
- Facilitating the mainstreaming of gender into overall development activities
- Providing minimal relief services to OVC and their community members
- Registering self-help groups and promoting self-help activities
- Linking groups to resource systems for support
- Preparing communities for technical interventions
- Contributing to the creation of social sector development policy

- Reducing the incidence of malnutrition through community-based nutrition programmes
- Taking responsibility for rehabilitation programmes for the physically challenged

Department of Culture

- Promoting positive cultural values and practices and discouraging negative ones
- Promoting positive behaviour change

Ministry of Health

- Providing and facilitating health specific services for OVC, including VCT, PMTCT, HBC, ART and treatment of opportunistic infections
- Advocating for control and prevention of HIV and STIs
- Supervising health activities relating to OVC
- Mainstreaming OVC activities into health care provision
- Providing guidance on the financing of OVC health care
- Establishing outreach reproductive health services for OVC
- Collaborating with the Department of Children's Services on immunizations for OVC
- Providing training and guidelines on administration of ART

Ministry of Education, Science and Technology

- Providing quality HIV/AIDS education and materials to all, OVC included
- Ensuring quality education in formal and non-formal institutions
- Facilitating the development and implementation of policy for OVC education and training
- Generating and maintaining OVC data
- Ensuring that OVC are enrolled in, retained at and complete schooling
- Ensuring allocation of bursaries to OVC

- Linking with other stakeholders to guide and ensure quality education in informal and non-formal education institutions
- Strengthening and expanding the school feeding programme to reach out to all OVC
- Promoting and strengthening early childhood development programmes to accommodate OVC at all levels

Institutions of higher learning

- Conducting research on OVC
- Training trainers
- Providing technical assistance on OVC
- Creating public awareness of OVC issues
- Disseminating and publishing research findings on OVC and other relevant issues
- Networking with government, private sector and civil society groups in areas of research and training interventions for OVC
- Incorporating HIV/AIDS and OVC issues into training curricula

The National Assembly/Parliament

- Deliberating and enacting laws that support interventions providing for OVC needs and upholding their rights

Ministry of Agriculture and Rural Development

- Coordinating food security and nutrition programmes
- Ensuring that priority development programmes in agriculture have nutrition components
- Developing policies that increase access to adequate food by the most vulnerable groups
- Sensitizing policy makers on nutrition matters
- Sensitizing farmers and the public on the relationship between nutrition and HIV/AIDS

- Promoting agricultural programmes that improve the socio-economic status of nutritionally vulnerable groups, especially OVC
- Promoting increased production and consumption of indigenous micronutrients and nutrition-rich drought-tolerant foods
- Strengthening extension services in order to ensure that all agricultural land is efficiently utilized
- Improving farm and community level food production, processing, storage and marketing through appropriate technologies
- Encouraging use of women-friendly, time saving and energy efficient technologies and practices so as to leave more time for care and support of vulnerable groups
- Promoting the production and consumption of fish in traditionally non fish eating communities
- Encouraging the keeping of small livestock, especially for orphans
- Encouraging urban households to practice urban agriculture and rural households to practice kitchen gardening

The private sector, both formal and informal

- Advocating for children's rights
- Mobilizing resources for OVC programmes
- Developing and implementing workplace policies that support the role of the business community in OVC programmes
- Being part of the development of an education fund for OVC and supporting educational activities for children in surrounding communities
- Allocating some resources towards community OVC initiatives as a matter of policy
- Fostering partnerships with organizations serving the needs of OVC
- Participating in street children's programmes
- Providing medical support to children living with HIV/AIDS

The civil society, both formal and informal

- Piloting some OVC programmes
- Offering services to OVC
- Networking amongst stakeholders
- Collaborating with public sector
- Entering into partnerships to enhance OVC programmes
- Ensuring equitable distribution of interventions
- Lobbying for favourable policies on OVC
- Mobilizing resources, including expertise to address the problems facing OVC
- Advocating for community use of relevant policy guidelines
- Identifying community issues and problems relating to OVC
- Conducting monitoring and evaluation of OVC programmes
- Conducting operations research on OVC intervention programmes
- Providing feedback to relevant government departments on implementation of OVC programmes
- Exercising transparency and accountability in the utilization of resources for OVC
- Building capacity of communities to undertake OVC initiatives
- Documenting and disseminating good practices in OVC programmes
- Offering spiritual support and counselling to OVC through FBOs

Appendix C

National OVC Steering Committee and Technical Working Group

National OVC Steering Committee

Government Ministries/Departments

- Office of the President, Provincial Administration
- Office of the Vice-President and Ministry of Home Affairs
- Ministry of Health
- Ministry of Finance
- Ministry of Planning and National Development
- Ministry of Education, Science and Technology
- Ministry of Gender, Sports, Culture and Social Services
- Ministry of Local Government
- Ministry of Labour and Human Resource Development
- The Office of the Attorney-General
- National Council for Children's Services (NCCS)
- National AIDS Control Council (NACC)
- University of Nairobi

Development partners

- United Nation's Children Fund (UNICEF)
- United States Agency for International Development (USAID)
- The World Bank
- World Food Programme (WFP)

- Department for International Development (DFID)/Futures Group Europe
- United Nations Joint Programme on HIV/AIDS (UNAIDS)

International NGOs

- Futures Group International/POLICY Project
- German Technical Cooperation – Integrated Promotion of Disadvantaged Children and Youth (GTZ-PROSYR)
- Hope for African Children Initiative (HACI)
- Family Health International
- Academy for Educational Development/Capable Partners Programme
- Save the Children Alliance
- World Vision (WV)
- Christian Children Fund (CCF)

Faith-based organizations

- National Council of Churches of Kenya (NCCK)
- Hindu Council of Kenya
- Supreme Council of Kenyan Muslims (SUPKEM)
- Kenya Episcopal Conference (KEC) – Catholic Secretariat

Civil society organizations

- African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN)
- Kenya Alliance for the Advancement of Children (KAACR)
- Child Welfare Society of Kenya (CWSK)
- Law Society of Kenya (LSK)
- Kenya Orphans and Vulnerable Children Network

The private sector

- The Business Council of Kenya

Members of the Technical Working Group on OVC Policy

- Department of Children's Services
- Futures Group International/POLICY Project
- German Technical Cooperation – Integrated Promotion of Disadvantaged Children and Youth (GTZ-PROSYR)
- National AIDS Control Council
- University of Nairobi
- Academy for Educational Development/Capable Partners Programme
- UNAIDS
- Pathfinder International
- National Council of Children's Services
- Christian Children's Fund

Notes

- ¹ From various sources, including Population and Housing Census 1999, Central Bureau of Statistics; Kenya Demographic and Health Survey (2003); Ministry of Education Science and Technology (MOEST); and RAAAPP (2004).
- ² NACC report (2002).
- ³ NASCOP, *National Estimate of HIV/AIDS in Kenya in 2003* (2004).
- ⁴ 2nd Kenya Country Report on the UNCRC (2005).
- ⁵ Dakar Framework for Action: *Education for All – Meeting Our Collective Commitments*.
- ⁶ Republic of Kenya, Ministry of Home Affairs and NACC, *National Programme Guidelines on Orphans and Vulnerable Children* (2003).
- ⁷ As specified in the Republic of Kenya, "National OVC Action Plan (2005–2009)" and other national documents.
- ⁸ UNAIDS Monitoring and Evaluation Reference Group (2004).
- ⁹ Republic of Kenya, Ministry of Home Affairs and NACC, *National Programme Guidelines on OVC* (2003).
- ¹⁰ Republic of Kenya; The Children Act, Cap 586.
- ¹¹ Extracted from *National Programme Guidelines on Orphans and Other Children Made Vulnerable by HIV/AIDS (MARCH 2003)*.

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