A SITUATIONAL ANALYSIS OF HIV/AIDS ON THE SOCIO-ECONOMIC ENVIRONMENT OF ORPHANED CHILDREN IN KAKUZI DIVISION IN KENYA

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DECLARATION

I Gabriel...Wanyoike Gitau declare that this work has never been presented to any Institution for any academic award or Recognition

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DEDICATION

This book is dedicated to my dear wife Sabina Wanjira for her financial and moral support; my father Simon Gifau for his encouragement, and my brother Mungai for his continued support and encouragement during the time of my studies

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CHAPTER ONE
INTRODUCTION

1.1 Background to the study

The HIV/AID is a pandemic as it affects people worldwide.The first recognized cases of AIDS occurred in the USA in the early 1980s. A number of gay men in New York and California suddenly began to develop rare opportunistic infections and cancers that seemed stubbornly resistant to any treatment. At this time, AIDS did not yet have a name, but it quickly became obvious that all the men were suffering from a common syndrome. Both national and international travel undoubtedly had a major role in the initial spread of HIV. In the US, international travel by young men making the most of the gay sexual revolution of the late 70s and early 80s would certainly have played a large part in taking the virus worldwide. In Africa, the virus would probably have been spread along truck routes and between towns and cities within the continent itself. However, it is quite conceivable that some of the early outbreaks in African nations were not started by Africans infected with the original virus at all, but by people visiting from overseas where the epidemic had also been growing.

The problem of orphans can be traced years back to the beginning of life. The main cause being natural death. Since the number of deaths was low, the number of orphans was also low, posed no serious threat to the families and society in general. Most of deaths were caused by natural illness, accidents and age. According to statistics from the Ministry of health by 2002, estimated 4 million people were living with HIV/AIDS. After the first cases of AIDS were reported in the U.S.A in 1980, afew years later cases were discovered in Kenya around the coastal region. Adults and Children are becoming affected each day and by 2010 it is anticipated that on addition of 45 million people will have become affected, where Sub Sahara Africa is the worst affected area in the World. During the last two decades in Kenya, the HIV/AIDS epidemic has spread relentless affecting people in all walks of life and decimating the most productive and reproductive segment of population particularly women and men between the ages of 20 – 49 years. The increase in HIV/AIDS related absenteeism from work and deaths reflects the early

manifestation of epidemic, leaving behind suffering and grief. Other manifestations of the epidemic include lower life expectancy, an increase dependency ratio, low productivity hence increased poverty, rising infant and Children mortality and even worse the number of orphaned children becomes higher.

The impact of HIV/AIDS in Kakuzi division does not end with the deaths of the parents but transfers to an entire generation of the orphans. The high cost of medical treatment and care of the sick people, burial costs fall into over burden house holds, leaving orphans and dependents in hardship as well as vulnerability to HIV infection. Family poverty is causing drop out of many vulnerable orphans from school. They instead engaged into various activities to raise cash for survival, such as child Labour (house girls and boys), farm works, petty trades (machinga) and other hard works like crushing stones for sell. These activities are beyond their age. Others end up in streets where they get trapped into deviant behaviors like street begging, drug abuse, sexual abuse and pick pocketing.

Traditionally, care of orphans was the family obligation. Relatives such as aunts, uncle and sometimes the grandparents were responsible for orphaned children. In most tribes of Tanzania, usually when the father of the family dies, the responsibilities of caring for children of the deceased rested with relatives of the deceased. This practice was possible because of the kinship ties that existed. It was easy to afford since life was less expensive. Due to less diseases, people were in good health and able to work. Their incomes were sufficient to care for the extended family including the orphans. After all there was free education, medical treatment and the number of orphans was small. Therefore with regard to the past experience, orphans were able to grow well and attended school like other Children who were under the care of their parents.

In general the effect of HIV/AIDS pandemic on Children begins long before the deaths of their parents. The strain begins during the period of their parents illness (stress of watching parents falling sick and dying) continue though mourning period and will likely to persist into adult hood if adequate support and protection are lacking. Apart from

HIV/AIDS, low life expectancy due to economic hardships and lack of health services, also contribute to high number of deaths hence the growing number of vulnerable orphans. Many people die because they cannot afford maintaining nutritional diet due to financial problems. This then leads to poor health and finally death due to various disease infections. The cost sharing policy in health services confines people indoors without treatment or opt for traditional medicines which are indeed not suitable for treating their diseases and eventually they die.

1.2 Statement of the Problem

The increase in the number of orphaned children in Kenya has been attributed to HIV/AIDS recorded in the country in 1983 has caused significant deaths of bread winners, since then up to now. The result of this is a drastic increase orphaned children who have increased between 260,000 and 680,000 the year 2000. By December 2003, there were over 2.5 millions orphans who had lost their parents to the pandemic. In general the impact at HIV/AID on orphaned children lies on the education, nutrition medical care, child labor, street children, sexual abuse, school drop outs and psychological consequences. HIV/AIDS leaves behind the worst stigma on the children yet many of these children are so young to cope up with the stigma posed by HIV/AIDS in Kenya. Little has been done to curb HIV/AIDS stigma which is felt by the orphaned children in the country. There needed to be strong government aid to the orphans in form of medical services, food, shelter, carrier guidance yet these are not there and the children are surviving on their own. The communal aspects of care for orphans has not helped much with the increased burdens of the extended family membership, The involvement of the sympathizers does not tally with the increasing number of HIV/AIDS orphaned children and more needs to be done by the government, the local community, international community and others so as to help the orphaned children. It is against this problem that the researcher tends to carry out research on the assessment of the effects of HIV/AIDS pandemic on orphaned children in Kenya.

1.3 objectives of the study

1.3.1 The general objective

To assess the effects of HIV/AIDS on orphaned children in Kakuzi Division in Kenya.

1.3.2 The specific objectives

(i) To find out the problems faced by orphaned children as a result of HIV/AIDS in Kakuzi division in Kenya.

(ii) To identify various strategies taken to help HIV/AIDS affected orphaned children in Kakuzi division in Kenya

(iii) To find out the existing gap in the effort to address the problems of HIV/AIDS affected orphaned children in Kakuzi division in Kenya

1.4 Research Questions

The study is guided by questions like,

(i) What are the problems faced by orphaned children as a result of HIV/AIDS in Kakuzi division in Kenya?

(ii) What are the strategies taken to help HIV/AIDS affected orphaned children in Kakuzi division Kenya?

(iii) What are the initiatives undertaken to address the problems of vulnerable HIV/AIDS orphaned children in Kakuzi division in Kenya?

1.5 Scope of the study

The research was conducted within the geographical and theoretical scopes of the study. The researcher was specifically looking at the effects of HIV/AIDS on orphaned children in K akuzi division in Kenya.

1.5.1 The theoretical scope

The study reviewed the effects of HIV/AIDS on orphaned children such as the problems orphaned children face and how they deal with the stigma that is associated with HIV/AIDS.

1.5.2 The geographical scope

The study intends to assess the effects of HIV/AIDS on orphaned children in Kenya it covered the entire region of Kakuzi division in Thika district

1.5.3 Time scope

The study took a period of three months. The study looked through the period between 2002-2009 which was the period in which there were alarming problems of HIV/AIDS on orphaned children in Kenya.

1.6 Significance of the Study

The study will help the government to review the intervention made to help the vulnerable orphans and to plan more strategies for effectiveness mobilization of resources for supporting the orphaned children.

The study will help encourage more establishments of orphanages for psychosocial support counseling and provision of material support and motivate people to donate for the orphaned children.

The study survey will provide data to assist policy makers and stake holders in monitoring and evaluation of the current efforts made to meet the orphans' needs and if possible formulate specific policy for vulnerable children.

The study will also help parents/guardians be aware of HIV infection and the burden associated with it so as to reduce the chances of being infected hence reduce the risk of their children being orphaned.

CHAPTER TWO
LITERATURE REVIEW

2.0 Introduction

This chapter presents the literature pertinent to this study. The literature has been drawn from past research findings by accredited scholars and experts in the field of study. It is guided by the objectives of the study outlined in chapter one and it will involve looking through literatures of the previous studies which have been carried out by various researchers in relation to the problem of orphaned children in Kenya as well as to some area of Africa. It discusses what has been accomplished, what is not clear, and what hasn't been done as well as pointing out the gaps in knowledge to be filled following execution of this study.

2. 1 The status of Orphaned children in Africa

Among the most devastating effects of the HIV/AIDS epidemic in sub-Sahara Africa is that, it is orphaning generations of Children – jeopardizing their rights and well – being, as well as compromising the overall development prospect of their countries. According to UNICEF (2003) at the end of 2001, 11 million children under the age of 15 had lost one or both parents to AIDS nearly 80% of the world total. By 2010, 20 million children of this age group ore likely to be orphans from this single cause, comprising about half the total of orphans expected in the region.

More catastrophically than elsewhere, the HIV/AIDS epidemic has deepened poverty and exacerbated myriad deprivations in sub-Sahara Africa. The responsibility of caring for orphaned children is a major factor in pushing many extended families beyond their ability to cope. With the number of children that require protection and support soaring and ever – larger number of adults falling sick with HIV/AIDS, many extended family networks have simply been over whelmed. Many countries are experiencing large increases in the number of families headed by women and grandparents. These house

holds are often progressively unable to adequately provide for children in their care. The number of children living on the street is rising, most likely driven by HIV/AIDS.

Orphaned children are disadvantaged in numerous and often devastating ways. In addition to the trauma of witnessing the sickness and the death of one or both parents, they are likely to be poorer and less healthy than non-orphans are. They are more likely to suffer damage to their cognitive and emotional development, less likely to go to school, more likely to be subjected to the worst form of child labor. Even though, African children have been hardest hit by the pandemic, the problem is not confined to Africa. Latin America, Asia, the former Soviet Union,. and even the United States have large numbers of Children whose parents have died from AIDS.

According to Foster (2002), it has traditionally been said that there is no such thing as an orphan in Africa; Children who lost their parents were incorporated into a relative's family. But with increase numbers of orphans, reduced numbers of caregivers, and weakened families. The extended family is no longer the safety net that it once was, although it remains the predominant source of care for orphans in Africa. Relatives go to considerable lengths to keep orphaned children in school, including borrowing money through informal networks and selling their assets. For most part, they treat these children the same way as they treat their biologics children.

Extraordinarily, all the evidence suggests that the traditional fostering system in Africa, backed up by community programs, will continue to meet most of those children's basic needs, provided that those coping mechanisms are not undermined. Because these systems are so effective, they are the ones that we need to support. Indeed, it is somewhat paradoxical that the effectiveness of the traditional African social system in absorbing millions of vulnerable children has contributed to the complacency of governments and agencies in addressing the orphan crisis.

2.2. The situation analysis of orphans in Tanzania

HIV/AIDS is one of the leading causes of death among adult Tanzanians, leaving behind a big number of orphans. Demographic surveys since the late 1990's show that the number of children orphaned is growing significantly (ANPPCAN 2004) The number of children under 15 years, who have lost both parents, is believed to have doubled over the last ten years. Estimates based on population projections show that there are over two (2) million orphans mainly as a result of HIV/AIDS.

Orphaned children are often left to the surviving next of kin, most grandmothers, or with older siblings, usually girls, in child headed households. According to the census conducted in 2002, some 66,617 families in the country (Tanzania) are headed by children (ANPPCAN). The biggest concentration of families is in Dar-es-salaam region, where ANPPCAN Tanzania presently operates.

Monitoring and evaluation of the situation orphans and other children made vulnerable by HIV/AIDS in the country is difficult due to the lack of accurate data. The available data is contentions with much variation depending on the source and definition of an orphan. For example, the various studies that have been done used different age cut off points (15, 18 and 21).Furthermore, the projections are for different years (2000 and 2010) while the estimates from NACP are for orphans due to AIDS only. Mounting a National wide orphan's enumeration exercise in pursuit of more accurate data would be on expensive undertaking. Hence the available consolidated data/information has to be used with cautions.

However, it is clear HIV/AIDS victims and deaths are on the increase, so the number of orphans resulting from their deaths is also increasing. Hence knowledge of orphans' number, their situations, there needs, their resources and so on, are absolutely of useful information in the struggle of care and support for orphans. i.e. intend to provide are replicable and correctable model for extension to the entire country.

The impact of HIV/AIDS on children starts long before the death of their parents. According UNICEF (2003), when parents fall sick, particularly in poor families, children come under intense stress that may continue in different ways, for the rest of their childhood. They often take on a heavy burden of nursing for ailing parents, and may miss or drop out of school. Added to this is the constant worry about their parents will – being and the family's future. Psychosocial impact continues as children whose parents are ill because of HIV/AIDS or those who have been orphaned by the disease face stigma and discrimination. They may be rejected by their friends and school mates as well as at health centers. The Trauma continues even when orphans move to foster families. They may be treated as second – class family members. Discriminated against in the allocation of food, perhaps, or in the distribution of work. Separation from siblings is another source of trauma, as they feel distressed and so isolated.

Children react to stress in different ways (UNICEF 2003). May be will find it difficult to talk about their worries, they may internalize their feelings and stress, believing that they are abnormal in some way and suffer from low self- esteem, depression or anxiety, or they can become aggressive, abuse drugs and alcohol, or engage in anti – social behavior. A study conducted in Dar-es-salaam by UNICEF (2003), reported significant problems among 41 children aged 10 to 14 who had been orphaned by HIV/AIDS. In this group, only eight were still living with the surviving parents. The orphans were asked a series of questions that corresponded to "internalizing" problems - rejecting anxiety, pessimism, or a sense of failure, which are all symptoms of depression.

According to CRS REPORT (2004), stigma and discrimination continue to accompany the HIV/AIDS epidemic children are not immune from stigmatization. In cases of stigma, children begin to be rejected early as their parents fall ill with AIDS. Some children may be leased because their parents have AIDS, while others may lose their friends because it is assumed that proximity can spread the virus. Even children who are not HIV – positive may find themselves rejected and alone. This only serves to add to the feelings of anger, sadness, and hopelessness that they may feel after witnessing their parents slowly and painfully die.

2.3 HIV/AIDS and the Rights of Children

Effect of HIV/AIDS on children can be measured quantitatively and qualitatively. Human Rights Watch (2003) has cautioned that HIV/AIDS has been analyzed as an economic, social and development catastrophe but less well understood as a human right crisis. This is true when considering the way people at risk could be stigmatized in using services. The UN Committee on the rights of the child is a body that monitors how well states are meeting their obligations. HIV/AIDS as guaranteed under the Convention of the Rights of the Child stipulates that," The states are obliged to promote the realization of human rights of children. HIV/AIDS impacts heavily on the lives of all children by affecting all their rights- civil, political, economical, social and cultural."

Therefore it is believed that the conventions perspectives to HIV/AIDS should be the holistic child rights based approach by addressing a wide range of issues that relate to efforts to prevention treatment and care. HIV/AIDS transmission tends to be high among groups that already suffer from a lack of human rights protection, and from social and economic discrimination or that are legally marginalized.

2.4 The Impact of HIV/AIDS on Orphaned Children

2.4.1 The Impact of HIV/AIDS on Education

Children who are orphaned by AIDS often have a lower performance in school than children who are not (CRS report (2004). The preoccupation with the illness or death of their parents, the isolation due to the loss of friends, and the undertaking of addition work that comes with caring for ill parents or supporting themselves after their parents have died, often make it difficult for orphaned children to concentrate in schools. It is common for teachers to report that they find orphaned children day dreaming, coming to schools infrequently, arriving at schools unprepared and late, or being non-responsive in the classroom. Some teachers ignorant of the cause of the children's distress are not sympathetic. Orphaned children have reported that unsympathetic teachers yelled at them, made fun of them, or put them out of classroom. However, other orphaned

children have reported that their teachers have been their primary support base at school.

Children who are affected by HIV/AIDS are less likely to be employed in various professional such as engineering, law and the like, as they have a lower chance of completing basic and secondary education. Without education and skills training, children orphaned and made vulnerable by HIV/AIDS are more likely to fall deeper into the cycle of poverty and engage in high risk behavior, which perpetuates the cycle of HIV transmission. Ultimately, the effected countries might find it harder to overcome national poverty and become effective members of the international economy. This view was also shared by Katabaro (1994) who found out that, AIDS orphaned pupils lack support in obtaining school materials. He also pointed out that nursing and caring for AIDS patient and engagement in home activities, cause orphaned pupils to have limited opportunities of getting primary education.

Furthermore, Katabaro (1994) noted that the performance of these pupils, (AIDS orphans) as well as their attendances was lower than those of no-orphaned pupils. He urged that, academic achievement could be determined by the number of days pupils attend school. He also suggested that orphaned children needed to be given textual materials and exercise books which help teachers and pupils in teaching and learning processes. Katabaro suggested that, teachers have to assign classroom and home assignments on which pupils have more time to work. However, AIDS orphans pupils were lacking parents' intervention at home including assessment of their school progress. In order to attain good academic performance, emphasis should be placed up on counselors who could reduce absenteeism of orphaned pupils.

The Guardian magazine of November 21st 2001:8, was quoting president Mkapa's statement said that "The survey shows that AIDS pandemic accounts for about one million orphaned children in the country. It is estimated that there will on upward trend 35 million of HIV/AIDS orphans in 19 sub-sahara countries. As a result, most such children are like to be denial the opportunity to go to school. Similarly the disease

affecting the environment and participation of children have abandoned school in order to take charge of their families after their parents died with HIV/AIDS"

Orphans school attendance rate as a percentage of non – orphans attendance rate (1995 – 2001) in Tanzania was 72 % (ANPPCAN).

2.4.2 Orphaned Children and Child Labour

Children living with sick parents are often already engaged in the household's economic activities; (Children on the Brink 2004) some evidence suggests that the children's workload increases once their parents die and especially that of those children who become head of the households. Because most of the latter children lack the required skills or inputs to conduct household economic activities, households headed by a children or adolescents are often found in dire straits. For those orphans living with foster families, there is some evidence that their load is greater than that of the non-orphans living in the same household.

Orphaned children may also be exposed to mistreatment by their foster families. Risks of abuse, neglect, and exploitation are often reported (Ntozi at el 1999), (Mann 2002, for Malawi) and seen to increase with age. Teenage female orphans seem particularly at risk of being put to work at intensive household chores because of cultural practices and the limited educational opportunities available to them, and of being physically and sexually abused. Indeed, the lack of parental protection and supervision may leave a door open to violation of their rights.

UNICEF (2003) reported that children who are orphaned have a higher possibility of becoming working children, or living on the streets, or being abused. These risks are exacerbated within an urban environment where the "attractions" of city life and availability of work acts as a magnet for many poor rural children and where the absence of the extended family safety net leaves them isolated and unprotected.

Sexual exploitation is yet another problem. Many adolescents involved in commercial sex in Tanzania are aged between 14 and 17 years, the majority of them being girls. (Kassera (2002) boys are also increasingly getting involved in this activity come from poor families especially AIDS poor families, because they have little chance of getting education. Yet according to law, children are to be safeguarded from sexual exploitation and abuse, including prostitution and involvement in pornography.

KIWAKKUKI reported that victims of sexual and economic exploitation, mainly girls and boys without means of survival due to HIV/AIDS may be subjected to sexual and economic exploitation. Also survey observed that, social norms. also encourage older men to seek sex with younger girls assuming that they are free from HIV/AIDS, and in some countries HIV positive man believe that sleeping with virgins has a cleansing effect of the virus (Kaiser Family Foundation December 22, 2003), reported one case that shocked the world occurred in South Africa where as a 5 month old baby was raped by two men hoping to cure themselves of AIDS.

2.4.3 Psychological Impact

Psychological aspect has often been overlooked in the literature, in part because of the difficulty in assessing trauma and its impact. Indeed, psychological impacts are often not visible, they take different forms and they may not arise until months or years after the trauma event. (MUHULIZA 1999). Orphaned may become withdraw and passive or develop sadness, anger, fear, and antisocial behaviors and become violent or depressed. Orphans may experience additional trauma from lack of nurturance, guidance, and a sense of attachment, which may impede their socialization process (through damaged self confidence, social competencies, motivation, and so forth). Children often find difficult to express their fear, grievance, and anger effectively. In addition, when willing to express their feelings, they may find difficult to find a sensitive ear (UNAIDS 2001)

Evidenced has shown that sick parents are often not able to talk about their disease with their children for fear of causing distress. Yet by not including the child in their confidence, parents do indeed cause more distress (MUHULIZA 1999). Moreover, adults such as surviving and foster parents, and teachers, when not themselves suffering from some forms of trauma or depression and thus unable to deal with the child's emotional needs are rarely aware of children's emotional and psychological needs. Finally, children's behavioral changes may not be always understood as distress, and may sometimes be punished by the adults or ignored.

When a parent dies from AIDS, trauma is often accompanied by stigma and discrimination. At school,.AIDS orphans may be singled out or rejected by their school mates, which can create barriers to health care, education and access to social events. In the study conducted in Nshamba and Kagera (Tanzania) all orphans interviewed reported harassment by school mates and peers (MUHULIZA 1999).

UNICEF (2001) reported that, psychosocial impact on children of living with AIDS has so far received less attention in Tanzania than other aspects of the pandemic, but is definitely an issue to be taken into consideration, caring for a dying parent, being left to fend for themselves, often without any financial means and with immense social stigma is bound to have an effective on the mental condition of the children. The provision of basic necessities for orphaned children, although necessary, is not enough to solve the many problems they face.

It also reported that, despite the fact that many children are in one way or another affected by HIV/AIDS, efforts made to inform children about it are very limited. Very few schools have included the subject in the Curriculum, and teaching of life skills, to help children not only protect themselves, but also cope with the situation, hardly takes place. Many of children have seen relatives or friends die and many of them are caring for dying relatives. And yet, there still seems to be the belief that they are too young to understand, too young to be told, that there are things they should know.

With the way the pandemic is spreading, children cannot be insulated from it, they will, somehow, be affected. The least that is needed is to give them the information they need to know what is they are dealing with, and how best to be prepared for it.

2.4.4 Nutrition Impact

Stories of children going hungry or starving in areas that always had food, because of HIV/AIDS infected parents who were farmers become too weak to till the fields are increasingly reported across Africa. Many traditional agrarian societies rely on women to produce food, particularly in Africa where 80% subsistence farmers are women. (World Economic Forum (2003), during times of famine these women know which wild grains, roots, and berries can be eaten when there are no crops. The women also teach their children how to farm and survive off the land. As significant number of women of childbearing age falls ill due to HIV/AIDS, they become unable to transfer these skills to their children, both in times of famine and without.

Farmers mostly women who are also the care takers of the household, in the last stages of AIDS usually produce little to no crop yields(World Economic Forum 2003). Lower crop yields within households require the families to spend more of their money on food. Additionally, families affected by HIV often switch to a mono-crop system or shift from labor intensive crops, such as vegetable to less labor-intensive crops, such as roots. Both changes, cause impact on nutrition as the family has less access to a variety of nutritious food, because of decline in productivity and in purchasing power.

Children orphaned by HIV/AIDS face a higher risk of malnutrition and stunting. (UNICEF, 2003) reported that research conducted in Tanzania, shows that the loss of either parent and the death of other adults in the household, will worse a child's height for age and increase stunting. Both material and paternal orphans are much more likely to be short for their age than non-orphans.

2.5 The Social Economic Support to Orphaned Children in Africa

2.5.1 Family Care

Children on the brink (2002) reported that in African countries that have already had long severe epidemic, AIDS is generating orphans so quickly that families' structure can no longer cope. Traditional safety nets are un- availing as more young adults die of AIDS related illnesses. Families, communities can barely fend for themselves, let alone take care of the orphans. Typically, half of all people with HIV/AIDS become infected before they are aged 25, developing AIDS and dying by the time they are aged 35, leaving behind a generation of children to be raised by their grandparents, other adult relatives or left on their own in child headed households.

UNAIDS (2002) commented that "Almost throughout sub – sahara Africa, there have been traditional system in place to take care of children who lose their parents for various reasons. But the onslaught of HIV/AIDS slowly but sure erodes this good traditional practice by simply over loading its caring capacity by the sheer of orphaned children needing support and care. HIV/AIDS also undermines the caring capacity of families and communities by deepening poverty due to loss of labor and the high costs of medical treatment and funerals. According to Mhamba R. at el (2004), reported that the available statistics show that Tanzania had 1.9 million orphans by the end of the year 2001 which is (12%) of all children in the country. The Statistics show that most of the orphans (53%) in the country are leaving with their grandparents. The remaining (31%) are living with other relatives (12%) with brothers and sisters, and (3%) are either adopted or fostered orphans. Orphans living with non related care providers constitute only (12%).

Supplement to health (1997) reported that, in most regions, the social norms for fostering relatives' children were strong, but the circle of responsible relatives is decreasing and the costs of raising children are increasing. Stigma associated with AIDS affected decisions to foster children, but the fully impact was difficult to assess. The strong normative pressure to foster children may operate in the days after the death

of the parent, but cannot continue when faced with the day – to- day realities of feeding, clothing, and caring for additional children. Children are universally viewed as "MZIGO", a burden or a load. Most children are taken in by relatives who genuinely care, love them, but many people experience additional children as a burden. Girls are easier to place because of their domestic labour potential, which partly account for the preponderance of male street children. Both male and female children are expected to help with all facets of household work, and are also expected to work in place of or in addition to schooling. The general poverty means most families struggle to survive, and cannot provide easily for additional children.

2.5.2 Institutional Care

In Africa institutional care for orphans is quite limited. According to Macleod (2001), only 1 – 3 percent of orphans are cared for in institutional settings. Yet all children in institutions are not orphans. Orphanages are by far the most formal types of institutions that care for orphans. Most orphanages are run by non – governmental organizations NGO's, religious organizations (with grants from governments and donors). In this setting, orphans are cared for by social workers, and the basic needs such as shelter, food, clothing and education are met, but interaction between the community and the orphanage is not very common.

However in Tanzania orphanages are very few and most of them are located in the urban areas and care few children. This is because, in the past, orphanages served children under the age of three whose mother had died in childbirth. The children were placed as quickly as possible with the father or other family members when they were old enough to feed themselves, although the physically or mentally handicapped have remained in the orphanages for most of their child hood (Supplement to health (1997). The children's home Act NO 4 of 1968, Specifies that a child under 18 years of age can remain in an orphanage if necessary, or if physical and mentally handicapped.

However, institutions were strongly advised to return children to their families or relatives between the ages of two to three because children adapt better if they are

taken into a family when they are still young. Even though, most Tanzania do not regard institutionalization as desirable, but in the absence of institutional care, direct assistance, recommended in many studies and programs, may be necessary to help a family during the most difficult period of shortage.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter included the methodology of the study. It entails research design, geographical location/area and population, sampling design, data collection methods and instruments, data analysis and processing and the limitations of the study.

3.1 Research Design

The research used descriptive and analytical research design. These are selected because they are effective ways of research presentation. It was survey-based on quantitative and qualitative data analysis.

3.2 Area and Population of Study

The study was conducted in Kakuzi division in Thika district as a case study, but its findings are suitable for generalization to fit in the study area itself and elsewhere in Kenya as the locality shares similar characterizing with many others in this country. Kakuzi division is located on the eastern part of Dar es salaam adjacent to the Indian Ocean, cover the city centre and extended to western side where it bounded by Kisarawe District (Pwani region).

3.3 Sample Frame work

The researcher used purposive sampling technique since it ensures that the only predetermined and chosen respondents are approached, hence getting relevant, correct and adequate information.

However, through this sampling technique is chosen, it has a weakness that inadequate information can sometimes be given because the selected respondents may be less informed on the topic of research.

3.3.1 Sample size

Table 1: The sample size of 100 respondents was chosen and this was arrived at as

Categories	Numbers of respondents
Political leaders	20
NGO officials	20
Orphans	20
Teachers	40
Total	100

Source: field data

3.3.2 Sample technique

Random sample technique in which the size of the respondents is predetermined before the research is conducted without bias. A sample size of 120 respondents was arrived at and 100 were randomly selected from the sheets of paper spread. This is when using stratified random sampling. After that systematic random sampling is used this later gives the actual sample size. Quantitative data collection was then used which involved editing, encoding, and later tabulation of the collected material.

3.3.3 Sample procedure

Stratified random sampling was then employed to determine respondents of different categories of respondents were got. This sampling data collection instrument will pre-tested in which the researcher has to first pre-test and find out whether the sampling technique is efficient or not. The determined respondents were consulted and prior

information was given to them seeking their consent before they are fully involved in the research.

Purposive sampling was carried out to the division executive and technical team involved in service provision.

3.3.4 Ethical procedure

Before going to the field, I began with getting authorization letter from the Dean of Social Sciences then take it to the respondents and this enabled the researcher attain adequate information from the respondents. During the process of data collection, confirmation was given to the respondents in that the researcher assured the respondents that the reason for the research was for only academic purpose and that no information was given out outside.

3.4 Data Collection Methods and Instruments

The following data collection instruments were used:

3.4.1 Questionnaire

This was designed in line with the topic, objectives and hypothesis. They included both open and closed-ended questions. This instrument has been selected because it is efficient and convenient in a way that the respondent is given time to consult the documents before answering the questions. It is also because the respondent can give unbiased answers since she/he is given to write whatever she/he would like to write which would otherwise be hard for the respondent to write if the researcher is present.

3.4.2 Focus Group Discussions

The instrument was chosen because the respondents give instant answers and the data collected can easily be edited since the researcher will have heard when the respondent is communicating (answering) the question. The researcher here is saved from

misinterpretation of questions since he can rephrase the question if not fully heard or answered so that he can get the relevant information wanted.

3.4.3 Documentary Review

This included detailed review of already existing literature. The tool is selected because it gives accurate, correct and historical data, which may be used for future aspects. The sources of the information here were the libraries, data banks, news papers and any other published information that can readily be available for use as regards the topic of research.

3.5 Data Processing and Analysis

Audrey J. Roth argues that "data processing is concerned with classifying response into meaningful categories called codes." Data processing starts by editing the schedules and coding the responses. Editing, Coding and Tabulation techniques are used in data processing exercise. Data processing is the link between data collection and analysis.

3.5.1 Editing

Editing is the process whereby the completed questionnaires and interview schedules are analyzed in the hope of amending recording errors or at least deleting data that are obviously erroneous.

This is aimed at improving the quality of information from respondents. The researcher fills out few unanswered questions. However, answers filed are deducted from the proceeding answers or questions.

3.5.2 Coding

"The purpose of coding in research is to classify the answers to questionnaires into meaningful categories so as to bring out their essential patterns." Coding will be used in this research in order to summarize data by classifying different response given into

categories for easy interpretation. For each question, list of probable answers was prepared.

3.6 Data Analysis

3.6.1 Quantitative Data Analysis

Editing of the information from the respondents was done. This is before leaving the respondent purposely to avoid the loss of material, misinformation and also to check for uniformity, consistency, accuracy and comprehensibility.

3.6.2 Qualitative Data Analysis

Data was analyzed before, during and after collection. Before data collection, tentative themes were identified. The tentative themes are social, economic and problems faced by the orphaned children. The study adopted both – qualitative and quantitative approaches because it was designed and carried out to assess the plight of orphans in relating to HIV/AIDS and measure taken by families, communities NGOs, CBOs & the government for caring and supporting the AIDS orphaned children.

3.7 Limitations of the study

Time constraint was one of the limitations that the researcher encountered, and to a certain extent it obstructed the smooth and efficient execution of the study. This was based on the fact that the researcher was conducting the research simultaneously with his studies and therefore it was difficult and partly it resulted into creation of some biasness. This mostly happened, because the researcher at various occasions was sometimes forced to rush in order to meet the research submission deadlines and other deadliness of her academic programmes.

Financial constraint was another limitation that the researcher met and to a certain extent influenced his proper functioning, as she was going about conducting the research. This situation happened because the researcher was a privately sponsored with limited resources and limited opportunities for funds raising, which made it difficult

for her to get extra money to supplement the discrepancies in the practical budget prepared by the researcher and the estimated budget of the Institution of social work.

CHAPTER FOUR

DATA ANALYSIS, INTERPRETATION AND DISCUSSION

This chapter presents the findings of the research, through themes of the data collected, discussion as well as provides the interpretation of the findings.

Data analysis was very important in any scientific study. Kothari (1990) defined data analysis as "the computation of certain measure along with searching for patterns of relationship that exists among data groups". Once data has been collected and classified the process of its analysis starts. It is through data analysis that a logical dedication can be done.

Data presentation is a technique through which data are presented into a meaning and workable form. In this study data was presented through table which is the tabulation of data so as to enable the researcher to draw conclusion easily.

This study was designed and carried out for the sake of assessing, analyzing and identifying the problems of orphans in relation to the HIV/AIDS. Also identifying various alternatives solutions taken by the government and NGO's to problems hampering provision of qualitative care and support services, and suitable ways that can be adopted by the government and other stakeholders in providing comprehensive and integrated care and support for HIV/AIDS orphaned children.

4.1 Social Demographic Characteristics

4.1.1 Age

Table 2: Age distribution of respondent

Age group	Frequency	Percentage
Below 24	10	**10**
25 - 29	15	**15**
30 – 39	20	**20**
40 – 49	25	**25**
50 – above	30	**30**
TOTAL	**100**	**100**

Source: Field data

In the table above, out of the 100 respondents 10% were found to be below the age of twenty four, 15% were between the ages of twenty five to twenty nine, 20% were between 30 – 39 years, 25% are between 45 – 49 years and 30% were fifty and above years of age. This shows that majority of the respondents were above 50 years of age.

4.1.2 Marital Status

Another variable which was important in respect to the situation of the people in the area was marital status. This was aimed at getting more facts on the survival strategies that different status were likely to have in the area. Information regarding marital status of the respondents was obtained by asking them whether they were married, single, widowed or widowers. Below are the obtained results:

Table 3: Marital status

Marital Status	Frequency	Percentage (%)
Married	50	50
Single	15	15
Widow	15	15
Widower	20	20
TOTAL	**100**	**100**

Source: field data

The table above shows that 50% of the respondents were married, 15% were single, 15% were widows, and 20% were widower. This therefore shows that majority of the respondents were married.

4.1.3 Sex of the respondents

Sex was also another factor which was considered during the study. This is because the researcher was interested in finding out the number of females and males in the whole of the population, and compares the percentage composition of the two. The table below shows the results;

Table 4: Sex of the respondents

Sex	Frequency	Percentage(%)
Female	58	58
Male	42	42
Total	**100**	**100**

Source: field data

The table above shows that 58% of the respondents were females and the other 42% were males. This shows that majority of the respondents who got involved in the study were women.

4.1.4 Educational status

Table 5: Educational level of the respondents

Education levels	Frequency	Percentage (%)
Uneducated	20	20
Primary	10	10
Secondary	30	30
University	13	13
Tertiary	17	17
Others	10	10
Total	**100**	**100**

Source: field data

From the table above, 20% of the respondents were not educated, 10% attained primary education, 30% attained secondary education, 13% attained university education, 17% tertiary education, and 10 fell under others. Majority of the respondents had attained secondary education.

4.2 The impact of HIV/AIDS on orphaned children in Kenya

Table 6: The impact of HIV/AIDS on orphaned children in Kenya

Answers	Frequency	Percentage(%)
Economic impact	45	45
Educational impact	30	30
Psychological impact	25	25
Total	**100**	**100**

Source: Field data

From the table above, 45% of the respondents reported that economic impact was the most pressing effect of HIV/AIDS in Kenya, 30% said that it was educational impact, and 25% stated that it was psychological impact.

Data gathered from the respondents who gave the quantitative information in response to the open ended question "what are the impacts of HIV/AIDS on the orphaned children?" Since it was open ended question, respondents gave different answers ranging from social, economic psychological, education, and nutritional problems as follows:

Socially, some respondents said that most of the AIDS orphaned children face the problem of stigma and segregation from other members of the families they live, neighbors and the society in general.

Other social problems which were mentioned include isolation during eating and given hard tasks to perform beyond their age.

The implication of this finding is that some of HIV/AIDS orphaned children become homeless and are compelled to live in streets, due to difficult life they face where they live.

Economic impact

Over 45% of the respondents mentioned the following economical problems facing the HIV/AIDS orphaned children: That most of the AIDS orphaned children live in poor life because their parents left them with nothing. The impact of HIV/AIDS illness and death has consequences on family's income which deny orphans access to basic necessities such as shelter, food, clothes, health and education. Some of the households caring the orphans are very poor, unable to support them for food, clothes and other necessary requirement.

Some respondents mentioned that some AIDS orphaned children are the head of households and face difficult position as they have limited or no resources to run the house. Some said that, the families' economic problems increase street children.

The implication of the orphaned children's economic problems, compel some orphaned children to leave their homes to streets for begging, bartending, selling food and most often in the case of girls, becoming domestic workers (child labor). Some engage in prostitution which makes them more vulnerable to sexual abuse and exploitation, and ultimately making them more susceptible to contracting HIV/AIDS.

One form four orphaned child responded as follows when asked, about the problems he faces at home. "After the death of my parents, I and my siblings were taken by our grandmother as other relatives refused to stay with us. Fortunately I managed to sew women's dresses and the neighbor tailor rented one of his sewing machines. Since our school operates in sessions,.when I am supposed to go to school in evening session, then I use the morning hours for sewing and vice versa. This helped me to get money for fulfilling the basic family requirements as well as school requirements".

Although he managed to run the household but he was not doing well academically. This was explained by one responded teacher during face to face interview.

Educational impact

Over 30% of the respondents gave the following answers on the impact of HIV/AIDS to AIDS orphaned children educationally. Some mentioned that they lack pre-education; many drop out of school, poor school attendance and poor academic performance. Some HIV/AIDS orphans do not attend school at all and many do not get access to secondary education and higher learning as their caregivers cannot afford to pay school expenses.

The researcher once again used closed and open – ended questions to 40 teachers from primary and secondary school on the academic performance of HIV/AIDS orphaned children.

Most of orphaned children have low academic performance compared to other students. This is because some of them do not get enough food which makes them weak, unhappy, hence unable to concentrate properly on their studies. Most of orphaned

children are unable to attend remedy studies (Tuition) due to lack of tuition fee and when given homework, they are unable to perform well due to lack of text books.

Some orphaned children have regular illness which makes them not to attend school properly. Lack of bus fare also is another factor mentioned by respondents, which leads the orphaned children not to attend school regularly. Some come late to school complaining that they are required to finish the housework before they go to school.

The implication of the information about the impact of HIV/AIDS on education to orphaned children leads to the discrimination of the orphans as their right to proper education denied. For instance those who do not get pre – education, get difficult in coping with other students when they start primary education. This makes teachers to perceive that those students are slow learners while in reality they only lack pre – primary education.

Therefore when the class teachers teach a certain topic, those who have taken tuition studies seem to understand quickly than the other students. Physiologically AIDS orphaned children feel that they are weak and become desperate.

The study also reveals the truth that, lack of proper education to the HIV/AIDS orphaned children will attribute to poor economic future, as they will have no enough working skills, hence lack access to employment. This also has impact to the national economy because children are the future manpower. Increasing the orphaned children vulnerability to education, means reducing the future man power.

Psychological impact

Among other impacts, psychological effect is one of the factors which make HIV/AIDS orphaned children to behave differently compared to other children with over 25% of the total percentage of the respondents. AIDS orphaned children live in fear, sadness, and are not confident in anything they do. Most of the time they socially isolate themselves, do not interact with other children and feeling inferior in front of the society. Most of the

time they think that everybody knows their problems and whenever they misbehave, they are not ready to accept the mistakes they did. All the time they perceive to be discriminated. They are often not transparent on their life. This was proved by the responses of secondary teachers when interviewed. They said that, when the school announces the vulnerable orphaned children to be registered for the provision of money support from the government, some of the orphaned children are not willing to declare that they are vulnerable orphaned children. This is because they fear to be known by the school members that they are HIV/AIDS orphaned children. When the schools expel those students who did not pay school fees, they become distressed and sometimes do not come to school again.

This also was observed by the researcher when she was conducting interview to the orphan respondents. Some asked the researcher who had told the researcher that they are orphans. The information given above corresponds with the data gathered through documentary from different literature. It was found that AIDS orphaned children find it difficult to talk about their worries and they may internalize their feelings and distress, believing that they are abnormal in some way and suffer from low self – esteem and depression. T his implies that, psychological effects may lead HIV/AIDS orphaned children to find other ways of releasing their anxiety such as engaging in the drug abuse, alcoholism and anti – social behavior. Therefore psychological support is very necessary to HIV/AIDS orphaned children so as to release their depression and make them to feel that they are not different from other children who have both parents.

4.3 Strategies taken to help HIV/AIDS affected orphaned children

Table 7: Strategies taken to help HIV/AIDS affected orphaned children

Answer	Frequency	Percentage (%)
Nutrition	25	25
Shelter	20	20
Education	15	15
Medical care	25	25
Protection	15	15
Total	**100**	**100**

Source: Field data

The table 7 presents the strategies taken to help HIV/AIDS affected orphaned children and findings revealed that; nutrition with over 25%, shelter with 20%, education with 15%, medical care with 25%, and protection with 15% of the total percentage of the respondents.

The data displayed above shows that many respondents know that, the main needs of orphaned children are nutrients with 25%, Shelter with 20%, education with 15% and medical care with 25% and protection with 15% of the total percentage of the respondents. This is because these needs have been mentioned by many respondents and they are among the children rights as per UN convention on Child Rights 1989.

This implies that many people consider only physical needs to be important for an orphan and appear to be the most urgent needs. They don't understand the importance of psychosocial needs to an orphan especially HIV/AIDS orphaned children.
Sickness and death of their parents are major trauma for AIDS orphans and lead them to emotion and depression. In this case HIV/AIDS orphaned children need love, care when sick, time for playing (games), friendship, counseling and guidance, and protection so as to reduce their trauma and avoid them from negative behavior.

Therefore, knowing the needs of the orphans is important for providing guideline to caregivers, orphanages and other people on how to treat and handle HIV/AIDS orphaned children.
The researcher asked them to mention the children's rights. Among the 10 respondents (teachers of primary and secondary) only four managed to mention the children's right and the remaining 6 respondents, just mentioned the basic needs, that are food, shelter clothes and medical treatment. The same answers provided by the rest adult respondents.

Likewise, among the orphaned children interviewed only 5 were able to mention their rights. These were secondary students. Some orphaned children did not even know what is children's right. The remaining orphaned children just mentioned the basic needs of children.

This data showed that people are not aware of the children's rights. Lack of understanding of children's rights, makes children specifically orphaned to be treated unfairly. Human rights are applied to all human being. Children have the same general human rights as adults. However, children are particularly vulnerable, as a result of that, they have particular rights that recognize their special need for protection.

But realistically, and although many people would claim to know the rights of the child, children especially orphaned children still suffer from poverty, homelessness, abuse neglect, preventable diseases, unequal access to education and justice systems that do not recognize their special needs. Other actions committed include, being beaten or sexually abused by parents/guardians, stricken with HIV/AIDS, subject them to physical and emotional suffering. Crime like these has been committed without them being able to say or speak out against them.

This inability to speak out is a major cause of hopeless and future poverty among children. For instance an HIV/AIDS orphaned child who is not having an opportunity to share and exchange information, no right to ask or contribute, will eventually be affected

psychologically and lack confidence which may lead to failure in most of developmental issues in his/her life, hence live in poverty. This child will not expand his or her opportunities to reach his/her full potential.

In this circumstances, poverty has been nurtured from childhood comes to manifest itself in adulthood, simply because of the inequality in expression and experiences of psychological and social well being at their young ages.

This shows that lack of people awareness of the children's rights is due to poor strategies to safeguard their rights. The government is required to make the rights and needs of the children openly and find strategies of implementing them in order to make them well applicable for the betterment of children particularly AIDS orphaned children.

4.4 Survival strategies of orphaned children

Table 8: Survival strategies of orphaned children

Answer	Frequency	Percentage (%)
Through grandparents	10	10
Relatives	20	20
Orphans themselves	25	25
Community members	20	20
Orphanages	25	25
Total	**100**	**100**

Source: Field data

The data displayed on the table above indicate the 100 respondents who participated in filling in the questionnaire and who were interviewed by the researcher were asked the question: "what are the survival strategies of orphans in Tanzania?" The responses were as follows: 10 respondents (10%) mentioned grandparents, 20 responses (20%) said relatives, 10 respondents (10%) mentioned orphans care for themselves, 20

respondents (20%) mentioned community members and the least 25 respondent (25%) mentioned orphanage centers.

The above data was supported by the answers of orphaned children living at Kurasini National Orphanage who were asked the following question; "With Whom were you living with before coming here?" Among 20 orphan respondents, 13 responded that, they were living with their aunts and uncles who are still alive, but because they were unable to provide them with education materials and other facilities, they decided to send them to orphanage centers. The question to ask is that; why didn't they send their own children to the centre instead of orphaned children? Or why they did not send all the children under this custody to the orphanage centers?

This implies that, most of the orphans are cared and supported by their grandparents than other relatives because if the relatives refuse to care them the only solution is to the grandparents. In agreement to the data summarized above in table 8, most of orphaned children interviewed, explained that they stay with their grandmothers who are old and unable to fulfill their requirements. Also in reality orphanages in our society are very few compared to the number of orphaned children, and traditionally most families have no habit of sending orphaned children to orphanage centre if relatives particularly grandparents are present unless otherwise.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter is concerned with the summary of the study, conclusions and recommendations.

5.1 Summary of the Study

The study looked on the most pressing problems or life situation that encounters the orphans in relation to HIV/AIDS in Kakuzi division and Kenya in general. It also looked on how the government and non government organizations contribute in provision of care and support to HIV/AIDS orphaned children and particularly how the government contributes to empower the poor orphaned children and other NGOs to provide the quality and quantity care and support to orphaned vulnerable children. This is because the problem of HIV/AIDS is increasing day to day where the government is required to identify it as a national problem and proper strategies should be carried out by all people so as to alleviate the flight of orphans.

Together with the effort made by the government to intervene the problems of HIV/AIDS in Kenya, there are some issues which hinder the orphaned children to meet their needs.The study revealed there is lack of adequate data on HIV/AIDS orphaned children who need care and support. This has been revealed during the study where by all the schools and some of the institutions which provide support to orphans have no proper number of HIV/AIDS orphaned children. Identification of HIV/AIDS orphaned children is very important because they need special care and support compared to other orphans. Also the sustainable interventions and planning for care and support of aids orphaned children would require availability of comprehensive data based on AIDS orphaned children trends overtime, the needs care and support.

The study revealed from the study that involvement and participation of government in provision of care and support services for AIDS orphaned children has been inadequate and this has been one of the problems that lead to provision of poor quality care and support services to orphans by various NGOs. This has been supported by the fact that the government has only one orphanage in the country and the centre is not only for HIV/AIDS orphaned children but also accommodate orphaned children who have no parents to care with.

It was found that the quality and quantity of services provided by various NGOs are not adequate to cover all the needs, care and support to the AIDS orphaned children. This is partly contributed by the fact that the available NGOs in the country are under resource (both in terms of human and financial resources) lack of human resources is lack of skilled workers who are competent in provision of care to HIV/AIDS orphaned children. This lead orphaned children to be mistreated and lack of love and protection. Some of the NGOs have been established for personal gaining rather than the provision of care and support for orphaned children.

The study however reveals that many of the parents, guardians, teachers and children themselves do not know the children rights. Lack of understanding of children rights leads to discrimination as each care givers treats the AIDS orphaned children the way he/she feels as he/she doesn't know the needs of orphaned children. AIDS orphaned children needs more than food, shelter, cloth and medical treatment, for better growth. Therefore awareness about the rights of children is important.

The study also revels there is no specific orphan's policy. The current children policy does not cover issues related to the HIV/AIDS orphaned children. Therefore there are no proper strategies for provision of care and support to the HIV/AIDS orphaned children. That means even the NGOs and the CBOs have no uniformity procedure of provision of care and support to orphaned children. This leads to poor identification of needy HIV/AIDS orphaned children as it was explained by the workers of respective NGOs through questionnaires.

The findings reveal that, most of the orphaned children do not get the access to the inheritance of property of their deceased parents. This is due to the inheritance laws currently in use is the customary law. This law leaves most of the decision regarding the inheritance of property left by their late parents to members of the extended family. This often results into misappropriation of the property left behind and there for leaves orphans with nothing to inherit from there their parents.

The study reveals that, most of the caregivers or HIV/AIDS orphaned children themselves do not get assistance given by the government or NGOs though they hear that these organizations provide assistance to the orphaned children. These schools which are being assisted by NGOs or CBOs are either located close to the respective NGOs or CBO or one member of the school has influence to these organizations. This means that the AIDS orphaned children who are at home or do not live close to these NGOs do not get any assistance.

The study also reveals that orphaned children who are studying in government secondary schools are assisted by the government by being given 188,000 per year. This money is not enough to fulfill the school requirements and health services and therefore, at one time they may lack the facilities and make them drop out of school. The study also reveals that the orphaned students who are assisted by the government are very few compared to others remaining. Therefore, it seems the government does nothing in the whole issue of orphaned children. Moreover the assistance given by the government is only for those students who have enrolled in government secondary schools. But there are so many orphaned students who have the ability to enroll in secondary schools but due to shortage of schools were not selected. Where do these children get access to secondary schools?

The study also reveals that most of the caregivers/ caretakers are grandparents who are weak and sometimes sick and are unable to work and generate income. Therefore they fail to provide all orphans' requirements such as schools requirements and medical treatment. This compelled many of the AIDS orphaned children not to attend school as

they need to find jobs to support their grandparents and themselves. This happens because many relatives do not accept to live with orphans due to hardship life and others avoid from being affected with HIV/AIDS when live with HIV orphaned children.

Lastly, the various Government ministries such as ministry for health, education and government agencies do not have specific plans and strategies to ensure that HIV/AIDS orphaned children have access to the services provided by the government. They lack the multi-disciplinary approach in addressing the problem faced AIDS orphaned children leading to poor care and support to these orphaned children.

5.2 Conclusions

From this study it has been revealed that the government has not taken seriously the problem of HIV/AIDS orphaned children although the problem is severe. This is because the contribution of NGOs and the government is very minimal to alleviate the plight of orphaned children in Kakuzi division and in Kenya in general. This is because the study has indicated that there is an enormous number of HIV/AIDS orphaned children in Kakuzi division who have no access to provided care and support services. This implies that the problem also persist in other regions of Kenya. Addition to that many caregivers of HIV/AIDS orphaned children are not aware of the assistance provided by the government and for those who receive them, most of the assistance comes mainly from the NGOs and CBO. However through lack of resources these organizations are unable to provide more than limited services to a limited number of HIV/AIDS orphaned children and their families.

Therefore there is a need of the government to intervene to the whole issue of the impact of HIV/AIDS to orphaned children by mobilizing community, non state organization, to involve in care and support of vulnerable orphans with specific orphan's policy guidance. Also the government should be open on the strategies taken to assist most vulnerable orphaned children and support programmes for HIV/AIDS orphaned children should be widely distributed throughout the country. Care and support to HIV/AIDS orphaned children means improvement and development of their future life, in

turn development of our own country as future man power is the new generation which is in critical vulnerable to HIV/AIDS impacts.

5.3 Recommendations

Based on the findings as analyzed, discussed, interpreted and presented in chapter four of this report, the researcher would generally like to recommend the following to:

THE GOVERNMENT

Awareness of the problem:

The government through mass media, should ensure that from the villages, street level, worldwide and organizations, the crisis of HIV/AIDS is understood and to sensitize the community on the plight of the orphans and the role of the community in the care, support and protection of orphaned children.

Reduction of the number of orphaned children

This is the first critical important strategy to be adopted by the government, NGOs and donors. Different ways should be taken in preventing the number of orphans from rising. Including preventing unwanted pregnancies, preventing HIV/AIDS transmission, and prolong life of PLWHA.

Improving the financial situation of the caregivers

The reluctant of some extended families to take care of orphaned children is due to inadequate financial resources of the extended family. Helping affected families to strengthen their income base is prerequisite to place orphans in a secure households in all locations. For instance to give caregivers loans to run small business, input for agriculture and training on how to run a business.

Protection for the legal and human rights of orphaned children

Much can be done to ensure the legal and human rights of HIV/AIDS orphaned children. Educating the parents on writing the will to protect the inheritance rights of children and

prevent land and property grabbing. This is because adults tend to rob orphaned children of their property once the children have no parents to protect their rights.

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APPENDICES

APPENDIX I

QUESTIONNAIRES

QUESTIONNAIRE ABOUT THE ASSESSMENT OF THE EFFECTS OF HIV/AIDS ON ORPHANS _)VERNMENT OFFICIALS

I Gabriel Wanyoike Gitau student of Kampala International University pursuing a Bachelors degree in Education kindly request you to answer these questions about AN *ASSESSMENT OF THE EFFECTS OF HIV/AIDS ON ORPHANS IN KAKUZI dIVISION*

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SECTION A

Socio-Economic background

1) Sex

(a) Male ☐ (b) Female ☐

2) Age

(a) 20-25 ☐ (b) 25-30 ☐

(c) 30-40 ☐ (d) 41-50 ☐

(e) 50-60 ☐ (f) 61-70 ☐

3) Marital Status

(a) Married ☐ (b) Single ☐

(c) Widower ☐ (d) Widow ☐

4) Religion

(a) Catholic ☐ (b) Protestant ☐

(c) Muslim ☐ (d) Others (Specify) .....

5) Educational Level

(a) None ☐ (b) Primary ☐

(c) Secondary ☐ (d) Post Secondary ☐

SECTION B

1. MINISTRY / DEPARTMENT / INSTITUTE..... .....

2. How does the society view the problem of HIV/AIDS ?

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.....

.....

3 (a). Do you think that there is any relationship of HIV/AIDS related problems and problems facing orphans? (Tick the correct ones)

Yes ☐ No ☐

(b) What problems you think are facing the orphans .?

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.....

.....

4(a) Do you think that the problems mentioned above have any impact on orphans ?

Yes ☐ No ☐

(b). If the answer is yes, what are the impact of the problems on the orphans?

i. Socially

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ii. Economically

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iii. Educationally

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i,v. Psychologically

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v. Other impact

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.....

.....

(a). Do you think that, the families are also affected with the problems ?

Yes ☐ No ☐

(b) Give reasons for your answer.

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.....

.....

6. (a) Does the problem of orphans exist in the region / district/ institute you work?

Yes ☐ No ☐

(b) Is there any record of vulnerable orphans in your Region/District/Department/ institute?

Yes ☐ No ☐

(c) If the answer is YES, how many are they? .....

(d). How do you identify the orphans among the children you deal with?

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7(a).According to your experience do you think the problems of orphans are similar in Tanzania?

Yes ☐ No ☐

(b) Give reasons to support your answer.....

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8. (a) Which services are provided by your Department/ institute to vulnerable orphans?

i.....

ii.....

iii.....

iv.....

v.....

(b). Is the society aware of the services provided above?

Yes ☐ No ☐

(c). If the answer is yes, how do orphans get the above mentioned services?

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SECTION C

(i) What are the problems faced by orphans as a result of HIV/AIDS ?

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(ii) What are the various strategies taken to help HIV/AIDS affected orphans?

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(iii) What are the existing gaps in the effort to address the problems of HIV/AIDS affected orphans?

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END

THANK YOU