



**KENYA WELFARE
FOUNDATION**



KENYA WELFARE FOUNDATION (KWF).

In solidarity and human dignity, we trust

PROPOSAL



COMMUNITY MOBILISATION TO FIGHT HIV/AIDS and IMPLEMENT A
MULTIFACETED SOCIAL WELFARE SUPPORT PROJECT TO BENEFIT
CHILDREN and YOUNG PEOPLE WHO ARE ORPHANED, AFFECTED AND
INFECTED BY HIV/AIDS IN KENYA

“Project Plan 2007 - 2011”

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Strategy Presentation

Contact information	page 2
Table of Contents	page 3
Abbreviations and Acronyms	page 5
Executive summary	page 6
Introduction	page 8
Background on the Kenya Welfare Foundation	page 10
Organisational description	page 10
Main Objective	page 12
Expected public, private and government funding	page 12
Specific Objectives	page 12
Organisational strategy	page 13
Effective networking and collaboration	page 13
Institutional philosophy	page 13
Foundation's target groups and fields of intervention	page 16
Affiliation / collaboration	page 19
Current activities	page 19
Theme of the project plan	page 21
The problem	page 22
Magnitude of the problem	page 23
Paediatric HIV	page 24
The need for a comprehensive response to HIV/AIDS	page 25
The impact of economic development on HIV/AIDS	page 25
The impact of HIV/AIDS on education	page 26
The relationship between AIDS and poverty	page 26
Kenya Welfare Foundation areas of concern	page 26
HIV/AIDS	page 26
Children orphaned by HIV/AIDS	page 27
Education	page 27
Food and nutrition	page 28
Health	page 28
Shelter and housing	page 28
Water and sanitation	page 29
Labour and industrial relations	page 29
Information and communications technology	page 29
Kenya Welfare Foundation's Response to HIV/AIDS	page 30
Care	page 30
Prevention	page 30
Advocacy	page 30
Slums or "informal settlements"	page 30
Responding to HIV/AIDS and poverty in Kenya	page 31
Micro-finance project activities	page 31
Project management	page 32
Project manager	page 32
Project steering committee	page 32

Financial management	page 32
Technical support	page 32
Mission statement	page 33
Strategic goals and objectives	page 33
Specific objectives	page 33
Priority strategies and interventions	page 35
Resource mobilisation	page 35
Institutional strengthening and management support	page 35
Coordination	page 35
Transparency and accountability	page 35
The way forward	page 35
Monitoring and evaluation	page 36
Resource requirements	page 36
Acknowledgements	page 37
BUDGET:	page 38
1) The establishment of the Kenya Welfare Foundation's Secretariat in Nairobi	page 39
2) Global budget for HIV/AIDS awareness campaign and preventive information	page 38
3) Global budget for integrated micro-finance with HIV/AIDS care	page 39
Annex 1: Creation of KWF	page 43
Annex 2: Kenya Government's commitment and rights of the child	page 45
Annex 3: Kenya Country Profile	page 47
Organizational Structure	page 52
The Kenya Welfare Foundation administrative Body (Chart)	page 53
Kenya Welfare Foundation Organigramme	page 54
Kenya Welfare Foundation Fund Raising Structure	page 55
HIV/AIDS Flyer (HIV/AIDS is avoidable preventable)	page 56

Abbreviations and Acronyms

ACRWC: African Charter on the Rights and Welfare of the Child
ADP: Area Development Programme
ANPPCAN: African Network for Prevention and Protection Against Child Abuse and Neglect
CBOs: Community Based Organisations
CCC: Community Care Coalition
DANIDA : Danish International Development Assistance
ECHO: European Community Humanitarian Aid department
ICT: Information and Communications Technology
IDA: International Development Association
IEP: Institut d'Etudes Politiques
IIEP: International Institute for Educational Planning
ILO: International Labour Organisation
JICA : Japan International Cooperation Agency
KCA: Kenya Community Abroad
MFIs: Micro-Finance Institutions
MSF: Médecins Sans Frontières
NGO: Non Governmental Organisation
NYS: National Youth Service
OCDE : Organisation de coopération et de développement économiques
OHCHR: United Nations High Commissioner for Human Rights
OMCT: Organisation Mondiale Contre la Torture
OVC: Orphans and Vulnerable Children
PBO: Public Benefit Organisation
PEPFAR : President's Emergency Plan for AIDS Relief
SDC: Sociétés de développement commercial – Canada
SIDA: Swedish International Development Cooperation Agency
SOSEED: SOS Enfants En Détresse
STIs: Sexually Transmitted Infections
TAK: Taka Taka Afya Korogocho
UNAIDS : United Nations Programme on HIV/AIDS
UNCDF: United Nations Capital Development Fund
UNCHRD: UN Centre for Human Rights and Democracy
UNCRC: United Nations Convention on the Rights of the Child
UNDP: United Nations Development Programme
UNESCO: United Nations Educational, Scientific and Cultural Organisation
UNFIP: United Nations Fund for International Partnerships
UNFPA: United Nations Population Fund
UNHABITAT: United Nations Human Settlements Programme
UNICEF: United Nations Children's Fund
UNIDO : United Nations Industrial Development Organisation
UNODC: United Nations Office on Drugs and Crime
UNWFP: United Nations World Food Programme
USAID : United States Agency for International Development
WOAT: World Organisation Against Torture

EXECUTIVE SUMMARY

Project: Community mobilisation to fight HIV/ AIDS and implement a multifaceted social welfare support project to benefit children and young people who are orphaned, affected and/or infected by HIV/AIDS in Kenya.

Project(1): The establishment of KWF Secretariat and information centre – 5 Years.

Project(2)/Phase(1) : HIV/AIDS awareness campaign and preventive information

Project(3) /Phase(1): Integrating micro-finance with HIV/AIDS care – 3 Years.

Purpose: The project seeks to improve the lives of HIV/AIDS orphans and youth infected or affected by HIV/ AIDS and very poor women in rural and semi-urban areas by combining economic development assistance with improved access to HIV/ AIDS care, mitigation services, and education. Women are a primary focus because they tend to invest additional income in improving the lives of their children.

Location: Kenya

Current Situation: According to Global AIDS Epidemic, Kenya has over 1.4 million HIV-positive women. Thousands more, on little income, are caring for others infected or affected by HIV/AIDS, including orphans and vulnerable children.

Project Goals:

- Create a Kenya Welfare Foundation DevFund for Micro-Finance funding to female and youth Micro-Entrepreneurs
- Through lending, create over 5,000 jobs for young people and women in the country by the year 2009
- Improve care and support for 850,000 orphans and vulnerable children, and impact on 1.5 million young people over all
- Cater for 850,000 orphans and vulnerable children in terms of educational support (uniforms, books, tuition fees etc.) and/or create vocational centres.

Duration: July 1, 2007, through December 31, 2011

Cost of Project(1): US \$ 3,097,687

Cost of Project(2): US \$ 1 173 376.08

Cost of Project(3): US \$ 3,593,844

Total Funding Needs: US \$ 7,864,907.08

Funding Leverage: The Kenya Welfare Foundation intends to invest more than \$1 million in HIV/ AIDS prevention, care, and advocacy programmes, and more than \$1 million in micro-enterprise development programmes.

Project Approach: The Kenya Welfare Foundation will integrate micro-finance and HIV/ AIDS care through close coordination between its community development staff and affiliated micro-finance institutions. In this approach, peer educators will work alongside loan officers. The loan officer manages his or her loan portfolio. The peer educator will help identify HIV/ AIDS-affected families, provide HIV/ AIDS education, and support the formulation of Care and Education Training Teams. In communities outside of The Kenya Welfare Foundation project areas, the peer educators will link these teams with other HIV/AIDS service providers.



Photo : Morgane Malaika – 6 years

HIV/Aids Orphans have RIGHTS too...

*©Kenya Welfare Foundation® (KWF),
Promoting Children's Rights in Kenya.*

The Kenya Welfare Foundation is a private, philanthropic, impartial, non-governmental, international organisation dedicated to helping HIV/AIDS orphans, young people and less privileged communities reach their full potential by tackling the root causes of poverty. We serve Kenya's less-privileged and marginalised population without distinction of their political opinions, nationality, race, religion, ethnicity, disability or gender.

The Foundation pursues a strategy of "service, advocacy, and empowerment" for meeting the basic human needs and promoting the democratic participation of HIV/AIDS orphaned children, less-privileged youth and poor communities. Inherent in this strategy is the belief that the people who are most affected by social injustice should be involved in developing the solutions to address it.

Introduction

By the end of 2004, it was estimated that out of the 40 million people worldwide living with HIV, 25 million of them were Africans.

HIV/ AIDS, has unlike any other disease in Africa, deeply penetrated every aspect of society. Unlike malaria or tuberculosis, it has impacted on both the young and the old; governments and private institutions alike; and it is understandable why. Despite comprising just over 10% of the world's population, sub-Saharan Africa is home to more than 60% of the world's HIV-positive population.

In 2004, a total of 4.9 million people were newly infected with HIV worldwide. Over 60% of these new infections were in sub-Saharan Africa where children comprised a significant percentage of the total; 640,000 of the new infections were amongst children under the age of 15. It is an alarming statistic (see the chart below) but an even more shocking and devastating reality. Of the infected a high percentage is amongst women (they make up almost 57% of all infections in sub-Saharan Africa) who are not only Africa's caregivers but also major contributors to its local development.

In Kenya, HIV/AIDS was first acknowledged in 1984 in Kisumu town; a period after which it rapidly grew, increasing from a 5% prevalence rate in 1990 to an estimated 14% by the end of 1998. Currently Kenya remains among the top countries living under the threat of HIV/AIDS. Statistics show that 1.4 million women, 0.9 million men, and 0.22 million children are HIV/ AIDS positive. In Kisumu town, in the Western part of Kenya, 26% of youths aged between 15 to 25 years are HIV/ AIDS positive, among them 24% are girls/ women and the remaining 2% are men. It is therefore evident that young people in Kenya represent an increasingly large percentage of HIV/AIDS cases.

HIV/AIDS in Kenya	
Adults age 15-49 with HIV/AIDS, 2005	1,300,000
New HIV infections, 2006	nd
Adult HIV prevalence (%), 2005	6.1
Women age 15-49 with HIV/AIDS, 2005	740,000
Children with HIV/AIDS, 2005	150,000
AIDS orphans (ages 0-17), 2005	1,900,000
AIDS deaths, 2005	140,000

nd = No data

Source: UNAIDS

Kenya, whose orphan population has been growing steadily over the years, is predicted to be home to approximately 1.9 million AIDS orphans by the year 2010. At 1.7 million, Kenya's orphan population is currently approximately 5.3% of its total population, a truly staggering number.

AIDS orphans are children who have lost either one or both parents to AIDS. They are not distributed equally within countries as these countries have varying HIV/ AIDS prevalence rates. Many of these children come from homes now headed by grandparents or, in some extreme cases, by the children themselves. In countries such as Kenya, where the majority of the population inhabits the rural areas, most orphans are rural residents.

With nowhere else to go, many orphans are increasingly being forced to depend on their elderly and already impoverished grandparents. It is a daunting and difficult task for them as these grandparents do not have many options. Bound by tradition and a sense of duty and love for their grandchildren, they feel compelled to somehow fend for these children. In our attempts to help some AIDS orphaned children, we were surprised to find the large number of families dependent on grandparents.

Currently, most of Kenya Welfare Foundation's children fall into this category. By virtue of age, most grandparents are physically incapable of nurturing and caring for children, particularly the young. Nonetheless, they try their best and with irregular supplementary assistance from the community, they have, for the most part, been able to prevent these children from starving to death.

Kenya's HIV/ AIDS policy situation has changed in many ways over the years. Previously limited to government positions of moderate impact, strategic policy development has in the recent past expanded to include NGOs, CBOs, religious organisations and academic institutions. Key areas of focus have included boosting the country's policy formulation, development and advocacy; strengthening the methodologies of data collection, and complementing government initiatives.

It was in November of 1999 that HIV/ AIDS was declared a national emergency by the country's then President, Daniel arap Moi.

Nota Bene:

Our Project Plan 2007 - 2011, "**HIV/ AIDS orphans and disadvantaged children have Rights too...**" provides a clear direction for organising and governing the growing Kenya Welfare Foundation family and its relationships with the outside world. Equally importantly, it sets out how we will make ourselves more accountable, both to the poor population and excluded youth with whom we work and to our supporters and donors.

Background

KENYA WELFARE FOUNDATION

Organisational description

The Foundation was formed after the 2nd Kenya Day in Paris, an investment conference held in Paris, France in October 2006. The Kenyan trade, industrial and tourism investment conference is organised by the Kenya Embassy in Paris, the French Embassy in Nairobi, the Chamber of Commerce of Paris and *La Maison d'Afrique*.

The Kenya Welfare Foundation is a private, philanthropic, impartial, non-governmental, international organisation consisting of scholars, public and private institution heads, researchers, human and child rights activists, incorporated and registered on the 19th April 2007 in Kenya under the Section 10 of the Society Act, (Certificate of Registration N^o. 27369) as charitable organization and has Public Benefit Organisation (PBO) status.

It has an executive board. The structure is composed of the executive members “**Foundation Board of Trustees**” and is responsible for the foundation’s policy formulation, has a National secretariat “Head Office” in Nairobi, Kenya to co-ordinate the activities and an International Bureau in Paris, France for fundraising. “*Partnership development team dedicated to supporting the Kenya Welfare Foundation relationships with donor governments, multilateral and donor agencies, consultancies and institutes*”.

The Kenya Welfare Foundation administrative body is composed of four divisions: General Affairs, Public Relations and Sponsorship, Welfare, and Planning and Research, and a department for resource development at its headquarters in Nairobi

In order to be able to reach as many beneficiaries as possible, the Foundation intends to establish coordination offices in major Kenyan towns and in rural areas, notably : Bungoma, Eldoret, Garissa, Kakamega, Kiambu, Kisumu, Kisii, Kitui, Lokichoggio, Machakos, Marsabit, Malindi, Mombasa, Muranga, Namanga, Narok, Naivasha, Nakuru, Nyeri, Thika and in Nairobi “Slum settlements”.

The coordination offices will form a national network for KWF’s programme implementation and are principally responsible for sponsorship programmes and resource development.

This will be dictated by availability of funds.

The Kenya Welfare Foundation shall involve the community in offering their time, talent and treasure, for the greater good.

Who we are

The Kenya Welfare Foundation (KWF) is a private philanthropic, impartial, non-governmental, international, organisation devoted to protecting and promoting the well-being of Kenya's children and young people, particularly those who are orphaned by HIV/AIDS, abandoned or from poor families and at risk because of poverty, abuse and neglect.

It also provides pro-bono consulting services to non-profit organisations working in the field of children and aids orphans, helping them achieve their full potential by tackling the root causes of poverty..

The Foundation's primary goal is to provide these children, who may be exposed to desperate and impoverished conditions, with the shelter, education, nutrition, medical care, and enrichment they need to become healthy.

The Kenya Welfare Foundation (KWF) is dedicated to the principle that all families should have the social and material resources to raise their children to be healthy, educated and productive members of their communities.

The Foundation seeks to understand children and young people, particularly the disadvantaged, and to promote their well-being.

The Kenya Welfare Foundation also aims to build the capacity of communities through Micro-Finance programmes to care for orphans and vulnerable children, and spread awareness of HIV/ AIDS to tackle both the prevalence of the disease and the stigma and discrimination associated with it.

The Kenya Welfare Foundation (KWF) has prioritised the areas of work where it can make the most difference: **HIV/AIDS, education, food, water and shelter, women and girls.**

It is estimated that **Kshs. 521 908 500 / (US \$ 7 587 963) / (Euro 5 687 402)** will be required to meet the implementation cost of the Project Plan for four years “**HIV/ Aids, Education, Food, Shelter, Health and Water, intervention for orphans and disadvantaged youth programmes in Kenya**”.

Existing and potential donors will be approached for the required funds.

US Dollar = Kshs. 68.7811 or Euro = Kshs. 91.7657

Main Objective

The Kenya Welfare Foundation will develop strategic alliances and partnerships with stakeholders in order to promote social welfare support projects which benefit children and young people who are orphaned, infected or affected by HIV/ AIDS, ill, disabled or in great distress in Kenya.

Such stakeholders include:

- Representatives of Government Ministries and Development Cooperation
- World Bank and IMF
- Non-governmental organisations
- Kenyan missions abroad
- Investment promotion agencies
- Corporations and other Private and Public companies with an interest in Kenya
- Donors and Foundations
- Kenyan Diaspora - individuals, organisations and professionals
- Kenyan public etc...

Organise door to door campaigns, face to face campaigns, festivals, galas, exhibits, concerts and televised fund raising events to raise enough funds to build Community-Based Family homes, schools, vocational training centres and cater for their basic needs (food, water, clothing and medical care).

Expected Public, Private and Government Funding

PEPFAR / UNICEF / ECHO / DIF / UNAIDS / UNESCO / JICA / UNDP / UNIDO / SDC / CFD / UNHABITAT / International Development Association (IDA) / SIDA / DANIDA / OCDE / Principauté de Monaco / Principauté du Liechtenstein / Lux-Development / Public and Private Institutions / Office of the President - 2030 Initiative / Youth Development Fund / Constituency Development Fund / Constituency Bursary Fund.

Specific Objectives

- Building awareness of the despair faced by children in Kenya and the ways in which their needs can be addressed.
- Providing resources that meet the sustained physical, social and emotional needs of children under our care.
- Implementing the professional principle of caring for widows / guardians through involving them in our orphan care homes, where possible.
- Partnering with other organisations to maximise efficiency through specialisation.
- Fostering development efforts (micro-projects and micro-credits) that bring about self-sufficiency for individual homes and for children raised in them.

- Maximising the giving power of donors and sponsors through partnerships, matching grants and auditing programmes

The Kenya Welfare Foundation gratefully acknowledges our national and international partners for their continued dedication and support through funding, advertising, promotions and in-kind resources that benefit the KWF's mission, programmes and services nationwide.

Our Philosophy

Through solidarity, to preserve the dignity of needy children and help them move beyond the stigma and discrimination associated with HIV/ Aids and poverty by offering them an opportunity to excel to their highest potential.

Organisational strategy

To attain our vision and mission, there is an urgent need for the Kenya Welfare Foundation to re-engineer its daily operations. In line with the aims of this strategic plan therefore, the Kenya Welfare Foundation has identified four areas aimed at enhancing organisational efficiency and effectiveness. These include strengthening our identity and national image; enhancing institutional capacity for effectiveness and efficiency; enhancing transparency and accountability in our management practises and establishing collaborative linkages and networking with likeminded organisations.

Effective networking and collaboration

The Kenya Welfare Foundation strongly believes in working with others so as to ensure maximum utilisation of available resources as well as to learn from their experiences. We will establish effective networking and collaborative linkages with organisations, that are both governmental and non-governmental, local and international with whom we will share information, plan and jointly implement activities aimed at improving children's welfare and enhancing opportunities for the development of their full potential.

Institutional philosophy

The Kenya Welfare Foundation has a vision, mission and a set of values and operating principles that govern all the organisation's activities, including the day-to-day operations at the office level and the implementation of programme activities. These are as follows:

Vision

We believe that families, communities, schools, community based organisations, non-profit organisations, public and private businesses and government at all levels share complementary responsibilities in the critical task of raising new generations and have a moral obligation to protect and promote the rights and well being of the child.

Mission and Goal

Recognising that HIV/ AIDS is no longer an exclusively health issue and that it is affecting all sectors of the socio-economic development in the country, the Kenya Welfare Foundation is endeavouring to ensure that the HIV/ AIDS problematic as it relates to trade, industrial, tourism, agriculture and rural development is an integral element of its urban, semi-urban and rural development and investment programmes;

To contribute to the socio-economic empowerment of HIV/ AIDS orphans, street children, under-privileged youth and marginalised poor semi-urban and rural communities through capacity building, lobbying, advocacy, access to education and skilled training and creation of linkages aimed at reducing poverty for the attainment of decent livelihoods.

Our mission is also to raise community awareness and provide support to orphaned children and young people victimised and stigmatised by the HIV/AIDS epidemic and other diseases.

Our goal is to:

- Provide them with basic necessities such as food, clothing, reliable shelter, and education and health services.
- Assist them in gaining the necessary skills to become self-supporting functional members of society.
- Increase public awareness of the needs of all disadvantaged and less fortunate children and youth.

Accountability and transparency

The Kenya Welfare Foundation is a membership organisation committed to open and democratic management and implementation of activities. Our organisational structure encourages fairness and pragmatism, while our management practise welcomes scrutiny and guidance from stakeholders.

Non-discrimination

The Kenya Welfare Foundation pursues the principle of providing equal opportunities to all children without prejudice. Working in Kenya's diverse and multi-cultural society, this approach is responsible, progressive and productive.

Our core values

- 1) Love, patriotism and responsibility.
- 2) Solidarity with under-privileged and marginalised communities.
- 3) Honesty, integrity, accountability and transparency.
- 4) Courage of conviction and courage to serve the poor.
- 5) Commitment to serve the interests of orphans and young people.
- 6) Team working, commitment and professionalism.
- 7) Active and meaningful participation of the children and the youth and the communities in what we do.
- 8) Projects and initiatives for the youth by the youth.
- 9) Freedom, justice, equity, parity and brotherhood.

Our trust

We believe that giving the youth and young generation education and skilled training, health protection and a chance to grow in dignity within a favourable environment to their development, is transforming Kenya to a prosperous Nation.

Thus, Kenya Welfare Foundation is aimed to provide opportunity and guidance for youth in their development by encouraging and supporting appropriate adult models, appropriate social activities, peer support, friendship and self-esteem enhancement, allowing leadership opportunities, parental and community involvement.

Aims

Our aim is to build wide-ranging partnerships with the private and public sector, international development agencies, universities and government. Organise festivals, galas, exhibitions, concerts, media and televised fund raising events to raise enough funds for building Community-Based Family homes, schools and vocational centres, cater the basic needs (food, water, clothing and medical care) for HIV/AIDS orphan and needy children country wide.

Participation

The Kenya Welfare Foundation pursues involvement, inclusion and an active on-going dialogue with stakeholders, particularly target populations in poor and marginal areas.

Establishing collaborative links and networking with other organisations

The Kenya Welfare Foundation strongly believes that it is only through the joint efforts of several actors that effective results can be realised. We will therefore seek linkages with other organisations nationally and internationally whose mission and work complement and strengthen our own, especially with regard to target group satisfaction. These networking and collaborative linkages will be based on set criteria and/ or indicators. At a national level, the Kenya Welfare Foundation will actively participate in community planning with others so as to achieve inter-agency co-operation and co-ordinated programming of services.

Foundation's Target Groups and Fields of Intervention

The target groups for the Kenya Welfare Foundation comprise children orphaned, infected or affected by HIV/AIDS and other causes, disadvantaged youth, as well as other vulnerable and marginalised children in the community i.e.

- Street children and vulnerable youth ;
- Abandoned and neglected children ;
- Disabled and handicapped children ;
- Children and youth in slum settlements ;
- Child labourers ;
- Physically and sexually abused children ;
- Poor semi-urban and rural communities...

Children orphaned, infected or affected by HIV/AIDS

The negative impact of the HIV/ AIDS pandemic on the development of children is high due to their vulnerability. Kenya's HIV/ AIDS orphans were estimated at 1.5 million at the end of 2005. Some end up as heads of households. Other children are affected by HIV/ AIDS carriers. These children face untold physical suffering including abandonment. There is an urgent need to address the survival and protection needs of HIV/AIDS orphans and carries.

The situation for HIV/AIDS orphans and children

- HIV/ AIDS is having a devastating impact on children and their families in Kenya. AIDS in Kenya kills 700 people daily and up to the present time the disease has killed a

total of 1.5 million people. It is estimated that 2.2 million or one in fourteen people are HIV positive in Kenya. HIV prevalence is highest among women age 20-24 and among men age 30-39.

- About 500,000 Kenyan teenagers, the majority of whom are girls, are HIV positive and will not reach their 30th birthdays.
- Lack of awareness and education about the disease continues to fuel the spread of HIV/ AIDS. Cultural taboos around sex-related subjects prevent information being passed on to those who need it, especially young people and children.

Street children

It's estimated that, there are more than 60,000, or one in every 20 children of the 4 million, are living on the streets of Nairobi as well as in other major towns in Kenya.

The term 'street children' refers to children who have been forced by circumstances to be on the street to eke out a living. Some of these children are living full-time on the streets; they eat, work and sleep on the streets, while others are part-timers who spend the day on the street and return to their poor households to sleep, others appear on the streets on a seasonal basis during times of hardships such as food shortages and a need to meet education expenses.

Vulnerable youth

These are mainly youth from poor households: some are on the street and others are still staying with their poor families but are likely to join street life due to extreme deprivation and lack of basic needs.

Abandoned and neglected children

Due to economic and social pressures, some single parents have been known to abandon and neglect their children. These children are left on their own with little or no regard as to how their basic needs will be met.

Child labourers

Statistics available for Kenya indicate that 3 children out of 6 aged below 14 years are engaged in some form of child labour. Going by these statistics, working children are another category of vulnerable children who require attention. These children are often ready to do all sorts of work ranging from washing utensils in small hotels to picking coffee in large plantations. They are usually underpaid and work at the expense of going to school.

- Kenyan children are trafficked internally from rural areas to urban centres and coastal areas into involuntary servitude, including working as street vendors and day labourers, and even into prostitution.
- There may be as many as 200,000 child domestic workers in Kenya and 90% of them are girls working in homes.

Disabled children

Children with disabilities are a disadvantaged group with special needs that require urgent attention. Forms of disability of these children can range from physical to visual impairment. These children are vulnerable to abuse and therefore require special protection. There is need to focus on the special protection needs of disabled children to reduce violation of child rights.

Physically and sexually abused children

Although little or no data is available on the magnitude and severity of sexual abuse and exploitation in Kenya the problem exists in various forms as has been highlighted by the media. One form of sexual exploitation is child prostitution. They have been influenced or forced into the commercial sex industry by adults who include family members or close relatives. These children risk early pregnancies, HIV/ AIDS, sexually transmitted infections (STIs) and maternal mortality. There is an urgent need to address the plight of child prostitutes and other abuses like trafficking and sale of children for sexual purpose.

- Kenya reports 10,000 to 30,000 children between the ages of 12 and 18 years were being sexually abused by sex tourists from all over the world with Kenyan men leading the list of clientele.
- Every 30 minutes a woman is raped or a child is defiled in Kenya, an estimated 16,500 (3 years to 70 years of age) rapes occur in the country every year. There are indications of sodomy meted by adult males to young boys and children placed under their care.

Poor rural and urban communities

Poor households mainly in urban informal settlements and rural areas are particularly poverty-stricken with little access to basic livelihood security and are often headed by a single parent. Basic social and physical infrastructure is also lacking including security of tenure for their shelters. Such households constitute key sources of street children.

Target beneficiaries

The community self-help development projects, home based daycares, orphanages and shelters that receive our help are registered non-profit organisations or CBOs that have at least a 5-year track record.

They are all independently audited at least once a year.

We have personally established contacts with them and have verified their foundation documents, independent audit records and specific project cost estimates.

Approach

Kenya Welfare Foundation shall recruit strategic thinkers and skilled professionals and assign them as volunteers or consultants to its ongoing projects and/ or to CBOs that are trying to regain strength. Projects shall be chosen based on their fit with our purpose and values.

Affiliation / Collaboration

International Affiliates/Collaboration

The Kenya Welfare Foundation is affiliated to SOS Enfants En Detresse “SOSEED Int!” based in Paris, France and Kenya Community Abroad.

National Affiliates/Networks

At national level, the Kenya Welfare Foundation will increase its networks and collaboration to include the following groups and institutions:

- Ministry of Health - *HIV/AIDS Programme and other STIs Treatment and Management*
- Ministry of Gender, Sports, Culture and Social Services - *Social Welfare for Vulnerable Groups*
- Ministry of Education, Science and Technology - *Early Childhood Education, Care and Development*
- Ministry of Home Affairs - *Children's Department: Children's Homes and Approved Schools.*
- Ministry of Youth Affairs - *National Youth Service (NYS)*
- National Council for Population and Development
- Primary schools, secondary schools and universities
- ANPPCAN Regional Office
- Taka Taka Afya Korogocho (TAK - a CBO in Korogocho)
- Huria Self-Help Community Development Group
- Kimathi-Kiruga Community Water Project

NB: Organisations that accept to associate with the Kenya Welfare Foundation’s efforts agree to abide by the KWF’s Vision, Mission, Values, Strategies, standards and Systems.

Current Activities

Organisational Strengthening

The Kenya Welfare Foundation is working hard to spearhead child rights activities and currently is working on organisational strengthening. After an intensive fact-finding mission on the current situation amongst HIV/ Aids orphans and a needs assessment, the Foundation

Board held several consultative meetings with different stakeholders and partners to chart a way forward.

The purpose of this project is to strengthen the Foundation's structures, especially through the creation of Provincial, District and Constituency Committees so as to facilitate a process of out-reaching a considerable percentage of the population of Kenya and raising HIV/Aids awareness, child rights and child abuse issues.

To tackle the constraints and challenges, the below issues need to be considered:

- The need to train committee members and other stakeholders such as teachers and community members, on child rights, lobbying and advocacy as well as on psychosocial support to HIV/Aids orphans and other disadvantaged children.
- The need to establish a child rights and orphans policy

Strengthening Our Identity and National Image

At the heart of our organisational objective is the need to promote an organisational culture and identity that enhances efficiency and effectiveness in our service delivery in an accountable and transparent manner. That means focusing the entire organisation in the same direction. This area therefore, will comprise activities that systematically communicate our strategic approach internally to achieve cohesive understanding and response.

Adopting a consistent and coherent understanding of the Kenya Welfare Foundation's core culture and identity based on our vision, mission and values, to external audiences will be crucial to this process. It will also entail promoting awareness of the Kenya Welfare Foundation to all relevant audiences through systematic reinforcement of identity in all materials and activities. Finally, it will entail aligning organisational structure, policies, procedures and behaviours with organisational values and strategic direction.

Our organisational implications

In order to achieve our goals in this Project plan, our institutional structure and leadership abilities will have to be re-oriented through:

- Strengthening our national and international identity and image
- Enhancing institutional capacity for effectiveness and efficiency
- Enhancing transparency and accountability in our management systems.
- Establishing collaborative linkages and networking with like-minded organisations

The key objective at the core of Kenya Welfare Foundation's organisational strategy is the need to develop and promote an institutional culture and identity that enhances efficiency and effectiveness in our service delivery in an accountable and transparent manner. The challenge for Kenya Welfare Foundation will be to develop creative ways to support our work while improving our cost-effectiveness.

THEME OF THE PROJECT PLAN

The HIV/ AIDS epidemic continues not only to take the lives of millions but also undermines social and economic development and poverty reduction efforts.

The estimated percentage of children orphaned by AIDS, as opposed to other causes, increased from 22.1% of all orphans in 1995 to 53.8% in 2001. If current trends continue, it is projected that by 2010 more than two-thirds of Kenya's orphans will have been orphaned by AIDS. At 1.7 million, Kenya's orphan population currently approximates 5.3% of its total population. These children lack the parental love, care, and supervision they need at the critical development stages of their lives. Tremendous strain will be placed on social systems to cope with such a large number of orphans. Pressure will also be borne by society as it tries to provide services for these children including health care and education. Many of the children may miss out on these services completely.

AIDS has already threatened to reverse recent gains Kenya has made through child survival programmes. AIDS is a worse killer of children in Kenya than measles or malaria. Measles and malaria respectively kill and increased in the last decade probably due to AIDS. The infant mortality rate increased from 68 deaths per 1000 live births in 1993 to 74 deaths in 1998 and the under-five mortality rate increased, in the same period, from 99 deaths per 1000 live births to 112 deaths. With AIDS it is expected that mortality will increase further before it stabilises.

The Kenya Welfare Foundation aims to mitigate the negative impact of HIV/AIDS on children and young people in Kenya, by reducing their vulnerability to HIV/ AIDS and providing direct and indirect support to children orphaned by the pandemic. We work with a wide range of organisations committed to taking action in this field.

The Foundation will also act as a link between donors and Community Based Organisations (CBOs) working in the HIV/ AIDS sector, placing donor funds with strategically selected CBOs and providing them with ongoing management, technical support and capacity building. This will enable them to implement relevant and effective interventions to improve the health status and well-being of their communities.

The Kenya Welfare Foundation is determined and committed to:

- Restoring the lives of orphans in partnership with central and local government, corporations, public and private companies, organisations and individuals who have a passion to help needy, parentless children;
- Offering an opportunity to orphans, disadvantaged children for a better life today and the hope of a brighter, prosperous tomorrow.
- Building awareness of the despair faced by children in Kenya and the ways in which their needs can be addressed.
- Providing resources that sustainably meet the physical, social and emotional needs of children under our care.

- Implementing the professional principle of caring for widows / guardians by involving them in our orphan care homes, where possible.
- Partnering with other organisations to maximise efficiency through specialisation.
- Fostering development efforts (micro-projects and micro-credits) that bring about self-sufficiency for individual homes and the children raised in them.
- Maximising the giving power of donors and sponsors through partnerships, matching grants and auditing programmes

The Kenya Welfare Foundation (KWF) will also work with local NGOs to provide counselling, home based care, the writing of wills and other administrative support to make the inevitable transition as painless as possible and to protect the inheritance rights of orphaned children.

The Problem

With the orphan population growing in epidemic proportions and the rising numbers of school dropouts, there is an enormous, immediate need to assist orphan and disadvantaged children in Kenya

With the unemployment and poverty amongst the youth continuing to feed criminal gangs and activities with new recruits resulting in ruthless crimes experienced in Kenya today. "Estimates of the unemployment rate ranged from the official 35% to more than 50%".

In Kenya today, there are many children who consume and traffic drugs, are victims of drug-abusing families and live in drug-infested communities. Some of these young people have run-ins with the law.

Studies show that "75% of inmates in Kenya penal institutions are not only young but include single young mothers with children" - Human Rights Watch

Congestion, violence and sexual violence in Kenya prisons, the non-existence of juvenile rehabilitation training programmes and/ or integration programmes after prison for these youth, (the majority enter prison for petty crimes and come out qualified and pitiless criminals) contribute to the current insecurity atmosphere in Kenya.

Young teenagers are frequently kept in cells with adults in overcrowded prisons and detention centres. Youth detention centres are understaffed, overcrowded, and inmates have minimal social and exercise time. Some young inmates remain in the centres for years, as their cases await resolution. Juvenile detainees are often subject to corporal punishment, which has been banned in the school system.

Prison conditions are harsh and life threatening. Prisoners are subject to severe overcrowding, deficient health care, and unsanitary conditions, and receive inadequate water, diet, and bedding. Police and prison guards subject prisoners to torture and inhumane treatment. Rape of both male and female inmates, primarily by fellow inmates, is a serious problem, as is the increasing incidence of HIV/AIDS.

Magnitude of the Problem

By the end of 2004, it was estimated that 25 million Africans were living with HIV out of the 40 million infected worldwide.

HIV/ AIDS, has unlike any other disease in Africa, deeply penetrated every aspect of society. Unlike malaria or tuberculosis, it has impacted both on the young and the old, governments and private institutions alike; and it is understandable why. Despite comprising just over 10% of the world's population, sub-Saharan Africa is home to more than 60% of the world's HIV-positive population.

In 2004, a total of 4.9 million people were newly infected with HIV worldwide.

Kenya today faces a severe, generalised HIV/ AIDS epidemic that continues to have a devastating impact on all sectors of society and has converted Kenyan children into orphans and labourers. National estimates indicate that the adult HIV prevalence rate in 2005 was 6.7%. In 1999, Kenya declared HIV/ AIDS a national disaster and public health emergency. An estimated 1.2 million people are living with HIV/AIDS in Kenya. An estimated 1.5 million people have died from AIDS since 1984. More than 1.7 million children younger than 15 years (3.7% of the total population) have been orphaned through the death of their both parents. At least 180,000 people die from AIDS annually. The prevalence is still high but appears to be decreasing. The Ministry of Health reported an adult prevalence of 13.5% in 2001, and surveillance figures suggested that the prevalence had declined to 10.2% in 2002.

II. HIV AND AIDS ESTIMATES

Number of people living with HIV	1,300,000 [1,100,000–1,500,000]
Adults aged 15 to 49 HIV prevalence rate	6.1 [5.2 – 7.0]%
Adults aged 15 and up living with HIV	1,200,000 [990,000 – 1,300,000]
Women aged 15 and up living with HIV	740,000 [640 000 – 840,000]
Deaths due to AIDS	140,000 [110,000 – 170,000]

GENERALISED EPIDEMICS

Children aged 0 to 14 living with HIV	150,000 [55,000 – 290,000]
Orphans aged 0 to 17 due to AIDS	1,100,000 [890,000 – 1,300,000]

Source : Ministry of Health

In addition to its enormous toll in terms of suffering and death, HIV/ AIDS is exacerbating poverty and adding to economic hardship at the national, community and family levels. Poverty and AIDS feed on one another, and the decline in economic growth in Kenya is creating conditions that encourage the spread of the epidemic and make it more difficult for those infected and affected by AIDS to cope. If unchecked, HIV/AIDS will alter the country's

economic prospects by retarding growth, weakening human capital (especially among adults in the most productive years of their lives), discouraging investment, and leaving the next generation hostage to spending most of their effort on caring for those living with HIV/AIDS.

Kenya's future depends on addressing HIV/AIDS forcefully, effectively, and quickly.

HIV/AIDS and its effects on youth and children

HIV/AIDS most debilitating effects are on young children and youth.

Currently it is estimated that there are 850,000 AIDS orphans in Kenya (AIDS in Kenya 1999, NASCOP). In addition about 60% of new HIV infections in developing countries occur in people aged 15-24.

According to the World Bank HIV/ AIDS affects children and young people most because individual households struck by AIDS often suffer disproportionately from stigma, isolation and impoverishment, leaving a heavy emotional toll on children. In fact, their schooling is often interrupted in order to find work to support their family.

However, with their lack of necessary skills and experience in finding a job, these children orphaned or otherwise affected by AIDS may turn to prostitution, thereby increasing their risk of HIV infection. This gap in parenting, traditional cultural, societal, and moral values, usually passed from one generation to the next, may therefore be lost. HIV/AIDS therefore poses the greatest threat to the gains made in child survival, development, protection and participation. Ensuring prolonged survival of HIV infected persons is one way of reducing the incidence of children being orphaned at a very early age. This entails effective management of HIV/ AIDS such as proper control and treatment of tuberculosis and other opportunistic diseases.

We acknowledge that the youth continue to face serious health issues, in particular the HIV/ AIDS pandemic, which is the biggest challenge facing our generation

Paediatric HIV

Paediatric HIV has been ignored because children have no voice and cannot influence policy.

"Most children who are HIV positive are orphaned or their surviving parents are too sick to care for them. These children are forced to fend for themselves. It is difficult for them to access the special diet that is required,"

While acknowledging that HIV testing and treatments for very young children is expensive ("*Paediatric drugs cost three times as much as those of adults*"), the Kenya Welfare Foundation emphasises that the combat must continue.

The Government needs a clear Paediatric HIV policy to ensure drugs are available and supportive therapy is given to infected children.

Neglecting children generally when it comes to budget provisions is a major shortcoming. "We need to work on formulations for children that make it manageable for young children to take the drugs daily,"

The Need for a Comprehensive Response to HIV/AIDS

More than 20 years after the discovery of the first case of AIDS, the world faces a sobering reality:

- The HIV/ AIDS pandemic is an evolving disaster: the scale of the social and economic impact of the HIV/AIDS pandemic is large and getting larger.
- The economic toll of AIDS is exacted at the household and community levels. It starts by eroding the resources of the person living with AIDS, depletes the resources of the immediate and extended family, and then threatens to overwhelm the capacity of communities to act as a safety net.
- AIDS is unravelling hard-won gains in economic and social development. It threatens to destabilise governments and regional labour, consumer, and financial markets.
- Agencies and donors pay too little attention to the massive scale of its impact and reach only a small fraction of individuals, families, and communities affected by HIV/AIDS.

The fundamental challenge is to develop coordinated, multi-sectoral responses that make a difference over the long term, at a scale that approaches the magnitude of the HIV/ AIDS pandemic.

These responses should also enable women to:

- improve and maintain income flows
- maintain or accumulate assets
- keep children in school
- participate in and benefit from community safety nets

The Impact of Economic Development on HIV/AIDS

The lack of a livelihood increases the vulnerability of women to HIV/ AIDS as it increases the incidence of:

- sex for survival (exchanging sex for money or goods)
- coerced sex
- multiple partners
- early sexual debut
- untreated sexually transmitted diseases
- early/unwed pregnancy

The Kenya Welfare Foundation's economic development assistance combined with AIDS education provides the following benefits:

- improved aids prevention
- protection and education of children
- savings for family emergencies and aids related expenses
- better nutrition for family members and people living with AIDS

The impact of HIV/AIDS on education

Education is a major factor in youth development and in sustainable development as a whole. The AIDS scourge is reversing most of the gains made in education. A recent UNICEF commissioned report and other findings suggest that education is being dramatically affected by the HIV/AIDS pandemic, in the following ways:

- a) Household impoverishment due to death or disability of parents. Because of cost sharing in education finance, this has a direct effect on children who cannot afford to attend school.
- b) Increase in child headed households, now at 5% in Kenya. HIV/ AIDS orphans now stands at 850,000.
- c) Loss of teachers through death: 1800 teachers die annually, largely due to AIDS, reinforcing existing inequitable variations in pupil/teacher ratios.
- d) The government has had to shift resources from crucial areas like education, bursaries, textbooks, and school feeding programmes to the management of AIDS.
- e) Children feel betrayed by the system and their parents by lack of information about prevention of HIV/AIDS
- f) Security of school children from abuse from teacher and others must be enhanced
- g) Educational materials for formal, non-formal and informal contexts urgently needed, as is the training of teachers and other educators in HIV/AIDS.

The relationship between AIDS and Poverty

It is a fact there are close linkages between AIDS and poverty. Global demographic data indicate that 95% of all AIDS cases occur within the Third World, where extreme poverty is the common denominator. In addition poverty determines access to medicine, healthcare, information and food security among other things, which are important determinants in the fight against HIV and AIDS. In Kenya, 52% of the population live on less than a dollar per day. Any assault on AIDS must begin by addressing the poverty situation.

The Kenya Welfare Foundation areas of concern

HIV/AIDS

The HIV/ AIDS pandemic deserves special consideration given that it impacts negatively on all sectors of the economy. The pandemic is the single-most serious health and development challenge that Kenya has faced in its post-independence history. It is the only health problem that is believed to have reversed the significant gains made in life expectancy and infant mortality during the first three decades of independence. The pandemic is becoming much more than a health problem because it encompasses economic, social, and cultural dimensions. The epidemic continues to exert pressure on the healthcare delivery systems, yet prospects for finding a cure for it remain elusive.

Since the diagnosis of the first AIDS case in the country in the mid- 1980s, there has been a steady increase in the proportion of people infected by the HIV virus. The national HIV prevalence rate doubled from 5.1% to 10.4% between 1990 and 1995 and peaked at 13.4% in 2000, declining to 10.6% in 2002 and 9.4% in 2003. The HIV infection rate of all pregnant women aged 15-24 years was 9.8%. In addition to women, about 23% of men and women with sexually transmitted diseases tested positive for HIV.

HIV prevalence rates among pregnant women aged 15-24 years old has followed the same trend; it increased from 15.6% in 1999 to 18% in 2000, and then declined to 12.9% in 2002. The number of Kenyans living with HIV/ AIDS increased from 513,941 in 1990 to over 2.5 million in 2002. Prevalence rates show marked variations across sub-groups of the population. Urban areas are more devastated by AIDS than rural areas; although prevalence rates in rural areas are growing more rapidly than in urban areas. In 2002 prevalence rates were 12.9% in urban areas, and 7.7% in rural areas. Younger women are particularly more vulnerable than men. For instance, among 20-24 year olds, about 40% and 15% of women and men, respectively, were infected. There are also marked differences in HIV prevalence rates by province with Nyanza Province exhibiting the highest rate (22%), while rates for five of the remaining 7 provinces are below 15 %.

Children Orphaned by HIV/AIDS

Kenya's HIV/ AIDS orphans were estimated at 1.2 million at the end of 2002. This number has been growing steadily from 27,000 in 1990, to 257,000 in 1995, and 890,000 in 2001. Orphaned children are susceptible to a whole range of problems, from contracting HIV/ AIDS themselves to being forced out of school to support their families. Not only are these children doomed to illiteracy (due to an inability to meet tuition fees), but, pushed by poverty, they are also exposed to risky behaviour, such as child labour and prostitution. Girls are especially at risk, as they are pulled out of school more readily than boys when someone in the household is ill. This creates a vicious cycle that further perpetuates the spread of HIV/AIDS and therein, national poverty.

AIDS orphans constitute a threat to Kenya's national security. Amounting to more than 5% of the population, these orphans have a direct impact the country's economy. Although they have the potential to contribute to the economy like everyone else, their impoverished existence renders them useless in this sense. It is no secret that many currently view orphans as a liability. They are largely ignored by relatives who cannot afford their upkeep and are sidestepped by a government with bigger priorities.

Education

Education is a key determinant of earnings and therefore an important exit route from poverty. Education improves people's ability to take advantage of the opportunities that can improve their well-being as individuals and be able to participate more effectively in the community and markets. Higher educational attainment for a head of household significantly

reduces the likelihood of a household being poor. Likewise, the education level of mothers significantly affects the health status of the entire family.

Food and Nutrition

Despite tremendous improvements in Kenyans' nutritional status since independence, a significant proportion of people, particularly children still live under continuous threat of hunger and starvation. Malnutrition in children is particularly common in certain areas and at certain times of the year due to poverty and disruptions in food supply systems among other factors.

Chronic under-nutrition is the most common form of malnutrition and is associated with insufficient dietary intake. The achievement of food security and good nutritional status is critical in enhancing human development and the overall productivity of Kenya.

Health

The health situation of Kenyans improved progressively after independence up to 1990 but has thereafter been deteriorating. The achievement of good health is critical in enhancing human development. Improving health conditions reduces production losses caused by worker illness, increases the enrolment of children in school and increases learning ability. Thus, the human capital of the poor is improved by increasing their access to basic healthcare and nutrition. An important aspect of the recovery programme must therefore ensure that the fundamental concerns of equity, access, affordability and quality in the provision of basic health services are met.

Socio-economic analysis of poverty dimensions reveals that the main health challenge facing the poor is affordability. The **Second Report on Poverty in Kenya** revealed that 40% of the poor (39.5% of the urban poor and 43.8% of the rural poor) did not seek medical care when they were sick due to inability to cover the cost of medical care compared to only 2.5% who were constrained by the distance to a health facility. Hence issues to do with affordability will be critical to improving the well being of the poor.

Shelter and Housing

Shelter and housing are basic needs for human survival. Shelter is a social as well as an economic benefit. As a social benefit, it provides dignity, privacy and security to individuals, families and communities. As an economic benefit, it provides capital formation, employment creation, improvement of health, and increased labour productivity.

In Kenya, the fundamental issue is the high cost of decent housing, which the majority of the population cannot afford. This high cost is due to the high cost of land, construction and building materials. As a result, less than 21% of all housing and 48% of urban housing has durable walls; only 10% of all housing and 43% of urban housing has access to electricity; 19% of all rural housing and 56% of urban housing has access to piped water; and 17% of the

population has no access any sanitary facilities whatsoever, while over 43% of houses are overcrowded.

Water and Sanitation

Despite the fact that Kenyans have identified a strong link between poverty and lack of access to improved water supply and sanitation and diminishing water resources, the sector has been grossly under-performing due to: inadequate and complex institutional framework; lack of funds for new infrastructure investments and for operations and maintenance; and destruction and degradation of water resources and catchments areas. Adequate quantity and quality of water is a basic requirement for Kenya's economic growth and performance.

Kenya is classified as a chronically water scarce country with a freshwater endowment of only 647m³ per capita. This per capita availability is projected to fall to 235m³ by 2025 as the population increases, and could be even less, if the resource base continues to deplete. Water is becoming scarce simply because of a limited national endowment, the growing needs of a rapidly increasing population, as well as serious water resource degradation. In addition to this scarcity, Kenya is highly vulnerable to rainfall variability: droughts are now endemic and floods occur quite frequently. This is despite the fact that Kenya's socio-economic development goals are highly dependent on the availability of good quality water in sufficient quantities. Sustainable utilisation, development and management of water resources fundamentally underpin the achievement of long-term socio-economic goals.

Labour and Industrial Relations

The labour force is a major contributor to output growth in all societies. In Kenya, however, there is a massive under-utilisation of this productive asset. There are about 2 million unemployed persons, mostly young people with no skills. The high level of unemployment has a direct impact on poverty levels and social problems such as crime and insecurity. A second dimension of the labour force problems is the productivity issue. Low labour force productivity is primarily a result of low education and skills. Labour productivity is also affected by the status of industrial relations and conditions at the work place.

Information and Communications Technology

Information and Communications Technology (ICT) is important to the realisation of the required improvement in productivity and empowerment of the citizenry. The sector has however not been able to achieve its objectives due to low penetration of ICT usage in Kenya especially in the rural and marginal areas. This is largely due to high cost of equipment, poor telephone communications services, and a lack of power supply. In general however, ICT has been bedevilled by the lack of awareness, priority, focus, coordination, resources and capacity.

The Kenya Welfare Foundation's Response to HIV/AIDS

In high-prevalence areas, the Kenya Welfare Foundation shall work toward reducing the impact of HIV/AIDS through effective **care, prevention efforts, and advocacy.**

Care

- **Meet basic needs:** Provide nutritious food, health care, clean water, education, and vocational training for older children and adults affected by HIV/AIDS
- **Encourage testing:** Support HIV/ AIDS testing and counselling to help people learn to live with the disease and protect themselves and their children
- **Provide home-based care:** Conduct regular visits with vulnerable children and people living with HIV/AIDS

Prevention

- **Youth education:** Provide age-appropriate education to children and teenagers through such means as drama and song to convey information on HIV/ AIDS prevention
- **Maternal training:** Teach mothers how to avoid transmitting HIV to their unborn or nursing children and help provide access to antiretroviral drugs
- **Outreach with high-risk groups:** Educate sex workers, truck drivers, and migrant workers about HIV/ AIDS transmission, provide counselling and care, and offer alternative income-generating options where needed

Advocacy

- **Influence policy:** Advocate for public policies that promote effective methods of HIV/AIDS prevention and care
- **Community support:** Work with churches and community groups to break down barriers of discrimination for people living with HIV/AIDS
- **Raise awareness:** Help increase support for orphans and vulnerable children, families, and adults affected by HIV/ AIDS, and share lessons learned on best practices with other humanitarian organisations.

Slums or "Informal Settlements"

Nairobi is truly the city of slums. It has 199 of them; out of its population of 3.5 million, a full 1.6 million are slum dwellers, according to the United Nations agency for Habitat.

A serious programme of slum upgrading must be undertaken to improve living conditions in slums. We need to study the economics of the Kenyan slum and formulate a strategy to encourage the development of more hospitable places for people to live i.e. enhance the building of welfare housing in the urban and suburban areas to trim down these informal settlements and populations and facilitate access to property for middle class Kenyans.

Responding to HIV/AIDS and Poverty in Kenya

Poverty and economic desperation are significant underlying causes of the HIV/AIDS pandemic. Women are particularly vulnerable to the disease for economic reasons. Providing micro-finance services to women, who tend to be the primary caregivers of orphans and vulnerable children, is an effective and sustainable way to reduce the impact of HIV/AIDS on the livelihood of female-headed households. Women in the developing world tend to be self-employed and often utilise a loan to expand their small enterprises.

Work means dignity for women. It means food, health care, and education for their children. With micro-loans to the poor being repaid at a rate of 98%, the Kenya Welfare Foundation has proven that micro-finance is a smart investment.

Kenya: Country Population - 33.8 million.

Rural Population - 60%, National HIV prevalence among adults (ages 15-49): 6.1%, AIDS deaths (adults and children) in 2005: 140,000, Adults and children (ages 0-49) living with HIV at the end of 2005: 1.3 million, AIDS orphans at the end of 2005: 1.1 million, People Living on < \$2/Day - 58%, GDP Per Capita - \$450, Micro-finance Institutions – 15, and Micro-finance Clients - 500,000.

Sources: UNAIDS, Report on the Global AIDS Epidemic, 2006

More than 80 percent of Kenya's Micro-finance Institutions focus on urban areas and the remainder offer a limited range of financial services in rural areas. The prevailing attitude in the industry is that rural lending is difficult and costly. As a result, more than 15 million rural Kenyans engaged in productive activities currently lack access to financial services.

Micro-Finance Project Activities

The project will implement activities with the five micro-finance institutions (MFIs) that result in the following nine outputs, or tangible services:

- a) Increased capacity to learn and support integrated HIV/AIDS and micro-finance services
- b) Improved access to appropriate financial services for rural female clients, including those caring for orphans and vulnerable children
- c) Improved ability of credit and savings products to respond to the needs of rural female clients
- d) Increased capacity of MFIs to partner with KWF and other HIV/AIDS agencies
- e) Increased capacity of the MFI boards in governance
- f) Increased capacity of senior leadership to transform MFIs into large-scale deliverers of financial services in rural areas
- g) Increased capacity of MFI managers in rural finance, management, business planning, and staff development

- h) Increased efficiency of MFI financial services and systems
- i) Transformation into a regulated financial institution

It is projected that a total of \$3.2 million in loan capital will need to be raised over the course of the project.

The project outputs will contribute over the next four years to the following two outcomes, or benefits.

- 1) Sustainable, client-centred, development-integrated micro-finance institutions
- 2) Improved household incomes and/or resilience of economically active women, including those caring for orphans and vulnerable children

Project Management

The project will be managed nationally to ensure goals and outcomes are achieved and inter-provincial experiences and learning are maximised.

Project Manager

A manager will be recruited to oversee the project. Primary responsibilities include monitoring progress toward goals, identifying training and technical assistance needs, coordinating project activities, and providing technical assistance and training when required.

Project Steering Committee

This committee, which will include the Kenya Welfare Foundation director of micro-enterprise development and a KWF DevFund representative, will regularly review progress. In collaboration with appropriate donors, the committee will review any proposed changes in project design.

Financial Management

Finances will be managed at two levels. Each MFI will be responsible for managing finances provided directly to it. Reports will be submitted directly to the project manager or to the Kenya Welfare Foundation support office, depending on the source of funding.

Meanwhile, project funding for constituency activities will be managed nationally, with reports and an end-of-project audit submitted to the appropriate Kenya Welfare Foundation support office.

Technical Support

The project will receive technical and management support from the Kenya Welfare Foundation director for micro-enterprise development and the KWF DevFund manager for training and institutional development.

Mission Statement

The Kenya Welfare Foundation mission statement which is within the overall national vision for HIV/AIDS reads as follows:

Strategic Goals and Objectives

The response of the Kenya Welfare Foundation to the HIV/AIDS epidemic forms part of the overall national response. The identified goals were:-

- a) To contribute to the reduction of the incidence and prevalence of HIV among children, youth and adults.
- b) To provide up-to-date and relevant information on HIV/AIDS to children, youth and adults that instils values and attitudes leading to positive behaviour change,
- c) To contribute to the mitigation of the impact of the epidemic on individuals particularly children, youth and young adults,
- d) To mobilise resources and build capacity of the Kenya Welfare Foundation that will enable it to undertake HIV/AIDS prevention initiatives and
- e) To effectively monitor and evaluate the Kenya Welfare Foundation's response to the HIV/AIDS epidemic.

a) To contribute to the reduction of the incidence and prevalence of HIV among children, youth and young adults.

The specific objectives of the above goals are:-

- i. To increase awareness of HIV/AIDS among national policy makers to enable them to make informed decisions.
- ii. To improve knowledge about HIV/AIDS among Kenyans so as to reduce high risk sexual behaviour.
- iii. To train selected community workers as peer educators so as to equip them with interpersonal communication skills.

b) To provide up-to-date and relevant information on HIV/AIDS to children, youth and adults that instils values and attitudes leading to positive behaviour change.

Specific Objectives are:-

- i. To equip teachers with communication skills in HIV/AIDS so that they can impact the knowledge to school children.
- ii. To develop, produce and distribute relevant IEC materials targeted at the students, pupils and adults.
- iii. To lobby for the inclusion of the HIV/AIDS and life skills information into the education curriculum.
- iv. To promote the formation of anti-AIDS clubs in schools and universities.

- v. To promote dialogue among the population, parents, teachers and pupils on issues concerning reproductive health.
- vi. To improve provision and access to youth friendly services.

c) To contribute to the mitigation of the impact of the epidemic on individuals particularly children, youth and The Kenya Welfare Foundation personnel.

Specific Objectives are:-

- i. To create a supportive and caring environment in all constituencies.
- ii. To reduce the stigma, discrimination, shame and cultural silence associated with HIV/AIDS among Kenyans.
- iii. To empower the children, youth and adults in caring for the infected and affected.
- iv. To provide psychosocial support for the infected and affected.
- v. To have clear National orphan care and support strategies.

d) To mobilise resources and build capacity of the Kenya Welfare Foundation that will enable it to undertake HIV/AIDS prevention initiatives

Specific Objectives are:-

- i. To strengthen the capacity of KWF to mobilise resources.
- ii. To conduct fund raising activities.
- iii. To strengthen the HIV/AIDS unit's organisational structures and systems.

e) To effectively monitor and evaluate the Kenya Welfare Foundation's response to the HIV/AIDS epidemic

Specific Objectives are:-

- i. To support relevant research projects that will contribute to the improvement of the HIV/AIDS prevention initiatives
- ii. To effectively monitor and evaluate the KWF's response to HIV/AIDS.

Priority Strategies and Interventions

In order to achieve the above goals and objectives, the Kenya Welfare Foundation will concentrate on the following strategies:

Resource Mobilisation

The Kenya Welfare Foundation recognises the importance of continuous resource mobilisation efforts. The Kenya Welfare Foundation places a high priority on long term resource mobilisation. Resources will be mobilised from the Government itself and from local

resources outside Government. A resource mobilisation plan will be developed by the Kenya Welfare Foundation as soon as possible.

Institutional strengthening and management support

Given the magnitude of the problem and the increasing responsibilities of the HIV/AIDS unit as the epidemic progresses, the need to strengthen the unit has been identified as a priority. The HIV/AIDS unit will be strengthened through training of community committees, recruitment of additional social workers where necessary, acquisition of communication material such as: computers, telephones, HiFi mobile Radios, vehicles, motorbikes and other necessary equipment.

Coordination

The Kenya Welfare Foundation believes in a well coordinated response to the HIV/AIDS epidemic. The Kenya Welfare Foundation will strengthen its networking with the Kenya National AIDS Council and CBOs, other line Ministries, development partners and AIDS service organisations particularly those working within schools and with the youth.

Transparency and accountability

The increasing scope and spread of our work requires that we improve and strengthen our information and accountability systems. This will imply strengthening and where appropriate establishing governance mechanisms that will encourage increased accountability to the beneficiaries, members, donors and other development partners. This will require concerted investment in our communication skills and systems. We however believe that this investment will be worthwhile as it is only on the basis of accountability and honest communication that we will build solidarity with all our stakeholders.

The Way Forward

Through this Project Plan, The Kenya Welfare Foundation seeks to respond to pertinent and emerging issues affecting HIV/AIDS orphans and young people in Kenya. In this way we believe that, together with other stakeholders, we will be able to play a key role in influencing policy changes in the field of child development and thereby fulfil our mission.

A comprehensive analysis of our current capabilities to implement the new strategic direction and intentions will go hand in hand with the development of comprehensive project proposals for each individual programme, detailing expected outputs and activities, resource allocation for operations and specific indicators and methods of monitoring and evaluating success.

Monitoring and Evaluation

The Kenya Welfare Foundation places significant value on monitoring and evaluation of this project plan as well as the programmes it encompasses. For the Kenya Welfare Foundation to measure progress in the implementation of its strategy, there will be continuous collection of information on how resources are being acquired and used, how activities essential to implementation are proceeding and generally whether things are working out as intended.

The project will run for four years. The project's midterm (30 month) evaluation and end-of-project evaluation will be conducted by an external evaluator. The midterm evaluation will be especially important in ensuring that the project is meeting planned outputs and contributing toward desired outcomes. This will be a key opportunity to review and adjust the project design, activities, and budget.

Both qualitative and quantitative data collection methods will be used to collect information. The Kenya Welfare Foundation believes that monitoring and evaluation are critical to the success of the project.

Both process and impact indicators will be used during programme evaluation.

A detailed monitoring and evaluation strategy will be developed by the Kenya Welfare Foundation.

Resource Requirements

Enormous resources will be required to implement this Project Plan. Detailed costing of this Project Plan will be done and will be followed by marketing it to various development partners for funding.

The Kenya Welfare Foundation invites you to partner with us in Kenya to help improve the lives of HIV/ AIDS orphans, impoverished youth and female entrepreneurs in rural and suburban communities impacted by HIV/ AIDS. Please note that, with your support, The Kenya Welfare Foundation can achieve the following:

- Create KWF DevFund
- Create 5,000 youth jobs and sustainably support thousands of jobs for women
- Improve care and support for 850,000 orphans and vulnerable children, and assist 1.8 million children overall
- Setting aside the funds for 800,000 orphans and vulnerable children that can be used for education or to start up a business

The total funding need for the Kenya Welfare Foundation projects is \$7.5 million over the first five years. This includes project expenses and loan funds necessary to create micro-finance programmes in rural and semi-urban areas of Kenya.

Acknowledgements

Assembling this Strategy has been a labour of vision, collaboration, and dedication of many. The Kenya Welfare Foundation would like to thank the SOS Enfants En Detresse “**SOSEED Intl.**” and the Kenya Community Abroad “**KCA – France**” for co-funding the development of this strategic plan, to Mr. Joseph M. Kinyanjui – Lecturer/ *Economist, Kenyatta University* “our Executive Director”, to H.E. Prof. Maria Nzomo – *Kenyan Ambassador / Permanent Representative to the UN and WTO in Geneva*, H.E. Zachary Dominic Muburi-Muita - *Kenyan Ambassador / Permanent Representative to the UN at New York - USA* and to Dr. Jean-Paul DIXMERAS – *War surgeon and Vice President of MSF France* for accepting to be our Emeritus Honorary Trustees. Acknowledgements also go to all the people who were interviewed during the process and/ or participated in any way. We would also like to thank representatives from Ministry for Youth affairs, Ministry of Planning and National Development, Ministry for Gender, Sports, Culture and Social Services, Ministry of Health, Ministry of Foreign Affairs and representatives from other Government Ministries and institutions for their contribution during our fact-finding mission.

Last but not least, we thank Dr. Rony BRAUMAN – *Associate Professor Sciences PO “IEP” and Former President of “MSF” Doctors Without Borders* and Prof. Marie-Rose MORO - *Academic, Psychiatrist, Psychoanalyst – Université Paris XIII* for their invaluable advice, comments and technical analysis in regard to our project plan, the Kenyan lyricist and singer Ms. Achieng Abura, Hon. Amos M. Kimunya - *Minister for Finance*, Hon. Dr. Mukhisa Kituyi - *Minister for Trade and Industry*, H.E.. Ms. Reychelle Awuor Omamo – *Kenya Ambassador to France*, H.E. Dr. Mary Mbiro Kihmulu – *Kenya Ambassador / permanent delegate to UNESCO - Paris*, H.E. Joseph Kirugumi MUCHEMI – *Kenya High Commissioner in London*, Ms. Elizabeth Wangari - *Head for Africa Centre for World Patrimony UNESCO*, Mr. J.G Githieya - *1st Secretary Multilateral Kenya Embassy - Paris*, H.E. J.L. LANYASUNYA – *Kenya High Commissioner in Australia*, Prof. Charles Nzioka - *Programme Specialist, International Institute for Educational Planning (IIEP)UNESCO - Paris*, H.E Marx Gad Njuguna KAHENDE - *Kenya Ambassador to Belgium and the European Union*, H.E.. Peter Rateng’ Oginga OGEGO - *Kenya Ambassador to the USA*, Mr. Chris Mburu - *Regional Advisor on Democracy “UN Centre for Human Rights and Democracy in Central Africa”*, Mr. Titus Naikuni – *CEO and Managing Director of Kenya Airways Group* amongst others for their goodwill and moral support.

We hope this strategy clearly and succinctly outlines the approaches we take, the resources we manage, and the results we aim to achieve.

Mr. Stephen N. KINUTHIA
President and Chief Executive Officer

Project(2)/Phase(1)**GLOBAL BUDGET - HIV/AIDS AWARENESS CAMPAIGN AND INFORMATION**

Period: 3 years (July 2007 – November 2009)

ITEM	AMOUNT KSH	AMOUNT US\$	AMOUNT €uros
Administration	3 251 351,50	47 271,00	35 431,01
Staff Salaries	3 524 556,50	51 243,10	38 408,21
Advocacy and Training			
Materials	4 427 751,00	64 374,53	48 250,61
International and Local Travel	1 200 750,00	17 457,56	13 084,95
Coordination, Reporting and Evaluation	5 664 149,30	82 350,37	61 724,04
Documentation, Printing and Research materials	3 428 108,20	49 840,85	37 357,18
Training workshops, Seminars and Conferences	15 888 455,25	231 000,31	173 141,55
Audit and Bank charges	267 442,75	3 888,32	2 914,41
Staff capacity building	2 592 481,80	37 691,78	28 251,10
Office equipment, maintenance and Insurance	620 335,00	9 018,97	6 759,99
Motor Vehicles	2 893 720,00	42 071,44	31 533,79
Staff Insurance cover	1 057 515,00	15 375,08	11 524,08
Secretariat (Rent and Rates)	1 320 230,00	19 194,66	14 386,97
Coordination Offices (Rent and Rates)	1 057 300,00	15 371,96	11 521,73
Capacity building and Community Mobilisation	1 326 427,50	19 284,77	14 454,50
Legal protection and Legal review	1 284 468,00	18 674,72	13 997,26
HIV/AIDS Awareness Campaigns	14 326 466,00	208 290,74	156 120,05
Community-Based Family Homes Support	8 700 896,00	126 501,26	94 816,43
Education Support	6 873 694,00	99 935,80	74 904,83
Total	80 706 097,80	1 173 376,08	879 480,00

Project(3)/Phase(1)

GLOBAL BUDGET FOR INTERGRATED MICRO-FINANCE WITH HIV/AIDS CARE

Period: 3 years (July 2007 – November 2009) – Costs

Description / Budget Line	Year1	Year2	Year3
TECHNICAL ASSISTANCE AND OPERATING EXPENSES 1: Increased capacity to learn and support integrated HIV/AIDS and micro-finance services <u>1.1: Evaluation of HIV/AIDS and micro-finance projects</u> Evaluation team leader International travel - KWF staff International travel - KWF staff <u>1.2: Case studies and workshops</u> Development of case studies (travel) Workshop accommodation Write-up of case studies and learning <u>1.3: Institutional assessments</u> Team leader Travel Accommodation <u>1.4 Database development</u> KWF technical support			
Total Output	15,785	12,036	10,900
2: Improved access to appropriate financial services for rural female clients <u>2.1 Branch development and replication</u> Operating cost subsidy for new branches Seed capital for new branch (to be individually financed at a country level)			
Total Output			
3: Improved responsiveness of credit and savings products to the needs of rural female clients <u>3.1: Market research training</u> Consultant fee Replication resources Training workshop <u>3.2 Product development</u> Consultant fee Workshop travel Workshop accommodation <u>3.3 Client impact assessments</u> Workshop travel Workshop accommodation			
Total Output	52,188	50,660	11,980
4: Increased capacity of MFIs to partner with KWF and other HIV/AIDS agencies <u>4.2: Pilot projects in rural target areas</u>			

(to be funded country-specific) Pilot projects with CCCs and Community Banks <u>4.3: Joint workshops with HIV/AIDS agencies and MFIs</u> Workshop accommodation Travel			
Total Output	50,120	48,890	21,280
5: Increased capacity of the MFI boards in governance <u>5.1: Board coaching and training</u> Board advisor External consultant Airfare and other travel costs Board workshops Board study visits travel Board study visits accommodation <u>5.2 Registration process</u> Registration support Local legal fees/consultancy International legal advice			
Total Output	88,420	88,420	52,030
6: Increased capacity of senior leadership to transform MFIs into large-scale deliverers of financial services in rural areas <u>6.1: Leadership training programme</u> Training workshop travel Training workshop accommodation External consultant Materials Training course <u>6.2: Exposure visits and coaching</u> Coaching days Study visits/travel/accommodation <u>6.3 Partnership training</u> External consultants Workshop travel Workshop accommodation <u>6.4: Secondment of staff</u> Travel Accommodation Coaching			
Total Output	60,500	60,500	51,780

<p>7: Increased capacity of MFI managers in rural finance, management, business planning, and staff development</p> <p><u>7.1: Development and delivery of training materials and courses for middle managers</u></p> <ul style="list-style-type: none"> Review of training material (1 day, 10 people) Preparation of training material Training course accommodation Training course material Training of Trainers (TOT) accommodation TOT training travel TOT trainer fee Summer school training <p><u>7.2: HIV/AIDS project exposure visits</u></p> <ul style="list-style-type: none"> Travel Accommodation/per diem Other costs related to visits 			
Total Output	23,590	21,105	41,870
<p>8: Increased efficiency of MFI financial services and systems</p> <p><u>8.1: Management information system training and technical support</u></p> <ul style="list-style-type: none"> Consultants Accommodation/ per diem Travel Internal World Vision support Post implementation user group meetings <p><u>8.2: Systems development for savings delivery</u></p> <ul style="list-style-type: none"> Consultants Travel Accommodation <p><u>8.3: Development of treasury management and liquidity management</u></p> <ul style="list-style-type: none"> Consultancy Per diem/accommodation and other costs Travel <p><u>8.4: Training in internal audit and risk management</u></p> <ul style="list-style-type: none"> Airfare Per diem/accommodation and other costs Consultant Travel 			
Total Output	71,250	70,050	70,390

9: Project Management – Countrywide			
Project Management			
<i>Salaries and Benefits</i>			
Project manager			
Monitoring officer			
Finance support			
Administrative support			
Evaluation costs			
<i>Travel Costs</i>			
Airfare			
Other travel/transportation costs			
Accommodation/per diems			
<i>Operating Expenses</i>			
Office supplies			
Communications			
Rental			
Capital Expenditures			
Computer			
Photocopier			
Total Output	180,360	180,990	200,250
Subtotal for all outputs	542,213	532,651	460,480
Total for technical assistance and operating expenses	542,213	532,651	460,480
Total funding from other sources	55,000	52,000	35,000
Unfunded technical assistance and operating expenses	487,213	480,651	425,480
FUNDING REQUEST			
Technical Assistance and Operating Expenses	487,213	480,651	425,480
Loan Funds	600,800	600,800	600,800
Indirect Costs – KWF	132,700	132,700	132,700
Total	1,220,713	1,214,151	1,158,980

Annex 1: Creation of KWF

PREAMBLE

- a) Considering the participation and contribution towards building the three pillars of development: economic, social and political systems as stipulated in the Kenya Vision 2030 Planner;
- b) Considering the participation and contribution toward achieving the four goals for a social conciliatory society: freedom, equality, parity and brotherhood;
- c) Considering the urgency and priority for protection and prevention of child neglect, abuse and maltreatment, taking care of children and young people who are orphaned by HIV/Aids or from less privileged families;
- d) Considering the contribution to building awareness of the despair faced by growing numbers of HIV/Aids orphans in Kenya and the ways in which their needs can be addressed;
- e) Considering the rehabilitation of all primary schools, sports and recreation facilities to make schools a better place for all children;
- f) Considering the promotion of educational excellence for all Kenyans, thus participate and contribute to quality free Primary school education, by rehabilitating and building more schools to reach a reasonable number of pupils in class;
- g) Considering the contribution to building Community-Based Family Home for orphans, disabled and handicapped children and more equipped healthy centres;
- h) Considering the implementation of free Secondary school education and affordable health systems, antiretroviral paediatric therapy and paediatric essential drugs;
- i) Considering the necessity of building the youth hostels and industrial skills training centres “village polytechnics” in areas with most school dropouts;
- j) Considering the promotion of juvenile rehabilitation projects in penal institutions and juvenile integration projects “skilled training” out of prison with the aim of reducing crime in the country;
- k) Considering the promotion of micro-projects and micro-credits which enable individuals, communities and people to realise their full potential by furthering their sustainable development and improving their quality of life;
- l) Considering the contribution to building of Social Housing in the urban and sub-urban areas to reduce the growing slum settlements and populations, and facilitate access to properties for middle class Kenyans;
- m) Considering the contribution to building an equitable society based on a human scale, which is inclusive and enables each person to create, obtain, use and share information and knowledge.



DECIDED:

Thus to create the Kenya Welfare Foundation (KWF) to help build democratic, social equality, participatory and conciliatory societies, reduce poverty, crimes and disparities in Kenya under the following principles :

- contribute to economic and social justice and enable communities at all levels, wherever they are in the Kenya, to guarantee economic growth, human rights and fundamental freedoms, and thus helping to attain the objectives contained in the **Kenya Vision 2030** initiative.
- give all children and young people the means to grow in a favourable environment and ensure their physical, mental and intellectual development, a better quality of life and the opportunity to fully tap their potential.
- facilitate the promotion, defence and advocacy of children's rights as set out in the United Nations Convention on the Rights of the Child (UNCRC), the African Charter on the Rights and Welfare of the Child (ACRWC) and the Children Act, 2001.

Our National Development Objective

Given the state of the HIV/AIDS epidemic in Kenya, the Kenya Welfare Foundation (KWF) needs to put in place strategies to address the impact of HIV and AIDS both on adults and children. Given that about 1.5 million children were orphaned by AIDS in 2005, the Kenya Welfare Foundation will look at ways of assisting these orphans to have a decent education, health care and living.

“Building the capacity of communities to care for orphans and vulnerable children and spread awareness of HIV/AIDS to tackle both the prevalence of the disease and the stigma associated with it”.

To effectively mobilise resources for building permanent funds (**KWF-DevFund**) for awarding grants to orphans, young people and communities for the development of “Micro-Finance” projects.

To enhance and strengthen effective participation of young people through facilitation and capacity building in social and economic development initiatives through their own generated ideas, proposals, resources and analysis.



Our Development Objectives

The Kenya Welfare Foundation's mission is to improve the welfare of HIV/AIDS orphans and under-privileged children in Kenya and to enhance opportunities for the development of

their full potential. An analysis of the problems facing children in Kenya today translates this into the key goals below:

- Enhanced public awareness, understanding and participation in children's rights and orphan related issues;
- Awareness raising and lobbying - seminars, production and distribution of materials (leaflets, brochures, website, documentaries, stickers, t-shirts), meetings with officials, forums, workshops, visits to schools, proposals for law reform;
- Children in conflict with the law (Drugs and Crime) and/or victims of abuse and neglect;
- Communities empowered and taking positive action against child abuse and neglect, specifically HIV/AIDS affected children;
- Proactive use of information in the struggle to promote respect for the rights of the child.

Annex 2: Kenya Government's Commitment and Rights of the Child

Kenya Government's commitment

On January 16th 2007, in Geneva, His Excellency the Vice President Hon. Moody Awori reaffirmed the Government's commitment to promoting and protecting the rights of every child in the country.

In July 2006, His Excellency the President Mwai Kibaki signed the Sexual Offence Bill that broadens the range of sexual offences to include the deliberate transmission of HIV/ Aids, gang rape, sexual harassment, child trafficking, sex tourism, rape, incest and wrongful accusation. It also provides tougher penalties for several sexual crimes: rape is now punishable by a minimum of ten years to a maximum of life imprisonment, and transmission of HIV/Aids by a prison term of fifteen years minimum.

In January 2003, His Excellency the President Hon. Mwai Kibaki's Government declared Free Primary Education. The intention was to remove all levies that previously prevented children, especially the disadvantaged and marginalised "vulnerable" groups, from accessing education.

On November 25th 1999, His Excellency the President Hon. Daniel Arap Moi declared HIV/ AIDS a national disaster. The Ministry of Education, Science and Technology was required to start HIV/AIDS education in all institutions of learning.

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RIGHTS OF THE CHILD IN KENYA

Section 4 (*art. 6 CRC*) of the Children Act recognises explicitly the right of the child to life and the responsibility of the government and the family to ensure the best interests of the child.

Section 13 (*art. 19 CRC*) states that “a child shall be entitled to protection from physical and psychological abuse, neglect and any other form of exploitation including sale, trafficking or abduction by any person”.

Section 5 (*art. 2, 22, 23 CRC*) of the Children Act also provides that “no child should be subjected to discrimination on grounds of origin, sex, religion, creed, custom, language, opinion, conscience, colour, birth, social, political, economic or other status, race, disability, tribe, residence or local connection.”

Section 12 (*art. 23 CRC*) of the Children Act states that “a disabled child shall have the right to be treated with dignity, and to be accorded appropriate medical treatment, special care, education and training free of charge or at a reduced cost whenever possible”.

Section 14 (*art. 23 CRC*) of the Children Act provides that “no person shall subject a child to female circumcision, early marriage or other cultural rites”.

Section 24 (*art. 23 CRC*) of the Children Act states that “where a child's father and mother were married to each other at the time of his birth, they shall have parental responsibility for the child and neither the father nor the mother of the child shall have a superior right or claim against the other in exercise of such parental responsibility”.

Section 10 (*art. 32 CRC*), “every child shall be protected from economic exploitation and any work that is likely to be hazardous or to interfere with the child’s education, or to be harmful to the child’s health or physical, mental, spiritual, moral or social development”

Section 15 (*art. 34, 35 CRC*) of the Children Act provides children with protection “from sexual exploitation and use in prostitution, inducement or coercion to engage in any sexual activity, and exposure to obscene materials”.

The Children Act prohibits trafficking of children as a form of economic exploitation and considers it as a crime.

Section 18 (1) (*art. 37-a*) of the Children Act provides protection for children from different forms of violence and particularly torture and other cruel treatment or punishment.

Section 191 (2) of the Children Act additionally prohibits corporal punishment as a method of dealing with child offenders.

Section 14 (*art. 40 CRC*) of the Penal Code, “a person under the age of eight years is not criminally responsible” and from eight years to twelve “is not criminally responsible [...] unless it is proved that at the time of doing the act or making the omission he had capacity to know that he ought not to do the act or make the omission”.

Section 190 of the Children Act outlaws the imprisonment and the detention in a camp of a child offender. It also states that a child shall not be sentenced to death and only children from 10 years old can be sent to a rehabilitation school.

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The Country Profile

Kenya

Kenya is a republic dominated by a strong presidency. Situated in Eastern Africa, it lies between latitudes 4.21 0 N and 4.28 0 S and between longitudes 34 0 E and 42 0 E, bordering the Indian Ocean, between Somalia and Tanzania and covering a total area of 582,650 sq km thus 13,400 sq km of water and 569,250 sq km of land. It is bisected into almost half horizontally by the Equator and vertically by the 38 0 E meridian lines.

It is divided administratively into 8 provinces including the Nairobi area. Provinces are: Central, Coast, Eastern, North, Rift Valley, Nyanza, Western and North Eastern. These provinces are divided into a total of 72 districts. Its major cities and towns are: Nairobi, Mombasa, Kisumu and Nakuru.

The country has had a stable government and political tranquillity since becoming independent.

Kenya is also divided into 210 parliamentary constituencies each represented by a Member of Parliament (MP). In addition to the 210 MP's, there are 12 Nominated Members allocated to each party represented in Parliament, on the basis of the number of elected seats of each such party.

Climate and Weather Patterns

Kenya's climate varies from a tropical climate on the coast characterised by hot and humid conditions to a temperate climate inland and to a dry climate in the north. Over 70% of the country is arid and semi arid receiving less annual precipitation while rainfall is greatest in the highlands. Most parts of the country experience a bimodal pattern of rainfall, with the long rains coming in March- May and the start of the short rains occurring through October - December.

Altitude is a major factor in variations in temperature between the different regions of the country. Average temperature ranges in Nairobi are from 11 to 23 degrees Celsius in July to 12 to 28 degrees Celsius in February.

Religion

40 % protestant, 30 % Roman Catholic, 6 % Muslim, 23% other religions.

The Population

Kenya has a population of 33,8 million people, these estimates explicitly take into account the effects of excess mortality due to AIDS; this can result in lower life expectancy, higher infant mortality and death rates, lower population and growth rates, and changes in the distribution of population by age and sex than would otherwise be expected (*July 2005 est.*)

The economy

The economy is market-based, and the large agricultural sector employs more than 70% of the country's population.

Although many sectors continue to be dominated by state-owned monopolies, the non-agricultural economy includes large privately-owned light manufacturing, commercial, and financial sectors. Tea is the largest source of foreign exchange earnings. Following the Government's adoption of two anti-corruption measures in 2000, major financial institutions, which had suspended assistance in previous years, began to provide assistance once more. Annual per capita gross domestic product for 2002 was officially reported as \$237, with approximately 57% of the population living at or below the poverty level on less than \$1 per day.

The spread of HIV/ AIDS, estimated to have infected approximately 14% of the population between the ages of 14 and 49, has increasingly adverse effects on the country's wage-earners, including teachers and other professionals. A weakened infrastructure, unreliable power and telecommunication systems and roads in disrepair, exacerbates economic problems and disinvestments.

Geo-Political Factors

Kenya's foreign policy in the region has been shaped by factors such as the presence of overlapping ethnic communities across borders and the fact that Kenya is a littoral state of the Indian Ocean, which influences relations with its landlocked neighbours.

KENYA'S FOREIGN POLICY *(By Ministry of Foreign Affairs)*

- Kenya subscribes to the charter of OAU/ AU and has been an active member since joining in 1964.
- Kenya is a member of the Commonwealth, a voluntary association of 54 independent states, comprising about one quarter of the world population.
- Kenya supports the New Partnership for Africa's Development (NEPAD), which is a holistic and integrated framework for the sustainable development of the African continent.
- Kenya attaches great significance to the Common Market for Eastern and Southern Africa "COMESA", as it provides a market for its manufactured products.
- Kenya is a member of IGAD, comprising of the seven countries of the horn of Africa.
- Kenya is a member of the ACP group of countries, composed of 48 countries from Africa, 15 countries from the Caribbean and 14 countries from the Pacific, all totalling 77 countries.
- Kenya supports multilateralism through the United Nations system. Kenya has always preferred a multilateral approach in confronting problems in the international stage.
- Kenya fully subscribes to the charters of the United Nations and the OAU/ African Union and seeks to work with like-minded states in the promotion of a new international political and economic order.

Kenya's Economic Situation

The country's socio-economic situation has been deteriorating for years. Around 57% of the population are living at or below the poverty level on less than \$1 per day; child mortality and illiteracy are on the rise, and life expectancy continues to fall.

Reasons are to be found in the country's deeply rooted political and economic structures, which have over the past two decades nurtured inefficiency, corruption and the lack of transparency in the use of assets at many levels of public life. In this situation the private sector can only make a limited contribution towards development and poverty reduction.

Nevertheless, Kenya has the potential to reverse this trend and once again assume its former role as an economic and political driving force in Eastern Africa. Kenya can boast a relatively well educated middle class and a stable industrial basis. Today the country is largely unencumbered by internal conflict and maintains good neighbourly relations with the other countries in the region.

Given Kenya's peaceful, fair elections in late 2002 and the Government's clear commitment to constitutional reform, poverty reduction through economic development and the fight against corruption, the country has been given opportunities to make a fresh start.

Education

All children have a right to an environment favourable to their development, whether that means going to school or participating in a recreational activity. In other words, all children have a right to the resources which can open them up to life and develop into responsible young adults.

Statistics on Education in Kenya	Male	Female
Illiteracy Rate, Percent of Population Age 15 and Over	11.12%	23.98%
Primary School Enrolment, Gross % of School Age Population	92.09%	92.10%
Secondary School Enrolment, Gross Percent of School Age Population	32.02%	29.24%

Source: UNFPA, 2001

In Kenya, in January 2003, the government introduced free universal and compulsory primary education for all children. Making education free has brought a dramatic rise in the number of children going to school, from 5.9 million to over 7 million – and still rising. Most persons welcomed tuition-free education; however, the policy also resulted in overcrowded classes because of increased enrolment, insufficient teachers, and inadequate budget.

The Kenya Welfare Foundation aims to support the Kenyan government in providing enough school places to keep up with demand and to ensure that quality education is sustained.

Poor quality education – The education received is often of a poor quality and fails to equip pupils with the skills and knowledge they need to lift themselves and their society out of poverty.

NB: Private schools or “academies” have become very popular in Kenya in the recent past, especially at primary education level. This has been exacerbated by the fact that since the introduction of free primary education, parents have been moving their children to private schools to access "better" education in terms of teachers’ attention and the number of students in the class.

Average Annual Cost of Secondary School Education

	Ksh	USD
Uniforms	5,000	\$71
Textbooks and Stationary	4,000	\$57
Tuition and boarding	22,000	\$314
Total per child per year	31,000	\$430

Facts and figures

Did you know that:

- Kenya is **one of the poorest countries in Africa** with more than 52% of the population living below the national poverty line and 22.8% population living below US\$1 a day;
- 60% of the population is now under 30 years of age;
- After 4 decades of independence, most Kenyans remain impoverished citizens of a struggling state. The richest 10% of the population own an estimated 40% of the wealth and the poorest 30% own only 10%.
- 44% of sick do not seek care due to lack of money and 16% of sick borrow/harambee to finance hospital bills
- 13,5% of her population of 31 million people are affected by AIDS and 22% of her adults are illiterate
- Over 50% of girls in Kenya undergo Female Genital Mutilation (FGM) as a rite of passage to womanhood. FGM is often performed in unhygienic conditions resulting in infection or the spread of disease.
- In every 30 minutes a woman is raped or a child is defiled in Kenya, an estimated 16,500 (3 years to 70 years of age.) rapes occur in the country every year. There are indications of sodomy meted by adult males to young boys and children placed under their care.
- In April, June and July 2006, 6% of the 1,969 cases of sexual violence reported at the hospital involved men, meaning men were victims in around 118 cases; an increase of 2% over the previous year.

- 75% of inmates in Kenya penal institutions are not only young but include single young mothers with children
- It is estimated that 15.2 % of all children ages 5 to 14 years were working in Kenya between 1998-99
- Kenya reports 10,000 to 30,000 between the age of 12 and 18 years were being sexually abused by sex tourists from all over the world with Kenyan men leading in the list of clientele.
- Kenyan children are trafficked internally from rural areas to urban centres and coastal areas into involuntary servitude, including work as street vendors and day labourers, and into prostitution.
- There may be as many as 200,000 child domestic workers in Kenya and 90% of them are girls working in homes.
- Good quality education is essential for enabling developing countries to achieve the level of economic growth needed to tackle poverty and make sustainable development a reality. It enables people to transform their own lives and the society in which they live.
- In 1963 there were only 151 secondary schools, with a total enrolment of 30,120 students. Today there are nearly 3,000 secondary schools with a total enrolment of 620,000 students.
- According to the Ministry of Education - This year, 60 per cent or 395,377 Standard Eight qualifiers will be admitted to the country's 4,000-plus secondary schools = approx. 98 students / class?...
- Over 250,000 pupils who sat for last year's Kenya Certificate of Primary Education (KCPE) nationwide will miss Form One places this year (2006) alone
- There are more than 60,000 or one in every 20 children of the 4 million is living on the street of Nairobi as well as in other major towns in Kenya.
- More than 120,000 children need antiretroviral (ARV) therapy yet only 8,000 are accessing the treatment.
- **More than 850,000 Aids orphans are at high risk** of being exploited, and measures should be taken to protect them urgently.

The above Facts and Figures enormously encouraged The Kenya Welfare Foundation to continue resource mobilisation efforts, mobilisation of the local and international community for a comprehensive and sustainable response to this social injustice and the HIV/AIDS pandemic.

Source of the quotes : *Ministry of Health / NASCOP*
Ministry of Planning and National Development
Ministry of Education, Science and Technology
Ministry of Foreign Affairs
Ministry for Youth affairs
Ministry for Gender, Sports, Culture and Social Services
USAID/ PEPFAR / UNAIDS /MSF / NACC of Kenya
Kenya News Papers/ medias

**“Our work is vital...
Together we can make a ...
Difference, save lives and...
Build community together”**