

Addressing the needs of orphans and vulnerable children: Strengthening ongoing community actions in Nyanza province, Kenya

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Abstract

Rising numbers of Orphans and vulnerable children (OVC) are suffering economically, socially and psychologically as a result of the HIV and AIDS epidemic in Nyanza province, Kenya. Government efforts to control the impact of HIV and AIDS on children are not only at infancy, but also under-resourced and uncoordinated. In this context, families and communities are continuously struggling to provide for increasing numbers of children affected by AIDS. Diverse forms of actions by community organisations are the first line of support for households caring for OVC. External agencies including state and non-state actors are increasingly developing partnership with community organisations and providing them with additional resources to scale up the support towards OVC, but many of them lack understanding about how best to support community actions. Contradictory approaches, improper targeting, etc., create confusions among communities, and reduces the impact of the programmes. External resources and technical assistance from external agencies are key but should complement, not replace, community action. Governments, international donors and the other non-state actors need to take deliberate steps to ensure that programme models and resource flows match community needs and support the effective community-led responses already taking place. The paper also argues that placing children front and centre in development programmes should be the key element of response to diverse vulnerabilities of OVC. This effort should be complemented by strengthening families, supporting collaborative action within communities, and securing the human capital of rising generations.

Key words: Orphan and Vulnerable Children, HIV and AIDS, Community Actions, Kenya

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1. INTRODUCTION

In Kenya, AIDS has claimed over 1.5 million lives, and it is estimated that more than 3 million people are HIV infected. The epidemic has had an adverse effect on children, and it is currently estimated that 11% (1.7 million) children aged below 15 years are orphans (having lost one or both parents) as compared to 9% in 1998. It is projected that this number will reach 2.5 million (14% of all children) by the year 2010, and half of these will be attributable to parental HIV and AIDS related deaths. Currently 250,000 out of 1.7 million orphans in Kenya live in Nyanza province (CBS, 2003).

Nyanza is one of the poorest provinces located in western Kenya on the shores of Lake Victoria. It has a population of nearly 4.5 million within an area of 16,162 km², and is divided into 12 districts namely Bondo, Gucha, Homa Bay, Kisii, Kisumu, Kuria, Migori, Nyamira, Nyando, Rachuonyo, Oyugis, Siaya and Suba. The poverty levels in Nyanza range from 65 to 80 percent. It also has the lowest life expectancy of 46 years compared to 64 years in the Central Province and a national average of 48.93, as a result of having the highest HIV and AIDS prevalence in Kenya (CBS, 2006).

1.1. Defining Orphan and Vulnerable Children

There is considerable inconsistency in the literature over the definition of Orphan and Vulnerable Children (OVC). Definitions differ over who is considered an orphan and who is considered a vulnerable child. There are three main category of orphans; maternal, paternal and both-parent orphan. Whether paternal orphans should be included in definitions is subject to controversy. Definitions also differ with respect to age ranges of orphans, typically falling under either 15 or 18 years of ages. In the literature the term 'AIDS orphan' usually refers to maternal and both-parent orphans less than 15 years of age. With respect to vulnerable children some authors include in this category all children who belong to high-risk groups who lack basic resources and facilities, while others refer specifically to those children vulnerable to AIDS, in particular those who are looking after ailing parents. It is also argued that all children in areas with high levels of HIV and AIDS are vulnerable to the epidemic (Boler and Carroll, 2003).

To avoid this controversy and to keep the paper consistent with the guideline of the Kenyan Government (MOHA, 2003), it was decided to consider the following definitions:

Child: A child is a person under the age of 18 years as defined by the Children's Act No. 8 of 2001.

Orphan: An orphan is a child who has lost one or both parents. Orphans are different from other vulnerable children in that they have lost a parent. They are grieving. Grieving is a process, and some children never stop grieving. If they are not helped to overcome this grief, it can become psychologically disabling and they are unlikely to become fully functioning members of society and the economy. Orphaned children need psychosocial help, especially in cultures where adults do not talk to children about death and where children are discouraged from self-expression.

Vulnerable child: A vulnerable child is a child living in a high risk setting. In the context of HIV and AIDS, children are considered vulnerable when they or their parents are living with HIV and AIDS, are orphaned, have parents or caregivers who are ill or dying, do not have parents, do not have a family, do not have a home, live in a area with high HIV prevalence or proximity to high risk behaviours, live on the street, are girls, are exploited, are isolated and discriminated against, live on their own in a child headed household, live in an unsupportive or unhealthy environment, have inadequate medical care, and/or are disabled (UNAIDS/UNICEF/USAID, 2004).

1.2. Sources of data

The author has been consistently involved in giving strategic direction to Concern Worldwide Kenya in relation to strengthening the community actions in order to address vulnerabilities of OVC and enhance their participation in the Free Primary Education in Nyanza province, and has led or

facilitated several action researches on this issue (Concern/PAMFORK, 2008; Concern/CRADLE, 2005; Datta and Njuguna, 2008; Datta and Njuguna, 2009; Datta, Phillip and Verma, 2009). The paper reflects the learning gained from field experiences as well as drawing upon other associated researches.

The participatory research by Concern/CRADLE (2005) captured the vulnerabilities of OVC along with community actions in addressing these vulnerabilities. The other participatory research by Concern/PAMFORK (2009) paid special attention to the food security of the OVC households, the link between food security and the participation of OVC in the local education system, and community actions in strengthening the livelihood assets of OVC households. The participatory evaluation by Datta and Njuguna (2008 and 2009) looked at the viability of enhancing livelihood security of OVC households through microcredit and farming interventions. The participatory research by Datta, Phillip and Verma (2009) looked at the viability of partnership between the local government and non-government stakeholders to improve the primary education system in Nyanza and hence enhancing the participation of OVC in the education system.

It is worthwhile to mention here that all the above mentioned participatory researches, commonly known as PRA (Participatory Rural Appraisal), employ a wide range of methods that enable people to participate in studies by expressing and sharing their opinions and information; these methods also stimulate discussion and analysis. Many of the methods such as social mapping, community resource mapping, problem tree analysis, and daily calendar analysis are visually based, appealing to the creativity of the local people (IDS, 1996). In all the above mentioned studies, the methods and environment for conducting interviews with children were sensitive to their comfort needs so that they could share information openly. The names of schools and participants were never collected to ensure total confidentiality.

2. VULNERABILITIES OF OVC

Nyanza enjoys the share of Lake Victoria, which is the second largest fresh water lake in the world. A number of islands are situated in deep open waters, and serve as the second home for fishing communities. The vulnerabilities of OVC living in islands are significantly different compared to OVC living in mainland. The following two subsections capture the dynamics of these vulnerabilities.

2.1. OVC living in the mainland

Psychological distress: The psychological trauma experienced by orphaned children begins way before their parents' die of AIDS (Landis, 2003). Increasing number of psychologically traumatized children, especially girls, are being pulled out of school system to provide care for ailing parents and siblings. Boys are supposed to take up the responsibility of the father when he falls sick. This is particularly the case with fishing communities where boys will have acquired the livelihood skills at a very early age and will therefore be able to take over from their fathers. The trauma continues after parental death. Uncertain future, denial, fear and stigma compound the stress of OVC but they are unable to express their feelings of grief, anger and fear, which trigger behavioural problems such as aggression. The local schools do not put much consideration on addressing the psychological trauma faced by the children and instead only concentrate on academic performances.

Stress of isolation: Immediately after losing both parents almost all OVC end up being separated by other siblings. Orphans are usually taken in by extended family members if those relatives can afford to care for them. Often they are passed around from household to household within the extended family. Every time a child moves from one home to another the likelihood of abuse increases. Usually orphaned children are not consulted or given any chance to choose the kind of relative they would wish to live with. The stress of losing parents and then being separated from brothers and sisters

increases the sense of uncertainty and insecurity about their future life as well as reduces their ability to cope with new external environment.

Problems with basic needs: Poverty is one of the primary causes, as even where school fees have been abolished families have difficulty in meeting school related costs such as uniforms, books and materials. Moreover, OVC experience food insecurity, shortage of clothing and inability to pay for medical care and are exposed to myriad of ill-health problems including malnutrition, malaria and reproductive health care needs, which force them to enter into the highly exploited labour market resulting to their inability to continue primary education. The fortunate OVC who continue to attending school often cannot concentrate on education as they are hungry and or malnourished (Nyambedha, et. al., 2001).

Domestic chores and manual labour: In Nyanza OVC participate in two forms of labour, the first is at household level and the second is outside the household. In the former OVC stand some chance of attending school while in the latter they are almost completely deprived of any chance to attend school. Exploitative child labour is therefore common outside the household and is largely defined by traditional gender roles. Boys take up activities such as cattle rearing, fishing, hunting, tilling of land, weeding, harvesting, etc. Girls undertake activities such as collection of water and firewood, cooking, cleaning of utensil, taking care of children, cattle rearing, weeding and harvesting, fish trading, etc. Many of these work cause physical injuries, which also affect their education because they may lead to illness and which in turn may lead to absence from school. Many schools in Nyanza are also a ready source of manual labour. This labour is not only solicited by teachers for their personal gain but extend to the outside contracts. The word used to refer to this practice was 'Agirimiti' which is colloquial for 'Agreement' in Luo tribe. These agreements are concluded between the school administration and the individuals. The students then proceed to do the work under the supervision of the teachers. The tasks range from tilling land to transportation of materials.

Anxiety about safety: The natural anxiety of children is on the risk of being infected by their parents. In addition, care providers often exploit and abuse OVC emotionally, physically and sexually. In many cases the work of OVC is extended to teachers' houses including cooking, collection of firewood and water. The girls who are selected to undertake this work are usually the older ones, and are particularly susceptible to abuse. Often the vulnerable girls are made pregnant by either very close relatives or their own teachers who could have protected them. In contrast, teachers do not allow the pregnant girls to attend the classes and force them to leave the schools. Similarly in the labour market OVC are the easy victim of sexual harassment and prostitution.

Cultural barriers: When resources are scarce and choices have to be made it is often the girl child who has to drop out from school. Cultural norm of disinheritance prohibits the girl-child from inheriting her parents' properties.

2.2. OVC living in the islands

The fishing industry in the lake is well developed because of the huge international demand for fish, and the presence of the fast breeding Nile Perch and Tilapia. Although fishing was the traditional activity for most communities around the lake, the introduction of commercial fishing has transformed this activity from simple subsistence to commercial activity. The islands are preferred by fishermen because they are situated in deep open waters that are not polluted, and therefore the average catch is greater than in areas near the mainland. Most of these islands were previously uninhabited but have since evolved into fishing centres because fishermen migrated to form fishing companies. Fishing is therefore done by fishing associations and small private companies commonly referred to as *Kambis*. It is within these *Kambis* that OVC find employment. Most of the OVC in the *Kambis* come from the mainland and from districts as far as Siaya (a whole day's journey by boat and road). The OVC were sent by their care givers to join relatives or acquaintances on the island so that they could learn to catch or trade fish.

Vulnerability of OVC boys: Fishing is a full time occupation for OVC boys that does not allow them time to attend school. Children are not paid equal salaries as their adult counterparts despite the fact that they do similar, and in some cases, more work. The money they make is taken as a fee for their training. Those who complete the training and begin to earn, they send their earnings to support their families who live on the mainland. Many of them are not paid directly, instead the earnings are sent directly to their families and only a small portion awarded as an allowance.

Use of narcotics at the time of fishing is very high as the boys seek to enhance their strength. Moreover, boys are lured by older women using sexual favours to cohabit. The practice where an older woman keeps a boy is popularly referred to as '*weko*'. Boys engaged in this practice perceive a sense of family where the woman cooks and provides comfort in otherwise difficult and lonely surroundings. In actual fact this is often a parasitic relationship because the underage boys provide financial support and sexual companionship for the women.

Vulnerability of OVC girls: OVC girls were also sent to the islands by their families ostensibly to visit relatives; in actual fact, as part of elaborate plans to marry them to fishermen. These girls arrive with the anticipation of a short stay, sometimes just for the school holidays, but eventually find themselves stranded on the islands without support to return. The relatives then arranged for them to be employed as domestic servants or barmaids so that they can make enough money to return. Seldom it is possible to return because most girls find themselves lured or coerced into premature sexual activity or marriage in order to make a living. Those who are not married may eventually engage in prostitution popularly known as '*del kelo*' (directly translated as "body earnings"). Other than this there are few legitimate ways to make a living, the common one is domestic servants.

3. COMMUNITY ACTIONS

3.1. Diverse forms of community actions

Islands are mostly inhabited by migrants fishermen from different mainland communities, and the business in islands have been developed in and around the fishing activities and the fishermen. Though men involved in fishing activities in islands maintain their families in mainland, they have developed their second home in islands in many different forms. The community structure is weak and community actions towards protecting OVC is nearly absent. However, the scenario is different in mainland where community action is the key pillar of OVC support, which is typically channelled through multiple ways such as wellwisher, local leader, informal networks, community organisations, etc. While community initiatives vary widely in capacity and scope, their proximity to the people they serve allows them to know and to adapt and respond quickly to changing needs and priorities. The key characteristics of community initiatives are (FACT/IHA, 2002):

- Lack of formal management structures and systems.
- Make use of local resources.
- Focus on responding to immediate, local needs.
- Community-owned.
- Often catalysed by charismatic local leaders.
- Voluntary activities and do not involve paid staff.
- Day-to-day activities are often decided by consensus.
- Often linked to kinship and family ties or neighbour-to-neighbour support.

The common form of community actions towards OVC include visiting the most vulnerable children to provide emotional and material support; alerting authorities to urgent problems; developing community gardens to assist vulnerable households; planting low-maintenance crops and distributing the produce to vulnerable households; organizing cooperative child care programs; raising funds for relief assistance to vulnerable individuals; encouraging care givers to send orphans to school; paying education costs for OVC; organizing community schools; working to prevent the spread of HIV; and providing skills training. The following case studies are out of many such examples of community actions.

Case Study 1 - From rejection to a beacon of hope: Philgon Atieno, a 43-year-old HIV-positive widow and a mother of two, lives in Manyatta, a low-income estate on the outskirts of Kisumu. She learnt her sero-status in early 2000, following the death of her husband due to AIDS. At that time Philgon worked as an early-childhood teacher at a prominent school in town. Philgon began suffering from a persistent cough and skin rashes, and as other people suspected her of suffering from AIDS she was subjected to emotional abuse. At school the management, fearing the parents would withdraw their children, allocated her duties cleaning the bathroom, where she stayed all day. Owing to her deteriorating ill health Philgon lost her work in October 2000, faced rejection from her late husband's family, gave up on life and wished she could die. In 2001 a friend, Mary Mumba, who was also HIV-positive, came to her rescue and admitted her to the provincial hospital, where doctors put her on antiretroviral therapy. The turning point in Philgon's life came in 2002 when Mary introduced her to a HIV and AIDS service NGO called Women Fighting AIDS in Kenya (WOFAK), where she joined a support group of women living with HIV and learnt about positive living from other members who spoke openly about their status. Moreover, she received monthly food rations and immune boosters from WOFAK.

Buoyed by improved health, she brought together women affected by HIV and AIDS in Manyatta and they formed the *Pearl Omega Positive Test Support* group in 2004. The group is involved in providing nursing and psychosocial care and support to affected households in Manyatta. In the course of interaction with members of the group and their children, she realised that, just like adults, children affected by HIV and AIDS suffered stigma, so that they may be denied entry to pre-school centres. Towards the end of 2004, with a loan of US\$100 from WOFAK, she converted her small house into a pre-school by admitting 7 children of women living with HIV. Luckily, in 2005 she received terminal benefits from her former employer amounting to US\$136, which she invested in the construction of semi-permanent classrooms. She mobilised support from the mayor, who donated more chairs and toilet facilities to the school. Due to public demand in 2006, the school opened its doors to children from the wider community who could pay school fees. Today there are a total of 85 children in three levels, 35 of whom are orphans and 19 are HIV-positive.

Currently only 25 pupils pay school fees in full, amounting to US\$4.5 per term, 17 make partial monthly payments and 43 children are studying free of charge. This has helped Philgon to recruit 2 more teachers for the school and to earn financial sustainability. Philgon is paying US\$18 to each teacher per month. Philgon's outlook on life is very positive, she is motivated by the desire to see her two sons get higher education and take charge of their lives. Thus she follows her treatment strictly. In order to ensure proper treatment of the infected children at the school, Philgon counsels their parents and guardians and links them to several health facilities that provide paediatric HIV and AIDS care. She liaises with health facilities that give immunisation, anti-worm drugs and multivitamins as appropriate. In addition, Philgon conducts HIV and AIDS sensitisation for teachers in other local pre-schools and primary schools to reduce stigma towards orphans and infected children.

Case Study 2 - Mama's orphanage: In 1996, Monica Odour took in six young boys who had been living alone on the streets of Busia. They had lost both their parents to AIDS, and had no one to take care of them. She has no other option but to house the children in her own home, and subsequently converting her house to orphanage. That was the start of Mama Orphans Children's Home. Since that time, Monica has come to be known affectionately in the community as *Mama Orphans*.

As the need has grown, the orphanage has accommodated approximately 100 orphaned children in 2008. They are brought by the district authorities and the police, when they find these children wandering the streets of Busia homeless and without relatives to care for them. Monica is expected to provide food and shelter for them without any material support from any level of government. Her greatest challenge is to find ever increasing amount of funds to pay for the day to day expenses of the home: food, clothing, and educational costs. However, along with community support she has managed to secure funds from local and international charities.

One of the main goals at the orphanage is to provide education to every child living there. This is often very difficult to accomplish. Free primary education in Kenya is not absolutely free. Children must pay for school uniforms, textbooks and school supplies, as well as enrolment and exam fees. Children in grades one to seven need about US\$12 per month to cover all their costs. Children in secondary school, because they are generally boarded, need US\$50 per month. Covering these costs for 100 children has become unmanageable. To ensure the sustainable provision of education for orphans Monica began a school and enrolled 17 children with the help of a volunteer teacher and donated supplies in 2002. She would like to expand the school in near future with the help of external support.

Case Study 3 – Locally organised initiatives: A number of self help groups are active in Nyanza, which were formed to response to the immediate needs of OVC at local level. Though a few of these groups have taken a formal organisational structure over a period of time, many of them still operate as local informal groups. The following two examples give a snapshot about the dynamics of these groups and the activities they usually undertake.

- The Members of Mayenya Upendo Support Group, which is located in East Kisumu, are cultivating maize in common land and contributing the proceeds to two local primary schools in their location, thereby helping to start a feeding programme in the schools. Upon seeing their commitment to support OVC, now every parent of the community contributes 2kg of maize per month to sustain the feeding programme thereby sustaining children in schools. The group has also supported 10 OVC with school uniform by using their own resources.
- Nakonya is a Community Based Organization (CBO) was formed in Suba district in early 1990 and registered in 1993 after its members realized the need to address problems affecting OVC in the area. Most of the members were supporting OVC within their own families by providing food, shelter and ensuring that they attend school. As they were supporting OVC within their own families they also felt the need to assist OVC within their communities. They realised that without having an organisational structure they cannot pool sufficient resources from different potential sources to support destitute OVC, which pushed them to form and to register the CBO. Since the formation, they have managed to raise fund from different sources and run different activities, some of which are provision of accurate information on child rights, income generating activities for the OVC guardians, awareness raising on HIV and AIDS, providing school fees and school dress to OVC, strengthening of parental and guardians participation in primary schools to enhance the enrolment of OVC, etc. The organisation was expanding their activities very fast based on the financial support from external agencies. But unfortunately at some point external agencies started claiming that the organisation is not very effective in maintaining financial transparency, many of their activities are not fulfilling the set deadlines, and some members work only to serve their own interest best rather than OVC.

3.2. Motivating factors of community actions

Richter (2008) argues in the plenary presentation at the XVIIth International AIDS Conference in Mexico that in sub-Saharan Africa families and communities continue to bear approximately 90% of the financial cost of responding to the impact of HIV and AIDS on children. The findings of participatory researches in Nyanza support this argument, where families have provided the bulk of care, support, and protection for children affected by AIDS with little or no formal assistance from

outside agencies. Next to families are informal networks of kin, friends, and neighbours who have been and remain the primary sources of support to the affected children and their families. Not only their voluntarism but also the cultural connectedness is still deeply rooted among the communities in Nyanza. For example, people who were fortunate to receive education and are doing well in major cities maintain strong linkage with the other extended family members who live in their rural home. Connectedness to rural homes is important for socio-cultural purpose which ranges from marriage to last rites (e.g., the Luo tribal tradition of bringing back the dead body to bury in their rural homes). This link to the rural homes has a very positive aspect that people who go to cities often they come together and support many of the OVC in different ways.

In addition, community members in Nyanza see the sufferings of the OVC and affected families from close proximity, and in this context it is not easy for a person to overlook the sufferings of OVC and the affected households. In addition, HIV&AIDS affected persons know the pain of sufferings better than anybody, and in the earliest opportunity they always try to do something for the OVC and the affected households. There are many Philgon or Monica in Nyanza who is always trying to do their best for caring OVC with their limited financial capacity. In Nyanza, many of the local leaders and wellwishers have gone one step further by facilitating the formation of community based organisations – groups of people living in the same neighbourhood or sharing similar interests. They have mobilized resources to provide urgently needed support to affected families and children. These naturally formed organisations act as backstops, or ‘safety nets’, to children and families in need. The large majority of their efforts rely on mutual assistance among equally poor community members.

3.3. Challenges of community actions

While community responses to OVC and their households have expanded rapidly, the cumulative burden of HIV and AIDS, coupled with poverty and food insecurity, is stretching community capacities as never before in Nyanza. Increased external stresses like increase in food price, erratic rain pattern (people practice rain fed agriculture in Nyanza) have further reduced the coping capacity of poor households. Enormous goodwill exist in communities, but local safety nets are fragile in the face of compounded stresses and unprecedented levels of demand. Moreover, highly dedicated community volunteers who are providing care and support to OVC not only lack resources but also skills and connections to networks of best practice (Irwin, et. al., 2009).

At times, community initiatives contribute to stigma and deprivation. There are many examples in Nyanza where extended family and relatives in association with the community volunteers or leaders take responsibility of the OVC with an objective to grab their property. Upon grabbing property they abandon these children. Without any assets OVC become helpless and hopeless, and then they enter to the highly exploitative labour market for their sustenance. In addition, the emergence of ‘briefcase CBOs’ is on rise that takes advantage of community-level funding opportunities. External organizations wrongly view these organisations as representing and benefiting the community and overlook more legitimate community-led responses needing support (Taylor, 2008).

4. ASSISTANCE FROM EXTERNAL AGENCIES

4.1. Response by state actors

There are currently over 2 million OVC in Kenya majority of who are due to HIV and AIDS pandemic, thus the issue of OVC is a big challenge to the Government. The main avenues that are providing a response to the plight of OVC are the Ministry of Education and the Children’s Department at the Ministry of Home Affairs. Interaction between the two Ministries still leaves a lot to be desired. As a consequence of unrevised and piecemeal legislative and policy processes, education, HIV and AIDS and Children’s rights are the responsibility of several ministries and departments across government. These parallel systems do not provide an effective framework for the delivery of

services to OVC. The uncoordinated approach by Government has significantly hampered the intensity and quality of services provided to the vulnerable children. Recently, the Government of Kenya has concluded a national policy on OVC. This policy allows orphans to be cared for within the community and family setting. Though the policy aim is very good, rolling out of the policy will remain as a key challenge until effective coordination comes at different ministries and the departments.

It is also worthwhile to note here that the existing government support towards OVC is just drop in an ocean. The key challenge is resource constraints and donor dependence to run any social protection programme. For example, the Government introduced a cash transfer programme to families fostering and taking care of orphans in 2004. It is meant to strengthen family and community capacities to provide a supportive environment for OVC. This social protection mechanism started with five hundred families and has increased to the current nine thousand families, which is a tiny fraction compare to 2 million orphans in the country. Also, in early 2005, the Ministry of Education introduced the Kenya Education Sector Support Programme (KESSP) framework to develop a coherent and coordinated mechanism between the government and development partners at micro, macro and meso levels to enhance effectiveness of FPE (MOEST, 2005). Although KESSP is a comprehensive plan for the implementation of education in Kenya, only 3 of the 23 investment programmes relate directly or indirectly to OVC. Most of these investment programmes are under-resourced and uncoordinated and still in the embryonic stage as policies are being developed (UNESCO, 2005).

4.2. Response by non-state actors

Many faith based organisations (FBOs) and non-governmental organisations (NGOs) are running programs in Nyanza that supply wide-ranging services to OVC and their families. While the programs have a similar objective – the improvement of OVC well-being – they differ substantially in the types of services they provide: educational support, vocational training, or other income generating skills; food aid; support groups for guardians; home visiting that includes basic psychosocial support or assistance with anti-retroviral therapy; HIV education, recreational opportunities, and individual counselling for children. Their approaches involve – individually or jointly – direct support to OVC, indirect support to OVC guardians, or more widespread support to communities as a whole. The different program interventions can also generally be classified as those that improve OVC well-being directly (e.g., counselling and support, health care, education) and those that improve OVC well-being indirectly (e.g., home-based care or support groups for guardians, household income supplementation).

Though the activities of FBOs and NGOs are significantly visible compared to the government interventions, they also suffer from resource constraints and their outreach is significantly limited compared to the need in Nyanza. Resource constraints and donor dependency continuously force them to redefine their targeting criteria to narrow down their target group, which often negatively affect community norms. The activities of these organizations are largely uncoordinated, and in some cases has led to duplication, confusion, and undermining of local efforts. Each organisation sets its own rules for engaging with target groups, almost always with good intentions, but too often neglecting community voice and priorities. The results include inequitable distribution of services and support; reduced impacts from programming; and missed opportunities to build trust and nurture capacity (Irwin, et. al., 2009).

4.3. Influence of external agencies in community actions

External agencies including FBOs; national and international NGOs; and government are continuously seeking and developing partnership with CBOs in Nyanza, but many of them lack understanding about how best to support community actions. While new inflows of resources are vital, the growing involvement of outside actors in communities raises concerns. Inevitably, external agencies alter the way in which local community organizations function: in best cases, increasing community effectiveness in addressing the needs of OVC and their families, and in worst cases, introducing unintended distortions that may cause harm (Foster, Deshmukh & Adams, 2008). The followings are a

number of shortcomings in the ways in which external support is delivered to community level programmes for OVC:

- External assistance is frequently targeted at individual children orphaned by AIDS rather than to affected households containing vulnerable children, sometimes resulting in inequitable benefits as non-targeted children living in the same household are overlooked (Landis, 2003).
- Chances to help more children are being missed due to the imposition of rigid conditions and criteria for external funding that are out of step with community needs. Counterproductive, limiting conditions include: (1) strict adherence to age specifications for children to access benefits; (2) focusing only on specific groups, such as orphans; (3) limiting assistance to specific types of support, such as distribution of sanitary napkins; and (4) targeting responses to children in isolation from their families (Irwin, et. al., 2009).
- Contradictory approach confuses the community. The most popular example in Nynaza is the distribution of sanitary napkins to the OVC girls. Few agencies put this in high agenda as they believe that girls miss out school for a week in every month as they cannot afford buying the sanitary napkin (Walker, 2006). Other agencies believe that distribution of sanitary napkin does not contribute to the “sustainability of any community actions”, as no single agency can continuously supply the sanitary napkins on a regular basis. In addition, the access to school for OVC girls are very limited, so they believe that the fund can be well utilised by paying the school fees of OVC girls rather delivering the sanitary napkins. Another important example is school feeding, while a number of external agencies consider it as an important measure to care for food needs of OVC, the other agencies perceive that this activity creates dependency mentality so the activities that contributes in enhancing livelihood security should be promoted.
- In any community actions members take voluntary role in addressing the need of OVC. The members from equally poor community cannot get involve in the voluntary role on a full time basis, however more often the external agencies do not understand this dynamics. They do not understand that there is a significant difference between paid staff of an organisation and the volunteers who support community organisations, and setting tight timeframe with too many activities for community organisation is unrealistic. In the case of giving unrealistic target to community organisations, usually two possible outcomes can be noticed: (a) community organisations fail to meet the target or (b) they are undertaking activities that serve their own members along with OVC, and justification comes from their full time involvement in this venture.

5. KEY LESSONS AND RECOMMENDATIONS

5.1. Strengthening the community actions

Community support for OVC and their families has been critical to protecting children from the worst effects of HIV and AIDS. External resources and technical assistance from external agencies are key but should complement, not replace, community action. The solution is not to reduce urgently needed external support for programming at community level. The answer is for governments and international partners to take deliberate steps to ensure that programme models and resource flows match community needs and support the effective community-led responses already taking place. Critical to this outcome is more effective coordination among different stakeholders, informed by substantive community participation. Coordination requires a systematic approach at national level. National government is the appropriate authority to lead this process and establish ground rules for the interaction of external agencies with communities. Coordinating shared action between external agencies and communities is part of a broader process of stakeholder alignment critical to deliver

better outcomes for OVC (Foster, 2008). In addition, political commitment is crucial because of governments' ability to use existing structures, resources and networking capabilities to scale up OVC support. For example, a useful contribution is to ensure that public sector workers – especially teachers, health care staff, social workers and development workers – are aware of the need to support community initiatives that respond to the needs of OVC (FACT/IHA, 2002).

Community participation in decision making: Communities must be centrally involved in decision-making. Communities should have a determining voice in how resources for OVC are allocated and used in their local settings. Donors and implementing agencies must create mechanisms for regular, substantive community consultation and involvement in the design, implementation, monitoring, and evaluation of externally-funded programmes that support OVC. Resources must be channelled to communities in appropriate ways. Outside resources must be distributed using mechanisms and timelines that respect community processes and enable community organisations to increase their effectiveness and expand the scale of their response. There is no single model for effective resource delivery at a local level. Context, needs, and capacities of communities must be taken into account. Communities should be enabled to access and monitor external resources to sustain their activities, expand their scale and scope, and establish or develop economic strengthening activities that maintain community safety nets (Ruland, et., al., 2005).

Strengthening local level advocacy: Lobbying and advocacy are not often the priorities of CBOs. However, the concept of an 'enabling environment' applies locally, as well as nationally, regionally and internationally. At the local level, much can be achieved by CBOs targeting and influencing local leaders – traditional, political or public sector employees. For those CBOs that wish to undertake lobbying and advocacy activities to mobilise support for OVC, external agencies can provide training and information.

OVC participation in programme design: OVC should take part in defining the goals and methods of programmes that are conducted for their benefit. Their voices should be clearly heard in evaluating programme success (Fleming, Vatsia and Brakarsh, 2008). The international Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child set the ethical and legal foundation of children's participation.

Ensuring inclusive approach: Children of HIV positive parents experience need long before their parents die; programmes focused only on orphans may disadvantage or exclude children during the disease trajectory. In addition, almost all children directly affected by HIV and AIDS, including those who have lost parents, continue to live with their extended family who are equally poor (Hosegood, 2008). Therefore, programmes and programme planners should avoid using the term "AIDS orphan". When it comes to targeting assistance it is better to target the most vulnerable children and households in the community, not just orphans or orphans from AIDS (Landis, 2003). In addition, livelihood security initiatives for HIV and AIDS affected families need to be prioritised to ensure education of OVC. Building up the resources of families that are already providing for OVC is the logical direction for a more efficient, effective, and sustainable response.

5.2. Addressing the vulnerabilities of OVC

Placing children front and centre in development programmes should be the key element of response to diverse vulnerabilities of OVC living in Nyanza. This effort should be complemented by strengthening families, supporting collaborative action within communities, and securing the human capital of rising generations.

Awareness raising: CBOs should be supported to undertake civic and rights awareness campaigns aimed at educating communities on child rights and child protection. Work with CBOs is also key to sensitise school management committees on child rights to enable them detect and deal appropriately with violations to the Right to Education within school environments. External agencies should work also with local mass media organisations to promote the development of Information Education and

Communication (IEC) strategies aimed at encouraging positive behaviour change on child rights and the right to education in particular.

Actions against child labour: Exploitative child labour must be contained and brought to a stop if OVC are to participate in Free Primary Education. Widespread poverty amidst high prevalence of HIV and AIDS means that OVC take up adult responsibilities at the expense of their education. Even in extreme cases where children have to work, this must not be allowed to result in complete marginalisation from school. As this is an ongoing practice in Nyanza, it is important to undertake both preventive and rehabilitative interventions to ensure, not only that the practice is stopped, but the damage already incurred is redressed. In partnership with CBOs and mass media it is important to support a public awareness campaign against exploitative child labour. It is essential to start dialogue with government authorities and the commercial sector in fishing and agriculture, to discuss child labour and investigate methods that can be used to reduce the demand for child labour. At the same time it is also important to strengthen the support of community based initiatives that are aimed at assisting OVC to attend school and strengthening livelihood security of OVC households. CBOs can be supported to undertake affirmative action for OVC to access public resources such as Constituency Development Funds, Constituency Bursary Funds, Local Authority Transfer Funds, etc., so that communities can influence the allocation of these public resources for the betterment of OVC and their families.

Protect property rights: Upon the demise of the parents, orphans face a further affliction as they become disinherited of household property by unscrupulous relatives. The government has not done much to ensure that orphans property is secured and administered for their best interest. Despite very limited capacity the Paralegals Network in Nyanza are actively involved in securing property for orphans by assisting ailing parents to draft wills and testaments. External agencies should strengthen their support towards paralegals network and promote the use of legal means to safeguard the rights and property of OVC by supporting public interest litigation and legal aid initiatives through community organisations.

Protection from sexual exploitation: Section 15 of the Children's Act specifically states that a child shall be protected from sexual exploitation and use in prostitution, inducement or coercion to engage in any sexual activity. Despite this prohibition, children, particularly girls are still subjected to sexual exploitation even within school. Except the cases of pregnancy the other sexual offences go unreported. Most violations go unreported simply because there are no channels through which children can express their suffering. Children are simply too scared to report their predicaments because of the fear of reprisal from perpetrators. The most common form of intimidation is the threat of physical violence. In the case of pregnancy or visible physical injuries, which can easily be seen, communities usually report the cases to the village elders as either they are not conversant with the legal complaint channels or the formal complaint mechanisms are non-functional or absent. In many of these cases it was common for the teacher to be requested to marry the girl and or get a transfer to another school. Three pronged approaches are needed to tackle this scenario:

- First, strengthening the paralegal networks to provide legal and the other necessary supports to the victims.
- Second, supporting the CBOs including School Management Committees to undertake local level advocacy to influence the District Education Office in taking legal actions against the teacher.
- Third, a proper complaint mechanism needs to be set up in every school.

Ensuring participation of OVC in FPE: The introduction of Free Primary Education in 2003 impacted positively, increasing enrolment from 5.9 million in 2002 to 7.4 million in 2004 (MPND, 2005). However, ever increasing number of OVC is significantly limiting the full potential of Free

Primary Education. Both in-school and out-of-school factors influence the participation of OVC in the primary education system (Chatterji, et., al., 2009 and Datta, et. al., 2009):

- Out-of-school factors refer to several socioeconomic and cultural factors that contributes in the marginalisation of OVC in primary education. Both short and long term measures are required to enhance the economic mobility of OVC households, such as promotion of low labour intensive agriculture, access to credit to boost up income generating activities, etc. Changes in attitudes, perceptions and practices in the community require long-term engagement with CBOs through an understanding of cultural beliefs, and build on activities that encourage the participation of OVC in primary education by raising the awraeness of communities and influencing the key decision makers in the community.
- Programmes aiming to build the overall capacity of the primary education system should be prioritised by the external agencies in addressing the in-school factors. The District Education Office (DEO) represents the Ministry of Education at the district level and is one of the primary stakeholders for delivering Free Primary Education. Lack of adequate resources hinder the DEO from implementing any investment programme targeting OVC. The wastage rate is also high in DEO due to lack of skills in human resource management, planning, monitoring and supervision. Skill building, coaching, training for teachers on child rights and child protection, improved understanding by teachers of the importance of psychological support for OVC, regular monitoring and zero tolerance attitude towards sexual offence by DEO officials can contribute directly to improving the quality of education as well as participation of OVC.

5.3. Final Remarks

Children are part of the promise for the future, the hope of a next generation. Because the tremendous impact of HIV and AIDS on children and families is wide ranging and of such a long-term nature, no single organization working unilaterally will be effective in strengtheing the community actions to ameliorate it. Effective coordination among external agencies and better understanding of community dynamics and capacity of community organisations are essential to strengthen the ongoing community effort in addressing the vulnerabilities of OVC. And, as argued by Smart (2003) this should be complemented by sound and vigorous legal and policy response to mobilize political and financial resources to safeguard OVC's access to education, health care, and other social services, and to protect them from all forms of discrimination, neglect, abuse, exploitation, and loss of inheritance.

Note: The views expressed in this paper are those of the author, and do not necessarily represent those of Concern Worldwide, or any of its country programmes and their partners.

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