SAVE THE CHILDREN FUND/UNICEF

MULTI-YEAR, MULTI-COUNTRY RESEARCH PROGRAMME
ON THE IMPACTS OF CASH TRANSFERS ON CHILDREN
IN EASTERN AND SOUTHERN AFRICA

Joint SCUK/UNICEF STUDY
Kenya Country Report

Draft for review

Jennifer Gibson

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This is the first draft of the country report for Kenya prepared as part of the research design phase for the joint Save the Children/UNICEF multi-country, multi-year study of the impact of cash transfers on children in Africa.

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ACRONYMS AND ABBREVIATIONS

ARV	Antiretroviral Treatment
AAC	Area Advisory Council
CBOS	Community-based Organizations
CSOs	Civil Society Organizations
CCT	Conditional Cash Transfer
CT	Cash Transfer
CT-OVC	Cash Transfer for Orphans and Vulnerable Children
DCO	District Children Office
DCS	Department of Children Services
DOSC	District OVC Sub-Committee
DFID	Department for International Development (UK)
DHS	Demographic and Health Survey
DP	Development Partner
ECD	Early Child Development
EU	European Union
GDP	Gross Domestic Product
GOK	Government of Kenya
HH	Household
HHH	Household Head
HIV and AIDS	Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome
HSNP	Hunger Safety Net Programme
KAIS	Kenya AIDS Indicator Survey
KCBO	Kenya Central Bureau of Statistics
KIHBS	Kenya Integrated Household Budget Survey
KIPPRA	Kenyan Institute for Public Policy Research and Analysis
KPIA	Kenya Poverty and Inequality Assessment
K.Shs	Kenyan Shillings
LOC	Location OVC Committee
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MGCSD	Ministry of Gender, Children and Social Development
MIS	Management Information System
NACC	National AIDS Control Council
NGOs	Non-Governmental Organizations
OVC	Orphans and Vulnerable Children
PCK	Postal Corporation of Kenya
PLWHA	People Living with HIV and AIDS
RAAAPP	Rapid Assessment, Analysis and Action Planning Process
SP	Social Protection
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VDC	Village Development Committee
VG	Village Group
WB	World Bank

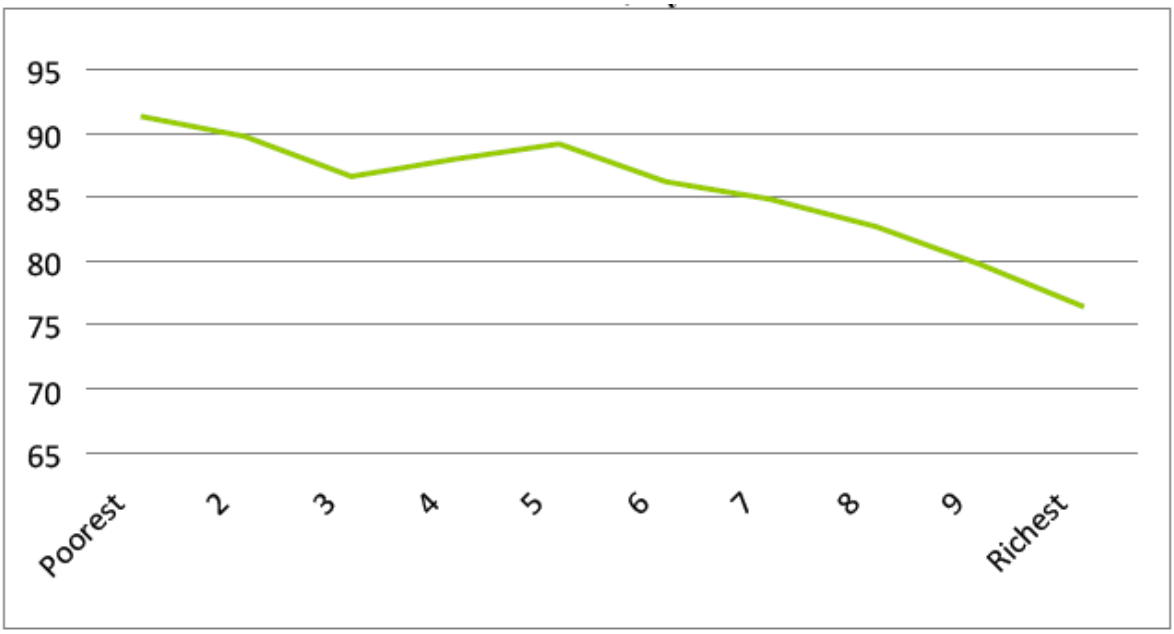
I. Context

A. Who are the Most Vulnerable?

Despite experiencing continuous economic growth for several years, the Government of Kenya (GOK) has had limited success in combating the poverty that affects 17 million Kenyans - almost half of the country's total population (35.5 million). Those who live in poverty predominantly reside in rural areas and are unable to afford enough to meet their daily nutritional requirements and minimal non-food needs.[1] More than 7 million of these – some 20% - live in extreme poverty, meaning they would be unable to meet their daily nutritional needs even if they spent their entire budget on food alone. In addition, inequality also remains high: in 2005/6, the consumption decile rations of the top 10 percet to bottom 10 percent stood at 20:1 and 12:1 in urban and rural areas, respectively. This compares to 5:1 in Tanzania and 3.3:1 in Ethiopia, both countries involved in the proposed multi-country study.

As with other developing countries, shocks are an important driver of poverty in Kenya. The KPIA found that the four shocks people experienced most often between 2000-2005 were food price inflation, droughts/floods, illness and death in the family, respectively. As expected, these shocks were experienced most frequently by those in the poorest deciles.

Figure 1: Percentage of Households that Reported at Least One Shock Over the Past Five Years by Decile[2]



[1] Kenya Poverty and Inequality Assessment (KPIA) 2008. KPIA used a monthly threshold of KSh 1,562 for rural areas and KSh 2,913 for urban areas based upon 2005/6 costs.
[2] KPIA piii.

Half of the Kenyan population is currently under the age of 18 and 8.6 million of them live below the poverty line. A Rapid Assessment, Analysis and Action Planning Process (RAAAPP) conducted in 2004 to generate an evidence base for the national OVC response found that 1.8 million Kenyan children are currently orphans, having lost one or both parents. Nearly a quarter of these live in extreme poverty. According to the National AIDS Control Council (NACC), there are an additional 600,000 children who are not orphans, but are vulnerable, as their 'safety, wellbeing and development are threatened' or 'who are emotionally deprived or traumatized'.[3] HIV and AIDS is the single greatest cause of the increasing number of Kenyan OVCs. The Kenya AIDS Indicator Survey (KAIS) estimates that 1.4 million Kenyans (7.8%) are currently living with HIV and AIDS. All of this has huge implications for Kenya's ability to meet the Millennium Development Goals, as the table below shows:

Figure 2: Trends in Selected MDG Indicators, relative to 2015 and Medium Term Plan Targets[4]

	1993	1998	2003	2005	2015 MDG	2012 MTP goal
MDG 2: Education						
Net primary enrolment rate	75	85	79	81	100	
Primary completion rate, %	19	20	19	35	100	
Youth literacy rate (% ages 15-24)	92	93	87	92	100	
MDG 3: Gender Equality						
Ratio girls to boys in Primary Ed (%)	99	95	91	98	100	
Ratio literate females to males (% ages 15-24)	92	94	95	99	100	
MDG 4: Child Mortality						
Under-5 mortality rate (per 1,000)	96	112	115	*	32	
Infant mortality rate (per 1,000 live births)	62	74	77	*	21	
One-yr-olds immunized against measles (%)	84	79	73	*	100	
MDG 5: Maternal Mortality						
Maternal mortality ratio (/100,000 live births)	*	590	414	*	91[†]	
Births attended by skilled health staff (%)	54	53	69	*	90[††]	

Source: 1993, 1998, 2003 DHS & 2005/6 KIHBS

** Denotes Data not available.* [†] *HMIS Annual Report 2003 – 2004*

[†] The target that 90 percent of births should be attended by skilled staff by 2015 was adopted at a special session of the United Nations General Assembly in 1999.

The post-election violence in 2008 is still being felt and has likely reversed progress made during the past few years. And, corruption remains prevalent, posing a challenge for government and development partners alike.

B. What is the State of Social Protection/Transfers in the Country?

In addition to the Cash Transfer for Orphans and Vulnerable Children (CT-OVC) which will be described in detail later in this report, there are two other key social transfers taking place in country:

[3] National Policy on Orphans and Vulnerable Children (2005).
[4] KPIA (2008)

- The **Hunger Safety Net Programme (HSNP)** started in 2008 and delivered its first transfer in February 2009. It covers four districts in the semi-Arid portion of Northern Kenya and for the next three years will deliver 60,000 transfers piloting three different targeting mechanisms: 1) community based targeting using similar methods to those used for food targeting, 2) Universal targeting by providing a social pension to everyone above 55 years, and 3) dependency/ratio targeting of greater than two dependents for every one able bodied adult. The targeting is done by in each of the four districts by one of three NGOs: Oxfam, Save the Children UK or CARE. The transfer is delivered by FSD, a private sector organisation, through debit cards stationed with local shopkeepers and a computerised finger printing system. Rigorous double blind evaluations are being carried out by OPM, an MIS developed and an independent rights component, run by HelpAge, established to ensure the rights of both beneficiaries and non-beneficiaries are respected. The aim is to develop clear lessons learned in targeting so that one method can be recommended to government for scale up.
- The government also runs **a small scale pension** that covers approximately 200-300 people in one area of Kenya. The World Bank also has plans to consider public works programmes for Kenya at some point in the near future.

Additionally, approximately two million people are permanently on food relief and this number rises to ten million during periods of severe drought. Pastoralists and people with the arid and semi arid lands are most vulnerable. The GoK currently spends US$40 to 65 million annually on social safety nets to combat food insecurity.[5]

C. Governance and Policy Processes re: Social Protection

The GoK is currently working to develop both a Social Protection Strategy and a Social Protection Policy. The strategy will be completed in May 2009 and will initially run from 2009-2012, at which time it will be revised and aligned with GoK strategic planning. While initially the strategy will focus on primarily on transfers as its overarching tool for social protection, there is an awareness and desire to further build in complementary and additional social protection measures. The policy and strategy will be important for providing overall legitimacy to the transfer programmes, as well as ensure it is part of government planning processes.

II. Purpose of Visit/Study

The two-week country visit to Kenya was conducted as part of the design phase for the development of a five-year, six-country study being planned by Save the Children and UNICEF to assess the impact of social transfer programmes on child development outcomes in Eastern and Southern Africa. The overall goal of the study is to contribute high-quality evidence to influence policy formulation and to improve the design of social transfer programmes that will achieve positive impacts on child well-being in particular and poverty reduction for children and their families more broadly. Kenya has been identified for inclusion in this research, along with Malawi, Ethiopia, Rwanda, Mozambique and Tanzania.

During the design phase of the study (October 2008-March 2009), country visits were undertaken by a two-member team consisting of lead researcher and research advisor aim to:

[5] Hussein, A. (2007) 'Policy and Practice for Children Orphaned and Made Vulnerable by HIV and AIDS' Presentation at Henan International Children and AIDS Seminar (September)

- Develop a clear understanding of the country's transfer programme(s), their management and operational structure;
- Consult with key stakeholders in country on the design of the framework, the development of indicators and methods for collecting and disseminating relevant data;
- Document details of the country's transfer programme (including data collection systems); identify information gaps; and recommend potential options for filling those information gaps.

Due to scheduling conflicts, the Research Advisor was unable to attend the Kenya country visit. The Lead Researcher, therefore, conducted the visit on her own.

III. Methodology for Design Phase

During the two week visit to Kenya, the Lead Research undertook the following:[6]

1) Interviews were carried out with representatives of key government ministries, NGOs engaged in social protection work, and international organisations to better understand how the programme(s) work, what key questions stakeholders have regarding impacts upon children and what the key debates regarding social protection in country are. See Annex A for a complete listing of stakeholders interviewed.
2) Site visits were carried out to see the relevant programmes in action. In Kenya, it was only possible to see the Cash Transfer for Orphans and Vulnerable Children (CT-OVC), as transfers had not yet started for the Hunger Safety Net Programme (HSNP). The Lead Researcher watched a transfer take place at the Post Office at Adam's Arcade in Nairobi, where she spoke with Head of the Post Office, the District Children Officer and two beneficiaries who had just received their transfers. She then spoke with a beneficiary in Kibera at her home. Longer field visits further outside of Nairobi were not possible during the trip.
3) The Research Team also met with potential local research partners to garner interest in the project and assess capacity to carry out different aspects of the proposed framework. In Kenya, the team met with the African Institute for Health and Development, the University of Nairobi, RUCBIC, the Kenyan Institute for Public Policy Research and Analysis (KIPPRA) and several consultants.

In addition to the various meetings, interviews and site visits, the Research Team also consulted key background documentation, project plans and assessments and M&E plans, in order to better understand gaps in the existing monitoring systems and how the proposed research could complement what already exists.

This report of the Kenya country visit, compiled using the information obtained during the visit, will be shared in March 2009 with the study's external advisors for technical comments and with all stakeholders at country level for further discussion and feedback. Based on this feedback, the research outline will be revised and finalized, in line with emerging issues and work on the

[6] A stakeholder workshop was held in each of the six country studies *except* Kenya. It was not held in Kenya due to outstanding questions around how this research fit into the existing research already taking place.

research designs from the other countries involved in the study, with an overall research framework developed to guide and integrate the effort.

Representatives from all 6 countries involved in the study as well as the research team, Save the Children/UNICEF steering committee and external advisory board will meet in March 2009 to finalize the research outlines and discuss plans for implementation. During this design phase, it is expected that Save the Children and UNICEF at country level will bring together and continue to engage with a multi-stakeholder reference group for the study, based on current work underway as well as discussions and stakeholder meetings conducted in the course of the country visit.

In each country, either UNICEF or Save the Children, has been designated as the lead agency for the design phase of the study. In Kenya, the UNICEF office is currently assuming the lead role for the coordination of stakeholders around this research project.

IV. Social Transfer Programme Design

Kenya is unique in comparison to the other five countries identified to participate in this study because both programmes under consideration – the Cash Transfer for Orphans and Vulnerable Children (CT-OVC) Programme run by the Ministry of Gender, Children and Social Development (MGCSD) and the Hunger Safety Net Programme which is currently being piloted in the arid and semi-arid regions of Northern Kenya – are already involved in rigorous, extensive and costly impact evaluations.[7] The impact evaluations are complemented by fully operational Management Information Systems (MIS) that regularly collect basic monitoring data on beneficiaries. In addition, the OVC programme has already been operational for four years and will reach scale by 2011. Kenya's involvement in this study, therefore, provides a key opportunity for the other five study countries (and possibly others in the early stages of CTs) to learn from their Kenyan colleagues. While this is important and a key aim of the study as a whole, the key challenge for the Research Team during the Kenya country visit was identifying the added value of Kenya's participation *for* Kenya, especially given the challenges of research fatigue that seemed to be prevalent. This report focuses primarily on the CT-OVC programme, as limited information was available during the country visit regarding the HSNP. There was also some resistance to its inclusion on the part of an in country partner.

A. The Cash Transfer for Orphans and Vulnerable Children (CT-OVC) Programme

1. Background

The CT-OVC programme was piloted in 2004 amid government concerns that the HIV epidemic was breaking down traditional social protection mechanisms, especially the ability of families and communities to care for those in need.[8] The overall goal of the programme is, therefore, to:

> "Provide a social protection system through regular and predictable cash transfers to families living with OVCs in order to

[7] Discussions around inclusion of the Hunger Safety Net in this study are still ongoing and thus limited reference is made to the programme in this country report. An annex will need to be added specifically on the HSNP, if it is included.

[8] UNICEF (2006) 'The Evolution of the Government of Kenya Cash Transfer Programme for Orphans and Vulnerable Children' p.2.

encourage fostering and retention of OVCs within their families and communities and to promote their human capital development."[9]

It aims to accomplish this by achieving the following objectives:

Figure 3: Objectives of the CT-OVC Programme

No.	OBJECTIVES
1	**Education:** * Increase school enrolment, attendance and retention of 6 to 17 years old children[1] in basic school (up to standard 8th).
2	**Health:** * Reduce the rates of mortality and morbidity among 0 to 5 year old children[2], through immunizations, growth control and vitamin A supplements[3].
3	**Food security:** * Promote household nutrition and food security by providing regular and predictable income support
4	**Civil registration[4]:** * Encourage caregivers to obtain identity cards within the first six months after enrolment * Encourage caregivers to obtain birth certificates for OVC and death certificates for deceased parents
5	**Strengthening capabilities within the household:** * Coordinate with other Ministries and partners training on topics such as nutrition and health[5]. * Provide guidance and refer cases related to HIV/AIDS[6], both to adults and children who are members of the households.

2. Coverage

As mentioned above the programme programme gives preference to areas that have high ratios of poor OVC households and has gone through several phases during its scale up.

Coverage from pre-pilot to scale-up within pilot has roughly been as follows:

YEAR	DISTRICTS	HOUSEHOLDS	OVCs
2004	3	500	1,500
2006	17	7,500	22,500
2007	37	12,500	37,500
2008	37	25,000	75,000
2009	37	65,000	195,000
2012	47	100,000	300,000

[9] Operations Manual, p.16

Confirmation of World Bank funding in February 2009, however, means this scale up is likely ton happen by the end of 2010, two years earlier than originally envisaged.

The CT-OVC at scale will cover all parts of the country *except arid and semi-arid lands.*
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3. Eligibility/beneficiaries[10]

A household is eligible for the transfer if they:

a) Have permanent members who are orphans or vulnerable children (OVC) between the ages of 0 to 17.
b) Are poor; and,
c) Do not benefit from any other cash transfer programme (this applies to direct OVC beneficiaries only, not other household members).

An OVC is defined as follows:

a) Single/double orphans
b) Children or caregiver are chronically ill[11]
c) Child headed household

4. Size of transfer

The transfer, which is 1500 Ksh (US$19.50) per month irrespective of the size of the household or number of orphans, is delivered bi-monthly through one of two structures: the post office (7 districts) or through the District Children Office (30 districts). There are plans by the end of 2009 to move towards delivery through the postal service in all districts.

In more remote locations some households and families are now receiving a top up of 1000 shillings to cover the costs of transport to collect the transport. This top up is being trialled at the moment and may or may not be permanent.

5. Conditionality

Conditions are currently enforced on households in five of the ten pilot phase districts; these districts, in turn, are being compared through the impact evaluation process with outcomes from the five remaining districts where conditions are not being enforced. Non-compliance results in a fine of Ksh500 for *each* instance. This means the fine for a household with three children not meaning one of the conditions would be Ksh1500 (Ksh500 for each child who didn't comply). The non compliance is recorded in a central Management Information System (MIS) which then calculates the deduction from the beneficiaries next payment. A beneficiary can never be fined more than the total of the transfer.

[10] Operations Manual, p.18
[11] "Defined as been bedridden or not able to perform and has been chronically at least for the last 3 months (i.e. AIDS, tuberculosis, cancer)" p. 18

Figure 4: Conditionalities for the First Group of Beneficiaries[12]

BENEFICIARY	CONDITIONALITIES	FREQUENCY OF REQUIRED COMPLIANCE	FREQUENCY OF COMPLIANCE MONITORING
Children between 0 & 1 yr old	Attend the health facility for immunizations, growth monitoring and vitamin A supplement.	6 times per year	Every 2 months
Children between 1 & 5 years old	Attend the health facility (for growth monitoring and vitamin A supplement)	2 times per year	Every 6 months
Children between 6 & 17 years old	Must enroll in school	Once per academic year	Every 12 months
	Attend basic school institutions*	80% attendance of effective days**	Every 2 months
One adult parent or caregiver	Attend awareness sessions	1 time per year	Every 12 months

* Only if there is supply capacity in the school and health facility and within reasonable accessible distance

** Justified absences do not count as absences

6. Funding

Since 2004, when the GoK applied for US$60 million dollar from the Global Fund to pre-pilot the CT-OVC, the GoK has continued to increasingly show ownership of the programme by increasing government spending for scale up. The National Budget allocation for the programme has gone from US$800,000 to more than US$9 million in four years.

BUDGET YEAR	Amt(Ksh)	Amt (US$)
2005/6	48 million	750,000
2006/7	56 million	875,000
2007/8	169 million	2,640,625
2008/9	550 million	8,593,750

External funding has also increased, with commitments now totally more than US$150 over the next 10 years.[13] In addition to this, the World Bank has recently signed a US$50 million dollar agreement with the government to scale up the programme further using IDA funds.

In addition to funding, the government also provides office space and personnel for the programme at all levels.

[12] Operations Manual, p.20

[13] GoK conversations. Donors currently include UNICEF, DFID, SIDA and WB.

7. Implementation

Targeting and Selection is three tiered and incorporates both community based targeting and a means-proxy test:

1) Local OVC Committees are used to identify potential beneficiaries. They then collect information about each household, e.g. income, number of OVCs in household, etc. using a standardised form handed out by the Ministry of Gender, Children and Social Development, which has primary responsibility for implementing the scheme.
2) The information about selected households is then inputted into a comprehensive MIS system that uses means testing to determine whether the household is, in fact, eligible. This is called validation. An independent assessment of the house's status is also conducted at this time to cross check information the LOCs are sending through.
3) The validated list, including any rejections, is then sent back to the community for review and a grievance process is available, if needed.

During these three steps, there is about a 30% loss, i.e. by the end only about 70% of those originally identified are still eligible.[14]

Funds limit the number of beneficiaries, so not everyone who passes steps 1 and 2 will actually receive the transfer. A ranking process and cutoff point are implemented after the final list has been agreed. Households are ranked in the following order:[15]

1) Child headed households, and within them, households with larger numbers of OVC
2) Eldest headed households. And within them, households with larger number of OVC
3) Households with larger number of OVC and within them, those with disabled members.
4) All other households with OVC.

After the selection process, there is an ***enrolment process*** that includes:

- Screening to verify they are the ones identified during the selection process
- Asking participants if they want to be part of the programme
- If they say yes, they then sign an agreement letter with government.
- Beneficiaries are required to get birth certificates and ID within six months of registering for the programme. They do this through the District Child officer, which is the primary implementing agency of the transfer, and the Register Office.
- They are also allowed to nominate someone to pick up their transfer if, for some reason, they are unable to. This person also must obtain ID.

[14] UNICEF discussion, 2009
[15] Operations Manual, p.18

***Payment Process*:**

- The MIS produces a roster which is then sent to each payment location:
    - In 7 districts (those districts where UNICEF funds the transfer), bi-monthly distribution is done using the Post Office, which is widespread and has more than 400 stations in Kenya.
    - In the remaining 30 districts, the Government funds are transferred through the DCO. The main reason for transferring money through the DCO is cost. The Post Office charges a fee for delivering the money, which leads to higher administration costs in the UNICEF funded districts (approx. 20% v. 5.09% in Government funded areas)[16]. Delivering through the DCO has proved more cumbersome and less reliable than the Post Office, though, and plans are underway to standardise the transfer delivery through the post office in all districts by the end of 2009.
- Payment dates are set bi-monthly and recipients are told when the money will be available. They can then pick up the transfer anytime during a one week window at the end of the month.
- When the receive the transfer, they must show their ID card and sign for the transfer (or fingerprint). If their nominated person is collecting the money, this person must have both his/her own ID, as well as the ID of the person for whom they are collecting.
- After the payment window closes, the post office and/or DCO sends the payment sheet showing who collected their money and who did not, back to the Department of Children Services in the Ministry of Gender, Children and Social Development.
- This information is then inputted into the MIS and a reconciliation conducted.
- If a recipient does not collect their money, they can collect it during the next collection cycle (i.e. receive a double payment). The MIS flags the missed collection, though, and a follow up is made with household. If a household misses three or more payments, they are removed from the register, but not before the LOCs and DCOs visit the household to determine why they have not been collecting.
- A household "graduates" when they either 1) no longer have an OVC or 2) when the head of the household dies.

8. Monitoring and Evaluation

The OVC Transfer Programme currently has both rigorous quantitative and qualitative evaluations managed by OPM running in the ten pilot districts. The evaluation is measuring:

- impact of CT on children and households

[16] There is some dispute about the actual administration costs in government run areas, as they are drawing on staffing and infrastructure already in place, but not costing that as part of the administration of the programme.

- effectiveness of targeting processes
- priority listing
- conditions versus no conditions
- value of transfer – esp in relation to HH size
- cash delivery mechanism
- graduation and exit strategies

Within this evaluation, the programme is also testing hard and soft conditionalities, as mentioned above. The addition of World Bank funding to the programme in 2009 will provide an additional impact evaluation across all 47 scaled up districts. The MIS provides additional monitoring data on areas such as the status of the household upon enrolment (17 indicators that include living conditions and level of income), as well as information of process related indicators, such as timeliness of transfer and size of the transfer.

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V. Key Stakeholders for Social Protection[17]

The National Steering Committee for Orphan and Vulnerable Children is the policy body that oversees all issues with respect to OVC. The Department of Children Services acts as Secretariat. The CT-OVC pilot programme implementation started after the committee approved the design on April, 2006.

At the central level, the **the Ministry of Gender, Children and Social Development (MGCSD)** is the Executing Agency under the responsibility of the Permanent Secretary who provides guidance and makes policy decisions. Agreements are made with other ministries and agencies at this level –education, health, civil registrar and finance- in relation with the operation of the programme. Prior to the 2008 election, the CT-OVC transfer used to be run out of the Office of the Vice President and Ministry of Home Affairs (OVP & MOHA).

The **Department of Children Services (DCS)** is under the MGCSD. This department supervises the daily operations of the implementation of the CT-OVC programme by the **OVC Transfer Secretariat (OTS)**, which is tasked with primary responsibility for implementing the CT-OVC. The deputy director of the DCS heads the OVC Transfer Secretariat and oversees daily operations, holding regular meetings with the key personnel, consultants and donor representatives. The DCS is also in charge of providing the required infrastructure, personnel and resources to the OTS, as well as coordinating with the donor agencies to obtain technical assistance, resources and support.

The **Ministry of Education (MOE) and Ministry of Health** play both a national and district level role. At the national level, they sit on the OVC Steering Committee. At the district level, the ensure coordination with schools and health facilities and address any issues that may arise. Participating **schools and health clinics—**formal and non-formal, public and private—are responsible for providing education and health services to programme beneficiaries. Likewise,

[17] This section was drawn primarily from the Operations Manual, with updates and adjustments included where titles, names and responsibilities had changed since the manual's inception.

they have the obligation to submit information to their respective District Education Officers concerning compliance of conditionalities by beneficiaries once the registration period has been completed by the end of each term.

The **Ministry of Finance** provides the guidelines and directives for the transfer of funds for the CT-OVC programme. The Ministry is the entity through which the nation budgeted funds are distributed to the Ministry of Home Affairs, which in turn uses the funds for programme operation and transfers. Likewise, the Ministry is the entity that supervises and/or channels funds from donors to the CT-OVC programme. If funds from donors are directly transferred to the program, the Ministry of Finance is infored about this transaction.

The **Payment Agency (POSTA)** is the agency in charge of receiving the funds and the list of beneficiaries in order to distribute payment to these beneficiaries at the local level. The payment agency gets the funds from donors or government and is under the obligation of making payments every two months. At the end of each payment period, the Post office (POSTA) reconciles the accounts and informs the CPU, which in turn reimbursed any unpaid funds to donors and/or Government.

The **Civil Registrar** is the agency in charge of providing support to District officers for beneficiaries to obtain national identity cards and birth and death certificates.

Several **community organisations** support the program. The **Area Advisory Council (AAC)** is the entity that oversees project implementation at the district level. These councils are comprised representatives from local governments and stakeholders who are interested on improving the children's wellbeing. MGCSD, with UNICEF support has created and trained these councils in every district where the CT-OVC programme is being implemented .

The **District OVC Sub-committee (DOSC)**, which is a sub committee of the AAC, is in charge of supporting the DCO to implement the programme at various stages, especially during the targeting and enrolment processes, as coordinators. DOSC members also have an important role for monitoring the activities of the programme and for the resolution of appeals and complaints cases from beneficiary families.

The **Location OVC Committees (LOC)** are in charge of identifying poor households with OVCs in the villages. Additionally, they have an important follow-up role with beneficiary families; by coordinating home visits and awareness sessions carried out with volunteers, which aimed at helping families to comply with the obligations of by the Programme.

Volunteers are in charge of supporting monitoring mechanisms and providing awareness visits to beneficiary households. In this manner, MGCSD can ensure families meet their conditionalities and that their complaints are acknowledged, that their needs for assistance are met and that the changes required for updating the information can be obtained and reported to the DCO*.*

In addition to the GoK, **UNICEF**, through **DFID** funding, provides both full time technical and financial support. In February 2009, the World Bank signed a five year, US$50 million IDA grant to help bring the programme to scale nationally. Discussions are currently underway to add an external monitoring component to the programme, which would likely be undertaken by civil

society. The Hunger Safety Net Programme is fully funded by **DFID** with government coordination through the **Ministry of Development of Northern Kenya and Other Arid Lands**.

VII. Current and Potential Research Partners

Oxford Policy Management is currently engaged as the national research partner for the on-going evaluations. It is envisioned that they would remain the international partner for any continuation of those evaluations as part of this study. The study would also use the same local research partners and enumerators they have been employing to date.

As the scope of the research in Kenya is likely to consist primarily of one-off pieces, though, there will be a need to periodically engage a local research partner, based upon the specific piece of work required. To this end, there are a number of options available.

- **The University of Nairobi**

The University of Nairobi was founded in 1956. It has some 22,000 students, of whom 17,200 are undergraduates and 4,800 are postgraduates and six different colleges:

- College of Agriculture & Veterinary Sciences situated at Upper Kabete Campus
- College of Architecture & Engineering situated at the Main Campus
- College of Biological & Physical Sciences situated at Chiromo Campus
- College of Education & External Studies situated at Kikuyu Campus
- College of Health Sciences situated at the Kenyatta National Hospital
- College of Humanities and Social sciences situated at the Main Campus -Faculty of Arts ; Parklands-Faculty of Law; Lower Kabete Campus -Faculty of Commerce

One of the Professors in the Economics Department at the University, Germano Mwambu, sits on the External Reference Board for this study and the Lead Researcher was also able to meet with John Njoka, a Lecture in the Development Studies Department.

- **African Institute for Health and Development**

The African Institute for Health and Development (AIHD) is a non-profit, non-governmental organization (NGO) which was established in June 2004 in Nairobi, Kenya by a group of accomplished African researchers and academicians. The Institute's main focus is on implementing evidence-based programming, conducting research, training and advocacy on health and development issues that are contextually relevant to Kenya and to the African continent. The Institute is involved in policy formulation on key development issues including social protection, HIV and AIDS, poverty alleviation, gender, child health, nutrition, and health promotion. The Institute implements its activities in partnership with local, national, regional and international partners. Over the last five years, the Institute has been involved in health and development work in various capacities in Kenya, Tanzania and Zambia. In terms of capacity, they have a limited number of full time staff, but pull in people as projects require. The Executive Director, Mary Amuyunzu-Nyamongo, is currently one of two consultants involved in the drafting of the Social Protection Policy and the Social Protection Strategy.

- **Kenyan Institute of Public Policy Research and Analysis (KIPPRA)**

The Kenya Institute for Public Policy Research and Analysis was established by the Government of Kenya with the primary objective and purpose of developing human and institutional capacities to contribute to the formulation of medium to long term strategic perspective for economic and social development in Kenya. They have more than 20 staff members employed and are currently undertaking a number of research projects with both the Kenyan government and international partners (the latter primarily in agriculture). Their close relationship with the government is potentially beneficial, but their recent involvement in preparing the budget for the Social Protection Strategy created some questions about their capacity to undertake quality work.

VIII. Proposed Research Framework for the Country

As a result of the ongoing discussions around whether the Hunger Safety Net Programme will be included as part of this study, this section will focus solely on the CT-OVC, which will be participating.

A. Potential Key Questions

As a result of the comprehensive on-going longitudinal research currently taking place in country, stakeholders felt the most value added for Kenya centred upon assistance with disseminating lessons learned and one-off analysis that might address arising issues or on-going concerns. With this in mind, a number of topics were put forth for consideration:

1. Targeting – lessons learned, challenges and best practice
2. Government involvement and ownership – how has this evolved in Kenya and what are possible lessons that can be shared with both other governments and partners who are looking to work together?
3. Capacity and the OVC transfer programme – What are some of the capacity challenges the programme faced initially and how it addressed these?
4. Providing Technical Assistance to government on transfers – writing up the Kenyan experience and lessons learned.
5. The MIS and programme management
6. Is targeting causing social disruption? To do this we would really need to study welfare systems before the transfer and then after the transfer. Some stakeholders thought we might be surprised to see migration and poverty have already destabilised and/or eliminated traditional safety net systems.
7. Market multipliers – what are the local economic effects of the transfer?
8. The link between transfers and reduction in poverty and inequality.
9. Are orphans retained in their communities/households as a result of the transfer? This is the primary aim of the programme – can we measure this or build a module to measure this?
10. Who actually gets the money and who benefits from the money? Are there differences among children in the household and how they benefit.

11. Linkages with programmes such as the Constituency Development, which provides bursaries – are these the same households and if not, why not? How is programme creating awareness of complementarities and what options exist?
12. Delivery Mechanisms – costs, challenges and lessons learned.
13. Budget Tracking – is money going where it supposed to be going?
14. The interaction between transfers and supply side facilities.
15. Working directly with children using innovative methods to measure transfers and social capital.

B. Information already collected and useable

The fieldwork for the CT-OVC quantitative baseline quantitative survey was conducted between March and August 2007, when some 2,759 household interviews were conducted. The baseline measured a range of topics:

- impact of CT on children and households
- effectiveness of targeting processes
- priority listing
- conditions versus no conditions
- value of transfer – esp in relation to HH size
- cash delivery mechanism
- graduation and exit strategies

In addition to the quantitative baseline, a qualitative baseline was conducted in 2008 looking more in depth at a range of questions through 15 focus group discussions and a range of key stakeholder interviews. The key questions for the qualitative baseline were:[18]

- Does the programme reach those most in need? Was the process of selection fair and participatory? Are any groups excluded?
- Is the programme efficient, respectful and helpful? Is it responsive to any problems or concerns? What are the difficulties in participating, including in complying with conditions where they are operating?
- What is the impact of the programme on beneficiaries and on the wider community? Has it had any effect on community relations or other community characteristics (e.g. prices, services)?
- Who receives, controls and spends the cash transfer and on what and whom it is spent? Does it have any effect on intra-household relationships?
- Have there been any changes in attitudes to OVCs within households as a result of the cash transfers? Have there been any changes in the way OVCs are treated, and the expectations of them - either positive or negative? Have there have been improvements in OVCs' status? Has the programme led to improved schooling or reduced expectations of child work? Have there been any changes in the possible exploitation of OVCs, including any sexual exploitation and involvement in the sex industry? What role does gender play in these issues?
- How has the programme impacted on women's status? Has it brought about any empowerment of women? Has it increased the risk of violence against them, either within or outside the household? Does collecting the money carry any risks?

[18] Qualitative Baseline Report (2008)

- What has been the impact of the post-election violence on recipient OVCs and their households? What has been the impact of the post-election violence on the OVC programme?

A follow up quantitative and qualitative evaluation is expected in 2009 and 2010, respectively. Data from all four collections will be available for the multi-country study to use.

C. Information that will need to be collected

The information that will need to be collected as part of this study will be through one-off, discrete pieces of research and will depend largely upon the key questions the country team prioritises. This is likely to be largely qualitative and/or analytical pieces. It is also likely that a third round of the existing impact evaluation will be funded through this project, in which case both quantitative and qualitative data will need to be collected.

D. Frequency

A third round of the existing impact evaluation will take place in 2013, as part of this study (although it may be funded through in country sources.) The frequency of other data collection will depend on what the country team prioritises, but is likely to include at least one discrete piece of research each year of this study.

E. Knowledge Management

It should be clear from the beginning that the government owns any data collected and that any information collected as part of this study receive full government approval before being used. This is especially important given the ongoing technical relationship with UNICEF in country and the role of other development partners, such as the World Bank and DFID.

The existing database from the baseline will need to be incorporated into some sort of central management and the qualitative instruments stored.

IX. Proposed Framework for Implementation

A. Partnerships

Governance Structure

The National Steering Committee for OVCs will provide policy oversight for this study and ensure it meets the approval of the Kenyan Government. It was established in 2004 and includes both government, DP and Civil Society Representation. (A more detailed description of its composition and purpose is included as Annex C.)

The Technical Working Group for the CT-OVC, which includes the GoK OVC Transfer Secretariat, the WB, UNICEF, and DFID, will provide more direct oversight for the project, ensuring quality control and providing critical input (both technical and policy) as the study moves forward.

UNICEF will continue to play the Lead for the research in country.

B. Research Structure

Oxford Policy Management will continue to act as the International Partner for the ongoing impact evaluation, as well as any additional rounds that might take place as part of this study. One local research partner will not be identified, but rather several will be used as and when needed and depending on the piece of research to be conducted.

C. Human Resources

A part time Research Coordinator may be needed to help implement the one-off studies and manage partnerships with local and international partners. This person should have both strong technical and policy skills, as well as clear managerial capability. Further discussion is needed on where this person actually sits (i.e. which institution, as UNICEF may be unable to house) and communication and transportation will need to be taken into consideration for budgeting purposes. A general ToR will need to be developed for countries with Research Coordinators, tailored to the specific needs of individual countries.

D. Technical Gaps and Needs

International technical assistance may be necessary to support some components of the research, especially for the qualitative elements. Any specific analytical work would best be done by drawing upon international expertise and/or consultants in order to best utilise the current state of international debate and new methodologies. As above, though, it would be best to do this in collaboration with local researchers to build capacity.

E. Quality Assurance Measures (i.e. Training)

Regional level gathering and trainings for in-country staff will be important for the cohesion of the project and overall technical guidance.

It might be beneficial to foresee an initial orientation/training for the national research team members and their implementing partners (when chosen) to review the overall objectives of the project, outline the key data collection tools and methods, and provide guidance on some of the more technical aspects involved.

F. Costs

The initial baseline cost approximately US$250,000. The follow up evaluation that will be carried out this year and next is likely to cost considerably more (circa US$450,000), as the qualitative element has been expanded to look at questions beyond those initially identified, including the post election violence.

X. Ethical Considerations

- ***Targeted vs Universal Approaches:*** With almost half of the country below the poverty line, distinctions between 'poor' and 'poorest' have raised concerns by some as to the ethics of targeting only a portion of this population. This debate continues in Kenya, where the HSNP is piloting a pension as one of the delivery mechanisms, as well as a child benefit.
- ***Sustainability:*** Sustainability concerns in country revolve largely around the Hunger Safety Net Programme. As with transfers in other countries, some have concerns about the ethics of transfers when it is unclear that government resources exist to continue funding if donors leave.
- ***Control Groups*:**
- ***Research with Children:*** Certain ethical considerations come to the fore in research in general – in terms of informed consent, confidentiality, and use of research results – which have particular ramifications in terms of research on and for children. Study planners and implementors will need to take care to conform to existing guidelines on research involving children and all pertinent ethical issues are taken into consideration.

XI. Evidence-Based Policy Translation: Getting Buy-In

Linking with national policy and policy monitoring progresses at the outset will greatly improve chances of research results being taken into consideration in policy formulation. The research in Kenya should therefore be designed in such a way as to contribute to the evolving thinking around social protection and to support both the policy options and monitoring component of the national Social Protection Strategy

It is important that the findings from the study and its various components reach high level policy makers not just at the end point (after 5 years) but through periodic reviews of emerging findings along the way and the organization of policy discussion fora (both national and regional), which should be planned as an integral part of the study. A clear communications plan should be developed to guide all such efforts.

The monitoring and study of the cash transfer programmes themselves should also be accompanied by research and analytical work to support the government in its review of policy options through, for example, an analysis of fiscal space for social protection; a comparative cost-benefit assessment of universal benefits and targeted transfers; and other topics which might emerge as priorities through the course of the study and the implementation of national policy.

Key recommendations arising from the above:

- Enlist representatives from policy making wings of government as members of the national research team/steering body from the outset
- Make use of existing fora for policy discussion and debate:
- Develop a communications plan: such a plan should aim at periodic dissemination of interim results and emerging issues through a variety of channels (media; policy briefs; national seminars, etc) rather than production of a single report at project's end
- Encourage experience and information exchange across the six countries involved in the study so that countries can learn from each other, including around issues of translating policy into action

XII. Outstanding Questions/Follow Up

- The key outstanding question in Kenya is whether the research study will focus solely on the CT-OVC or whether the Hunger Safety Net Programme will be included. Save the Children, as an implementing partner in the Hunger Safety Net, has expressed desire to have this project assist with writing up lessons learned on the targeting process they've been involved with. The Kenyan country team about how it goes forward. It will also need to hold further discussions with DPs to gain their support and buy in for the study.

XIII. Annexes

A. List of People Met

UNICEF

- Dr. Juan J. Ortiz-Iruri, Deputy Representative
- Dr. Sanjiv Kumar, Chief, Health
- Dr. Brigithe Lund-Henriksen, Chief, Child Protection
- Dr. Aminata Maiga, Chief, Education and Youth
- Carlos Alviar, Cash Transfer Officer
- Bonee Wasike, Social Policy Officer
- Jane Mbagi-Mutua, Education Officer
- Susan Kiago, M&E Officer

UNICEF ESARO

- Ben Davis, Regional Social Policy Advisor
- Phillip Jespersen, Regional Chief of Monitoring and Evaluation Jan Rielander, M&E Officer
- Tom Fenn, Regional HIV Advisor
- Philip Jespersen, M&E Officer
- OVC Officer

SAVE THE CHILDREN

- Ann Robins, Country Director
- Frederic Vignoud, Livelihoods Adviser

GOVERNMENT

- Professor Jacqueline A. Oduol, Secretary for Children Affairs, Ministry of Gender, Children and Social Development
- Ahmed Hussein, Director, Department of Children's Services, Ministry of Gender, Children and Social Development
- Mary Mbuga, Assistant Director, Department of Children's Services, Ministry of Gender, Children and Social Development
- Samuel Ochieng, Senior Children's Officer/MIS Coordinator, Ministry of Gender, Children and Social Development
- Daniel Musembi, Chief Children's Officer, Department of Children's Services, Ministry of Gender, Children and Social Development
- Joseph Kajwang, Chief Children's Officer, Department of Children's Services, Ministry of Gender, Children and Social Development
- Godfrey K. Ndeng'e, Social Policy Advisor, Ministry of Finance
- Winnie Mwasiagi, Coordinator, Social Protection Secretariat, Ministry of Gender, Children and Social Development
- Peter Karuki, Consultant, Working on Government Social Protection Policy and Strategy

PARTNERS

- Mike Mills, Lead Economist, World Bank
- Leigh Stubblefield, Livelihoods Advisor, DFID
- Aida Mwangola, Social Policy Advisor, DFID

RESEARCH INSTITUTIONS

- Mary Amuyunzu-Nyamongo, Executive Director, African Institute for Health and Development
- Germano Mwabu, University of Nairobi
- John Njoka, Team Leader, RUCBIC (Also University of Nairobi Lecturer)
- Lydia Ndirangu, Kenyan Institute of Public Policy Research and Analysis (KIPPRA)
- Eldah Onsomu, Kenyan Institute of Public Policy Research and Analysis (KIPPRA)

KIBERA

- Beneficiaries receiving Payment at Adam's Arcade Post Office
- Debra, Beneficiary in Kibera District
- Kibera District Children's Officer
- Post Office Officials at Adam's Arcade

UNABLE TO MEET

- Sammy Keter, Consultant, HSNP (was out of country)
- Kate Vorley, USAID (out of office)
- Caroline Pulver, FSD Kenya (out of office)
- Stephen Barrett, HelpAge Kenya (out of office)

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Other Documents:

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C. National Steering Committee Terms of Reference

ESTABLISHMERNT OF THE NATIONAL STEERING COMMMITTEE ON ORPHANS AND VULNERABLE CHILDREN (OVC)

HIV/ AIDS is having a devastating impact on the world's youngest and most vulnerable citizens. One of the most telling and troubling consequences of the epidemic is the number of the children it has orphaned and impacted on. Today in Kenya, it is estimated that the number of orphaned children due to this scourge is over a million and this continues to rise. The impact of HIV/AIDS compounded with the rising levels of poverty will continue to cause life scale suffering among children for along time to come. A situation analysis of the problem of the OVC needs to be carried out to determine the magnitude for proper planning and response.

Addressing the problems facing the OVC, calls for a multi sectoral approach. It is in this regard that the Permanent Secretary, Ministry of Gender Children and Social Development do hereby appoint the following Government Ministries, Development Partners, Civil Society, NGOs, and Faith Based Organizations to be members of the National Steering Committee on OVC

I: Government Ministries/Departments.

- Ministry of Gender, Children and Social Development (Chair)
- Office of the President- Ministry of Internal Security and Provincial Administration
- Ministry of Health/NASCOP;
- Ministry of Finance;
- Ministry of Planning & National Development;
- Ministry of Education
- Ministry of Local Government
- Ministry of Labour & Human Resource Development;
- The Office of the Attorney-General;
- National Council for Children's Services (NCCS) and,
- National Aids Control Council (NACC).

II: Development Partners.

- United Nation's Children Fund (UNICEF);
- USAID
- The World Bank;
- World Food Programme;
- DfID
- Futures Group/ Health Policy Initiative (HPI)

III: International NGOs.

- Save the Children Alliance.
- World Vision (WV) and,

- Christian Children Fund (CCF).

IV: Faith-Based Organizations.

- National Council of Churches of Kenya (NCCK);
- Hindu Council of Kenya;
- Supreme Council of Kenyan Muslims (SUPKEM); and,
- Kenya Episcopal Conference (KEC)-Catholic Secretariat.

V: Civil Society Organizations.

- African Network for the Prevention and Protection Against Child Abuse and Neglect (ANPPCAN);
- Kenya Alliance for Advancement of Children Rights (KAACR);
- Child Welfare Society of Kenya (CWSK); and,
- Law Society of Kenya (LSK).

Terms of Reference (ToR) of National Steering Committee on OVC

- Provide a forum for review and development of policies and laws regarding OVC.
- Provide technical support and overall guidance/leadership in the development and implementation of a National Action Plan for OVC.

- Set standards and articulate the strategic direction of all OVC matters;
- Facilitate the consultation and coordination of research, and dissemination of findings on OVC matters;
- Advocate for a multi-sectoral, integrated and gender-sensitive approach/response to the OVC situation in Kenya;
- Provide a forum for sharing of the ''best practices'' and harmonization of strategies and interventions/programmes nationally, regionally and internationally;
- Mobilize and put in place structures for effective monitoring of resource-utilization for OVC programmes;
- Formulate and appoint task forces to deal with activities and thematic issues within the mandate of the Committee;
- Facilitate the establishment and implementation of the national OVC Monitoring and Evaluation Strategy.
- The National Steering Committee on OVC will be required to report to the Permanent Secretary in the Ministry of Gender, Children and Social Development from time to time, on all matters regarding OVC.

The above mentioned institutions are expected to nominate one representative each to the National Steering Committee.

The Permanent Secretary, Ministry of Gender, Children and Social Development will be the Chair and the Department of Children Services will be the Secretary to this committee.