



COVID-19-Associated Orphanhood in Kenya

An urgent call to integrate care for orphaned children into every national COVID-19 response

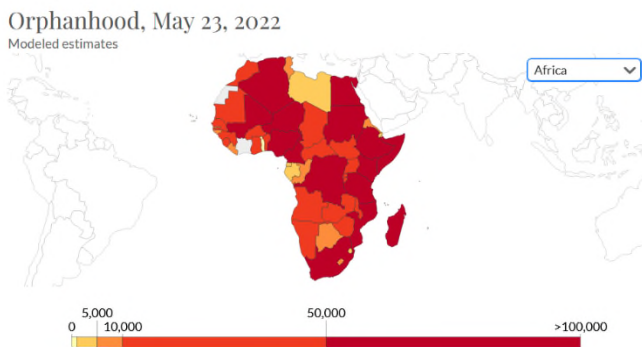


Fig 1: Trends in COVID-19-associated orphanhood in Africa over 2020-22

Losing A Parent or Caregiver.

COVID-19-associated orphanhood was catastrophic – **globally in 2021, one child was orphaned every six seconds**. Research shows that children who have lost a caregiver have higher risks of physical, sexual, and emotional abuse, sexual exploitation which leads to HIV-infection, mental health problems, economic strain, and food insecurity³.

The number of children affected by this orphanhood crisis in Kenya doubled in 10 months from May 2021 through to March 2022. As we have learned from the HIV/ AIDS pandemic, if we do not act in time, this will impact a large cohort of children.

Increasing Childhood Vulnerability in COVID-19.

Both HIV and COVID-19 are similar in that they cause high mortality amongst Kenya’s most vulnerable populations, including those with existing comorbidities. Head of household death can increase family poverty, violence, for both boys and girls, and transactional sexual exploitation for adolescent girls. Grandparents also have a major role in caregiving and financial support. With high COVID-19 mortality rates in older people, the crisis is exacerbated.

It is essential that children at risk of separation from their families across the region are not placed in institutions – which evidence shows are detrimental to their health, wellbeing, development, and safety. Kenya has led the way in promoting family-based care for AIDS-orphaned children: It is critical now to guarantee investments in safe and nurturing family-based care for those who have lost their caregivers to COVID.

Global, Regional, and Kenyan Minimum Estimates.

New evidence shows alarming patterns of childhood vulnerability, especially among families exposed to COVID-19 associated death¹. **Globally, more than 10 million children have lost a parent or caregiver to COVID-19²**. In the Africa Region, a minimum of 2.4 million children lost a parent or caregiver to COVID-19 in just two years (Figure 1). **Kenya has a minimum of 100,900 children bereaved by death of a parent or caregiver**. Eight out of 10 Kenyan orphaned children are now fatherless, and more than half are adolescents ². (Figure 2)

The [World Bank estimates](#) that the COVID-19-associated mortality in Kenya is roughly **28,000 deaths**. [Imperial College London’s Orphanhood Tracker](#) reports a minimum of:

89,400

Children who lost one or both parent(s) to COVID-19.

93,200

Children who have lost their primary caregiver, including a parent or custodial grandparent to COVID-19.

100,900

Children have lost their primary or secondary caregiver to COVID-19.

For every COVID-19-associated death, approximately four Kenyan children lose a caregiver.

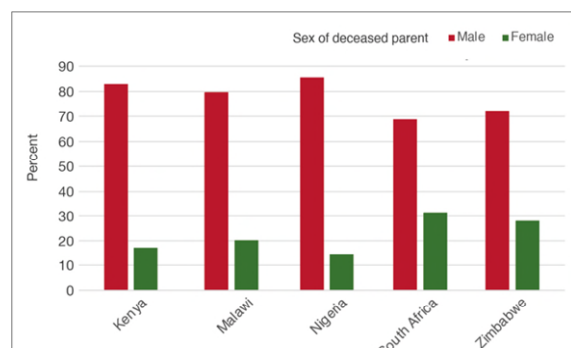
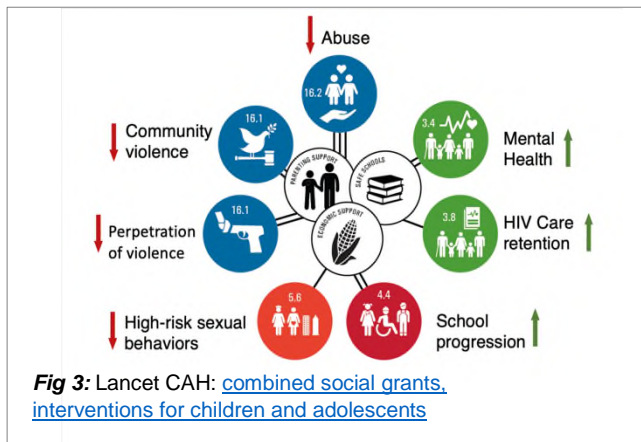





Fig 2: Paternal vs maternal orphanhood



What must be done now in Kenya?

Care for children who have lost parents or caregivers to COVID-19 or excess deaths must be integrated into the national COVID-19 Response Plan as an urgent priority. The three essential components include:

-  **PREVENT deaths** of parents and caregivers through equitable vaccine coverage, treatment, and robust public health measures.
-  **PREPARE families** and systems to provide safe and loving family-based care for children who lost their primary caregivers, through kinship care, foster care, or adoption.
-  **PROTECT children** using evidence-based strategies that reduce poverty and violence, and strengthen their recovery. Effective models combine ‘cash plus care’ social grants, evidence-based parenting programs and keeping children in school.

Civil Society Organizations and Faith-Based Organizations are often the first line responders within communities. As such, they play an important role in identifying, connecting with, and caring for hard-to-reach bereaved children and adolescents. It is therefore key to harmonize community programmes that build parenting skills for surviving caregivers and support education, with national plans on child protection and social protection in Kenya. The [Kenyan Children’s Bill](#), for example, highlights routes for sustainable, integrated, and age-sensitive national responses that are fully aligned with those proposed in the ‘PREPARE families’ and ‘PROTECT children’ approaches above.

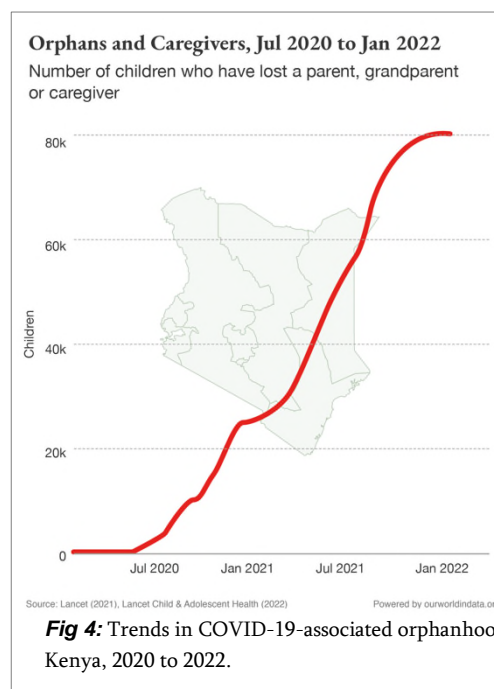
COVID-19-associated orphanhood is a chronic cumulative problem that lasts for a long term— it is a steadily increasing slope, with the summit still out of sight. Thus, there is a moral imperative to prioritize investments for children who are and who will be orphaned and vulnerable due to COVID-19 within the Kenyan national COVID-19 Response Plan. Hesitation on actions to address this problem is a luxury we cannot afford. The time to act and call the world to act, to protect every child, is now.

What works to protect children affected by COVID-19-related orphanhood and vulnerability?

We have strong evidence from Eastern and Southern Africa on effective and cost-effective programs to protect children who have lost caregivers. The programs aim to:

- Provide families caring for orphaned children with a social grant (economic support),
- Strengthen caregiving with a parenting support program,
- Make sure children can go to school.

Figure 3 shows research on HIV/AIDS-affected children and adolescents. Layered **parenting, economic, and school support protects children** from abuse, violence perpetration, and HIV-risk behaviours, and improves education, mental health, and healthcare access. The color-coded circles represent contributions of such programming to the 2030 Sustainable Development Goals, with benefits to health, education, gender equality, and peace and justice.



In the words of Jomo Kenyatta,

“Our children may learn about the heroes of the past. Our task is to make ourselves the architects of the future.”

Disclaimer: The views, findings, and conclusions in this article are those of the authors and do not necessarily represent the views or official position of the U.S. Centers for Disease Control and Prevention (CDC), USAID, PEPFAR, or the U.S. Government.

1. [The Global Reference Group on Children Affected by COVID-19 and Crisis](#) including WHO, University of Oxford, USAID PEPFAR, CDC, UCL, Imperial College London, and the World Bank – led a research study on extreme threats to children during the COVID-19 pandemic, titled “Children: The Hidden Pandemic (2022)”.
2. Unwin, H. J. T., Hillis, S., Cluver, L., Flaxman, S., Goldman, P., Butchart, A., Bachman, G. Rawlings, L., Donnelly, C., Ratmann, O., Green, P., Nelson, C. A., Blenkinsop, A., Bhatt, S., Desmond, C., Villaveces, A. Sherr, L. (2022). More than 5.2 million children affected by global surges in COVID-associated orphanhood and caregiver death: new evidence for national responses. *The Lancet CAH*, 6(4), 249-259.
3. Lachman, J. M., Kelly, J., Cluver, L. D., Ward, C. L., Hutchings, J., & Gardner, F. Reducing Child Maltreatment in South Africa: Feasibility of a Locally Developed Parenting Program for At-Risk Low-Income Families. Society for Prevention Research 22nd Annual Meeting 2013. May 2014.