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Strategies for Supporting Orphans and Vulnerable Children: An Exploratory Study of an Exemplary Model of Care in Kenya

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This qualitative study explored the extent to which programs in a religiously affiliated agency in Kenya incorporate 12 internationally sanctioned strategies for supporting orphans and vulnerable children in Sub-Saharan Africa (Olson, Knight, & Foster, 2006). The results indicated that all 12 strategies were being employed, though to varying degrees. The authors describe how each strategy was used by the agency and make recommendations for practice and future research.

KEYWORDS *Africa, child welfare, orphans and vulnerable children*

Within the field of child welfare holistic, community-based models of care for orphans have become more desirable than more traditional, often institutional, models. Several organizations, religious and nonreligious, in Africa and around the world, including UNICEF, USAID, private think tanks, and NGOs, have collaborated to establish standards of care for international orphans and other vulnerable children as well as strategies for meeting these standards (UNICEF, UNAIDS, and USAID, 2001; UNICEF, 2004). However, there is a lack of research about the effectiveness of the new standards of care and related strategies. This research project explored the extent to which these strategies are being implemented in one religious agency by addressing the following question: To what extent do the programs of Buckner Kenya in Kitale, Kenya incorporate the “Twelve Strategies for Supporting Orphans and Vulnerable Children” (OVC) outlined in the publication *From Faith to Action* (Olson, Knight, & Foster, 2006)? In addition, this project has laid

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the foundation for further research about the effectiveness of these standards and strategies.

Buckner Kenya is an affiliate of Buckner International, a century-old Christian ministry that seeks justice for orphans and at-risk children both in the United States and internationally. Buckner's programs include international orphanage support, humanitarian aid, short-term missions, foster care, and adoption (Buckner International, 2009a). Buckner started operations in Kenya when Kenyan Baptists asked Buckner to manage their orphanage in Nairobi, a former Southern Baptist facility that had been turned over to Kenya Baptists. Kenyan staff, hired by Buckner for this work, approached it with a desire to provide care in the best interest of children by implementing family and community models of care rooted in African values to the greatest extent possible (Masindano, Wasila, & Singletary, 2011). In 2002, Buckner Kenya, a nongovernmental organization (NGO), was formed with indigenous leadership among its staff and board of directors. In Nairobi, the leadership of Buckner Kenya made the decision to transition a children's home (discussed below as *residential care* or *orphanage*) into a transitional home allowing them to establish a community center, an early childhood development (ECD) school (pre-K and Kindergarten), two public water wells, and a foster/kinship care program, a signature program serving 75 children in its first two years. In 2008, their work was expanded to Busia and Kitale in western Kenya. In Kitale, Buckner Kenya assumed responsibility for a orphanage, a K–5th grade school, a health clinic, and a church. Immediately, plans were made to build a pre-school and to expand the existing school to run through 8th grade (Buckner International, 2009b). In addition, they added a foster/kinship care program that serves approximately 50 OVC in the Cherengani Village near Kitale.

In light of the growing AIDS pandemic in Sub-Saharan Africa and the growth of services for OVC, the United Nations Children's Fund (UNICEF) and AIDS program (UNAIDS), and the United States' foreign aid office (USAID) worked together to develop 12 principles to guide programming for vulnerable children worldwide (UNICEF et al., 2001). UNICEF (2004) continued to develop these principles and published five key strategies in *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV/AIDS*.

Subsequently, the Firelight Foundation published *From Faith to Action*, a guide specifically for faith-based organizations, built on the broader input of more than two dozen international agencies and endorsed by 23 international organizations including UNICEF. It highlights "Twelve Strategies for Supporting Orphans and Vulnerable Children" (Olson et al., 2006). These strategies, listed below, incorporate the key themes from the 2004 UNICEF report:

1. Focus on the most vulnerable children, not only those orphaned by HIV/AIDS.

2. Strengthen the capacity of families and communities to care for children.
3. Reduce stigma and discrimination.
4. Support HIV prevention and awareness, particularly among youth.
5. Strengthen the ability of caregivers and youth to earn livelihoods.
6. Provide material assistance to those who are too old or ill to work.
7. Ensure access to health care, life-saving medications, and home-based care.
8. Provide daycare and other support services that ease the burden on caregivers.
9. Support schools and ensure access to education, for girls as well as boys.
10. Support the psychosocial, as well as material, needs of children.
11. Engage children and youth in the decisions that affect their lives.
12. Protect children from abuse, gender discrimination, and labor exploitation.

This research project assessed the extent to which these 12 strategies were being incorporated by the programs of Buckner Kenya in Kitale, Kenya.

OVERVIEW OF LITERATURE

The literature on the care of orphans and vulnerable children (OVC) in Sub-Saharan Africa describes the state of affairs and the need for aid, but few studies examine comprehensive standards of care such as those mentioned above.

The findings of Casale et al. (2009), Mann (2002), and WCRP and UNICEF (2004) informed the research project at hand, although indirectly so. In dealing with orphans and their caregivers, we found it helpful to know that the children and adults have different perspectives on who should provide care and how it should be given: "While adults emphasised the material capacity of a family to care for an orphaned child, children were much more concerned about being cared for by adults who would love them and respect the honor of their deceased parents. This led to a strong preference for care by grandparents, even if this meant living in extremely poor material and economic circumstances" (Mann, 2002, p. 3). These children in Malawi believed they deserved to be treated as equals in the new home, and expressed that they did not always receive the extra love and attention needed after losing a parent. Substitute parents sometimes believed that the child should be grateful for being included in the home, even if not on equal status. Some adults expressed the difficulty of loving another's child as one's own. These differing perspectives lead to a "vicious cycle of misunderstanding" (p. 62) in which the children express the need for equal standing and attention (sometimes by acting out) and the adults believe the children to be ungrateful and badly behaved, leading to further

misunderstanding and often worsening the conditions for both parties. This description leads to one of Mann's (2002) conclusions: that care by relatives is not always as ideal as it may seem.

Both adults and children in the Malawi study believed that care of orphans by unrelated adults was neither appropriate nor desirable. The only exception among the 130 cases was one group of adults who believed that an acceptable solution would be establishing in the village an orphanage that incorporated local culture (Mann, 2002). This very narrow range of acceptable alternatives echoes the deficiency of effective solutions found by Casale et al. (2009), who concluded that the families in their study were not effectively coping.

Finally, the findings of WCRP and UNICEF (2004) on religiously affiliated organizations (RAOs) are particularly relevant to this study. These researchers found that the religious organizations studied often did not operate in the most efficient or effective way and were not aware of best practices for the work they were doing. Among their recommendations are the following:

1. RAOs need to develop HIV/AIDS and OVC programs;
2. larger religious coordinating bodies need to give technical and financial support to the smaller RAOs, faith-based organizations, and congregations in their HIV/AIDS and OVC work through training, resources, and documentation;
3. RAOs need to establish committees to guide the development of HIV/AIDS and OVC initiatives; and
4. RAOs need to recognize the value of broader community resources and input.

Although some literature addressed the effectiveness of certain methods of care, none focused on a specific set of strategies for care such as those published by UNICEF et al. (2001), UNICEF (2004), or the Firelight Foundation (Olson et al., 2006). We hope our exploratory study will stimulate further research on these broad, secular strategies by first establishing the extent to which they are being implemented in one specific context operated by Kenyan leaders in a Christian agency.

METHODS

This research project was an exploratory cross-sectional qualitative study conducted by a graduate student intern in the agency studied. She contracted with her co-authors for data collection and analysis, addressing the primary research question, "To what extent do the programs of Buckner Kenya in

Kitale, Kenya incorporate the ‘Twelve Strategies for Supporting Orphans and Vulnerable Children’ outlined in the publication *From Faith to Action?*”

The unit of analysis for the study was the OVC programs of Buckner Kenya in Kitale, Kenya. To obtain information about the operation of these programs, the researchers interviewed 11 of the 13 Buckner Kenya staff in Nairobi and Kitale, Kenya. The 13 staff, all of whom are native Kenyans, were invited to participate in the study. Of the five women and six men interviewed, five were direct workers, three were mid-level managers, and three were higher-level administrators. The purposive sample in this exploratory study and the affiliation of the intern certainly provides subjective bias in this study, factors which the co-authors helped to identify as part of their analysis.

Researchers used an interview schedule consisting of two questions for each of the 12 strategies to determine the alignment of the programs with the strategies. The interviews were conducted by the second author during a 10-day trip to Kenya in January 2010. Prior to the interviews, the consent form and the interview questions were included in the invitational e-mail to allow the Kenyan participants to prepare for the interviews if they wished, since the interviews did not take place in their native language.

The culture of this region in Africa was considered during the planning and data-collection stages. Oral interviews were used rather than written surveys, and every effort was made to put the participants at ease during the interviews. Participants were asked to define or discuss certain words and concepts, such as “orphan,” “youth,” and “protect,” to ensure that both participant and interviewer held a common meaning.

The lead researcher used the following five steps to conduct a deductive analysis of the qualitative data:

1. listening to recordings of the interviews;
2. taking notes, organizing the data by question and by interview;
3. coding the data according to pre-determined categories (the 12 strategies published in *From Faith to Action* by the Firelight Foundation; Olson et al., 2006);
4. looking for patterns within and between categories; and
5. interpreting the data.

The second and third author played the role of peer reviewer in assuring credibility and dependability in the analysis—two criteria for rigor in qualitative research (Lincoln & Guba, 1989).

FINDINGS

During the interpretation phases, to provide more meaning to the existing strategy labels, the researchers added a descriptive code to note how the

organization employed the strategy in question. *Programs* included foster care, orphanage, clinics, schools, and others. *Policies* included both formal and informal policies, such as keeping an orphan's HIV status confidential to the greatest extent possible and giving emotional support to a child in residential care. *Ongoing Training* included ongoing formal trainings, such as foster parent trainings and meeting with school parents, as well as guidance and counseling provided to orphans on an ongoing basis. *One-time Events* included one-time meetings, trainings, and events, such as training house parents on the grief process and medical clinics in which American doctors come in for a short period of time. A few times in the interviews, participants mentioned potential ideas for the future and specific plans that would be taking place in the near future; we coded these *Ideas for the Future* and *Future Plans*, respectively. When a participant gave in-depth explanation of an issue related to a strategy separate from the agency's response to the issue, we used the code *Understanding*.

We assigned weighted values to the codes to reflect the varying levels of significance: *Programs* addressing the strategies were given a weight of 5, *Policies* related to the strategies a weight of 4, *Ongoing Trainings* a weight of 3, *One-time Events* a weight of 2, *Future Plans* a weight of 2, and *Ideas for the Future* a weight of 1. In this way, an index score was produced showing how each coded activity is weighted in relation to the frequency of responses related to the 12 strategies. Each index includes the number and types of ways Buckner Kenya staff employed the associated strategy. Next, we ordered the indices, grouped them according to existing clusters, and labeled them. The final results show the extent to which Buckner Kenya employs each strategy listed in the Firelight Foundation publication (Olson et al., 2006). The strategies were grouped and labeled according to their index score, from the lowest to the highest: *To the least extent* (strategy 6); *to some extent* (11, 3, 8, 4, 12); *to a great extent* (1, 5, 9, 7); and *to the greatest extent* (10, 2). We now turn to a discussion of each of the strategies published in *From Faith to Action* (Olson et al., 2006) and the extent to which each is employed by Buckner Kenya.

Strategy 1: Focus on the Most Vulnerable Children, Not Only Those Orphaned by HIV/AIDS

Buckner Kenya employs Strategy 1—focusing on the most vulnerable children, not only those orphaned by HIV/AIDS—to a great extent. There was no mention of selecting children for the programs based on the cause of death of the parents. In addition, great care is taken in determining the “most needy” cases, with recommendations coming from churches, schools, government officials, and local chiefs, followed by multiple home visits, before a decision is made.

Strategy 2: Strengthen the Capacity of Families and Communities to Care for Children

Buckner programs employ Strategy 2—strengthening the capacity of families and communities to care for children—to the greatest extent (a rating shared with Strategy 10). The agency strengthens the capacity of *families* to care for children through monthly support for foster parents, relatives providing kinship care, and guardians who are ill. Other supports for foster families include the facilitation of self-help groups for the purpose of working toward client self-sufficiency and ongoing training provided to families in the program.

The programs of Buckner Kenya also strengthen the ability of communities to care for children by providing public access to a number of its programs. The health clinic, community center, water well, chapel, and two schools are all affordable or free and open to the community (with exception of one school, which was described as less affordable for most families). Having access to these services contributes toward both a family's and the community's ability to care for children. Through public trainings, the agency increases community awareness of abuse and appeals to traditional cultural values of stepping in to help parent any child in the community.

Strategy 3: Reduce Stigma and Discrimination

Buckner Kenya works to reduce stigma and discrimination to some extent. The agency seeks to reduce stigma and discrimination by raising public awareness of gender inequality and of the facts of HIV/AIDS. The staff seeks to reduce stigmatization that might be felt in specific situations. For example, a foster child may be viewed as an intruder by biological children in the family, so all of the children are invited to the foster family trainings to address the issue. Similarly, house parents at the orphanage treat the orphans the same as their own biological children and call themselves the orphan's "parent" when speaking to a member of the community, such as a teacher. When a child is feeling the stigma or when a new orphan comes into the program, the staff members try to help the child cope with that stigma and know what to expect in the future.

Strategy 4: Support HIV Prevention and Awareness, Particularly Among Youth

Although the participants were quick to note that their agency did not do large HIV awareness campaigns in the community as some other organizations do, it was apparent that the Buckner programs do raise awareness to some extent. Open communication is encouraged, both between the orphans and staff and between the orphans and their peers in the

community, in order to raise awareness and increase accurate understanding of the facts. This also reduces stigma, as classmates come to understand what “orphan” means and what “HIV/AIDS” means, and it is empowering when the orphans take an active role in changing how others view them and educate their peers.

In addition to being a topic of conversation with the children in Buckner programs, HIV/AIDS is a topic mentioned at large gatherings. As one participant put it, “since HIV was declared a national disaster . . . wherever it is, a funeral, a school meeting, a political meeting, you don’t bring people together and fail to mention that.” Another participant elaborated that at Buckner meetings, everyone is encouraged to get testing, counseling, and other services.

Strategy 5: Strengthen the Ability of Caregivers and Youth to Earn Livelihoods

Buckner Kenya has a strong grasp on the importance of the fifth strategy—strengthening the ability of caregivers and youth to earn livelihoods—and employs it to a great extent. Skills for farming and for running a small business are taught as well as sewing classes at a vocational school. Youth in Buckner programs who are not able to go on to high school have support to attend vocational school, keeping them on the path toward self-sufficiency.

One of the major programs Buckner has to help clients earn livelihood is a self-help group that functions as a rotating savings and credit association (ROSCA), known as a merry-go-round (Ardener & Burman, 1995; Geertz, 1965; Masindano et al., 2011). Each month, a group of foster families offer a percentage of their monthly support money to be put into a savings account. The group gives part of the sum to one family each month to strengthen a small business. The following month, the lump sum will go to a different family, and on around the circle until all who have contributed have received their lump sums. This allows an opportunity not otherwise available: capital in a large enough amount to “do something big with it.”

Strategy 6: Provide Material Assistance to Those Who Are Too Old or Ill to Work

To some extent, Buckner Kenya exercises the strategy of providing material assistance to those who are too old or ill to work. A home-based care (HBC) program serves clients who are old or ill through one or more of the following four types of support: (a) food support; (b) educational support; (c) ongoing health-related expenses; and (d) emergency/unexpected health-related expenses. Meanwhile, no explanation was given as to why it is important to provide material assistance to those who are old or ill. This

was one of only two strategies for which participants did not demonstrate a clear understanding of the underlying issues.

Strategy 7: Ensure Access to Health Care, Life-Saving Medications, and Home-Based Care

Buckner Kenya employs the strategy of ensuring access to health care, life-saving medications, and home based care to a great extent through two rural clinics that provide low-cost medications for common illnesses, diagnosis for more serious illnesses that may require care in Kitale, and no-cost care for emergency situations when necessary.

In addition, Buckner Kenya ensures access to health care for its clients. Orphans in foster, kinship, and residential care and children in the school are provided with medical testing as they come into the program and with medications, well checks, and sick visits as needed. Other children in the foster homes are also provided with well checks, and the whole community is invited to take part in short-term medical clinics when American doctors come to visit and serve. Another way that Buckner Kenya ensures access to health care is through transportation if the child has something more serious than can be treated at a nearby clinic.

Strategy 8: Provide Daycare and Other Support Services That Ease the Burden on Caregivers

The strategy of providing daycare and other support services that ease the burden on caregivers was used by Buckner Kenya only to some extent. While several types of trainings were mentioned, few other support services were discussed in the interviews. Trainings include a comprehensive, ongoing foster parent training that meets on a monthly basis and covers a wide variety of relevant topics, including farming skills, dealing with grief and trauma, and integrating a foster child into the family with biological children. A class for the children is held at the same time. A local pastor utilizes a pastoral care models to provide spiritual and emotional support for the children at the same time it provides childcare for the foster parents who are meeting. Regular, ongoing trainings and meetings are held for the parents of the school children and for the house parents at the residential program. Other support services mentioned were transportation to medical care in Kitale and a Mother's Day Out Program.

Strategy 9: Support Schools and Ensure Access to Education, for Girls as Well as Boys

The data analysis revealed that the agency supported schools and ensured access to education for girls as well as boys to a great extent. All children in

foster care and in the orphanage are ensured access to school. The children at the orphanage attend a K through 8th-grade school on-site; the school also serves other children in the community. When children pass the entrance exam for high school, the orphanage pays for them to attend. For those who do not pass this exam the orphanage pays for a vocational training program. The foster children have a similar situation, except that most of them attend public school in the primary levels. Buckner Kenya pays for uniforms, shoes, stationery and other supplies, and any applicable fees for all the children in the agency's programs. Both the school at the orphanage and the Early Childhood Development (ECD) are open to the public at a lower cost than most private schools. In addition, Buckner Kenya sometimes pays for school uniforms, shoes, or fees for a primary or high-school student who does not receive any other help or financial support from Buckner. The social workers at the ECD conduct parent meetings at least once per term, and the house parents at the orphanage attend parent/teacher conferences and follow up on performance "like any other parent would do," as one house parent put it. The HBC program pays for uniforms and school fees of children in the care of old or ill caregivers. In these ways, the Buckner Kenya staff members are supporting schools and ensuring access to education.

Boys and girls are treated equally in Buckner schools, and foster parents are trained to treat them equally at home. Inequality in household responsibility often accounts for differing achievement levels between boys and girls in this rural, traditional culture. To counter this, Buckner staff members raise awareness of the issue among foster parents and give equal chores (only on the weekend) to children in residential care. In their interview, the house parents from Seed of Hope orphanage also discussed the importance of encouraging the orphans, both girls and boys, to work hard at their school work and to continue with school as far as they can.

Strategy 10: Support the Psychosocial, as well as Material, Needs of the Children

Supporting the psychosocial, as well as material, needs of the children is one of only two strategies with a high enough index to place it in the top level: employed *to the greatest extent*. All of the interviewees showed a great understanding of the psychosocial needs of an orphan, including coping with grief and trauma and receiving the additional love and attention that orphans need to overcome attachment issues, whether in foster care or in residential care. Addressing the delicate social fabric of foster families with foster children and biological children intermixed was among the highest priorities of the social workers directing the foster care program. Providing emotional support appeared to be a high priority among the house parents who were interviewed, especially in times of grief and in times of making decisions related to schooling and the future. There is also a peer adolescent

counseling group that meets at one site. Social needs—such as learning to use money as preparation for adulthood and being afforded, as an adolescent, a certain level of freedom to go about the community and dress according to one's own style—are discussed among and addressed by the house parents of the orphanage. The orphanage has sports and game days with nearby churches and another nearby orphanage and other outings to encourage social interaction. Spiritual development is addressed in a variety of ways, largely based on the interests of the children and their families. The orphanage has a church on-site to which children are invited to attend.

In addition to the many psychosocial needs the agency staff members endeavor to meet, each child has material needs that can be equally challenging to satisfy. Most of the staff described difficulty in fully addressing material needs. Most agreed that food was the most difficult component. In the foster care program, for example, the amount of food supplement each family receives each month is only enough for about one week. For some, that supplement may be enough, but for others, especially those who do not have land on which to farm or are too old to farm or do not have any work available to them, it is not enough. The amount of food typically purchased is 1,000 shillings worth of food per month. However, some foster parents have come together, on their own initiative, and asked for an emergency fund. Now, each of those families receives 800 shillings worth of food per month and the other 200 shillings goes to an emergency fund. Other creative responses to food-related concerns include: giving additional nutritional support to children who are HIV-positive, packing food for orphanage residents to take with them when visiting relatives, adding porridge to the orphanage breakfast menu so the children have enough fuel to start their day, and providing a good breakfast and lunch to ECD school children.

After food, the second greatest physical need given was clothing. Even shoes come as a far cry behind clothing, seemingly because it is acceptable to go somewhere, even to school in some cases, without shoes. One participant mentioned shipments of clothing occasionally arriving from Buckner and how greatly those were appreciated. School uniforms are bought as an educational need, and clothing is provided for foster children and children in residential care only occasionally. Shelter is provided by the orphanage and by foster parents, although in some cases shelter is only a small hut with some blankets on the floor for a bed. These efforts and concerns show that Buckner Kenya is working hard to meet material needs.

Strategy 11: Engage Children and Youth in the Decisions That Affect Their Lives

The results of the study showed that programs of Buckner Kenya used the strategy of engaging children and youth in the decisions that affect their lives, to some extent. An administrator explained, “the African approach to

parenting does not allow a lot of discussion from kids.” She expressed concern that the orphanage in particular has not promoted good decision-making skills. The house parents encourage independent thinking by involving the children in choosing recreational activities, such as setting up sports, in planning celebrations, in choosing their own clothes (within parental guidelines), and with occasional changes to the regular menu. The house parents meet on a regular basis to discuss the children’s requests and encourage the children to speak up about changes they would like to see.

In the foster care program, the right of the child to be involved in decisions that affect his or her life has been a topic of trainings, especially because the government has mandated this right be given to children. At first, it was described as being a foreign concept to most of the parents, and they were surprised to hear that children should be involved in decisions “such as whether to sell the corn or save it for the sheep.” Over time, the trainings have sensitized the parents to the idea, and an example was given of a foster father and son who had been plowing together. The father involved the son in the decision to sell a bull who was not working hard. The son agreed, and together they took the bull to the market and used the money to buy a different bull.

Buckner Kenya staff also address the issue directly with foster children, mostly through play and conversation. The staff members encourage the children to share thoughts and opinions. On a few occasions, a child in the foster care program has come forward and requested to be transferred from public school to private school in order to receive a better education, and the staff has always found a way to honor those requests.

Strategy 12: Protect Children From Abuse, Gender Discrimination, and Labor Exploitation

The strategy of protecting children from abuse, gender discrimination, and labor exploitation is utilized to some extent in Kitale, Kenya, mainly through the agency staff’s efforts to raise awareness. Foster parent trainings and public meetings include defining child abuse, as some traditionally acceptable forms of discipline are no longer acceptable, as well as an appeal to the traditional African cultural value of the village raising a child. Neighbors are encouraged to speak up when they see abuse happening. Awareness is raised among the children who are taught that education and vocational training reduce their chances of being vulnerable to labor exploitation. Girls in the orphanage and foster care are encouraged to focus on education and are made aware of the potential outcomes of getting pregnant or married at a young age versus continuing in education to the point of being able to support oneself. The house parents at the orphanage try to instill social and moral values as well as spiritual development in the orphans to guard against cultural pressures and being taken advantage of after leaving the institution.

Foster parents are encouraged to send both boys and girls to high school and to encourage both sexes in their studies. One of the largest obstacles to girls in their education is the level of household responsibility they have. In a typical Kenyan home, the girl is responsible for helping with cooking, cleaning, and taking care of siblings before schoolwork, while the boy may only have to watch some animals or run an errand, leaving more time for schoolwork and play. An awareness of this issue is raised in foster parent training, and the problem is avoided at the orphanage by assigning equal chores to each child and by having chores only on weekends, leaving time for schoolwork during the week. Among the children in the foster care and residential care programs, the majority of those who are academically able—both boys and girls—go on to high school.

One specific way the foster care program protects orphans against abuse is by providing them an opportunity to reveal past abuse. The foster care program is a member of the Trans Nzoia Children's Service Network. Through this, the children in all the organizations are able to come together for education on their rights and to share their grievances with their organizations, including any abuse that may have occurred. Grievances are then addressed among the staff of network member organizations, who then decide the proper course of action.

IMPLICATIONS

The results indicate that all 12 strategies for supporting the care of orphans and vulnerable children in Sub-Saharan Africa were used to some extent in the programs of Buckner Kenya in the region of Kitale. The staff members were not previously familiar with the strategies published in *From Faith to Action* (Olson et al., 2006), but were familiar with the UN principles upon which the strategies are based (UNICEF, 2004; UNICEF et al., 2001). As a result, the indigenous staff displayed an in-depth understanding of the issues surrounding most of the strategies and their appropriateness for Kenyan culture. The programs and philosophies of the agency largely align with the published strategies, although there are certainly areas in which some strategies could be more fully utilized in keeping with international promising practices.

In examining the implementation of Strategy 1 (Focus on the most vulnerable children, not only those orphaned by HIV/AIDS), it became apparent that Buckner Kenya uses different terminology, though the intent of the strategy is realized. Participants agreed that in order to be admitted into many of the programs, especially foster care, kinship care, and the orphanage, a child had to be a double orphan, a child whose parents have both died. Here, the agency's functional definition of "orphan" diverged from the literature of the international community. Double orphans are "more needy" (vulnerable)

than single orphans and therefore, it is believed that the limited resources should go to them.

Strategy 2 (Strengthen the capacity of families and communities to care for children) had the largest index score of the 12. This is due to the nature of the strategy: it encompasses many of the other strategies. For example, one program that strengthens the ability of caregivers to earn livelihoods (Strategy 5) also, by nature, strengthens the capacity of families to care for children. Therefore, such a program would be counted toward both strategies. In this way, many programs and policies were counted toward Strategy 2, both for supporting the family and for supporting the community. Even so, it is significant that so many examples of using this strategy were given in interviews, and it is clear that the philosophy behind the strategy is a significant priority to the agency.

Two participants noted that the changing culture has influenced the level of stigmatization of orphans (Strategy 3) as well as the services offered (Strategy 10). In the past, orphans were traditionally the recipients of sympathy, and the community was willing to help care for the children who were orphaned. Now, two things are beginning to happen: (a) people want to know if a child was orphaned by AIDS before giving sympathy, meaning that the introduction of AIDS on the scene has increased stigmatization of the orphan, and (b) in the city, there is less care offered to neighbors, and even in the village people are less likely to get involved in a neighbor's life or care for an orphan, meaning that the individualized Western culture has influenced the traditional African culture. The westernization of Kenya, the influx of AIDS, increasing poverty, and larger numbers of orphans, are all factors that have contributed to the current crisis situation.

Strategy 5 (Strengthen the ability of caregivers and youth to earn livelihoods) is one of the most creatively-employed strategies, as seen in the money-go-round or ROSCA funding of the self-help groups, both in the foster care and HBC programs alike (Masindano et al., 2011). One staff member explained the importance of the self-help group for the HBC clients in particular: they are recipients of the program for the present moment but design their use of funds to help generate income for the future. "The morning you tell them there is no money for tomorrow, you leave them in a worse situation than they were in before, because you have created dependency." This is the reason Buckner staff wants to "ensure that this money they get every month is not just drained into their stomach," but is used for something that will help them long-term.

While there are material benefits to group members, families meet monthly to discuss business ideas and receive social benefits as well. These self-help group meetings function as support groups where families receive the financial capital they need to succeed in business, but they also invest and receive social capital as they discuss hardships and life lessons learned from the others in the group. Some members have felt like outcasts in their

villages due to the role of HIV in their lives. Now, they are starting to feel accepted as a result of their economic activity and the financial and social skills they are acquiring. They are becoming active participants in their communities. They are learning the importance of saving and budgeting, as well as feeling a sense of empowerment to start a business. They are realizing that they have something to offer their families and the larger community. They are learning basic social skills and social networking. Finally, they are beginning to be recognized as valued community members and leaders.

These benefits to program participants reflect the strategies being evaluated by this research, and they point to high quality program outcomes that can be measured in future research. The program outcomes below that were established by the indigenous staff of Buckner Kenya can be made more specific and measurable for program evaluation purposes. However, even in their current form they point to preventive efforts to strengthen families and communities, while also offering care for OVC. The Buckner Kenya programs in Kitale help client families, including orphans and vulnerable children, as they seek to:

- Build financial skills and increased effectiveness in handling money, earning a profit, and making appropriate financial decisions;
- Gain knowledge and skills on microfinance organizations in Kenya, the logistics of money borrowing and repayments, and acquiring small/affordable loans that can help boost the business;
- Strengthen relationships among other families served and with other community entities;
- Gain knowledge and skills related to hygiene, first aid, reproductive health, and nutrition;
- Increase awareness on HIV/AIDS among clients; and
- Build their faith, knowledge, and trust in their God.

TABLE 1 Labels for Index Scores

Strategy	Index score	Labels
6	9	<i>to the least extent</i>
11	25	<i>to some extent</i>
3	33	<i>to some extent</i>
8	34	<i>to some extent</i>
4	43	<i>to some extent</i>
12	48	<i>to some extent</i>
1	62	<i>to a great extent</i>
5	62	<i>to a great extent</i>
9	72	<i>to a great extent</i>
7	76	<i>to a great extent</i>
10	140	<i>to the greatest extent</i>
2	155	<i>to the greatest extent</i>

The staff of Buckner Kenya feel that their goals reflect their culture, their faith, the needs of the families they serve, and the desired outcomes of Kenyan and international leaders interested in the best care of OVC.

CONCLUSION

This research project stimulated thought among the staff members of Buckner Kenya and its host organization, Buckner International, about the usefulness of the 12 *From Faith to Action* strategies for supporting orphans and vulnerable children. It is the hope of the researchers that this study will contribute to an awareness of promising practices and give examples of ways they may be used in other contexts. This is particularly relevant in an era when religious congregations have increased their funding of residential care with little regard for what services are in the best interest of children (Singletary, 2007). Congregations and other missional organizations and communities can increase the impact of their financial gifts and their time by considering strategies that offer the best care for children.

This study documents that these strategies are being used in one specific context, and lays the foundation for further research on the effectiveness of these 12 strategies. Also, this study suggests that after less than five years of activity in Kitale, Buckner Kenya and the families they serve are well on their way to demonstrating the positive outcomes of social and economic development efforts for orphans and families made vulnerable by HIV. Further research on program outcomes will contribute even more evidence about best practice models in the care of orphans and vulnerable children.

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