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THE CHALLENGE OF SUPPORTING ORPHANS IN THE CONTEXT OF HIV/AIDS: A CASE OF THE INTEGRATED CHILD AND YOUTH DEVELOPMENT PROJECT IN MUMBUNI LOCATION, MACHAKOS DISTRICT

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UNIVERSITY SUPERVISORS

This project has been carried out under our supervision and submission is hereby made to the University for Examination with our approval as the university supervisors.
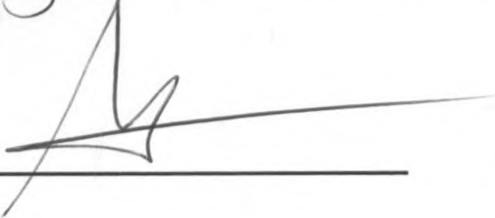
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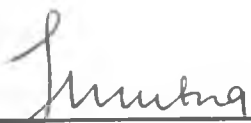1. Dr. Pius Mutie   _____   28/6/07

2. Mr. Allan Korongo   _____   07/7/7

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DECLARATION

I declare that this is my original work and has never been presented in any other university.

Signature _____

Jacqueline N. Mutua

Date _____28.6.2007_____

DEDICATION

For all Kenyan children who despite the complex challenges associated with living in the context of HIV/AIDS perceive a better future. For whom all the adult population should ensure that this becomes a reality.

ACKNOWLEDGEMENTS

ABSTRACT

There has been a growing concern about the care of the large numbers of orphans and other vulnerable children (OVCs) resulting from the widespread HIV/AIDS pandemic. Governments and non-governmental organizations have designed different interventions to deal with the orphan crisis. Such interventions have been helpful in enabling the orphans to continue with life. This study analyzed the support provided by Integrated Child and Youth Development Project to orphans in Mumbuni Location in the context of HIV/AIDS and increased poverty.

This was an evaluative study in nature and it attempted to place value on the support provided by Integrated Child and Youth Development Project to orphans. In so doing, the study sought to establish the orphans' real needs by understanding the local context within which they lived. It also sought to provide understanding about what could be the most suitable approach in addressing the needs of the orphans with an aim of improving existing policies and generating new ones for more appropriate interventions in the future.

The study had four specific objectives, namely: to establish the perception of orphanhood in Mumbuni Location and how it influences the support required; to determine the needs that orphans in Mumbuni Location had and the support provided by Integrated Child and Youth Development Project in the context of HIV/AIDS; to highlight how affected families and the community were coping with increased numbers of orphans; and to assess the appropriateness and relevance of the support provided to the orphans in Mumbuni Location by Integrated Child and Youth Development Project.

The study utilized qualitative methods to best understand the experiences of the orphans, their guardians, community leaders and the project staff. Two sub-locations were purposively chosen from the five sub-locations. From the two sub-locations (Kasinga and Mung'ala), twenty orphans, twenty guardians, twelve community health workers, four community leaders and three project staff were purposively chosen, making a total of 59 respondents.

The study confirmed that there was increased numbers of orphans in the location who were mostly cared for by their grandmothers. According to the study, the main challenge of supporting

orphans was inadequate conceptualization of orphanhood and orphans' needs. The study revealed a conceptual disconnect between policy and programs' definition of an orphan and that of the local community.

The findings showed that the dynamics associated with HIV/AIDS led to a shifting definition of an orphan to align with the reality of the pandemic. Orphans in the location faced multiple problems and challenges which if not addressed could limit the orphans' attainment of their full potential. The study showed that the orphans' view of their needs was influenced by their level of maturity and different stakeholders viewed orphans' needs according to their relationship and responsibility towards them. Contrary to the reviewed literature which showed that orphans because of lack of primary caregivers tend to be behaviorally maladjusted, the study established that most of the orphans were well behaved and had a good relationship with their guardians.

Although the support provided by the organization was limited in scale, the community was grateful and orphans who would have dropped out of school due to lack of school uniforms had remained in school. The project was able to create sufficient awareness to awaken the community leaders to the multiplicity of the problems faced by orphans and the necessity for their welfare. The project had also succeeded in providing parent figures who the orphans could easily access in times of need reducing the alienation associated with HIV/AIDS orphanhood. The study showed there was need to scale up the support so as to reach more orphans' multifaceted needs, enable them overcome anxiety, build resilience and fulfill their potential.

Although the challenges facing orphans and guardians were serious, the study noted that this community if well organized could handle this problem without much outside support. The study recommends that subsequent interventions consider the guardians' capacity to provide care. It also recommends that support be provided to both the orphans and their guardians. In addition, NGOs and CBOs need to adequately conceptualize the needs of the orphans and community attitudes to give appropriate and relevant support. There is need for the government to design policies that meet the health, education needs of orphans and their guardians.

ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ARVS	Antiretroviral Drugs
CBO	Community-Based Organization
CDF	Constituency Development Fund
CORPs	Community Own Resource Persons
UNCRC	United Nations Convention on the Rights of the Child
FBO(s)	Faith-Based Organization(s)
FGD(s)	Focus Group Discussion(s)
HIV	Human Immuno-Deficiency Virus
IGAs	Income Generating Activities
ILO	International Labour Organization
KANCO	Kenya AIDS NGOs Consortium
MMCDC	Mwana Mwende Child Development Centre
NARC	National Rainbow Coalition
NGO	Non-Governmental Organization
OVC	Orphans and Vulnerable Children
PHC	Primary Health Care
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WFP	World Food Program
WHO	World Health Organization

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1.0 CHAPTER ONE: INTRODUCTION

1.1 Background

In recent years, the care of orphans and other vulnerable children (OVCs) has become a major policy issue worldwide. The increased spread of HIV/AIDS pandemic has created an orphan crisis. It is responsible for leaving vast numbers of children across Africa without one or both parents and making others vulnerable.[1] Historically, orphaning was mostly in small scale while large scale orphaning was a sporadic, short-term problem associated with war, famine or disease (Smart, 2003). In showing how increased orphanhood is linked with HIV/AIDS, Deininger et al, (2001:5) notes that in early 1980s, barely 2% of African children were orphaned compared to current numbers of between 15%-17%. By 2003, 15 million children under 18 years worldwide had been orphaned by HIV/AIDS. About 12 million of the orphans live in Sub-Saharan Africa making approximately eighty percent (80%) of the world's HIV/AIDS orphans (UNAIDS/ UNICEF/USAID, 2004).

According to Foster (2000), most of the orphans in Africa, are cared for by members of their extended families. In accordance with the African tradition, communities are willing to care for orphans (Subbarao, Mattimore & Plangemann, 2001). However, the loss of large numbers of parents who would be raising their children and playing key roles in their communities has weakened the community and has overwhelmed the ability of surviving family members in taking care of the large numbers children left parentless. Community resources are depleted when the working members die after using the wealth they had in accessing healthcare at the same time as the number of orphans increase. Orphans and other vulnerable children face the heightened risk of malnutrition, mortality, morbidity and psychosocial damage (ibid). The impact of these challenges is likely to interfere with the development of orphans towards their full potential.

Although there has been growing awareness across countries that HIV/AIDS has led to increased numbers of orphans, no country can be said to have mounted the kind of response that is needed

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[1] An orphan in this study is defined as a person under 18 years who has lost one or both parents. Vulnerable children are those whose survival, well-being, or development is threatened by HIV/AIDS (UNAIDS, UNICEF, USAID, 2004).

to match the severity of the crisis (Subbarao, Mattimore & Plangemann, 2001). The United National General Assembly Special Session on HIV/AIDS (UNGASS) declaration of commitment on HIV/AIDS was passed in 2001 by all the UN member countries, yet only seventeen countries had formulated and implemented OVCs policies to guide strategic decision-making and resource allocation by the end of 2003 (UNAIDS/UNICEF/USAID, 2004:5).

In Kenya, out of an estimated 15 million children, eleven percent (11%) of them, approximately 1,700,000 are orphans[2]. The number of orphans and other children made vulnerable by HIV/AIDS (OVCs) is projected to grow to 1.9 million by 2010 (ibid: 30). Although Kenya is a signatory to the UNGASS Declaration on HIV/AIDS, it is yet to come up with an OVC policy (NASCOP, 2005). The process of developing this policy is however underway; a key aspect of which is the provision of a direct cash subsidy to families caring for OVCs.

Considering the magnitude of the problem and the worsening situation of children affected by HIV/AIDS, scaling up support for the orphans often constitutes multifaceted responses. The responses involve diverse stakeholders such as the Government, Non-Governmental Organizations (NGOs), Faith-Based Organizations (FBOs) and the private sector in partnering community initiatives and supporting them in building their capacity. The OVCs' policies are mostly informed by The Convention on the Rights of the Child (UNCRC) and the UNGASS Declaration on HIV/AIDS. The policy options concerning the care of orphans and vulnerable children vary from endeavoring to keep the parents alive as long as possible through proper medication to sector-specific policies such as education or health based interventions. National responses such as free education that benefit a very large number of children simultaneously without bureaucratic strain and cost, are also important (Richter, ManeGold & Pather 2004; Gillespie, Norman & Finley, 2005; Smart, 2003; Subbarao, 2005).

States, as signatories to the UNCRC are required to ensure that the rights of all children under their jurisdiction are protected by meeting all of their needs. When the state is unable to provide all social services to its people, groups such as churches and non-governmental organizations

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[2] A third of who are under five years old. 650,000 have lost their parents to AIDS.

also known as non-state actors, move in to fill the gap. The non-state actors play an important role in promoting development in the third world states which have limited resources (Mbatia, 1992). Some of the strategies used by non-governmental organizations to meet the needs of the orphans include care of orphans through the extended family, foster families, adoption orphanages and support for communities by improving existing services and reducing stigma surrounding children affected by HIV/AIDS. They also include keeping children in school; empowering orphans so that they become active members of the community rather than victims; protecting the legal and human rights of orphans; as well as meeting their emotional and psychological needs (Richter, ManeGold & Pather 2004; Gillespie, Norman & Finley, 2005; Smart, 2003; Subbarao, 2005). The role of filling in the gap between the reality of the problems faced by orphans in Kenya and the resources that the government can mobilize is what Integrated Child and Youth Development Project does.

Integrated Child and Youth Development Project is based in Mumbuni Location in Machakos District, Eastern Province. This project of Mwana Mwende Child Development Centre (MMCDC) aims at improving the well-being of orphans and other vulnerable children in the location. This is achieved by providing basic needs to orphans, training community volunteers to take care of their needs, as well as enhancing psychosocial support for children and families affected by HIV/AIDS. The decision to launch the project to support orphans and other vulnerable children in this location was based on research evidence that many orphans in the location were facing serious problems and that the community did not have adequate resources, support structures, and infrastructure to provide alternative care for the orphans (MMCDC, 2002).

Although the study was not an impact assessment of the Project, it focused on understanding the challenges the project faced in providing support to the orphans in Mumbuni Location. The study sought to understand the experiences of the orphans and establish their real needs by understanding the local context in which they lived. It also sought to establish the most suitable approach for supporting the orphans with an aim of improving existing policies and generating new ones for more appropriate interventions in the future. Although the sample is small (for it only considers one project and therefore generalizations could not be made for the district or

even the nation), the study was indicative of how intervening organizations can best support orphans in their challenging circumstances by providing necessary lessons.

1.2 Problem Statement

The vulnerability of AIDS orphans starts from the onset of the sickness of the parents, sometimes long before the parents die. For many children, orphanhood signals the official demise of childhood. The economic impact of HIV/AIDS illness and death in the family has serious consequences for orphans' access to basic necessities such as shelter, food, clothing, health and education. This is coupled with the stigmatization, isolation, rejection, exploitation and abuse that orphans face makes their situation difficult. In most cases, it is the old guardians like the grandmothers who shoulder the burden of orphan support. Such caregivers in addition to being poor also face quandaries of bringing up children who may be two or more generations younger. Other times the orphans have to live on their own, risking becoming emotionally unstable with an uncertain future to face (Subbarao, 2005; Smart, 2003; Kelly, 2002).

Considering the complexity of the challenges that orphans face, investigation of interventions targeting them becomes critical. Integrated Child and Youth Development Project activities aim at improving the well-being of orphans and other vulnerable children. The project had been running for the last three and half years in Mumbuni Location making the time suitable for establishing the appropriateness and relevance of the support given.

Some of the previous studies done to address the problem of orphanhood as a result of HIV/AIDS in this project were quantitative and geared towards establishing the magnitude of orphanhood in the area as well as the quantitative impact of the project (MMCDC, 2003, MMCDC, 2004; MMCDC, 2005). Other studies had tried to establish the cost of supporting orphans in various interventions (Speak for the child, 2003). This study was a qualitative one geared towards establishing the challenges facing the orphans and effectiveness of the intervention in place by revealing the attitudes, beliefs, perceptions of orphans and those of their guardians, as well of the community.

This study focused on the relevance and appropriateness of the support given by Integrated Child and Youth Development Project to orphans in Mumbuni Location. It sought to show how orphanhood is conceptualized in the community as well as bring to light the specific needs that orphans in this community have. It also sought to show how the community has been coping with the increased numbers of orphans. The study attempted to clearly show how the needs of the orphans had been met by the project in relation to the orphans' and their guardians' experiences. It also sought to establish what additional support is needed with an aim of influencing the organization's policies and making recommendations to the national policies.

Research Questions

The following research questions guided this study:

1. What are the consequences of being orphaned by HIV/AIDS in relation to the support required by orphans?
2. How does the impact of the increased orphanhood on communities influence orphans' support?
3. How does the consideration of children's rights influence the effectiveness of interventions targeting orphans?
4. What are the factors that influence the effectiveness of interventions targeting orphans?

1.3 Research Objectives

The main purpose of this research was to establish the appropriateness and relevance of support given to the orphans in Mumbuni Location in relation to the orphans' perception of their needs. Specifically, the following objectives guided the study:

1. To establish the perception of orphanhood in Mumbuni Location and how it influences the support required.
2. To determine the needs of orphans in Mumbuni Location and the support provided by Integrated Child and Youth Development Project in the context of HIV/AIDS.
3. To highlight how affected families and the community had been coping with increased numbers of orphans.
4. To assess the appropriateness and relevance of the support to the orphans in Mumbuni Location by Integrated Child and Youth Development Project.

1.4 Significance of the study

Considering that the number of orphans has only escalated in the recent past, this study aimed at generating information that would be added to the available information on the challenges that orphans face and what constitutes appropriate support. It was also anticipated that the findings from the study would be a step towards providing innovative ideas and practices in the support of orphans as is required.

This study's novelty lay in its methodology because as a qualitative study, it sought to highlight the experiences of the orphans from their own perspective. By understanding the experiences of the orphans in their local social context, the study articulated the strengths and opportunities that exist within communities, upon which a national response for orphans and other vulnerable children could be built.

The study was also important in challenging existing theoretical perspectives. This study challenges the theoretical perspective that orphans are behaviorally maladjusted because of lack of primary caregivers. This study showed that the behaviour problems that orphans had in this location were common to all children in their process of development.

In addition, there had been no studies to my knowledge that examined support given by interventions in the study area as far as policy formulation for orphans was concerned. My interest in choosing this problem for investigation emanated from the fact that I had worked as part of the managerial staff in the implementing organization for more than seven years. Another reason was that culturally and linguistically I was an insider.

1.5 The scope and limitations of the study

Orphanhood creates a complex situation both for the orphans and those taking care of them. Consequently, the study on orphans can be broad, spread across the orphans' multiple needs as well as involving different stakeholders. This study limited itself to understanding the challenges faced by Integrated Child and Youth Development Project in providing support to orphans in Mumbuni Location as well as the support's appropriateness and relevance. This was to be done in relation to the orphans', guardians' and community's perception of their needs in the context

of HIV/AIDS and widespread poverty. Efforts were made to capture and express the experiences of the orphans, their actual needs and the support they received from the project. The geographical scope of this study was limited to Mumbuni Location of Machakos District where the project under study is located.

Taking into consideration that only one project was studied, and the sample comprised only 59 respondents, no generalizations could have been made. This study was however indicative of how NGOs and CBOs can best meet the needs of HIV/AIDS orphans.

As far as the methodology was concerned, the respondents were selected using purposive sampling rather than random sampling. This presents uncertainty about the representativeness of the population and the bias associated with purposive sampling.

The researcher faced dilemmas in positioning as an outsider and yet working with the implementing organization, therefore challenging the extent to which she could be objective. The awareness that the researcher was simultaneously an insider and an outsider, enabled her to constantly reflect on her research practice throughout the research process to avoid being overly subjective.

Qualitative research is best carried out when the researcher immerses in the local context and builds up relationships of trust with the respondents. Time limitation on the part of the researcher did not allow complete immersion in the local context.

1.6 Operationalization of concepts

Caregiver	A person responsible for providing care to a child
Child	A person under the age of 18 years
Double orphans	Children aged 18 years or lower who have lost both parents through death
Household	A group of people living together
Maternal orphans	Children aged 18 years or lower whose mothers have died (regardless of the father's mortality status)

Orphans and other vulnerable children (OVC)	Children whose care is compromised as a result of the illness or death of an adult who contributed to their care and support
Orphans	Children aged 18 years and younger, whose mother, father or both parents have died
Paternal orphans	Children aged 18 years or lower whose fathers have died (regardless of the mother's mortality status).
Vulnerable child	Person under 18 years exposed to conditions, which do not permit him/her to fulfill his/her fundamental rights for his/her harmonious development
Well-being	Dignity, security and mastery of particular settings

2.0 CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter provides an overview of empirical and theoretical literature related to orphanhood. The chapter is divided into three sections. The first section is concerned with reviewing empirical literature and it offers a critical exploration of how orphanhood and vulnerability are conceptualized in policy and programs. It goes further to conceptualize the needs of the OVCs and the approaches that have been used to address them at a global level, national level and in the study area. The Convention of the Rights of the Child which provides the legal, moral and ethical framework for formulating policies regarding children is discussed. A detailed discussion on psychosocial support for orphans and the support given to caregivers is given. In the second section, a theoretical review is done where theories which are relevant to the phenomenon are discussed. In the final section, conclusions are drawn and a framework which guided the study presented.

The reviewed literature is organized according to the following broad themes.

1. Conceptualizing orphanhood and vulnerability in programs and policies
2. The needs and problems that orphans face
3. Orphanhood and protection of the rights of the children
4. Psychosocial support to orphans
5. Programming for orphans

2.2 Conceptualizing orphanhood and vulnerability in programs and policies

2.2.1 Orphanhood

Although the definition of a child varies from country to country (between 15 and 18 years), in the context of HIV/AIDS, particular relevance is given to: age at which compulsory education ends, the age of sexual consent and when marriage is accepted, legal capacity to inherit and to conduct property transactions, and ability to lodge complaints or seek redress before a court or other authority (Smart, 2003:3).

An orphan is defined as a child under 18 years who has lost one or both parents (UNAIDS/UNICEF/USAID, 2004; USAID 2003). Initially, the age definition of an orphan was 15 years but this had since been reviewed to 18 years to align it with the conventional definition of a child. Smart, (2003) notes that the use of age 15 years currently is due to statistical necessity [this is the age categories used in most Demographic and Health Surveys (DHS) which are a primary source of information]. It is noted that the proportion of children who are orphans generally increases with age and older orphans greatly outnumber younger orphans with available data showing that adolescents make up the majority of orphans in all countries (UNAIDS/UNICEF/USAID, 2004). This could be explained by the fact that there is more awareness of HIV/AIDS and with availability of medication, parents live longer and by the time they die, their children have grown to some extent.

Elaborating on the complexity of orphanhood, Kelly (2002) notes that being an orphan is not an event. It is an enduring state that lasts throughout the years of a child's life and accompanies the child into adulthood making the problem of orphanhood a long-term one and therefore demanding long term interventions.

Several authors highlight the fact that the term "orphan" cannot be directly translated into many Sub-Saharan languages (Gillespe, Norman and Finley, 2005; USAID, 2004). Children belonged to the community and on the occasion that parents were not able to provide care, the community automatically filled in the gap. This is in line with what is highlighted by Foster (2000), that "There is no such thing as an orphan in Africa." It was unheard of to have orphans that were not being cared for by the extended family in Africa. In the African context, marital status is important in the definition of an orphan for there is no definite age barrier of an orphan as long as one is not yet married. If a person is aged 35 years and has lost the parents and at the same time is not yet married, they are culturally perceived as orphans.

2.2.1.1 Types of orphans

In conceptualizing orphanhood, several authors (Subbarao, Mattimore & Plangemann, 2001; USAID, 2004; UNAIDS/UNICEF/USAID, 2004) recognized the need to take into account the particular parent lost and the age of the orphan. This is perceived as important in determining

the needs of the children and the relevant child protection measures for each group. Surviving fathers, for example, often place their children in the care of other people while mothers support orphans more and are also more motivated than surviving fathers to protect the welfare of their children.

Maternal orphans are said to generally suffer immense grief over the loss of love and nurturing, that mothers typically give as well as delayed primary school enrollment. USAID (2004) argues that although children who lose their mothers do not appear to live in the poorest households, in many settings they experience more detrimental effects on their educational attainment and enrollment than paternal orphans. The above study also revealed that children living with their fathers are significantly more depressed than those living with widowed mothers.

On the other hand paternal orphans are said to usually suffer from a decline in their standard of living, as the death of a father typically entails loss of income for the household. The loss of a father particularly in his prime earning years, deals a lasting blow to the economic viability of households and children left behind live in poorer households than non-orphaned children. Many widowed mothers provide the emotional and practical support that sustains paternal orphans and therefore protect them from educational disadvantage (ibid). The study further notes that double orphans are more likely than other children to be in households headed by grandparents and their school enrollment rates are lower than for non-orphans.

2.2.2 Vulnerability

Vulnerability is a social construct varying from one community to another, making it a complex concept. The concept may include children who are destitute from causes other than HIV/AIDS (UNAIDS/UNICEF, 2003; USAID, 2004). Smart (2003:5) argues that:

> *"Vulnerability is a complex concept to define as is illustrated in*
> *local/community definitions of vulnerability, which often include*
> *disabled or destitute children."*

Since vulnerability is perceived to be a social construction, the people who live in the communities are in the best position to determine which children are at greatest risk and what factors should be used to assess vulnerability and set priorities for local action

(UNAIDS/UNICEF/USAID, 2004). A vulnerable child is defined as a person under 18 years exposed to conditions which do not permit him/her to fulfill his/her fundamental rights for harmonious development (Republic of Rwanda, 2003; Kanco, 2006). Vulnerable children are further defined as those children whose survival, well-being or development is threatened by HIV/AIDS. The authors agree that orphans are not the only children made vulnerable by HIV/AIDS, but that children living with sick parents, those living in poor households, those discriminated against because of a family member's HIV status, or who have HIV themselves are also vulnerable (UNAIDS/UNICEF/USAID, 2004; Kelly 2002; UNICEF, 2003).

Vulnerability of the child begins prior to the death of the parent and there is need to intervene even at that level (Perry, 2002; Kelly, 2002). Subbarao, Mattimore & Plangemann, (2001:4) show factors that determine the extent of vulnerability faced by AIDS orphans. The factors include, whether the orphans have been infected themselves, whether their guardians have the means of caring for them, whether they are allowed to go to school, how they are treated within the home and community, what degree of psychosocial trauma they have suffered, and what responsibilities they are left with.

There is also realization that vulnerability is a concept that is not only restricted to individuals such as children, but is used to refer to households and communities as well. Vulnerability is embedded within issues of household and community thus responses need to be aimed at tackling causes of such vulnerability at the same time as they deal with the vulnerability faced by the children (Gillespie, Norman & Finley, 2005). HIV/AIDS has had far reaching consequences on the family and community structures where the orphans live (see Subbarao, Mattimore & Plangemann, 2001; Richter, ManeGold & Pather 2004; HIV/AIDS Alliance 2003; Deninger, Garcia & Subbarao 2001; USAID, 2003). The scale of the pandemic places an enormous strain on the traditional coping mechanisms as a result of illness and death of parents (mostly the working members of the community) as well as subsequent emotional distress and economic deterioration. As a result of such vulnerability, children have ended up living in the streets, in child headed households, under care of old caregivers, separated from siblings, abandoned or in institutions. They also lack food, shelter, medical care, school expenses, protection and

emotional support. In addition to enduring such hardships, these children are also at risk of becoming infected with HIV/AIDS.

Gillespie, Norman & Finley (2005) argue that vulnerability is not a static condition but a dynamic one. The problems caused by the vulnerability vary from time to time and from place to place. As vulnerability transforms itself with increased intensity of the problem, and as the community structures adjust to the impact of the problem, more complicated problems arise and both the children and the communities become more vulnerable. Vulnerability is enmeshed in a dynamic cycle and generated by exposure to change, the inability to respond to change and the outcomes of the processes. It is therefore important that interventions anticipate such changes and prepare for them.

As illustrated in the model below (table 1), orphanhood has both short-term and long-term impact on the orphans themselves, the communities they live in as well as economies. Before or immediately after orphanhood takes place, orphans may drop out of school and they are likely to be involved in labour so as to meet the needs of their ailing parents and younger siblings. In the long-term they may lose their assets to relatives and neighbors. With no parent to take care of them, decline in their health and nutrition status is certain at the same time as they face discrimination and exploitation.

On their part, communities in the immediate, lose productive labour through the death of working adults and increased working day of those left behind. On the long-term care, giving activity increases in the community with increased number of orphans to be taken care of by fewer community members. Coping mechanisms are likely to become stressed as a result of increased numbers of orphans.

Households and economies also experience reduced savings and decline in GDP on the short term, while on the long term, they experience increased public expenditure on welfare, health and education. With many orphans lacking parental love and others dropping out of school there is a likelihood of increased crime and social disruption.

Table 1: Impacts of Orphanhood

On orphans

Immediate
• Dropping out of school
• Increase in child labour
Long-term
• Loss of assets/land grabbing
• Decline in health/nutrition status
• Discrimination/exploitation

On communities

Immediate
• Direct loss of productive labour
• Increase in working day
Long-term
• Increase in caregiving activity
• Stress on informal coping capacity

On households and the economy

Immediate
• Reduced saving and investment
• Potential decline in GDP
Long-term
• Increased public expenditure on welfare, health and education
• Increase in crime, social disruption

Source: Deininger, Garcia & Subbarao (2001)

Orphanhood

2.3 Needs and problems facing OVCs

The minimum needs of orphans and vulnerable children are the same as those of any other child: food, shelter, healthcare, love, a sense of belonging and an education. In addition they need psychological counseling to deal with the grief and depression that accompanies the death of a parent or psychosocial trauma (Subbarao, Mattimore & Plangemann, 2001). The problems that orphans face are consistent across all countries with variations resulting from the specific context within which an orphan lives (Perry, 2002). Everywhere orphans face the risk of being out of school, having their property grabbed, being denied their inheritance rights, risk of being

sexually exploited, being homeless, having to engage in hazardous labor to earn a living, poverty and lack, neglect and discrimination, health problems and psychological problems. This is worsened by the fact that they have to live without a parent figure or with old grandparents who do not have adequate strength and capacity to provide the necessary care for them. Foster & Williamson (2000) argue that such children are at high risk of being victims of neglect, abuse and violence and are all in need of special protection.

According to table 2 below, with the HIV infection, children start becoming vulnerable and the vulnerability increases as the illness becomes more serious. When parents become seriously sick, children are likely to become caregivers for their sick parents and younger siblings. As caregivers, children are distressed by the sickness of their parents and are likely to experience psychosocial distress. After the death of the parents, they economically experience the loss of their assets to relatives and neighbours, may drop from school and have inadequate food and health care. Socially they may experience discrimination, labour, sexual exploitation and the possibility of moving to the streets in an effort to survive. In all this confusion, the orphans themselves become susceptible to HIV infection thereby creating the likelihood of continuity of the cycle.

Table 2: Problems among children and families affected by HIV/AIDS
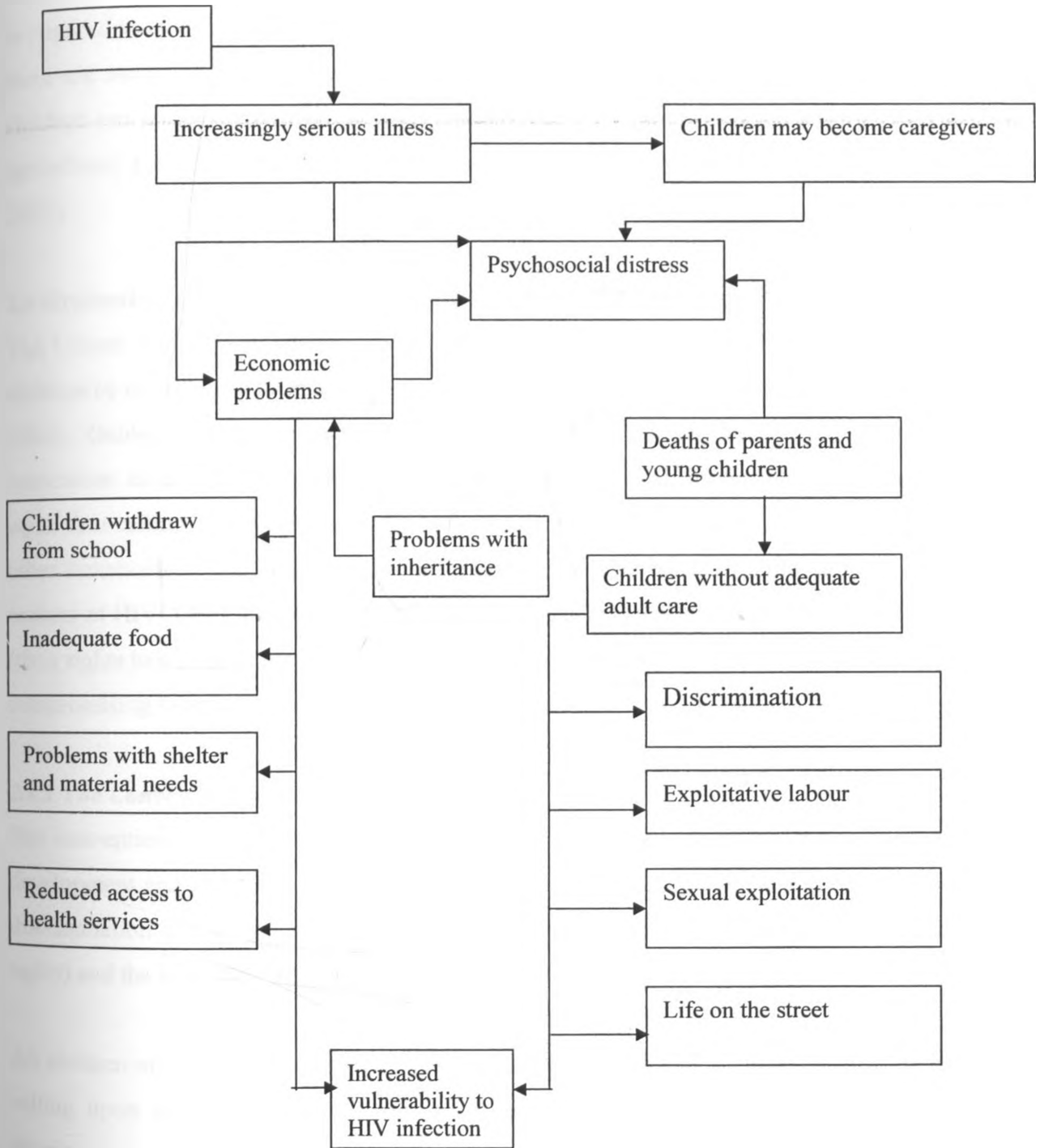
Source: Williamson in Smart (2003)

Orphanhood is a process, and therefore responding to the needs of the orphans requires sustained regular support and attention over a decade or more (Kelly, 2002). It requires sustained commitment that will remain faithful to individual orphans for as long as is needed and creativity is required in meeting the needs of the orphans. For example, to meet the need for an education, there are various educational options for orphans such as flexible timetables so that working children can attend school during non traditional hours, evening classes, school terms that fit agricultural seasons to allow working children to attend among others (HIV/AIDS Alliance, 2003).

2.4 Orphanhood and Protection of the Rights of the Children

The United Nations Convention on the Rights of Child (UNCRC) ensures the well-being of children by considering them as a special group that needs special care and assistance (MMCDC, 2006). Guided by human rights principles of accountability, universality and indivisibility, the convention asserts that all rights of the children are essential, indivisible, interdependent and equal thus calling on all governments to take action to implement them. It puts a demand on all other stakeholders who are in a position to protect the well-being of children to do so. In the context of HIV/AIDS, the constitutional and conventional rights of affected and infected children (their rights to a home, care, health and education) are challenged by the impact of the pandemic compromising their future potential (Richter, ManeGold & Pather 2004).

2.4.1 The Convention on the Rights of the Child (UNCRC)

The convention has four main pillars upon which all articles are based: the right to survival, development and protection from abuse and neglect (survival rights), the right to freedom from discrimination (protection rights), the right to have a voice and be listened to (participation rights) and the best interest of the child which is a primary consideration (development rights).

All children of the world are recognized by the UNCRC Article 6, to have inherent right to life; calling upon all governments to ensure to the maximum extent possible the survival and development of all children under their jurisdiction.

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Concerning protection, all children are protected against economic exploitation and hazardous work that interfere with their education, or harmful to their health or physical, mental, spiritual, moral or social development in Article 32. Further, article 36 calls on states parties to protect children against all other forms of exploitation prejudicial to any aspects of the child's welfare. Article 19 calls for appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who cares for a child.

Meeting the needs of children is ensured in various articles. While article 24 articulates the health rights of every child, article 28 defines the education rights of children calling for compulsory and free primary education. Subsequent article 29, argues that the education of the child should be directed to the development of the child's personality, talents, mental and physical abilities to their fullest potential. Article 27 recognizes the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development, as Article 39 calls on state parties to take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of any form of neglect, exploitation, or abuse, torture or any other form of cruel, inhuman or degrading treatment or punishment, or armed conflicts. This article also highlights that such recovery and reintegration shall take place in an environment which fosters the health, self respect and dignity of the child.

In article 3, the convention acknowledges public-private partnership to ensure that the rights of children are provided for. Non-state organizations need to realize that they have a part to play in ensuring that the rights of the child are met. This article, urges states to ensure that institutions, services and facilities responsible for the care and protection of children conform to the standards established by competent authorities.

The Government of Kenya, being a signatory of the convention, has got an obligation to ensure the survival and development of all OVCs in the country. This means that if the immediate families are not in a position to support them, the government should move in and provide the

required support. The government also has the duty to intervene any time a vulnerable child is exploited. To domesticate the convention, the Kenyan Government put in place the Children's Act which includes child-specific laws that focus on specific issues and rights such as education and nutrition.

Another declaration that forms a base for the protection and care of OVCs is the UN General Assembly Special Session (UNGASS) on HIV/AIDS held in 2001. It was the first time the General Assembly came together to discuss a public health issue (Kanco, 2006). The UNGASS Declaration of Commitment on HIV/AIDS, was unanimously adopted by UN member states, setting forth concrete and time-bound commitments to ensure a comprehensive and effective global response to the epidemic. The Declaration called for careful monitoring of progress in implementing agreed-on commitments and the UN Secretary General was required to issue progress reports annually. The reports are designed to identify problems and constraints and recommend action to accelerate realization of the Declaration's targets.

This declaration on commitment on HIV/AIDS set specific targets for all signatory nations recognizing that children orphaned and affected by HIV/AIDS need special assistance (Smart, 2003). The UNGASS declaration of commitment on HIV/AIDS states that nations;

> *By 2003, develop and, by 2005, implement national policies and*
> *strategies to build and strengthen governmental, family and*
> *community capacities to provide a supportive environment for*
> *orphans and girls and boys infected and affected by HIV/AIDS, by*
> *providing appropriate counseling and psychosocial support,*
> *ensuring their enrolment in school and access to shelter, good*
> *nutrition and health and social services on an equal basis with*
> *other children; and protect orphans and vulnerable children from*
> *all forms of abuse, violence, exploitation, discrimination,*
> *trafficking and loss of inheritance (Williamson, 2004).[3]*

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[3] Paragraph 65 of the United Nations General Assembly Special Session on HIV/AIDS Declaration of Commitment, June 2001, New York.

The document specifically addresses access to education, access to health services and nutrition, provision of psychosocial support to orphans and vulnerable children, access to social services, getting resources to community level and protection of children's rights as well as combating stigma. The declaration is said to have led to considerable progress in developing national policies and strategies concerning orphans and vulnerable children especially in the countries most affected by HIV/AIDS (Williamson, 2004). In 2002, two major regional conferences on orphans and vulnerable children took place in sub-Sahara Africa[4]. During these conferences, each country delegation developed a draft plan of action to address the issue of orphans and vulnerable children at a national level. Most of these plans called for a national situation analysis, a national plan of action, and development of a national policy on orphans and vulnerable children. However, the main challenge for many countries was the lack of resources and staff for implementation after the policy is established.

The concept of 'best interest of the child' is an umbrella principle applying to all actions concerning children and is regarded as the fundamental guide to the rights of children as spelled out in the United Nations Convection on the Rights of the Child. In the face of HIV/AIDS, there is a need to place children at the centre of the response to the pandemic and identify strategies to fit children's rights and needs (Plan Netherlands & UNICEF Netherlands, 2005).

Children affected and infected by HIV/AIDS are victims of discrimination and exclusion from social and economic development like education, medical care and other child-focused institutions denying them their basic rights and the means of self-development (Plan Netherlands & UNICEF Netherlands, 2005). This increases their vulnerability and exposes them to injustice. This scenario requires that governments and responding organizations take up the challenge of ensuring that the rights of the children are provided for. The participation of children infected and affected by HIV/AIDS in projects that concern them is seen as key to appropriate development and poverty reduction at community and at national level in child oriented HIV/AIDS programmes (ibid).

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[4] The first for West and Central Africa, and the second for East and Southern Africa. Twenty-one countries sent delegations, which included government, civil society, international organizations, and donor representatives.

2.5 Psychosocial support

For any child, the sickness and death of a parent is painful and undermines their security. However, factors such as being parented by terminally ill parents who go through profound and debilitating sickness as well as the multiplicity of the loss complicate the grieving of HIV/AIDS orphans (Stein, 2003). There is recognition among different authors that HIV/AIDS pandemic is shatters children's lives and creates a cohort of children forced to endure the illnesses, loss of their parents and their own uncertain future (USAID, 2004; WFP, 2004, Gillespie; Norman & Finley, 2005; Smart, 2003). The children usually suffer from anxiety and depression as a result of living with an ailing parent who slowly wastes away followed soon after by the other parent. After the death of parents, these children are further traumatized if they are separated from their siblings or if they find themselves heads of the household; being responsible for their younger siblings. If they are fostered, many of them continue to bear the social stigma of being AIDS orphans, which often entails rejection from foster siblings, schoolmates, teachers, friends and health centres (Subbarao, Mattimore & Plangemann, 2001).

The psychological needs of children are usually the most neglected areas of support possibly because they are not visible like the other needs. When parents die, children may not understand the situation and therefore cannot express their grief effectively and sometimes even when they want to there is often no one to listen to them (UNAIDS, 2001). Several studies (Kelly, 2002; Stein, 2003 & UNAIDS, 2001) showed symptoms among HIV/AIDS orphans like apathetic listlessness, excessive reserve, depression, guilt, fear, low self-esteem, aggression, drug abuse, insomnia, failure to thrive and the fact that they tend to mingle only among themselves, an indication that orphans' psychological development could be stunted. A situation which Subbarao, Mattimore & Plangemann, (2001), say should be urgently addressed.

Children are affected before they become orphans as they worry about the future, where they will go and who will take care of them (UNAIDS, 2001). For young children to watch their parents battle with AIDS, wasting away until death can be extremely traumatizing. A Zambian study (Foster & Williamson, 2000) indicates that 82% of caregivers noticed changes in behaviour of children during the parent's illness. Due to shame associated with the sickness, many parents fail to adequately inform their children about their status and rather leave them anxious and since

children are egocentric they are left feeling responsible for what is happening to their parents. As is argued by Lee et al., (2000), this prevents children from seeking support from their peers and other members of the community who could be in a position to do so. Loss of consistent nurture is likely to lead to serious development problems, and loss of guidance, which makes it more difficult for the child to reach maturity and to be integrated into society.

There is recognition of the need to start psychological care before the child becomes an orphan and USAID et al., (2002) has suggested some psychological support which can be provided for orphans. Any intervention providing psychological support would need to encourage parents to plan for the children and therefore avert anxiety over their deteriorating health by being honest with their children about their illness and infection of the children already affected. This enables the children to seek the necessary support from those willing to give it to them.

One of the ways to do this, is supporting grieving children by providing them with emotional, spiritual support and protection to enable them deal with the loss of adult love, affection, protection and guidance resulting from adult death. This involves creating awareness about grieving for children so that caregivers and teachers understand what is happening in the child's life and support them to build resilience. It is also important to support children to respond to stigma associated with HIV/AIDS and which rates high in causing the psychological problems of the orphans. An intervention which intends to give psychosocial support to vulnerable children needs therefore to support children in responding to the stigma they may experience. At the same time interventions should target adults in educating them about HIV/AIDS so that fear and discrimination is replaced by understanding and mutual support.

Since children live in a social context which influences their psychosocial status, taking into consideration such contexts is important. This would include support for (and to) grandparents, aunts and uncles, and others in the extended family and community who live with the orphans. Due to the complex challenges that orphans go through and the problems that they face, orphans worry and are anxious about their survival and their future, direct material support and legal representation to minimize their worry and anxiety concerning unmet needs is likely to improve their psychosocial well-being. There would be need to couple this with enhancing personality

development and providing them with skills to take care of themselves, their parents and taking over adult roles while still young as well as protecting themselves from HIV/AIDS infection. Involving the orphans in the interventions through participatory methodologies, is likely to adequately empower them to take care of themselves.

2.6 Programming

Due to the nature and magnitude of the problem, Smart (2003) argues that implementation of policy necessitates a collaborative approach involving government, NGOs, faith-based organizations, community-based organizations, associations of people living with HIV/AIDS, international organizations, donors, and other bodies. Subbarao, Mattimore & Plangemann, (2001) calls on any intervention focusing on orphans and other vulnerable children to have fundamental objectives: encouraging and strengthening existing family and community efforts, while at the same time ensuring that orphans receive the same quality of care that one would expect from their biological parents. Regardless of the type of payment, programs designed to help orphans and vulnerable children should aim at increasing their income and welfare of the entire foster family rather than just the orphan.

For many organizations, the guiding principles in meeting the needs of the OVCs have been non-discrimination, best interest of the child, survival, development and participation. According to Richter, ManeGold & Pather (2004), the way to go is to target assistance to the most needy children (vulnerable children population and not just orphans) in a non stigmatizing fashion. This reduces the stigma that is associated with being orphaned by HIV/AIDS taking into consideration that after losing parents and caregivers, children have an even greater need for stability, care and protection.

Children workers and other experts note that in addressing the needs of the OVCs, there is need to take a developmental approach. The age related needs of infancy and early childhood, middle childhood and adolescence need to inform programming for OVCs. This is because children respond differently to their experiences at different ages, depending on their level of physical, cognitive, emotional and psychosocial development. The developmental level of a child or adolescent influences how they react to the death of a mother or father (or both), to separation

from siblings and to other possible consequences of parental death. A young person's stage of development will also be a factor in determining the kinds of support and protection he or she needs to enhance the prospect of a healthy and productive future (UNAIDS/UNICEF/USAID, 2004; Richter, ManeGold & Pather 2004). For example, in settings where immunizations, treatment of childhood illness and adequate nutrition cannot always be assured, programs need to make concerted efforts to ensure that orphans and other vulnerable children under age five receive key child survival intervention, because families with parents or other caregivers affected by HIV/AIDS may find it difficult to do so.

2.6.1 *The rights-based programming*

The rights-based programming is currently used by organizations working with children to meet the needs of children especially those who are vulnerable. The framework ensures that organizations are guided by the rights of children while carrying out interventions for children meaning that programmes are developed, implemented and assessed using a conceptual framework based on the fulfillment of rights. This framework empowers people to demand justice as a right and not as charity and calls for direct involvement of people in decisions relating to their development.

The principles that guide the framework are universality and inalienability; indivisibility; interdependence; equality and non-discrimination; participation, inclusion and accountability; and the rule of law. Therefore the rights of the child are universal, equal, holistic and bring with them duties and obligations. The core dimensions of a rights based approach include: assessment and analysis to identify the human rights claims of rights-holders; the corresponding human rights obligations of duty-bearers; and the immediate, underlying, and structural causes of the non-realization of rights. Programmes assess the capacity of rights-holders to claim their rights and of duty-bearers to fulfill their obligations. They then develop strategies to build these capacities whereby programmes monitor and evaluate both outcomes and processes guided by human rights standards and principles. Programming is informed by the recommendations of international human rights bodies and mechanisms.

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Consequently the key elements of rights-based programming are: working through partnerships, strategic alliances, networks; adopting a holistic/integrated approach; placing participation of rights-holders at the centre of the response and ensuring that programmes are sustainable. Since this framework requires that beneficiaries be involved at every stage of the interventions there is need to analyze the actual/potential role of partnerships. As a result, the framework ensures that the process of monitoring and evaluation involves children, especially orphans and other vulnerable children, their families, communities and civil society.

In practice this framework calls upon programmes to ensure that education and health services are available to all children without discrimination. It also involves effort to prolong the lives of the parents so that children have better opportunities for survival and development and talking to orphans and other vulnerable children themselves about how to resolve their problems and fulfill their rights. It also involves holding ministries/governments accountable for ensuring the fulfillment of children's rights and ensuring that children's rights are protected after their parents have died, for example, protecting inheritance rights (USAID et al., 2002; Lansdown, 2005).

2.6.2 Interventions

The support given to the HIV/AIDS is perceived to be determinant of the adults they become. As the number of the orphans grows, the opportunities for responding vary, yet if a decision to do something is made, choices must be made about what to do (Williamson, 2004). The form of assistance given depends to a great deal on the magnitude of the problem, the nature and extent of the prevailing community involvement, the nature of the problem in each country setting, the available resources, and the political economy within each country and community (Subbarao, Mattimore & Plangemann, 2001; USAID, 2003). Prior knowledge of these factors ensures that interventions are brought to a scale that reaches all the orphans in need with adequate support as long as they need it.

The main strategies used by many organizations involve economic strengthening for households fostering orphans, interventions that lower the cost of raising orphans, especially their schooling and health care costs, material support, psychosocial support, training on such things as home-based care and various institutional care arrangements. The challenge is to provide nurturing and

stable environment to orphans, avoiding stigma and preventing adverse educational and nutritional outcomes (Subbarao, Mattimore & Plangeman, 2001; USAID, 2003).

2.6.2.1 Community Care

In most of the developing world, the extended family and community are the traditional mechanisms for caring for orphaned children. Whether outside bodies intervene or not, families and communities have been dealing with the impact of HIV/AIDS often with great difficult (Richter, ManeGold & Pather 2004). It has been noted by several authors that true to the African tradition, the extended family and communities have risen to the occasion (Deininger, Garcia & Subbarao 2001; Herber, 2003; USAID, 2003; Williamson, 2004; Gillespie, Norman & Finley, 2005). In Sub-Saharan Africa, the responsibility of orphaned children is assumed by the extended family through informal but culturally and legally acceptable mechanisms where paternal orphans typically remain with their mothers while maternal and double orphans are absorbed within the extended family of the deceased. The orphans may end up living with the same relatives until they are adults, or they may move within the extended family in order to rotate the burden among family members. Grandmothers and aunties are usually more likely to foster orphans.

There has been a paradigm shift from orphanages and childcare institutions which had previously been the main response to vulnerable children, following a research which compared children evacuated from London during the Second World War with those who endured the Blitz with their families (Williamson, 2004). They study argued,

> *"The war acquires comparatively little significance for children so long as it only threatens their lives, disturbs their material comfort or cuts their food rations. It becomes enormously significant the moment it breaks up family life and uproots the first emotional attachments of the child within the family group."*

The above finding suggests that physical instability caused by HIV/AIDS pandemic, does not cause as much trauma for children as emotional instability. By removing children from people that they have already developed emotional attachment with, and those that are known to them is likely to limit them more than physical displacement with their families.

As a result the focus has therefore been to support children while they live in the community that they know best. There is a call that any possible interventions should include support to traditional community structures which have shouldered most of the burden (Subbarao, Mattimore & Plangemann, 2001; Richter, ManeGold & Pather 2004; USAID, 2004). This, they argue is because although the extended family is still the most adequate social safety net, private arrangements are not fail safe. Strengthening community capacity to care for children orphaned by AIDS ensures the much needed continuity of care. Activities for donors who support community based care for children impacted by AIDS are numerous, including: supporting needs identified by the community following an assessment, sponsoring foster families and foster parents willing to care for children; Sponsoring schools, sports teams, play areas, or other activities for all children in a village or region; supporting medical, health, educational, or recreational programs; partnering with a local NGOs, women's society, or religious bodies to assist children's residential homes in moving toward community-based approaches; sponsoring adults willing to act as mentors, to foster teenagers, or to provide apprenticeships, with the goal of self-sufficiency for adolescents in the future; matching up religious groups, school classes, youth clubs, and others in donor countries with recipients in countries hardest hit by HIV/AIDS; to provide support and follow up, and to organize staff visits and exchanges for learning purposes (Williamson, 2004).

The advantages of community-based approaches include the fact that children continue to be cared for by familiar adults (as far as possible) and that they remain within their own communities. Family based care is more likely to meet their developmental needs, and also more likely to equip them with the knowledge and skills required for independent life in the community. The developmental needs of children are best met in a stable, consistent and protective environment in close contact with the same caregivers throughout childhood. Children require a sense of stability and safety to be able to attend to the task of childhood, which is the integration of intellectual, emotional, physical, and social growth.

By remaining within their own communities, they retain a sense of belonging and identity and also benefit from the continuing support of networks within that community. Placing children with kin promotes their integration into mainstream society. They live with people that are

known to them and that are related to them and therefore not suffer any separation from their community. Although there may be risks attached to fostering with unrelated families, with appropriate external monitoring and support, it is more likely that their rights will be respected than if they are placed in institutions.

Community based care has the capacity of containing discrimination and stigma. In a functioning community, orphans are integrated within the system as members and this reduces their risk of being marginalized, promoting their psychological and intellectual development. Finally, community-based approaches benefit from being potentially far less expensive than residential care, and hence more sustainable (Tofree, 2003). Most African governments, international donors and NGOs view fostering as the most culturally appropriate, sustainable and cost effective response to the orphan crisis (Subbarao, Mattimore & Plangemann, 2001).

2.6.2.2 Orphanages
Among child workers, there are mixed reactions to orphanages as a form of intervention to the problem of OVCs. Although the call is to deinstitutionalize orphan care, authors acknowledge that there are some times when such interventions are useful, like when circumstances prevent immediate care within a family. Residential care may be the only alternative to children's living on the street, and is best used as a temporary measure until a family placement can be arranged (Subbarao, Mattimore & Plangemann, 2001; Kelly, 2002; Williamson, 2004). It is also noted that sometimes the physical conditions in orphanages are usually good and the standard of education that children have access to is excellent compared to the community ones.

Contrary, Tolfree (2003) argues that it is extremely rare to find any residential institution for children which fully respects children's rights and which offers adequate conditions for child development. Serious violations of children's rights are found in the form of systematic sexual abuse, exploitation, life-threateningly poor nutrition, hygiene and health care, educational deprivation or strict, regimented and harsh discipline. Institutional care or orphanages cost much more than providing a comparable level of care within a family or community (Kelly, 2002; Tolfree, 2003). Kelly (2002) sites that in Zambia, orphanages are fifteen times more expensive than community care while Williamson (2004) says that a research by the World Bank in

Tanzania found out that institutional care was about six times more expensive than foster care. The response also fails to recognize that orphans and vulnerable children can provide older people with economic security and emotional and psychosocial support (HIV/AIDS Alliance, 2003).

Such care often fails to meet the developmental needs which all children have. Infants and young children, for example, need to be able to form a stable attachment to a specific adult. If they do not have this experience, they can have difficulty forming and maintaining relationships in adulthood. According to Kelly (2002), institutional care does not cater for the developmental needs of children or respond to their long term needs. Children find it difficult to adjust to the social and economic situations they encounter when they leave the institutions. Children who grow into young adults in orphanages have difficulty reintegrating into society. According to Subbarao, Mattimore & Plangemann (2001), orphanages can only be acceptable if they are structured for conformity with African culture otherwise orphanages are generally not culturally, financially and socially acceptable.

2.7 Theoretical framework

This section offers a critical exploration of how vulnerability is perceived in social theories and theories which are relevant to this phenomenon are presented.

2.7.1 Vulnerability framework

Vulnerability framework was initially used in rural famine and food security discussions. Vulnerability as a concept encompasses exposure to shocks and the lack of capacity to respond to the consequences. This framework attempts to describe the susceptibility of people, households and communities to an acute loss in their capability to acquire food or realize other favourable livelihood outcomes. In the context of HIV/AIDS vulnerability refers to the likelihood of adverse impacts on food security or livelihoods due to HIV/AIDS occurring at household, community or national levels (Wiegers et al, 2006).

Chambers defines vulnerability as a lack of buffers against contingencies, such as, against the demands of social conventions, disasters, physical incapacity, unproductive expenditure, and

exploitation. According to him, vulnerability could also arise from a lack of power as result of elites in some countries intercepting benefits intended for the poor. He explains that rural people in the developing countries are in a deprivation trap in which powerlessness, vulnerability, physical weakness, poverty, and isolation combine (Morgan, http://www.unu.edu/unupress /unupbooks/8091e/809118E05.htm).

Moser defines vulnerability as insecurity and sensitivity in the well-being of individuals, households, and communities in the face of a changing environment, and implicit in this, their responsiveness and resilience to risks that they face during such negative changes (see http://www.uncrd.or.jp/hs/doc/02a_mani_analysis.pdf).

Chambers is concerned with showing the double structure of vulnerability which is subject to external (risks, shock and stress) and internal factors (defenselessness due to lack of means to cope with damaging loss). He notes that vulnerability is relational in nature as people are vulnerable to something. On the other hand Moser posits the relationship between vulnerability and the well-being of those affected (individuals and households). Moser further shows how variations in levels of vulnerability are influenced by structural factors in society that enable or impede households' capacity to respond to shocks. According to him, household's responsiveness is shaped by the extent of its assets and entitlements, as well as by its capacity to transform these into income and food, meaning that poor households are more vulnerable because of their limited access to assets (Moser, 1998).

Resilience in the context of HIV/AIDS refers to the responses that enable orphans and households in which they live to avoid adverse impacts of the death of their parents. Generally when confronted by a shock, households respond by first cashing in claims and liquid assets while preserving productive assets as long as possible in order not to undermine future household survival. However, in the context of HIV/AIDS, by the time parents die, they usually have already spent their assets in accessing healthcare and an appropriate intervention could involve strengthening reciprocal relationships in the community which is a crucial safety net for households in stress and which also play an important role in reducing their vulnerability levels. One of the key issues in strengthening reciprocal relationships (social capital) is ability of the

society to hold together in the face of orphanhood. Interpersonal trust, networks and shared norms are important in ensuring that orphans are supported to survive the negative impact of orphanhood.

While the proponents of this theory use the concept in the context of famine and food security, this study extends its application to explain insecurities and the lack of well-being resulting from HIV/AIDS orphanhood for the children affected and the households where they are accommodated. With the loss of parents who are usually the providers of care and most often the only income earners, orphans face high levels of poverty and the ability to acquire enough food becomes elusive. Without primary caregivers, orphans face the risk of being out of school, having their property grabbed, being denied their inheritance rights, risk of being sexually exploited, being homeless, having to engage in hazardous labor to earn a living, poverty and lack, neglect and discrimination, health and psychological problems. Without adult caregivers, orphans' capacity to withstand these challenges is limited. These problems expose orphans to vulnerability and there is need to give community structured capacity to enable orphans become resilient and have a chance of fulfilling their potentials in life

2.7.2 Theories of Alienation

Abraham (1982) defines alienation as personal demoralization and psychic disorganization of the individual. He further explains that the state of alienation involves lack of control on the part of the individual over his/her environment which produces in him a sense of frustration, feelings of powerlessness, meaninglessness, rootlessness, isolation and psychological disorders (such as extreme anxiety states, despair and pessimism, perception of a loss of self, of beliefs and values, and the sense of purpose and attachment). Behavioral adaptations associated with these feelings of alienation include apathy, distrust, aggression and withdrawal symptoms.

While Karl Marx located the source of alienation in the capitalistic economy, Max Weber argued that it was rationality and the process of bureaucratization that were responsible for alienation. According to Karl Marx, alienation is embedded in the development of the means of production and reaches its climax in a capitalist system. In a capitalistic society, the presence of private property, transformation of human labour into a commodity and the system of division of labour

are the main sources of alienation. Karl Marx argued that alienation appears in the process of production and within the productive activity itself. The worker becomes a victim of exploitation at the hands of the bourgeois. According to him, the capitalist who commands production and the economic system, the market situation which governs the behaviour of capital and the process of production are the hostile powers which render labour and its product alien. For Marx the concept of alienation is rooted in the helplessness of man and his lack of control over the object of his creation. A scenario, whereby the creations of humanity appear to humans as alien objects (Abraham, 1982).

Abraham (1982) summarizes Marxian concept of alienation into man's alienation from himself and from nature; powerlessness or political alienation, religious alienation and the workers' alienation in relation to the process of production and the object they produce. Schacht identified four categories under which the literature of alienation would fall (ibid): alienation and others which involve loneliness as a result of lack of supportive primary relationships; social isolation and absence of interpersonal attraction; alienation and work as a result of lack of job satisfaction and inability to control and express oneself in work; alienation, events and structures involves feelings of powerlessness by not being able to influence the course of socio-political events and not being able to solve current problems, and alienation, culture and society which would include one's rejection or indifference to or disenchantment from popular cultural standards like religion, mass media and population.

Although most of the proponents of this theory use the concept from an economic perspective and as a concept that is to be articulated within production activities, this study extends its application to the situation that orphans and vulnerable children currently find themselves in. Alienation and others, apart from dealing with loneliness is said to be due to lack of solidarity, non-belonging and exclusion from social and cultural participation. This is the aspect of alienation which is closely related to the study. No mother, no father and at the mercy of a poor community already overwhelmed by the magnitude of the problem is the harsh reality in which orphans presently find themselves. Orphans feel helpless as they watch their parents (one after another) ailing yet not being able to prevent the eminent death. Feelings of powerlessness as surviving relatives strip them of their inheritance are so real and having no parents to connect

them to the community at large, makes the orphans feel rootless. The stigma and discrimination associated with HIV/AIDS promotes feelings of isolation resulting to symptoms of psychosocial trauma. The behavioural adaptations associated with alienation are similar to the emotional characteristics of orphans and other vulnerable children. It can therefore be said that orphans find themselves alienated from the larger society as a result of the loss of the very people who linked them to the community.

2.7.3 Structural Functionalism

Structural functionalism is a consensus theory that is concerned with maintaining stability and equilibrium in a society despite the challenges it faces. Structural functionalism as articulated by Talcott Parsons, assumes that a society possesses an independent reality beyond the existence of the individual as a system of interaction (Ritzer, 1992). According to Talcott Parsons, a social system is in equilibrium with its various parts contributing towards order and stability. He argued that any social system has four basic functional prerequisites which include adaptation, goal attainment, integration and pattern maintenance to ensure that a society tends towards equilibrium. The four prerequisites ensure that goals of the society are attained, conflicts are resolved, and patterns of values are maintained as the survival of the members of the society is ensured. Adaptation, for example, ensures that at minimum food and shelter are provided to meet the physical needs of members for the society to survive. As the members of the society survive, by adapting to the environment, the society as a whole is maintained at equilibrium.

The four function prerequisites are interrelated and a change in one produces responses in the others. Talcott Parsons argued that once a disturbance has been introduced into an equilibrated system, there tends to be a reaction to the disturbance restoring the system to equilibrium. HIV/AIDS has not only affected individual children but has made entire communities vulnerable and at a loss concerning what to do with the large number of orphans who have no one else to take care of them. Many parents who would have been taking care of their children and playing key roles in their families and communities have died. This has affected the ability of the surviving adults, organizations, and institutions to nurture, socialize, educate, and support the growing number of orphans. Communities which initially had a balanced population are now having old people acting as caregivers of young children. The middle generation is missing and

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systems are overwhelmed. Yet if the community is to survive, it has to ensure that there is adaptation, goals of the community are attained, conflicts resolved and values maintained in the face of the crisis.

To maintain its equilibrium, a community faced with such daunting problems, needs to take adequate action so that the pandemic does not throw the community off balance. Taking care of the orphans or ignoring them will have consequences on the survival of the community. Any society is expected to take care of its vulnerable members and the International Convention of the Rights of the Child also calls upon states to provide for the needs of the children whose families are not in a position to do so. This theory is useful in establishing how the community will maintain its equilibrium as it faces the orphan crisis. The community benefits by taking care of its vulnerable members as this usually contributes to the maintenance of equilibrium.

Table 3: Conceptual framework

Challenges facing orphans	Rights of children	Interventions
• Lack of basic needs • Psychosocial needs • Inheritance problems • Living without adult supervision • Discrimination and stigma	• Survival rights • Protection rights • Development rights • Participation rights	• Strengthening community capacity • Providing the orphans with basic needs • Institutionalized care • Sector specific interventions

The above framework illustrates that orphans face challenges which expose them to vulnerabilities. There is need for intervening organizations and the state to support the community structures so that orphans live in an environment which enables them to be resilient. These interventions need to provide support to the orphans as a right in accordance with the demands of the United Nations Convention on the Rights of the child.

3.0 CHAPTER THREE: METHODS

3.1 Introduction

This chapter provides information on the procedures used in conducting the study. It presents the study design and a description of the research site. It also covers the sampling procedures, methods of data collection as well as data analysis.

3.2 Study design

This was an evaluative study in nature and attempted to place value on the support given by the Integrated Child and Youth Development Project to the orphans in Mumbuni Location. The study was designed using mainly qualitative methods to capture the meanings that orphans ascribe to their experiences as they interact with their social and physical environment. As argued by Kilbride & Kilbride (1990) in Swadener, Kabiru and Njenga, (2000), qualitative research is based on the understanding that persons are shaped by the meaning that they ascribe to their experiences, by their situation in social structures and by the language and cultural practices of self and of relationships. The use of qualitative methods gave insight into the community's perception of orphans and orphans perception of themselves and their needs as well as the appropriate options for care and support. Information was gathered through, in-depth interviewing, detailed narratives and observations from children and their guardians, community health workers, community leaders and project staff. Quantitative methods were only used to give insight into the magnitude (numbers of orphans) of the problem in the area and an overview of the needs that orphans in this location have.

3.3 Site description and justification

The study was carried out in Mumbuni Location of Machakos District; one of the districts of Eastern Province of Kenya. The location lies adjacent to Machakos town, the administrative and economic centre of the district, and many people who work or carry out trade in the town live within the location. The location has five sub-locations namely Kasinga, Mung'ala, Misakwani, Upper Kiandani and Lower Kiandani (see appendix for area maps). It has an area of 48,300 square kilometers and 40,938 people according to 1999 census. The area therefore has a high population density (MMCDC, 2005).

The majority of the people living in the location are Bantu speaking Akamba. Their main source of livelihood is subsistence farming on small holdings and petty trade within the community as well as in adjacent urban centres. There are high levels of poverty in the area with rates of unemployment particularly among school leavers as high as 80% (MMCDC, 2004)

Mumbuni Location has a high prevalence of HIV/AIDS and a growing number of orphans, approximately 2,000 in number (MMCDC, 2003). Prior data showed that the majority of the orphans were aged between 7-15 years and usually in primary school. The majority of the orphans were cared for by their grandparents (with some grandparents taking care of more than 10 orphans) or close relatives. The appearance of child headed families was current situation that the community was yet to come into terms with. Churches and the few NGOs in the area were providing some support to the orphans through buying them school uniforms, providing food and medical assistance. There were no major government programs supporting orphans or people living with HIV/AIDS in the area.

Mwana Mwende Child Development Centre started to work with orphans and other vulnerable children in the area after participatory appraisal and appreciative inquiry methods were used to identify vulnerable children, strengths of the community in supporting these children, needs of families and communities and how support could be provided. The Child and Youth Development Committees previously established during preceeding projects took the responsibility of coordinating reach out to the vulnerable children and households.

This project was identified because it had been on for a considerable period of time (three and half years), hence the intervention was quite established. The project is also located in a location where the number of orphans and other vulnerable children (OVCs) is quite high. There are approximately 2,000 orphans in Mumbuni Location. Taking into consideration that the total population of the location was 40,938 people, the phenomena was becoming a serious problem (MMCDC, 2003). There was therefore the need for a study to be carried to ensure that appropriate care is given to orphans while at the same time trying to prolong the lives of infected parents to live longer and provide care for their children much longer.

3.4 Unit of analysis

Schult [1996:88] defines a *unit of analysis* of a study as the level of social life on which research question focus. It could be individual people, groups, towns or nations. According to Singleton et al [1988:69] a unit of analysis is the entity under study which could include people, social roles, positions, and relationships.

The unit of analysis for this study was the challenge faced by intervening organizations in meeting the needs of the orphans in the context of HIV/AIDS. By analyzing the appropriateness and relevance of the support provided by Integrated Child and Youth Development Project the study was able to reveal the challenges faced by intervening bodies in meeting the needs of orphans in the context of HIV/AIDS.

3.5 Unit of observation

The units of observation in this study included the orphans, their caregivers, community leaders, community health workers and the project staff.

3.6 Sampling design

Sampling design involves obtaining cases that are representative of the target population [Singleton et al 1988:137]. The Integrated Child and Youth Development Project was purposively chosen as the researcher works in the main office of the organization that runs the project.

Two sub-locations were purposively chosen from the five sub-locations depending on how actively they participated in the project activities. From the two sub-locations (Kasinga and Mung'ala), samples of the beneficiaries were purposively chosen from the records that the project maintains. Twenty orphans were purposively sampled from the project's records in the two sub-locations depending on the support received, the parent they have lost and the level of need that they had (10 orphans from each sub-location). Subsequently the guardians taking care of the selected orphans automatically formed part of the sample. Twelve community health workers and community trainers or volunteers were part of the sample, six purposively chosen from each sub-location depending on their commitment to the project. All the community health

workers interviewed were trained by the project and participated in the project activities. Community leaders were chosen on the basis of their knowledge of what intervening bodies did and all the community leaders interviewed had in been involved in networking with or participated in Integrated Child and Youth Development Project activities. They were also chosen due to their broad knowledge on the orphan situation on the ground and other community issues. They provided understanding about the magnitude and situation in which majority of the orphans live in. The project staff chosen was those who had worked in the project from its inception to current period of phasing out. The total sample consisted of 59 respondents.

Table 4: Summary of the sample

Informants	Number covered
Project staff	3
Community leaders	4 (2 from each sub location)
Orphans	20 (10 from each sub location)
Guardians	20 (10 from each sub location)
Community health workers and community trainers (volunteers)	12 (6 from each sub location)
Total	**59**

3.7 Data sources, methods and tools of data collection

This study used multiple sources of information, both primary and secondary (otherwise known as triangulation) to ensure validity and reliability of data collected. This being a qualitative study, the use of multiple sources of data to corroborate findings and identify disconfirming cases is widely accepted as a way of determining the trustworthiness of qualitative data (Swadener, Kabiru & Njenga, 2000).

3.7.1 Methods

The study employed a combination of qualitative field-based methods of data collection including in-depth interviews, key informant interviews, personal interviews, observations, focus group discussions and review of existing records and reports.

3.7.1.1 Key informant interview

A key informant is anyone who has special knowledge regarding the research problem. These informants were identified by virtue of their positions, occupations, their knowledge and understanding of the target groups. They included community leaders, community health workers, and the project staff. This method ensures more personal information since some respondents are freer and more likely to reveal other pertinent information in the absence of other people.

Apart from the set guide, individual questions were developed spontaneously in the course of the interview to allow for the discovery of new aspects of the problem by investigating in detail some explanations given by respondents, thus generating rich data which gave an authentic insight into the people's experiences. No strict time limit was set for the respondents for they were allowed freedom to discuss the issues as exclusively as they could. The researcher took notes and a recorder was used when it was necessary to ensure that no information was lost. These interviews generated information on the perceived appropriateness and relevance of the support provided by project to orphans and their caregivers.

3.7.1.2 Personal interview

This method was only used with orphans. The researcher asked the orphans structured questions at a face to face contact making it easy for the children to understand the kind of information required. The researcher was also in a position to "feel" the emotion and tone with which questions were answered. This ensured that the researcher could seek clarification when the words were in contradiction with the emotion.

3.7.1.3 Focus group discussion

This method was important in capturing common respondent perceptions concerning various research issues. Three focus group discussions were carried out with guardians and community health workers. The discussions were conducted with ten persons and they involved a carefully planned discussion with the researcher acting as a moderator. This method was designed to explore the range of perceptions around the challenges faced by orphans and their guardians as

well as the support they receive to obtain detailed qualitative data. Notes were taken during the discussions and a tape recorder used when it was necessary.

3.7.1.4 Observation

Observations were carried out both formally and informally. For the households, observation captured information on quality and adequacy of the shelter. Observation was also done on quality, adequacy and appropriateness of food served as well as on the adequacy and appropriateness of clothing. Any physical facilities or items that were provided by the intervening organization were also observed. Notes were taken concerning interaction of the caregiver and the orphans as well as orphans and other children in the household for further analysis. Behaviour like withdrawal, reserve, and listlessness was observed to generate data on any psychological challenges that the orphans could be facing.

3.7.1.6 Review of secondary data

Review of secondary data involved review of unpublished and published documents, especially training and workshop reports, project reports, workplans and relevant books.

3.7.2 Tools

All the tools used were designed to work flexibly depending on the type of the respondents.

3.7.2.1 Key informant guide

This guide highlighted issues related to the objectives of the study and was discussed with the project staff, community leaders, community health workers and caregivers who had necessary information for the study. It included open ended questions to gain as much information as possible from them about the needs that orphans and other vulnerable children had and the support provided by the intervening organization.

3.7.2.2 Observation checklist

The checklist was used to guide observation in assessing shelter, clothing, food, non verbal behaviour, feelings and attitudes. The tool offered a chance to tick the presence and absence of

what was being observed. Space was provided for comments on the state or quality of what was observed.

3.7.2.3 Questionnaire

This tool involved the use of structured questions to make it easy for the children to better understand the kind of information required by the researcher.

3.7.2.4 Focus group discussions guide

This guide based on the objectives of the study was administered to groups (10 each) of guardians and community health workers to verify issues that the orphans and caregivers raise. The guide involved open-ended questions to guide discussions and to ensure they were contained within the objectives of the study.

3.7.2.5 Secondary data checklist

This tool defined boundaries of literature that is relevant to the study and contained it within the required themes. A summary of the data sources, methods and tools used to collect data is given in table 5 below.

Table 5: A summary of primary data sources, collection methods and tools

Method	Tool	Sources
Key informant interview	Key informant guide	• Community health workers • Community leaders • Project staff • Caregivers
Personal interview	Questionnaire	• Orphans
Focus group discussion	FGD Guide	• Community leaders • Community health workers • Caregivers
Observation	Observation checklist	• Households • Orphans • Caregivers
Review of secondary data	Checklist	• Project reports • Project workplans • Relevant literature

3.8 Ethical considerations

Taking into consideration that the subjects of the study lived with difficult and potentially stigmatizing conditions, the researcher was careful at all times to respect the rights and privacy of orphans and their families to reduce stigma. Tools used to collect data from orphans and other vulnerable children were adapted to the ages of the children interviewed. They were also designed in such a way as to limit negative emotional reactions in the children.

3.9 Data analysis

This being a qualitative study, categorization, categorization induction and thematic analysis was undertaken. The collected data was organized into emergent themes, and this was a constant process from the onset of data collection. It involved working through the full range of detailed field notes, scanning data to enable the development of a set of coding categories which constituted the basis of further analysis. Interrogation of statements from the categories involved returning to the primary data and examining evidence that supported them. Tape recorded data were transcribed and coded for relevant themes. Transcripts were read and re-read to discover the various emerging themes.

An interpretive analysis was thereafter done on the emergent themes to understand the challenges that orphans face and how their needs are met by the intervening organization. Interpretive analysis attempts to understand the worlds of people and how they create and share meanings in their lives (Rubin & Rubin, 1995:35). Interpretive researchers try to elicit interviewees' views of their worlds, their work, and the events they have experienced or observed by endevouring to capture and accurately reflecting the world views and meaning of life as held by the participants in the study.

Reported data was presented in summaries of themes from multiple interviews with orphans, guardians, community leaders, community health workers and project staff. The research made use of theories and concepts from sociological literature to make sense of the responses from the data gathered and highlighted the meanings of the emerging concepts and themes. Quantitative data to capture the magnitude and extent of the problem as well as specific problems that orphans had were presented in form of percentages, tables and charts which are descriptive statistics.

4.0 CHAPTER FOUR: DATA PRESENTATION AND ANALYSIS

4.1 Introduction

This chapter presents the findings and analysis of the study based on the set objectives. The chapter is divided into four parts. First, socio-demographic characteristics of the respondents are presented. This is followed by background information on the project and its activities. The main findings based on the objectives are then discussed beginning with conceptualization of orphanhood in the location, followed by an analysis of the impact of orphanhood on the orphans, guardians, family and community. Finally an analysis of the support provided by Integrated Child and Youth Development Project is done.

4.2 Socio demographic characteristics of the respondents

4.2.1 The orphans

In total, twenty (20) orphans were interviewed. All the orphans interviewed were total orphans for they did not have any surviving parent. They all had received a pair of school uniform from Integrated Child and Youth Development Project. They had also participated in children's activities organized by the project and their guardians were active participants in the support groups established by the organization.

Fourteen of the twenty orphans interviewed were boys and six were girls aged between five and eighteen years. Ten (10) of the orphans were aged between eleven and fifteen years, seven (7) between six years and ten years, two (2) aged above sixteen years while one (1) was five years old. All the orphans interviewed of school going age were in school, with sixteen of them in primary school, two in nursery school and one in secondary school. All of them attended a school that was a walking distance from their homes. One of the orphans supposed to have joined college had not done so because her certificate was still held in her former school due to unpaid school fees. They all liked school and their responses showed that they perceived education as important in helping them shape their future and as a way out of their prevailing circumstances. They also liked school because the teachers and other pupils treated them with kindness and compassion.

Fourteen (14) of the orphans had always lived in this community and only six of them had come to live in the community after their parents died so that they could be cared for by their surviving kin. All the orphans interviewed appreciated the guardians they lived with and were happy and grateful living there. According to them, although life was better when their parents were alive, the guardians taking care of them were trying their best to provide them with what they required to grow well. None of the orphans interviewed sighted any form of mistreatment from guardians. Those who had siblings were living together in the same homestead except for two boys who lived on their own and their sister was cared for by an uncle in the neighbourhood. The distribution of the orphans by sex and age is presented in graphs 1 and 2 below.

Graph 1: Ages of the orphans
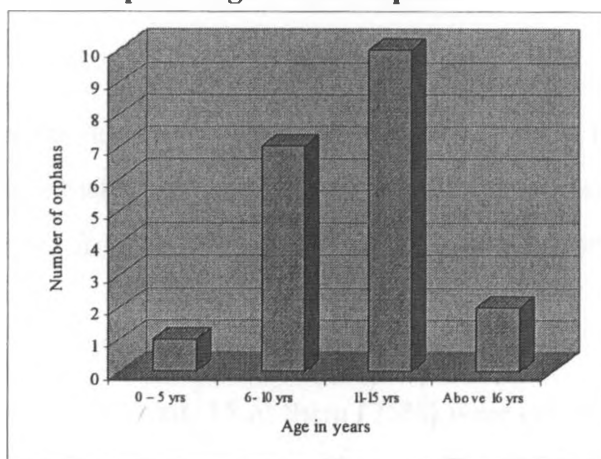
As shown in graph 1 above, the highest number of orphans interviewed was aged between 11 and 15 years (50%). They were followed by those between six and ten years. This scenario is explained by the fact that orphaning follows infection by several years and unless children are born to already infected parents, they are likely to have grown to around the age of ten (10) years by the time their parents die. In addition, due to increased accessibility to medication (antiretroviral drugs), infected parents live much longer so that by the time they die their children are not very young. In this study, the age of the orphans influenced their responses to the questions posed by the researcher. Children in different age groups perceived their needs and challenges according to their level of maturity.

Graph 2: Sex of the orphans
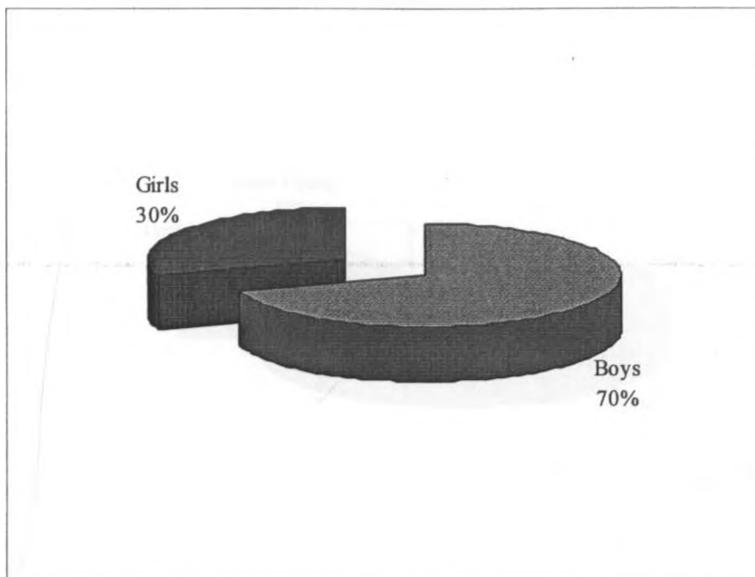
Graph 2 above shows that the number of boys interviewed was more than twice that of the girls. This is explained by the fact that the orphans interviewed were purposively chosen depending on the support they had received from the project and sex was not a major consideration.

4.2.2 The guardians

Out of the twenty orphans interviewed, 15 of them (75%) were cared for by their grandmothers. Only two grandmothers interviewed were below 60 years, the rest were between 60 and 90 years. Three (15%) of the orphans were cared for by their uncles while older siblings cared for the remaining two. In families where grandparents were already deceased, the uncles took in the orphans left behind by their brothers or sisters. There was no case of uncles taking care of orphans while grandparents were still alive. It was likely that even the uncles who took care of orphans were not the first guardians after the parents died but second generation guardians after grandparents died. One of the siblings taking care of younger brothers and sisters was aged 23 years while the other was 30 years old. The siblings caring for orphans did not have surviving grandparents. This showed that in this community, grandparents were the most likely relatives to take in orphans and in cases where they were already deceased, uncles or older siblings bore the responsibility. The different categories of community members acting as guardians to the orphans are summarized in graph 3 while the varying ages of the guardians is presented in graph 4 below.

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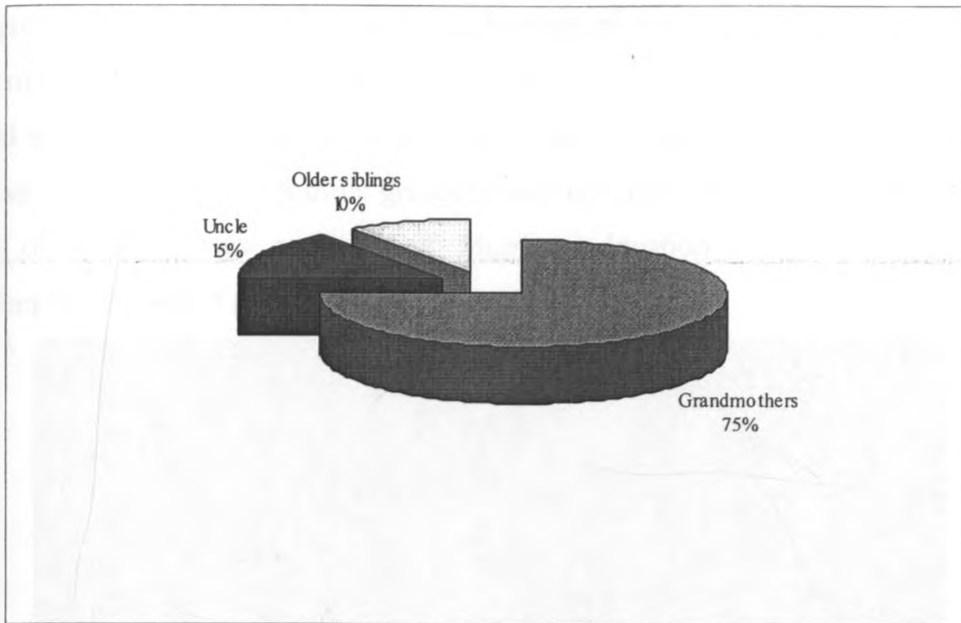
Graph 3: Guardians

As shown in graph 3 above, three quarters of the orphans were cared for by their grandmothers. Uncles were the next important type of guardians taking care of the orphans. This reveals that the relatives caring for the orphans were those closely related to them and this could be due to the obligation and sense of duty they felt towards the orphans who were part of their family line.

Graph 4: Ages of the guardians
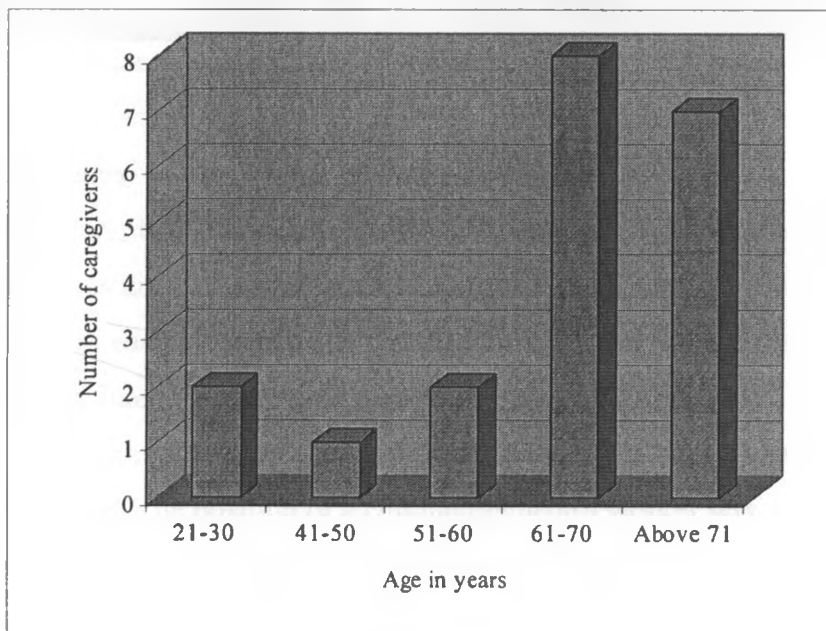
As shown in graph 4 above, fifteen of the guardians (75%) taking care of the orphans that were

interviewed were above sixty years old. The advanced age of the guardians was because most orphans were cared for by their grandmothers. The age of the guardians was likely to determine the quality of care they could provide to the orphans. There is therefore need for more support to be provided to the aged guardians to enable them care for orphans more comfortably. Plate 1 below shows a grandmother with three grandchildren left under her care after their parents died. This kind of scenario was common in Mumbuni location with increased numbers of grandmothers taking care of grandchildren.

Plate 1: A grandmother with orphaned grandchildren

4.2.3 Community leaders

Four community leaders, two from each sub-location were interviewed. One of the community leaders interviewed was an assistant chief from Mung'ala Sub-location. Two community health coordinators (one from each sub-location) and one women's leader were interviewed. Three of the community leaders interviewed were males while only one was female. Eight (8) community health workers from both sub-locations were interviewed. All the community health workers interviewed were female. The position of a community health worker was a voluntary one and in most cases in this community females volunteered more than their male counterparts. It was also true that in this community women are the automatic caregivers. They cared for children, adults who were sick and anybody else who needed care. According to a community leader, women

have a higher emotional attachment to children and other people in need of care *"they have human feelings."* For example, one of the community health workers had lost two children and as a result of that experience felt obliged to voluntarily support other parents as they went through grief. Community health workers visited community members who had health problems and provided the necessary support. They were therefore more likely to know the real extent of the problem in the community.

4.2.4 Project staff

Only three project staff were interviewed due to reduction of staff in the final stages of the project phasing out of the community. The organization's director, the training coordinator and the project coordinator made the sample of the project staff. They all had participated actively in the project from its inception.

4.3 Understanding the project

4.3.1 Background of the project

Integrated Child and Youth Development Project was launched in 2003 by Mwana Mwende Child Development Centre to improve the well-being of orphans and other vulnerable children (MMCDC, 2005). The name was chosen due to the nature of intervention which involved meeting the holistic needs of children and youth to safeguard their rights. This name also implied that the project did not only target children but also parents, the community and other institutions that addressed the needs of children. It was concerned with such needs as early childhood development (ECD) matters, HIV/AIDS, OVCs, guardians, primary health care (PHC) and capacity building among others with an aim of meeting holistic needs of the community.[5] The Centre had been in existence since 1997 in Mumbuni Location of Machakos District with an aim of promoting the total development and well-being of children by training and building the capacity of their families, care providers and communities (MMCDC, 2004). The purpose of the project was to intervene in the lives of the orphans to enable them build resilience and achieve full potential in their lives. The project has the following objectives:

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[5] This information was derived from discussions with the Director of the Centre

intervening for orphans and other vulnerable children) entry point was a by the way (a side door). Organizations which had been intervening for children in different ways had to adapt strategies to address the HIV/AIDS pandemic, which was undermining their achievements among communities. Side door interventions do not have large amounts of funds allocated to them and this could explain why support given to orphans and other children made vulnerable by HIV/AIDS had been piecemeal in nature and short lived across communities. Lack of demand for adequate planning and organization for side door interventions could explain why after the problem of orphans had been there for a considerable period in Kenya, adequate support had not reached the orphans. Literature reviewed had shown that due to the complexity of the problems that orphans face in the context of HIV/AIDS and the fact that orphanhood is a process and not an event, requires that multifaceted support be provided. Support is required before the children become orphans, and continue until they were independent. Side door interventions fall short of such expectations and consequently the support provided is limited.

4.3.3 The needs of the orphans: project's perspectives

The project targeted all vulnerable children to provide them and their caregivers the necessary support. In this community some children whose parents were alive faced worse challenges than orphans who had supportive families. Supporting only orphans would deny some vulnerable children support that they needed and is also likely to advance stigma. This is in line with reviewed literature which revealed that orphans were not the only children made vulnerable by HIV/AIDS but that children living with sick parents, in poor households that have taken in orphans, those who were discriminated against because of a family member's HIV status, or who had HIV themselves were also vulnerable and there was need to intervene on their behalf. This is further explained by the fact that in this community the death of biological parents is not the most crucial aspect of the definition of an orphan but rather the loss of a care giver[6]. Literature reviewed also showed that to reduce stigma associated with being orphaned by HIV/AIDS, there was need to target all vulnerable children despite the cause of the vulnerability. Therefore when parents were too sick and not able to care for the children or when the children are expected to take care of their parents sometimes dropping out of school and denying themselves their childhood, fall in this category and need to be supported too.

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[6] The definition of an orphan in the community is discussed later in this chapter

Although the project is said to have collaborated with community members in launching the project activities, the responses of the project staff clearly showed that the type of activities the organization was involved in, was influenced by its perception and interpretation of the needs of the orphans in the Location more than that of the community. The following extract from a discussion with the training coordinator of the organization shows this disconnect;

> *"The orphans lack quality care, love and guidance in addition to the lack of basic needs.*
> *The orphans undergo psychological trauma as a result of losing parents, who are mostly*
> *the main caregivers and there is need to support them so that they become resilient."*
> (Training Coordinator, Mwana Mwende Child Development Centre, 2006).

In the extract above, some of the challenges and needs of orphans highlighted by the project staff such as lack of quality care and love were not perceived as such by the community members. The importance of psychological support to enable orphans cope well and build resiliencies were not highlighted by the community members as a need. This shows that there was a disconnect in how the community conceptualized needs associated with HIV/AIDS orphanhood and the way the project did. Responses from community leaders showed that, the community was more concerned with physical needs and did not consider invisible needs as important. Maslow's hierarchy of needs could explain perhaps why the community is more concerned with basic needs. The model argues that people are more concerned with meeting their physical needs before they began to think of satisfying the other internal needs. The project staff maintained that the community could not be relied upon to completely understand all their needs for when people live with a problem for a long time, they begin to have an attitude of apathy and helplessness. The project coordinator justified this and said that there was need for an outsider to bring their point of view and a new perception to people living in apathy and helplessness. The disconnect could have arisen as a result of the fact that the project staff being experts in children issues understood the needs of children more or they simply ignored the real needs of orphans according to the community.

The project's support to orphans in their families' context was as a result of the project's policies that community care was more appropriate than institutional care. The staff members noted that this community took care of its disadvantaged members and was considerate of the needs of the

orphans since all the orphans in the community received some form of support from their families. The guardians and especially the grandmothers tried their best to meet the needs of the orphans in terms of food, education and health, even though finally what the child received from such efforts was not adequate. This was one of the reasons highlighted by the project staff for intervening in an attempt to increase amounts of support available to the orphans.

Rights based framework was utilized in providing support to the orphans in the community. This was attainable because the community was well aware about the rights of children especially those concerning physical needs. The project staff attributed this to the community's proximity to Machakos town. Building on this strength, the project sought to build the capacity of the community about all the rights that are accorded to children by the Convention of the Rights of the Child and especially protection of children against sexual abuse which the community seemed not to be much aware of. In this community, people did not openly talk about sex issues and even when sexual offenses were committed, silence was maintained. The project also sought to bring the community to the level of practice not just of awareness and the framework worked well in the community.

To achieve this, the project entrenched a unit on the rights of children in the community mentors' (community health workers, community trainers) course syllabus. This was to ensure that through the community mentors, accurate information on the rights of the child filtered to the entire community. It would then be easy to demand that the community works towards ensuring the rights of all children in the community are kept. Yet during discussions with community members, it was evident that in the context of poverty and HIV/AIDS, the rights of the child were not the immediate issue if basic survival could not be ensured. Although most of the interventions for orphans were designed on a rights based framework which empowered people to demand justice as a right and not as charity, scarcity of resources made it impossible. The framework also implied the direct involvement of people in decisions relating to their own development which was limited by the kind of support that the donors were willing to give, usually depending on their own goals and objectives.

Although the Convention of the Rights of the Child argues for state-civil society partnership in

ensuring the rights of the child are protected, this does not mean that the state absconds its responsibilities leaving it to the civil society organizations. Non-governmental organizations like the Integrated Child and Youth Development Project work towards ensuring that the rights of the children in Kenya are protected. Considering that it is expensive to ensure the rights of the child are protected and the fact that it is the state that is a signatory to the convention, the government has the main responsibility for ensuring the rights of the child are adequately provided.

4.3.4 Project activities to support the orphans

During the project's active participation in the community and the prevailing stage of phasing out, the project was involved in several activities to support orphans and their guardians. Discussions with the project coordinator revealed that the aim of the organization was to equip orphans and the caregivers as well as the community members with adequate life skills to break the cycle of poverty and HIV/AIDS infection in trying to solve the orphan crisis. According to the project coordinator, this was done with full involvement of the community. The community identified the problems that orphans had and any challenges that the state of orphanhood resulted into and prioritized them. They were also involved in mobilizing groups for support and the orphans to be supported.

4.3.4.1 Building the capacity of communities' own resource persons (CORPs)

The organization was mainly involved in training and capacity building to empower communities to take care of their children. According to the project staff, this is the best way of ensuring sustainability and self-reliance. This is in opposition to direct assistance locally known as 'handouts' and which the project considered to be a strategy that advanced dependency. Emphasizing the importance of training community mentors and community health workers, the organization's director said,

> "Training community resource persons is important in 'maturing' the community, creating a 'power' from the people to come up with skills that are beneficial and relevant to the whole community." (Director, Mwana Mwende Child Development Centre, 2006).

According to the director in the extract above, to support the community in taking care of the orphans, the project trained community mentors, community health workers and community trainers so that they could in turn support those community members who were affected and

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infected by HIV/AIDS (guardians, orphans and other vulnerable children). Knowledge and skills provided to the mentors covered such areas as building resilience, myths and stigma about HIV/AIDS, dealing with the sickness of a parent and how to prepare children for the death of their sick parents, dealing with the death of a parent (grief and mourning), and psychosocial support. Participation of the community in this activity involved nominating trainees, local trainers and providing resources for the training.

4.3.4.2 Guardians' groups

According to the project staff, the guardians of those children whose parents had died of HIV/AIDS were facing stigma and isolation from other members of the community in addition to the heavy burden of caring for orphans. For them to continue functioning, they needed a forum where they were accepted, supported and could pour out their hearts to others who were facing similar challenges.

The project oversaw the establishment of 9 guardian groups which served as support groups. Training on care of the orphans was provided in these groups. To show the underlying assumptions leading to the formation of the guardians' groups is the response of the project coordinator to the question why it was important to form the guardian's groups.

> "Research evidence had shown that most of the guardians were old and poor. Guardian groups were therefore needful to provide a forum where they could experience warmth, identity, and share experiences as well as challenges in bringing up the orphans. By empowering the guardians it was expected that the orphans would be the main beneficiaries especially in terms of psychosocial support." (Project Coordinator, Mwana Mwende Child Development Centre, 2006).

The staff members also argued that it was easier to provide support through groups than to individuals. According to them, it ensured sustainability beyond the project because when people came together and held together, they were more likely to succeed than if everyone stayed on their own. From the project's point of view this was a cost effective and work effective way of providing support.

The groups were also involved in various income generating activities to increase their economic self-reliance. Some of the income generating activities carried out by the groups included making and selling soap, buying and selling paraffin and charcoal in the neighbourhood and keeping indigenous poultry and goats for sale. The project ensured they received skills in managing these IGAs to ensure sustainability. A common activity carried out in all the guardian groups was a revolving fund (popularly known as merry-go-round) where members contributed money every week and gave to alternate members (the cycle could be mutually broken to assist an urgent need).

4.3.4.3 Children's activities

It was the intention of the project to have children activities which were expected to give the orphans an opportunity to express their feelings and experiences as a way of building their resilience. The children activities involved children in drama, singing, reciting poems and dancing (MMCDC, 2003). These activities did not successfully pick off, perhaps because the community did not support them. This community did not adequately appreciate psychological needs but rather focused on basic needs. It was also not sustainable, since having activities only for the orphans advanced discrimination. As soon as the orphans realized that all of them were orphans and that was the main reason they were identified to participate in the activities they became disinterested. Another issue raised by community health workers was that as long as no food was provided during the activities, orphans were not motivated to attend as they usually did not have enough food to eat at home. As a result the project stopped the activities and from early days of the project they had been non existent. However at the time of the study, the community health workers independent of the project had introduced children activities for all children in the community with an aim of reaching the orphans without advancing discrimination.

The most direct support given to the orphans by the project was school uniforms. The criteria used were that the guardian of such children be old and not having steady income or close relatives to support them. This means that the organization targeted children who would easily drop out of school due to lack of uniform to ensure they did not.

4.4 MAIN FINDINGS

4.4.1 Orphanhood in Mumbuni Location

The first objective of this study was to establish the perception of orphanhood in Mumbuni Location and how it influences the support required. This section discusses findings related to this objective.

4.4.1.1 Conceptualizing orphanhood in the community: orphanhood is more than death

Concepts vary from one community to another depending on the prevailing circumstances. The way orphanhood is conceptualized is likely to determine policies that are developed and consequently the interventions put in place. In this community, the word orphan means the left one (ndiwa) and an orphan was perceived as a child who had been left. The local dialect gave the connotation that the parents were supposed to be there providing care and support for the child but when they died and left children behind they became orphans. This was further revealed by a case where a guardian taking care of three grand children orphans, grouped them with another grand daughter whose mother abandoned her after she was born and had never come back. If the mother was home and taking care of the child, this child would not be perceived as an orphan but the fact that her primary caregiver was missing, the child was an "orphan". In this community therefore, the loss of a caregiver was more important than the death of biological parents in the definition of an orphan. It was usually expected that those relatives left behind would receive the orphans and take care of them. In the event that there was no immediate family to do so, the neighbours were expected to rise up to the occasion.

Unlike the definition of an orphan in policy and programmes which includes all persons below eighteen years who have lost one or both parents, in this community a child who had one surviving parent was not considered as an orphan as long as that parent was present and providing care. However, the dynamics of orphanhood by HIV/AIDS had pushed community members to redefine the loss of different parents. A grandmother guardian who had to take care of two grandchildren after the daughter-in-law had died said that she had to provide all care for the children before the father passed away and after he passed away. She said,

> *"My observation is that when a child loses a mother even if the father is alive, he/she is*

a total orphan. He did little to provide for the needs of his children or to give them the necessary leadership after his wife died." (Grandmother Guardian, Kasinga, 2006).

The above statement shows that the impact of the HIV/AIDS pandemic had not only overwhelmed the community structures but was influencing the community's construction of their world of meaning. According to Mead in Abraham (1982:231), human communication is interpretative and definitional. It is definitional because it attempts to convey an indication and individuals in a community need to be aware of the world of objects which are symbolically important in their social group to meaningfully communicate. Herbert Blumer further explained that meanings were not inherent in objects, but that objects had meaning attributed to them by individuals in a definition of the situation. According to him significant meaning only existed to the extent that individuals had mutually agreed upon a particular definition of a specific object. Blumer also emphasized the processual nature of the society and therefore of meanings attributed to objects (ibid). This community as a result of interaction with the effects of HIV/AIDS was redefining who an orphan was and this was likely to affect how interventions would be carried out in the future. Shifts in conceptualization of orphanhood through historical times necessitate different policies.

In this community, there is no particular age that is pegged on children to qualify as orphans. As long as the child (despite the age) is not in a position to meet their own needs, he/she is perceived as an orphan. At the same time if an orphan marries a responsible spouse, they cease to be referred to as orphans because they have another person providing them with care just as their parents would. Discussions with respondents revealed that this community is not kind (is rather harsh) towards a person who treats an orphan spouse badly (not providing for the needs of the spouse or abusing them in any way) than a spouse who has both parents surviving. It is usually argued that if a spouse mistreated a spouse who has both parents, he/she can return to the parents' home for care, support and identity but if a spouse has no parents, she/he would have nowhere to go incase the marriage did not work.

The perception of orphanhood in this community allows for inclusion of a broader scope of orphans than that in policy and programmes. The perception stretches to cater for persons who

have lost parents and who are above the age of eighteen years as well as children who have surviving parents but do not receive care from such parents.

The conceptualization of orphanhood in this community is concerned with the provision of care and support. If a child has one surviving parent who is in a position to provide care or a person who has no parents is able to provide care for themselves they are not considered orphans. This means that it is unlikely that the community will support those children without parents who are well supported by their families at the expense of other vulnerable children whose parents are still alive.

The project reports showed that the project had provided school uniforms to children who had both parents but who lived in extreme conditions of poverty revealing that it took into consideration the view of the community concerning who an orphan was. The opposite could also happen, whereby children who have one surviving parent are not considered as orphans and therefore not provided with support despite obvious need.

In conclusion, this section shows that this community conceptualizes orphanhood in terms of availability of care and not in terms of death of biological parents or age as is in policy and programmes. Important issues arising in the definition of an orphan included the loss of both parents, the loss of a caregiver, marital status and ability to meet needs. The orphan crisis had however influenced the perception of orphanhood and the definition was slowly evolving to accommodate the prevailing challenges.

4.4.2 Orphans' needs in the context of HIV/AIDS

The second objective of the study was to determine the real needs of orphans in Mumbuni Location and the support provided by the Integrated Child and Youth Development Project in the context of HIV/AIDS. The magnitude of these needs and challenges is uncovered and the experiences of the orphans in the context of HIV/AIDS discussed.

4.4.2.1 Needs, *challenges, experiences of orphans*

Life is never the same for the children without their parents. This is aggravated by the rising levels of poverty in the area and the community members also fighting for survival. The community had become poorer with the death of its working members leaving behind dependants out of proportion with the productive community members. The needs of the orphans in this community are basic including food, shelter, clothing, education, and health care.

4.4.2.1.1 Inadequate food

All the orphans interviewed were not sure of having three meals per day. However, only 43% of the orphans said they had problems of food and would wish to have three meals per day. This does not mean that the rest did not have problems with food but that they had more pressing needs and they were currently used to life with little food or no food for a considerable duration. This need was highlighted more by the younger orphans perhaps because at an early age, acceptance by peers and physical appearance is not a big deal if the child is satisfied (has a full stomach). For the smaller children, lack of food sounded rather desperate. The following quotations from orphans show orphans' feelings about lack of food.

> *"Sometimes we sleep without food and the shopkeeper cannot give us things on credit for he knows that nobody in our family works. When there is no food at home, I just go to sleep and do not do homework, the teachers punish me for that. If I had money I would pay for lunch in school instead of staying hungry the whole day."* (Orphan, Mung'ala, 2006).

> *"I want to eat all the three meals in a day, we usually do not have enough food on a daily basis."* (Orphan, Kasinga, 2006).

> *"Sometimes there is no food to eat in our home."* (Orphan, Kasinga, 2006).

> *"I want to have enough food to eat all the time."* (Orphan, Mung'ala, 2006).

> *"I sleep without food many nights and I have no money for tuition."* (Orphan, Kasinga, 2006).

Only one of the orphans above was above eleven years, the others were aged ten years and below. The above quotes were representative of the orphans in the location and reveal that lack of food could compromise the orphans' performance in school. Lack of food hindered them from doing homework and participating in class and may consequently lead to poor performance in

school. which is sometimes the only avenue they may have of getting out of their present situations characterized by poverty.

All the guardians said that providing food for the orphans was their greatest challenge and according to them the main problem that the orphans faced was lack of food. Community leaders echoed the guardians when they said that providing food for orphans was the greatest challenge for the community. A grandmother said the following about lack of food;

> *The main problem we have is lack of food. We sleep like that a lot (go for several days without food), I tell the children to be quiet and not to tell anybody about it and now we are used, when we do not have food we sleep and wait for another luckier day."*
> (Grandmother Guardian, Kasinga, 2006).

Families that were taking care of orphans reported that they sometimes went for several days without food. From the above quote, the fact that the guardian told the orphans to be quiet when they had no food could explain why in all the homes visited no meals were served or were being prepared during meal times and the orphans did not seem bothered about it. They may have been told by the guardians not to publicize their lack and also adapted to living with less food.

Most of the guardians were grandmothers who had previously ceased to be actively involved in food production. Their grown up children were taking care of them and providing them with the food they required. With the entry of orphans into their homes, they had to start producing food for the sake of the orphans. This was a big challenge considering their age and could explain why most times they did not have adequate food in their homes. On their part, community leaders may have highlighted this as a problem due to the fact that they are the ones who often had to help the guardians out of their food problems, sometimes by authorizing them to be considered first when relief food was available.

The project activities did not address the orphans' food needs. This project, is concerned more with maturing the community and considered provision of food as a way of increasing dependency. However, the researcher's view is that in some situations, interventions for orphans need to provide their food needs to bring them in a position of building capacity in food production.

4.4.2.1.2 Inadequate clothing

The orphans were concerned about what makes them feel good and not those needs that involved other people. To the question what they wish they could have, and did not have then, 86% of the orphans interviewed, said that they would appreciate more clothes. They had few clothes or none apart from the uniform given to them by the Integrated Child and Youth Development Project. Only 21% of the orphans said they needed school uniform which is attributed to the fact that the organization had already supplied these orphans with school uniforms. Outward appearance seemed to play an important role in determining the level of self-esteem for the orphans. The following response from a 13 year old orphan gives an indication that the orphans would feel more adequate if they could wear clean, neat and decent clothes.

> *"Sometimes my school mates talk about me when I lack something or when I am wearing shorts with patches and this makes me remember past experiences like the death of my parents."* (Orphan, Mung'ala, 2006).

The above quote was common among orphans in adolescent years. Adolescence is a transition period from childhood to adulthood. It is a period of self discovery and sometimes adolescents feel unsure of themselves hence requiring external assurance. Criticism and lack of acceptance by peers due to any reason can be traumatizing for the adolescents. The identity crisis experienced during this period of one's development can influence one's self-esteem and consequently school performance. Outward appearance influences adolescent's feelings of adequacy and is likely to determine their performance in school and in life.

The guardians and other community leaders did not mention inadequate clothing as a major challenge for the orphans, perhaps because it was not as basic as food which they were struggling to provide on a daily basis.

Forty three percent (43%) of the orphans said that they had problems of beddings, such as a mattress, a blanket or a bed. All the guardians said they would appreciate if they could get more beddings for themselves and the children. It was clear that most of the orphans were not satisfied with their sleeping conditions. Most of the guardians did not allow the researcher to get inside the houses where they lived but the researcher gathered information that in most of the homes, beds were not available and the children had to cover themselves with old clothes during the

night. This means that during cold seasons, the orphans did not keep adequately warm at night.

Although all the houses observed had iron sheets roofing, and were made of brick, some guardians highlighted lack of appropriate shelter and furniture as a major need that they had. This was said by guardians whose houses were old and with rusted roofs. Most of the parents had left a home for the children by the time they died, yet in several instances grandmothers' residences did not have adequate or safe housing. All the homes and compounds observed were maintained clean, further revealing that the guardians and the orphans had not given up on life but had energy to face the future.

Some of the clothing needs were catered for by the provision of school uniforms which enabled orphans who would have dropped out of school continue with their education. Subsequent interventions need to consider the living conditions of the orphans and provide them with basic clothing necessary for building their self-esteem to a level of participating in shaping their own future.

4.4.2.1.3 School based challenges

This community generally values education and wishes that all children would access education to the highest level possible. However, according to community leaders, several orphans in the community had not joined secondary school after completing primary school and others started but could not complete due to lack of school fees. With the introduction of Constituency Development Fund[7], bursaries were more accessible than previously, but the orphans had not been lucky in getting the bursaries because they were usually given to those pupils who performed well and admitted into government secondary schools. Most orphans had been admitted into the local community schools therefore not qualifying for the bursaries. Although most of the orphans interviewed said they performed well in school, the general trend in the community was that orphans did not perform well; a situation that could be attributed to the problems they face and chores they have to do at home which could easily distract them.

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[7] Constituency Development Fund is a development strategy in Kenya, whereby every constituency is provided with funds every budget year to promote development activities.

Only two orphans said that their greatest need was fees to achieve their goals of a good career. The rest did not mention fees as a need and this could be attributed to the fact that most of them were still in primary school and in Kenya there is free and compulsory basic education introduced in 2003. All the guardians concurred that it is difficult to acquire other levies required in school. Although there is free and compulsory basic education provided by the NARC government, the pupils had to pay other levies such as extra tuition fees. Most grandmothers wish the orphans would be exempted from paying the levies.

Twenty three percent (23%) of orphans desired to have play materials, story books and text books. These were particularly the younger orphans whose life was still centered on play and stories. Six orphans did not answer this question either because they were too shy to do so or by this time during the interview they were almost breaking down into tears and the researcher could not continue with the interview. This question is likely to have made the children remember how life was before their parents died and during this time, they might have been remembering the good old times (bringing back memories).

Provision of school fees and other levies was beyond the scope of the project. The project however, recommended to the school heads some pupils who needed to be admitted to school without levies. The awareness created by the project concerning the needs of the orphans led the community leaders becoming keener on considering orphans for bursaries and other available support.

4.4.2.1.4 Lack of protection

Life without parents for the orphans is life without defense and protection. An example is an orphan without both parents who had applied and received bursary from the Constituency Development Fund (CDF). However, when the list of the bursary beneficiaries was taken to the school, his name had been replaced with another child's whose father works for the Municipal Council. Although he tried to follow it up, there was no one to help him since his grandmother was old and sick. The headmaster argued that he was new in the area and did not understand the community dynamics well. He therefore asked the orphan to go and have the issue resolved at the community level. The headman and the area councilor were approached but no help was

forthcoming. He was finally sent away from school and by the time of the study, was not attending school. He said,

> "*I do not know why they did this to me, I have talked to the headmaster of a neighbouring school who has promised to help me, I hope I can find help and be in school next term.*"
>
> (16 year old orphan, Kasinga, 2006).

The above quote clearly shows the helpless situation that orphans found themselves in as they lived amongst community members who were either not concerned about their security, or who had too many problems of their own to bother doing anything. Children are vulnerable members of the community and they deserve protection and justice.

Another case in the community was that of two young orphans who lived on their own (ages eight and ten). The relatives received support on their behalf but did not pass it over to the orphans, instead using it for their own ends. The orphans as a result had to borrow food from neighbours to survive. Discussion with a community leader revealed that with the death of a neighbour who had been quite considerate of these orphans, they were likely to experience great difficulties in the future. The community leaders were also trying their best to ensure that such cases were dealt with accordingly.

Children on most occasions were not able to defend themselves from exploitation and harassment and there is need for adults to protect children from all forms of exploitation. Old and poor guardians may not provide the necessary protection and community members with bad intentions can easily exploit orphans who live in such circumstances. Intervening organizations and the concerned government departments need to ensure that orphans are protected from exploitation as required by the UNCRC.

4.4.2.1.5 Lack of parental love and guidance

The interviewed community health workers, said that orphans lack parental love and guidance. Adult love and guidance is an important factor in enabling orphans become resilient and adapt to life after their parents die. Love for children is important in helping them to develop well emotionally. Parents are able to give unconditional love and when they die, if guardians taking care of them do not continue to do so, orphans may experience feelings of rejection. These

hinder children from achieving their full potential for they spend more energy thinking about rejection than on their studies.

Making orphans feel accepted and having a sense of belonging in the family they were adopted into, was one of the challenges that the guardians had to deal with. The uncles interviewed especially noted that living with children who are not one's biologically is complicated, for they tended to be withdrawn. They seemed to harbour feelings of being unloved as the other children in the family. Such challenges complicated further the guardians' lives as shown in the response of an uncle guardian below.

> *"Even when I treat them well, they imagine I am discriminating against them."* (Uncle Guardian, Kasinga, 2006).

Although all the orphans interviewed said they felt happy in the families where they had been adopted, from the perspectives of the guardians, orphans who are not given emotional support through the grieving period may find it difficult to draw a line between not being loved and not being able to receive love from those willing to give it. This shows that orphans need to be supported during grief so that they become emotionally and socially stable. Emotional instability can limit orphans in pursuit of their full potential and communities need to be empowered to provide this necessary support.

Discussions with a community health worker showed that due to lack of guidance and strong adult influence, some adolescent orphans tended to rebel against their old guardians. Some of the rebellion highlighted included the refusal to participate in the family chores as directed by the guardians, spending days and nights playing cards, sitting idle by the roadside where often they waylay passersby and stole from them. Some of them did not come home for several days spending the nights with their friends, in clubs or bars. They disobeyed directions given to them by the guardians or answered back rudely when addressed by guardians. These cases were exceptional and only three guardians interviewed said that orphans under their care had such problems.

4.4.2.1.6 Discrimination, exploitation and isolation

The issue of discrimination and isolation of orphans in the community was raised by the community health workers. Forms of discrimination that orphans face included being given more work than the other children in the families or receiving less food. Considering that it is the community health workers who raised this issue could be explained by the fact that they visited homes regularly to provide advice on health and encourage those that are infected and affected by HIV/AIDS. Orphans also approach them to confide some of the suffering they go through. The community health workers also raised the issue that some orphans employed by relatives were rarely paid for their labour. They said this was economic exploitation perpetuated by the very people who should have been taking care of the orphans confirming the alienation that orphans are likely to experience as a result of losing parents.

A community health worker during focus group discussions highlighted that those children who live on their own are usually afraid at night. Without any adults present, they feared that community members with bad intentions could attack them at night and that they would not have anyone to protect them. They also feared that their property would be grabbed by their relatives and neighbours, a fact that made them unsure of their future. This lack of adults to protect orphans from their fears advanced feelings of alienation further.

Guardians, especially grandmothers cited that close relatives who had earlier visited frequently had ceased to visit so that they were not requested to contribute to the welfare of the orphans. One guardian in particular said that his son used to live in her compound but had moved out when an orphan was brought to live there. An orphan cited isolation when he said that an uncle living in his grandmother's compound would not give him food even when the grandmother was away and he had to wait until his grandmother was back home.

A case highlighted by a community leader was of a six year old girl who lived with her grandparents from the first week after she was born. During the time of the study, her grandmother had traveled to a family home in another district leaving the orphan with the grandfather. The grandfather broke his legs and was not able to do much work around the house. The little girl had to take care of her grandfather in addition to taking care of herself. She, for

example, had to wake up early and make breakfast for herself before going to school. Although the teacher was aware of the orphan's situation, she usually sent her away from school when she reported late. By failing to be understanding towards the challenges that orphans face, teachers like the one above could further increase alienation for orphans who at an early age had to learn how to balance the role of a parent and a child.

It is important to note however, that none of the orphans interviewed felt discriminated against at school and among peers. Even when they were infected and sick, other children in the neighbourhood continued to play with them. Teachers also treated the orphans well and advised the guardians on how to support the orphans more. The high prevalence of HIV/AIDS had left most homes affected in a way therefore there might have been no grounds for community members to discriminate against each other. The other explanation for orphans not raising the issues of discrimination could have been that they feared that their guardians who had taken them in when they had nowhere else to go would consider them ungrateful. They might also have had been warned by their guardians that they should not say anything to anyone about the situation in their homes otherwise they would face the consequences of doing so. This can explain why they were able to open up to community health workers with whom they had build rapport and trust and from whom they gained assurance that they would not be reported to the guardians or relatives who mistreated them.

The project addressed this need by providing training for community health workers. The community health workers were able to provide psychological support to orphans and helped them to be realistic about their demands from the guardians.

4.4.2.1.7 Inadequate care
The community leaders were keen to point out that the care given by guardians was not adequate as most of them were old (over 60 years) and lacked the skills for providing adequate care for the orphans. These guardians were also overwhelmed by the death of their children and if not supported they would not be in a position to provide adequate and quality care for the orphans. One grandmother lost two sons, their wives and three daughters and had thirteen orphans under her care. She was constantly questioning why God did this to her. "Is it a curse or witchcraft?

She asked and added that she wishes that she was the one who had died instead. Grandmothers also suffer from common old age diseases decreasing their ability to provide adequate care. Most of the grandmothers interviewed complained about some form of ailment which they were treating and which they could not allow to immobilize them. The worlds of the caregivers and the orphans are wide apart that adequate communication may not exist between the orphans (especially the adolescents) and their caregivers resulting in inter-generational dilemmas. This is in line with literature reviewed which showed that the grandmothers who had to shoulder the burden of orphans are poor and face quandaries of bringing up children who were two or more generations younger. The literature had also revealed that old guardians and young orphans were interdependent on each other as the old provide care while the young provide them with protection and security.

Although most of the guardians value education, several of the guardians seemed to be disillusioned and were sending the children to work after basic education (standard eight). One guardian who sent the oldest orphan to work said that the girl had finished school and it was not necessary to continue sitting at home doing nothing. It was time to go and work and provide for herself and the younger siblings. Without adequate education, orphans are likely to be limited in realizing their potential and as far as possible there is need for all stakeholders to ensure that education is provided for children who need it.

The guardians' support groups enabled them to encourage each other. In the groups they were also provided with information on the best way of taking care of the orphans under their care. Interventions should always take into consideration, the ability of the guardians to provide care for the orphans under them.

4.4.2.1.8 Behavioural problems

According to the guardians and community leaders, most of the orphans were well disciplined and respectful towards their guardians. They participated in home chores and gave necessary assistance to their guardians. It was however noted that as the orphans grew older they became more difficult to guide and discipline. For example, three guardians mentioned that sometimes the orphans under their care were rude.

Case 1

In one instance, a grandson tried to rape the grandmother and the community reported to the police and the boy was arrested and was still in remand at the time of the study. The same grandmother had a grand daughter who often tried to beat her. The grand daughter had a baby and was at the time of the study expectant further complicating matters for the grandmother and increasing her burden.

Case 2

Another guardian had a grand son who had started going to the streets, taking alcohol and chewing "miraa" although he was only ten years old.

Adults taking care of children world over have the right to discipline the children under their care. This was however not the case in this community. Although guardians were the only adult caregivers to the orphans, the community did not perceive them as having any right to correct the children or to punish them. Instead the community members claimed that guardians were mistreating the orphans when they punished them in any way. This was one of the challenges the guardians had to deal with on a daily basis: whether to take the responsibility and discipline the orphans or take heed to what the community says and lose the children socially.

The above cases however, were not sufficient in concluding that orphans are more likely to be rebellious than other children for it is only three out of twenty guardians who said that orphans under their care had discipline issues. Under normal circumstances without the influence of orphanhood some children (especially in adolescent stage) are rebellious and so this situation is not unique to orphans and should not be perceived as anything out of the ordinary.

4.4.2.2 Expectations of the orphans: present challenges, a stepping stone to a bright future

Despite the myriad challenges facing orphans, most of them had put the past behind them and were exploiting every opportunity they came across to ensure a better future. To the question, "what else do you want to tell me about yourself?" one boy said he had decided to forget the past and live his life fruitfully. He wanted to achieve his goal of becoming a pilot and had realized that if he did not deal with the past he would never accomplish that dream. He said,

"I have decided to forget the past and concentrate on my studies to achieve my goal When you think about the past you get many thoughts which may distract you. In school I am putting more effort and I know that my efforts will bear fruit, I am always among the top ten on my stream and sometimes I think my thoughts make me not to be among the top three and I want to overcome that." (13 year old orphan, Mung'ala, 2006).

The implication of the above quote is that there is need to support orphans through grief to deal with negative feelings which result from losing parents so that they can rebuild their lives. This kind of attitude, coupled with the aspirations that the orphans have for their lives further shows that the orphans are positive about their future and there is need to support them to realize it. The following were the future career aspirations of the orphans interviewed in order of preference: pilot, driver, doctor, teacher, policeman, nurse, mechanic and "matatu" conductor. Those orphans in standard six, seven or eight gave one of the reasons for the choice of pilot as the opportunity to tour the world and visit many countries of the world. The younger ones thought it was prestigious to be a pilot. Below are some of the explanations orphans gave for their choice of career aspirations.

"I want to be a pilot so that I can travel a lot and visit many countries of the world." (Orphan, Mung'ala, 2006).

"I want to be a doctor so that I can help and treat sick people." (Orphan, Kasinga, 2006).

"A 'makanga' has more money than a driver and that is why I prefer to be a matatu conductor." (Orphan, Mung'ala, 2006).

What is clear from the above quotations is the fact that all the orphans envisioned a brighter future different from their current situations of having no food, clothes, beddings and being discriminated against. Seventy percent (70%) of the orphans were quite positive about the future. They perceived the future as better than the present and were working hard in school to change their conditions and that of their grandmothers. However, only twenty percent were curious about what existed without their confines and the future. This could be due to prevailing distractions like lack of food and clothing as well as injustices from the community which constrained them from being creative in the future.

The orphans' interactions with caregivers and other children also showed that the orphans were adapting well (at least outwardly) to their situations. Seventy percent (70%) of the orphans observed interacted freely with their caregivers and also communicated freely with the researcher. The relationship particularly with the grandmothers was cordial and friendly. The children were not afraid of the grandmothers and they communicated and related well with them. Only 5% seemed to be a bit withdrawn and this could be explained by the fact that they were sick and so spent more energy concentrating on their pain than social relationships. Those children who related freely with their guardians also talked and played freely with other children of their age. The ones who did not interact freely with guardians also showed signs of withdrawal as far as interaction with other children and other members of the community were concerned. This could be attributed to ill health and therefore lack of energy to talk, play and socialize.

Only one child kept clinging on the dress of the guardian, showing signs of insecurity. This is attributed to the fact that she was quite young (six years old) and sick, hence such signs of insecurity in the child. All the other children displayed confidence and independence. Seventy percent (70%) of them talked freely to the researcher and maintained eye contact during the interview. Thirty percent (30%) were quite shy and refused to maintain any form of eye contact, the researcher spent a lot of time probing them to talk about themselves and three of them did not finish answering the questions but were at the verge of crying in the course of the interview perhaps due to past memories.

In conclusion, this section shows that children's view of their needs is influenced by their level of maturity. The older orphans, for example were more concerned about how peers perceived them than about food. Different stakeholders viewed the needs of orphans according to their relationship and responsibility towards the orphans. The section also shows that orphans face multiple problems and challenges which if not addressed could limit the orphans' performance, attainment of their goals and the ability to reach their full potential (highest potential), a right that every child has according to the Convention on the Rights of the Child. It was also evident that the orphans in this community were not hopeless but had hope to change their status.

4.4.3 How the families and the community have been coping

The third objective of the study was to highlight how families and communities affected had been coping with the situation. In this section, an analysis is done of how immediate families of those children who had been affected and infected by HIV/AIDS were coping and later the coping mechanisms of the community in general is discussed.

4.4.3.1 Beating all odds to provide the required support

When parents die in this community, it is the responsibility of the immediate family to take care of the children left. In this community, families were concerned about their orphans for there is no orphan who did not receive some form of support from the immediate family. In most cases, the grandparents and uncles were the ones who took care of the orphans. Contrary to the reviewed literature which showed that grandmothers and aunties were more likely to take care of the orphans, none of the orphans interviewed was taken care of by an aunt. This could be attributed to the fact that this is generally a patriarchal community and if the aunties are married they may not be in a position to make the decision to take in orphans and especially if their husbands are opposed to the idea. It would be much easier for unmarried aunties to take in orphans than married ones. At the same time aunties have their own children who sometimes were not willing to receive other children viewed as intruders.

The guardians who had taken in orphans committed themselves to care for the orphans. This commitment was as a result of the value the community places on children as a guardian said during an interview,

> *"We can't throw these children away because they have been left by their parents, they are our blood."* (Grandmother, Kasinga, 2006).

The above statement shows the value that families and the community attach to children. Generally children have a central place in the family. In many communities, the family lineage was continued through children and they had a spiritual significance, linking the creator and generations past and present. In this community, children are perceived as offsprings to propagate the family line. Children are not just biological offsprings but social ones to perpetuate social functions of the family and the community. To ensure the family name is perpetuated, children are cared for well and if their parents are not in a position to do so, the close family

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members take up the burden.

The immediate family was merciful towards the orphans under their care and willing to do anything to support the orphans under their care. Guardians adjusted their lifestyles and pushed themselves to the limit to be able to provide support to the orphans under their care. A case in point is a grandmother aged 59 years whose daughter-in-law died and left behind a three-day-old girl, she breastfed the child until she was of age. This can be said to be utmost support for children whose lives have been given a blow by HIV/AIDS. She changed her lifestyle to meet the needs of the orphan who was the only grandchild left after her brother passed away shortly after the parents. The following quotes show guardians' commitment and the sacrifices they made to provide support to the orphans under their care and some of the challenges they faced in the process.

> *"Nitwosie wet'u, which means that we have taken on toughness and are managing with the children under our care with no support from anyone else."* (Grandmother Guardian, Kasinga, 2006).

> *"Life is quite difficult without the parents of these children. If they were around I would be resting and enjoying my old age."* (Grandmother Guardian, Kasinga, 2006).

> *"I am too old and sick, I cannot do "kibarua," I just borrow from well wishers to take care of the orphans."* (Grandmother Guardian, Kasinga, 2006).

> *"My lifestyle has changed since I have to meet every need of this child. I have to take the girl to school and pick her at lunch time. The child is sick and is undergoing medication and I have to ensure she takes the medicine."* (Grandmother, Kasinga, 2006).

Commitment to support orphans is depicted from the above quotes showing that immediate families did all they could, to provide care for the orphans. Grandmothers in particular, despite the many challenges faced, had committed themselves to provide the much desired care.

Plate 2: A grandmother who took up the grandchild
after the mother died three days after her birth

Plate 2 above shows a grandmother with an orphan she cares for. The grandmother above takes care of the orphan as if she were her own child. This shows how the immediate family has committed itself to the care of the orphans.

While in some cases, the number of orphans left had led to the uniting of the extended family members to provide support for them, in most cases the entrance of orphans was the main reason for creating distance among family members. In most cases studied, in situations where a grandmother was left in the care of grand children, her other children and members of her family stayed away so that they did not feel obliged to provide support. Only one grandmother out of all those interviewed had the support of her grown up son who also assisted her in getting bursary for two grandsons in secondary school. The rest stayed away choosing to concentrate on providing for their own families.

Increased orphanhood had made those taking care of the orphans poorer than before, increasing their burdens sometimes to unimaginable levels. The families tried their best to cope with the

situation even in difficult circumstances. In Mumbuni Location, the pandemic had turned old women into labourers and workers as it was mostly grandmothers who took care of orphans. This contradicts the reviewed literature which stated that the community was the safety net on which the orphans could fall back onto. But the prediction by Subbarao, Mattimore & Plangemann (2001) that the extended family as a safety net is overwhelmed is fulfilled as the larger community refused to be bothered about the needs of the orphans and leave the task to the old and poor grandmothers. The extended family had become tired because the burden was not getting any smaller but was increasing daily. These guardians had to do casual jobs[8] to support the orphans, do petty trade or just borrow to make ends meet. Even those guardians who had some wealth before the entrance of orphans into their homes were experiencing high levels of poverty as a result of taking care of many orphans. A guardian taking care of five children of his deceased brother said,

> *"My living standard has gone down ever since my brother died. I took in all his five children. What I had saved for my old age has been used up on the orphans in providing for them food, education, health and other basic needs. If any one can give me any support, I will appreciate."* (Uncle Guardian, Kasinga, 2006)

Those left with orphans had not only become poorer but poverty had also hindered them from accessing any help which would have otherwise been available for them. After several disappointments, the grandmothers stopped seeking for any support concluding that no one would ever help them. During a focus group discussion with guardians, they highlighted how they had been told to attend a meeting in Machakos town to get support. When they arrived there, their names were not in the list and they walked home crying. According to them, this was betrayal. During the time of the study, they preferred to wait at home for anyone who could bring help but did not take any initiative to go out and seek for the help. Despite the Constituency Development Fund bursaries, the old guardians had not had access to it, a situation that Chambers (1983:18) confirms by stating that the weak, powerless and isolated are often reluctant to push themselves forward. Living in the current situation of survival for the fittest as is common in a capitalistic economy and not being assertive enough could lead to the alienation of the vulnerable.

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[8] In this community casual jobs are domestic duties done for other families at a small fee or in exchange for food. Such jobs include fetching water, cutting and carrying firewood, picking coffee, harvesting maize or beans and peas as well as breaking stones using a hammer for building purposes.

Some guardians had established the positive HIV status of the orphans after taking them occasionally to hospital when sick. Despite this revelation, they resolved to continue providing support to these orphans. They ensured that the orphans got their regular treatment and did not miss on taking their medicine. Some of them however were too old to ensure the sick orphans take medication on schedule and sometimes they had no means of transport to get to the nearby hospital (Machakos General Hospital) for the monthly medication.

All the grandmothers interviewed wished they were just resting and enjoying their old age. This however was not possible because unless they worked, the orphans under their care would not have anything to eat and their other needs would not be met.

The guardians in the community were also positive about their achievements as far as these children were concerned. The guardians were encouraged and they were doing all that they could to give a future to the orphans under their care. One grandmother said,

> "The children are growing and they will grow, look at them, when they were left they were small, now they are big and they will make it." (Grandmother Guardian, Kasinga, 2006).

The above quote was common among the guardians who took pride in having provided care for the orphans until this stage. It showed that even in a highly capitalistic society, the satisfaction of having participated in ensuring the family line and name was perpetuated was still something to be proud of. The guardians said that they had accomplished much with little. They were hopeful that against all odds, they would be able to see the orphans through life. On the other hand, some guardians were worried that there would be no one to take care of the orphans after they died (since they are old) and they were concerned about who would take care of the orphans. One elderly grandmother expressed such fears in the following statement;

> "My relatives are far away and I am not sure they can take care of my son's children after I die." (Grandmother Guardian, Mung'ala, 2006).

The above quote shows that guardians worried about the future of orphans in the event that they were not present or in a position to provide them such care. Having experienced the rejection that orphans suffered from other members of the extended family, old guardians were worried that when they too died there would be no one to take care of them.

4.4.3.2 Signs that the community's coping capacity could be experiencing challenges

The larger community had responded by becoming indifferent to the families that host orphans. The community in accordance to tradition took up the responsibility of burying the dead. After the funeral, they did not keep in touch with those left behind to find out if they had any problem. Increased orphanhood had several effects on the community as a whole. Community leaders interviewed stressed that the greatest impact of HIV/AIDS orphaning on the community was increased poverty. This, they attributed to the loss of the young working adults who were previously the bread winners of their families. They died, leaving their children in the hands of old grandparents who had few or no resources. However, as is shown by the statement from guardians and other community members, the community had not only become materially poor but also poor in justice, in morals and in generosity.

"The community has become selfish." (Community health worker, Kasinga, 2006).

The above statement was common during focus group discussions with community health workers and guardians. The statement shows that the community was not previously like that. Initially, any community member who needed support could have the whole community coming together to assist. The above statement implies that due to the entrance of modernization which in many parts of Kenya led to individualism, there were negative effects. Individualism had been beneficial to those who own more property but detrimental to those struggling to survive. While individualism has its advantages, there is need to check the disadvantages and retain some of the African traditions that strengthen community structures. The community has also become tired of adhering to religious doctrines such as taking care of widows and orphans. Even the Christian Church (the main religion in the area) had not come out strongly to support the orphans except for the occasional visits which they soon abandoned leaving the burden entirely to the immediate family.

This attitude of the larger community not wanting to have anything to do with orphans disconnects the orphans from the community. This is the kind of alienation that Abraham (1982), calls alienation and others. It is said to be due to lack of solidarity, non-belonging and exclusion from social and cultural participation. If the orphans realize that relatives have stopped visiting grandmothers because they were living with them, there is a sense of dejection and the orphans feel alienated to the extended family and the community at large.

The community is quite indifferent and the responsibility of the orphans is left to the immediate family of the deceased. People have become selfish and this is believed to be due to the fact that life has become more difficult as levels of poverty increase and there is less money nowadays than before. Despite this stand taken by the community, the same community poisoned the minds of the orphans by influencing the way they perceived their guardians (putting bad ideas in their minds) to the extent that they felt ill treated by the guardians. One guardian stated that the community had a spoiling hand *"Kwoko kwa kwananga"* that is, having bad intentions and were determined to cause failure instead of success for the families affected by the HIV/AIDS pandemic. The orphans as a result, rose up against the guardians and disrespected them and lacked a sense of belonging. One boy who was 13 years old being taken care of by the maternal grandmother had run away to the paternal grandparents' home as a result of the community's influence. The grandmother observed;

> *"I went for him because I want to give him an education. People in this other family do not value education and what will his future be if he has no education? He had been poisoned by neighbours. I was going to call the police if he completely refused. The people have become selfish."* (Guardian, Mung'ala, 2006)."

Another orphan was withdrawn from school by a neighbour who found a job for him as a herdsman (looking after cattle for a fee). The family reported the matter to the sub-chief and said that if he did not act they would move to the District Children's Department. She said,

> *"If he does not act, I will report to higher authorities, whether she gets arrested or not is not the issue, the issue is that the boy goes back to school."* (Guardian, Mung'ala, 2006).

During a focus group discussion with the community health workers, they pointed out that *"Ntheko"* that is, rejoicing when others are suffering is the attitude that community members have towards those who are sick and those who are dying of HIV/AIDS, as well as the children left behind. In a certain village in Kasinga sub-location, orphans knew each other and clustered together to resist any discrimination and mistreatment from their families and the community in general. This shows that they may organize themselves and seek redress like most marginalized groups and the community could be the loser in the circumstance that this was the case.

To conclude this section, increased orphanhood has shaken the fabric of community life in this location. The responsibility of the care of orphans had been left to the immediate families while

the larger community ignored those affected. Guardians, mostly elderly grandmothers were bearing the burden of supporting orphans most times with no support from relatives or neighbours. The apathy displayed by the guardians, the community not supporting the guardians in disciplining the orphans and community members acting to increase dissatisfaction among orphans were signs that the community's coping capacity was threatened. It is likely that unless there is intervention, the communal responsibility that existed previously in this community would be a thing of the past and alienation of those in need will be advanced.

4.4.4 Appropriateness and relevance of support given by Integrated Child and Youth Development Project

The last objective of the study was to assess the support given to the orphans by the project. In this section, the support given by the organization is discussed according to the activities that the project was involved in.

The main purpose of the project was supporting orphans to build resilience and achieve full potential in their lives. This was to be done through children's activities as well as supplying them with school uniforms and essential drugs.

4.4.4.1 Scale, efficiency and sustainability of the support

4.4.4.1.1 Awareness creation on the welfare of orphans

As an entry point the organization had to carry out awareness creation so that community members could realize the existing need and plan for the desired change. By its mere presence in the community, the project influenced the community members as they faced the challenge of taking care of orphans. The effectiveness of the awareness created by the project was revealed in the conversation with an assistant chief of Mung'ala Sub-location who said that the greatest contribution of the Integrated Child and Youth Development Project was the sensitization of the community on the welfare of the orphans. Initially, there was not much awareness in the community about the increasing numbers of orphans and their needs but the project has created the necessary awareness. This is supported by the project coordinator, who stated,

> *"Before the project, nobody cared for orphans and there was no support system in place.*
> *Many were sick with no medical attention available to them, others dropped out of school*

while others were discriminated against. Now, they have acquired life skills, high self-esteem and are happy to see some of those who had dropped out of school back to school after receiving skills and uniform."

The above quote from the project coordinator concurred with the sentiments of community health workers who said that they had gained information about the needs of orphans and other vulnerable children from the project staff. The project had also given them adequate skills to support the orphans and their families in the community.

The awareness creation in the community was efficient for the project was key in bringing to the awareness of the community the issues that concern orphans and other vulnerable children. This creation of awareness is said to have awakened the community into rising up to the challenge and ensuring that the problems of the orphans were brought to the attention of the community. This activity can be said to have been effective for it led to the willingness of the community members to participate in the activities of the project.

Another indicator that the project succeeded in its endevour to create awareness on the fate of many orphans living in this community was the fact that after the children's activities organized by the project failed, the community health workers took up the idea, and were during the time of the study, organizing children activities not only for the orphans but for all children in the area. This ensures that the psychosocial needs of the orphans are indirectly met without openly showing discrimination and alienation.

4.4.4.1.2 Provision of school uniforms

The main support given to the orphans directly was school uniform. The school uniform was given to the neediest orphans so that they did not drop out of school due to lack of school uniforms. This uniform is all the clothes that most of the orphans had and they used it for diverse purposes. It wore out quickly but guardians appreciate this support greatly. Provisions of one pair of uniform gives the caregivers rest for at least two years during which they did not have to think about how to acquire school uniform. All the orphans and guardians interviewed were grateful for the uniform given to them as shown by an orphan who had received a pair of uniform from the project below;

"I feel happy about the uniforms and I wish my sisters and brothers could also be given uniform then we could all be happy." (Orphan, Kasinga, 2006).

As shown by the above quotation, orphans appreciated the provision of school uniform. For some orphans, this was the first time they had owned a complete uniform that was in good condition and they were grateful. This support can be said to have addressed equity issues among the orphans and the other children. Lack of uniforms had made the orphans have low self-esteem failing to perform as expected in school or dropping out altogether. The school uniform motivated them to go to school and not drop out due to shame. The school uniform is likely to cause the orphans to improve their performance as well as that of the teachers who do not have to sympathize with them due to torn clothes or their misery in class. When pupils feel good about themselves, they participate well in class and the teachers are more likely to respond appropriately. It can be said that, the provision of the uniforms improves the performance of pupils and teachers and gives a chance for the orphans to be on the path of fulfilling their potential. More support is however needed to address the multifaceted needs that orphans have to enable them to attain their full potential.

Taking into consideration that the location has more than 2,000 orphans and that only 300 orphans have been supplied with the uniforms, the scale of the support by this project was small by all standards. Only ten orphans in Kasinga Sub-location received free drugs from the community resources centres and that was also a small scale. The project could have made greater impact if it reached more orphans with uniforms and other kinds of support.

Revealing the insufficiency of the support given, the community leaders and community health workers interviewed called on the organization or any other future intervention to meet all the needs of the orphans including that of food. A women's leader, particularly wished that support would be given to strengthen the coping capacity of orphans so that they could become resilient and achieve their highest potential. This, they suggested, could be achieved by providing the orphans with more survival skills as they shoulder the burden of the pandemic.

The community members further contrasted the project's support to that of another project run by Compassion International in a neighboring village which met all the needs of the orphans

supported by the organization. It provided food, fees, school uniforms, clothing, spiritual support, emotional support, and psychosocial support for the chosen orphans. Members of this sub-location wished this project could do the same for them. Then their problems could be lessened and they would have an opportunity to concentrate on living their lives not just surviving. Although this comparison raised questions about the materialist view of the community concerning the support they received, it clearly shows that the amount of support given and number of families reached is small and there is need that support to this location be scaled up for the community to 'feel' or experience the impact of the support.

The project, preferring to concentrate on the sustainability of the support, views the kind of support given by the other project as creating dependency and would rather build the capacity of the guardians to be self reliant so that even when there is no intervention, they would be in a position to continue supporting the orphans under their care. The project coordinator said,

> *"We are more concerned about empowering the community to take care of its orphans even after we have left the community. If we just give handouts to the community what will happen when we leave the community."* (Project Coordinator, Mwana Mwende Child Development Centre, 2006).

Although the above discussion with the project coordinator reflected the project as being concerned with empowering the community, the orphans and their families face serious problems that should be addressed first so that they can be in a position to be empowered. For example, how would a hungry and unclothed family consisting of several children and a grandmother be empowered unless they were first fed and clothed so that they could then learn to provide food and clothing for themselves.

4.4.4.1.3 Community health workers in provision of counseling and health support

Another objective of the project was to improve the well-being of orphans and other vulnerable children in Mumbuni location, by training community members and volunteers to improve psychosocial support to children and families affected by HIV/AIDS. This was to be achieved by organizing training courses for community health workers as well as other community members. Those trained were expected to pass the knowledge and skills acquired to the children affected by HIV/AIDS and their guardians.

Following the awareness creation, the project in conjunction with health staff from Machakos General Hospital trained community health workers. Community health workers were trained to provide health care to the members of their communities by selling drugs from their homes or the community pharmacy. The community health workers also visited community members to train them on the best ways to maintain health and encourage them to establish their HIV status and seek treatment for those already infected. They did this with commitment as shown by a community health worker when interviewed as a key informant.

> *"When the orphans have problems they come to us, we have become their parents. God has blessed us and we always have something to give them when they come to us with a need."* (Community health worker, Mung'ala, 2006).

The fact that orphans approached the community health workers for help shows that the support was appropriate and effective in this community. This created and fashioned parent figures in the presence of collapsing community structures. The community health workers, community mentors and community trainers appreciated the training received, as one of them said during a focus group discussion,

> *"This organization is excellent in training, even when we meet groups not attached to this organization or those supported by other organizations we usually know more than they do."* (Community health worker, 2006).

The community health workers were authorized to distribute some drugs to the community either from a community pharmacy or from their homes. The organization supported the community in establishing community resource centres (CRCs) which have pharmacies attached to them. This was through provision of part of the resources required to build and equip the resource centres (building materials and furniture). The project also boosted them in acquiring medicines. All the community pharmacies in the location gave medicines to the neediest orphans free of charge or at subsidized prices. In Kasinga sub-location, for example, ten orphans, three from each of the three villages and one from a school are provided with free medicines from the community pharmacy. The community members decided which orphans were to receive support from the pharmacy. This helped in meeting the health needs of the orphans and was another way that the project was indirectly meeting the needs of the orphans in the community since most of them were in constant need of medication.

There is indication that the training of community health workers and community mentors had been so far sustainable. The community was dotted with community resource centres as a result of this intervention which were manned by members of the community. The community health workers could easily be spotted in the community moving from one home to another supporting people in need and offering guidance and counseling. The project's intention was enabling the community to have its own community resource persons, and it could be said to have been successful for the community health workers were perceived by orphans and other marginalized members of the community as a refuge they could turn to in time of need. This support was an important contribution to the community and especially to the orphans in the community. The support reduced the alienation of orphans and gave them a connection to community as they had people they could approach in times of need. This is an avenue and an established structure that the government and other organizations interested in intervening for the orphans can use to identify the vulnerable orphans, their particular needs, and channel of support to the orphans.

Sustainability of this intervention is revealed by the revival of children's activities recently. The community health workers independent of the project introduced children activities for all children in the community with an ultimate aim of reaching the psychological needs of orphans and reducing discrimination.

The community health workers are however limited by lack of resources and there is need to empower them with resources to support the orphans. The challenge and dilemma is identifying honest members of the community who would ensure the support reached the orphans. Their work is purely on voluntary basis and some form of allowance would improve their services a great deal.

4.4.4.1.4 Guardian groups addressing parenting and psychosocial support

Another important objective of the project was to support groups of guardians, young parents, youth and community health workers for welfare support. As far as this objective is concerned, the project contributed by initiating guardians' groups. According to the guardians, it was the project that encouraged them to form guardian groups and register them as support groups in various parts of the location. In these groups, the guardians said that they encouraged each other

and were a pillar of support for each other as they faced the challenge of caring for their orphans as depicted by the guardian below;

"In the group we share our problems." (Member of Kivetani Group, 2006).

The quote above shows that the groups served as a therapeutic centre where guardians opened up and shared the difficulties they faced in taking care of the orphans. The guardians said they were grateful for the opportunity to be in support groups, something they said helped them to share their burdens with others who had similar challenges.

In their groups they also supported each other to provide care for the orphans. A particular guardians' group in Kasinga Sub-location, for example, ran a merry-go-round (revolving fund) whereby every week, they contributed Kshs. 300/= and gave to alternate members to pay for the fees, medical care, food and other needs that orphans had as the leader of one guardian's group shared below;

"If one member has a more pressing need than the others, we break the cycle and first give them the contribution so that they can meet their need and then we continue with the cycle." (Leader of the Kivetani guardians' group, Kasinga, 2006).

In addition to the merry-go-rounds, the members of different groups had together been able to start income generating activities which had made their lives much better. The project provided them with hybrid goats and chickens to cross breed with local ones for a faster multiplication and milk from the goats to feed the orphans. The results were positive as the guardians had milk to feed young orphans. The guardians said that the goats and chickens were greatly appreciated and they had in every way improved their lives.

To the question, "what more support would you desire" they answered, support to pay tuition fees for the children which is Kshs 1,000/= per year and which most of them could not raise. They requested for drugs to be availed to all the orphans who were sick and needed health care and not just the ten orphans who at the time received it. The guardians asked for more grants to be able to do more and bigger income generating activities. They also requested that they be enabled to have a constant supply of water which is in short supply in this community, they then would make better use of their land.

The organization perceives this approach to be a successful way of intervening in the community for it matures the community instead of creating dependency. This is depicted in discussion with the training coordinator,

> *"The community is happy to see the guardians are supported to care for the orphans. The guardians appreciate the self-reliance they have mastered and ask for more financial support to build bigger income generating activities."* (Training Coordinator, Mwana Mwende Child Development Centre, 2006).

The project, as implicated by the above discussion, perceives itself to have contributed immensely to the healing and empowering of guardians consequently improving the lives of the orphans. Although the activity was appreciated a lot by the community members and the guardians themselves, many of the guardians could raise the money required per week taking into consideration that they were busy searching for food to feed the orphans. Sometimes, those who had already joined left the groups and new ones failed to join as a result of this hindrance. This raised questions about the target of the intervention because it is the better financed guardians who were able to be members leaving really needy ones out of the support groups.

Poverty was a factor that influenced the participation of guardians in the project activities. Usually poor people are ashamed to mix with other people. This is usually compounded by an attitude of pessimism which causes the guardians to believe that no one would help them even if they sought for help. They feel discriminated against and withdraw, preferring not associate with other people who could be of help to them meaning that older and weaker guardians might have been left out of the groups as a result. One lady, who was once a member of the support groups run by the project stopped attending because she did not have the time and the energy to attend meetings every week without fail. She had to do business to support the orphans and could not attend meetings as required due to her commitments in taking care of the orphans living with her. She said,

> *"I used to be a member of the Kivetani guardian's group but stopped because I had to go around doing small businesses to provide food for the orphans. I did not have the time. If I go for the meetings, what will we eat?"* (A grandmother, Kasinga, 2006)

This shows that the perception of the guardians about the problems that they had and how they could be solved determined their commitment to project activities. The project and other

intervening organizations need to take into consideration these challenges so that support given is appropriate.

All groups started in this location were functioning at the time of the study; an indication of their importance and value to the guardians. A sign of sustainability for the groups was the fact that the groups started linking up with the government departments and other development organizations. They had received monetary support from the constituency development fund and other government systems on several occasions.

However, it was observed that the main purpose of launching the support groups which was to encourage each other as they took care of the orphans did not feature a lot in the guardians' meetings at the time of the study. In the meetings, little was said about supporting orphans to grow well, which is why the groups were formed. This had almost become irrelevant as more attention was given to activities revolving around income generation. Although this is positive because it empowers the guardians economically, in the long run improving the orphans' welfare, there is likelihood that care of orphans psychological needs may not be an important issue if the trend continues. The question of community members having a materialistic view of support given is raised by the constant referral to material support. It is likely that when this support is provided even the relatives who had stayed away may draw back to gain from such donations. Whether local circumstances had pushed its victims into viewing life in a materialistic way is something that organizations will need to consider before any intervention. Plate 3 below shows a group of guardians after a meeting.

Plate 3: Guardians after a weekly meeting

4.4.4.2 Financial sustainability

According to the director, the main challenge that the project faced as it provided support to the orphans in the community was sufficiency of funds. The funds provided by donors could only meet the uniform needs of the orphans despite the fact that orphans had other needs than the school uniforms. As a result of limited funds the project activities were always in competition with other organization's activities which were better funded. The project did not, for example, have funds for staff. Those involved, participated in the project activities, on voluntary basis at the same time as they worked in other programs of the organization. This means that the project was limited in the activities and support it provided to the orphans.

The project cannot be said to have led to financial sustainability for it was phasing out of the community due to inadequate funds to sustain the project. The project was in the process of handing over its activities to the community and the activities were expected to be continued on a voluntary basis by community members at the time of the study. Even voluntary services have financial implications in terms of travel expenses, information distribution and allowances for the volunteers and there is need for any future interventions to provide financial support for the voluntary services.

The project encouraged financial sustainability by linking the project or volunteer activities with other organizations providing support to orphans. Referrals to these other organizations were made to ensure that the needs of orphans were as adequately met as possible. Some of the organizations that the project networked with included American Jewish World Services who provide the funds to support the orphans, Kenya AIDS NGOs Consortium (KANCO), Bernard van Leer Foundation (a development partner), Health Centres in the location, the Machakos District Hospital, District Development Office and District Centre for Early Childhood Education.

The project also tried to empower participants financially by helping them start revolving funds or income generating activities. Kivetani guardians' group in Kasinga Sub-location, for example, ran a merry-go-round (revolving fund) whereby every week, they contributed Kshs. 300/= and gave to alternate members to pay for the fees, medical care, food and other needs of the orphans. The leader of the Kivetani guardians' group revealed this in the quotation below;

> *"If one member has a more pressing need than the others, we break the cycle and first give them the contribution so that they can meet their need and then we continue with the cycle."* (Leader of the Kivetani guardians' group, Kasinga, 2006).

The quotation above shows that even in the midst of materialistic tendencies, the members of the community facing challenges allow reason, justice and need to influence the decisions they make in the groups. With support from the project, the guardians' group members have together been able to start income generating activities which is likely to make them economically self reliant. The impact of the revolving fund and the income generating activities could not yet be established by the study for members of the guardian groups still complained that they had great difficulties in meeting the needs of the orphans. If the activities had improved their economic status may be they could have been better able to meet the needs of the orphans. It is also possible that the impact of these activities requires more time in establishing its effectiveness.

4.4.5 Necessary future interventions

According to the project staff, extra provision of food was required during dry seasons, provision of medical care for orphans who are infected as well as psychosocial support by proving life skills, so that orphans could protect themselves from infection and exploitation as they also play

adult roles. According to community leaders, a feeding programme would be necessary to ensure that all the orphans have enough to eat. More monetary support for the orphans and their guardians to start and manage income generating activities for financial self sufficiency is necessary according to the community leaders.

Most of the caregivers were in agreement that if only these orphans could be given an education they would be empowered to be self-reliant and take care of themselves in the future. They perceive education as the ultimate help for the orphans so that they can be self reliant in the future. They said that this support needed to start early and not only when the orphans get to high school. They also called on future interventions to meet all the other needs of the orphans including that of food. The community leaders particularly wished that support would be given to strengthen the coping capacity of orphans so they could become resilient and achieve their highest potential.

5.0 CHAPTER FIVE: CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter highlights the main issues emanating from the study. The findings of the study are summarized and recommendations made on how to meet the needs of the orphans more appropriately and adequately. Finally contributions are made to inform policies addressing orphans and other vulnerable children as well as suggestions for further research.

5.2 Conclusion

The organization intervened as a result of realization that the number of orphans in the area was on the increase and that the care provided to them mostly by elderly grandmothers was inadequate. The project was influenced by its interpretation of the needs that orphans have in designing activities to support them. There was, for example, disconnect between the organization's definition of an orphan and that of the community which affected the appropriateness and relevance of the support given. In addition, the community was more focused on physical needs, while the project in addition to meeting physical needs was also concerned about psychosocial needs of the orphans.

Orphans in Mumbuni face multiple problems and challenges which if not addressed could limit the orphans' performance, attainment of their goals and the ability to reach their full potential. The support which was provided was influenced by the local context of poverty and the unique conceptualization of orphanhood. Contrary to the literature reviewed, most of the orphans interviewed were well behaved and they had a good relationship with their guardians especially the grandmothers. This relationship could be exploited to provide psychosocial support to the orphans as well as identity and connection to the wider community but not expected to provide food and other necessities for the orphans. This means that expecting old grandmothers to work to provide basic needs would be expecting too much of them because it would be turning them into labourers while they had neither the strength nor the capacity to do so. The orphans in this community were not hopeless and helpless but had great aspirations for the future envisioning a better life than their current ones and so interventions could have great returns as the orphans are willing to strive to reach their potential.

There were signs that the community's coping capacity was facing challenges and would not be effective in meeting the needs of the orphans. The apathy displayed by the guardians, the community not supporting the guardians in disciplining the orphans and community members acting to increase dissatisfaction among orphans were signs that the community's coping capacity was threatened.

The project was able to cater for some of the orphans' needs in the Location. The project was also able to create sufficient awareness to awaken the community leaders to the multiplicity of the problems faced by orphans and the necessity for their welfare. Although the support given by the organization was limited in scale, the community was grateful and was ensuring that there was sustainability after the project completely withdraws. The structures put in place by the project had been entry points of support from the Government department and other organizations in the Location. The main challenge of the project in providing support for the orphans was its failure to adequately conceptualize the needs of the orphans and the community attitudes. Another challenge was inadequate funding which had led to reduction of project activities. There is need however for the project and other interventions to scale up multifaceted support for the orphans so that they can overcome anxiety and begin to seek to fulfill their potential.

5.3 Recommendations

There is need to scale up the support provided to the orphans so that all orphans in the location who need school uniform receive it. Other needs that orphans have, need to be adequately met so that the orphans can achieve their goals. This would require the government and other stakeholders to invest more in the orphans of the country to ensure that the future of the nation is secure and on course.

5.3.1 Recommendations to the community

Although the challenges facing orphans and guardians are serious, it is a problem if the community is well organized could meet without much outside support. This community needs to perceive the orphan problem as its own problem and support guardians and immediate families that support orphans. The cost of supporting guardians and the orphans could be more

reasonable than the consequences of increased numbers of orphans with unmet needs living in the community. This is because, should the orphans mobilize themselves to seek redress as is most likely, there could be greater problems for the community.

The community needs to put up structures and systems to ensure that orphans and their guardians have their basic needs met. An example, could be collecting food (as little as 2 kilograms of maize and beans per family) and storing it to distribute to orphans and guardians when the need arises. Extra clothing items could also be mobilized from the community members and distributed to the orphans. The community may not feel the pinch of giving such support at the moment but failure to do so could lead to the neglected orphans taking their resources by force to meet their needs (steal) which is worse.

Mechanisms need to be put in place in this community to ensure that all orphans that are pursuing education receive bursaries to finish schooling. Bursaries are available with the introduction of the constituency development fund and can be channeled in such a way as to ensure that all orphans are catered for. At the same time health needs of orphans should be ensured so that even sick orphans can live longer and experience achievements in life.

Community leaders need to come up with systems to ensure that orphans can be fostered into homes that are willing to take in extra children even if they are not relatives so that old and poor grandmothers do not have to automatically become the orphans' guardians. It is possible that there are families willing to foster orphans but have no way of doing so due to the lack of the appropriate structures.

5.3.2 Recommendations to NGOs/CBOs

NGOs and CBOs need to adequately conceptualize the needs of the orphans and community attitudes so that they provide adequate and appropriate support. There is need for CBOs and NGOs to meet multifaceted needs of orphans for them to be appropriately catered for. If they are not able to do so, networking with organizations that provide support to orphans in various aspects would be necessary.

According to this study, the perceptions of different stakeholders concerning the challenges faced by orphans varied depending on their role in providing support for the orphans. What some organizations view as the best way for providing support (giving material support and cash), others perceive as creating dependency and inability to mature the community. There is therefore need to consider the local context in which the support is given so that the most appropriate support is given.

5.3.3 Recommendations to the government

The results and discussions in this study indicate a need for more inclusive support for the orphans to meet their multifaceted needs. Taking into consideration that a lot of orphans are cared for by old guardians, the government needs to provide direct support to address the needs of orphans and their guardians. This could include food rations or financial support to the families which host orphans so that they can meet their needs.

The government needs to design policies that meet the health needs of orphans and their guardians; ensure education for all the orphans through universal education services that take into consideration the changing roles of orphans and their financial constraints; and that address the psychosocial needs of orphans and their old guardians reducing the stigma and discrimination that families affected by HIV/AIDS experience.

There is need to integrate institutional care with fostering where the caregivers are too old to work and provide for the orphans. This could be by putting the orphans and their grandmothers in institutions, where they are provided with basic needs such as food and shelter and where grandmothers play the role of advisors to reduce the negative effects of institutional care. Alternatively, support (food, clothing, beddings, shelter) can be provided to the families taking care of orphans and involve grandmothers as role models and as points of connection between orphans and the community and therefore limiting any form of alienation.

5.3.4 Recommendations for further research

This study was limited to one project and future studies should be carried out to compare the effects of different kinds of support in ensuring orphans attain their highest potential. A study comparing institutional care and home-based care in the location for example could be necessary.

This study established that most orphans are cared for by grandmothers. Studies should be undertaken to establish what effects this has on the old guardians themselves as they take care of orphans in the context of HIV/AIDS.

This study also hinted that more infected parents are living much longer with the increased availability of antiretroviral drugs and a study needs to be carried out on how elongating the life of sick parents affects the children in the family.

Another study could be done to bring better understanding on how such factors as the age of the child, support provided by the family and length of parent illness affect the orphans.

Since the study established that the loss of a caregiver is more important in defining an orphan, a study could be carried to generate information on the timing of effects of orphanhood such as effects before, during, after the death of parents.

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APPENDICES

RESEARCH TOOLS

The Challenge of Meeting the Needs of Orphans in the Context of HIV/AIDS: A Case of the Integrated Child and Youth Development Project in Mumbuni Location, Machakos District

Introduction

I am Jacqueline Mutua, an MA student at the University of Nairobi, Department of Sociology. I am carrying out the above study as part of the requirements for the Degree. I will be interviewing key informants concerning the challenge of meeting the needs of orphans in the context of HIV/AIDS. You are one of those key informants who have been chosen for the study. The information I get from you will be confidential and together with that from other key informants will be used to obtain knowledge on the actual challenge of meeting the needs of orphans and will generate information necessary for improving existing policies and generating new ones for more appropriate interventions in the future.

Key Informant Guide

1. Name (optional) _____
2. Sex   (1) Male ☐   (2) Female   ☐
3. Designation _____
4. What are your duties as far as taking care of the orphans are concerned?
5. What is spread of the HIV/AIDS orphanhood in this community?
6. What is your view about the impact of HIV/AIDS orphanhood in this community?
7. What do you understand by the rights of children?
8. Do you think that the rights of children are respected in this community?
9. What are the main challenges that orphans in this community have?
10. Who takes care of the orphans in this community?
11. Is the support given by caregivers adequate?
12. Do you think the caregivers have the ability to take care of the orphans?
13. Do you think the community is considerate of the needs of the children?

    (1) Yes ☐   (2) No   ☐   Explain your answer _____

14. What was the situation of orphans before the Integrated Child and Youth Development Project was launched in this community?

15. What services has the Integrated Child and Youth Development Project provided for the orphans in this community? In meeting their basic and psychological needs? In supporting families and the community to take care of them?

16. In your view, are the services provided by the project to orphans in the community adequate and appropriate? Explain

17. How has the project built your capacity in meeting the needs of the orphans?

18. What challenges do you face in fulfilling the requirements that the project has given you?

19. What is the community's view of the support given to the orphans by the project?

20. Do you think that the community has been involved by the project adequately in the care of the OVCs?

21. In your opinion, is the support and training given by the project adequate and appropriate?

22. What prompted the launch of the project in this particular area?

23. What activities is this organization involved in meeting the needs of the orphans in the location?

24. Why did the organization choose to respond to the needs of the orphans, the way it does? Was the community involved?

25. In your opinion, how have the project activities impacted the orphans in the community?

26. What extra support needs to be given to the orphans?

27. What are the challenges the organization faces in implementing the project activities?

28. Which other organizations do you partner with in meeting the needs of the orphans?

29. What are the future plans of the organization in ensuring sustainability?

30. Any other comments about the project in the area?

Thank you for your cooperation!

The Challenge of Meeting the Needs of Orphans in the Context of HIV/AIDS: A Case of the Integrated Child and Youth Development Project in Mumbuni Location, Machakos District

Introduction

I am Jacqueline Mutua, an MA student at the University of Nairobi, Department of Sociology. I am carrying out the above study as part of the requirements for the Degree. I will be interviewing orphans that are supported by Integrated Child and Youth Development Project and you are one of those who have been chosen for the study. The information I get from you will be confidential. This information plus that got from other orphans will be used to obtain knowledge on the actual challenge of meeting the needs of orphans and will generate information necessary for improving existing policies and generating new ones for more appropriate interventions in the future.

Questionnaire for OVCs

1. Name (optional)

2. Age

   0-5 years ☐

   6-10 years ☐

   11-15 years ☐

   Above 16 years ☐

3. Sex   (1) Male ☐   (2) Female ☐

4. With whom do you live?

5. How many are you in your family? [(parents, brothers and sisters) probe to find out how they became orphans].

6. Have you always lived in this community?

7. Do you go to school? (1) Yes ☐   (2) No   ☐

   If yes what class?

   Pre-unit ☐

Standard 1-3 ☐

Standard 4-8 ☐

Secondary ☐

If no, why?

School is too far ☐

Lack of school fees ☐

Not interested in school ☐

To help in household chores ☐

To take care of ill family members ☐

To work for wages ☐

Other (specify)

8. How far is your school from home?

9. How do you get there?

10. What do you like most about school?

The teacher is good to me ☐

The other children like me and play with me ☐

The lessons we learn are interesting (music, art, PE) ☐

Others (specify)

11. What don't you like about school?

The teachers do not like me ☐

The other pupils do not like me or play with me ☐

The lessons are difficult ☐

Others (specify)

12. What do you like best about the home where you are living?

My guardian is good to me ☐

My guardian listens to me ☐

My guardian encourages me ☐

My guardian buys me gifts ☐

There is enough food to eat ☐

The children in this home play with me ☐

Others (specify)

13. What don't you like most in the home?

My guardian does not like me ☐

I feel neglected, isolated, avoided ☐

I am underfed ☐

My needs are not met ☐

I am beaten when I make small mistakes ☐

I am given hard tasks and more chores ☐

I am verbally abused, teased by the other children ☐

Others (specify)

14. Who is your best friend?

15. What activities do you together?

16. What activities are you involved in, in the Integrated Child and Youth Development Project?

Play activities ☐

Peer clubs ☐

Training ☐

Others (specify)

17. What changes have you noticed ever since you started participating in the activities of the project?

I now go to school ☐

I have school uniform ☐

I am treated when I am sick ☐

I have friends there ☐

I don't feel very sad like before ☐

Others (specify)

18. What would you wish to have that you do not have now?

Food ☐

Uniform ☐

Clothes ☐

Not to be discriminated ☐

Live together with my siblings ☐

Others (specify)

19. What would you like to be when you grow up?

Teacher ☐

Doctor ☐

Pilot ☐

Driver ☐

Nurse ☐

Professor ☐

Other (specify)

Why?

20. Anything else do you want to tell me about yourself?

Thank you for your cooperation!

The Challenge of Meeting the Needs of Orphans in the Context of HIV/AIDS: A Case of the Integrated Child and Youth Development Project in Mumbuni Location, Machakos District

Introduction

I would like to thank you all for coming today. I am Jacqueline Mutua, an MA student at the University of Nairobi, Department of Sociology. I am carrying out the above study as part of the requirement for the Degree. In this discussion, I am interested in your views and so I request you to be free to say what you honestly feel. I will take notes as we discuss and will sometimes make use of a tape recorder. The information I collect is confidential. The information will be used to obtain knowledge on the actual challenge of meeting the needs of orphans and will generate information necessary for improving existing policies and generating new ones for more appropriate interventions in the future.

Focus Group Discussion Guide for community leaders/CHWs

1. What is spread of the HIV orphanhood in this community?
2. What is your view about the impact of HIV/AIDS orphanhood in this community?
3. Who takes care of the orphans in this community?
4. Is the support given by caregivers adequate?
5. Do you think the caregivers have the ability to take care of the orphans?
6. What do you understand by the rights of children?
7. Do you think that the rights of children are respected in this community?
8. What are the challenges that orphans face in this community?
9. Do you think the community is considerate of the needs of the children?
10. What activities of Integrated Child and Youth Development Project support orphans?
11. What are the benefits of these activities to the orphans and their caregivers in the following areas?
    - Basic needs (school uniform, food, school fees, healthcare shelter)
    - Psychosocial support (counseling, visitation)
    - Training and capacity building about the rights of children
12. Identify any other impact of the project in the community.
13. What are the challenges the project has in providing services to OVCs?
14. What would you like future projects to do for the OVCs in the community?

Thank you for your cooperation!

Date: _____

Household number _____

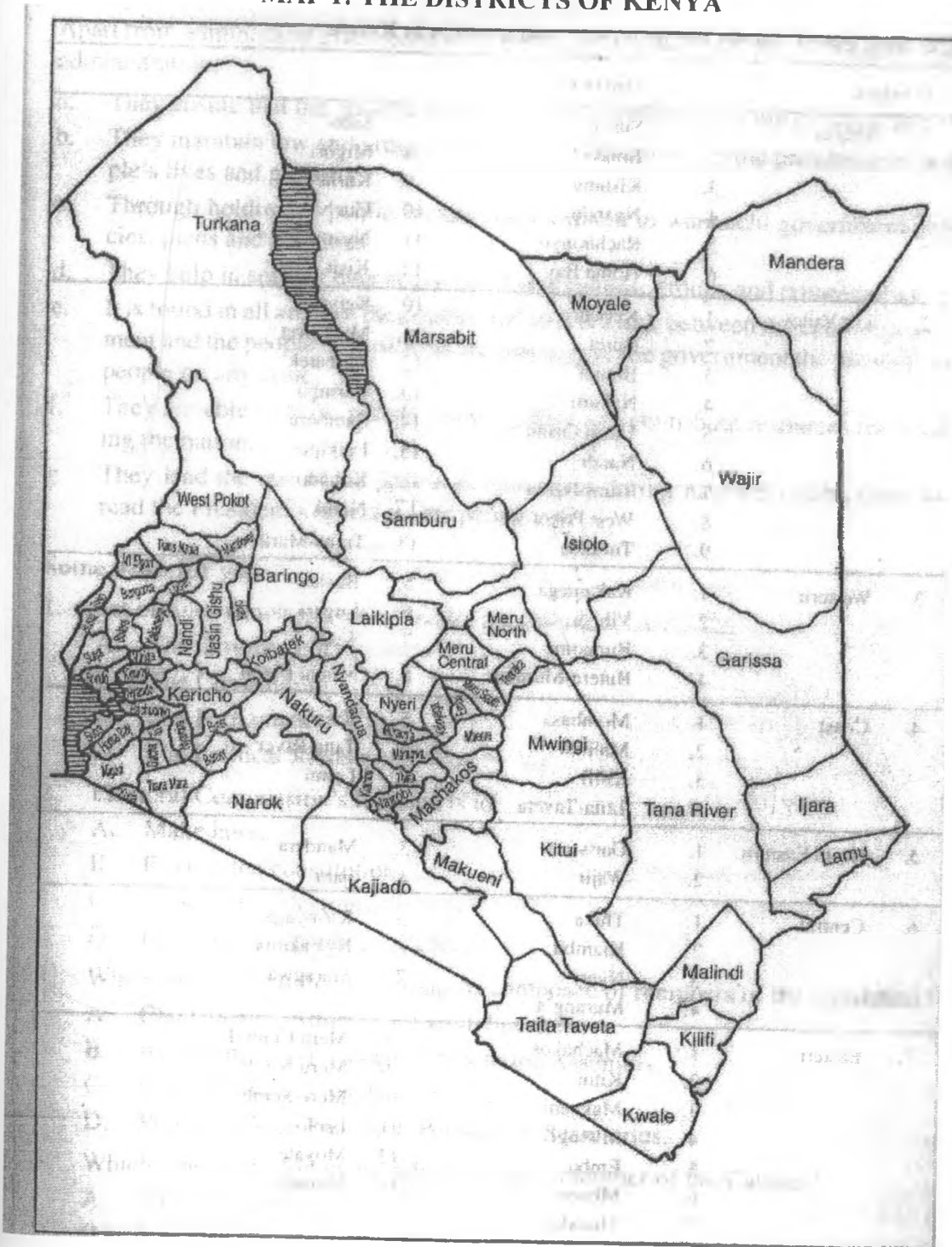**Name of the OVC** _____

Village _____

Observation checklist

1. House	Description	Yes	No	*Comment*
1. House Quality				
Roof	i) Tiles ii) Iron sheets iii) Grass iv) Other (specify)			
Wall	i) Stone ii) Block iii) Brick iv) Mud v) Wood vi) Other (specify)			
Safety	i) Clean ii) Lighted iii) In good repair iv) Wind conditions v) Other (specify)			
2. Orphans				
Clothing	i) Clean ii) Neat iii) Old iv) Torn v) Dirty vi) Other (specify)			
Food served to orphans	i) Balanced diet *Amount* i) Enough ii) Little iii) Too much iv) Other (specify)			
Interaction with caregiver	i) Talks freely to caregiver ii) Withdrawn *iii)* Signs of fear while talking to caregiver *iv)* Others (specify)			

Interaction with other children	i) Talks freely with other children ii) Plays freely with other children iii) Has few friends or withdraws iv) Signs of fear while with other children v) Other (specify)			
Behaviour	i) Child cannot concentrate on a task for a long time ii) Child cries a lot iii) Child behaves like children of younger age iv) No self-control- throws a tantrum v) Awaits for his/her turn vi) Child hangs on the caregiver vii) Other (specify)			
Confidence	i) Talks freely ii) Maintains eye contact iii) Positive about self iv) Can tell a story, poem or sing before other people v) Other (specify)			
Hope	i) Talks positively about the future ii) Is curious about the world iii) Appears worried iv) Appears fearful v) Talks negatively about the future vi) Other (specify)			

Thank you for your cooperation!

MAPS

MAP 1: THE DISTRICTS OF KENYA

Source: MMCDE (2006)

MACHAKOS DISTRICT
Administrative Locations and Divisions
MAP 2

Location Boundary
Division Boundary
Kalama — Location Name
KILOME — DIVISION NAME

Ndithini

MASINGA — Masinga

Ekalakala

Ndalani

Kyanzavi

Matuu

Mbiuni — YATTA

KANGUNDO

Matungulu

Kangundo — Kinyaata

Mwala

Mitaboni

KATHIANI — Kakuyuni — MWALA

Settled Area

Mutituni — Wamunyu

Masii

Iveti

Muthetheni

Muribuni

CENTRAL — Kibauni

Muputi

Kalama

KILOME

Scale: 1 CM = 6.5 KM
0   10   20

Project area

Development Solutions for Africa

Machakos District- MMCDC (2006)