



Academiejaar 2006 – 2007

**THE EDUCATION SECTOR'S RESPONSES TO THE NEEDS  
AND VULNERABILITIES OF CHILDREN AFFECTED BY  
HIV/AIDS**

**Isabelle DEHAENE**

Promotor: Prof. Dr. L. Annemans  
Co-promotoren: Prof. Dr. M. Temmerman en Dr. W. Delva

Scriptie voorgedragen in de 2e Proef in het kader van de opleiding tot  
**ARTS**





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*‘They are children, they did not ask for HIV to come’<sup>1</sup>*

Dehaene Isabelle

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<sup>1</sup> Quote from a focus group participant

## TABLE OF CONTENTS

|   |           |
|---|-----------|
| Copyright   | iv        |
| Acknowledgements                                    | v         |
| Table of contents                                   | vi        |
| <b>Abstract</b>                                     | <b>1</b>  |
| <b>1 Introduction</b>                               | <b>2</b>  |
| 1.1 Introduction                                    | 2         |
| 1.2 Definitions                                     | 2         |
| 1.3 Educational Challenges Faced by CABA            | 3         |
| 1.3.1 Poverty                                       | 4         |
| 1.3.2 Stigma  | 6         |
| 1.3.3 Bereavement                                   | 7         |
| 1.3.4 Adult roles                                   | 9         |
| 1.4 Responses to the Educational Challenges of CABA | 9         |
| 1.5 HIV/AIDS in Kenya                               | 11        |
| 1.6 The Education Sector in Kenya                   | 12        |
| 1.7 Research Area Background                        | 16        |
| 1.8 Research Problem Statement                      | 18        |
| 1.9 Research Objectives                             | 19        |
| 1.10 Research Questions                             | 20        |
| <b>2 Methodology</b>                                | <b>22</b> |
| 2.1 Introduction                                    | 22        |
| 2.2 Research Design                                 | 22        |
| 2.3 Sampling Method and Procedure                   | 22        |
| 2.4 Study Population                                | 23        |
| 2.5 Data Collection Method and Procedure            | 24        |
| 2.6 Data Analysis                                   | 24        |
| 2.7 Ethical Considerations                          | 25        |
| <b>3 Results</b>                                    | <b>26</b> |
| 3.1 Introduction                                    | 26        |

|          |  |           |
|----------|--|-----------|
| 3.2      | Poverty  | 26        |
| 3.3      | Stigma   | 30        |
| 3.4      | Bereavement  | 31        |
| 3.5      | Adult Roles  | 34        |
| 3.6      | Additional Problems  | 36        |
| 3.7      | Additional Responses – Suggestions                                 | 38        |
| <b>4</b> | <b>Discussion</b>  | <b>40</b> |
| 4.1      | Introduction   | 40        |
| 4.2      | Study Limitations  | 40        |
| 4.3      | Reflections  | 40        |
| 4.4      | Conclusion   | 42        |
| 4.5      | Recommendations  | 43        |
|          | References   | 47        |
|          | Appendices   | 51        |
|          | Appendix 1 – Acronyms and abbreviations                            | 51        |
|          | Appendix 2 – List of figures and tables                            | 53        |
|          | Appendix 3 – Kenya Education Sector Support Programme '05-'10      | 54        |
|          | Appendix 4 – Most Important Educational Problems as Stated in FGDs | 55        |

## **ABSTRACT**

Education is a crucial factor in the development of a child. In the light of the HIV/AIDS pandemic, education has become even more vital. The paradox, nevertheless, is that the pandemic has constrained school attendance, as well as school performance. The purpose of this study was to establish to what extent primary school-aged children affected by HIV/AIDS (CABA) are educationally affected, as well as to find out how the education sector is responding to the problems CABA face. Through the recommendations, the research findings are to mobilize relevant offices and organizations to assist these children. The research was conducted in Bondo district, Kenya, where, in 2005, of all 73,543 primary school children enrolled, 36,762 were orphaned, of which 19,664 were double orphans. Data were obtained by interviews with teachers and education officials, as well as by focus group discussions (FGDs) with teachers. A total of 24 interviews and 5 FGDs took place. The study focussed on problems related to poverty, stigma, bereavement, and adult roles. Poverty was perceived to be the major problem. Poverty not only causes the bulk of problems, it also hampers interventions to deal with them. If poverty could be minimized, the problems related to them, as well as the carrying out of adult roles by children could be dealt with. Guidance and counselling, sensitization, and awareness creation can in turn mitigate the psychological and behavioural problems CABA face, as well as the HIV/AIDS related stigma.



# **CHAPTER ONE**

## **INTRODUCTION**

### **1.1. Introduction**

The HIV/AIDS epidemic is a major contributor towards the vulnerability of the Kenyan child today. Children left without parents or impoverished by HIV/AIDS face a variety of problems. Lack of proper education or even worse, no education at all, is just one of these problems. Primary education opportunities are critical since they offer children the opportunity to socialize and develop emotionally, socially, and intellectually. They also provide them with adult supervision, emotional support, and nutritional and health care attention. The extent to which the education of Children Affected By HIV/AIDS (CABA) is adversely affected depends heavily on the level of physical and emotional support they receive from the extended family, the school, the community, and the Government (Hepburn, 2002).

This chapter provides an overview of the literature concerning the problems faced by CABA, and the education sector's responses to these problems. It also gives a summary of the existing literature on HIV/AIDS and the education sector in Kenya, as well as on the background of the research area. Finally, the research problem statement, the research objectives, and the research questions are given, as well as the conceptual framework.

### **1.2. Definitions**

**CABA** – The World Health Organization (WHO) defines an orphan as a child below 16 years of age, who has either lost his or her mother (maternal orphan), or both parents (double orphan). In the 6<sup>th</sup> edition of 'AIDS in Kenya', an AIDS orphan was defined as 'a child under the age of 15 who has lost the mother due to AIDS' (Ministry of Health (MoH), 2001), whereas the definition for 'orphan' given in the 'Education Sector Policy on HIV and AIDS', is 'an orphan is a person under the age of 18 years who has lost one or both parents' (Ministry of Education Science and Technology (MoEST), 2004). In this research, we define CABA as primary school-

aged children who live with one or both parents, who either is/are HIV positive, has/have AIDS, or has/have died because of AIDS.

**Poverty** – In the Social Summit Programme of Action, cited in the Social Watch Report 2005, poverty is defined as follows: ‘Poverty has various manifestations, including lack of income and productive resources sufficient to ensure sustainable livelihoods; hunger and malnutrition; ill health; limited access or lack of access to education and other basic services; increased morbidity and mortality from illness; homelessness and inadequate housing; unsafe environments; and social discrimination and exclusion’ (Bissio, 2005).

**Stigma** – ‘HIV/AIDS-related stigma is a real or perceived negative response to a person or persons by individuals, communities or societies. It is characterized by rejection, denial, discrediting, disregarding, underrating and social distance. It frequently leads to discrimination and violation of human rights’ (Seale, 2004). Kelly and Bain (2003) wrote that: ‘Stigma is a very real obstacle to both prevention and care. In many of the hardest-hit countries, government officials and ordinary citizens – including those most affected by the epidemic – often continue to look away because of the rejection, discrimination and shame attached to AIDS’.

**Bereavement** – The problems stated under bereavement, are direct problems caused by the loss of a parent, with focus on psychological and behavioural problems. It also covers problems resulting from being taken by relatives.

**Adult roles** – Adult roles include the following responsibilities being taken by children: taking care of AIDS diseased parents, performing domestic chores, including taking care of siblings, and pursuing income. The adult roles are a result of AIDS-related sickness or death of the parent(s).

### **1.3. Educational Challenges Faced by CABA**

In what follows the educational challenges CABA face according to literature, will be highlighted. They are divided into problems resulting from poverty, stigma, bereavement, and the fact of having to take on adult roles.

### **1.3.1. Poverty**

Because of the economic and social impacts of the AIDS pandemic, valuable financial and human resources are siphoned off, leaving few resources for the provision of education. The failure to provide children with basic education only exacerbates the failing economy. Alemayehu et al. (2001) found that lack of education is viewed as a factor associated with the probability of being poor, hence improving quality of education should be a core element in poverty reduction strategies. In contrast to what is often thought, it is not orphaning but poverty that is the primary correlative indicator for reduced access to education (Bundy and Valero, 2002; Hepburn, 2001). In Kenya, however, this is not the case. Reducing poor-non-poor disparities is unlikely to raise orphan enrolment substantially. Addressing issues related to specific problems faced by orphans in schools, on the contrary, is (Ainsworth and Filmer, 2002; UNAIDS, 2003). Similar findings were reported by Case et al. (2004), stating that if the goal of a policy is to increase educational investment in poor children, targeting policies towards poor families makes sense. At the same time, they found that ‘if there is intra-household discrimination against orphans, policies that result in optimal investment levels in non-orphans will leave orphans at less-than-optimal investment levels’. Therefore, correcting any bias against orphans requires policies that are directed towards orphans. Policies aimed at reducing this bias should operate by reducing the cost of investments in orphans relative to non-orphans.

**Unaffordable school costs** – A frequently expressed concern regarding AIDS orphans is that school-aged orphans will be forced to drop out of school or will never enrol, either because their guardians cannot afford the costs of schooling, or the child is needed for income-generation or other activities, or the guardians simply have less interest in the welfare of children who are not their own.

Paying school expenses can indeed be a prohibitive financial burden for families affected by HIV/AIDS. Girls are more often forced to drop out compared to boys (UNESCO, 2003). Since the introduction of Free Primary Education (FPE) in 2003, the direct costs have lowered substantially. The Government provides Kenyan shillings (Ksh) 1,020 (10.2 euro) per child for teaching and learning materials.

Theoretically, parents only need to pay for uniforms, transport, and lunch. In Standard 8, the examination fee to take part in the national examination in order to obtain the Kenya Certificate of Primary Education (KCPE) also needs to be paid for, as does participation in school based mock examinations. In practice, however, many schools impose additional levies. Examples are admission fees, desk fees, Parents-Teachers Association (PTA) fees, and tuition fees. Although these levies should be a unanimous decision of the PTA, this is generally not the case. It also occurs that parents decide to organize school lunches, which also have to be financed for (personal communication, Obondoh Andiwo, Regional Education Officer, Christian Children's Fund (CCF), 2006). Since schooling is often the most dispensable 'luxury', orphans will be the last to benefit. Indeed, AIDS orphans tend to be marginalised within the households that take care of them. The additional mouths to feed and bodies to sustain and clothe are often too many for the household economy to maintain. Similarly, where the eldest child becomes the head of the household, it is unlikely that he or she will continue his or her education (Boyle et al., 2002).

Secondly, the additional expenses and loss of cash income or agricultural labour that come with illness, force families to redirect their financial resources. School attendance is seen as a loss of labour and therefore an indirect cost. In most cases, the fostered children will be the first to be drawn out of school (Williamson, 2000). Given the high dropout rates during primary school, those children who are still in school in their teenage years, are positively selected on academic ability. Since for these older children labour market prospects are better, they are less likely to drop out prior to or following a parent death, despite the higher opportunity costs. For them finishing primary school is more likely to turn out more advantageous than dropping out, in contrary to younger children (Evans and Miguel, 2005).

**Income pursuit by child** – In the study of Wasala et al. (2002), orphans identified financial constraints as the major problem. Due to financial hardship, orphans have to earn money during school holidays and sometimes during school days as well. The money is needed to obtain exercise books, uniforms, food, and so on. In some homes, it also occurs that guardians demand substantial labour in return for food and shelter. Moreover children already have to work before the death of their parent(s) or while living with the parent who is still alive but sick, in order to earn money to sustain the

family. It is obvious that this impedes their school attendance (Hepburn, 2002; UNESCO, 2003).

**School attendance needs** – Whereas school fees are not a problem any more in public primary schools in Kenya, families still have to pay for uniforms, lunches, and transportation costs. Recreational activities and levies imposed by the school also have to be paid for. While paying for these expenses is difficult for many families, it is particularly burdensome for households seriously weakened by AIDS. CABA have difficulty in obtaining scholastic materials and thus cannot perform well in school.

On the other hand, food rations and other kinds of material support provided at school are incentives for orphans to keep on going to school. This is one of the reasons why absenteeism can be lower than expected. Other possible reasons are that household demand is low and/or can be met during out of school hours, that orphans have strong emotional or psychological incentives for going to school, or that the home environment is likely to be less attractive (Bennell, 2003; World Bank, 2002).

**Hunger** – Many orphans indicate that they often are hungry (Wasala et al, 2002). Hunger makes it difficult for children to concentrate. On the long term childhood malnutrition makes children prone to several diseases and it can impede intellectual development. It is important for schools to address this problem (Hepburn, 2001; Juma, 2001; Odiwuor, 2000; UNESCO, 2003).

### **1.3.2. Stigma**

**Exclusion by school** – Journals occasionally report exclusion of CABA by schools (Mulama, 2004).

**Discrimination by the community** – Although the AIDS prevalence rates are highest in Africa, stigma associated with HIV/AIDS is ever-present. Stigma and discrimination against AIDS orphans typically reflect the lack of education on AIDS and its related problems, and the economic conditions of the foster families. Often there is the fear that children of HIV positive parents might also be infected. Sometimes the community feels that those families have brought shame to the

community. This all leads to discrimination against these children and denial of social, emotional, economic, and educational support (Hepburn, 2001).

**Discrimination at school** – Stigma has led to bullying of CABA by classmates. This only exacerbates the psychological problems these children face. Anecdotal research even suggests that an increasing number of children do not wish to attend school because of the stigma and scorn they experience coming from households affected by AIDS (Hepburn, 2001). Odiwuor (2000) found in her case study that the majority of the pupils, who had in one way or the other been affected by HIV/AIDS, expressed feelings of exclusion from their peers. She found that those pupils felt a lack of social acceptance by their classmates or in some cases even by their teachers. Lack of understanding and in most cases lack of any form of counselling at the studied schools, were found only to aggravate the situation.

### **1.3.3. Bereavement**

Juma (2001) reports that witnessing the slow, miserable death of one, and possibly both parents, is a heavy burden for children to carry. So is the subsequent loss of their siblings, their home and property, their friends and school. This burden is aggravated by moving them to an unfamiliar home and by forcing them to adapt themselves to another pattern of life. Moreover, school teachers are often unsympathetic to their difficulties and too ready to punish them for being late or ill-equipped, without looking for explanations. Finally, there is the prospect of some of them having to fend for themselves when their parents die and the anxiety about being abused by adults, mostly relatives, and about having to drop out of school. This emotional stress CABA face deters their school participation.

**Depression and anxiety** – The psychosocial effects of losing a parent to this debilitating illness are severe and can have long-term effects on a child's behavioural development. The loss of parental care often brings about anxiety, depression, and despair. If children are not helped to overcome their grief, it can become psychologically disabling and they are less likely to become optimally functioning members of society and economy. A fact that even complicates more these emotions, is that siblings are often divided among several households in order to mitigate the economic burden of caring for the children. In addition, relatives or neighbours who

have agreed to care for the orphans may contribute to the despair by taking their property or inheritance and leaving them more vulnerable to exploitation (Hepburn, 2001; Hepburn, 2002). For these reasons, orphaned children need psychosocial help. This help is even more needed in cultures where adults do not talk to children about death and where children are discouraged from self-expression (Boler and Carroll, 2003).

**Silence surrounding death** – Due to the social stigma associated to HIV/AIDS, communities often remain silent. Consequently, AIDS orphans are deprived to know the cause of parental death. In addition, when explanations are given to children, parental death is not uncommonly attributed to a curse or witchcraft (Government of Kenya (GoK) and UNICEF, 2000).

**Difficulty to concentrate and learn** – Besides the fact that children might not be learning because they are hungry, they also might not be able to concentrate due to their psychosocial problems. The work they have at home also makes it difficult for them to do their homework or to study for tests (Boler and Carroll, 2003).

**Lack of support and encouragement** – Losing one's mother has detrimental effects. Evans and Miguel (2005) found that in rural Kenya the encouragement and income provided by (healthy) mothers is on average more important in determining schooling participation than the encouragement and income provided by fathers. Maternal orphans therefore may be especially disadvantaged. In addition, orphan support programmes allocate more resources for an orphan whose father has died. And finally, when the mother dies, the father often takes on a new spouse, who is unlikely to prioritise the education of her stepchildren (Boler and Carroll, 2003).

**Lower prioritisation** – As a general pattern, the probability of school enrolment is inversely proportional to the degree of relatedness of the child to the household head, orphan or not. So, lower school enrolment of orphans can be explained in part by their greater tendency to live with less closely related caregivers (Juma, 2001). In the research carried out in Kenya by Odiwuor (2000), an interesting finding was that financially able relatives in fact do provide, but only from a distance. They don't take these orphaned children into their homes. On the other hand, the families who

themselves live in abject poverty are willing to accept these orphans. Being focused on the more important aspect of survival, education was perceived to be of low priority.

#### **1.3.4. Adult roles**

**Household management and caretaking by child** – Long before AIDS has caused death, children of a household where AIDS is present, start suffering. They are increasingly relied upon to take care of siblings or ailing family members and are therefore unable to begin or continue schooling. These children take on some of the functions originally performed by the ill household member such as household work, going to the farm, and working to supplement household revenue. Children taken by foster parents often need to carry out more household activities than the children born in that household (Human Rights Watch, 2001; Kelly and Bain, 2003; World Bank, 2002). These responsibilities also increase the opportunity costs. Having to take over adult roles obviously leads to a perception of education being less relevant compared to sustaining family life. Girls are more likely to drop out of school to assume household and caretaking responsibilities (Bundy and Valerio, 2002; Hepburn, 2002).

**Exhaustion and preoccupied minds** – It is obvious that doing household chores, caring for parents and siblings, and late sleeping hours do not have a positive influence on concentrating and learning. Even when the child is not directly involved in the caring for the parents, children with sick parents are often distracted and distressed. This also leads to lower achievement. During school hours, the minds of the children tend to be preoccupied. By lunch time and at the end of the school day, the child's mind wanders off, thinking of how to get food and so forth.

#### **1.4. Responses to the Educational Challenges of CABA**

As noted above, CABA face a lot of problems regarding their education and it is the task of the schools not to aggravate these problems, but to mitigate them. The education sector is by its position in society an extremely important tool in mitigating the impacts of AIDS and the challenges CABA face. It also has an important role in disseminating information and awareness about HIV/AIDS and in that way lowering the HIV infection rates. Since educational performance is strongly associated with



factors that determine the access to the educational system, it is understandable that, besides internal efficiency, the more critical issue is to make sure children enter the schooling system in the first place (Bedi et al., 2002).

For any strategy to work, several conditions have to be fulfilled. Children affected by HIV/AIDS should be fully integrated into the national education system. They should not be segregated from other children. This would only strengthen discrimination. It is important for these children to be able to live a normal (school) life, without having to face any additional burdens. An important requirement is the specific understanding of the group of children and a situation analysis of their family and community life. Secondly, for those children it is extremely important to participate in determining their needs and defining appropriate responses. Involvement of parents, caregivers, and the community is also necessary. Finally, the Government needs to be fully engaged in developing responsive systems for children and teachers. It is also necessary to emphasize the importance of networks. Partnerships are critical. Schools cannot be expected to single-handedly fulfil all the challenges proposed. The introduction of FPE was a major step taken by the Kenyan Government, though it also brought along some new issues which are mentioned below.

Educational responses however cannot be separated from those in the wider social sphere. Community members are the eyes and ears of the school. The best-designed educational plans will learn from the community responses. Therefore, schools should expand their links with community services in order to cater for the specific needs of the vulnerable groups. They should also supply information of support to affected families in order to enable them to access the support available to them. Financial grant programmes could make a difference, but would not be sustainable. The community development approach could be more responsive to the growing number of poor children, and CABA in particular (UNESCO, 2003). Community members need to be sensitised to support schools and become involved in school management and other initiatives, which serve the needs of the vulnerable children and their teachers. Moreover, programmes will only be sustainable if the community 'owns' the project. So, in order to maximize their potential, schools need to facilitate and coordinate multisectoral approaches, in collaboration with the

community. This may be one of the most cost-effective investments a nation can make to simultaneously improve education, health, and related social conditions (UNAIDS, 2003; UNESCO, 2003). This need for a multisectoral response is clearly reflected in the Kenya Education Sector Support Programme '05 – '10 (KESSP)(MoEST, 2005; appendix 3), which shows that Kenya is on the right track.

### **1.5. HIV/AIDS in Kenya**

Kenya has a severe, generalized HIV epidemic. The Kenya Demographic and Health Survey (KDHS) of 2003 found a prevalence rate of 9% in adult women and 5% in adult men. By then it was estimated that approximately 1.1 million, that is 7%, of adults aged between 15 and 49 were infected with HIV. In addition, 60,000 people above the age of 50, and 100,000 children younger than 15, were HIV positive. The KDHS 2003 also revealed that only 14% of Kenyan adults had been tested and know their serostatus. This means that the prevalence could even be higher than estimated (Mbwika et al., 2004). In 1999, the former President Daniel arap Moi declared AIDS a national disaster. President Mwai Kibaki declared war against HIV/AIDS in March 2003. He mandated the National AIDS Control Council (NACC) to coordinate and manage the implementation of a multisectoral approach to the national HIV/AIDS programme, to provide policy direction, and to mobilize resources. In late 2004, the GoK instituted guidelines for HIV testing in clinical sites (Office of the United States Global AIDS Coordinator, 2005).

AIDS Control Units (ACUs) and a decentralized system of committees form the NACC's sector-specific and local delegates. Each ministry has an ACU that is responsible for the coordination of the implementation of the Kenya National HIV/AIDS Strategic Plan. Likewise, the Provincial, District, and Constituency AIDS Control Committees (PACCs, DACCs, and CACCs, respectively) were to coordinate the implementation of the Strategic Plan at provincial, district, and constituency level respectively. After implementation of this decentralized system, however, it was decided to eliminate the Provincial structures, and instead focus on District Technical Committees (DTCs) and CACCs, both taking on mobilization and coordination function at their respective levels. So, together with the civil society, these bodies are

involved in comprehensive efforts to control all aspects of the spread and impacts of HIV/AIDS (MoH, 2001; Schuler, 2004).

Also according to the KDHS 2003, 11% of children under 15 were orphans, compared to 9% in 1998. Of the estimated 1.78 million orphans, about 50% were due to HIV/AIDS. The number of orphans is expected to increase to 2.3 million by 2010. Nyanza Province has by far the highest level of orphanhood, with almost one in five (19%) children under 15 having lost one or both of their biological parents. The ratio of school attendance among orphaned to non-orphaned children is 0.95. Generalized poverty is most likely the reason why there is no obvious link between orphaning and school enrolment. However, it has to be said that orphaning and poverty are often correlated (Bundy and Valerio, 2002; MoH, 2005).

Besides the impact on school enrolment, research carried out by the GoK and UNICEF (2000), revealed that there is also increased morbidity, absenteeism, and attrition among teachers, as well as poor performance in class. This further affects the quality of education and also imposes a high financial burden on the education sector. Finally, planning and management of the education system are also affected.

## **1.6. The Education Sector in Kenya**

Educational planning and management, policy formulation and implementation in the whole of Kenya, forms part of the responsibility of the Ministry of Education (MoE), formerly Ministry of Education, Science and Technology.

At the provincial level, the Provincial Director of Education (PDE) coordinates education activities in his respective province. The Provincial Technical Training Officer (PTTO) coordinates technical training activities, and monitors and supervises technical programmes in both Government and private training institutions in the province (Mbwika et al., 2004).

At the district level, the District Education Officer (DEO) is the secretary of the District Education Board (DEB). Besides the District Education Officials, the DEB consists of Faith Based Organizations (FBOs), Civil Society Organizations

(CSOs), and key opinion leaders. The DEB is responsible for the management, planning, registration and monitoring of schools, as well as for the teacher management (Alubisia, 2005; Mbwika et al., 2004).

At school level, management of educational resources in primary schools is delivered by School Management Committees (SMCs) and Parents-Teachers Associations (Mbwika et al., 2004). All schools also have Guidance and Counselling departments. The teachers of Guidance and Counselling in schools are charged with the responsibility of ensuring that students grow up as upright, disciplined people with good morals and norms. It is the responsibility of the teachers of Guidance and Counselling to apply various approaches and methods to help pupils cope with challenges they face, such as being affected by HIV/AIDS (personal communication, Bonyo Don, Daraja, 2007).

Formal education in Kenya consists of pre-primary, primary, secondary, and tertiary levels. Pre-primary institutions provide a two-year introduction to education for children aged three to six. From the age of six, pupils may enrol in primary education which lasts for eight years. Public primary school enrolment was 5,968,241 in 2002. An extra million entered primary schools in 2003, raising the enrolment number to 6,906,355, as a result of the introduction of FPE (MoE, 2006). This makes that in 2003 the national gross enrolment rate<sup>2</sup> rose to 99%; 102% for girls and 97% for boys. The net enrolment rate was 84 % (Alubisia, 2005). In 2005, 7.6 million children were in school, the gross enrolment rate in public primary schools being 104.8% (MoE, 2006). The transition of pupils having enjoyed the benefits of FPE however is a problem. High poverty levels cause individuals who have completed primary education not to proceed to secondary schools due to the fees charged. Finally, tertiary education comprises diploma colleges, technical colleges, teacher training colleges, and public and private universities.

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<sup>2</sup> **Gross enrolment rate:** Total enrolment in a specific level of education, regardless of age, expressed as a percentage of the official school-age population corresponding to the same level of education in give school-year. **Net enrolment rate:** Enrolment of the official age-group for a given level of education expressed as a percentage of the corresponding population.

HIV/AIDS is a major challenge the education sector faces, and its impact is being felt to a great extent. Demand and supply, content, process and organization, as well as the role of education, are affected. It also has various financial consequences, both for the educational providers, as for the learners and their families. All these effects impede the achievement of the Millennium Development Goals, in particular the goal of Universal Primary Education. Nevertheless, the Government tries its best to achieve education for all (Kelly, 2000; UNESCO, 2003).

The National Rainbow Coalition (NARC) Government, elected in December 2002, spelled out two broad objectives for the education sector: to achieve a primary enrolment rate of 100%, and to reduce the disparity between the access to education and the quality of education. These objectives are part of the Economic Recovery Strategy for Wealth and Employment Creation, 2003-2007. The goal is to obtain an optimal student:teacher ratio of 40:1, and a student:textbook ratio of 3:1 in lower grades, and 2:1 in higher grades. The strategy also demands increased in-service training for teachers, an increased bursary programme to cover at least 10% of enrolled students, focusing especially on traditionally excluded groups, such as students from Arid and Semi-Arid Lands (ASALs); and more attention to be paid towards the education of girls. Finally, the document states that HIV/AIDS curricula will be implemented in all schools (Mbwika et al., 2004). This all should curb the impact and spread of HIV/AIDS. It also may lower the HIV/AIDS associated stigma and discrimination.

Through FPE, school fees and levies were abolished and this significantly lessened the burden on households in financing primary education. If schools wish to charge additional levies, school heads and committees have to obtain approval from the MoE through the DEB. Since the introduction of FPE in 2003, 7.2 million children are in primary school. Seventeen per cent of these are orphans and of all children, 92% of children with both parents alive are in school, whereas 88% of children who have lost both parents go to school (Ministry of Home Affairs, 2005). The increase in enrolment rates indicates that there is an overwhelming community support in having more children enrolled in public schools.

But FPE also has led to strains in the system as enrolments shot up overnight without corresponding changes in facilities and staffing. Free Primary Education was introduced by NARC in response to the election campaigns, without learning from the prior attempts in '74 en '78, and without putting in place systems of sustainability. Also financially, FPE is a heavy burden to carry. Close to 20% of the total Government expenditure goes to education. The Government now covers 80% of the costs of educating each child every year. The remaining 20% is to be paid by the parents, leading to a drop out of the poorest children (Alubisia, 2005). Moreover, whereas FPE tries to take away some of the direct costs, opportunity costs still cause a lot of children to be kept away from school. As a result, despite the dramatic expansion in primary enrolment, over 1.7 million school-aged children remain outside the education system (Fleshman, 2005). Children in poor households are the ones most likely to be excluded on the basis of this cost-sharing (Alubisia, 2005). Finally, non-economic and cultural reasons are not addressed, and there is the increased number of orphans in and out of school as a result of HIV/AIDS, for whom, even with FPE, schooling is still a problem (MoEST, 2005). Some of these out of school attend non-formal schools, provided and managed by communities and Non Governmental Organizations (NGOs).

In 2004, the 'Education Sector Policy on HIV/AIDS' was launched. It cites the rights and responsibilities of every stakeholder in the education sector with regard to HIV and AIDS. It applies to learners, employees, managers, employers, and other providers of education and training in all public and private, formal and non-formal learning institutions. Concerning CABA, it states that primary schools are to give special attention to factors affecting the performance of Orphans and Vulnerable Children (OVCs), as well as to find ways to support them. It also mentions the need to track the transition of successful OVC primary school leavers to an appropriate next level of education or training. Besides the goal of care and support for all, the policy included goals concerning the following aspects related to HIV/AIDS: prevention in order to create a HIV free environment, non-discrimination in the workplace, and a management of response to ensure and sustain quality education (MoEST, 2004).

The MoE also has been implementing a nationwide school-based HIV education and behaviour change intervention in the primary schools, called Primary

School Action for Better Health (PSABH). In its pilot phase, in 1999, the intervention reached 2,000 schools. During the period between July 2004 and June 2005, it was extended to 5,000 primary schools. Furthermore, in order to deliver quality equitable education and training to all Kenyans, the MoE has designed the Kenya Education Sector Support Programme 2005 – 2010. This programme provides a framework by which donors will fund education in the country. Free Primary Education will be absorbed in the programme. It also addresses HIV/AIDS in the education sector (MoEST, 2005; appendix 3).

### **1.7. Research Area Background**

The research was conducted in Maranda division, situated in Bondo district, part of Nyanza province. Nyanza province is one of the 8 provinces in Kenya. Most of the inhabitants are people with a Luo ethnic background. At 15% in adults, it has the highest HIV prevalence in the country (MoH, 2005). The historically high prevalence rates in Nyanza are commonly attributed to a variety of factors. These factors include the proximity to Uganda, where the AIDS pandemic peaked early compared to Kenya's, the major overland transport route to Uganda which in the North bypasses Bondo district, the mobility associated with fishing, and the cultural tradition of wife inheritance (HSRC, 2004). Besides having the highest HIV prevalence, it also has the highest level of orphan hood, with 19% of the children under 15 having lost one or both of their biological parents. This heavy orphan burden is affecting the gains made in development (MoH, 2005).

Nyanza province has 11 districts, with Bondo district being one of them. Bondo covers a total area of 1,972 km<sup>2</sup>, of which 1,000 km<sup>2</sup> is water surface. The population as at 2005 was estimated to be 265,847. The estimated number of households was 63,000, with an average household size of 4.2. Within Bondo district, there are 5 divisions: Maranda, Usigu, Nyang'oma, Rarieda, and Madiany division, each of which bordering Lake Victoria. Maranda division comprises the lake shore, the rural setting, and the urban setting. Sixty one per cent of the people in Bondo district live below the poverty line (District Development Office (DDO) – Bondo, 2006). The major economic activities in Bondo district include subsistence farming and fishing. The Luo also keep cattle, donkeys, sheep, goats, and fowl. A large

number of inhabitants carry out small scale trading at the few market centres in the region. Children play an important role in the local economy. They are engaged in farming activities such as planting, weeding, and harvesting. Furthermore, they frequently have to collect firewood, herd animals, fetch water, fish, or hawk (Nyambedha, 2003). Scarcity of safe water aggravates the health situation in the area. Moreover, health services are unaffordable for many locals (Lindblade, 2003; Nyambedha, 2003). There are 2 hospitals, 7 health centres, and 23 dispensaries. Reported HIV prevalence rates in 2001 range between 24% and 27% (Alubisia, 2005; Corat Africa, 2003). Anno 2006, the prevalence is 23.6% (MoH – Bondo, 2006). Though, it has to be mentioned that at national level, when it comes to voluntary counselling and testing, a majority of the people are reluctant because they prefer not to know their status. In Bondo, the growing population of orphans has led the community to be indifferent to the plight of orphans. *In 2005, of all 73,543 primary school children enrolled, 36,762 were orphaned, of which 19,664 were double orphans (both mother and father have died) and 17,098 single orphans.* Orphanhood is even considered as normal and therefore people show no sympathy for them (HSRC, 2004; Ruto, 2006).

Bondo district has 242 public primary schools, of which 51 are located in Maranda division (DDO – Bondo, 2006). The division has only 2 private primary schools. As for education sector purposes, Maranda division is subdivided into three zones: Maranda Zone, Barkowino Zone, and Aila Zone. The primary school gross enrolment in Bondo district was 37,583 in 1999 and raised to 59,619 in 2000, and 71,982 in 2002. In 2003, enrolment decreased slightly to 71,486, increasing again to reach an enrolment of 74,604 pupils in 2006 (MoEST, 2003; MoE – Bondo, 2006). The corresponding net enrolment rates are 47%, 81.9% and 97.4%, respectively in 1999, 2000 and 2003 (MoEST, 2003). In June 2006, 14,398 pupils were enrolled in primary schools in Maranda division (DEO – Bondo, 2006). Table 1.1 gives the number of pupils enrolled per zone. The student:teacher ratio was 32.1:1 in 2000 (MoEST, 2000). In Maranda division, there was a shortage of 66 teachers: 25 in Maranda Zone, 16 in Barkowino Zone, and 25 in Aila Zone (DEO – Bondo, 2006).



**Table 1.1 - School enrolment, Maranda division.**

| <b>Zone</b>      | <b>Boys</b> | <b>Girls</b> | <b>Total</b> |
|------------------|-------------|--------------|--------------|
| <b>Maranda</b>   | 1808        | 1719         | 3527         |
| <b>Barkowino</b> | 3336        | 3144         | 6480         |
| <b>Aila</b>      | 2266        | 2021         | 4287         |
| <b>Total</b>     | 7410        | 6884         | 14294        |

Source: District Education Office Bondo. July, 2006.

The research covered the whole of Maranda division. Nyanza province was chosen because it is the province that has the highest HIV prevalence in Kenya. Moreover Bondo district has one of the highest prevalence rates within Nyanza. In regard to the timeframe and the financial resources, one division was thought to be representative for the whole district. Maranda division was picked because it covers the rural setting and the lake shore, and also comprises Bondo Town. These different settings were thought to possibly have an influence on the problems faced by CABA, as well as the responses given by the schools.

### **1.8. Research Problem Statement**

The educational problems CABA face, can be subdivided in problems leading to absenteeism or drop out, and problems leading to impaired school performance. Years after a parent has contracted the HIV virus, he or she falls sick. The parent will not be able anymore to do the same things he or she used to do before becoming ill. The parent can not fulfil his or her household activities, nor can he or she go to work to earn a living. Furthermore, the parent will need to be taken care of, and the first people to provide this care, are the children. At this stage, children are often brought to relatives, in order to relieve them from the burdens at home, and vice versa. However, sometimes these children are exploited by the families that foster them. After the parent has died, the financial burden for the child becomes even heavier. Loss of the parental income, or the strain the additional children put on a household, both aggravate the poverty, from which those affected households more than often are already suffering. Lack of money makes education unaffordable for some families, and even basic needs become a luxury. Those children not seldom have to look for ways to get money, which can lead them to be absent from school, or even to drop out of school. The fact that the child then has to take care of the household management, has the same consequences. Alongside these effects, HIV/AIDS comes accompanied

with stigma and the forthcoming discrimination. It occurs that children are excluded from the school and the community, just because of the negative atmosphere surrounding AIDS. This stigma can not only lead to absenteeism or drop out, but may affect the school performance of the child as well.

The school performance is also impinged on by the adult roles children have to fulfil, by poverty, and by bereavement. Adult roles include the parental caretaking children have to take up, the household management they have to take care of, and the pursuit of an income. All this can cause those children to be exhausted, or can get their minds to be preoccupied. Poverty, in its turn, makes that children sometimes have to survive on only one meal per day. As a result, children are hungry in the classrooms, not able to concentrate. School attendance also threatens to become impossible in the light of insufficient, or no financial revenue at all. Finally, the loss of a parent causes psychological problems. Seeing the parents slowly succumbing to the disease, already affects the child psychologically, even before the parent has passed away. Once again, these psychological problems negatively affect the education of CABA. Figure 1.1 below illustrates the conceptual framework of the study. All these educational problems CABA face, need to be addressed. The school is in the optimal position to respond to these problems. The research findings of this study may contribute significantly to an improved understanding of the current role of public primary schools in supporting the needs and vulnerabilities of CABA.

## **1.9. Research Objectives**

### **Overall objectives**

To explore the educational needs and vulnerabilities of children affected by HIV/AIDS who attend public primary schools.

To explore the responses given by public primary schools to the needs and vulnerabilities of children affected by HIV/AIDS who attend public primary schools.

### **Specific objectives**

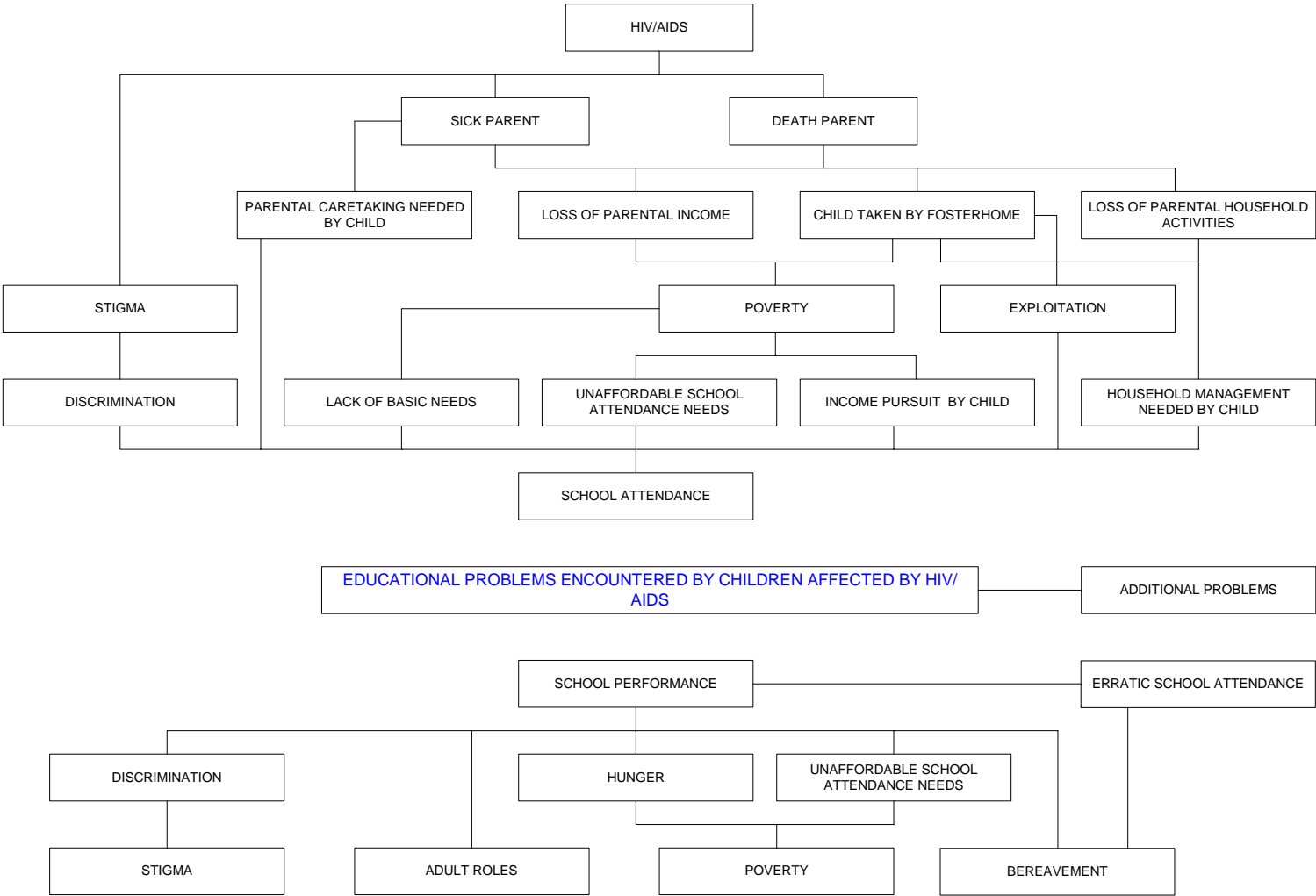
1. To conduct a situation analysis of educational needs and vulnerabilities of children affected by HIV/AIDS who attend public primary schools in Maranda division, Bondo district.

2. To conduct a situation analysis of the responses provided by public primary schools in Maranda division, Bondo district, to the educational needs and vulnerabilities of children affected by HIV/AIDS.
3. To explore the perceptions of the teachers of Maranda division, Bondo district, on the public primary schools' responses to the educational needs and vulnerabilities of children affected by HIV/AIDS.
4. To formulate recommendations for better matching of educational vulnerabilities and responses for children affected by HIV/AIDS.

### **1.10. Research Questions**

1. What are the educational problems primary school-aged children affected by HIV/AIDS face?
2. What are the responses given by public primary schools to counter the problems primary school-aged children affected by HIV/AIDS face?
3. How do primary school teachers perceive the responses the educational sector provides to counter the problems primary school-aged children affected by HIV/AIDS face?
4. Which recommendations can be made to better match the educational problems and education sector responses concerning children affected by HIV/AIDS?

**Figure 1.1 - Conceptual Framework**



## **CHAPTER TWO**

### **METHODOLOGY**

#### **2.1. Introduction**

This chapter includes the research design, and the sampling and data collection method and procedure. It also highlights the data analysis, as well as the ethical considerations.

#### **2.2. Research Design**

To achieve the stated objectives of the study, the researchers first reviewed the relevant literature, followed by a qualitative research. Problems and responses were assessed in depth through FGDs and interviews. Focus group discussions were held in order to create interaction between participants enabling them to come up with an array of views on the research topic. Interviews were meant to provide more in depth insights.

#### **2.3. Sampling Method and Procedure**

Sampling is the process of selecting a number of individuals for a study in such a way that the individuals selected represent the larger group, from which they were selected. A sample is a subset of a particular population.

Maranda division has three zones namely Maranda, Barkowino, and Aila Zone. In order to conduct the FGDs, the schools of each zone were subdivided into two groups. There were 6 groups in total. In each school, one teacher in charge of Guidance and Counselling was selected to participate in a FGD. This is illustrated in table 2.1 below. Due to poor attendance at the second FGD in the Aila Zone, the researchers decided to interview the teachers who showed up.

**Table 2.1: Focus Group Discussions – Number of Participants**

| <b>Zone</b>      | <b>Group</b> | <b>No. of schools</b> | <b>No. of participants</b> |
|------------------|--------------|-----------------------|----------------------------|
| <b>Maranda</b>   | I            | 9                     | 10 (2 doubles)             |
|                  | II           | 8                     | 8                          |
| <b>Barkowino</b> | I            | 8                     | 5                          |

|              |    |           |           |
|--------------|----|-----------|-----------|
|              | II | 9         | 9         |
| <b>Aila</b>  | I  | 9         | 5         |
|              | II | 8         | 2         |
| <b>TOTAL</b> |    | <b>51</b> | <b>39</b> |

Source: Authors, 2006. (doubles: 2 participants came to the first, as well as the second FGD)

In order to conduct in-depth interviews, 6 schools were randomly selected in each zone and one teacher in the Guidance and Counselling department was selected by the head teacher to be a respondent in the interview. The teacher needed to be different from the one who participated in the FGD. Table 2.2 below illustrates the number of interviewees.

**Table 2.2: Interviews – Number of Interviewees in primary schools**

| <b>Zone</b>      | <b>No. of selected schools</b> | <b>No. of interviewees</b> |
|------------------|--------------------------------|----------------------------|
| <b>Maranda</b>   | 6                              | 6                          |
| <b>Barkowino</b> | 6                              | 6                          |
| <b>Aila</b>      | 6                              | 6                          |
| <b>TOTAL</b>     | <b>18</b>                      | <b>18</b>                  |

Source: Authors, 2006

In addition to the teachers, the deputy DEO, the Area Education Officer (AEO), and the Zonal Quality Assurance and Standards Officer (QASO)/Teacher Advisory Centre (TAC) Tutors of Barkowino and Aila Zone were also interviewed. The AEO acted as an interim QASO/TAC of Maranda Zone, since at that time there was no person fulfilling that role. In total 24 interviews and 5 FGDs were held in the course of July 2006.

#### **2.4. Study Population**

This study was carried out with teachers of public primary schools in Maranda division, Bondo district. Maranda division has 51 public primary schools (DEO – Bondo, 2006). All schools were concluded in the research. The target population were teachers in the Guidance and Counselling department.

## **2.5. Data Collection Method and Procedure**

Focus group discussion and interview guidelines were used to gather data for the study. A laptop and microphone were used to capture data in the FGDs. For the interviews, the researchers used a digital voice recorder. The collected data were typed verbatim suit. During the FGDs and the interviews, tape recorded data were supplemented with note taking.

### ***Focus Group Discussions***

Letters were written to the respective schools inviting one teacher in the Guidance and Counselling department to come for a FGD. In the letter, the topic and purpose of discussion, the date, time, and venue of the discussion were well highlighted. The FGDs were conducted at a central place convenient to the participants. Each FGD began with an elaboration of the research topic and an explanation of the discussion instructions. The moderator was to guide and control the discussion ensuring it to be within the study framework. The discussions were conducted in line with the FGD guideline that had been developed by the researchers. A variation on the meta-plan method was employed. Teachers were asked to write down the problem they perceived to be the most important problem CABA are facing. Subsequently those written words were used to guide the discussion. The pilot FGD was successful and was considered to be a full worthy FGD.

### ***Interviews***

The interviews were conducted in the sampled schools. Prior communication to the schools, informing them of the purpose and date of the interviews, was established in good time. The researchers visited the schools on the mentioned dates and conducted face to face interviews with teachers in the Guidance and Counselling department who had not participated in the FGDs. An interview guideline was used to ensure that the interviews were conducted within the study framework. The interviews addressed the research questions and solicited more in-depth information.

## **2.6. Data Analysis**

After data collection on the field, reference was made to the study framework to ensure effective data classification. QSR N5 was used to analyse the data. QSR N5

is a programme for managing and exploring qualitative data in projects centring on coding-based methodologies. It enables researchers to code qualitative data and analyse it in a systematic and comprehensive way.

## **2.7. Ethical Considerations**

To ensure safeguards to the respondents during data collection, informed consent forms were used, both for FGDs and interviews. Purpose and methodology of the research were discussed with the respondents before any data were collected from them. Recording of the responses ensured accuracy. All data obtained from the respondents, as well as their identities were held and kept confidential by the researchers.



## CHAPTER THREE

### RESULTS

#### 3.1. Introduction

This chapter brings a comprehensive overview of the data collected in the FGDs and interviews according to the framework used in the study. Problems and responses associated to poverty, stigma, bereavement, and adult roles are given, followed by additional problems, responses, and suggestions given by the respondents. The words written in the FGDs covering the problems perceived as to be the most important ones CABA are facing, are listed in appendix 4.

#### 3.2. Poverty

Poverty is a problem that goes beyond school level. Several times it was stated in FGDs as well as in interviews that poverty is the major problem children face. As one of the respondents said: ‘This one (poverty) cuts across, whether one is orphan or has both parents’. Due to the poor economic background even children with both parents might have problems similar to orphans,. Earnings are for most people little or absent. Besides the fact that the majority of people are involved in only small scale economic activities and lacking the tools and knowledge for large scale farming, it was also stated that there is a poor climate in the region, which can cause a disappointing harvest. Moreover, when someone becomes ill, he or she can not pursue any income anymore. AIDS aggravates the already present poverty. One interviewee pointed out that the dying generations are the productive ones. Orphans and aged people remain, whereas the working force falls away. In one of the FGDs it was mentioned that some time ago the United Nations (UN) reported that in the area most of the people spend less than one dollar a day. Poverty is the ‘umbrella-problem’ of educational problems of CABA.

**Unaffordable school attendance needs** – Lack or poor condition of school attendance needs such as uniforms, books, pens, and other requirements, do not only have an influence on the school attendance, but also on the performance of the child, even if the child is bright. If one does not attend school regularly, his or her

performance will be negatively affected. On the other hand, if the performance is low, the child might lose faith in schooling and decide to drop out of school.

Even though there is FPE, some people cannot provide in all the necessities needed for education. Examination fees as small as Ksh 20 (0.2 euro), can pose a problem. Some fail to pay the small levies needed to finance helper teachers or physical school facilities. There are schools that send home pupils who are not able to pay, other schools understand the situation the children are in and accept them even if they are not able to pay. There are also cases where the teachers chip in to pay these small levies. Things like uniforms nevertheless are more expensive and it is not easy to chip in there.

Uniforms are indeed perceived to be a major problem. Due to financial constraints, a large number of CABA have no or torn uniforms. Teachers stated that this leads to frustration or makes the child feel shy or inferior, causing him or her to withdraw from the learning process, be it mentally or physically. One respondent said that when the word dirty or tattered is used, pupils may look at the ones in torn uniforms.

Several times it was mentioned that children come to school barefooted, exposing them to injuries and diseases. As stated in one of the group discussions, shoes have become a luxury. So have school bags, books, and pens. One of the interviewees reported that if these needs could be catered for, the school performance of those children would definitely improve. In one of the FGDs in Maranda Zone, nevertheless, a teacher indicated that even if all that is required for learning is there, the lack of parental love can cause a child not to perform well. During the same discussion, it was mentioned that if a child sees that he or she doesn't have what others have, he or she might wish for his or her parents to be there.

**Income pursuit by child** – Poverty can cause a child not to attend school in order to pursue money to cater for his or her needs. Poverty does not only affect CABA. Nevertheless, CABA are likely to be affected more, causing more children to look for employment and therefore not to attend classes. This was said to be a factor that creates room for child labour.

**Lack of basic needs** – Several times it was mentioned that lack of basic needs (food, shelter, clothes, and medical care) can cause a child not to go to school. It also renders a child to be prone to diseases. Besides poverty, the climatic conditions are a major contributor to food shortage. Import of food augments the prices. It was said that during famine a great number of pupils, especially orphans, does not attend school regularly. A lot of children do not have a balanced diet. As mentioned in a group discussion, diseases like kwashiorkor and marasmus are not uncommon. Lack of water also is a problem, equally causing diseases. The scarcity of nearby health facilities, the inability to buy medication, and the lack of medical care at home aggravate the situation, further impeding school attendance.

**Hunger** – Lack of food not only causes non-attendance, it also lowers the school performance, even if the child is bright. Some children only have one meal a day, most of the time this is supper. One FGD respondent summarised: ‘A brain works best when the body is well fed’. In one group discussion it was said that hunger can also be caused by carelessness of the caretakers.

**Measures taken – suggestions** – The Government officials all pointed out that there are no generalized responses to the problem of poverty. The only response that is present in all schools, is the Guidance and Counselling department. Other responses can be found at individual school level, though some schools have not put into place any measure to try to alleviate poverty. Teachers talk to the pupils and just try to console them. In addition to talking to the children, they also talk to the parents and caretakers, urging them to provide with the basic needs. Occasionally teachers dig into their own pockets to assist these children where needed. They buy uniforms, pay exam fees, or pay for something little to eat. One teacher mentioned that in her school teachers offer to mend torn uniforms. Alternatively, children are sometimes exempted from paying levies or wearing uniforms. Some schools indicate the presence of income generating activities, mainly sponsored by donors. Other schools request for their implementation, and thus for donor aid. Donor aid, or Government aid, is also frequently asked for the provision of uniforms.

In practically all interviews and FGDs, procurement of uniforms and a school feeding programme were asked for. Some schools have tried to implement a feeding programme, but failed, mainly due to lack of funds. In some cases parents organized themselves to pay for the programme, but, particularly outside of harvesting time, this was not sustainable. Even donor-aided programmes when relied on own production of food, are hard to sustain outside of harvesting time. It was also mentioned that food provision is not only needed at school, but also in the homes. This concurs with the suggestion of encouraging children to learn how to provide for themselves, without engaging in child labour.

Besides food and uniform, the need for medical care was also expressed on several occasions. Teachers often pay for medication or other necessities out of their own pockets. Mobile clinics, weekly health care centre visits, provision of medication in schools, funds for first aid, and a request to augment the age limit for free medical care, were suggested. As concerns the water problem, there is a demand for water tanks. All this was requested from the Government.

Request for Government aid was a prominent feature. It was said that with the implementation of FPE the Government has already helped a great deal. Nevertheless, teachers would like the Government to do even more. Besides the above mentioned suggestions, there is a demand for increasing the funds provided for the needy. There is a request for an account to be opened especially for those children, on which well wishers and donating bodies could disburse their money. There is also the request to declare Bondo district as a hardship area, which would bring about extra funds. Another request is clarity on how to obtain anti-retrovirals and to create awareness that these drugs can prolong the lifespan.

Funds in general were frequently requested for, be it that they come from the Government, NGOs, well wishers, churches, or other sources. Fund raising, or a harambee, was also mentioned several times. Teachers were said to be the ones to identify those who needed the money provided through these funds.

### **3.3. Stigma**

**Exclusion by school** – In none of the schools interviewed, non-admission of CABA was mentioned. All schools were said to accept all children, except maybe if they were unable to pay school levies or uniforms.

**Discrimination at school** – It needs to be pointed out that the cause of sickness or death of the parent(s) is often unknown. On the one hand this can lead to the absence of AIDS stigma, whereas if the status of the parent would have been known, the child would have been discriminated. On the other hand, this can lead to false finger pointing if the symptoms of the disease the parent is suffering from or died of, are similar to the signs caused by AIDS, or when both parents die in succession.

In most of the interviews, the attitudes of teachers and children towards CABA were said to be positive. Sensitization of teachers and pupils is viewed to be the reason why stigmatization is not an issue any more. Some interviewees mentioned the Primary School Action for Better Health as one of the successful programmes, implemented by the Government, to help address some of the effects of the HIV/AIDS pandemic. In one school, teachers were said to have negative attitudes. At that same school, children were observed to have negative attitudes. The teacher stated that children who are not affected don't play with CABA and that there are two groups visible in the school: the affected and the not-affected ones. The ones who are well of and enjoy being in school, and the affected ones who are miserable and who are thinking of their problems at home. Negative attitude of children was mentioned in a minority of schools. In one interview, the interviewee first responded that the attitude of the children was positive, but changed his view later on mentioning that some children tended to neglect or bully CABA. This could indicate the teachers' circumspection when answering the questions. In all the FGDs stigmatization was stated to be a problem. Parents might advise their children not to be close to CABA; AIDS is said to be a very deadly disease, creating fear; and CABA often are enjoyed, bullied, chased away, hated, beaten, accused to be HIV positive themselves, or seen as children from promiscuous parents. All this leads to the child being sidelined and psychologically affected. It does not only result in impaired concentration, but also may cause the child to drop out of school.

**Measures taken – suggestions** – Raising awareness and sensitization was stated to be the major solution to the problem of stigmatization. Teachers have already undergone a great deal of sensitization. There was Primary School Action for Better Health and often there are workshops organised by HIV/AIDS committees, the MoE, or the Kenya National Union of Teachers (KNUT). Teachers in their turn pass on their knowledge on HIV/AIDS to the pupils and need to react when a child is discriminated against. They can also apply teaching techniques that make the child part of the class. For example, when something needs to be demonstrated, teachers can choose CABA to demonstrate with, so that the other children see that there is no harm in socializing with these children. Teachers can also involve them in co-curricular activities. At present, the Guidance and Counselling department is being intensified. Workshops are being held to instruct the teachers in Guidance and Counselling on how to accommodate and reabsorb these children who are psychologically affected by HIV/AIDS.

### **3.4. Bereavement**

**Psychological problems** – The loss of a parent itself can cause psychological problems to the child. The child recalls his or her parents and the way things used to be, which keeps him or her from concentrating on learning. One interviewee said: ‘You know, when the child comes from home, the father is dead with HIV or whatever, at school, the child may be thinking of the parent and may be thinking of the cause of the death and that is HIV, in deed it is the worst cause of death that we have around. Because, when somebody dies of HIV, it is different from when I die of malaria.’ Besides this direct psychological impact that sickness or death due to HIV/AIDS has, being taken by relatives, having additional responsibilities, being discriminated, and being unable to afford basic and educational needs, all can cause psychological problems. When the topic of HIV/AIDS is taught at school, affected children tend to shy off. Repeatedly teachers mentioned children to be gloomy and lonely due to these direct and indirect impacts. Moreover, it was said that children also fear to be infected themselves and are afraid of dying from AIDS themselves. This is often due to the lack of knowledge on how HIV is contracted. The lack of knowledge might also cause children to think of HIV as a curse, or as a punishment

from God. They think God does not have mercy on them and therefore they don't see the need to participate in class. They despair and eventually even run away. It was pointed out that some also feel good when they are in school because it takes them away from the problems they face at home.

**Lack of parental care and love** – With the death of a parent, the one responsible for providing the child with food, clothing, shelter, and medical care falls away. Moreover, the one who motivates the child in his or her education and who is a listening ear, is no longer there. Everything the child needs might be there, except love. As one of the teachers in the FGDs said: 'Because you know as a parent, when you get back home, you have to greet your children, you asked them how they fared the whole day. You ask them questions, what they never had or what they want. Some of the guardians they don't take care, they don't even mind asking the child 'are you sick, why are you gloomy?' Such kind of questions'. This may result into depression and despair, but not always. Some have the fortune of having loving caretakers and some experience spiritual encouragement.

**Taken by relatives** – Some CABA live with their old grandparents who sometimes cannot produce enough food for themselves, and hence may not be able to take care of these affected children. In fact, these children will have to take care of their grandparents. The importance of education is often not understood by these aged people. In one group discussion, it was even said that grandparents might say the following to those children: 'I struggled with your father, and now that you are here, I don't want you to be disturbing me. So you'll better find a way of surviving'. Some CABA don't live with their grandparents but with other relatives. Whereas these relatives are supposed to take good care of these children, they frequently are the cause of many problems. The teachers pointed out that caretakers turn the children into house helps, maids, servants, even the word 'slaves' was mentioned. They overload the children with work, often in favour of their own children, because, as was said in one group discussion, 'blood is thicker than water'. They give their children first priority, and put the adopted children on the second place. They are second to receive food, second to receive health care, second to benefit education. Some guardians even beat them. Teachers observe that these children are on and off from school, which leads to poor performance, or they don't come to school at all.

Poor performance or drop out also results when a child moves from relative to relative, from school to school. This transfer may happen due to the fact that the relatives also succumb to the disease, or that the children decide to run away, trying to look for a better place to stay. Sometimes the relatives deliberately deny them food due to the lack of love for these orphans. On the other hand, some caretakers want to take good care of these children, but due to poverty their hands are tied. Not all guardians mistreat these children. Some give them the same treatment as they give their own children, even though this is not always appreciated. Some orphans don't accept corrections. They tend to feel that they are disciplined because they are adopted.

**Discipline problems** – Teachers report some of these children to be unruly. They steal, they beat other children, they don't accept correction. When punished at school, they often run away. They feel that if their parents would have been there, this wouldn't have happened to them. One teacher said that some try to react to God, thinking that God has punished their parents. Another teacher said that some of them are very ready to be corrected at school, but not at home. Whereas other teachers mentioned that some caretakers don't discipline them at home at all, making it difficult for those children to follow the rules in school.

**Despair** – Once their parents have passed away, some children give up in life. They don't see the benefit of education any more. They even see themselves end up as their parents. Even if they would perform well in school, they know that fees will impede them to go to secondary school and they decide to drop out. However, not all despair. As one teacher in a FGD said: 'People are born differently. Some may have that elasticity to persevere. (...) Some may get despaired easily, some may persevere, those as we are saying lacking, no care. So the rate at which one perseveres and one despairs, is different. So when you see one, in these circumstances, still persevering to go to school, that one his elasticity is a little bit bigger'.

**Measures taken – solutions** – Unanimously the teachers said that those problems were handled by guiding and counselling the child and by showing love, care, and understanding. Some schools hold some kind of group therapies. Talking to the



caretakers was also mentioned. Caretakers can be called to come to school for an individual talk, teachers can go to their homes, or parents meetings can be held. In one FGD, a teacher mentioned that teachers were asked to play the role of the parent. When a troubled child is identified, he or she is designated a teacher. So whenever the child has a problem, he or she can go to that particular teacher. Similarly, when the parent or caretaker comes to school, he or she can address that particular teacher. Another example given by a teacher who used to teach in Rarieda division and who had an experience from the former school, was that through workshops teachers were learnt how to form 'Child to Child' clubs. In those clubs, children shared their problems, facilitating opening up. Songs, drama, and games were also organized and all children participated. The teachers sensitized the community as well. Furthermore, projects like planting vegetables were started at school and they were even extended to the community. And finally, a school account was opened. Whenever a child was lacking something, like a uniform, books, or a bag, these items could be bought.

As concerns proceeding to secondary school, teachers mentioned that head teachers try to find sponsors or NGOs to support those children in paying the required school fees. They also write letters to the secondary schools, asking to exempt the child from paying. Bursaries are being issued by the Government, but these are perceived to be insufficient. One teacher even said that those bursaries do not always go to the children who need them most. For that reason the teachers call for more bursaries. Alternatively an account could be opened in the school enabling schools to pay fees for the needy ones.

### **3.5. Adult Roles**

**Taking care of sick parents** – On several occasions, it was mentioned that children often have to take care of their bedridden parents. This causes them not to attend school and it affects their school performance. Some pupils are forced to come to school late or to go home during school hours. Girls are said to be affected most. It was even stated that the ones whose parents have already died tend to be somehow better off than the ones whose parents are still suffering from the disease.

**Household management** – Three scenarios have been observed. The first one is the child heading the household. This child will have to take over all the roles the parent used to fulfil, impeding him or her from attending school or performing well. Schooling is seen as a secondary need. The second scenario is that the child lives with his or her grandparents. The child not only has to carry out household responsibilities, he or she also has to take care of the old grandparents. Thirdly, there are those children who are taken by relatives, be it voluntary or forced. Some of those relatives treat the children as servants, forcing them to take upon them the domestic work: drawing water, fetching firewood, cooking, rearing the cattle, working in the shamba<sup>3</sup>. Some see it as a payment for the food and shelter they are providing, and they don't care about the children's education. Besides causing exhaustion and preoccupying the mind, these adult roles may affect the child psychologically and they may even cause the child to run away. All this will have an effect on both school attendance and performance, especially of girls. Finally, when the teacher doesn't show understanding for the situation the child is in, this will also have an impact on the child's education.

**Income pursuit by child** – Due to sickness or death of a parent, a child may become the sole breadwinner. The child heading the household has to find ways to sustain himself or herself and his or her siblings. When staying with relatives, some of these relatives often don't value the importance of education and force the child to engage in child labour. Ways of earning money mentioned in the interviews and discussions are: selling firewood on the market of Bondo, doing domestic jobs for other people, and weeding or harvesting. Schools situated along Lake Victoria also cited commercial sex. For sometimes as little as Ksh 10 (0.1 euro), children engage themselves in sexual activities. These children not seldom contract HIV themselves.

**Measures taken – suggestions** – Some schools report to do nothing about this problem. One teacher even said that it was a society affair. Others said they just talk to the children, encourage them to come to school. A number of teachers mentioned that they are considerate by giving the child more time to complete assignments as compared to the other children. In one school, children were said to be given

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<sup>3</sup> Shamba = Kiswahili for garden

permission to go home early during games time. In some schools, the head teacher or the class teacher talks to the parents or guardians. One school said that when a child is heading the household, the head teacher tries to track down a relative to ask this relative to take care of the child. Finally, it was mentioned that child labour is also dealt with. With the help of the African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN), committees have been put in place to prevent child labour. Amongst other measures, income generating activities are implemented in order to prevent child labour. ANPPCAN also raises awareness by organizing seminars.

A suggestion on how to counter this problem was sponsoring the child to enable the attendance of boarding schools. This would not only allow these children to learn without interferences, it would also ensure shelter and food security. Similar to this proposition is the demand for orphanages. In one FGD and by one education official, this proposal was disqualified. On the one hand, orphanages were said to offer children a caring environment, to bring them in contact with other children who are in the same situation, and to relieve them from adult roles. While on the other hand, it was said that orphanages take away the child from the home environment, which could have as consequence that he or she would lose the inherited property.

### **3.6. Additional Problems**

**Bondo** – Problems specific for Bondo district are not only the already mentioned climatic conditions and the presence of beaches where commercial sex activities take place, but also the cultural practices, in particular wife inheritance. In one of the FGDs, a teacher raised the issue of wife inheritance, by stating that the Government should discourage remarrying since it enhances the spread of HIV. One of the other participants said people should be made aware of the danger, meaning condom use should be promoted. He pointed out that in the old days inheritance was not about sex, but about taking care of the woman and her children. So, he actually implied that wife inheritance was one of the solutions of care for paternal orphans.

Another cultural belief that is still present, be it minimal, is that HIV is a curse. ‘Chira’ as the Luo call it. It doesn’t only bring about stigmatization, it also impedes

seeking proper health care. A remarkable observation was done in a Community Based Organization (CBO). That particular CBO wrote a proposal asking the Government for money to help AIDS orphans. While the chairman was talking, however, he kept on referring to HIV/AIDS as 'chira'.

**Girl** – As already mentioned several times, girls often face more problems than boys. They are given more domestic work than boys and are susceptible to sexual activities, exposing them to HIV infection and early pregnancy. Some girls marry prematurely, hoping to get a better life.

**HIV positive children** – Children can be born HIV positive or can contract HIV on a later age, mainly due to sexual intercourse. Once they have become sick, they cannot attend school. A great number of children doesn't receive the necessary treatment.

**Envy** – It was indicated that sometimes needy children who do not receive any assistance, envy the ones who do. The ones who fall out might need the assistance as hard, or even harder, as the ones who get it, but due to the increasing number, not all affected children enjoy this advantage.

**NGO – follow up** – A problem not directly concerning CABA, is the lack of follow up from NGOs after retrieving data. Teachers raised the concern that they had been giving out data on orphans, but there is nothing forthcoming. Organizations disappear the same way they have come. The teachers even assumed that some people are making money out of those data. They feel that the members of those organizations take the data, solicit for funds, and keep the money for themselves.

**Perseverance** – Some children persevere. The problems they face somehow make them stronger. Some are said to get serious and put more effort in school. They realize that one of the benefits of education is employment and that it can bring them of a good future.

### **3.7. Additional Responses – Suggestions**

**Identification** – In order to help these children, they first need to be identified. That need was expressed in several interviews and group discussions. Once problems are known, individualized help can be given. Data collected on these children should be given to the relevant offices and organizations.

**Sensitization – creating awareness** – On several occasions, the teachers requested for sensitization of themselves and the community on issues concerning CABA, as well as for making children, teachers, and community members aware of issues about HIV/AIDS, especially the modes of transmission. Advising the children on how to handle their problems is perceived to be an important matter. Sensitization and awareness creation is already taking place, but it should be intensified, the teachers said. They perceive it to be of benefit to all the above mentioned problems. Workshops have taken place in the past, and still need to be organized in the future, as was requested by the teachers. The programme PSABH was found to be very successful. Radio broadcasting or video shows on issues of HIV/AIDS were proposed to be held at market places and in schools. One teacher suggested that Voluntary Counselling and Testing (VCT) centres should be stationed in the schools in order to enhance behaviour change. Another teacher asked to be empowered to sensitize people. He indicated that without certificate of authority, sensitizers were not taken seriously. A final suggestion was to involve the child. That particular teacher said: ‘Small children are good reporters and parents really listen to their children’. That teacher suggested that children should be taught on HIV/AIDS at school in order to take the message home. Adults might not listen to adults, but if children bring them the messages on HIV/AIDS, they might take it seriously.

**Peers** – Children affected by HIV/AIDS can get strength and encouragement out of meeting children who are facing the same problems. Teachers see this as one of the advantages of orphan homes. Some teachers tell them stories on people who were orphaned at childhood but later succeeded in life, and one teacher proposed to create a census, so that those who had followed the same path could be traced such that CABA can learn from them.

**Spiritual encouragement** – Praying to God can help these children to persevere. A teacher said that knowing about God would encourage them to be socially upright. As a way of coping with the additional responsibilities, a group participant even said that they should see work as an obligation of God, not as a result of the decease of their parents.

## **CHAPTER FOUR**

### **DISCUSSION**

#### **4.1. Introduction**

In this chapter, the study limitations are mentioned and comparison is made between the findings in literature and the findings in the study. The conclusion of the research is given, as well as the recommendations that have been formulated out of the findings.

#### **4.2. Study Limitations**

In order not to interfere with the routine school running programmes, and taking into account the end of term closing of schools, the FGDs and interviews had to be conducted within a specific time frame. In addition, the resources at the researchers' disposal and the remoteness of the schools, could not allow for all the schools in the division to be visited. Due to difficulty of retrieving statistics, it also was not possible to know the number of teachers working in the schools. Nevertheless, it is fair to say that the magnitude of data gathered was of a high degree. Finally, an important group that was not included in this study are the pupils. This means that the pupils' perspectives on if and how HIV/AIDS has affected schooling, were not heard. That exclusion was mainly due to the ethical and logistical challenges around recruiting subjects who were under 18 years of age, as most pupils are. For instance, the consent of parents had to be acquired before conducting the study, and the questions to be asked and the methodology used to ask them had to be developed differently taking into consideration the age of the respondents. In addition, interviewing only the CABA currently enrolled in school might not have portrayed the viewpoint of all CABA, since many of them are doubtlessly out of school. Therefore, it was decided that in the whole of this study the questions about CABA should be limited to FGDs and interviews with teachers and education officials.

#### **4.3. Reflections**

The above presented evidence indicates that poverty is the major problem CABA are facing. Reducing poverty therefore could be thought to be an effective strategy to increase the enrolment of CABA. This is in contrast with findings in the

literature read. One teacher said that if poverty could be eradicated, the problems resulting from poverty, which were most obvious with CABA, would be done away with. However, to make this conclusion it is necessary to examine the attitude of caretakers towards the orphans. If indeed the attitude is not good, which can be deducted from some statements of the teachers, it is possible that reducing poverty might not benefit these children fully, as is indicated in literature. Other findings in literature on poverty were similar to the findings of the study. So were the findings on stigma and discrimination. The lack of counselling however stated in literature was not present in Maranda division. Every participating teacher referred to the Guidance and Counselling department as a major response to the problems of CABA. This however can be a misconception since only Guidance and Counselling teachers were interviewed and other teachers were not, nor were children. As concerns bereavement, the disparities in what happens when a child loses a mother compared to when he or she loses a father, were not stated in the FGD, nor were they in the interviews. This might imply that the difference is not that apparent. The adult roles however were mentioned on several occasions, so was the problem of old grandmothers having to take care of the young ones. Problems identified by this study, that have not been reported so far, include the envy children have towards each other when it comes to the allocation of help, and the lack of NGO – follow up.

With regard to the responses, literature and research findings correspond, except on one point. Orphanages were often suggested in the FGDs and interviews as a good response. Only one interviewee and one FGD participant were against the idea. In the literature however, orphanages are reported as unsustainable and the cause of adverse effects on young children's emotional, social, and cognitive development.

Obviously the major problem is the lack of money. Teachers have suggestions on how to oppose to the problems CABA face, but self-efficacy to improve things themselves seems to be low. They repeatedly ask the Government, NGOs, donors, and caregivers for funds. They don't think deeper on how to implement their own suggestions, nor on how they could be made sustainable. Another issue is that the influx of money and help needs to be sustainable and the money needs to reach the beneficiaries. Control on the whole trajectory of the money is more than necessary, as is behavioural change on how to handle money. Based on the many requests for more information, sensitization and support, it seems leadership and initiative-taking is suboptimal. Strong leadership therefore is needed.



In conclusion, it is fair to say that the problems CABA face, and even the responses, are known. What needs to be done now, is to identify the problems per CABA and to implement the suiting recommendations. This could be the way forward.

#### **4.4. Conclusion**

Education is the key to life. Without education it is impossible for children to grow up to be fully developed adults. With the onset of HIV/AIDS, education has become even more crucial, since it is an important, if not the only way to mitigate the impact the pandemic is having. In the same way HIV/AIDS attacks the human body, it has attacked the education sector. Alongside the effects HIV/AIDS is having on the education staff and the quality of education, it has a major impact on children. The number of children affected is perceived to be growing every day. The purpose of this study was to establish to what extent primary school-aged children are educationally affected by the pandemic, as well as to find out how the education sector is responding to the problems CABA face. The research findings are to mobilize relevant offices and organizations to assist these children. The recommendations listed in this report should be a guideline for doing so. The research was based on findings in the relevant literature. That literature enabled the researchers to create a comprehensive framework, which was adjusted all the way through the process of data collection. The data were retrieved from public primary school teachers and education officials in Maranda division, part of Bondo district in Kenya and was collected in July 2006. The teachers were felt to be in the right position to indicate the educational problems CABA face and to highlight which responses are given, which ones are effective, and which ones are wished for. The categories around which the researchers worked were poverty, stigma, bereavement, and adult roles. Additional problems that came up during the FGDs and interviews were problems specific for the research area, for girls, and for HIV positive children. Envy towards the allocation of help was also stated, as well as the lack of NGO – follow up. Finally, it also showed that some children do persevere, despite the problems they are facing. Identification, sensitization, and creating awareness were perceived as well as suggested responses, covering all the problems. Responses particular for girls and the value of peer and spiritual encouragement also were assessed. Of all the problems, poverty was perceived to be the major one, not only doing harm to the affected children, but to the

whole community. Poverty brings about the lack of school attendance needs, the lack of basic needs, and child labour. Due to poverty, the hands of teachers and caretakers are tied. As much as they would want to help, financial issues impede them from doing so. Even though the Government and CSOs are trying to help, it is not perceived to be enough. Teachers call for provision of uniforms, medical care, school feeding programs, and income generation activities. The need for school feeding programs and uniforms was the most prominent request. Teachers declared that the provision of food and uniforms would go a long way in increasing the enrolment and retention of CABA in schools. They called upon the Government and CSOs to provide this help. The same parties were also asked for help to empower the already existing Guidance and Counselling departments. These departments mainly take care of the psychological problems CABA are facing. Seeing a parent succumb to AIDS and subsequently losing this parent, as well as all the associated problems, generates psychological and behavioural problems. As does the stigma associated with HIV/AIDS. Raising awareness on HIV/AIDS and sensitization should do away with stigma and discrimination. It also is a response in moderating the additional responsibilities these children have to fulfil. Often, the children are the ones to take care of their ailing parents, to take upon them the domestic work, including looking after their siblings, as well as to provide an income. Relatives are often the ones to overburden these children. All this puts a strain on their school performance and attendance, as do all the other problems. Boarding schools and orphanages were stated to be the major solutions for this problem. Finally, girls need special attention, as do HIV positive children.

#### **4.5. Recommendations**

Developing detailed concrete recommendations from the findings and analysis was one of the major expectations of this study. Out of the interviews and FGDs, it is possible to deduct a series of recommendations. The major question however is if these recommendations are feasible. Can they be implemented in every school, will they reach their goal, are they sustainable? At present there are no major actions taken to counter the problems of CABA. This research can only formulate recommendations coming from the research results. It cannot however ascertain that the implementation of these recommendations would be successful. For that, the recommendations need

to be explored, compared to measures taken in other regions and/or countries, and piloted. Only if a recommendation is implemented after well consideration, it can work and be sustainable. Furthermore, follow-up and, when successful, scaling up is necessary, as is dissemination of information on how to implement the activity, to enable other schools to take over the good example.

For targeting purposes, **identification** of CABA and their problems is important. The insights gained from this qualitative research need to be confirmed and quantified by additional quantitative research methods such as surveys or census. One way of identifying CABA could be the creation of a profile document on each affected child, This way the designation of whatever help directed to CABA will be enhanced. Frequent reviewing of the data should take place in order to keep the information up to date.

To counter the problems associated with **poverty**, needy children affected by HIV/AIDS should be provided with basic needs, these are food, shelter, clothes, and medication. The Government, NGOs, CBOs, FBOs, schools, and community members, as well as international organizations should network to provide the necessary funds and to assure adequate distribution. Further research needs to be done to establish the most effective way of distributing available funds. It is important for funds to be traced down. As at now, money more than often does not reach the beneficiaries. Another option is not to provide funds, but materials such as uniforms. Providing sewing machines and wire could be efficient. That way children can be learned how to repair torn clothes and the problem of tattered uniforms would be done away with. Income generating activities (IGAs) should be implemented. These activities would not only help in providing CABA with lacking school attendance needs, but would also bring knowledge to the children on how to generate an income without being involved in child labour activities. IGA is a move that currently works very well in some schools and hence needs to be scaled up and replicated in other schools. Once an IGA is running well, sustainability is very likely. Knowledge could be gotten from farmers, with or without the help of a NGO. To address the problem of food, a school feeding programme should be put into place. If facilities are available, the food should be produced in the respective schools, providing the child with the knowledge of producing food and the possibility to apply that knowledge at home.

Extra support could be given outside of harvesting time. As for medical care, the Government, by the MoH in collaboration with the MoE, should on a regular basis organize medical days for all children in schools to ensure that they enjoy quality medical care. Doctors should go to the schools themselves, avoiding the need for children to walk long distances to a medical centre. Each Zone should have a couple of doctors who on a regular basis visit the schools and examine all children, assisted by nurses. These doctors, nurses, and required medication should be paid for by the Government. As concerns transition to secondary school, bursaries should be granted to needy CABA, as well as to other children from poor families. These bursaries should not only be directed to bright students, but consideration should be made to all needy children.

To counter **stigmatization** of CABA, children, school staff, and community members should be sensitized and made aware of HIV/AIDS related issues. To do so, one possibility is to let children be the ones to bring the message of HIV/AIDS to their parents or caretakers, enhancing the impact of the content. Workshops on HIV/AIDS should be held for the teachers, and video and radio programmes should be brought in central places, such as the school, the market place, or the church. Inclusive education should be mandated. Inclusive education is a form of education that minimises all barriers to learning and participation. Teachers who are working in inclusive classrooms are eager to develop modes of instruction that do not isolate and stigmatize learners with different needs.

In order to help solve the problems CABA face as a result of the **loss of a parent** 'Child to Child' clubs could be formed in schools, providing a conducive environment for children to share their problems. Children could also be designated a teacher who he or she can direct himself or herself to whenever necessary. The teacher should also be available for parents or caretakers to consult. For those interested, FBOs should offer spiritual guidance and counselling, enabling them to mix well with other children and providing them with the sense of belonging. Adults who were CABA themselves could hold lectures at the schools. That way the children would realise that they do have a chance on having a good future. Finally, the provincial administration, that consists of the District Officer Chiefs and the Assistant

Chiefs, should be given the authority in their respective districts to condemn neglect and exploitation of CABA by caretakers.

Children should only be given duties or responsibilities, both within the school and at home, that are suitable to their age and which do not deny them their human rights. One way to alleviate CABA from the burden of **additional responsibilities**, is the implementation of home based care programmes focusing on providing care to people suffering from AIDS. This should lessen the burden of parental caretaking by children. Homes of CABA should be supported both materially and financially such that the children are not forced to carry out activities that deny them full enjoyment of their right to education, as well as other child rights. The implementation of boarding schools is equivocal.

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## APPENDICES

### Appendix 1 – Acronyms and Abbreviations

|         |   |
|---------|---|
| ACU     | AIDS Control Unit   |
| AEO     | Area Education Office   |
| ANPPCAN | African Network for the Prevention and Protection against Child Abuse and Neglect |
| AIDS    | Acquired Immune Deficiency Syndrome   |
| ASAL    | Arid and Semi – Arid Land   |
| CABA    | Children Affected By HIV/AIDS   |
| CACC    | Constituency AIDS Control Committees  |
| CBO     | Community Based Organization  |
| CCF     | Christian Children’s Fund   |
| CSO     | Civil Society Organization  |
| DACC    | District AIDS Control Committee   |
| DEB     | District Education Board  |
| DEO     | District Education Office(r)  |
| DDO     | District Development Office   |
| DTC     | District Technical Committee  |
| FBO     | Faith Based Organization  |
| FGD     | Focus Group Discussion  |
| FPE     | Free Primary Education  |
| GoK     | Government of Kenya   |
| HIV     | Human Immunodeficiency Virus  |
| IGA     | Income Generating Activity  |
| KCPE    | Kenya Certificate of Primary Education  |
| KDHS    | Kenya Demographic and Health Survey   |
| KESSP   | Kenya Education Sector Support Programme  |
| KNUT    | Kenya National Union of Teachers  |
| Ksh     | Kenyan shillings  |
| MoE     | Ministry of Education   |
| MoEST   | Ministry of Education, Science and Technology                                     |

|        |  |
|--------|--|
| MoH    | Ministry of Health   |
| NACC   | National AIDS Control Council                                  |
| NARC   | National Rainbow Coalition                                     |
| NGO    | Non Governmental Organization                                  |
| OVC    | Orphans and Vulnerable Children                                |
| PACC   | Provincial AIDS Control Committee                              |
| PDE    | Provincial Director of Education                               |
| PSABH  | Primary School Action for Better Health                        |
| PTA    | Parents-Teachers Association                                   |
| PTTO   | Provincial Technical Training Officer                          |
| QASO   | Quality Assurance and Standards Officer                        |
| SMC    | School Management Committee                                    |
| TAC    | Teacher Advisory Centre  |
| UN     | United Nations   |
| UNAIDS | Joint United Nations Programme on HIV/AIDS                     |
| UNESCO | United Nations Education, Scientific and Cultural Organization |
| UNICEF | United Nations Children's Fund                                 |
| VCT    | Voluntary Counselling and Testing                              |
| WHO    | World Health Organization                                      |

## **Appendix 2 – List of figures and tables**

|  |    |
|--|----|
| Figure 1.1 – Conceptual Framework                                  | 21 |
| Table 1.1 – School enrolment, Maranda division.                    | 18 |
| Table 2.1 – Focus Group Discussions – Number of Participants       | 21 |
| Table 2.2 – Interviews – Number of Interviewees in primary schools | 21 |

### **Appendix 3 – Kenya Education Sector Support Programme '05 – '10**

The Kenya Education Sector Support Programme (KESSP) 2005 – 2010 includes the following programmes:

- primary school infrastructure programme
- early childhood development and education investment programme
- non-formal schools and non-formal education investment programme
- special needs education investment programme
- HIV/AIDS investment programme
- adult basic education investment programme
- school health nutrition and feeding programme
- primary schools instructional materials investment programme
- pre-service primary teacher education investment programme
- in-service primary teacher education investment programme
- expanding education opportunities for children in arid and semi-arid lands
- capacity building investment programme
- education management information investment programme
- information and communication technology in education investment programme
- guidance and counselling investment programme
- secondary education investment programme
- in-servicing of teachers at secondary in mathematics and science investment programme
- technical, industrial, vocational and entrepreneurship training investment programme
- gender and education investment programme
- monitoring and evaluation investment programme

## **Appendix 4 – Most Important Educational Problems as Stated in FGDs**

### **Maranda Zone – FGD 1:**

- orphan hood
- love
- caring
- depressed
- stress
- medication
- education

### **Maranda Zone – FGD 2:**

- lack of basic needs
- despair
- lack of parental love and guidance
- absenteeism

### **Barkowino Zone – FGD 1:**

- hunger
- food insecurity
- concentration
- trauma
- poverty

### **Barkowino Zone – FGD 2:**

- stress
- hunger
- care
- too much responsibilities
- unruly
- absenteeism

### **Aila Zone – FGD 1:**

- drop out
- truancy
- parental care
- stigmatization



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AND VULNERABILITIES OF CHILDREN AFFECTED BY  
HIV/AIDS**

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