



Review Article

ASSESSMENT OF SUPPORT PROVIDED TO ORPHANS IN THE CONTEXT OF HIV and AIDS BY INTEGRATED CHILD AND YOUTH DEVELOPMENT PROJECT IN MUMBUNI LOCATION, MACHAKOS DISTRICT, KENYA

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ABSTRACT

In recent years, orphanhood associated with HIV and AIDS has become a concern for many governments and organizations. As a result governments and non-governmental organizations have developed variant interventions to address the crisis and enable orphans cope. This study sought to assess the support provided by Integrated Child and Youth Development Project to orphans in Mumbuni Location and reveal how orphanhood is conceptualized in the community as well as bring to light the orphans' specific needs and the community's response. The study employed a combination of qualitative field-based methods of data collection which included in-depth interviews, observations, focus group discussions and review of existing reports. Collected data confirmed that there was increased number of orphans in the location who were mostly cared for by grandmothers. It revealed that the dynamics associated with HIV and AIDS have led to a shifting definition of an orphan to align with the reality of the pandemic. Orphans in the location face multiple problems and challenges which if not addressed could limit their academic achievement and prospect for employment in adulthood. The study suggests that the community can meet orphans' needs with minimum external assistance if well mobilized to do so.

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INTRODUCTION

In recent years, the care of orphans and other vulnerable children (OVCs) has become a major policy issue worldwide. This has resulted from increased deaths associated with human immune-deficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) which has led to unprecedented number of orphans (UNICEF, 2000; Subbarao, Mattimore and Plangemann, 2001). Historically, large scale orphaning was a sporadic, short-term problem associated with war, famine or disease (Smart, 2003). However, this has changed as noted by Dieninger, Garcia and Subbarao (2001) that in early 1980s, barely 2% of African children were orphaned compared to the current rate of between 15% and 17%. By 2003, 15 million children worldwide had been orphaned by HIV and AIDS, 12 million of whom lived in Sub-Saharan Africa accounting for eighty percent (80%) of the world's orphans (UNAIDS/UNICEF/USAID, 2004). In Kenya, out of an estimated 15 million children, 1.7 million (11%) are orphans and the number

is projected to grow to 1.9 million by 2010 (UNAIDS/UNICEF/USAID, 2004). Although there has been growing awareness across countries that HIV and AIDS has led to increased numbers of orphans, no country can be said to have mounted adequate response to match the severity of the crisis (Dieninger et al, 2001). The United National General Assembly Special Session on HIV and AIDS (UNGASS) declaration of commitment on HIV and AIDS was passed in 2001 by all the UN member countries, yet only seventeen countries had formulated and implemented OVCs policies to guide strategic decision-making and resource allocation by the end of 2003 (UNAIDS, UNICEF and USAID, 2004).

Kenya which is a signatory to the UNGASS Declaration on HIV and AIDS is yet to complete the development of OVC policy which is expected to include direct cash subsidy to families who care for orphans and OVC (NASCOP, 2005). Prior to the HIV and AIDS pandemic, African governments did not have to develop OVC policies because most orphans in Africa were cared for by members of the extended families in accordance with the African tradition (Foster, 2000; Subbarao, Mattimore and Plangemann, 2001).

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However, it is noted that the ability of African communities to care for orphans has been weakened and overwhelmed by the large number of children without parents (UNICEF, 2003). The weakening of the traditional support system has not been matched by relevant policies and support and according to Kelly (2002), governments have made minimal provision for orphans in their plans and budgets neither have they coordinated the responses to the crisis.

Policy options for governments and other organizations include endeavouring to keep parents alive through proper medication, sector-specific policies such as health based interventions as well as national responses like free education. On the other hand, non-governmental organizations employ strategies like care of orphans through the extended family, foster families and adoption orphanages; support for communities by improving existing services and reducing stigma surrounding children affected by HIV and AIDS; keeping the orphans in school; empowering them to become active members of the community rather than victims; protecting their legal and human rights; as well as meeting their emotional and psychological needs (Richter, ManeGold and Pather, 2004; Gillespie, Norman and Finley, 2005; Smart, 2003; Subbarao, 2005).

Integrated Child and Youth Development Project of Mwana Mwende Child Development Centre (MMCDC) is a development initiative based in Mumbuni Location of Machakos District, Eastern Province, Kenya. The project aims at improving the well-being of orphans and other vulnerable children in the location through the provision of basic needs, training community volunteers to provide care, as well as the enhancement of psychosocial support for children and families affected by HIV and AIDS. The decision to launch the project in this location was based on evidence that many orphans in the location were facing serious problems and that the community did not have adequate resources, support structures, and infrastructure to provide alternative care for them (MMCDC, 2002).

Problem Statement

HIV and AIDS has had far reaching consequences on the family and community structures where orphans live (Subbarao, Mattimore and Plangemann, 2001; Richter, ManeGold and Pather 2004; HIV/AIDS Alliance 2003; Deninger, Garcia and Subbarao 2001; USAID, 2003). The pandemic has led to the orphaning of millions of children in Africa with 12.3% of all the children in Sub-Saharan Africa being orphans (UNAIDS, UNICEF and USAID, 2004). In addition, Africa's traditional coping mechanisms are under intense pressure from the unprecedented number of orphans associated with HIV and AIDS (Subbarao, Mattimore and Plangemann, 2001). The continent houses 80% of the world's children orphaned by AIDS with 90% of them being cared for by the extended families (UNAIDS, UNICEF and USAID, 2004; UNICEF, 2003). In Kenya, out of an estimated 15 million children, 11% (1,700,000) are orphans out of who 37% were orphaned through HIV and AIDS (ibid: 2004). The vulnerability of children orphaned by HIV and AIDS begins from the onset of the sickness of the parents, sometimes long before the parents die (Perry, 2002; Kelly, 2002). For many children, orphanhood signals the official demise of childhood

and no matter who they live with, their access to basic necessities such as shelter, food, clothing, health and education becomes limited and so does their psychosocial wellbeing (Subbarao, 2005; Smart, 2003; Kelly, 2002; Subbarao, Mattimore and Plangemann, 2001). This is worsened by the fact that they have to live without a parent figure or with old grandparents who neither have adequate strength nor capacity to provide care for them therefore requiring special protection (Foster and Williamson, 2000). This study focused on assessing the appropriateness and relevance of support provided by Integrated Child and Youth Development Project for the last three and half years it has been in existence in Mumbuni Location. It sought to reveal the experiences of the orphans and their specific needs by understanding the local context in which they live. It further explored the different approaches that would be suitable for supporting the orphans with an aim of improving existing policies for more appropriate interventions in the future. Although the sample was small (for it only considered one project) and therefore generalizations could not be made for the district or even the nation, the study was indicative of how intervening organizations can best support orphans in their challenging circumstances by providing necessary lessons.

Purpose of the Study

The purpose of the study was to assess the appropriateness and relevance of support provided to orphans in Mumbuni Location in relation to the orphans' perception of their needs. It also sought to reveal how orphanhood is conceptualized in the community as well as the community's response.

Significance of the Study

Considering that the number of orphans has only escalated in the recent past, this study aimed at generating information that would be added to the pool of knowledge for future interventions. The study's novelty lay in its methodology because as a qualitative study, it highlighted the experiences of the orphans in their local social context, and articulated the strengths and opportunities that exist within communities, upon which a national response could be built. In addition, there had been no studies (to the knowledge of the researcher) that examined interventions in the study area as far as policy formulation for orphans was concerned.

Literature Review

The existing literature on children in the context of HIV and AIDS emphasises the importance of the age at which compulsory education ends; of sexual consent and when marriage is acceptable; legal capacity to inherit and to conduct property transactions; and ability to lodge complaints or seek redress before a court or other authority as important aspects in the definition of a child (Smart, 2003). There is general consensus that an orphan is a child under 18 years who has lost one or both parents (UNAIDS, UNICEF and USAID, 2004; USAID 2003). According to Kelly (2002) being an orphan is not an event but an enduring state that lasts throughout the child's life making the problem of orphanhood long-term. Interventions therefore require sustained creativity and commitment that remains faithful to individual orphans for as long as is needed (HIV and AIDS Alliance, 2003).

In conceptualizing orphanhood, several authors (Subbarao, Mattimore and Plangemann, 2001; USAID, 2004; UNAIDS/UNICEF/USAID, 2004) recognize the need to consider the particular parent lost thereby categorizing orphans into maternal, paternal and double. This is said to be important in determining specific needs and the relevant child protection measures. Existing literature notes that vulnerability of orphans begins prior to the death of the parent (Perry, 2002; Kelly, 2002) with such factors as whether the orphans are infected themselves; their guardians have the means of caring for them; they are allowed to go to school; how they are treated within the home and community; and the degree of psychosocial trauma they have suffered as well as the responsibilities they are left with determining their vulnerability (Subbarao, Mattimore and Plangemann, 2001). Furthermore, vulnerability is embedded within households and community because HIV and AIDS has had far reaching consequences on the family and community structures therefore the need for interventions to assist communities and families to cope (Gillespie, Norman and Finley, 2005; *ibid*, 2001; Richter, ManeGold and Pather 2004; HIV and AIDS Alliance 2003; Deninger, Garcia and Subbarao 2001; USAID, 2003).

While the minimum needs of orphans and vulnerable children are the same as those of any other child (food, shelter, healthcare, love, a sense of belonging and an education), they also need psychological counselling to deal with the grief, depression and psychosocial trauma that accompanies the loss of a parent (*ibid*, 2001). Everywhere orphans face the risk of being out of school, having property grabbed, being denied inheritance rights, being sexually exploited, being homeless, having to engage in hazardous labour to earn a living, poverty and lack, neglect and discrimination, health problems and psychological problems. This is worsened by the fact that they have to live without a parent figure or with old grandparents who neither have adequate strength nor capacity to provide for them. Considering the risk that such children face, they need special protection (Foster and Williamson, 2000).

In the context of HIV and AIDS, the constitutional and conventional rights of affected and infected children are challenged by the impact of the pandemic compromising their future potential (Richter, ManeGold and Pather 2004). There is recognition among different authors that HIV and AIDS pandemic shatters children's lives and creates a cohort of children forced to endure the illnesses, loss of parents and their own uncertain future (USAID, 2004; WFP, 2004, Gillespie; Norman and Finley, 2005; Smart, 2003). Literature reveals that the psychological needs of children are usually the most neglected areas of support. There is a call on any intervention focusing on orphans and other vulnerable children to have fundamental objectives such as encouraging and strengthening existing family and community efforts, while at the same time ensuring that orphans receive the same quality of care that one would expect from their biological parents (Subbarao, Mattimore and Plangemann, 2001).

According to Williamson (2004), the support provided to orphans in the context of HIV and AIDS is perceived to be determinant of the adults they become. Often the assistance provided depends on the magnitude of the problem, the nature and extent of the prevailing community involvement, the nature of the problem in each country setting, the available resources,

and the political economy within each country and community (Subbarao, Mattimore and Plangemann, 2001; USAID, 2003). Prior knowledge of these factors ensures that interventions are brought to a scale that reaches all the orphans in need with adequate support as long as they need it.

Several authors highlight the fact that the term orphan cannot be directly translated into many Sub-Saharan languages (Gillespie, Norman and Finley, 2005; USAID, 2004). Children belonged to the community and on the occasion that parents were not able to provide care, the community automatically filled in the gap. Foster (2000) posits that "there is no such thing as an orphan in Africa." It has been noted by several authors that true to the African tradition, the extended family and communities have risen to the occasion (Deininger, Garcia and Subbarao 2001; Herber, 2003; USAID, 2003; Williamson, 2004; *ibid*, 2005). In Sub-Saharan Africa, the responsibility of orphaned children is assumed by the extended family through informal but culturally and legally acceptable mechanisms where paternal orphans typically remain with their mothers while maternal and double orphans are absorbed within the extended family of the deceased.

MATERIALS AND METHODS

This was a qualitative study which sought to assess the appropriateness and relevance of support provided to orphans in Mumbuni Location in relation to the orphans' and community's perception of their needs. It involved in-depth interviewing of 20 orphans, 12 community health care workers and 3 project staff as well as focus group discussions with 20 guardians. Qualitative research is a means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem (Creswell, 2009) without involving statistical procedures in attaining findings (Strauss and Corbin, 1996). It is pragmatic, interpretive, drawing from multiple methods of inquiry and grounded in the lived experiences of people (Marshall and Rossman, 1999). The orphans were observed in their homes to reveal their interactions with caregivers and peers as well as the quality of shelter, food and clothing. Project documents, reports, work plans and relevant books were also reviewed to triangulate the findings. The study was carried out in Mumbuni Location of Machakos District; one of the districts of Eastern Province of Kenya where Integrated Child and Youth Development Project is based. The location has a high prevalence of HIV and AIDS and a growing number of orphans, approximately 2,000 in number (MMCDC, 2004).

Two sub-locations were purposively chosen from the five sub-locations based on the level of support and participation in project activities. From the two sub-locations (Kasinga and Mung'ala), twenty orphans were purposively sampled from the project's records depending on the level of need, provided support and the lost parent (10 orphans from each sub-location). Consequently, the guardians taking care of the selected orphans automatically became part of the sample. Twelve community health workers were purposively chosen from each sub-location depending on their commitment to the project. Purposive sampling focused on participants who would provide rich data. Collected data was coded and main themes summarized guided by the study objectives.

RESULTS AND DISCUSSION

Based on the first objective of the study which was to establish the perception of orphanhood in Mumbuni Location and how it influences the required support, it was established that in this community, orphanhood is conceptualized in terms of availability of care and not in terms of death of biological parents or age of the orphan as is case in policy and programmes. The word orphan means the left one (ndiwa) and the local dialect gave the connotation that the parents were supposed to be there providing care and support for the child but when they died and left children behind they became orphans. There is also no particular age that qualifies one as orphan as long as they are not in a position to meet their own needs. At the same time if an orphan marries a responsible spouse, he/she ceases to be referred to as an orphan. Unlike the definition of an orphan in policy and programmes which includes all persons below eighteen year and without one or both parents, in this community a child who had one surviving parent was not considered as an orphan as long as the surviving parent was providing care. Children whose parents were alive but not providing care were also considered orphans. The dynamics of orphanhood by HIV and AIDS had not only overwhelmed the community structures but was influencing the community's construction of their world of meaning. According to Mead in Abraham (1982), human communication is interpretative and definitional because it attempts to convey an indication and individuals in a community need to be aware of the world of objects which are symbolically important in their social group to meaningfully communicate.

The second objective was to determine the orphan's needs and the support provided by the Integrated Child and Youth Development Project in the context of HIV and AIDS. The study established that 70% of the orphans interviewed lived in this community before their parents passed away while 30% came to the community after their parents died to be cared for by surviving relatives. Out of the twenty orphans that were interviewed, 22% identified food as their major challenge, 44% clothing, 22% beddings and 12% play materials and books. The findings show that children's view of their needs is influenced by their level of maturity. The older orphans were more concerned about how they were perceived by peers than about food or other needs. The different stakeholders viewed the needs of orphans according to existing relationship and responsibility towards them. Ninety percent (90%) of the orphans who were interviewed attended school near their homes and appreciated the kindness with which they were treated by the teachers and other pupils. One of the orphans had completed form four but could not obtain his certificate due to pending fees. Another one in secondary school had been sent home for fees and although he had been awarded a bursary, it was given to someone else. Seventy percent (70%) of the orphans interacted freely with their guardians and played spontaneously with other children. Twenty five percent of the orphans observed were shy and could not keep eye contact with the researcher while 5% were completely withdrawn. All the orphans were reported to be well disciplined and respectful to their guardians. It was also evident that the orphans in this community are not hopeless but have aspirations with 70% believing that their future will be successful while 30% did not know what to expect out of life.

The third objective was to highlight how families and communities had been coping with the situation. Findings showed that increased orphanhood has shaken the fabric of community life in this location. The responsibility of the care of orphans has been left to the immediate families while the larger community ignored those affected. Guardians, mostly elderly grandmothers were bearing the burden of supporting orphans most times with no support from relatives or neighbours. Out of the 20 orphans interviewed, 75% live with grandmothers, 15% with uncles and 10% with older siblings. All of them (100%) were happy with the guardians they were living with and all the guardians (100%) took pride in what they had achieved with the children despite limited resources. They were convinced that no matter the odds, they would see the orphans through school and to a better life. Only one grandmother received support from her son, the rest did not receive any support from family members most of whom stopped visiting when orphans were taken in. The guardians had been disappointed on several occasions as they sought support from different stakeholders. One time they had been invited to Machakos town by an organization that supports orphans only to find none of their names was on the list. They walked home crying. They had all stopped looking for help confirming what Chambers (1983) says that the weak, powerless and isolated are often reluctant to push themselves forward. The apathy displayed by the guardians, the community not supporting the guardians in disciplining the orphans and community members acting to increase dissatisfaction among orphans were signs that the community's coping capacity was threatened. It is likely that unless there is intervention, the communal responsibility that existed previously would be a thing of the past, further increasing the alienation of those in need.

The last objective was to assess the support provided to the orphans by the project. While the project provides direct support such as school uniform to the orphans, it also supports guardian support groups to establish income generating activities and support each other in caring for the orphans. It trained and supported community health care workers to visit and provide psychosocial support to the orphans in their homes. Findings showed that community members were grateful that the project provided support geared to ensuring the orphans remained in school. Most of the caregivers perceive education as the ultimate assistance for the orphans because it has the capacity to prepare them for self-reliance in the future. They requested that the support be started early and not only when the orphans were in high school. They also called on future interventions to be more comprehensive by meeting all the other needs of the orphans including that of subsistence. The community leaders particularly wished that support would be given to strengthen the coping capacity of orphans so they could become resilient and achieve their success in life.

Conclusions

The organization intervened as a result of realization that the number of orphans in the area was on the increase and that the care provided mostly by elderly grandmothers was inadequate. Although the project was influenced by the local context in designing project activities, the organization's definition of an orphan was different from that of the community.

Its conceptualization of orphans' and community attitudes was different and there is need to harmonize that for better intervention. Orphans in Mumbuni Location face multiple problems and challenges. In addition, there were signs that the community's coping capacity was facing challenges as shown by the apathy displayed by the guardians, the community not supporting the guardians in disciplining the orphans and community members acting to increase dissatisfaction among orphans. Contrary to the reviewed literature, most of the orphans were well behaved and had a good relationship with their guardians. The orphans in this community were not hopeless and helpless but had great aspirations for the future envisioning a better life.

The project was able to cater for some of the orphans' needs in the Location and to create sufficient awareness to awaken the community leaders to the multiplicity of the problems faced by orphans and the necessity for their welfare. Although the support given by the organization was limited in scale, the community was grateful and was ensuring that there was sustainability after the project completely withdraws. The structures established by the project had been entry points of support by Government departments and other organizations in the Location.

Recommendations

The results and discussions in this study indicate a need for more inclusive support for the orphans to meet their multifaceted needs. Taking into consideration that many orphans are cared for by old guardians, interventions could involve providing direct support to address the orphans' and guardians' needs. This could include food rations or financial support to the families which host orphans. There is need for policies that ensure the health needs of orphans and their guardians are met; education for all the orphans; and address the psychosocial needs of orphans and their old guardians; reducing the stigma and discrimination that families affected by HIV and AIDS experience.

Although the challenges facing orphans and guardians are serious, if the community is well organized it could meet them without much outside support. Since this community perceives the orphan problem as its own it is easy to mobilize support to families that support orphans. This could include collecting food (as little as 2 kilograms of maize and beans per family) and storing it to distribute to orphans and guardians when the need arises. Extra clothing items could also be mobilized from the community members and redistributed to the orphans. In addition, CDF and other bursaries could be channelled in such a way as to ensure that all orphans are catered for. Community fostering is also a possibility so that families that are willing to take in extra children even if they are not relatives can do so. This will ensure that old and poor grandmothers do not have to automatically become the orphans' guardians.

Integrating institutional care with fostering where the caregivers are too old to work and provide for the orphans could be considered. This could include putting the orphans and their grandmothers in institutions, where they are provided with basic needs such as food and shelter and where grandmothers play the role of advisors to reduce the negative effects of institutional care.

Alternatively, support (food, clothing, beddings, shelter) can be provided to the families taking care of orphans and involve grandmothers as role models and as points of connection between orphans and the community therefore limiting any form of alienation. Further studies could be carried out to compare the different kinds of support provided to orphans and their impact; to compare institutional care and home-based care in the location; to establish how elderly guardians are affected by caring for young orphans in the context of HIV and AIDS; how elongating the life of sick parents through ART affects the children in the family; as well as timing of effects of orphanhood such as before, during, after the death of parents.

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