

## KENYATTA UNIVERSITY DEPARTMENT OF EDUCATIONAL FOUNDATIONS KENYA

#### A-A PROJECT

# Achieving EFA Goals through Quality Basic Education for OVCs: A study of the Implementation of the HIV/AIDS Education Sector Policy in Kenya

A Presentation of the Research Process and Preliminary Research findings

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#### 1 Introduction to the problem

An estimated 40 million people worldwide are living with HIV/AIDS (AED, 2004). Sub-Saharan Africa has the highest percentage of those affected. According to UNESCO statistics, there are more HIV infections, more aids related deaths and orphans in Africa than anywhere else in the world. Whereas as Sub-Saharan Africa accounts only for 10.4% of the worlds population, it accounts for 71.3% of all HIV infections and 78.6% of AIDS orphans in the world.

A key concern as regards education is the impact of HIV/AIDS on the quality of basic education and the achievement of EFA objectives.

#### 1.1 HIV/AIDS and Orphanhood in Kenya

Kenya has a population of 32 million people, of whom 13.5 million (or 43%) are children under 14 years. In 2004, the HIV prevalence rate was recorded at 6.7% (9% for women and 5% for men-KDHS 2004). The country has approximately 2.5 million adults and 220,000 children under 14 living with AIDS.

In 2001, Kenya had an estimated 1,659,000 orphans (or 12% of all children) out of whom about 892,000 (or 54%) were orphaned through AIDS. In the same year, 12% households with children were caring for orphans with an average number of orphans per household standing at 1.9. Many homes with orphaned children were found to be child-headed, thus creating multiple challenges for the girl child. Even with the decreasing rates of HIV prevalence in the country, it is projected that in 2010, Kenya will have 2,099,000 (14% of all children) of whom 73% will be orphaned by AIDS.

#### 1.2 Government Response in Policy Making

Sine 1984 when the first cases of HIV/AIDS were reported, the Government of Kenya has sought to respond through various ways as is detailed below.

#### **HIV/AIDS** related Policies

1985: Est. of National AIDS committee

1987: Est. of Kenya National AIDS Control program. Developed mid term plan of 1987-91, 91-96

1992: National AIDS/STI control program (NASCOP)

1999: HIV/AIDS Declared national disaster

1997: Sessional paper No. 4 on AIDS in Kenya by MoH

2001: National condom policy and strategy 2001-2005 (MoH & NACC)

2001: Guidelines for voluntary counseling and testing (NASCOP & NACC)

2000-2005 Kenya national HIV/AIDS strategic plan

2002:National guidelines on prevention of mother to child transmission (MoH & NASCOP)

2003: National guidelines on orphans and other children made vulnerable by HIV/AIDS

2003: National communication strategy

2003: Mainstreaming gender in the HIV/AIDS strategic plan of 2000-2005

2003: HIV/AIDS prevention Bill No. 72

2005-2010 National HIV/AIDS strategic plan

#### Policies Responding to OVCs

2001: The Children's Act

2002: Launch of National Council for Children's Services (NCCS)

2005-2009: Strategic Workplan on the implementation of the Children's Act

2005-2009: Draft OVC Action Plan

2005: National Policy on OVCs

It is under the HIV/AIDS strategic plan that the Ministry of Education (MoE) is mandated to mainstream HIV/AIDS education into the school curriculum in order to curb the spread of HIV/AIDS among young people and children. The Education Sector Policy on HIV/AIDS (2004) is supposed to be implemented at all levels of the education system and is guided by the following principals:

- access to education for all including OVCs
- access to relevant and factual information
- equality of rights to education, responsibilities and opportunities
- privacy and confidentiality
- access to care, treatment and support
- safe workplace and learning institutions
- gender responsiveness.

This policy was conceived to give guidelines to operations based within educational institutions such as treatment of infected and affected children. Under the theme of "care and Support" (GoK 204:18), the teacher is expected to care, educate and provide psychosocial support for OVCs. This is an enormous responsibility for teachers, many of whom may be in need of life skills to deal with the HIV scourge in their private lives, while at the same time being expected to respond to the diverse needs of OVCs.

#### 1.3 The Research Problem.

There are apparent gaps in the HIV/AIDS Education Sector Policy with regards to empowering the teachers to respond to the education needs of OVCs in pursuance of EFA goals. In order to fill these gaps, the study was guided by the following key question:

How does the HIV/AIDS Education Sector Policy affect the provision of access to quality basic education for OVCs within the EFA context?

#### 1.4 Objectives of the study

The specific objectives of the study were to

- identify gaps in the current policy on HIV/AIDS education sector with regards to OVCs
- establish how education practitioners interpret the policy in relation to life skillseducation
- analyse school level practices related to teaching HIV/AIDS and life skills education
- explore how OVC, compared with other children experience schooling
- examine teacher preparedness to teach HIV/AIDS and life skills education.

#### 2 Methodology

#### 2.1 The Study Design

The objectives of the study dictated a participatory study design. A case study methodology was adopted. The central and focal point of the study was the OVC. Thereafter various persons and institutions that impact on the child's life were targeted. A case study methodology enlists in-depth comprehensive information. While a case is singular, it has subsections. Hence a multi-site strategy was used especially to arrive at a holistic understanding of the OVCs. The school was the entry point of the research and the child the pivot. As such the research fell within the qualitative research paradigm in its descriptive, narrative and qualitative nature.

#### 2.2 The Study Location

This study was conducted in three administrative provinces: Nairobi, Nyanza and North Eastern. The choice was based on the following criteria.

Nairobi is the capital city of Kenya. It is the centre of government operations and houses all he major industries. Consequently, it has attracted people of varied ethnic, racial, religious and socioeconomic backgrounds. In addition, Nairobi is the home to the largest low income settlements (slums) in Africa. This diversity provided a unique context to analyse HIV/AIDS as it relates to educational provisions. In terms of HIV/AIDS prevalence, Nairobi is estimated to have a rate of 17% (GoK 2001) which is considered moderate when compared to other towns in Kenya.

North Eastern province was selected due to its relatively low HIV prevalence rates. The province is arid and is currently experiencing profound drought and famine. The province has four districts, namely Garissa, Ijara, Mandera and Wajir. The study was held in Garissa District which has rising HIV/AIDS this, the incidences from 7% in 1996 to 11% by 2001.

Nyanza province has traditionally had high HIV/AIDS prevalence. For example, one district Kisumu reported rates of 30% in 1999 which have currently declined to 23%. This is still among the highest in the country. Coupled with recent poverty index shows that most of the districts in Nyanza rank lowest. This study was conducted in Bondo district where the impact of HIV/AIDS is extreme. For example as detailed in the following table, in 2005, 96,366 children were enrolled in various ECD, primary and secondary institutions in the district. Of these, 49,482 children were orphaned. The district therefore presented a good opportunity to study the impact of orphanhood on EFA.

**Bondo District: Data on Orphans 2005** 

Institution	Enrolment			Total Orphans			Partial orphans			Total No. of Orphans		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
ECD	6656	6624	13280	1672	3411	5083	1320	2221	3532	2992	5623	8615
Primary	37328	36215	73543	8421	11243	19664	7853	9245	17098	16274	20488	36762
Secondary	5833	3710	9543	733	654	1387	1605	1113	2718	2338	1767	4105
Sub-Total	49817	46549	96366	10826	15308	26134	10778	12570	23348	21604	27878	49482
Grand	96,366									49,482		
total												

#### 2.3 The Study Institutions

The research was conducted in two types of institutions: Primary schools and Teacher Training Colleges (TTC). In each district therefore, 3 primary schools and a TTC were studied. A heterogonous sample of the primary schools was sought based on the following criteria:

- Urban/rural divide
- Socio-economic divide (especially Nairobi)
- School enrolment of children with various challenges (e.g. hearing, visual impairments)
- Any special characteristics relevant to the district (e.g. in Bondo impact of the fishing industry).
- Geographic/divisional diversity

All the educational institutions studied were public.

In addition to this, various institutions have been put up to address the plight of orphans. In all three districts, such institutions and organisations were studied.

#### 2.4 The Informant Range

A "bottom-up" approach was be utilised where perspectives of the primary actors, the learners, were first enlisted before branching out to the teachers, parents, caregivers, community leaders and finally the city/district/locational education officers.

#### 2.4.1 The Pupils

The research targeted upper primary school pupils from standard six to eight in the selected schools. They were chosen because they were deemed more able to articulate their ideas. Being "grown up" they were most likely to be involved in child related labour, taking care of their other siblings.

Identification of particular children to participate in the research was done sensibly and sensitively so as not to further isolate and stigmatise the children. To ease this, discussions with a mixed variety of children were held as well as with OVCs. A variety of methods were used to identify them such as asking for volunteers after an FGD session and snowballing. Other persons such as teachers and community leaders were used to help in the identification process.

#### 2.4.2 The Teachers

The head teachers/principals were targeted as key informants. Focussed group discussions were held with teachers and tutors to discuss the HIV/AIDS sector policy among other issues. Individual interviews were held with those teachers, and teacher trainees who had been observed while teaching.

#### 2.4.3 Community

The school management committee (SMC), as the official link between the school and parents body, was targeted. Caregivers of OVCs already reached in the study were also included in the sample in order to build comprehensive case profiles of the children. Members of other organisations who reached out to the schools under study participated in the study.

#### 2.4.4 Education Officers

An attempt was made to reach various education officers. In Bondo, the District Education officer (DEO) and Quality Assurance inspector were interviewed. In Garissa, the DEO and AEO were reached while in Nairobi, the City Education officer participated in the study.

#### 2.5 The Research Instruments

A variety of instruments were used to reach the various informants. In some cases, several instruments were used with the same informant e.g. a child could participate in a focussed group discussion which provided general information; participate in a detailed interview focussing on her/himself. Thereafter the child was required to write an essay on an aspect touching his/her life. The various instruments therefore provided an opportunity to corroborate information, or seek further clarification. The instruments were as follows:

- FGD guide for pupils
- Interview guide for pupils
- Essay writing/Drawing guide for pupils
- Interview Guide for Head teachers/principals
- Focussed Group Discussion guide for teachers

- Classroom observation guide
- Interview guide for teachers (following a classroom observation)
- FDG Guide for teacher trainees
- Interview Guide for caregivers
- Interview guide for education officers
- Interview Guide for head of organistions (supporting OVCs)
- FGD guide for community leaders

In addition fact sheets were used to elicit bio data from the various informants. A schools statistical sheet captured school enrolment specifically highlighting the OVCs by gender. Photographs were also taken to aid in further analysis.

For further details regarding the content and emphasis of the questions, please refer to the instruments attached in the annex.

#### 2.6 The Research Process

The research process was guided by the principles of dialogue and partnership in various levels and various ways as follows:

#### 2.6.1 The Consultative Workshop

A consultative workshop was first held in June 2005. The aim of the workshop was to provide a forum to dialogue on the proposed study, advice on the research instruments as well as provide an opportunity to consolidate relations. A variety of people participated from various universities namely Kenyatta, Nairobi, Hiroshima and Osaka Universities. Within Kenyatta University, the host institution, effort was made to invite members from different departments within the School of education. Participants were drawn from the Departments of Educational Foundations and Psychology, Communications and technology, Sociology, Curriculum departments. The MoE was also a key partner in the workshop and comprised members from the Board of Higher education, Kenya institute of Education and MoE head quarters.

#### 2.6.2 Constitution of Research Teams

In the spirit of collaboration, it was decided that while the Department of Educational Foundations in conjunction with MoE would take the lead in the project, effort would be made to include members from other departments within KU and other universities. The total project team therefore comprised 15 persons of whom 3 were from MoE, 1 from the UON, 11 from KU. Of the latter 10 were members of Educational Foundations while 1 was from the department of Educational Psychology. Of these 8 were women and 7 were male researchers. The group worked in 3 teams of 5 each, under a team leader.

#### 2.6.3 Research Training Methodology Workshop

In order to acquaint the team with the research design and familiarise them with the data collections methods, a 2 day training workshop was held in August 2005. The themes covered in the workshop included:

- understanding the qualitative and quantitative research paradigms
- gender analysis
- ethics in qualitative research
- methods in qualitative research (interviews, group interviews and discussions, observations, graphics, role play/drama and documentary analysis)

In addition, recording of data was covered where the need to tape record the information was underscored given that it would impact on the analysis styles.

The workshop contained both theory and practical elements. Formal sessions to introduce the methods were followed up with simulations. This practical approach appealed to the participants. Qualitative analysis using computer packages (MAX qda) was also demonstrated. By the end of the workshop, the researchers were well acquainted with methods in qualitative research as well as the practical application of the instruments.

#### 2.6.4 Piloting and Refinement of the Research Instruments

All the researchers were involved in developing the research instruments which were duly piloted in October 2005 in 2 primary schools and one TTC in Thika district. The district was selected for pilot as it had institutions with the variety of characteristics we hoped to target (urban, rural, special schools, TTC).

#### 2.6.5 Actual field Study

The field research was conducted in the Bondo, Garissa and Nairobi between the 1<sup>st</sup> to 14<sup>th</sup> February 2006. The visit in each district started with a visit to the DEOs office where the mission was two fold: (a) to seek more understanding of the special characteristics in the districts as related to the study objectives and (b) have a participatory selection of the study institutions. Thereafter various institutions were visited. At the end of each day, team members discussed emerging trends and accordingly changed the emphasis of the questions. The process of transcribing the tapes was also started while in the field.

#### 3 Preliminary Findings

Due to the fact that transcription is still going on, and that actual analysis of the data has not started, this section provides an overview of the themes largely based on the research notes.

- Describing an OVC
- Conditions of OVCs
- Awareness of HIV/AIDS Education sector policy and MoE policy on infusion
- Teaching and learning of HIV/AIDS education
- Awareness on HIV/AIDS
- Teacher preparedness

#### 3.1 Describing an OVC

Various informants across the three districts concurred that an OVC was:

- a child without either or both parents
- from a single parent
- those undergoing financial or psychological problems
- those whose parents had been imprisoned or are unemployed
- those from divorced or separated homes

#### 3.2 Conditions of OVCs

The findings indicate that OVCs were most prominent in Bondo, then Nairobi and finally Garissa. This section presents some findings from Bondo, as this was the most affected district.

The OVCs basic needs were not met, more so for the total orphans. The children narrated how they lacked food, how caregivers found it opportune to send them on errands just when food was

about to be served. On return, there would be no food. When asked what would improve her participation in education, one girl's request was the provision of breakfast.

The findings further seem to suggest that caregivers did not provide for children's clothing regularly. As a result, most of the children were in tattered clothes. One gir's wish was to be provided with underwear.

Another important need is love. Some children narrated how in fits of anger, a grandmother would tell the child to go and look for her mother, knowing very well that the mother was dead. Other children showed visible signs of trauma. One girl who cared for her mother till she died, to this date will not willingly let her younger brother out of her sight. She clings on to him and is over protective.

Some orphans had very tragic experiences. One relative after another who had offered to care for them died. They were thus rendered "serial" orphans.

One informant suggested that boys and girls needs differ substantially. Where as boys, in primary school, mainly needed food and shelter as the most basic survival requirements, girls in addition needed protection. This is because girls are more prone to sexual abuse and child labour.

Two schools in Bondo enrolled infected children enrolled. However, it was only the Head teacher and guardians who knew the children's status. Whenever unwell, these children were taken to a specific doctor to treat them to ensure that their privacy/confidentiality was maintained.

There was evidence that various individuals, institutions and organisations had tried to respond to the OVCs needs. In Bondo, it was stressed that the current thinking was to de-emphasise institution based interventions. Orphans were encouraged to seek relatives or kind neighbours to stay with. The latter shows that individuals in their private capacities are responding to the orphans' plight. Various organisations provide whatever they can, ranging from uniform to instituting school based feeding programmes.

Head teachers in Bondo seemed to respond positively to the children's plight. For instance, they dealt empathetically with infected children. They sought sponsorship for the children. Together with other teachers, they raised funds for the most needy orphans.

For most orphans, primary education is a reality, especially as the Free Primary Education is being implemented. However, secondary education remains a dream, unless sponsorship is provided. This affects the morale of the children, their concentration and performance.

#### 3.3 Policy Awareness

There was mixed awareness of the HIV/AIDS Education sector policy. Most head teachers were aware, and some even had private copies of the policy document (there was none available in any of the studied schools). Most of the them were however not conversant with the details of the policy, and did not make any reference to it in decision making. Instead they relied on their knowledge or experience. Given that the policy was silent on certain issues, for example how to deal with infected children, the reaction of the teachers was understandable.

The status regarding the principals of the TTCs, teachers, tutors and teacher trainees is that most were not aware of and had in fact never seen the policy document.

The current policy with regards to the teaching of HIV/AIDS education is that it is supposed to be infused in other subjects. The findings indicate that the primary school teachers and heads were aware of this policy, and stated that they infused it with their teaching. This was however not corroborated in most lesson observations. However, the TTC population was largely ignorant of the infusion policy. This finding is critical given that TTCs are supposed to train teachers on current policies, yet they lack awareness.

Two of the TTCs had developed college guidelines on HIV/AIDS. These were however more to provide education and information to the trainees.

#### 3.4 Teaching and learning of HIV/AIDS Education

The findings registered mixed results with regards to infusion of HIV/IDS in the curriculum. While most teachers in the FGDs insisted that they infused, most of the lesson observations did not confirm this. It is mainly in science lesson that the teaching of HIV/AIDS was noted.

Given that HIV/AIDS is supposed to be taught in each lesson, there was fear of repetition of the same topic across the various subjects. Hence, one suggestion made was the need to have a central syllabus for HIV/AIDS education that serves as the reference for other subjects, and ensured systematic application across the subjects.

In Garissa, a negative perception to the teaching of HIV/AIDS was noted. It was observed that members of the community interpret anything related to sex education as instilling children with "evil ideas"

#### 3.5 Awareness on HIV/AIDS

On the whole, the children were aware of HIV/AIDS. They demonstrated high knowledge. They could define it, give causes or methods of infection, discuss the impact etc. Children especially in Bondo sought deeper understanding and asked questions such as how mother to child transmission of the virus occurs, whether and how breast milk, saliva can transmit the virus etc. They sought to understand how the body mechanism works.

The children got their information first and foremost from formal lessons followed by clubs. Classroom teaching was preferred as it was deemed more organised and detailed. On the whole, the pupils claimed to enjoy their lessons.

Community members were asked about the level of awareness within their area. In Garissa, it was reported that communities were still in denial with regards to the existence of HIV in their midst. To them it was a problem of "down Kenya". In Bondo, the feeling was that about 80% had some knowledge on HIV/AIDS. This knowledge did not however correspond with the behaviour exhibited by the people. For example, in Bondo, the concept of wife inheritance is prevalent. However the cultural norms governing wife inheritance have been flouted. As a result there is a phenomenon of "serial wife inheritance".

The current trend of teaching and reaching children in their formative years, during that age group that offers "a winder of hope" is a strategic involvement. It is hope that such early awareness will bring about behaviour change.

#### 3.6 Teacher Preparedness

On the whole, no teacher indicated having benefited from HIV/AIDS preservice training. Current teacher trainees indicate that while knowledge on the information was sometimes availed, they were not provided with the methodology of how to teach HIV/AIDS.

A number of serving teachers had however attended a variety of workshops on HIV/AIDS. Primary School Action for Better Health (PSABH) organised by MoE with CfBT (Centre for British Teaching) in 2001 was singled out as having provided teachers with needed skills. Tutors from colleges were used as facilitators hence providing a somewhat comprehensive approach.

On the whole, it was felt that the training are not regularly held and reach very few teachers at any given time. It is mainly head teachers who benefit from many training opportunities.