INFLUENCE OF PARALEGAL HEALTH SERVICES ON PROTECTION OF CHILDREN'S EDUCATION IN MIGORI COUNTY, KENYA

BY
ADAWO REBECCA

A RESEARCH THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTER OF EDUCATION IN EARLY CHILDHOOD EDUCATION TO THE DEPARTMENT OF EDUCATIONAL COMMUNICATION AND TECHNOLOGY, UNIVERSITY OF NAIROBI

2015

DECLARATION

This thesis is my original work and has not been presented for the award of a degree in any other university.

..... **.....**

Adawo Rebecca **Date**

E57/62660/2010

This thesis has been presented for examination with my approval as the university supervisor.

..... **……**

Prof. Paul A. Odundo **Date**

Department of Educational, Communication and Technology,

University of Nairobi.

DEDICATION

The thesis is dedicated to my mother Lucia Adawo who laid a good foundation to my life. To my husband Andrew Amollo and my children Kate and Lucy, my brother Godfrey for their love, understanding, support and encouragement during the period of study. They are encouraged to further in pursuit of academic excellence.

ACKNOWLEDGEMENT

I wish to express my sincere gratitude to my supervisor PROF. Paul Odundo for his support, constructive criticism, encouragement and his scholarly advice on tackling critical issues pertaining to this thesis. Contact with him constituted a fruitful context in which many of the ideas in this work were crystallized thus improving the quality of this work .Thanks to my beloved husband Andrew Amolo for the moral support you offered throughout my study as you promised. The concern for my progress towards the end of my studies gave me the drive to pursue this research with zest. Thanks to my treasured sister Peninah for being an all round asset to me. She readily provided reference materials to beef up my literature and went through the hustles of editing this work together with sister Veronica to produce it as agreed.

Heartfelt gratitude to brother Godfrey and Paul for their accommodation, pieces of advice you gave and sleepless nights spent to ensure my research work was completed whenever I was in Nairobi. Special thanks to PROF. J. N Gatumu for taking me through research methods knowledgeably. I would like to appreciate the support of my colleagues and respondents who contributed useful information that helped in shaping this research. Special thanks to my family who endured the hardships of the time I was studying in the face of many difficulties, were calm and proved a pillar of my strength and success.

To all I say thank you.

ABSTRACT

The demand for paralegal health services has been growing steadily, particularly as a result of children's poor health that has been worsened by devastating effects of HIV/ AIDS and as an attempt to improve Early Childhood Education. Specifically, paralegal health services are crucial in protecting children's right to Early Childhood Education given that health services are vital in determining performance of children. Although paralegal health services have been recognized to contribute towards enrolment and retention of children at ECE level, little has been documented and explored on how it influences protection of children's right to Education and sentiments are rife that many children have not been enrolled in ECE as the issue of poor health continues to intensify. This necessitates a comprehensive investigation to provide information on how paralegal health services protect children's right to education with regard to provision of medical services, nutrition services, awareness/ sensitization services as well as counseling services. In view of this, the study purposed to establish the influence of paralegal health services on protection of children's right to Education in Migori County, Kenya. Literature reviewed was discussed in light of the variables influenced by paralegal health services for protection of children's right to ECE. The study was anchored on Classical Liberal theory of equal opportunity in education which asserts that each person is born with a given amount of capacity which to a large extent is inherited and cannot be substantially changed. Using descriptive survey design, the study was guided by four research objective and four questions. Questionnaires and interview schedules were the tools that solicited information from 16 individual paralegals, 40 parents, 20 head teachers, 19 ECE teachers, 18 health officers, 15 NGOs, 18 Traditional Birth Attendants, 200 ECE children as well as 1children's officer. Tools were first appraised by the supervisor for validity then pilot tested for reliability. Data collection took 3 months with questionnaire administration and interview schedule taking place concurrently after getting consent from various authorities. Data analysis and processing involved editing, coding and thematic categorization of data which quantitative data was pulled for overall scores, ran through SPSS version for frequencies and percentages then presented in tables and graphs. Qualitative data was however, summarized, thematically, arranged and presented in narrative form. Results of the study indicated that paralegal health services was by and large inadequate and unreliable leaving majority of ECE children in poor health hence unable to attend their education. The inadequacies were attributed to limited resources both human and materials for children. Conclusion were drawn from discussions and recommendation made on how best to strengthen provision of paralegal health services by forming linkages to ensure regular flow of health services, up-scaling the resources allocated for ECE, disbursing fund on regular basis as well as employing more health staff to cater for the needs of all children. The study recommended the need to replicate the same study within a wider scope and to determine other aspects influenced by paralegal health services to protect children's right to Education.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	-	Acquired Immune Deficiency Syndrome
APHIA	-	AIDS, Population and Health Integrated Assistance Program
ARV	-	Antiretroviral
CHWs	-	Community Health Workers
COPHIA	-	Community Based HIV & AIDS Prevention, care and support
ABA	-	American Bar Association
ACE	-	Action in the Community Environment
AFP	-	Acute Flaccid Paralysis
ANPPCAN	-	African Network for Prevention & Protection Against Child Abuse Neglect
HIV	-	Human Immunodeficiency Virus
IAP	-	Integrated Aids Programme
PIHA	-	People living with HIV/AIDS
USAID	-	U.S. Agency for International Development
VCT	-	Voluntary Counseling and Testing
CH. OFF	-	Children Officer
CORPS	-	Community Own Resource Persons
CRC	-	Convention on the Rights of the Child
CST	-	Child Support Tanzania
DACE	-	Development and Children's Empowerment
DAN	-	Disability Action Network
ECD	-	Early Childhood Education
ECE	-	Early Childhood Education
ECE/T	-	Early Childhood Education Teacher
EFA	-	Education For All
ERP	-	Education Rights Project
ERSWEC	-	Economic Recovery Strategy for Wealth
ERSWEC	-	Economic Recovery Strategy for wealth and Employment Creation
FGM	-	Female Genital Mutilation
FH	-	Foundation Help
FHCI	-	Free Health Care Initiative
GAVI	-	Global Alliance for Vaccine and Immunization
GAVI	-	Global Alliance for Vaccine Immunization
H. OFF	-	Health Officer
H.T	-	Head teacher
HIV/AIDS	-	Humane Immune Deficiency Virus / Acquired Immune Deficiency Syndrome
I.Q	-	Intelligent Quotient
IGA	-	Income Generating Activities
IND. P	-	Individual paralegals
KDHS	-	Kenya Demographic and Health Survey
LACY	-	Legal Advocates for Children and Youth
MDG	-	Millennium Development Goals

MOH	-	Ministry of Health
MOH	-	Ministry of Health
NECDPF	-	Nation Early Childhood Development Policy Framework
NGO	-	Non- Governmental Organizations
NHIF	-	National Hospital Insurance Fund
OVC	-	Orphans and Vulnerable Children
OVC	-	Orphans and Vulnerable Children
PHC	-	Preventive Health Care
SPSS	-	Statistical Package for Social Science
TBA	-	Traditional Birth Attendant
TFH	-	Tanzania Foundation Help
U.S.A	-	United States of America
UKNALP	-	United Kingdom National Association of Licensed paralegal
UNCRC	-	United Nations Convention on the Rights of the Child
UNESCO	-	United Nations Educational Scientific and Cultural Organizations
UNICEF	-	United Nations Children's Education Fund
USAID	-	United States Agency International Development
WCECCE	-	World Conference on Early childhood Care and Education
W.F.P	-	World Food Programme
WHO	-	World Health Organization
WHO	-	World Health Organization

CHAPTER ONE

INTRODUCTION

This chapter presents the background of the study, statement of the problem, purpose of the study, research objectives and questions. This was followed by significance of the study, basic assumptions, limitations and delimitations of the study. The chapter concluded by defining the operational terms and outlined the study organizations.

1.0 Background to the Study

According to the United Kingdom National Association of Licensed paralegal (UKNALP), a paralegal is a person qualified by education, training or work experience to perform legal tasks requiring some knowledge of the law and legal procedures (Warner,2004). However, the profession of paralegals vary greatly between states due to the fact that some states encompass non- lawyers doing legal work, regardless of whom they do it for (Green,1993). Although most jurisdictions recognize paralegals to a greater or lesser extent, there is no international consistency as to definition of job-role, status, terms and conditions of employment, training regulation or anything else and so each jurisdiction must be looked at individually (Cowley,2010).

United Nations Educational Scientific and Cultural Organizations (UNESCO,2010) indicates that there has been a notable increase in Early Childhood Provisions globally and National governments are developing policies to provide services for ECE. The sentiments were echoed in the World Declaration of Education for All (EFA,1990) held in Jomtien Thailand , the Education Forum held in Dakar Senegal (2000) and the

Declaration of the World Conference on Early childhood Care and Education (WCECCE,2010). Although there seems to be some progress with regard to provision of ECE services in some countries, little has been done to ensure provision of sufficient health services consequently, impeding protection of children's right to ECE. This, as indicated by Burnet (2010) that the progress of ECE provisions notwithstanding critical challenges still persists. With regard to the nature of paralegal profession, most countries of the world sought to elevate the priority attached to ECE through incorporating paralegal provision of health services to protect children's right to ECE. Paralegal health service components include medicine, nutrition, awareness/sensitization and counseling. The components are interrelated and their provision to children plays a significant role in protecting their rights to Education.

United Nations International Children's Educational Fund (UNICEF, 2006) paralegal indicated that ECE continues to be relatively neglected in the education sector. However, countries like the United Kingdom have established national frameworks for the provision of health services such as working with communities and families to invest critically in vaccines and providing cold rooms which keep vaccines safe and at the right temperature. Besides, WHO & UNICEF (2011) finances new affordable vaccines for the world poorest countries. Poor health among children reduces their time in school and their learning during that time affecting their academic performance.

In Philippines, UNICEF (2012) paralegal works to uphold the rights of children including their right to education, health care and protection from abuse and works with partner

organizations to effect change created to provide food, clothing and healthcare to children. The paralegal also provides package for day care centre including plan and learning materials, health and nutrition supplies and hygiene kits as well as establish networks of child friendly preschools in conjunction with department of education to protect children's right to education (UNICEF, 2012). Malnutrition contributes to stunted physical and mental development and lack of preparation for school. A consequence of this is low academic achievement, high drop-out rates and functional iliteracy.

One of the priority areas of focus adopted by the project Framework for Action in Sub-Saharan Africa to meet the challenges of 21st century was to improve partnership and expand the provision of ECE services to all children of appropriate age. In Madagascar, Global Alliance for Vaccine and Immunization (GAVI,2011) conduct HIV/AIDs awareness training and recreation activities and campaign to increase awareness about VCT services and counteract stigma and discrimination. To expand the reach of VCT services GAVI conduct mobile VCT clinic that target communities including those with high number of migrant workers as they may lack awareness of locally available services. In addition GAVI paralegal creates awareness on routine and bi-annual mother and child health weeks. Studies undertaken by UNESCO (2000) and World Bank (2003) indicate that poor health may reduce learning for a variety of reasons including fewer years enrolled, low daily attendance and less efficient learning per day spent in school.

The Kenya government demonstrated commitment to the well- being of young children by signing various global policy frameworks including United Nations Convention on the

rights of the child (UNCRC,1989), Millenium Development Goals (MDG,2000), and World Education Forum (WEF,2000) among others. The government translated all of these international initiatives into national targets to be implemented at regional, district and community levels across sectors (NECDPF, 2006. The government having realized that it could not adequately provide all the services effectively to safeguard rights and meet the diverse needs of children emphasized on partnership (MOH,2005).This led to involvement of paralegals in provision of services to cater for the needy children. Involving the paralegals in education of children would increase status of infants and children in health, nutrition, welfare and care consequently, improving their participation in class activities to protect their rights to education.

In Migori county Development and Community Empowerment (DACE,2010) paralegal sensitize and counsels children to make them armed with skills and knowledge to enable them cope up with difficult situations, creates an avenue of sharing and sense of belonging as well as care and support in the community. This promotes a responsible behavior among the children and creates awareness to the community members on children's rights and their responsibility towards their children. Counseling and sensitizing children makes them develop positive attitude to challenges enhancing their performance in school. Paralegal health services influence every aspect of a child's life from cognitive, social and moral development so, provision should be strengthened, adequately resourced, properly sequenced and be manned by highly skilled personnel if it is to influence standard of education in a positive way. Most studies (Tomasevski, 2001) concentrate on provision of effective education without taking into consideration the

provision of health services which act as a base in ensuring one meets his potentials in life through education. The influence of paralegal health services on protection of children's right to education has not been focused by any study to identify areas where service provision is ignored or underplayed. This study therefore expected to fill this gap.

1.2 Statement of the Problem

Provision of health services to protect children's right to education has been a concern and a shared responsibility among parents, communities, the government, and private sector especially with the realization that quality health service is vital to education. Survey report from Kenya Demographic Health Survey (KDHS,2003), Wambiri and Ngugi (2006) indicate that there is declining health status of infants and children, nutrition, welfare and segmented provision of services across different sectors by diverse stakeholders all undermining children's right to education. Worse still, study of CARE (2001) paralegal in Kenya, reveals that participation of CBOs, FBOs and private sector in national nutrition and HIV/AIDS messages communicated by implementing agencies have not been harmonized resulting to poor children's health.

In pursuit of effective ECE, Tinfs (2001) paralegal works with medical proffesionals and volunteers that provide medical services to needy children and sensitize the community on AIDs awareness education programmes. Besides, counseling services to children infected and affected with the disease as well as those intended to improve the quality of life of children especially in the area of health and nutrition and those that provide support to families in childcare by building their capacity. In Migori County, provision of

health services are still inadequate and not up to required standards as most children still suffer from common childhood illnesses including respiratory tract infection, cold, worms, and kwashiorkor. Moreover, some children within the rural areas are malnourished and are either affected or infected with HIV/ AIDS.

In instances where there are regular provision of paralegal health services, children's academic achievements are high, low dropouts and productivity is high (AMREF, 2002). However, inadequate provision of health services to children would result to physical and mental under-development. This would results to poor school attendance and hence deterioration in academic performance. It is in this view that the proposed study sought to determine the extent to which paralegal health services have influenced the protection of children's right to education in Migori County, Kenya.

1.3 Purpose of the Study

The purpose of this study was to investigate the influence of paralegal health services on protection of children's right to education in Migori County, Kenya.

1.4 Objectives of the Study

The study sought to fulfill the following objectives:

1. To determine the effect of paralegal medical services on protection of children's education.
2. To identify the influence of paralegal nutrition services on children's education.

3. To establish whether paralegal awareness and sensitization services influence protection of children's education.
4. To examine the extent to which paralegal counseling services influence protection of children's education.

1.5 Research Questions

The expected outcomes of this study were achieved through concerted effort to find solutions to the following set of research questions:

1. What is the effect of paralegal medical services on protection of children's education?
2. What influence does paralegal nutrition services have on children's education?
3. How do paralegal awareness/sensitization services influence protection of children's education?
4. To what extent do paralegal counseling services influence children's education?

1.6 Significance of the Study

The findings and recommendation of the study are likely to be of immense value to various groups. The study may contribute to the advancement in knowledge in ECE development in Kenya and of immediate benefit to the government, non-governmental organizations and the community on the importance of paralegal health services. This might lead to the improvement of strategies for strengthening paralegal health services to

protect children's education. This study may also help the educational planners realize the need to include ECE in the budgetary allocation in order to have quality health services for all children. Moreover, the study in envisaged to enrich existing literature besides providing resourceful information for the governments future plans as well as scaffold the community of the rights of their children. The study may finally, form a base on which other researchers can develop their studies.

1.7 Limitation of the Study

The study experienced some difficulties and challenges regarding literature on paralegal health services in Kenya especially in children's health and the study relied heavily on literature outside the country. The study shade light only on paralegal health services offered to protect children's right to education .Since children's rights overlap it was difficult to focus on the issue under investigation without mentioning other children's rights.

1.8 Delimitation of the Study

The study was delimited to children of age group zero to nine years and paralegals whose geographical area of operation is Migori County. Respondents for the study included children officers, traditional birth attendants, NGOs, Head teachers, Teachers and chiefs. This helped in capturing paralegal health services that influence children's education in Migori County.

1.9 Basic Assumptions

The study was conducted under the assumption that respondents were going to provide reliable, accurate, truthful and honest information on items of the study to establish gaps between paralegal health services and children's education.

1.10 Definition of Key Terms

The following operational definitions were adopted in the study:

Awareness/sensitization services: knowledge the paralegals impart to children, parents and other community members on issues affecting children's health.

Behaviour: refer to what the counselee does or say and the mood during counseling.

Counseling services: professional services rendered by a trained and competent person to another person who is normal and is faced by a problem he or she cannot cope up with.

ECE centre: an institution which renders services to all children, from the ages of 3 and above, up to the entry into primary school in the formal settings.

Individual paralegal: This is a community based person trained on basic knowledge of the law and help protect children's rights to education.

Nutrition services: the type of food the paralegals are able to offer to ensure children are in good health condition.

Paralegal: refers to a person, group of people, non-governmental organization qualified through training, education or experience to perform subsidiary legal matters but not fully qualified as a lawyer.

Paralegal health services: refers to health services (medical, nutrition, awareness/ sensitization, counseling) the paralegals are able to offer to protect children's right to Education.

Right to education: particular attention given to ensure children progress in their learning

Services: Action done to help somebody or in favour of somebody.

Self -awareness: Knowledge of oneself in terms of what one can or cannot do.

1.11 Organization of the Study

The study was organized in five chapters. Chapter one which is introduction consist of background to the problem, statement of the problem, purpose of the study, research objectives, research questions, significance of the study, basic assumptions, definition of the key terms and finally concluded with the organization of the study.

The second chapter analyzed history of paralegal profession, background of paralegal involvement in ECE in Kenya, a review of related literature and theoretical and conceptual framework. Chapter three covered a detailed description of research methodology for study and outlined the research design that was adopted for the study, target population, sample and sampling design, data sources for the study, research instruments, instrument validity, reliability of instrument, pilot study, data collection procedure as well analyzed technique that was adopted.

The fourth chapter presented detailed analysis, discussions and interpretations of research findings on the influence of paralegal medical services, counseling services, nutrition and care services and awareness and sensitization services on children's rights to education. The last and fifth chapter gave summaries of study findings, conclusion made and recommendations based on study findings.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.0 Introduction

The purpose of this chapter was to establish the study foundation, explore views of different studies and to provide a framework within which primary data was to be contextualized and interpreted. It further indicated theoretical basis of paralegal services and conceptual framework that encompassed major variables of the study and their influence on children's right to education.

2.1 Paralegal Medical Services and Children's Right to Education

Studies done by CARE confirmed that in North Carolina, Advocate for Children Services paralegal (2009) provides quality medical care, a healthy environment, adequate food, clothing and shelter to protect children's health. In addition the paralegal offers a safe permanent family and necessary social services to all children regardless of race, class, gender, disability or immigration status. Good health reduces class absenteeism in children improving their educational performance. Raleigh (2014) concurs that there are no throw away children that children who have had serious health issues can still benefit from and should have right to access a high quality education.

In Sub-Saharan Africa, a report from South African catholic Bishops conference (SACBC, 2014) revealed that the Catholic Church paralegal established treatment sites, trained clinical and support personnel in Sub-Saharan Africa. The report further contends

that over the life of the programme more than forty thousand children received educational health care, shelter, nutrition and other support including prevention education, tuberculosis screening and training for children at local project level. Access to treatment sites and routine health screening help in identifying children in need of referrals for further intervention to ensure stable health condition which enables children to concentrate more in their education.

WHO(2015) emphasizes that safe and sufficient drinking water along with adequate sanitation should be provided to eradicate poverty and hunger. This reduce child mortality, improves maternal health, combats infectious diseases to protect children's health which would otherwise interfere with their education. In Madagascar, Global Alliance for Vaccine and Immunization (GAVI, 2011) in conjunction with the World Health Organization (WHO, 2011) and UNICEF (2011) paralegal finances new affordable vaccines for the world's poorest countries. Besides, Gavi paralegal promotes safe injections and introduces new preventive childhood killers including tetanus, diphtheria and a new vaccine against pneumococcal disease. Good health enhances children's participation in class activities (Nossal, 2000).

Studies undertaken by UNESCO (2000) and World Bank (2003) concur that many children still experience poor health which reduces their learning for a variety of reasons including low daily attendance and less efficient learning per day spent in school. Action in the community environment paralegal (ACE,2007) in Tanzania encourages children to become active agents of change, offer educational services that protect children from

HIV and AIDs infection, offer training services to head teachers with a specific focus on HIV/AIDS as well as ensure provision of medication services. Findings from the paralegal (ACE, 2007) reveals that, it also identifies vulnerable children whose rights are abused, prevents water bone diseases, creates clean environment, promotes good nutrition and nutritional supplements through direct aid programme. Lopez (2006) argue that illness of pre-school age children have permanent negative effects on children's experience when they are of school age. Poor health, in children reduces their time in school and their learning during that time.

Neil (2007) contends that the Lang'ata Health Center and the MSF Belgium Clinic in Kenya were identified for the purpose of collaborating with CARE in the provision of medical services to children in ECD centers. In response to this a total of 1084 children from the centers received a variety of health services, including immunization, deworming, growth monitoring, vitamin supplements and treatment of minor illnesses like respiratory infections and ringworm. In addition, ECD center staff were trained on record keeping, treatment of children and maintainance of immunization records to track absenteeism due to illness to protect children's education.

United States agency International Development paralegal (USAID, 2012) in Migori County control mosquito bites by spraying liquid chemicals on walls of houses to kill female anopheles mosquito and by distributing treated mosquito nets to every household according to family size to protect children and their families from malaria. Besides, traditional birth attendants use herbs, special powder from pounded leaves and depark oil

to treat diarrhoea, anaemia, respiratory infections and malaria in children. Good health condition increases children's participation in class activities enhancing their educational achievement (Adawo, 2015).

2.2 Paralegal Nutrition Services and Children's Right to Education

UNICEF paralegal report (2012) reveals their contribution to integration of HIV and nutrition services. In addition, the paralegal (2012) supports countries to design and implement comprehensive and effective infant and young child feeding policies and strategies based on the principals outlined in its programming guide on infant and young child feeding. Feeding protects children against diseases ensuring they are in good health to attend classes regularly for increase in performance. Allison (2009) contend that, UNICEF paralegal in Nepal maintain good health in children through provision of food to prevent malnourishment, distribution of vitamin A supplement and immunization. The paralegal also mobilizes the community to build safer and healthier environments like construction of latrines as well as promoting the importance of washing hands and drinking safe water. Healthy children concentrate more in class activities improving their cognitive ability while undernourished have short attention span linked to their glucose level affecting their education.

Reports from UNICEF paralegal (2012) recognized that remarkable progress has been made in Ethiopia through health extension workers who provide outpatient therapeutic feeding for malnourished children. UNICEF also provide integrated package of health, nutrition, sanitation and hygiene services, train women volunteers to identify sick and malnourished children as well as promote hand washing with soap and exclusive breast

feeding for the first six months of life (Getachew, 2012). Studies conducted by Sheeran (2009) reveal that under nutrition contributes to 45% of under 5 deaths globally in the form of featal growth restriction, sub optimum breast feeding, stunting, wasting and deficiencies of vitamin A and zinc. Improving children's diet and nutrition can have a positive effect on their academic performance and behavior at school as well as their long term productivity as adults.

In Tanzania ACE paralegal (2007) provide nutritional supplements and medical services by direct aid programme. This, the paralegal indicate was implemented in partnership with Ministry of Health outreach centers to assist malnourished children in rural areas who lack basic access to health facilities and medication and are often too sick to go to school. Early malnutrition can adversely affect physical, mental and social development of a child. This leads to underweight, stunted growth, lowered immunity reducing the child's ability to participate in their class activities. Lopez (2006) argue that illness of pre-school age children have permanent negative effects on children's experience when they are of school age.

To improve access to food and Nutrition in Kibera slums in Kenya, CARE paralegal project staff created crucial linkages to a national food mobilization consortium called the food fund (Neill, 2007). In regard to this, the ECD Centers in Kibera are able to access donations of fortified foods, improve food storage and sanitation areas to enable the ECD centres to be eligible for food donor programmes and to ensure children are in good health .In addition, CARE paralegal builds the capacity for the centers and supports the

caregivers in providing nutrition services and safe food handling at the centers. Persistence of hunger, malnutrition and micronutrient deficiencies can have long lasting effect on the health status and productivity of a child lowering her performance in education.

According to Ondeng'e, Rapado paralegal (2013), in conjunction with Ombo Catholic Church in Migori County offers nutritional support services, free medical check-ups, adequate cover to the educational needs of deserving affected, infected children and pays regular home visits to vulnerable families. Malnourished children have little resistance to infection hence fall sick quite often, lack energy for class activities and are less motivated to explore the environment around them hence trouble keeping up in school. MC Gregor (2007) argue that, nutrition plays a vital role in early childhood education since this is the time when children are most vulnerable to the permanent effects of stunting and negative cognitive outcomes attributed to malnutrition.

2.3 Paralegal Awareness/ Sensitization Services and Children Right to Education

In America, Explainer paralegal creates awareness on child protection and law prohibiting female genital mutilation including violent practices inhibiting children's education such as corporal punishment to protect their right to education (Issifou, 2007).Allport (1989) points out that, when an act of violence is used as discipline on children who are victims of abuse, they learn that violence is the best way to solve conflict. Pre-schoolers exposed to physical abuse always suffer symptoms of post-traumatic stress disorders such as bed wetting or nightmares and are at greater risk of suffering depression and anxiety resulting to more trouble with school work.

Mthethelei and Vuyiswa (2011) report, in South Africa reveals that, Lusikisiki Paralegal Advice Centre established to prompt peace and justice, intervene in the formulation of policies and protection of educational rights of poor and vulnerable children. In regard to this, Lusikisiki paralegal conducts home visits awareness campaign on proper sanitation and training on children's educational issues, provides care and support to orphaned and vulnerable children. However, in Rwanda CARE (2011) conducts awareness compaigns to increase communities understanding of child rights with special focus on community members who are in positions vital to the well -being of young children. Many guardians are unaware of health services provided due to poor outreach and communication resulting to little interaction and clinic visits hindering children's education. Higgins (2010) concur that awareness should be created on access to basic services, proper health care and safe drinking water.

In Tanzania, Action in the Community Environment (ACE, 2007) paralegal works in remote rural areas where one in three households are infected with HIV and every household affected and up to over 20% of children have been orphaned or made vulnerable by HIV and AIDs. In regard to this, ACE paralegal established a programme known as child rights and welfare to increase awareness of rights of children, promote a child friendly society and offer educational services to the community about the rights of children. Besides this, it established community child rights committee responsible for raising awareness of the rights of the children and identifying, solving and referring issues of abuse (ACE, 2007).Attitudes of people and lack of public awareness and sensitization are barriers to children's education.

A study of ANPPCAN paralegal in Kenya indicated that they create awareness on children's rights and child abuse and neglect. Moreover, they respond to the demands for legal and counseling services created as a result of national advocacy campaign, improve delivery of child protection services by identifying the existing gaps and formulating complementary services (Achieng, 2004). Public awareness on children's rights protect children from child abuse and neglect which otherwise, would reduce efforts made towards their education. Nevertheless, UNICEF paralegal (2004) concur that, awareness raising and sensitization services should cover a number of children issues including right to health care, education, nutrition and awareness on HIV/AIDs.

Dace paralegal (2010) in Migori offers an avenue of sharing and sense of belonging, creates awareness to the community members of the need to help and their responsibilities. Moreover, Dace creates awareness and sensitizes children to make them armed with skills and knowledge to enable them cope up with difficult situations in life to protect their rights to education. Children armed with skills and knowledge in good time tend to be disciplined, well adjusted, socially and morally upright contributing to success in their education. Moreover, Save the Children paralegal (2009) recommends that awareness should be created to ensure the family and extended family provide secure and protective environment for the child's education.

2.4 Paralegal Counseling Services and Children's Rights to Education

Studies done by Griggs (2011) confirm that Erick digest paralegal in New York assesses the developmental needs of children, psychosocial crisis and developmental tasks that are stage related and the special needs of groups such as bilingual and bicultural children.

The paralegal develops a comprehensive developmental counseling programme based upon the needs assessment to protect children's right to education. Besides this, the paralegal assesses individual learning styles of children, counsel teachers and children to help them develop an understanding of their learning style preferences. Refering children to specialists help in identifying and assist in overcoming problems hence facilitate the development of their potentials and abilities through education.

Mayer (2006) further notes that Simukai street youth programme in Zimbabwe offer counseling services, conducts HIV/AIDs awareness training and recreational activities to retain children in school. The paralegal also create awareness campaign to convince children not to leave their homes for the streets and to reunite current street children with their families or intergrate in foster families when appropriate. Counseling increases children's confidence during the learning process enabling them to pursue their education with zest. According to Mthethelei and Viyuswa (2011), Lusikisiki Advice Center (LAC) paralegal in South Africa protect children's right to education through provision of counseling services and legal representation for the abused. In addition, LAC offers care and support services to orphans and vulnerable children, conduct home visits, awareness campaigns and training on children's educational issues. Counseling exposes children to more life experiences making them adjust to challenges they face in their daily lives. This enhance their education giving them a better chance to progress in their education

Jowena and Ntulume (2011) reveal that Kayunga community based organization paralegal in Uganda offers counseling services in reproductive health, advocacy on child

right to education, support HIV/AIDs orphans and guide and counsel children on HIV/AIDs issues to protect their rights to education. Educating and counseling children on reproductive health and HIV/AIDs issues promotes sexual knowledge, discipline and self-control on matters pertaining to sex allowing them greater learning opportunity.

In Kenya, African Network on Prevention and Protection of Children Against Neglect paralegal (ANPPCAN, 2011) respond to the demands for legal and counseling services created as a result of national advocacy campaign, World Health Organization awareness creation on child rights, and child abuse and neglect. Besides this, ANPPCAN paralegal improves delivery of child protection services by identifying the existing gaps and formulating alternative or complementary services training various professionals to work especially in difficult circumstances so as to improve the provision of child protection services at all levels to ensure protection of children's education. (Penina, 2011).Counselling services offered indicate sensitivity to children's demands thus increasing their confidence during the learning process enabling them to pursue their education with zest.

Onana paralegal (2012) in Migori County offers counseling services to children infected and affected by HIV/AIDs and to those who drop out of school. In addition, the paralegal counsel's parents of their responsibility to meet their children's needs and sensitizes on economic empowerment issues. Counseling and education are directly related and underscores the importance of increased performance especially among the disadvantaged and most difficult children. A separate study by Griggs (2011) concurred

with this view that, counseling interventions of children are compatible with their learning needs. Counseling creates a moment of discussion with children about issues affecting them so as to provide continual support and encouragement throughout their education.

2.5 Theoretical Framework

Theoretical framework is a collection of interrelated ideas based on theories attempting to clarify why things are the way they are and based on specific theories. It introduces a new view of the research problem, allowing understanding the realm of the problem, helping to conceptualize the topic in its entirety and to acknowledge it from a wider perspective for objectivity (Kombo and Tromp, 2006).The impact of service provision and learning revolves around various theories and models such as input process output model and classical liberal theory of equal opportunity in education. The theoretical framework of this study provided rationale and logical basis of paralegal health services underpinned on classical liberal theory of equal opportunity in education. The theory was postulated by Horace Man (1796-1890) and revised by Kiveu and Mayio (2009) in determining the effects of cost sharing policy in education.

The theory asserts that each person is born with a given amount of capacity which to a large extent is inherited and cannot be substantially changed. The theory further states that there is a widespread belief that by removing barriers and making more places available in upper secondary and higher education and by increasing the length of attendance in the common school an ideal situation would be created to implement the vision of equal opportunity, where everybody has access to the kind and amount of

education that suits his inherited capacity. Based on the premise of classical liberal theory (2009) removing barriers and increasing length of attendance in the common school for vision of equal opportunity to be implemented ,there is a basic justification for provision of paralegal health services. This ultimately will improve children's health condition which in-turn will increases children's class attendance by providing enough opportunity for their education. Therefore, children need good health for holistic development as they are the future of the nation.

Classical liberal theory is used as a framework for understanding children's health requirement which is seen as an interactive and interrelated system. For example, a paralegal such as traditional birth attendant provide medical, nutrition, counseling and awareness/ sensitization services to children resulting to good health. Healthy children participate fully in class activities hence low drop out, high academic achievement and high productivity. The services should be adequate and consistently provided to treat diseases, prevent malnourishment, create awareness on disease out- break, sanitation and good feeding practices as well as counsel children to make them learn to cope up with challenges in their daily lives. All paralegal health services are of equal importance and synergistically interrelated. Provision of paralegal health services is key to children's education whereby it's provision removes barriers such as diseases in order to promote education while lack of it undermine children's right to education.

2.6 Conceptual Framework

Mugenda and Mugenda (2003) noted that; a conceptual framework involves forming ideas about relationships between variables in a study, showing relationships diagrammatically and graphically.

Figure 1 shows the relationship between paralegal health services and children's right to education.

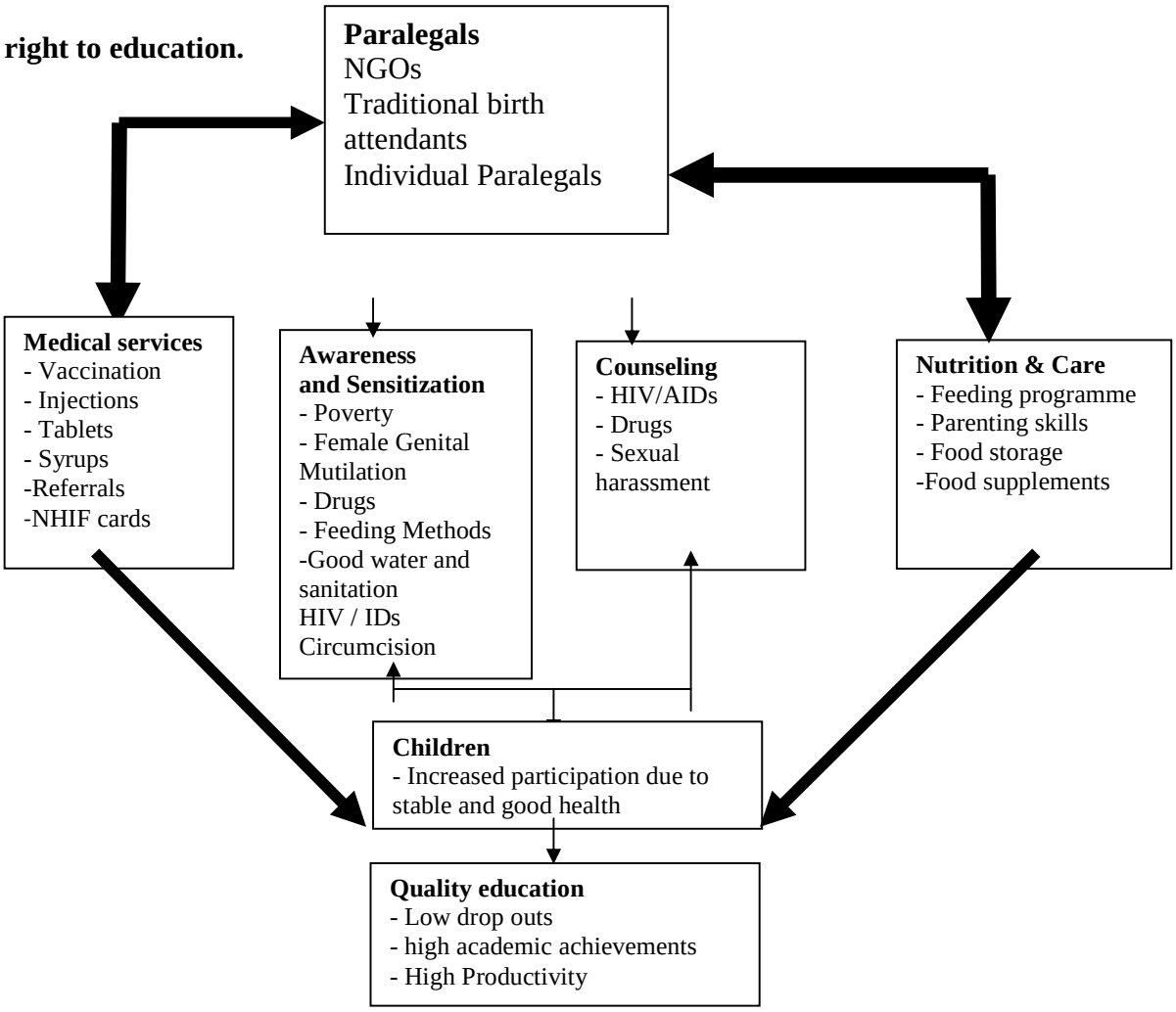


Figure 1: perceived conceptual Framework for paralegal Health services and children's right to education.

The Conceptual Framework of the study was developed from the literature reviewed and the relevant research objectives. Figure 1 shows the relationship between the various key

variables that influence protection of children's right to education. The paralegal health services include medicine, nutrition, awareness / sensitization and counseling services. All these and other extraneous variables impact directly on children's right to education. Nutrition services, for example, may affect participation if children are not well fed they lack energy, grow weak and malnourished leading to poor performance. Adequate provision of paralegal health services impact positively on participation of children in education while inadequate provision of paralegal health services affect the health condition of children which in-turn negatively affect children's participation in ECE activities.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter described how the requisite data was obtained, processed, analyzed and interpreted to realize study objectives. It is followed by a description of the methods that were used to carry out the study. The research methodology elements include the research design that was adopted, target population, sample size and sampling procedure. It also covered research instrument for data collection, validity and reliability of research instruments as well as data collection procedures and data analysis technique that were applied. Details of these items have been discussed in the succeeding sections.

3.1 Research Design

The study adopted a survey research design in which descriptive method was used. Orodho and Kombo (2002) defines survey method as a descriptive research method of collecting information by interviewing or administering a questionnaire to a sample of individuals and can be used when collecting information about people's opinions, attitudes, habits or any of the variety of education or social issues. Orodho (2002) also notes that survey design is concerned with gathering of facts or obtaining pertinent and precise information concerning the current status of phenomenon and whatever possible to draw possible conclusion from the facts discovered. The choice of the descriptive survey research design was made based on the fact that the study was interested on the state of affairs existing in the field and no variable was manipulated. Survey research

design therefore was appropriate because it enabled the study to gather information concerning paralegal health services and children's right to education in Migori County.

3.2 Target Population

A target population is theoretically specified aggregation of study elements (Mugenda and Mugenda, 2003).Among 47 counties in Kenya, Migori County was identified for the study. In this regard, all the 15 NGOs,20 headteachers, 20 ECE teachers, 18 health officers, 15 individual paralegals, 18 traditional birth attendants, 40 parent and 200 children were used due to accessibility and for representativeness. The study also required informed specialist as Luck and Reuben (1992) putsit, therefore 2 children officers were also targeted. This allowed generalization as Bura and Gall (1989) puts target population as the number of real hypothetical set of people, events or objects to which a researcher wishes to generalize his findings. Most important was that, many NGOs established in Migori county as Kadem part of it is hardship area. Parents and children being recipients affirmed provision of paralegal health services to children while Head teachers and ECE teachers were chosen because they were in constant touch with the children and were in a good position to give information about children's health management in schools.

3.3 Sampling Design and Procedure

A sample is a small proportion of population selected using some predetermined procedure. The study applied a combination of simple random sampling technique and purposive sampling procedure. Purposive sampling was applied to identify 21NGOs and 24 individual paralegals within the population that met specific criteria. The criteria for

selection included NGOs and individual paralegals who provided medical services, nutrition, awareness /sensitization and counseling services to protect children's health. All 18 traditional birth attendants were sampled due to their limited number and the major role they played to ensure survival of featus besides providing health services to children.18 health officers and 3 children officers were purposively selected as they were most appropriate to inform the study of paralegal health services as Luck and Reuben (1992) puts it. Since public ECE centers are attached to primary schools the sample comprised of 25head teachers purposively picked for representation and generalization.

However, simple random sampling technique was applied to pick 1 ECE teacher from every ECE center totaling to 20 ECE teachers. The same random technique was applied to pick 2 parents from each ECE center totaling to 40 parents. Since the number of children were quite varied the study applied a combination of simple random sampling technique and purposive sampling procedure to select different samples. Purposive sampling was applied to pick nursery and pre-unit classes among three levels of each ECE center. A sample of 8 children were selected from every ECE center applying simple random sampling technique from specific cohort of ECE center, 4 from nursery and 4 from pre-unit level totaling to 2oo children. In this regard names of children in each cohort of nursery or pre-unit levels were obtained from their teachers and random number assigned to them.

In this regard, names of 21 NGOs were noted on pieces of paper, folded and mixed then thrown on the table. 15 folded pieces of paper were randomly picked for representation.

The same procedure was applied in getting 16 individual paralegals, 18 traditional birth attendants, 20 head teachers, 20 ECE teachers, 40 parents. These respondents had equal chances of selection into intended samples (Mugenda and Mugenda, 1991). However, 18 heath officers, children officer and 200 children were purposively selected as they were most appropriate to inform the study on paralegal health issues (Luck and Ruben, 1992). The entire sampling matrix yielded a total sample size of 348 respondents for the study.

3.4 Data Sources

Data for achieving objectives of the study was obtained from secondary and primary sources. However, the study heavily borrowed from primary data because such information was original, unaltered and a direct description of occurrence by an individual researcher (Mugenda and Mugenda, 1999). Primary data was sourced through self -administered questionnaire and personal observation by investigation from sampled population. The investigation also borrowed from secondary sources to supplement primary data by reviewing essential books, documents including official documents from MOE, review reports, media reports, administrative records as well as internet.

3.5 Research instrument

Data collection instruments are used in securing information concerning phenomenon under study from a selected number of respondents (MULUSA, 1988) .To establish influence of paralegal health services on protection of children's rights to education, the researcher used questionnaires and interview schedules to collect data for the study. A questionnaire is a research instrument that gathers data over a large scale (Kombo and

Tromp, 2006). A questionnaire was used because it enables one to collect as much as possible within a short time. Besides, use of questionnaires enabled respondents to feel free to note down their responses without inhibition since they were not to be observed.

The questionnaires were developed in such a manner that each addressed questions from the four stated objectives. The questionnaires for NGOs, individual paralegals, head teachers, ECE teachers, health officers and children officer were divided into two parts. Part A of the questionnaire captured demographic information of the respondents while part B of the questionnaire consisted of issues raised from the objectives. The questionnaires contained both structured and unstructured questions to enable the respondents to answer questions with ease.

Respondents responded to each statement by putting a tick (√) after each statement corresponding to the codes and filled in blank spaces through writing correct answers in each question. Interview schedule administered to traditional birth attendants, parents and children consisted of two parts. Part A of interview schedule was on introduction and familiarization with interviewee while part B contained questions administered to the interviewee. The questions asked revolved around the four main objectives of the research.

3.6 Instrument Validity

Validity is the degree to which a test or a scale measures what it purports to measure (Borg and Gall, 2004).Mugenda and Mugenda (2003) also noted that validity is the

accuracy and meaningfulness of influences, which is based on research results. To enhance content validity, the research instruments were appraised by my thesis supervisor who is an expert in early childhood education. His contributions and suggestions were used to clarify ambiguous questions and where necessary to incorporate new items. Study ensured that the content items in the instruments were representative and related to the study, covered all the important areas and objectives of the study and ascertained that each text item measured only what it was purported to measure. This preceded administration of questionnaire and interview schedule which was also meant to create good rapport with respondents and to reveal inconsistencies, bringing into light any weaknesses of questions (Borg and Gall, 2004). Data from pilot study was analysed and used to fine tune and improve on questionnaire items.

3.7 Reliability of Research Instruments.

Reliability is the level of internal consistency or stability of measuring device overtime (Borg and Gall, 2004). A measuring instrument is reliable if it provides consistent results over a period of time. The study sought to find out whether the instrument could be counted upon or trusted to meet given expectations and continue to do so. The test-retest technique was used to estimate the degree to which the same results could be obtained with a repeated measure of accuracy of the same concept in order to assess the clarity of the instrument (Orodho, 2005). This was done by administering the items to samples for a pilot survey and then data was collected. After a time lapse of two weeks, the same instruments were administered to the same group of respondents. The results of the initial responses were then correlated with the latter to compute the coefficient of stability. The

results showed that the correlation coefficient was 0.918 which was closer to 1, making the instrument reliable.

3.8 Pilot Study

Nachmias & Nachmias (1996) indicate that Pilot testing reveals fake questions and unclear instructions. The purpose of the pilot study was to pre-test the research instrument in order to validate it and ascertain its reliability. Through the pilot study major problems and instruments deficiencies were identified and improvements made. It was also used to check the appropriateness of the language used and contextualize the items for predictability besides being instrumental in identifying ambiguous items and reconstructing them. Based on this realization, pilot random sampling was performed to ensure that the pilot sample represented key attributes of the bigger sampling frame. A test re-test technique was applied using convenient sample of four paralegals considered adequate to reveal blank spaces, inaccurate sentences, inconsistencies and other weaknesses detected in terms were reviewed for corrections, analyzed and appropriate amendments made. Based on the outcomes, the instruments were reviewed further in readiness for data collection.

3.9 Data Collection Procedure

3.9.1 Preparation

The investigation sought for an introductory letter from the University and this was used to get a permit from National Council for Science and Technology (NCST). The permit from NCST was presented at the District Commissioner's office and District Education office in Migori to authorize the study. The investigator eventually reported to the NGOs,

children officers, health officers, ECE teachers, head teachers, traditional birth attendants, individual paralegals parents and children giving briefs on the intended study. Using this chance to create rapport. Dates were scheduled by the investigator to administer questionnaires and to interview respondents concurrently.

3.9.2 Procedures for Data Collection

The researcher visited the sampled respondents and obtains permission from the concerned administrators, or persons to conduct research in their offices. The researcher personally distributed the questionnaires to the respondents. This was done during weekdays when the respondents were expected to be found. The researcher thereafter collected the questionnaires. This enabled the researcher to explain and clarify any ambiguities to the respondents. The researcher visited the respondents for interviewing purposes which was done face to face to avoid any malice. This was to maximize the truth of the responses received as well as assuring respondents that their responses were treated with confidence. For the questionnaires the respondents were given 5 minutes to go through the instructions and ask questions where they do not understand.

3.10 Data Analysis Procedures

Quantitative data analysis involved the use of Statistical Package for Social Science (SPSS). This was applied to run descriptive analysis to produce frequency distribution and percentages while charts and tables were produced using Ms-Excel. Scores of respondents in each item were pulled to give overall score and then converted to percentages expressed as fraction of the overall score. Quoting Onyango (2011) in

Mugenda and Mugenda (1999), SPSS is known for its ability to process large amounts of data given its wide spectrum of statistical procedure which are purposefully designed for Social Sciences, hence SPSS was incorporated. Data was analyzed to assess the influence of paralegal health services on protection of children's right to education. Qualitative analysis considered the inferences that were made from views and opinions of respondents. This helped to reduce massive amount of information that was obtained. Data was summarized, organized according to research questions, arranged into themes and presented in narrative form where it was put in tabular form indicating averages, frequencies and percentages.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION, INTERPRETATIONAND DISCUSSION

4.1 Introduction

This chapter presents analysis, interpretation, presentation and discussions of study findings based on the following thematic areas; demographic characteristics of the respondents, influence of paralegal medical services on children's rights to Education, influence of paralegal nutrition services on children's rights to Education, influence of paralegal awareness/sensitization services on children's right to Education and finally concludes with a discussion on the influence of paralegal counseling services on children's right to Education.

4.1.1 Questionnaire Return Rate

The instrument return rate is a proportion of samples that participated in the study as intended in all research study procedures. The study targeted 2children officers, 15NGOs,18health officers, 20 individual paralegals, 18 traditional birth attendants and 20 ECE institutions from which a sample of 20 head teachers, 20 ECE teachers and 40 parents were sampled to respond to constructed items. All the respondents were to receive the questionnaires, dully fill and return them. The study therefore sought to establish the questionnaire return rate and the results as shown in table 4.1.The study realized a questionnaire response rate of 84%. All the head teachers, health officers and individual paralegals returned the questionnaires. ECE teachers and traditional birth attendants also realized a high return rate of 95% and 85% respectively. Parents, NGOs

and children officers realized affair return rate of 65%, 60% and 50% respectively. The study registered an overall return rate of 84%. This however did not render the finding of the study less valid as gay (1992) contends that a sample of 10-20% of target population is acceptable for any descriptive research.

Table 4.1 Distribution showing questionnaire return rate

Respondents	Targeted sample	Actual returned	Return rate (%)
Head teachers	20	20	100%
Health officers	18	18	100%
Individual paralegals	15	15	100%
ECE teachers	20	19	95%
Traditional birth attendants	18	16	89%
Parents	40	26	65%
NGOs	15	9	60%
Child officer	2	1	50%
Total	148	124	84%

4.2 Demographic Characteristics of Respondents

This section highlights demographic characteristics of the target population who were NGOs, individual paralegals, health officers, traditional birth attendants, head teachers, ECE teachers, children officer, parents and ECE children. The data helped in explaining certain characteristics of respondents that influenced protection of children's education. The demographic characteristics included age, professional and educational qualifications, work experience, composition by gender and area of operation.

4.2.1 Respondents Composition by Age and Gender

To determine the achievements of paralegal health services in protecting the rights of children to education, the study considered gender issues and age so as to establish the contribution of these characteristics in protecting children's right to education as indicated in table 4.2.

Table 4.2 Respondents distribution by Age

	Individual Paralegals		**Parents**		**Health Officers**		**ECE Teachers**		**Head teachers**		**Traditional birth attendants**	
Age group	f.	%	f.	%	f.	%	f.	%	f.	%	f.	%
20 - 29 years	2	13	8	20	3	17	7	37	3	15	0	0
30 - 39 years	8	50	24	60	5	28	11	58	0	0	1	6
40 - 49 years	5	31	8	20	9	50	1	5	11	55	6	33
above 50 years	1	6	0	0	1	6	0	0	6	30	11	61
Total	16	100	40	100	18	100	19	100	20	100	18	100

Analysis of age differentials noted that 25 respondents fell in the age bracket of 20-29 years (17%), 54 age bracket of 30-39 years (36%), the other 48 age bracket of 40-49 32 (65%) while those above 50 years were 20 (13.6%). Majority of the respondents were between the ages of 30-39 while age 50 and above were the least in the survey. This suggested that most of the respondents were young, energetic and capable of steering growth and development in the ECE Sub sector. According to the findings both male and female respondents provided health services to protect children's rights to education. The

results indicated acute gender imbalance in provision of health services to children at ECE level as about 71% of the paralegals were female while male paralegal were 29%. Worse still, the study findings show that all the traditional birth attendants 18(100%) used in the study were females giving an implication that most men are rarely involved in matters concerning the education of children at the early stages in life. In the study, the children officer was male. The findings gave evidence as to why the G.O.K through its ministries has put relentless effort in addressing gender imbalance.

4.2.2 Respondents Disaggregated by ED. and Professional Qualification

The study sought to find out the educational qualifications of the respondents as well as their work experience. Academic qualifications and professional orientation are great indicators of one's potential towards problems solving and productivity.

Table 4.3 Distribution of respondents by education qualification

Educational qualification	Individual Paralegal		Traditional birth attendants		Child officer		Health officers		NGO		Head teachers		ECE teachers		Parents	
	F	%	F	%	F	%	F	%	F	%	F	%	F	%	F	%
None	0	0	15	83	0	0	0	0	0	0	0	0	0	0	12	30
KCPE / CPE	0	0	3	17	0	0	0	0	0	0	0	0	2	11	8	20
O level	11	69	0	0	0	0	0	0	0	0	0	0	0	0	8	20
A level	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Certificate	4	25	0	0	0	0	4	22	4	27	14	70	12	63	6	15
Diploma	1	6	0	0	0	0	11	61	9	60	4	20	5	26	4	10
University	0	0	0	0	11	0	3	17	2	13	2	10	0	0	2	5
Totals	16	100	18	100	1	100	18	100	15	100	20	100	19	100	40	100

Naudeau (2011) noted there is a strong correlation between staff qualifications and ECE outcomes.

This is based on the realization that roles defined on professional orientation and academic achievement contributes towards increased efficiency towards the set goals. The responses obtained were tabulated in table 3.The results indicated that 1(100%) child officer, 3 (17%) health officers, 2(13%) NGO personnel, 2(10%) head teachers and 2(5%) parents were graduates. Also (6%) individual paralegals, 11(61%) health officers, 9(60%) NGO personnel, 4(20%) head teachers, 5(26%) ECE teachers and 4(10%) parents were diploma holders in various fields. However, the study revealed that 4(63%) individual paralegals, 4(22%) health officer, 4(27%) NGO personnel, 14(70%) head teachers, 12(63%) ECE. T and 6(15%) parents were certificate holders. More striking point though was that, 11(69%) individual paralegal; and 8(20%) parents, 2(11%) ECE. T and 3(17%) TBAs were O' level holders and below. Worse still 15(83%) TBAs were not learned at all. The results indicated that out of 147(100%) respondents 88(60%) were professionals in various fields. Gumo (2003) noted that specialists with high educational level are known to possess appropriate knowledge, skills, values and attitudes indicating that they are competent in implementing best practices thus influencing what learners achieve through providing quality health services.

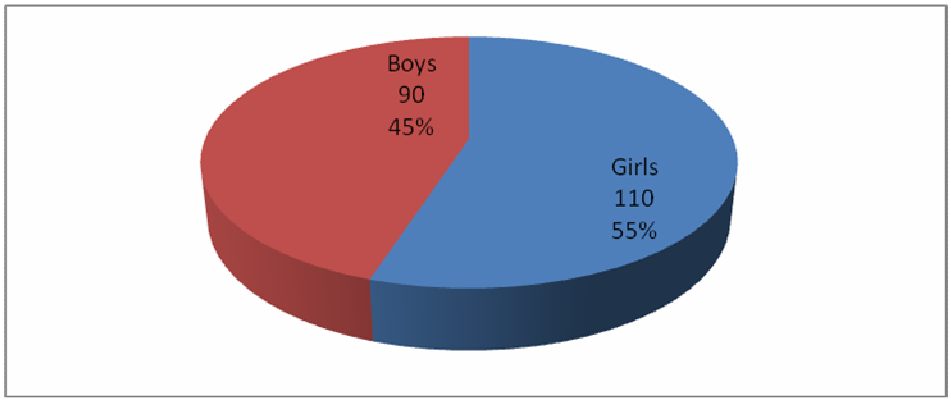
For work experience 36(24.5%) respondents had 1-9 years, 43(29.3%) had 10-19 years, 47(31.9%) had 20-29 years whereas only 21(14.3%) had experience for over 30 years in paralegal health services. Majority of respondents 43(29.3%) and 47(31.9%) had an experience of 10-19 and 20-29 respectively. Similarly, TBAs had wide exposure to paralegal health services with 17(94%) having worked for 20 years and above while only 1(6%) had less than 19 years. This signified that the paralegals were capable of providing

adequate health services through use of appropriate approaches during counseling and awareness creation as well as maintenance of proper professional documents.

4.2.3 Population in the ECE Centre by Category

Categories of children in the ECE centers signifies improvement in provision of ECE services. If children are well protected through provision of quality health services the categories of children enrolled in ECE centres increases significantly. The study therefore sought to find out the total population in the ECE centres used for the study by category.

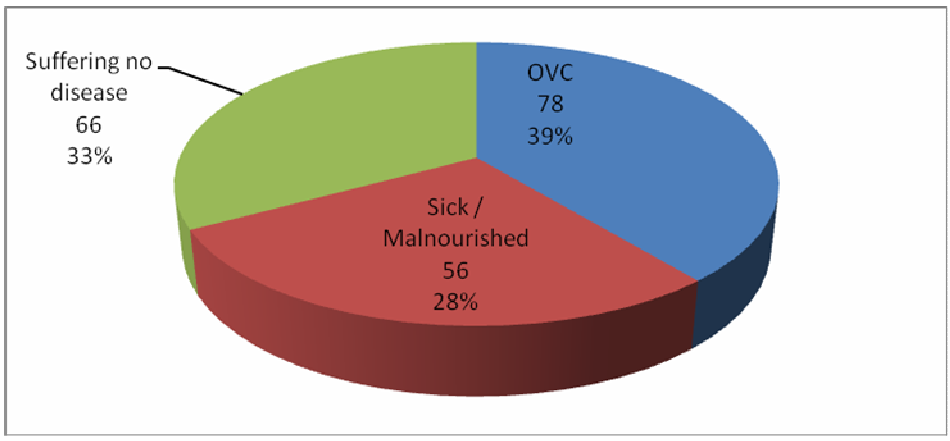
Figure 4.2: Gender of the ECE Children



The study findings were tabulated as shown figure 4.2. According to the study findings 110(55%) of the ECE children interviewed were girls while 90(45%) were boys. The study further sought to find the number of ECE children by category. About 78(39) of the children interviewed were orphans and vulnerable, 56(28%) were sick and malnourished, while the rest 66(33%) were found to be suffering no disease. In all categories the total number of girls was found to be slightly higher than that of boys.

Based on the study findings, there was a positive indication that all categories of children were found in the ECE centres.

Figure 4.3: Categories of children in ECE centers



It was not in doubt that the paralegal provision of health services was not sufficient enough to protect children's right to Education. More still enrolment of more orphans and vulnerable children as opposed to any other category was an indicator that though inadequate the paralegal health services were provided. Studies carried out by Hamadan and Huda (2006) revealed that AHA delivers holistic care to those who need it and make lasting improvements to devastated health care systems.

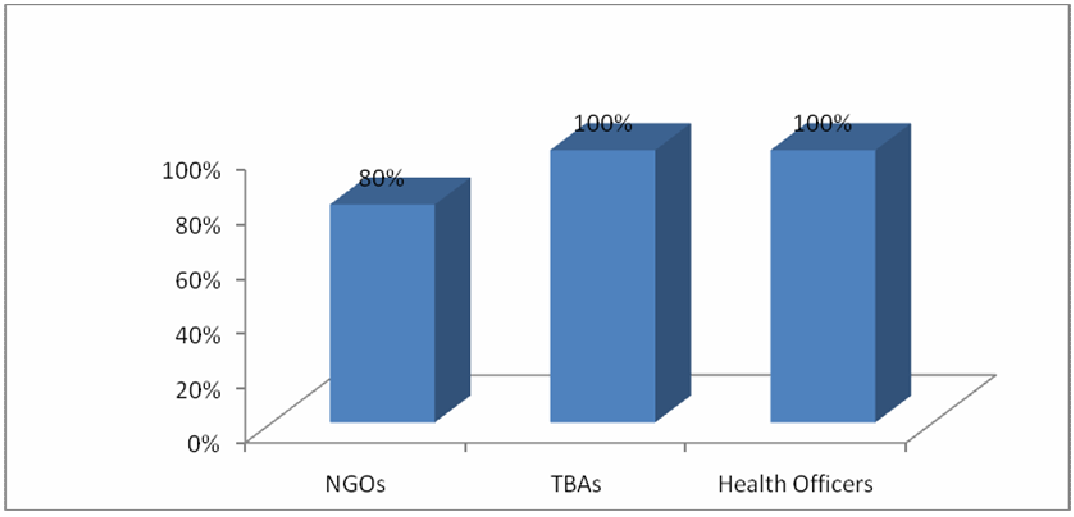
4.3 Effect of paralegal medical Services on children's education

Adequate medical services improve children's health condition making them active and strong enough to adjust to unfavorable conditions in their environment hence protecting their rights to Education. In cases where there are insufficient medical services children's health deteriorates and they cannot fully participate in ECE activities. To determine this

study sought to examine the extent to which paralegals provide medical services to ECE children as shown in figure 4.3

The study analysis indicated that 12(80%) out of 15(100%) NGOs, 18(100%) TBAs and 18 (100%) health officers offered medical services to children. Richter and foster (2006) in agreement with this affirm that AHA provides basic preventative and curative services with a focus on the most vulnerable children. However, the entire individual paralegals and children's officer do not directly offer medical services but instead refer the children to government medical facilities. This argument was based on the fact that they were not legally authorized to provide medical services.

Figure 4.4: Medical Service Providers to ECE Children



The results pointed out a dire need to equip individual paralegals with medical knowledge to enhance their skills in medical provision in order to protect children's right to Education. Findings were in conformity with Neil's (2007) findings that communities should be provided with a broad spectrum of medical support and care services, along

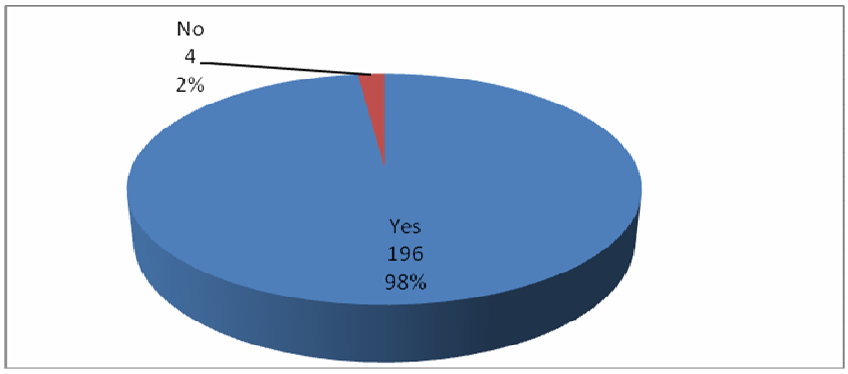
with information, education and communication services including diagnosis, treatment and prevention.

4.3.1 Treatment of ECE Children

The study intended to find out whether the children were receiving medical services from the paralegals or not. It was important to seek the opinion of ECE children. ECE children were first asked if they ever fell sick and the results shown as in figure 6.

The result showed that 196(98%) had fallen sick while 4(2%) had not. An indication that the paralegals needed to offer more quality health services to protect children's education.

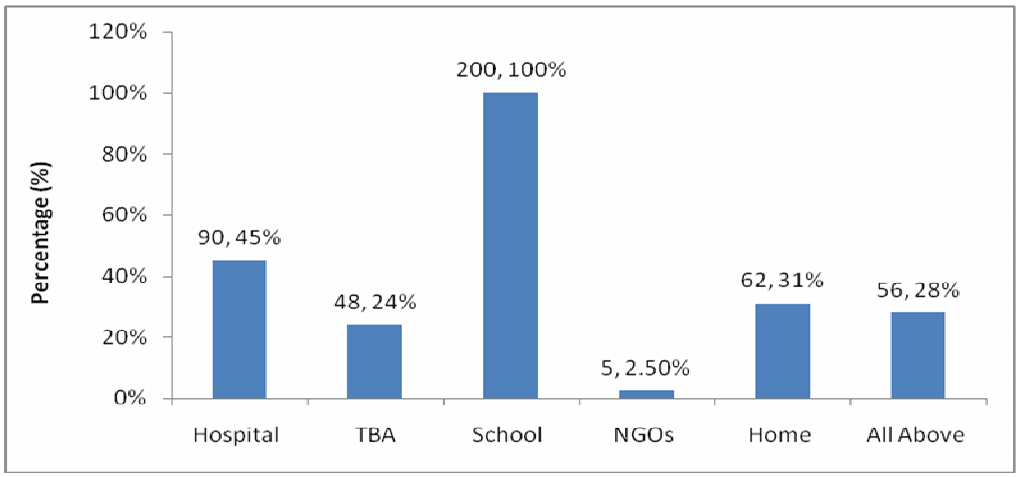
Figure 4.5: Sick children



The study further sought to know where the ECE children were treated and the results indicated as shown in figure 6. The study findings revealed that 90(45%) children received treatment from hospitals, 48(24%) from TBAs and 62 (31%) from home. About

56 (28%) had received medical services from hospital, TBAs, home, or NGOs that offered such medical services.

Figure 4.6: Place of treatment when sick

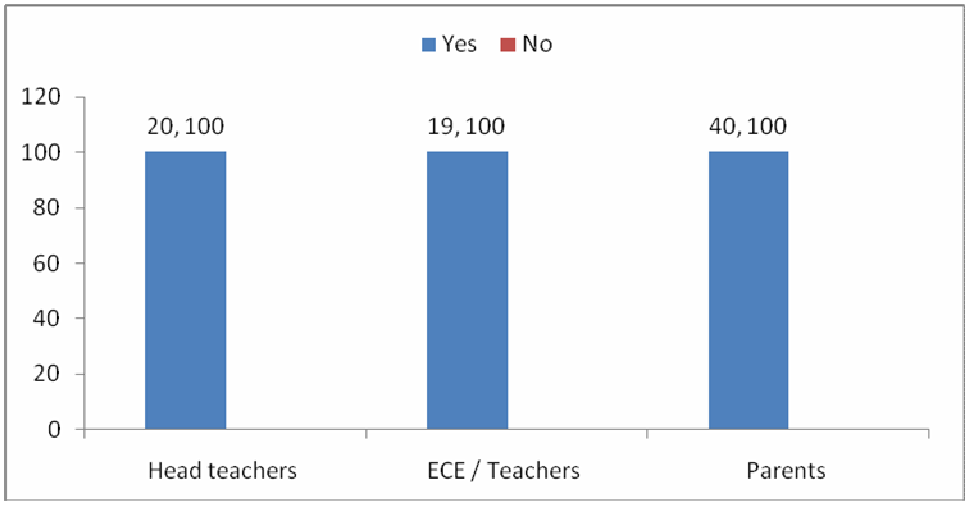


All the 200 (100%) children admitted getting treatment in school. The results in Figure 4.6 indicated there was no specific place of treatment for the ECE children. An individual child could be treated in hospital, home, school, by a TBA or an NGO depending on type of disease, time the child fell sick and whether there was cash at hand for treatment or not. In one rare instance, a child had this to say in the presence of the mother ‘ when l am sick, my mother picks leaves, grinds them, then mixes them with water and gives me to drink”. The voice of child captured confirmed that treatment of a child was sought anywhere depending on the state of emergency. When the study sought to know why treatment was offered by the mother and whether she was trained or not, the response given was “I am not trained but I seek advice from some herbalists which I use when in a fix’. The statement concured with Dunn’s (2004) argument that, AHA paralegal train mid-wives and traditional attendants to reduce maternal and child mortality.

4.3.3 Receipt of medical services to protect children's education

To confirm receipt of medical services by the children, it was imperative to carry out a similar investigation from the ECE teachers, Head teachers and parents as indicated in figure 4.7.

Figure 4.7: Receipt of medical services

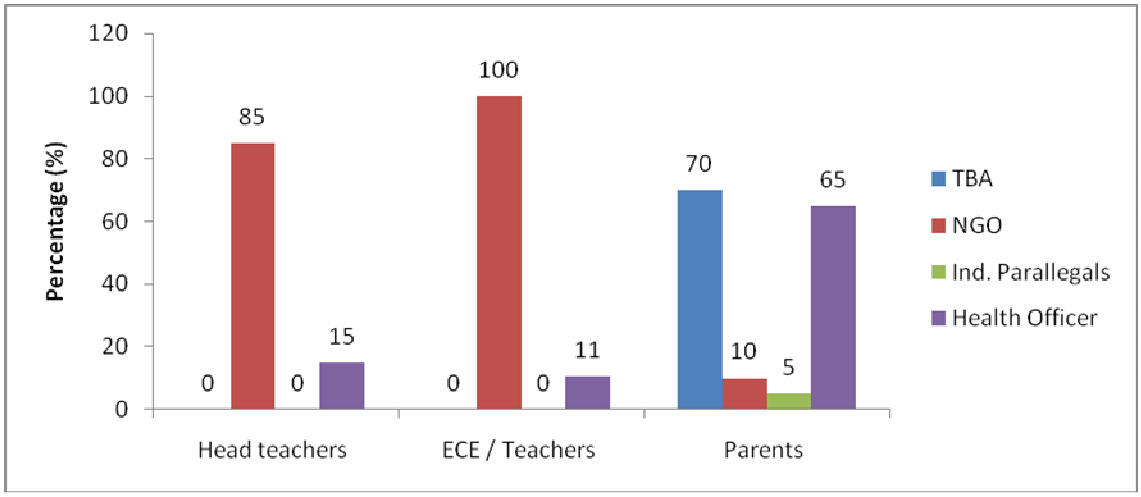


The study findings indicated that 79(100%) recipients admitted receiving medical services for their ECE children. Out of 20(100%) Head teachers, 17(85%) reported receiving medical services from NGOs and 3(15%) others from health officers, 19(100%) ECE teachers received medical services from NGOs and 2(10.5%) from hospitals.

Further analysis indicate that 28(70%) parents purport that their children received medical services from TBAs, 26(65%) from health officers and 4(10%) from NGOs. More still, only 2(5%) parents admitted receiving medical services from individual paralegals.

Study analysis indicates that most recipients received medical services from NGOs and health officers while the TBAs and individual paralegal services were received by parents only.

Figure 4.8: Sources of medical services by the recipients for the ECE children



CARE (2005) in a separate study revealed that for young children's health to improve communities need access to quality health clinics, safe water and sanitation. Good health provide enough time for children's education.

4.3.4 Types of Medical Services Offered by the Paralegals

The study intended to find out the type of medical services offered by the paralegals. It was important as the type of medical services offered by the paralegals determine the contribution made by each in improving children's health to protect their rights to Education. The information realized is presented as in table 4.5.The study analysis indicated that 12 (75%) out of 16(100 %) individual paralegal, 6 (40%) out of 15 (100%)

NGOs and 1(5.5%) out 18(100%) TBAs make referrals to health facilities as a means of aiding in ensuring the children get medical services. This study was in conformity with that done by Richter and Adato (2009) which stated that the paralegals also provide referral services and follow up treatment.

Table 4.4: Types of medical services offered by the paralegals

	Individual paralegals		**NGO**		**TBA**	
Medical services	**F**	**%**	**F**	**%**	**F**	**%**
Make referrals	12	75	6	40	1	6
Deworming	1	6	3	20	1	6
CT	2	13	0	0	0	0
Vaccination BCG& Polio	1	6	4	27	0	0
Injections	0	0	0	0	0	0
Syrups and tablets	0	0	0	0	0	0
Referrals and vaccination	0	0	2	13	0	0
Changing baby position in womb	0	0	0	0	4	22
Provision of ointment	0	0	0	0	1	5
Herbs to expectant mothers	0	0	0	0	9	50
Removal of plastic teeth	0	0	0	0	2	11
Total	**16**	**100**	**15**	**100**	**18**	**100**

Further analysis indicated that 1 (6%) out of 16(100%) individual paralegal, 3(20%) out of 15(100%) NGOs and 1 (5.5%) out of 18 (100%) TBAs offered deworming medicine while 1(6%) out of16(100%) individual paralegal, 6(40%) out of 15(100%) NGOs and 1(5.5%) out of 18(100%) TBAs provided vaccination services against polio and BCG. Likoye and Ongwenyi (2006) in a separate study indicated that by using ECD centers as

vaccination sites and building relationships with regular clinics that provide regular immunization rates of vaccination can be considerably improved. More still, the major medical service offered by the TBAs are geared towards the smooth development of the unborn child, where giving herbal medicine to the expectant mother represent 9(50%) out of 18(100%) and changing fetal position in the womb represents 4(22.2%) out of 18(100%) of their medical services. Moreover, 2(11.1%) TBAs out of 18(100%) removed plastic teeth for new born babies.

The results from paralegals provision of medical services indicated that each of the individual paralegal, NGOs and TBAs play a great role in ensuring survival of the child. Although the government through public hospitals is the major provider of medical services to ECE level children, sometimes the services are out of reach prompting the recipients to seek help from the paralegal within reach. This makes paralegal medical services a cornerstone of ECE regardless of whether they are unqualified and acting as private institution or a combination.

4.3.3 Category of Children who Received Medical Services from the Paralegals

Adequate provision of medical services to each category ensured all children are in good health condition to spend maximum time in school. The study therefore sought to find out the target of each paralegal by category. Study findings indicated that individual paralegals and NGOs mainly focus on OVC. 9 (56%) out of 16 (100 %) individual paralegals, 8 (53 %) out of 15(100 %) NGOs have interest on OVC. Further analysis

show that the health officers, head teachers, ECE teachers and TBAs received and offered medical services to all children.

Table 3.5: Category of children receiving medical services

Categories of Children targeted	Individual Paralegal		TBA		NGOs	
	F	**%**	**F**	**%**	**F**	**%**
OVC	9	56	0	0	8	53
Malnourished	9	56	4	22	3	19
All sick	0	0	0	0	0	0

The result revealed that all categories of children receive medical services either directly from the health officers and traditional birth attendants or indirectly from the individual paralegals and NGOs through Head teachers and ECE teachers. However, across visit by CARE (2006) staff between country offices presented a contrasting statement that in sub-saharan countries the entire age group between 0-8 was not accessing treatment and care services hindering children's education.

4.3.4 Frequency of Paralegal Services Offered to Protect Children Rights to ECE

The study sought to determine how often the paralegals offered medical services to protect children's right to ECE. The findings realized are shown in table 5.The study findings indicated that out of 18 (100%) TBAs 12 (66.7%) often provided medical

services while 6(33.3%) sometimes provided medical services to the ECE children due to condition of the child that they could not comprehend.

Table 4.6: Frequency of paralegal medical services to protect ECE Children.

	TBA		NGO		Individual Paralegal	
	F	**%**	**F**	**%**	**F**	**%**
Often	12	67	6	40	9	56
Sometimes	6	33	7	47	6	38
Never	0	0	2	13	1	6
Total	**18**	**100**	**15**	**100**	**16**	**100**

Out of 15(100%) NGOs 6(40%) often offered medicals services, 7(46.7%) sometimes while 2(13.3%) never offered medical services since it was not in their professional docket. Out of 16 (100%) individual paralegal. 9 (56.3%) often, 6(37.5%) sometimes and 1(6.2%) never provided medical services since she was not a trained paralegal. It was evident from the study findings that majority of the paralegals often provided medical services to protect children's right to education. In agreement with this, CARE (2006) uses child care settings as initial point of intervention within a community provide an effective focal point around which services benefiting caregivers households and individual children can be organized and delivered to ensure children learn well.

4.3.5 Effectiveness of Medical Services Offered by the Paralegals

The study sought to examine effectiveness of medical services offered by the paralegals. Effectiveness of medical services is of critical concern to the government and so to all

paralegals and recipients. This is based on the argument that when medical services are ineffective poor health and poor use of study time among the learners results. Confirming these arguments are paralegal and recipients affirmative response and discussions of effects as in Table .

Table 4.7: Effectiveness of Medical Services Offered by the Paralegals

Responses	Individual Paralegal		NGO		PARENTS		TBA		ECE. T		Head Teachers	
	F	%	F	%	F	%	F	%	F	%	F	%
Effective	16	100	15	100	40	100	18	100	19	100	20	100
Ineffective	0	0	0	0	0	0	0	0	0	0	0	0
Total	16	100	15	100	40	100	18	100	19	100	20	100

Analysis of the findings showed that 16(100%) individual paralegals indicated that medical services were effective. Similarly, all the medical service providers and recipients admitted to the services being effective. The findings of the paralegals and recipients concurred with that of Caspe and Lopez (2006) that CHEWs train caregivers on the most effective methods of providing care and treatment, monitor hygiene and nutrition of all household members.

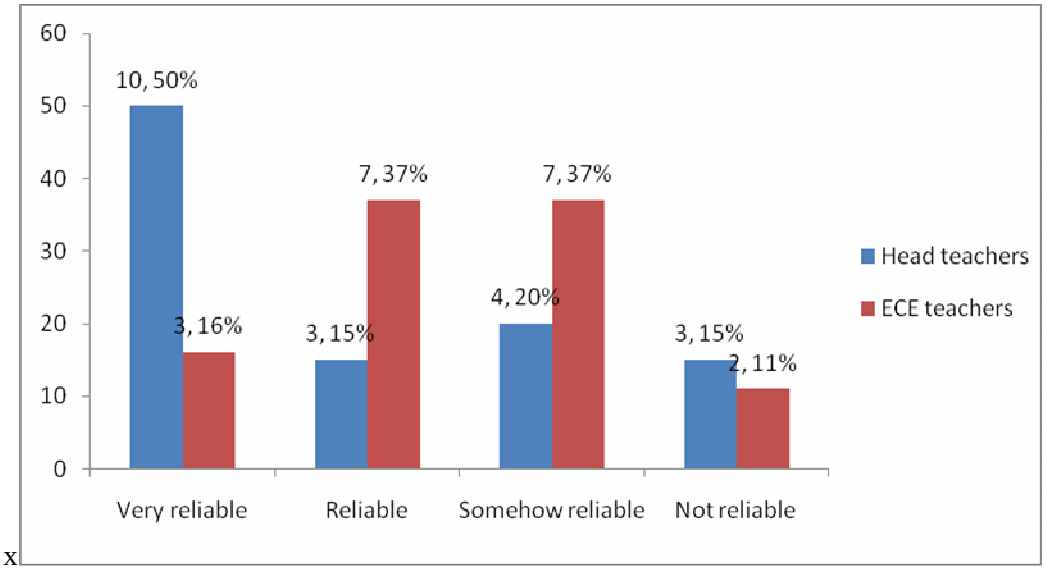
4.3.6 Reliability of the Inflow of Medical Services

The study sought to determine the reliability of the inflow of medical services on protection of children's right to Education. Most paralegals often rely on their head offices which could be situated far away from them for supply of resources. In instance

where the resources are readily released from their head offices the inflow of medical services are reliable. However, in cases where resources are not available, laxity and poor communication incorporated, the inflow of medical services are unreliable and children's health deteriorate resulting to poor school attendance. To determine this, head teachers and ECE teachers were asked how reliable the inflow of medical services was and the findings summarized in figure 10.

Study findings indicated that out of 20(100%) head teachers, 17(85%) admitted that they received awareness/sensitization services out of 19(100%) ECE teachers 15 (78.9 %) and out of 40(100%) parents 32(80%) received the services.

Figure 4.9 Reliability of medical services



x

Study findings indicated that out of 20(100%) head teachers, 17(85%) admitted that they received awareness/sensitization services out of 19(100%) ECE teachers 15 (78.9 %) and out of 40(100%) parents 32(80%) received the services. The ECE children in good health

condition could be noticed right from the entrance into the institution, very active from outdoor activities to the indoor activities hence full participation resulting to good performance. To ensure reliability of medical services IAP-Thika provides training for all CHWs to enhance their ability to support the physical and psychological health of PLHA (Victoria, 2009).

4.3.7 Challenges Paralegals face in provision of Medical Services to children

The study sought to identify challenges faced by the paralegals in provision of medical services to ECE children in the county.

Table 4.8: Challenges faced by the paralegals in provision of medical service to Children

Responses	Individual P		NGOs		TBAs	
	F	%	F	%	F	%
lack of funds	10	63	2	13	2	11
Cultural / religious believes	1	6	3	20	0	0
Lack of follow ups	1	6	0	0	0	0
Limited skills from care givers	3	19	4	27	0	0
Slow laboratory	1	6	0	0	0	0
Ignorance	0	0	3	20	0	0
Poor infrastructure	0	0	3	20	0	0
Cleared bushes	0	0	0	0	3	17
Lack of gloves	0	0	0	0	5	28
Failure to pay for services offered	0	0	0	0	6	33
Risky night operations	0	0	0	0	2	11
Total	**16**	**100**	**15**	**100**	**18**	**100**

The challenges put forward by the paralegals were summarized as indicated in table 4.8. The bulk of paralegals 15(22 %) out of 68 (100%) mentioned poverty and lack of funds as the major hindrance to provision of medical services. This was closely followed by 9

(13.2 %) of the paralegals who reported cultural and religious believes among the parents. Another 14 (21%) paralegals felt that the medicine was inadequate and the care givers had limited skills. Further still, 6(8.8 %) indicated failure to pay for services offered while 5(7.4 %) felt lack of gloves hampered their service provision. More still 3(4.4%), 3(4.4%) and 3(4.4%) expressed that ignorance, poor infrastructure and cleared bushes respectively hindered their provision of services. Worse still 2(2.9%) reported risky night operations attributed emergencies during the night.

The least reported among the paralegal challenges were incidence of lack of follow-ups and slow laboratory tests. Besides the paralegal challenges, there were also issues facing recipients of paralegal medical services. The head teachers responses are not discussed, since they got result of medical services from ECE teachers. Out of 59 (100 %) the largest number of recipients 26(44 %) cited side effects of drugs like vomiting and body weaknesses as challenges faced by ECE children after intake of drugs offered by the paralegals. This was closely followed by 12 (20.3 %) of the recipients who reported slow laboratory tests and 8(13.5 %) who faced inadequate provision of medicine 6 (10 %) were faced with issues of limited skills from care givers and 5 (8.5 %) negative attitudes of parents while the least cited was cultural and religious believes.

It is evident from Table 4. above that some of the issues stated by the paralegals were similar to sentiments of recipients. This included cultural and religious believes, inadequate provision of medicine, limited skills from care givers, slow laboratory tests, negative attitudes of parents and side effect of drugs. In addition the children officer

reported lots of cultural and religious interference from the care takers regarding his responsibilities. The challenges put forward hindered provision of medical services to ECE children as the paralegals were unable to offer quality services in terms of adequate medicine human resources and funds. IAP- Thika offers a number of services to PIHA and OVC including healthcare psychosocial support, legal advice, education support for OVC, economic support, nutritional assistance and material items (Caspe, 2006).

4.3.8 Measures Responding to Challenges in Medical provision

Suggestions were sought from the paralegals on possible ways to address medical provision.

Table 4.9: Measures to challenges in provision of medical services

	Individual P		**NGO**		**TBA**	
Measures	**F**	**%**	**F**	**%**	**F**	**%**
Group contributions	0	0	0	0	6	33
Donor support	2	12	15	100	0	0
Income generating activities	16	100	2	13	5	28
Access to NHIF	16	100	8	53	0	0
Training and incentives	0	0	0	0	0	0
Follow ups and home visits	16	100	2	13	1	6
Training care givers	2	13	5	33	0	0
Sensitization / awareness creation	1	6	3	20	0	0
Linkages and networking	0	0	6	40	0	0
Purchase	0	0	0	0	4	22
Referrals	0	0	0	0	2	11

The suggestions put forward by the respondents were summarized as indicated in table 4.9.

The study findings revealed that out of 18(100%) TBAs 6 relied on group contribution and neither the NGOs nor the individual paralegals contributed in groups to solve their changes. While only 2 (12%) TBAs and no individual paralegal depended on donor support all the NGOs 15 (100%) majorly depended on donor support. The individual paralegals 16 (100%) depended on income generating activities and only 2(13%) and 5(28%) NGOs and TBAs respectively depended on income generating activities.

Further still the individual paralegals 16(100%) wholly depended on access to NHIF and follow ups and home visits while only 2(13%) relied on training caregivers. However the entire individual paralegals never relied on training and incentives. More still, 8 (53%) NGOs and 2 (13%) and 5(33%) relied on access to NHIF, follow ups, home visits and training caregivers respectively. Only 1 (6%) TBA relied on follow ups and home visits. Worse still, 1 (6%) individual paralegal relied on sensitization/awareness, 3 (20%) and 6 (40%) NGOs relied on sensitization/awareness creation and only 4 (22%) and 2(11%) TBAs depended on referrals as a solution to their problems. A separate study by Richter (2009), concurred with this view that IAP- Thika conducts meetings with up 30 guidance of OVC to provide opportunity for them to discuss the challenges they face.

4.4 Influence of Paralegal Nutrition Services and Children's Education

One of the main roles of paralegal health services is nutrition Services. This ascertains that children are put in a diet full of essentials, proteins, fats, vitamins and minerals to protect their rights to Education. Frontiers (2011) argue that people depending on poor diet have extremely comprised immune system and are likely to die often of treatable

illnesses like Cold and diarrhea. Hence the section examined paralegal nutrition services and children's right to Education.

4.4.1 Paralegal Nutrition Services and Children's Right to Education

Basically, the parents and caregivers should ensure children are fed on a balance diet to ensure proper functioning of the body. However, this has not been the case as most parents are faced with poverty and ignorance amongst others. More still, child headed families are so common that most children look for their own ways of survival. Hunger in childhood can lead to irreversible mental stunting, lower intelligence quotient (I.Q) and reduced capacity to learn (W.F.P, 2006).The study therefore sought to establish the nutrition services provided by the paralegals. To protect children's right to Education.

Table 4.10: Types of nutrition services and children's right to education.

Nutrition Services	Individual Paralegal		NGO		TBA	
	F	%	F	%	F	%
Food supplements	4	25	15	100	4	22
Referrals	16	100	150	100	8	44
Nutrition education	10	63	15	100	18	100
Feeding programmes	9	56	6	40	0	0
Initiate food projects	16	100	15	100	0	0
Food baskets	12	75	10	67	6	33

Table 9 above revealed that all the respondents except children's officer offered different types of food to substitute what the parent offered to protect children's right to Education. There was enough evidence to conclude that the health officers were highly qualified

nutritionists this was attributed to vigorous training, induction courses and regular seminars conducted.

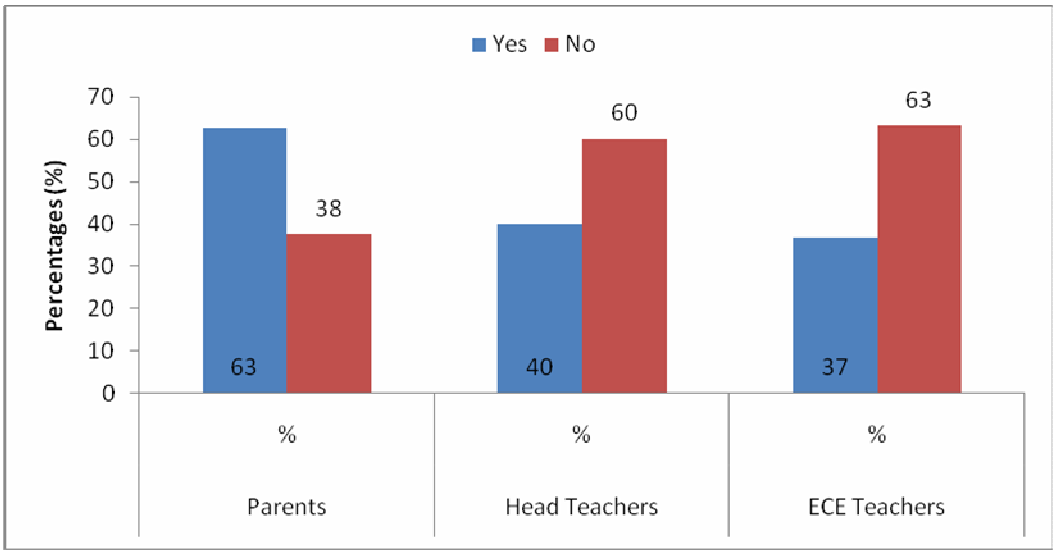
The major responsibility to children's officer was making referrals. Nutrition education was cited as the major nutrition service offered by 61(89.7%) of the respondents close to this was referral service offered by 58 (85.2%) respondents. Further analysis revealed that out of 68(100%) respondents 41(60.2%) offered food supplements, 34(50%) different types of food and 31(45.5%) initiated food projects. The least offered nutrition service was feeding programme by 20 (29.4%) respondent. Sheeran (2009) argues that school feeding programme should not be taken for granted as it increases school attendance, educational achievement and cognition particularly when supported by actions such as deworming and supplementation or micronutrients fortification.

4.4.2 Response on Provision of Nutrition Services

The study sought to find out the types of nutrition services received by the recipients from the paralegals to protect children's right to Education. According to full (2010) food is vital for life and when taken provides necessary nutrients which enables the body to function normally. Persons should therefore eat correct quality and quantity of food. Hence the study harnessed data to affirm or refute from the recipients the claim that paralegals offer nutrition services. To achieve this, the recipients were asked to indicate whether they received nutrition services or not, Sources of the nutrition service and the types of nutrition services offered to children in ECE.

The study findings revealed that out of 40 (100%) parents 25(62.5%) received nutrition services, Out of 20 (100%) head teachers 8(40%) received nutrition services and out of 19(100%) ECE teachers 7 (36.8%) admitted receiving nutrition services.

Figure 4.10: Response to receipt of nutrition services



The head teachers were further asked to state the sources of their nutrition services and sources indicated as in figure 10. 4(50%) head teachers and 3(43%) ECE teachers informed the study that their main source of nutrition service were parents while 6(24%) parents, 1(12.5%) Head teachers and 1(14.2%) ECE teacher received nutrition services from NGOs. More still, 8(32%) parents, 3(37.55%) Head teacher and 3 (42.8%) ECE teachers revealed that individual paralegals were their source of nutrition services. Worse still the findings confirmed that neither the head teachers nor the ECE teacher's received nutrition services from the hospitals and TBAs.

More still, 8(32%) parents, 3(37.55%) Head teacher and 3 (42.8%) ECE teachers revealed that individual paralegals were their source of nutrition services. Worse still, the findings confirmed that neither the head teachers nor the ECE teacher's received nutrition services from the TBAs.

Table 4.11: Sources of Paralegal Nutrition services by Recipients

Recipients		NGOs	Individual Paralegals	TBAs
Parents	f	6	8	1
	%	24	32	4
Head Teachers	f	5	3	0
	%	63	38	0
ECE Teachers	f	4	3	0
	%	57	43	0

The study findings therefore, revealed that the individual paralegals were the major providers of nutrition services followed by NGOs and traditional birth attendants. The parents were the least source of nutrition services. Gregor and Khatun (2006) in 5x5 model study revealed that ECD centre should provide atleast one nutrition meal to every child per day.

4.4.3 Category of Children Targeted by Nutrition Services

The study sought to establish categories of children targeted by paralegal nutrition services. Table 4.11 show a summary of children categories targeted by paralegal

nutrition services. Impoverished children often have the most deprived upbringing, setting them up for poor school achievement and lower lifetime earnings (EFA, 2007).

Table 4.12: Category of children targeted by nutrition services

Categories of Children	Individual Paralegal		TBA		NGOs	
	F	%	F	%	F	%
OVC	6	38	0	0	15	100
Malnourished	9	56	18	100	3	19
All sick	0	0	18	100	0	0

Findings noted that responses from the paralegals and recipients indicated that the most targeted category of children were the malnourished. Out of 107(100%) respondents 66 (61.6%) targeted malnourished children. A report from Educational resource information centre (1998) notes that undernourished children are typically fatigued and uninterested in their social environment. Such a child cannot participate well in class activities more still, 8 (40%) Head teachers and 7 (36.8%) ECE teachers and 1(6.25%) individual paralegal admitted that the nutrition services they received were meant for all categories of children irrespective of whether they were sick, malnourished or not. However, 7(17.5%) parents reported that the nutrition services targeted OVC. In agreement to the study findings, Lupien (2003) affirm that it is the distribution of ration to children who are undernourished or at risk of it. The vulnerable group can be reached through health care services such as mother and child clinics, social education services and voluntary organization.

4.4.4 Effectiveness of Nutrition Services

The study intended to examine the effectiveness of nutrition services offered by paralegals to protect children's right to Education. Healthy eating is fundamental to good health and is a key element in development from prenatal and early years to late life stages. To confirm effectiveness of nutrition services the recipients were asked whether the nutrition services were effective or ineffective and summarized as shown in table 12. Research has shown that as many as million children, worldwide fail to reach their cognitive and socio-emotional potential because of malnutrition, micro nutrient deficiency and lack of stimulation. This results to life long deficiencies and disadvantages affecting their education.

Table 4.13: Effectiveness of the nutrition service

Responses	Head Teachers		ECE Teachers		Parents	
	F.	%	F.	%	F.	%
Effective	8	45	7	37	23	58
Not effective	12	60	12	63	17	42

The study finding indicated that out of 20(100%) Head teachers, 8(45%) admitted that the nutrition services offered were effective and 12(60%) could not tell the effectiveness of paralegal nutrition services since they received none. Out of 19(100%) ECE teachers, 7(36.8%) who received the nutrition services from paralegals informed the study that the services were v effective, while 12(63.2%) did show how effective the services were since they were not provided with the services. Further still out of 40(400 %) parents, 23(58%) admitted that the nutrition services were effective and 17(42%) did not give

their comments. Since children were the beneficiaries of paralegal nutrition services it was important to affirm the receipt of paralegal nutrition services from them. Out of 200(100%) children interviewed, 178(89%) informed the study that the nutrition services were effective while 22(11%) that the services were fairly effective.

It was evident that majority of the recipients 203(72.8%) out of 279(1005) admitted that the paralegal nutrition services were very effective. However, 39(14%) out of 279(100%) recipients affirmed they never received nutrition services. According to Berhonan (2002) less nutrition intake by the children commonly in early years, leads to unproductive children who cannot use their reasoning ability well hence poor performance in teaching activities.

4.4.5 Challenges Facing the Paralegals in Provision of Nutrition Services

Service factors were identified as hindrances to provision of nutrition services. Lupine (2000) argues that short term hunger has adverse effects on children's learning abilities and attention. Hence the interest of the study in exploring challenges facing the paralegals in provision on nutrition services the findings were as table 13 below illustrates. The study findings, limited funds were mentioned by bulk of respondents 38 (558%) as the greatest challenge facing paralegal provision of nutrition services to children in ECE.

This was closely followed by 35 (51.4%) of the respondents who reported erratic supply of nutrition supplements. Further still, 29(42..6%) and 25(36.7%) expressed ignorance and mothers failure to attend clinics due to low education. Lupien (2009) contends that giving proper balance diet inform of ration to pregnant women decreases the risk of low

birth weight babies while Tull (2010) reiterates that there is increased rate of complication and death to mothers and babies during pregnancy and child birth of which some result to serve disability hence poor participation in class activities.

Table 4.14: Challenges faced by paralegals in provision of nutrition services

Nutrition	Individual Paralegal		NGO		TBA	
	f	**%**	**f**	**%**	**f**	**%**
Limited funds	8	50	12	80	18	100
Limited time	1	6.3	0	0	4	22
Poor infrastructure	0	0	6	40	0	0
Poor storage facilities	4	25	0	0	0	0
Ignorance	3	19	8	53	5	28
Erratic supply	12	75	15	100	0	0
Mothers failure to attend clinics	0	0	2	13	5	28

Poor infrastructure was yet another challenge that was indicated by 12 (17.6%) This was attributed to government's laxity in the rural areas. The least reported among the many challenges were limited time factor and poor storage facilities cited by 5(7.3%) and 4(4.8%) respondents respectively. The challenges put forward hindered effective provision of nutrition services by paralegals leading to lax in protection of children right to education.

4.4.6 Measures Taken by Paralegals to Overcome Nutrition Challenges

It is important to solve health and nutrition problems interfering with learning. School meals are a good way to channel vital nourishment to poor children (W.H.F.P. 2009). In regard to this, the study sought from the respondents on how to curb the challenges. The suggestions put forward by the respondents were summarized as indicated in table 14. The study revealed that the paralegals had adopted various measures to ensure constant provision of nutrition services to protect children right to education. Findings from table 4.12 cited training care givers as a major measure mentioned by 45(66.1%) respondents. Out of 68(100%) respondents 35(51.4%) suggested that regular consultative meetings while 34 (50%) awareness creation and sensitization on the importance of nutrition so that parents and caregivers may change their attitudes and help in the provision of nutrition services to children. Closely linked to this, 29(42.6%) cited that regular home visits were to be conducted. More still, 18(26.4%) reported that establishing kitchen garden and 17(25%) Formation of community health oversight committee could reduce challenges faced in provision of nutrition services.

Table 4.15: Measures taken to overcome nutrition challenges by the paralegals

SOLUTION	Individual P		NGO		TBA	
	F	%	F	%	F	%
Formation of support groups	0	0	6	40	0	0
Irrigation	6	38	8	53	0	0
Lobbying for Funds	0	0	5	33	0	0
Kitchen garden.	10	63	4	27	4	22
Training care givers	6	38	7	47	14	78
Food supply	0	0	2	13	0	0
Planting drought tolerant crops	8	50	0	0	0	0
Home visits	16	100	9	60	3	17
Consultative meetings	12	75	5	33	0	0
Creating awareness	7	44	12	80	1	6
Linkages for food support	0	0	12	80	0	0
Capacity building	0	0	3	20	0	0
CHOC	2	13	15	100	0	0

Further still, 14 (20.5 %) , 12 (17.6%) and 10 (14.7%) respondents suggested irrigation of land, forming linkages for food support and outreach programmes engagement

consecutively as measures to nutrition challenges. Other measures reported were planted drought tolerant crops suggested by 8(11.7%), Lobbying for funds by 5(7.3%), formation of support groups by 4 (5.8%) and capacity building by3 (4.4%). The least was suggested by 2(2.9) that the paralegals request for food supply from other agencies. This was in agreement with studies from Kriston (2009) who stated that W.F/P is giving nutritional general food distribution.

4.5 Paralegal Awareness/ Sensitization Services and children education

Creation of awareness and sensitization is important for the success of every programme related to children's right to Education. This is based on the argument that awareness creation to parents, caretakers and Community reduces their ignorance improving their nurturing ability and provides them with skills and knowledge on how to control and manage children's diseases. Hence, the probability that children learn more and effectively use their study time.

4.5.1 Provision of Paralegal Awareness/Sensitization Services

Awareness building and sensitization services on disease control and management care and nature contributes to good health in children, consequently influencing participation in the learning process resulting to outstanding performance.

The study therefore, sought to establish from the paralegals whether they created awareness and sensitization services on children's health. To confirm these, paralegals were asked to state the recipients to whom they built awareness and sensitization services and the results are illustrated in table 4.15. In a separate study UNAIDs (2006) indicate that IAP- Thika conducts a number of campaigns to raise awareness about VCT services and counteract the stigma and discrimination surrounding HIV/AIDs that prevent people from seeking out VCT services.

Table 4.16: Provision of paralegal awareness/sensitization services

Recipients	**Individual paralegals**		**NGOS**		**TBAS**	
	F	**%**	**F**	**%**	**F**	**%**
Children	8	50	6	40	0	0
Parents	16	100	15	100	0	0
Caregivers	16	100	15	100	0	0
Community	6	38	5	33	0	0
Expectant mothers	0	0	10	67	18	100
H/ teacher	0	0	4	27	0	0
ECE / teachers	0	0	4	27	0	0

The study analysis noted that the NGOs created awareness to all including children. 15(100 %) NGOs created awareness and sensitized parents and caregivers. Out of 15 (100 %) NGOs, 10 (66.6 %) created awareness sensitization to expectant mothers, 6(40%

to children, 5(33.3%) to community and 4(26.6%) to head teachers and ECE teachers. More still, the study indicated that 16(100%) individual paralegals created awareness and sensitized parents and Out of 16(100%) individual paralegals, 8(50%) created awareness and sensitization to children and 6(37.5%) to the community. However, TBAs created awareness/ sensitization services to expectant mothers only. Study analysis also revealed that awareness creation and sensitization were the main services paralegals offered to parents and caregivers as primary recipients to protect children right to education.

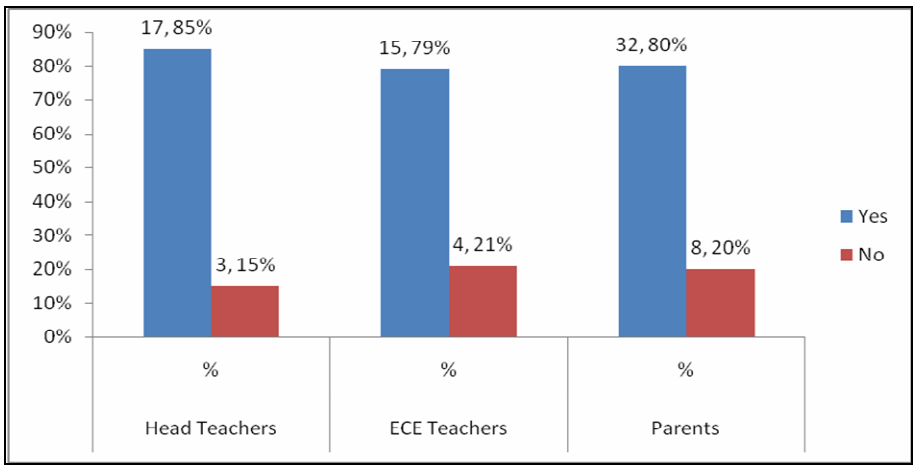
4.5.2 Receipt of Awareness/ Sensitization Services

It was imperative to establish the provision of paralegal awareness/sensitization services from the recipients. To affirm this, the recipients were asked whether they received awareness/ sensitization services regarding children's health and the sources of services received. Summary of the responses are shown in figure 16.

Study findings indicated that out of 20(100%) head teachers, 17(85%) admitted that they received awareness/sensitization services out of 19(100%) ECE teachers 15 (78.9 %) and out of 40(100%) parents 32(80%) received the services. CARE (2014) paralegal conducts awareness campaigns to increase communities understanding on child rights with special focus on community members who are in position vital for the well being of young children.

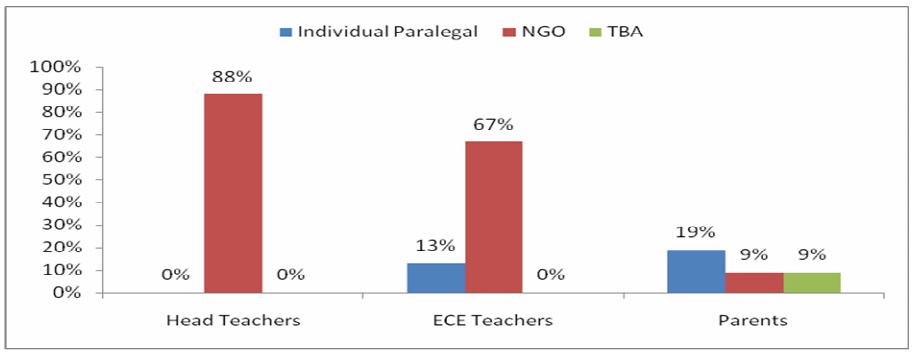
This often means informing local law makers, law enforcer and traditional village leaders about child right declarations endorsed by their own government

Figure 4. 9: Recipients receipt of awareness/sensitization services



The recipients were asked to mention sources of awareness/sensitization services they got and result as shown in figure 4.12.

Figure 4.10: Sources of paralegal medical services by recipients



The major sources of awareness/sensitization service among the paralegals were the NGOs represented by 28 (43.8%).

This was closely followed by Ind. P represented by 8(12.5%). Finally the TBAs offered the least awareness/sensitization services represented by 3(4.7%) to the recipients in the study. However, the study indicated that the head teachers neither received awareness/sensitization services from the ind. P nor the TBAs. Further still, the TBAs never provided awareness/sensitization services to ECE teachers. Study findings revealed that most recipients considered Ind P. and TBAs to be having less education and therefore nothing more to offer in terms of awareness and sensitization services. While others expressed they never got the opportunity to receive awareness/sensitization services from them. This indicates that awareness/sensitization services on matters pertaining to children's health are still scarce hence their right to Education unprotected. Neil (2007) in a study content that as result of poor outreach and communication many guidance are unaware of the service provided or how to access such services.

4.5.3 Areas of Interest to Paralegal Awareness/ Sensitization

Awareness/Sensitization building regarding children health is paramount to effective children education. Hence the effort of the study in exploring the issues of paralegal interest. This identified as hygiene, diseases, children rights, nutrition, parenting skills and child care. To achieve this, the paralegals were asked to indicate areas of their interest as summarized in table 16. Study analysis revealed that out of 49(100%) paralegals, 15(31.6%) admitted that their major area of awareness/sensitization was disease control and close to this was child care reported by 13(14%) paralegals. 9(18%) and 7(14%) paralegals reported nutrition and Income Generating Project (IGP) as their interest areas of awareness/sensitization services.

The study demanded to know from action aid paralegal in Migori how they protect children health and voice captured. “we start income generating projects for them, give them seeds for draught resistant crops for sale, create awareness when the diseases break out , provide them with food baskets and establish feeding programmes to schools with high number of OVC.

Table 4.17: Paralegals areas of Interest on Awareness / Sensitization Services

Interest Areas	Individual Paralegal		NGO		TBA	
	F	%	F	%	F	%
Hygiene	1	6	1	7	0	0
Diseases control	3	19	2	13	10	56
Children’s rights	1	6	2	13	0	0
Nutrition	6	38	2	13	1	6
Child care	1	6	5	33	7	39
IGP	4	25	3	20	0	0

Further analysis indicated that 3(6%) paralegals admitted their main area of interest was child right while hygiene was the least as indicated by 2(4%) paralegals. From the study, it was evident that the main focus of the paralegal awareness /sensitization services was to control childhood diseases, child care and to ensure children are not malnourished through provision of nutrition services to protect their rights to Education. CAREs project of 5x5 model create

awareness to the community about child nutrition, parenting skills and child right through regular radio programming leading to increased demand for children's education (Caspe and Lopez, 2006).

4.5.4 Effectiveness of Paralegal Awareness and Sensitization Services

Creation of awareness/sensitization is of critical concern to children and so to all the recipients and government of Kenya. This is based on the argument that in the absence of awareness creation/sensitization, insecurity, poor health and poor use of study time among the learners result. Confirming these arguments are recipients affirmative response and discussions of effects as shown in table 17.

Table 4.18: Effectiveness of paralegal awareness/sensitization service

	Head Teachers		ECE Teachers		Parents	
Effective	20	100	19	100	34	85
Not effective	0	0	0	0	6	15

It was important to affirm the effectiveness of paralegal awareness/sensitization services from the recipients. Out of 79(100%) recipients, 34(85%) parents, 20(100%) head teachers and 19(100%) ECE teachers admitted the services were effective while about 6 (15%) of parents were the only one who deemed the services to be less effective as the services were deficient and ineffectively conducted. Awareness creation to recipient enables them prevent childhood diseases, provide base nutrition services and ensure hygiene prevails to protect children's right to education. Lopez (2006) content that to maximize the effectiveness of awareness and reach a large number of people campaigns often occur in conjunction with the local market day.

4.5.5 Awareness /Sensitization Challenges Faced by Paralegals and Solutions

Several factors have been identified to inhibit paralegal awareness/sensitization services. These include ignorance, negative attitude, and high community expectations among others, hence the interest of the study in exploring factors hindering creation of awareness/sensitization services as well as solutions on possible ways to address the challenges. The challenges and solutions put forward by the respondents were summarized as indicated in table 4.18.

Table 4.4: Paralegal awareness/ sensitization challenges

Challenges	TBAs		NGOs		Individual Paralegals	
	f	**%**	**f**	**%**	**f**	**%**
High community expectations	0	0	15	100	6	38
Limited funds	18	100	4	27	10	63
Negative attitude	0	0	4	27	2	13
Ignorance	0	0	6	40	5	31
Poor infrastructure	0	0	10	67	8	50
Traditional believes	4	22	5	33	2	13
Non-involvement of stakeholders	0	0	5	33	4	25
Poor administration	0	0	1	7	5	31

The study findings, limited funds were mentioned by the bulk of respondents, 32(65.3%) as the greatest challenge facing paralegal awareness/sensitization services. This was closely followed

by 21(42.8%) of the respondents who reported high community expectations. Further still 18(36.7%), 11(22.4%), and 9(18.3%) expressed poor infrastructure, ignorance, traditional believes and non- involvement of stakeholders. Negative attitude and poor administration by some paralegal leaders were other challenges indicated by 6(12.2%). Dunn (2004) contend AHA creates awareness on preventive and curative intervention by providing mosquito net.

Solution to challenges faced in provision of awareness/sensitization services

The study sort to find solution from the paralegals on how to curb the challenges hindering awareness/sensitization services and results as shown in table 19.

Table 4.20: Solutions to Challenges in provision of Awareness/sensitization services

Solution	TBAs		NGOs		Individual Paralegals	
	F	**%**	**F**	**%**	**F**	**%**
Conduct follow ups	0	0	15	100	6	38
House to house visit	0	0	7	47	6	38
Fund raising	0	0	0	0	10	63
Forming linkages and networking	0	0	15	100	0	0
Hiring motorbikes and vehicles	0	0	4	27	16	100
Sporting activities	0	0	0	0	4	25
Involvement in other IGA	3	17	0	0	0	0

On the other hand solutions were sought from the respondents on how to curb the challenges. Out of 49(100%) respondents 21(42.8%) suggested that follow–ups should be conducted.

Closely linked to this, 20(40.8%) cited that they had to hire motor bikes and vehicles in order to reach targeted areas for creation of awareness/sensitization services. Forming linkages and networking was another solution that was put forward by 15(30.6 %) while 13 (26.5%) suggested house to house visit. More still, 10(20.4%) reported that they raised funds to meet some demands of children in schools like feeding programme and school uniforms. The least was suggested as sporting activities and involvement in income generating activities indicated by 4(8.1%) and 3(6.1%).This suggestion does not gain much support as sporting activities bring people together, enable them to socialize and create rapport to protect children's right to ECE. Moreover, IGA is critical to quality of education offered in ECE centres as it improves the life style of the people allowing the provision of basic needs to the children hence protection of their education. IAP- Thika focuses on addressing a number of issues related to mitigating the effects of HIV/AIDs through a multsectoral community based approach (Richter and Sherr, 2006).

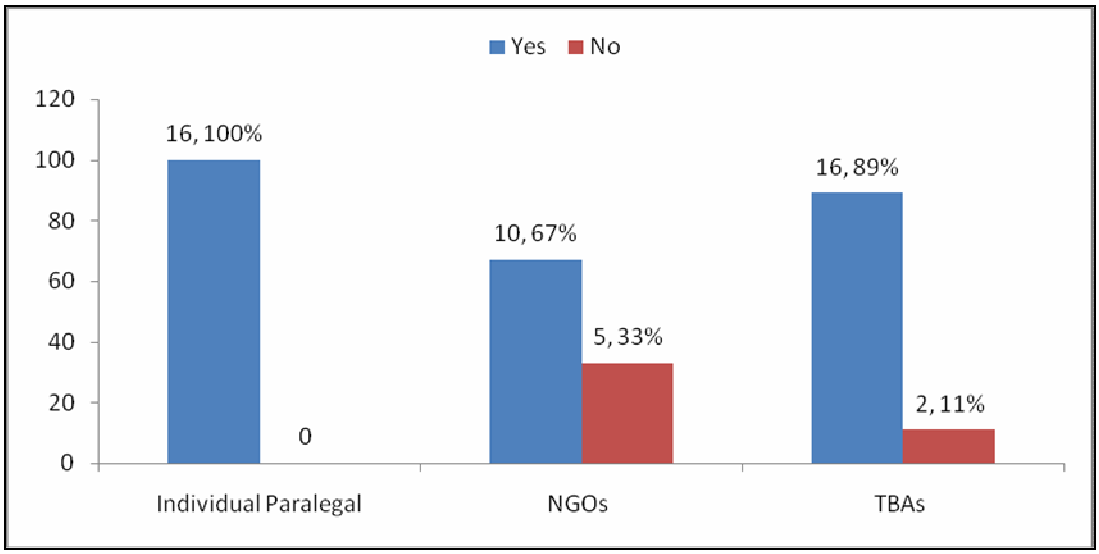
4.6 Paralegal Counseling Services and Protection of Children's Education

One of the main roles of paralegals is provision of counseling services. This ensures that trained and competent people of appropriate qualifications and grades that are consistent with the recommendations and guidelines offer counseling services to address children's needs (Thungu and Wandera, 2008). This not only enables the children to cope up with stress but provides psychological relief protecting their rights to ECE. Hence the section examined paralegal counseling services and protection of children's right to education.

4.6.1 Provision of paralegal Counseling Services

Counseling is increasingly being recognized as an important component of a teacher's responsibility because children learn better when they are free from worries (Thungu and Wandera, 2008). Nevertheless, the paralegal counseling services have been incorporated to provide support to the many orphaned and vulnerable children. Therefore, the study harnessed data to affirm or refute the claim that paralegals provide counseling services. The paralegals were asked if they provided counseling services and the results summarized as indicated in figure 4.13.

Figure 4.11: Paralegal counseling services and ECE

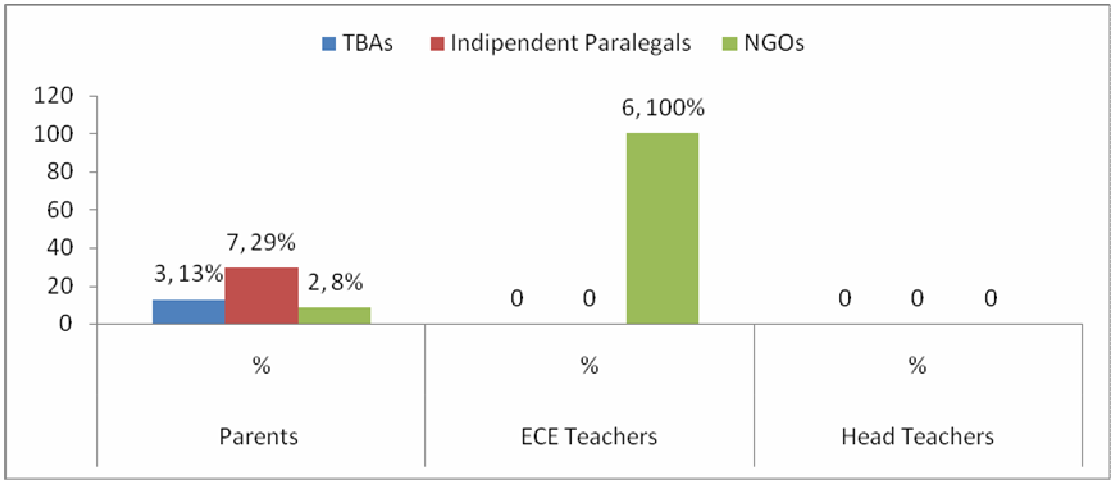


The study findings indicated that out of 49 (100%) paralegals, 42 (85.7%) offered counseling services while 7 (14.2%) did not. This was attributed to lack of skills and knowledge to offer counseling services. Guidance and counseling enhances children's learning relationships, problem solving and discipline (Ndirangu, 2002).

4.6.2 Receipt of Counseling Services by Recipients

The study sought to affirm the provision of paralegal counseling services from the recipients. To confirm this, the recipients were asked whether they received counseling services and the sources of the counseling services.

Figure 4.12: Receipt of counseling services by recipients



The responses and sources of counseling services put forward by the recipients were summarized as indicated in figure 16. The study findings revealed that out of 79 (100%) recipients 24 (60%) parents, 6 (31.6%) ECE teachers and 2 (10%) head teachers admitted receiving counseling services while 16 (40%) parents, 13 (68.4%) ECE teachers and 18 (90%) head teachers reported that they did not receive counseling services regarding children's health. Desmond (2001) in a study expressed that local leaders need to be trained as school counselor and organizers of OVC children for the government to buttress the social support orphans receive from the relationship with stable.

The study analysis revealed a gap as head teachers and ECE teachers did not receive paralegal services. On the other hand the recipients were asked to mention the sources of counseling services they received and responses put forward. The study findings indicated H. Off represented by 14(44%) as the greatest source of counseling service. This was closely followed by 8(28%) NGOs and 7(22%) Ind. P. The traditional birth attendant offered the least indicated by 3(9%) Further analysis indicated that out of 32 (100%) recipients who received counseling services 6(100%) ECE teachers were counseled by NGOs while 2 (100%) head teachers by health officers. However, the TBAs and Ind.P did not provide any counseling service to ECE teachers and the Head teachers.

Out of the 79 (100%) recipient the 47(59%) who did not receive counseling services argued that neither the paralegal nor the health officers offered counseling services to them or their children in pre-schools. In instances where teachers are not skilled in counseling, most children affected and infected by diseases and those traumatized in one way or the other do suffer since the teachers cannot help them cope up with stress. Children cannot learn well hence their rights to education not protected. Gitonga (2007) noted that children need to be guided and counseled so as to process and work through any issues or garbage they may encounter.

Jolly (2007) meeting the needs of very young children necessitates integrated intervention that move beyond the traditionally isolated realms of health and education to

also encompass child rights, economic empowerment of families and improved community awareness.

4.6.3 Targets of Paralegal Counseling Services

The study intended to identify those targeted by paralegal counseling services. The information realized is presented as in table 20.

Table 4.21: Targets of paralegal counseling services

	Individual Paralegals		NGOS		TBA	
	F	**%**	**F**	**%**	**F**	**%**
Children	8	50	15	100	8	44
Parents / caregivers	16	100	12	80	0	0
Community	4	25	6	40	0	0
Expectant mothers	0	0	0	0	18	100
Head Teachers	0	0	3	20	0	0
ECE Teachers	0	0	0	0	0	0

Study findings revealed that all the 16 (100%) Ind. P cited parents /caregivers as their major targets. Besides this the individual P also targeted 8 (50%) children and 4 (25%) community members. The main target of NGOs were children represented by 15 (100%) NGOs. Apart from the major targets 12 (80%) NGOs targeted parents and caregivers while 6 (40%) community members 3(20%) ECE teachers. The major target 18 (100%) TBAs were expectant mothers. Other targets indicated by 8 (100%) TBAs were children. Study analysis indicated that out of 79 (100%) paralegal 28 (57%) reported their major target as parents and caregivers. This was closely followed by 21 (42.9%) and 18 (36.7%) paralegals targeting children and expectant mothers. There was no doubt that

paralegal counseling services were quite deficient in the ECE centres because out of 49 (100%) paralegals only 3 (6%) paralegals expressed their interest on teachers. The ECE teachers who are less targeted by the paralegals take longer time with the children than the parents/caregivers. All teachers need to be well equipped with counseling knowledge to protect children's education. Soet (2005) concurred that conselling help maintain discipline which is so crucial and basic to everything else in classroom.

4.6.4 Key Areas of Paralegal Counseling Services.

It was important to highlight the key areas of paralegal counseling services. This provides the government with a clue on weak areas during planning and budgeting to protect children's right education. The study therefore sought to find out key areas involving paralegal counseling services in ECE. The study findings are shown in table 4.21

Table 4.22: Areas of Paralegal Counseling Services

Responses	**TBAs**		**Individual Paralegals**		**NGOs**	
	F	%	F	%	F	%
Sick	5	28	8	50	9	60
OVC	10	56	16	100	15	100
Nutrition	6	33	16	100	10	67
HIV /AIDS	16	89	16	100	15	100
Parenting	1	6	2	13	0	0
Defilement	1	6	4	25	6	40

The study findings noted that, paralegal counseling services were majorly offered to those infected and affected with HIV /AIDs indicated by 47 (95.9%). This was closely

followed by 41 (83.7%) paralegals reporting offering services to orphans and vulnerable children. Further still, 32 (65.3%) paralegals informed the study that they provided nutrition counseling services, 22 (44.9%) counseled the sick and 11 (22.4%) offered counseling services to children abused sexually. The area in which counseling services was least offered was parenting indicated by 3 (6.1%). Desmond (2001) argued that psychosocial counseling to at risk children can be coupled with maternal support for children's caregivers to build the capacity of household to care for the child.

However, it was important to know the efforts put by government to protect children's right to education. 18 (100%) health officers informed the study that they offered nutrition, HIV/AIDS and defilement counseling services to abused children. More still, the health officer reported that 8(44.4%) offered counseling services to the sick and 4 (22.2%) to parenting while 1 (100%) children officer to sick, OVC, HIV/ AIDS and on issues of parenting and defilement. Eventhough the study findings revealed that the government has put a lot of effort to protect children's right to ECE, it was still evident from analysis that the paralegal needed to supplement on counseling offered to OVC and nutrition which were rarely provided by the government officers. A study by Gulaid (2004) holds the same view that low HIV testing and counseling coverage and child uptake and adherence all need to be addressed.

4.6.5 Effectiveness of Paralegal Counseling Services

An effective service is one in which the counselor is equipped with skills necessary for counseling, such as physical attending behavioural and communication skills as well as control the counseling process. In cases where the counselor is not well equipped with

skills necessary for counseling such as physical attending behaviours then he /she may be misinterpreted as showing signs of non-involvement or withdrawal which may lead to an effective counseling service. Hence the studies attempt to confirm from the recipients the extent to which the paralegal counseling services are effective. The recipients responses were indicated as in table 22.

Table 4.5: Effectiveness of paralegal counseling services

Responses	Head teachers		ECE		Parents	
	F	%	F	%	F	%
Effective	20	100	18	95	36	90
Ineffective	0	0	1	5	4	10

From the analysis, it was clear that majority of the recipients admitted that the paralegal counseling services were effective as indicated by 74 (94%) out of 79 (100%) recipients services were fairly effective while 5 (6.3%) noted the services to be ineffective. Monica (2007) concurred with these findings suggesting the use of counseling for effectiveness in imparting discipline among pre-schoolers because it does not only take care of misbehaviour but also help an individual to grow holistically and be well adjusted in the society.

4.6.6 Counseling Challenges Faced by Paralegals and their Solutions

The study sought to determine challenges experienced by the paralegals during the counseling process. Suggestions were also sought from all the paralegals on possible

ways to address the counseling challenges. The challenges and suggestions put forward by the respondents were summarized as indicated in table 20.

The study findings, counselors connecting level to counselee was mentioned by the bulk of respondents 24 (48.9%) as the greatest challenge facing paralegal provision of counseling services. In one rare instance Onana an individual paralegal had to say this “I counseled a young boy in my area here who repeatedly ran to the streets of Migori town from his caretaker. But I later realized my effort were fruitless until I started giving material items like food, clothing and even offered to shelter him along with my children”. This was closely followed by 22 (44.8%) of the respondents who reported negative attitudes.

Table 4.24: Challenges faced during provision of counseling services

Challenges	**TBA**		**Individual Paralegal**		**NGO**	
	F	**%**	**F**	**%**	**F**	**%**
Communication barrier	3	17	2	13	10	67
Counselor and counselee connecting level	1	6	8	50	15	100
Misinterpretation	0	0	10	63	6	40
Personal problems to solve	4	22	12	75	3	20
Deficient funds	5	28	16	100	10	67
Negative attitude	6	33	8	50	8	53
Interpreted relationship	4	22	6	44	4	27

Unreasonable expectations by the counselee was yet another challenge that was indicated by 22 (44.8%). Further still 19 (38.7%), 16 (32.6%) and 15 (30%) expressed that

counselor's personal problems to solve, misinterpretation and communication barrier were other challenges.

Table 4.25: Solutions to Challenges above

Solutions	**TBA**		**IND. P**		**NGO**	
	F	%	F	%	F	%
Provision of funds	3	17	16	100	10	100
Frequent courses	0	0	10	63	15	100
Good approach	6	33	16	100	15	100
Counselee to decide	0	0	16	100	4	27
Appropriate physical attending behaviour	0	0	16	100	3	20

A separate study of Thungu and Wandera (2003) concurred with this view that physical attending behavior of a counselor such as keeping the arms crossed should be avoided as this may be interpreted as a sign of withdrawal or non-involvement (Thungu & Usandera, 2003). The least reported among the many challenges was interpersonal relationships between the counselors and children. The challenges put forward hindered effective provision of counseling services as most families were faced with crisis of HIV/AIDS pandemic, therefore being unable to protect children's education Kisuke (1986) further notes that guidance and counseling has impacted on teachers such that they are able to understand issues they were not informed about as counseling challenges. Solutions sought from the paralegals on how to curb the challenges revealed that, 37 (75.5%) suggested use of good approach to ensure counselor and counselee connect so same level

and for good interpersonal relationship for effective communication. Children's closely linked to this, 29 (59.1%) cited that sufficient funds should be provided to make them pay frequent visits to counselees. Frequent induction courses was another suggestion that was put forward by 25 (51%) while 20 (40.8%) suggested that the counselee should be given time to decide. The least was suggested by 19 (38.7%) that there should be appropriate physical attending behavior. This suggestion does not gain much support as most of the TBA's never attended induction courses and therefore not aware of the basic skills required for counseling process. Nakhumwa (2008) in a study expressed the view that holistic counseling should be integrated by using both religious and secular psychological approaches. This is aimed at character formation and dissemination of holistic values. These are necessary to assist children to be discipline and therefore able to deal with challenges and realities they face in ever changing environments, understand themselves, their academic and physical environment to realize their potentials through education.

CHAPTER FIVE:

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter aims at presenting the summaries of study findings followed by conclusions. Further it outlines the recommendations and finally it gives suggestions on areas for further studies.

5.1 Summary

Findings of the study revealed that the health services provided by paralegals were not sufficient enough to meet the increasing health demands of the ECE children .Only a few children from urban areas received adequate health services. The provision of health services to children in ECE is inadequate and mainly comes from public hospitals, this means most children in ECE do not meet health standard required for their development at this level due to scarcity of hospitals in the rural areas.

The NGOs provision for health services to children at ECE level was minimal .The traditional birth attendants who were always in constant touch with parents offered inadequate health services owing to their poor economic levels and low education hence most children's lives at a risk. The TBAs were the most significant paralegals in protecting children's health through provision of medical services followed by NGOs, and the individual paralegals respectively. Majority of paralegals could not provide medical health services appropriately due to negative attitude of parents.

Protection of children's right to Education depended on quality and availability of nutrition services from the paralegals. This was necessary in order to enhance proper growth and development of children at this level. The nutrition health services offered by paralegals determined the development of various milestones in children contributing to protection of their rights to Education. Even though most paralegals admitted that the nutrition health services offered were very effective, the major sources of nutrition health services to children in ECE were parents and the NGOs who faced various challenges including limited funds and inadequate supply of food supplements.

Creation of the awareness /sensitization services is a key aspect of health that influences the protection of children's right to Education as it determined the health prerequisites that children need for their developments .The study findings indicated that most paralegals were focused on creation of awareness in matters pertaining to hygiene and diseases followed by nutrition and parenting skills. The provisions however, were faced with challenges such as poor infrastructure, high expectations from the community and negative attitude as well as limited funds .In respect to counseling health services the study established that coping up with challenges was key to enhancing protection of children right to education.

The paralegals required informed specialist in counseling health services to help traumatized caretakers and children affected and infected with diseases such as HIV /AIDs respond to life with a positive attitude .This would positively impact on protection of children right to Education as they would accept their conditions hence cope up with

every challenge appropriately. The study revealed that the most counseled category of people were the care takers and parents while the ECE teachers and head teachers revealed that counseling services were quite deficient in ECE centers. Paralegal health counseling services also required to be conducted professionally through trained personnel as there were high incidences of ignorance. The study further established that there is a positive relationship between protection of children's right to Education and medical services, nutrition services, awareness / sensitization services and counseling services. The positive relationship indicated that there is a connection between the paralegal health services and protection of children right to Education. All the paralegal health services stipulated were equally significant in protecting children's right to education.

5.2 Conclusion

The study concluded that the health services provided by the TBAs were adequate and could be relied upon to protect children right to Education. However, the NGOs and individual paralegals provision for health services at ECE level was low. The health officers service provision for ECE level children were always out of reach in times of emergencies due to distance, insufficient medicine and lack of funds to pay for treatment among others. The scarcity of resources led to inadequate provision of quality health services in terms of medicine, food supplements, awareness creation and counseling.

The study also concluded that protection of children's right to Education depended on awareness creation and counseling services .This was necessary in order to enhance the

protection of children right to Education through provision of basic needs for quality performance. Awareness/sensitization and counseling services gained through the paralegal's efforts determined the capacity of the community and care takers to protect children's right to Education.

The health service mostly provided by the paralegals was nutrition even though its unreliability led to negative effect on protection of children's right to Education. The limited source of funds was a major challenge in enhancing provision of nutrition services in order to protect children's right to education. Besides, nutrition services, counseling and awareness/ sensitization services are key aspects of paralegal health services that influence protection of children's right to education as they focus on the value of basic needs to protection of children's right to education.

In respect to medical services the study concluded that provision of medical services was significant in enhancing protection of children's right to Education. The provision of medicine was affected by limited funds, cultural believes, ignorance, limited skills from care givers, inadequate provision of medicine and poor infrastructure. For paralegal medical services to positively impact on children's right to education the study concluded that there should be combined effort from a committed government, the paralegals and care takers. The paralegals needed training on medical service provision to reduce incidences of ignorance and limited skills since they were within reach of the caretakers and parents. The study further concluded that there is a positive relationship between paralegal medical services and protection of children's right to education. The positive

relationship shows correlation between paralegal health services and protection of children's right to Education

5.3 Recommendation

5.3.1 Recommendations for practice

The county government should be responsible i.e. in monitoring and evaluating the paralegal effectiveness and quality to ensure dissemination of promising practices.

The study revealed that the health service provided by the MOH is unreliable due to lack of resources. The study recommends that the county government should up-scale the resources allocated to children's health to enhance protection of their education. Moreover government grants should be channeled to the paralegals to enhance their operation.

Awareness / Sensitization and counseling services were affected by lack of funds, poor infrastructure and ignorance. The study recommends that the government should disburse funds on regular basis, improve infrastructure, educate and train the paralegals on better ways of creating awareness / sensitization to eliminate ignorance. In addition, the paralegals also need training in order to be well versed with different counseling methods and procedures to protect children's right to education.

5.3.2 Recommendation for policy

As a signatory of the UN child rights convention and the African charter on the rights and welfare of children, Kenya should consider the ECE department in every unit county. This will enhance service provision and protect children education. Since the study established that the MOH services for children are unreliable due to distances and expenses involved, the paralegal should operate as counter parts of the MOH. The government should therefore strengthen capacity of paralegals to protect children's education.

The study revealed that the health services provided by NGOs and individual paralegals were unreliable and insignificant due to lack of resources. The study recommends that the government should up-scale the resources allocated to children's health to enhance protection of their education. Moreover, government grants should be channeled to the paralegals to enhance their operations.

5.3.3 Recommendation for Further Research

Since this study explored the influence of paralegal health services on protection of Children's right to Education in Migori County, Kenya, the study recommend that, a Similar study should be done in other Counties in Kenya for comparison purposes and to allow for generalization of findings on the influence of paralegal health services on protection of children's right Education.

The study further recommends more studies done on the influence of other paralegal services on protection of children's right to education and on challenges facing paralegal's provision of health services in Kenya.

5.4 Contribution to the Body of Knowledge

Analysis from the study revealed that the burden of protecting children's right to Education is depended on the health services provided by the paralegals. If the inflow of paralegal health services is steady, protection of children's right to Education is enhanced, if there is inadequate and unreliable provision of health services the health of the children will deteriorate impeding the protection of children's right to Education.

5.5 Summary of the study contribution to the body of knowledge

Adequate provision of health services determines the success of ECE. An effective ECE programme requires medical services to ensure treatment of common childhood diseases, prevent and lessen the impact of HIV/AIDS through enhancing access to services and information and creating environment for behavioral change.

Adequate nutrition is of great value to protection of children's right to Education as it promotes healthy eating and active lifestyles, assist children at nutritional risk by improving their health status through making changes in dietary. Adequate nutrition promote children's understanding of our basic nutritional needs for survival and prevents harmful dietary practices that affect children. Proper nutrition services also ensure that a child grows to obtain a healthy height and weight, and concentrate in school which in turn results in more opportunities in life.

Awareness creation is of great value to ECE as it reduces stigma and discrimination, enhances participation of children in their communities through programmes such as child to child learning and start programmes that promote educational opportunities for children to learn. Awareness / sensitization services also emphasize on programme that enable children to grow up with effective support for their overall development and to be better prepared to make the most of learning opportunities.

Counseling addresses issues associated with children suffering the effect of child abuse and neglect, provides information on what to do when confronted with abusive behavior and offers healing that helps the child victims. Proper counseling also provides psychological assistance for children and inform parents, caretakers about how they can keep their children safe and help children recover from trauma of abuse.

REFERENCES

Achieng, P. (2004). *African Network on Protection and Prevention of Children Against Neglect.* Kenya

Achieng, P. (2010). *Lower Ambira Community Child Development Programme on Care Environment for Young Children*. Kenya

Adawo, R. (2015). *Influence of Paralegal Health Services on Protection of Children's Right to Education in Migori County Kenya:* Unpublished Med Thesis UON

Amanda, A. (1975). *Need For Guidance & Counseling in our Primary Schools.*Paper Presented at Education Guidance & Counseling Seminar For Inspectors of Primary Schools & Tutu Counseling of Kenyatta. Kenya. *among middle schoolers.* ***Middle School Journal***, 32; 56-61

Amukoa, E. F. (1984). *Need for Serious Counseling in Kenyan Schools.*UnpublishedPost Graduate Diploma in Education Thesis.Kenyatta University, Nairobi Kenya.

Arpadi, S. (2005).*Growth Failure in HIV Infected Children, WHO Department of Nutrition for Health and Development*. Durban

Balogolu, (2009).SOS Childrens village. Australia.

Barrow & Lee data set; UNESCO (2000).World Bank (2003); Impact of Child Health on Education in Developing Countries

Borg, R. W. and Gall, P. J. (2004).*Research in Education.*An Introduction (7th Ed) New Jersey Prentice Hall Inc

Boulevard, (2007). *Implementing Aids Prevention and Care Project*. Namibia

Brodrick, J. R. and Arthur, J.G. (1993).Leveraging with Legal Assistants. Chicago: America Bar Association

Brough,J.A and Irvn,J.I.(2001).*Parental involvement supports academic improvement*

Burnet, N. (2010).World Conference on Early Childhood Care and Education.What Challenges Exist for ECE? What should we do about them?Moscow, Russian Federation

CARE, (2004). *An Initiative Supporting the Basic Income Needs of HIV /AIDs Affected Households and Individuals.*Zimbabwe

CARE, (2004). *Lesson learned, an initiative supporting the basic income needs of HIV/AIDS affected households and individuals,* Kenya.

CARE, (2005). *Lessons learned Nkundabana: A model for community- Based care for orphans and vulnerable children*, Rwanda.

CARE, (2005).*Lessons Learned Nkundabana, A Model for Community Based Care for Orphans and Vulnerable Children.*Rwanda

Carlson, E. (2005). *Attachment in Institutionalized and Community Children in Romania: Child Development.* Washington DC

Carwadine, (2004): Afghan Religious Leaders Benefits from Child Rights Awareness. Afghanistan

Caspe M, Lopez ME. (2006). *Lessons from family strengthening Interventions" Learning from evidence based practice,* Cambridge, Mass Harvard Family Research Project.

Childrens' Act, (2001) & United Nations Convention on the Rights of the Child.Nairobi, Kenya

Collin G. R. (2007) *Christian counseling Dallas:* Thomas Nelson Publishers

Cowley, J. I. (2010). *A Comperative Study of Paralegalism in Australia.* The United States of America

Dunn, A. (2004). *HIV/AIDS: What about very young children? Findings paper 2 exchange*. Healthlink, London,

Dunn, R. Morton-Rias, D. and Geisert, G. (2007)*Allied Health Student Learning Styles Identified With Two Different Assessments*. Journal of college student retention 9, 233-250, College Student Retention 9, 233-250.

EFA (2007*). Education for Ali, Global montoring report strong foundation Early Childhood Care and Education*. Paris, UNESCO

ERP, (2006).Funds Donation for Street Children Project and Non-violence Awareness Campaign in Educational Institutions United States. Port Louis, Mauritius

Evans, R.N.C. (2005). *Social Network Migration and Care in Tanzania-Caregivers and Children's Resilience to Coping with HIV/ AIDs: Journal of children and Poverty.*11:111-129

Ferrand, R.A and Corbett, E.L. (2009*). Aids among older Children and Adolescents in Southern Africa: Projecting the Time, Course and Magnitude of the epidemic*. South Africa

FHI 360, (2011). Orphans and Children Made Vulnerable to HIV/AIDS Sessions. Kenya, Framework. Nairobi: Kenya.

Fox, N. (2007). *Findings from the Bucharest Early Intervention Project: Presented at the Better Care Network Symposium.* George Washington University: Washington D.C

Frankel J. R. &Wallen N. E. (2000): *How to Design and Evaluate Research in Education* Boston. McGraw Hill

Getachew, I. (2012). *UNICEF Report on Health Extension Workers.* Ethiopia

Gitonga, M. (2007) *How to read client messages by students, teachers' image* Vol. 14

Global Monitoring Report Team (2006). *Strong Policies to Benefit Young Children. Journal of Education for All,* International Development

Grantmam, S. and C. Powel. (1991).*Nutritional Supplement, Psychosocial Stimulation and Mental Development of Stunted Children*, the Jamaican Study: lancet 338.

Gregor, M. C. (2007). Development Potential in the First Five Years for Children in Developing Countries

Griffin, J. (1996).*Relation of parental involvement, empowerment and school traits to student academic performance: The Journal of Educational Research*, 33-41

Griggs, Dun. (2011) *Learning Styles Preference MC AllistenPlourde*2002 Raynery 2006

Griggs, E. D. (2011). *Learning Styles Counseling and Personal Services*.St. Johns University, New York

Hamadan, T., Huda, S. (2006*) Psychosocial stimulation improves the development of undernourished children.* The Journal of nutrition Oct 136, 10

Helm and Newport, (2001).*AtteredPitnitary-adrenal axis Responses to provocatechallenge tests in adult Survivors of childhood abuse. The American Journal of Psychiatry.* America

Higgins, (2010). Creation of Awareness on Access to basic Services. USA

Horii, T. (2006).*The Importance of Early Childhood Development: Assessing the Quality of CARE in Uganda.* Masters in International Development, Capstone Project

Irin ,(2010). Disabled Children in Somaliland Must come First. Hargesia, Somaliland

Issifou, S. (2009).SOS Children's Village.Australia

Jenkins, P. and Polat, F. (2006).*The Children Act 2004 and Implications for Counseling in Schools in England and Wales. Pastoral Care in Education,* 24: 7 – 14

Jill, J. C. (2010). *Acomperative Study of Paralegalism in Australia: Thesis for Southern Cross University*. The United States of America

Johnson, D. (2000).Medical and Development Sequelae of Eastern European Adoptees: The Effect of Early Adversity on Neurobehavioural Development. London

Jolly, R. (2007) "*Early childhood development" The global challenge* "The Lancet 369 (January 6): 8-9

Jolly, R. (2007). Early Childhood : The Global Challenge

Jowena&Mtulume, (2011).*Child Actors Directory*. Uganda.

Kenya Central Bureau of Statistic, (2005). *Poverty data by Districts and Constituencies* Nairobi

Kenya MOH (2005), HIV/AIDS data book, Nairobi, Kenya

Kerlinger, F.N. (1973). *Foundations of Behaviour Research* (2nded.) Delhi. SS Chabra for Subject

Khatun, F. (2006).*"Psychosocial Stimulation Improves the Development of Undernourished Children". The Journal of Nutrition*

Kidman, R,Petrow, S.E and Heymann, S.J. (2007).*Africa's Orphan Crisis: Two Community Based M.odels of CARE. AIDs CARE: psychological and socio medical aspects of AIDs /HIV* 19:239-326

Killinger, (2003).FHI 360, *Orphans and Children Made Vulnerable to HIV/AIDS sessions.*Kenya

Kisuke, C. (1986) *Raising todays children*, Nairobi Nzima Publishing House

Kiveu, N. M&Mayio.J.(2009). *The impact of cost sharing on internal efficiency of public secondary schools in Ndivisi division, Bungoma district Kenya.Educational Research and Review 4:272-284*

Knoll, M. (2001).*Office for Global Concerns Around The World*.Tanzania Foundation Help. Tanzania

Kombo,D.K.and Tromp, D. (2006).*Proposal and Thesis Writing AnIntroduction.*Pauline's Publications Africa

Lansdown, (2005). Save the Children. London, United Kingdom.

Likoye, F. & Ongwenyi, Z. (2006) *Evaluation report of integrated AIDs program (IAP) in Mangu, China and Gituamba Locations Kenya*: Womens Education Researchers of Kenya (WERK) in collaboration with IAP.

Lucky, V. and Reuben, J. (1992). Methodology of Education Research: New Delhi

Lundy, F.J. and Tumbo, D.A. (1980).Psychology of Work Behaviour. Illinois: The Dorey Press

Lundy, L. (2002). *Mainstreaming Children's Right in, to and through Education in a society Emerging from Conflict*. Netherlands

Lundy, L. (2005). *School Children and Health: The Role of International Human Rights Law;* Northern Ireland. Netherland Printers

Lupine, J. R.& Robertson, G.L. (2008).*Food Science and Technology to Improve Nutrition Promote National Development. International Union of Food Science and Technology*. Oakville, Ontario Canada

Magrab, (2004).*Education for All and Children with Disabilities, International Policy and practice.* Georgetown.

Man, H. (1796 – 1890).*Classical Liberal Theory of Equal Opportunity in Education*. America

Mellisa, K. and Lisa V.M. (2010).*Teaching Social Determinants of Child Health in a Pediatric Advocacy rotation: Small Intervention, Big Impact.* 32:754-759

MOH, (2006).*Management of a Child with Severe Malnutrition.*Kenya.

Morris, Pamela A. (2002). *The Effects of Welfare Reform Policies on Children.* Social Policy Report.

Mthethelei, M.& Vuyiswa, N. (2011).*Lusikisiki Paralegal advice centre*. Eastern Cape, S.Africa

Mugenda, O. M. &Mugenda, A. G. (2003).*Research methods: Quantitative and Qualitative Approaches.* Nairobi: Acts Press

Muldoon, O. (2004). *Children of the trouble; the Impact of Political Violence in Northern Ireland,* Journal of Social Issues. Ireland

Mulusa,T. (1988). Evaluating Education and Community Development Programmes, Nairobi : Government Press

Nakhumua, O. (2008) *The Role of Chaplains in the Kenya military Counseling approach based on selected armed forces units in Nairobi using the person- centred Theory*, Unipublished Master Of Arts Thesis. Nairobi international school of theology

National AIDS control council, (2007) *AIDS prevalence in Kenya*. Press Release

Ndiaye, (2003).Awareness and Sensitization Services on Acute Flaccid Paralysis.Nigeria.

Ndirangu, J. M (2000). *Youth in danger: a handbook for teachers, students, parents pastors and community workers.* Nairobi Uzima

Neil, E. (2007). *Perception of child health in Kibera on urban Slum in Nairobi"* Masters thesis Emory- Rollins school of public health.

Nossal, G.J.V. (2000*). The Global Alliance for Vaccine and Immunization-AmillenialChallenge.*Promtheus: Critical Studies in innovation. 18:33-37

Orodho, J. A. (2003). *Essentials of Education and Social Science Research Methods.* Nairobi: Mosola Publishers

Orodho, J.A. (2005).*Techniques of Writing Research Proposals Kenya,* Masola Publishers

Osterlad, (2010).RafikiWaMaendeleo Trust. Kenya.

Ouma, G. W. (2004). *Education for Street Children in Kenya: The Role of Undugu Society.* International Institute of Educational Planning. Paris

Parker L. (1989) "The relationship between nutrition and learning" a school employee guide to information and action" Washington D.C National Education

Parker, P. (2003).*Designing Research to Study the Effect of Institionalizing on Brain and Behavioural Development.* Paris

Pattisin, S. and Harris(2006).*Adding Value to Education through Improved Mental Health: A Review of the Research Evidence on the Effectiveness of Counseling for Children and Young People*. Australian Educational Research, 33 (2), 97- 121.

Raleigh, N.C (2014) *Advocate for children service annual report*. North Carolina

Raleigh, N.C. (2014). *Advocate for Children's Services. Legal Aid of North Carolina Annual Report*. North Carolina

Republic of Kenya, (2005).*Sessional Paper No.1 2005 Policy Framework for Education*. Nairobi: Government Printers

Republic of Kenya, (2006).*Early Childhood Development Service Standard Guidelines for Kenya,* Nairobi: Government Press.

Republic of Kenya, (2006).*National Early Childhood Development Policy Framework,* Nairobi: Government Printers

Richard Willis (2001), "How to Stay healthy" Stanborough Press Ltd. Lincolshire England.

Richter L, Sherr L, Adato M, (2009), *Strengthening families to support children affected by HIV and AIDs?* AIDS care: psychological and social-medical aspects of AIDS/HIV 21 3-12 Rwanda

Richter, L., Foster, G. and Sherr, L. (2006) *Where the heart is: meeting the psychosocial needs of young children in the context of HIV/AIDS*. Bernard Van Leer Foundation.

Roohi, F.L. (2011). *The Promise Of School Based Knesthetic Learning Interventions*. Med thesis. University of Texas, Austin. New York.

Rowen, (1975).*Tuning into your child, Awareness Training for Parents.* Atlanta, Georgia Washington. DC.

Save the Children, (2007). *Health Care in Education*. Uganda

Sheeran,J. (2009). *Statement on Nutrition*. World Food Programme

Shelter, B.&Stount, S. C. (1980). Fundamentals of Counseling (3d ed) Boston: Houghton Mifflin Co.

Sherr, L. and Zoll, M. (2011). P*EPFAR OVC Evaluation: How good at doing good?* Rwanda.

Soet, M.S. (2005). *Perceptions of the causes of indiscipline among secondary school students in Mt. Elgon District*. Unpublished Masters of Education Thesis University of Eastern Africa

Tomasevski, K. (2001).*Save the Children*. London, United Kingdom

Tull, A. and Coward, A. (2009).*Caribbean Food & Nutrition for CSEC*. New York. Oxford University Press

Tumuti, S. (1985).*A Study of Guidance & Counseling Needs of Primary School Pupils of Gachika Sub-location, Nyeri Town and Nairobi City in Kenya*. Unpublished M.Ed. Thesis Kenyatta University, Kenya

UNAIDS / WHO, (2006). *Aids Epidemic Update*: Dec 2006.

UNAIDS, (2006), *Aids Epidemic Update.* Geneva

UNAIDS, (2006), *Global Aids Epidemic:* Geneva

UNAIDS, (2006). UNICEF, U.S Agency for International Development? (USAID) *children on the Brink 2004 A joint report of new orphan estimates and a framework for Action:* New York

UNESCO, (1990).*World Declaration on Education for All Paper Presented at the World Declaration on Education for All*. Jomtien, Thailand.

UNESCO, (2002). *Education for All: Is The World on Track? EFA Global Monitoring Report.* Paris: UNESCO

UNESCO, (2003).*The EFA (2000) Assessment Country Report (IBE).*Paris.

UNESCO, (2007).Global Monitoring Report Strong Foundations; Early Childhood Care & Education. Paris :UNESCO

UNICEF (2006). *Kenya Orphans data by districts*. Unpublished document, New Yolk

UNICEF, (2002).*Awareness and Sensitization on Children's Rights. Afghanistan.*

UNICEF, (2006).*Child Protection.* Somaliland

UNICEF, (2006).*Guideline for Early Childhood Development Services, Department of Social Development*. Republic of South Africa

UNICEF, (2006).*Progress for Children.A Report Card on Nutrition*. Sweden.

UNICEF, (2011). *Children and Aids: fifth stocktaking report*. New York.

UNICEF, (2011). *The state of the world's children: Adolescence: An age of opportunity.* New York.

UNICEF, (2011*).Child Protection from Violence Exploitation and Abuse*. New York:USA

United Nation Food Programme (2006) Hunger and learning" World Food Programme Rome, United Nations

United Nations, (1989).*The Convention on Rights of the Child*.UN General Assembly Document A/ RES/44/25.

Uruco, (2002). *New Roles and challenges for guidance and conselling*, Paris

USAID, (2007 – 2010). *National Implementation Reference Manual on Nutrition and HIV/AIDs*Ethiopia.http://www.unicef.org/southafrica/SAF-resources-ccdguidelined.pdf.

Victoria, C. & Adair, L. (2008). Maternal and child undernutrition: consequences for adult health and human capital. The lancet 371

W.H.F.P. (2009).*Channeling vital nourishment*: Nairobi, Kenya

Wambiri, G. (2014). *Caregivers Role, Definition and Practices in the Stimulation of Children's Emergent Reading Development in Ruiru, Kenya. Journal for Education and Practice* . Nairobi, Kenya 5: 23-31

Warner, R. (2004). The Independent Paralegal Handbook: Carlifonia

WCEFA, (1990).*Meeting Basic Learning Needs, Final Report:*Jomtien, Thailand

WHO, (2003).*Nutrient Requirements for People Living with HIV/AIDs.*Geneva, Switzerland

WHO, (2006).*Fifty – Ninth World Health Assembly Agenda Item 11.3, Nutrition & HIV/AIDs:* MOH, Nutrition Fact Sheet.Lilongwe: Malawi

WHO, (2011).Awareness and Sensitization Services.Nigeria.

WHO, (2011).*Community Awareness and Sensitization on Acute Flaccid Paralysis Case Reporting in a Northern State of Nigeria.*Nigeria.Modwell Publishers

WHO,(2004).*Severe Malnutrition: Report of a Consultation to Review Current Literature,* 6 – 7 September 2004. Geneva, Switzerland

Winter and Nuss ,(1969). *The Young Adult Identity and Awareness.*Glenview, Illinois.

World Bank, (2002).Sector Working Paper on Education.

Zhong, C. (2004). *Human Rights Protection and the Work for Persons with Disabilities in China – Study and Implement the Constitution*. China.

APPENDICES

APPENDIX I

LETTER OF TRANSMITTAL

REBECCA ADAWO,
UNIVERSITY OF NAIROBI,
FACULTY OF EDUCATION
P. O. BOX 30197,
NAIROBI.
0723 – 449971
JUNE 2013

Dear Sir / Madam,

RE: INFLUENCE OF PARALLEGAL HEALTH SERVICES ON PROTECTION OF CHILDREN'S RIGHT TO EDUCATION IN MIGORI COUNTY, KENYA.

I am a post graduate student at the University of Nairobi carrying out research on the above topic. It is my humble request that you assist me by filling in the questionnaire and responding to the interview questions as correctly and honestly as possible. Be assured that your activity and responses will be treated with UTMOST CONFIDENTIALITY and for this reason DO NOT WRITE YOUR NAME OR INSTITUTION. I take this opportunity to thank you in advance for your willingness to participate in this important exercise.

Yours faithfully,

ADAWO REBECCA.

APPENDIX II

QUESTIONNAIRE FOR HEADTEACHER

This study seeks to investigate the influence of paralegal health services on children's right to Early Childhood Education in Migori County. This is based on the premise that good health condition enhances children's participation in various activities boosting their education. Given the significance of the topic, I request you kindly to spare your time to inform this study by answering the following questions. To ensure confidentiality, do not write your name in this questionnaire. Your cooperation will be highly appreciated.

Please respond to the items by placing a tick in the appropriate space or by giving a brief explanation.

N0	**QUESTIONS**	**RESPONSES**	**TICK MOST APPROPRIATE OR GIVE BRIEF EXPLANATION**
1	Gender	Male ( ) Female ( )	
2	Indicate your age bracket	20 – 29 ( ), 30 – 39( ), 40-49 ( )above 50 yrs ( )	
3	Please indicate your highest education level.	O level( ), A level( ) Certificate( )Diploma( )	

		University( )Any other( )	
4	Write your work experience as a teacher		
5	What type is your ECEcentre?	Public( )Private( ) Religious ( )sponsored( ) Local authority ( )	
6	Type of area where ECE centre is located.	Urban( )Semi- urban( ) Rural( )	

SECTION A: Demographic characteristics

SECTION B: Paralegal medical services and children's right to ECE

1 b	Do the ECE children receive medical services in school? If yes, from which source was the medical service received?	Yes( )No( ) Hospital( )TBA( ) NGO( )IND.P( ) Others/specify _____	**Tick the most appropriate or give a brief explanation**
2	Indicate the type of medical service received	_____	
3	Indicate category of children targeted by the health intervention above.	_____ _____	
4	In your own opinion, how reliable is the inflow of medical services?	Very reliable( ) Reliable( )Not reliable( )	
5	How effective are the medical services offered in protecting children's health?	_____ _____	
6	Write the challenges faced when offering medical services to ECE children.	_____ _____	

7	Which measures have you put in place to respond to medical challenges above?	_____ _____	

SECTION C: Nutrition services and children right to ECE

1 b	Do you receive nutrition services for your children in ECEcentre? If yes, indicate types of nutrition services you offer to ECE children?	Yes ( ) NO ( ) _____ _____	
2	Indicate category of children targeted by your nutrition services	_____ _____	
3	How often do you offer nutrition services to protect children's health?	Often( )Sometimes( ), Never( ) Reason_____	
4	Notechallenges regarding nutrition servicesyou offer in your ECEcentre	_____ _____	

5	Which measures have you put in place to respond to nutrition challenges faced?	_____ _____ _____	
6	From which source do you receive nutrition services?	_____ _____	

SECTION D: Awareness/sensitization services and children right to ECD

1 b	Do you receive awareness/sensitization services on children's health? If yes, from which source did you receive awareness/sensitization services?	Yes( )No( ) Reason _____ _____	
2	Which category of children were they targeting?	_____ _____	
3	Indicate the topics of concern to awareness/sensitization services.	_____ _____	
4	How effective are awareness/sensitization services received on children's health?	Effective( )Fairly effective( ) Ineffective( )	

5	Note hindrances to creation of awareness/sensitization services in your ECE centre.	_____ _____	
6	Note solutions put in place to respond to challenges faced.	_____ _____	

APPENDIX III

INTERVIEW SCHEDULE FOR TRADITIONAL BIRTH ATTENDANTS

This study seeks to investigate the influence of paralegal health services on children's right to Early Childhood Education in Migori County. This is based on the premise that good health condition enhances children's participation in various activities boosting their education. Given the significance of the topic, I request you kindly to spare your time to inform this study by answering the following questions. To ensure confidentiality, do not write your name in this questionnaire. Your cooperation will be highly appreciated.

Please respond to the items by placing a tick in the appropriate space or by giving a brief explanation.

SECTION A: Demographic characteristics.

1. Gender (a) male ☐ (b)Female ☐
2. How old are you?----------
3. What is your highest Education level?----------
4. For how long have you been a traditional Birth attendant?----------
5. Area of operation (a) Rural ☐ (b) Urban ☐ c) Semi-urban ☐

SECTION B: Medical services and children right to ECE

1. Do you provide medical services to children?----------
2. Which type of medical services do you offer to children?----------
3. Which category of children do you offer medical services?----------
4. How often do you offer medical services?----------

5. Which challenges prevent efficient provision of your medical services?----------

   ---

   Which solution have you put in place to respond to challenges faced?----------

   ---

SECTION C: Nutrition services and children's right to ECE

1. Do you offer nutrition services to children?----------
2. Which type of nutrition service do you offer to children?----------

   ---

3. Which category of children do you offer nutrition service?----------

   ---

4. How often do you offer nutrition service?----------

   ---

5. Which challenges prevent efficient provision of your nutrition services?----------

   ---

6. Which measures have you put in place to respond to challenges faced?----------

   ---

SECTION D: Awareness/sensitization services and children's right to ECE

1. Do you create awareness/sensitization services to children?----------

   ---

2. To which category of children do you create awareness/sensitization?----------

   ---

3. What are the key areas of concern to awareness/sensitization services on children's health?----------

---

4. How often do you create awareness/sensitization services on children's health?----

---

5. As a traditional birth attendant, which challenges do you face in provision of awareness/sensitization services?----------

---

6. Which solution have you put in place to respond to challenges faced?----------

---

SECTION E: Counseling services and children's right to ECE

1. Do you offer counseling services on children's health?----------

---

To which category of children do you offer counseling services?----------

---

2. What are your key areas of counseling?----------

---

3. How often do you offer counseling service on children's health?----------

---

----------Which challenges do you face in offering counseling services?----------

4. What are your solutions to counseling challenges faced?----------

---

APPENDIX IV

QUESTIONNAIRE FOR INDIVIDUAL PARALEGALS

This study seeks to investigate the influence of paralegal health services on children's right to education in Migori County. This is based on the premise that good health condition enhances children's participation in various activities boosting their education. Given the significance of the topic, I request you kindly to spare to inform this study by answering the following questions. To ensure confidentiality, do not write your name in this questionnaire. Your cooperation will be highly appreciated. Please respond to items by placing a tick in the appropriate space or by giving a brief explanation.

SECTION A: DEMOGRAPHIC CHARACTERISTICS

NO	QUESTION	RESPONSES	INSTRUCTION
1	Gender	Male [ ] Female [ ]	Tick most appropriate or give a brief explanation
2	Indicate your age bracket	20-29 yes [ ] 30-39yrs [ ] 40-49 yes [ ] above 5o yrs [ ]	
3	Indicate your highest education level	O level [ ] A-level [ ] Certificate [ ] Diploma [ ] University [ ] Any other _____	
4	For how many years have you been in teaching position?	_____	
5	What type is your ECE center	Public [ ] Private [ ] Religious sports[ ] Local authority [ ]	
6	Type of area center is located	Urban [ ] Semi urban [ ] Rural [ ]	

SECTION B: MEDICAL SERVICES AND CHILDREN'S RIGHT TO EDUCATION

1 b	Do you provide medical services to children? If no, give reasons	Yes ( ) No ( ) Reason _____	**Tick most appropriate or give a brief explanation**
2	Indicate the type of medical services you offer to children	_____	
3	Which category of children do you target?	Orphans and vulnerable ( ) Malnourished ( ) Others specify _____	
4	In your opinion, how effective are the medical services you offer?	_____ _____	
5	Note hindrances to effective provision of medical services you offer	_____ _____ _____	
6	Which solutions have you put in place for the challenges?	_____ _____	

What is your level of agreement with the following statements on influence of medical services on children education? Use a scale of 1-5 where 1= strongly disagree, 2=disagree, 3=moderately agree, 4=agree, 5= strongly agree.

	1	2	3	4	5
The paralegals provide medical services					
The paralegals only provide NIF support services to children					
Medical services offered are effective					

SECTION C: PARALEGAL NUTRITIION SERVICES AND CHILDREN'S EDUCATION

1 b.	Do you offer nutrition services to children? If yes, indicate the nutrition services you offer	Yes [ ] No [ ] _____ _____	**Tick most appropriate or give a brief explanation**
2	What are the sources of your nutrition services?	_____	
3	Which category of children do you target with nutrition services?	OVC [ ] Malnourished[ ] Sick [ ] Others [ ]	
4	How effective are the nutrition services?	Effective [ ] Ineffective [ ] fairly ineffective [ ]	
5	Note challenges preventing efficient provision of your nutrition services	_____ _____	
6	Which measures have you put in place to respond to the problems mentioned?	_____ _____	

What is your level of agreement with the following statements on the influence of nutrition services on children's education? Use a scale of 1-4 where 1= strongly disagree, 2=disagree, 3=moderately agree, 4=agree, 5= strongly agree.

	1	2	3	4	5
The paralegal offer nutrition services					
The individual paralegal only target OVC					
The paralegal have diversified sources of nutrition					

SECTION D: PARALEGAL AWARENESS/ SENSITIZATION SERVICES AND CHILDREN'S EDUCATION

1 b.	Do you create awareness/ sensitization services? If yes, to whom do you create awareness/ sensitization services	Yes [ ] No [ ] Explanation _____	**Tick most appropriate or give a brief explanation**
2	Indicate topics of concern to awareness/ sensitization services?	_____	
3	Which category of children do you target by these services?	_____	
4	How often do you offer awareness/ sensitization services	Often [ ] Sometimes [ ] Never [ ]	
5	Note challenges preventing efficient provision of these services	_____ _____	
6	Which measures have you put in place to respond to problems faced	_____	

Which is your level of agreement with the following statements on provision of awareness sensitization services? Use a scale of 1-4 where 1= strongly disagree, 2=disagree, 3=moderately agree, 4=agree, 5= strongly agree.

	1	2	3	4	5
The paralegal create awareness /sensitization services to children only					
The paralegal creates awareness on various topics					
The paralegal face various challenges in creating awareness sensitization					

SECTION E: PARALEGAL COUNSELLING SERVICES AND CHILDREN'S EDUCATION

1 b.	Do you offer counseling services? If yes, to whom is it offered?	Yes [ ] No [ ] _____	**Tick most appropriate or give a brief explanation**
2	Whom do you target by the counseling services?	_____	
3	Indicate key areas to counseling services	_____	
4	How often do you offer counseling services?	Often [ ] Sometimes [ ] Never [ ]	
5	Note problems faced during counseling	_____	
6	Note measures put in place to respond to challenges	_____	

Which is your level of agreement with the following statements on the counseling provision and children education? Use a scale of 1-4 where 1= strongly disagree, 2=disagree, 3=moderately agree, 4=agree, 5= strongly agree.

	1	2	3	4	5
Counseling services are always offered					
The paralegal always offer counseling on defilement issues					
The paralegal target children by the counseling services offered.					

APPENDIX V

QUESTIONNAIRE FOR NGO'S

This study seeks to investigate the influence of paralegal health services on children's right to education in Migori County. This is based on the premise that good health condition enhances children's participation in various activities boosting their education. Given the significance of the topic, I request you kindly to spare to inform this study by answering the following questions. To ensure confidentiality, do not write your name in this questionnaire. Your cooperation will be highly appreciated. Please respond to items by placing a tick in the appropriate space or by giving a brief explanation.

SECTION A: DEMOGRAPHIC CHARACTERISTICS

NO	**QUESTION**	**RESPONSES**	**Tick most appropriate or give a brief explanation**
1	Indicate name of NGO	_____	Tick most appropriate or give a brief explanation
2	What type of NGO is it?	Local [ ] International[ ] Others specify_____	
3	For how long has the NGO been in operation	1-5 [ ] 6-10 [ ] 10-15 [ ] 16-20 [ ] over 20 yrs [ ]	
4	In which area does the NGO operate?	Urban [ ]Rural [ ] Semi- urban [ ]	

SECTION B: PARALEGAL MEDICAL SERVICES AND CHILDREN'S EDUCATION

1 b.	Do you offer medical services to children? If yes, indicate the type of medical services offered	Yes [ ] No [ ] _____	
2	Which category of children does the paralegal target?	_____	
3	In your opinion, how effective are the medical services offered?	Effective [ ] Ineffective [ ] fairly ineffective [ ]	
4	Note hindrances to efficient provision of medical services	_____	
5	Note solutions to problems faced	_____	
6	How often does the paralegal provide medical services?	Often [ ] Sometimes [ ] Never [ ] Reason _____	

What is your level of agreement with the following statements on NGO'S provision of medical services and children's education? Use a scale of 1-4 where 1= strongly disagree, 2=disagree, 3=moderately agree, 4=agree, 5= strongly agree.

	1	2	3	4	5
The paralegal support children of age group 0-9 years					
The paralegal does not offer medical services					
The paralegal only offers NHIF support services					

SECTION C: PARALEGAL NUTRITION SERVICES AND CHILDREN'S EDUCATION

1 b.	Does the paralegal offer nutrition services? If yes, indicate the type of nutrition services offered	Yes [ ] No [ ] _____ _____	**Tick most appropriate or give a brief explanation**
2	Which category of children do you target by nutrition services?	_____	
3	How often does the paralegal offer nutrition services?	Often [ ] Sometimes [ ] Never[ ]	
4	In your opinion, how effective are the nutrition services?	Very effective[ ] Fairly effective [ ] ineffective[ ]	
5	Note challenges preventing efficient provision of nutrition services	_____	
6	Note solutions the paralegal put in place to respond to challenges faced	_____ _____	

What is your level of agreement with the following statements on provision of nutrition services? Use a scale of 1-4 where 1= strongly disagree, 2=disagree, 3=moderately agree, 4=agree, 5= strongly agree.

	1	2	3	4	5
The paralegal have diversified sources of nutritional foods					
The paralegal face major challenges in provision of nutritional services					
The paralegal target internal sources of nutrition are limited OVC with nutrition services					

SECTION D: PARALEGAL AWARENESS/ SENSITIZATION SERVICES AND CHILDREN'S EDUCATION

1 b.	Does the paralegal create awareness/ sensitization services on children's health? If yes, to whom does the paralegal create awareness services?	Yes [ ] No [ ] _____ _____	**Tick most appropriate or give a brief explanation**
2	Indicate topics of concern to awareness/ sensitization services offered	_____ _____	
3	Which category of children do you target by awareness/ sensitization services?	_____ _____	
4	How often do you offer awareness/ sensitization services?	Often [ ] Sometimes [ ] Never [ ]	
5	Note hindrances of paralegal awareness/ sensitization services	_____	
6	Which measures has the paralegal put in place to respond to problems?	_____ _____	

What is your level of agreement with the following statements on provision of nutrition services? Use a scale of 1-4 where 1= strongly disagree, 2=disagree, 3=moderately agree, 4=agree, 5= strongly agree.

	1	2	3	4	5
The most common topic of concern is on nutrition					
The most targeted category of children with this services is OVC					
Awareness/ sensitization services are rarely offered					

SECTION: PARALEGAL COUNSELING SERVICES AND CHILDREN'S EDUCATION

1 b.	Does the paralegal offer counseling services? If yes, to whom does the paralegal offer counseling services?	Yes [ ] No [ ] _____ _____	**Tick most appropriate or give a brief explanation**
2	Indicate major topics of paralegal counseling services	_____	
3	Which category of children do you target by your counselling services?	_____	
4	How often do the paralegal offer counselling services?	Often [ ] Sometimes [ ] Never [ ]	
5	Note hindrances of effective counselling services	_____	
6	Note measures to problems faced	_____	

What is your level of agreement with the following statements on provision of nutrition services? Use a scale of 1-4 where 1= strongly disagree, 2=disagree, 3=moderately agree, 4=agree, 5= strongly agree.

	1	2	3	4	5
The main topic of counseling services was on HIV/AIDS infection					
Counseling services were offered to children					
The paralegal always offered counseling services					

APPENDIX VI

QUESTIONNAIRE FOR HEALTH OFFICER

This study seeks to investigate the influence of paralegal health services on children's right to Early Childhood Education in Migori County. This is based on the premise that good health condition enhances children's participation in various activities boosting their education. Given the significance of the topic, I request you kindly to spare your time to inform this study by answering the following questions. To ensure confidentiality, do not write your name in this questionnaire. Your cooperation will be highly appreciated.

Please respond to the items by placing a tick in the appropriate space or by giving a brief explanation.

SECTION A: Demographic characteristics

NO	QUESTION	RESPONSES	Tick most appropriate or give a brief explanation
1	Gender	Male ( ) , Female ( )	
2.	Indicate your age bracket.	20–29 years ( ),30–39years ( ) 40–49 years( ) Above 50 years ( )	
3.	Indicate your highest educational level	Primary ( ), Secondary ( ) College ( ), University ( ) Others/ specify.....	
4.	Indicate your highest level of training	Untrained( ),Certificate ( ) Diploma ( ),University( ) Others /specify.....	
5.	Work experiences as a paralegal	0–10 years ( ),11 –20 years ( ) 21–30 years( ),31–40 years ( ) 21 –30 years( ),31–40 years( )	
6.	What is your area of operation?	Rural ( ), Urban ( ) Semi-urban ( )	

SECTION B: Paralegal medical services and children's right to ECE

1 b	As a health officer do you provide medical services to children? If yes, which medical services do you provide?	Yes( ), No( ) _____	
2	Indicate the category of children you target by the health intervention you provide.	Orphans & vulnerable( ) Malnourished( ), Sick( ) Others /specify _____	
3	How often do you offer medical services to children?	Often( ), Sometimes( ) Never( )	
4	In your own opinion, How effective are the medical services you offer to children?	Effective( ), Fairly effective( ) Ineffective( )	
5	Note challenges preventing efficient provision of your medical services.	_____ _____	
6	Which measures have you put in place to respond to problems faced?	_____ _____	

SECTION C: Nutrition services and children's right to ECE

1 b	Do you offer nutrition services to children? If yes, indicate nutrition services	Yes( ), No( ) _____ _____	

	you offer to protect children's health?	_____	
2	Indicate category of children targeted by your nutrition services?	_____ _____	
3	What are the sources of your nutrition services?	_____ _____	
4	How would you rate the inflow of nutrition services into the hospital?	Regular( ), Sometimes ( ) Irregular( )	
5	In your opinion as a health officer, how effective are the nutrition services you officer	Effective( ), Fairly effective( ) Ineffective( )	
6	Note challenges preventing efficient provision of your nutrition services.	_____ _____	
7	Which measures have you put in place to respond to challenges faced?	_____ _____	

SECTION D: Awareness/sensitization services and children's right to ECE

1	Do you create awareness/sensitization services?	Yes( ), No( )	
b	If yes, To whom do you create awareness/sensitization services?	_____ _____ _____	

2	Indicate topics of concern to awareness/sensitization services?	_____ _____	
3	Which category of children do you target by awareness/sensitization services you create?	_____ _____	
4	In your opinion, how often do you offer awareness/sensitization services?	Often( )Sometimes( ) Never( )	
5	Note challenges you face regarding awareness/sensitization services?	_____ _____	
6	Indicate solutions you put in place to respond to the challenges you face.	_____ _____	

SECTION E: Counseling services and children's right to ECE

1 b	Do you offer counseling services on children's as a health officer? If yes, to whom do you offer counseling services?	Yes( ), No( ) _____ _____ _____	
2	Indicate topics of concern to counseling services you offer on children's health	_____ _____	
3	Whom do you target by the counseling services you offer?	_____ _____	

4	How often do you offer counseling services?	Often( )Sometimes( ) Never( ), Reason _____ _____	
5	Note challenges preventing efficient provision of your counseling services.	_____ _____	
6	Which measures have you put in place to respond to problems faced?	_____ _____	

APPENDIX VII

QUESTIONNAIRE FOR CHILDREN'S OFFICER

This study seeks to investigate the influence of paralegal health services on children's right to Early Childhood Education in Migori County. This is based on the premise that good health condition enhances children's participation in various activities boosting their education. Given the significance of the topic, I request you kindly to spare your time to inform this study by answering the following questions. To ensure confidentiality, do not write your name in this questionnaire. Your cooperation will be highly appreciated.

Please respond to the items by placing a tick in the appropriate space or by giving a brief explanation

SECTION A: Demographic characteristics

No	Questions	Response	Tick the most appropriate or give a brief explanation
1	Gender	Male ( ) , Female ( )	
2.	Indicate your age bracket.	20 –29 years( ),30 –39years( ) 40–49 years( ) Above50 yrs( )	
3.	Indicate your highest educational level	Primary ( ), Secondary ( ) College ( ), University ( ) Others/ specify.....	
4.	Indicate your highest level of training	Untrained( ), Certificate ( ) Diploma ( ), University( ) Others /specify.....	
5.	Work experiences as a paralegal	0–10years ( ),11–20 years ( ) 21–30 years( ),31–40 years ( ) 21–30 years( )31–40 years( )	
6.	What is your area of operation?	Rural ( ), Urban ( ) Semi-urban ( )	

SECTION B: Medical services and children's right to ECE

No	Questions	Responses	Tick the most appropriate or give a brief explanation
1	Do you provide medical services to children?	Yes( ) No ( )	
2	Indicate medical services you offer to children as a children officer	_____	
3	Which category of children do you targeted with medical services as children officer.	_____ _____	
4	How often do you offer medical services to children?	Often ( ), Sometimes( ),Never( )	
5	Note hindrances to effective provision of your medical services	_____ _____	
6	Which measures have you put place to respond to hindrances faced	_____ _____	

SECTION C: Nutrition services and children's right to ECE

1 b	Do you provide nutrition services to children? If yes, indicate nutrition services you provide children.	Yes ( ) No( ) _____ _____ _____	Tick most appropriate or give a brief explanation
2	Indicate category of children to whom you offer nutrition services.	_____ _____	
3	How often do you offer nutrition service	Often ( ), Sometimes ( ) Never( )	
4	Note challenges preventing efficient provision of your nutrition services?	_____ _____	
5	Indicate measures put in place to respond to challenges faced	_____	

SECTION D: Awareness/sensitization services and children's right to ECE

1 b	Do you create awareness/sensitization services on children's health If yes, to whom do you create awareness/sensitization services?	Yes ( ), No( ) _____ _____	Tick the most appropriate or give a brief explanation
2	Indicate the topics of concern to awareness/sensitization services you offer to children.	_____ _____	
3	How often do you offer awareness/sensitization services to protect children's health?	Often ( ),Sometimes( ) Never( ) Reason _____	
4	Note hindrances to your effective awareness/sensitization creation.	_____ _____	
5	Which measures have you put in place to respond to hindrance above.	_____ _____	

SECTION E: Counseling services and children's right to ECE

1 b	Do you offer counseling services on children's health? If yes, to whom do you do you offer the counseling services?	Yes( ), No( ) _____ _____	Tick the most appropriate or give a brief explanation
2	Indicate topics in which you offer counseling services.	_____ _____	
3	How often do you offer counseling services to protect children's health	Often( ),Sometimes( ) Never( ) Reason _____	
4	Note hindrance to effective provision of your counseling services	_____	
5	Indicate measures you put in place to respond to hindrances faced.	_____ _____	

APPENDIX VIII

QUESTIONNAIRE FOR THE ECE TEACHER

This study seeks to investigate the influence of paralegal health services on children's right to Early Childhood Education in Migori County. This is based on the premise that good health condition enhances children's participation in various activities boosting their education. Given the significance of the topic, I request you kindly to spare your time to inform this study by answering the following questions. To ensure confidentiality, do not write your name in this questionnaire. Your cooperation will be highly appreciated.

Please respond to the items by placing a tick in the appropriate space or by giving a brief explanation

SECTION A: Demographic characteristics

NO	QUESTIONS	RESPONSES	INSTRUCTIONS
1	please indicate your gender	male ( ) female ( )	Tick the most appropriate or give a brief explanation.
2	please indicate your age bracket	20-29 years( ), 30-39 year ( ) 40-49 year ( ), Above 50 years( )	
3	please indicate the level of your training background	Certificate( ) Diploma( ) Bachelor ( ) Degree ( ) Master ( ) Others/specify_____	
4	Indicate the type of school you are teaching in?	public ( ) private ( ) Local Authority ( )	
5	For how long have you served as a teacher?	1-5 years ( ), 6-10 years ( ), 10-15 years( ),16-20 years ( ),	

		Over 20years ( ).	

SECTION B: Medical services and children's right to ECE

1	Do you receive medical services for ECE children	Yes ( ), No ( )	Tick the most appropriate or give a brief explanation
2	If yes indicate the sources of medical services for ECE Centre.	GovernmenT ( ), NGO ( ) Churches ( ), Parents ( ) Others/Specify _____	
3	How reliable are the inflow of medical services into the ECE Centre?	very reliable ( ), Reliable ( ) Somehow reliable ( ), Not reliable ( )	
4	Categorize children targeted by medical services offered.	Orphans and vulnerable ( ) Malnourished ( ) All sick children ( ) Others/specify_____	
5	How many children received medical services last year in your ECE centres?	A few children ( ) Most of the children ( ) All children ( ) Others/specify_____	

SECTION C: Counseling services and children's right to ECE

1	Does your ECE Centre receive any nutrition service?	Yes ( ), No ( )	Tick the most appropriate or give a brief explanation
2	If yes, indicate sources of nutrition services for your ECE Centre?	Parents ( ), NGO ( ) Government ( ) Church ( )	

		Others/specify_____	
3	What type of nutritional service do you offer in ECE Centre?	_____	
4	In your own opinion how often are the nutrition services provided.	Often ( ) Sometimes ( ) Never ( )	
5	Which categories of children are targeted with nutrition services in your ECE Centre?	Orphaned & Vulnerable ( ) Malnourished ( ), Sick ( ) All children ( ) Others/Specify ( )	
6	How many children received nutrition services in your ECE Centre?	A few children ( ), most children ( ) All children ( ) Others/Specify _____	

SECTION D: Awareness/sensitization services and children's right to ECE

1	Indicate sources of awareness/sensitization services done for your ECE Centre?	Government ( ), NGO ( ) Church ( ) Others/Specify_____	Tick the most appropriate or give a brief explanation
2	In which area is awareness /sensitization services offered for ECE?	Health ( ), Education ( ) Parenting Skills ( ) Others/Specify_____	
3	To whom is awareness / sensitization done?	Children ( ), parents ( ) Teachers ( ) Others/Specify_____	
4	How many received awareness	A few ( ), Most ( )	

	/sensitization services in your ECE Centre last year?	All ( )	
5	How effective are the awareness/sensitization services to children's needs in ECE Centre	Very effective ( ) Fairly effective ( ) Ineffective ( )	

SECTION E: Counseling services and children's right to ECE

1	Do you receive counseling services for ECE?	Yes ( ), No ( )	Tick the most appropriate or give a brief explanation
2	If yes indicate area of counseling in ECE Centre.	Health ( ), Education ( ) Parenting ( ) Others/Specify _____	
3	How many were offered health counseling services last year.	A few ( ),Most ( ) All ( ) Others/Specify_____	
4	How often are health counseling services for ECE offered?	Often ( ), Sometimes ( ) Never ( )	
5	To whom is counseling services offered to cater for ECE needs?	Child ( ), Parent ( ) Teacher ( ) Others/Specify_____	

Thank you for your cooperation

APPENDIX IX

QUESTIONNAIRE FOR PARENTS.

This study seeks to investigate the influence of paralegal health services on children's right to Early Childhood Education in Migori County. This is based on the premise that good health condition enhances children's participation in various activities boosting their education. Given the significance of the topic, I request you kindly to spare your time to inform this study by answering the following questions. To ensure confidentiality, do not write your name in this questionnaire. Your cooperation will be highly appreciated.

Please respond to the items by placing a tick in the appropriate space or by giving a brief explanation

SECTION A: Demographic characteristics.

No	**Questions**	**Responses**	**Tick the appropriate or give brief explanation**
1	Gender	Male( )Female( )	
2	Type of ECE centre in which your child is learning.	Public( ), Private( ) Religious sponsored( ) Local authority( )	

SECTION B: Medical services and children's right to ECE

1	Indicate some sources of medical services for your ECE children?	Hospital ( ), TBA ( ) NGO ( ), Ind. Pa ( ) Others/specify	**Tick the most appropriate or give brief explanation**

		_____	
2	Which type of medical services do they receive?	Herbs ( ), Referrals ( ) Vaccination ( ) Access to NHIF ( ) Injections, tablets ( ) Others/specify _____	
3	How reliable are the medical services in protecting your ECE children's in protecting children's health?	Very reliable( ) Reliable( ) somehow reliable ( ) Not reliable( )	
4	How effective are the medical services in protecting children's health?	very effective( ) Fairly effective( ) Ineffective( )	
5	Which challenges do you experience in medical service provision	_____	
6	Indicate your solutions to challenges above	_____	

SECTION C: Nutrition services and children's right to ECE

1	Do your children in ECE receive nutrition services?	Yes( ), No( )	

b	If yes, Indicate the type of nutrition service they receive.	_____	
2	Indicate category of children targeted by nutrition services offered.	OVC ( ) ,sick( ), Malnourished ( ), All ( ) Others/ specify_____	
3	Indicate sources of nutrition services offered to ECD children?	Parents ( ), NGO ( ) Ind.pa ( ), government ( ) Others/specify_____	
4	How often are the children provided with nutrition services?	Often ( ),Sometimes ( ) Never ( )	
5	In your own opinion, how effective are nutrition services offered?	_____	
6	Note solution put to curb nutrition challenges faced?	_____ _____	

SECTION D: Awareness/sensitization services and children's right to ECE

1	Have you ever received awareness/sensitization services on children's health?	Yes ( ),No ( )	
b	If yes, who created awareness/sensitization services	Ind.pa ( ),NGO ( ) TBA ( ), H.off ( ) Others/specify _____	
2	Indicate category of children targeted by awareness/sensitization services.	OVC ( ), Sick children ( ) All children	

		Others/specify _____	
3	Indicate topics of concern to awareness sensitization services you received?	_____ _____	
4	In your own opinion, how effective awareness/sensitization services on children's health.	Very effective ( ) Fairly effective( ) Ineffective ( )	
5	Note hindrances to effective creation awareness/sensitization services?	_____ _____	
6	Which solution have you put in place to respond to challenges faced?	_____ _____	

SECTION E: Counseling services and children's right to ECE

1	Do you receive counseling services on children's health? If yes, what was the source of counseling services received?	Yes ( ), No ( ) NGO ( ), Ind.pa ( ) TBA ( ) Others/specify _____	
2	Indicate category of children targeted by the counseling services received.	OVC ( ), Sick children( )All children Others/specify _____	

3	Indicate topics of counseling services you received on children's health?	_____ _____	
4	How effective was the counseling services received on children's health.	Very effective ( ) Effective ( ), Ineffective ( )	
5	Note challenges preventing you from counseling services on children's health	_____ _____	
6	Indicate solutions you have put in place to respond to challenges faced?	_____	

APPENDIX X

INTERVIEW SCHEDULE FOR ECE CHILDREN

SECTION A: Demographic characteristics.

1 Gender (a) Male ( ), (b) female ( )

2 Preschool level (a) Baby class ( ), (b) Nursery ( ), (c) Pre-unit ( )

3 Category of child (a) Orphan & vulnerable ( ), (b)Malnourished ( ), (c) Sick ( ),

(d)All……..

4 Area of preschool (a) Rural ( ), (b) Urban ( ), (c) Semi-urban ( )

Paralegal Medical Services and Children's Education

1. Have you ever fallen sick? (a) Yes ( ), (b) No ( )
2. Where were you treated? (a) Hospital ( ), (b) Traditional birth attendant ( ) (c) Home ( ), (d) school( ) others / specify……..
3. Which type of medicine were you treated with?

   ……..

Paralegal Nutrition Services and Children's Education

1. What kind of meals do you take at

   school?.....

2. How often are you served with the

   meal……

Paralegal awareness/sensitization services and children's ECE.

1. Have you been sensitized on any health issue? (a) Yes ( ), (b) No ( )
2. Who sensitized you? (a) Teacher ( ), (b) Doctor ( ), (c) Indi. P ( ) (d) NGO ()

   (e) Others/specify……

3. Which key areas were you sensitized

   on?.....

Paralegal Counseling Services and Children's Education

1. What kind of challenges do you faceat home that hinders your studies?

   ……...

2. Which challenges hinders your progress at

   school?……..

Thank you for your cooperation