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PROCESS OF DEVELOPING THE NATIONAL PLAN OF ACTION (NPA) FOR ORPHANS AND VULNERABLE CHILDREN IN KENYA.

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BACKGROUND INFORMATION

- First HIV/AIDS cases reported in 1984.
- High death rates due to opportunistic diseases.
- There was National and international concern over the increasing number of OVC
- HIV/AIDS was declared a National Disaster in 1999.
- United Nations General Assembly Special Session on Children in 2001(UNGASS) to which Kenya is a signatory.

HIV/AIDS PREVALENCE AND INCREASING NUMBER OF OVC

Kenya's HIV prevalence was estimated to be 14% in 2001 and 6.7% in 2003.

- The Adults HIV prevalence rate in Kenya dropped from 6.1% in 2005 to 5.9 % in 2006.
- However this figure went up from 5.9 % in 2006 to 7.8% in 2007 and this implies a worrying trend for the number of OVC.
- The number of Orphans and Vulnerable Children increased from 1.8 Million in 2004 to 2.4Million in 2006.

IMPACT OF HIV/AIDS

- High expenditure on Medical services for National and House hold budgets.
- Increased Vulnerability of Children due to high HIV/AIDS prevalence.
- Mushrooming of Uncoordinated responses in Kenya.

DEVELOPMENT OF THE NATIONAL PLAN OF ACTION (NPA) FOR OVC

- In May 2004 a National Steering Committee (NSC) on Orphans and Vulnerable Children (OVC) was constituted to co-ordinate National responses to the OVC crisis in the country.
- A Rapid Assessment, Analysis and Action Planning Process (RAAAPP) was undertaken in 2004 to provide evidence-based information on the situation of OVC and the existing interventions.
- In 2005 The NSC commissioned a technical working group (TWG) to spearhead the process of mobilizing financial and technical resources required for the development of the NPA.

PROCESS

- Regional consultative meetings were organized to ensure that unique issues for specific regions were captured.
- Successive drafts were made and circulated to different stakeholders for their inputs.
- A reporting mechanism was developed in which the NSC was updated bimonthly.
- The final Draft was shared with the National Steering Committee on OVC.

AREAS COVERED BY THE NPA FOR OVC IN KENYA.

The NPA for OVC focuses on seven priority areas namely:

- 1. Strengthen the capacity of families to protect and care for OVC
- 2. Mobilize and support community based responses
- 3. Ensure access for OVC to essential services including but not limited to education, health care, birth registration, psychosocial support and legal protection.

AREAS COVERED BY THE NPA CONT

- 4 Ensure improved policy and legislation are put in place to protect the most vulnerable children
- 4 Create a supportive environment for children and families affected by HIV/AIDS
- 5 Strengthen and support National coordination and institutional structures
- 7. Strengthen national capacity to monitor and evaluate programme effectiveness and quality.

STRATEGIC OBJECTIVES OF THE NPA

- To promote foster care and retention of OVC within families/ households
- To increase community response to OVC situation.
- To increase access of OVC to essential services including but not limited to education, health care, nutrition, birth registration, legal aid, and reproductive health.
- To ensure that appropriate policies and legislation for protection and care of OVC are in place and personal.

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STRATEGIC OBJECTIVES OF THE NPA

- To reduce stigma and discrimination against children and families affected by HIV/AIDS.
- To increase the capacity of government and other institutional structures to coordinate OVC interventions.
- To increase the capacity of the government to monitor and evaluate effectiveness of OVC structures and interventions.

PROGRESS IN IMPLEMENTATION OF THE NPA

 The traditional institutional care is used as a last resort.

Enhanced collaboration and networking among stakeholders.

 Enhanced community awareness and participation on OVC issues.

PROGRESS IN IMPLEMENTATION OF THE NPA

- Increased funding by the Government and donors for instance, the government allocated Ksh 48million(US\$ 695,652) in 2005/6 which has increased to Ksh. 579 million (US\$ 8,391,304) in 2008/9.
- Scale-up in terms of National responses to OVC situation support i.e. households benefiting from Cash Transfer Program has increased from 500 in 2004 to 65,000 in 2008.

PROGRESS IN IMPLEMENTATION OF THE NPA CONT

- Efforts have been made to establish and strengthen National Structures facilitating OVC responses i.e. NSC on OVC and AAC.
- Provision of free ART (from 0 in 2004 to 15,000 children in 2008).
- Noticeable increase in numbers of adoptions.
- Funding provision for OVC is based on the NPA strategies

PROGRESS IN IMPLEMENTATION OF THE NPA CONT

- There are efforts to improve policies to ensure that OVC are supported to attain their full potential e.g. draft OVC Policy and National Children Policy.
- Programs are in place to address barriers of access to free primary education e.g. school feeding programs
- Free medical services for children under five years and there are efforts to extend the same to OVC

CHALLENGES IN THE DEVELOPMENT AND IMPLEMENTATION OF THE NPA FOR OVC

- It was difficulty to get Consensus on definition of OVC.
- It was difficulty to de-link responses for OVC from services for all children.
- Lack of a legal framework

CHALLENGES IN THE DEVELOPMENT AND IMPLEMENTATION OF NPA FOR OVC CONT

- Lack of common funding mechanism for OVC interventions in the country.
- Lack of baseline data for OVC makes it difficult to set targets.
- Divergence in opinion on best approaches for OVC interventions

KEY LESSONS AND RECOMMENDATIONS

- Advocacy strategies need to be developed in order to enhance political will and support.
- Need for a champion at national level to lead the NPA process.
- Embracing international agreements and integrating national strategies as a good practice.
- Strong networking and planning skills are required to coordinate the implementation of the strategies.

WAYFORWARD

- Strengthen coordination mechanisms
- Establish a comprehensive National M&E system
- Establish pool funding for OVC
- Review the NPA to capture emerging trends
- Strengthen the National data base on Vulnerable children.

THANK YOU