UNIVERSITY OF NAIROBI

IMPACT OF PSYCHOSOCIAL SUPPORT ON HIV/AIDS ORPHANS IN DAGORETTI NORTH CONSTITUENCY, NAIROBI COUNTY, KENYA

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REG. NO: C50/68003/2011

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DECEMBER, 2015
DECLARATION

I declare that this research project is my original work and has never been submitted to any other University for assessment or award of a degree.

Signature…………………………….. Date……………………………………

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REG. NO: C50/68003/2011

This research project has been submitted with our approval as university supervisors.

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Finally I want to convey my sincere gratitude to all my respondents for taking time out of their busy schedules to provide me with all the information that helped me in my research.
DEDICATION

I dedicate this research project to my dear wife, Esther Moraa and the children Deborah, Enoch and Joshua and the entire family members for their love, support, patience, encouragement and understanding. They gave me the will and determination to complete my masters. I also dedicate this to research project to all orphaned and vulnerable children that have been infected by HIV/AIDS death in Kawangware ward in Dagoretti North Constituency, Nairobi County.
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</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>DFID</td>
<td>Department for International Development</td>
</tr>
<tr>
<td>FGD</td>
<td>Focus Group Discussion</td>
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<tr>
<td>GOK</td>
<td>Government of Kenya</td>
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<tr>
<td>HAART</td>
<td>Highly active antiretroviral therapy</td>
</tr>
<tr>
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ABSTRACT

The aim of this research project was to determine the impact of psychosocial support on orphaned and vulnerable children that had suffered an HIV/AIDS death in in Kawangware ward in Dagoretti North Constituency, Nairobi County. It was guided by the following specific objectives: examine peoples’ perceptions on psychosocial support; examine the determinants of psychosocial support; assess the perceptions on psychosocial support and reduction of HIV/ AIDS cases on orphaned and vulnerable children that have suffered an HIV/Aids death in Dagoretti North Constituency, Nairobi County.

The study adopted a case study research design. The study used quantitative and qualitative approaches. The study population included children’s homes that accommodate children whose parents were victims of HIV/AIDS and other agencies that deal with orphans. The target population consisted of the children, teachers and guardians or caretakers of the OVC in Kagwngware children’s home with a total population of 500. The researcher also conducted interviews with key informants in focus group discussions targeting government official, administrative chiefs, parents, administrator of an orphanage and school administrators in the area. Data analysis was mainly through descriptive statistics which was used for analyzing and presenting the data collected.

The findings of the study established that psychosocial support of orphaned and vulnerable children was influenced by a number of factors. This include psychosocial support of OVCs was influenced peoples’ perception on psychosocial; psychosocial support OVCs are able to regain their lives and achieve their dreams, it was also psychosocial support also offers OVCs an opportunity to compare their situation with others and choose to live positively; psychosocial support had a level of control on the support given to the orphan and vulnerable children in HIV/AIDS death and that HIV positive children significantly affected the rate at which the children were give psychosocial support, therefore children who were HIV positive were favored more when it came to offering psychosocial support.

The study recommends that a consideration of recruiting a qualified school social worker or child psychologist at the district level so as to offer early warning of psychosocial conditions that may prevent a child from benefiting from school services; and to offer referral services for the cases the Community Development Workers are not able to handle.
CHAPTER ONE: INTRODUCTION

1.1 Background Information

According to Mayo (2014) “AIDS (acquired immunodeficiency syndrome) is a chronic, potentially life-threatening condition caused by the human immunodeficiency virus (HIV). By damaging your immune system, HIV interferes with your body's ability to fight the organisms that cause disease.” Mayo indicates that HIV is a sexually transmitted infection. It can also be spread by contact with infected blood or from mother to child during pregnancy, childbirth or breast-feeding.”

The impact of HIV and AIDS on Orphans and Vulnerable Children (OVC) is enormous especially to children themselves, their families and society at large. It is estimated that orphans in Kenya are about 2.4 million and half of them are due to HIV and AIDS. Most of these children get infected as a result of Mother to Child Transmission (MTCT) of HIV. Children may also be infected as they take care of their parents. They may also be infected as a result of early marriages or commercial work (Onyango, 2012a).

The suffering associated with an AIDS death at the household level, has hitherto seen many actors including government and non-governmental organizations engaging in many activities that mitigate problems of HIV/AIDS. Indeed national governments bear the responsibility for protecting their citizens from the spread of HIV epidemic and for mitigating its worst effects once it has spread. But they are not alone in the effort. Bilateral and multilateral donors have provided both leadership and major funding for national AIDS prevention programs, especially in low-income developing countries.
There are also various indigenous groups and associations including a growing number of Community Based Organizations (CBOs). Counted among them are children’s homes, youth groups, women groups and cultural clubs among others.

The latter utilize trust, social networks and social norms. These elements constitute psychosocial support that is used to reduce uncertainty, fosters cooperation and increases the efficiency in addressing a pressing problem in the society. These networks and the associated resources from them constitute psychosocial support which can be used to alleviate the impacts of HIV/AIDS (World Bank, 2014).

OVC constitute the most vulnerable members of the society because they lack basic needs such as food, health care, shelter and education. In addition they are stigmatized, thus exposing them to further abuse and exploitation. At the community and family level there is increased stress on the extended families as they try to care for these children while an increasing number of elderly and young children are forced to become household heads. It is worse in the poor rural settlements and urban slums where children have no relatives to take care of them when the parents are ill or die. HIV/AIDS has negatively affected the population especially agricultural production of most communities, with dwindling food resources that lead to OVC getting inadequate nutrition and are often malnourished leading to frequent illness and stunted growth (Onyango, 2012b).

There are individuals and organizations that have tried to provide psychosocial support in order to support the OVCs. But the big question is whether such help is adequate in addressing all the basic need. This is because such support helps meet the physical,
emotional, social and mental well-being. These are the essential elements for meaningful and positive human development. It helps the child to deal with trauma, grief and anxiety related to parental illness and death. This then is believed that many of the psychosocial support elements have not been provided (Onyango, 2012b).

1.2 Problem Statement

AIDS is clearly taking an immense and growing toll in the world today. The disease is catastrophic for the millions of people who become infected, get sick, and, in stark contrast to the recent hopeful news of treatment breakthroughs die. It is also a tragedy for the families, who, in addition to suffering profound emotional loss, may be impoverished as a result of the disease. Because AIDS kills mostly prime-age adults, it increases the number of children who lose one or both parents; some of these orphans suffer permanent consequences, due to poor nutrition or withdrawal from schools.

The major impact of the epidemic is on children and, in the aggregate, on the extent and depth of trauma. Children and extended families cope as best as they can with the loss of prime-age adults to AIDS in various ways (World Bank, 1997). However, there are quite a number of empirical studies on the importance of psychosocial support in improving the well-being of orphaned and vulnerable children that have suffered an AIDS death. According to the Ministry of Gender the situation of OVC in Kenya that “the population of OVC has steadily grown at an alarming rate in the recent past largely due to the HIV/AIDS pandemic. In 2004 the number of orphans in the country was estimated at 1.8 million. Since then the number has steadily grown to the current 2.4 million. Most of these children lack access to basic needs due to high levels of poverty. In view of 46% of
Kenyans living below poverty line with children accounting for 19%, the OVC are more prone to different forms of abuse and exploitation due to their vulnerable circumstances” (Ministry of Gender Children and Social Development, n.d.).

The Kenya Central Bureau of Statistics (Thurman, Jarabi, & Rice, 2012) “HIV prevalence in Kenya has fallen from a peak of 10% in adults in the mid-1990s to the current estimate of 6.1%, however the decline is not uniform throughout the country and prevalence in some antenatal clinics falls between 14% and 30%. The Joint United Nations Programme on HIV/AIDS (UNAIDS) also estimates that 1.1 million children living in Kenya have been orphaned by AIDS (UNAIDS, 2006). The percentage of children orphaned or otherwise considered “vulnerable” is estimated at approximately 60% of all children within Kenya.

This study was conducted in Kawangware which is one of the largest slums in Nairobi city. The reason why the study is concentrating on this area is because of the presence of a number of children’s homes established due to large population of people. The levels of poverty are equally high. With all these, there comes many challenges for instance poverty, diseases, insecurity and much more. All these challenges are a major problem to the community and the need for solutions which this study undertakes to determine.

1.3 Specific Research Questions

1. What is the impact of psychosocial support on OVC that suffer HIV/AIDS Death in Dagoretti North Constituency?

2. What are the determinants of successful psychosocial support to OVC?
3. How does psychosocial support help in reducing cases of HIV/AIDS on OVC that have suffered an HIV/Aids death?

4. What are the challenges do OVC encounter using the psychosocial support?

1.4 Main Objective of the study

The aim of this study was to determine the impact of psychosocial support on orphaned and vulnerable children that suffer an HIV/AIDs death in Dagoretti North Constituency, Nairobi County.

1.4.1 Specific Objectives

The specific objectives of the study were:-

1. To examine the impact of psychosocial support on orphaned and vulnerable children that have suffered an HIV/Aids death in Dagoretti North Constituency, Nairobi County

2. To explore the determinants of psychosocial support on orphaned and vulnerable children those have suffered an HIV/Aids death.

3. To determine the impact of psychosocial support influences reducing cases of HIV/AIDS on orphaned and vulnerable children that have suffered an HIV/Aids death.

4. To find out the challenges do OVC encounter using the psychosocial support.

1.5 Justification of the study

The impact of HIV/AIDS is unique because it kills adults in their prime years and leave the most vulnerable, which deprives families and communities of the young and most productive people. HIV/AIDS is also deepening poverty, reversing human development achievements, worsening gender inequalities and eroding the capacity of government to
provide essential services. When parents fall ill children are often compelled to leave school to take care of the ailing parents or due to diminished resources to keep them in school. Those in school do not concentrate as they worry about what will befall their parents. Teachers are also infected and affected and as a result education of the children is affected. HIV/AIDS scares their minds and are left with traumatized memories of society’s stigma towards them and many unanswered questions.

In addition, children are particularly being affected by AIDS epidemic as they lose one or both parents to the disease, leading to a decrease in school enrollment and an increase in orphans and vulnerable children. Majority of OVC lives with a surviving parent who may eventually fall ill as well. Grandparents, uncles and aunts are also looking after orphans demonstrating that the extended family continues to share the burden in spite of hard economic situation.

Evidence from several nations has demonstrated that, on average, children who experience a family disruption of whatever kind fare poorly across a wide range of adolescent and adult outcomes, including educational attainment, economic security, and physical and psychosocial well-being (Amato and Keith, 1991a, 1991b; Mclanahan and Sandefur, 1994; Rogers and Pryor, 1998. The comfort of siblings, relatives and familiar authority figures and surroundings helps to mitigate the grief, insecurity and fears experienced by children who lose a parent. Orphans are also able to participate in their own traditions and cultures. In turn they are more likely to succeed in school, socialization skills and preparation for their future livelihood. This study will recommend that interventions for HIV/AIDS prevention and advocacy for protection against OVC
abuse and exploitation should be put in place to make sure OVC and other children in the communities are protected.

It is against this background that this OVC research is being proposed to investigate the impact of psychosocial support on HIV/AIDS orphans and vulnerable children in Kawangware children’s home, Nairobi County. It is also believed that the study benefit the people in the area as well as the NGOs that deal with HIV/AIDS to help sensitize the people on the dangers of this epidemic and provide ways to provide psychosocial support to the orphaned.

1.6 Scope and limitations of the study

This study on the impact of psychosocial support on orphaned and vulnerable children that suffer an HIV/AIDS death was conducted between April 2014 and July through quantitative and qualitative data collection. The study was based on primary data collected from the site. The main tool of data collection was structured questionnaires which were administered to the identified sample. The use of the structured questionnaire was considered most suitable because of its non-intrusive nature. The use of structured questionnaires ensured that the respondents readily respond to those questions that appeared humiliating to them should an interview method have been used. However, for the key informants, key informant guide was used to generate qualitative data.

The interviews with key informants was conducted to enable the researcher probe those issues that otherwise was difficult to probe using a structured questionnaire. The study was conducted in Kawangware area, Kawangware children’s home, Nairobi County whereby the main units of study were the children in children’s homes in Kawangware
location in Dagoretti constituency, Nairobi County. Data is being collected using questionnaires, interviews, group discussions, observations.

1.7 Key Concepts

1.7.1 Psychosocial

Psychosocial refers to the close connection between psychosocial aspects of human experience and the wider social experience (Refworld, 2009).

1.7.2 Psychosocial support

“Psychosocial support is a scale of care and support which influences both the individual and the social environment in which people live and ranges from care and support offered by caregivers, family members, friends, neighbours, teachers, health workers, and community members on a daily basis but also extends to care and support offered by specialized psychosocial and social services”(Refworld, 2009).

It is the process of meeting the physical, emotional, social and mental well-being. These are the essential elements for meaningful and positive human development. It helps the child to deal with trauma, grief and anxiety related to parental illness and death. The study is intended to strengthen the capacity of the extended families and communities to care and offer psychosocial support to OVCs and the affected households. The recommendations were that caregivers to be trained on care, support and counseling of OVC so that the children are made to feel like members of the family. At the community level recommendations included formation and training of peer support clubs among the
youth, establishment of women and child protection groups. It is hoped that these community groups able to offer psychosocial support on a more sustainable basis.

The study is aimed at reaching children who are out of school and those who stay in children’s home.

1.7.3 OVC - Orphans and Vulnerable Children

i. Orphans

For this study, orphans were those children aged below 18 years who have lost a mother, father or both parents to HIV/AIDS

ii. Vulnerable Children

These included:

a) Children whose parents are chronically ill.

These children are often more vulnerable than orphans are because they are coping with psychosocial burden of watching a parent wither, and the economic burdens of reduced productivity and income and increased healthcare expenses

b) Children living in households that have taken in orphans.

When a household absorbs orphans, existing household resources must be spread more thinly among all children in the household.

The term “AIDS orphans” was NOT be used throughout to avoid discrimination and stigmatization of the orphan
iii. HIV/AIDS

According to Mayo (2014) “AIDS (acquired immunodeficiency syndrome) is a chronic, potentially life-threatening condition caused by the human immunodeficiency virus (HIV). By damaging your immune system, HIV interferes with your body's ability to fight the organisms that cause disease.”
CHAPTER TWO: LITERATURE REVIEW & THEORETICAL FRAMEWORK

2.1 Introduction

The objective of this chapter is to provide a review of literature on the impact of psychosocial support on orphaned and vulnerable children that suffer an HIV/AIDS death. It reviews the relevant literature in line with the topic under study. It highlights what other authors have written about HIV/AIDS, Orphans and orphanage among other related subjects and literature.

The critical part under this chapter was to provide empirical review and summary of the research gaps. Also to be presented is explanations of different variable measurements in relation to the topic under discussions, conceptual framework.

2.2 Orphans and Vulnerable Children (OVC) and the influence of Psychosocial Support

“A vulnerable child is one who is living in circumstances with high risks and whose prospects for continued growth and development are seriously threatened. In the international community, the term “Orphans and other Vulnerable Children,” or “OVC” sometimes refers only to children with increased vulnerabilities because of HIV/AIDS. At other times “OVC” refers to all vulnerable children, regardless of the cause – incorporating children who are the victims of chronic poverty, armed conflict, or famine” (The president’s emergency plan for AIDS relief, 2006).
This definition suggests that a child (in Kenyan context) is one who is below age of 18yrs. An orphan is one who has lost one or both parents and this child becomes vulnerable when he/she receives inadequate support from adults, he/she is HIV positive, receives limited care from the society other than from parents and most importantly is marginalized and discriminated against by the society.

“Because the Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome (HIV/AIDS) predominantly attacks people of childbearing age, its impact on children, extended families, and communities is devastating. When a parent dies of AIDS, his or her child is three times more likely to die even when that child is HIV negative” (The president’s emergency plan for AIDS relief, 2006).

In any society, there is need for psychosocial wellbeing. The availability of psychosocial support program is very important especially to the affected members of the society more so the children. Its availability enables the children have a new lease of better life in the society. In the sense that they are able to feel acceptable in the society and as such can make decisions and contribute to the development of the society. It enables them to maintain social responsibility and establish Health social relationship and behavior. Therefore, psychosocial support or wellbeing is a basic need for OVCs.

“As the numbers of vulnerable children steadily grew, so did the demand for greater knowledge about the lives and needs of OVC, their families, and their caregivers” (Schenk, Michaelis, Sapiano, Brown, & Weiss, 2010). Over the years the number of orphans has been increasing and as a result of the collapse and decline in their support. This is as a result of the untimely demise of their parents and lack of social support from
their relatives and the society. This resulted to the intervention from governments and nongovernmental organizations to refocus on better ways to provide support to the orphanage. It is then believed that psychosocial support improves the welfare of OVC in the community.

However, some of the Psychosocial Support Services provided to the orphans and vulnerable children include;

- **Information/Education**

According to Rena & Bruce, (2012) “Information and education interventions mostly encompass topics such as sexual and reproductive health, positive prevention, nutrition, HIV knowledge and developing life-skills

- **Referrals**

“Organisations making referrals typically collaborate with agencies providing primary and mental health care services, legal advocacy, immigration services and vocational rehabilitation” (Rena & Bruce, 2012).

- **Education Support**

“Those providing educational support have tutoring programmes, scholarship opportunities for continuing education, course offerings at local schools and training centres, and education reintegration interventions.” (Rena & Bruce, 2012)
Primary Healthcare

“Primary health care services include the distribution of HAART, physiotherapy, occupational therapy and sexual and reproductive health services.” (Rena & Bruce, 2012)

2.3 Determinants of psychosocial support among Orphans and Vulnerable Children

Psychosocial support is influenced by a number of factors that indeed affect human. They form the categories of needs of children. These determinants include the following:

2.3.1 Physical factors

These factors include: material needs such as shelter, clothing and food. Materials form the basic necessities of any human being. Lack of materials by the orphans and vulnerable children cause them a lot of harm in the sense that they feel very ashamed of their appearance. “Over time, orphaned children may develop a sense of relative deprivation as their poorer circumstances coupled with stigma and discrimination result in their continually having reduced access to services and material resources” (Nyamukapa et al., 2008). As a result of this, orphans and vulnerable children need maximum material support.

2.3.2 Emotional factors

Emotional factors incorporate things like the need for love, security, motivation, trust, sense of belonging, understanding and guidance. According to ….. “Children need to be heard and need to learn to express their feelings in an appropriate manner. At times children’s emotional needs may include assisting them to cope with especially difficult
circumstances, like bereavement, loss, sexual abuse, etc.” (HOPE worldwide Africa, 2006).

2.3.3 Mental factors

Mental factors of children incorporate aspects such as formal education, information education and general life skills.

2.3.4 Social factors

According to (HOPE worldwide Africa, 2006), social factors “These are essential for integration into a community without feeling stigmatized or different; to develop a sense of belonging; form friendships and community ties; acceptance; identity; acknowledgement from peers and opportunities for social interaction. They also need to learn socially acceptable behaviour through feedback from others, how to access help and learn their limits.”

2.3.5 Spiritual Factors

Children need a belief in a higher being, which enables them to develop a hope for their future. This also facilitates a sense of connectedness to deceased parents and ancestors. They also need to develop trust and security in their survival. This gives them hope to keep trying, to be courageous and to persevere. They can trust in the higher being to help them in difficult situations. (HOPE worldwide Africa, 2006)

2.4 Role of psychosocial support in reducing cases of HIV/AIDS

All children regardless of their background need psychosocial support. This support is so important for their general wellbeing. According to Orphans and vulnerable children
support, (n.d.) “All children need psychosocial support for their psychosocial and emotional wellbeing, as well as their physical and mental development. Some children need additional, specific psychosocial support if they have experienced extreme trauma or adversity or are not receiving necessary caregiver support.”

The role of psychosocial support for the Orphans and vulnerable children in the society is to ensure that they are positively impacted, transformed and taken care of for their wellbeing. According to Refworld, (2009) “psychosocial support is important in order to maintain a continuum of family and community-based care and support during and after humanitarian crises and to prevent immediate or long-term mental health disorders.” This implies that it is consistent every day care provided to the OVC within the community. It is helping the victims in order to establish better relationships with the family and the community at large. As a result of these, there must be respect, understanding, and tolerance and acceptance. The author argues that “Experiencing difficult or disturbing events can significantly impact the social and emotional wellbeing of a child. Exposure to violence or disaster, loss of, or separation from family members and friends, deterioration in living conditions and lack of access to services can all have immediate, as well as long-term consequences for children, families and communities’ balance, development and fulfillment.” According to Regional Psychosocial Support Initiative, (n.d.) “Children and youth exposed to the devastating effects of poverty, conflict, HIV and AIDS are especially entitled to care for their emotional and social (psychosocial) wellbeing. Many have lost parents and family, experienced deprivation and abuse, been stigmatized, witnessed atrocities, and suffered overwhelming grief.” All these factors have
necessitated the need for psychosocial support for the orphans and vulnerable children in the community and the society as a whole. Through psychosocial interventions, the psychosocial needs of children and their wellbeing are able to be addressed at the initial stages. Psychosocial support therefore, enables orphans and vulnerable children to have better opportunities so as to develop to their full potential, it was also empower them to participate in social life and develop self-confidence and self-reliant as they grow to maturity, combats discrimination among orphans and vulnerable children in the community by facilitating the integration of those groups who are suffering from discrimination as a result of HIV/AIDS and other vulnerabilities in the society.

Regional Psychosocial Support Initiative a non-profit organization working across East and Southern Africa provides some roles for psychosocial support for orphans and vulnerable children in the society (Regional Psychosocial Support Initiative, n.d.). They include:

- Ensuring the meaningful participation of children in issues affecting them
- Listening and responding to children’s problems
- Allowing children to express their feelings and needs
- Helping children to appreciate their history and identity
- Encouraging children to set goals and reach their potential
- Ensuring that children have positive, nurturing relationships and connections in their lives
- Providing life skills for children and youth
- Providing children with safe spaces to play
2.5 Contribution of Psychosocial Support in improving the welfare of Orphans and Vulnerable Children

In Kenya, the number of children who are 18 years and below continues to grow due to increased cases of loss of one or both of their parents due to HIV/AIDS. Many other children live with chronically ill parents. Still others are living in abject poverty with very little food. As a result of all these, governments, civil society and other organization have teamed up together to provide psychosocial support in order to provide protection and care and support to OVCs and their families as well. Each of these institutions plays a key role in ensuring OVC welfare. The institutions offering support to OVCs include:

2.5.1 Government support for OVCs

The Kenyan government has a major role to play in regards to protecting, caring and supporting the OVCs. They perform this heavy task through continuous improved policy and legislation formulation. Most vulnerable children are protected by governments by channeling resources to families and communities where those children come from. For instance according to the Ministry of Gender (n.d.) “The CT-OVC (Cash Transfer Programme for Orphans and Vulnerable) Programme is a government initiative supporting very poor households that take care of orphans and vulnerable children to enable them take care of those children and help to grow up in a family setting” (Ministry of Gender Children and Social Development, n.d.). This programme is financed by the government of Kenya with partnerships from organizations such as UNICEF and DFID.

On the other hand, according to Tiaji, (2005) “Governments with significant populations of children orphaned and made vulnerable by HIV/AIDS may be faced with a range of
issues, including surging street children populations, a rise in child labor, child
prostitution and other forms of exploitative work, vulnerability to crime, militias and
terrorist organizations, a growing population of uneducated and unskilled laborers; and
long-term foreign aid dependence.”

2.5.2 Local community engagement and community workers’ intervention

“Groups and structures that form supportive networks within a community, and which
can be mobilized to prevent or respond to difficult events, also support the effective
functioning and psychosocial well-being of individuals in that community. These
structures are grounded in the beliefs and values of a community. For children, this sense
of identity be significantly influenced by the beliefs held by their family members, their
community, and the perceived relevance of these values in their own lives” (United
workers ensure the children’s safety by directing them to orphanages or safe homes,
contact the children’s families and provide regular counseling. After multiple sessions
with families and children, social workers have often been successful in rebuilding the
children’s confidence, and rebuilding families.”

For any psychosocial support to work, community based responses are needed. In most
cases the community workers are the once who provide immediate response to helping
the OVC. These workers together with the community are fundamental in raising
awareness at the levels within the community. This is done through advocacy and social
mobilization to create a supportive environment for children and families affected by
HIV/AIDS. It is also done through a series of counseling the victims. When social
workers are supported by children organizations such as UNICEF and other civil society groups and the government as well, they play a key role in reuniting the vulnerable children such as street children to their families. Those that are orphaned are directed to the orphanages for protection and care.

2.5.3 Support from Families

Many families with chronic illness are almost always ignored in the community. This makes the situation more badly. As a result, children become more vulnerable and in cases where poverty is high they end up starving to death with little help from the civil organizations and the community. Therefore, strengthening the capacity of the families is very necessary who will in turn protect and care for their children regardless of their ill-fated conditions. The strengthened capacity for families ensures that OVCs are well taken care of by prolonging the lives of their parents and provide economic and psychosocial support which will in turn be extended to the children.

Families play a central role to support OVC. Efforts need to be put in place to strengthen their role in supporting OVC such as children with HIV/AIDS and street children. Some families are unable to provide for OVC due to different life challenges such as chronic illness and poverty. These families form the basis for help. They need assistance to support their children rather than being overlooked and abandoned. “Our shared humanity and global duty to protect the rights of the most vulnerable people make the suffering of children in the wake of the AIDS epidemic the responsibility of all.” The authors argue that, “with respect to children affected by HIV and AIDS, we seem to have
gone too far – we see only the figure, the child, but no ground; we seldom see their caregivers and families, despite their great need for assistance” (Richter et al., 2009).

In families that are affected by the HIV/AIDS epidemic, this epidemic should be viewed as a family disease and as a result the need for such families to play a fundamental role in treating and preventing the transmission. This is important because it is the families that will carry the burden of caring, treating and protecting those affected by the epidemic.

Pequegnat & Bray (as cited by Richter et al., 2009) agrees with the view that “families have led in responses to provide comfort and care to those who become sick and vulnerable as a result of HIV and AIDS. All over the world, the family is the de facto haven for family members who are ill or in trouble.” This implies that families contribute to HIV/AIDS prevention. They are a source for resilience.

Families are important networks for orphans and vulnerable children in the community. “the family is the point of interaction between adult infection, adult illness and child wellbeing it is within the family that care for children is provided in a natural and sustainable way and where care is compromised when the family is under strain” (Richter et al., 2009). “Given the primary role families are playing in responding to the epidemic, strengthening the capacity of families through systematic, public sector initiatives has been identified globally as the most important strategies.” Foster, Levine, and Iamson (as cited by Richter et al., 2009).

Families can be strengthened economically and socially. This is because HIV/AIDS affected and vulnerable families are in most case poor with less resources and very little
capacity to deal with the challenges they face in order to provide effective and efficient psychosocial support to orphans and vulnerable children in the community.

2.5.4 Support by schools and Orphanages

OV Caregivers in the community include civil society groups and schools in which the OVC attend. Their intervention has come in handy in supporting and caring for the orphans and vulnerable children in the society. Many of the civil society groups and more so children groups were established as a result of large numbers of children either left as orphans or become street children due to poverty or HIV/AIDS related situations. Many of them leave their homes or are abandoned due to many challenges such as economic hardships or family breakups. According to Deininger, Garcia, & Subbarao (as cited by Thurman, Jarabi, & Rice, 2012), “Psychosocial challenges are coupled with economic hardship, which is disproportionately common in homes where an orphan or HIV-infected adult resides.” Citing forehand et al., 2002; Klein et al., 2000, they argue that “these stressors may further compromise the quality of care children receive. Studies report weakened relationships between children and their HIV-infected parent.” Again, Ansell & Young; Nyambedha et al. (as cited by Thurman et al., 2012) indicate that “Non-parental caregivers may harbor resentment and a discriminatory attitude towards orphaned children.” This implies that also in homes, those families such as relatives that do provide support to OVC other than the parents are also caregivers. These people cause a lot of harm to OVC making them to leave and become street children. Many of these children also end up in orphanages where they are able to receive better care and support.
On the other hand, Schools are a mirror of the society. Schools ensure that OVCs have access to education. Educational assistance offered to the OVC through the interventions of the society. This has promoted the welfare of the OVC. Some orphanages have well established schools that also double in providing counseling services to the children. According to Thurman et al. (as cited by Okawa et al., 2011), “Under these circumstances, social support is worth utilizing as a low-cost critical resource for the care of vulnerable children and youth.” Also citing Schenk, they indicate that “community interventions have been promoted to improve the situation of these children. These include educational assistance, home-based care, legal protection, and psychosocial support.”

According to Smart, Heard, & Kelly, (n.d.) “As rights-based institutions, schools should play a major role in protecting pupils and teachers against discrimination.” These authors indicate that, schools also have the potential to provide a range of education-related services to OVC such as:

- Delivering a daily meal to their pupils;
- Providing after-school supervision for those who have no other adult supervision;
- Linking children in particularly difficult circumstances to other relevant services to meet specific needs.

Schools provide best environments for vulnerable children to interact with others. This contributes to the socialization of children both in schools and in the community. Schools also can facilitate effective monitoring on the status of children as well as organize and identify other organization that may help provide psychosocial support and counselling.
2.6 Theoretical Framework

There are different theories for understanding orphans and vulnerable children. For instance theories and models such as: institutional model which explains challenges of child labour, programmes and policies; Cultural (norm) model which discusses on the social norm’s effect to orphans and vulnerable children in the society and lastly the basic/static model which explains on child labour issues among other models in the study of children. As well as the theoretical framework on the causes and consequences of psychosocial distress among children orphaned and made vulnerable by HIV/AIDS.

This study was guided by the theory of Bronfenbrenner’s bioecological theory of human development which was developed by Urie bronfenbrenner and Stephen J. Ceci in 1994. This theory is an extension of the ecological systems theory which was the original theoretical model of human development developed by Bronfenbrenner. The theory was developed after the recognition that individuals where overlooked in many other theories such as human ecology theory and diathesis-stress model among others on human development. This theory is an alternative to those overlooking theories that focused on the development context as opposed to individuals. Because of their different view emphasis, they are not relevant to the study. The Bronfenbrenner’s bioecological theory of human development can be applied to both children and adults therefore making an ideal model for this study.

Orphans and vulnerable children’ development and their surrounding environment influence the understanding of each other. The theory emphasizes this. The role of orphans and vulnerable children in the society will to be critically examined because it
involves social learning and environmental interaction whereby individuals interact with
the environment. Because of this the focus should be on the individuals and not just
development alone. According to Paquette & Ryan (as cited by Harkonen, 2007),
“Bronfenbrenner ecological systems theory lays stress on the quality and context of the
child’s surroundings. Bronfenbrenner maintains that because the child develops, the
interaction with the environments acquires a complex nature. The chance for complexity
appears since the physical and cognitive structures of a child grow and mature.”

The theory indicates that Child development takes place through processes of
progressively more complex interaction between an active child and the persons, objects,
and symbols in its immediate environment. To be effective, the interaction must occur on
a fairly regular basis over extended periods of time. Bronfenbrenner (as cited by
University of Wisconsin-Extension, 2004). This implies that the child is placed at the
centre of everything as stated by the theory. This is so because and as Bronfenbrenner
indicates “the model acknowledges that a child affects as well is affected by the settings
in which she spends time.” The theory is mainly concerned with the concepts of process,
person, context and time. The interactions between these concepts form the basis of the
model. This is as a result of the developed model by adding a chronosystem, refers to the
interactions between the people the environment which changes over time.

As adopted in this study, the Bronfenbrenner’s bioecological theory of human
development holds that children affects and are affected by the environment in which
they spend time. The environment can be a school, a family or a home. The theory also
“underlines the child’s own biology as the primary microenvironment that is the fuel for development” (Harkonen, 2007).

However, in adopting the theory for this study, there are some challenges to the model. Until Bronfenbrenner’s death in 2005, the theory has been in a continual state of development. This leaves researchers confused as to what version of his model to use. The latest versions have major changes with the concepts of process, person, context and time included as a new focus. “Scholars may, of course, choose to use an earlier version of the theory as the foundation of their research; they may also choose to base their study on only some of the major concepts of the developed version. In either case, however, this needs to be stated explicitly; neither the field nor the theory is well served if the study’s authors write that they are using “‘Bronfenbrenner’s ecological theory’” or “‘Bronfenbrenner’s bioecological model’” but instead use an earlier or partial version of the theory. Conceptual incoherence is likely to result when studies, written in the first decade of this century, are all described as being based on Bronfenbrenner’s theory but some use ideas taken from the 1970s or 1980s and others from the 1990s” (Tudge, Irina, Hatfield, & Karnik, 2009). This theory informs the study which seeks to understand relationships between orphans and vulnerable children as well as their psychosocial needs.

2.6.1 Application to psychosocial support for orphans and vulnerable children

The Bronfenbrenner’s bioecological theory was introduced as a framework for understanding both the children and adult development. Particularly to the orphans and
vulnerable children in the society. This theory opens doors for current and future research in order to examine specific aspects of the theory as they related to the study.

According to Thomas and Michel (as cited by Sanou, Huguette, Sayouba, & Therese, 2008) “Bronfenbrenner’s bioecological systems theory, also referred to as the Process Person Context Time (PPCT) model, provides a useful theoretical framework for nursing, pediatric, and educative techniques, and social work to analyze child development. This theory assumes that child development is a dynamic and reciprocal process of interactions between individuals and a series of environmental factors, both concrete and abstract.”

Sanou et al., (2008) outlined four ecological levels of Bronfenbrenner’s framework. The four ecological levels, with bi-directional and reciprocal influences within and between the systems as they relate to closing the research gap in children development. The four ecological levels include:

1. Microsystem: interpersonal interactions between the child and his immediate environments (family, school, peer group, childcare environments, etc.).

2. Mesosystem: the interrelationships between two or more settings of the child’s immediate environments (home, day-care center, schools).

3. Exosystem: external environmental settings that only indirectly affect development (parent’s workplace, school boards, social service agencies, etc.).

4. Macrosystem: the larger social and cultural context (culture, subculture, economy, war, technological changes or other broader social context, etc.).
2.7 Conceptual Framework

Myers (2009) defines conceptual framework as an analytical tool with several variations and contexts. It is used to make conceptual distinctions and organize ideas. The conceptual framework demonstrates how the independent variables and the dependent variables relate to the study. This is presented in figure 2.1.

**Dependent Variables**

HIV/AIDS/VULNERABILITY
- Shelter
- Health
- Cloths
- Food
- Education

**Intervening Variables**

Physical Factors
- Emotional Factors
- Mental Factors
- Social Factors
- Spiritual Factors

**Independent Variable**

Impact of Psychosocial support

---

**Figure 2.1: Conceptual Framework**

*Physical factors*

These factors include: material needs such as shelter, clothing and food. Materials form the basic necessities of any human being. Lack of materials by the orphans and
vulnerable children cause them a lot of harm in the sense that they feel very ashamed of their appearance.

_Emotional factors_

Emotional factors incorporate things like the need for love, security, motivation, trust, sense of belonging, understanding and guidance.

_Mental factors_

Mental factors of children incorporate aspects such as formal education, information education and general life skills.

_Social factors_

According to (HOPE worldwide Africa, 2006), social factors “These are essential for integration into a community without feeling stigmatized or different; to develop a sense of belonging; form friendships and community ties; acceptance; identity; acknowledgement from peers and opportunities for social interaction. They also need to learn socially acceptable behaviour through feedback from others, how to access help and learn their limits.

_Spiritual Factors_

Children need a belief in a higher being, which enables them to develop a hope for their future. This also facilitates a sense of connectedness to deceased parents and ancestors. They also need to develop trust and security in their survival.
CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This chapter covers the research design, the study site description, the target population, the sample size, the sampling procedures, methods of data collection, the research instrument, data analysis methods and presentation.

3.2 Research design

Research design is scheme; outline or plan that is used to generate answers to research problems (Orodho, 2003). The research design for this study was a case study. This is so because this type of design is intensive, descriptive and holistic analysis of a single analysis is guaranteed. According to Mugenda and Mugenda (2003) “a case study is an in-depth investigation of an individual, group, institution or phenomenon.” They indicate that “the primary purpose of the case study was to determine factors and relationships among the factors that have resulted in the behavior under study. The investigation therefore made a detailed examination of a single subject, group or phenomenon.” It sought to determine the impact of psychosocial support on orphaned and vulnerable children that suffered an HIV/AIDS death in Dagoretti North Constituency, Nairobi County. The case study was chosen as it enabled the research to have an in-depth analysis. It used smaller samples and it is multimodal, concrete and contextual target population.
3.3 Site Description

The study was conducted in Dagoreti North constituency in Nairobi County, Kenya. Nairobi County is the capital city of Kenya. Dagoreti North constituency covers a total land surface of 21,126.5 km² (21,127 km²). Dagoreti North constituency has population 200,000 people. Dagoretti North Constituency is one of 17 electoral constituency of Nairobi County. It was created by the Independent Electoral and Boundaries Commission before the 2013 general election. Most of the area that forms Dagoretti constituency was part of Westlands Constituency.

3.4 Study Population

Study population refers to the entire group of people in a given area where the researcher wants to generalize the results of the study, events or objects to which a researcher data wishes to generalize the results of the research (Mugenda and Mugenda, 2003). According to the Kenya national census (2009) Dagoreti North Constituency has 236,999 people. In the context of this study the populations included children’s homes that accommodate children whose parents are victims of HIV/AIDs and other agencies that deal with orphans. This implied that the target population consisted of the children, teachers and guardians or caretakers of the OVC in Kagwangware children’s home with a total population of 500 children. This target population was chosen because it provided a good case study for the psychosocial support of the OVC.

3.5 Sample size and sampling procedures

The study used probability method to get the sample size of respondents for the children’s homes. Systematic random sampling method was used to get desired sample
for survey from the register of all children in the home. The desired sample size of respondents for survey was 50 children in children’s homes. The study population was 500 children. In order to get the size of respondents from the population the following calculation was used.

Study population=500

Desired sample size: 50 children

Systematic random sampling was then used to get the sample intervals for the population 500 which was

K= size of population dived by desired sample size

K=500/50=10 which means K was 10 which is the interval

Simple random sampling was used to pick the first child from the list of the population from the first 10 in the list (register). After picking the first child among the first 10 children out of 500 children, then the researcher systematically selected every 10th child to obtain the rest 49.

Non-probability sampling techniques were used to get the FGD and KI. Purposive sampling was used to identify the care givers, who were in charge of the children in the homes, orphanage and school for the orphaned and vulnerable children for FGD. Purposive sampling was used to identify the KI and this included government officials, administrative chief and assistant chief of the area.
3.6 Unit of Observation and Unit of Analysis

In this study the units of observations were the OVC in Dagoreti North Constituency. The unit of analysis in this study was the impact of psychosocial support on OVC that have suffered an HIV/AIDS death in Dagoreti North Constituency.

3.7 Research Methods

This study used the following research methods:

3.7.1 Survey

Survey method encompasses any activity that collects information in an organized and methodical manner about characteristics of interest from units of population using well defined concepts, methods and procedures. Survey involves interviewing the respondents in order to gather required information in any study. Survey enables researcher to collect data on phenomena that cannot be directly observed. Questionnaires were used as the main tools for collecting data. This tool was appropriate because of its efficiency and effectiveness, in terms of the time available for the study. Again this tool was chosen because it related with and had been guided by the nature of the study. Questionnaires were used since the questions asked involved views, opinions and perceptions that were variable in nature and hence could not be observed directly. The survey was mainly aimed at collecting demographic characteristics of the children and their main encounters of psychosocial support. The main thrust of the study was followed through qualitative methods.
3.7.2 **Focus Group Discussions**

Focused group discussions were used to get information on the topic of study. The focus group discussion is a group of individuals from similar background discussing the topic of common interest. They were brought together by the researcher who helped the group to participate in lively and natural discussion amongst on the conceptualization of the impact of psychosocial support on orphaned and vulnerable children that suffered an HIV/AIDs death in Dagoretti North Constituency, Nairobi County. Focus group discussions explored the meaning of survey findings that cannot be explained by use of statistics. Focus group discussion enabled the researcher to rate opinions of people on the study topic and the researcher collected a wide variety of information without any biasness. Five FGDs were conducted with boys, girls, care givers, teachers and stakeholders.

3.7.3 **Key informant interviews**

Key informant interviews was conducted to a specific key resourceful individuals in the community who were having valuable insight and resourceful specialized knowledge on regarding the topic of study. For this study the researcher was investigating the impact of psychosocial support on orphaned and vulnerable children that have suffered HIV/AIDS death in Dagoreti North Constituency. Key informants fill the information gaps that a research may have with regards where he/she is supposed to be in community to observe. The key interviews was used to get information from the key Informants on the demographic information, conceptualization of the impact of psychosocial support on orphaned and vulnerable children that have suffered HIV/AIDS death in Dagoreti North
Constituency. The key informants were source of firsthand knowledge in given study community, they provide honest information, sensitive and confidentiality issues which cannot be discussed in focus group discussion. In this study Key Informants interviews was conducted on; care givers, children officers in area, health officers, religious leaders, teachers, social worker, manager of the home and administrative leaders.

3.8 Tools for Data Collection

The researcher used the following research tools to collect data:

3.8.1 Questionnaire

According to Gall et al., (1996) a questionnaire is a set of systematically structured questions used by a researcher to get needed information from respondents. Questionnaire is a simply tool or a research instrument consisting of a series of questions and is made up of closed end questions with specific response categories. The closed end questions helped the researcher not to elaborate to respondents on questions but to answer the way questions were. The questionnaires measures separate variables and with questions that are aggregated into index or scale. The researcher administered questionnaires on OVC. The researcher used questionnaires in mode of face to face and pencil and paper, he used Questionnaires in collecting data from the desirable sample. Where face to face was applied the researcher asked the respondents questions, after they have answered he wrote answers down in order to analysis them in details to obtain information intended. Questionnaires were sharply limited by the fact that respondents must be able to read questions and respond to them for those who can’t read were assisted
by the researcher to understand the questions. Questionnaires covered mainly children’s demographic characteristics.

3.8.2 Focus Group Discussion Guide

According to Mugenda and Mugenda (2003) definition of a focus group discussion is a form of group interviewing in which a small group – usually 10 to 12 people – is led by a moderator (interviewer) in a loosely structured discussion of various topics of interest. The focus group discussions guide is a series of questions that facilitates discussion for focus group discussion. The guide directs a moderator on how to ask specific question and what will follow. The guide provides familiarity on the topic of discussion and ability to speak. The researcher used the focus group discussions guide on OVC, care givers and teachers. The researcher used focus group discussion guide to explore meanings of survey findings that cannot be explained by use of statistics. It enabled the researcher to air out the opinions of people on the study topic and to collect detailed information. Focus group discussion guide has open end questions which allow the participants to express their thoughts and feelings and discuss their views from different understanding.

3.8.3 Key informant interview guide

The interview guide approach is more structured than informal conversational interview although there is still quite a bit of flexibility in its composition (Gall and Borg, 2003). Key informants interview guide is a research tool and are series of questions on key informants in order to gather information, was administered on key informants. It enables them to fill the information gaps that a research may have with regards where he/she is supposed to be in community to observe. It’s in form of confidential to key informants
and gives a particular perspective on specific problem in the particular group in community. The researcher used them for care givers, children officers in area, health officers, religious leaders, teachers and administrative leaders.

3.9 Data Analysis Techniques

Data analysis is the process of systematically searching, arranging, organizing, and breaking data into manageable units, synthesizing the data, searching for patterns, discovering what is important and what is to be learned. In the study the researcher collected data mostly basing on the purpose and objectives of the study or research.

3.9.1 Quantitative Data Analysis

The quantitative data from demographic sections of the questionnaires the researcher analyzed and coded them. The researcher analyzed the data using the statistical package of social science (SPSS) software. In coding the researcher used descriptive statistic which involves frequencies and percentages. Then the researcher used tables, pie charts or even bar graphs to present data.

3.9.2 Qualitative Data Analysis

The researcher employed qualitative analysis for qualitative data. Qualitative analysis applied to the open ended questions where the respondents were required to give their opinions. This is a systematic qualitative description of the composition of objects or material of study. The qualitative data, the researcher organized the data in themes and patterns, categorized through content analysis to capture in providing rich descriptions in response to the research questions.
CHAPTER FOUR: DATA PRESENTATION AND ANALYSIS

4.1 Introduction

This chapter presents data that was collected from the field and analyzed according to the research instrument. The chapter was organized into six sections namely the response rate, background information, impact on psychosocial support, determinant of successful psychosocial support, benefits of psychosocial support for OVC, challenges in utilizing psychosocial support services and conclusion.

4.2 Demographic Information

The study sought to find out the demographic information of the respondents which included gender, Age bracket of the respondents, Level of education. The findings of the study are discussed in the subsections below.

4.2.1 Age bracket of the respondents

The study further established the respondent’s age distribution by requesting them to state. The table 4.1 presents the findings of the study.

Table 4.1: Age Bracket of the Respondents

<table>
<thead>
<tr>
<th>AGE</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-12</td>
<td>11</td>
<td>22</td>
</tr>
<tr>
<td>13-15</td>
<td>21</td>
<td>42</td>
</tr>
<tr>
<td>16-18</td>
<td>18</td>
<td>36</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100</td>
</tr>
</tbody>
</table>
From the findings majority 42% indicated that they ranged between 13 to 15 years old, followed by 36% who indicated that their age ranged between 16-18 years. Further findings revealed that 22% of the respondents were aged between 10 to 12 years old. Psychosocial support on orphaned and vulnerable children that have suffered an HIV/aids death in Dagoretti north constituency has largely provided support for children aged below 18 years with the majority of the children at the age bracket of 13 -15 years of age.

Age is also important when considering vulnerability. A Horizons study in Zimbabwe found that older children had higher trauma scores and exhibited more signs of psychosocial distress such as feeling alone in the world, hopeless, and worried than their younger peers (Gilborn et al., 2006). These results may reflect the challenges and responsibilities such as unemployment and caring for younger siblings that befall many older children.

**4.2.2 Gender of the respondents**

Further the study sought to determine the gender distribution of the respondents in order to establish if there is gender disparity. Findings are presented in Table 4.2.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td>22</td>
<td>44</td>
</tr>
<tr>
<td>Girls</td>
<td>28</td>
<td>56</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100</td>
</tr>
</tbody>
</table>
From the findings, 56% of the respondents were girls and 44% were boys. The boy respondents were noted to have a frequency of 22 respondents while the girl respondents were noted to have a frequency of 28 respondents. This implies there were more girls than boys among the respondents taken into consideration of the OVC in Kawangware children’s home. The findings also indicate that girls are more than boys but the difference is not significant enough to skew the findings based on gender imbalance. The impact of psychosocial support on orphaned and vulnerable children that have suffered an HIV/AIDS death in Dagoretti North Constituency, Nairobi County has had a great impact on the live of the children below the age of 18 years and majority being the female child in the constituency.

Various studies shows that in several settings show that being a female may also increase vulnerability. According to Vermaak et al., (2004) established that in South African communities highly affected by HIV, girls were more likely than boys to be out of school regardless of whether they had been orphaned. Similarly, Horizons studies among vulnerable young people in Rwanda (Brown, 2007), Zimbabwe (Gilborn et al., 2006) and South Africa (Thurman et al., 2006) have shown that girls may be more likely than their male counterparts to report negative symptoms and experiences, including depression, traumatic life events, poor appetite, fatigue, hopelessness, and low self-esteem, and to report their first sexual intercourse as unwilling. Women and girls also take on a disproportionate share of the burden of caring for orphans and vulnerable children in many settings, which can have negative repercussions for their own health and well-being (Ogden et al., 2004). A Horizons study conducted in eight districts in South Africa found
that female-headed households were more likely to include OVC than male-headed households (Vermaak et al., 2004).

### 4.2.3 Education Level

Further the study sought to determine the education level of the respondents. Findings are presented in Table 4.3.

**Table 4.3: Education Level of the Respondents**

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Std 5-6</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>Std 7-8</td>
<td>17</td>
<td>34</td>
</tr>
<tr>
<td>Form 1-2</td>
<td>16</td>
<td>32</td>
</tr>
<tr>
<td>Form 3-4</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

From the findings, 34% of the respondents were in Std 5-6, 32% of the respondents were in Form 1-2, 18% of the respondents were in Form 3-4 and 16% were in Std 5-6. The findings imply that orphaned and vulnerable children from the educational level of class 7 and above are more vulnerable in attaining high levels of education because they are associated with HIV/AIDS. There are more orphaned children at these educational levels because of their understanding in building their future out of attaining education at their schools.
According to Gulaid (2008), it is useful to understand the challenges associated with orphanhood and vulnerability in order to appreciate the context and need for broad programme and policy design. However, orphanhood and vulnerability should not be used to discriminate against or stigmatize individuals or limit their right to access services and protections. In countries with high levels of HIV/AIDS-related stigma, these children experience discrimination when they seek access to education and healthcare because orphanhood is associated with HIV/AIDS.

4.2.4 Religion of the Respondents

Further the study sought to determine the religion of the respondents. Findings are presented in Table 4.4.

Table 4.4: Religion of the Respondents

<table>
<thead>
<tr>
<th>Religion</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christians</td>
<td>38</td>
<td>76</td>
</tr>
<tr>
<td>Muslims</td>
<td>12</td>
<td>24</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

From the findings, 76% of the respondents were Christians, 24% of the respondents were Muslims. The study findings imply that Christians are more the majority than the Muslims in Kawangware and hence the study established that there are more Christian children than Muslims at the children home centres. The other factor that contributes to this is that majority of the homes for children are based or founded by Christian
denominations and therefore would teach these children the principles of Christianity. However, there are children who are Muslims and this would be because of their background religion from the former life they led with their parents or guardians.

4.3 Impacts of psychosocial support on orphaned and vulnerable children that have suffered an HIV/AIDS

From the findings there are many impacts of psychosocial support on OVCs that have suffered an HIV/AIDS death.

Data from FGD (school teachers and care givers) indicated as follow:

“These OCVs are well equipped with all basic needs and in most case are able to concentrate with their studies since they always feel cared and protected.”

The data from FGD indicated that: (boys and girls)

“We are provided with the basic needs at the shelters and education is really helping us to build our future.”

Psychosocial support enables the OVCs that have suffered HIV/AIDS to get love, support and care from the care givers.

Data from the care givers indicated:

“The shelters are the only home some of these children know as some of the children lost their parents at a tender age of below 2 years and were abandoned by their relatives.”

This kind of psychosocial support help them to be motivated and feel that they are cared for and it leads them to forget that their parents passed away and are not orphans any
more. Through psychosocial support the OCVs suffered HIV/AIDS death are helped to make right choice in their lives in order to have bright future.

The role of psychosocial support for the Orphans and vulnerable children in the society is to ensure that they are positively impacted, transformed and taken care of for their wellbeing. According to Refworld (2009), psychosocial support is important in order to maintain a continuum of family and community-based care and support during and after humanitarian crises and to prevent immediate or long-term mental health disorders. This implies that it is consistent every day care provided to the OVC within the community. It is helping the victims in order to establish better relationships with the family and the community at large. As a result of these, there must be respect, understanding, and tolerance and acceptance. The author argues that “Experiencing difficult or disturbing events can significantly impact the social and emotional wellbeing of a child. Exposure to violence or disaster, loss of, or separation from family members and friends, deterioration in living conditions and lack of access to services can all have immediate, as well as long-term consequences for children, families and communities’ balance, development and fulfillment.” According to Regional Psychosocial Support Initiative, Children and youth exposed to the devastating effects of poverty, conflict, HIV and AIDS are especially entitled to care for their emotional and social (psychosocial) wellbeing. Many have lost parents and family, experienced deprivation and abuse, been stigmatized, witnessed atrocities, and suffered overwhelming grief. All these factors have necessitated the need for psychosocial support for the orphans and vulnerable children in the community and the society as a whole. Through psychosocial interventions, the
psychosocial needs of children and their wellbeing are able to be addressed at the initial stages. Psychosocial support will therefore, enable orphans and vulnerable children to have better opportunities so as to develop to their full potential, it will also empower them to participate in social life and develop self-confidence and self-reliant as they grow to maturity, combats discrimination among orphans and vulnerable children in the community by facilitating the integration of those groups who are suffering from discrimination as a result of HIV/AIDs and other vulnerabilities in the society.

These OCVs are well equipped with all basic needs and in most case are able to concentrate with their studies since they always feel cared and protected. The study show that psychosocial support on OVCs that have suffered HIV/AIDS death enables them to be well equipped in all life aspects this gives them well balanced life both emotionally, physically and psychologically and they live happy life. Psychosocial supports on OVCs that have suffered HIV/AIDS death provided them with life skills, knowing their importance in this life, knowing their human rights. Psychosocial support on OVCs that have suffered HIV/AIDS death provide them with shelter food, education and health in their children homes this enables them to feel well protected and put smiles on their faces.

Key informant said (Social worker):

“The OVCs in homes centre are provided with food, shelter, education and healthy hence the do not suffer.”
Since most of these OVCs are in big depression, psychosocial support help them in to having self-esteem and spiritual encouragement in their lives hence they lead positive life. Psychosocial support enables the OVCs that have suffered HIV/AIDS to protect and take care for themselves. Psychosocial support enables care givers to identify and mark the behaviour change of OCVs that have suffered HIV/AIDS. Psychosocial support provides the OVCs with protection of their human rights since are provided with education, shelter, food and health which demands that every child has to get these necessities or to be provided for. Psychosocial support enables OVCs that have suffered HIV/AIDS to cope with the loss of their parents and are encouraged on how to live their present lives and adopt all necessary mechanism to be happy in life. Psychosocial support enables OVCs that have suffered HIV/AIDS to have good relationship with their members since they are not living with them hence to experience torture but they visit them once and keep that bond active. Psychosocial support enables OVCs that have suffered HIV/AIDS to share their problems and feelings freely since they have the same problem and they understand each other very well. In most case those who are older they encourage the young ones to be more focused and hold that life together. From the above findings it’s clear that psychosocial support on OVCs that have suffered HIV/AIDS plays a great role in improving lives of OVCs. OVCs get educational support, health support, food support, shelter support and protection from abuses.

In Kenya, the number of children who are 18 years and below continues to grow due to increased cases of loss of one or both of their parents due to HIV/AIDs. Many other children live with chronically ill parents. Still others are living in abject poverty with very
little food. As a result of all these, governments, civil society and other organization have teamed up together to provide psychosocial support in order to provide protection and care and support to OVCs and their families as well. Each of these institutions plays a key role in ensuring OVC welfare.

From the findings a majority of the respondents agreed majority of the respondents agreed that the people’s perception had a significant influence on psychosocial support of orphaned and vulnerable children in Dagorretti, Kawangware.

Data from the Key informant (Religious leader) indicated as follows:

“The people’s perception had a significant influence on psychosocial support of orphaned and vulnerable children in Dagorretti, Kawangware.”

This is shown by the high mean values calculated in the statements that are related to psychosocial support of OVC in the SPSS analysis. For instance it is noted that the statement psychosocial support helps OVCs to accept their situations. Through psychosocial support OVCs are able to regain their lives and achieve their dreams in life. Psychosocial support offers OVCs an opportunity to compare their situation with others and choose to live positively. Psychosocial support helps OVCs to focus on a better future. Psychosocial support helps OVCs to understand how to live healthy lifestyles. Psychosocial support helps OVCs to build a strong normal background. Therefore from these inferences it was accurate to say that impacts of psychosocial support of OVCs have increased the levels of support to which OVCs are given by the community.
The interviewees in the focus group discussion gave their response on the interview questions. The researcher sought to determine the understanding of psychosocial support programmes for orphaned and vulnerable children.

Data from FGD (care givers) indicated as follows:

“The vulnerable child is one who is living in circumstances with high risks and whose prospects for continued growth and development are seriously threatened.”

These children who are most affected are the ones who are below the age of 18 years. According to the social description of many interviewees, an orphan is one who has lost one or both parents and this child is vulnerable when they lack inadequate support from adults. Their situation are worsened when the child is HIV positive and they receive limited care from the society other than from parents and most importantly they are marginalized and discriminated against by the society. HIV/AIDS predominately attacks people in the society but the impact falls hard on orphaned and vulnerable children. When a parent/s dies of AIDS the children are most likely to die even when the children are HIV negative. This is because of the social impact the children face due to the discrimination, vulnerability, lack of care and support would drive them to a state of hopelessness and loose the desire to live and better themselves.

Data from KI (manager of the home) indicated that:

“OV C programs need to take active measures to meet the general health needs of vulnerable children at every age level.”

This often means making sure the caretakers bring the child to a clinic for health care. HIV care is also an important element for these children, as they might have been
exposed to HIV and requires testing and care. Emergency Plan resources for OVCs can
be used to support the preventive and primary health care needs of children. To be cost-
effective, however, interventions should rely largely upon existing health programs
sponsored by governments and international partners to ensure immunization coverage,
maternal and health care (including antenatal and postnatal care, HIV testing, etc.).

Healthy child development hinges greatly upon the continuity of social relationships.
Programs should supply both children and their caregivers with emotional support, as
well as support local staff that serves on the frontline. To respond to psychosocial needs,
examples of potential interventions that psychosocial programs may fund include the
following:

Child Level

- Gender-sensitive life skills and experiential learning opportunities for OVCs that
  build resilience and self-esteem;

- Activities that encourage the integration of OVCs into traditional support systems
  within the community in order to increase the social and psychological well-being
  of vulnerable youth (mentoring, apprenticeships, etc.);

- Improving links between children affected by HIV/AIDS and their communities;

- Referral to counseling where available and appropriate, particularly for HIV-
  positive youth; and

- Rehabilitation/re-integration for children who are living outside of family care

Caregiver Level

- Strengthening the capacity of caregivers to listen to and talk with children;
• Access to family-centered activities that address the dynamics and stages of illness, treatment, and/or pending death (e.g., communication on the disclosure of HIV status, ART, succession planning, grief counseling); and

• Activities that help children to give expression to their feelings and perceptions of loss and help in the preservation of attachment and personal history, (e.g., art therapy, memory box methodologies, etc.).

Community Level

• Increasing communities’ understanding of and action on the psychosocial needs of children and youth and the responsive roles community members can take to improve social or psychological wellness, including roles in schools and religious organizations;

• Providing training in age- and situation-appropriate communication;

• Strengthening local capacities to provide psychosocial support for distressed children (e.g., training of clinicians and community workers);

• Providing opportunities for networking, training, and reflection for frontline local staff who work with local partners in AIDS-affected communities; and

• Further investigation and refinement of culturally relevant measures to promote psychosocial well-being and factors that contribute to improved child welfare

4.4 Determinants of psychosocial support on orphaned and vulnerable children that have suffered an HIV/AIDS

The study sought to determine the of determinants psychosocial support on the support of orphaned and vulnerable children that have suffered in HIV/AIDS.

The KI (social worker) reveals that:
“HIV positive children significantly affected the rate at which the children were give psychosocial support.”

It was also noted that Children who are lacking basic needs was also noted to significantly affect the rate at which the children were give psychosocial support. The respondents agreed that children living alone after being orphaned were also noted to affect the rate at which psychosocial support.

The researcher noted that Children living with relatives who not take care of their needs.

The KI (manager of the home) indicated that:

“The contributions made towards psychosocial support enhance the welfare of orphans and vulnerable children.”

The role the Kenyan government in regards of supporting OVCs is to protect and care for these children. This is done through continuous improved policy and legislation formulation. According to the Ministry of Gender and Social Development, most vulnerable children are protected by governments by channeling resources to families and communities where those children come from.

They create programs that are government initiative supporting very poor households that take care of orphans and vulnerable children to enable them take care of those children and help to grow up in a family setting. They are financed by government of Kenya with partnerships from organizations such as UNICEF and DFID. The local community engagement and community workers’ intervention greatly contributes to form supportive networks within a community and which can be mobilized to prevent or respond to difficult events, also support the effective functioning and psychosocial well-being of
individuals in that community. These structures are grounded in the beliefs and values of a community. According to Madhok, (2012) social workers ensure the children’s safety by directing them to orphanages or safe homes, contact the children’s families and provide regular counseling. After multiple sessions with families and children, social workers have often been successful in rebuilding the children’s confidence, and rebuilding families.

Many families with chronic illness are almost always ignored in the community they lack support form and by their family. This greatly affects the children who become more vulnerable and in cases where poverty is high they end up starving to death with little help from the civil organizations and the community. Orphaned children caregivers in the community in include civil society groups and schools in which the OVC attend. Their intervention has come in handy in supporting and caring for the orphans and vulnerable children in the society. Many of the civil society groups and more so children groups were established as a result of large numbers of children either left as orphans or become street children due to poverty or HIV/AIDS related situations.

4.5 Benefits of Psychosocial Support

Psychosocial services are essential for children to grow up well as balanced human beings and to develop and apply their full human capabilities to become productive and responsible citizens throughout their entire life cycle. A lack of fulfillment of basic psychosocial needs can result in negative developmental outcomes, among which are anxiety, depression, delinquency, low self-esteem, poor relationships, risky sexual and
other behaviours, suicidal tendencies, low educational achievement, poor health and low productivity.

Some children may struggle to cope within their existing care networks, may not progress in terms of their development or may be unable to function as well as their peers and thus may require specialized care.

Data from FGD (boys and girls) indicated that:

“We struggle sometimes because of not being accepted by the society as our peers especially in school level.”

The presence of psychosocial support may effectively offset some psychological and social pathologies or enable them to be managed. When psychosocial support is successful, a child will feel socially, emotionally and spiritually supported in every aspect of their lives. Psychologists have long established that experiences of childhood can impact on the entire life of an individual. Thus, bad experiences and a lack of psychosocial well-being during childhood can lead to antisocial behaviours and poor productivity among individuals that impacts on their entire lives and ultimately on society at large.

Data from the KI (caregiver) indicated:

“*It is important to convey this message so that people do not assume that children of HIV positive parents are necessarily also positive.*”

They categorized the children as followed: Children living with HIV: A relatively low percentage of children whose parents are living with HIV are also HTV positive. It is important to convey this message so that people do not assume that children of HIV
positive parents are necessarily also positive. Some of the issues in supporting children who are living with HIV include support and counseling for testing; accessing treatment; disclosure of status to friends, teachers and other community members and decisions on relationships, sexuality and reproduction. Psychosocial support, such as giving children the space to talk about their worries, helping them to deal with stigma and normalizing their illness, can help children and families to cope with their illness and reduce stress.

Children living with and caring for caregivers who are ill: Children often assume the responsibility of caring for an ill parent or caregiver. These children miss or drop out of school to care for sick adults; experience hunger due to household poverty; and have concentration problems due to worrying about the sick person. AIDS-related stigma also places them at risk of being bullied. Support to the parents/caregiver is essential. One of their main concerns, causing severe psychological distress is around disclosure of their own serostatus. Concerns are exacerbated among mothers of young children who question whether the child is old enough to understand, or will be able to keep the information confidential.

Psychosocial support needs to include the caregiver/parent, facilitating discussion on preferred process for disclosure, taking the age and maturity of the child into account and being cognizant of the fact that it helps children to understand the truth. Furthermore, psychosocial support could assist the members of the household, including the children to undertake household chores routinely, assistance to maintain school attendance and access social and food security, space to talk, listen and play, plan for the future and stay connected with family, friends and community. Children with special needs: Orphaned
and other children made vulnerable due to HIV and AIDS who also have special needs (such as physical, mental or intellectual disabilities), or sensory impairments (such as deafness or blindness), require additional support to ensure that they are included in all services (especially education and stimulation), and not discriminated against or neglected.

Children living in child and youth-headed households: Child-headed households are commonly defined as households "where the parent, guardian or care-giver is either terminally ill, has died or has abandoned the children and there is no adult family member available to care for the children and a child has taken on these responsibilities". Reasons for children living without adults include parents moving to urban areas to seek employment, or not acknowledging or supporting their children, or affected by alcohol abuse and being incapable of parenting; as well as orphaned children having no appointed foster parent, either because relatives live far away or have too many dependents or do not want them; or children not wanting to be separated from siblings or not wanting to abandon their homes.

Children affected by other forms of adversity: Children affected by other forms of adversity include children who have: survived physical, emotional and sexual abuse; witnessed the death of their parents; been victims of trafficking; survived natural disasters or other frightening experiences; as well as children on the streets and children growing up in prisons with their incarcerated mothers. These children may need additional psychosocial support. There are many specialized agencies available to assist such children, and they may be used as referral sources for special care. The study sought to
determine the level at which the respondents agreed or disagreed with the some
statements relating the effects of psychosocial support on orphaned and vulnerable
children that have suffered in HIV/AIDS. The respondents indicated some of the benefits
of Psychosocial Support for the vulnerable children. These were the provision of
psychosocial support for has helped reduce the number of OVCs; the programme has
helped to reduce cases of mother to child HIV infection; the OVCs have been trained on
practicing safe sexual lifestyle to prevent transmission; more and more people are
becoming empowered on the management of HIV status and those who are infected have
been counseled and put on medication.

Data from the KI (social worker) indicated:

“The support these children in the society need is physical, emotional, spiritual and
social needs.”

The data from FGD indicated the measures in place for planning in order to support the
OVCs in the society. These measures revolved around the determinants of psychosocial
support among orphans and vulnerable children. The determinants involve the physical
factors that need to be met for these children; these include material needs such as shelter,
clothing and food. The emotional factors that incorporate the need for love, security,
motivation, trust, motivation, trust, sense of belonging, understanding and guidance. The
mental factors of children incorporate aspects such as formal education, information
education and general life skills. The social factors are essential for integration into a
community without feeling stigmatized or different; to develop a sense of belonging;
form friendships and community ties; acceptance; identity; acknowledgement from peers
and opportunities for social interaction. In spiritual factors, the children need a belief in a higher being, which enables them to develop a hope for their future. According to HOPE worldwide Africa (2006), this gives them hope to keep trying, to be courageous and to persevere. They can trust in the higher being to help them in difficult situations.

Data from the KI (teacher) indicated that:

“We hold seminars on HIV/AIDS to the community inclusive of the mothers, fathers, the youth and children.”

The interviewees indicated that they hold seminars on HIV/AIDS to the community as a whole inclusive of mothers, fathers, the youth and children. The parents are taught on different seminars on family life, use of contraceptives as a protective measure of HIV and the importance of being tested to know ones status of HIV either negative or positive and they are given guidance on how to live healthy lives despite the outcome of the test. The youth seminars are provided in church services, youth agenda meetings and in schools where they are taught of HIV, measures of prevention and living healthy lifestyle in the event they get the disease. Children and youth exposed to the devastating effects of poverty, conflict, HIV and AIDS are especially entitled to care for their emotional and social (psychosocial) wellbeing. Many have lost parents and family, experienced deprivation and abuse, been stigmatized, witnessed atrocities, and suffered overwhelming grief. The children are also taught in small ways in schools and church services of taking good care of themselves by eating healthy and maintaining a healthy lifestyle.

Data from KI (the religious leader) indicate:
“The role of psychosocial support for the Orphans and vulnerable children in the society is to ensure that they are positively impacted, transformed and taken care of for their wellbeing.”

The interviewees indicated the role of psychosocial support in reducing cases of HIV/AIDS especially in children. All children regardless of their background need psychosocial support. Through psychosocial interventions, the psychosocial needs of children and their wellbeing are able to be addressed at the initial stages. Psychosocial support will therefore, enable orphans and vulnerable children to have better opportunities so as to develop to their full potential, it will also empower them to participate in social life and develop self-confidence and self-reliant as they grow to maturity, combats discrimination among orphans and vulnerable children in the community by facilitating the integration of those groups who are suffering from discrimination as a result of HIV/AIDs and other vulnerabilities in the society.

The substantive findings of the study provide important new information to guide policy on forms of psychosocial support and optimal targeting strategies for orphans and vulnerable children. The results suggest that all forms of orphans are at increased vulnerability to psychosocial distress and may be in need of support. Although the statistical models explained only a part of this increased vulnerability, the results did confirm for those aged 12 to 17 years earlier suggestions that school enrollment can help to mitigate the psychosocial distress associated with orphan hood. Similarly, extreme poverty, which was indicated by being in a household in the poorest quintile, was found to be associated with psychosocial distress for all types of orphans, so targeted alleviation of poverty could also have a part to play.
Social connectedness, defined as being related to the closest adult and receiving meaningful support from this adult, was associated with reduced psychosocial distress. Thus, support that enables orphaned and vulnerable children to remain in households with close relatives could also reduce psychosocial distress. A negative association has been found between external psychosocial support and greater psychosocial distress, which is troubling; however, this could reflect that successful targeting outweighed the initial effectiveness of these programs.

4.6 Challenges in utilizing psychosocial support services

The respondents were required to indicate some of the challenges in utilizing psychosocial support services by the orphaned vulnerable children.

It was noted by the respondents that while recognizing that families and communities face challenges in the provision of psychosocial support for children affected by HIV and AIDS, it is important that programming organizations do not replace the function of the family or the community but instead aim to strengthen these structures so that they are able to provide psychosocial support services for children.

Data from FGD (boys and girls) indicate:

“We face challenges in obtaining education for there is no school fee to support our education.”

Response from the KI (manager of home) indicates:

“They face a challenge in obtaining donors who are willing to fully commit and support these children.”

Data from the KI (social worker) indicate:
“The population rate at which OVCs are increasing in our society pause a threat to our future, if no one is willing to care for these children.”

The data from the FGD (caregivers) indicate:

“We lack trainers who lack the basic knowledge of dealing with OVCs and hence provision of training to facilitate effective care for these children is needed.”

The respondents indicated some of the challenges in utilizing psychosocial support services. The response showed that poverty, lack of education, rejection, loss of self-esteem, stigma and discrimination. In spite of all the emotional problems, hardships and stigma, children affected by HIV/AIDS have the same usual needs as the other children. These needs range from economic, social, and educational, to psycho-social needs. The psycho-social needs of children have received little attention in the society.

The interviewees added that compounded by all these challenges and in the absence of safety nets, employment and other livelihood earning opportunities, the majority of the affected children have strained their capacity to respond to the psychological, social, emotional and spiritual needs. As a result, they are engaging or more likely to engage in socially deviant and risky behaviors such as criminal activities, transactional sex, conflict and violence, early marriage, alcohol and substance abuse, as well as depression and suicide. If these challenges escalate and are not addressed comprehensively, they pose a serious threat to socio-economic development, peace and security of the region. As a result, the government has developed a conceptual framework for psychosocial support. The framework provides common understanding of psychosocial challenges facing children, and the interventions that are required to ensure psychosocial well-being. Psychosocial well-being is an integral part of comprehensive service delivery for
children. It is influenced by all the factors that affect human and social development which are: the material, cognitive, emotional, cultural and spiritual aspects of an individual, and the socio-cultural, economic and political environment in which people live.

The government has taken the position that psychosocial wellbeing is a basic need for all children and youth, particularly those that are vulnerable. The availability of psychosocial well-being enables vulnerable children to: make appropriate decisions that benefit their development in the short and long term; assume and maintain social responsibility and healthy social relationships and behaviors; and maintain a condition of mental capacity and a reduction or absence of temporary or long-term mental impairment. Therefore, psychosocial support should be provided in combination with any other services that are required by children.

According to UNICEF (2009), there are many HIV/AIDS-orphans living on the streets of African countries, and for every child orphaned by HIV/AIDS, there are several others about to be orphaned, nursing ill parents, and already acting as primary carers of younger siblings. HIV/AIDS-affected children include orphans and children whose parents are ill or too busy caring for ill family members. Many suffer the isolation of fear surrounding the virus, hiding the secret of HIV in the family in case they are shunned by friends and neighbours. Even before they actually become orphans, children are effectively ‘growing up alone’ because of the shame and stigma which surrounds the disease.

Many children in Kenya are affected by the HIV pandemic and they are either born with the virus some acquired it through their mother’s milk or orphaned due to the death of
their parents to HIV/AIDS (NACC, 2014). According to the National Aids Control Council report, 1.9 Million Kenyan children are AIDS orphans. Many AIDS Orphans in Nairobi Slums have to face a life without either parents, or a supportive family (NACC 2014). Many of the orphans will end up in child headed households and those who go to grandparents will still be given most of the responsibility for bringing up their younger brothers and sisters (UNICEF, 2013).

The psychological impact of HIV/AIDS on children is often overlooked. Not only do many children who live in heavily affected areas contend with the death of one or both parents, but they also frequently face the death of younger siblings, aunts, uncles and other relatives. While there are a number of programs that address the material needs of orphans and vulnerable children, there is less emphasis on helping children cope with the trauma associated with witnessing the deaths of family members. The additional burden of caring for terminally ill relatives may send children into shock leaving many of them with unanswered questions about their own mortality and future (UNICEF, 2013).

Programs are also being developed that enable children to play, which is a luxury to many orphans and vulnerable children. Children affected by HIV/AIDS often begin to assume adult responsibilities, such as earning wages, caring for the terminally ill, and cultivating the land, leaving them with little to no time for recreational activities. These children may also be stigmatized and isolated, as ignorance about the virus remains high (Kiragu, 2011).
4.7 Conclusion

Education and support are the most effective tools that help orphaned and vulnerable children that have suffered an HIV/AIDS death to survive into psychologically healthy adulthood. Support can help children recover from the devastating loss of parents and loved ones. Proper support will also help children with HIV/AIDS to progress through the appropriate developmental stages and grow alongside their peers. Through education, children and adolescents can learn to take charge of their own medical care and protect themselves and those around them. They can also extend this education to others and help reduce the stigma within their larger communities. Through the many changes and challenges of childhood and adolescence, the support of family, friends, communities, and health care professionals is essential to the well-being of tomorrow's adults. Children whose parents have died of HIV/AIDS, whether they are infected themselves or not, are often referred to as "AIDS orphans". The use of this terminology tends to label and stigmatize. In addition, it excludes children whose parent(s) are infected with HIV but are still alive, a very important and substantial population of children.

Many programmes for orphans and vulnerable children have focused on material support and meeting children's physical needs. Since psychosocial problems are sometimes poorly understood or difficult to assess, they are often not adequately addressed by programmes. HIV/AIDS undermines then destroys the fundamental human attachments essential to normal family life and child development. Children affected by HIV/AIDS suffer anxiety and fear during the years of parental illness, then grief and trauma with the death of a parent. These problems are often compounded by cultural taboos surrounding
discussion of AIDS and death. It cannot be assumed that children and their caregivers are always able to cope without support. They need plenty of opportunity to express their feelings without fear of stigma, discrimination and exclusion. Addressing psychosocial needs does not necessarily require separate programmes. Relevant measures can be incorporated into other activities. Group approaches, peer support and individual counseling are needed. Schools, social welfare programmes, faith-based organizations and other existing structures with the potential to reach AIDS-affected families in their communities can offer much needed support. Teachers, health care workers and others can be trained to identify signs of distress and to take appropriate action. Community-based monitoring and support activities, such as those conducted by women and adolescent volunteers in Kenya, are helping to guide and protect children. Some of the elements that have been identified as key to the success of psychosocial support interventions are community ownership, engaging children and young people in planning and implementation, and tailoring activities to local cultural practices and beliefs. In addition, programmes must provide support that is developmentally appropriate, recognizing that children of different ages respond differently to trauma and loss, and need support throughout childhood and youth.

Local leaders, including traditional and religious leaders, administrators, women’s groups, prominent citizens, journalists, teachers and others need to be sensitized to the impact of HIV/AIDS and to the circumstances of orphans and vulnerable children. This sensitization process will aim to encourage leaders and their communities to take action in support of affected children and to monitor those most vulnerable, ensuring that they
are under the supervision of adults, in school, accessing needed services and realizing other basic rights. Of particular importance is alerting leaders to the risk of sexual abuse and exploitative labour faced by these children and the need to create a culture in which abuse is unacceptable and violations are dealt with effectively. This heightened awareness provides much needed attention to vulnerable children and stimulates locally driven action in response to identified needs.

Orphans and vulnerable children are at a disadvantage in obtaining essential services necessary to their welfare. In Kenya, they have lower school attendance rates and are at risk of poor nutrition and health. They are also at greater risk of abuse and exploitation because of their status in society. Typically, orphans and "vulnerable children have significant psychosocial needs and their support systems to meet those needs are weak or, in extreme cases, non-existent.
CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter is a synthesis of the entire study, and contains summary of research findings, exposition of the findings, commensurate with the objectives, conclusions and recommendations based thereon.

5.2 Summary of Findings

This section summarizes research findings based on key objectives i.e. examined impact of psychosocial support on orphaned and vulnerable children that have suffered an HIV/AIDS death; examined the determinants of successful psychosocial support on orphaned and vulnerable children that have suffered an HIV/AIDS death; examined the benefit of psychosocial support for orphaned and vulnerable children that have suffered an HIV/AIDS death and assess the challenges in utilizing psychosocial support services in Dagoretti North Constituency, Nairobi County.

The study determined the impact of psychosocial support on orphaned and vulnerable children that have suffered HIV/AIDS and established that majority of the respondents agreed that psychosocial support has great impact in life of orphaned and vulnerable children in Kawangware, Dagorreti North Constituency. The study further established that the vulnerable child is one who is living in circumstances with high risks and whose prospects for continued growth and development are seriously threatened. These children who are most affected are the ones who are below the age of 18 years. According to the
social description of many interviewees, an orphan is one who has lost one or both parents and this child is vulnerable when they lack inadequate support from adults. Their situation are worsened when the child is HIV positive and they receive limited care from the society other than from parents and most importantly they are marginalized and discriminated against by the society. HIV/AIDS predominately attacks people in the society but the impact falls hard on orphaned and vulnerable children. When a parent/s dies of AIDS the children are most likely to die even when the children are HIV negative. This is because of the social impact the children face due to the discrimination, vulnerability, lack of care and support would drive them to a state of hopelessness and loose the desire to live and better themselves.

The study examined the determinants of psychosocial support on orphaned and vulnerable children that have suffered HIV/AIDS and established that the contributions made towards psychosocial support help in improving the welfare of orphans and vulnerable children. The role the Kenyan government in regards of supporting OVCs is to protect and care for these children. This is done through continuous improved policy and legislation formulation. According to the Ministry of Gender and Social Development, most vulnerable children are protected by governments by channeling resources to families and communities where those children come from. They create programs that are government initiative supporting very poor households that take care of orphans and vulnerable children to enable them take care of those children and help to grow up in a family setting. They are financed by government of Kenya with partnerships from organizations such as UNICEF and DFID. The local community engagement and
community workers’ intervention greatly contributes to form supportive networks within a community and which can be mobilized to prevent or respond to difficult events, also support the effective functioning and psychosocial well-being of individuals in that community. These structures are grounded in the beliefs and values of a community.

The benefits of psychosocial support for orphaned and vulnerable children and revealed that the measures in place for planning in order to support the OVCs in the society. These measures revolved around the determinants of psychosocial support among orphans and vulnerable children. The determinants involve the physical factors that need to be met for these children; these include material needs such as shelter, clothing and food. The emotional factors that incorporate the need for love, security, motivation, trust, motivation, trust, sense of belonging, understanding and guidance. The mental factors of children incorporate aspects such as formal education, information education and general life skills. The social factors are essential for integration into a community without feeling stigmatized or different; to develop a sense of belonging; form friendships and community ties; acceptance; identity; acknowledgement from peers and opportunities for social interaction. In spiritual factors, the children need a belief in a higher being, which enables them to develop a hope for their future. According to HOPE worldwide Africa (2006), this gives them hope to keep trying, to be courageous and to persevere. They can trust in the higher being to help them in difficult situations.

In assessing the challenges in utilizing psychosocial support services .the researcher found out that it’s not easy held seminars on HIV/AIDS to the community as a whole inclusive of mothers, fathers, the youth and children. The parents are taught on different
seminars on family life, use of contraceptives as a protective measure of HIV and the importance of being tested to know one’s status of HIV either negative or positive and they are given guidance on how to live healthy lives despite the outcome of the test. The youth seminars are provided in church services, youth agenda meetings and in schools where they are taught of HIV, measures of prevention and living healthy lifestyle in the event they get the disease. Further, the respondents indicated the role of psychosocial support in reducing cases of HIV/AIDS especially in children. All children regardless of their background need psychosocial support. The role of psychosocial support for the Orphans and vulnerable children in the society is to ensure that they are positively impacted, transformed and taken care of for their wellbeing. Through psychosocial interventions, the psychosocial needs of children and their wellbeing are able to be addressed at the initial stages. Psychosocial support will therefore, enable orphans and vulnerable children to have better opportunities so as to develop to their full potential, it will also empower them to participate in social life and develop self-confidence and self-reliant as they grow to maturity, combats discrimination among orphans and vulnerable children in the community by facilitating the integration of those groups who are suffering from discrimination as a result of HIV/AIDS and other vulnerabilities in the society.

5.3 Conclusion

From the findings, it was evident that psychosocial support of orphaned and vulnerable children was influenced by a number of Factors. From this analysis it was evident that psychosocial support of OVCs was influenced peoples’ perception on psychosocial. It

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was also noted that psychosocial support helps OVCs to accept their situations. For the children in the care centers to accept their positions psychosocial support was deemed necessary. The study also concluded that through psychosocial support OVCs are able to regain their lives and achieve their dreams, it was also psychosocial support also offers OVCs an opportunity to compare their situation with others and choose to live positively. The study also concluded that the psychosocial support should be implemented to help OVCs to build a strong normal background.

The study established that the determinants of psychosocial support had a level of control on the support given to the orphan and vulnerable children in HIV/AIDS death. The study also established that HIV positive children significantly affected the rate at which the children were given psychosocial support, therefore children who were HIV positive were favored more when it came to offering psychosocial support. The study also concluded that Children who are lacking basic needs significantly affect the rate at which the children were given psychosocial support. Children who lacked most of the basic need were the ones who were more likely to be offered psychosocial support.

The study concluded that the established variables had each a level of influence on the psychosocial perception of orphan and vulnerable children in HIV/AIDS deaths in Dagoreti district, Kawangware location, Nairobi County.

5.5 Recommendations

The study recommends therefore:
1. World Vision should consider the possibility of recruiting a qualified school social worker or child psychologist at the district level so as to offer early warning of psychosocial conditions that may prevent a child from benefiting from school services; and to offer referral services for the cases the Community Development Workers are not able to handle. The officer so employed should have the skills to diagnose psycho-social problems and to offer psychotherapy to children in need.

2. Efforts should also be made to encourage the Ministry of Education and Sports to recruit a cadre of child psychologists and school social workers to work in schools and offer child guidance services.

3. Short courses and periodic workshops and seminars be organized for guardians and community development workers to train them in problem identification and counselling so as to ensure effective psychosocial support of OVCs at the district level.

The analysis of the empirical study has indicated a number of relevant issues that the research project did not investigate, but which might be important for further research on the impacts of psychosocial support on OVCs who have in HIV/AIDS deaths in other districts in the county so as to get a comprehensive review of the impacts of psychosocial support. Further studies should also be conducted on the effects financial support on the growth and development of OVCs in the district.
REFERENCES


Miyambo, V. & Richter, L. (2007). We are Volunteering: Endogenous Community-Based Responses to the Needs of Children Made Vulnerable by HIV and AIDS. HSRC and CINDI


APPENDIX

Appendix I: Questionnaire for Children

Dear respondent,

The study seeks to investigate the impact of psychosocial support on orphaned and vulnerable children that have suffered HIV/AIDS death in Dagorretti district Kawangware location.

I consider you to be an important part of the study. In this regard, I would be very grateful if you could spare your time to provide information relating to the question that follows.

Yours responses will be treated confidentially.

Thank you in advance.

PART A: Demographic Characteristics

1. What is your Gender?
   - Male [ ]
   - Female [ ]

2. What is your age bracket?
   - 0-5 years [ ]
   - 6-10 years [ ]
   - 11-15 years [ ]
   - 16-18 years [ ]
PART B: Perception on psychosocial support for orphaned and vulnerable children

3. How long have you been in the children’s home?

<table>
<thead>
<tr>
<th>Number of years</th>
<th>Please tick appropriately</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 5 years</td>
<td></td>
</tr>
<tr>
<td>Between 5-10 years</td>
<td></td>
</tr>
<tr>
<td>Between 11-15 years</td>
<td></td>
</tr>
<tr>
<td>Over 15 years</td>
<td></td>
</tr>
<tr>
<td>Any other</td>
<td></td>
</tr>
</tbody>
</table>

4. Using a Likert scale of 1-5 strongly agrees-to strongly disagree, state the extent to which you agree with the following perceptions on psychosocial support for HIV orphaned and vulnerable children.

<table>
<thead>
<tr>
<th>Peoples’ perception on psychosocial support for HIV orphans and vulnerable children</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosocial support helps OVCs to accept their situations</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Through psychosocial support OVCs are able to regain their lives and achieve their dreams</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychosocial support offers OVCs an opportunity to compare their situation with others and choose to live positively</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychosocial support helps OVCs to focus on a better future</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Psychosocial support helps OVCs to understand how to live healthy lifestyles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Psychosocial support helps OVCs to build a strong normal background.

5. The following statement denotes the influence of peoples’ perception on psychosocial support for orphaned and vulnerable children. State the extent to which you agree with them.

<table>
<thead>
<tr>
<th>People perceptions’ influence on psychosocial support programmes</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive perception about psychosocial support has led to acceptance of the programme by OVCs in the area</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Because the public perceives psychosocial support as beneficial, the more and more OVCs are seeking to utilize it.</td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Here there is general acceptance of psychosocial support programmes which has improved the social well-being of OVCs</td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Since the introduction of such programmes in the areas, the death rate of OVCs of HIV cases has been reduced</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
PART C: Determinants of successful psychosocial support for orphaned and vulnerable children

6. The following are the determinants for successful psychosocial support of OVCs. State the extent to which you agree with these determinants.

<table>
<thead>
<tr>
<th>HIV positive children</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children who have been orphaned through HIV or other terminal diseases</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Children who are lacking basic needs</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Children living with relatives who do not take care of their needs</td>
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<td></td>
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<tr>
<td>Children living alone after being orphaned</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children living under abusive conditions</td>
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<td></td>
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</tbody>
</table>

7. Have you ever attended seminars on HIV/AIDS

   Yes [ ]
   No [ ]

   b) If No, why?

   ........................................................................................................................................
   ........................................................................................................................................
   ........................................................................................................................................
PART D: Benefits of psychosocial support for orphaned and vulnerable children

8. To what extent do you agree with the following statements

<table>
<thead>
<tr>
<th>The benefits of psychosocial support on HIV/AIDS</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>The provision of psychosocial support for has helped reduce the number of OVCs</td>
<td></td>
<td></td>
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<tr>
<td>The programme has helped to reduce cases of mother to child HIV infection</td>
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</tr>
<tr>
<td>The OVCs have been trained on practicing safe sexual lifestyle to present transmission</td>
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</tr>
<tr>
<td>More and more people are becoming empowered on the management of HIV status</td>
<td></td>
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</tr>
<tr>
<td>Those who are infected have been counseled and put on medication</td>
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<td></td>
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</tbody>
</table>

PART E: Challenges in utilizing psychosocial support services

What are some of the challenges by the orphaned and vulnerable children in utilizing psychosocial support services?

........................................................................................................................................................................
........................................................................................................................................................................

THANK YOU!!
Appendix II: Focus Group Discussion For Officials

1. What is your understanding of psychosocial support programmes for OVCs?
2. Do you hold seminars on HIV/AIDS in the community?
3. What measures are in place in planning to put in place to support the OVCs in the center?
4. What is the role of psychosocial support in reducing cases of HIV/AIDS?
5. What approaches do you use to provide psychosocial support to OVCs who are able to regain their lives and achieve their dreams?
6. In what ways has the general acceptance of psychosocial support programmes which has improved the social well-being of OVCs?
7. What role is played by the government in ensuring support for OVCs is made available and reaches all children in the community?
8. What role is played by the local community in ensuring support for OVCs is made available and reaches all children in the community?
9. What role is played by the family in ensuring support for OVCs is made available and reaches all children in the community?
10. What role is played by the civil society in ensuring support for OVCs is made available and reaches all children in the community?
11. What role is played by the schools in ensuring support for OVCs is made available and reaches all children in the community?
12. What are the perceptions on psychosocial support?
13. What are the determinants of successful psychosocial support to Orphaned and Vulnerable Children?
14. How does psychosocial support benefit Orphaned and Vulnerable Children?
15. What are the challenges Orphaned and Vulnerable Children encounter in using services?

THANK YOU!!
Appendix III: Key Informants Interview Guide

1. What is your understanding of psychosocial support programmes for OVCs?
2. Do you hold seminars on HIV/AIDS in the community?
3. What measures are in place in planning to put in place to support the OVCs in the center?
4. What is the role of psychosocial support in reducing cases of HIV/AIDS?
5. What approaches do you use to provide psychosocial support to OVCs who are able to regain their lives and achieve their dreams?
6. In what ways has the general acceptance of psychosocial support programmes which has improved the social well-being of OVCs?
7. What role is played by the government in ensuring support for OVCs is made available and reaches all children in the community?
8. What role is played by the local community in ensuring support for OVCs is made available and reaches all children in the community?
9. What role is played by the family in ensuring support for OVCs is made available and reaches all children in the community?
10. What role is played by the civil society in ensuring support for OVCs is made available and reaches all children in the community?
11. What role is played by the schools in ensuring support for OVCs is made available and reaches all children in the community?
12. What are the perceptions on psychosocial support?
13. What are the determinants of successful psychosocial support to Orphaned and Vulnerable Children?
14. How does psychosocial support benefit Orphaned and Vulnerable Children?
What are the challenges Orphaned and Vulnerable Children encounter in using services?

THANK YOU!!